

# Capital Medical Center Community Health Needs Assessment

2022



**MultiCare**   
**Capital Medical Center**

# Acknowledgements

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# Introduction

MultiCare Health System collaborated with Thurston County Public Health and Social Services Department to conduct a Thurston County Community Health Needs Assessment (CHNA) to identify current health issues facing residents. This CHNA includes the results of a comprehensive review of community engagement data and health indicator data. Taken together, these qualitative and quantitative findings can provide critical information about the current health needs of Thurston County.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington State CHNA requirements. The information included in this CHNA is intended to inform how MultiCare Health System directs resources, plans programs, and makes decisions for the future in a way that is responsive to the specific health needs of Thurston County.

## METHODS

This CHNA analyzes the health needs of Thurston County. Information came from:

- Qualitative analysis of community engagement data
- Quantitative analysis of health indicator data

The community engagement component of this CHNA included qualitative analysis of interviews with selected key informants representing Thurston County to determine the health issues facing their communities. Highly ranked health issues were:

- Access to Behavioral Health Care
- Affordable Housing and Homelessness
- Substance Use/Misuse and Overdose Prevention
- Diversity, Inclusion, and Belonging
- Mental Health and Suicide Prevention
- Access to Health Care
- Economic Security and Income Inequality
- Racism and Discrimination
- Community Engagement and Involvement

# Introduction

## Continued

The health data component of this CHNA included quantitative analysis of health indicator data from various data sources, organized into the following areas:

- Demographic and Socioeconomic Characteristics
- Health Behaviors, Health Outcomes, and Chronic Illness
- Violence Prevention
- Access to Care
- Behavioral Health
- Immunizations
- Maternal and Child Health

### **PRIORITY HEALTH NEEDS**

Priority health needs were identified based on the results of the qualitative and quantitative analyses and included input from both MultiCare Health System and Thurston County Public Health and Social Services Department. This prioritization process was guided by the following criteria:

- Data were worse in comparison to Washington State
- Data presented a trend in a negative direction over time

- Data had health inequities by demographic characteristics
- Data appeared as a main theme in community engagement activities

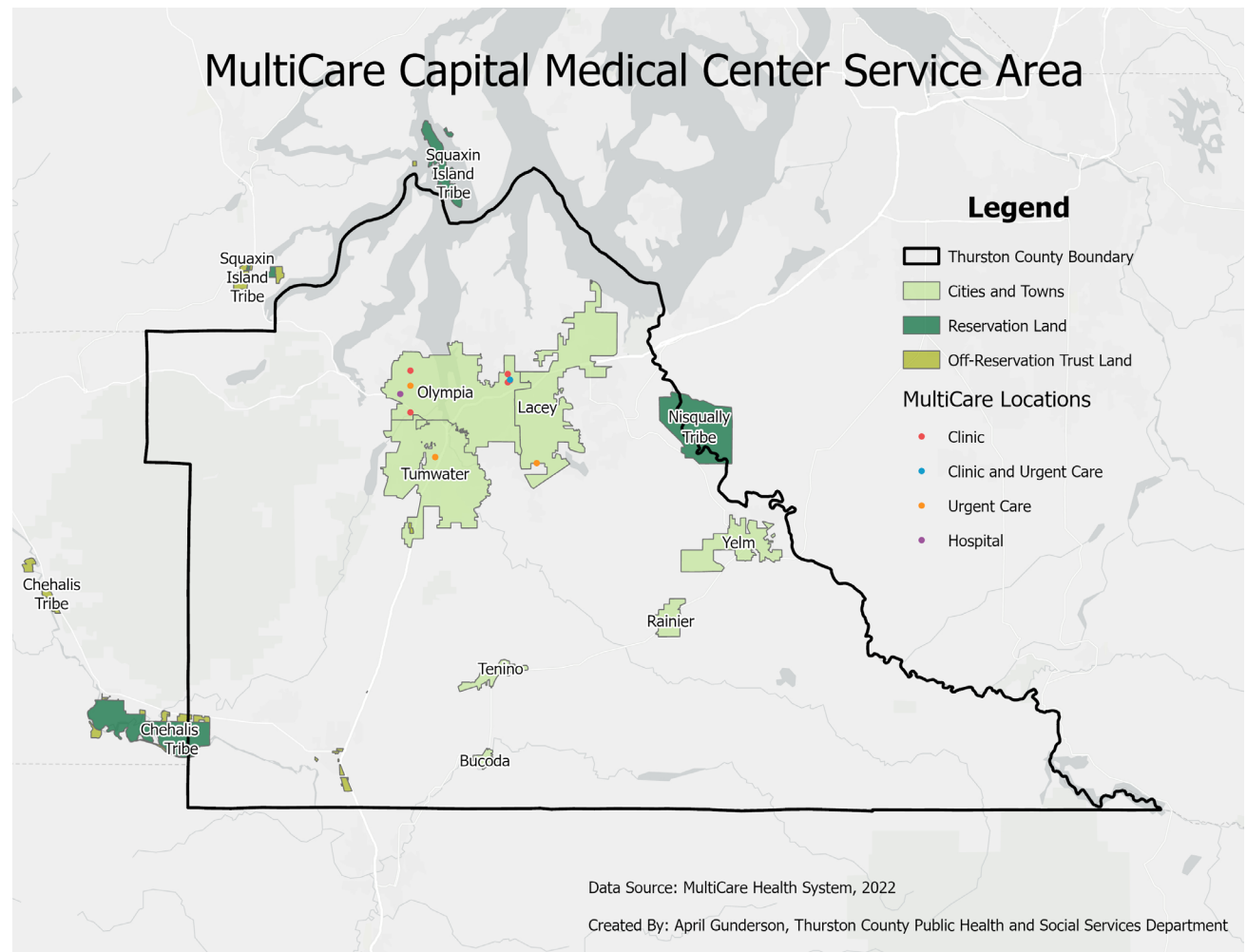
The following health needs were identified as priorities for MultiCare Capital Medical Center:

- **Access to Care**
- **Behavioral Health**
- **Immunizations**
- **Maternal and Child Health**

These health priorities represent opportunities to improve health factors and outcomes and reduce health disparities. Through each of the selected priority health needs, there are opportunities to influence and enhance health-based programs, investments, and collaborative growth in Thurston County.

## DESCRIPTION OF SERVICE AREA

Thurston County is located in the western part of Washington State, and its county seat is Olympia, which is also Washington State's capital. As of 2022, Thurston County had a population of approximately 300,500 people, making it the 6th most populated county in Washington State (Washington State Office of Financial Management, 2022). It is home to several cities and towns, including Olympia, Lacey, Tumwater, Tenino, Bucoda, Rainier, and Yelm. Reservation lands in the area include those of the Nisqually Indian Tribe, the Chehalis Tribe, and the Squaxin Island Tribe. MultiCare Health System has one hospital in Thurston County, which is MultiCare Capital Medical Center located in Olympia.



# Community Engagement



Ongoing and meaningful community engagement can significantly improve hospital and health care system efforts to address community health and social outcomes. Listening to and engaging with people who live and work in the community is a crucial component of a CHNA, as these people have firsthand knowledge of the needs and strengths of the community and are invested in its well-being. The community engagement portion of this CHNA is intended to provide the important context to the quantitative data presented and to enhance a generalized understanding of Thurston County's needs.

As part of the community engagement component of this CHNA, virtual and in-person interviews were conducted with 28 key informants in Thurston County beginning in September 2022. Key informants were selected based on their knowledge of the community and engagement in work that directly serves diverse communities in Thurston County. Efforts were made to engage key informants from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Key informant interview results are not entirely generalizable, and limitations to the strength of the conclusions may exist. Some voices may be missing from the community engagement process due to possible selection bias as to who was selected as a key informant and due to not all selected key informants being able to participate.

Interviews were facilitated by Thurston County Public Health and Social Services Department staff and by Providence Swedish South Puget Sound staff. Key informants who participated in this process are listed below. We express our sincere gratitude to these key informants for providing their unique perspectives, opinions, experiences, and knowledge.

- Michael Ambrogi, Senior Planner; Paul Brewster, Senior Planner; Veronica Jarvis, Transportation Demand Management Planner; and Karen Parkhurst, Planning and Policy Director; Thurston Regional Planning Council
- JP Anderson, Executive Director, CHOICE Regional Health Network/Cascade Pacific Action Alliance
- Tracey Carlos, Program Manager, Washington State Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Commission
- Andre Clark, Thurston County Resource Hub Interim Manager, Thurston County Pretrial Services Department
- Rowan Duran, Co-Chair; and Skye Lock, Secretary; Diversity Alliance of the Puget Sound
- Donna Feddern, Community Supports Director, Lewis-Mason-Thurston Area Agency on Aging

# Community Engagement

Continued

- Trish Gregory, Executive Director, Family Support Center of South Sound; School Board Director #5, Griffin School District
- Derek R. Harris, Chief Executive Officer, Community Youth Services
- Melinda Hughes, Executive Director, Thurston Climate Action Team
- Amy King, Lieutenant; and Teal Russell, Crisis Response Unit Lead; Olympia Police Department
- Danielle King, Grants Manager, Special Projects, and Safe Kids Thurston County Coordinator, Child Care Action Council
- Malika Lamont, Director of Voices and Community Activists and Leaders – Washington (VOCAL-WA) and Director of Law Enforcement Assisted Diversion (LEAD) Washington State Technical Assistance Team, Public Defender Association; Director of Harm Reduction Practices, Olympia Bupe Clinic
- Tami Lathrop, Host Homes Program Director, TOGETHER!
- Katie Madinger, Executive Director, The Olympia Free Clinic
- Josefina Magaña, Director, Thurston Thrives
- Meg Martin, Executive Director, Interfaith Works
- Kellie McNelly, Executive Director, Rochester Organization of Families (ROOF) Community Services
- Carlos Mejia Rodriguez, Founder and Executive Director, Mi Chiantla
- Nicole Miller, Racial Equity Program Manager, Thurston County Board of County Commissioners
- Jeri Moomaw, Founder and Executive Director, Innovations Human Trafficking Collaborative
- TJ O'Reilly, Chief Executive Officer, South Sound Behavioral Hospital
- Jamie Nixon, Medical Director, St. Martin's University Student Health Center
- Shannon Powell, Director of Student Services, Yelm Community Schools
- Kim Smith, Executive Director, South Sound Parent to Parent
- Sarah Smith, Executive Assistant, Lacey Parks, Culture, and Recreation
- Gaelon Spradley, Chief Executive Officer, Valley View Health Center
- Katie Strozyk, Opioid Response Coordinator, Thurston County Public Health and Social Services Department
- Shelly Willis, Executive Director, Family Education and Support Services



# Community Engagement

Continued

Key informants were provided with the interview questions before the interview. During the interview, they were asked about the community their organization serves, the greatest strength they see in their community, unmet health-related needs in their community, issues that need to be addressed to make their community healthy, suggestions for leveraging community strengths and existing resources to address the needs, and community health initiatives/programs/services that are currently meeting the needs. They were also asked about services or needed changes that organizations could work together on to address health equity, as well as what the most important characteristics of a healthy community were.

Interviews were recorded with permission from key informants, recorded interviews were transcribed by a transcription service, and themes were identified by conducting qualitative analysis of interview transcripts using qualitative data analysis software. Providence Swedish South Puget Sound staff led the qualitative analysis process with support and input from Thurston County Public Health and Social Services Department staff. Many themes arose during the analysis of the interviews, and these themes are summarized here.

These themes are also highlighted in [Providence Swedish South Puget Sound's Community Health Needs Assessment](#).

While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

- Organizations want to collaborate and work together to meet needs more effectively
- Community members are engaged and have unique knowledge and wisdom to share to make the community healthier
- Community members are resilient and hopeful, working towards improving their lives and the lives of their families

# Community Engagement

Continued

In order to prioritize unmet health-related needs in the community for the persons they serve, key informants were asked to rank the top 5 health issues that need to be addressed to make their community healthy. The health issues that were highly ranked by key informants are listed below in order of rank and then summarized by health issue in order of rank:

1. **Access to Behavioral Health Care**
2. **Affordable Housing and Homelessness**
3. **Substance Use/Misuse and Overdose Prevention**
4. **Diversity, Inclusion, and Belonging**
5. **Mental Health and Suicide Prevention**
6. **Access to Health Care**
7. **Economic Security and Income Inequality**
8. **Racism and Discrimination**
9. **Community Engagement and Involvement**

# Community Engagement

Continued



Thurston County,  
Washington  
Community Health  
Needs Assessment  
2022

## **ACCESS TO BEHAVIORAL HEALTH CARE, INCLUDING SUBSTANCE USE/MISUSE, OVERDOSE PREVENTION, MENTAL HEALTH, AND SUICIDE PREVENTION**

Key informants identified “access to behavioral health care” as the most pressing need in Thurston County. They also identified “substance use/misuse and overdose prevention” and “mental health and suicide prevention” as needs that were ranked third and fifth, respectively, and spoke to these three needs as interconnected and inseparable. Therefore, they are discussed together in this CHNA.

Substance use/misuse and overdose prevention themes that emerged from key informant interviews highlighted that:

- There is particular concern about an increase in fentanyl and resulting deaths by overdose, as well as the broader community impacts of overdose and overdose deaths
- Harm reduction programs are spoken highly of, including trainings for administering naloxone, although there is a need for additional low-barrier supportive services for people with a substance use disorder

Mental health and suicide prevention themes that emerged from key informant interviews highlighted that:

- More suicidal ideation and mental health challenges are being seen coming out of the coronavirus disease 2019 (COVID-19) pandemic
- Providing follow-up care is needed for people after being discharged from inpatient care for a mental health condition, including medication management
- More mental health services for young people are specifically needed

Access to behavioral health care themes that emerged from key informant interviews highlighted that:

- There is a lack of capacity to meet the growing need, leading to long wait times for both mental health and substance use/misuse treatment services
- There is a need for residential or inpatient care facilities, crisis response and stabilization, and treatment services for folks with dual diagnoses needing high levels of care
- A lack of funding, community coordination, staffing (particularly trauma-informed and culturally-informed staffing), and alignment between physical and behavioral health care contribute to these gaps in services
- Barriers such as a lack of providers that are bilingual and bicultural, cost of care, transportation, and hours of services prevent people from accessing needed behavioral health care

# Community Engagement

Continued

Key informant interviews also highlighted that specific populations may experience unique or additional barriers to accessing services, including:

- Young people
- People experiencing homelessness
- People identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, or other identities not encompassed (LGBTQIA+)
- Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- People living in more rural areas of Thurston County
- Military families

### **AFFORDABLE HOUSING AND HOMELESSNESS**

Key informants identified affordable housing and homelessness as one of the most pressing needs because without housing, other needs cannot be met.

Affordable housing and homelessness themes that emerged from key informant interviews highlighted that:

- The need for safe, affordable housing is only growing in Thurston County with the cost of living increasing
- Particularly in some areas of the county, people live in unhealthy housing where there is mold and other hazards
- There may be a specific lack of low-income housing in south Thurston County
- Housing and health are interconnected, and there is a need for additional low-barrier housing across the spectrum to support people experiencing homelessness and housing instability, including permanent supportive housing and emergency, short-term, and long-term shelters
- To support people living unsheltered, there is a need to provide more homelessness services including a sanctioned encampment, hygiene services, and street-based medicine

Key informant interviews also highlighted that specific populations may experience housing-related challenges, including:

- Older adults
- BBIPOC communities, particularly Latino/a/x community members and Indigenous peoples
- LGBTQIA+ community members (especially LGBTQIA+ youth)
- Unaccompanied minors
- People with behavioral health conditions

# Community Engagement

Continued

## **DIVERSITY, INCLUSION, AND BELONGING**

Diversity, inclusion, and belonging is closely connected to racism and discrimination and is a driver of most other needs, including economic insecurity and income inequality.

Diversity, inclusion, and belonging themes that emerged from key informant interviews highlighted that:

- BBIPOC communities experience barriers to accessing programs and services, contributing to more economic insecurity and housing instability
- Without inclusion and belonging, there are more mental health challenges and isolation, which can have negative health outcomes
- Ensuring students have a sense of belonging in their school community is important for them to be able to learn
- When people feel included in the community, they are more likely to be engaged and involved
- There is a need for feeling safe and building trust, especially with people in positions of authority, and a need for mentors, advocates, etc.

Key informant interviews also highlighted that specific populations are not always made to feel like they belong, including:

- LGBTQIA+ community members
- Mixed-status families (families whose members have differing immigration statuses)
- People whose first language is not English
- People experiencing homelessness

### ACCESS TO HEALTH CARE

Key informants shared that there is a lack of capacity to meet everyone's health care needs in Thurston County, particularly for people who are uninsured and underinsured.

Access to health care themes that emerged from key informant interviews highlighted that:

- People with resources, transportation, and high-quality insurance can access the care they need, but inequities exist in the community
- Locally, there can be fairly long wait lists for specialists, with people traveling to other areas for quicker access
- Primary care can also have long wait lists, with people waiting two or three months to get a health care appointment

- Hospitals are very busy and it would be beneficial to have more partnerships, an additional hospital in south Thurston County, and recruitment for additional health care providers and medical staff to prevent provider burnout
- Specific barriers to accessing timely and appropriate care include transportation, hours of appointments during work time, lack of broadband access and comfort with technology, stigma and discrimination, and a lack of providers that are bilingual and bicultural

Key informant interviews also highlighted that specific populations may experience these barriers and other barriers to accessing responsive care, including:

- People experiencing homelessness
- BBIPOC community members
- LGBTQIA+ community members
- Mixed-status families
- People with behavioral health conditions

# Community Engagement

Continued

## ECONOMIC SECURITY AND INCOME INEQUALITY

Key informants shared concern for people with low incomes being able to afford their basic needs, such as food, health care, car seats, baby formula, etc., particularly with the rising cost of living.

Economic security and income inequality themes that emerged from key informant interviews highlighted that:

- One event or accident could be financially catastrophic for a family
- There is concern for people with incomes slightly above the threshold for qualifying for public benefits, but without enough money to afford those basic needs without assistance, which is called the “benefits cliff,” which means public benefits drop off sharply with a small increase in income
- Investing in low-barrier educational and employment opportunities as well as job skills and technical training is important

- There is concern about BBIPOC students and those with low incomes because they can have less access to quality education
- Addressing racism, including the school-to-prison pipeline, and ensuring a sense of belonging for students is important
- There are limited employment opportunities paying a living wage for people in Thurston County without higher education
- Job skills and technical training could help people increase their economic security

Key informant interviews also highlighted that specific populations may experience more economic insecurity, including:

- BBIPOC community members
- People with behavioral health conditions



## RACISM AND DISCRIMINATION

Key informants discussed how racism and discrimination contribute to most needs and are closely connected to diversity, inclusion, and belonging, which are foundational to all other needs.

Racism and discrimination themes that emerged from key informant interviews highlighted that:

- Racism contributes to BBIPOC communities having differences in maternal and child mortality, increased risk for climate change impacts, and fewer educational and economic opportunities, which leads to more economic insecurity
- The school-to-prison pipeline pushes BBIPOC children out of education settings and into the criminal legal system
- LGBTQIA+ community members experience discrimination and a potential lack of safety when seeking health care services and even out in certain areas of the community
- Providers may not be respectful of transgender patients or provide affirming care

- People with behavioral health conditions and people experiencing homelessness, especially those actively using substances, may not be treated with the same care and respect as other patients
- There is a desire to see more leveraging of relationships to work on addressing racism and discrimination in the community, rather than just talking about its importance

Key informant interviews also highlighted that specific populations experience racism and discrimination, including:

- BBIPOC community members
- LGBTQIA+ community members
- People with behavioral health conditions
- People experiencing homelessness

# Community Engagement

Continued

## COMMUNITY ENGAGEMENT AND INVOLVEMENT

Key informants shared that in order to have engagement and involvement from community members, people need to have a sense of belonging and inclusion.

Community engagement and involvement themes that emerged from key informant interviews highlighted that:

- A strength of the community is that many people are engaged and have knowledge to share related to community well-being, and leveraging this strength could help build connections with school communities, individual community members, health care providers, and community groups
- Organizations can ask people how they want to receive services and engage with grassroots organizations that have trusted relationships already established

Key informant interviews also highlighted that organizations can more meaningfully engage community voice by creating space for specific populations to sit on advisory boards and make decisions about funding, including:

- People with lived experience
- People from diverse communities

# Health Data



The health data component of this CHNA is a collection of indicators that help illustrate the status of the community's demographic and socioeconomic characteristics; health behaviors, health outcomes, and chronic illness; violence prevention; access to care; behavioral health; immunizations; and maternal and child health. Indicators are analyzed by looking at trends over time, geographic comparisons, and demographic disaggregation. Data sources that were used include (but were not limited to) vital records such as birth certificates and death certificates, and data from surveys such as the American Community Survey, the Behavioral Risk Factor Surveillance System, the Healthy Youth Survey, and the Pregnancy Risk Assessment Monitoring System. Other data sources included the Washington State Cancer Registry, the Washington State Immunization Information System, and the Comprehensive Hospital Abstract Reporting System, among others. In this CHNA, there are data

analysis limitations due to data availability, timing of data, standards for reporting data with small numbers, and broad categories for race/ethnicity and other demographic characteristics. Certain data sources have limitations as well; for example, data from surveys are self-reported, which can introduce recall bias. All data in the health data component of this CHNA were the latest available at the time. Data are subject to change; for example, rates in this CHNA may differ from other published rates due to changes in the data source used for population estimates.

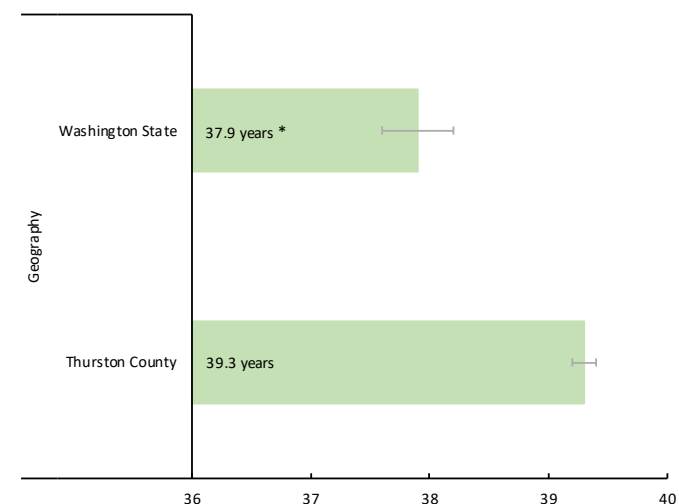
# Demographic and Socio-economic Characteristics

The demographic and socioeconomic characteristics of a community can help us understand health behaviors and health outcomes and plan for future health interventions.

## MEDIAN AGE

Understanding the age distribution of a community helps communities plan for demands in medical and social services. The indicator for median age is measured by dividing the population into two equal-size groups, where half of the population is older than the median age and half of the population is younger than the median age. Median age is based on a standard distribution of the population by single years of age and is shown to the nearest tenth of a year. In Thurston County, the median age was 39.3 (90% Confidence Interval Range: 39.2 - 39.4) years.

## Median Age 2017-2021



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County age at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table S0101

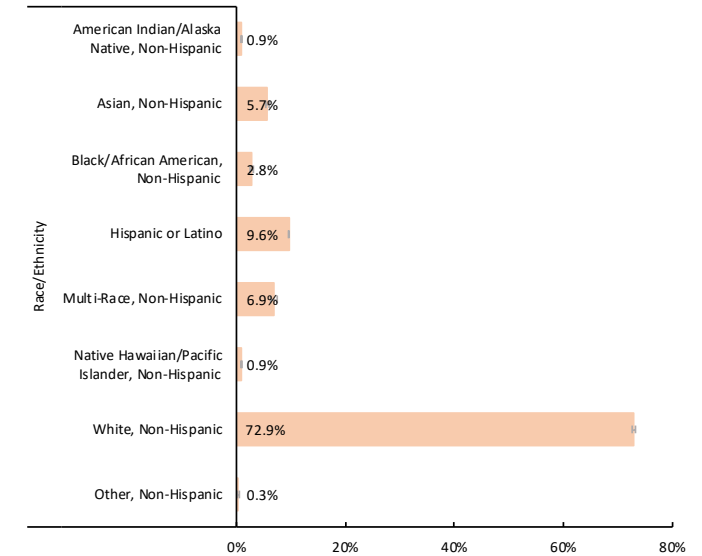
# Demographic and Socio-economic Characteristics

Continued

## RACE/ETHNICITY

Understanding the racial and ethnic distribution of a community is crucial so that work can be done to eliminate disparities. It is increasingly important to address health disparities as the population becomes more diverse. The indicator for race/ethnicity is measured by the percent of the population by self-identified race/ethnicity, as shown in the chart to the right.

**Percent of Population by Race/Ethnicity  
Thurston County, 2017-2021**



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table B03002

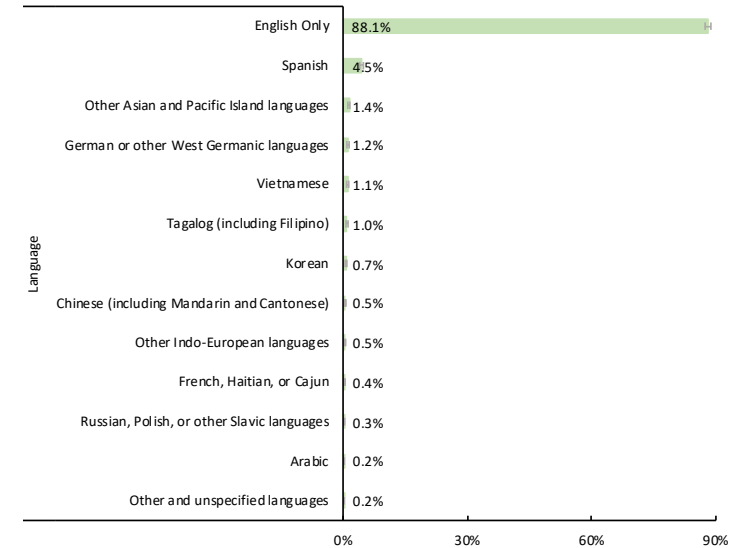
# Demographic and Socio-economic Characteristics

Continued

## LANGUAGE SPOKEN AT HOME

Language data helps communities ensure that essential information about public health, law, regulations, voting, and safety is communicated in languages that community members understand. The indicator for language spoken at home is measured by the percent of the population 5 years of age and older by language spoken at home, as shown in the chart to the right.

**Percent of Population 5+ Years of Age by Language Spoken At Home**  
Thurston County, 2017-2021



*^ Data with small numbers are suppressed to protect confidentiality*

*! Data with counts less than 17 are unreliable*

*Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table C16001*

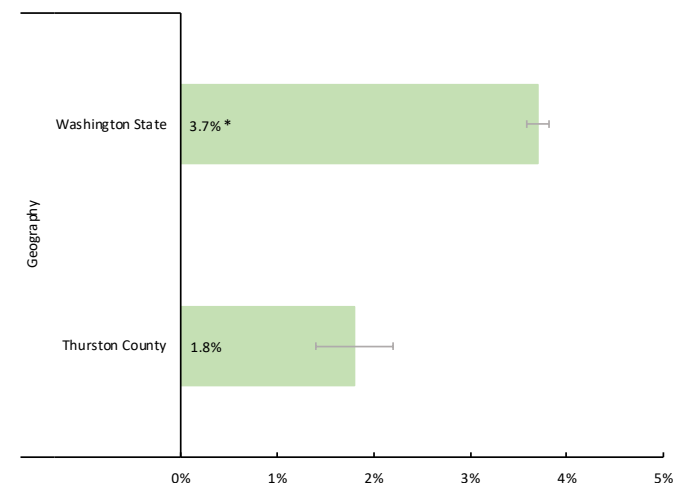
# Demographic and Socio-economic Characteristics

Continued

## LIMITED ENGLISH-SPEAKING HOUSEHOLDS

Having limited English proficiency can be a barrier to accessing health care. Institutional barriers such as limited availability of well-trained interpreters and culturally competent health care providers can result in decreased quality of care for individuals with limited English proficiency and adversely affect their health. The indicator for limited English-speaking households (sometimes called a linguistically isolated household) is measured by the percent of the population 5 years of age and older living in a limited English-speaking household, meaning that no household member 14 years of age and older speaks only English at home, or speaks a language other than English at home and speaks English “very well.” In Thurston County, 1.8% (90% Confidence Interval Range: 1.4 - 2.2%) of the population 5 years of age and older were in limited English-speaking households.

**Percent of Population 5+ Years of Age in Limited English-Speaking Households 2017-2021**



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table B16003 and B16004

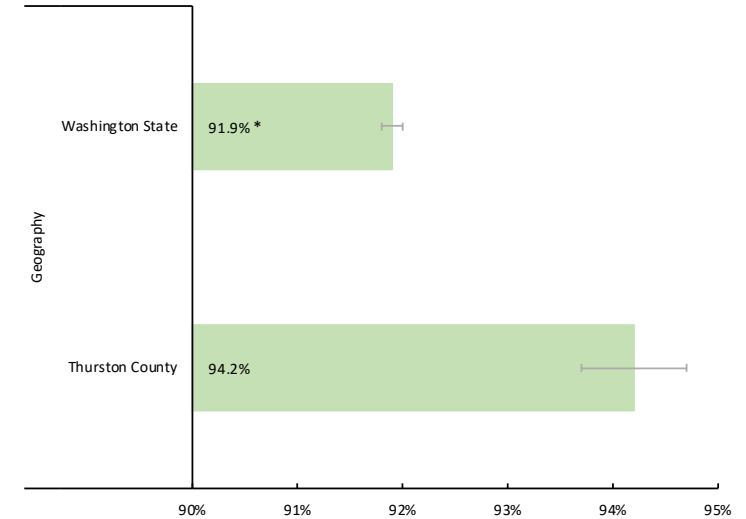
# Demographic and Socio-economic Characteristics

Continued

## EDUCATIONAL ATTAINMENT

The connection between education and health is well-documented. Higher educational attainment is associated with better jobs, higher earnings, increased health literacy, and increased access to economic opportunities. The indicator for educational attainment is measured by the percent of the population 25 years of age and older with a high school diploma or higher, including those whose highest degree was a high school diploma or its equivalent, those who attended college but did not receive a degree, and those who received an associate's, bachelor's, master's, or professional or doctorate degree. People who reported completing the 12th grade but not receiving a diploma are not included. In Thurston County, 94.2% (90% Confidence Interval Range: 93.7 - 94.7%) of the population 25 years of age and older had a high school diploma or higher.

### Percent of Population 25+ Years of Age with a High School Diploma or Higher 2017-2021



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table S1501



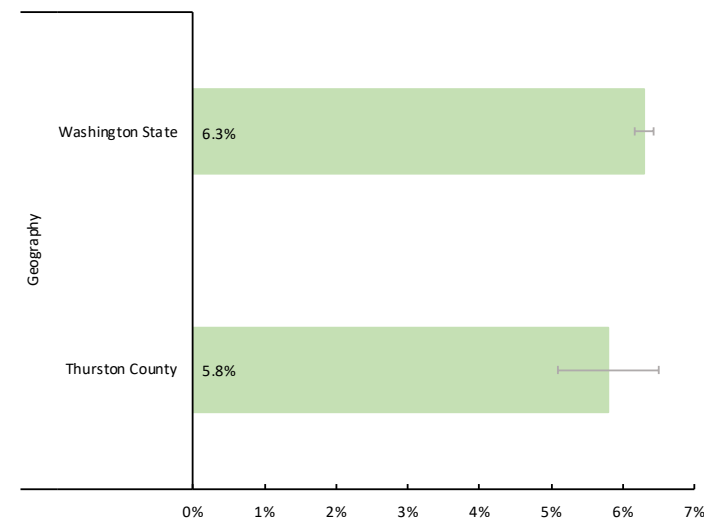
# Demographic and Socio-economic Characteristics

Continued

## LACK OF INTERNET ACCESS

Advancements in technology are transforming how communities work, communicate, access information, and educate children. However, many people without internet access will not be able to take advantage of technological potential. People in rural communities and those experiencing severe poverty are more likely to lack access. Lack of internet access makes it difficult for these populations to access public resources and retrieve information. Additionally, internet access provides people with opportunities for social connectedness and allows them to receive health care via telehealth. The indicator for lack of internet access is measured by the percent of households where no one in the household can use or connect to the Internet using any free service or a paid service, such as dial-up or broadband of any type (broadband such as cable, fiber optic, or Digital Subscriber Line; a cellular data plan; satellite; a fixed wireless subscription; or other non-dial up subscription). In Thurston County, 5.8% (90% Confidence Interval Range: 5.1 - 6.5%) of households lacked internet access.

**Percent of Households without Internet Access 2017-2021**



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table B28002

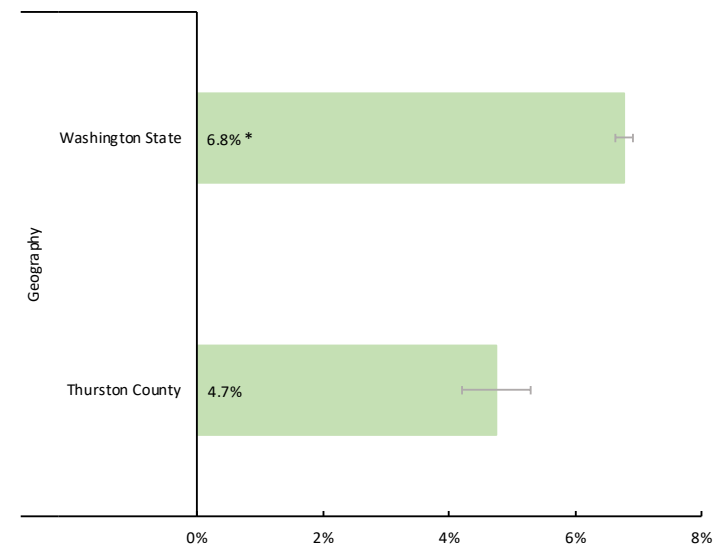
# Demographic and Socio-economic Characteristics

Continued

## LACK OF VEHICLE ACCESS

Many people struggle to find reliable transportation. If a person can no longer drive, it becomes difficult to obtain groceries, get to work or medical appointments, or carry out the activities that are crucial to daily life. Transportation is often cited as a major barrier to accessing health care, employment, higher education, and childcare. The indicator for lack of vehicle access is measured by the percent of occupied housing units with no vehicle available, meaning no passenger cars, vans, and pickup or panel trucks of one-ton (2,000 pounds) capacity or less are kept at home and available for the use of household members. Vehicles rented or leased for one month or more, company vehicles, and police and government vehicles are included if kept at home and used for non-business purposes. Motorcycles or other recreational vehicles are excluded. Dismantled or immobile vehicles are excluded. Vehicles kept at home but used only for business purposes also are excluded. In Thurston County, 4.7% (90% Confidence Interval Range: 4.2 - 5.3%) of occupied housing units had no vehicle available.

## Percent of Occupied Housing Units with No Vehicle Available 2017-2021



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table DP04

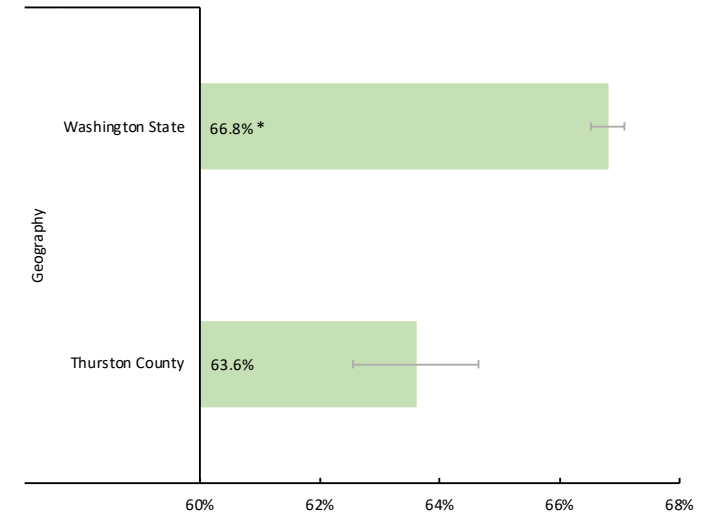
# Demographic and Socio-economic Characteristics

Continued

## HOMEOWNERSHIP

Homeownership has a long list of recognized benefits. It can provide long-term stability and a chance to build wealth, which may go on to benefit a family's health for generations. The indicator for homeownership is measured by the percent of occupied housing units that are owner-occupied. A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. In Thurston County, 63.6% (90% Confidence Interval: 62.6 - 64.6%) of occupied housing units were owner-occupied.

### Percent of Occupied Housing Units that are Owner-Occupied 2017-2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table S2502

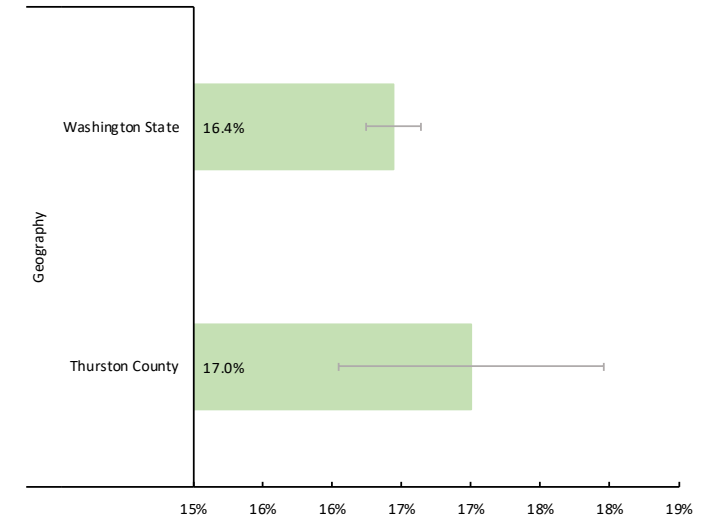
# Demographic and Socio-economic Characteristics

Continued

## GEOGRAPHIC MOBILITY

Frequent moving has been associated with inconsistent health care service utilization and poorer health and development in children. The indicator for geographic mobility is measured by the percent of the population 1 year of age and older who moved in the last year, including moving within the same county, moving from a different county within the same state, moving from a different state, and moving from abroad. In Thurston County, 17.0% (90% Confidence Interval Range: 16.2 - 17.8%) of the population 1 year of age and older moved in the last year.

### Percent of Population 1+ Years of Age who Moved in the Last Year 2017-2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table B07001

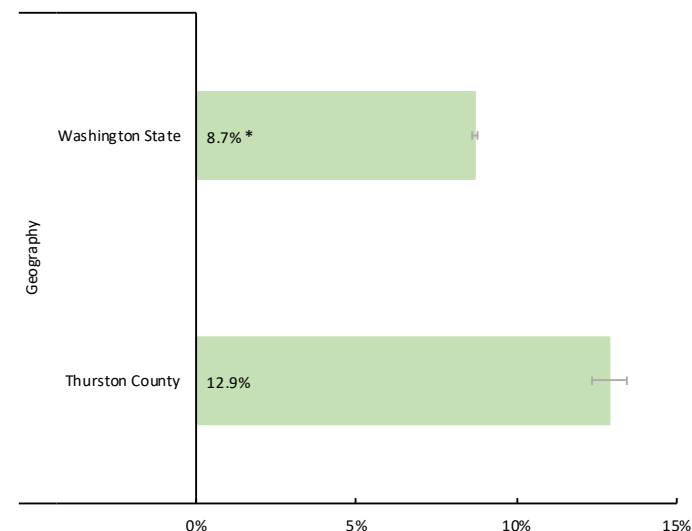
# Demographic and Socio-economic Characteristics

Continued

## VETERAN POPULATION

Military service is a meaningful part of a Veteran's identity that impacts how health care is accessed and provides a wide variety of benefits and services available through the United States Department of Veterans Affairs and other sources. Military service can increase the prevalence of medical and behavioral health conditions, and stigma can prevent veterans from seeking care. Additionally, veterans may be unaware of the benefits and services available to them or are unable to access them. Additionally, many veterans live in rural areas which makes accessing care even more difficult. The indicator for veteran population is measured by the percent of the civilian population 18 years of age and older who are veterans, meaning they served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the initial training or yearly summer camps. All other civilians are classified as nonveterans. In Thurston County, 12.9% (90% Confidence Interval Range: 12.4 - 13.4%) of the civilian population 18 years of age and older were veterans.

## Percent of Civilian Population 18+ Years of Age who are Veterans 2017-2021



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table B21001

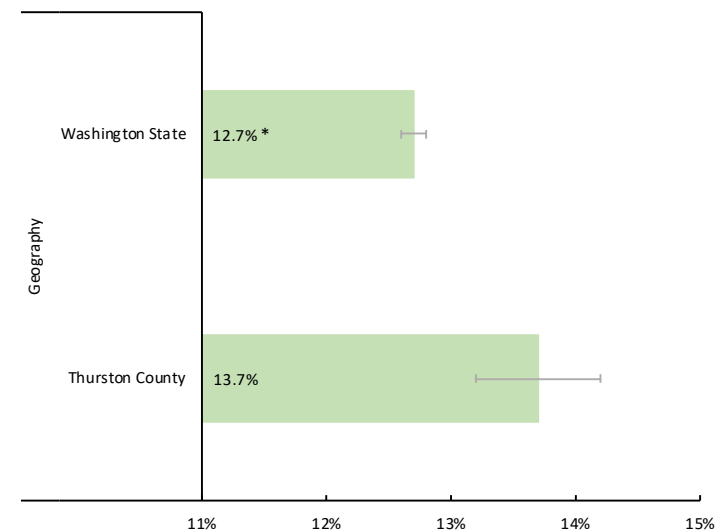
# Demographic and Socio-economic Characteristics

Continued

## POPULATION WITH A DISABILITY

People with disabilities often experience challenges accessing health systems, the workforce, and education, resulting in profound inequities in health and well-being outcomes. In addition, people with disabilities commonly face barriers such as lack of transportation, inaccessible facilities, and stigma. The indicator for population with a disability is measured by the percent of the civilian noninstitutionalized population with a disability, meaning they have one or more of the following six difficulties: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, or independent living difficulty. For children under 5 years of age, hearing and vision difficulties are used to determine disability status. For children between 5 and 14 years of age, disability status is determined by hearing, vision, cognitive, ambulatory, and self-care difficulties. People 15 years of age and older are considered to have a disability if they have difficulty with any one of the six difficulty types. In Thurston County, 13.7% (90% Confidence Interval Range: 13.2 - 14.2%) of the civilian noninstitutionalized population had a disability.

## Percent of Civilian Noninstitutionalized Population with a Disability 2017-2021



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table S1810

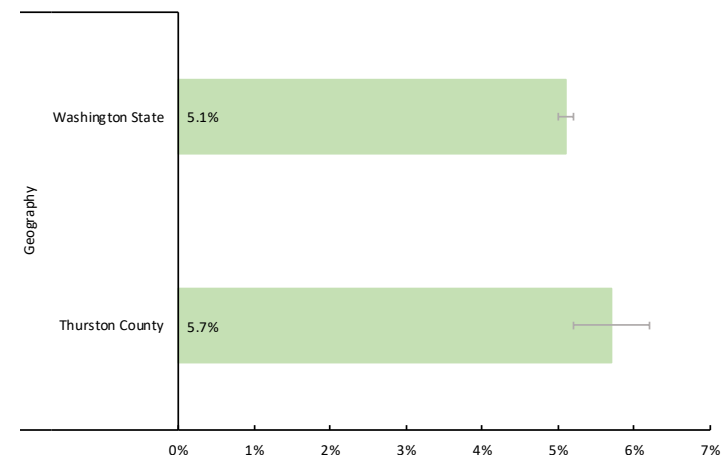
# Demographic and Socio-economic Characteristics

Continued

## UNEMPLOYED POPULATION

A stable, safe, and well-paying job makes it easier for people to live in healthier neighborhoods, access health care, and afford quality childcare, education, and healthy food. The effects of job loss are not limited to just the individual as they can affect household members too as well as increase the economic burden on states. The indicator for unemployed population is measured by the percent of the population 16 years of age and older who are unemployed, meaning they are part of the civilian labor force and were neither at work nor with a job but not at work that week and were actively looking for work during the last 4 weeks and were available to start a job. Also included were those who did not work at all that week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness. In Thurston County, 5.7% (90% Confidence Interval Range: 5.2 - 6.2%) of the population 16 years of age and older in the civilian labor force were unemployed.

### Percent of Population 16+ Years of Age in Civilian Labor Force who are Unemployed 2017-2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table S2301

# Demographic and Socio-economic Characteristics

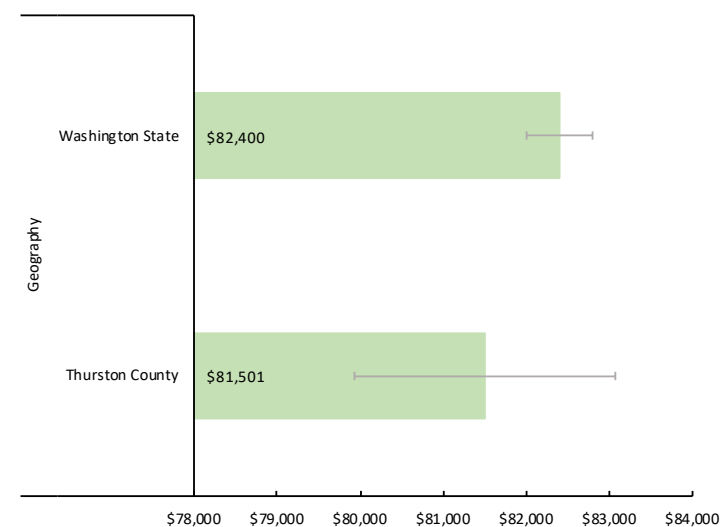
Continued

## MEDIAN HOUSEHOLD INCOME

Income level is a strong predictor of a person's health status and their access to resources. People with low incomes have an increased risk of negative health outcomes and may experience restricted access to quality housing, transportation, food, and education, which limits opportunities to live a healthy life. The indicator for median household income is measured by the median household income in the past 12 months in 2021 inflation-adjusted dollars, where the median divides the household income distribution into two equal parts with half of the households falling below the median income and half of the households above the median income and is based on the income distribution of all households, including those with no income. Household income includes the income of the householder and all other individuals 15 years of age and older in the household, whether they are related to the householder or not. Income is the sum of wage or salary income; net self-employment income; interests, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income; public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public

housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; and gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts. In Thurston County, the median household income was \$81,501 (90% Confidence Interval Range: \$79,931 - 83,071).

### Median Household Income 2017-2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County income at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table B19049



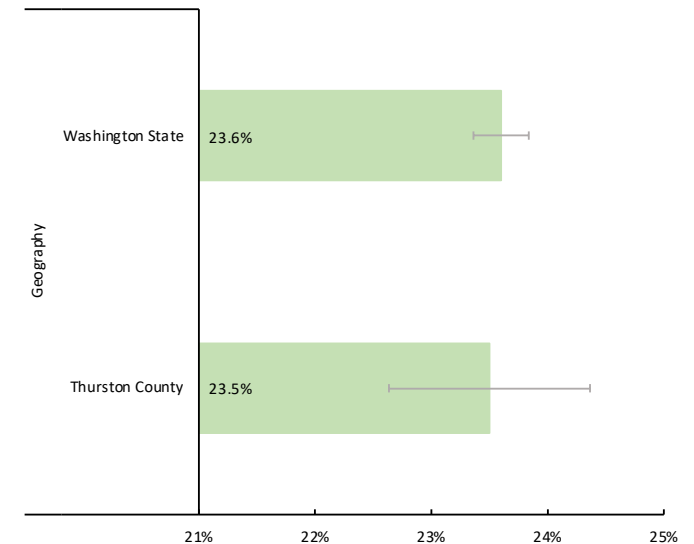
# Demographic and Socio-economic Characteristics

Continued

## POVERTY

Poverty is a social determinant of health that has intergenerational impacts. It is associated with higher rates of environmental exposures and poor health outcomes, as well as increased risk of mortality and chronic disease. People with low incomes may struggle to consistently meet basic needs such as stable housing, food, and health care. The United States Census Bureau uses a set of [poverty thresholds](#) that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The indicator for poverty is measured by the percent of the population (for whom poverty status is determined) with incomes below 200% of the poverty level. Poverty status is determined for all people except institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under 15 years of age. In Thurston County, 23.5% (90% Confidence Interval Range: 22.6 - 24.4%) of the population (for whom poverty status is determined) was in poverty.

**Percent of Population (for whom Poverty Status is Determined) with Incomes Below 200% of the Poverty Level**  
2017-2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table S1701

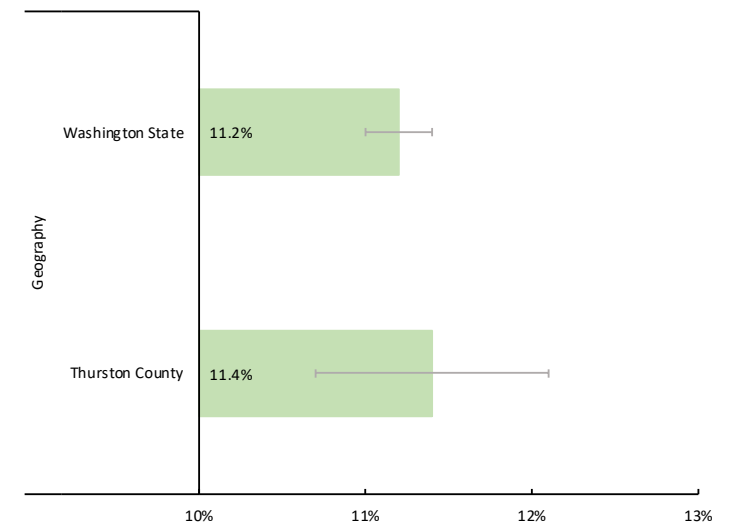
# Demographic and Socio-economic Characteristics

Continued

## HOUSEHOLDS RECEIVING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

SNAP is a federal nutrition program that helps low-income people access food and improve their economic security and health outcomes. To be eligible for SNAP, households must meet [eligibility requirements](#) based on their household size and income. The indicator for households receiving SNAP benefits is measured by the percent of households where one or more current household member received SNAP benefits in the past 12 months. In Thurston County, 11.4% (90% Confidence Interval Range: 10.7 - 12.1%) of households received SNAP benefits.

**Percent of Households Receiving SNAP Benefits 2017-2021**



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table S2201

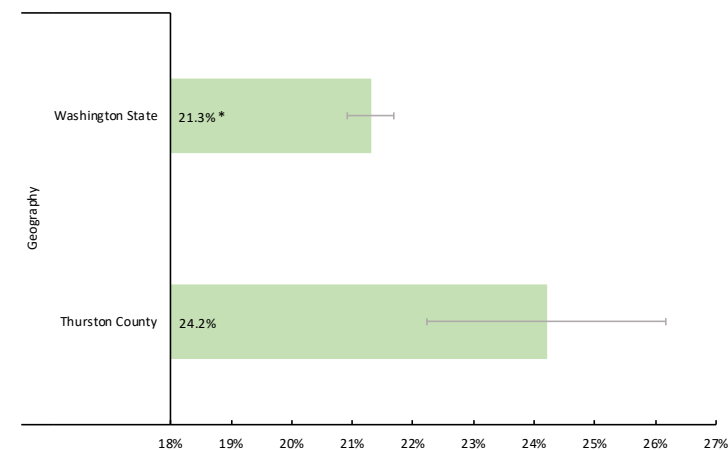
# Demographic and Socio-economic Characteristics

Continued

## RENTER HOUSEHOLDS WITH SEVERE HOUSING COST BURDEN

Households with severe housing cost burden may need to prioritize paying housing bills over doctor's visits, healthy food, and utility bills. They are also likelier to live in housing conditions that may be more affordable but unsafe. The indicator for renter households with severe housing cost burden is measured by the percent of renter-occupied housing units that spend 50% or more of their household income on gross rent. All occupied housing units which are not owner-occupied, whether they are rented or occupied without payment of rent, are classified as renter-occupied. Gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). In Thurston County, 24.2% (90% Confidence Interval Range: 22.2 - 26.2%) of renter-occupied housing units had severe housing cost burden.

**Percent of Renter Households with Severe Housing Cost Burden 2017-2021**



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.10$  level

Data Source: United States Census Bureau, American Community Survey 5-Year Estimates, 2017-2021, Table B25070

# Demographic and Socio-economic Characteristics

Continued

## UNSTABLY HOUSED AND HOMELESS PERSONS

Housing instability and homelessness harms health both directly and indirectly, by moving people into unsafe living conditions, causing stress, and eliminating resources that could otherwise keep people healthy. Individuals experiencing housing instability and homelessness are more likely to have chronic physical and mental health conditions. Being unstably housed or homeless creates new health problems and exacerbates existing ones. The indicator for unstably housed and homeless persons is measured by the number of unstably housed and homeless persons, which refers to all clients or households experiencing any homelessness or housing instability (e.g., they are literally homeless/unsheltered, receiving housing services that indicate housing instability, residing in transitional housing, or couch surfing). Data were obtained from Washington State Department of Commerce's [Snapshot of Homelessness in Washington State for July 2022](#), which

is based on combined Medicaid, Economic Service, and Homeless Management Information System populations and includes service recipients and all associated household members. These data supplement the data from the statewide Point-In-Time Count. In Thurston County, there were 10,220 unstably housed and homeless persons, and 8,452 of them were homeless.

### Number of Unstably Housed and Homeless Persons

Geography	Number of Unstably Housed and Homeless Persons	Number of Homeless Persons Only
Thurston County	10,220	8,452
Washington State	189,123	154,502

*Data Source: Washington State Department of Commerce, 2022*

# Demographic and Socio-economic Characteristics

Continued

## STUDENTS EXPERIENCING HOMELESSNESS

Students experiencing homelessness are more likely to suffer academically and are more likely to drop out of school when compared to their housed peers. Similarly, students experiencing homelessness have higher absentee rates and lower achievement test scores. Schools are often the safest, most stable, and supportive places for students experiencing homelessness, and stability is critical to the academic success of those students. The McKinney-Vento Act serves to provide school stability for homeless students and defines homeless children as “individuals who lack a fixed, regular, and adequate nighttime residence.” The McKinney-Vento Act provides examples of children who would fall under this definition:

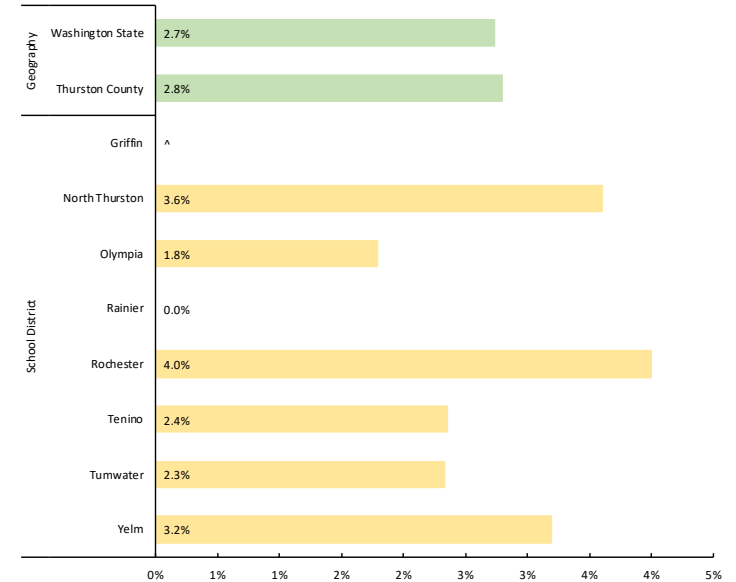
- Children and youth sharing housing due to loss of housing, economic hardship, or a similar reason
- Children and youth living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations
- Children and youth living in emergency or transitional shelters
- Children and youth abandoned in hospitals
- Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g., park benches, etc.)
- Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus stations, or train stations
- Migratory children and youth living in any of the above situations

# Demographic and Socio-economic Characteristics

Continued

The indicator for students experiencing homelessness is measured by the percent of Pre-Kindergarten through 12th grade students (PK-12) that were enrolled on October 1st of the 2021-2022 school year that experienced homelessness at any point during the school year. Data were obtained from Washington State Office of Superintendent of Public Instruction's [Report Card Enrollment 2021-2022 School Year](#). In Thurston County, 2.8% of students experienced homelessness.

## Percent of PK-12 Students Experiencing Homelessness Thurston County, 2021-2022



*^ Data with small numbers are suppressed to protect confidentiality*

*! Data with counts less than 17 are unreliable*

*Data Source: Washington State Office of Superintendent of Public Instruction, 2021-2022*

# Health Behaviors, Health Outcomes, and Chronic Illness

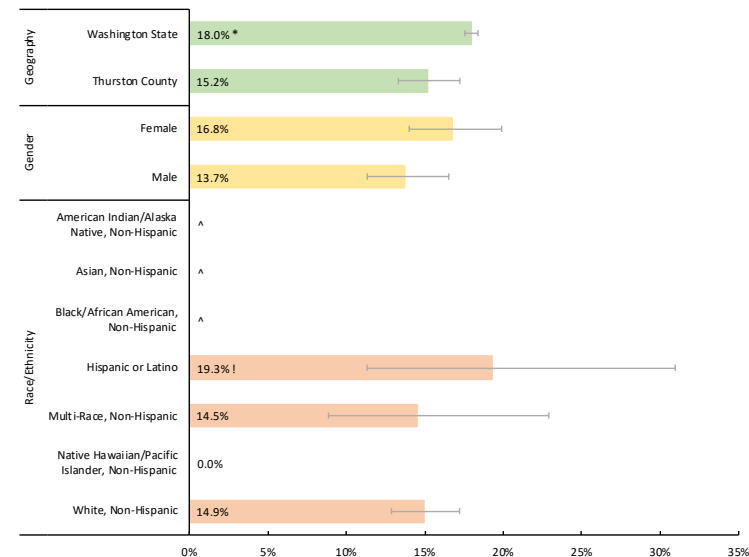
Health behaviors are actions, such as diet and physical activity, that can directly affect health outcomes. Healthy behaviors lower the risk of health conditions, while unhealthy behaviors raise the risk of health conditions. Health behaviors are determined by the choices available in the places where people live, learn, work, and play. Health outcomes describe how long people live on average within a community and how healthy they are while they are alive. Chronic illnesses (such as cancer, diabetes, and heart disease) are examples of health outcomes, and they can lead to hospitalization, long-term disability, reduced quality of life, and death.

## PHYSICAL INACTIVITY

Many adults spend a large portion of their time being sedentary (sitting for prolonged periods of time), despite the benefits of regular physical activity. Being physically active and reducing sedentary behavior benefits health and quality of life, and is associated with reduced risk of cardiovascular diseases, hypertension, type 2 diabetes, certain cancers, dementia, anxiety, and depression. The indicator for physical inactivity is measured by the age-adjusted percent of adults who answered “no” to the following question: “During the past month, other

than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 15.2% (95% Confidence Interval Range: 13.3 - 17.2%) of adults were physically inactive.

### Age-Adjusted Percent of Adults who are Physically Inactive Thurston County, 2016-2020



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

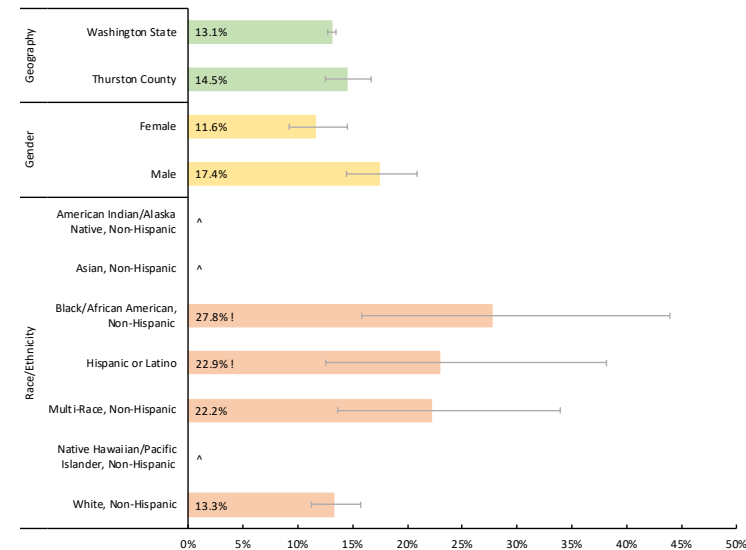
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## CURRENT SMOKER STATUS

Every year, deaths are attributed to cigarette smoking and exposure to tobacco smoke. Smoking increases the risk for heart disease, stroke, multiple types of cancer, and chronic lung disease. The indicator for current smoker status is measured by the age-adjusted percent of adults who reported they currently smoke every day or some days. Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 14.5% (95% Confidence Interval Range: 12.5 - 16.7%) of adults were current smokers.

## Age-Adjusted Percent of Adults who are Current Smokers Thurston County, 2016-2020



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020



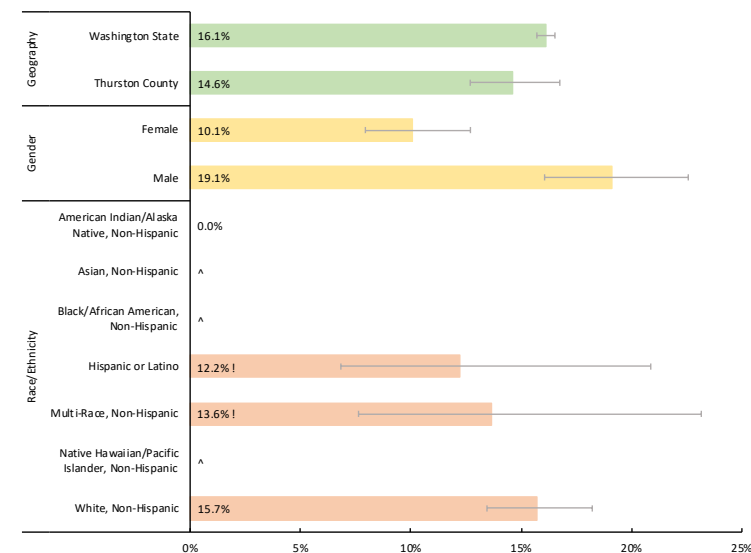
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## BINGE DRINKING

Binge drinking accounts for deaths and economic costs every year. Binge drinking is also a risk factor for many health and social problems, including motor vehicle crashes, violence, suicide, hypertension, acute myocardial infarction, sexually transmitted diseases, unintended pregnancy, fetal alcohol spectrum disorders, and sudden infant death syndrome. The indicator for binge drinking is measured by the age-adjusted percent of adult men who reported having 5 or more alcoholic beverages and adult women who reported having 4 or more alcoholic beverages on an occasion in the past 30 days. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 14.6% (95% Confidence Interval Range: 12.7 - 16.8%) of adults binge drank.

**Age-Adjusted Percent of Adults who Binge Drink**  
Thurston County, 2016-2020



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Relative standard error is greater than 25% so data is unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

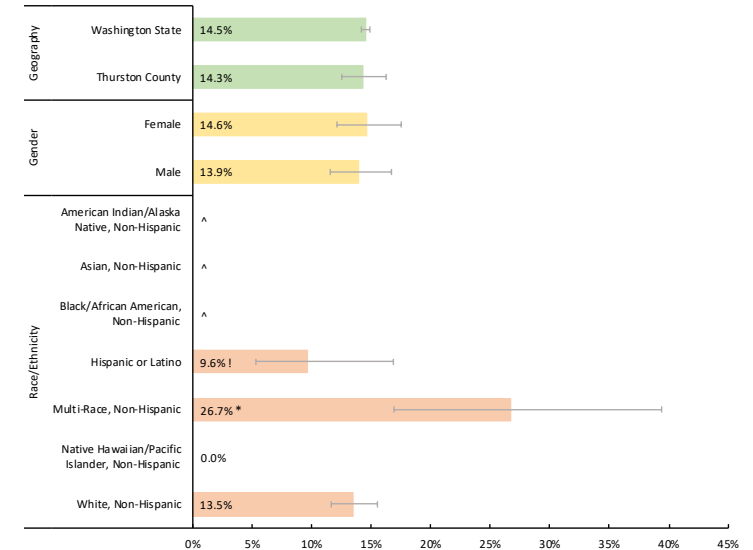
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## POOR SELF-ASSESSED HEALTH STATUS

Self-assessed health status is a strong measure of overall health status and has been demonstrated to correlate with subsequent health service use, functional status, and mortality. The indicator for poor self-assessed health status is measured by the age-adjusted percent of adults who reported their general health status as “poor.” Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 14.3% (95% Confidence Interval Range: 12.5 - 16.2%) of adults had poor self-assessed health.

## Age-Adjusted Percent of Adults with Poor Self-Assessed Health Status Thurston County, 2016-2020



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

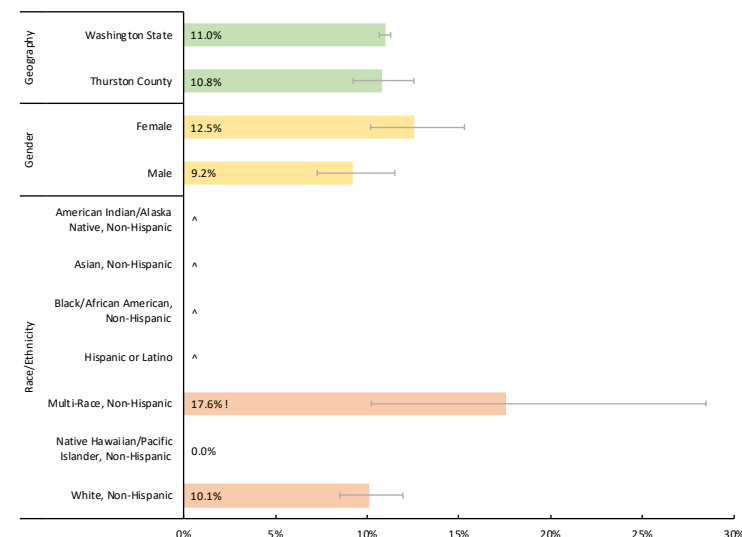
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## FREQUENT PHYSICAL HEALTH DISTRESS

Frequent physical health distress as a metric aims to describe the proportion of the population experiencing persistent and likely severe physical health problems, which may have a significant impact on health-related quality of life and overall wellness. It is associated with chronic health conditions such as diabetes and hypertension as well as health behaviors such as physical inactivity. The indicator for frequent physical health distress is measured by the age-adjusted percent of adults who reported 14 or more days during the past 30 days during which their physical health was not good. Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 10.8% (95% Confidence Interval Range: 9.2 - 12.6%) of adults had frequent physical health distress.

**Age-Adjusted Percent of Adults with Frequent Physical Health Distress Thurston County, 2016-2020**



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

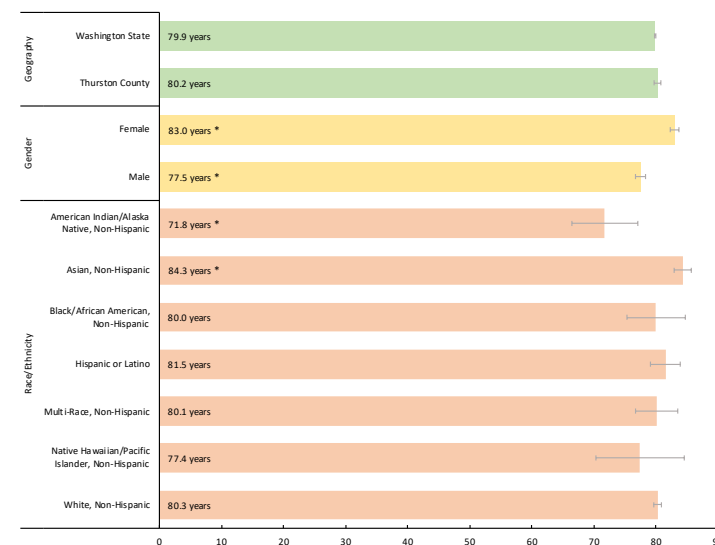
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## LIFE EXPECTANCY

Life expectancy is the average number of years that a person at birth is expected to live if current age-specific death rates continue. It is a measure of the overall health of a population and can be influenced by a variety of factors, including genetics, lifestyle, environment, and access to care. It can be used to evaluate mortality trends over time and the relative increase or decrease of a population, and it can be used for future planning purposes. The life expectancy indicator is measured by the life expectancy at birth in number of years. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, the life expectancy was 80.2 (95% Confidence Interval Range: 79.7 - 80.8) years.

## Life Expectancy at Birth Thurston County, 2020



\* Data are statistically significantly different from Thurston County life expectancy at the  $P \leq 0.05$  level

Data Source: Death Certificates, 2020

# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## LEADING CAUSES OF DEATH

Analyses of the causes of death and disparities among populations can help identify health needs, prioritize health concerns, and develop intervention programs. The leading causes of death are increasingly chronic health conditions as people continue to live longer. The indicator for leading causes of death is measured by the 10 most frequently occurring causes of death among those causes eligible to be ranked. Data were queried using Washington State Department of Health’s Community Health Assessment Tool. The top 2 leading causes of death for Thurston County residents remained the same from 2019 to 2021 and were cancer and diseases of heart. In 2020, COVID-19 became one of the top 10 leading causes of death in Thurston County and remained one of the top 10 leading causes of death in 2021.

### Leading Causes of Death in Thurston County

Rank	2019	2020	2021
1	Cancer	Cancer	Cancer
2	Diseases of Heart	Diseases of Heart	Diseases of Heart
3	Alzheimer’s Disease	Alzheimer’s Disease	Accidents
4	Chronic Lower Respiratory Diseases	Accidents	COVID-19
5	Accidents	Cerebrovascular Disease	Alzheimer’s Disease
6	Cerebrovascular Disease	Chronic Lower Respiratory Diseases	Cerebrovascular Disease
7	Diabetes	Diabetes	Chronic Lower Respiratory Diseases
8	Suicide	COVID-19	Diabetes
9	Influenza and Pneumonia	Suicide	Chronic Liver Disease and Cirrhosis
10	Parkinson’s Disease	Chronic Liver Disease and Cirrhosis	Parkinson’s Disease

Data Source: Death Certificates, 2019, 2020, and 2021

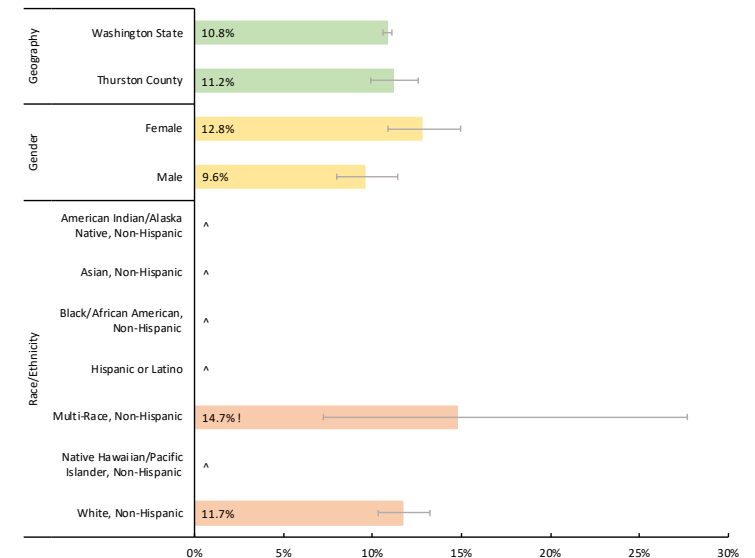
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## CANCER

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Despite continued advances in cancer research, detection, and treatment, cancer remains a leading cause of death. The indicator for cancer is measured by the age-adjusted percent of adults who reported ever being told by a doctor, nurse, or other health professional that they had skin cancer or any other types of cancer. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 11.2% (95% Confidence Interval Range: 9.9 - 12.6%) of adults had cancer.

### Age-Adjusted Percent of Adults with Cancer Thurston County, 2016-2020



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## LEADING CAUSES OF CANCER

The Washington State Cancer Registry was established by the Washington State Department of Health in response to cancer becoming a reportable condition in Washington. The indicator for leading causes of cancer is measured by the 10 most frequently occurring causes of cancer incidence, which refers to new cases of cancer diagnosed, inclusive of all stages at diagnosis (in situ, localized, regional, distant, and unstaged). Data were obtained from the [Washington State Cancer Registry Data Online](#), which provides data on cancer of all types combined and the 24 most frequently diagnosed cancers in Washington residents, as well as Hodgkin Lymphoma and Larynx.

## Leading Causes of Cancer in Thurston County

Rank	Cancer Site
1	Breast*
2	Prostate**
3	Melanoma of the Skin
4	Lung and Bronchus
5	Colorectal
6	Endometrium*
7	Non-Hodgkin Lymphoma
8	Bladder
9	Leukemia
10	Kidney and Renal Pelvis

\* Female population only

\*\* Male population only

Data Source: Washington State Cancer Registry, 2016-2020

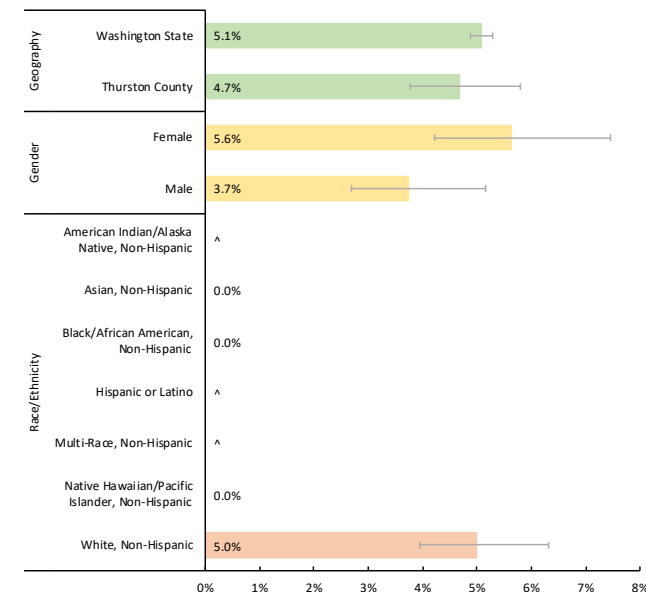
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

COPD is a chronic lung disease that slowly damages air sacs in the lungs, decreasing airflow and making it difficult to breathe. The symptoms of COPD include shortness of breath, wheezing, chest tightness, needing to clear the throat frequently, and having a chronic cough. Risk factors for COPD include cigarette smoking, secondhand smoke exposure, exposure to smoke from burning fuels, asthma, and long-term exposure to lung irritants. While COPD has no cure, its progress and symptoms can be managed. The indicator for COPD is measured by the age-adjusted percent of adults who reported ever being told by a doctor, nurse, or other health professional that they had COPD, emphysema, or chronic bronchitis. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 4.7% (95% Confidence Interval Range: 3.8 - 5.8%) of adults had COPD.

### Age-Adjusted Percent of Adults with COPD Thurston County, 2016-2020



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020



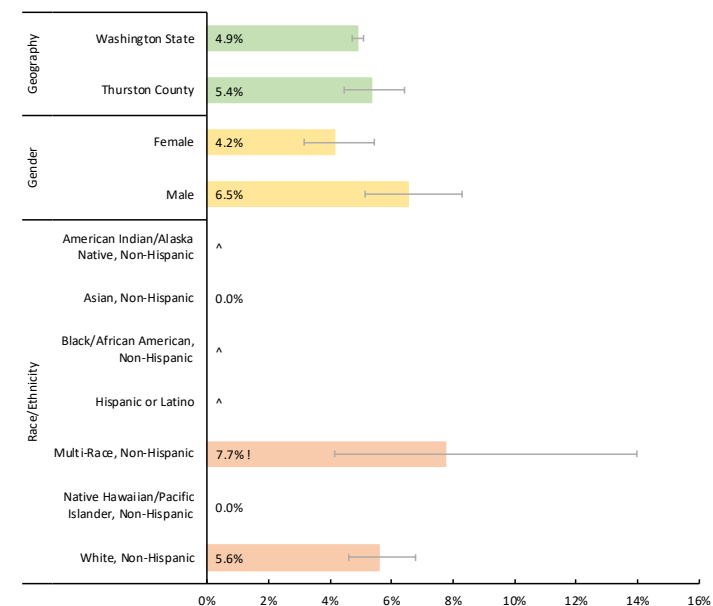
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## CORONARY HEART DISEASE OR HEART ATTACK

Heart disease refers to a number of conditions, the most common of which is coronary artery disease resulting from plaque building up in arteries which can lead to chest pain, heart attacks, and heart failure. Risk factors for cardiovascular disease include high blood pressure, high cholesterol, obesity, physical inactivity, unhealthy diet, diabetes, smoking, excessive alcohol consumption, high levels of stress, and family history of heart disease or stroke. The indicator for coronary heart disease or heart attack is measured by the age-adjusted percent of adults who reported ever being told by a doctor, nurse, or other health professional that they had a heart attack (also called a myocardial infarction) or that they had angina or coronary heart disease. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 5.4% (95% Confidence Interval Range: 4.5 - 6.4%) of adults had coronary heart disease or a heart attack.

**Age-Adjusted Percent of Adults with Coronary Heart Disease or a Heart Attack Thurston County, 2016-2020**



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Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

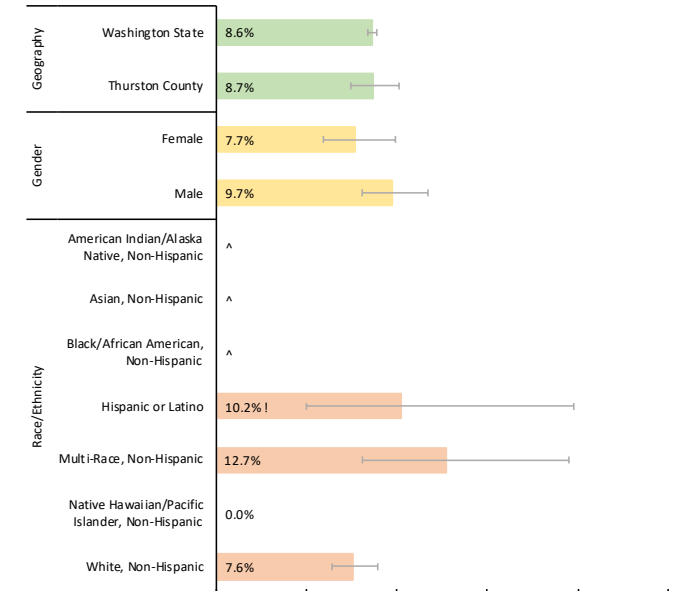
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## DIABETES

Diabetes is a chronic health condition that affects how the body turns food into energy. If not appropriately managed, diabetes can lead to complications including heart disease, chronic kidney disease, nerve damage, and other problems with feet, oral health, vision, hearing, and mental health. Many long-term complications of diabetes can be prevented or delayed through provision of adequate and timely screening services and medical care and patient education. The indicator for diabetes is measured by the age-adjusted percent of adults who reported ever being told by a doctor, nurse, or other health professional that they had diabetes. Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 8.7% (95% Confidence Interval Range: 7.4 - 10.1%) of adults had diabetes.

### Age-Adjusted Percent of Adults with Diabetes Thurston County, 2016-2020



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Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

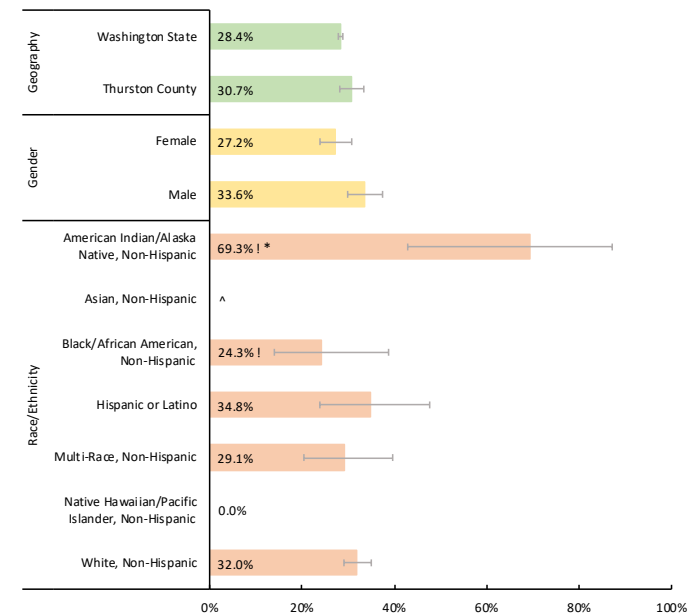
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## OBESITY

Obesity is a complex health condition, categorized as a body mass index (BMI) of  $\geq 30 \text{ kg/m}^2$ . Contributing factors to obesity include the social and physical environment, genetics, prenatal and early life influences, and health behaviors including diet and physical activity. Adults who have obesity are more likely to have decreased quality of life and increased risk of developing serious health conditions such as hypertension, type 2 diabetes, heart disease, stroke, sleep apnea, breathing problems, some cancers, and mental health conditions such as depression and anxiety. The indicator for obesity is measured by the age-adjusted percent of adults who have a BMI  $\geq 30 \text{ kg/m}^2$ , calculated from self-reported weight and height. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 30.7% (95% Confidence Interval Range: 28.2 - 33.4%) of adults were obese.

### Age-Adjusted Percent of Adults who are Obese Thurston County, 2016-2020



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Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

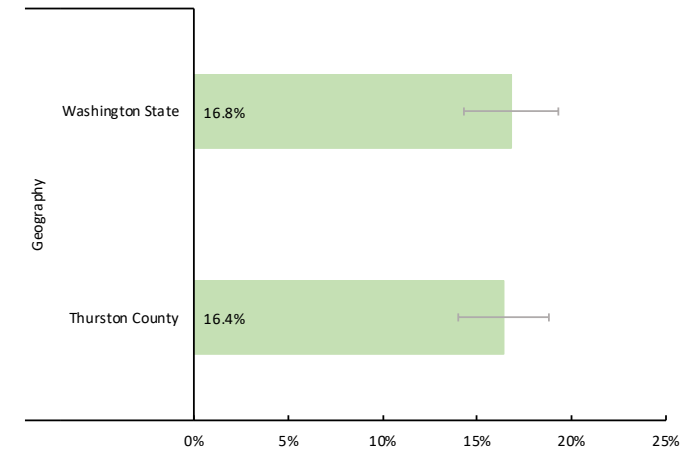
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## YOUTH OBESITY

Children who have obesity are more likely to have obesity as adults, compared to children and adolescents who do not have obesity. Obese children are more likely to stay obese into adulthood and are more likely to develop chronic health conditions like diabetes and cardiovascular diseases at a younger age. The indicator for youth obesity is measured by the percent of 8th graders who are in the top 5% for BMI by age and gender based on growth charts developed by the Centers for Disease Control and Prevention, calculated from self-reported weight and height. Data were obtained from the [Healthy Youth Survey 2021 Report of Results for Thurston County Grade 8](#). In Thurston County, 16.4% (95% Confidence Interval Range: 14.0 - 18.8%) of 8th graders were obese.

## Percent of 8th Graders who are Obese 2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Healthy Youth Survey, 2021

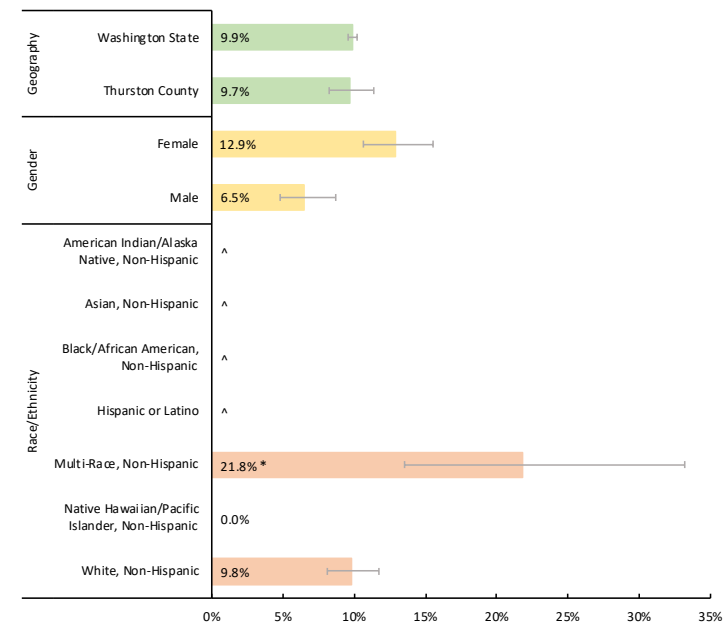
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## ASTHMA

Asthma is a serious chronic disease that affects the lungs. Asthma can cause symptoms such as wheezing, difficulty breathing, and coughing. Common asthma triggers include tobacco smoke, dust mites, outdoor air pollution, pets, and mold. Risk factors for asthma include having allergies, childhood respiratory infections, and family history of asthma. A person can be diagnosed with asthma at any point in their life. Compared to people without asthma, people with asthma have more days of activity limitation, missed school, and missed work, and are more likely to report comorbid depression. The indicator for asthma is measured by the age-adjusted percent of adults who answered “yes” to both of the following questions: “Has a doctor, nurse, or other health professional ever told you that you had asthma?” and “Do you still have asthma?” Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 9.7% (95% Confidence Interval Range: 8.2 - 11.4%) of adults had asthma.

### Age-Adjusted Percent of Adults with Asthma Thurston County, 2016-2020



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Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

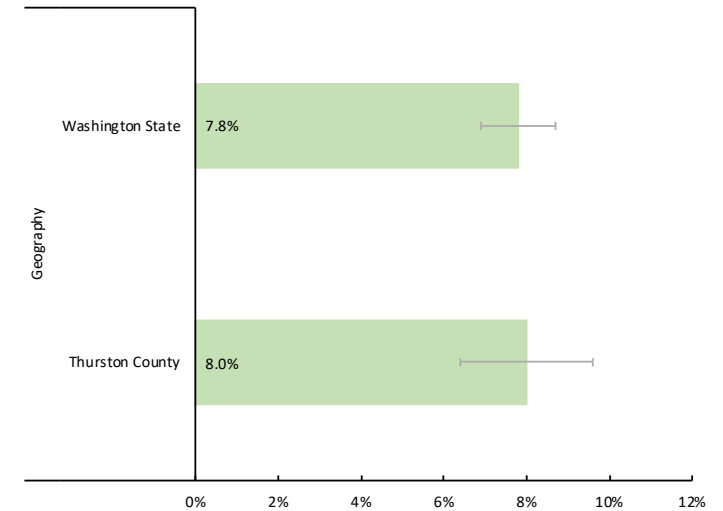
# Health Behaviors, Health Outcomes, and Chronic Illness

Continued

## YOUTH ASTHMA

Childhood asthma isn't a different disease from asthma in adults, but children face unique challenges. Childhood asthma symptoms can continue into adulthood, but with the right treatment children can keep symptoms under control and prevent damage to growing lungs. The indicator for youth asthma is measured by the percent of 8th graders who reported ever being told by a doctor or nurse that they have asthma. Data were obtained from the [Healthy Youth Survey 2021 Report of Results for Thurston County Grade 8](#). In Thurston County, 8.0% (95% Confidence Interval Range: 6.4 - 9.6%) of 8th graders had asthma.

### Percent of 8th Graders with Asthma 2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Healthy Youth Survey, 2021

# Violence Prevention



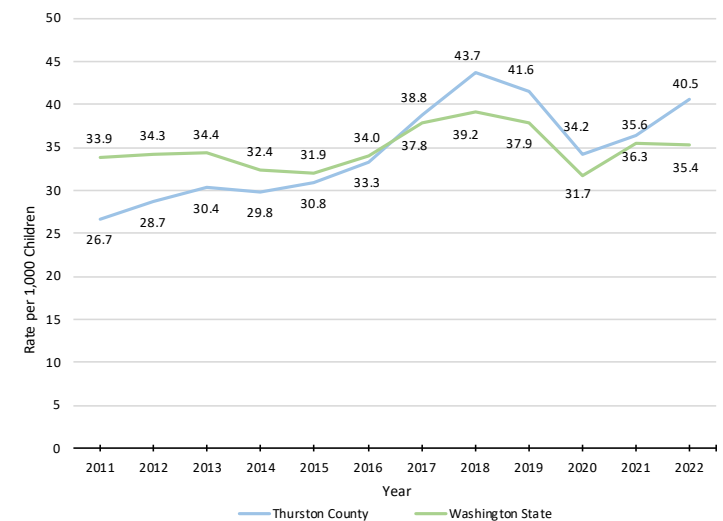
Violence is intentional injury – the use of power or force against oneself or another person. Outcomes of violence can be lifelong disability, death, and trauma. While many people survive violence, they are left with permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.

## CHILD ABUSE AND NEGLECT

Child abuse and neglect can cause physical, psychological, behavioral, and societal harm that can have immediate, lifelong, and even intergenerational impacts. The indicator for child abuse and neglect is measured by the rate of children 0 to 17 years of age who were identified as victims of child abuse and neglect in referrals to Child Protective Services (CPS) that were accepted for further action, per 1,000 children 0 to 17 years of age. A referral is a report of suspected child abuse which may have multiple listed victims. Mandated reporters, such as doctors, nurses, psychologists, pharmacists, teachers, childcare providers, and social service counselors, notify CPS if they suspect a child is in danger of negligent treatment, physical abuse, sexual abuse, or other maltreatment. In addition, other concerned individuals may report suspected child abuse cases. If the information provided meets the sufficiency screen, the referral is accepted for further action. A referral may have one or more children identified as victims. Children are counted more than once if they are reported as a victim more than once during the year. These data are based on the total number of victims reported in CPS

referrals. Child location is derived from the residence at the time of referral. Data were obtained from Washington State Department of Social and Human Services' [Risk and Protection Profile for Substance Abuse Prevention in Thurston County](#). In 2022, Thurston County's child abuse and neglect rate was 40.5 victims per 1,000 children. As child abuse and neglect is underreported, this is likely an undercount. Additionally, CPS reporting generally decreased during the COVID-19 pandemic due to mandatory reporters not having as much direct contact with children, which occurred in many settings such as health care, school, home visiting, outreach, etc.

## Rate of Victims of Child Abuse and Neglect in Accepted CPS Referrals per 1,000 Children



^ Data with small numbers are suppressed to protect confidentiality

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Data Source: Washington State Department of Children, Youth, and Families, and Washington State Office of Financial Management, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022

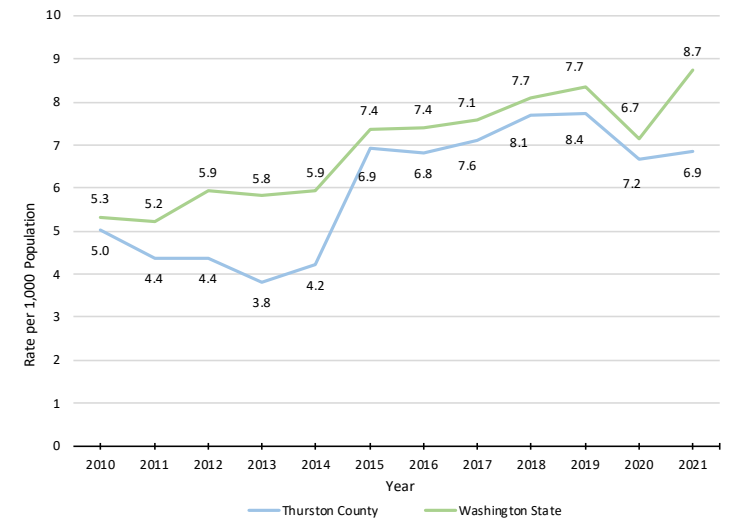
# Violence Prevention

Continued

## DOMESTIC VIOLENCE

Domestic violence includes physical assault or battery, sexual assault, or other abusive behavior that results in physical injury, psychological trauma, or death. The indicator for domestic violence is measured by the rate of domestic violence offenses per 1,000 population. Domestic violence includes any violence of one family member against another family member. Family can include spouses, former spouses, parents who have children in common regardless of marital status, adults who live in the same household, as well as parents and their children. Offenses are incidence reporting. When more than one victim is involved, an offence is filed for each victim. Multiple property violations performed at the same incident are counted as one offence. However, when both types of events happen, only the victim incidents are reported as offenses. Offenses focus on the nature of the crime, while arrests focus on the apprehended accused perpetrator. Many offenses occur without arresting perpetrators. Data were obtained from Washington State Department of Social and Human Services' [Risk and Protection Profile for Substance Abuse Prevention in Thurston County](#). In 2021, Thurston County's domestic violence rate was 6.9 offenses per 1,000 population. This rate underrepresents the real level of domestic violence in the community because not all incidents are reported to law enforcement.

### Rate of Domestic Violence Offenses per 1,000 Population



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Data Source: Washington Association of Sheriffs and Police Chiefs, and Washington State Office of Financial Management, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, and 2021



# Access to Care



Access to care is the timely use of personal health services to achieve the best possible health outcomes. Access to affordable and quality care is important to physical, social, and mental health.

## HEALTH PROFESSIONAL SHORTAGE AREAS

Geographic areas, populations, and facilities experience a shortage of health care services. These designations are called Health Professional Shortage Areas (HPSAs). HPSAs may be designated as having a shortage of primary care, mental health, or dental health providers. There are three general types of HPSA designations:

- Geographic HPSA: A shortage of providers for an entire group of people within a defined geographic area.
- Population HPSA: A shortage of providers for a specific group of people within a defined geographic area.
- HPSA Facility: A qualifying organization that serves a population or geographic area with a shortage of providers.

Data were obtained from Health Resources and Services Administration's [HPSA Find](#). In Thurston County, there are 2 Geographic HPSAs, 1 Population HPSA, and 2 HPSA Facilities.

## HPSAs in Thurston County

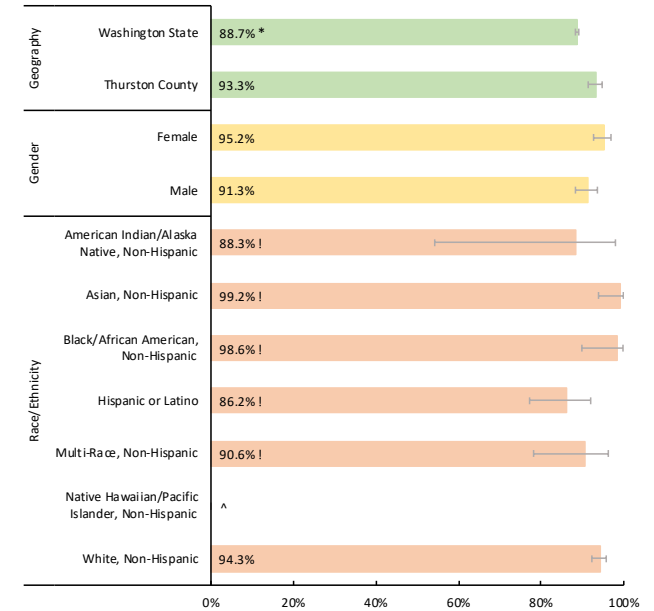
HPSA Designation	HPSA Name	Discipline
Geographic HPSA	North Thurston County	Primary Care, Mental Health
Geographic HPSA	South Thurston County	Primary Care, Mental Health, Dental Health
Population HPSA: Low-Income Population HPSA	Olympia - Lacey Service Area	Dental Health
HPSA Facility: Indian Health Service, Tribal Health, and Urban Indian Health Organization	Nisqually Health Clinic 4816B She Nah Num Dr SE Olympia, WA	Primary Care, Mental Health, Dental Health
HPSA Facility: Rural Health Clinic	Northwest Pediatric Center 18313 Paulson St SW Rochester, WA	Primary Care, Mental Health, Dental Health

Data Source: Health Resources and Services Administration, 2022

### HEALTH INSURANCE COVERAGE

Lack of health insurance coverage may negatively affect health. Having health insurance is associated with improved access to health services and better health monitoring. The indicator for health insurance coverage is measured by the age-adjusted percent of adults 18 to 64 years of age who reported having any kind of health care coverage, including health insurance, prepaid plans such as a health maintenance organization, or government plans such as Medicare or Indian Health Service. Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 93.3% (95% Confidence Interval Range: 91.4 - 94.8%) of adults 18 to 64 years of age had health insurance.

### Age-Adjusted Percent of Adults 18-64 Years of Age with Health Insurance Coverage Thurston County, 2016-2020



^ Data with small numbers are suppressed to protect confidentiality

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\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

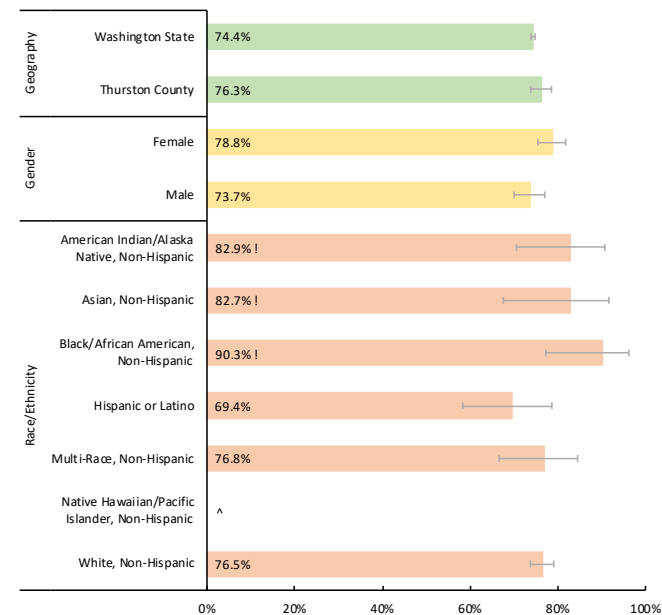
# Access to Care

Continued

## HEALTH CARE PROVIDER

Individuals with a dedicated health care provider are better positioned to receive care that can prevent, detect, and manage disease and other health conditions. Having a regular health care provider helps the patient and provider build a stable, long-term relationship that is associated with appropriate preventive care, lower health care costs, better overall health status, fewer emergency room visits for non-urgent or avoidable problems, and improvements in chronic care management. The indicator for health care provider is measured by the age-adjusted percent of adults who reported having one person they thought of as their personal doctor or health care provider. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 76.3% (95% Confidence Interval Range: 73.8 - 78.6%) of adults had a health care provider.

## Age-Adjusted Percent of Adults with a Health Care Provider Thurston County, 2016-2020



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Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

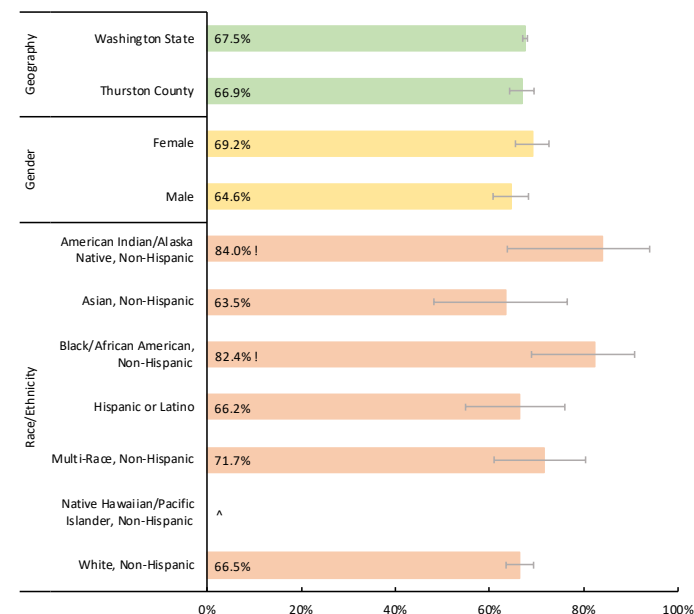
# Access to Care

Continued

## ROUTINE CHECKUP IN THE PAST YEAR

Accessing preventive health care services, such as getting routine physical checkups, receiving recommended vaccinations on appropriate schedules, and age-appropriate health screenings, can reduce morbidity and mortality from chronic diseases. The indicator for routine checkup in the past year is measured by the age-adjusted percent of adults who reported having been to a doctor in the past year for a routine checkup (such as a general physical exam, not an exam for a specific injury, illness, or condition). Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 66.9% (95% Confidence Interval Range: 64.2 - 69.4%) of adults had routine checkups in the past year.

**Age-Adjusted Percent of Adults with Routine Checkups in the Past Year  
Thurston County, 2016-2020**



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Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

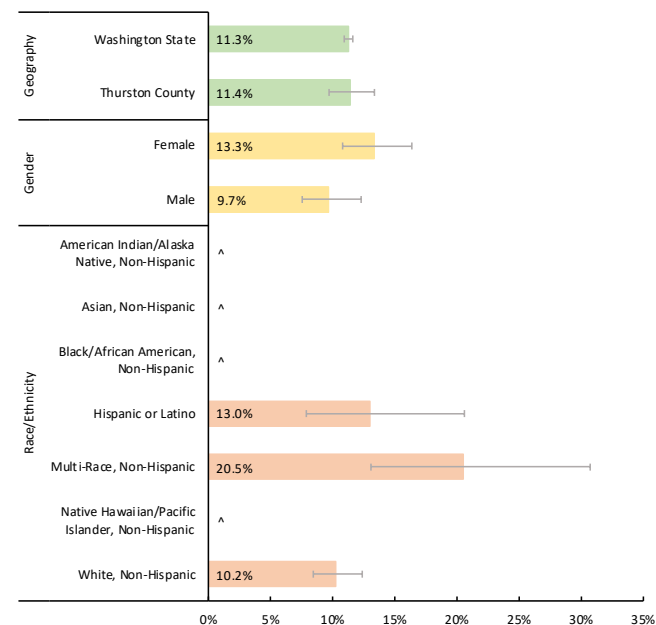
# Access to Care

Continued

## INABILITY TO SEE DOCTOR DUE TO COST

The high cost of health care is a major factor in not seeking care, which can lead to worse and more expensive health outcomes. The indicator for inability to see doctor due to cost is measured by the age-adjusted percent of adults who reported that there was a time in the past 12 months where they needed to see a doctor but could not because of cost. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 11.4% (95% Confidence Interval Range: 9.7 - 13.4%) of adults were unable to see a doctor due to cost.

**Age-Adjusted Percent of Adults Unable to See Doctor due to Cost  
Thurston County, 2016-2020**



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Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

# Behavioral Health



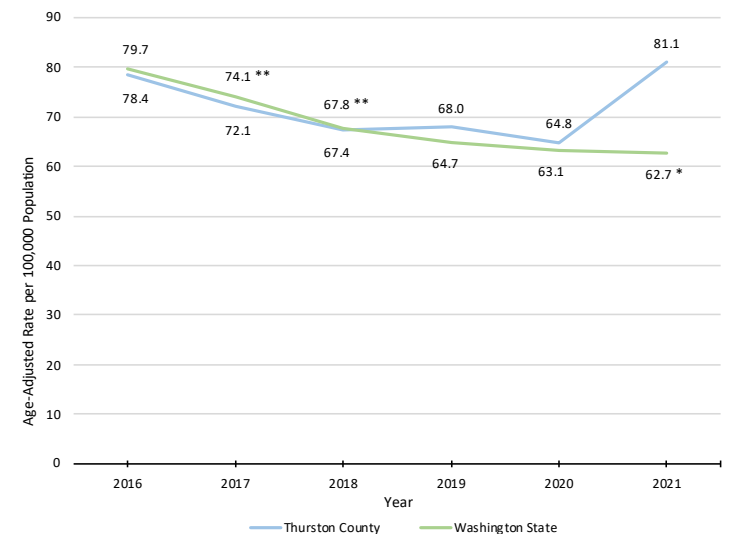
Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions. Behavioral health is an essential component of overall health and well-being, and poor behavioral health can have a persistently negative impact on human capital and social structure. Behavioral health disorders are also likely to co-occur with other chronic physical illnesses.

## DRUG AND OPIOID OVERDOSE HOSPITALIZATIONS

Some drugs and opioids are prescribed, and some are not. The signs and symptoms of a drug overdose varies depending on the substance that was taken. Overdoses can be fatal or nonfatal and can often result in hospitalization. Overdoses have an emotional and economic toll, and people who have had at least one overdose are more likely to have another. The indicator for drug and opioid overdose hospitalizations is measured by the age-adjusted rate of non-fatal drug and opioid overdose hospitalizations per 100,000

population, by patient residence. Data were obtained from Washington State Department of Health's [Opioid and Drug Overdose Data Dashboard](#). In 2021, Thurston County's age-adjusted rate of drug and opioid overdose hospitalizations was 81.1 (95% Confidence Interval Range: 70.7 - 92.6) per 100,000 population.

## Age-Adjusted Rate of Drug and Opioid Overdose Hospitalizations per 100,000 Population



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County rate at the  $P \leq 0.05$  level

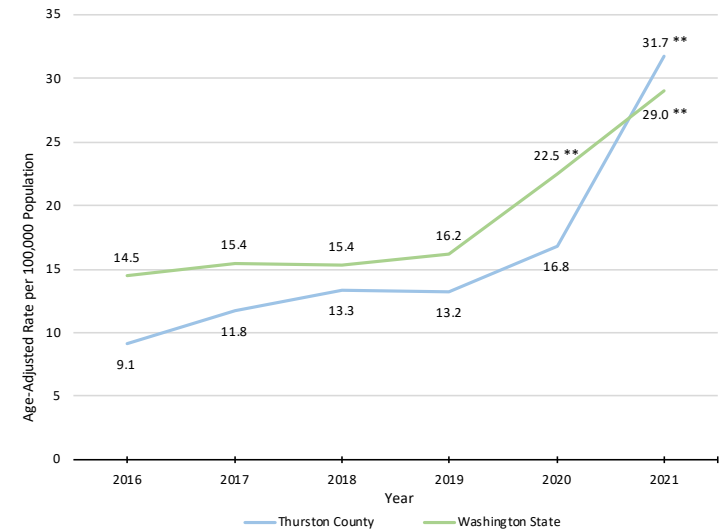
\*\* Data are statistically significantly different from the prior year's rate at the  $P \leq 0.05$  level

Data Source: Comprehensive Hospital Abstract Reporting System, and Washington State Office of Financial Management, 2016, 2017, 2018, 2019, 2020, and 2021

## DRUG AND OPIOID OVERDOSE DEATHS

The majority of drug overdose deaths involve opioids. Overdose deaths continue to increase in the United States and remain a leading cause of injury-related death. Overdose deaths have a devastating effect on families, friends, and communities and have a significant negative impact on medical providers and treatment efforts. The indicator for drug and opioid overdose deaths is measured by the age-adjusted rate of drug and opioid overdose deaths per 100,000 population, by residence of the deceased. Data were obtained from Washington State Department of Health's [Opioid and Drug Overdose Data Dashboard](#). In 2021, Thurston County's age-adjusted rate of drug and opioid overdose deaths was 31.7 (95% Confidence Interval Range: 25.4 - 39.3) per 100,000 population.

### Age-Adjusted Rate of Drug and Opioid Overdose Deaths per 100,000 Population



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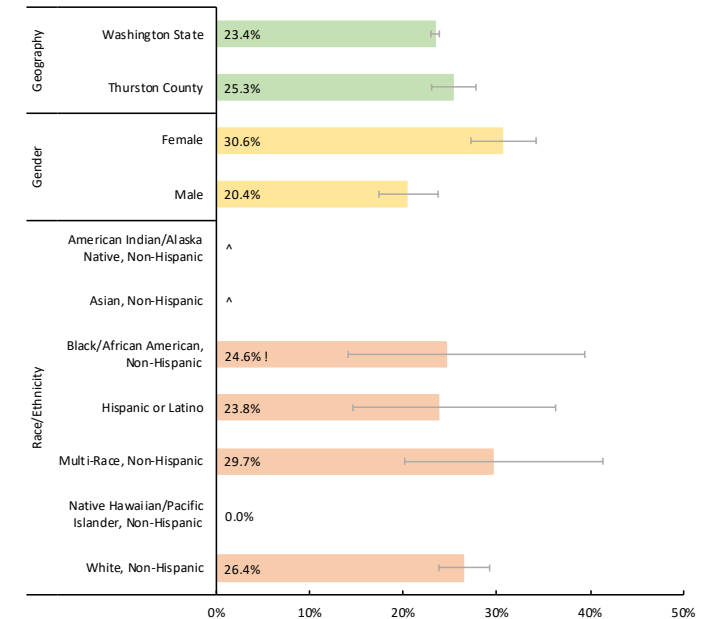
\*\* Data are statistically significantly different from the prior year's rate at the  $P \leq 0.05$  level

Data Source: Death Certificates, and Washington State Office of Financial Management, 2016, 2017, 2018, 2019, 2020, and 2021

## DEPRESSIVE DISORDERS

Depressive disorders are prevalent, disabling, often chronic illnesses. Depressive disorders also significantly influence the outcome of comorbid medical illnesses such as cardiac diseases, diabetes, and cancer. The indicator for depressive disorders is measured by the age-adjusted percent of adults who reported ever being told by a doctor, nurse, or other health professional that they had a depressive disorder (including depression, major depression, dysthymia, or minor depression). Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 25.3% (95% Confidence Interval Range: 23.0 - 27.8%) of adults had a depressive disorder.

**Age-Adjusted Percent of Adults with Depressive Disorders  
Thurston County, 2016-2020**



^ Data with small numbers are suppressed to protect confidentiality

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\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020



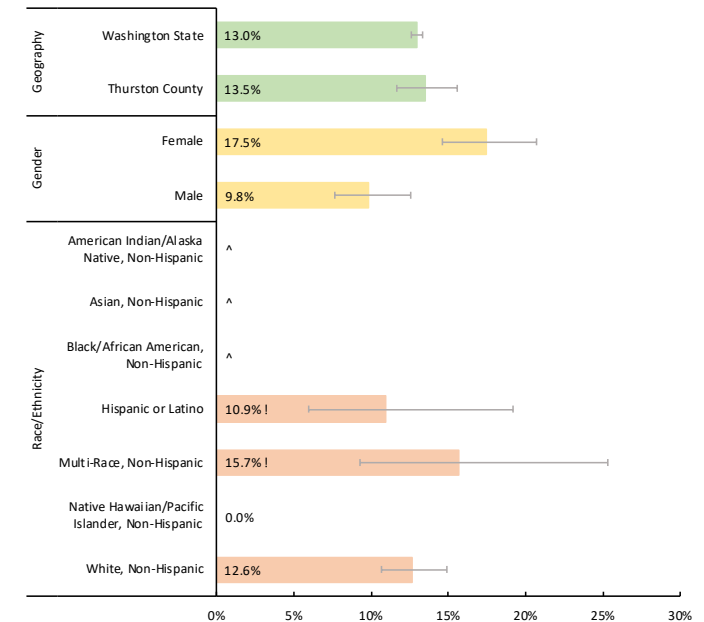
# Behavioral Health

Continued

## FREQUENT MENTAL HEALTH DISTRESS

Mental health is a state of psychological and emotional well-being that allows individuals to cope with life stresses, work and learn well, and fully participate in their communities. Mental health distress occurs when an individual's needs for mental health are not met. Frequent mental health distress is associated with adverse health behaviors, increased use of health services, mental disorders, chronic diseases, and functional limitations. The indicator for frequent mental health distress is measured by the age-adjusted percent of adults who reported 14 or more days during the past 30 days during which their mental health was not good. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 13.5% (95% Confidence Interval Range: 11.7 - 15.6%) of adults had frequent mental health distress.

**Age-Adjusted Percent of Adults with Frequent Mental Health Distress  
Thurston County, 2016-2020**



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\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

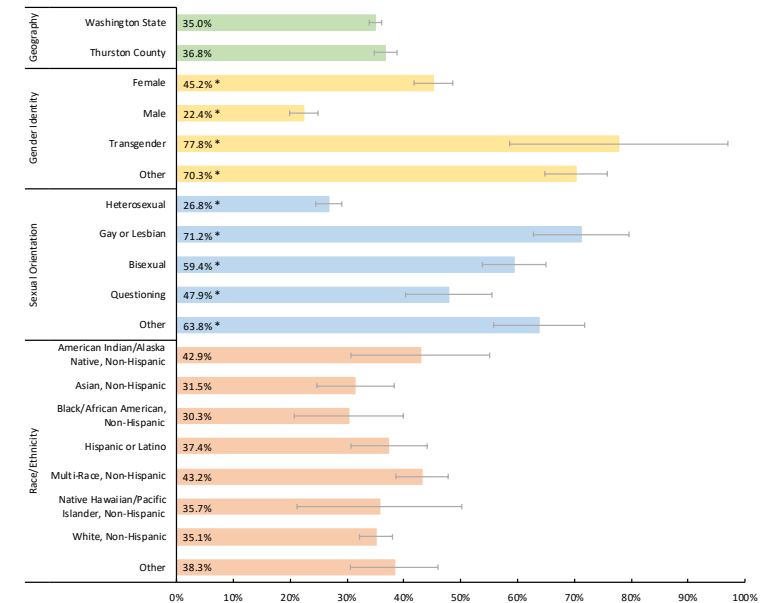
# Behavioral Health

Continued

## YOUTH DEPRESSIVE FEELINGS

Depression is a common yet treatable condition that affects people of all ages, and many people with depression need treatment to get better. Depression can include persistent feelings of sadness, helplessness, and hopelessness that linger over time. A person's capacity to function in daily life and their quality of life can be significantly impacted by depression. Depression can occur along with substance use and thoughts of suicide. The indicator for youth depression is measured by the percent of 8th graders who reported during the past 12 months ever feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Data were obtained from the [Healthy Youth Survey Data Dashboard](#). In Thurston County, 36.8% (95% Confidence Interval Range: 34.8 - 38.8%) of 8th graders experienced depressive feelings.

## Percent of 8th Graders who Experienced Depressive Feelings Thurston County, 2021



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! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Healthy Youth Survey, 2021

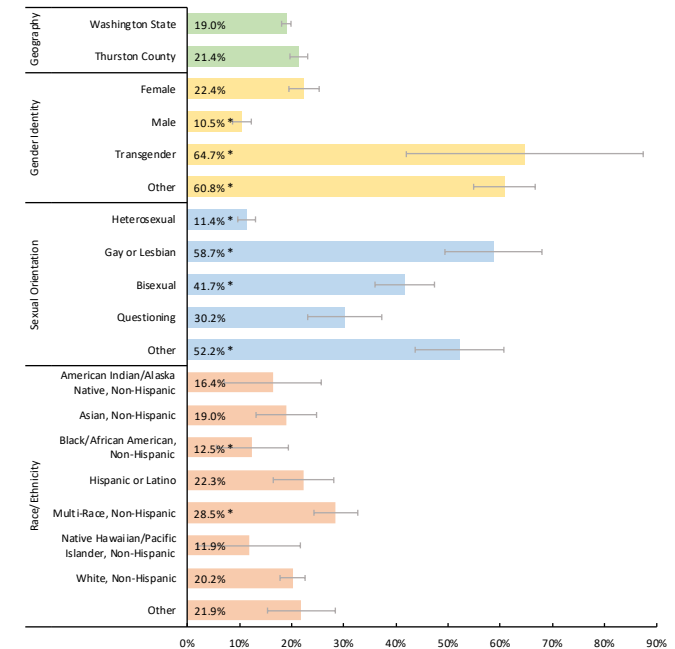
# Behavioral Health

Continued

## YOUTH SUICIDE CONTEMPLATION

Suicide and suicidal behavior are a major concern for people of all ages because the loss is preventable and devastating as loved ones and the community struggle with grief and trauma. Developmentally, the years between childhood and adulthood represent a critical period of transition and significant cognitive, mental, emotional, and social change. While adolescence is a time of tremendous growth and potential, navigating new milestones can be difficult, and these transitions can lead to various mental health challenges that can be associated with increased risk for suicide. The indicator for youth suicide contemplation is measured by the percent of 8th graders who reported during the past 12 months ever seriously considering attempting suicide. Data were obtained from the [Healthy Youth Survey Data Dashboard](#). In Thurston County, 21.4% (95% Confidence Interval Range: 19.7 - 23.1%) of 8th graders contemplated suicide.

### Percent of 8th Graders who Contemplated Suicide Thurston County, 2021



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Healthy Youth Survey, 2021

# Immunizations



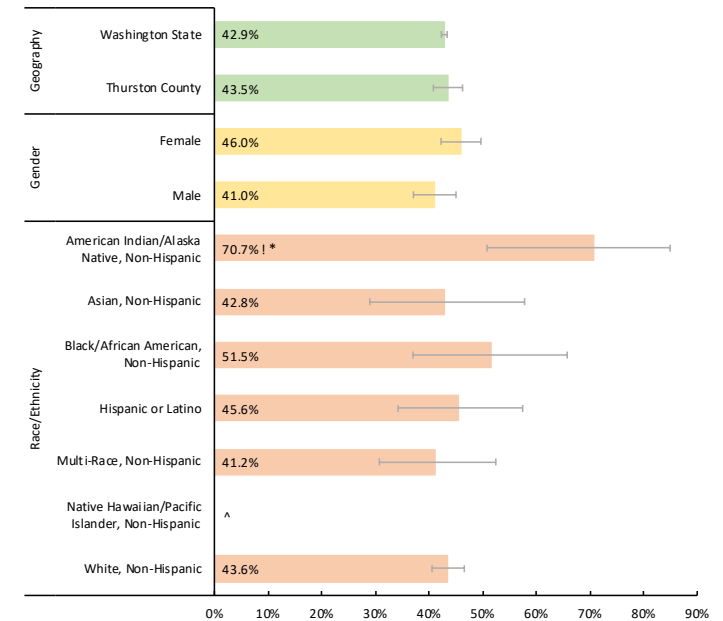
Vaccination is the main tool for primary prevention of disease and is one of the most cost-effective public health interventions for reducing disease spread and preventing complications and even deaths from vaccine-preventable diseases. Immunization through vaccination is the best defense against vaccine-preventable diseases because vaccines work with the body's natural defenses to build immunity. Increasing vaccination rates helps the community by providing herd immunity, meaning that the more people who are vaccinated, the fewer opportunities a disease has to spread. This protects vulnerable people who are not able to get vaccinated or who do not mount a sufficient immune response to vaccines.

## INFLUENZA VACCINATION COVERAGE

Influenza is a contagious viral illness often referred to as the flu. Most people who get the flu have a mild illness, but for some it can be serious and even deadly. Getting vaccinated every year is the best way to lower one's chances of getting the flu and becoming severely ill. It also protects the community. The indicator for influenza vaccination coverage is measured by the age-adjusted percent of adults who reported getting either a flu vaccine sprayed in their nose or a flu shot

injected into their arm in the past 12 months. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 43.5% (95% Confidence Interval Range: 40.8 - 46.3%) of adults got the influenza vaccine.

### Age-Adjusted Percent of Adults with Influenza Vaccination in the Past Year Thurston County, 2016-2020



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

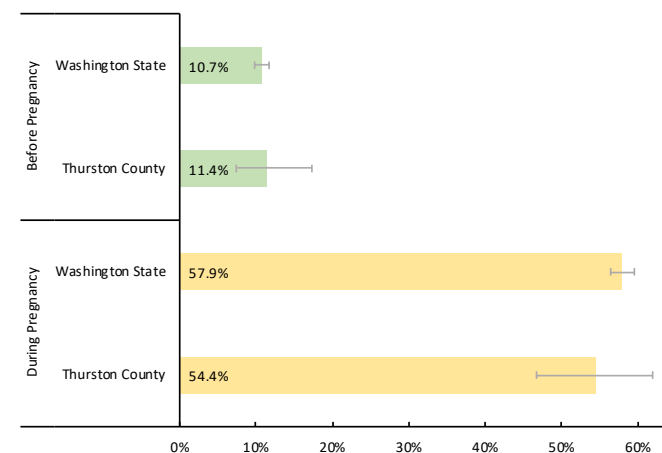
\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

### INFLUENZA VACCINATION COVERAGE AMONG NEW MOTHERS

Influenza is more likely to cause illness that results in hospitalization in pregnant people than in people of reproductive age who are not pregnant. People who get the influenza vaccine while pregnant or breastfeeding develop antibodies against influenza that they can share with their infants through their breast milk. The indicator for influenza vaccination coverage among new mothers is measured by the percent of new mothers who reported in the 12 months before the delivery of their new baby getting the influenza vaccine either before their pregnancy or during their pregnancy. Data analyses were conducted by Washington State Department of Health staff using SAS 9.4 software, and data were weighted and stratified using variables created by the Centers for Disease Control and Prevention. In Thurston County, 11.4% (95% Confidence Interval Range: 7.4 - 17.3%) of new mothers got the influenza vaccine before pregnancy and 54.4% (95% Confidence Interval Range: 46.7 - 61.9%) of new mothers got the influenza vaccine during pregnancy.

### Percent of New Mothers who got Influenza Vaccine Before or During Pregnancy 2016-2020



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Pregnancy Risk Assessment Monitoring System, 2016-2020

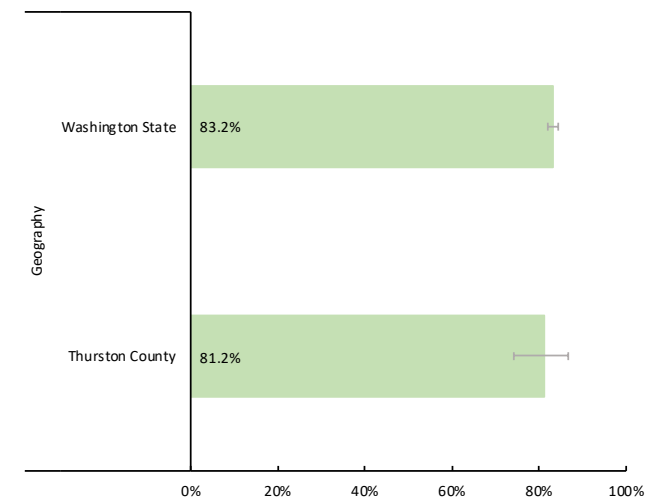
# Immunizations

## Continued

### TDAP VACCINATION COVERAGE AMONG NEW MOTHERS

Tdap is a vaccine that protects against tetanus, diphtheria, and pertussis. All pregnant women should get the Tdap vaccine during each pregnancy because it helps the body make antibodies that protect them from disease. The antibodies pass to the fetus and can protect newborns until they can get the Tdap vaccine at 2 months old. The indicator for Tdap vaccination coverage among new mothers is measured by the percent of new mothers who reported getting the Tdap vaccine during their most recent pregnancy. Data analyses were conducted by Washington State Department of Health staff using SAS 9.4 software, and data were weighted and stratified using variables created by the Centers for Disease Control and Prevention. In Thurston County, 81.2% (95% Confidence Interval Range: 74.2 - 86.7%) of new mothers got the Tdap vaccine during pregnancy.

### Percent of New Mothers who got Tdap Vaccine During Pregnancy 2016-2020



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

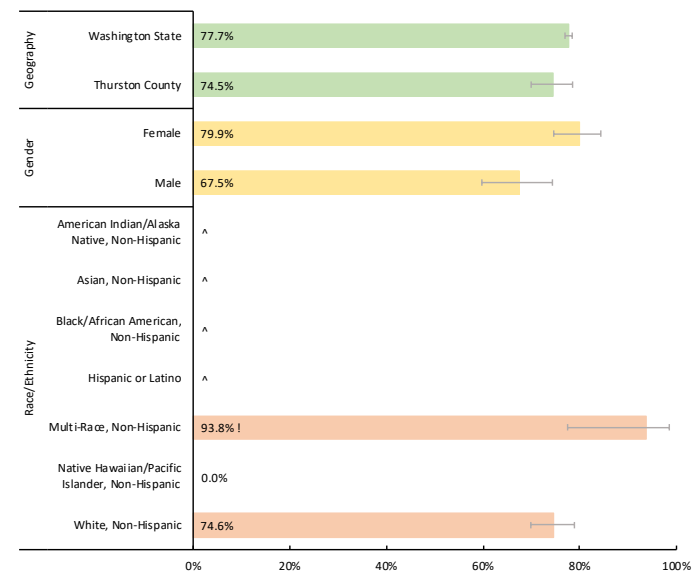
<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Pregnancy Risk Assessment Monitoring System, 2016-2020

### PNEUMONIA VACCINATION COVERAGE AMONG OLDER ADULTS

Pneumococcal disease is a severe bacterial infection that can affect lungs, blood, and the brain. Older adults are at high risk for complications from this disease, and it is recommended that adults 65 years of age and older are vaccinated against it. The indicator for pneumonia vaccination coverage among older adults is measured by the age-adjusted percent of adults 65 years of age and older who reported ever having a pneumonia vaccine. Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 74.5% (95% Confidence Interval Range: 69.9 - 78.5%) of adults 65 years of age and older ever had a pneumonia vaccine.

**Age-Adjusted Percent of Adults 65+ Years of Age with Pneumonia Vaccination  
Thurston County, 2016-2020**



^ Data with small numbers are suppressed to protect confidentiality

! Relative standard error is greater than 25% so data is unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

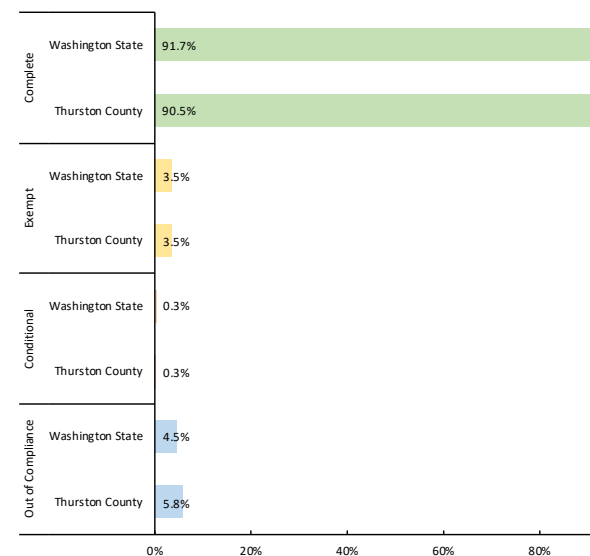
Data Source: Behavioral Risk Factor Surveillance System, 2016-2020

### SCHOOL IMMUNIZATION STATUS AMONG STUDENTS

Any child attending school, preschool, or childcare in Washington State is required by law to be fully immunized (documentation of vaccination or proof of acquired immunity) as outlined in the Washington Administrative Code ([WAC 246-105-030](#)). Washington State law requires all public and private schools with any students in kindergarten through 12th grade (K-12) to complete and file an Immunization Status Report each school year. The immunization status of students can either be complete, conditional, exempt, or out of compliance. Those in complete status have a signed Certificate of Immunization Status form showing that they have all required vaccinations for their grade level or showing proof of immunity. Those in conditional status have a signed Certificate of Immunization Status form and are making satisfactory progress toward full immunization by starting or continuing a schedule of immunizations and are within the recommended interval for the next dose. Those in exempt status have a signed Certificate of Exemption form. Those in out of compliance status are not complete/immune, not exempt, and not in conditional status. The indicator for school immunization status among students is measured by the percent of K-12 students in complete

status in the 2021-2022 school year. Data were obtained from Washington State Department of Health's [School Immunization Data Dashboard](#). In Thurston County, 90.5% of students were in complete status.

### Percent of K-12 Students by School Immunization Compliance Status 2021-2022



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

Data Source: Washington State Immunization Information System, 2021-2022



# Maternal and Child Health

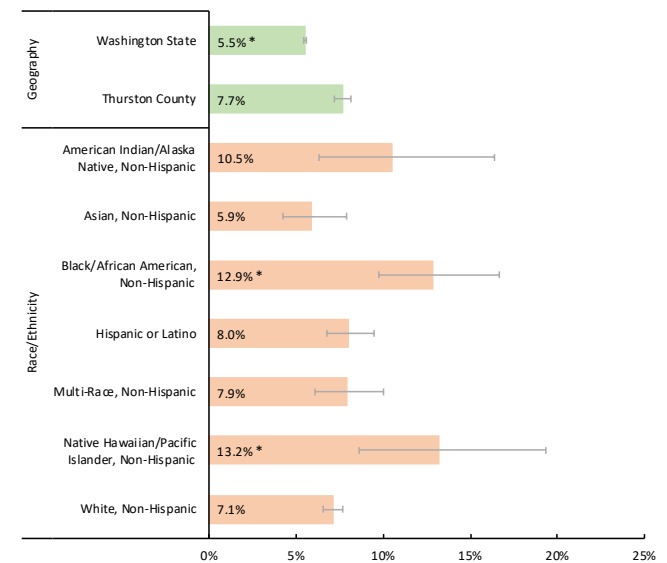


Improving maternal and child health is important because the well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

## PRENATAL CARE

The medical attention a pregnant woman receives is called prenatal care. It is crucial for the mother's health as well as the health of the growing fetus. Prenatal care often starts as soon as a woman learns she is pregnant and lasts throughout the entire pregnancy, including birth and delivery. The indicator for prenatal care is measured by the percent of births to mothers who received late prenatal care (beginning in the 3rd trimester) or no prenatal care at all. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 7.7% (95% Confidence Interval Range: 7.2 - 8.2%) of new mothers had late or no prenatal care.

**Percent of Births to Mothers who Received Late or No Prenatal Care  
Thurston County, 2017-2021**



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Birth Certificates, 2017-2021

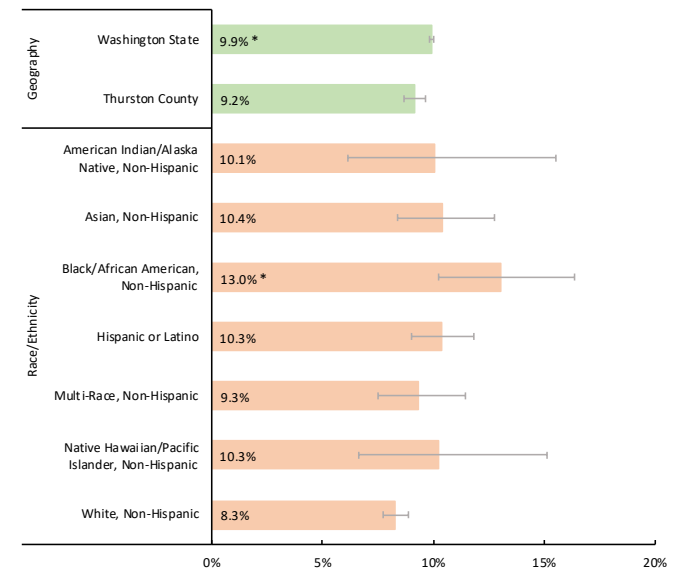
# Maternal and Child Health

Continued

## PREMATURE BIRTHS

Premature birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. Premature birth is the leading cause of newborn death. Advances in neonatal care and treatments for premature babies have greatly increased the chances for survival of even the smallest babies. Babies born before 37 weeks are vulnerable to increased risk for many short- and long-term effects of premature birth. Effects of premature birth include breathing difficulties, heart problems, feeding issues, and effects on brain functions. Long-term effects of premature birth include behavioral and social-emotional problems, learning difficulties, and increased risk of conditions such as Attention-Deficit/Hyperactivity Disorder. Children born premature are more likely to require early intervention and special education services and are more likely as adults to have chronic diseases such as heart disease, hypertension, and diabetes. The indicator for premature birth is measured by the percent of infants that were born premature. Data were queried using Washington State Department of Health’s Community Health Assessment Tool. In Thurston County, 9.2% (95% Confidence Interval Range: 8.7 - 9.6%) of infants were born premature.

**Percent of Infants Born Premature  
Thurston County, 2017-2021**



^ Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Birth Certificates, 2017-2021

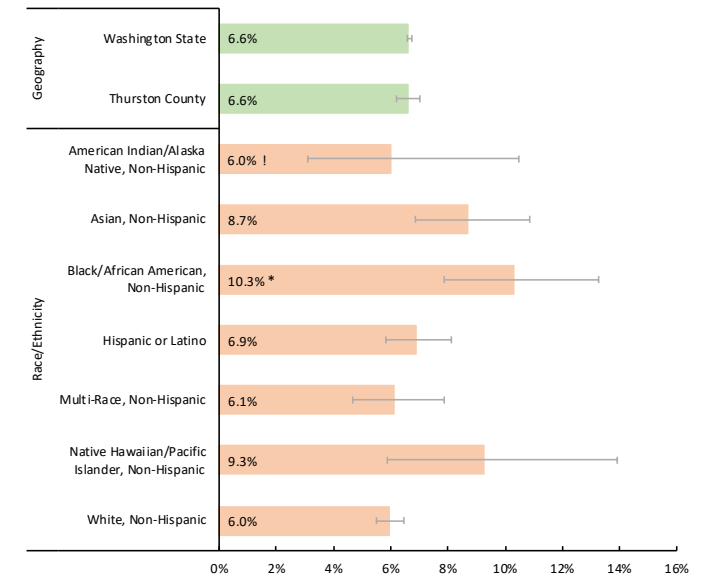
# Maternal and Child Health

Continued

## LOW BIRTH WEIGHT

Infants of low birth weight are at increased risk of dying within the first year of life, experiencing delayed motor and social development, and having a learning disability. The risk of these outcomes increases as birth weight decreases, with infants of very low birth weight at greatest risk. The indicator for low birth weight is measured by the percent of infants born with very low birth weight (227 - 1,499 grams) or moderately low birth weight (1,500 - 2,499 grams). Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, 6.6% (95% Confidence Interval Range: 6.2 - 7.0%) of infants were born with low birth weight.

## Percent of Infants Born with Low Birth Weight Thurston County, 2017-2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

! Data with counts less than 17 are unreliable

\* Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Birth Certificates, 2017-2021

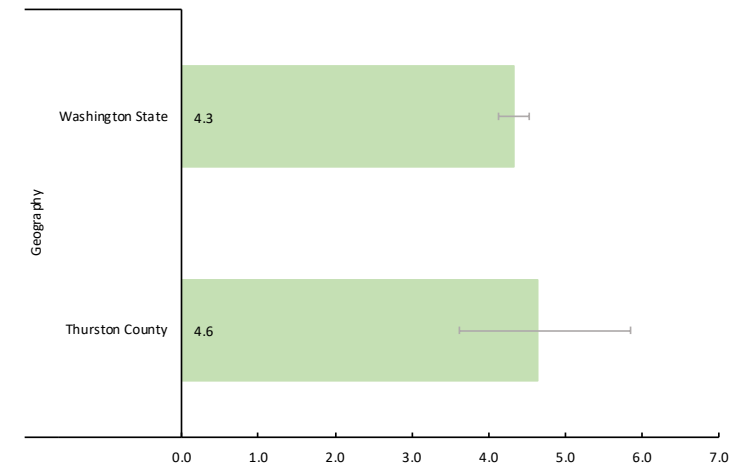
# Maternal and Child Health

Continued

## INFANT MORTALITY

Infant mortality is defined as death occurring during the first year of life and is an important summary reflecting social, political, health care delivery, and medical outcomes in a geographic area. Some of the leading causes of infant death include birth defects, low birthweight and premature birth, maternal pregnancy complications, and sudden infant death syndrome. The indicator for infant mortality rate is measured by the number of infant deaths before one year of age per 1,000 live births in that population. Data were queried using Washington State Department of Health's Community Health Assessment Tool. In Thurston County, the infant mortality rate was 4.6 (95% Confidence Interval Range: 3.6 - 5.9) per 1,000 live births.

### Infant Mortality Rate per 1,000 Live Births 2017-2021



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County rate at the  $P \leq 0.05$  level

Data Source: Birth Certificates and Death Certificates, 2017-2021

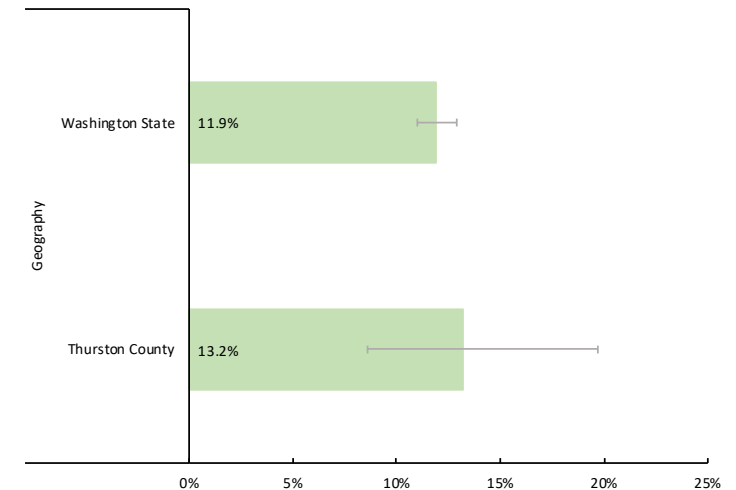
# Maternal and Child Health

Continued

## POSTPARTUM DEPRESSION

Postpartum depression is a serious issue because it occurs at a crucial time in a mother's life and can persist for long periods and interfere with daily activities. In addition to the devastating effects on the mother, postpartum depression can also have adverse effects on partners and the emotional, behavioral, and cognitive development of infants and children. The indicator for postpartum depression is measured by the percent of new mothers who answered "always" or "often/almost always" to feeling down, depressed, or hopeless and/or having little interest or little pleasure in doing things they usually enjoyed since their new baby was born. Data analyses were conducted by Washington State Department of Health staff using SAS 9.4 software, and data were weighted and stratified using variables created by the Centers for Disease Control and Prevention. In Thurston County, 13.2% (95% Confidence Interval Range: 8.6 - 19.7%) of new mothers experienced postpartum depression.

### Percent of New Mothers who Experienced Postpartum Depression 2016-2020



<sup>^</sup> Data with small numbers are suppressed to protect confidentiality

<sup>!</sup> Data with counts less than 17 are unreliable

<sup>\*</sup> Data are statistically significantly different from Thurston County percent at the  $P \leq 0.05$  level

Data Source: Pregnancy Risk Assessment Monitoring System, 2016-2020

# Community Resources



Improving community health requires engagement with the community and collaboration across community partners. Understanding the community resources that can address significant health needs is fundamental to determining current capacity and gaps. There are numerous community partners that contribute community resources that are potentially available to address these identified needs.

To the right and on the following pages is a list of community partners and resources that were:

- Interviewed as a key informant for the community engagement component of this CHNA
- Mentioned by key informants as meeting community needs during the community engagement component of this CHNA
- Identified by CHNA partners as being assets to the community based on local knowledge of the area

[Access to Baby and Child Dentistry Program](#)

[Arrest and Jail Alternatives Program](#)

[Behavioral Health Resources](#)

[Capital Recovery Center](#)

[Catholic Community Services and Catholic Housing Services](#)

[Centro Integral Educativo Latino de Olympia](#)

[Child Care Action Council](#)

[CHOICE Regional Health Network/Cascade Pacific Action Alliance](#)

[City of Olympia Parks, Arts, and Recreation](#)

[Community Action Council of Lewis, Mason, and Thurston Counties](#)

[Community Foundation of South Puget Sound](#)

[Community Youth Services](#)

[Crisis Response Unit](#)

[Dispute Resolution Center of Thurston County](#)

[Diversity Alliance of the Puget Sound](#)

[Drexel House](#)

[Drop-In Lactation Support Group](#)

[Dry Tikes and Wet Wipes](#)

# Community Resources

Continued

[Dynamic Dads Program](#)

[Evergreen Treatment Services South Sound Clinic](#)

[Familiar Faces Program](#)

[Family Education and Support Services](#)

[Family Intervention Nurse Program](#)

[Family Support Center of South Sound](#)

[Griffin School District](#)

[Helping Parent Program](#)

[Hormone Replacement Therapy Supply Program](#)

[Host Homes Program](#)

[Ideal Option Olympia Clinic](#)

[Innovations Human Trafficking Collaborative](#)

[Interfaith Works](#)

[Kaleidoscope Play and Learn Group](#)

[Lacey Parks, Culture, and Recreation](#)

[Lacey Veterans Services Hub](#)

[Law Enforcement Co-Responder Teams](#)

[Lewis-Mason-Thurston Area Agency on Aging](#)

[Mi Chiantla](#)

[Mobile Outreach Team](#)

[Mpowerment Washington](#)

[New Parent Support Program](#)

[Northwest Resources](#)

[Nurse-Family Partnership Program](#)

[Olympia Breast/Chest Feeding Drop-in Group](#)

[Olympia Bupe Clinic](#)

[Olympia Police Department](#)

[Olympia Union Gospel Mission](#)

[Olympia Union Gospel Mission Dental Clinic](#)

[Olympia Union Gospel Mission Vision Clinic](#)

[Olympic Health and Recovery Services](#)

[Pacific Mountain WorkForce Development Council](#)

[Parent-Child Assistance Program](#)

[Parents as Teachers Program](#)

[Partners in Prevention Education](#)

[Pear Blossom Place](#)

[Pierce County Acquired Immune Deficiency Syndrome Foundation](#)

[Pizza Klatch](#)

[Planned Parenthood Olympia Health Center](#)

# Community Resources

Continued

[Power Parenting Workshop](#)

[Public Defender Association](#)

[Regional Housing Council](#)

[Restorative Experience for a Safer Transition Program](#)

[ROOF Community Services](#)

[Rosie's Place](#)

[SeaMar Community Health Centers](#)

[Senior Services for South Sound](#)

[Sergio's](#)

[Sound to Harbor Early Learning Programs](#)

[South Sound Behavioral Hospital](#)

[South Sound Parent to Parent](#)

[South Sound Reading Foundation](#)

[South Sound Young Men's Christian Association](#)

[St. Martin's University Student Health Center](#)

[The Olympia Free Clinic](#)

[The Salvation Army of Olympia](#)

[Thurston Climate Action Team](#)

[Thurston County Board of County Commissioners](#)

[Thurston County Chamber of Commerce](#)

[Thurston County Food Bank](#)

[Thurston County Postpartum and Parenting Support Group](#)

[Thurston County Pretrial Services Department](#)

[Thurston County Public Health and Social Services Department](#)

[Thurston Mason Behavioral Health Administrative Service Organization](#)

[Thurston Regional Planning Council](#)

[Thurston Thrives](#)

[Timberland Regional Library Play Group](#)

[TOGETHER!](#)

[Unity Commons](#)

[Valley View Health Center](#)

[Walk N Roll Program](#)

[Washington State LGBTQ Commission](#)

[Yelm Community Schools](#)

[Young Women's Christian Association of Olympia](#)