









Community Health Needs Assessment 2025

► MultiCare Capital Medical Center

Purpose and Scope

MultiCare Capital Medical Center

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Executive Summary

Overview & Identified Priorities
Identified Priorities & Contributing Factors



Executive Summary

Overview & Identified Priorities

Community Health Needs Assessment

The 2025 Thurston County Community Health Needs Assessment (CHNA) identifies the most significant health issues impacting residents and highlights opportunities for collaborative action to advance community wellbeing and equity. This assessment was conducted in partnership with MultiCare Health System, Providence Swedish, and Thurston County Public Health and Social Services, and integrates quantitative health data with qualitative community input.

Assessment Approach

The CHNA used a **mixed-methods approach**, combining quantitative data analysis with community engagement. The assessment reviewed publicly available health and demographic data to identify trends, disparities, and geographic variations.

To complement this data, qualitative engagement was conducted between March and May 2025, consisting of **22 key informant interviews** and **five community listening sessions with 27 residents**. Interviewees represented public health agencies, healthcare providers, behavioral health and housing organizations, education systems, tribal leadership, and nonprofits. Listening sessions were held in partnership with trusted organizations serving youth, immigrant families, people with disabilities, individuals in recovery, and residents experiencing homelessness.

This engagement process prioritized historically underrepresented voices, using culturally and linguistically appropriate methods and trauma-informed facilitation. These perspectives, combined with the quantitative findings, informed the prioritization of health needs.

Community Snapshot

Thurston County has approximately **302,900 residents**, with a growing and diversifying population. While urban centers (Olympia, Lacey, Tumwater) provide access to services, rural communities face transportation barriers and provider shortages that limit access to care. Economic opportunities are shaped by the government, healthcare, and education sectors, but rising housing costs and income inequality are increasing financial pressure on many households. These demographic and economic dynamics provide context for the county's health landscape.

MultiCare 
Capital Medical Center

Executive Summary

Overview & Identified Priorities

Identified Priorities

The 2025 Thurston County Community Health Needs Assessment identified **five overarching priority health themes**. These priorities were shaped by community input through key informant interviews and listening sessions, combined with local data trends. They reflect both immediate service gaps and longstanding structural determinants of health.

- **Behavioral Health**

Behavioral & Mental Health emerged as a top concern across all communities. Substance use prevention and harm reduction services are fragmented and underfunded, leaving significant gaps in early intervention and recovery supports. Residents and providers described increasing rates of anxiety, depression, trauma, and suicidality among both youth and adults. Community members emphasized the lack of culturally responsive crisis services and long wait times for psychiatric care, which lead many to disengage from care entirely. There is strong support for non-punitive approaches, peer-led recovery models, and embedding behavioral health services within schools, shelters, and primary care to better meet community needs.

- **Injury & Violence**

Youth safety issues—including bullying, language-based discrimination, and cyber harassment—are growing problems, particularly for Latino and immigrant youth who face language barriers when reporting incidents or seeking help. Domestic and community violence intersect with housing instability, legal system inequities, and gaps in culturally competent crisis services. Survivors, particularly those with disabilities, undocumented status, or limited English proficiency, face significant barriers in accessing safe housing, legal assistance, and trauma-informed care.

- **Maternal & Child Health**

Maternal & Child Health remains a significant area of concern. Access to prenatal and maternity care is inconsistent across the county, with cost, transportation, and language identified as key barriers. Rural residents, immigrant communities, and individuals with undocumented status face particular challenges accessing timely, culturally responsive care. Additionally, the lack of affordable childcare affects families' ability to work, pursue education, and support their children's early development. Childcare shortages are especially acute for infants, children with disabilities, and those needing care outside of traditional work hours.

Executive Summary

Overview & Identified Priorities

- **Social Determinants of Health**

Social Determinants of Health—particularly housing and food security—were identified as foundational drivers of health outcomes. Housing instability was consistently described as the single most urgent issue facing Thurston County. Rising housing costs, a shortage of permanent supportive housing, and barriers for individuals with disabilities and behavioral health needs create widespread instability. At the same time, food insecurity persists despite the presence of food banks and assistance programs. High costs, limited transportation, and lack of culturally appropriate food options make it difficult for many families to maintain healthy diets, especially in rural and immigrant communities.

- **Chronic Disease Management & Prevention**

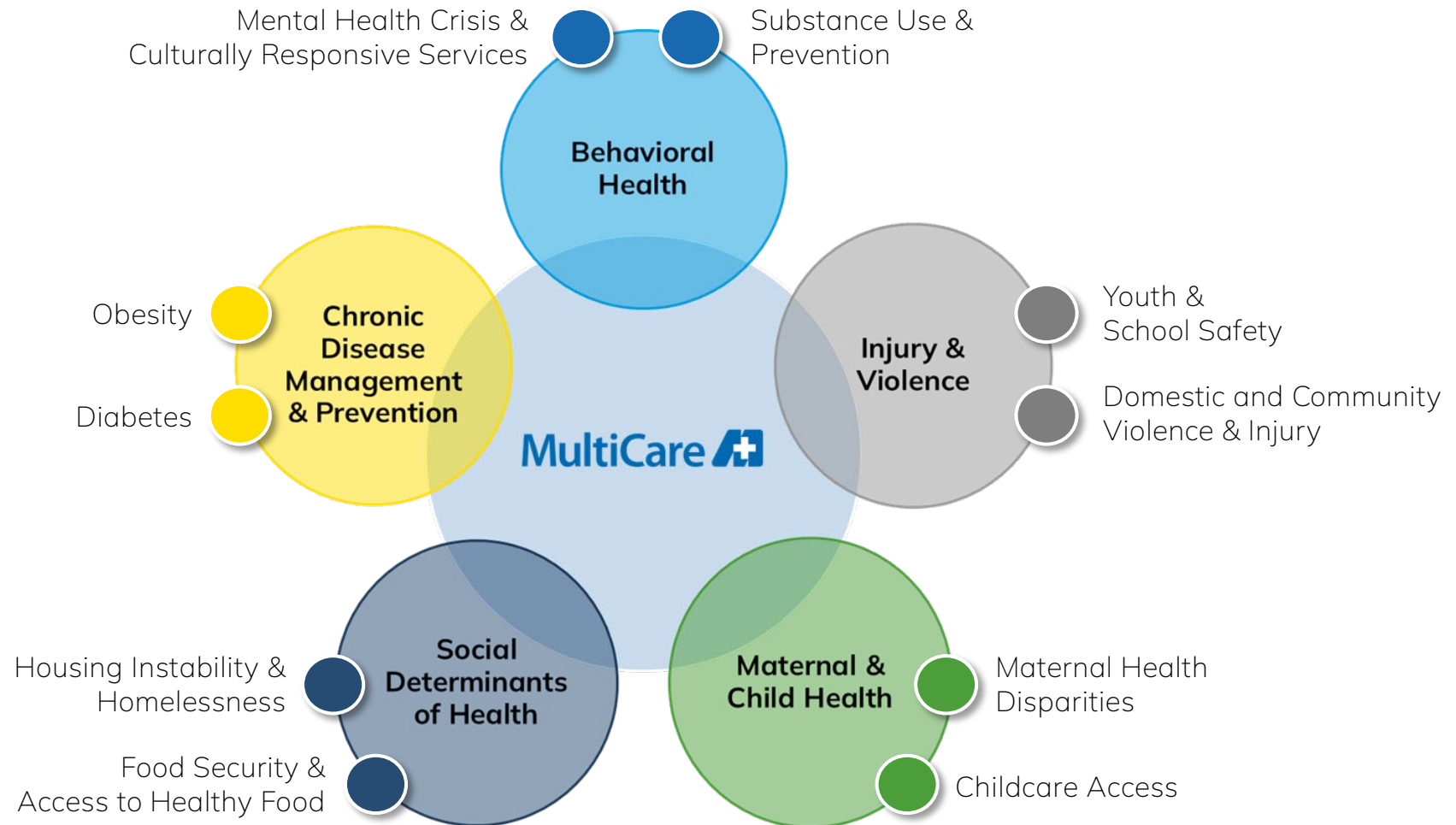
Chronic Disease & Prevention priorities center on the interconnected challenges of obesity and diabetes. Both conditions are influenced by structural barriers to healthy eating and physical activity. Many residents face high costs for nutritious foods and limited access to fresh produce, especially in rural communities and for households with low incomes. Transportation barriers and the lack of culturally tailored nutrition programs further limit healthy options. Preventive care is often delayed due to cost, insurance gaps, or access barriers, leading to more advanced disease and worse outcomes for marginalized populations.

Equity Considerations

Across all priority areas, **equity emerged as a central theme**. BIPOC communities, immigrant and refugee families, LGBTQIA+ residents, people with disabilities, youth experiencing housing instability, and rural populations face overlapping barriers that contribute to health disparities. Addressing these priorities will require **multi-sector collaboration, sustained investment in prevention, and culturally responsive approaches** that reflect community voices and build trust.

Executive Summary

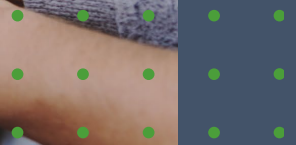
Identified Priorities & Contributing Factors





Introduction

Purpose of CHNA
Defining the Community



Introduction

Purpose of the CHNA

Assessment Process

This Community Health Needs Assessment (CHNA) serves two fundamental purposes for Capital Medical Center. It's a reflection of its mission-driven commitment to the community and a fulfillment of its federal regulatory requirements.





A Commitment to the Community

For Capital Medical Center, the CHNA is more than a regulatory requirement; it is a vital part of an enduring commitment to the community it serves. This commitment is realized through a continuous cycle of listening to community voices, analyzing health data and collaborating with local partners to develop and implement sustainable health solutions. This sustained dialogue allows Capital Medical Center to build on past insights, monitor progress, and adapt strategies as community needs evolve.

Ultimately, this process ensures that hospital strategy, investments, and partnerships are directly responsive to the community's immediate challenges and long-term health disparities. The goal is to create a lasting impact on the health and wellbeing in the community.

Fulfilling a Federal Requirement

This assessment also fulfills the requirements for tax-exempt hospitals as mandated by Section 501(r)(3) of the Internal Revenue Code. These federal regulations require Capital Medical Center to:

-  Conduct a CHNA every three years.
-  Adopt an implementation strategy to address the health needs identified in the assessment.
-  Incorporate input from community representatives, including those with public health expertise.
-  Make the CHNA report widely available to the public.

Community Health Needs Assessments and Implementation Plan Strategies for all MultiCare facilities can be found at <https://www.multicare.org/about/community/needs-assessment/>.

A paper copy will be made available at main hospital reception front desk. Written comments on this CHNA report can be submitted to healthequity@multicare.org.

Introduction

Defining the Community

Capital Medical Center's **primary service area** is **Thurston County, Washington**, a growing and increasingly diverse region located in the South Puget Sound. The county serves as both the **state capital and a hub for public service, education, and healthcare**, with a blend of urban centers and rural communities that shape its health and social landscape.

Home to just over **302,900 residents**, Thurston County continues to experience steady growth as families, retirees, and young professionals are drawn to its natural beauty, strong civic identity, and access to state government employment. The community's mix of suburban neighborhoods, rural towns, and vibrant downtown areas creates a dynamic environment—but also contributes to variation in access to services, transportation, and healthcare.

While much of the population identifies as White, the county's demographics are **gradually becoming more diverse**, with growing Asian, Multiracial, and Hispanic communities, particularly in Olympia, Lacey, and Tumwater. This changing makeup brings both opportunities and challenges—strengthening the region's cultural richness while emphasizing the importance of **inclusive communication, cultural responsiveness, and equitable resource distribution**.

Overall, Thurston County's character reflects a **balance of growth and grounded community values**. Its evolving population, geographic diversity, and strong sense of civic engagement provide a unique foundation for collaboration as health systems, public agencies, and community partners work together to improve health and well-being for all residents.



Introduction

Defining the Community

Socioeconomic Profile

Income and Earnings:

Median household income in 2023 (inflation-adjusted) reveals notable gaps. White households earned about \$95,383, compared to \$77,596 for American Indian/Alaska Native households and \$85,205 for Hispanic or Latino households. The statewide median was \$94,952.

Educational Attainment:

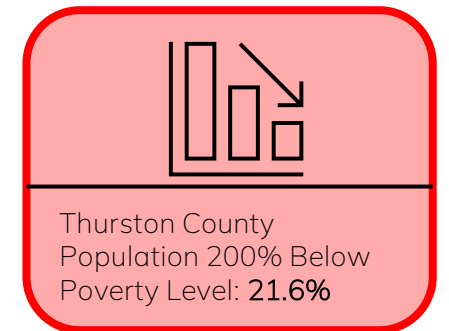
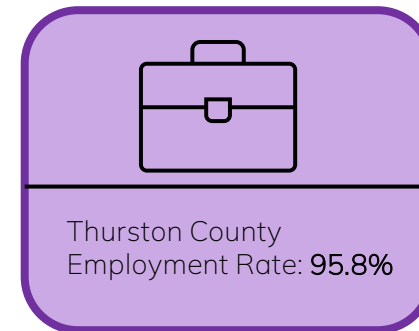
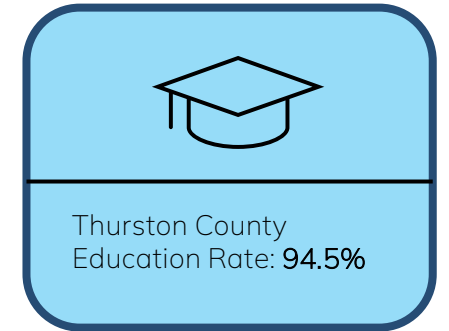
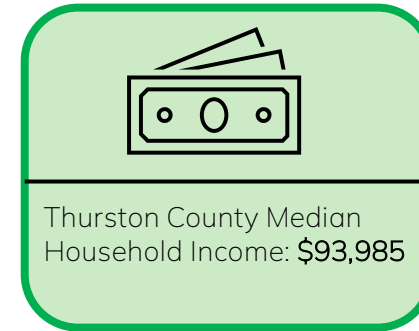
High school completion in Thurston County slightly exceeds the state average. From 2019–2023, 94% of men and 94.9% of women age 25+ held at least a diploma, versus 92.2% statewide. Overall, 94.5% of county adults have finished high school.

Employment:

Thurston County's employment rate is 95.8%, nearly matching the Washington State rate of 95.9%, reflecting strong workforce participation.

Poverty:

21.6% of Thurston County residents for whom poverty status is determined live at or below 200% of the federal poverty level, compared with 22.8% statewide. This highlights slightly lower rates of economic hardship in the county than in Washington overall.

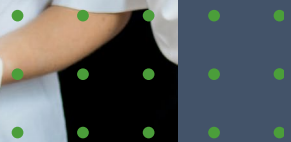




MultiCare 
Capital Medical Center

Methodology & Approach

Assessment Process
Defining the Service Area
Community Engagement
Data Collection
Integration & Compliance



Methodology & Approach

Assessment Process

Assessment Process

inHealth Strategies and community partners conducted the 2025 Capital Medical Center Community Health Needs Assessment (CHNA) using a mixed-methods research design. The methodology was developed to satisfy federal requirements for tax-exempt hospitals and to inform strategic planning for current and future facilities. Guided by community engagement and data analysis, this assessment aligns our community benefit activities with both regulatory standards and our forward-looking vision. This approach is rooted in a foundational commitment to compassionate, equitable care, demonstrated through programs such as charity care and financial assistance.

The methodology consisted of four clear phases. First, the community was defined, and key stakeholders were engaged, including public health officials, community organizations, and residents across Thurston County, to ensure local voices guided the process. Second, both quantitative health indicators and qualitative insights from focus groups were collected and analyzed to capture a comprehensive understanding of community wellbeing. Third, findings were evaluated to prioritize the most pressing health challenges, such as access to care, housing instability, and chronic disease. Finally, the results were utilized to inform community strategies, translating data into actionable goals and evidence-based recommendations to support ongoing health improvement efforts across the county.

Strategic Stakeholder Engagement & Community Definition

This CHNA was built on strong stakeholder engagement to ensure it authentically reflected the community's diverse experiences. The process began with a clear, data-driven definition of the Capital Medical Center service area – leading to the primary service area to be defined as Thurston County.

Defining the geographic boundary through consensus of prior primary service areas, partners, public health officials, and hospital leadership, the method guaranteed that medically underserved areas and populations facing health disparities were included, a key requirement for IRS compliance.

Methodology & Approach

Defining the Service Area

Service Area

Capital Medical Center's **primary service area** is defined as **Thurston County, Washington**, encompassing the cities of **Olympia, Lacey, Tumwater, Yelm, Tenino, Rainier**, and several surrounding rural communities. The county is home to approximately **302,900 residents** and reflects a balance of urban and rural characteristics, with steady population growth, increasing diversity, and evolving health needs.

Capital Medical Center is one of **two acute care hospitals** serving Thurston County, alongside **Providence St. Peter Hospital**. Together, these hospitals anchor the county's healthcare infrastructure, though Capital Medical Center's patient base is primarily concentrated in the **southern and western areas** of the county and surrounding rural communities.

The service area's health profile is influenced by its **mixed geography and economy**, including the presence of state government, military installations, and a growing service workforce. Key health determinants—such as housing affordability, behavioral health access, and transportation—shape community wellbeing and drive many of the needs identified through this assessment. Accordingly, this CHNA focuses on **Thurston County** as the geographic area for data analysis, qualitative engagement, and strategic planning to guide health improvement efforts.

This assessment primarily relied on **county-level data** to describe population health indicators, social and economic conditions, and access to care within **Thurston County**. County-level data were selected because they offer the most consistent and comprehensive view of health outcomes and social determinants available across multiple sources, allowing for comparison to **state and national benchmarks**.

Where available and relevant, **school district-level data** were also incorporated to provide a more localized understanding of youth wellbeing and educational environments. These data sources, such as Healthy Youth Survey and district demographic reports, help illustrate how social and behavioral health needs vary across communities within the county.

Using this combined approach ensures that findings reflect both **countywide patterns** and **community-specific nuances**, offering a balanced view that supports local planning and targeted interventions.

Methodology & Approach

Community Engagement

Alongside the quantitative findings, an in-depth qualitative component was conducted. After defining the community, efforts focused on gathering diverse input by involving key stakeholders through an advisory group and extensive community engagement activities.

The CHNA advisory committee provided strategic oversight and included key leaders from MultiCare and Capital Medical Center, as well as from noted community health partners. To complement the committee's work, we actively sought input from the wider community, particularly from groups representing vulnerable populations, fulfilling the requirement to consult on community health needs.

Comprehensive Mixed-Methods Data Collection & Analysis

To get a complete picture of community health, this assessment used a mixed-methods approach. We combined quantitative data with qualitative insights to cross-validate findings and gain a deeper understanding of the community's needs.

Quantitative Data Collection & Analysis

Quantitative analysis relied on trusted local, state, and national sources to assess community health needs. Demographic and ethnic data were sourced from the U.S. Census Bureau's ACS 5-Year Estimates. Behavioral Health, Maternal and Child Health, Social Determinants of Health, and Chronic Disease Management metrics were drawn from the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps, 2025 report.

Youth health indicators were obtained from the Washington State Healthy Youth Survey, compared with prior results, and pediatric immunization data came from the Washington State Immunization Information System. Additional health and population metrics were provided by the Washington State Department of Health and the Washington State Department of Social and Health Services. Social determinants of health, including student homelessness, were informed by SchoolHouse Connection data and ACS summary estimates.

Methodology & Approach

Community Engagement

To complement the quantitative data, a robust qualitative assessment was conducted to understand the lived experiences, priorities, and perspectives of Thurston County residents. This process included 22 key informant interviews and five community listening sessions, conducted between March and May 2025.

Interview participants represented a broad range of key stakeholders, including public health officials, behavioral health and healthcare leaders, housing and social service providers, nonprofit executives, educators, and community advocates. The listening sessions were designed to be culturally and linguistically appropriate and held in trusted community spaces. Partner organizations—including Community Youth Services, Capital Recovery Center, Morningside, Family Support Center of South Sound, and Mi Chiantla—helped convene various participants such as youth experiencing housing instability, adults in behavioral health recovery, individuals with disabilities, adults with lived experience of homelessness, and Latino immigrant families.

Thematic analysis of qualitative inputs provided community-driven insights into the most significant health concerns and equity gaps.

Systematic, Criteria-Based Prioritization of Health Needs

The final phase involved a structured process to prioritize the significant health needs identified from our data.

First, a complete inventory of all health needs was compiled. Then, the advisory committee adopted a set of weighted criteria to evaluate and rank each need. The five criteria were:

1. **Magnitude of the Problem:** The scale and prevalence of the health issue.
2. **Severity of the Problem:** The level of disability, morbidity, mortality, and impact on quality of life.
3. **Disparity and Equity:** The extent to which the issue disproportionately affects vulnerable or underserved populations.
4. **Feasibility of Impact:** The evidence-based potential for Capital Medical Center and its partners to make a meaningful, measurable difference.
5. **Strategic Alignment:** The consistency of addressing the need with the hospital's core mission, the MultiCare system's strategic objectives, and, specifically, the service line and program development plans for the hospital facility.

Methodology & Approach

Community Engagement

Understanding Health Challenges

MultiCare Health System (MHS) conducted a Community Health Needs Assessment (CHNA) to better understand the health challenges and strengths across **Thurston County**. This process followed the MAPP 2.0 Framework, developed by the National Association of County and City Health Officials (NACCHO), and emphasized equity, representation, and community voice. The assessment provides a well-rounded view of the health-related strengths, challenges, and disparities affecting individuals, families, and communities throughout the county.

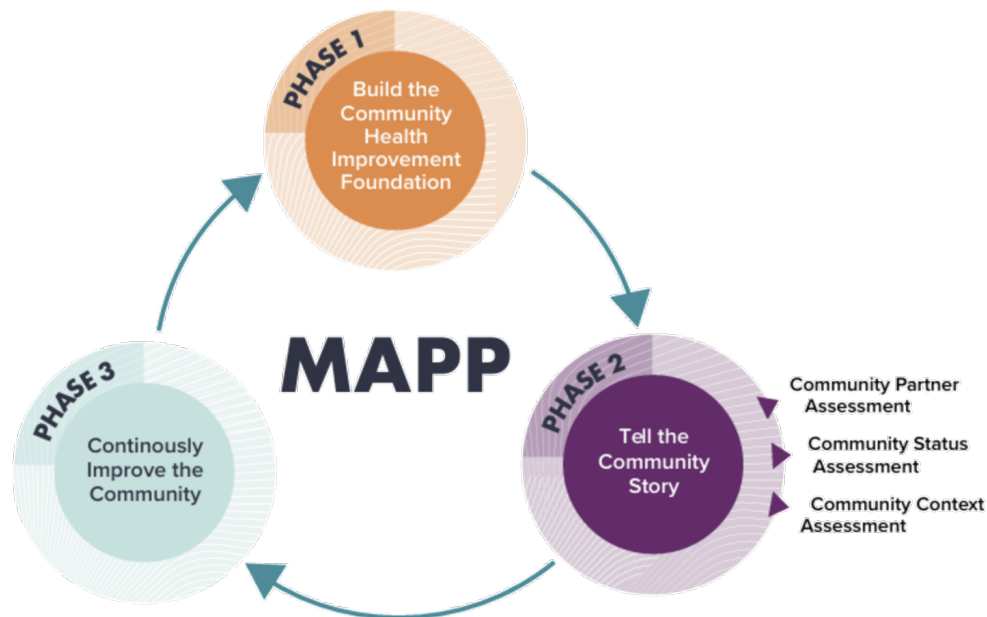
Developed through a collaborative effort by MultiCare Health System, Providence Health System, and Thurston County Public Health and Social Services, the qualitative part of the assessment draws on key insights from local nonprofit organizations, government representatives, and community leaders. Through in-depth interviews and listening sessions, the process prioritized meaningful community engagement, ensuring that health planning is informed by the lived experiences of those most impacted by health inequities.

Community Engagement

- 22 Key Informant Interviews
- Five Focus Groups/Listening Sessions

CHNA Planning Committee

- **MultiCare Health System:** Mary Quinlan Fabrizio, MS (AVP Center for Health Equity and Wellness), Chelsey Lindahl, RDN, CD (Manager, Health Promotion & Wellness)
- **Thurston County Public Health and Social Services Department:** Sandy Salivaras, MASc, MPH, (Senior Epidemiologist, Assessment and Evaluation), Jen Freiheit, PhD, MCHES, (Director)
- **Providence Swedish South Puget Sound:** Catherine Romberger, MPH, (Sr. Manager Community Health, Data & Evaluation), Liz Selsor, M.Ed., PMP, LSSGB, (Manager, Community Health Investment), Adrienne Webb (Executive Director, Community Health Investment, North Division, Providence).



Methodology & Approach

Community Engagement

Community engagement was a central component of the **2025 Thurston County Community Health Needs Assessment (CHNA)**. Input was gathered from **community members, organizational leaders, service providers, and individuals with lived experience** to ensure that the health needs identified reflect both **quantitative data and community perspectives**. The engagement strategy focused on elevating voices that have been historically underrepresented, ensuring that the resulting priorities are grounded in real experiences across diverse populations.

Key Informant Interviews

A total of **22 key informant interviews** were conducted between March and May 2025. Interviews included representatives from **public health, health care, behavioral health, housing and homelessness services, education, nonprofit organizations, disability and aging services, economic development, tribal leadership, and local government**. This cross-sector approach provided a comprehensive view of community needs, systemic challenges, and opportunities for collaboration.

Interviewees were selected based on established criteria:

- Individuals representing **diverse populations** or organizations serving historically marginalized communities.
- Representation across **multiple sectors** to capture a wide range of perspectives.
- Inclusion of **new voices** to minimize duplication from previous assessments and surface emerging issues.
- Availability and willingness to participate within the project timeline.

Confirmed interviewees included leadership from Thurston County Public Health and Social Services, Olympia Free Clinic, Sea Mar Community Health Centers, CHOICE, Senior Services for South Sound, Family Support Center of South Sound, Community Youth Services, Interfaith Works, United Way of Thurston County, Mi Chiantla, Capital City Pride, South Puget Sound Community College, Yelm Community Schools, and the Nisqually Indian Tribe, among others.

These interviews offered **rich insight into community priorities**, including behavioral health, housing, economic insecurity, transportation, food access, and childcare. They also highlighted **equity gaps**, systemic barriers, and areas where collaborative solutions are emerging.

Listening Sessions

To further center community voice, **five listening sessions** were held with a total of **27 residents** across Thurston County. Sessions were intentionally designed to be **culturally and linguistically appropriate**, trauma-informed, and held in **trusted community spaces** in partnership with local organizations. Each session engaged a priority population and explored lived experiences related to health, safety, housing, and community well-being:

- **Community Youth Services** – Youth navigating housing instability shared their experiences with behavioral health stigma, disrupted schooling, and barriers to supportive services.
- **Capital Recovery Center** – Adults in behavioral health recovery highlighted stigma in care systems and the importance of peer support and relationship-based approaches.
- **Morningside** – People with disabilities and caregivers discussed accessibility barriers in transportation, housing, employment, and health care navigation.
- **Family Support Center of South Sound** – Adults with lived experience of homelessness described the pathways into housing instability and the challenges of exiting homelessness without ID, income, or coordinated supports.
- **Mi Chiantla** – Latino immigrant families shared perspectives on language access, documentation challenges, food insecurity, discrimination, and trust in health systems.

The sessions illuminated shared concerns around housing instability, behavioral health access, food insecurity, education, and systemic navigation barriers, as well as community strengths and aspirations.

Inclusivity of Marginalized Populations

A core aim of the Thurston County CHNA was to **amplify the perspectives of historically marginalized and underserved groups**. Both interviews and listening sessions were intentionally designed to elevate voices often underrepresented in traditional planning processes. Engagement efforts prioritized:

- **Communities of color and immigrant/refugee families**, highlighting challenges with language access, cultural competency, and mistrust of health systems.
- **Youth**, particularly those experiencing housing instability, who spoke about behavioral health stigma, safety, and access to supportive spaces.
- **People with disabilities**, who described barriers across transportation, housing, and service systems.
- **LGBTQIA+ residents**, who shared experiences of discrimination and gaps in culturally competent care.
- **Rural communities**, where transportation gaps, limited provider availability, and geographic isolation exacerbate access challenges.
- These intentional efforts ensured that the CHNA findings reflect **a wide range of lived experiences** and that **equity considerations** are central to identifying and prioritizing health needs.

Methodology & Approach

Community Partners

Healthcare Access & Navigation

- Olympia Free Clinic
- Sea Mar Community Health Centers
- CHOICE
- Thurston County Public Health and Social Services Department

Behavioral Health & Recovery

- Catholic Community Services
- Capital Region ESD 113
- Capital Recovery Center (Listening session partner)

Housing, Homelessness & Social Services

- Family Support Center of South Sound (Key informant & listening session partner)
- Community Youth Services (Key informant & listening session partner)
- United Way of Thurston County
- Interfaith Works

Community Organizing, Cultural Advocacy, and Equity

- Capital City Pride
- Mi Chiantla (Key informant & listening session partner)

Education

- Yelm Community Schools
- South Puget Sound Community College
- Griffin School District

Disability & Aging Services

- Senior Services for South Sound
- Morningside (Listening session partner)

Economic & Workforce Development

- Thurston Economic Development Council
- Thurston County Chamber
- Thurston Regional Planning Council

Tribal and Government Leadership

- Nisqually Indian Tribe
- City of Tumwater / WA Department of Commerce
- Thurston County Prosecuting Attorney's Office

Data Gaps and Limitations

While this assessment integrates multiple data sources and community perspectives, several limitations affect the depth and specificity of the findings. On the **quantitative** side, some indicators rely on older or lagging county-level datasets, which may not fully reflect current conditions in Thurston County. Some datasets also lacked complete race and ethnicity information or disaggregated measures by subpopulation (e.g., language, ethnicity, or immigration status), making it difficult to fully assess disparities within smaller or marginalized groups. Additionally, differences in how indicators are collected and reported across sources limit comparability and longitudinal analysis.

On the **qualitative** side, input was gathered through key informant interviews and listening sessions with a range of stakeholders, including youth, people with disabilities, immigrant families, adults with lived experience of homelessness, and providers. While deliberate efforts were made to engage diverse and historically underrepresented populations, it is likely that some perspectives were not fully captured due to time constraints and availability of participants. Qualitative findings represent a snapshot in time, and some populations and geographic areas may be underrepresented.

Despite these limitations, the combination of available quantitative data and rich qualitative input provides a strong foundation for identifying significant health needs and informing future planning efforts.

For **key informant interviews**, participants were selected based on specific criteria to promote diversity and inclusivity:

- Individuals identifying as people of color or representing/working on behalf of marginalized populations.
- Representation from key sectors of business, non-profit, education, transportation, health and human services, local government, and law enforcement/first responders.
- Efforts to minimize interviewees who participated in the 2022 CHNA to avoid redundancy and ensure new voices.
- Availability within the project timeline.

These criteria helped to ensure that a wide range of experiences were reflected, though the number of interviews conducted still represents a **sample of perspectives rather than the full spectrum of community experience**.

Future assessments will seek to address these limitations through **expanded data partnerships, improved access to disaggregated data**, and a broader outreach strategy that includes additional listening sessions, surveys, and key informant interviews across underrepresented groups.

Methodology & Approach

Integration & Compliance

Integration with Strategic & Compliance Frameworks

This CHNA is designed to be a practical tool for action, not just a static report. Its findings are directly integrated into the hospital's operational and financial planning. The prioritized needs and implementation strategy guide the annual community benefit priorities, ensuring that resources are allocated based on data and the community's most pressing needs.

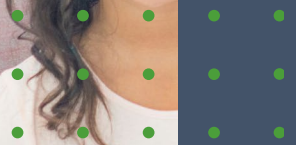
For compliance, the entire process is documented to meet IRS Section 501(r) regulations. This includes keeping engagement records, making the report public on the hospital's website, and having the implementation strategy formally adopted by hospital leadership. The results will be reported on IRS Form 990, Schedule H, making the CHNA an integral part of a repeating three-year cycle of assessment and action that helps the hospital fulfill its mission.





Community Profile & Health Needs

- Demographic Profile
- Health Status Data
- Social & Economic Factors
- Stakeholder Input



Community Profile & Health Needs

Demographic Profile

Community Composition

Thurston County is home to a steadily growing population of approximately 302,900 residents, with an average annual growth rate of 0.6%. The county's age distribution is relatively balanced, with about 20% of residents under the age of 18 and a growing share of older adults. This balance underscores the importance of maintaining both family- and youth-centered community resources as well as services that support an aging population. The county's blend of urban and rural communities creates unique service needs—ranging from access to childcare and education in more populated areas to transportation and healthcare access in rural regions.

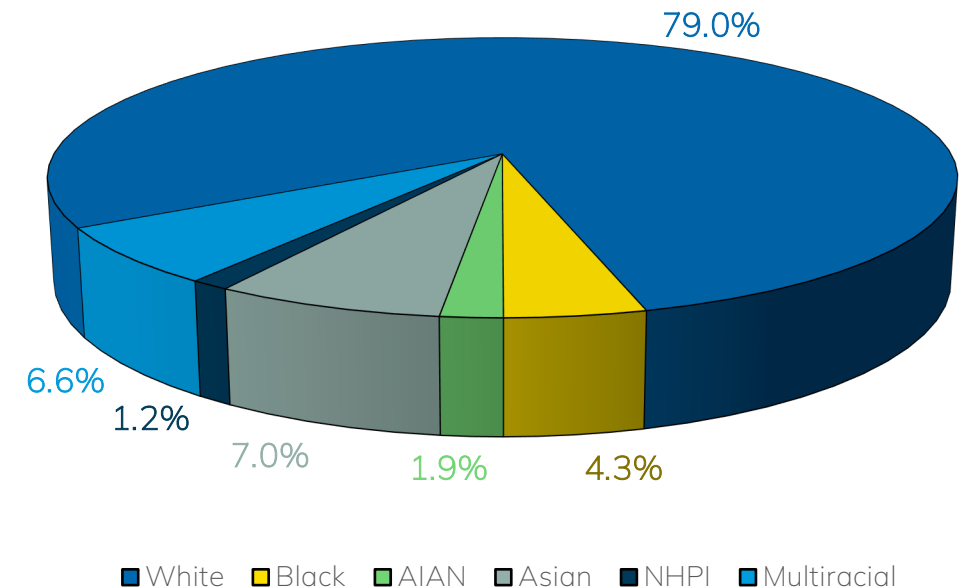
Diversity is Not Equally Distributed

While Thurston County is becoming increasingly diverse, it remains less racially and ethnically varied than many neighboring counties. As of the most recent estimates, White residents comprise 79.0% of the population, followed by Asian (7.0%), Multiracial (6.6%), Black or African American (4.3%), American Indian and Alaska Native (AIAN) (1.9%), and Native Hawaiian or Pacific Islander (NHPI) (1.2%). Hispanic or Latino residents make up 11.3% of the population, compared to 21.2% statewide.

Although diversity has increased over the past decade, it is not evenly distributed across the county.

Urban areas such as Olympia, Lacey, and Tumwater have become more racially and linguistically diverse, while rural communities remain less so. These patterns underscore the need for inclusive, culturally responsive approaches to service delivery—particularly in healthcare, education, and social services—to ensure all residents can access resources equitably.

Thurston County Population by Race



Community Profile & Health Needs

Health Status Data

Health Status Overview

Health status data summarizes community wellbeing in Thurston County across five domains: Behavioral Health, Social Determinants of Health, Maternal and Child Health, Chronic Disease, and Injury and Violence. These indicators provide a comprehensive view of the factors shaping community health, from individual behaviors and medical conditions to broader social and environmental influences. By comparing local data to state and national benchmarks, we can identify areas of improvement as well as ongoing disparities that require focused intervention.

Patterns across Thurston County reveal growing behavioral health concerns, including higher rates of depression, substance use, and suicide. Social determinants such as housing instability, limited access to healthy foods, and economic insecurity continue to influence health outcomes. Maternal and child health data highlight disparities in prenatal care and infant wellbeing, while chronic diseases like obesity and diabetes conditions remain elevated. Injury and violence indicators also point to ongoing challenges related to domestic violence and youth bullying. Together, these findings underscore the need for coordinated, cross-sector strategies that address root causes and promote equitable health outcomes across the county.

Several consistent patterns emerge across the service area:

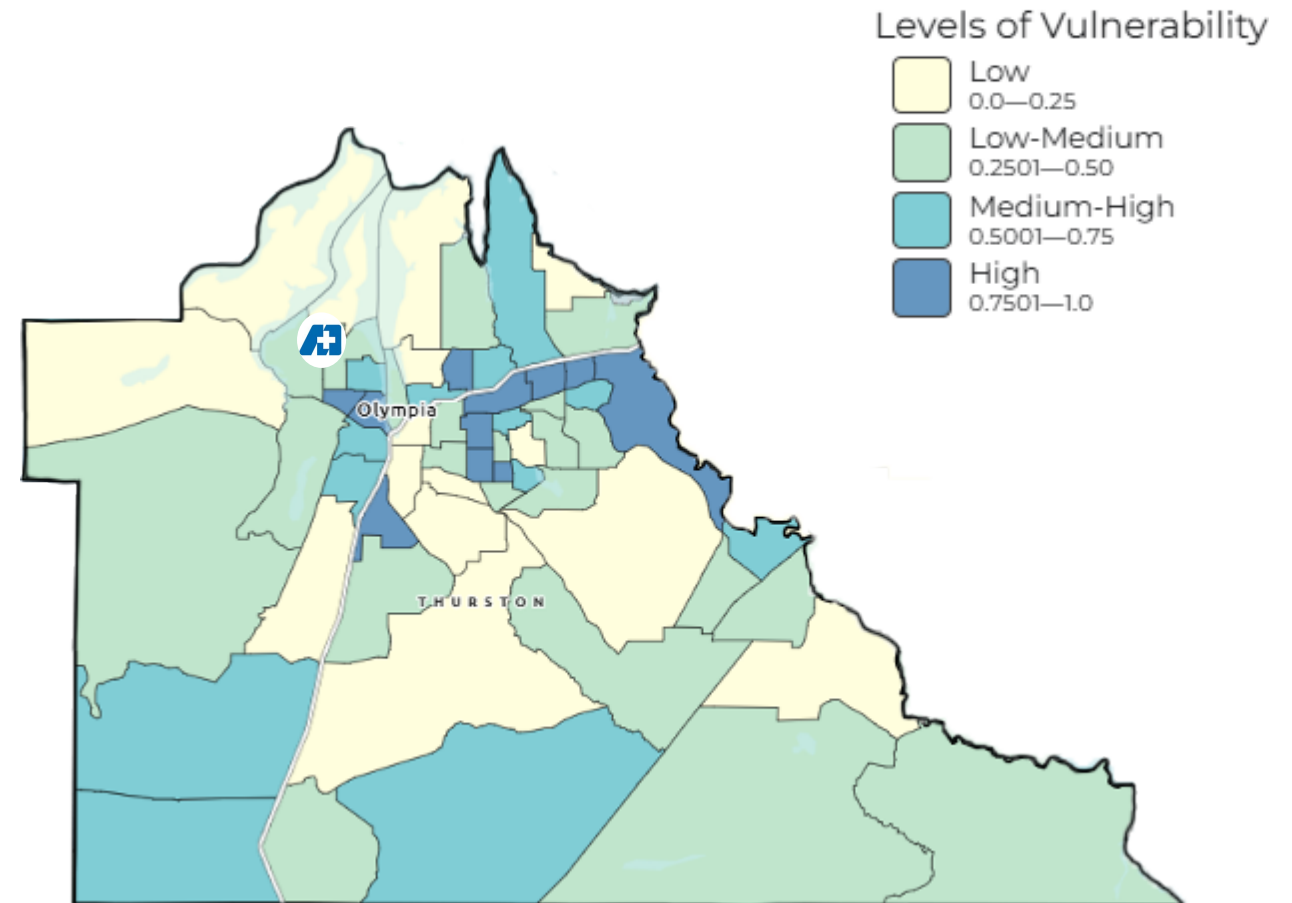
- **Maternal & Child Health:** Disparities in maternal health outcomes have continued to rise across multiple key indicators. Additionally, the need for affordable and dependable childcare remains a major concern in Thurston County.
- **Behavioral Health:** Depression, anxiety, and self-harm among youth have risen sharply. Limited outpatient resources mean that emergency departments are often used for behavioral health needs that could be addressed in community settings.
- **Social Determinants of Health:** Residents of Thurston County face pressing challenges with food security and access to healthy food, alongside high housing costs and unemployment rates. Addressing these social determinants is essential to promoting overall health and equity across the community.
- **Chronic Disease Management & Prevention:** Obesity, and diabetes remain among one the most prevalent concerns within Thurston County.
- **Injury & Violence:** Domestic violence and youth bullying, including cyberbullying and physical altercations at school, remain significant concerns in Thurston County. Preventive strategies and supportive services are critical to ensuring safety and promoting well-being for children and families.

Community Profile & Health Needs

Social & Economic Factors

The **Social Vulnerability Index (SVI)** by census tract is a CDC measure that identifies communities most vulnerable to external stresses on human health, such as natural disasters, disease outbreaks, or economic downturns. It uses U.S. Census data across four themes—socioeconomic status, household composition, minority status/language, and housing/ transportation—to help target public health resources and support equitable planning.

- Thurston County is characterized by a mix of areas with low and high vulnerability.
- The census tracts with the highest vulnerability are concentrated in and around the urban centers of Olympia and Lacey.
- These neighborhoods consistently exhibit high vulnerability across multiple themes, particularly Socioeconomic Status, Racial & Ethnic Minority Status, and Housing Type & Transportation.
- They represent the epicenters of social vulnerability in the county, where the challenges of poverty, diversity, housing instability, and transportation barriers converge.



Source: Social Vulnerability Index, 2022

Community Profile & Health Needs

Stakeholder Input

Priority Topic	Qualitative Findings
Affordable Housing & Homelessness	Housing instability is the most urgent issue, acting as a barrier to nearly every other service. Participants emphasized rising costs, lack of supportive housing, and discrimination faced by marginalized groups.
Behavioral & Mental Health	Youth and adults face rising anxiety, depression, trauma, and substance use. Long waitlists, lack of culturally responsive care, and limited peer support infrastructure are major concerns.
Economic Security	Economic strain is a root driver of instability, with childcare, housing, transportation, and wages cited as key stressors. Many working families still face food and housing insecurity.
Access to Health Care Services	Cost, transportation, mistrust, and limited provider availability create barriers to primary and specialty care. Specific gaps exist in reproductive, geriatric, prenatal, and dental services.
Access to Childcare	Affordable childcare is scarce, with long waitlists and limited options for infants, children with disabilities, and rural families. Lack of childcare is a major barrier to employment and education.

Community Profile & Health Needs

Stakeholder Input

Priority Topic	Qualitative Findings
Food Security	High food costs, transportation barriers, and poor food bank quality limit access to healthy food. Immigrant families face language and documentation challenges that further reduce access.
Education, Youth Safety & Inclusion	Concerns center on bullying, language barriers, and unequal support for students with disabilities. Participants called for more bilingual staff, inclusive environments, and improved educational quality.
Transportation	Free public transit is a community strength, but service gaps persist in rural areas and for older adults and people with disabilities. These gaps limit access to jobs, care, and services.
Aging Adult Wellbeing	Older adults face isolation, rising costs, and limited access to geriatric and home care services. Interviewees called for better long-term supports and intergenerational connection.

Listening Sessions

As part of the 2025 Thurston County Community Health Needs Assessment, five community listening sessions were conducted in partnership with trusted local organizations. Each session was designed to **elevate the perspectives of specific populations** whose experiences are often underrepresented in traditional planning processes, including youth experiencing homelessness, adults in behavioral health recovery, people with disabilities, adults with lived experience of homelessness, and Latino immigrant families.

These sessions were held in familiar community spaces and facilitated using **trauma-informed and culturally appropriate approaches** to encourage open dialogue. The following summaries highlight **the unique perspectives, challenges, and key themes** that emerged from each session, providing important qualitative context to complement the quantitative data and key informant interviews.

Community Youth Services

Youth Experiencing Housing Instability

This session engaged youth experiencing homelessness and housing instability, highlighting how constant movement and uncertainty disrupt their education, mental health, and ability to access services.

Participants described feeling unsafe and disconnected from traditional systems, and emphasized the importance of safe, non-judgmental spaces. They expressed a strong desire for trusted adults, peer navigators, and trauma-informed approaches that acknowledge their lived experiences.

Key Themes:

- Housing instability as a barrier to health care, education, and stability
- Persistent stigma and lack of accessible mental health supports
- Need for trusted adults and peer navigators to help navigate systems
- Importance of trauma-informed supports in schools and shelters
- Disconnection from traditional institutions and lack of safe spaces

Capital Recovery Center

Adults in Behavioral Health Recovery

This session included adults in behavioral health recovery who shared experiences with fragmented services and stigma in traditional treatment systems. Participants emphasized that recovery depends on access to stable housing, peer support, and basic needs like food and hygiene, not just clinical care. They expressed frustration with punitive systems and called for more community-based, peer-led models that build trust.

Key Themes:

- Long waitlists and lack of culturally responsive behavioral health services
- Punitive, fragmented systems undermine recovery
- Peer-led recovery and support networks are highly valued
- Stable housing and basic needs are critical for sustaining recovery
- Desire for accessible, 24/7 crisis support in community spaces

Morningside

Adults with Disabilities

This session brought together adults with disabilities to discuss barriers to daily life and inclusion. Participants described transportation challenges, limited employment opportunities, and insufficient educational supports. They emphasized the need for empathy, individualized accommodations, and broader community understanding to create environments that are not just compliant but truly inclusive.

Key Themes:

- Transportation barriers and unreliable paratransit services
- Limited workplace accommodations and employment opportunities
- Inadequate individualized educational support and staffing
- Desire for greater empathy and cultural understanding of disability
- Call for community education and inclusive practices

Family Support Center of South Sound

Adults with Lived Experience of Homelessness

This session focused on adults with lived experience of homelessness, who shared how systemic gaps make it difficult to escape cycles of housing instability. Participants highlighted structural barriers such as high costs, limited shelter capacity, legal and documentation issues, and hospital discharge gaps that return people to unsafe situations. They emphasized the importance of coordinated services, legal aid, and mobile supports.

Key Themes:

- High housing costs and limited low-barrier shelter options
- Hospital discharge and system navigation gaps perpetuate homelessness
- Legal, documentation, and credit challenges limit access to housing
- Mobile services and hygiene supports are critical unmet needs
- Structural discrimination and criminalization of homelessness drive inequities

Mi Chiantla

Latino Immigrant Families

This session engaged **Latino immigrant parents and caregivers**, many of whom face language barriers, documentation-related fears, and discrimination that limit their access to basic services. Participants discussed challenges around food access, education, and health care navigation, and emphasized the need for culturally respectful, bilingual services. They shared concerns about school bullying and language isolation affecting their children's sense of safety and inclusion.

Key Themes:

- Language barriers and limited access to interpretation
- Fear related to immigration status deters seeking services
- Challenges accessing food, education, and health care due to documentation
- Need for bilingual staff and culturally respectful outreach
- Bullying and exclusion experienced by Spanish-speaking students

Summary of Listening Session Findings

The listening sessions provided critical qualitative depth that **illuminates the lived experiences behind the data** presented in the Community Profile.

The themes that surfaced—such as housing instability, transportation gaps, economic strain, language and cultural barriers, stigma around behavioral health, and limited access to culturally responsive services—are not isolated anecdotes. Rather, they **mirror and contextualize broader population trends** seen in demographic, economic, and health indicator data for Thurston County.

For example, the high cost of housing and transportation barriers identified by the community were echoed powerfully by youth experiencing homelessness and adults with lived experience of housing instability, who described how these factors compound health challenges. Similarly, the county's increasing cultural and linguistic diversity is reflected in the experiences of Latino immigrant families, who emphasized language isolation and fear related to immigration status as key barriers to health, education, and food security. Adults in behavioral health recovery spoke to workforce shortages, system fragmentation, and stigma—issues that are also evident in county-level behavioral health access data. People with disabilities described accessibility and inclusion gaps that are not always visible in quantitative data, highlighting the importance of community input in identifying systemic barriers.

These insights helped inform the **identification and prioritization of significant health needs**. Alongside quantitative data and key informant interviews, the listening session findings were synthesized to create a **comprehensive inventory of health needs** across Thurston County.



Prioritization of Needs

Identifying Significant Health Needs

Behavioral Health

Injury & Violence

Maternal & Child Health

Social Determinants of Health

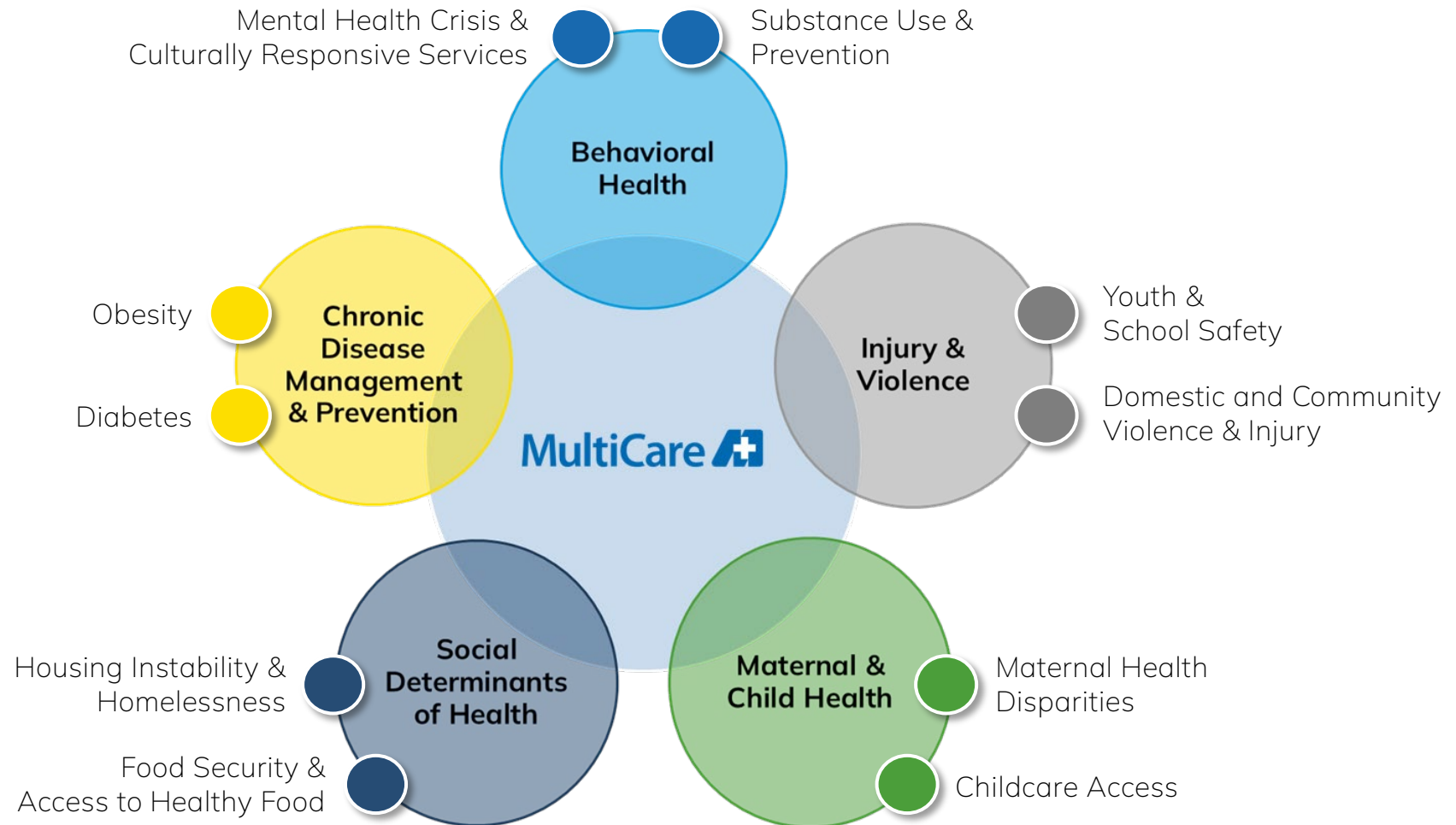
Chronic Disease Management & Prevention

Conclusion: Priority Needs



Prioritization of Needs

Identifying Significant Health Needs



Prioritization of Needs

Identifying Significant Health Needs

Priority Area	Magnitude	Severity	Disparity & Equity	Feasibility of Impact	Strategic Alignment	Total (out of 25)
Behavioral & Mental Health	5 – Consistently identified as the top concern in key informant interviews and all five listening sessions. Youth and adults reported rising anxiety, depression, trauma, and substance use. System strain and long waitlists are well-documented locally.	5 – High impact on morbidity and mortality; linked to suicide risk, ED visits, and worsening chronic conditions.	5 – Disparities are significant for BIPOC youth, LGBTQIA+ individuals, rural residents, and low-income populations. Stigma and lack of culturally responsive care exacerbate inequities.	4 – MultiCare and partners have existing behavioral health initiatives; strong potential for impact through school-based, crisis, and peer-led models, though workforce shortages remain a challenge.	5 – Strong alignment with MultiCare system priorities and regional mental health expansion efforts. Behavioral health is also central to community-identified needs.	24
Social Determinants of Health (Housing & Food Security)	5 – Housing instability was the most urgent issue raised in nearly every listening session and by key informants. Food insecurity remains persistent, particularly in rural and immigrant communities.	4 – While indirect, housing and food insecurity significantly affect morbidity, mental health, chronic disease risk, and ED utilization.	5 – Profound inequities for BIPOC communities, individuals with disabilities, those experiencing homelessness, immigrants, and rural residents.	3 – Hospital system has limited direct influence but strong partnership potential with community orgs, local government, and housing/food programs.	4 – Aligns with MultiCare’s community partnerships, equity strategy, and focus on upstream drivers of health.	21
Maternal & Child Health	4 – Disparities in prenatal care and childcare access were raised in key informant interviews, and maternal health gaps are reflected in county-level data.	4 – Significant consequences include preterm birth, low birth weight, and economic strain from childcare shortages.	4 – Black, Hispanic, rural, and immigrant mothers face disproportionate barriers to prenatal care, language access, and affordable childcare.	4 – Evidence-based models (e.g., prenatal care, lactation support, community health workers) offer strong opportunities for measurable impact.	4 – Aligned with MultiCare and Capital Medical Center perinatal and pediatric strategies.	20

Prioritization of Needs

Identifying Significant Health Needs

Priority Area	Magnitude	Severity	Disparity & Equity	Feasibility of Impact	Strategic Alignment	Total (out of 25)
Chronic Disease & Prevention (Obesity & Diabetes)	4 – Obesity and diabetes are widespread, driven by structural barriers to healthy food, transportation, and preventive care, noted in both qualitative sessions and county data.	4 – These conditions have major impacts on morbidity, mortality, and quality of life, and are linked to downstream complications.	4 – Disparities are significant for low-income populations, rural residents, and communities facing food insecurity.	4 – There is strong evidence for interventions in nutrition access, screening, and prevention; opportunities exist through partnerships with primary care and community organizations.	4 – Aligned with system priorities on population health and prevention.	20
Injury & Violence (Youth Safety, Domestic & Community Violence)	3 – Identified in multiple listening sessions and interviews, especially around bullying, cyber harassment, and domestic violence, though raised less frequently than behavioral health or housing.	3 – Significant but more targeted impacts on morbidity and safety; critical for affected populations, especially youth and survivors.	4 – Disproportionate impact on Latino immigrant youth, LGBTQIA+ youth, and survivors with disabilities or undocumented status.	3 – Potential for impact through partnerships with schools, law enforcement, shelters, and community-based prevention programs.	3 – Aligns with system priorities around community safety and trauma-informed care but less central than other areas.	16

Behavioral Health

Mental Health Crisis & Culturally Responsive Services

About Mental Health Crisis & Culturally Responsive Services

Mental health concerns are increasing across Thurston County, with more individuals experiencing depression, anxiety, and crisis situations. Access to care is often limited by long wait times, affordability, or a lack of available providers, leaving many without the support they need. These barriers can turn treatable issues into long-term struggles, further impacting overall health and stability.

Culturally responsive services remain a gap in the system of care. Many residents do not see their cultural identity, language, or community values reflected in available services, which can create feelings of mistrust or disconnect. When care does not feel relevant or respectful, people are less likely to seek help or continue treatment, deepening existing health inequities.

Expanding culturally grounded and inclusive approaches is key to addressing this crisis. Building systems that integrate cultural understanding, reduce stigma, and center lived experiences helps create trust and improve outcomes. A stronger, more responsive behavioral health system will not only meet immediate needs but also promote long-term resilience and wellness across diverse communities.

Qualitative Summary

Thurston County's mental health system is stretched thin, with limited psychiatric providers, long waitlists, and gaps in culturally appropriate services. Key informants described increasing rates of anxiety, depression, trauma, and suicidality, particularly among youth, BIPOC, LGBTQIA+, and rural residents. Workforce shortages, siloed funding, and limited infrastructure hinder expansion of school- and community-based supports.

Listening session participants reported discrimination, lack of trauma-informed care, and fear of disclosing mental health needs, especially around suicidal thoughts or gender identity. Parents cited language isolation and bullying as key stressors for Latino youth. Community members called for 24/7 crisis response, peer support, and culturally and linguistically matched providers to build trust and bridge gaps in care.

Marginalized residents face the greatest obstacles to access and continuity, reinforcing mistrust and disengagement. Addressing these gaps will require investments in culturally responsive crisis systems, workforce development, and relationship-based care that reflects the lived experiences of diverse communities.

Behavioral Health

Mental Health Crisis & Culturally Responsive Services

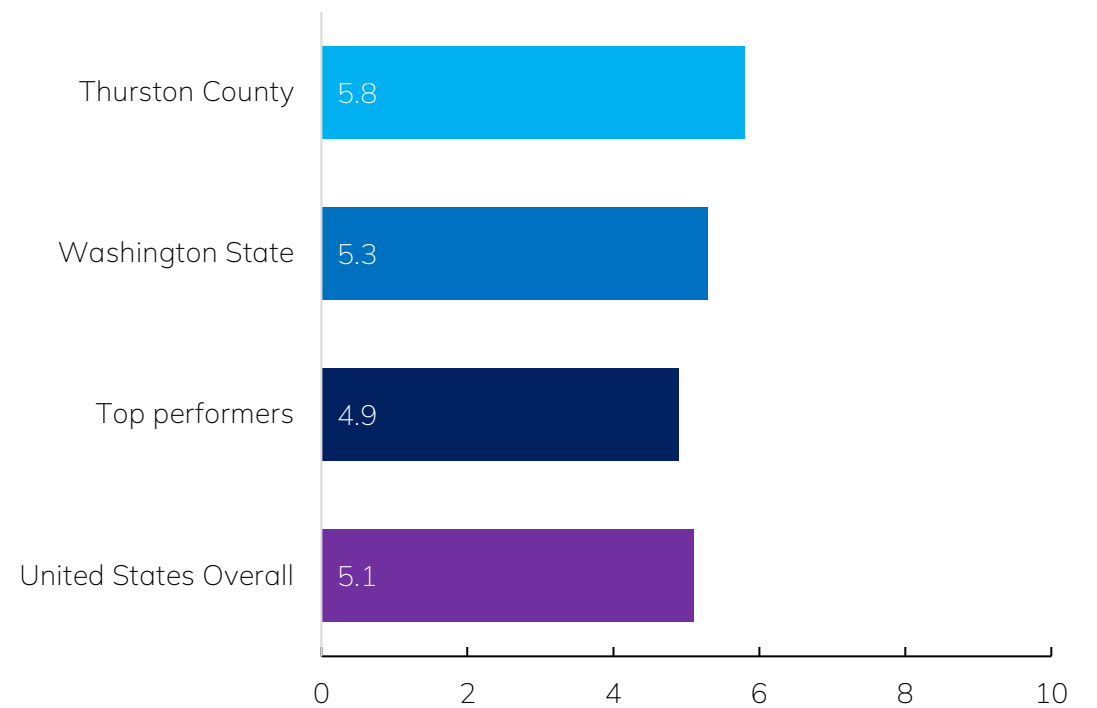
Mental Health Crisis & Culturally Responsive Services

Mental health needs and disparities across **Thurston County** raise growing concerns across various population sub-groups. Residents reported an average of **5.8** mentally unhealthy days in the past 30 days, which is higher than the **Washington State** (5.3 days) and **United States Overall** (5.1 days) averages. Furthermore, data from the **Healthy Youth Survey** for 8th graders shows that the percentage of students in Thurston County reporting **Depressive Feelings** (28.0%) and those who have **Contemplated Suicide** (17.3%) both exceed Washington State averages (27.1% and 15.2%, respectively).

These elevated rates are driven by profound **disparities** among youth populations, highlighting the critical need for **culturally and identity-responsive services**:

- **Transgender** youth reported the highest rates for both depressive feelings (61.5%) and contemplated suicide (51.9%).
- Youth who are **Questioning** their sexual orientation also showed extremely high rates (57.1% for depressive feelings and 45.3% for contemplated suicide).
- Students identifying as **Middle East/North African** (50.0% depressive feelings, 42.9% contemplated suicide) and those from other minority groups (**AIAN, NHPI, and Gay/Lesbian/Bisexual** youth) consistently reported rates for both indicators that were significantly higher than their **Heterosexual** and **White** peers.

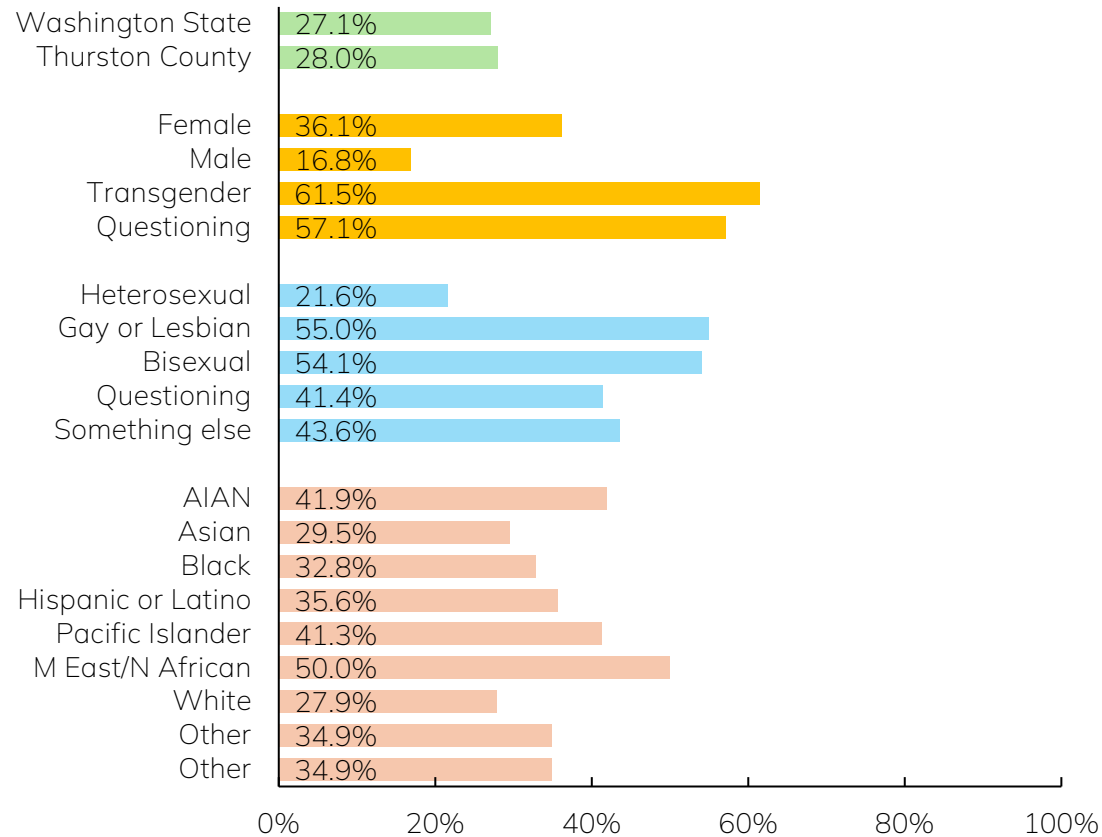
Average Number of Mentally Unhealthy Days Reported in Past 30 Days
RWJ County Health Rankings



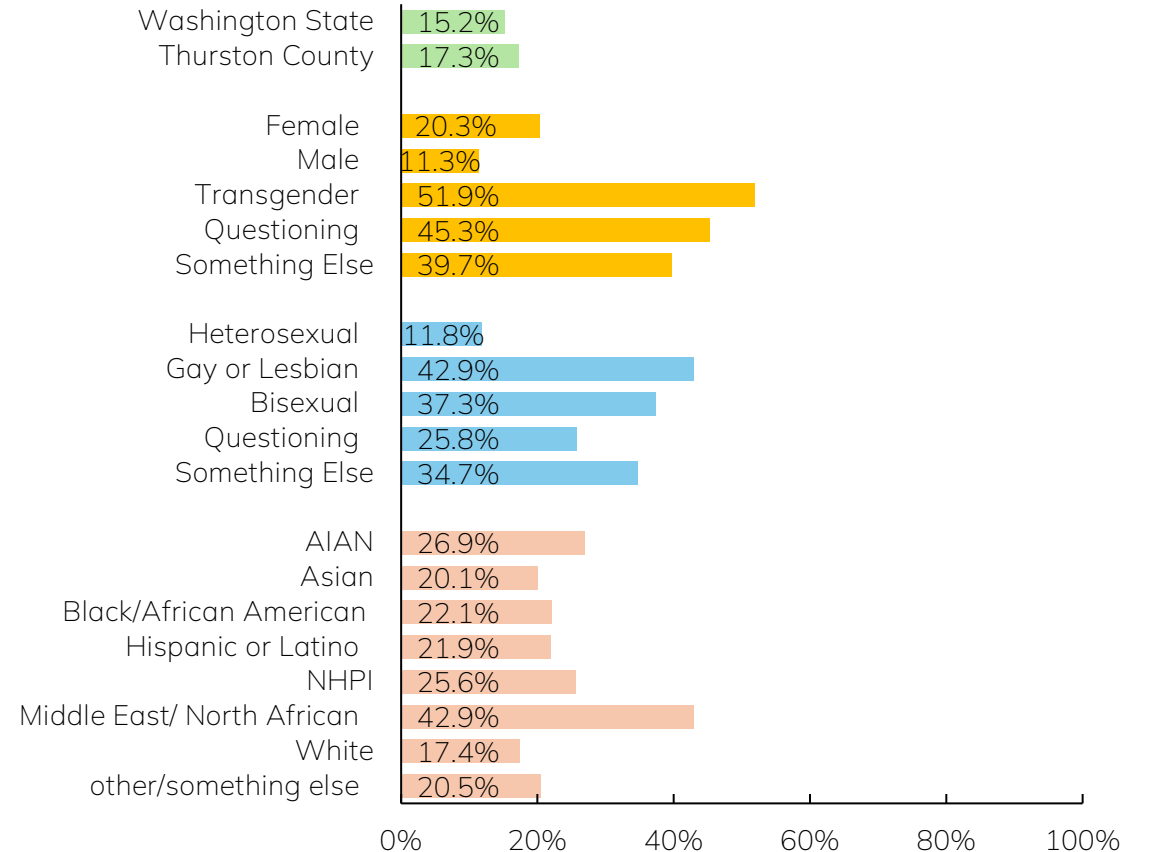
Behavioral Health

Mental Health Crisis & Culturally Responsive Services

Percent of 8th Graders who Experienced Depressive Feelings
Healthy Youth Survey



Percent of 8th Graders who Contemplated Suicide
Healthy Youth Survey



About Substance Use & Prevention

Substance use in communities greatly impacts health, safety, and overall quality of life. Alcohol, prescription drugs, and illicit substances all contribute to chronic disease, overdose risk, and unstable housing, placing strain on families and local systems of care. The need for prevention and recovery services remains high, with many residents struggling to access consistent and effective support.

Prevention efforts are most effective when they begin early and are reinforced across community settings. Education, outreach, and stigma reduction play an important role in helping individuals and families recognize risks before substance use becomes more severe. When prevention is culturally relevant and community-driven, it builds stronger protective factors and empowers people to make healthier choices.

Recovery supports are equally vital in addressing substance use. Expanding access to treatment, peer support, and wraparound services helps reduce relapse and sustain long-term recovery. By strengthening prevention, investing in recovery pathways, and reducing barriers to care, communities can build resilience and create healthier environments where individuals are supported throughout every stage of recovery.

Qualitative Summary

Substance use and prevention were identified as major priorities across Thurston County. Key informants reported rising opioid and polysubstance use, especially among adults, alongside concerns about youth access. Prevention efforts were described as fragmented and underfunded, often occurring in isolated school or community programs without systemic coordination.

Listening session participants emphasized that stigma and fear of punishment discourage individuals—particularly youth and immigrant residents—from seeking help early. Families expressed difficulty finding culturally relevant support, and people in recovery described the challenges of sustaining sobriety without stable housing or ongoing services. Community members called for non-punitive, culturally tailored prevention and harm reduction strategies, including peer recovery programs and family education.

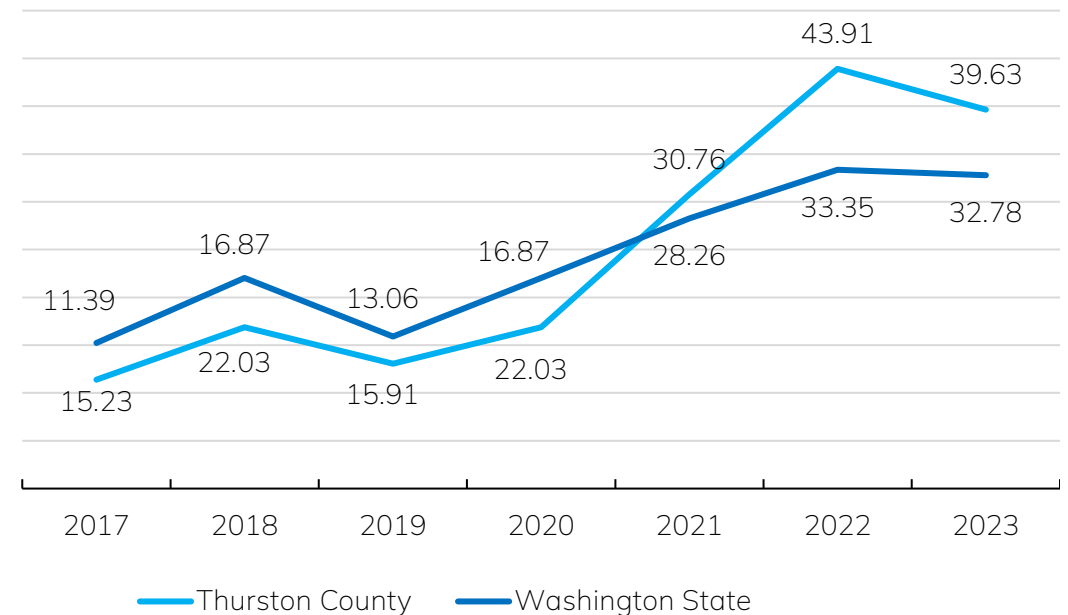
Equity concerns were significant: immigrant residents, people with behavioral health conditions, and individuals experiencing homelessness face language, documentation, and trust barriers. Together, these perspectives highlight the need for upstream prevention and recovery supports embedded in community systems, with stable funding and cultural responsiveness at their core.

Substance Use & Prevention

Thurston County faces high-volatility challenges in drug-related harms that often meet or exceed state levels. The **Age-Adjusted Rate of Drug and Opioid Overdose Hospitalizations** (per 100,000 population) in Thurston County peaked at **78.6** in 2021, significantly higher than the Washington State rate of **61.4** that year. While the rate saw volatility, it remained high at **68.7** in 2023. Similarly, the **Age-Adjusted Rate of Drug and Opioid Overdose Deaths** (per 100,000 population) in Thurston County has trended sharply upward and consistently met or exceeded the state rate in recent years, reaching a high of around **43.9** in 2022 (compared to the state's rate of 33.5).

Support systems also show concerning risk factors for future substance use issues among youth. **Marijuana or Hashish use** in the past 30 days among **8th graders** in Thurston County saw an increase from **3.3%** in 2021 to **4.4%** in 2023, surpassing the current Washington State average of **3.7%**. Among **10th graders**, Thurston County's rate held steady at **7.2%** in 2023, slightly below the state average of **8.4%**. Taken together, these indicators show that the region is experiencing a critical, volatile crisis in drug-related morbidity and mortality, alongside a concerning upward trend in substance initiation among younger adolescents.

Age-Adjusted Rate of Drug and Opioid Overdose Deaths per 100,000 Population
Washington State Department of Health

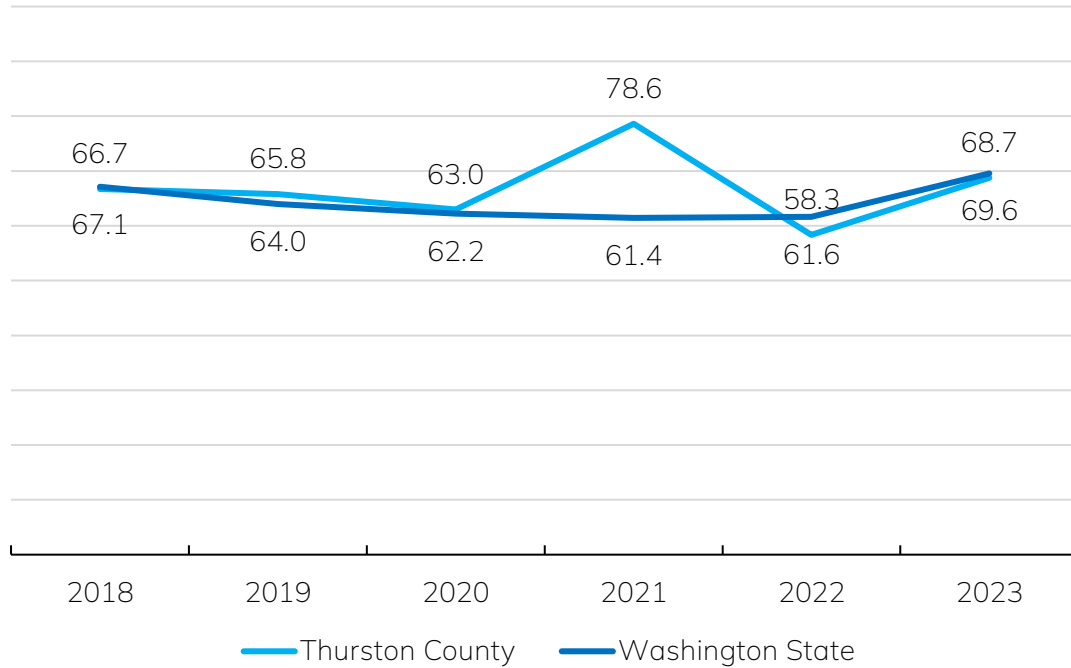


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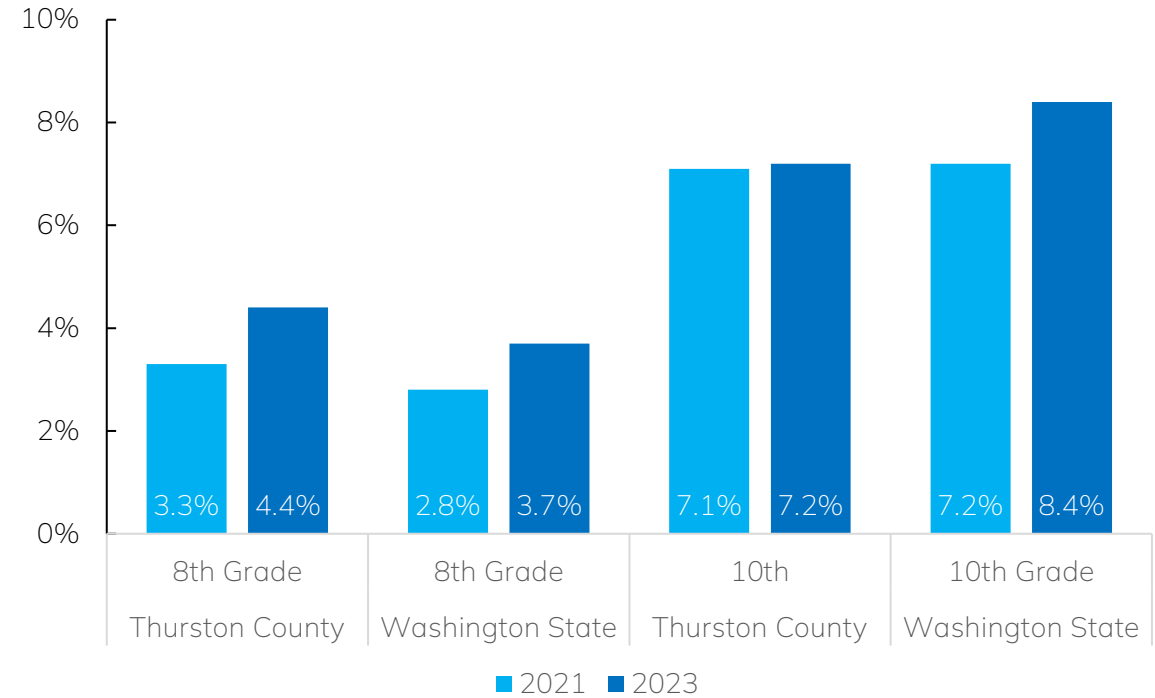
Behavioral Health

Substance Use & Prevention

Age-Adjusted Rate of Drug and Opioid
Overdose Hospitalizations per 100,000 Population
Washington State Department of Health



Students Reported Using Any Marijuana or Hashish in the
Past 30 Days
Healthy Youth Survey



Injury & Violence

Youth & School Safety

About Youth & School Safety

Youth safety in schools and community settings include a variety of risks ranging from bullying and violence to accidents and injuries. These experiences not only impact physical health but also influence mental well-being, academic performance, and long-term development. Creating safe, supportive environments is essential for helping young people thrive both inside and outside of the classroom.

Preventing injury and violence requires a comprehensive approach that includes education, supportive policies, and active engagement from families, schools, and community organizations. Programs that address bullying, peer conflict, and social-emotional development are especially effective in reducing risks. When students feel safe and supported, they are more likely to build positive connections and focus on learning.

Collaboration across schools, families, and community partners is essential to maintaining youth and school safety. Investing in prevention strategies, strengthening relationships between students and trusted adults, and fostering inclusive school environments can reduce risks and promote well-being. These efforts not only prevent harm but also build resilience and create safer spaces where young people can learn and grow.

Qualitative Summary

Youth and school safety were identified as growing concerns across Thurston County, with both key informants and community members pointing to increased bullying, online intimidation, and language-based discrimination, particularly affecting Spanish-speaking and immigrant students. Participants expressed that language barriers make it difficult for students to report bullying or access support, leaving many feeling isolated or unsafe in school environments.

Listening session participants described concerns about both physical and cyberbullying, as well as the need for more tailored approaches that consider diverse learning needs and communication styles. Families emphasized the importance of bilingual staff, inclusive environments, and improved security measures to ensure all students feel protected. Participants also called for earlier and more proactive education around online safety, empathy, and cultural understanding to prevent harm.

Equity considerations are central: Latino immigrant students and youth with disabilities face disproportionate risks of bullying and exclusion, often compounded by systemic language barriers. Addressing these issues requires strengthening school safety policies, expanding culturally and linguistically responsive supports, and fostering inclusive school cultures that prioritize belonging and prevention.

Injury & Violence

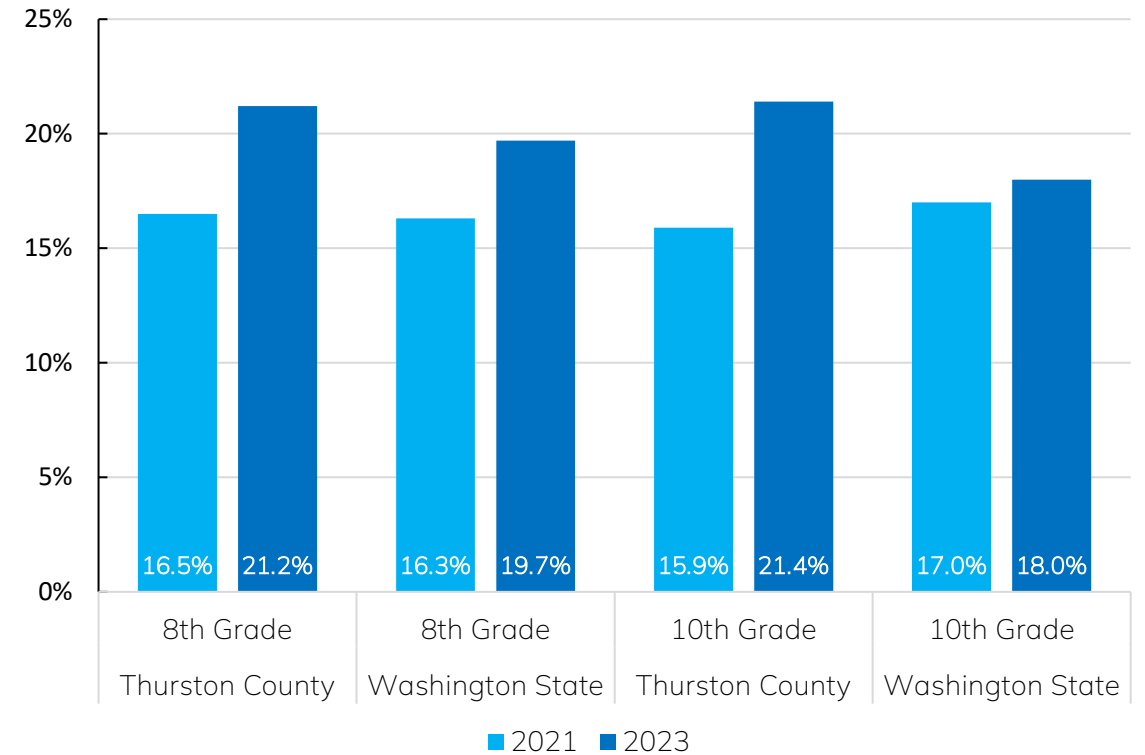
Youth & School Safety

Youth & School Safety

In **Thurston County**, students have reported significantly elevated rates of feeling unsafe and experiencing bullying compared to Washington State averages. The percentage of students who reported "**no**" to **Feeling Safe at School** increased dramatically in Thurston County between 2021 and 2023. For **8th graders**, this rate surged from **16.5%** to **21.2%**, and for **10th graders**, it increased from **15.9%** to **21.4%**. Both 2023 Thurston County rates are higher than the Washington State averages of **19.7%** (8th grade) and **18.0%** (10th grade).

Support systems also show concerning gaps related to peer victimization. In the past 30 days, **8th graders** in Thurston County reported the highest rates for both **Being Bullied (29.6%)** and **Cyber Bullied (21.9%)**, exceeding the Washington State averages of **27.6%** and **19.6%**, respectively. This pattern of higher victimization rates for Thurston County students continues across all grade levels for general bullying: **10th graders** reported **19.4%** (vs. state 16.6%) and **12th graders** reported **13.9%** (vs. state 13.0%). Taken together, these indicators show that safety and bullying needs in Thurston County consistently meet or exceed state levels, with **younger adolescents** facing the most acute challenges.

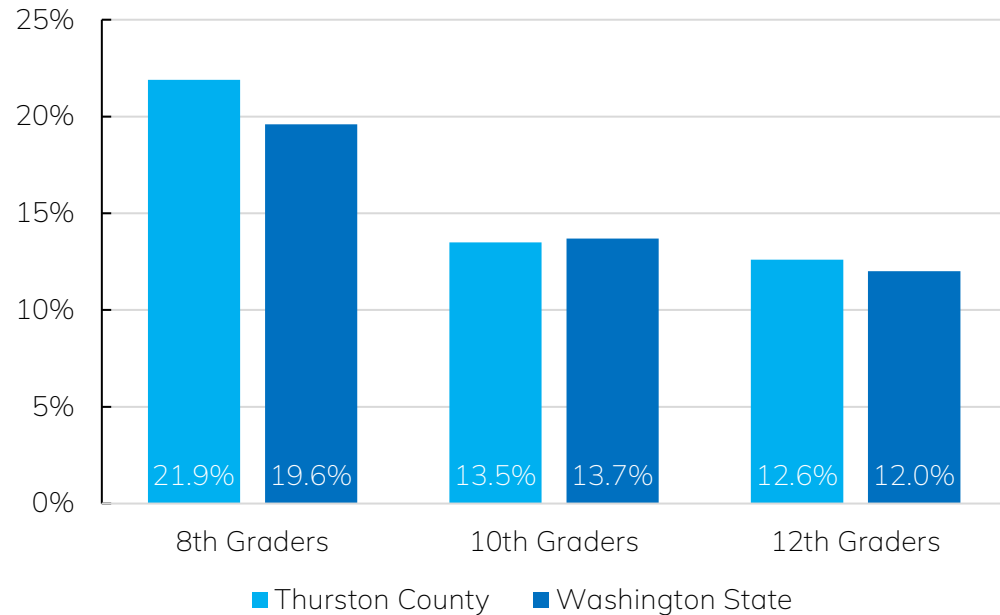
Students Reported "no" to Feeling Safe at School
Healthy Youth Survey



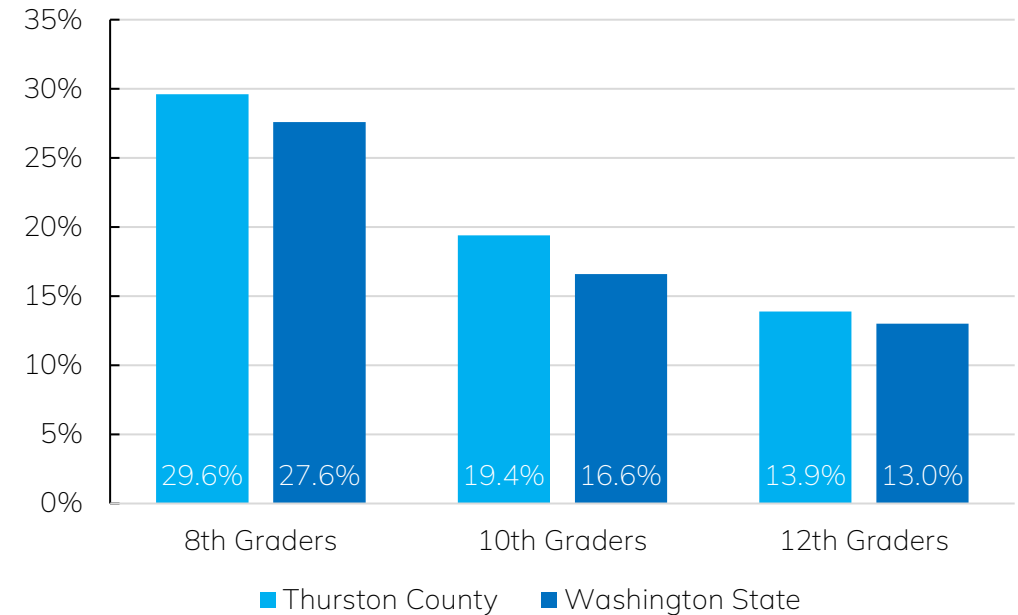
Injury & Violence

Youth & School Safety

Students Responded "any times" to Being Cyber Bullied in the Past 30 Days
Healthy Youth Survey



Students Responded "any times" to Being Bullied in the Past 30 Days
Healthy Youth Survey



Note: CDC references Cyber bullying under Youth Violence Prevention

Injury & Violence

Domestic and Community Violence & Injury

About Domestic and Community Violence & Injury

Domestic and community violence impacts individuals and families across Thurston County, leading to **lasting physical, emotional, and social harm**. Survivors may experience trauma, chronic health conditions, and housing instability, while children and other household members are often **indirectly affected** through exposure to violence or unsafe environments. The prevalence of domestic violence underscores the need for **accessible, trauma-informed, and culturally responsive support services**.

Prevention and early intervention are essential to reducing harm and breaking cycles of violence. Community-based education, awareness campaigns, and prevention programs help individuals recognize warning signs and seek help early, while **crisis hotlines, counseling, safe housing, and legal advocacy** support survivors in recovery and rebuilding stability.

Addressing domestic and community violence requires **coordinated action across healthcare, law enforcement, and social services**. Strengthening community networks, expanding access to inclusive and culturally competent services, and prioritizing survivor safety can reduce violence and **foster safer, more connected communities** for all residents.

Qualitative Summary

Concerns about domestic and community violence were prominent throughout interviews and listening sessions, reflecting the intersections between safety, housing instability, behavioral health, and economic stress. Key informants emphasized that survivors of domestic violence face significant barriers to safe shelter, legal support, and long-term stability, particularly those with disabilities, undocumented status, or limited English proficiency. Listening session participants said major gaps are unsafe living environments and lack of accessible, trauma-informed services.

Community members noted that existing supports, such as shelters and crisis response services, are vital but often over capacity and difficult to navigate, especially for people with complex needs. Participants called for increased availability of safe housing, 24/7 crisis services, culturally responsive legal aid, and navigation support for survivors. They also raised concerns about systemic inequities in how law enforcement and legal systems respond to domestic and community violence, citing the need for more empathetic and balanced approaches.

Equity issues were especially pronounced for immigrant communities, LGBTQIA+ individuals, and people with disabilities, who often face heightened barriers to safety and justice. Strengthening trauma-informed, culturally competent services and expanding legal and housing supports were identified as essential to improving community safety and well-being.

Injury & Violence

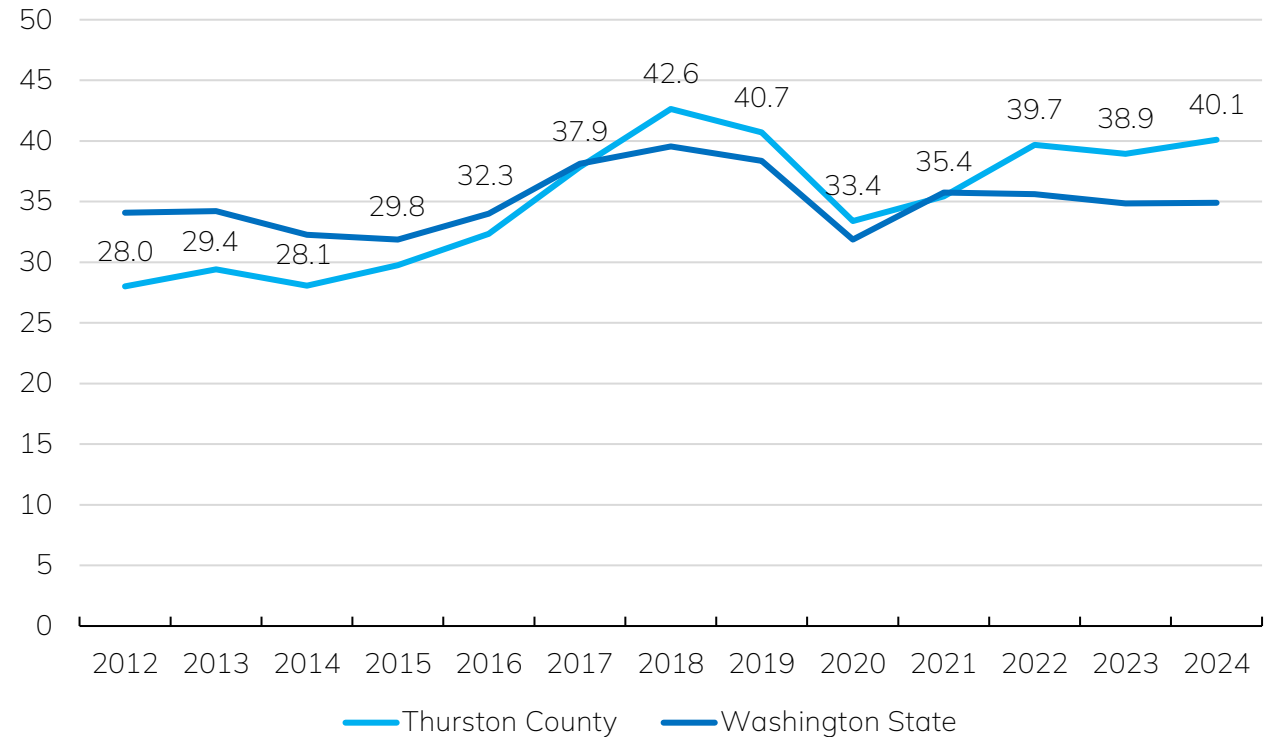
Domestic and Community Violence & Injury

Domestic and Community Violence & Injury

Child abuse, neglect, and exposure to violence is a concern across the service area, with data exceeding the **Washington State** averages. The rate of **victims of child abuse and neglect in accepted referrals** (birth to 17) was consistently higher in Thurston County than the state average from 2012 through 2024. The rate for Thurston County surged from 28.1 per 1,000 in 2014 to a peak of **42.6** in 2018.

This pattern of heightened vulnerability extends to youth exposure to violence, according to the Healthy Youth Survey. Across all three measured grades (8th, 10th, and 12th), a larger percentage of Thurston County students reported **seeing an adult hit, slap, punch, shove, kick, or physically hurt an adult more than one time** compared to the state average. For example, 12th graders reported 27.4% in Thurston County versus 25.5% statewide. Furthermore, Thurston County students were more likely to report **being physically hurt by an adult** across all grade levels, with the highest disparity seen among 8th graders (20.4% vs. the state's 17.9%). Taken together, these indicators show that children and youth in Thurston County face a **higher burden of both substantiated child maltreatment referrals and exposure to violence** within their communities and homes.

Rate of Victims Of Child Abuse And Neglect In Accepted Referral, Birth to 17
Washington State Department of Social and Health Services

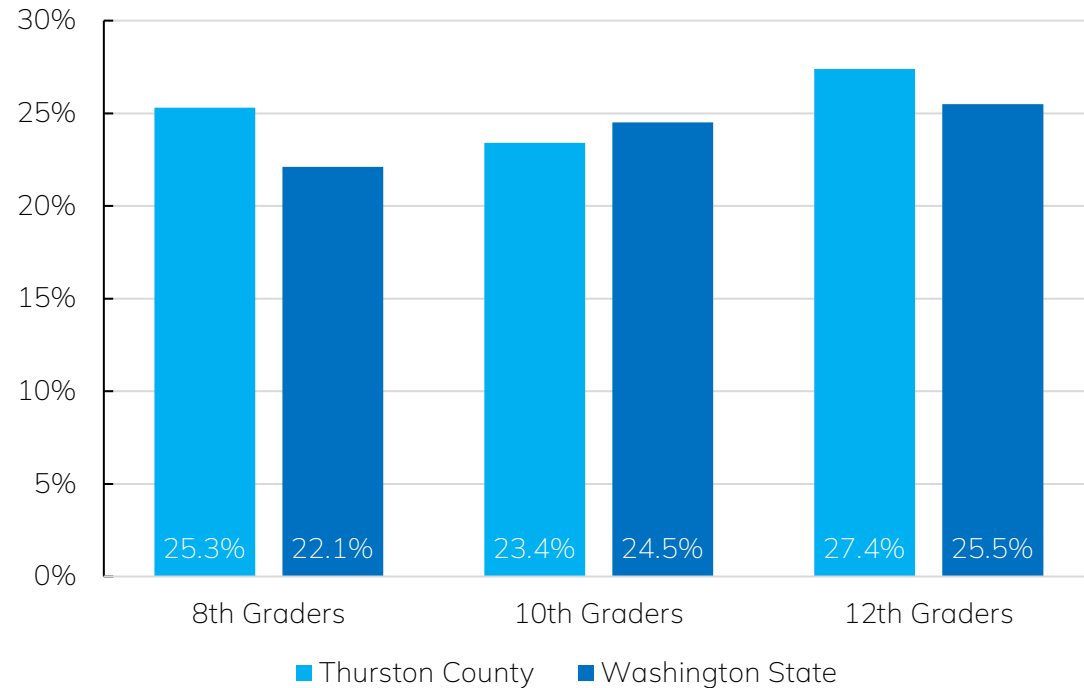


Injury & Violence

Domestic and Community Violence & Injury

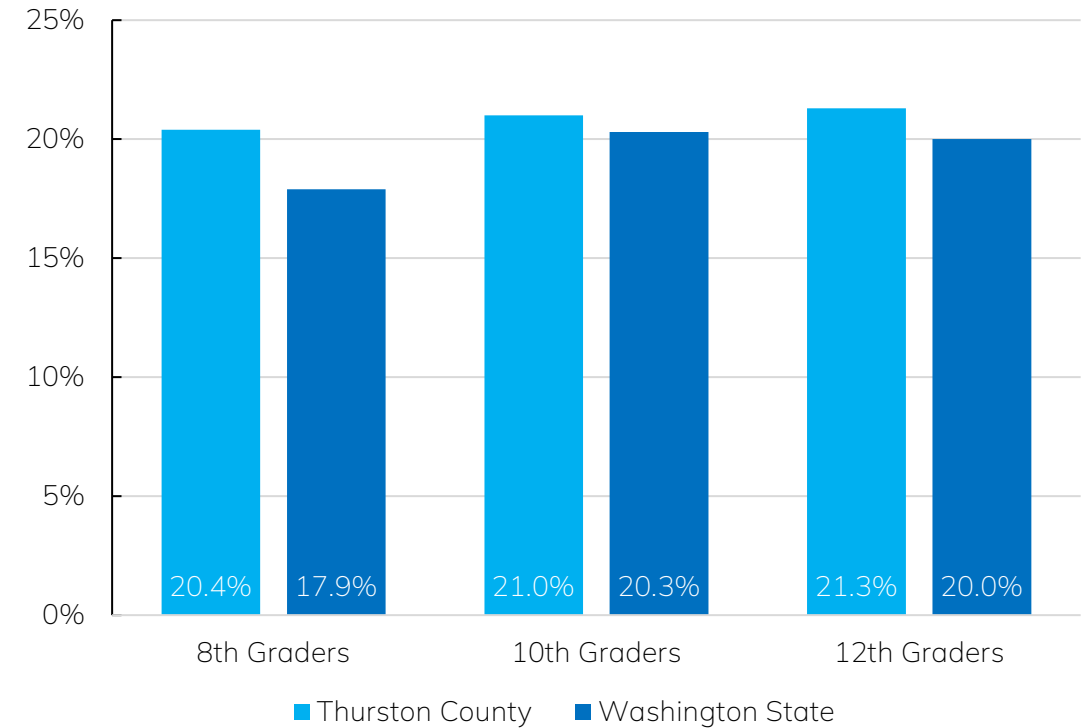
Students Responded "yes" to Seeing an Adult Hit, Slap, Punch, Shove, Kick or Physically Hurt an Adult More than One Time

Healthy Youth Survey



Students Responded "yes" to Being Physically Hurt by an Adult

Healthy Youth Survey



About Maternal & Child Health

Maternal health outcomes continue to reflect significant disparities across the community. Women of color and those with lower incomes often experience higher rates of complications during pregnancy and childbirth, as well as limited access to prenatal and postpartum care. These inequities are influenced by systemic barriers such as transportation, insurance coverage, and bias within the healthcare system, which can negatively impact both maternal and infant health.

Expanding access to high-quality, culturally responsive maternal care is essential to improving outcomes. Early and consistent prenatal visits, postpartum follow-up, and education on maternal well-being help reduce risks and promote healthier pregnancies. When care is inclusive and tailored to the needs of diverse populations, it fosters trust, continuity, and better long-term health for both mothers and infants.

Access to affordable, reliable childcare is another key factor in supporting family health and stability. Many families struggle to find childcare options that are both high-quality and financially accessible, creating challenges for working parents and caregivers. Investing in childcare infrastructure and workforce development not only supports early childhood development but also strengthens economic stability for families and the broader community.

Qualitative Summary

Access to prenatal, maternity, and reproductive health services in Thurston County is uneven, with disparities affecting low-income, undocumented, and rural populations. Key informants highlighted barriers such as cost, transportation, complex scheduling systems, and language mismatches between providers and patients. A shortage of culturally responsive prenatal care and limited availability of youth-focused reproductive and gender-affirming services were also noted.

Listening session participants described avoiding care due to cost, lack of insurance, or fear of discrimination, particularly among immigrant residents. Parents emphasized that cultural and language barriers prevent many from fully understanding or navigating the healthcare system during pregnancy and postpartum. Concerns were also raised about long wait times, fragmented referrals, and a lack of trauma-informed approaches in maternity care.

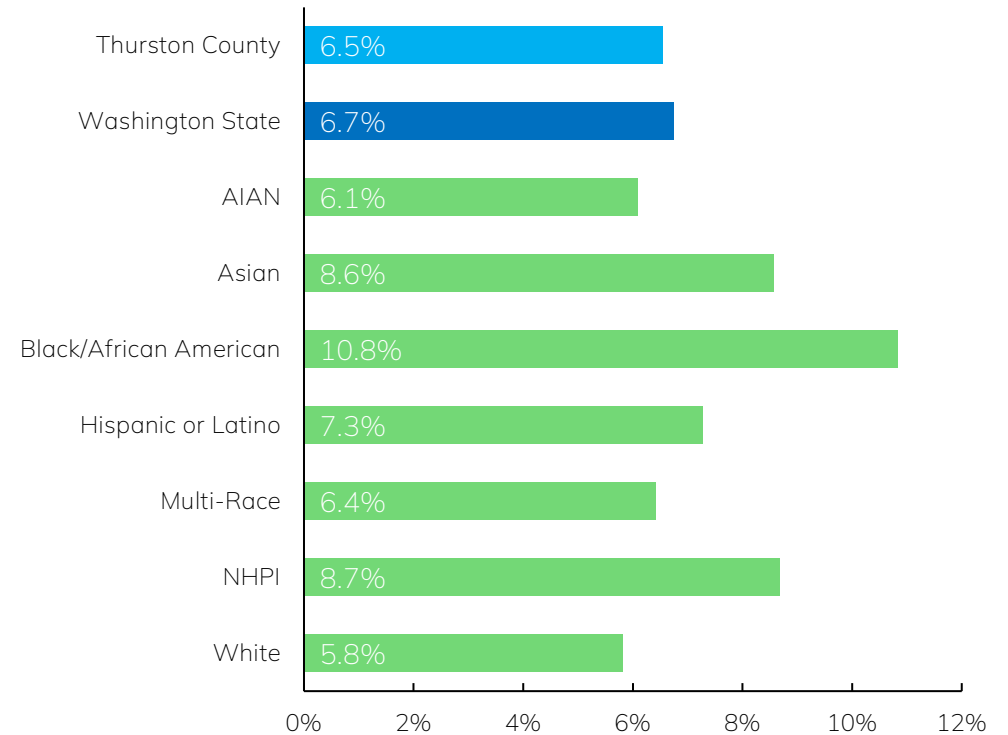
These inequities disproportionately affect immigrant communities, people without documentation, and residents in rural areas, leading to delayed or forgone care and poorer maternal health outcomes. Expanding mobile prenatal services, low-barrier clinics, and culturally and linguistically matched providers were identified as key opportunities to improve maternal health access and trust.

Maternal Health Disparities

Maternal and infant health outcomes in Thurston County are undergoing a period of decline and inequity, demonstrated by sharp increases in both poor birth outcomes and delayed prenatal care. The percentage of mothers receiving **late or no prenatal care** in Thurston County has shown a dramatic increase between 2021 and 2023. This rate surged from 9.6% in 2021 to **13.0% in 2023**, which is substantially higher than the Washington State average of 7.4% in 2023.

This gap in care is paralleled by rising challenges in birth outcomes. The percentage of **infants born premature** in Thurston County has risen from 9.5% in 2017 to **11.1% in 2023** and has remained consistently **above the Washington State average** since 2020. While the county's overall rate of infants born with **low birth weight** (6.5%) is slightly better than the state's (6.7%), profound disparities exist by race. The rate for **Black/African American** infants is a staggering **10.8%**, which is significantly higher than the overall county rate and nearly double the rate for White infants (5.8%). Taken together, these indicators show that inadequate prenatal care access is worsening, leading to rising prematurity, and that racial inequities result in disproportionately poor birth weight outcomes for infants of color in Thurston County.

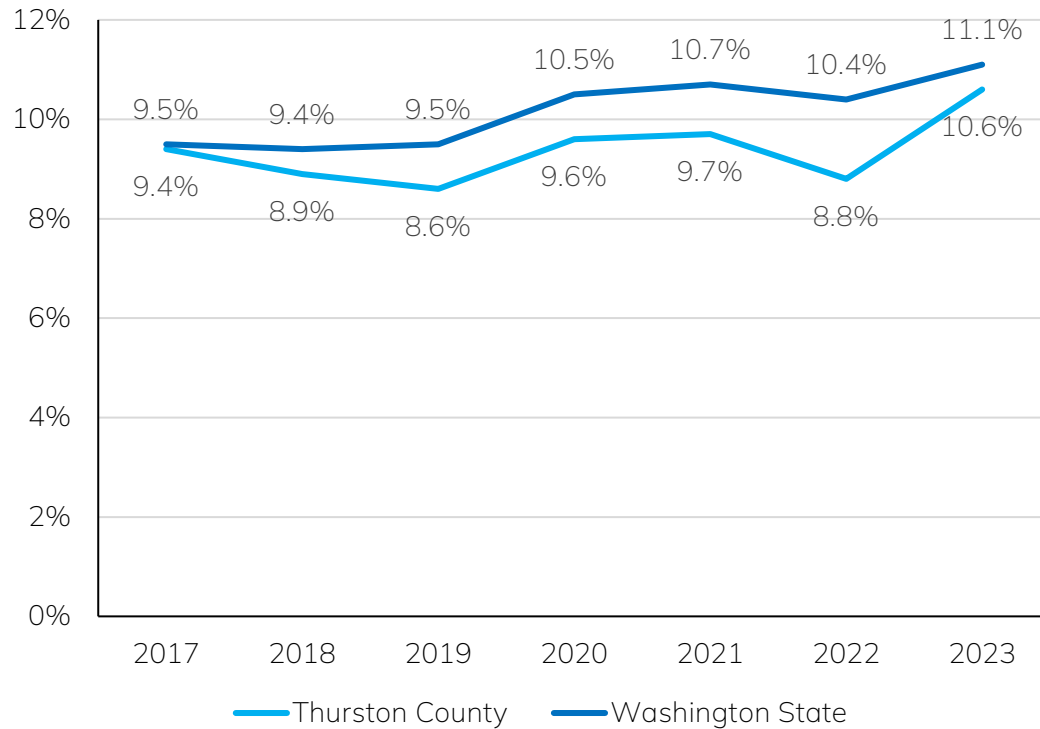
Percentage of Live Births with Low Birth Weight (<2,500g)
County Health Rankings



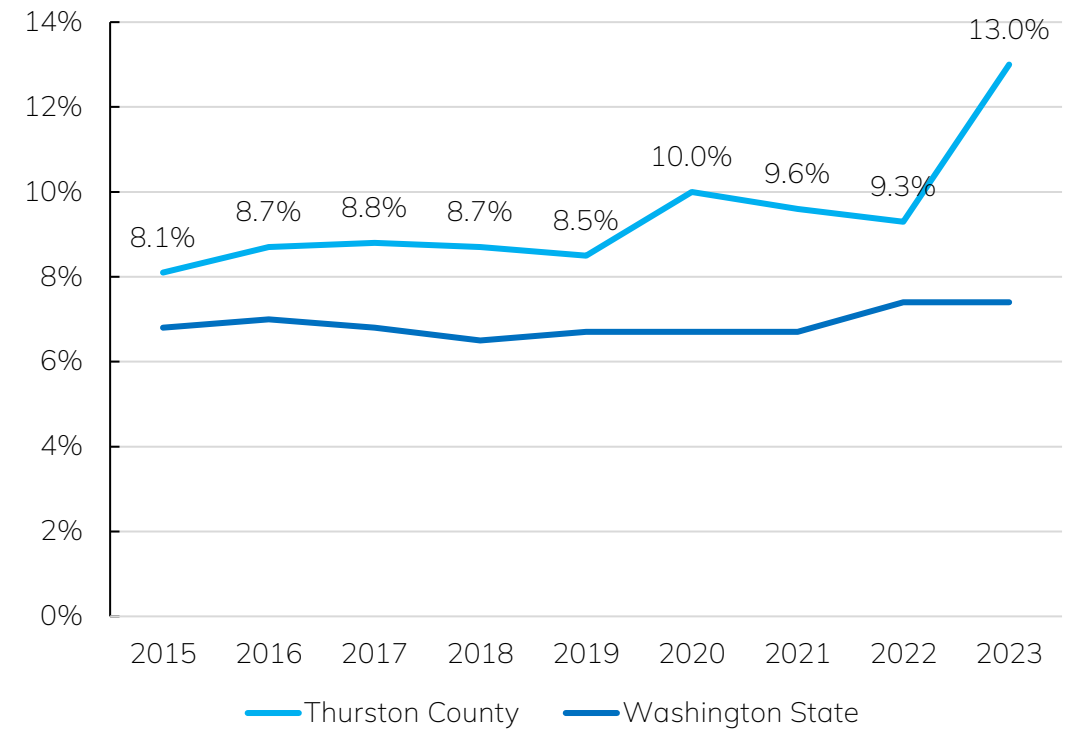
Maternal & Child Health

Maternal Health Disparities

Percentage of Infants Born Premature
Washington State Department of Health



Percentage of Late or No Prenatal Care
Washington State Department of Health



About Childcare Access

Access to affordable and reliable childcare remains a major challenge for families in Thurston County. Many parents face long waitlists, high costs, and limited availability—particularly in rural parts of the county and among lower-income households. These barriers can limit parents' ability to maintain employment or continue their education, while also affecting children's early learning, social development, and overall well-being.

High-quality childcare is essential to supporting both family stability and child development in Thurston County. Early learning environments that are safe, nurturing, and developmentally appropriate help children build a strong foundation for lifelong success. When families have access to trusted and affordable providers, they experience less stress and greater confidence in balancing work and caregiving responsibilities.

Improving childcare access requires collaboration and investment across the county. Expanding the childcare workforce, supporting small and home-based providers, and increasing affordability through subsidies or local partnerships are key strategies. Strengthening these supports not only benefits individual families but also promotes a healthier, more resilient Thurston County, where every child has the opportunity to thrive.

Qualitative Summary

Access to affordable, high-quality childcare was described as a “gateway issue” affecting employment, economic mobility, and early childhood development. Key informants emphasized that long waitlists, high costs, limited hours, and provider shortages prevent many parents—particularly single mothers, rural families, and households with low incomes—from entering or staying in the workforce. Closures and consolidations of childcare providers due to low wages and rising operating costs have worsened access across the county.

Listening session participants shared that the lack of childcare forces difficult trade-offs, such as leaving jobs or relying on older siblings to provide care, which can disrupt education and family stability. Families with undocumented status reported fearing engagement with state programs, while Latino residents expressed a strong desire for bilingual and culturally affirming providers they can trust.

Equity considerations are central: single mothers, undocumented parents, and families with children with disabilities face the highest barriers to childcare access. Expanding on-site childcare in workplaces, increasing subsidies, and investing in culturally competent early learning providers were identified as critical strategies for addressing this gap.

Maternal & Child Health

Childcare Access



Child Care Access, Deserts, and Cost in Thurston County

Access to affordable, high-quality childcare is a growing challenge for families in **Thurston County**, impacting economic stability, workforce participation, and early childhood development. While total licensed capacity has remained stable over time, the number of **licensed providers declined from 204 in 2019 to 154 in 2024**, indicating consolidation into fewer, larger providers. This shift has left **rural and lower-income communities underserved**, creating functional **childcare deserts**.

The county has an estimated **10,893 children under age 5** needing care, but only **3,907 licensed slots**, meeting just **36% of total need**. Gaps are particularly severe for **infant-toddler care**, where only **21% of need is met**. Many neighborhoods outside the Olympia-Lacey-Tumwater core are designated as **childcare deserts** by state dashboards, meaning available slots fall far short of the number of children. Even when care is technically available, it often doesn't match family needs—for example, **infant care and nontraditional hour programs are scarce**.

Cost is a significant barrier. In **2024**, the **average annual cost of center-based infant care** was **\$20,605**, up 10.9% from 2022. Home-based infant care costs averaged **\$14,195**, up 11% in the same period. Toddler and preschool care cost **\$14,355 (center)** and **\$11,840 (home)** annually. These prices equal roughly **\$1,180–\$1,720 per month**, representing **23% of income for a median-income household** and **over 50% for lower-income families**, far exceeding the federal affordability benchmark of 7%.

Thurston County, Monthly Cost of Childcare

U.S. Department of Labor

Setting & Age Group	Median Cost	75th Percentile Cost	State Subsidy Rate	Median Cost as a % of Median Income
Centers				
Infant	\$1,647	\$1,777	\$1,668	24%
Toddler	\$1,463	\$1,636	\$1,463	22%
Preschool	\$1,330	\$1,432	\$1,251	20%
School Age	\$498	\$650	\$1,088	7%
Family Care				
Infant	\$1,200	\$1,300	\$1,280	18%
Toddler	\$1,000	\$1,200	\$1,192	15%
Preschool	\$900	\$1,148	\$1,148	13%
School Age	\$498	\$498	\$975	7%

National Database of Childcare Prices, U.S. Department of Labor, 2023.

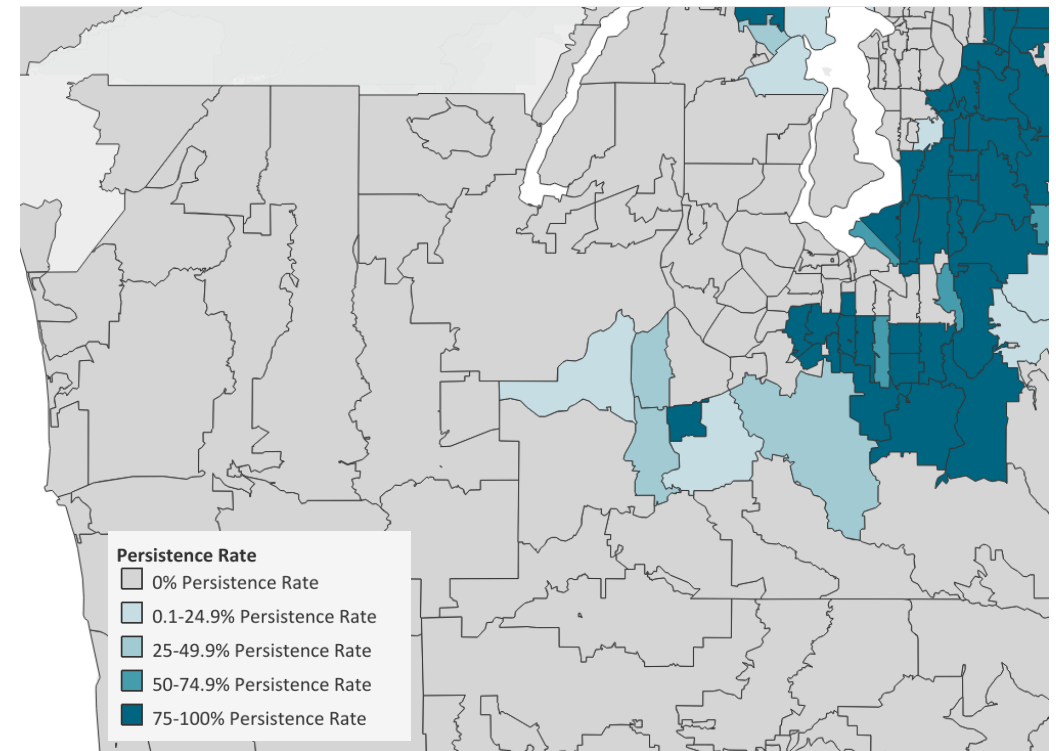
Although about 92% of providers accept childcare subsidies, eligibility cliffs and reimbursement gaps often leave working families without affordable options. High costs and limited availability frequently force families to rely on informal care or leave the workforce, especially parents of infants.

The combination of limited supply, high costs, and geographic inequities makes childcare access a clear priority issue for Thurston County. Expanding access could support family economic security, early learning, and local workforce participation. Potential strategies include growing infant-toddler capacity, incentivizing family childcare homes in rural areas, expanding subsidy supports, and partnering with employers and community organizations to develop localized solutions.

From January 2023 through June 2025, there are several zip codes within Thurston county that have been classified as persistent childcare deserts. Specifically, 98501, 98503, 98506, and 98502 – which is applicable for school aged and non-school aged childcare. The most persistent childcare desert ZCTA in Thurston County has been 98503, which is one of the most populated areas within the County.

Extreme Child Care Access Desert Persistence Rate Distribution

Illustrating the count of ZCTAs by their Persistence Rate from Jan 2023 to Jun 2025



Social Determinants of Health

Housing Instability & Homelessness

About Housing Instability & Homelessness

Housing instability and homelessness continue to be major challenges in Thurston County, affecting individuals and families across all age groups. Rising housing costs, limited rental availability, and stagnant wages have made it increasingly difficult for many residents to secure and maintain stable housing. These pressures not only contribute to homelessness but also create financial strain that impacts physical and mental health.

Stable housing is a cornerstone of overall well-being. Individuals experiencing homelessness or frequent moves often face barriers to accessing healthcare, education, and employment. Families without secure housing are more likely to experience stress, disrupted routines, and long-term health challenges. Safe, affordable housing is essential to breaking this cycle and fostering healthier, more resilient communities.

Addressing housing instability in Thurston County requires a coordinated response that combines prevention, affordable housing development, and supportive services. Expanding access to emergency shelter, rental assistance, and mental health or substance use support can help residents regain stability. By investing in long-term housing solutions and strengthening partnerships across sectors, the county can reduce homelessness and create pathways toward security and health for all residents.

Qualitative Summary

Housing instability was consistently identified as the most urgent community health priority in Thurston County. Key informants described a widening gap between rising housing costs and stagnant wages, forcing families into overcrowded units, unstable arrangements, or homelessness. There is a shortage of permanent supportive housing, limited ADA-accessible options, and inadequate discharge planning from hospitals and treatment settings—often resulting in individuals returning to unsafe or unsheltered environments. Rural and southern areas face additional barriers due to fewer affordable units and slower service referral pathways.

Listening session participants described being trapped in a “spiral” where lack of stable housing prevents access to other supports. Residents called for expanded shelter capacity, tiny homes, group living options, and truly affordable housing with reduced entry barriers, such as lower deposits and credit requirements. They also emphasized the need for better hospital discharge planning, particularly for individuals with disabilities, to prevent cycles of homelessness.

Equity considerations were prominent: BIPOC residents, LGBTQIA+ youth, and people with behavioral health conditions experience higher eviction risk and greater barriers to stable housing. Participants also described the criminalization of homelessness and poverty as key structural barriers. Addressing housing is foundational to improving health outcomes and access to all other services.

Social Determinants of Health

Housing Instability & Homelessness

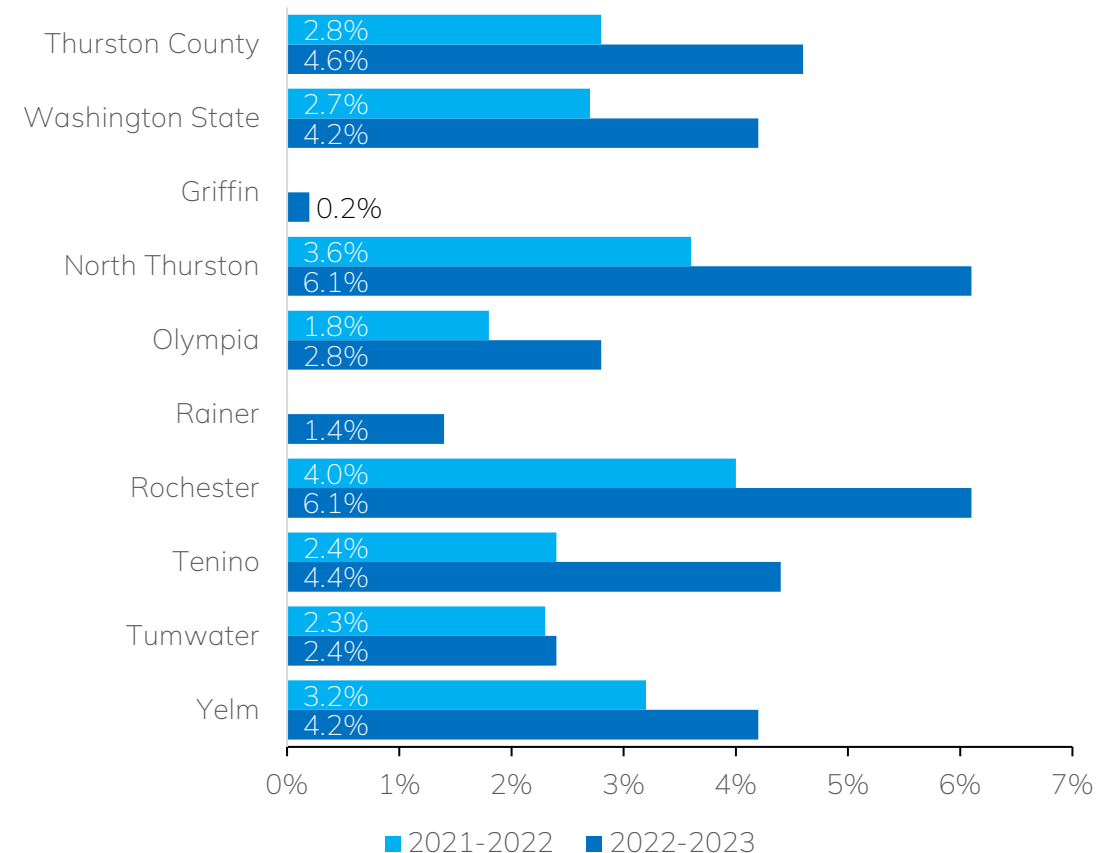
Housing Instability & Homelessness

Community-wide struggles with **housing instability and homelessness** is evident in Thurston County, particularly impacting students, while the county also faces acute challenges in housing affordability compared to Washington State. The percentage of **PK–12th grade students experiencing homelessness** in Thurston County saw a significant increase between 2021-2022 and 2022-2023, rising from 2.8% to **4.6%**. This 2023 rate places Thurston County considerably above the overall Washington State average of 4.2%.

This student housing crisis is most pronounced in certain districts, where homelessness rates have exploded: **North Thurston** (rising from 3.6% to 6.1%) and **Rochester** (rising from 4.0% to 6.1%) reported the highest rates. These struggles with housing instability are mirrored in the rental market, where Thurston County households experience a **severe housing cost burden** at a higher rate than the state average. In 2023, **26.1%** of renter households in Thurston County had a severe cost burden, significantly exceeding the Washington State rate of 22.1%.

Together, these indicators show that high housing costs are driving a disproportionate number of Thurston County students into homelessness, with local school districts bearing the brunt of this growing instability.

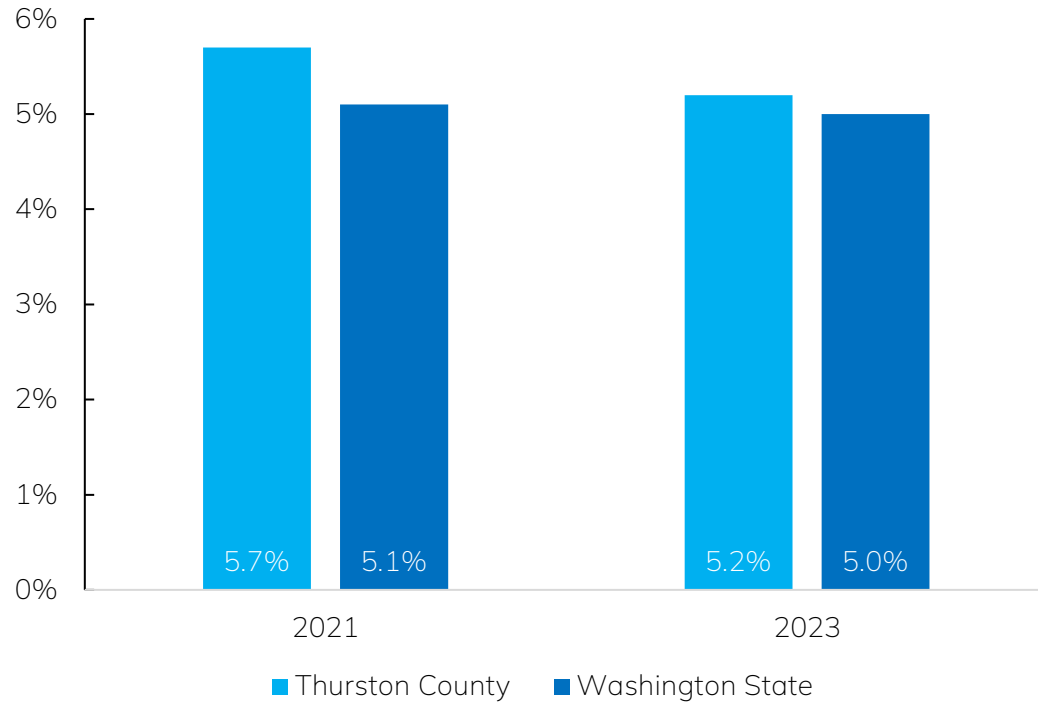
Percentage of PK – 12th Grade Students Experiencing Homelessness
School House Connection



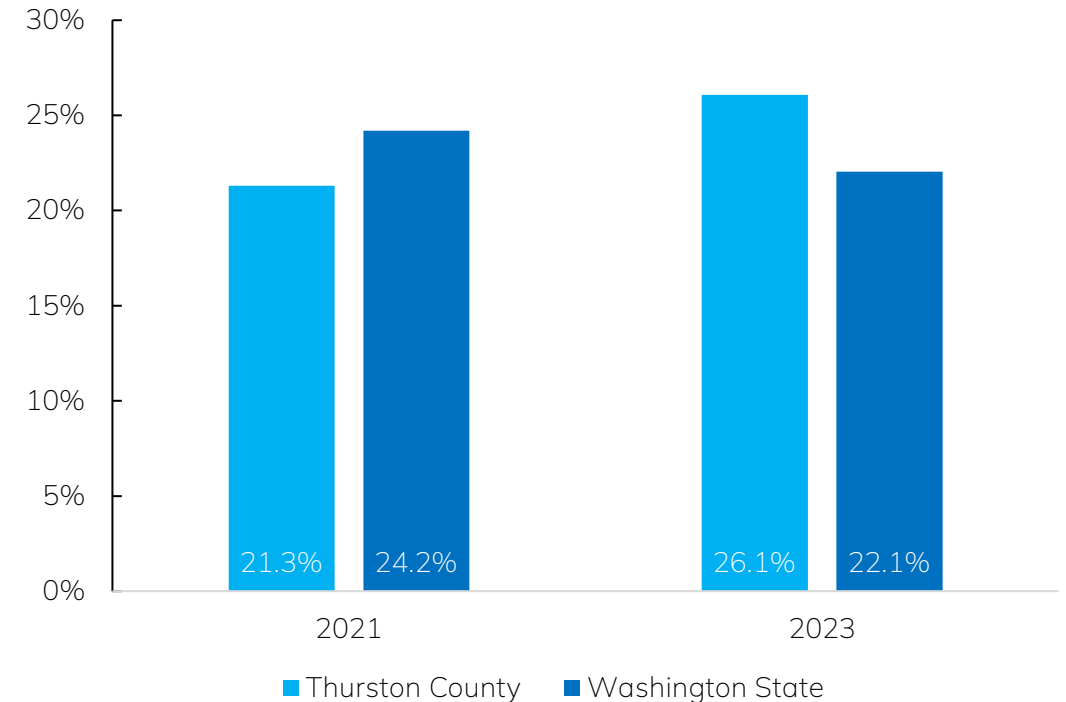
Social Determinants of Health

Housing Instability & Homelessness

Percentage of Population 16+ Years of Age in Civilian Labor Force - Unemployed
American Community Survey



Percentage of Renter Households with Severe Housing Cost Burden
American Community Survey



Social Determinants of Health

Food Security & Access to Healthy Food Environments

About Food Security & Access to Healthy Food Environments

Food security remains a pressing issue for many residents in Thurston County, with some households struggling to consistently access enough nutritious food. Rising costs of living, limited transportation options, and uneven access to grocery stores or fresh produce contribute to food insecurity across both urban and rural areas. These challenges can lead to poorer health outcomes, including higher rates of chronic disease and stress-related conditions.

Neighborhoods with nearby grocery stores, farmers markets, and community gardens support healthier eating habits and stronger local economies. In contrast, areas with limited options—often referred to as food deserts—make it difficult for families to maintain balanced diets, especially for those relying on public transportation or living on fixed incomes.

Efforts to strengthen food security in Thurston County focus on increasing affordability, improving local food distribution, and supporting programs that connect residents to fresh, local produce. Expanding partnerships with food banks, schools, and community organizations helps ensure that healthy food is accessible to everyone. By building equitable and sustainable food systems, the county can reduce health disparities and promote long-term community well-being.

Qualitative Summary

Access to healthy, affordable, and culturally relevant food was identified as a critical but unevenly met need across the county. Key informants noted that rural and low-income communities often lack nearby grocery stores or reliable transportation, while families juggling housing and medical costs frequently deprioritize food. Existing food programs don't always reflect cultural preferences, particularly for non-English-speaking households, limiting their effectiveness.

Listening session participants raised concerns about food bank visit limits, distribution of expired or low-quality items, and the high cost of healthy foods, especially fresh produce and organic options. Immigrant residents noted that documentation status and language barriers further restrict access. Participants called for expanding “food is medicine” models, culturally appropriate food distribution, and greater availability of fresh, nutritious options.

Equity gaps are evident: low-income households, seniors, youth, and immigrant families face disproportionate food insecurity and limited eligibility for assistance. Ensuring consistent access to healthy food is essential for improving chronic disease outcomes and supporting overall community well-being.

Social Determinants of Health

Food Security & Access to Healthy Food Environments

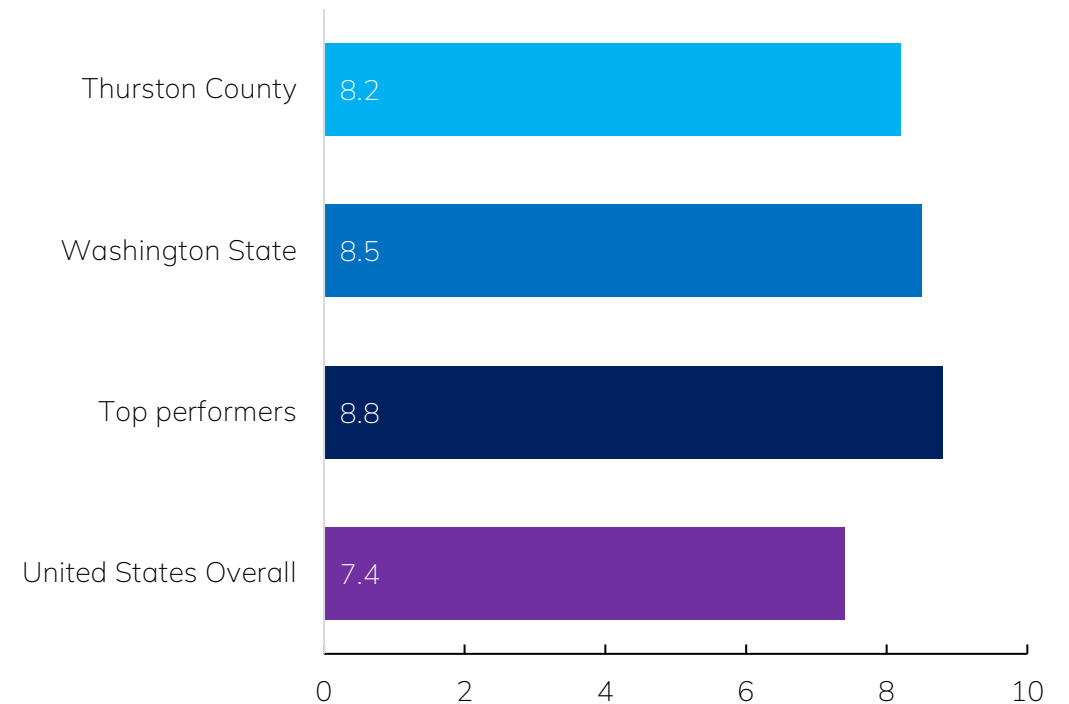
Food Security & Access to Healthy Food Environments

A public health barrier to **food security and access to healthy food environments** is evident in Thurston County, where a high number of low-income residents struggle with geographic access to food retail compared to the statewide average.

The overall health of the county's food environment measures at **8.2** on a scale of 0 to 10. This score exceeds the United States overall but remains behind the Washington State Score (8.5) and the Top performers in the United States (8.8). Thurston county's score is directly influenced by the significant access challenges for its most vulnerable residents. Specifically, the percentage of the population who are **low-income and do not live close to a grocery store** in Thurston County is **6.9%**. This figure is notably higher than the **Washington State** average of 5.0%. The difference indicates a pronounced challenge in the county, with low-income residents facing substantial geographic barriers to accessing affordable, nutritious food.

Additionally, **food insecurity rates** in Thurston County have **increased from 8.5% in 2021 to 13.1% in 2023**. This trend is in line with the increase across Washington State, rising from 8.9% in 2021 to 13.2% in 2023.

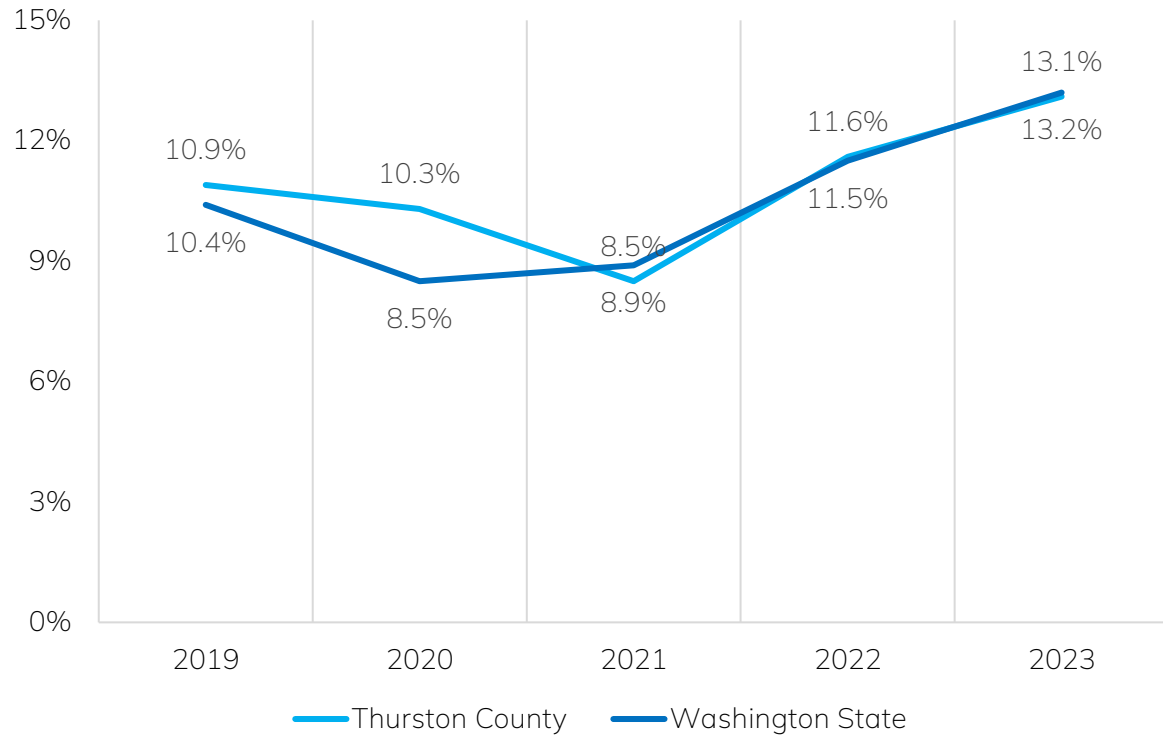
Food Environment Index, 0 (worst) to 10 (best)
RWJ County Health Rankings



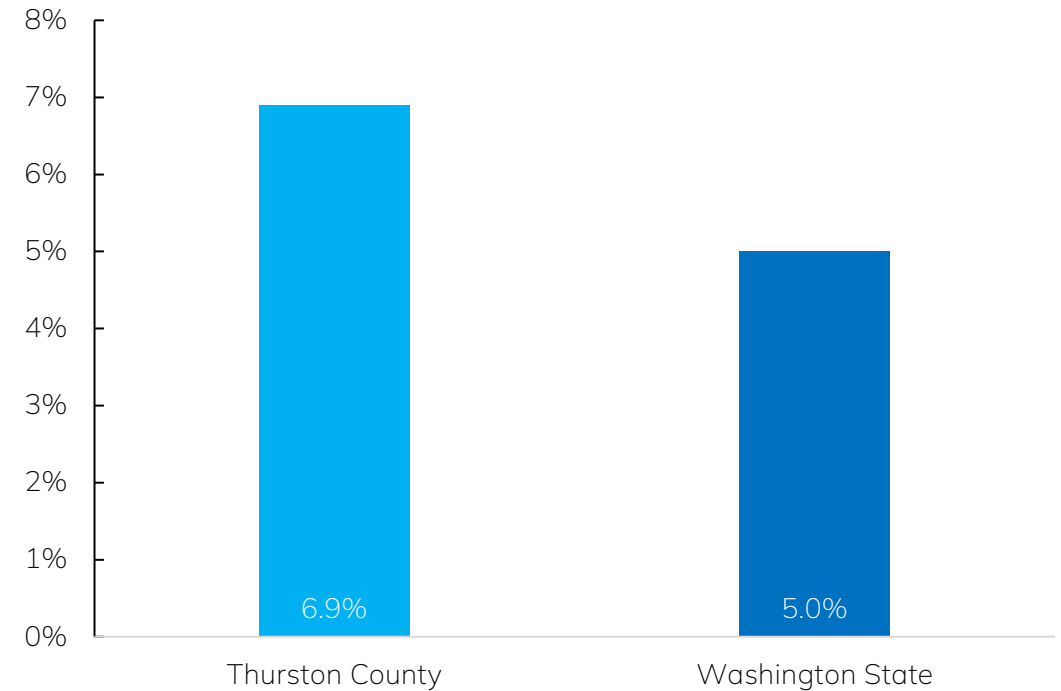
Social Determinants of Health

Food Security & Access to Healthy Food Environments

Food Insecurity Rates



Percentage of Low-Income Population not Living Close to a Grocery Store RWJ County Health Rankings



About Obesity

Rates of overweight and obesity continue to rise in Thurston County, posing ongoing challenges to community health. Excess weight is closely linked to chronic conditions such as diabetes, heart disease, and hypertension, which remain leading causes of illness and reduced quality of life. Contributing factors include limited access to affordable nutritious foods, fewer opportunities for physical activity, and social and economic barriers that make healthy choices more difficult for many residents.

Promoting healthy weight management requires more than individual lifestyle changes—it depends on supportive environments that make nutritious food and physical activity accessible to everyone. Community spaces such as parks, trails, and recreation programs encourage active living, while local initiatives that connect residents to fresh, affordable food help reduce barriers to healthy eating. When these resources are available and equitably distributed, they create conditions that foster better long-term health.

Addressing this priority calls for coordinated efforts among public health agencies, healthcare providers, schools, and community organizations. By expanding education, improving access to preventive care, and promoting policies that support active, healthy lifestyles, the county can help residents reduce chronic disease risks and improve overall well-being.

Qualitative Summary

Obesity emerged as a multifactorial community health concern, shaped by structural inequities in food access, transportation, and opportunities for physical activity. Key informants highlighted that limited availability of affordable, healthy foods—particularly in rural and low-income areas—combined with rising living costs often pushes nutrition to a lower priority. Many residents face challenges reaching grocery stores or recreation facilities due to transportation gaps, while food assistance programs may not offer fresh, culturally appropriate options.

Listening session participants described difficulties affording nutritious foods and noted that food banks often provide low-nutrition, processed items rather than fresh produce. Families expressed that high prices for organic or healthier foods make consistent access unrealistic. Community members also emphasized the lack of accessible, safe recreational spaces, particularly for those with disabilities or in rural settings, as barriers to maintaining healthy lifestyles.

These structural factors contribute to persistent inequities in obesity risk, particularly among low-income households, seniors, youth, and immigrant families, who face the greatest barriers to accessing nutritious food and physical activity opportunities. Participants called for investments in culturally relevant nutrition programs, expanded transportation options, and free or low-cost recreational facilities to address these systemic drivers.

Chronic Disease Management & Prevention

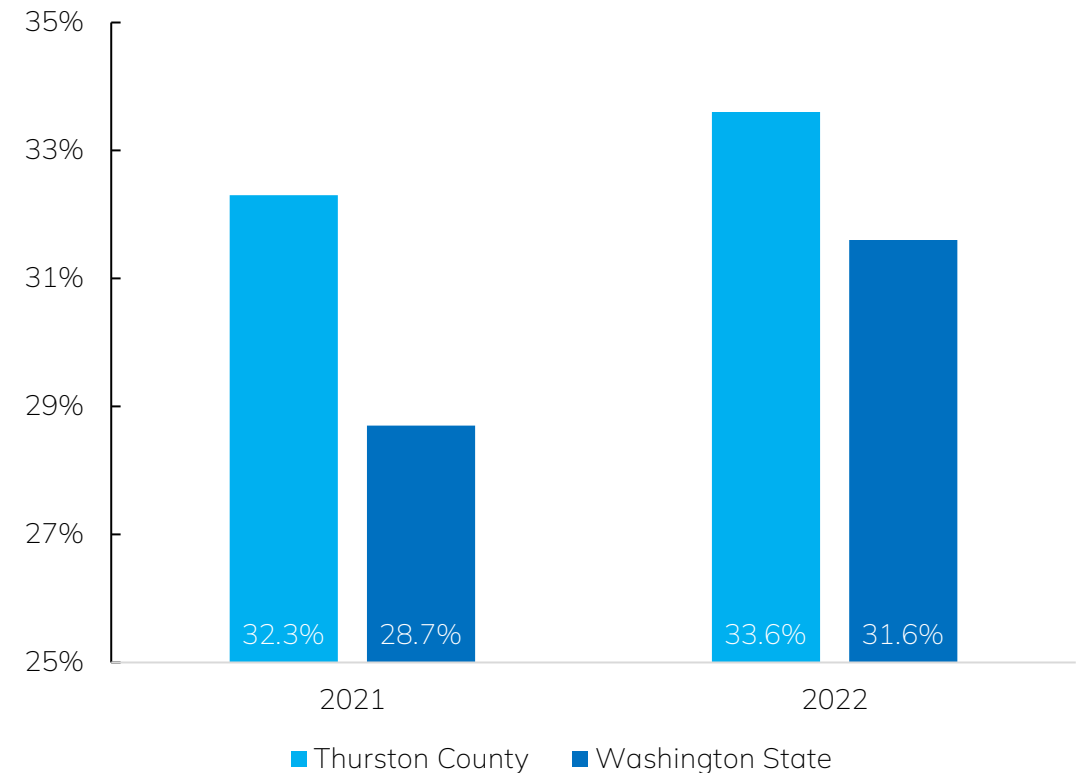
Obesity

Obesity

Thurston County has a higher prevalence of obesity in both adults and youth compared to Washington State averages. The percentage of the **population aged 18+ that is obese** in Thurston County saw a slight increase between 2021 and 2022. This rate rose from 32.3% in 2021 to **33.6% in 2022**, consistently exceeding the Washington State rates of 28.7% and 31.6% in those respective years.

This challenge extends to youth, where Thurston County students show higher rates of obesity, particularly in 10th graders (8%) compared to the state average (9%), and a slightly higher overall burden of poor health. **11.7%** of adults report **14 or more days of poor physical health per month**, slightly above the 11.5% statewide. Thurston County 75.6% in 2024 also remains well below the Washington State percent 85.6 for access to physical activity locations, students consistently report lower rates of **fruit and vegetable consumption** across all grades than the state average. Taken together, these indicators show that Thurston County faces a substantial challenge in tackling obesity and improving physical health outcomes, with rates consistently meeting or exceeding Washington State.

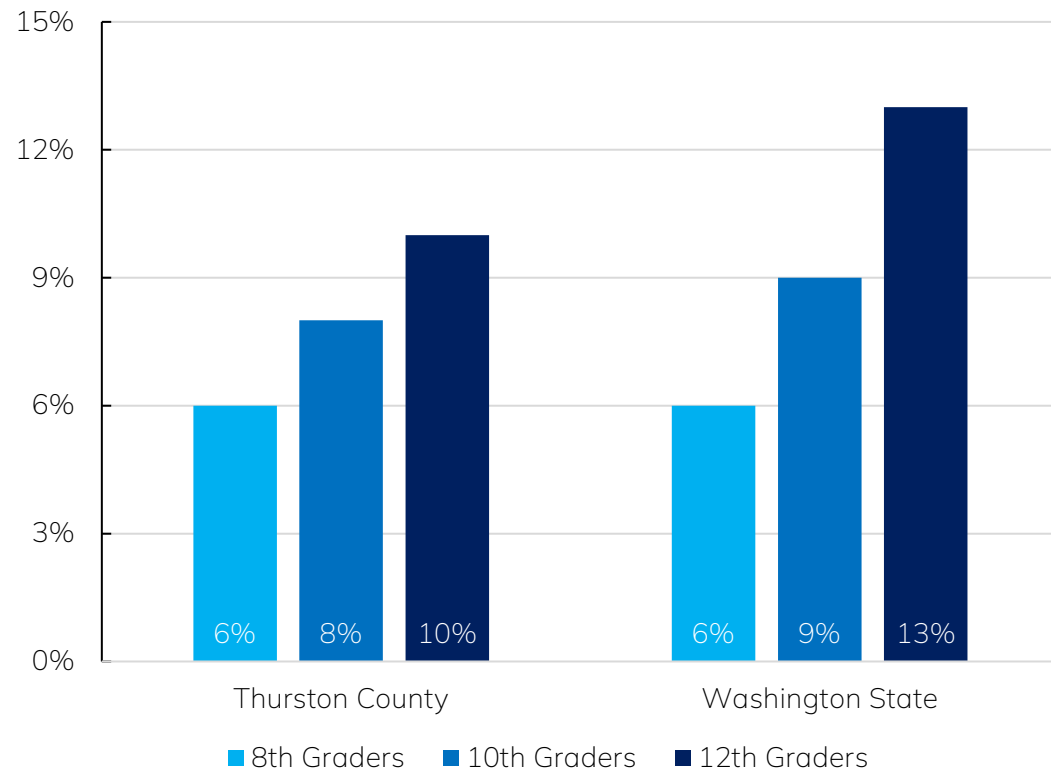
Obesity Rate - Population 18+
RWJ County Health Rankings



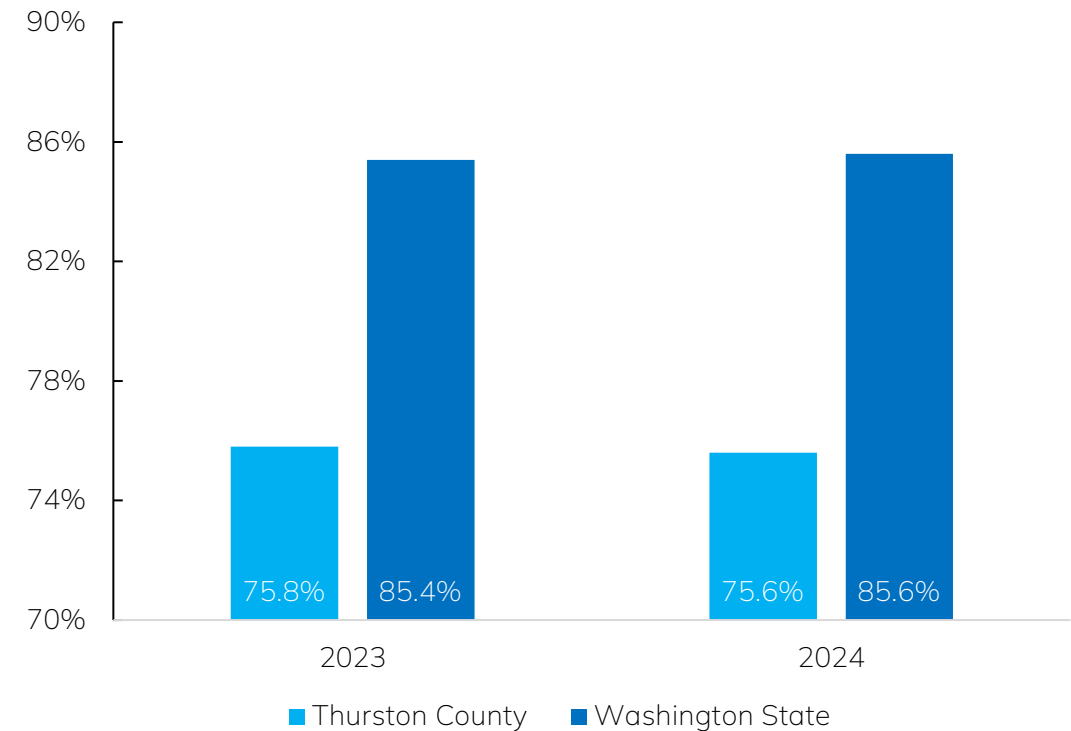
Chronic Disease Management & Prevention

Obesity

Obesity Rate – 8th, 10th, 12th, Graders
Healthy Youth Survey



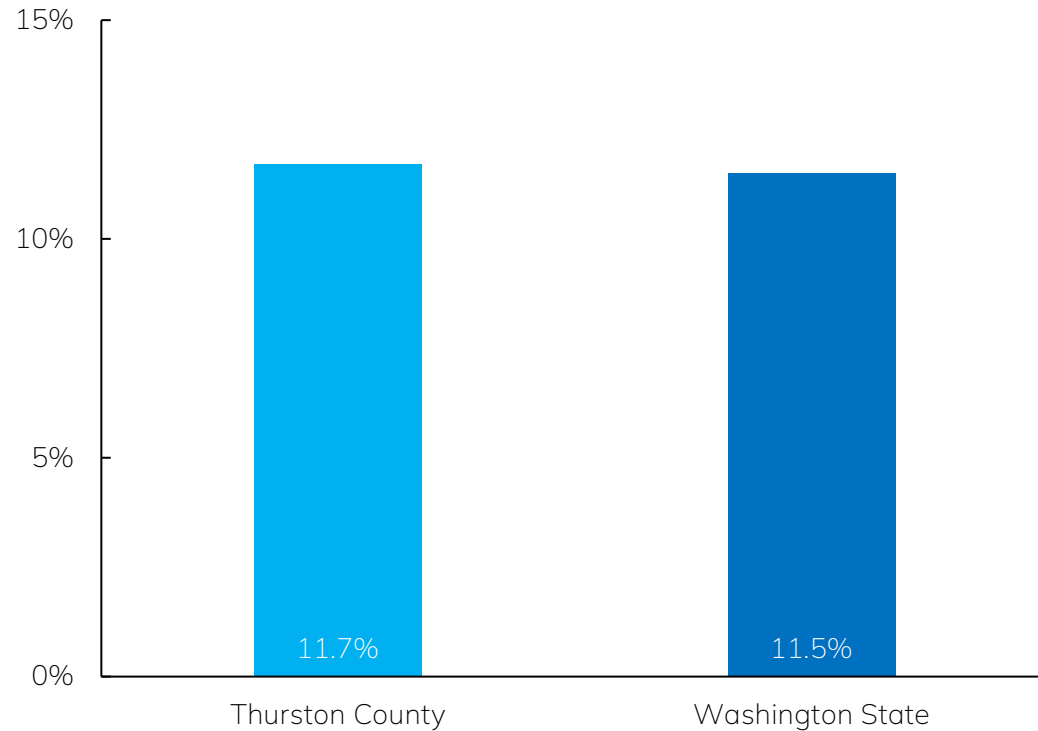
Population with Adequate Access to Locations for
Physical Activity
RWJ County Health Rankings



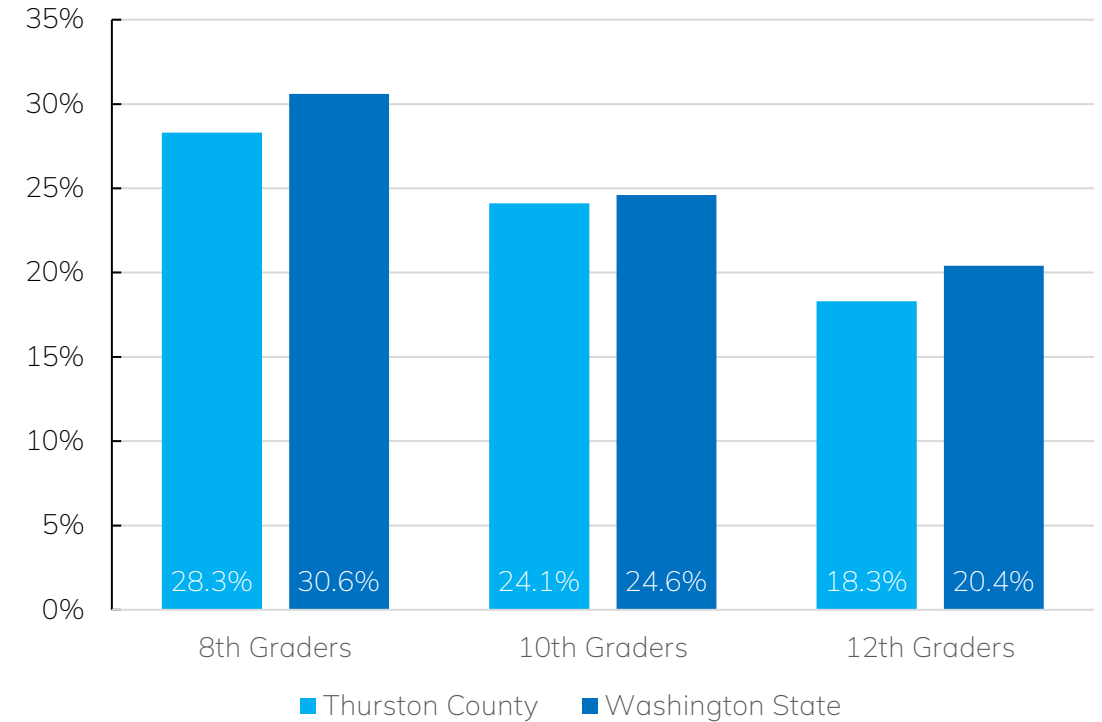
Chronic Disease Management & Prevention

Obesity

Adults Reporting 14 or More Days of Poor Physical Health per Month
RWJ County Health Rankings



Students Consuming Any Fruits or Vegetables within the Past 7 Days
Healthy Youth Survey



Chronic Disease Management & Prevention

Diabetes

About Diabetes

Diabetes continues to be a public health concern in Thurston County, affecting residents across all ages and backgrounds. Both Type 1 and Type 2 diabetes contribute to significant health challenges, including increased risks for heart disease, kidney failure, and other chronic complications. Limited access to preventive care, nutritious foods, and opportunities for physical activity make it difficult for many individuals to manage or reduce their risk of developing diabetes.

Effective diabetes prevention and management rely on early detection, education, and consistent access to care. Regular screenings, nutritional counseling, and support for healthy lifestyle changes are critical to improving outcomes and preventing complications. When residents have access to affordable healthcare and culturally responsive resources, they are better equipped to monitor their health and make sustainable choices.

Reducing the impact of diabetes in Thurston County will require continued collaboration across healthcare providers, public health agencies, and community organizations. Expanding diabetes education, supporting self-management programs, and improving access to preventive services can help individuals maintain healthier lives. By strengthening community partnerships and focusing on equitable care, the county can reduce disparities and promote long-term wellness for all residents.

Qualitative Summary

Diabetes was referenced as a challenge across Thurston County, closely tied to food insecurity, access to care, and broader social determinants. Key informants emphasized that many residents—especially those in rural or low-income communities—struggle to access consistent primary and specialty care due to cost, transportation, and provider shortages. Preventive care is often deprioritized until conditions worsen, leading to delayed diagnoses and more severe complications.

Listening session participants echoed these concerns, pointing to the high cost of healthy food, lack of culturally appropriate nutrition support, and transportation barriers that make it difficult to maintain diabetes-friendly diets or attend regular appointments. Residents expressed interest in more accessible community-based prevention models, including mobile services, “food is medicine” initiatives, and culturally tailored education.

Equity concerns are particularly pronounced for immigrant families, seniors, and individuals living in rural areas, who face layered barriers to both prevention and disease management. Addressing these gaps will require integrated strategies that link nutrition access, transportation, and culturally responsive primary care to support residents in managing and preventing diabetes.

Chronic Disease Management & Prevention

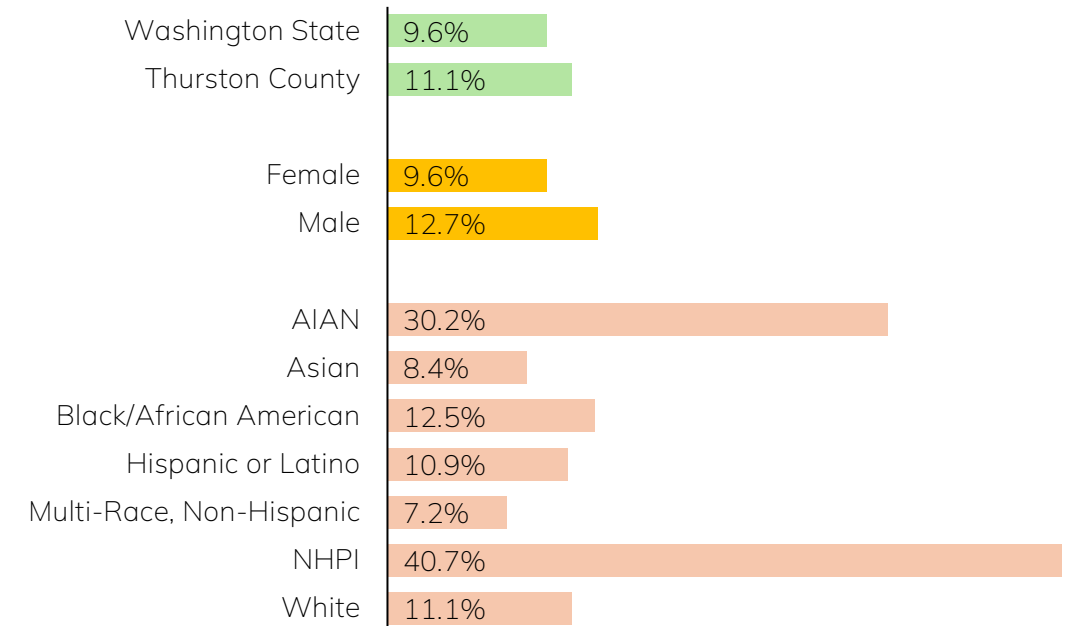
Diabetes

Diabetes

A serious and concerning public health crisis stemming from **chronic diseases and health inequity** is evident in Thurston County, where the disease's overall rate is trending higher than the state average and is magnified by various racial disparities. The overall **Percent of Adults with Diabetes** in Thurston County is **11.1%**, which is notably higher than the Washington State average of 9.6%.

This elevated county-wide rate reveals major inequities based on demographics. The most severe disparities are observed by race and ethnicity: the rate for **Native Hawaiian/Pacific Islander (NHPI)** adults is an alarming **40.7%**, and for **American Indian/Alaska Native (AIAN)** adults it is **30.2%**. These rates are three to four times higher than the county's White population (11.1%), and a critical gender gap exists with **males (12.7%)** having a higher prevalence than females (9.6%). Furthermore, diabetes is a major factor in mortality, consistently ranking as a **leading cause of death** in Thurston County, fluctuating between the 7th and 8th ranks between 2019 and 2023. Taken together, these indicators show that diabetes presents a critical public health and equity challenge in Thurston County, requiring urgent, targeted interventions for its most affected communities.

Percentage of Adults with Diabetes*

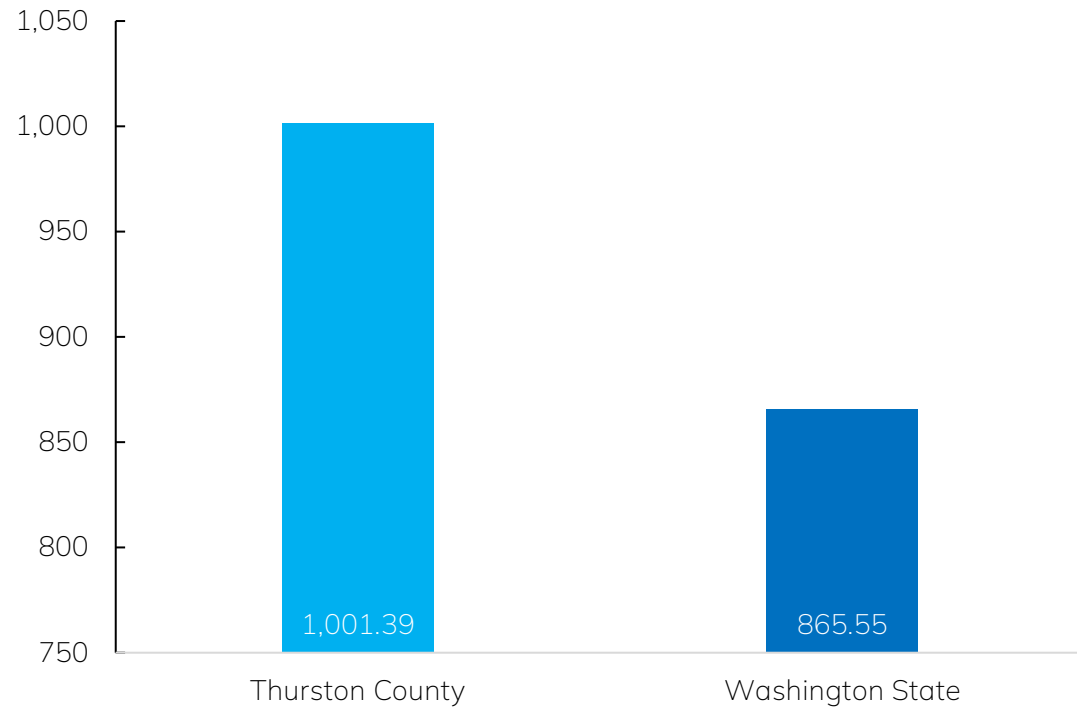


*Provided by the Health Department not age adjusted
Diabetes Hospitalization Data is from 2021 WDOH
Diabetes Related Mortality Data is from 2022 WDOH

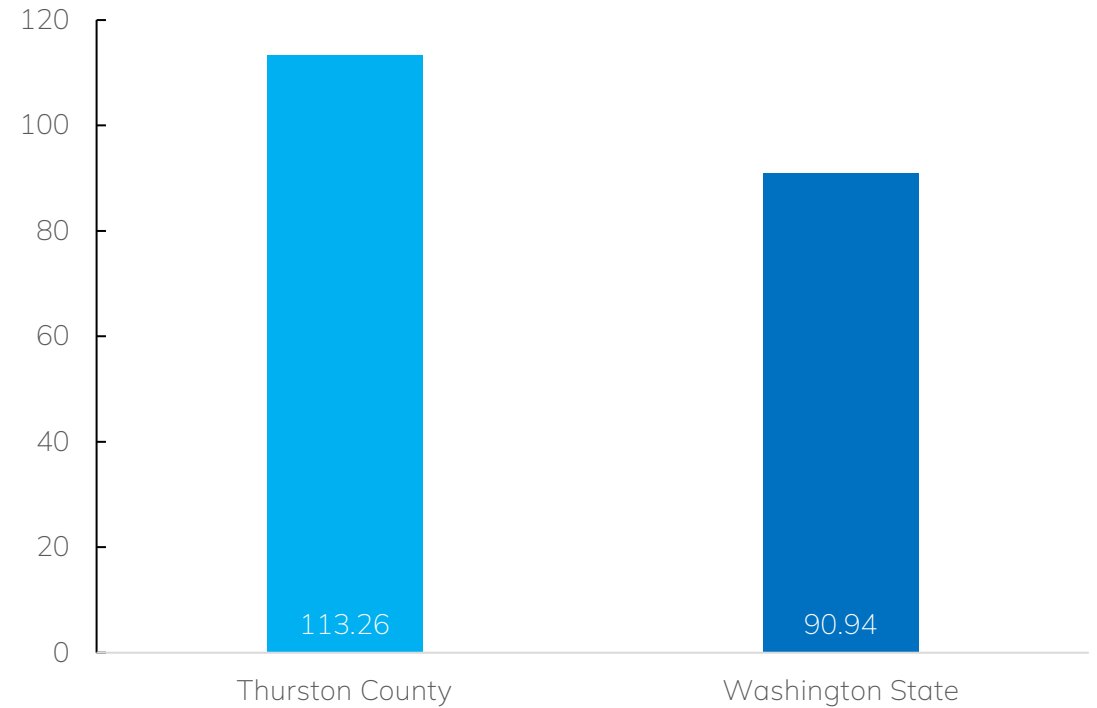
Chronic Disease Management & Prevention

Diabetes

Diabetes Related Hospitalizations Age Adjusted Rates per 100,000
Washington State Department of Health



Diabetes Related Mortality Age Adjusted Rate per 100,000
Washington State Department of Health



Diabetes Hospitalization Data is from 2021 WDOH
Diabetes Related Mortality Data is from 2022 WDOH

Prioritization of Needs

Conclusion: Priority Needs

The findings of this Community Health Needs Assessment for Thurston County highlight **five interconnected focus areas** that address the community's most pressing health and social challenges. **Behavioral Health** remains the most urgent concern, encompassing both **Substance Use & Prevention** and the growing need for **Mental Health Crisis and Culturally Responsive Services**. These priorities reflect a shared recognition of the prevalence, complexity, and urgency of behavioral health needs and the community's desire for accessible, timely, and inclusive care.

Chronic Disease Management & Prevention also emerged as a key area of concern, particularly around **Obesity and Diabetes**. Addressing these conditions requires coordinated efforts to expand prevention, education, and management programs that reduce long-term health burdens and promote healthier lifestyles across all communities.

The priority of **Injury and Violence** highlights the continuing importance of **Youth and School Safety** and **Domestic and Community Violence and Injury**. These issues threaten both individual and community safety and demand sustained attention through prevention education, trauma-informed response, and cross-sector partnerships to build safer environments.

Maternal and Child Health and the broader **Social Determinants of Health** remain critical drivers of health equity and overall well-being. Maternal and child health priorities emphasize reducing **Maternal Health Disparities** and improving **Childcare Access**, while social determinant priorities address **Housing Instability and Homelessness** and **Food Security and Access to Healthy Food**. These factors shape nearly every aspect of health and disproportionately affect the county's most vulnerable residents.

Together, these five priority areas provide a clear, community-informed framework for action. They reaffirm **Capital Medical Center's and MultiCare's commitment** to improving health outcomes through prevention, access, and equity-focused initiatives. By aligning resources and partnerships around these interconnected priorities, stakeholders can make meaningful progress toward a **healthier, more equitable future for all Thurston County residents**.

MultiCare 
Capital Medical Center



MultiCare 
Capital Medical Center

Impact & Implementation

Community Resources

Prior CHNA Impact Report

New CHNA Implementation Plan



Impact & Implementation

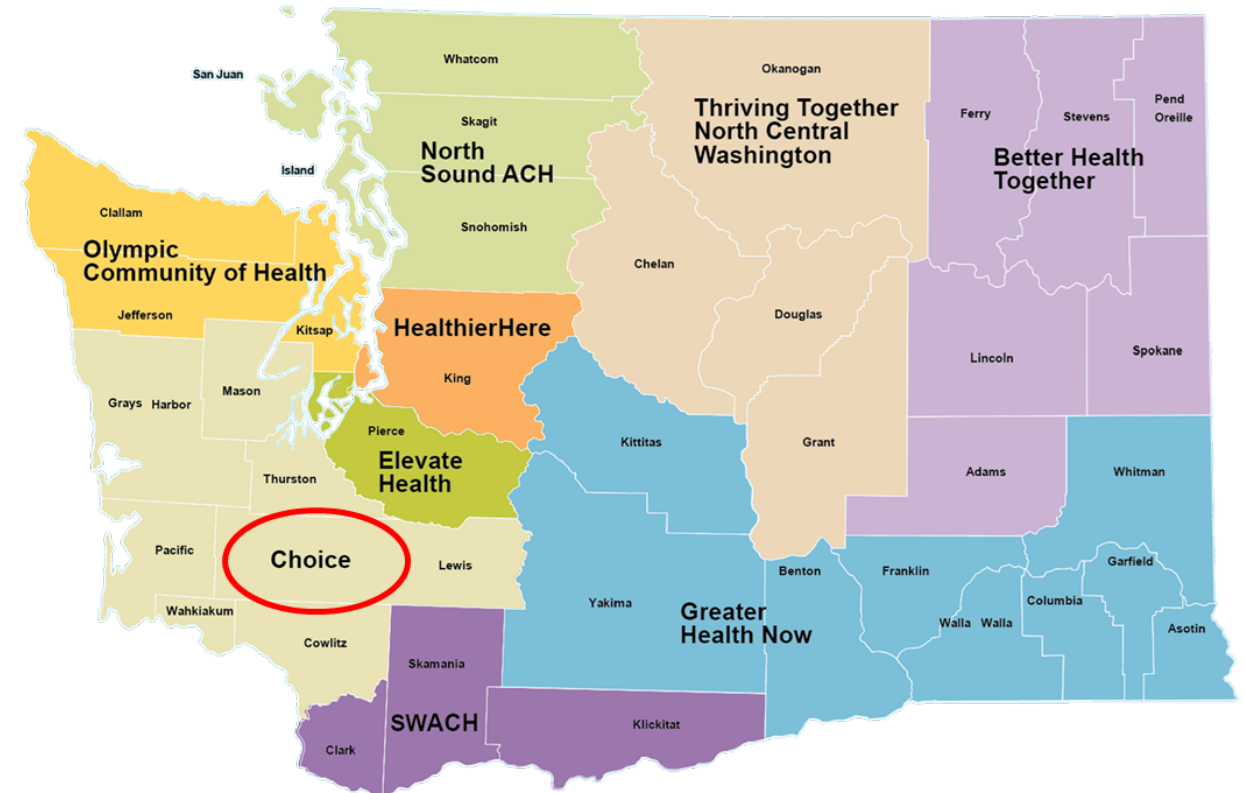
Community Resources

CHOICE (Community Health Organization Improving Care and Equity) serves as the Accountable Community of Health (ACH) for the Central Western Washington region, covering Thurston, Mason, Grays Harbor, Lewis, Pacific, Cowlitz, and Wahkiakum counties, as well as the Tribal Nations within those areas. CHOICE is a **regional nonprofit collaborative** that convenes healthcare providers, community organizations, social service agencies, and Tribal partners to advance health equity and improve population health through shared priorities and coordinated action.

As an ACH, CHOICE's role extends beyond funding—it acts as a **neutral convener and systems integrator**, aligning regional strategies, facilitating cross-sector partnerships, and supporting data-driven initiatives that connect healthcare delivery with community-based services. Its collaborative structure empowers local voices to guide programs and policies that reflect community priorities and address the social, behavioral, and physical factors that influence health. CHOICE's core focus areas include:

- Cross-sector care coordination
- Medicaid Transformation and value-based care
- Addressing social drivers of health

Through these initiatives, CHOICE plays a critical role in **bridging healthcare and community systems**, helping to align local efforts in Thurston County with regional and statewide goals for **equity, prevention, and system transformation**.



Impact & Implementation

Community Resources - Existing Outreach

Program/Initiative Name	Primary Focus Area	Key Activities/Partnerships	Community Impact/Benefit
MultiCare Community Partnership Fund	Social Determinants of Health	Provides grants to non-profit organizations in Thurston County (e.g., TOGETHER!, The Olympia Free Clinic); prioritizes projects addressing CHNA priorities and social determinants of health	Improves quality of life and provides financial support to community-led initiatives in Thurston County
The REST Program (Respite and Engagement for Stable Transition)	Housing and Homelessness	Collaboration with Interfaith Works, Providence St. Peter Hospital, and Thurston County Public Health and Social Services; MultiCare Capital Medical Center sponsored two beds	Reduces hospital readmissions for unhoused individuals; provides safe recovery environment and connections to housing, primary care, mental health, and substance use treatment
PNW Hospice LLC (MultiCare/PNW Hospice)	Access to Care	Offers Medicare and Medicaid-certified hospice services including nursing care, symptom control, therapies, social worker services, and grief counseling; approved service area is Thurston County	Ensures access to critical end-of-life care and support for Thurston County residents

Impact & Implementation

Community Resources - Existing Outreach

Program/Initiative Name	Primary Focus Area	Key Activities/Partnerships	Community Impact/Benefit
Partnership with TOGETHER!	Child Health	MultiCare supports through Community Partnership Fund; TOGETHER! offers youth programs (e.g., Club House, Host Homes, Community Schools), community mobilization, and advocacy	Improves academic performance and overall well-being for children; supports youth and family development in Thurston County
Collaboration with The Olympia Free Clinic (TOFC)	Access to Care	MultiCare supports through Community Partnership Fund; TOFC offers general medical, mental health, and specialty clinics; mobile outreach to unhoused populations	Expands access to vital healthcare services for vulnerable populations; connects individuals to broader social support systems in Thurston County
MultiCare Facilities and Access Points	Access to Care	Includes MultiCare Capital Medical Center, new neighborhood emergency department in Lacey, various clinics (e.g., Indigo Urgent Care, Pediatrics, Primary Care), and imaging services	Enhances geographic accessibility to medical care, reducing barriers and wait times for Thurston County residents
MultiCare Capital Medical Center Congestive Heart Failure Readmissions Project	Access to Care	Includes partnership with Community Health Organization Improving Care and Equity (CHOICE) Accountable Community of Health (ACH) serving Central Western Washington region. MultiCare Multidisciplinary team; Pulse Heart Institute, Case Management, Nutrition, Pharmacy, MultiCare Capital Foundation, Primary Care, Hospitalist, Cardiology, Nursing, Quality and Safety, Equity	Improves Congestive Heart Failure patient outcomes; improves patient experience or care; addresses social needs and culturally responsive equitable care.

Impact & Implementation

Prior CHNA Impact Report

Impact Report Introduction

MultiCare Capital Medical Center engaged in multiple activities to conduct its community health improvement planning process. These included conducting a Community Health Needs Assessment with community input, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators. This evaluation of impact outlines many of the programs that Capital Medical Center supported, either through financial or in-kind support, and that addressed the health needs identified in the CHNA.

From 2022 through 2025, Capital Medical Center focused on the following priority health needs:

1. Access to Care
2. Behavioral Health
3. Maternal Child Health
4. Immunizations

The tables present strategies and program activities the medical center delivered to help address significant health needs identified in the CHNA report. They are organized by health need and include statements of the strategies' impact and any collaboration with other organizations in our community.

Health Need: Access to Care	
Strategy or Program	Summary Description
Increase Capacity	<ul style="list-style-type: none"> • Supported Project Access Northwest • Continued to build capacity within the hospital and service area to serve more patients. <ul style="list-style-type: none"> • MultiCare Off Campus Emergency Departments • Indigo Clinics • Virtual Care, increased the number of telehealth visits provided • Dispatch Health • Building a comprehensive breast center that will increase access for mammography, diagnostic breast health • Community Health Partnership Grants
Established or Expanded Partnerships	<ul style="list-style-type: none"> • School nurse education • Quilted Health - prenatal care • MultiCare leaders serve on many community boards, including the local Accountable Community of Health CHOICE Board

Impact & Implementation



Prior CHNA Impact Report

Health Need: Access to Care (cont).	
Strategy or Program	Summary Description
Patient and Community Support	<ul style="list-style-type: none">• Enrolled qualified patients into Medicaid and other support programs.• Continued to make access to charity care easy and accessible for all who qualify.• Screened for health-related social needs and provided patients with support for barriers to care including transportation, housing, food, equipment, etc.• Partnership with LifeCenter NW to support organ and tissue donation and family support services.• Launched the Metabolic program for pre-diabetic patients with a goal to prevent patients from progressing to diabetes.• Partnership with 23 Kitchens for the first annual South Sound Slam Pickleball 3-day tournament (Aug. 1 – 3, 2025), supporting the Youth Pickleball Initiative non-profit.
Sponsor and Support Community Based Interventions	<ul style="list-style-type: none">• MultiCare provided financial support, via Community Partnership Grants and sponsorships, to community-based organizations that increase access to care.
Impact	<ul style="list-style-type: none">• MultiCare Health System opened a new 10,000-square-foot neighborhood emergency department in Lacey to expand access in Thurston County and surrounding areas.• Medicare beneficiary mammography screenings increased from 29% in 2022 to 30% in 2023 (CMS).• Access to mental health care providers increased, with the ratio of population to providers changing from 260:1 in 2021 to 160:1 in 2025 (RWJ County Health Rankings).
Planned Collaboration	MultiCare plans to strengthen collaboration with CHOICE, the Thurston County Accountable Community of Health (ACH) and establish a referral pathway for patients to receive resource navigation to address transportation barriers and other basic needs support.

Impact & Implementation

Prior CHNA Impact Report



Health Need: Behavioral Health	
Strategy or Program	Summary Description
Increase Timely Access to Services	<ul style="list-style-type: none"> MultiCare Behavioral Health was awarded the PACT program for Thurston County. They are now actively intaking new patients. Added a LICSW Behavioral Health social worker imbedded in our Women’s Center to reduce the barrier for mental health care. Decreased number of days from Mental Health/ SUD assessment to first appointment in MHS behavioral health network MultiCare continues to partner with Virginia Mason Franciscan Health to operate Wellfound Behavioral Health Hospital in Pierce. MultiCare operates Navos Behavioral Health Hospital in King County who has contracted long-term treatment beds, established warm hand-offs to substance use treatment programs and implemented additional measures to increase capacity for care. MultiCare Auburn Medical Center offers inpatient behavioral health, adult psychiatry, emotional wellness and memory wellness.
Promote Integration of Physical and Behavioral Health Care	<ul style="list-style-type: none"> Increased number of integrated behavioral health visits provided through collaborative care. Continued integration of behavioral health services into several MHS medical clinics. Screened patients for depression at annual well visits in outpatient primary care. Screened patients for intimate partner violence and health related social needs/ stressors inpatient.
Sponsor and Support Community Based Interventions	<ul style="list-style-type: none"> MultiCare provided financial support, via Community Partnership Grants and sponsorships, to community-based organizations to provide behavioral health services and resources.
Impact	<ul style="list-style-type: none"> Awarded PACT program in Thurston County; now accepting new patients. Embedded LICSW Behavioral Health social worker in Women’s Center for immediate access to services. Rate of People At Risk for Severe Depression decreased from 45.33 per 100k in 2021 to 28.35 per 100k in 2024 (PHQ-9 Depression Screenings, per Mental Health America)
Planned Collaboration	Capital Medical Center collaborates with Navos Behavioral Health Hospital in King County, Wellfound Behavioral Health Hospital in Pierce County, various local behavioral health agencies, and community partners to achieve these goals..

Impact & Implementation

Prior CHNA Impact Report

Health Need: Maternal Child Health	
Strategy or Program	Summary Description
Expanded Access to Care	<ul style="list-style-type: none">• Trained 14 community doulas• Hired Midwives• Partnered with Quilted Health to increase access to doulas and midwives
Patient Support, Community Resources and Partnerships	<ul style="list-style-type: none">• Identified resources in the community for mothers facing domestic violence.• Offered child safety education, including safe sleep guidelines, car seat safety, and prevention of falls from windows.• Provided support services to mothers with a history of SUD to promote healthy neurodevelopment in newborns.• Increased opportunities for virtual connection with specialists for mothers who have transportation challenges.• Identified community resources to support pregnant women who face food insecurity
Impact	Inadequate access to prenatal care, lack of insurance and transportation remain key barriers for pregnant patients. These issues remain consistent since 2022.
Planned Collaboration	Capital Medical Center will collaborate further on expanding access to prenatal care through continued partnerships with Quilted Health local community doulas.

Impact & Implementation

Prior CHNA Impact Report

Health Need: Immunizations	
Strategy or Program	Summary Description
Patient Support, Community Resources and Partnerships	<ul style="list-style-type: none">• Supported and promoted access to MultiCare Immunization Clinic and primary care.• Continued to promote use of the Washington State Immunization Information System (IIS).• Offered immunizations through MultiCare pharmacy locations.
Impact	Across the 8 school districts in Thurston County, the K-12 students “Out of Compliance” for vaccinations decreased from 5.7% in 2021 to 5.1% in 2024.
Planned Collaboration	Partner with primary care to further immunization access and efforts.

Impact & Implementation

New CHNA Implementation Plan

As part of the Community Health Needs Assessment (CHNA) process, each hospital will develop a Community Health Implementation Plan (CHIP) to ensure that identified priorities translate into actionable strategies. These strategies will include clear objectives, measurable outcomes, and cross-sector partnerships that address the most pressing community health concerns. The CHIP serves as a framework for aligning resources, guiding program development, and reinforcing MultiCare's long-standing commitment to improving the health and well-being of children, families, and communities.

While the prior CHNA and CHIP were prepared and released simultaneously, this cycle reflects a deliberate shift in process. By utilizing additional time between the completion of the CHNA and the finalization of the CHIP, we are strengthening opportunities for collaboration, dialogue, and alignment. This enables deeper engagement with community stakeholders, hospital leaders, and system-level decision makers, resulting in a stronger connection between community health priorities and the strategic direction of MultiCare hospitals. In this way, the CHIP is not simply an operational document, but a strategic blueprint that ties community health priorities to long-term organizational goals.

The CHIP will be formally presented for approval and adoption by the Board of Directors no later than May 15th, 2026, in compliance with federal CMS and IRS requirements.

An essential component is the development of a robust data visualization and reporting strategy. This approach translates complex community health data into accessible, dynamic tools that enable internal monitoring of progress in real time. By integrating quantitative indicators with qualitative community insights, these tools allow hospitals and the broader MultiCare system to track performance against stated goals, identify emerging trends, and make timely, data-informed adjustments to implementation strategies.

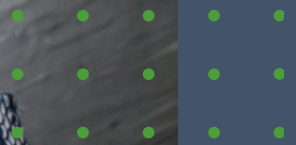
Importantly, this work will extend across the entire MultiCare system. The intent is not only to strengthen the link between CHNA priorities and hospital-level planning, but also to create a unified framework that connects community health improvement efforts with system-wide strategic initiatives. This alignment ensures that the lessons learned in one community can inform action in others, while promoting consistency in measurement, accountability, and reporting across the system.

The CHNA, CHIP, and data visualization strategy create a continuous cycle of assessment, planning, action, and evaluation. This cycle enables MultiCare hospitals to remain responsive to evolving needs while also advancing long-term system goals. By building a process that is collaborative, transparent, and data-driven, MultiCare is positioning itself to more effectively demonstrate measurable impact for communities.



MultiCare 
Capital Medical Center

Approval & Adoption



Approval & Adoption

Capital Medical Center

MultiCare Capital Medical Center has undertaken this Community Health Needs Assessment (CHNA) to better understand the most significant health challenges and opportunities facing individuals and families in our region. This assessment represents an important continuation of our commitment to improving community health, advancing health equity, and ensuring that every person has the opportunity to flourish.

The CHNA process reflects the integration of local and national data sources, health indicators, and social determinants of health with the lived experiences of community members, providers, and local leaders. Through focus groups, key informant interviews, surveys, and collaborative analysis, the CHNA provides a comprehensive picture of the current state of health in our service area. By engaging directly with the voices of those most impacted, MultiCare Capital Medical Center ensures that this assessment is both evidence-based and community-driven.

This CHNA fulfills federal requirements under the Affordable Care Act and Washington State standards, while also serving as a roadmap for future strategy within MultiCare. The findings and priorities identified here will inform how MultiCare Capital Medical Center aligns resources, develops innovative partnerships, and strengthens programs that meet the unique needs of our population.

The Board of Directors of MultiCare Capital Medical Center, together with leadership across MultiCare Health System, has formally reviewed and acknowledges this Community Health Needs Assessment as the official CHNA for the hospital. In doing so, the Board affirms its responsibility to ensure that identified community health needs guide organizational planning, program design, and investment decisions over the next three years.

This acknowledgement reflects more than compliance with state and federal requirements. It affirms a shared vision: to create healthier communities through a commitment to health, equity, and well-being. The Board recognizes that meaningful progress requires sustained collaboration across public health, education, social services, and health care delivery partners.

By endorsing this CHNA, the MultiCare Capital Medical Center Board and MultiCare leadership signal their dedication to turning assessment into action. This document will serve as a framework for measurable improvement in the identified priority areas (Maternal & Child Health, Behavioral Health, Social Determinants of Health, Chronic Disease Management & Prevention, Injury & Violence), transparent reporting, and continued accountability to the communities we serve.

Approved Date: November 19th, 2025

Appendices

A.1 Qualitative Data Collection

A.2 Sources

A.3 Additional Data



A.1 Qualitative Data Collection

Key Informant Interview Questions

1. Please state your name, title, and organization as you would like them included in the report.
2. The following interview questions refer specifically to the strengths and needs of the community your organization serves. To be clear:
 - Which geographies does your organization primarily serve?
 - Which populations does your organization primarily serve?
3. We want to ensure that we highlight and leverage the community strengths that already exist. Please briefly share the greatest strength you see in the community your organization serves.
4. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. These needs can be related to specific health conditions, as well as social determinants or drivers of health.
5. Using the table, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important).
6. Thinking about the community needs you just prioritized, how do hazards like wildfires/smoke, power outages, or other extreme weather events affect these needs?

7. Please share one or two suggestions for how we can leverage community strengths to address community needs and promote health equity.
8. Please identify one or two community health initiatives or programs that you see currently meeting the community's needs.
9. *[Optional]* What are the most important characteristics of a healthy community?
10. Is there anything else you would like to share?

A.1 Qualitative Data Collection

Key Informant Interview Questions

5. Using the table, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important).

- Access to childcare and preschools
- Domestic violence, child abuse, and neglect
- Access to dental care
- Economic security (living wage jobs and employment)
- Access to health care services
- Environmental concerns (e.g., extreme heat, smoke/air quality, clean water access)
- Disability inclusion
- Firearm safety
- Affordable housing and homelessness
- Food security
- Opportunity gap in education (e.g., funding, staffing, support systems, etc., in schools)
- Environmental concerns (e.g., extreme heat, smoke/air quality, clean water access)
- Access to transportation (safe, reliable, affordable)
- Aging adult well-being
- Human trafficking
- Arts and cultural opportunities
- Infectious diseases (includes sexually transmitted infections, COVID-19, and others)

- Infectious diseases (includes sexually transmitted infections, COVID-19, and others)
- Behavioral health challenges and access to care (includes both mental health and substance use/misuse)
- Job skills and technical training
- Bullying, harassment, and intimidation
- Maternal and child health
- Chronic conditions (specify which chronic conditions)
- Civic engagement and community involvement
- Parks and recreation for all users
- Crime and public safety
- Racism and discrimination
- Safe streets for all users (e.g., crosswalks, bike lanes, lighting, speed limits)
- Other: _____

A.2 Sources

Community Health Needs Assessment

U.S. Census Bureau, **American Community Survey (ACS) 5-Year Estimates, 2019–2023**. Used for demographic and ethnic breakdowns, as well as in the Social Determinants of Health category. Population counts were cross-referenced with the U.S. Census Bureau Annual County Population Estimates, 2023.

Behavioral Health, Maternal and Child Health, Social Determinants of Health, and Chronic Disease Management and Prevention categories relied on data from the **Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps**, 2025 report, which compiles health outcomes and health factor indicators from national and state data sources to assess overall community health.

Healthy Youth Survey (HYS) data, administered by the Washington State Department of Health, Office of the Superintendent of Public Instruction, and partner agencies, were used to assess behavioral health trends, injury and violence indicators, and chronic disease and prevention management factors among youth populations. The 2023 Healthy Youth Survey results were analyzed and compared with 2021 HYS data to identify changes in youth health behaviors and mental health outcomes over time.

The **Washington State Department of Social and Health Services (DSHS)** provided data spanning 2012–2024, offering longitudinal insights into statewide health and human service trends.

Data from **SchoolHouse Connection** informed the Social Determinants of Health category, providing insight into students experiencing homelessness, housing instability, and educational continuity. The 2022–2023 school year data were analyzed and compared with 2021–2022 data to identify changes in student homelessness and support needs over time.

The U.S. Census Bureau’s American Community Survey (ACS) 5-Year Summary Estimates, 2019–2023, were also used within the Social Determinants of Health category to capture county-level measures of poverty, household income, and housing characteristics.

The Washington State Department of Health provided additional data for Behavioral Health, Maternal and Child Health, and Chronic Disease Management and Prevention, including population health metrics and statewide surveillance data. Data on K–12 immunization compliance were sourced from the **Washington State Immunization Information System**, 2023–2024, specifically from the Percent of K–12 Students by School Immunization Compliance Status report.

A.2 Sources

Community Health Needs Assessment

Local and statewide data were drawn from multiple credible sources to ensure a comprehensive understanding of Thurston County’s health landscape. The **Thurston County Health Department** provided local health indicators, including Behavioral Risk Factor Surveillance System (BRFSS) data compiled from six years of combined results (2008–2023). Although these data were not age-adjusted, an age estimator was applied to explore differences across age groups. The department also contributed Community Health Assessment Tool (CHAT) data identifying the leading causes of death within the county.

Additional information on early childhood and childcare access was supplied by **Child Care Aware of Washington**, including *Thurston County Child Care Data Reports* for 2019 and 2024, provider vacancy and subsidy acceptance reports for 2024–2025, and *Child Care Price Data by County* for 2022–2024. The organization also shared findings from the *State of the Children: Pacific Mountain Region* report (2024), which provided valuable context for regional childcare trends.

State-level data from the **Washington State Department of Children, Youth, and Families (DCYF)** were used to examine early learning and childcare availability. Resources included the *Extreme Child Care Access Deserts Dashboard* and the *Early Learning Supply and Demand Dashboards* (accessed 2024–2025). The **U.S. Department of Health and Human Services (HHS)** provided the federal *Child Care Affordability Benchmark*, defining affordability as 7% of household income, while the **U.S. Census Bureau** supplied 2023 median household income data for Thurston County.

Together, these sources provided a robust foundation for analyzing economic, social, and health indicators that shape family and community well-being in Thurston County.

A.3

Additional Data

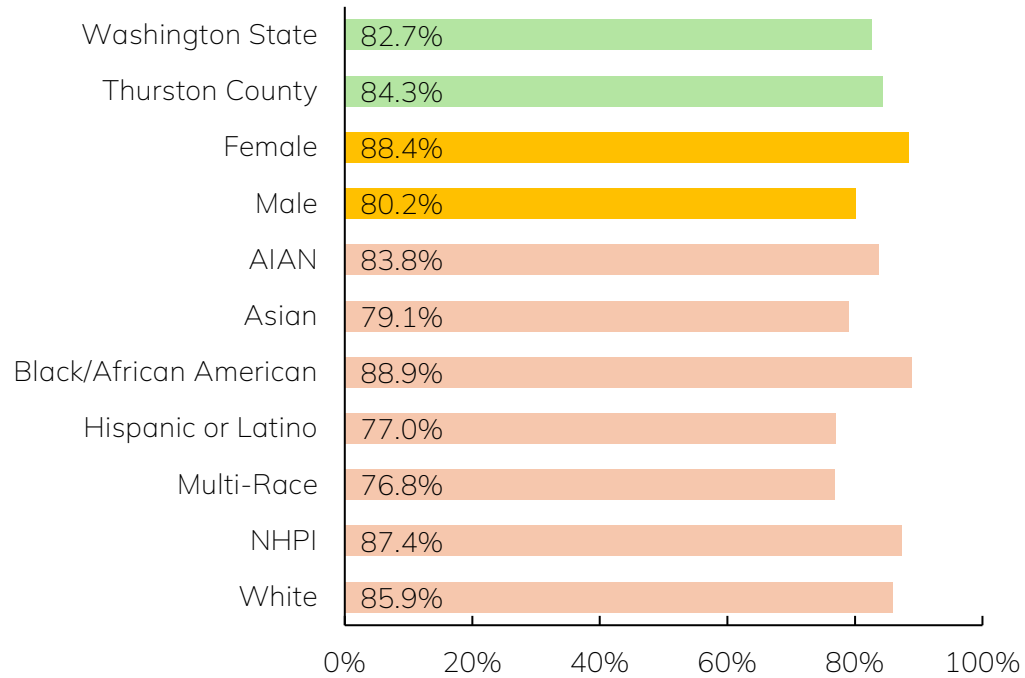
Thurston County Leading Causes of Death Health Department

Rank	2019	2020	2021	2022	2023
1	Cancer	Cancer	Cancer	Cancer	Cancer
2	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
3	Alzheimer's Disease	Alzheimer's Disease	Accidents	Accidents	Accidents
4	Chronic Lower Respiratory Diseases	Accidents	COVID-19	Alzheimer's Disease	Alzheimer's Disease
5	Accidents	Cerebrovascular Disease	Alzheimer's Disease	COVID-19	Cerebrovascular Disease
6	Cerebrovascular Disease	Chronic Lower Respiratory Diseases	Cerebrovascular Disease	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases
7	Diabetes	Diabetes	Chronic Lower Respiratory Diseases	Cerebrovascular Disease	Diabetes
8	Suicide	COVID-19	Diabetes	Diabetes	Parkinson's Disease
9	Influenza and Pneumonia	Suicide	Chronic Liver Disease and Cirrhosis	Chronic Liver Disease and Cirrhosis	Suicide
10	Parkinsons Disease	Chronic Liver Disease and Cirrhosis	Parkinson's Disease	Parkinson's Disease	COVID-19

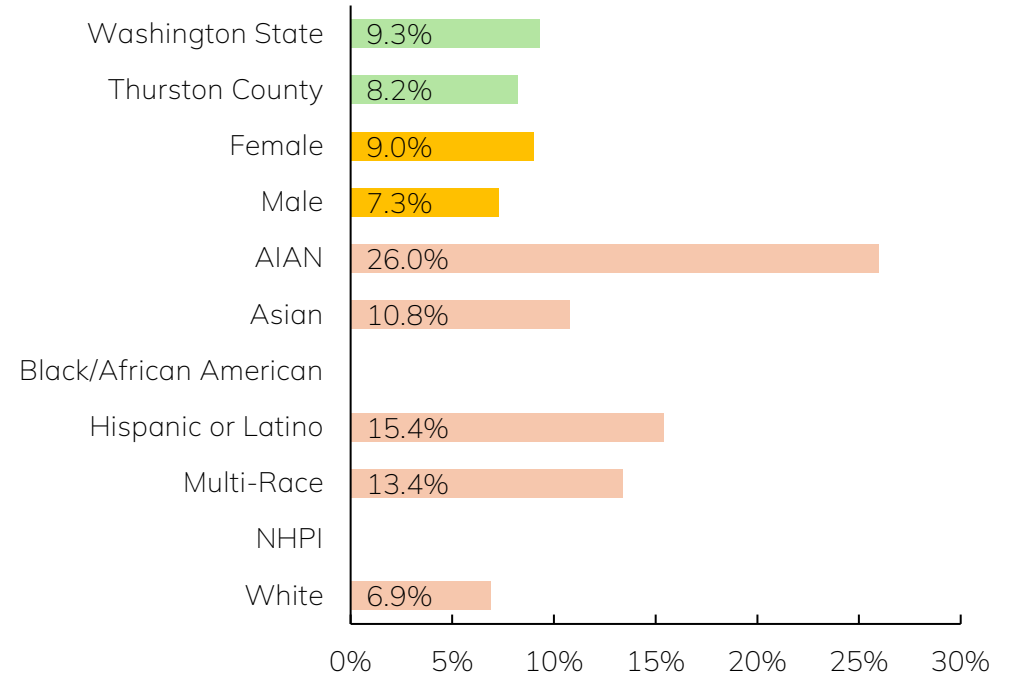
A.3

Additional Data

Percent of Adults with a Health Care Provider
Health Department



Percent of Adults Unable to See Doctor Due to Cost
Health Department

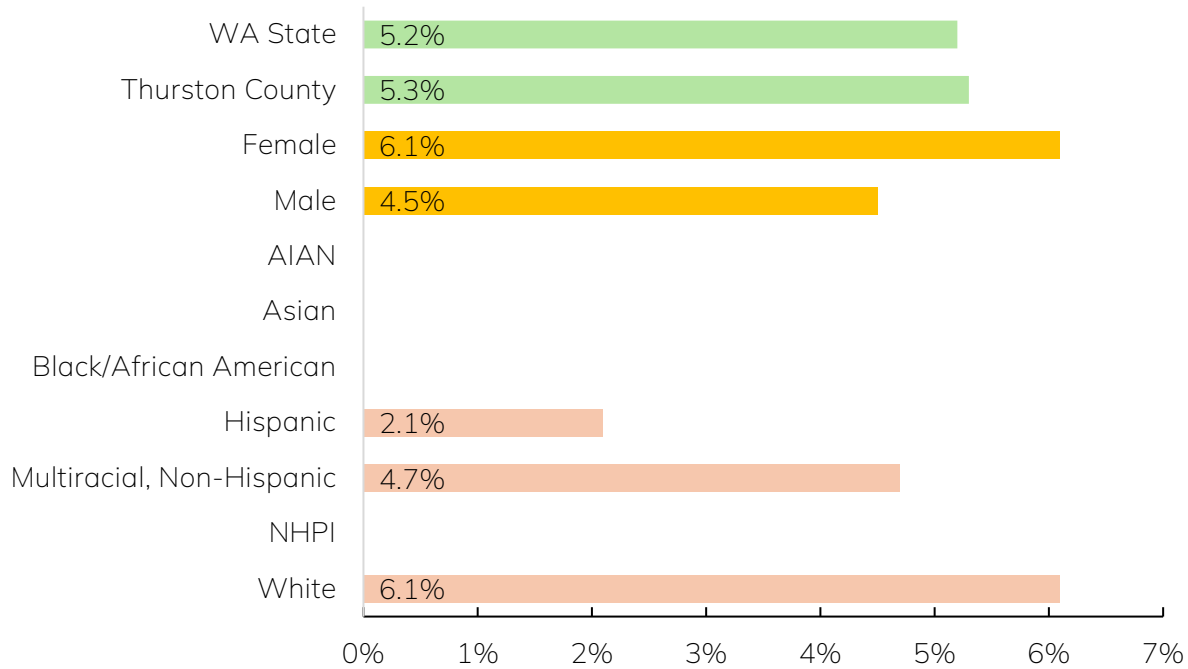


Provided by the Health Department (not age adjusted)

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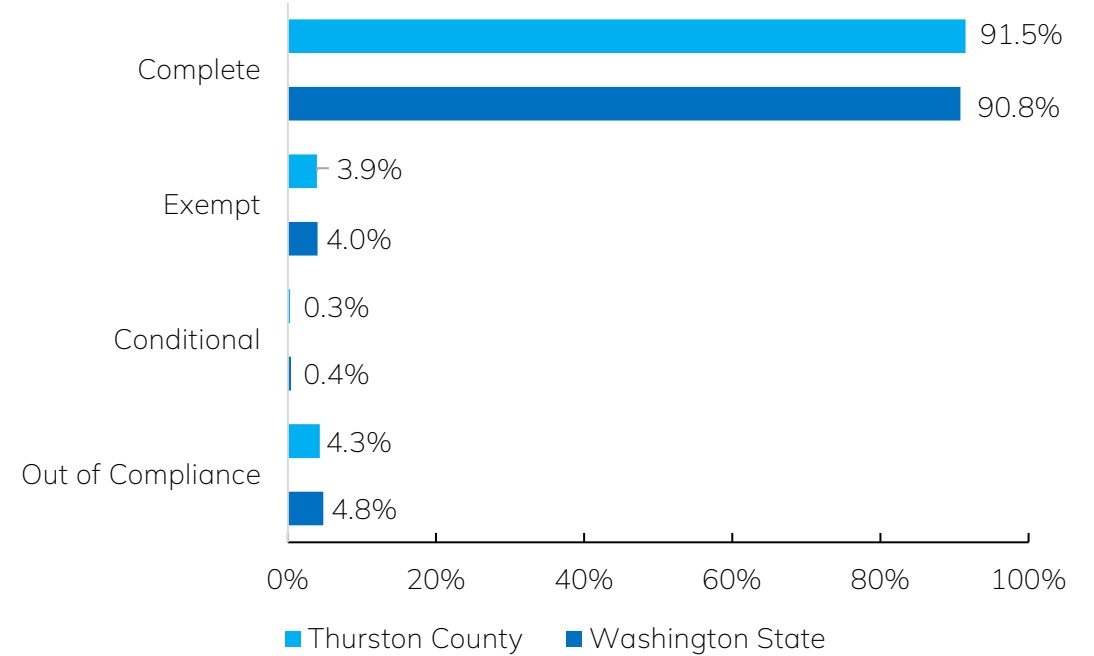
Additional Data

Percent of Adults with COPD
Health Department



Provided by the Health Department (not age adjusted)

Percent of K-12 Students by School Immunization
Compliance Status 2023-2024
Washington State Immunization Information System



A.3

Additional Data

Mental Health Crisis & Access to Culturally Responsive Services

Behavioral health stands out as a paramount concern, consistently highlighted by both key informants and community listening sessions. They describe the system as "stretched thin, with long waitlists, high staff turnover, and a lack of culturally appropriate or trauma-informed services." Key informants noted rising rates of anxiety, depression, and trauma among youth and adults, often compounded by housing and school pressures, with one interviewee stating, "With our kids, we see a lot of depression, anxiety, and then I think just a lot of other behaviors around depression and anxiety. We're just seeing a lot more than I think we've ever seen in public education."

Community members expressed a critical mismatch between high demand and readily available, effective care, emphasizing the need for more psychiatrists, therapy animals, and mobile services. Furthermore, mistrust and past trauma, particularly within BIPOC and LGBTQ+ communities, lead to avoidance of traditional settings, and the sentiment that social programs should have "no shame" suggests an existing stigma associated with seeking aid, underscoring the need for culturally sensitive and integrated care models.



A.3

Additional Data

Substance Use & Prevention

Substance use continues to pose a serious threat to public health and safety in Thurston County, with drug and opioid-related deaths rising significantly in recent years—now surpassing the state average. Emergency department visits for suspected overdoses have also increased, placing additional strain on the healthcare system and underscoring the urgency of early intervention and sustained support. Alcohol misuse remains a parallel concern, with rates of excessive drinking slightly higher than the state average and alcohol contributing to a substantial portion of traffic-related fatalities, reflecting broader behavioral health and safety risks.

Stakeholders described substance use as deeply interconnected with trauma, housing instability, and limited behavioral health access. Providers emphasized the need for long-term, relationship-based recovery models and pointed to the scarcity of detox beds, peer support services, and consistent funding as major barriers. Adults in recovery shared experiences of stigma and fragmentation within care settings, highlighting the importance of culturally specific, non-punitive approaches to healing. Across the board, housing stability and coordinated system navigation were cited as essential components for sustained recovery and effective prevention.

A.3

Additional Data

Youth & School Safety

Youth safety is a growing concern in Thurston County. Bullying rates exceed the state average, and students report an increased ability to access firearms, both of which are serious indicators of risk. These patterns suggest students may be facing more frequent or severe threats in their daily environments.

Many students also report feeling unsafe at school, with higher rates of physical fighting across all grade levels compared to statewide figures. Together, these findings point to a need for more supportive, preventative approaches to school safety and youth violence, including mental health resources, conflict resolution programs, and stronger school-community partnerships.

Stakeholders reported that youth face growing mental health needs, school disengagement, and bullying, often without adequate adult support. Schools were seen as critical spaces for early intervention, but lack resources for counselors, social workers, or culturally affirming safety measures. Youth described emotional harm from exclusionary practices and called for inclusive, trauma-informed environments, particularly for LGBTQ+ and Latino students navigating language isolation or identity-based harassment.



A.3

Additional Data

Domestic and Community Violence & Injury

Domestic violence rates in Thurston County have increased steadily since 2020, raising concerns about community safety and well-being. Injury death rates are slightly higher than the state average and have risen notably in recent years.

Firearm-related criminal cases prosecuted in 2024 increased significantly from the previous year, highlighting ongoing challenges with gun violence. Motor vehicle mortality rates are also marginally above the state average. These findings underscore the need for continued prevention efforts and stronger community partnerships to address domestic and community violence and injury.

Domestic violence was identified as both a driver and result of housing instability and economic insecurity, with survivors often lacking access to trauma-informed, culturally relevant support. Interviewees and residents stressed that systems built around punishment and surveillance can retraumatize rather than protect. Participants called for survivor-led services, long-term safety planning, and housing-first approaches that address the structural roots of violence and prioritize healing.



A.3

Additional Data

Maternal Health Disparities

Maternal and infant health remains an area of concern in Thurston County. Infant mortality rates have remained at or above the state average since 2018, highlighting the need for strengthened prenatal care and support systems for expecting families. Additionally, nearly 13% of new mothers report experiencing postpartum depression, slightly above the state average, signaling a need for increased access to mental health care during the postpartum period.

Disparities in birth outcomes are also evident. While the overall rate of low birth weight in Thurston County aligns with the state, significant racial and ethnic disparities persist, particularly among Black, Asian, and Native Hawaiian/Pacific Islander infants. Rates of premature birth have also increased in recent years, and maternal smoking and late or no prenatal care are both more common locally than statewide.

Key informants noted barriers faced by low-income and undocumented individuals in accessing prenatal and postpartum care, including cost, mistrust, and limited provider diversity. Participants called for culturally grounded services, bilingual care teams, and stronger connections between maternal health, housing, and behavioral health supports.



A.3

Additional Data

Childcare Access

Access to affordable childcare remains a major concern for families in Thurston County. On average, families spend over 30% of their household income on childcare—while slightly below the state average, it still represents a significant financial strain for many. These high costs can limit parental employment opportunities and threaten long-term financial stability for working families.

Childcare was widely recognized as a “gateway issue,” affecting parents’ ability to work, access health care, and support early childhood development. Stakeholders cited closures, staff shortages, and unaffordable costs as barriers, especially for infants, rural families, and children with disabilities. Listening session participants described leaving jobs or relying on unsafe care due to lack of options, and emphasized the need for bilingual, culturally affirming, and trauma-informed providers.

Addressing these issues require a coordinated approach that considers both affordability and availability, particularly for low-income and working-class households.



A.3

Additional Data

Housing and Homelessness

Housing and homelessness were consistently identified as the most urgent and foundational priorities by both key informants and community members. Participants described a "spiral" where the inability to secure housing prevents individuals from accessing other essential services and overall well-being, with conditions in specific encampments characterized as "miserable." One key informant powerfully articulated the fundamental nature of this issue, stating, "We have a severe lack of affordable permanent housing. To me, that's both the health and determinant of health issue that we see. Even if somebody's getting the best care that they can get, if they have nowhere to go, that care is really only going to be a Band-Aid for whatever else is happening."

The rising cost of rent and homeownership, coupled with a shortage of permanent supportive housing and ADA-accessible options, exacerbates these challenges, disproportionately affecting vulnerable groups like BIPOC individuals, LGBTQ+ youth, and those with behavioral health conditions. Community members emphasized the urgent need for more shelters, supportive living options, tiny homes, and adult family homes, alongside improved hospital discharge planning to prevent homelessness for disabled individuals.



A.3

Additional Data

Food Insecurity

Ensuring access to healthy food emerged as a foundational requirement for a healthy, yet qualitative insights revealed significant concerns about its quality and accessibility. Community members voiced issues with food banks, including "visit limits, distribution of expired food, and lack of fresh, nutritious foods." The high cost of organic food was also frequently mentioned as a barrier, highlighting how financial constraints prevent low-income individuals from accessing healthy options.

This lack of nutritious choices at food banks was noted to negatively impact both mental and physical health, underscoring the need for improved food aid quality and broader access to affordable, healthy food options within the community.



A.3

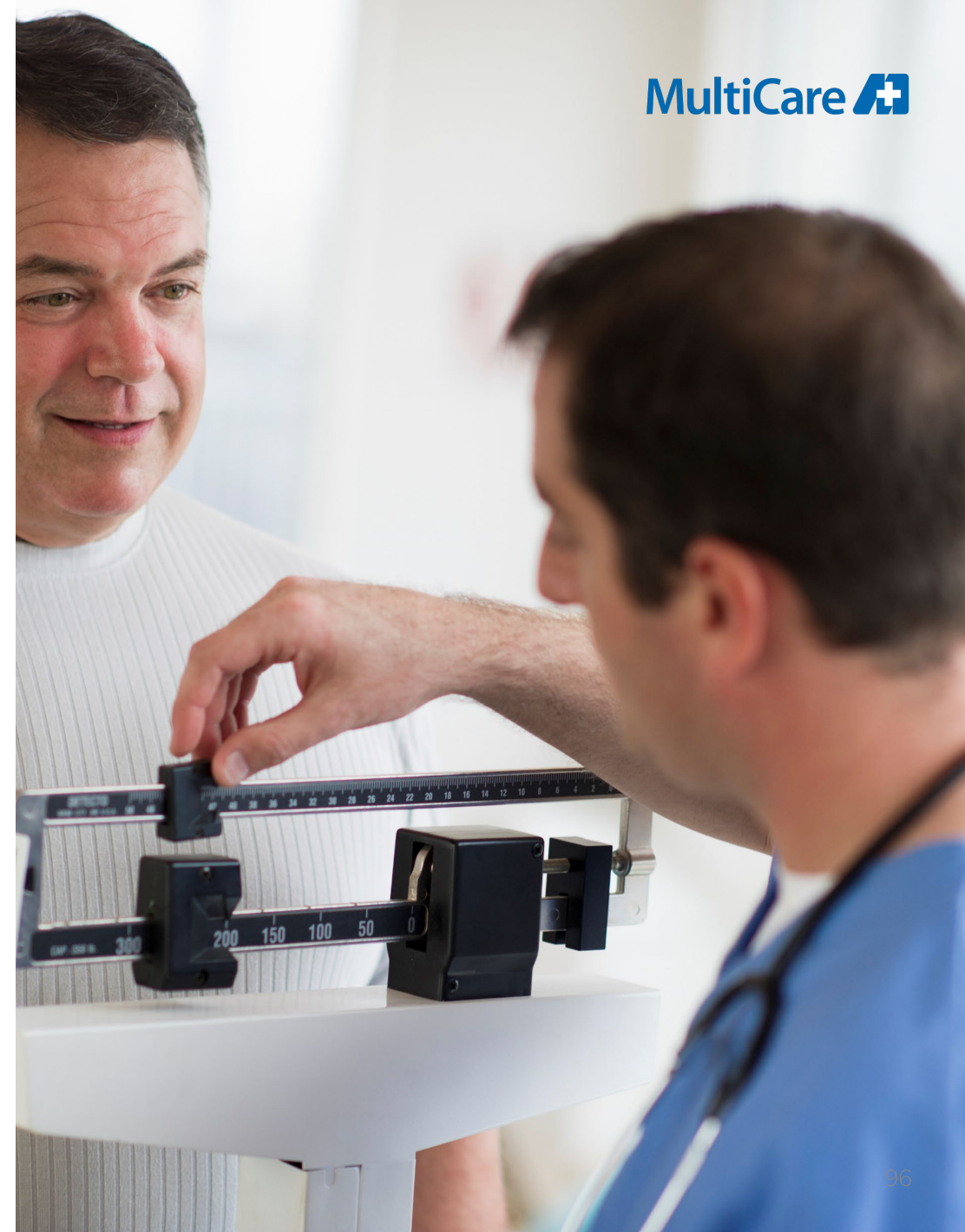
Additional Data

Obesity

Challenges with chronic disease represent a significant concern in Thurston County, with obesity playing a central role in driving poor health outcomes. Obesity increases the risk of numerous chronic conditions, including type 2 diabetes, heart disease, and certain cancers. In Thurston County, the percentage of people with diabetes exceeds the Washington State average by 2.8%, underscoring the health impacts associated with elevated obesity rates. These conditions contribute to long-term health complications and rising healthcare costs.

Access to healthy lifestyle resources may be contributing to these trends. According to the 2025 County Health Rankings, access to exercise opportunities is 10% lower in Thurston County compared to the state average. This limited access can make it more difficult for residents to engage in regular physical activity—an essential factor in preventing and managing obesity and its related health risks.

Participants called for cooking education, better food quality, and culturally relevant wellness programs. The focus was less on individual weight and more on systemic inequities shaping diet and health behaviors.



A.3

Additional Data

Diabetes

Diabetes continues to be a pressing health issue in Thurston County, affecting a growing number of residents. It has consistently remained among the top 10 causes of death in the county, underscoring its lasting impact on individual and community well-being. In addition to raising the risk for serious complications such as heart disease and kidney failure, diabetes places a significant burden on families and the local healthcare system.

Hospitalizations related to diabetes are higher in Thurston County than the state average, suggesting gaps in disease management and access to consistent, quality care. Key informants pointed to deeper root causes, emphasizing the role of poverty and chronic stress in driving diabetes rates. One participant shared, “The chronic stress of struggle and being poor itself produces health impacts. I would venture a guess that in your data, you would see people who are struggling financially all the time with higher rates of heart disease and diabetes and other chronic health illnesses.” Others noted that diabetes often falls under a broader set of chronic conditions that are “never funded,” despite their growing prevalence. These insights point to an urgent need for more equitable investment in prevention, education, and long-term support for individuals living with diabetes.

