

2019 JEFFERSON COUNTY COMMUNITY HEALTH ASSESSMENT REPORT: SUMMARY FINDINGS

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Introduction

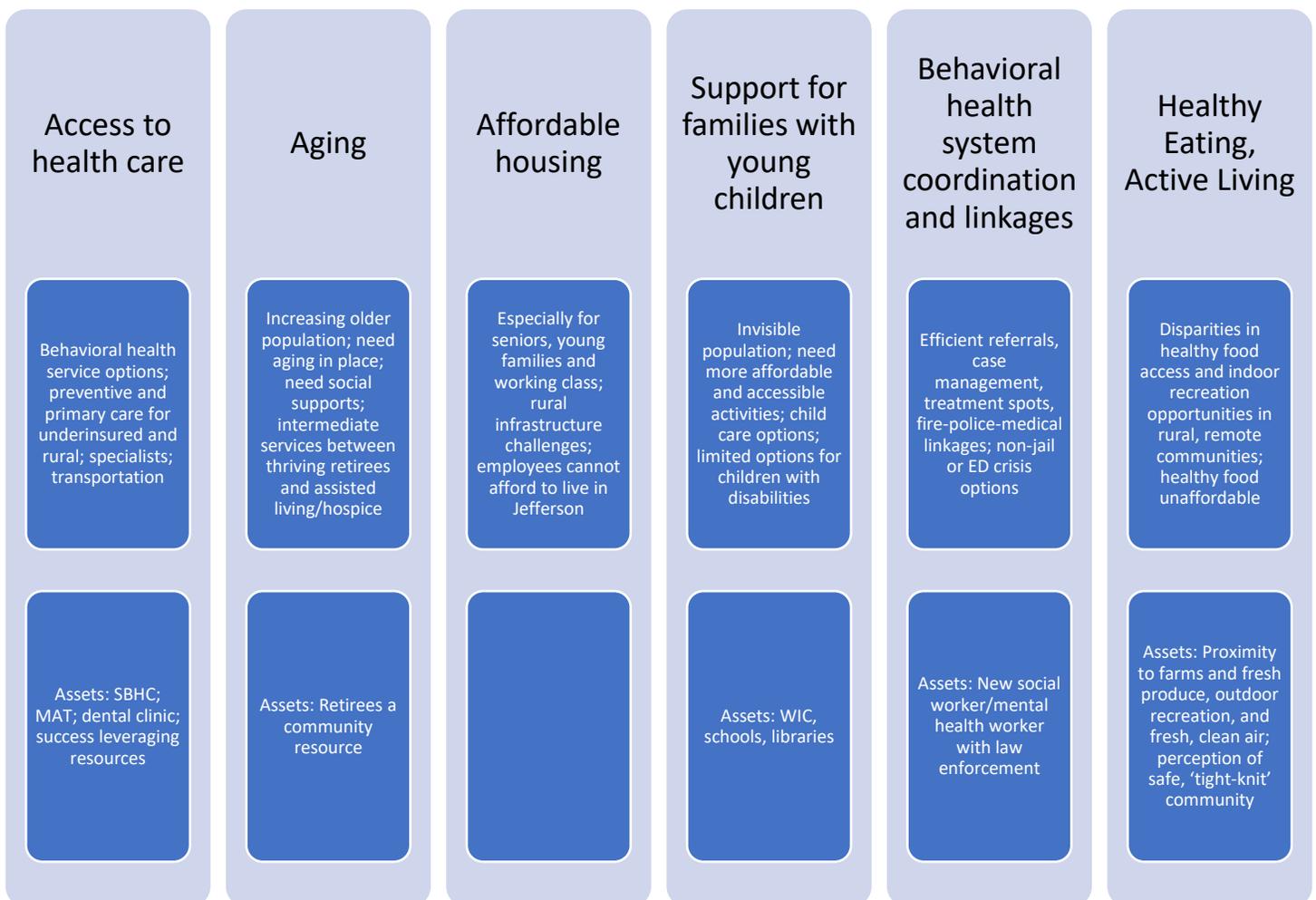
In 2019 Jefferson Healthcare and Jefferson County Public Health conducted a Community Health Assessment (CHA) to inform the development of the next Jefferson County Community Health Improvement Plan (CHIP). The primary CHA activities included quantitative data analysis on indicators of

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health status, behaviors and outcomes, a community survey, and qualitative input from the community in the form of key informant interviews (12) and community forums (2). This report summarizes key findings by topic area. Three separate reports include complete results and a description of specific methods for quantitative indicators, community survey, and community input.

Key Findings – Highest Level Summary

Community Input:



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Community Survey:

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

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

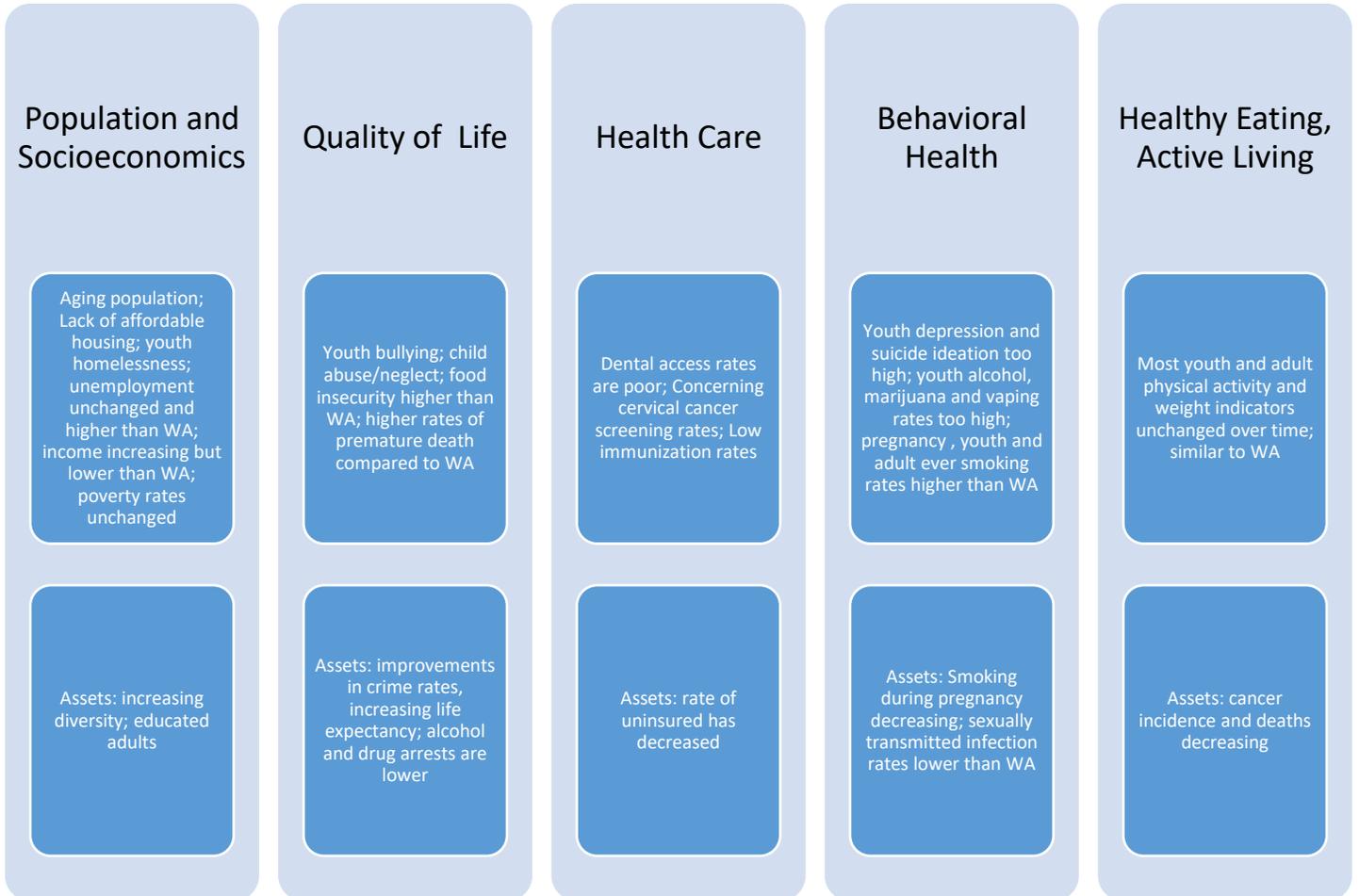
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RANKED BIGGEST CHALLENGES FOR SENIORS (AGE 65+):				
	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	Living on a fixed income			
2	Social isolation or being lonely	Social isolation/being lonely	Social isolation/being lonely	Social isolation/being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

TOP FIVE THINGS INDIVIDUALS WOULD LIKE TO SEE CHANGE TO IMPROVE HEALTH AND WELL-BEING IN JEFFERSON COUNTY:				
	JEFFERSON COUNTY	PORT TOWNSEND	TRI-AREA	JEFFERSON SOUTH
1	More affordable housing	More affordable housing	More affordable housing	More/better jobs
2	More/better jobs	More/better jobs	More/better jobs	More affordable housing
3	Better access to mental health care	Better access to mental health care	Less substance use/abuse	Less substance use/abuse
4	Less substance use/abuse	More help for residents dealing with stress, mental health,	Less poverty	Better access to dental care
5	Less poverty	Less substance use/abuse	Better access to mental health care	Less poverty

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Quantitative Indicators



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2019 Jefferson Community Health Assessment – Key Findings Summary					
<p><i>This column includes themes extracted from community forum and key informant interviews.</i></p>	<p><i>This column is split to present the community survey results from 4 questions, perception of: biggest challenges for teens; biggest challenges for seniors age 65+; top day-to-day challenges for individuals or families; top things to change to improve health and well-being.</i></p>	<p><i>This column includes a summary arrow symbol for each indicator in the section split into 2 sets of results, Jefferson trend over time (left) and Jefferson compared to WA (right).</i></p>			
Part 1. Demographics, Socioeconomics, Community Safety					
Section A: Population					
Community Input Themes (interviews/forums)		Community Survey		Quantitative Indicators (green +; red -; black neutral)	
	Older population	<p>N/A</p>		<p>Comparison over time:</p> <p style="text-align: center;">↑↑↑↔↓↓↓↑↑</p> <p>Past decade steady population growth; result of in-migration. Population aging. Higher diversity among young families (based on race/ethnicity of public school students) compared to community in general.</p>	
	Growing retiree population			<p>Comparison to WA:</p> <p style="text-align: center;">***↑↓↓**</p> <p style="text-align: center;">*no WA data</p> <p>Overall migration rate up, birth and death rates decreasing.</p>	
	Need improved social support infrastructure for aging population				
	Retired population a significant resource to the community				

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Section B: Education							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
School districts differ by parental support, involvement	Community perceives lack of quality education as 10 th biggest challenge for teens	Seniors N/A	Top perceived day-to-day challenges can all be associated with educational attainment	Top things to change to improve health and well-being: more/ better jobs, less poverty associated with educational attainment	Comparison over time: ↔↔↔↔↔↓↑ High school graduation rate unchanged. Public school enrollment down while private school enrollment up.	Comparison to WA: ↑↑↔↔↔** *no WA data Adults with more than high school education higher than WA; children age 3-4 enrolled in school higher than WA but it's only half of kids that age.	
limited funding							
Public schools serve as rural community centers							
Strong need for continued and expanded provision of behavioral health and preventive care in the schools							
Assistance programs for students (food, transportation) successful and well utilized in rural communities							
Section C: Employment							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Health of low-wage workers, living homeless because of high housing costs	Community perceives lack of quality education as 10 th biggest challenge for teens, associated with future employment	Seniors N/A	Top perceived day-to-day challenges can all be associated with employment	Top things to change to improve health and well-being: more/ better jobs, less poverty	Comparison over time: ↔↑↔↔ Population not in the labor force increasing, maybe due to aging population trend. No change in occupations, education, health care and social assistance are top 3; increase in arts/recreation/entertainment/food sector.	Comparison to WA: ↑↑↔↔ Higher unemployment rate than WA. Labor force participation for males and females ages 20-64 are same as WA.	
Employees not living in Jefferson, unaffordable							
High turnover in health services jobs – high volume workload, burnout, unaffordable housing							

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Section D: Income and Poverty							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Poverty	Social determinants of health Rural poverty vs. Port Townsend Working poor Homelessness Child poverty poverty and socioeconomic disparities were the main “upstream” factors to many health concerns in Jefferson County	Teens: community perceives top challenge: unhealthy/unstable home can be associated with income/poverty; lack of quality education associated with future income/poverty	Seniors: community perceives top challenges as: living on fixed income and cost of needed assistance/care	Top perceived day-to-day challenges associated with income/poverty	Top things to change to improve health and well-being – more affordable housing, more/better jobs, less poverty	Comparison over time:	Comparison to WA:
						↑↑↑ ↔↔↔ ↑	↓↓↓ ↔↔↔ ↑
						Per capita income, median household income and average earnings per job all improving; median household income still \$20,000 below WA and variation by sub-county area. No change in population living in poverty. More public school students eligible for free/reduced meals.	Per capita income, median household income and average earnings per job all lower than WA; more public school students eligible for free/reduced meals.
Section E: Household Composition							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Older adults living alone, isolated. Risk factors for injury, social support Need wide range of support services, housing, and infrastructure changes that support mobility and socialization		Teens: community perceives top challenge: unhealthy/unstable home environment	Seniors: community perceives second top challenge as: social isolation/being lonely			Comparison over time:	Comparison to WA:
						↔↔↔↔↔↔↔↔	↑ ↓↓ ↔↔↔↔
						No change in household composition or % of older adults living alone.	More households with married couple, no children. Jefferson has lower rates of married couples with children and single parent households. Jefferson has same rate older adults living alone.

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Section F: Housing							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Affordability - unaffordable for many populations, working class county residents, young families, seniors, people seeking mental health treatment and people in the therapeutic court system seeking transitional housing Homelessness – low-wage workers living homeless due to unaffordable housing Limited number of units		Teens: community perceives top challenge: unhealthy/unstable home environment	Seniors: community perceives second top challenge as: social isolation/being lonely	Top perceived day-to-day challenges associated with housing: 2 nd income; 5 th housing	Top things to change to improve health and well-being: more affordable housing, more/better jobs, less poverty	Comparison over time: ↔↑↑↔↔↔↔↔↓↔↔ ↔↔↔↑↔↔↑	Comparison to WA: ↔↔↑↓↑↓↔↔*↔↔↔↔ ↔↔↔↔↔↓ *no WA data Rent prices lower and home prices higher than WA; affordability gap higher than WA, Jefferson is less affordable. Vacancy rate higher than WA.
Section G: Community Safety							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Property theft Domestic violence Child neglect and abuse, particularly in rural areas Community safety and a sense of a “tight-knit” community were viewed as key elements that promote the health and wellbeing of Jefferson County residents		Teens: community perceives top challenges associated with safety: substance use, unhealthy/unstable home environment, abuse/misuse of technology, emotional health, role models, bullying, suicide	Seniors: community perceives 10 th top challenge as: safety outside the home			Comparison over time: ↔↔↔↔↔↔↓↓↔↔↓ Mostly unchanged, domestic violence, personal crime, and total crime rates down.	Comparison to WA: ↑↔↔↑↓↓↓↓↓ 6 th grade bullying and rates of child abuse/neglect higher than WA; crime rates lower than WA.

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Part III. Health Care							
Section A: Health Care Coverage							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Medicaid expansion generally increased insured; uncertainties about which providers accept Medicaid, unexpected costs Still some residents who barely do not qualify for Medicaid - high risk for not seeking care or obtaining health insurance due to cost barriers Insurance coverage--Medicaid: dental, youth, MH, end of life		N/A	Seniors: community perceived top challenges associated with health coverage: living on a fixed income, cost of needed assistance/ care, good health care	Community perceived top 5 day-to-day challenge associated with health care coverage: income	Community perceived things to change to improve health/well-being: more/better jobs and less poverty associated with health care coverage	Comparison over time: ↓*↔↔↔↔↓ *no trend data Rate of uninsured decreasing, about 2000 residents are uninsured. 80% of adults report being adequately insured (not un or under insured).	Comparison to WA: ↔*↔↑↓↓ *no WA data No difference in rate of uninsured, higher rate of kids with Apple Health, lower rate of having dental insurance.
Section B: Health Care Access							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Health Professionals Mental health professional shortage and burnout Geriatric care, maintenance care Barriers: cost, transportation, limited specialty, limited provider capacity, stigma (BH), lack of specialty services Mobile clinics, school-based health clinics, new dental clinic, and integrated behavioral health services in law enforcement were noted as recent advances towards increasing health care access Women's health and pregnancy services were also identified as strong points in the healthcare system Success in leveraging resources from well-funded health care services to support other programs and needs voiced by the community		Teens: community perceived top challenges associated with health care access: access to physical and mental health providers	Seniors: community perceived top challenges associated with health care access: living on a fixed income, cost of needed assistance/	Community perceived top 5 day-to-day challenge all associated with health care access	Community perceived things to change to improve health/well-being: better access to mental health care	Comparison over time: ↔↓↑*↔↔↔↔*↔* ***↔↔*↔↔ *no trend data Note: HYS comparison of 10 th grade only No change in primary care provider rate, decreased dentist rate, increased mental health provider rate. No change in adults or youth seeing doctor in past year. Only	Comparison to WA: ↔↓↔*↔↔↔↔↔↔** **↓↓↓** *no WA data Note: HYS comparison of 10 th grade only Dentist rate lower than WA. Lower rates of adult, youth and all ages with Medicaid past year.

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		care, good health care			58% of children ages 3-6 with Medicaid complete annual well-child visit.								
Part IV. Pregnancy and Births													
Community Input Themes (interviews/forums)		Community Survey			Quantitative Indicators (green +; red -; black neutral)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Access to contraception</td></tr> <tr><td>Education about services</td></tr> <tr><td>WIC well used</td></tr> <tr><td>Limited services/supports for families with young children</td></tr> <tr><td>Child care a major need</td></tr> <tr><td>Social support activities needed</td></tr> </table>		Access to contraception	Education about services	WIC well used	Limited services/supports for families with young children	Child care a major need	Social support activities needed	N/A	N/A	Community perceived top 5 day-to-day challenges all associated with pregnancy/births	Community perceived things to change to improve health/well-being all associated with pregnancy births	<p>Comparison over time: ↔↘↔↔↔↘↔↔↔↔↔* ↘↔↔↔↔↔ *no trend data</p> <p>Pregnancy and birth rates decreasing. Smoking during pregnancy decreasing. No change in prenatal care, low birth weight, method of delivery, gestational hypertension, breastfeeding in hospital, WIC participation; gestational diabetes increasing.</p>	<p>Comparison to WA: ↘↘↔↔↔↗↗↔↔↘↔↔*↔↔ ↔↔↔↔↔ *no WA data</p> <p>Lower pregnancy and birth rates. Higher rate of Medicaid paid births, smoking during pregnancy and WIC participation. Lower rate of low birth weight.</p>
Access to contraception													
Education about services													
WIC well used													
Limited services/supports for families with young children													
Child care a major need													
Social support activities needed													
Part V. Behaviors, Illness, Injury, Hospitalizations, Deaths													
Section A. Communicable Diseases													
Community Input Themes (interviews/forums)		Community Survey			Quantitative Indicators (green +; red -; black neutral)								
N/A		N/A			<p>Comparison over time: ↔↗↗****↔↔ *no trend data</p> <p>Gonorrhea increasing, chlamydia and hep C same.</p>		<p>Comparison to WA: ↘↘****↔↔ *no WA data</p> <p>Chlamydia and gonorrhea rates lower than WA; Hep C rate same.</p>						

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Sections D, E, F: Tobacco & Vaping, Alcohol Use, Drug Use							
Community Input Themes (interviews/forums)		Community Survey			Quantitative Indicators (green +; red -; black neutral)		
Community leaders and members considered mental illness and substance use as significant health concerns in the county.	Teens: community perceived top challenges associated with substance use: #1 substance use, unhealthy home environment, emotional health, lack of role models, lack of activities, bullying, suicide	N/A	Community perceived top 5 day-to-day challenge possibly associated with substance use: stress, health problems	Community perceived things to change to improve health/well-being: less substance use/abuse	Comparison over time: *no trend data Note: HYS comparison of 10 th grade only Tobacco & Vaping: ↔↔↔**↔↔↔↔↔* No changes	Comparison to WA: *no WA data Note: HYS comparison of 10 th grade only Tobacco & Vaping: ↑↔↔↔*↑↔↔↔↔↑ More adults ever smoked; higher rates of 10 th graders current use of cigarettes and vaping.	
Need focus on prevention of substance use and alternative activities							
Adult alcohol use - alcoholism is a big problem; concern about a lack of support services, especially in rural communities							
Perception that youth alcohol use is going down							
A major treatment concern was the lack of inpatient substance use and mental health treatment facilities; travel for treatment a barrier							
Support for harm reduction (needle exchanges and sharps containers installed in public restrooms)							
Opioid treatment (MAT) recently added							
Therapeutic Court is a success							
Strong need for crisis stabilization, as well and behavioral health integration in the health care system; no 24/7 alternative to stabilize patients not ER or county jail							
Drug-related hospitalizations							
ER admissions for drug or alcohol/ EMS transports							
New navigator program – social worker, mental health worker embedded with police							
Coordination of services – perception of gaps as well and redundancies in the services offered by behavioral health agencies and non-profits. Need additional efforts to coordinate funds, services, linkages to address gaps and sustain existing programs							
				Increases in youth ever and current alcohol use, decrease in binge for adults and youth. No changes in alcohol-related hospitalizations and deaths.	Higher rates of youth ever and current alcohol use, 10 th graders reporting riding with someone who used alcohol. Lower rates of alcohol-related traffic deaths and alcohol-related arrests.		
				Drug Use: ↑*↑↔↓↑***↔↔↔ ↔↔↔↔↔↔	Drug Use: ↑↔↔↑↔↔↔*↔↔↔* ↔↔↔↔↓↓		
				Increases in youth marijuana use and 10 th graders reporting riding with someone who used marijuana. Decrease in drug law violations. Opioid and drug related hospitalizations and deaths same.	Higher rates of youth current marijuana use and 10 th graders reporting riding with someone who used marijuana. Lower rates of alcohol/drug related deaths and ED visits.		

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Section G. Mental Health and Suicide							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
<p>Community leaders and members considered mental illness and substance use as significant health concerns in the county.</p> <p>Youth mental health service options; support for school services, request for additional</p> <p>Adult mental health services</p> <p>Suicide</p> <p>Mental illness hospitalizations</p> <p>Limited outpatient options for Medicaid/Medicare</p> <p>Long referral periods, limited walk-in options</p> <p>Repeat clients, need for ongoing not episodic care, not a quick fix</p> <p>Stigma associated with needing/seeking mental health care</p> <p>High staff turnover, inconsistent case management and care</p> <p>Justice system, recidivism</p> <p>Adverse childhood experiences, inter-generational trauma</p> <p>Need prevention and opportunities for community support and activities; move away from crisis-oriented care</p> <p>BH integration can help meet access needs</p> <p>Need BH services integrated in the jails and in the re-entry transition period to reduce recidivism and help successful community reentry</p>	<p>Teens: community perceived top challenges associated with mental health and suicide: substance use, unhealthy home environment, abuse/misuse technology, emotional health, lack of role models, lack of activities, bullying, access to providers, suicide</p>	<p>Seniors: community perceived top challenges associated with mental health and suicide: living on fixed income, social isolation, managing health problems, lack of activities</p>	<p>Community perceived top 5 day-to-day challenges all associated with mental health and suicide</p>	<p>Community perceived things to change to improve health/well-being all associated with mental health and suicide</p>	<p>Comparison over time:</p> <p style="text-align: center;">↔↔↔↔*↑*↑*↔↔** ↔↔↔***</p> <p style="text-align: center;">*no trend data Note: HYS comparison of 10th grade only</p> <p>No change in adult mental health indicators. Medicaid mental health treatment penetration improving. Youth depression higher, half of students; 6th, 8th, 12th grade suicide ideation higher; 36% of 10th graders report making a suicide plan. About 1 in 3 youth have co-occurring substance use and poor mental health.</p>	<p>Comparison to WA:</p> <p style="text-align: center;">↔↔↔↔↔↑↑*↑↔↔↑↑ *↔↔↑↔↔*↑</p> <p style="text-align: center;">*no WA data Note: HYS comparison of 10th grade only</p> <p>Medicaid treatment penetration rate and mental health provider ratio better than WA. Youth rates of depression and suicide ideation higher than WA. Suicide death rate higher than WA.</p>	

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Section H. Injuries							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
N/A		Teens: community perceived top challenges associated with injuries: suicidal thoughts or attempts	Seniors: community perceived top challenges associated with injuries: managing health problems, age in place support, safety outside the home	N/A	N/A	Comparison over time: ↓↔***** *no trend data Decrease in child, no change in female injury/accident hospitalizations.	Comparison to WA: ↔↑↑↑↑↑↔↔↔ Injury/accident hospitalizations same for children and higher for females. Higher rates of injury hospitalizations and deaths, #1 cause is falls.
Section I. Hospitalizations							
Community Input Themes (interviews/forums)		Community Survey				Quantitative Indicators (green +; red -; black neutral)	
Hospitalizations due to mental illness and substance use crises		N/A				Comparison over time: ↔***** *no trend data No change in all cause hospitalization rate. No trend data presented for leading causes of hospitalizations.	
Challenge with not having appropriate, affordable settings to discharge patients						Comparison to WA: ↓↑↑↑↑↑↔↑↓↓↓ Jefferson lower than WA for all cause and hospitalizations for pregnancy/childbirth, conditions originating in perinatal period, mental illness. Jefferson higher than WA for diseases of: circulatory, musculoskeletal/connective tissue, digestive, respiratory systems, cancers, and injury/poisoning.	

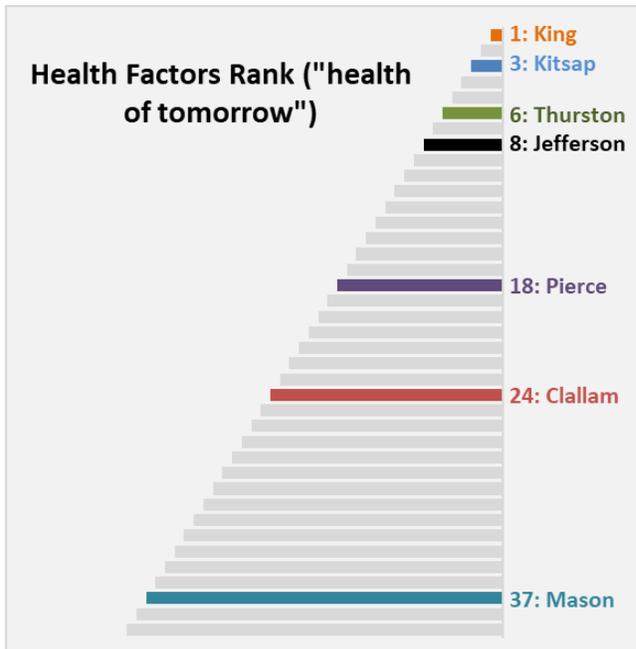
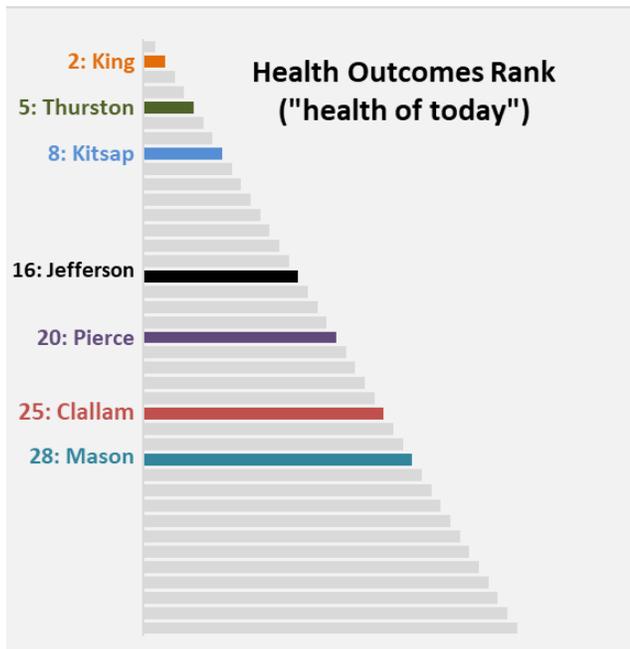
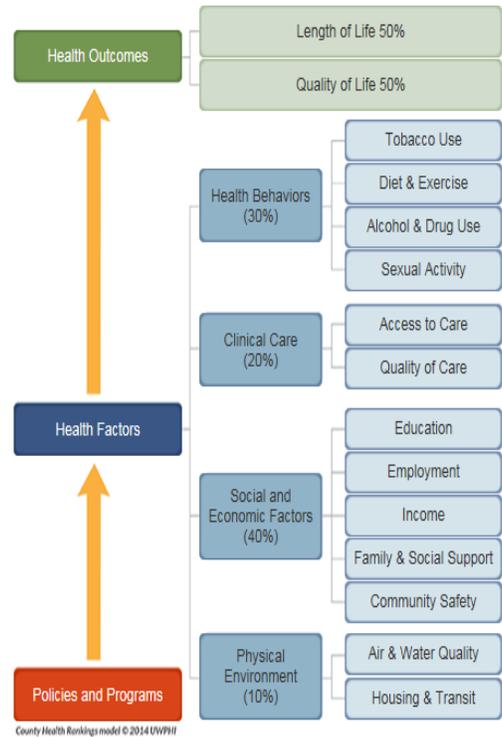
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Section J. Deaths			
Community Input Themes (interviews/forums)	Community Survey	Quantitative Indicators (green +; red -; black neutral)	
N/A	N/A	<p>Comparison over time:</p> <p>↓*****↔***** ****</p> <p>*no trend data</p> <p>Death rate decreasing.</p>	<p>Comparison to WA:</p> <p>↓↑↑↑↑↔↑↔↑↔↑↔ ↑↑↔↑↑↓↔↔↑↓ ↑↔</p> <p>Jefferson lower than WA for overall death rate. Higher for major cardiovascular, cancers, chronic lower respiratory, accidents, suicide, and parkinson's disease. Years of potential life lost (YPLL) higher than WA – that premature death from accidents took 141 years, cancer 137 years, suicide 130 years.</p>

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Appendix A. County Health Rankings & Roadmaps

- Developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- First released in 2010 for all U.S. counties, updates released annually but not comparable over time due to changes in definitions and sources
- Counties ranked within each state by indicators and section to allow comparison
- Data sources are national and must have data for *almost all* counties across the U.S.
- <http://www.countyhealthrankings.org/>
- 35 indicators in 2 sections and 6 sub-sections:
 - Health Outcomes - Length of life and Quality of life
 - Health Factors - Health Behaviors, Clinical Care, Social and Economic Factors, Physical Environment



In the 2019 rankings, Jefferson County ranks 16th of WA State counties for “health of today” and 8th for “health of tomorrow.” Ranks can change year-to-year based on variations in data for the county and/or variations in data for other WA counties.