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Acknowledgements

Public Health - Seattle & King County
Gloria Albetta, Louise Carter, Meagan Kay, Eli Kern, Susan Kinne, Anna Markee, Molly McNees, Meaghan Munn, Mike Smyser, Lin Song, David Solet, Marguerite Ro, and Eva Wong

EvergreenHealth
Trisha West

CHI Franciscan Health
Kathy Schmidt
St. Elizabeth Hospital
St. Francis Hospital
Highline Medical Center
Regional Hospital

Group Health Cooperative
Theresa Tamura and Carol Cahill

MultiCare Health System
Lois Bernstein and Jamilia Sherls
Auburn Medical Center

Navos
Chris Martin

Overlake Medical Center
Amy McGann

Seattle Cancer Care Alliance
Linda Gainer

Seattle Children’s Hospital
Elizabeth Bennett and Victoria Garcia

Snoqualmie Valley Hospital District
Joe Larson

Swedish Medical Center
Tom Gibbon
Ballard Campus
Cherry Hill Campus
First Hill Campus
Issaquah Campus

UW Medicine
Elise Chayet
Harborview Medical Center
Northwest Hospital & Medical Center
UW Medical Center
Valley Medical Center

Virginia Mason
Ingrid Ougland Sellie

Washington State Hospital Association
Chelene Whiteaker

Special thanks to Bill Johnson for page design.

Photo credits:
Cover, Bike Share 2nd Avenue, Carol Cahill.
Pg.9, Diana Vergis Vinh.
Pg.20, Seattle Tilth.
Pg. 55, Seattle Children's Hospital.
Pg. 69, Virginia Mason.
Pg.107, MultiCare Health System.
Pg. 113, Seattle Children's Hospital.
We also wish to thank those who provided input to this report:

Aging & Disability Services
Airlift Northwest
AMR Ambulance
Asian Counseling and Referral Services
Behavioral Health Partnership Group
Brain Injury Alliance
Burien Police Department
CarSafe Kids
Catholic Community Services
Cedar River Group
Center for Human Services
Center for Multicultural Health
Central Region EMS & Trauma Care Council
Childhood Obesity Prevention Coalition
Children’s Alliance
City of Bellevue
City of Kirkland
City of Lake Forest Park
City of Redmond
City of Shoreline Human Services
Community Health Network of Washington
Community House Mental Health
Community Psychiatric Clinic
Consejo Counseling
Country Doctor Community Health Center
DESC
Duvall Fire Department
Eastside Aid Community
Eastside Human Services Forum
Equal Start Community Coalition
EvergreenHealth Emergency Department
Falck Northwest Emergency Medical Services
Feet First Pedestrian Safety Coalition
Forefront
Friends of Youth
Group Health Emergency Department
Harborview Medical Center Emergency Department
Harborview Mental Health
Harborview Spine Center and Concussion Program
Health Coalition for Children and Youth
Highline Medical Center Emergency Department
Hopelink
Issaquah Human Services Commission
Issaquah Police Department
Issaquah Sammamish Interfaith Coalition
Kent Police Department
King County Council
King County Mental Health Chemical Abuse and Dependency Services
King County Traffic Safety Task Force
Kirkland City Council
Kirkland Police Department
Local Hazardous Waste Management
Maple Valley Police Department
Molina Healthcare
Multicare Auburn Emergency Department
Native American Women's Dialogue on Infant Mortality
NAVOS
Neighborhood House
Newcastle Police Department
Nick of Time Foundation
North Urban Human Services Alliance
Northshore/Shoreline Community Network
Northwest Health Law Advocates
Northwest Hospital Emergency Department
Odessa Brown Children’s Clinic
Olympic Physical Therapy
Open Arms Perinatal Services
Overlake Medical Center
Overlake Medical Center Emergency Department
Partners for our Children
Project Access Northwest
Public Health - Seattle & King County: Alan Abe, Carol Allen, Jennifer DeYoung, Tony Gomez, Scott Neal, Lisa Podell, Whitney Taylor, Crystal Tetrick, Sharon Toquinto, Jim Vollendorff, Emergency Medical Services
Redmond City Council
Redmond Police Department
Renton Police Department
Safe Kids Eastside
Safe Kids Seattle/South King County
SeaMar Community Health Center
Seatac Police Department
Seattle Children’s Hospital
Seattle Children’s Hospital Emergency Department
Seattle Counseling Service
Seattle Human Services Coalition
Service Employees International Union Healthcare 1199NW
Shoreline Community College
Snoqualmie Valley Hospital Emergency Department
Sound Mental Health
South King Council of Human Services
St. Elizabeth Hospital Emergency Department
St. Francis Emergency Department
The Arc of King County
Tri-Med Ambulance
Valley Cities Counseling
Valley Medical Center Emergency Department
Washington Ambulance Association
Washington Chapter, American Academy of Pediatrics
Washington Dental Service Foundation
Washington State Department of Health
Washington State Hospital Association
WithinReach
YMCA
Youth Eastside Services
YWCA Seattle-King-Snohomish
King County Hospitals for a Healthier Community (HHC) is a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. For this report, HHC members joined forces to identify important health needs and assets in the communities they serve. HHC members have also worked together to increase access to healthy foods and beverages in their facilities and to address access-to-care issues by assisting with enrollment of residents in free or low-cost health insurance.

This Community Health Needs Assessment (CHNA) is an HHC collaborative product that fulfills Section 9007 of the Affordable Care Act. The report presents data on:

- **Description of Community:** In an increasingly diverse population of 2 million, large health inequities persist. Rates of poverty and homelessness continue to rise.

- **Life Expectancy and Leading Causes of Death:** Life expectancy in King County neighborhoods can vary by up to 10 years. Leading causes of death among older adults are cancer and heart disease, while injuries are the leading causes of death among children, teens, and young adults.

- **Chronic Illness:** Disparities in chronic illness by race/ethnicity, poverty, and neighborhood are considerable. Asthma and diabetes are common in adults and children. The leading causes of hospitalizations (after pregnancy/childbirth) are heart disease, injury, mental illness, and cancer.

“Hospitals are ‘cornerstone institutions’; they are major forces in the community and should work to improve conditions. They have influence.”

– King County physician
Community Input

We invited community coalitions and organizations to tell us about the assets and resources that help their communities thrive. The assets most frequently mentioned were existing partnerships and coalitions, community health centers, faith communities, and food programs.

We also asked community representatives to identify concerns about health needs in their communities. Common themes included:

1) the importance of a culturally competent workforce in addressing health disparities;

2) acknowledgement that health is determined by the circumstances in which people are born, grow up, live, work, and age, which are in turn shaped by a broad set of forces;

3) the need for hospitals to engage with communities and develop authentic partnerships; and

4) the influential role of hospitals as anchor institutions in addressing social, economic, and behavioral factors.

Identified Health Needs, Assets, Resources, and Opportunities

The report integrates data on HHC’s identified health needs with input from community organizations about assets, resources, and opportunities related to those needs:

**Access to Care:** Lack of health insurance is common among young adults, people of color, and low-income populations. For 1 in 7 adults, costs are a barrier to seeking medical care. Opportunities include providing assistance to the uninsured or underinsured, addressing issues of workforce capacity and cultural competency, ensuring receipt of recommended clinical preventive services, supporting non-clinical services, and increasing reimbursement for oral health care.

**Behavioral Health:** Access to behavioral healthcare, integration of behavioral and physical healthcare, and boarding of mental health patients were identified as key issues. Opportunities include use of standardized referral protocols, coordinated discharge planning, and increased capacity for integrated healthcare.
Maternal and Child Health: Disparities in adverse birth outcomes persist, and the percentage of births in which mothers obtained early and adequate prenatal care is too low. Community-based organizations stress the importance of baby-friendly hospitals, quality prenatal care, and ongoing social support, as offered by home visiting programs.

Preventable Causes of Death include obesity, tobacco use, and lack of appropriate nutrition and physical activity. More than half of adults and 1 in 5 teens are overweight or obese, so increasing access to healthy food and physical activity is critical. In the face of declining resources for tobacco prevention/cessation and persistent disparities in tobacco use, evidence-based opportunities include anti-tobacco messaging and brief clinical tobacco screening.

Violence and Injury Prevention: Deaths due to falls and suicide are both rising; and distracted/impaired driving concerns both community members and law-enforcement officials. Opportunities include regional coordination and standard implementation of best practices in violence injury and prevention (including prevention-related primary care assessment/screening).

The HHC collaborative and individual hospitals and health systems already partner or are interested in partnering with community coalitions and organizations in implementing strategies informed by this assessment and other tools. Working together, hospitals and health systems, public health, and communities can reduce healthcare costs and improve the health of all people in King County.