THURSTON COUNTY

WASHINGTON

SINCE 1852

Journey to Health Equity:

Health Disparities within Thurston County

July 2026

Public Health & Social Services
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www.thurstoncountywa.gov/health-equity

Photos courtesy of Experience Olympia & Beyond

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Executive Summary

Health equity is the principle of ensuring that every individual has a fair and just opportunity to achieve their highest level of health. This report explores the important distinction between health equity and health equality, highlighting why addressing health inequities is vital to creating healthier communities. Social drivers of health (SDOH) refer to the conditions in which people are born, live, learn, work, play, worship, and age, all of which influence a broad range of health and quality-of-life outcomes. SDOH are community-level factors that are sometimes called “social determinants of health”.

Our analysis shows how financial hardship, poverty, housing, educational attainment, gender or sexual diversity, veteran status, and disability status can influence people’s opportunities to lead healthy lives. Analyzing key indicators, such as childhood poverty, median household income, housing cost burden, birth outcomes, demographic profile, and life expectancy, reveals the prevalent inequities across different demographics.

This report shows that certain groups have fewer opportunities and resources for health. It explores actionable strategies that agencies and the community can implement to address disparities and move toward a healthier society. The information provided throughout this report underscores the need for targeted interventions and systemic changes to create a more equitable future in Thurston County.

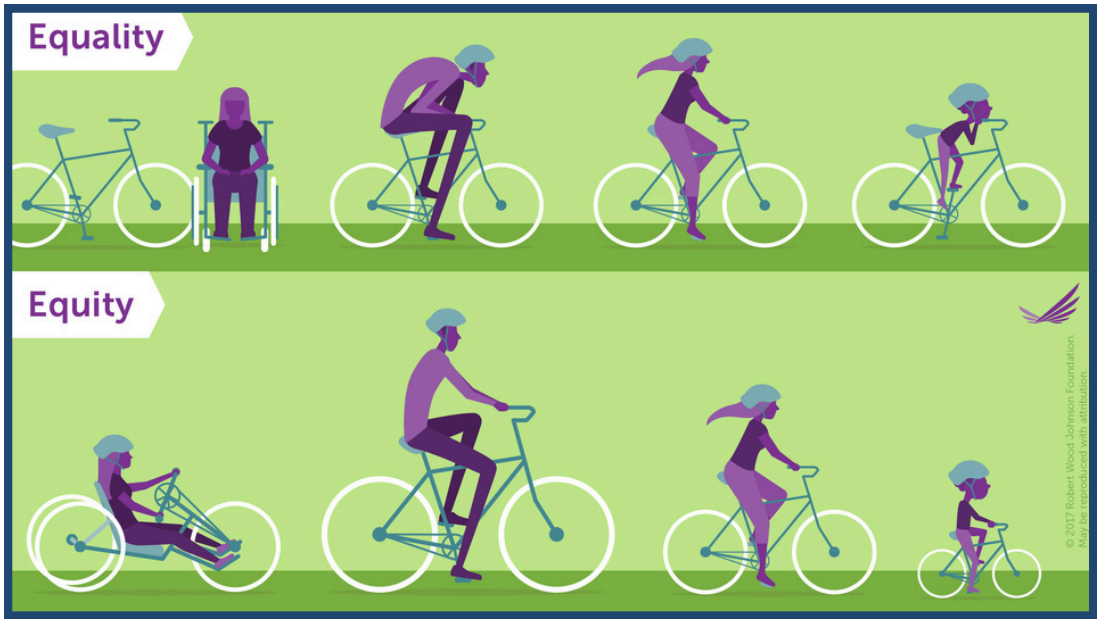


Figure 1: Equality vs. Equity

Source: Robert Wood Johnson Foundation, Visualizing Health Equity: One Size Does Not Fit All, 2017

Thurston County Historical Perspective

This timeline illustrates how historical economic shifts and evolving social movements have influenced current disparities in wealth, health, and education in Thurston County. This historical perspective provides context for understanding present challenges such as poverty, homelessness, health inequities, and educational outcomes by race, ethnicity, and geography.

1800s - Mid 1800s

In 1845, settlers arrived and displaced the local Indigenous peoples, including the Squaxin Island, Nisqually, and Chehalis tribes, disrupting their economies and way of life. This event marked the establishment of the settlements that would soon become Washington State.

1900s - 1920s

The 1900 Census recorded Thurston County's population at nearly 10,000, with lumber, sandstone, and coal mining industries forming the backbone of the economy, yet also creating economic disparities for Indigenous and marginalized groups.

1930s - 1950s

During World War II, the Port of Olympia and military training areas boosted the economy, but by the 1940s, the timber industry's decline shifted reliance toward state government jobs. Meanwhile, redlining restricted economic opportunities and homeownership for minority communities.

1960s - 1980s

In 1985, the Olympia City Council declared the city a "City of Peace," establishing a sanctuary for politically persecuted individuals and reflecting the principles of the Fair Housing Act of 1968, which aimed to eliminate discrimination in housing and promote equality.

1990s - Early 2000s

By the late 1990s, agriculture accounted for only 2% of Thurston County's jobs, while retail trade grew by 266%, highlighting a shift to a service-driven economy. However, the legacy of redlining contributed to ongoing disparities for marginalized populations.

2000s - Present Day

By 2022, government services employed a quarter of the county's workforce. Population migration continues from the greater Seattle-Tacoma area accelerating urbanization, contributing to disparities in housing affordability and access to resources.

Source: Thurston County Thumbnail History, 2006, and Thurston Regional Planning Council, Employment Sector, 2022

What Impacts Health Outcomes?

The University of Wisconsin Population Health Institute Model of Health shows how the conditions in which people live, learn, work, and play directly influence overall health and well-being. These community conditions are shaped by societal rules, both written and unwritten, that determine which communities have access to the resources needed to thrive. As a result, factors such as safe housing, equitable education, stable employment, and access to community resources—commonly referred to as the social drivers of health (SDOH)—play a critical role in shaping health outcomes and quality of life. Together, these systems of power and policy are recognized as the structural determinants of health.

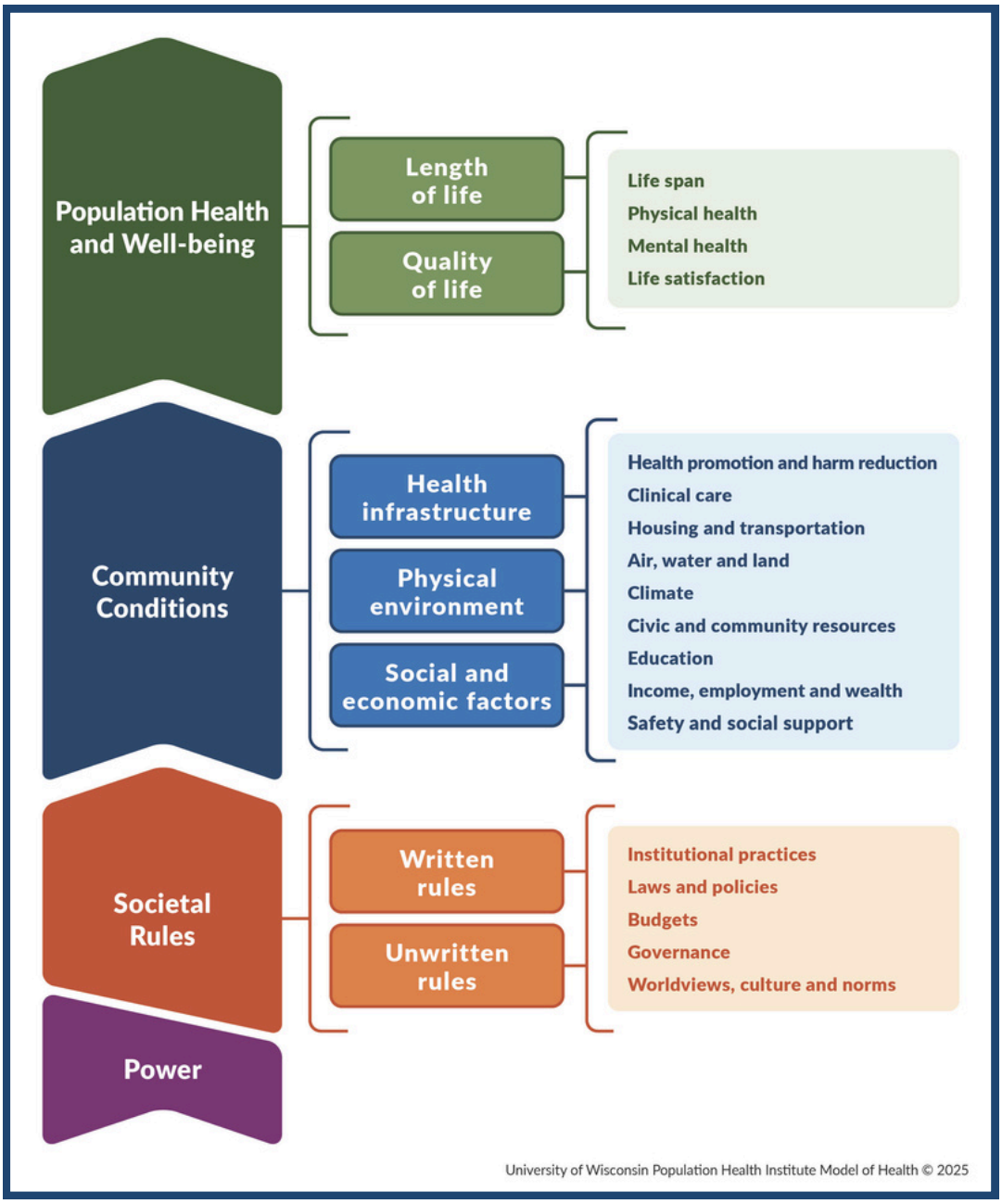


Figure 2: University of Wisconsin Population Health Institute Model of Health, 2025

Source: Center of Medicare & Medicaid Services “Social Drivers of Health”, 2025

Land Acknowledgement

Thurston County wants to acknowledge and thank the indigenous Salish peoples whose elders and ancestors have lived on and stewarded the lands and waterways of this County with great care, since time immemorial, and who continue as sovereign nations today, specifically the Squaxin Island, Nisqually, and Chehalis people. Truth and acknowledgement are critical to building mutual respect and connection across all barriers of heritage and difference. The purpose of this acknowledgment is to disrupt the ongoing erasure of injustices done and to remember history as a stepping stone towards healing. We commit to working together to honor our past and build our future with truth.

About Thurston County

Thurston County is home to more than 309,100 people. About 140,000 residents live in the urban north county areas in and around Lacey, Olympia, and Tumwater. The rest of the population lives in and around the smaller rural areas of Bucoda, Tenino, Rainier, Rochester, Grand Mound, and Yelm.

Individuals who live in rural areas tend to have a higher overall mortality rate and experience worse health outcomes and risk factors. Also, those who are LGBTQIA+, have disabilities, speak limited English, or are facing housing insecurity often encounter discrimination and barriers. Inclusive policies, culturally responsive care, and targeted support are vital for improving health outcomes and equity within Thurston County.

Source: Thurston County Community Health Assessment, 2025 & Thurston County “About Thurston County”, 2024

Financial Hardship in Thurston County

Households struggling with money have a hard time affording basic needs like housing, child care, food, transportation, health care, and technology. They often have to make tough choices and take risks when managing their finances.

In Thurston County, 33% of households face financial hardship. Figure 3: Financial Hardship in Thurston County map shows how widespread this is in different places in Thurston County. Zip code areas in lighter blue have fewer households facing financial hardship, while those in darker blue have more households facing financial hardship.

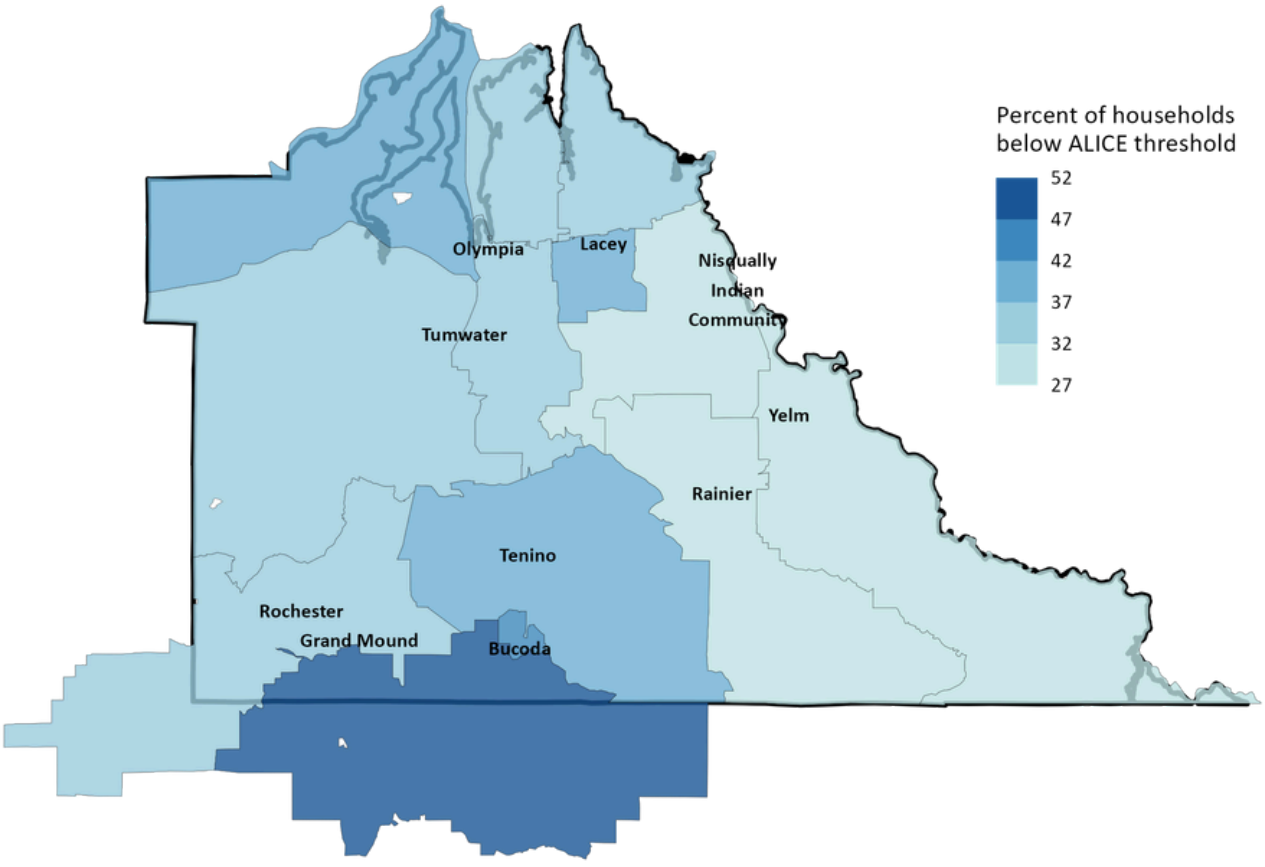


Figure 3: Financial Hardship in Thurston County Zip Code Areas

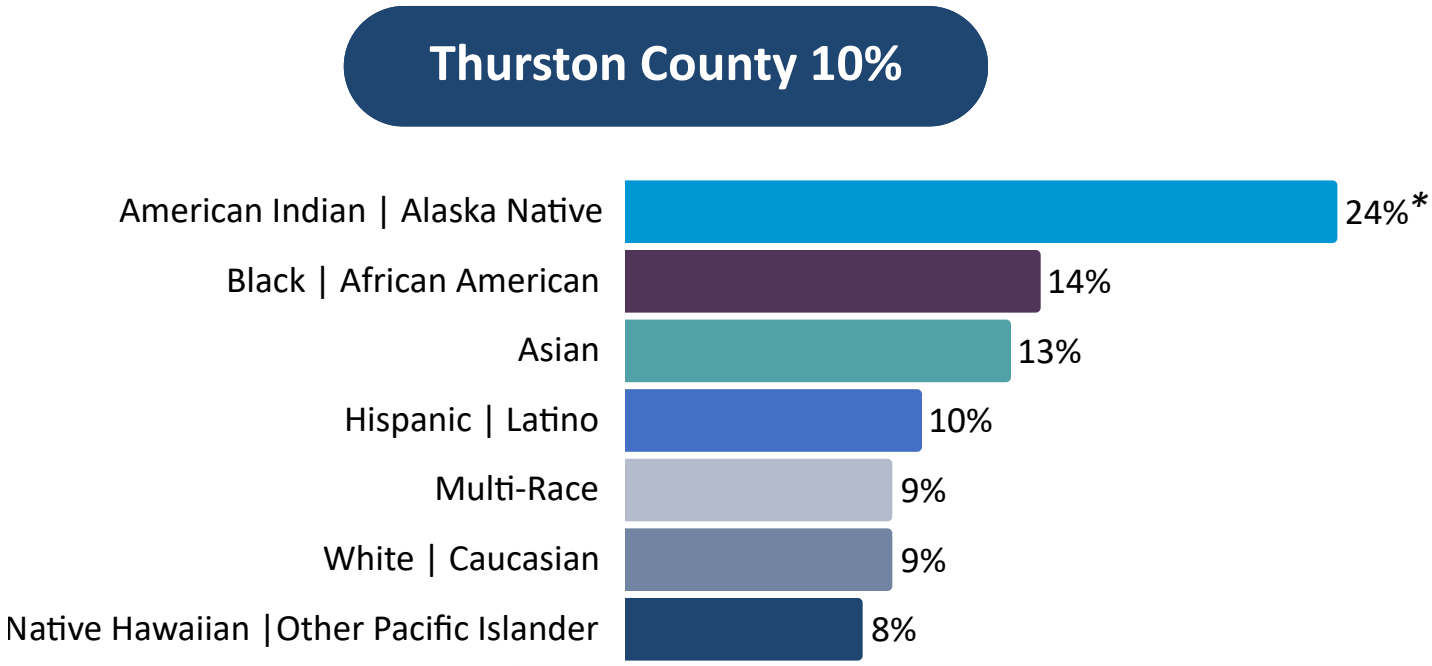
Percent of households that are below the Asset Limited, Income Constrained, Employed (ALICE) threshold, including households in poverty (whose incomes in the past 12 months were below the poverty level) and ALICE households (whose incomes were above the poverty level but less than the basic cost of living).

Source: American Community Survey, 2023; ALICE Threshold, 2023

Overall Poverty in Thurston County

A long history of discrimination and structural racism has played a big role in the wealth gap in the United States. People of color have faced unfair treatment in many areas, such as being pushed into low-income neighborhoods, denied loans by banks, blocked from jobs, and targeted by unfair policing and sentencing. These practices have been woven into institutions, policies, and daily practices, creating lasting inequality between people of color and white people.

In Thurston County, 10% of the population lives in poverty. American Indian & Alaska Natives are twice as likely to experience poverty compared to the overall county population.



**Statistically different from the County rate*

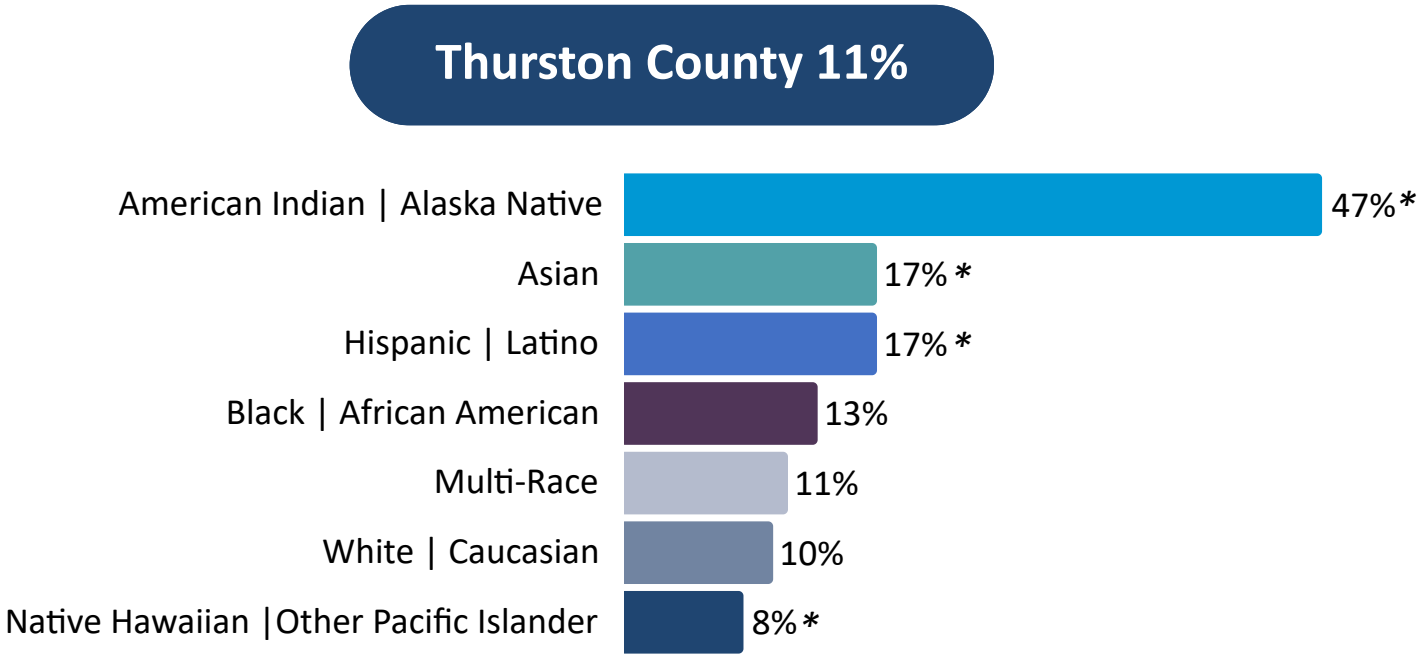
Percentages shown describe individual demographic groups and are not intended to total 100%

Source: U.S. Census Bureau. "Poverty Status in the Past 12 Months" American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2024

Childhood Poverty in Thurston County

While poverty impacts people of all ages, children living in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Children in poverty have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe health issues such as asthma, obesity, diabetes, ADHD, behavior disorders, cavities, and anxiety.

In Thurston County, 11% of the population under 18 years of age lives in poverty. American Indian & Alaska Native children are three times as likely to experience poverty than their peers.



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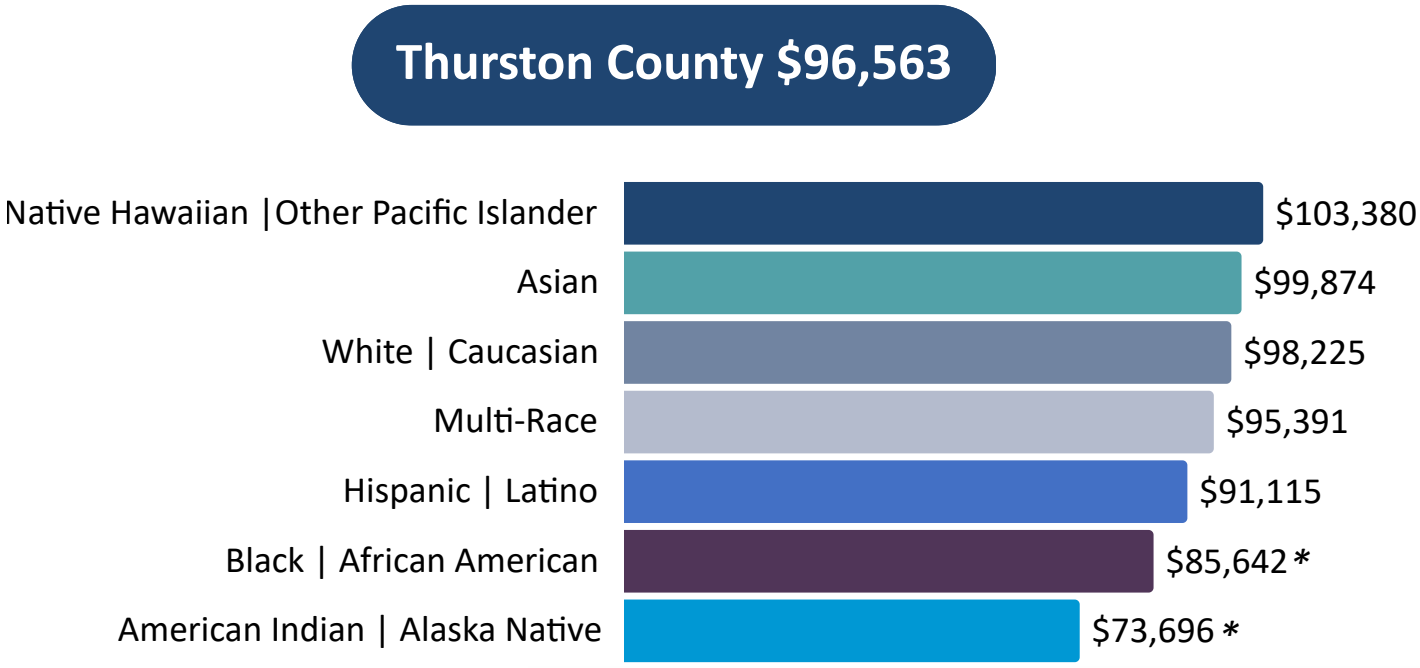
Source: U.S. Census Bureau. "Poverty Status in the Past 12 Months by Sex by Age" American Community Survey, ACS 1-Year Estimates Detailed Tables, Tables B17001B,C,D,E,G,H,I, 2024

Median Household Income in Thurston County

Income affects what kind of housing people can afford, which impacts the resources and opportunities they have, as well as the risks they may face. Families with higher incomes are better able to handle tough situations, like unexpected expenses or life challenges. Lower income is closely linked to poorer health outcomes, such as higher rates of heart disease and shorter life expectancy.

In 2024, the median household income in Thurston County was $96,563. In Thurston County, two working adults with two children need an annual income of $132,221 to meet basic living costs (see Living Wage Calculator - Thurston County, Washington).

People who identify as American Indian, Alaska Native, and Hispanic or Latino have the lowest median household incomes in Thurston County.



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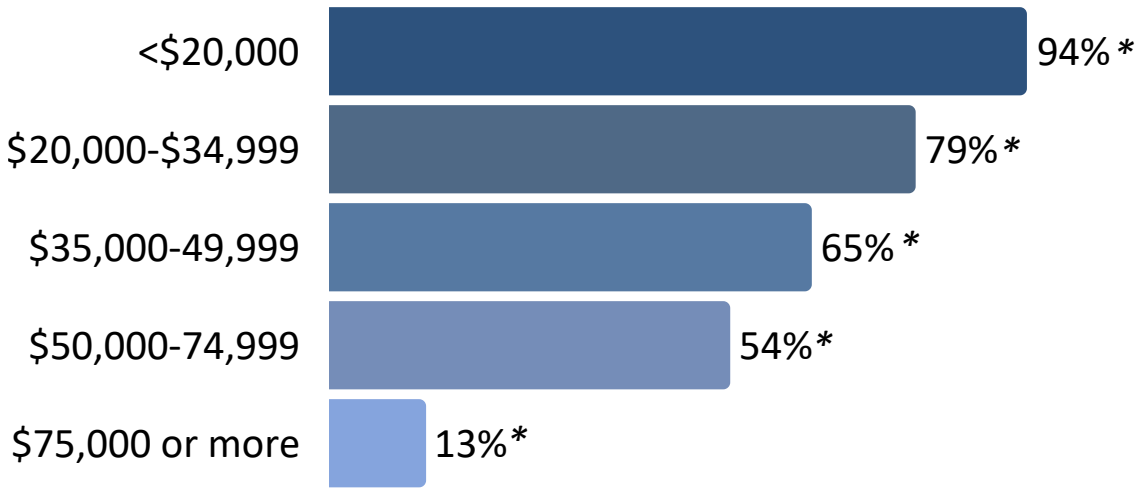
Source: U.S. Census Bureau. "Median Income in the Past 12 Months (in 2024 Inflation-Adjusted Dollars)" American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1903, 2024

Housing Cost Burden in Thurston County

Housing is essential to health as it fulfills a basic human need for shelter; however, the cost of housing also impacts health. The federal government considers housing to be affordable if a family spends no more than 30% of their income on housing costs, including utilities. A lack of affordable housing can limit people's ability to meet other basic needs and force them to make difficult choices between paying for rent, utilities, food, transportation, prescription medications, healthcare, etc.

Unaffordable housing often causes financial strain, which has been linked to negative health outcomes, including anxiety, depression, toxic stress, malnutrition, diabetes, and many other chronic conditions. The availability of affordable housing shapes people's choices about where they live, often leaving families with lower incomes in low-quality housing, in neighborhoods with higher rates of poverty and crime, with fewer health-promoting resources such as parks, walking/biking paths, social activities, etc.

34% of Thurston County households are burdened by housing costs



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Source: U.S. Census Bureau. "Financial Characteristics" American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2503, 2024

Unsheltered Homelessness in Thurston County

The Point-in-Time Count (PIT) is an effort to determine how many people are experiencing homelessness nationwide. The 2026 PIT was conducted via survey to collect data through outreach, events, and direct service providers. The following data is provided by the Thurston County 2026 PIT Count Homeless Census Report.

Unstable housing can lead to profound health outcomes due to limited access to healthcare, transportation, nutritious food, education, and safe environments. The report details that 1,058 individuals were experiencing homelessness in our county on a single night. More than a quarter (28%) of people counted were youth under the age of 25.

1,058 people experienced homelessness in a single night
of those individuals:

45 Veterans of U.S. Armed Forces

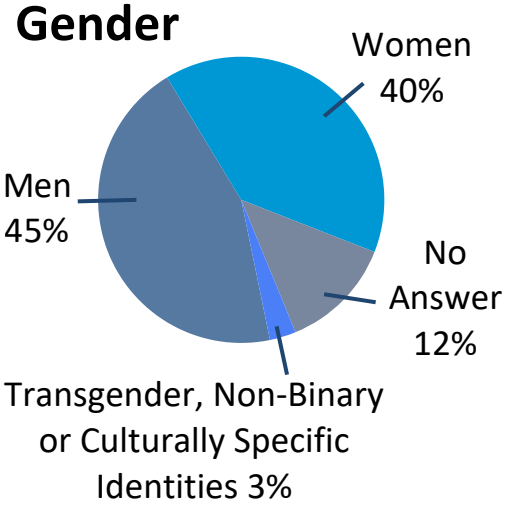
341 Fleeing Domestic Violence

547 Experiencing Chronic Homelessness**

** To be considered "Chronically Homeless," a person must have at least 12 total months of homelessness in the past 3 years, as well as a disabling condition

Source: Thurston County Annual Point in Time Count, 2026

Gender



Health Insurance Coverage in Thurston County

Access to health care is essential for enhancing the quality of life for all. When people cannot afford or obtain health insurance, they may end up uninsured. This often leads them to delay or avoid seeking preventive care. Delaying or foregoing healthcare can place an individual at an increased risk of being hospitalized for health issues that could have been prevented or managed with earlier intervention.

In Thurston County, 7% of the population ages 19 to 64 were uninsured. When looking at health insurance coverage data for Thurston County's population of all ages, males were more likely to be uninsured compared to females, and American Indian, Alaska Native, and Hispanic or Latino individuals were more likely to be uninsured compared to non-Hispanic White individuals.

Figure 4: Health Insurance Coverage in Thurston County map shows the percentage of the population 19 to 64 years old without health insurance across areas.

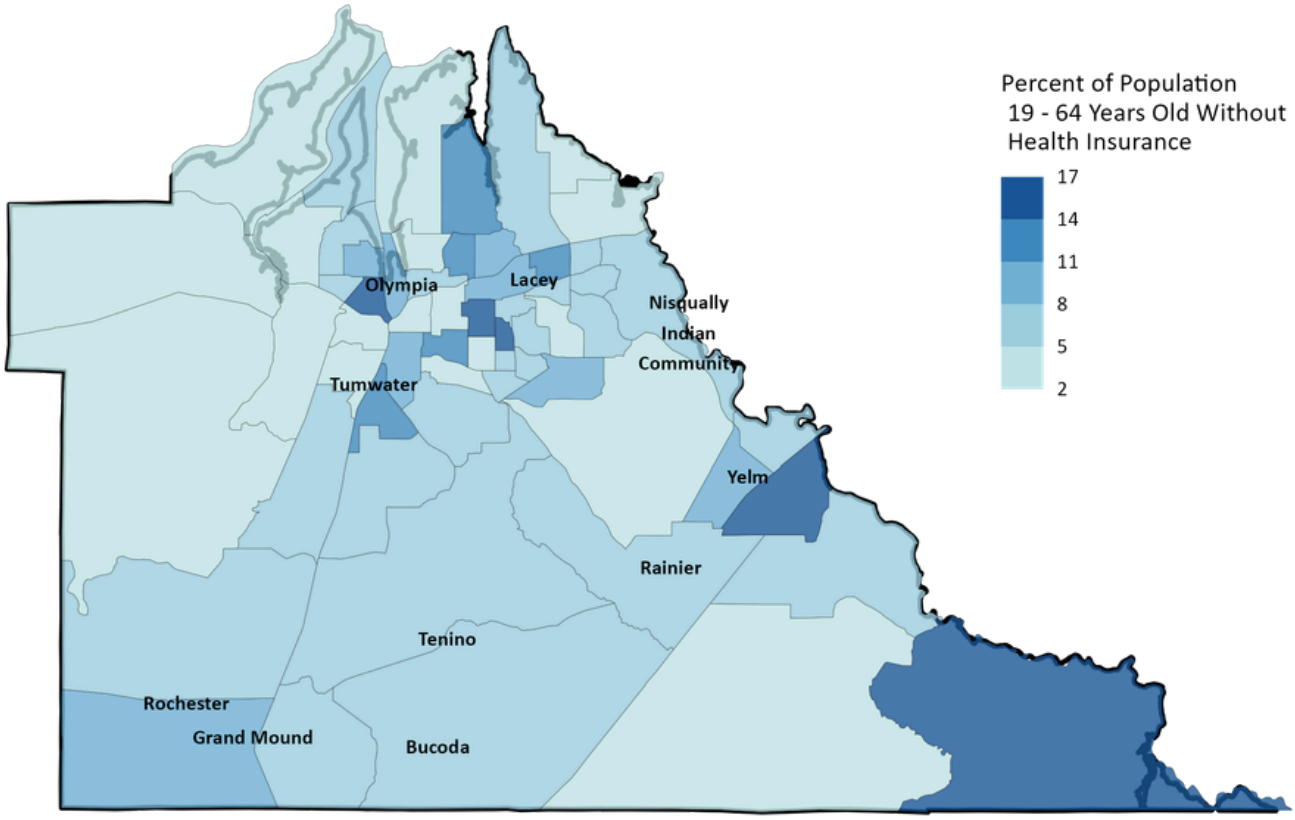


Figure 4: Health Insurance Coverage in Thurston County by Census Tract, 2020-2024

Source: American Community Survey 5-year estimates, 2020 - 2024, Table S2701

Life Expectancy in Thurston County

The average life expectancy is considered to be one of the most important indicators of the health and well-being of a community. Average life expectancy is the estimated number of years an individual would expect to live if they were born today, based on mortality statistics. In 2024, the average life expectancy in Thurston County was 80 years. Gender inequities in life expectancy exist, with females typically living longer than males.

Within Thurston County, there are communities that have a higher average life expectancy than others. This can be seen in Figure 5: Life Expectancy in Thurston County map below, which shows the average life expectancy across Thurston County census tracts. Many factors, such as access to health care, a healthy lifestyle, and disease occurrence, can influence an individual's life expectancy. With improved medical and public health practices, life expectancy has increased in the 20th century; however, individuals living in poverty and those living in poor communities tend to have shorter life expectancies.

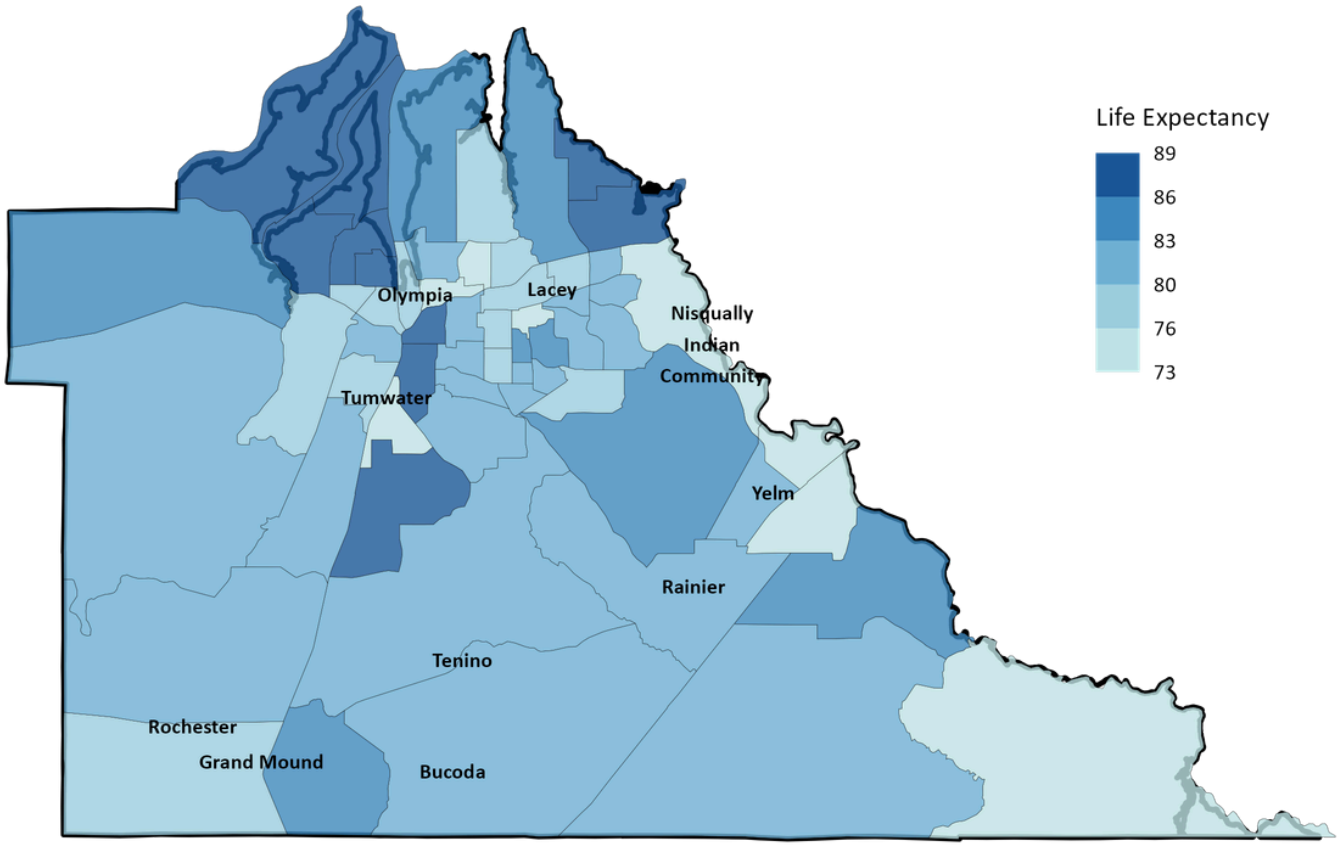


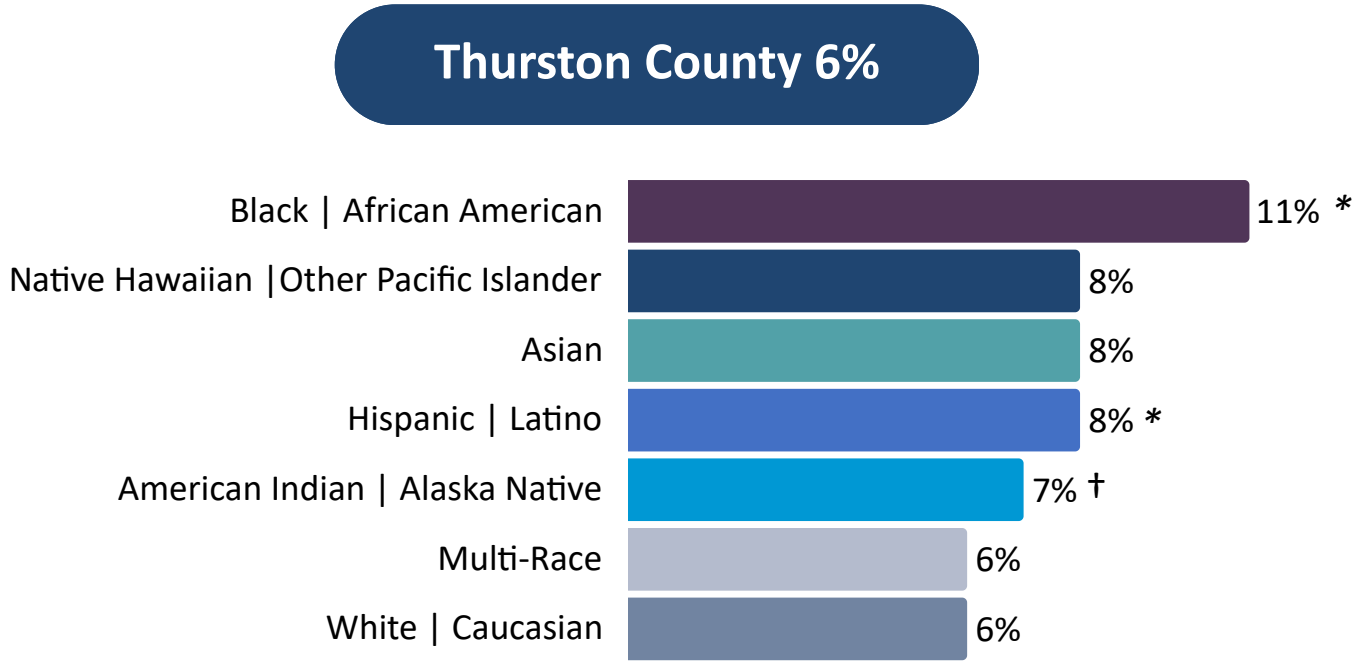
Figure 5: Life Expectancy in Thurston County by Census Tract, 2024

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2024

Low Birth Weight in Thurston County

Certain health conditions, social and economic factors, and behaviors can increase the risk of negative birth outcomes such as low birth weight or premature birth. While most low birth weight or premature babies grow up to be healthy children and adults, some may develop serious health problems that require treatment and result in lasting negative impacts.

The graphs provided on this page and the next show that Black/African American mothers had the highest percentages of low birth weight babies and premature births in Thurston County from 2020 to 2024.



**Statistically different from the County rate*

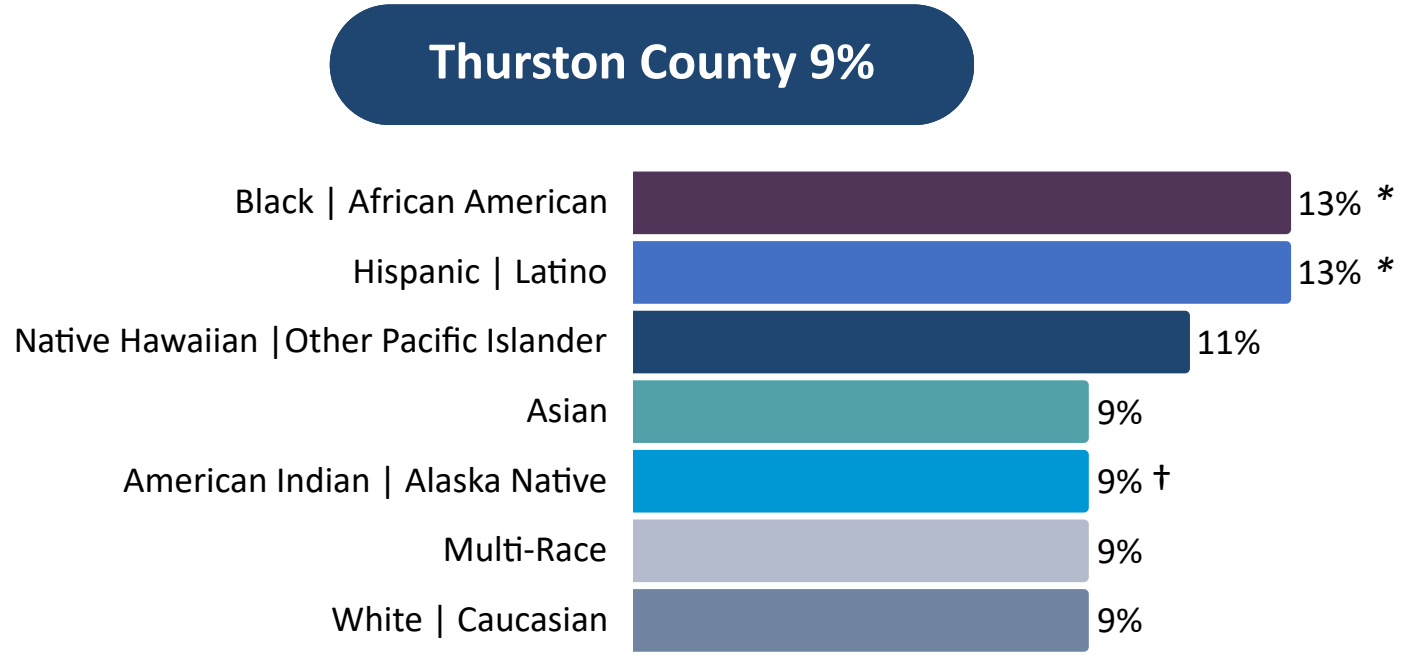
† Data based on small counts are not reliable enough to draw strong conclusions and should be interpreted with caution.

Percentages shown describe individual demographic groups and are not intended to total 100%

Source: Washington State Department of Health, Community Health Assessment Tool-Birth Certificate, 2020-2024

Premature Births in Thurston County

Black/African American mothers are about 1.5 times as likely as White/Caucasian mothers to give birth to a baby prematurely or with low birth weight. The significant racial disparity between low birth weight and premature births can be attributed to the social drivers of health: economic stability, transportation, healthcare access and quality, access to nutritious foods, racism and discrimination, toxic stress, education, housing, and environmental factors.



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Source: Washington State Department of Health, Community Health Assessment Tool-Birth Certificate, 2020-2024

Student Health in Thurston County

High school students who identify as sexually and gender diverse, disabled, or housing insecure face significant challenges that negatively impact their education, health, and overall well-being. In 2025, the Washington State Healthy Youth Survey found that in Thurston County, 30% of students in high school (grades 9 through 12) identified as being sexually and gender diverse, 53% identified as having a disability, and 4% identified as being housing insecure.

The following table and data statements illustrate that Thurston County high school students in grades 9 through 12 experience higher rates of substance use, mental health struggles, and unsafe school environments, emphasizing the need for targeted interventions and policies that address these disparities by focusing on social determinants of health, such as safe housing, inclusive school environments, and adequate access to mental health resources and social support systems.

Substance Use:

- **Alcohol Use:** Students with a disability were about twice as likely to use alcohol, while those experiencing housing insecurity were about 2.5x as likely
- **Cannabis Use:** Sexually and gender diverse students were twice as likely to use. Students with disabilities and those experiencing housing insecurity were 3x more likely to use cannabis

School Environment:

- Marginalized youth were about twice as likely to experience bullying at school as their peers

Mental Health:

- Sexually and gender diverse students and students with a disability were each more than twice as likely to have depressive feelings as their peers
- Sexually and gender diverse students and students with a disability were around 3x as likely to think about suicide seriously, and twice as likely among housing insecure students

Health Care Use:

- Sexually and gender diverse students were almost twice as likely to have gone without a dentist visit in the past year compared to their peers
- Students with a disability were also slightly less likely to have had a dental visit in the prior 12 months

Percent of Thurston County 9th-12th Grade Students Who:

Sexual Orientation or Gender Identity		Disability Status		Housing Security	
Sexually and Gender Diverse	Heterosexual	Disability	No Disability	Housing Insecure	Housing Secure
Drank Alcohol					
12%	9%	12%*	6%	23%*	9%
Used Cannabis					
12%*	6%	11%*	4%	22%*	7%
Were Bullied at School					
25%*	14%	24%*	11%	29%*	16%
Experienced Depressive Feelings					
47%*	22%	42%*	17%	45%*	28%
Seriously Considered Attempting Suicide					
27%*	10%	22%*	7%	28%*	14%
Attempted Suicide					
11%*	3%	†	†	†	5%
Had Low or Very Low Hope					
10%*	5%	10%*	4%	11%	7%
Had No Healthcare Visit in the Past Year					
29%	21%	25%	22%	25%	23%
Had No Dental Visit in the Past Year					
30%*	17%	19%*	12%	26%	15%

Figure 6: Percent of Thurston County 9th-12th Grade Students Who, 2025

*indicates a statistically significant difference from the other demographic category

† Data indicate <10 individuals and should not be reported

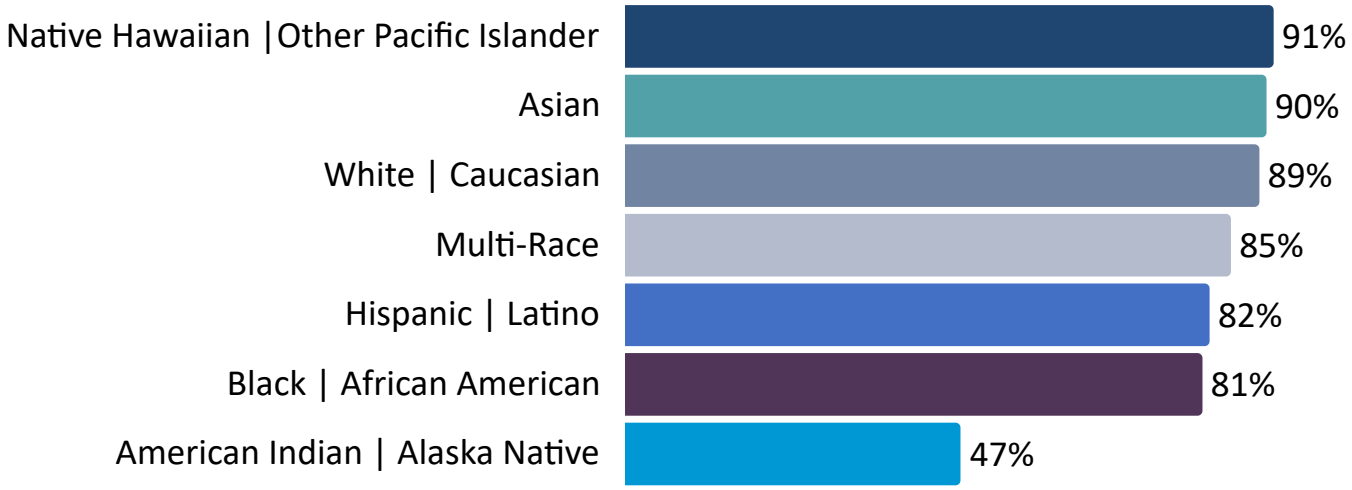
Source: Healthy Youth Survey, 2025

On-Time High School Graduation in Thurston County

Educational attainment is one of the strongest predictors of lifelong health. Graduating from high school on time within four years of starting high school is a key indicator of young people's future success, as it is linked to better job prospects, higher income, and improved health outcomes.

In Thurston County, Native Hawaiian/Other Pacific Islander students have the highest on-time graduation rates. American Indian and Alaska Native students have lower on-time graduation rates compared to other racial and ethnic groups, highlighting significant disparities in educational opportunities. These gaps can contribute to longer-term socioeconomic and health inequities.

Thurston County 87%



Note: Native Hawaiian, Other Pacific Islander, and American Indian, Alaska Native rates are based only on the North Thurston School District, the only district that reported data for these groups

Percentages shown describe individual demographic groups and are not intended to total 100%

Source: Washington Office of Superintendent of Public Instruction, Report Card Graduation, 2024-2025 School Year

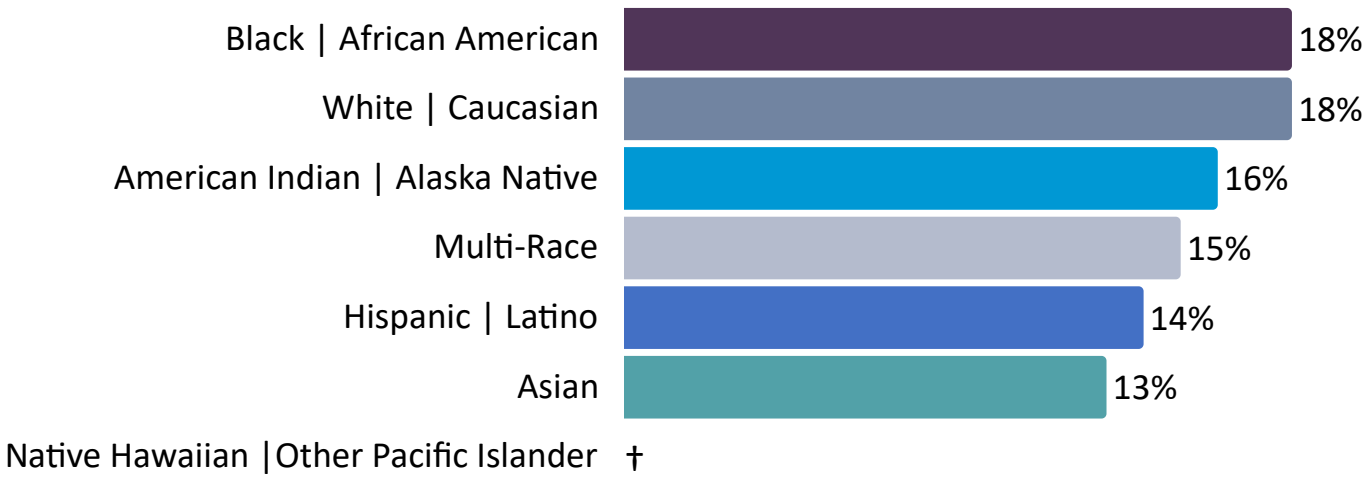
Disabilities in Thurston County

People with disabilities frequently encounter unique challenges when accessing healthcare, employment, and education, leading to significant inequities in health and well-being outcomes. They often face barriers such as lack of transportation, inaccessible facilities, and stigma or discrimination.

The U.S. Census Bureau defines having a disability as having one or more of the following difficulties: hearing, vision, cognitive, ambulatory, self-care, or independent living. In Thurston County, 17% of the population has a disability.

When it comes to the health of people with disabilities, it's important to know the health differences among racial and ethnic groups. The relationship between disability and race has a significant influence on financial stability and well-being.

Thurston County 17%



† Data based on small counts are not reliable enough to draw strong conclusions

Percentages shown describe individual demographic groups and are not intended to total 100%

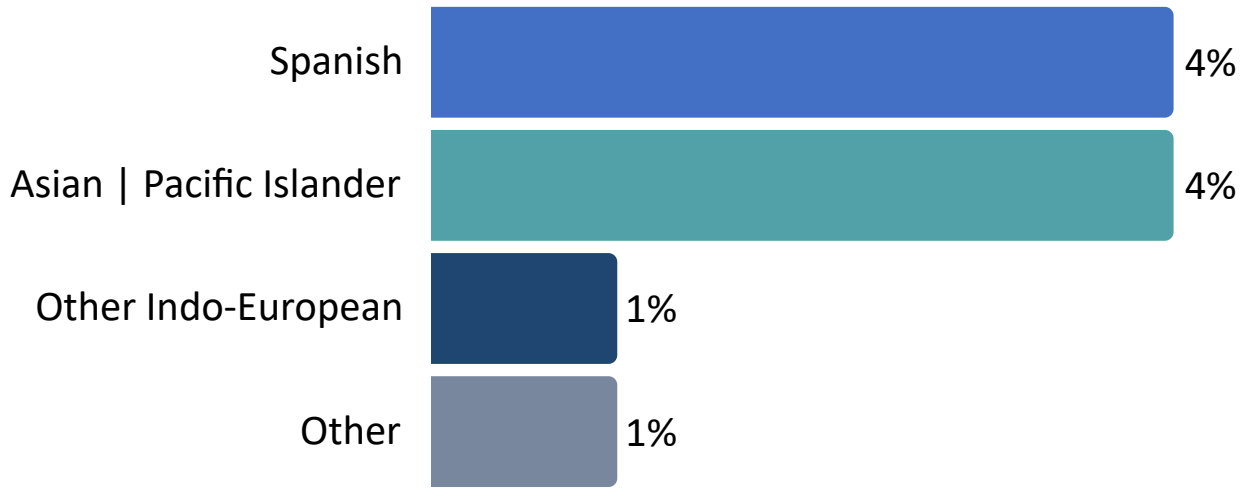
Source: U.S. Census Bureau. "Disability Characteristics" American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810, 2024

Languages Spoken at Home in Thurston County

Languages spoken at home refers to the language(s) that a person primarily speaks in their household, as reported by the individual on the U.S. census survey, usually including whether they speak only English or another language in addition to English.

Limited English proficiency can create obstacles to accessing healthcare. Institutional challenges, such as the scarcity of well-trained interpreters and culturally competent healthcare providers, can lead to lower quality of care for individuals with limited English proficiency, negatively impacting their health and leading to profound health outcomes. The absence of health information in their language limits access to critical knowledge and communication, including emergency alerts and medical appointments, leaving them inaccessible to those who cannot speak or understand the language.

90% - Only Speak English
10% - Speak a Language Other than English



Percentages shown are not intended to total 100%

Source: U.S. Census Bureau. "Language Spoken at Home" American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1601, 2024

LGBTQIA+ Population in Thurston County

People who identify as sexually or gender diverse often face significant barriers in accessing healthcare, which can contribute to widespread health inequities. These challenges stem from a complex mix of social, financial, and systemic issues that make it harder for LGBTQIA+ individuals to receive timely, quality, and affirming medical care. Factors such as historical discrimination from the healthcare community, financial constraints, lack of transportation, and a shortage of LGBTQIA+ friendly healthcare options can deepen these disparities. Addressing these barriers is essential for fostering a healthcare environment where LGBTQIA+ individuals can feel safe, supported, and understood, ultimately improving health equity for sexually and gender-diverse communities.

Limited data on sexually and gender-diverse individuals adds to healthcare challenges and health inequities for LGBTQIA+ individuals. Without routine data collection, healthcare systems lack a clear understanding of their unique needs, making it harder to create effective, targeted services. For health equity to be realized, data collection must include sexual orientation and gender identity to ensure that all communities have their needs met equitably.

~ 10% Adults

Source: Behavioral Risk Factor Surveillance System, 2024

30% High School Students

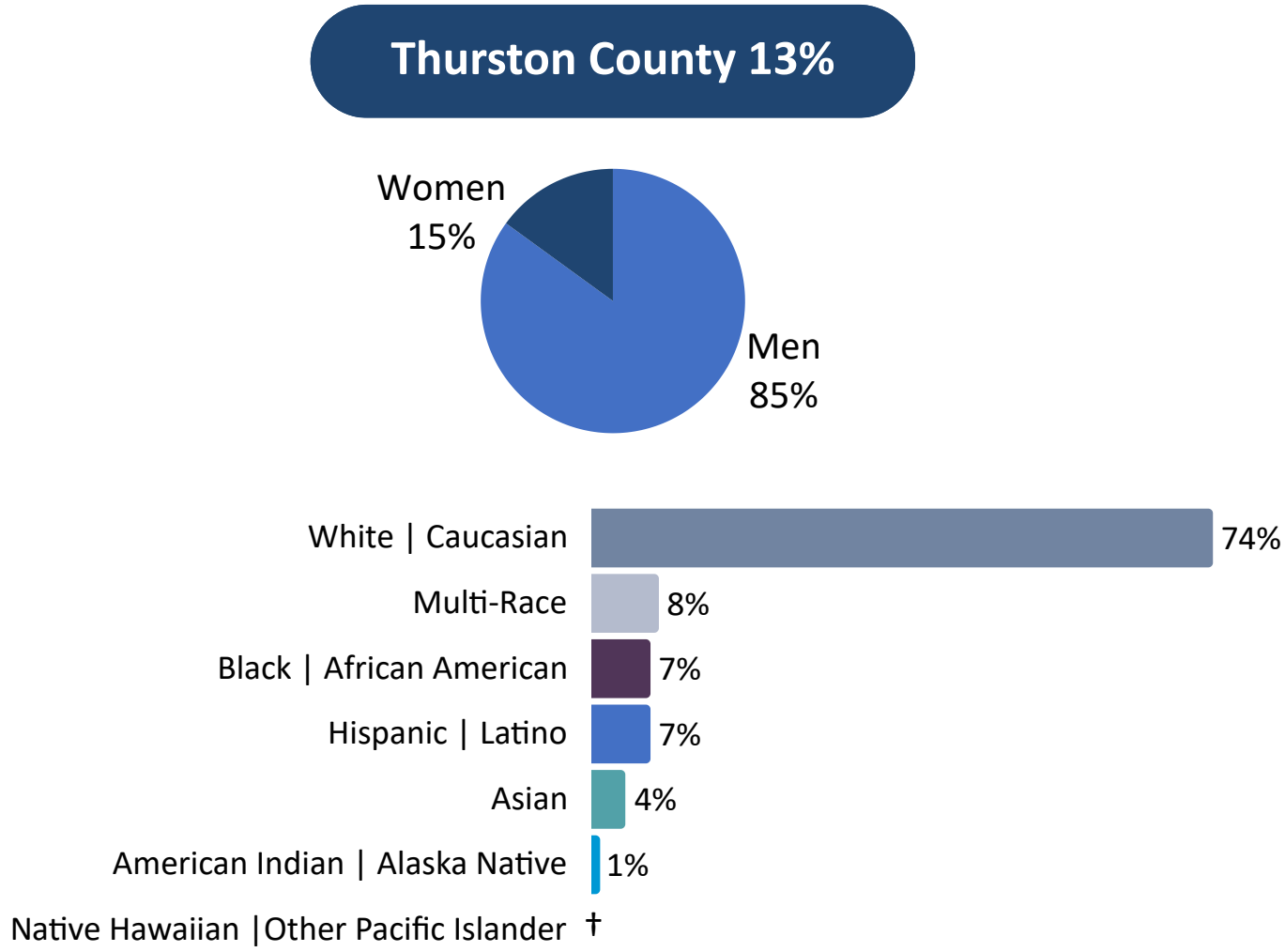
Source: Washington State Healthy Youth Survey, 2025

In Thurston County in 2024, it's estimated that 10% of adults identified as LGBTQIA+, meaning their sexual orientation was lesbian, gay, bisexual, and/or their gender orientation was transgender or gender nonconforming, or something else. Adult residents who didn't know or refused both the sexual orientation question and the gender orientation question were excluded from the denominator.

In Thurston County in 2025, about 30% of high schoolers identified as LGBTQIA+, meaning their gender orientation was transgender, questioning/not sure, something else fits better, or multiple options, and/or their sexual orientation was lesbian, gay, bisexual, questioning/not sure, something else fits better, or multiple options.

Veteran Population in Thurston County

Military service is a meaningful part of a veteran's identity that impacts how health care is accessed and provides a variety of benefits and services available through the U.S. Department of Veterans Affairs and other sources. Military service can increase the prevalence of medical and behavioral health conditions, and stigma can prevent veterans from seeking care. Additionally, veterans may be unaware of the benefits and services available to them or are unable to access them, as well as live in rural areas, which makes accessing care even more difficult. In Thurston County, 13% of the population are veterans.



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Source: U.S. Census Bureau. "Veteran Status" American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2101, 2024

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Moving Towards Equity

So, What Can We Do? We're All In This Together

A pipeline delivers equal resources to both. This is equality — and it is not working well in meeting all communities' needs. Disparities within one group impact our entire community. We can work together and strengthen our community by expanding opportunities to be healthy. In Figure 7: Looking Upstream - Achieving Equity, the first frame shows that one community has many assets: a school, buildings, a hospital, and solid housing. The other community has no school, no hospital, and buildings in disrepair.

The second frame shows both communities receiving resources that more appropriately meet their needs. With more equitable support, the two communities thrive. The support, resources, and interventions we provide for communities should target the underlying causes of health disparities (social determinants of health) while also utilizing community assets, such as investment, civic participation, and strong relationships among diverse groups. Addressing the social determinants of health, in partnership with our communities, will increase positive health outcomes and reduce health inequities overall.

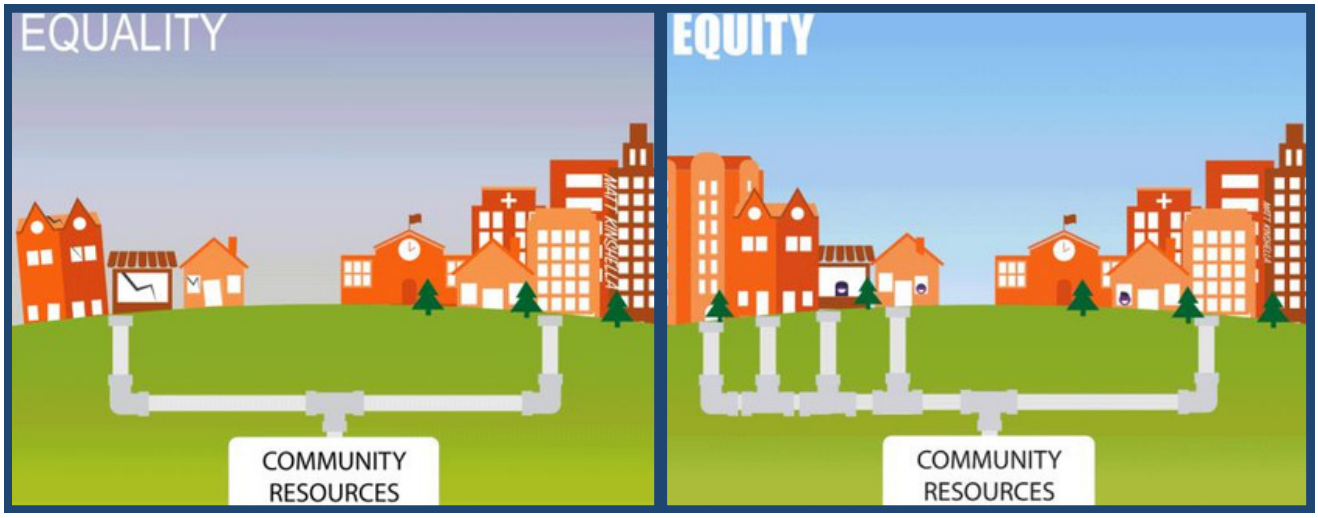

Figure 7: Looking Upstream - Achieving Equity

Strategies for Advancing Health Equity in Thurston County

Everyone should have the opportunity to be healthy, live up to their full potential, and participate fully in society. Equity requires finding solutions that work for varying needs. A one-size-fits-all approach does not always work well for everyone.

One of the most important things counties can do to help those experiencing health disparities is to promote health equity so everyone has access to the opportunities and resources they need to lead a healthy life — no matter who they are, where they live, or how much money they make. We aim to achieve greater health equity by targeting efforts on the four key components shown below.

Assess Policies & Reduce Barriers

Monitor & Evaluate Data

Promote Health Literacy & Education

Engage the Public & Outreach

Definitions

- **Body diversity:** The acknowledgment and acceptance of the natural variations in human bodies. It recognizes that every individual possesses a unique physique influenced by factors such as genetics, culture, lifestyle, and personal health.

- **DEIA (Diversity, Equity, Inclusion, & Accessibility) Lens:** A conceptual framework used to examine, evaluate, and redesign policies, practices, and organizational culture to ensure they are welcoming, fair, and accessible to everyone, particularly marginalized or underrepresented groups.

- **Equity:** The just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Everyone gets what they need, understanding the barriers, circumstances, and conditions of individuals.

- **Equality**: The quality or state of being equal. Everyone gets the same regardless of whether it's needed or right for them.

- **Gender diversity:** Includes identities and expressions that differ from conventional expectations of the sex assigned at birth. Transgender is a broad term for those whose gender identity or expression diverges from societal norms for their assigned sex. People who do not identify strictly as male or female may use terms like gender nonbinary or genderqueer.

- **Health:** A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

- **Health equity:** Fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

- **Health disparities:** Population or group-level differences in health.

- **Health inequities:** Differences in health outcomes of a population or group that are systemic, patterned, and unnecessary, avoidable, unfair, or unjust. Therefore, because they are socially determined circumstances, they are also actionable.

- **Institutional racism:** Race-based unfair treatment built into policies, laws, and practices. It often is rooted in intentional discrimination that occurred historically, but it can exert its effects even when no individual currently intends to discriminate.

- **Marginalized Youth:** Young people who face systemic exclusion, discrimination, or limited access to societal resources due to factors like socioeconomic status, race, sexual orientation, disability, or housing status.

- **Limited-English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

- **Race:** A social construct utilized throughout history to assign value and give rights to human beings.

- **Racism:** Racism refers to prejudicial treatment based on racial or ethnic group and the societal institutions or structures that perpetuate this unfair treatment. Racism can be expressed on interpersonal, structural/institutional, or internalized levels.

- **Redlining:** Drawing boundaries around neighborhoods based on residents' race and depriving them of resources and opportunities - effectively racializing poverty in cities across the U.S.

- **Root causes of health inequity:** Underlying social inequalities that create different living conditions.

- **Sexual orientation:** Someone who may be emotionally, romantically, or sexually attracted to—whether that's men, women, both, or others. It also includes how a person identifies based on those feelings and their connections to communities of people with similar experiences.

- **Social determinants or drivers of health (SDOH):** The conditions in which people are born, grow, live, work, and age that influence health, such as your zip code, income, education, race, ethnicity, gender, sexual orientation, etc. These conditions are shaped by the distribution of money, power, and resources.

- **Socioeconomic status (SES):** Encompasses not just income but also educational attainment, financial security, and subjective perceptions of social status and social class. Socioeconomic status can encompass quality of life attributes as well as the opportunities and privileges afforded to people within society.

- **Structural racism:** A system in which public policies, institutional practices, economic decisions, cultural representations, and other norms work to keep people of color from having equal access to opportunity, information, resources, and power.

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)
The nation's largest ongoing telephone health survey collects state-level data on health behaviors, chronic conditions, and risk and protective factors for individual adults. The CDC, state, and local health departments use BRFSS data to monitor trends and guide public health programs and policies. www.doh.wa.gov/data-and-statistical-reports/data-systems/behavioral-risk-factor-surveillance-system-brfss

Centers for Medicare & Medicaid Services (CMS), Social Drivers of Health (SDOH)
The conditions in the environments where people are born, live, learn, work, play, worship, and age affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH refers to community-level factors. They are sometimes called "social determinants of health." hwww.cms.gov/priorities-innovation-key-concepts-social-drivers-health-health-related-social-needs

County Health Rankings & Roadmap
Provides annual data showing how social, economic, and environmental factors shape health in nearly every U.S. County. The Rankings offer a clear snapshot of community conditions and health outcomes, along with tools and evidence-based strategies to support local action and improve health equity. Communities use this resource to identify priorities, track trends, and guide planning for better health. See rankings at: www.countyhealthrankings.org

Community Health Assessment (CHA)
Collection and review of health data used to illustrate the current health status of a community and monitor its progress over time. www.thurstoncountywa.gov/community-health-assessment

Healthy Youth Survey (HYS)
The Washington State Healthy Youth Survey is a biennial, anonymous survey of 6th to 12th graders that provides local-level data on youth health, risk behaviors, mental health, and social protective and risk factors. We focus on 10th-grade responses in this report, as this age group traditionally has the highest participation rates and a better understanding of survey questions. They are also at a key stage where health behaviors are emerging, making their responses useful for early prevention. Special note for HYS 2021: Because of COVID-19 and changes in how the survey was administered, comparisons to years before 2021 should be made with caution. The one-year delay also means a different student cohort was surveyed than originally planned. www.askhys.net/

Office of Superintendent of Public Instruction (OSPI)
Provides data on enrollment, graduation, and drop-out rates, academic performance, student homelessness, and eligibility for free and reduced-price meals (FRL). www.ospi.k12.wa.us/data-reporting/data-portal

Robert Wood Johnson Foundation Visualizing Health Equity: One Size Does Not Fit All Infographic
Visually conveys the difference between equality and equity.
www.dhs.saccounty.gov/PUB/HealthandRacialEquity/Pages/Equity-vs.-Equality-.aspx

Thurston County Thumbnail History
Historic history on Thurston County, located in Western Washington, on the southern end of Puget Sound, often called the "South Sound." www.historylink.org/File/7979

The University of Wisconsin Population Health Institute Model of Health
Shows how the community conditions - where we live, learn, work, and play - affect our collective health and well-being. These conditions result from the ways in which societal rules, both written and unwritten, are used to determine which communities have access to the resources needed to thrive. The model can be used to explore the measures of how long and how well we live and what shapes these trends. www.countyhealthrankings.org/what-impacts-health/model-of-health

Thurston Regional Planning Council (TRPC), Employment Sector
Thurston County hosts over 140,000 public- and private-sector jobs. A quarter of all workers are employed by the State of Washington, the county's largest employer; however, the county is also home to more than 7,000 private businesses. Provides data on employment trends, wages, industries, and unemployment. www.trpc.org/393/Employment

U.S. Census and American Community Survey (ACS)
An ongoing U.S. Census Bureau survey that collects yearly data on population, housing, and economic characteristics. It supplements the 10-year Census, and each address is selected for the survey no more than once every five years. www.census.gov/programs-surveys/acs/

Washington State Department of Commerce, Point-in-Time Count (PIT)
The Homeless Housing and Assistance Act (ESSHB 2163-2005) requires counties to conduct an annual point-in-time count of sheltered and unsheltered homeless residents (RCW 43.185C.030), following HUD guidelines. www.commerce.wa.gov/homelessness-response/planning-and-reporting/pit-count/

Washington State Department of Health (WA DOH)
DOH maintains statewide vital records—including births, deaths, fetal deaths, marriages, and divorces—as well as data on hospitalizations, life expectancy, and cancer incidence. These data are available to local health jurisdictions through the Community Health Assessment Tool (CHAT). www.doh.wa.gov/public-health-provider-resources/public-health-system-resources-and-services/chat

Washington State Department of Social and Human Services (DSHS)
DSHS's Facilities, Finance, and Analytics Administration (FFA) produces time-series data on substance use, related risk factors, and county and school district trends. These data are published in the Risk and Protection Profiles for Substance Abuse Prevention for Washington State and its Communities. www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles

Thurston County is committed to a course of action that reduces and ultimately eliminates health disparities, so that optimal health for all is possible.

Scan QR Code to access the online published report

www.thurstoncountywa.gov/health-equity