



2023

**SAN JUAN COUNTY
HEALTH &
COMMUNITY SERVICES**

COMMUNITY HEALTH ASSESSMENT



ACKNOWLEDGMENTS

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Most of all, thank you to the people who contributed to this report through interviews and listening sessions. Thank you for trusting us with your stories and experiences.

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LETTER TO SAN JUAN COUNTY RESIDENTS

FROM HEALTH & COMMUNITY
SERVICES ADMINISTRATOR



**DEAR SAN JUAN
COUNTY RESIDENTS,**

Much has changed in our island community since the last San Juan County Community Health Assessment in 2008. During the past 15 years, our population has grown and changed across and within our island communities. Most recently, the COVID-19 pandemic transformed us in profound and powerful ways, including how we engage with our fellow islanders, how we provide community and healthcare services, and how we think about health and well-being.

In 2023, as we emerged from the most intense years of the COVID-19 pandemic, San Juan County Health & Community Services (HCS) knew we needed to approach our next Community Health Assessment (CHA) differently than we have before.

Our HCS staff embarked on a CHA project designed to look at not only the hard data, but also to capture the stories and experiences of our community members to better understand the health and well-being of islanders.

We recognize that many factors impact health and well-being beyond medical care. Access to healthy and affordable foods, safe and affordable housing and childcare, and opportunities to socialize and connect with fellow islanders have a direct impact on our health.

We partnered with community agencies, including health care providers, pharmacists, social services and behavioral health providers, senior services and home health providers, food systems partners, schools, and many others to ensure we were capturing the stories of many in our community. The sharing of these stories and experiences helped us to gain a fuller understanding of what it is like to live, work, and support healthy outcomes in San Juan County.

The findings presented in this report reflect the local data collected and analyzed, as well as the stories and themes that emerged as part of how the community experiences and views health and well-being. Your stories and experiences around health reflect the resilience of islanders.

The data and your stories were powerful and inspiring and will help define the way forward for our collective work together to better understand and address health-related needs. We are committed to continuously engaging our communities as we respond to new challenges, and ultimately, to growing healthier communities.

Mark Tompkins
MARK TOMPKINS
Director

Frank James MD
FRANK JAMES, MD
Health Officer

Ellen Wilcox
ELLEN WILCOX, MSW, MPH
Healthy Communities Manager

On behalf of the San Juan County Health & Community Services Team







EXECUTIVE SUMMARY

Conducting a Community Health Assessment (CHA) helps our public health department and community better understand the community's health needs, design programs, inform policy-makers and advocate for funding to address those needs and to improve public health.

We partnered with our community to understand health needs, gaps, and existing community strengths.

DATA COLLECTION

We conducted several data collection activities including:




-  • 21 community leader interviews in English and Spanish
-  • 6 focus groups in English and Spanish
-  • Community survey in English and Spanish
-  • Quantitative data workbook with indicators from state and national sources

We include Spanish quotes throughout the report with an English translation. This means that information was collected in Spanish first and then translated into English.

We will use these findings to develop our Community Health Improvement Plan and continue collaborating with our dedicated community partners to improve health and health outcomes.



COMMUNITY -IDENTIFIED NEEDS

Our three needs were:

-  • Mental health
-  • Housing
-  • Access to health care

INTERSECTING TOPICS

Two topics were consistently raised in conjunction with needs:

-  • Workers to support the island infrastructure and economy
-  • Transportation impacts



ABOUT SAN JUAN COUNTY DEPARTMENT OF HEALTH & COMMUNITY SERVICES

We are a countywide Public Health services department with staff and offices on Lopez, Orcas, and San Juan Islands. We serve all of San Juan County including non-ferry-served islands.

San Juan County's Department of Health & Community Services is responsible for community and environmental health, mental health and substance abuse programs, senior services, affordable housing projects, and more.

For more information about San Juan County's Department of Health & Community Services, visit our website.

OUR MISSION:

To promote, protect and preserve, with dignity, the health and well-being of the people and communities of San Juan County.

OUR GOALS:



PEOPLE

Highly skilled, competent staff who are valued and supported.



SERVICES

We have robust systems of care and services that promote resilience by using community data to be responsive to the diverse needs and assets in our community.



COMMUNICATIONS

We use effective communication strategies and tools to work collaboratively and inform and engage the community



SUSTAINABILITY

We have sustainably funded programs and services that meet diverse community needs, conducted by well qualified committed staff.



SERVICES WE PROVIDE



COMMUNITY HEALTH SERVICES

- WIC (Women, Infants, and Children) and Breastfeeding Support Services
 - Growing Families Maternal & Child Home Visiting Services
 - Immunization Services
 - Pregnancy Testing and Referrals
 - Contraceptive Counseling and Referrals
 - Sexually Transmitted Infection Testing & Referrals
 - Communicable Disease Surveillance & Investigation
 - Childcare Nurse Consultation
 - Reproductive Health Education
-



ENVIRONMENTAL HEALTH

- Food Safety Permitting and Inspections
- Water Resource Management
- Shellfish Biotxin Monitoring
- On-site Sewage System Permitting
- On-Site Sewage System Operation and Maintenance
- Recreation Water Inspections
- Air Quality Monitoring
- Zoonotic, Waterborne, and Foodborne Disease Surveillance & Investigation





HEALTHY COMMUNITIES

- Early Childhood Education & Assistance Program (ECEAP)
 - Early Learning Childcare Capacity Expansion Support
 - Dental Access Coordination and Access to Baby & Child Dentistry (ABCD) Program
 - SNAP-Ed Nutrition and Healthy Food Access Programs
 - Children & Youth with Special Health Care Needs (CYSHCN) Program Coordination
 - Substance Use & Misuse and Suicide Prevention Program Coordination
 - Community Health Assessment and Community Health Improvement Plan
-



HUMAN SERVICES

- Senior Services
 - ◆ Senior Nutrition Program including Meals on Wheels and Community Lunches
 - ◆ Family Caregiver Support
 - ◆ Information & Assistance
 - ◆ Senior Services Case Coordination, Referrals, Outreach, and Education Programs
 - Developmental Disabilities Support, Referrals, Community Inclusion, and Employment Assistance
 - Transportation Voucher Program
 - Coordination of Behavioral Health Sales Tax Programs including Community Wellness Program and School-Based Mental Health Supports
 - Stewardship of Criminal Justice Treatment Account and Opioid Settlement Committee
-



FINANCE & ADMINISTRATION

- Accounting & Finance
- Grants & Contracts
- Vital Records
- Emergency Preparedness & Response
- Communications
- Home Fund Administration, Emergency Rental Assistance, and Affordable Housing Program Coordination



ADVISORY BOARDS & COMMITTEES

- Housing Advisory Committee
- Human Services Advisory Board
- Opioid Settlement Project Committee
- Clean Water Advisory Committee



WHAT IS A CHA?



A community health assessment (CHA) is a process of systematic data collection about a defined community to understand important health needs, uncover public health gaps, and highlight existing strengths and community assets. Conducting a CHA helps our public health department and community better understand what health issues need to be addressed and design programs to address those needs to improve public health. The CHA report will support San Juan County Health & Community Services as we distribute resources, advocate for program funding, inform policymakers, and collaborate with our community partners. We included our community in this CHA because we wanted to hear directly from community members about their health needs and assets.

HOW WE CONDUCTED THE CHA

Our CHA consisted of several data collection and analysis activities. We included primary data, which is data we collected directly for this report; and secondary data, which is data that had already been collected that we gathered and analyzed. When people think about data, they often think about numbers like statistics, but numbers only tell part of the story. Numbers help us understand the amounts or quantities, but we also want to know about the quality and the context of the information. That's why we collected and analyzed both quantitative and qualitative data for this CHA.

QUANTITATIVE DATA:

Percentages, ratios, counts, and other number-based indicators from state and national data sets and the community survey tell a part of the story of our community's health.

QUALITATIVE DATA:

Community member insights centered around specific questions and themes in the form of interviews and focus group listening sessions that help us understand how or why community health indicators impact individuals and families.

Using these two types of data together creates a more complete picture of San Juan County's health. This report shares what we learned from this process.

We are grateful to everyone in San Juan County who contributed to this community data collection.



SOURCES OF DATA



HEALTH INDICATORS

We compiled a large list of indicators that are available from the state of Washington and other data sources like the U.S Census Bureau. We then decided which indicators were most relevant to our county. Because of San Juan County's small and rural population, some state-level indicators may not be very meaningful for us, so we used data that best demonstrated health needs and outcomes for the county. We compare our data to the state and within the county and across islands where possible.



SPANISH-LANGUAGE DATA COLLECTION

To be inclusive of the Spanish-speaking population in San Juan County, and to reflect their community-identified health needs in this report, we collected Spanish-language data in the form of focus groups on three islands: San Juan, Lopez, and Orcas. We chose to embed these responses directly into this report instead of creating a separate report because Spanish speakers are part of our community. You will see Spanish quotes and text throughout the report, accompanied by an English translation.



COMMUNITY LEADER INTERVIEWS

We reached out to 33 community leaders in San Juan County, including those who work in health care, emergency medical services, business and tourism, social services, and schools. We conducted 21 interviews with the community leaders we contacted, 2 in Spanish and 19 in English. Community leaders answered questions about their perception of community values, health needs, community assets and strengths, and the impact of the COVID-19 pandemic on the community.



COMMUNITY FOCUS GROUPS

We conducted six focus groups in total, three in English and three in Spanish. Focus groups in English and Spanish were held on San Juan, Orcas, and Lopez islands. Focus groups were centered on topics we identified through interviews and early survey data. We had 5 to 15 participants in each group, and we learned a lot of important information about our community's needs and opportunities to support each other.



COMMUNITY SURVEY

We developed a community survey to hear directly from San Juan County residents about the health needs that are most important to them and the local resources they know about. We advertised the survey widely on our Facebook, Instagram, and San Juan County Civic Engage pages, in direct mailers to each household in the county, at health fairs, through word of mouth, and through outreach to key community partners and partner agencies across the islands. Respondents were offered the choice to select multiple responses for many of the questions. We offered the survey in English and Spanish. We received 19 Spanish responses and 1,343 English responses.

FOCUS GROUP TOPICS IN ENGLISH AND SPANISH

- MENTAL HEALTH
- HOUSING
- ACCESS TO HEALTH CARE



HOW WE USED THE DATA

After we collected and analyzed the data, we used our findings to create this report. More details about data collection and analysis can be found in the Appendix. Community-reported data can be found in the Community Data section of this report and indicators from state and national data sources are in the Health Indicators section.



A NOTE ABOUT THE DATA

IN THIS REPORT

WHAT DO YOU MEAN BY “PER 1,000”?

In the data tables, you'll see numbers reported as “per 1,000”. The “rate per 1,000” can be used to compare data across populations of different sizes. For example, by using this standardized rate, we can more readily compare disease or injury rates between San Juan County and another county that may be much larger (e.g., Whatcom or Skagit County)

HOW IS THE “RATE PER 1,000” CALCULATED?

The rate per 1,000 is calculated by dividing the number of cases (e.g., deaths) by the total population, then multiplying by 1,000.

WHAT DOES AGE-ADJUSTED MEAN?

Age adjustment is used to compare rates across different populations or within the same population but over time when the ages of people in the group may have changed. This is important because age can be associated with certain health behaviors, disease risk, or health outcomes.

For example, the incidence rate of car crashes is higher among teens and young adults than older adults, but the incidence of falls is higher among older adults than younger adults). By adjusting for age, we can make better comparisons and remove any discrepancies caused by differences in age distributions.





WHAT MAKES A HEALTHY COMMUNITY?

Good health is more than just going to the doctor or not being sick. Our health is shaped by our community, where we live, the types of food we can access, availability of living-wage jobs, access to safe places for recreation and exercise, and many other factors. These factors form our social needs, which are our immediate needs like housing and food; and our social determinants of health, which are the community-wide conditions that influence where and how we work, live, learn, and play.



Access to any one of these social needs and social determinants supports equities in public health. Addressing gaps in social needs and social determinants of health is essential for a healthy, thriving community.



WHO WE ARE

San Juan County is in the Salish Sea of northwest Washington State and is made up of 400 islands and rocks, of which 176 are named islands and reefs. The largest population centers of the county include San Juan Island, Orcas Island, and Lopez Island.

Native American Tribes and First Nations of Canada have lived in and stewarded the San Juan Islands as part of their ancestral territory since time immemorial. Members of these tribal communities still live, work, and celebrate their traditional practices on the islands and in the surrounding waters.



POPULATION



17,789 APRIL 2020 **18,662** JULY 2022 **+4.9%** INCREASE

The population of San Juan County experienced a 4.9% increase between 2020 and 2022.

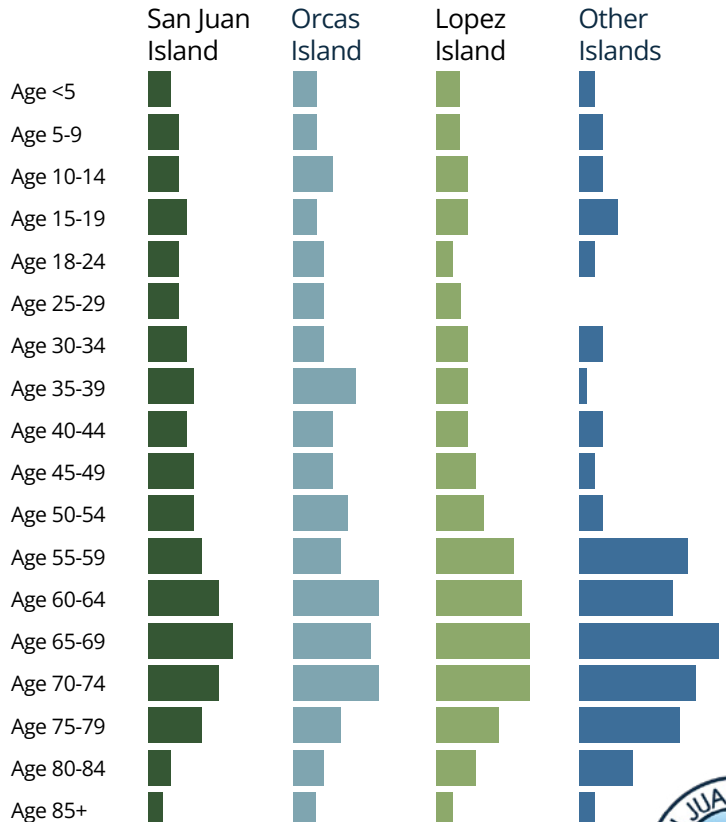


34% OF THE COUNTY'S POPULATION IS OVER THE AGE OF 65.

This number can be challenging to calculate due to the transient and seasonal nature of the county population. These data are taken from census records focused on permanent residents.

PROPORTION OF THE POPULATION

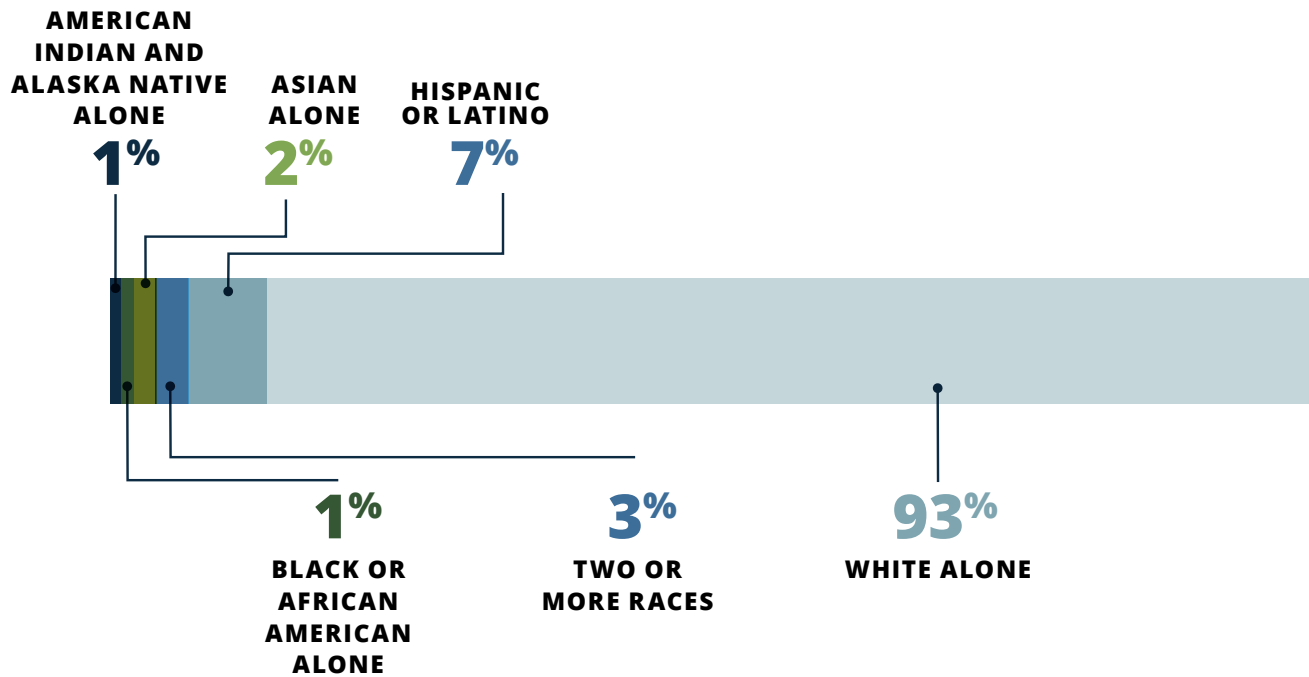
in each age group, per island



Source: ACS 5-year estimates Subject Table S0101, 2018-2022



RACE & ETHNICITY

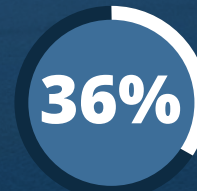


Source: U.S. Census. Quick Facts, San Juan County. 2022.

LANGUAGES



Of the population 5 years and older
WHO SPEAK SPANISH

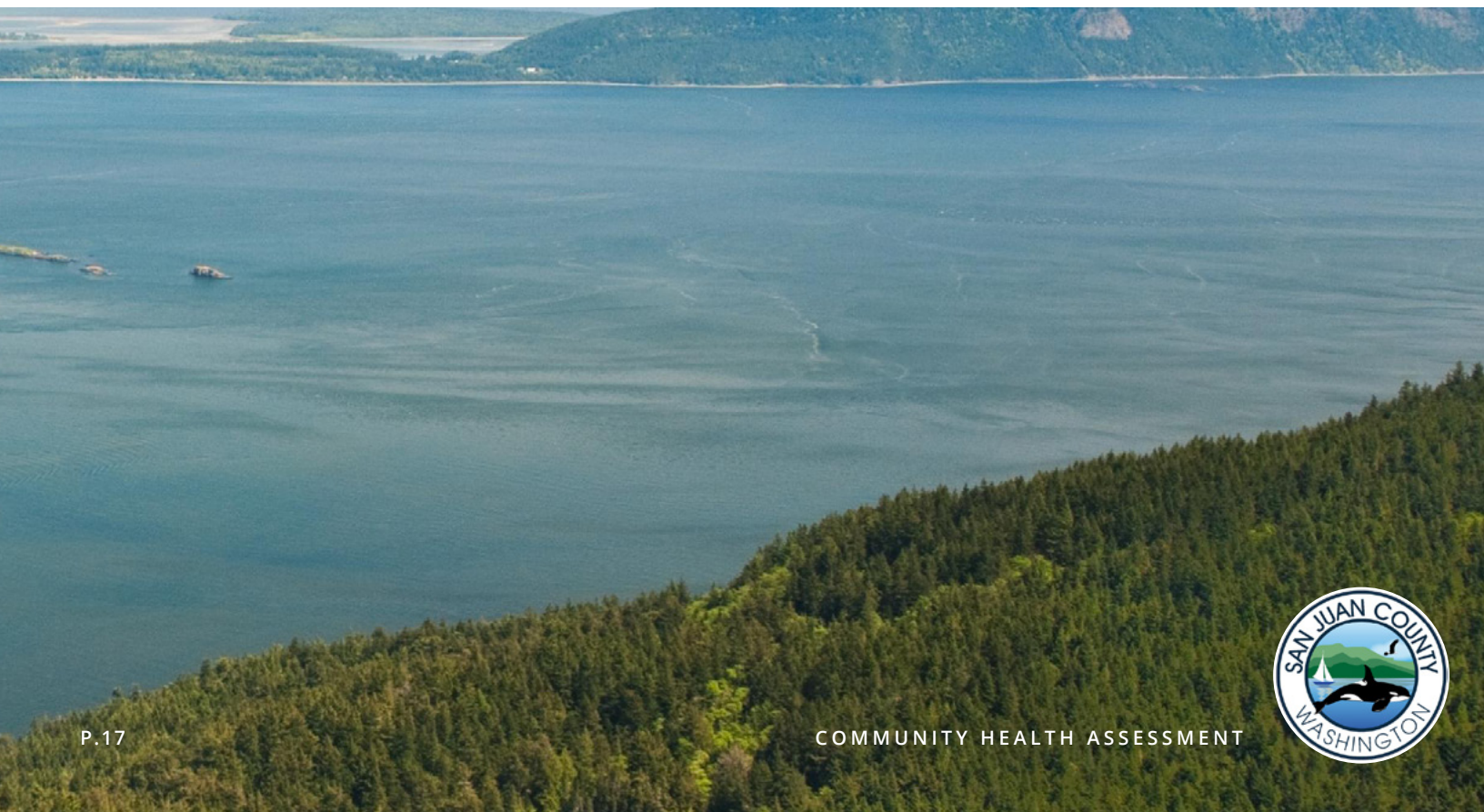
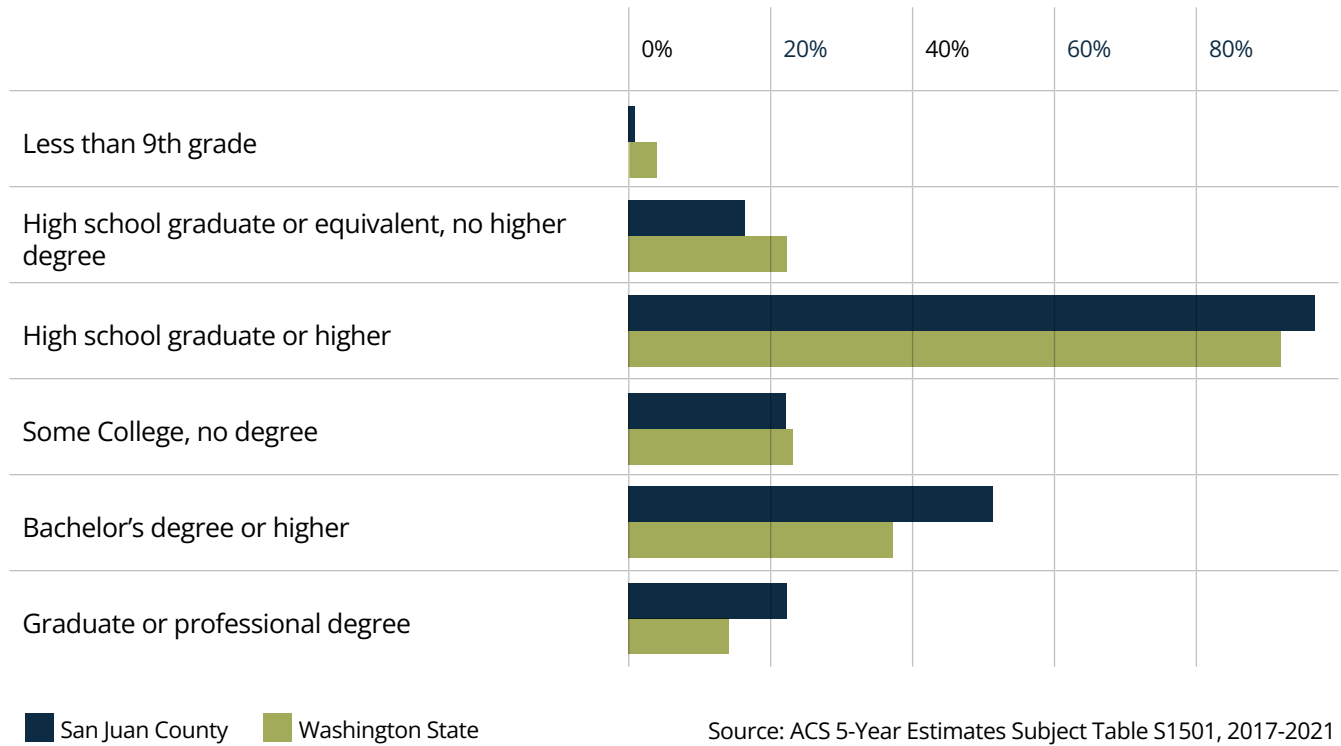


Of the Spanish-speaking population
**WHO SPEAK ENGLISH
"LESS THAN VERY WELL"**



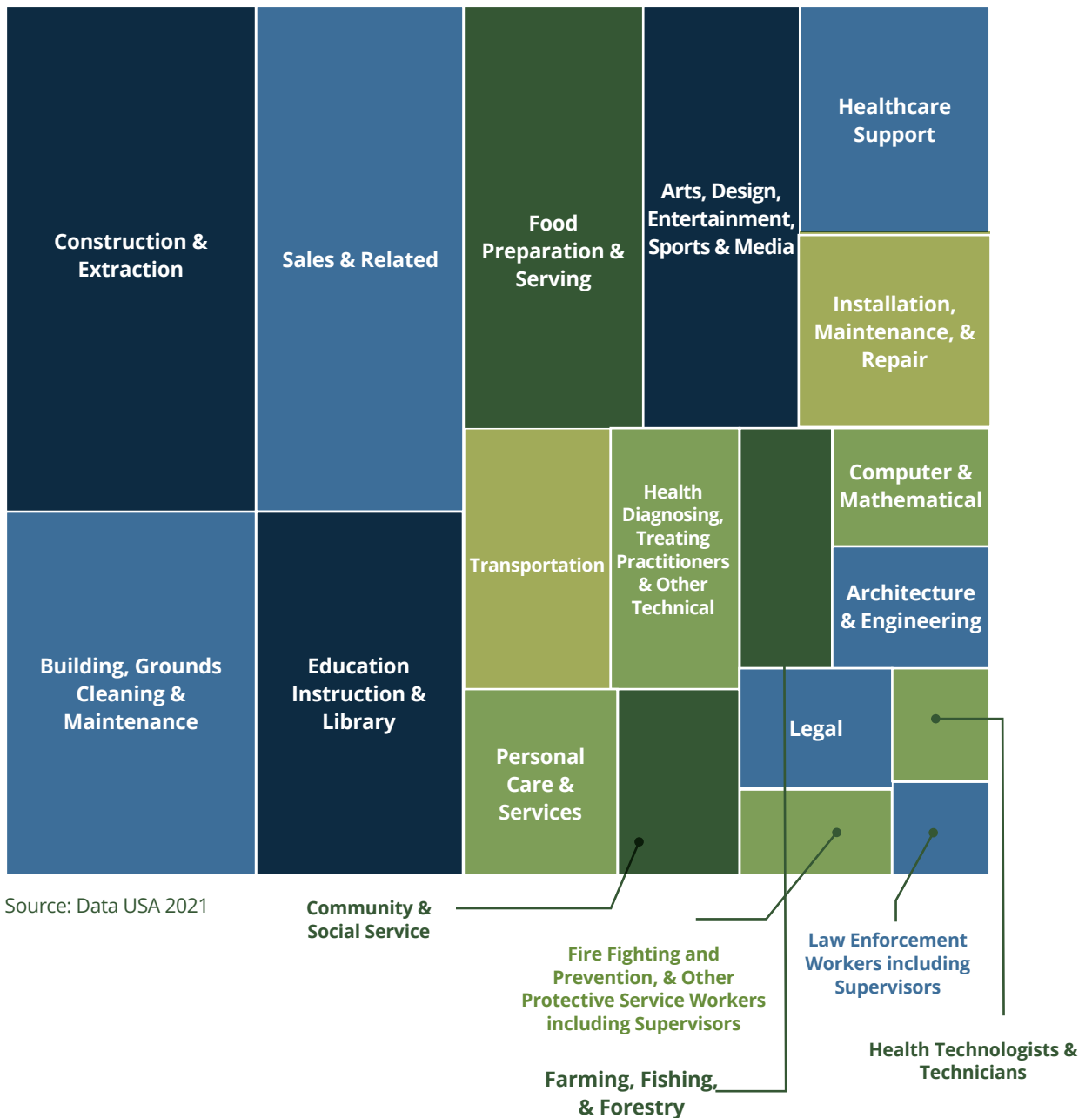
EDUCATION

EDUCATIONAL ATTAINMENT (AGE 25+)



WORKFORCE AND OCCUPATIONS

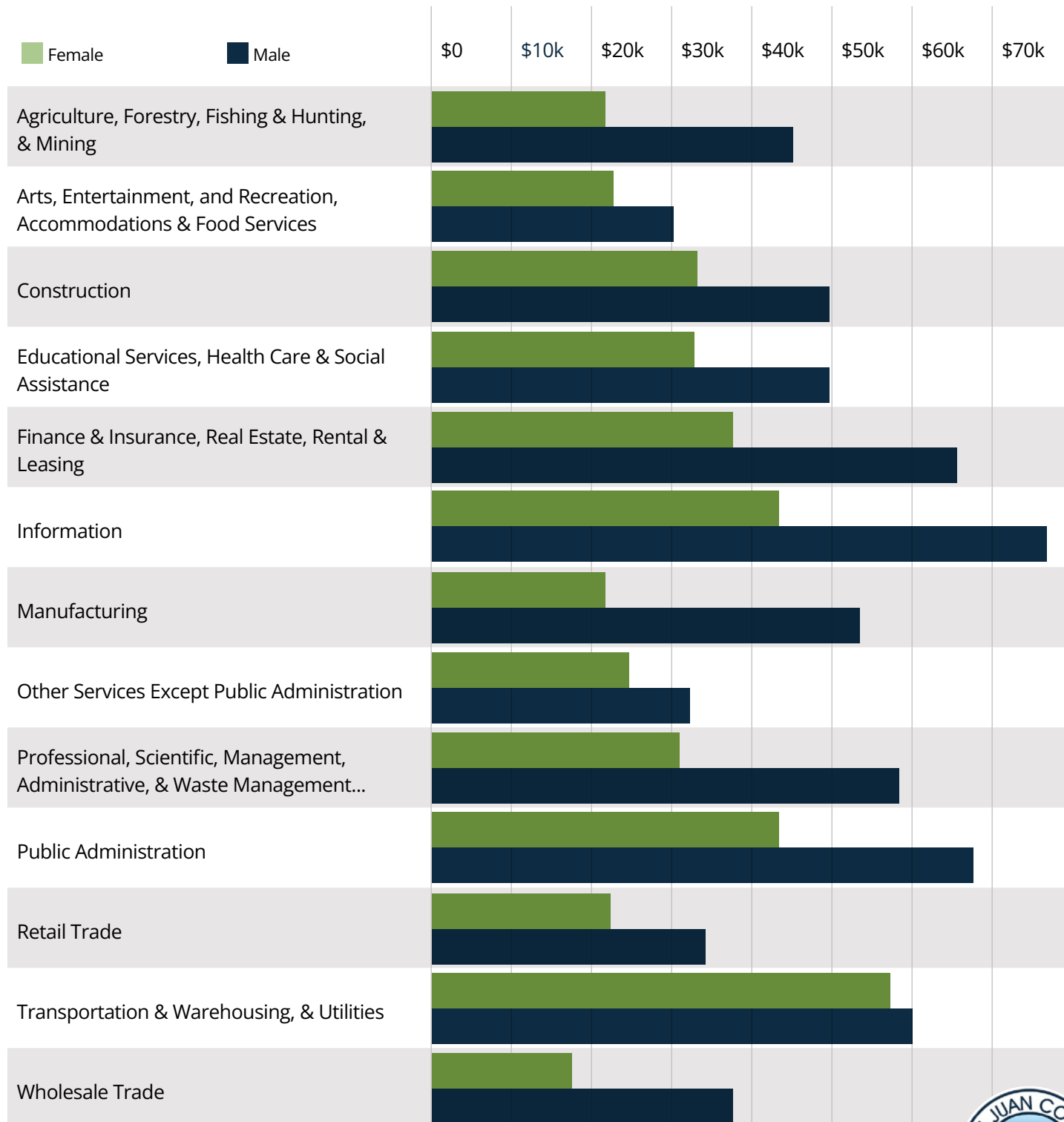
NUMBER IN WORKFORCE BY OCCUPATION



MEDIAN EARNINGS BY OCCUPATION AND GENDER

Calculating the median means that any very high or very low incomes are not included, like they would be in an average. Instead, the median represents the middle of the most common or most frequent incomes in the county.

Earnings by men in San Juan County are higher in every industry than women's earnings in the same industry.



Source: Data USA 2021



INCOME AND MONTHLY COSTS



MEDIAN HOUSEHOLD INCOME, 2021:

\$68,577



EARNINGS IN 2021 RANGED FROM
\$37,013 - \$272,250

COSTS



\$70,200

Estimated annual costs for two adults and two children in San Juan County



\$88,992

Estimated annual costs for two adults and two children in child care in San Juan County



\$51,564

Estimated annual costs for two seniors in San Juan County





POVERTY

11%

Of the population of San Juan County
**LIVES BELOW THE FEDERAL
POVERTY LEVEL.**

NATIONAL POVERTY INCOME THRESHOLD, 2023



\$14,580

Single Adult



\$30,000

Family of 4

NUMBER OF ADULTS IN POVERTY

| FEMALE | 0 | 25 | 50 | 75 | 100 | 125 | 150 | 175 | 200 | 225 | 250 | 275 |
|-----------------|-----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18 to 24 years | 68 | | | | | | | | | | | |
| 25 to 34 years | 155 | | | | | | | | | | | |
| 35 to 44 years | 151 | | | | | | | | | | | |
| 45 to 54 years | 90 | | | | | | | | | | | |
| 55 to 64 years | 255 | | | | | | | | | | | |
| 65 to 74 years | 134 | | | | | | | | | | | |
| 75 years & over | 100 | | | | | | | | | | | |


| MALE | 0 | 25 | 50 | 75 | 100 | 125 | 150 | 175 | 200 | 225 | 250 | 275 |
|-----------------|-----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|
| 18 to 24 years | 38 | | | | | | | | | | | |
| 25 to 34 years | 57 | | | | | | | | | | | |
| 35 to 44 years | 97 | | | | | | | | | | | |
| 45 to 54 years | 79 | | | | | | | | | | | |
| 55 to 64 years | 206 | | | | | | | | | | | |
| 65 to 74 years | 126 | | | | | | | | | | | |
| 75 years & over | 57 | | | | | | | | | | | |



Source: Data USA 2021


HOUSING

This report includes detailed housing information in the Community-Identified Health Needs section.



\$572,600

Median property value, 2021



Median sale price of a home
in San Juan County

\$1,150,000

Compared to the
state average

\$601,600

35%

Of vacant housing units in San Juan County are **USED FOR SEASONAL, RECREATIONAL, OR OCCASIONAL USE.**

88%

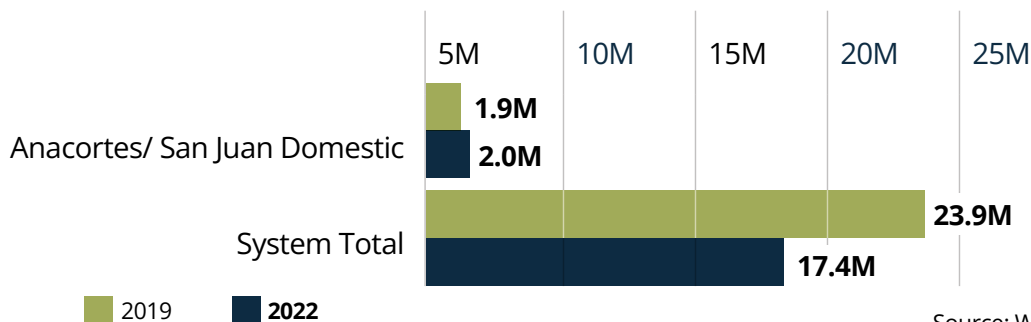
Of those vacant housing units used for seasonal or recreational use are **SECONDARY VACATION HOMES.**

Sources: Data USA, 2023 ACS 5-Year Estimates Data Profile DP04, 2017-2021, Redfin, 2023,

TRANSPORTATION

San Juan County is accessible only by water or air. There are no bridges from the mainland of Washington State to any of the islands. As a result, the county relies heavily on the Washington State ferry system.

FERRY RIDERSHIP



Source: WSDOT 2023

In addition, several private air transportation services carry passengers to and from the islands. This includes air ambulance services for urgent or emergency health needs.

More information about transportation can be found in the Community-Identified Health Needs section of this report.



COMMUNITY DATA



We collected information through interviews with community leaders, focus groups with community members, and a community survey. The topics community members brought up most often are included in this section of the CHA, in the order of frequency brought up during the interviews and focus groups.

Through our community survey, which was completed by 1,343 San Juan County residents in English and Spanish, we learned information about how community members feel and what is important to them. Survey results will be shared throughout this report.

INCLUDING SPANISH-SPEAKING VOICES

Throughout this report we include quotes from Spanish-speaking focus group attendees to reflect their voices alongside their English-speaking neighbors. San Juan County is home to an important Spanish-speaking community that is an essential contributor to the service industry and other sectors on the islands. This community's health needs are relevant and necessary to understand if we want to improve community health.

Realizamos grupos de enfoque que tenían como objetivo capturar las experiencias de los residentes Latinos en el condado de San Juan. Se llevó a cabo tres grupos en español con residentes de las islas San Juan, Orcas, y Lopez. En todos grupos nos enfocamos en cómo estas comunidades acceden a recursos de salud, los desafíos que enfrentan al manejar los crecientes costos de vida, y qué tipos de apoyos ayudarían a los residentes migrantes y rurales a prosperar.

We conducted focus groups that aimed to capture the experiences of Latino/a/e residents in San Juan County. Three groups were conducted in Spanish across San Juan, Orcas, and Lopez Islands. In all groups we focused on how these communities access health resources, what challenges they face in managing increasing costs of living, and what types of supports would help migrant and rural residents thrive.

In this report, quotes in Spanish with an English translation were collected in Spanish first and translated to English second.



WHAT YOU SAID ABOUT LIVING IN SAN JUAN COUNTY



Of survey respondents say San Juan County is a **"GOOD" OR "EXCELLENT" PLACE TO LIVE.**

WHAT MAKES SAN JUAN COUNTY A GREAT PLACE TO LIVE?

The top three factors that respondents said make this a great place to live:



OPPORTUNITIES FOR OUTDOOR RECREATIONAL AND PHYSICAL ACTIVITIES SUCH AS PARKS, TRAILS, PUBLIC BEACHES, AND WATERWAYS



LOW CRIME IN MY COMMUNITY



CLEAN ENVIRONMENT

WHAT COULD BE IMPROVED IN THE COUNTY?

The top three things respondents said need improvement:



MORE AFFORDABLE OPTIONS FOR PLACES TO LIVE



MORE ACCESS TO HEALTH PROFESSIONALS, SUCH AS DOCTORS AND OTHER HEALTH CARE PROVIDERS



MORE PUBLIC TRANSPORTATION

WHAT WE HEARD FROM OUR SURVEY

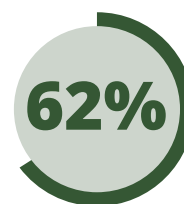
BELONGING AND CONNECTION



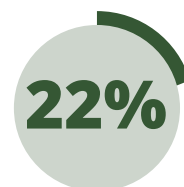
"AGREE" OR "STRONGLY AGREE" they feel like they belong in their community



"SOMEWHAT AGREE"



feel they are **CONNECTED TO OTHERS** in their community in a way that is **SATISFYING** to them



"SOMEWHAT AGREE"

Source: Community Health Survey, 2023. n=1268



COMMUNITY-IDENTIFIED ASSETS AND STRENGTHS

Community strengths are an important part of the needs assessment process. We asked community members to share the top three strengths or assets in interviews.

The strength that people mentioned the most, far and above any other strength or asset, was that San Juan County and the individual island communities are supportive and tight knit.



SUPPORTIVE, TIGHT KNIT COMMUNITY

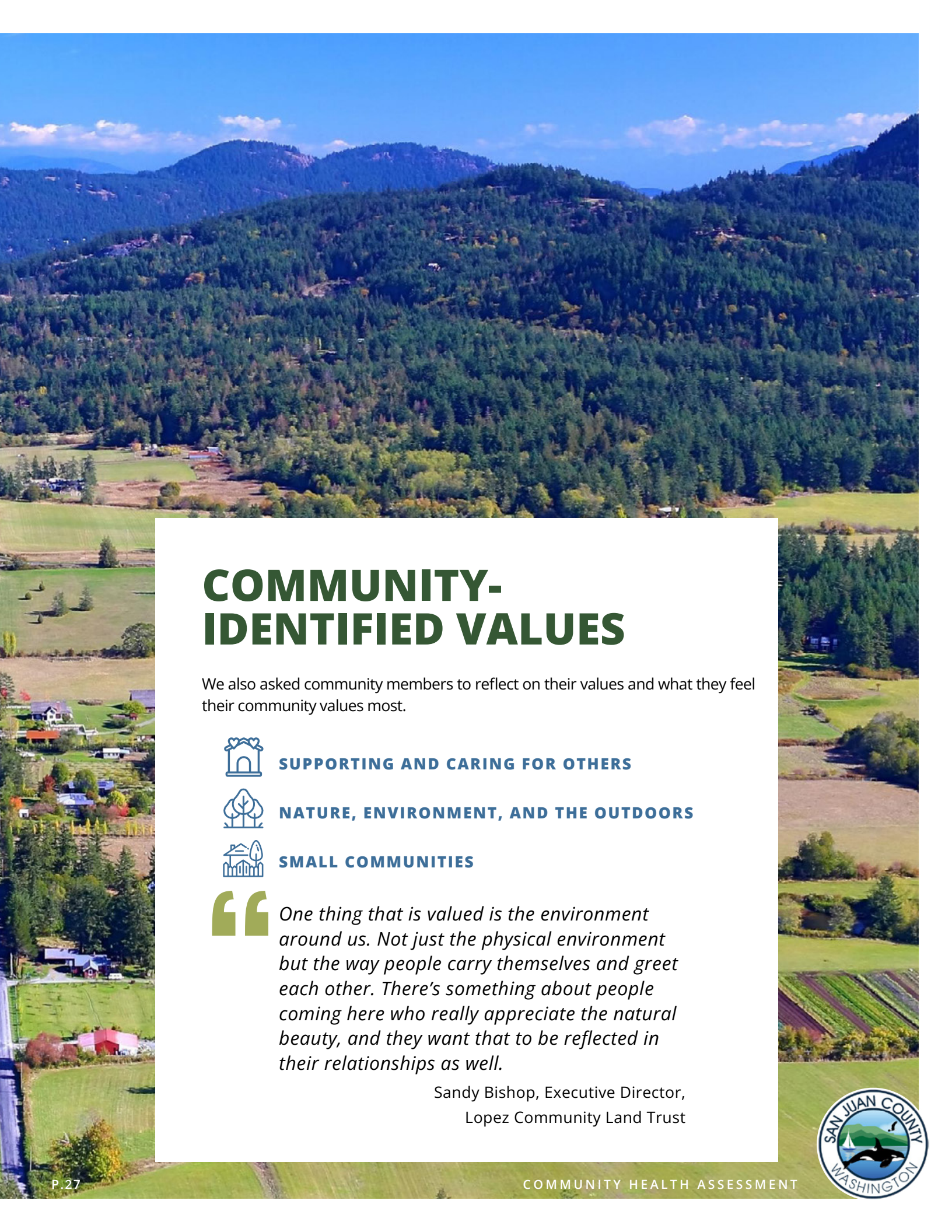


**FOOD AVAILABILITY AND
LOCAL FOOD SOURCES**



HELPFUL PROGRAMS AND ORGANIZATIONS





COMMUNITY-IDENTIFIED VALUES

We also asked community members to reflect on their values and what they feel their community values most.



SUPPORTING AND CARING FOR OTHERS



NATURE, ENVIRONMENT, AND THE OUTDOORS



SMALL COMMUNITIES



One thing that is valued is the environment around us. Not just the physical environment but the way people carry themselves and greet each other. There's something about people coming here who really appreciate the natural beauty, and they want that to be reflected in their relationships as well.

Sandy Bishop, Executive Director,
Lopez Community Land Trust



COMMUNITY -IDENTIFIED HEALTH NEEDS

Three key health needs were mentioned most frequently in community interviews and the community survey. These topics were explored more deeply in focus groups in English and Spanish, and the findings are presented here.



MENTAL HEALTH



HOUSING



ACCESS TO HEALTH CARE

For key health needs, the report presents quantitative data in the form of community health indicators alongside qualitative and mixed methods data for these health needs. We show some data for San Juan County compared to Washington State and some data for San Juan County with a breakdown by San Juan, Orcas, Lopez Islands, and compiled data from the other populated islands.

Two additional needs intersected the three needs listed above and were raised so often by community members in English and Spanish that they are highlighted here along with their corresponding data.



WORKERS TO SUPPORT THE ISLAND ECONOMY AND INFRASTRUCTURE



TRANSPORTATION IMPACTS

Additional community health indicators for many other important health topics can be found in this report's health indicators section.

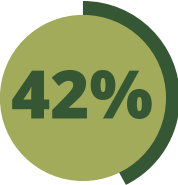




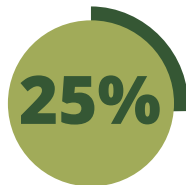


MENTAL HEALTH

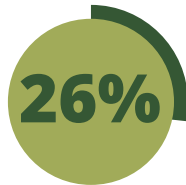
Mental health and access to mental health services and supports was the health need and concern raised by community members most frequently in interviews and focus groups.



Of survey respondents had an **INCREASE IN ANXIETY OR STRESS** in the past year



felt **LONELY OR ISOLATED**



Of survey respondents reported **INCREASED DEPRESSION OR FEELING DOWN** in the past year



I think a lot of times it's hard to recognize when some people are hurting in a small community because we all have our community faces, and I think sometimes that can get overlooked. It would be nice to have a little bit better support in that area and more providers in that area of community mental health as well.

Community Member



Long wait times to get appointments with mental health providers, confusing or inconsistent insurance requirements for services, and a lack of providers were key concerns for community members.

““ *We have a terrible time with mental health. We get a practitioner in and they're here for a year or so and then they leave. Mental health is huge.*

Community Member

““ *We don't have any psychiatrists. We don't even have telehealth psychiatry. We have very few mental health care providers or counselors that know what's going to be covered by anybody's medical insurance.*

San Juan EMS

““ *We really need better access to mental health care. During COVID I went through a very deep depression for the first time in my life. It took me six months to get in to see a doctor. That was dangerous. I hope nobody else has to live through that. I think that those are things that we really need to address. I think of myself as highly connected and highly privileged in this community and I couldn't get services. So, imagine if you didn't have a support system, and you didn't have money? Which I think is the case for a lot of people in this community.*

Hillary Canty,
Executive Director Orcas Island Community Foundation



MENTAL HEALTH AND SELF HARM

| Indicator | Comparison | Washington State | San Juan County |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|-----------------|
| Percentage of Medicaid beneficiaries aged 18+ who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment (acute treatment) | MORE than the state | 64% | 73% |
| Percentage of Medicaid beneficiaries aged 18+ who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment (continuation of treatment) | MORE than the state | 46% | 53% |
| Prevalence of adults who report 14 or more days of poor mental health in the past month (age-adjusted) | BETTER than the state | 16% | 9% |
| Prevalence of depression among adults (18+) (age-adjusted) | WORSE than the state | 24% | 31% |
| Rate of older adult (65+) deaths from intentional self-harm (suicide) per 1,000 (age-adjusted) | ABOUT THE SAME as the state | 0.02% | 0.03% |
| Rate of non-fatal hospitalizations from intentional self-inflicted injuries per 1,000 (age-adjusted) | THE SAME as the state | 0.04% | 0.04% |
| Rate of hospitalizations due to mental illness, per 1,000 population (age-adjusted) | ABOUT THE SAME as the state | 0.56% | 0.52% |

Source: WA Healthcare Authority, 2022 BRFSS, CHAT, 2021



Access to services for youth was raised as an important public health need. This report will share some of that information here. We plan to conduct a youth-focused community health assessment in 2024 to learn more about youth needs in the community and will present additional information about youth and families in that report.



Mental health is a need. We have tons of private therapists, but they all see upper class private pay people. We do have Community Wellness Funds, which does pay for therapy and some therapists take that, but I can barely think of anyone that sees children. So that's huge.

Teresa Tilton,
MCOT Manager for San Juan & Island Counties
Compass Health

Spanish-speakers also expressed concern about not having access to mental health supports, particularly in their own language.



Apoyo para la salud mental aquí no existe. No hay nadie con quien hablar. Para nosotros los Hispanos no hay servicios de salud mental. Pero para los niños como ellos tienen social, ellos si tienen los servicios de psicólogo y consejería. Pero nosotros los padres no. No hay ayuda psicológica.

Grupo Focal de Orcas Island



Support for mental health doesn't exist here. There's no one to talk to. For us Hispanics, there are no mental health services. But for our children, since they have a social security number, they do have access to services like psychologists, and counseling. But we, the parents, don't. There is no psychological support.

Orcas Island Focus Group





Many community members steered the conversation toward substance use when asked about mental health. Co-occurring mental health and substance use issues were a concern for both adults and youth. Some community members talked openly about the need for Narcan availability and more education around overdose prevention and care while others expressed concern about introducing Narcan openly into the community, particularly to youth.



[We need] engagement with the community and education on [substance use], dealing with Narcan and fentanyl, and trying to get everybody in the community as a whole to realize that this is an issue and it's everybody's issue to solve not just law enforcement. It takes literally every group in our community and then all individuals and families to want to put up a solid front on this and try to make a difference to keep people from suffering from substance use disorders or dying from overdoses.

Eric Peter, Sheriff,
San Juan County Sheriff



Spanish-speaking focus group attendees talked a lot about the stigma associated with seeking care. Even if therapy support was accessible and available to them, many talked about how difficult it is for them culturally to admit they need help.



Aquí mucha gente no tiene confianza hablar de la salud mental porque es una comunidad muy pequeña. Si tu no quieres que sepan tus papás, por ejemplo, no vas a querer hablar de tus problemas. Muchos adultos no creemos en la salud mental. Porque todo es trabajar. No hay espacio para nada de eso.

Grupo Focal de Orcas Island



Many people here don't feel comfortable talking about mental health because it's a very small community. If you don't want your parents to know, for example, you won't want to talk about your problems. Many adults don't believe in mental health. Because [all we do is] work. There's no space for any of that.

Orcas Island Focus Group





Yo creo que la principal barrera que tenemos como latinos es no aceptar, es no aceptar de que yo necesito un terapeuta, no porque estoy loca, simplemente porque estoy estresada, estoy deprimida, necesito hablar con alguien que me escuche, no alguien que me esté juzgando.

Grupo Focal de San Juan Island



I believe the main barrier we have as Latinos is not accepting that I need a therapist, not because I'm crazy, simply because I'm stressed, I'm depressed, I need to talk to someone who listens, not someone who judges me.

San Juan Island Focus Group



En mi opinión, estamos todavía muy verdes para aceptar las enfermedades mentales. Hay mucho estigma al respecto culturalmente. Muchas personas no quieren, si tu hijo tiene depresión no quieren que los demás sepan, si tu hijo está tomando medicamento no quieren que sepan no uno mismo pone el estigma.

Grupo Focal de Lopez Island



In my opinion, we are still very reluctant to accept mental illnesses. There is a lot of stigma about it culturally. Many people don't want others to know if their child has depression; they don't want others to know if their child is taking medication. The stigma is self-imposed.

Lopez Island Focus Group



HOUSING

Housing was one of the biggest needs raised by community members in both community leader interviews, surveys and focus groups in English and Spanish. Cost and availability of safe, quality housing to rent or own were the biggest concerns. We talk more about how the inability to find housing impacts the ability to hire and retain workers later in this report.



Median sale price of a home
in San Juan County

\$1,150,000

compared to the state average

\$601,600



**HOUSING AFFORDABILITY
INDEX: A LOWER NUMBER
MEANS HOUSING IS LESS
AFFORDABLE**

San Juan County

33.6

Washington State

57.2

The Housing Affordability Index (HAI) is calculated and maintained by the Washington Center for Real Estate Research (WCRER) at the University of Washington. It measures the ability of a middle-income family to make mortgage payments on a median price resale home. A HAI score of 100 indicates households spend less than 25% of their income on mortgage payments. **A score below 100 means families must spend a higher proportion of their income on mortgage payments, making housing less affordable.**

HOUSING - UNITS PER COUNTY

| Indicator | San Juan County | San Juan Island | Orcas Island | Lopez Island | All other islands |
|------------------------------------------|-----------------|-----------------|--------------|--------------|-------------------|
| Number of occupied housing units | 8,378 | 3,946 | 2,686 | 1,454 | 189 |
| Number of occupied units paying rent | 1,688 | 838 | 572 | 271 | 7 |
| Number of occupied units with a mortgage | 3,356 | 1,667 | 145 | 471 | 44 |



Many residents talked about being unable to find or afford housing even with their middle-income salaries. Having local connections and knowing who to ask was key to finding a home and a barrier for newcomers to the county who wanted to rent or buy homes.



Con mis cuatro hijos vivimos cuatro años en un RV. Si trabajábamos, pero la renta era demasiado cara para seis personas. Optamos mejor aguantarnos porque no nos quedaba de otra. Es algo muy frustrante conseguir vivienda aquí. Muchos viven en RV o 10 personas en un cuarto. Imagínate con cuatro hijos y un generador... en el invierno! Se me acababa el gas y no había calefacción. Y no podíamos llenar el tambo con más propano porque estabavencido. Estaba tres grados bajo cero. Había nevado. No teníamos nada

Grupo Focal de Orcas Island



Of Survey respondents reported they felt they were at **RISK OF LOSING THEIR HOUSING** in the past two years.



Of those, the percentage of respondents reported it was due to **HOUSING BEING TOO EXPENSIVE**, despite their income.



With my four children, we lived in an RV for four years. We were working, but the rent was too expensive for six people. We chose to endure it because we had no other option. It's very frustrating to find housing here. Many people live in RVs or 10 people in one room. Imagine, with four children and a generator... in winter! I ran out of gas, and there was no heating. And we couldn't refill the tank with more propane because it had expired. It was three degrees below freezing. It had snowed. We had nothing.

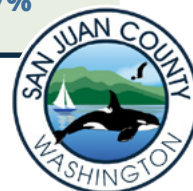
Orcas Island Focus Group

Community members talked about how common it was for people to live in RVs, tents, or yurts without access to plumbing or electricity. For some, that's a lifestyle choice, but for many it's a temporary solution to a housing shortage that quickly becomes a long-term concern. Others talked about substandard housing conditions.

HOUSING - TYPES

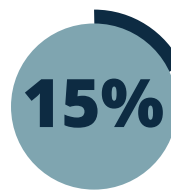
| Indicator | Comparison | Washington State | San Juan County |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------|-----------------|
| Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. | WORSE than the state | 17% | 18% |
| Percentage of occupied housing units heating using solar power | HIGHER than the state | 0.1% | 0.4% |
| Percentage of total housing units that are a boat, RV, van, etc. | HIGHER than the state | 0.2% | 0.8% |
| Percentage of occupied housing units lacking complete plumbing facilities | HIGHER than the state | 0.4% | 1.7% |
| Percentage of occupied housing units lacking complete kitchen facilities | HIGHER than the state | 1.0% | 1.8% |
| Percentage of occupied housing units heated using wood | MUCH HIGHER than the state | 3% | 17% |

Source: ACS 5-Year Estimates Data Profile DP04, 2017-2021 AWB Institute, 2023 Q2



“ In our work with seniors, we find that those folks who have houses and can’t move anywhere else are unable to keep them up. So, they’re living in houses that are dangerous and unsafe. They have mold, they have stair railings that are falling off, they’re living in an unhealthy situation.

Orcas Island Focus Group



Of occupied housing units in the county consist of a **HOUSEHOLDER AGED 65+ LIVING ALONE**

HOUSING - COST

| Indicator | Comparison | Washington State | San Juan County | San Juan Island | Orcas Island | Lopez Island | All other islands |
|----------------------------------------------------------------------------------------------------------|--------------------------------|------------------|-----------------|-----------------|--------------|--------------|-------------------|
| Percentage of households WITH a mortgage that spend 35% or more of their household income on housing. | WORSE than the state | 21% | 37% | 36% | 42% | 30% | 32% |
| Percentage of households WITHOUT a mortgage that spend 35% or more of their household income on housing. | WORSE than the state | 10% | 13% | 14% | 15% | 12% | 5% |
| Percentage of RENTAL households that spend 35% or more of their household income on rent. | WORSE than the state | 38% | 42% | 33% | 54% | 46% | 0% |

Source: ACS 5-Year Estimates Data Profile DP04, 2017-2021 AWB Institute, 2023 Q2

Community members also talked about rental units being scarce, especially during the pandemic as homeowners came to the islands to isolate themselves and work remotely. According to community members who were interviewed, if the homeowner decided not to stay on the island longer many of those homes never went back on the county rental market and instead were converted to vacation rentals or sold at market rate.

ES La casa donde yo estaba la pusieron en venta. Entonces teníamos que buscar y duramos buen tiempo para encontrar una casa. Entonces sí es triste porque no sabes qué hacer y te tienes que mover. Dejar todos los niños sacados de la escuela, los trabajos y moverte a buscar en otro lado.

Grupo Focal de Orcas Island

“ The house where I was staying was put up for sale. So we had to look, and it took a long time to find a house. It’s sad because you don’t know what to do, and you have to move. [You have to take the kids] out of school, [change] jobs, and move to search elsewhere.

Orcas Island Focus Group



HOUSING - TYPES OF OCCUPANCY

| Indicator | Comparison | Washington State | San Juan County | San Juan Island | Orcas Island | Lopez Island | All other islands |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|-----------------|-----------------|--------------|--------------|-------------------|
| Percentage of occupied homes that are rentals (renter occupied) | FEWER RENTALS than the state | 36% | 24% | 24% | 25% | 24% | 18% |
| Percentage of occupied housing units that are owned by occupier (owner-occupied) | MUCH HIGHER than the state | 64% | 76% | 76% | 75% | 76% | 83% |
| Percentage of total housing units that are vacant | MUCH WORSE than the state | 8% | 39% | 31% | 38% | 40% | 75% |
| Percentage of total housing units that are occupied | MUCH WORSE than the state | 92% | 61% | 69% | 62% | 60% | 25% |
| Percentage of vacant housing units that are for seasonal, recreational, or occasional use (i.e., secondary vacation homes) | MUCH WORSE than the state | 36% | 88% | 87% | 84% | 91% | 97% |
| Percent of all housing units that are vacant and seasonal, recreational, or occasional use housing | MUCH WORSE than the state | 3% | 35% | 27% | 32% | 37% | 72% |

Source: ACS 5-Year Estimates Data Profile DP04, 2017-2021 AWB Institute, 2023 Q2

San Juan, Orcas and Lopez Islands each have a robust and active housing land trust that works to purchase land and build affordable housing that can be bought and sold through the trust at an affordable price. Participants in the trusts found it to be a crucial way to find a home in the county, but the availability doesn't meet the demand, and some are still unable to qualify.



I think that's why our age composition over the last 10 years [in the county] has shifted from families to single people because that is who can stay scrappy enough to be here to be on [the land trust] waitlist.

San Juan Focus Group

A repeated concern for home ownership and access to health care services was the middle-income gap. For those who make too much to qualify for subsidized services, they find they make far too little to afford to live on the island with their salary.



I tried to get into the home trust, but I was \$5,000 too rich and about \$300,000 to \$400,000 too poor.

San Juan Focus Group



HOUSEHOLD INCOME AND COST OF LIVING

| Indicator | Comparison | Washington State | San Juan County |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|-----------------|
| Percentage of households that earn more than the Federal Poverty Level but less than the basic cost of living for the county | ABOUT THE SAME as the state | 24% | 25% |
| Percentage of households below the Federal Poverty Level | WORSE than the state | 10% | 12% |
| Percentage of Hispanic households that earn more than the Federal Poverty Level but less than the basic cost of living for the county | MUCH WORSE than the state | 38% | 48% |
| Percentage of White households that earn more than the Federal Poverty Level but less than the basic cost of living for the county | WORSE than the state | 26% | 32% |
| Percentage of 2+ race households that earn more than the Federal Poverty Level but less than the basic cost of living for the county | WORSE than the state | 30% | 34% |

Source: ALICE, 2021

Many small business owners talked about the need to become landlords and purchase units or houses for their staff to rent to ensure they have staff to support their businesses. Some business owners expressed concern about this and their concerns in having their staff as tenants too.

“ I see a lot of different situations that are kind of difficult. One of them is when the property owner is also the employer. That gives a very streamlined power differential on a person's life because you're both their funding source and they're the renter. The person is almost indebted, it almost becomes serfdom.

Orcas Island Focus Group

Unhoused people are also a growing and real concern in the county. Community members pointed to factors like high prices as drivers for this increase in homelessness.



La gente sigue llegando, eso es otra cosa. Antes no se veía mucho los homeless, y ahora sí. Aparentemente, tú ves que aquí no hay, pero sí hay. Si sigue subiendo la renta, al rato vamos a andar viviendo en el carro.

Grupo Focal de San Juan Island



People keep coming, that's another thing. Before, you didn't see many homeless, and now you do. Apparently, you think there aren't any here, but there are. If the rent keeps going up, we might end up living in the car at some point.

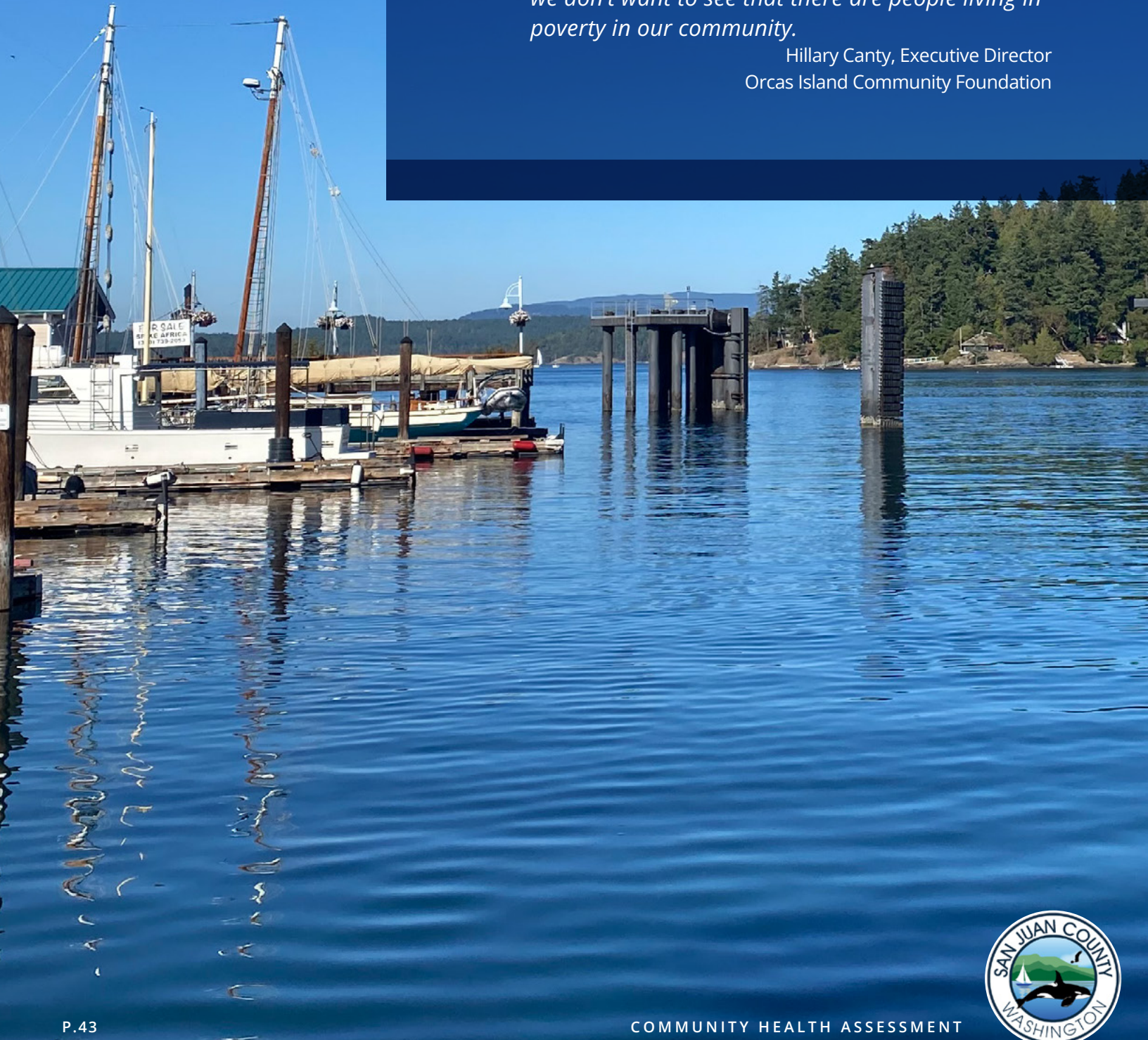
San Juan Focus Group



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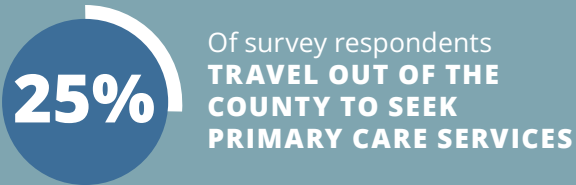
I think that our economic diversity is really a challenge. I think that there are lots of folks who are living in poverty who really do not have access to the resources to meet their basic needs. We didn't have a public shower on Orcas until two years ago. We tried to get one built in town and you know, it's just been hard, and I think part of it is we don't want to see that there are people living in poverty in our community.

Hillary Canty, Executive Director
Orcas Island Community Foundation



ACCESS TO HEALTH CARE SERVICES

Accessing primary care, urgent care, and specialty care services were a major need expressed by the community. Access challenges are compounded by overlapping factors of fewer providers and transportation barriers to access services.



“We don’t have a dentist that takes insurance and so if your kid is on Apple Care, or if you’re on Medicaid, you can’t get service here. And you can’t get it in Anacortes, and you can’t get it in Skagit. You’ve got to travel quite a ways to get your teeth done.

Hillary Canty, Executive Director
Orcas Island Community Foundation

“The clinic is hard to get in to, to be honest. They do almost no urgent care stuff. So really urgent care is a need. We’ve got this premier ER. For the size of this island and this community it’s amazingly well staffed with board certified ER docs, we got good nurses. But then if [you] call in for a urine infection or sinus infection [you] can’t get in. There is no urgent care without taking a ferry to the mainland for the entire day, which is extremely dysfunctional.

Community Member





Yo prefiero, si puedo, estoy en buena condición, y mi hijo puede aguantar, me subo a un ferry y me voy a Anacortes. Al hospital de Anacortes por dos cosas: tienen emergencia y tienen el servicio de walk in clinic... entonces si no me atienden en emergencia puedo pasar a la clínica.

Grupo Focal de San Juan Island



I prefer, if I can, and I'm in good condition, and my son can endure, to take a ferry and go to Anacortes. I go to the Anacortes hospital for two reasons: they have an emergency room, and they have a walk-in clinic service... so if they don't attend to me in the emergency, I can go to the clinic.

San Juan Focus Group

ACCESS TO HEALTH CARE SERVICES

| Indicator | Comparison | Washington State | San Juan County |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------|-----------------|
| Prevalence of adults aged 18+ who report needing to see a doctor within the past year but could not due to cost (age-adjusted) | WORSE than the state | 9% | 12% |
| Prevalence of adults aged 18+ who report they have a health care provider (age-adjusted) | WORSE than the state | 83% | 81% |
| Percentage of population eligible for Medicaid coverage (age-adjusted) | WORSE than the state | 26% | 21% |
| Percentage of adults 19-64 who reported having health insurance (age-adjusted) | WORSE than the state | 91% | 87% |
| Population-to-provider ratio for primary care physicians (age-adjusted) | WORSE than the state | 1,180:1 | 1,350:1 |

Source: ACS 5-Year Estimates Subject Table S2701, 2017-2021 BRFSS, CHAT, 2021 WA Health Care Authority



San Juan Island is the only island with a hospital and emergency department. All other islands rely on high-functioning Emergency Medical Services teams to provide urgent and emergent patient care. For those islands with only a primary care clinic, community members talked about long wait times and no evening or weekend availability for appointments.



Urgent Care would be nice. And if we had the staff and an urgent care that was open later in the evening, and maybe one day on a weekend, that might be helpful.

Martha Martin, Principal
Lopez Island High School



ES

Aquí tienes que ser de excelente salud del viernes a la 5 de la tarde hasta el lunes en la mañana a las 9. Si tienes en fin de semana, no hay ninguna opción. No hay médico que te pueda ver en sábado. Yo no voy al hospital. Yo me tengo que estar de verdad muriendo para ir al hospital.

Grupo Focal de Orcas Island

“

Here you have to be in excellent health from Friday at 5 pm until Monday morning at 9 am. If you have an issue on the weekend, there is no option. There is no doctor available on Saturdays. I don't go to the hospital. I have to be truly dying to go to the hospital.

Orcas Island Focus Group

ES

Son 5,000 personas aquí, y solo una clínica. Y en temporada alta son como 15,000 personas, y solo una clínica. Todo es muy desorganizado. ¿Como una clínica va a poder atender de calidad a 15,000 personas?

Grupo Focal de Orcas Island

“

There are 5,000 people here, and only one clinic. And in the high season, there are like 15,000 people, and only one clinic. Everything is very disorganized. How can a clinic provide quality care to 15,000 people?

Orcas Island Focus Group





THERE ARE NO HOSPITAL LABOR AND DELIVERY SERVICES ON THE ISLAND.

Community members experiencing complex pregnancies talked about moving off-island for the last few weeks of their pregnancy to receive care and be close to a birthing hospital. Many other community members choose to rely on midwives.

Emergency services often result in a helicopter or air ambulance flight off the islands, or transit via local law enforcement boat to a larger hospital facility in Bellingham, Anacortes or Seattle. Many residents purchase air ambulance memberships, but not all insurance covers these emergency flights.



En una emergencia te mandan para afuera. Te vuelan. La mayoría se aguanta.

Grupo Focal de San Juan Island



In an emergency, they send you out. They fly you out. Most people endure it.

San Juan Island Focus group

Caregivers and in-home services are needed to support the aging island population, but access is challenging.



“Caregiving is also a shortcoming here. We just don’t have enough caregivers to get into people’s homes and get people help on a daily basis even if it’s simple like laundry or going grocery shopping or something like that.

San Juan EMS



Providers also need to have places to live. You can’t have providers without places to live and even our providers on the island struggle with that. If you can’t find a provider or workers, your healthcare system tends to fall apart rapidly.

Community Member



We’ve had staff and teachers who want to be able to work for us in our school system, but they can’t find housing. They had temporary housing and then could never get settled in and would have to leave. And so, you’ve got people that have to leave.

Julie Pinardi, Student and Family Engagement Advocate (SAFE)
Orcas Island School District



WORKERS TO SUPPORT THE ISLAND ECONOMY AND INFRASTRUCTURE

Finding people to work in the schools, hospital and clinics, law enforcement and emergency medical services, in service jobs, and many other important occupations in the county was consistently raised as an issue when talking about both housing and access to health care services. Entry-level workers are unable to afford or find consistent housing and employers struggle to fill essential positions.

“*It's this lack of awareness by second property owners here who just think they should come here, and everything should be available for them. They don't see the connection. [They don't see] that they're taking the housing, or that restaurants aren't open as much as they want them to. They just don't see that connection, as much as you want to educate them about it.*

Lopez Island Focus Group

“*One of the other trends that I've been seeing is there are more folks coming [to the county] who have second and third homes here and it's creating more of a service class. As that middle class gets sandwiched out, you're seeing the poor serving class and then folks are starting to be treated differently too. [It's an attitude of] we come in, you do our service work, we go out. But there's families and life, humanity and all the other things that come with it [they don't see].*

San Juan Island Focus Group

“*I mean, it's hard to get health providers up here. The medical center, they have a lot of traveling nurses or doctors who come back and forth [on the ferry]. Workers are shipped here and it's hard on them. It's hard on the hospital here because they don't have the quarters to house people here on the island. [It's hard] for your relationships, they don't quite understand the community which makes it difficult to provide that extra level when someone feels safe with you because they at least know you on a basic level from seeing you.*

Eric Peter, Sheriff, San Juan County Sheriff



TRANSPORTATION IMPACTS

Transportation into and out of the county is largely dependent on the Washington State Ferry Service, which is currently struggling to maintain the aging ferry fleet and retain staff.



Of survey respondents had a **HARD TIME GETTING TO OR FROM MEDICAL CARE OR APPOINTMENTS** in the last two years due to **LACK OF RELIABLE FERRY TRANSPORTATION**

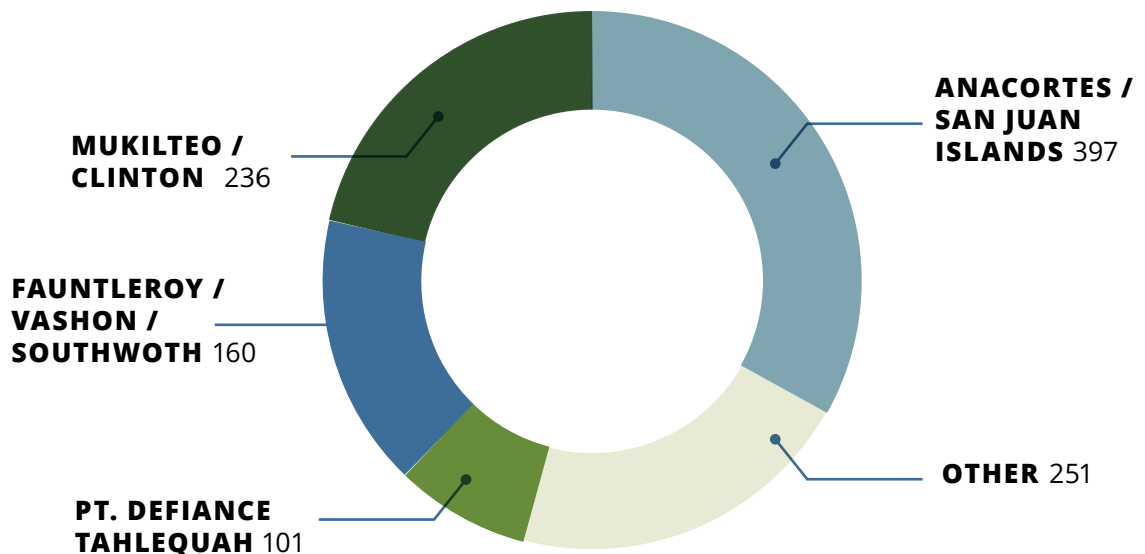
These transportation barriers impact health care access and compound worker shortages in the county as health care facilities may rely on staff who commute from outside the county.



I have friends who are aging on this island and there is the squeeze where it becomes untenable for them to maintain their health. I mean, they're unwell people taking ferries, sometimes every week or more than that. And yet, the idea of moving off the island after 50 or 70 years here is like how do you even begin to navigate it. You're cutting them off from the entire social network of support that they built over a lifetime. It really is a very difficult choice for a lot of people.

Orcas Island Focus Group

SAILING CANCELLATIONS ON THE ANACORTES/SAN JUAN ROUTE BETWEEN JUN-SEPT 2023



Source: WA State Ferries, 2023





Other forms of transportation are very limited in the county, making everyone dependent on their own vehicle.

“

There's one taxi service. There's a bus that runs sometimes during the tourist season. But if you don't have access to transportation, as many folks don't reliably, you're very, very limited. And you can't afford gas because it's almost \$6 a gallon everywhere.

Dr Alisha Halverson, DNP, CNM, ARNP



COMMUNITY-IDENTIFIED BARRIERS

TO MEETING HEALTH NEEDS

The following barriers were mentioned most frequently in community interviews and in the community survey. We explored these topics further during focus groups in English and Spanish. Many of these barriers were also highlighted in the quotes shared previously in this report and demonstrate how needs and gaps intersect.



1. Community members share they could not access health care services because of:

- *Bureaucracy and health care system design*
- *Lack of providers*
- *No insurance coverage*



2. Cost and financial barriers prevented them from meeting their health needs.



3. No affordable services for those who are low income



4. Lack of available housing



5. Prejudice and stigma



HEALTH INDICATORS

Community health indicators are the numbers, percentages, and ratios we obtained from state and national data sources to understand how San Juan County is doing with health, wellness, and social determinants of health like housing and child care. These numbers are an important companion to the community-identified data we shared earlier in this report. Throughout the report we show some data for San Juan County compared to Washington State and some data from different islands for comparison. We chose to compare data based on: (1) data available for comparison; and (2) how those data tell the story of San Juan County's health needs.



CHILD CARE

Child care was an issue that was raised in conversations with interviewees and in focus groups in relation to overall cost of living, living wage jobs, and affordable housing. Finding and providing high quality, licensed child care is a key factor in attracting and keeping employees. Affordable child care factors into a community's overall cost of living.

Community members talked about most families “figuring it out” when it comes to child care and “making it work” on their own. Others talked about the stigma related to asking for help with child rearing.

“ *There’s a lot of judgement about raising your children so I think in some ways people keep it private.*

San Juan Island Focus Group

“ *You just muscle through [not having child care]. We are self-sufficient. We culturally share these personality traits as islanders and when you add that to the stigma, childcare becomes like ‘I’ll do this’. Living on an island, doing it ourselves, there is this stigma of I don’t want everybody to know my business.*

San Juan Island Focus Group





I have a child who is on the spectrum and I don't trust just anyone to care for him. Depending on if your child has a disability or special need they may not have daycares or preschools that can accommodate that.

San Juan Island Focus Group

CHILD CARE

| Indicator | Comparison | Washington State | San Juan County | San Juan Island | Orcas Island | Lopez Island | All other islands |
|---------------------------------------------------------------------------------------|----------------------------|------------------|-----------------|-----------------|--------------|--------------|-------------------|
| Median cost of licensed care for infants | LESS than the state | \$1,592 | \$1,500 | | | | |
| Median cost of licensed care for infants as percentage of median income | MORE than the state | 23% | 25% | | | | |
| Number of licensed child care providers (centers & family care) | LESS than the state | 5682 | 7 | | | | |
| Number of active licensed child care centers (providing services to children birth-5) | LESS than the state | 720 | 1 | 0 | 1 | 0 | 0 |
| Estimated percentage of child care needs met—Infant care (0-11 mo) | | n/a | 9% | 2% | 23% | 0% | n/a |
| Estimated percent of child care needs met—Toddler care (12-29mo) | | n/a | 32% | 19% | 56% | 25% | 0% |
| Estimated percent of child care needs met—Preschool care (3-5yr) | | n/a | 49% | 29% | 74% | 53% | 0% |

Source: WA Department of Children, Youth, and Families, 2023 WA Childcare Aware, 2023



POVERTY

| Indicator | Comparison | Washington State | San Juan County | San Juan Island | Orcas Island | Lopez Island | All other islands |
|-----------------------------------------------------------------------------------|----------------------------|------------------|-----------------|-----------------|--------------|--------------|-------------------|
| Percentage of people living at or below poverty level | MORE than the state | 10% | 11% | 10% | 11% | 13% | 8% |
| Percentage of children under 5 below poverty level | MORE than the state | 13% | 20% | 11% | 30% | 33% | 12% |
| Percentage of children aged 5–17 below poverty level | LESS than the state | 12% | 11% | 11% | 6% | 7% | 8% |
| Percentage of people aged 18–34 below poverty level | MORE than the state | 12% | 14% | 14% | 13% | 17% | 11% |
| Percentage of people aged 35–64 below poverty level | MORE than the state | 8% | 12% | 11% | 13% | 16% | 8% |
| Percentage of adults aged 65+ below poverty level | LESS than the state | 8% | 7% | 7% | 7% | 8% | 6% |
| Percentage of families with related children under 18 living below poverty level | MORE than the state | 10% | 16% | 12% | n/a | 21% | n/a |
| Percentage of people below poverty level: Hispanic or Latino origin (of any race) | MORE than the state | 17% | 25% | 24% | 25% | 27% | 12% |

Source: ACS 5-Year Estimates Subject Table S1701, 2017-2021



WIC (WOMEN, INFANTS, AND CHILDREN)



\$85,347

Total WIC food dollars redeemed in San Juan County in 2022



\$28,141

Total WIC food dollars redeemed on fruits/vegetables in San Juan County in 2022



33%

Percentage of total WIC food dollars redeemed on fruits/vegetables in San Juan County in 2022

| Indicator | Washington State | % of state population | San Juan County | % of county population |
|---------------------------------------------------------------------------|------------------|-----------------------|-----------------|------------------------|
| Total number of WIC participants | 195,655 | 2% | 250 | 1% |
| Total number of women (pregnant, breastfeeding, postpartum) served by WIC | 53,840 | 1% | 66 | 0.4% |
| Total number of infants and children served by WIC | 141,815 | 2% | 184 | 1% |

Source: WA Department of Health, 2022





FOOD ACCESS

Access to free and reduced-price meals at school and the Supplemental Nutrition Assistance Program (SNAP or “food stamps”) are important resources for many families in the county. These nutrition security programs are a source of nourishment for community members and improve overall community health.

| Indicator | Comparison | Washington State | San Juan County |
|------------------------------------------------------------------------------------------------------|------------------------------------|------------------|-----------------|
| Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch. | FEWER than the state | 52% | 42% |
| Percentage of children under 18 who have food insecurity | SAME as the state | 12% | 12% |
| Percentage of people (all ages) who have food insecurity | ABOUT THE SAME as the state | 9% | 8% |
| Percentage of youth who had to skip or cut the size of a meal in the last year | ABOUT THE SAME as the state | 6% | 5% |

Source: Feeding America Action, 2021 OSPI, 2022-2023 school year Healthy Youth Survey, 2021



PREVENTIVE CARE AND WELLNESS

| Indicator | Comparison | Washington State | San Juan County |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|-----------------|
| Percentage of Medicaid beneficiaries of all ages who received preventative or restorative dental services | WORSE than the state | 40% | 24% |
| Percentage of Medicaid beneficiaries, 5 years of age and younger, who received a topical fluoride application by a professional provider (non-dental medical provider) during any medical visit. | WORSE than the state | 5% | 0% |
| Percentage of Medicaid beneficiaries, aged 6–14 years, who are at elevated risk of cavities who received a topical fluoride application and/or sealants at a dental or oral health service within the year | WORSE than the state | 75% | 65% |
| Percentage of Medicaid beneficiaries aged 18–75 years with diabetes (type 1 and type 2) who had a retinal or dilated eye exam by an eye care professional during the last year, OR a negative retinal exam (no evidence of retinopathy) in the 12 months prior, OR a bilateral eye enucleation during the last year. | ABOUT THE SAME as the state | 35% | 32% |
| Percentage of Medicaid beneficiaries aged 18–75 years with diabetes (type 1 and type 2) who received a Hemoglobin A1c (HbA1c) test | WORSE than the state | 80% | 75% |
| Percentage of Medicaid beneficiaries aged 18–85 years with diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year | ABOUT THE SAME as the state | 35% | 32% |
| Percentage of female Medicaid beneficiaries aged 50–74 years who had a mammogram | THE SAME as the state | 45% | 45% |
| Prevalence of adults aged 18+ with visits to a doctor for a routine checkup within the past year (age-adjusted) | ABOUT THE SAME as the state | 65% | 66% |
| Percentage of Medicaid beneficiaries aged 3–21 years who had at least one comprehensive well-care visit | WORSE than the state | 45% | 31% |
| Percentage of fee-for-service Medicare enrollees with an annual wellness visit | WORSE than the state | 34% | 29% |
| Percentage of Medicaid beneficiaries aged 50–75 years who had appropriate screening for colorectal cancer | ABOUT THE SAME as the state | 33% | 31% |
| Percentage of female Medicaid beneficiaries aged 21–64 years who were screened for cervical cancer | ABOUT THE SAME as the state | 44% | 47% |
| Percentage of women aged 21–65 years who report receiving a Pap smear test within the past 3 years, and who have not had a hysterectomy (age-adjusted) | BETTER than the state | 73% | 83% |

Source: WA Healthcare Authority, 2022 BRFS, 2020 & 2021 Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021

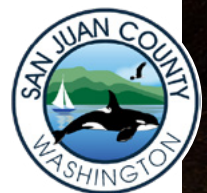


DISABILITY

| Indicator | Comparison | Washington State | San Juan County | San Juan Island | Orcas Island | Lopez Island | All other islands |
|----------------------------------------------------------------------|-----------------------------|------------------|-----------------|-----------------|--------------|--------------|-------------------|
| Percentage of households with one or more people with any disability | FEWER than the state | 26% | 19% | 19% | 22% | 27% | 4% |

| Indicator | Comparison | Washington State | San Juan County |
|---------------------------------------------------------------------------------|-----------------------------|------------------|-----------------|
| Percentage of population (all ages) with a cognitive difficulty | FEWER than the state | 5% | 3% |
| Percentage of population (all ages) with an independent living difficulty | FEWER than the state | 6% | 3% |
| Percentage of population (all ages) with a self-care difficulty | SAME as the state | 2% | 2% |
| Percentage of adult population aged 18–64 with an independent living difficulty | FEWER than the state | 4% | 2% |
| Percentage of children under 18 with a cognitive difficulty | FEWER than the state | 5% | 3% |
| Percentage of children under 18 with a hearing difficulty | FEWER than the state | 0.6% | 0.1% |
| Percentage of children under 18 with a self-care difficulty | SAME as the state | 1% | .1% |
| Percentage of children under 18 with a vision difficulty | FEWER than the state | .8% | 0% |
| Percentage of children under 18 with an ambulatory difficulty | FEWER than the state | .6% | .1% |
| Percentage of older adults (65+) with a cognitive difficulty | FEWER than the state | 9% | 4% |
| Percentage of older adults (65+) with a self-care difficulty | FEWER than the state | 7% | 3% |
| Percentage of older adults (65+) with an independent living difficulty | FEWER than the state | 13% | 5% |
| Percentage of older adults (75+) with a cognitive difficulty | FEWER than the state | 14% | 7% |
| Percentage of older adults (75+) with a self-care difficulty | FEWER than the state | 13% | 5% |
| Percentage of older adults (65+) with a cognitive difficulty | FEWER than the state | 9% | 4% |

Source: ACS 5-Year Estimates Subject Table S1810, 2017-2021



IMMUNIZATIONS

ADULT IMMUNIZATIONS

| Indicator | Comparison | Washington State | San Juan County |
|-------------------------------------------------------------------------------------------------|------------------------------------|------------------|-----------------|
| Prevalence of adults (18+) who received a flu immunization in the last 12 months (age-adjusted) | BETTER than the state | 47% | 52% |
| Prevalence of adults reporting having received a pneumonia shot (age-adjusted) | WORSE than the state | 76% | 72% |
| Pneumococcal vaccination coverage among increased risk adults aged 18–64 | WORSE than the state | 35% | 31% |
| Pneumococcal vaccination coverage among adults aged 65+ | ABOUT THE SAME as the state | 75% | 73% |
| Zoster (Shingles) vaccination coverage among adults aged 60+ | WORSE than the state | 50% | 46% |
| Percentage of population aged 65+ who completed the primary COVID vaccination series | WORSE than the state | 95% | 90% |
| Percentage of population aged 65+ with an updated (bivalent) COVID vaccination booster dose | BETTER than the state | 60% | 76% |

Source: CDC, 2023 BRFS, 2021 WA DOH HEDIS Immunization Measures by County, 2021

CHILDHOOD IMMUNIZATIONS

| Indicator | Comparison | Washington State | San Juan County |
|---------------------------------------------------------------------------------------------|------------------------------------|------------------|-----------------|
| Vaccination coverage for the 19–35 month milestone vaccinations | LOWER than the state | 57% | 45% |
| Vaccination coverage for 4–6 year milestone vaccinations | LOWER than the state | 42% | 29% |
| Vaccination coverage for 11–12 year milestone vaccinations | LOWER than the state | 33% | 21% |
| Vaccination coverage for 13–17 year milestone vaccinations | LOWER than the state | 42% | 29% |
| Proportion of population aged 12+ who completed the primary COVID vaccination series | HIGHER than the state | 84% | 89% |
| Proportion of population aged 12+ with an updated (bivalent) COVID vaccination booster dose | HIGHER than the state | 29% | 44% |
| Child influenza immunization coverage | ABOUT THE SAME as the state | 18% | 17% |
| HPV immunization initiation among 13 year-olds | LOWER than the state | 50% | 28% |

Source: CDC, 2023 WA DOH HEDIS Immunization Measures by County, 2021 WA DOH School Immunization Data Dashboard, 2022-2023 school year



ADULT (18+) SUBSTANCE USE

| Indicator | Comparison | Washington State | San Juan County |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------|-----------------|
| Prevalence of adults aged 18+ who report binge drinking (5 drinks for men; 4 drinks for women) on at least one occasion in the last 30 days (age-adjusted) | HIGHER than the state | 16% | 28% |
| Prevalence of adults 18+ reporting heavy alcohol consumption (adult men having 2 or more drinks per day and adult women having 1 or more drinks per day) (age-adjusted) | HIGHER than the state | 7% | 24% |
| Prevalence of adults who are current smokers (age-adjusted) | HIGHER than the state | 11% | 20% |
| Rate of opioid prescriptions per 100 | LOWER than the state | 36 | 23 |
| Drug overdose hospitalization rate per 1,000 (age-adjusted) | SLIGHTLY LOWER than the state | 0.062% | 0.042% |
| Rate of opioid deaths per 1,000 (age-adjusted) | SLIGHTLY LOWER than the state | 0.013% | 0.009% |
| Percentage of Medicaid enrollees with a history of opioid use disorder (OUD), treated with any MAT (methadone, buprenorphine, buprenorphine-naloxone, or naltrexone) | LOWER than the state | 37% | 33% |
| Percentage of Medicaid beneficiaries prescribed chronic opioids and a concurrent chronic sedative prescription, among beneficiaries prescribed chronic opioids | HIGHER than the state | 12% | 17% |
| Percentage of Medicaid beneficiaries aged 18+ with an opioid use disorder treatment need identified within the past two years, who received MAT or medication-only treatment for opioid use disorder during the measurement year | HIGHER than the state | 56% | 61% |
| Hospitalizations due to mental and behavioral disorders due to psychoactive substance use (ICD10 F10-F199), per 100,000 population (age-adjusted) | LOWER than the state | 119 | 80 |

Source: WA Healthcare Authority, 2021 & 2022 WA DOH 2018-2021 BRFS | CHAT, 2021



PREVENTIVE CARE AND WELLNESS

| Indicator | Comparison | Washington State | San Juan County |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|-----------------|
| Prevalence of adults aged 18+ reporting physical health not good for 14+ days (age-adjusted) | SLIGHTLY WORSE than the state | 11% | 12% |
| Prevalence of adults who report they have been told by a doctor, nurse, or other healthcare professional that they had asthma (age-adjusted) | MUCH BETTER than the state | 11% | 2% |
| Skin cancer (excl basal & squamous) incidence per 1,000 (age-adjusted) | SLIGHTLY WORSE than the state | 0.05% | 0.07% |
| Prevalence of adults who have been told by a doctor, nurse, or other healthcare professional that they have diabetes (excluding gestational and prediabetic) (age-adjusted) | MUCH WORSE than the state | 8% | 13% |
| Incidence of all cancers per 1,000 (age-adjusted) | SLIGHTLY WORSE than the state | 0.45% | 0.51% |
| Prevalence of high cholesterol among adults aged 18+ who have been screened in the past 5 years (age-adjusted) | SLIGHTLY WORSE than the state | 26.1 | 29.1 |

Source: BRFSS | CHAT, 2021 CHAT - Cancer incidence module, 2019-2020





FINDING SOLUTIONS AND BUILDING HEALTHY COMMUNITIES

Throughout our Community Health Assessment process, we looked for ways to understand from the community what was working well, how to improve upon what is working, and where community-driven solutions could be implemented to improve community health and well-being. Community partnerships already in place, as well as creating new partnerships, will guide the development of solution-focused strategies for improving the health of our community.

WHAT WE ARE DOING TO ADDRESS OUR HEALTH NEEDS

YOUTH CHA

We heard from many community members that you wanted to know more about the health and well-being of youth. One of the most informative sources of data for understanding youth health and behavioral health is the bi-annual Healthy Youth Survey (HYS) Report. The results of the 2023 HYS will be released in mid-2024, after they are analyzed and made public.

We have included a number of indicators of youth and family health and well-being in this report. Additionally, based on the broad interest in how our youth are doing, as well as the timeline for upcoming HYS results, we will be conducting a supplemental youth and family health assessment report, which will be published and made available to the public in mid-2024.



WHAT IS ALREADY HAPPENING?

HOUSING

Funding:

Voter-approved local, state, and federal funding is in place for increased access to affordable housing in our island communities. San Juan County partners with local housing agencies and trusts to coordinate funding and to develop coordinated plans for increasing access to housing in our communities.

Partnerships:

Partnerships are in place with San Juan County and local land, home and community trusts, resource centers, Community Foundations, and other community agencies. Programs are under way through these partnerships to provide emergency rental assistance and safe housing, and to continue to develop affordable housing options across the islands.

MENTAL HEALTH

Funding:

Local, state, and federal funding is in place for increased access to mental health services for youth and adults, as well as substance-use prevention programs which focus on strengthening social-emotional health, promoting positive social experiences, and promoting mental health in youth and families.

Partnerships:

San Juan County provides and coordinates funding for programs designed to increase access to mental health care services in partnership with local resource centers, schools, and mental health providers.

San Juan County also partners with local resource centers, schools, behavioral health providers, Community Foundations, and other community organizations to fund programs and services to promote mental health and reduce substance use in youth and adults across the county.

ACCESS TO CARE

Partnerships:

San Juan County partners with local health care providers, Health and Hospital Districts, pharmacies, resource centers, Community Foundations, schools, and other community organizations to identify gaps in health care access and coordinate efforts across health care systems to offer services for those most in need.



WHAT COMES NEXT?

Assessing the health needs and existing resources in our community is a good first step to understanding community priorities for the way forward. Now that the 2023 CHA has been made available to the community, HCS staff will work with community partners to create a Community Health Improvement Plan (CHIP). The CHIP will identify priority areas of improvement, ways to evaluate our progress, and set a path towards creating a healthier community for all in San Juan County.





APPENDIX

SURVEY QUESTIONS

We are including only the English version here, but these were translated and distributed in Spanish as well.

| Domain | Question |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>QUALITY OF LIFE</p> | <p>1. How would you rate your quality of life in San Juan County?</p> <ul style="list-style-type: none"> • Excellent • Good • Fair • Poor • Very poor |
| | <p>2. Please choose three factors that contribute to healthy living in San Juan County.</p> <ul style="list-style-type: none"> • Low crime in my community • Good schools • Access to mental health professionals • Access to health professionals, such as doctors and other health care providers • Access to dentists • Opportunities to socialize • Affordable options for places to live • Good jobs • Access to grocery stores with affordable, healthy options • Opportunities for outdoor recreational/physical activities (such as at parks trails, public beaches & waterways) • Easy access to transportation • Easy access to aid programs such as food pantries or social service programs • Clean environment |
| | <p>3. Please choose three areas you think could be improved in San Juan County.</p> <ul style="list-style-type: none"> • Reduce crime in my community • Improve schools • Increase access to mental health professionals • Increase access to health professionals, such as doctors and other health care providers • Increase access to dentists • More opportunities to socialize • More affordable options for places to live • More good jobs • Increase access to grocery stores with affordable, healthy options • Opportunities for outdoor recreational/physical activities (such as at parks, trails, public beaches & waterways) • Increase public transportation • Improve access to aid programs such as food pantries or social service programs • Cleaner environment |



| Domain | Question |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEALTH INFORMATION ACCESS | <p>4. Where did you get health information during the pandemic? Pick the top three places you used.</p> <ul style="list-style-type: none"> • Centers for Disease Control (CDC) • Washington State Department of Health • San Juan County Health & Community Services (local public health department) • My doctor • My church/faith group • A family member • A friend • Social media (Instagram, Facebook, Tik Tok) • Regional &/or National TV News (CNN, Fox News, MSNBC) • National news (New York Times, Atlantic, Washington Post) • Online Blog or newsletter |
| | <p>5. Where do you get your health information now? Pick the top three places you currently use.</p> <ul style="list-style-type: none"> • Centers for Disease Control (CDC) • Washington State Department of Health • San Juan County Health & Community Services (local public health department) • My doctor • My church/faith group • A family member • A friend • Social media (Instagram, Facebook, Tik Tok) • Regional &/or National TV News (CNN, Fox News, MSNBC) • National news (New York Times, Atlantic, Washington Post) • Online Blog or newsletter |
| MENTAL HEALTH, CONNECTION & BELONGING | <p>7. When you think about your community right now, do you feel like you belong in your community?</p> <ul style="list-style-type: none"> • Strongly Agree • Agree • Slightly Agree • Neither Agree nor Disagree • Slightly Disagree • Disagree • Strongly Disagree |
| | <p>8. When you think about your community right now, do you feel that you are connected with others in a way that is satisfying to you?</p> <ul style="list-style-type: none"> • Strongly Agree • Agree • Slightly Agree • Neither Agree nor Disagree • Slightly Disagree • Disagree • Strongly Disagree |



| Domain | Question |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MENTAL HEALTH, CONNECTION & BELONGING (CONT.) | 9. If you needed mental health support, would you feel comfortable seeing a mental health professional? <ul style="list-style-type: none"> • I would feel comfortable seeing a mental health professional online • I would feel comfortable seeing a mental health professional in person • I would feel comfortable seeing a mental health professional online or in person • I would not feel comfortable seeing a mental health professional at all |
| | 10. Do you have health insurance? <ul style="list-style-type: none"> • Yes • No |
| | 11. Did you have any of the following health related experiences during the past year? Please check all that apply. <ul style="list-style-type: none"> • Missed a yearly or routine recommended checkup • Fear of seeking healthcare services • Was unable to get healthcare when I was sick • Had a hard time getting medicine that I usually take • Missed a recommended medical test (like bloodwork) or treatment (like getting your teeth cleaned) • Missed elective surgery |
| | 12. Do you have a doctor or primary care provider you see regularly (at least once per year)? <ul style="list-style-type: none"> • Yes • No |
| HEALTHCARE ACCESS | 13. In the past year, have you been to the doctor or primary care provider for a check up? <ul style="list-style-type: none"> • Yes • No |
| | 14. If you have not been to the doctor or primary care provider for a checkup, please tell us why. Check all that apply. <ul style="list-style-type: none"> • I forgot to make my appointment • I do not have a way to get there • It is too hard to get an appointment on a day that works for me • I don't have childcare • I didn't go due to fear of COVID-19 exposure risk • I can't afford to go • I haven't been sick • I didn't feel the need to see a provider for a check up • Other |
| | 15. If you saw your doctor or primary care provider in the past year, did you receive or were you offered any of the following? Check all that apply. <ul style="list-style-type: none"> • Physical exam • Depression or anxiety screening • Updating immunizations such as flu • Age-appropriate cancer screenings such as prostate cancer screening or breast cancer screening (mammogram) • Cholesterol screening • Diabetes screening |



| Domain | Question |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEALTHCARE ACCESS (CONT.) | <p>16. About how far do you have to travel to see your doctor or primary care health care provider?</p> <ul style="list-style-type: none"> • I am able to access my primary care provider on the island I live on. • I travel to another island in San Juan County for my primary health care needs. • I travel outside the county for my primary health care needs. |
| | <p>17. In the past year, have you seen a specialty care doctor for health care recommended or referred by your primary doctor or healthcare provider? These could be services related to reproductive health, in- or out-patient surgery, prenatal/obstetrical care, cancer treatment care or other specialty health care services.</p> <ul style="list-style-type: none"> • Yes • No |
| | <p>18. About how far do you have to travel to see a doctor for specialty care services?</p> <ul style="list-style-type: none"> • I am able to see my specialty care provider on the island I primarily live on. • I travel to another island in San Juan County for my specialty health care needs. • I travel outside the county for my specialty health care needs. |
| | <p>16. In the past year, did you need to access to Urgent Care health services? Check all that apply.</p> <ul style="list-style-type: none"> • I did not need Urgent Care services in the past year. • I needed Urgent Care services and was able to access them at a health clinic on the island I live on. • I needed Urgent Care services but had to access those services outside of a health clinic on the island I reside on (e.g., through local emergency medic services or travel to another island or mainland). • I needed Urgent Care services but did not access urgent care because the services were unavailable on the island I live on. • I needed Urgent Care services but did not access them because I did not think I could afford Urgent Care services. |
| TRANSPORTATION | <p>20. Did you, or anyone who lives with you, have a hard time getting to and from places they needed to be in the last two years due to lack of reliable vehicles?</p> <ul style="list-style-type: none"> • Yes • No |
| | <p>21. Did you, or anyone who lives with you, have a hard time getting to and/or from medical care or appointments in the last two years due to lack of reliable ferry transportation?</p> <ul style="list-style-type: none"> • Yes • No |
| HOUSING | <p>22. At any time in the past two years, did you feel like you were at risk of losing your housing?</p> <ul style="list-style-type: none"> • Yes • No |
| | <p>23. If you answered yes to Question 22, why do you think you were at risk of losing your housing?</p> <ul style="list-style-type: none"> • It was too expensive, even with my income • Eviction for non-financial reasons • Lost job and/or income • Physical illness • Mental illness • Language barrier • Other |



| Domain | Question |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOUSING (CONT.) | 24. Did you lose the place you lived in during the last two years? <ul style="list-style-type: none"> • Yes • No |
| | 25. If you answered yes for Question 24, why do you think you lost the place you lived? <ul style="list-style-type: none"> • It was too expensive, even with my income • Eviction for non-financial reasons • Lost job and/or income • Physical illness • Mental illness • Language barrier • Other |
| | 26. We have included a list of possible safety or health concerns, please select all that apply to the place you live right now. <ul style="list-style-type: none"> • Overcrowding • Black mold • Potential lead exposure • Non-working bathrooms • Insect or rodent control problem • Broken appliances such as refrigerator or furnace • Non-working utilities such as water, gas, or electricity • Excessive dirt or trash in or around my home • Unstable building structure • Multi-level Accessibility • Other |
| FOOD ACCESS | 27. In the last year have you ever had to skip meals because you didn't have enough food? <ul style="list-style-type: none"> • Yes • No |
| | 28. In the past year, has your household used any of the following services for help getting enough food to eat: <ul style="list-style-type: none"> • Food Bank • Food pantry • SNAP • Senior Center Meals • Meals on Wheels • WIC • Public gardens • Friends or family • Other • My household has not used any of the services. |
| SERVICES ACCESS | 29. If you need help, would you know where to go to find food, housing, or other aid? <ul style="list-style-type: none"> • Yes, I know where to find all of these services • I know where to find food, but not housing or other aid • I know where to find housing, but not food or other aid • I don't know where to find any of these services |



| Domain | Question |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SERVICES ACCESS (CONT.) | <p>30. What things do you think are hard to get or do in San Juan County? Check all that apply.</p> <ul style="list-style-type: none"> • Childcare (for example, daycare) • Seeing the dentist • Seeing the doctor • Getting help for mental health • Family Counseling • Getting help for addiction • Getting healthy food • Affordable food • Help escaping violence in a relationship • Help escaping violence in a home • Getting to and from places easily • Legal help • Paying for utilities like heating, water, trash, gas for heating or cooking, or power • Parenting support • Preschool education • Family planning services • Going to the library • Help paying for the place you live • Help paying for gas • Other |
| | <p>31. What things are easy to get or do in San Juan County? Check all that apply.</p> <ul style="list-style-type: none"> • Childcare (for example, daycare) • Seeing the dentist • Seeing the doctor • Getting help for mental health • Family counseling • Getting help for addiction • Getting healthy food • Affordable food • Help escaping violence in a relationship • Help escaping violence in a home • Getting to and from places easily • Legal help • Paying for utilities like heating, water, trash, gas for heating or cooking, or power • Parenting support • Preschool education • Family planning • Going to the library • Help paying for the place you live • Help paying for gas • Other |



| Domain | Question |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>32. What is your age?</p> <ul style="list-style-type: none"> • 18-24 • 25-34 • 35-44 • 45-54 • 55-64 • 65-74 • 75-84 • 85+ |
| | <p>33. How many years have you lived in San Juan County?</p> <ul style="list-style-type: none"> • Less than 1 year • 1-5 years • 5-10 years • 10-20 years • 20+ years |
| | <p>34. Which statement best describes the amount of time you live/reside in San Juan County?</p> <ul style="list-style-type: none"> • Full time or most of the time (San Juan County is your primary residence for 50% of the time or more) • Part time (San Juan County is your primary residence for less than 50% of the time) |
| | <p>35. Which island in San Juan County do you primarily live on?</p> <ul style="list-style-type: none"> • San Juan Island • Orcas Island • Lopez Island • Shaw Island • Waldron Island • Decatur Island • Other non-ferry served island |
| | <p>36. Do you have children under the age of 18 living in your household?</p> <ul style="list-style-type: none"> • Yes • No |
| | <p>37. What best describes your employment status? Check all that apply.</p> <ul style="list-style-type: none"> • Employed full-time • Employed part-time • Self-employed • Stay-at-home parent or caregiver • Student • Retired • Unemployed and looking for work • Unemployed, but not currently looking for work • Unemployed, but cannot work (disabled) |
| | <p>38. In the last two years, were you unable to work, or worked less than you wanted, due to lack of available childcare?</p> <ul style="list-style-type: none"> • Yes • No |

**DEMO-
GRAPHICS**



| Domain | Question |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEMO- GRAPHICS (CONT.) | 39. Do you think of yourself as: <ul style="list-style-type: none"> • Female • Male • Transgender man/trans man • Transgender woman/trans woman • Genderqueer/gender nonconforming neither exclusively male nor female • Additional gender category (or other); please specify: _____ • Decline to answer |
| | 40. Do you think of yourself as: <ul style="list-style-type: none"> • Straight or heterosexual • Lesbian • Gay • Bisexual • Queer, pansexual, and/or questioning, • Something else; please specify: _____ • Don't know • Decline to answer |
| | 41. What is your race or ethnicity? Choose all that apply. <ul style="list-style-type: none"> • White or Caucasian • Black or African American • Hispanic or Latino • Asian or Asian American • American Indian or Alaska Native • Native Hawaiian or other Pacific Islander |
| | 42. What is your average monthly take home pay? <ul style="list-style-type: none"> • Less than \$500 • \$500-\$1999 • \$2000-\$3999 • \$4000-\$6000 • More than \$6000 • Prefer not to answer |



METHODOLOGY

FOR SURVEY, INTERVIEWS, FOCUS GROUPS, DATA WORKBOOK

COMMUNITY LEADER INTERVIEWS

SJCHCS identified a list of 32 local leaders across the county who could provide insights on community health. The leaders included people from the school district, emergency services, local government, health care, business and tourism. 21 community leaders agreed to participate in the interviews, 2 in Spanish and 19 in English. The consultant team contacted each interviewee and scheduled a video call or in-person meeting. Interviewees were notified that video calls would be recorded, and any direct quotations used in the final report would be approved before inclusion in the report. Interviews ranged from 45 to 60 minutes, with most calls taking about 45 minutes. Interviewees were not provided with a list of questions in advance. The interviewers prepared the interviewee at the beginning of the call by explaining the format and flow of the questions and asking for verbal consent to take part in the interviews and to record each session. Recordings and raw data were not shared with HCS. Data were analyzed using Dedoose which is a cloud application for managing, analyzing, and presenting qualitative and mixed method research data.⁴

SURVEY

Survey questions were developed in collaboration with SJCHCS and the consultant team around eight key domains:

1. Quality of life and belonging
2. COVID-19, focused on mental health, employment, information access
3. Healthcare access, focused on insurance, provider access, preventive care
4. Transportation
5. Housing, focused on access and quality
6. Food access
7. Services access, focused on self-report of ease or difficulty accessing services in San Juan County
8. Demographics

Survey questions were distributed to San Juan County residents in English and Spanish between August and November 2023. We received 1,343 English responses and 19 Spanish responses to our community survey. The survey was delivered using the SurveyMonkey survey delivery platform and data were analyzed in SurveyMonkey and Excel. The list of survey questions are included in the previous section of this Appendix.

FOCUS GROUPS

Four focus groups were conducted on San Juan, Orcas, and Lopez islands in English and Spanish. The focus groups centered on these key topics: 1) Health care access; 2) Housing; 3) Mental health services and support. Focus group attendees were also recruited by HCS and invited to participate. Each attendee was offered a \$75 gift card for participating. Attendees were selected based on either their lived experience or their professional experience as related to the focus group topic area. Participant numbers ranged from 5 to 15 attendees. Focus groups were recorded, but participants did not name themselves on the recording when they spoke, and no participants are named in this report. Recordings and raw data were not shared with SJCHCS. Data were analyzed using Dedoose which is a cloud application for managing, analyzing, and presenting qualitative and mixed method research data.⁵



INDICATORS

Public health and community indicators were obtained from national, state, regional, and local data sources, including the American Community Survey and the Washington State Department of Health. Some indicators may be measured differently across the data sources, time intervals, or geographies, in which cases data were collected from all possible sources to allow for comparison across similar indicators and interpretation of the results in the context of the CHA. The nature of each indicator (e.g., percentage, rate per 1000) was specifically noted; in cases when estimates were too small to report as percentages, indicators were reported as counts. In cases with small cell sizes or counts, data were suppressed to protect privacy and confidentiality. Estimates of variability (e.g., standard errors or confidence intervals) were provided for all estimates. Data management and analysis were conducted in Microsoft Excel and Stata/MP v15.1.





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THANK YOU

We appreciate you reading our report
and we hope this information helps us
all improve our community's health.

