"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."
World Health Organization, 1946

Background

Over the past four years, residents of Jefferson County have been considering all aspects of health. They have reviewed data, prioritized issues, and created a plan with the end goal in mind of improving health - not just by reducing illness, but by enhancing physical, mental and social well-being of county residents.

Purpose

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address the community's most important health problems. They are community-driven, data focused, and are used to define a vision for health in a community. In Jefferson County, we have used this opportunity to build a strategic framework that will guide community leaders and residents in making decisions about where to invest time and resources to improve the health and well-being.

County Description

Jefferson County, located on the Olympic Peninsula, has a total population of 30,466[i], with approximately one-third of the population living in the county seat of Port Townsend and the rest living in unincorporated Jefferson County. Established in 1852, Jefferson County averages only 17 people per square mile and has the oldest population in Washington State; 33% of the population is aged 65 or older and the median age is 54.

Health Inequities

Jefferson County has very little ethnic diversity. As a result health disparities are related to economic and geographic disparities. The average income in Jefferson County is significantly lower than Washington State and is also affected by geography, with most of the wealth in the most populated communities of Port Townsend and Chimacum, and much of the poverty located in the more rural areas of the county. The CHIP Oversight Committee developed a strategy to address this by breaking out for special attention the community of Brinnon, one of the most rural and geographically isolated communities. Meetings were held with community leaders in Brinnon to review CHIP priorities and determine how to address the specific needs of the community. Activities to address those needs have been developed and are currently being implemented.

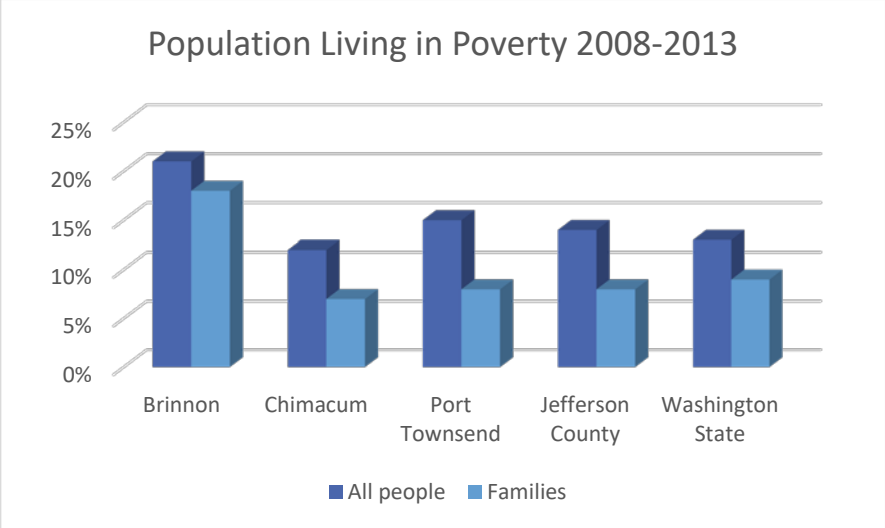


Figure 1: Poverty Distribution in Jefferson County

"Brinnon is a beautiful, but remote place to live. Our community members are at least an hour from any type of medical care. Poverty makes that hour seem impossible. CHIP stepped in to help us bridge this gap, particularly in the area of mental health. They advocated for our wonderful children and their needs. Now in the upcoming school year our students will enjoy much-needed, high-quality, on-site mental health resources, just like the rest of Jefferson County."

Trish Beathard
Superintendent, Brinnon School District

Social and Economic Factors

Social and economic factors in Jefferson County are stressed when compared to Washington State averages, with an average annual wage of $34,532 in 2014, and an unemployment rate over the state average at 7.1%. Rural areas are often economically suppressed; job opportunities in Jefferson County are always needed, with Jefferson Healthcare (JH) being the largest employer in the county, followed by Jefferson County and the Port Townsend Paper Corporation. Opportunities to stimulate community development are widely sought after by community groups such as the Jefferson County Chamber of Commerce, Jefferson County Collective Impact, and other service clubs and non-profit entities.

The most recent data indicate that there are 10,701 hospital and/or medical enrollees in Medicare, more than 35% of the total population of Jefferson County.[ii] Additionally, as of March 2016, there are almost 2,500 Jefferson County children enrolled in Apple Health, Washington State's Medicaid program.[iii] Jefferson County is a geographic healthcare professional shortage area (HPSA) for primary care providers and psychiatrists as designated by the Health Resources and Services Administration (HRSA).[iv] Dental services are also needed in the community, specifically for the Medicaid eligible population; Jefferson County is ranked 39 out of the state's 39 counties for the lowest percent of dental utilization by the Medicaid population.[v]

Table 1: Social Determinants of Health

		Jefferson County	WA State
Income			
Average income[vi,vii]	2014	$34,532	$55,427
Poverty[viii]			
All individuals	2005-2009	12.80%	11.80%
	2010-2014	12.60%	13.50%
Employment[ix]			
Total workforce	2015	11,171	3,544,242
Unemployment rate	2015	7.10%	5.7%
Unemployment rate 3-year average	Jan 2013 – Dec 2015	8.2%	6.3%
Housing[x]			
Income needed to purchase average priced home	2010-2012	$65,829	$62,340
Percentage of households able to afford average priced house*	2010-2012	24%	38%
Over 30% of household income spent on gross rental costs	2010-2014 ACS	58.70%	50.60%

* Defined as household income $75,000+. In 2010-12, the proportion of households able to afford an average priced house is actually higher, rather than the actual income needed to purchase the average priced house, this analysis uses a higher income cutoff, $75,000. It is a limitation of the data that we cannot use more specific income groups. Jefferson households earning between $65,829 and $74,999 and Washington households earning between $62,340 and $74,999 would be able to afford an average priced house, both increasing by some amount the proportions reported above.

Engaging Community

A group of community stakeholders led by Jefferson Healthcare and Jefferson County Public Health met from February to April 2014 to review the results of a community health assessment (CHA) that had been performed in 2013. A CHA gathers and analyzes data from a variety of sources and provides information that tells us about the health and well-being of our communities. The assessment analyzed current data regarding demographics, socioeconomic status, community safety, quality of life, healthcare access, pregnancy and births, morbidity and mortality, injuries and hospitalizations, and behaviors that impact health. The group compiled a list of the top issues in Jefferson County in May 2014, after which the data workgroup performed an issue prioritization exercise in June 2014 that yielded the four health priorities.

The stakeholder group identified several issues deemed to be root causes that the entire community should to address. These root causes, including poor academic performance, economic disparity, lack of affordable housing, and the number of children living in poverty, were not addressed directly in the resulting strategies, but consistently surfaced as critical underlying factors.

The prioritization work was reviewed by a broad-based group of community leaders and stakeholders in January 2015. This group confirmed these priorities and many volunteered to participate in workgroups to develop a detailed plan of action to improve the outcomes in the four health priorities. The workgroups were given tools and a timeline to develop the plans.

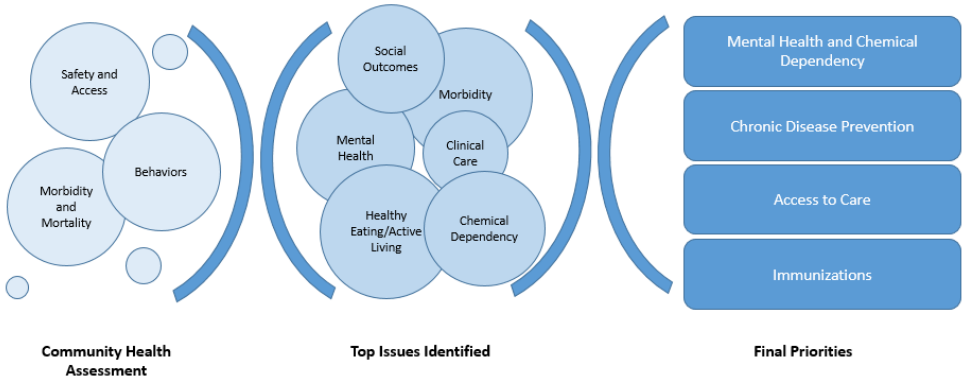


Figure 2: Community Health Improvement Process

Community Designed Solutions

The following four health priorities, developed by working closely with community stakeholders, were selected based on data availability, relevance, and county-wide impact: Access to Care, Immunizations, Chronic Disease Prevention, and Mental Health and Chemical Dependency.

Workgroups were formed with about 100 community members representing a broad cross-section of Jefferson County residents to identify goals with measurable objectives, and to develop strategies and activities that address each of the identified health priorities. These community members represented large cross-section of the community and included representatives from city and county government, all four school districts, city and county law enforcement, mental health and substance abuse services, hospital and public health and many local agencies for services like food bank, domestic violence, aging, housing, exercise and health and transportation. There were more than 66 hours of meetings in the four health priority workgroups alone, with the individual contributions totaling more than 1,300 hours of work spent on this process.

The health priority workgroups used the strategic results frameworks as the basis for CHIP development. The frameworks enable leaders to translate its work into tangible outcomes necessary to achieve goals set by the

workgroups. The strategic frameworks provide a basis for aligning county-level monitoring, reporting, and documenting achievement in relation to CHIP goals.

Implementation

The Jefferson County CHIP builds on current community assets. It thrives and depends upon the ongoing commitment and engagement of community partners across all sectors. Strategic alignment and the use of common measures will enable the communities to see how well we are doing in our efforts to improve health and well-being.

The plan's sustainability and effectiveness reflects a community and organizational commitment. This started with the development and implementation of health policies designed to improve health. A common agenda, evaluation and measurement, continual communication, and financial and human resources are essential to achieve success. Partners in Jefferson County are working to develop a community health improvement leadership structure that will include multi-sector partners and community residents to oversee the recurring cycle of community health assessment and community health improvement planning going forward. They continue to oversee and assure alignment of Jefferson County's health improvement efforts for the benefit of all Jefferson County residents. Jefferson County will also work with regional partners such as the Olympic Community of Health which serves as the Accountable Community of Health for Jefferson, Clallam, and Kitsap counties to assure that mutual goals and strategies are developed that will benefit the residents of Jefferson County and further the overarching goal of improved community health.

Using CHIP to Integrate Organizational and Community Culture

The process to develop a community health assessment and plan has offered a powerful benefit: It is helping to develop and strengthen the relationships between the agencies who have direct or indirect involvement with the health of our community. A prime example is the interlocal agreement between the County government, Hospital (Jefferson Healthcare) and City of Port Townsend. These three agencies now fund CHIP's Executive Director position. This type of collaboration is unprecedented and reflects a deep level of commitment to the entire county. It is clear this Community Health Improvement Plan will not come to rest in a file drawer, but is being used to impact the health of Jefferson County residents.

The teams working on CHIP implementation have evolved into the unexpected role of "integrator" for many community health activities. Many health-related community activities pre-date the CHIP plan, some with overlapping purposes and methods. When stakeholders and various groups gather together to discuss the work needed for Plan implementation, opportunities are created for them to work in a more complementary manner.

Our community has developed a much better understanding of health issues. This has occurred at two levels. The first is about specific issues like exercise and health, or diabetes prevention. Multiple efforts are taking place such as enhancement of the trail system in the community and development of a program to increase activity and health in school age children called 5210 which is focused on improving diet and exercise.

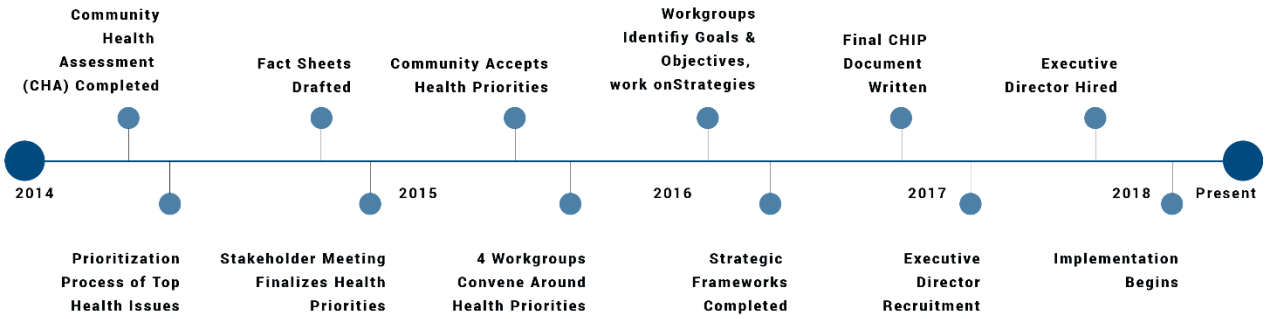
The second level is a heightened awareness of the impacts of social determinants of health, including housing, poverty and other factors that influence population health.

Finally, our community is experiencing a cultural change around collaboration. The City and County working together to fund CHIP is one example but there are many others. City and County law enforcement are discussing how to co-fund a mental health worker to tackle jail diversion. Food banks and Farmers markets are working with local Physicians to provide residents with local healthy fruits and vegetables. These changes are both uncharacteristic and exciting, and provide hope for cultural and relational evolution can will yield positive payoffs in the community.

Challenges and Obstacles

While there is cause to celebrate the work we have accomplished, the process has offered many opportunities to learn. One challenge has been the length of time required to initiate work on the plan. It took four years to get to the implementation phase of the plan. This feels frustratingly slow.

Figure 3: Community Health Improvement Activity Timeline



One contributing factor in the pace of this process has been the challenge of getting various agencies with different cultures to collaborate. Agencies and organizations have different cultures, processes and calendars. The result can be conflict between agencies and difficulties operationalizing plans.

Shifting priorities and even agency staffing can create chaos. A good example of can be found on the Mental Health and Chemical Dependency team. The primary mental health agency in our community was very active when the plan was written and volunteered to be the lead on many of the activities in that part of the plan. However, during plan implementation, the agency's Executive Director left the community. The work on that portion of the plan suffered as this agency re-assessed its priorities and backed away from nine of the 13 activities it had agreed to lead.

Another issue facing the team is how to engage the disenfranchised of our community. Most of the participation in this work has been from the more affluent members of the community. While we continue to strategize about how to achieve better representation from all sectors of our county, so far, we have not been successful.

Hope for the Future

The degree of collaboration occurring in the community is a very hopeful sign. Many groups not previously cooperating are now aware of the work being done and are working together. We are currently developing a community resource map that will further enhance this effort.

An excellent example of this type of breakthrough is the work in Brinnon, one of our most underserved communities. This community requires special attention because of irrefutable inequities. A meeting with community stakeholders identified the lack of a school counselor as an acute need. The school had a school counselor for the 2016 school year, but the instability of the local mental health agency caused reduced staff. Brinnon became the only school in the county without a counselor. The mental health agency projected it would be at least a year before it could replace the counselor.

Within six weeks of identifying the issue, several groups in the county banded together to use local tax funds and a local non-profit providing mental health services to provide these services for the Brinnon School. The level of teamwork required to make this happen was remarkable and represents the best of what a community can accomplish when everyone works together.

Jefferson County is early in the Implementation process and there is a significant of work to complete. Despite that, true progress is happening. Health outcomes in Jefferson County are generally improving at a faster rate than the state average. This is even more impressive given the age and rural nature of our community.

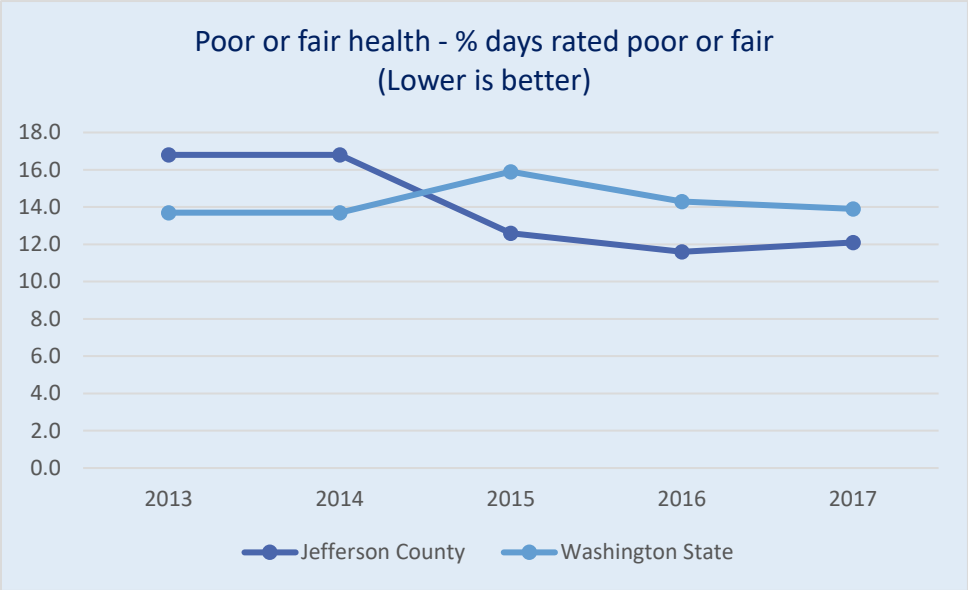


Figure 4: Comparison of Washington State & Jefferson County's Poor or Fair Health Data [xi]

The Brinnon example is a roadmap to how our community has embraced the work of improving the health of our county. The CHIP plan provides guidance and direction to community leaders and stakeholders at all levels are becoming engaged in the work of improving the health and wellbeing of all residents of our community.

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