Community Health Needs Assessment

2018

Swedish Issaquah

SWEDISH

Issaquah

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A MESSAGE FROM OUR CEO

To Our Communities:

Swedish is proud to be our community's health care partner, caring for all who walk through our doors. We know access to quality education, employment, housing and health care factor into a person's overall health and wellbeing.

As an extension of our strategic planning process, every three years we participate in a Community Health Needs Assessment (CHNA) survey. This assessment helps identify the greatest needs of those we serve. With this information, we can better focus on strategies to address them through our own programs and services, as well as in partnership with other like-minded organizations with our community benefit investments.

As outlined in our 2018 CHNA, the following social determinants of health emerged across the communities of all Swedish locations during the assessment process: mental health, drug addiction, homelessness, obesity, joint or back pain, diabetes, high blood pressure, cancer, and alcohol overuse. With this understanding, we will develop a community health improvement plan (CHIP) to specifically address many of these barriers to improve health. The CHIP will outline a process of strengthening our existing programs, considering new programs that will make a greater impact, and partner with other organizations and providers to collaborate on solutions.

This ensures Swedish is centered on the critical needs of the communities in King and Snohomish counties. With implementation of our strategies, our patients and communities can take comfort in knowing we always work toward making our community a healthier place.

R. Guy Hudson, M.D., MBA
Chief Executive Officer
Swedish Health Services

ACKNOWLEDGEMENTS

This Community Health Needs Assessment (CHNA) was conducted in partnership with the following collaborative partners. We sincerely appreciate their support and commitment as we work together to improve the health of our shared communities.

Public Health – Seattle & King County
Amy Laurent, Epidemiologist III

CONTRIBUTORS

The Community Health Needs Assessment process was overseen by a CHNA team from Swedish. **Heidi Aylsworth, MBA,** *Swedish Chief Strategy Officer* was the Executive Sponsor. **Sherry Williams, MPA,** *Community Engagement Director* was the Swedish Project Owner.

Project Team

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Biel Consulting, Inc. participated in project planning and completed the Community Health Needs Assessment reports. Led by **Dr. Melissa Biel**, Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. **www.bielconsulting.com**

To provide feedback about the Community Health Needs Assessments, email Sherry Williams at Sherry.Williams@Swedish.org.

EXECUTIVE SUMMARY

Since 1910, Swedish has been the region's standard-bearer for the highest-quality health care at the best value. Our mission is to improve the health and well-being of each person we serve. Swedish is the largest nonprofit health care provider in the greater Seattle area with five hospital campuses: First Hill, Cherry Hill, Ballard, Edmonds and Issaquah. We also have ambulatory care centers in Redmond and Mill Creek, and a network of more than 118 primary care and specialty clinics throughout the greater Puget Sound area.

Swedish Health Services is an affiliate of Providence St. Joseph Health. Providence St. Joseph Health is a new organization created by Providence Health & Services and St. Joseph Health with the goal of improving the health of the communities it serves, especially those who are poor and vulnerable.

Together, our 111,000 caregivers (all employees) serve in 50 hospitals, 829 clinics and a comprehensive range of services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington. In addition to Swedish, the Providence St. Joseph Health includes: Providence Health & Services, St. Joseph Health; Covenant Health in West Texas; Facey Medical Foundation in Los Angeles; Hoag Memorial Presbyterian in Orange County, California; Kadlec in Southeast Washington; and Pacific Medical Centers in Seattle.

Bringing these organizations together increases access to health care and brings quality, compassionate care to those we serve, with a focus on those most in need.

COMMUNITY HEALTH NEEDS ASSESSMENT

Swedish Medical Center Issaquah Campus has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment every three years and develop a three-year Implementation Strategy/Community Health Implementation Plan that responds to community needs.

SERVICE AREA

Swedish Medical Center Isaaquah Campus is located at 751 NE Blakely Drive, Issaquah, WA 98029. The community served by the Hospital is defined by the geographic origins of the Hospital's patients whose conditions require admission to the hospital for at least one night. Specifically, the Primary Service Area (PSA) was determined by identifying the ZIP Codes for 70% of the Hospital's patient discharges (excluding normal newborns). The PSA consists of 12 cities and 19 ZIP Codes. The Secondary Service Area (SSA) was determined by identifying the ZIP Codes for 71% to 85% of the Hospital's patient discharges. The SSA consists of 16 cities and 28 ZIP Codes. The service area focuses on King County and Snohomish County.

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Swedish Issaquah Service Area

Primary City	Zip Code	Service Area	County
Issaquah	98029	Issaquah PSA	King County
Issaquah	98027	Issaquah PSA	King County
North Bend	98045	Issaquah PSA	King County
Samma-mish	98075	Issaquah PSA	King County
Snoqualmie	98065	Issaquah PSA	King County
Samma-mish	98074	Issaquah PSA	King County
Renton	98059	Issaquah PSA	King County
Maple Valley	98038	Issaquah PSA	King County
Bellevue	98006	Issaquah PSA	King County
Redmond	98053	Issaquah PSA	King County
Redmond	98052	Issaquah PSA	King County
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Renton	98056	Issaquah PSA	King County
Renton	98058	Issaquah PSA	King County
Carnation	98014	Issaquah PSA	King County
Mercer Island	98040	Issaquah PSA	King County
Bellevue	98008	Issaquah PSA	King County
Kent	98042	Issaquah PSA	King County
Bellevue	98007	Issaquah PSA	King County
Duvall	98019	Issaquah SSA	King County
Kirkland	98033	Issaquah SSA	King County
Kirkland	98034	Issaquah SSA	King County
Bellevue	98004	Issaquah SSA	King County
Seattle	98101	Issaquah SSA	King County
Bellevue	98005	Issaquah SSA	King County
Renton	98055	Issaquah SSA	King County
Auburn	98092	Issaquah SSA	King County
Seattle	98104	Issaquah SSA	King County
Everett	98208	Issaquah SSA	Snohomish County
Bothell	98012	Issaquah SSA	Snohomish County
Seattle	98122	Issaquah SSA	King County
Ravensdale	98051	Issaquah SSA	King County
Seattle	98178	Issaquah SSA	King County
Seattle	98118	Issaquah SSA	King County
Woodinville	98077	Issaquah SSA	King County
Snohomish	98296	Issaquah SSA	Snohomish County
Black Diamond	98010	Issaquah SSA	King County
Enumclaw	98022	Issaquah SSA	King County
Kent	98030	Issaquah SSA	King County
Kent	98031	Issaquah SSA	King County
Renton	98057	Issaquah SSA	King County
Everett	98204	Issaquah SSA	Snohomish County
Woodinville	98072	Issaquah SSA	King County
Monroe	98272	Issaquah SSA	Snohomish County
Seattle	98103	Issaquah SSA	King County
Auburn	98001	Issaquah SSA	King County
Federal Way	98003	Issaquah SSA	King County

Community Needs Index (CNI)

The Community Needs Index (CNI), developed by Dignity Health (formerly known as Catholic Healthcare West) and Truven Health Analytics, identifies the severity of health disparity for every ZIP Code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. CNI aggregates five socioeconomic indicators that contribute to health disparity (income, culture, education, insurance and housing).

This objective measure is the combined effect of the five socioeconomic barriers. A score of 1.0 indicates a ZIP Code with the fewest socioeconomic barriers, while a score of 5.0 represents a ZIP Code with the most socioeconomic barriers. Seattle ZIP Codes 98104 and 98118, and Kent 98030 are the highest need areas. These ZIP Codes scored higher than 4.0, making them High Need communities. Appendix 1 lists the ZIP Codes and the associated CNI scores for the total service area.

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METHODOLOGY

Collaborative Partners

Swedish Medical Center participated in the King County Hospitals for a Healthier Community (HHC) as part of a countywide Community Health Needs Assessment. HHC is a collaborative of hospitals and/or health systems in King County and Public Health-Seattle & King County. The full report and list of assessment partners can be accessed at: www.kingcounty.gov/depts/health/data/ community-health-indicators/king-county-hospitals-healthier-community.aspx.

Data Collection

Secondary Data: Secondary data were collected from a variety of local, county, and state sources. Data analyses were conducted at the most local level possible for the Hospital's service area, given the availability of the data. The primary and secondary service areas (PSA and SSA) were combined for a total service area (TSA). Where available, data are presented for King County, Snohomish County and Washington. The report includes benchmark comparison data, comparing Swedish Medical Center community data findings with Healthy People 2020 objectives.

Primary Data: Stakeholder surveys were used to gather data and opinions from persons who represent the broad interests of the community served by the hospital.

Survey: Swedish conducted a survey to gather data and opinions from community residents, and hospital leaders and staff who interact with patients and families in the ER and specialty clinics. The survey used a convenience sampling method, which engaged persons who were available and willing to complete the survey. Community organizations whose scope of services aligned with the King County Public Health key health indicators were asked to distribute the surveys. Responses were gathered from. From June 8 to September 24, 2018, 91 persons responded to the survey.

The survey was available in an electronic format through a SurveyMonkey link. The hospital distributed the survey link to partner organizations who then distributed them to community residents and to organizational leaders and staff members caring for medically underserved, low-income, immigrant and minority populations. Paper copies of the survey were also made available to community members. Detailed survey information can be found in Appendix 2.

PRIORITIZATION OF HEALTH NEEDS

The 2018-2019 King County Hospitals for a Healthier Community collaborative needs assessment identified community priorities. A variety of community engagement activities conducted by community and governmental organizations confirmed the themes as priorities and enabled King County residents to elaborate on them. The priorities are:

- Access to health care
- Equity and social determinants of health
- Housing and homelessness
- Support for older adults
- Support for youth and families

Swedish Issaquah survey participants were asked to identify the biggest health concerns in the community. **The top five health concerns are mental health, drug addiction, obesity joint/back pain and diabetes.** These health concerns are listed in descending priority order from the most frequently cited community health need to the least cited need.

- Mental health
- Drug addiction
- Obesity
- Joint or back pain
- Diabetes
- Homelessness
- Cancer
- Age-related diseases (falling, arthritis)
- Texting while driving
- Alcohol overuse
- High blood pressure
- Environmental factors (e.g. pollution, noise, etc.)
- Alzheimer's disease/dementia
- Teeth or oral issues
- Asthma
- Lack of access to needed medications
- Stroke
- Child abuse and neglect
- Lack of access to medical providers
- Smoking
- Heart disease
- Sexually transmitted infections
- Domestic Violence

Resources potentially available to address these significant health needs can be found in Appendix 3.

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REVIEW OF PROGRESS

In 2016 Swedish conducted the previous Swedish Community Health Needs Assessments (CHNA). Significant health needs were identified from the Community Health Needs Assessment process. Swedish identified priorities for the Community Health Improvement Plans associated with the 2016 CHNA. The priority health needs were: access to care, behavioral health/mental health, and the aging population. The impact of actions used to address these health needs can be found in Appendix 4.

OUR COMMUNITY

- In 2017, the population in the total service area (PSA + SSA) was 1,451,299.
- 22.5% of the population are children and youth, ages 0-17, and 12.9% of the population are seniors, 65 years and older.
- Among community residents, 59.7% were Non-Latino White, 20.3% Asian/Pacific Islander, 8.4% were Hispanic or Latino, 6.8% were African American or Black, and 5.3% were of two or more races/ethnicities and 3.2% were other races/ethnicities.
- Within service area homes, 65.1% of residents speak English only.
- High school graduation rates in King County are 80.5% and in Snohomish County they are 79.5%. These rates do not meet the Healthy People 2020 objective of an 87% high school graduation rate.
- In 2016, the median household income for the service area was $93,153, and the unemployment rate was 5%.
- 4.1% of service area households and 8.9% of individuals are at poverty level (<100% federal poverty level). 2.5% of children and 0.9% of seniors live at or below the poverty level.
- Within the service area there are 526,983 households. 33.4% of residents spend 30% or more of their income on housing, and 16,557 persons live in overcrowded or substandard housing.
- In 2017 there were an estimated 11,643 homeless individuals in King County and 1,066 homeless individuals in Snohomish County. 52.9% of the homeless in King County and 51.7% in Snohomish County are sheltered. 23.8% of the homeless in King County and 36.3% in Snohomish County are considered to be chronically homeless.
- Food insecurity is one way to measure the risk of hunger. In 2016 in King County, 12.2% of the population (254,200 persons) experienced food insecurity. In Snohomish County, the rate of food insecurity was 10.9% (82,600 persons).
- In the Issaquah service area, 4.0% of community residents were uninsured. 69.0% of community residents had private (commercial) insurance, 15.4% of residents received Medicaid and 11.6% of the population were covered by Medicare.

Barriers to Health Care

Survey respondents commented on barriers they have experienced to access health care.

- Doctors are overloaded.
- Schedules are booked months in advance.
- Gender identity.
- High cost of care even with insurance.
- When referred for treatment I am told the referral is closed or I have to wait months for an appointment.

Avoidable ED Utilization

The top reason patients presented at the Emergency Department (ED) for potentially avoidable reasons was acute upper respiratory infections, such as the common cold or asthma. Other top diagnoses were “general symptoms and signs” and infections of the skin and subcutaneous tissue.

Leading Causes of Death

While leading causes of death vary by age group, in King County and Snohomish County, the top three causes of death are cancer, heart disease and Alzheimer’s disease.

Disability and Disease

- In King County, 9.6% of the non-institutionalized civilian population had a disability. In Snohomish County, 11.9% of the population was disabled.
- In King County, 7% of 10th graders and 8% of adults reported having asthma. In Snohomish County, 9% of 10th graders and adults have asthma.
- Over a five-year period, the rate of asthma for adults in King County was 8.3% and the five-year average rate for asthma in Snohomish County was 9.5%.

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- On average, 7% of the King County adult population has been diagnosed with diabetes. In Snohomish County, 8.3% of adults have been diagnosed with diabetes.
- 2% of Seattle adults and 3% of King County adults have heart disease. In 2013 in Snohomish County, 4.3% of adults had heart disease, compared to 3.7% in Washington.
- In King County, the age-adjusted cancer incidence rate was 523.3 per 100,000 persons. In Snohomish County it was 547.2 per 100,000 persons. These rates of cancer were higher than the state rate of 508.7 per 100,000 persons.

Pregnancy and Birth Indicators

- In 2016, there were 26,011 births in King County and 10,045 births in Snohomish County. Birth rates have increased from 2012 to 2016.
- In King County, the rate of teen births (ages 15-17) was 4.7 per 1,000 females, and in Snohomish it was 5.7 per 1,000 females. These rates are lower than Washington rates (8.3 per 1,000 females).
- In King County 82.6% of women entered prenatal care within the first trimester, and in Snohomish County, 80.0% of women entered prenatal care within the first trimester. These rates exceed the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.
- In King County the rate of low birth weight babies (under 2,500 grams) is 6.6% (65.5 per 1,000 live births), and in Snohomish County it is 5.9% (59.2 per 1,000 live births). The rates of low birth weight are lower than the Healthy People 2020 objective of 7.8% of births being low birth weight.
- In King County the infant mortality rate was 4.1 per 1,000 live births, and in Snohomish County the infant death rate was 3.8 per 1,000 live births. In comparison, the infant death rate in the state was 4.7 per 1,000 live births. These infant death rates are less than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

Health Behaviors

- 34% of King County adults are overweight and 22% are obese. In Snohomish County, 36.1% of adults are overweight and 28% are obese. Among 10th graders in King County, 19% are overweight or obese and in Snohomish County, 27% are overweight or obese. The Healthy People 2020 objective for adult obesity is 30.5% and the Healthy People objective is 16.1% for teen obesity. The area obesity rates are better than the Healthy People 2020 objectives.

Survey respondents identified things in the community that help them stay healthy.

- Safe places to walk
- Primary care services and clinics
- Healthy food options
- Clean air
- Green spaces/parks
- Access to health insurance
- Access to medication
- Education
- Mental health services
- Good paying jobs
- Caring community
- Transportation
- Enough doctors
- Food bank/meal programs
- Free or low cost health screenings
- Affordable places to live
- Substance abuse counseling services
- Women Infant Children (WIC) services
- Help translating things from English to my language

Mental Health and Substance Abuse

- The average number of mental health unhealthy days experienced by adults in King County in the last 30 days was 3.2 days. Adults in Snohomish County experienced 3.3 of unhealthy days, compared to 3.8 unhealthy mental health days statewide.
- Snohomish County 10th graders experienced depression (36%), considered suicide (22%) and attempted suicide (11%) at higher rates than 10th graders in King County and the state.

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- In Seattle and in King County, 13% of adults are current cigarette smokers and 14% of adults in Snohomish County are cigarette smokers. The Healthy People 2020 objective is for smoking to be limited to 12% of the population. 9% of 12th grade youth in King County and 11% of 12th graders in Snohomish County smoked cigarettes in the past 30 days. 16% of 12th grade youth in King County and 20% of 12th graders in Snohomish County smoked an e-cigarette or vape pen in the past 30 days.
- Among adults, 20% in King County had engaged in binge drinking in the previous 30 days. 15.9% of adults in Snohomish County engaged in binge drinking. Among youth, 19% of 12th graders in King County and 18% of 12th grade youth in Snohomish County had engaged in binge drinking in the previous two weeks.
- 25% of 12th grade youth in King County and 27% of 12th graders in Snohomish County indicated current use of marijuana (past 30 days). The state rate of 12th grade marijuana use is 26%.

Preventive Practices

- In King County, 37% of adults ages 18 to 64 and 63% of seniors 65 and older received a flu shot. In Snohomish County, 40.5% of adults and 59.5% of seniors received a flu shot. These rates do not meet the Healthy People 2020 objective of 70% of adults receiving a flu shot.
- 84.8% of kindergarten students in King County and 84.9% of Snohomish County kindergartners have completed their school-required immunizations.
- On average, from 2011-2015, 78% of women, 50 to 74 years of age, in King County had a mammogram in the past two years. This falls short of the Healthy People 2020 objective of 81.1% of women to receive a screening mammogram. In 2013 in Snohomish County, 82.4% of women had a mammogram in the past two years.
- On average, from 2011-2015, 64% of adults, 50 to 75 years of age, in King County had been screened for colorectal cancer. In 2016 in Snohomish County, 66% of adults, ages 50-75, had a screening colonoscopy or sigmoidoscopy. These rates are below the Healthy People 2020 objective of 70.5%.
- Among adults in Seattle, 29% did not have a dental checkup. 30% of adults In King County and 31% of the population in Snohomish County did not have a dental checkup in the past year.

CHNA/CHIP CONTACT

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Request a copy, provide comments or view electronic copies of current and previous Community Health Needs Assessments: www.swedish.org/about/overview/mission-outreach/community-engagement/community-needs-assessment/assessments-site-list.

2018 CHNA GOVERNANCE APPROVAL

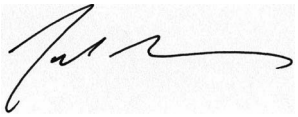
This community health needs assessment was adopted by the authorized body of the hospital on December 11, 2018.

12/11/18

R. Guy Hudson, M.D., MBA — Date
Chief Executive Officer
Swedish Health Services

12/11/18

Michael Hart, M.D. — Date
Interim Chair Board of Trustees
Swedish Health Services



12/11/18

Joel Gilbertson — Date
Senior Vice President, Community Partnerships
Providence St. Joseph Health

INTRODUCTION

MISSION, VISION, AND VALUES

Our Mission

Improve the health and well-being of each person we serve.

Our Vision

Health for a Better World

Our Values

COMPASSION: We reach out to those in need. We nurture the spiritual, emotional, and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

JUSTICE: We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources, and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

EXCELLENCE: We set the highest standards for ourselves and our services. Through transformation and innovation, we strive to improve the health and quality of life in our communities. We commit to compassionate and reliable practices for the care of all.

DIGNITY: We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

INTEGRITY: We hold ourselves accountable to do the right thing for the right reasons. We speak truthfully and courageously with respect and generosity. We seek authenticity with humility and simplicity.

SAFETY: Safety is at the core of every thought and decision. We embrace transparency and challenge our beliefs in our relentless drive for continuous learning and improvement.

Who We Are

Since 1910, Swedish has been the region's standard-bearer for the highest-quality health care at the best value. Swedish is the largest nonprofit health care provider in the greater Seattle area with five hospital campuses: First Hill, Cherry Hill, Ballard, Edmonds and Issaquah. We also have ambulatory care centers in Redmond and Mill Creek, and a network of more than 118 primary care and specialty clinics throughout the greater Puget Sound area. Swedish's innovative care has made it a regional referral center for leading-edge procedures such as robotic-assisted surgery and personalized treatment in cardiovascular care, cancer care, neuro-science, orthopedics, high-risk obstetrics, pediatric specialties, organ transplantation and clinical research.

Swedish is affiliated with Providence Health & Services, a Catholic, nonprofit organization founded by the Sisters of Providence in 1856. With more than 76,000 employees, Providence operates 34 hospitals and 475 physician clinics across five states. Based in Renton, WA, Providence Health & Services also provides strategic and management services to integrated health-care systems in Alaska, California, Montana, Oregon and Washington. For more information, visit www.providence.org.

Our Commitment to Community

Organizational Commitment

Swedish has been a partner for health in the community for over a hundred years. We've resolved to improve the health of the region beyond normal patient care. This translates to our commitment to charity care, research, community health and education. We see this service as our responsibility to our community and we take it seriously. Through programs and donations, health education, free and discounted care, medical research and more, Swedish provided more than $200 million in community benefit in 2017. This included $23.9 million in free and discounted care, a 12% increase from the prior year.

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Today our responsibility to community also includes additional access to information. The health care industry is undergoing substantial changes. We believe as the community's leading health care provider, it is our responsibility to also provide information and leadership on these changes.

Governance Structure

Swedish further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Chief Strategy Officer at Swedish is responsible for coordinating implementation Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Health Improvement Plan (CHIP).

OUR COMMUNITY

Swedish Medical Center Issaquah Campus is located at 751 NE Blakely Drive, Issaquah, WA 98029. The community served by the Hospital is defined by the geographic origins of the Hospital's inpatients. The Primary Service Area (PSA) was determined by identifying the ZIP Codes for 70% of the Hospital's patient discharges (excluding normal newborns). The PSA consists of 12 cities and 19 ZIP Codes. The Secondary Service Area (SSA) was determined by identifying the ZIP Codes for 71% to 85% of the Hospital's patient discharges. The SSA consists of 16 cities and 28 ZIP Codes. The service area focuses on King County and Snohomish County.

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Mercer Island	98040	Issaquah PSA	King County
Bellevue	98008	Issaquah PSA	King County
Kent	98042	Issaquah PSA	King County
Bellevue	98007	Issaquah PSA	King County
Duvall	98019	Issaquah SSA	King County
Kirkland	98033	Issaquah SSA	King County
Kirkland	98034	Issaquah SSA	King County
Bellevue	98004	Issaquah SSA	King County
Seattle	98101	Issaquah SSA	King County
Bellevue	98005	Issaquah SSA	King County
Renton	98055	Issaquah SSA	King County
Auburn	98092	Issaquah SSA	King County
Seattle	98104	Issaquah SSA	King County
Everett	98208	Issaquah SSA	Snohomish County
Bothell	98012	Issaquah SSA	Snohomish County
Seattle	98122	Issaquah SSA	King County
Ravensdale	98051	Issaquah SSA	King County
Seattle	98178	Issaquah SSA	King County
Seattle	98118	Issaquah SSA	King County
Woodinville	98077	Issaquah SSA	King County
Snohomish	98296	Issaquah SSA	Snohomish County
Black Diamond	98010	Issaquah SSA	King County
Enumclaw	98022	Issaquah SSA	King County
Kent	98030	Issaquah SSA	King County
Kent	98031	Issaquah SSA	King County
Renton	98057	Issaquah SSA	King County
Everett	98204	Issaquah SSA	Snohomish County
Woodinville	98072	Issaquah SSA	King County
Monroe	98272	Issaquah SSA	Snohomish County
Seattle	98103	Issaquah SSA	King County
Auburn	98001	Issaquah SSA	King County
Federal Way	98003	Issaquah SSA	King County

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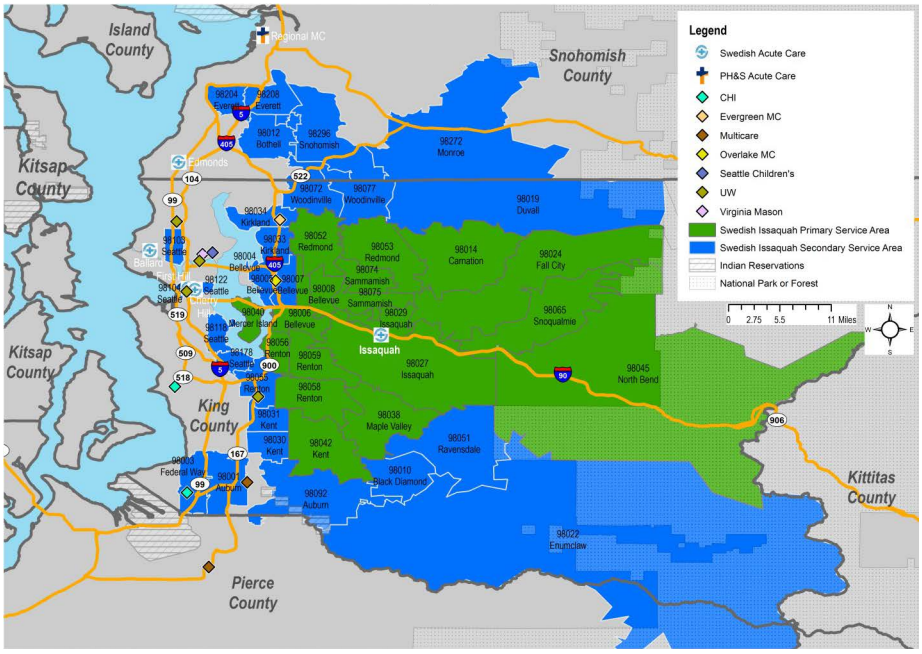
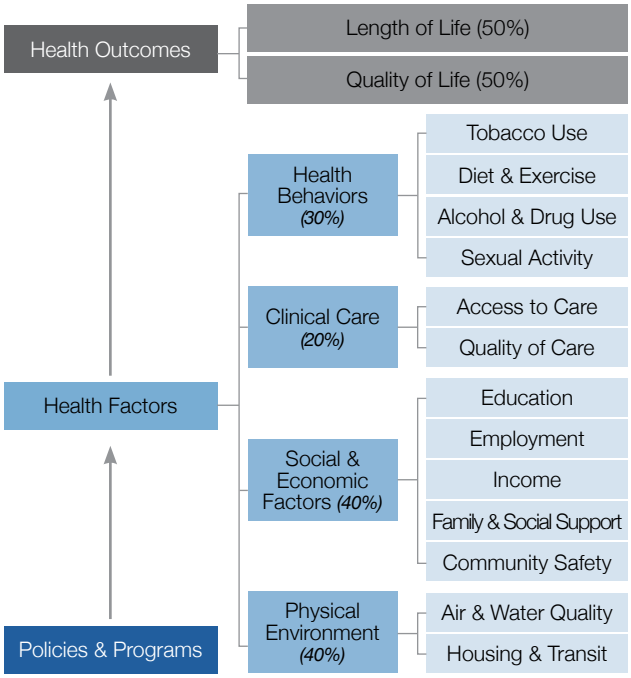
Swedish Issaquah Total Service Area



Map represents Hospital Total Service Area (HTSA). The Primary Service Area (PSA) comprises 70% of total discharges (excluding normal newborns). The Secondary Service Area (SSA) comprises 71%-85% of total discharges (excluding normal newborns). The HTSA combines the PSA and the SSA.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT FRAMEWORK

The Community Health Needs Assessment (CHNA) process was guided by the understanding that much of a person and community's health is determined by the conditions in which they live, work, play, and worship. In gathering information on the communities served by the Hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the strength of the health system.



This framework shows the relationships among the factors that contribute to health. Improved policies, programs and health factors can enhance positive health outcomes. Where people live tells us a lot about their health and health needs. There can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas.

The Community Need Index (CNI) is a useful tool to help identify vulnerable communities that face income, culture, education, insurance and housing barriers.

Community Need Index (ZIP Code Level) Based on National Need

The Community Need Index (CNI) was developed by Dignity Health (formerly known as Catholic Healthcare West (CHW)) and Truven Health Analytics. The CNI identifies the severity of health disparity for every ZIP Code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations.

CNI aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers):

- Income Barriers (elder poverty, child poverty and single parent poverty)
- Culture Barriers (non-Caucasian limited English);
- Educational Barriers (percent population without high school diploma);
- Insurance Barriers (insurance, unemployed and uninsured);
- Housing Barriers (housing, renting percentage).

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a ZIP Code with the fewest socioeconomic barriers, while a score of 5.0 represents a ZIP Code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores . The CNI is used to a draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

Seattle ZIP Codes 98104 and 98118, and Kent 98030 are the highest need areas. These ZIP Codes scored higher than 4.0, making them High Need communities. Appendix 1 lists the ZIP Codes and the associated CNI scores for the total service area. The following map depicts the Community Need Index for the hospital's geographic service area based on national need. It also shows the location of other hospitals in the area.

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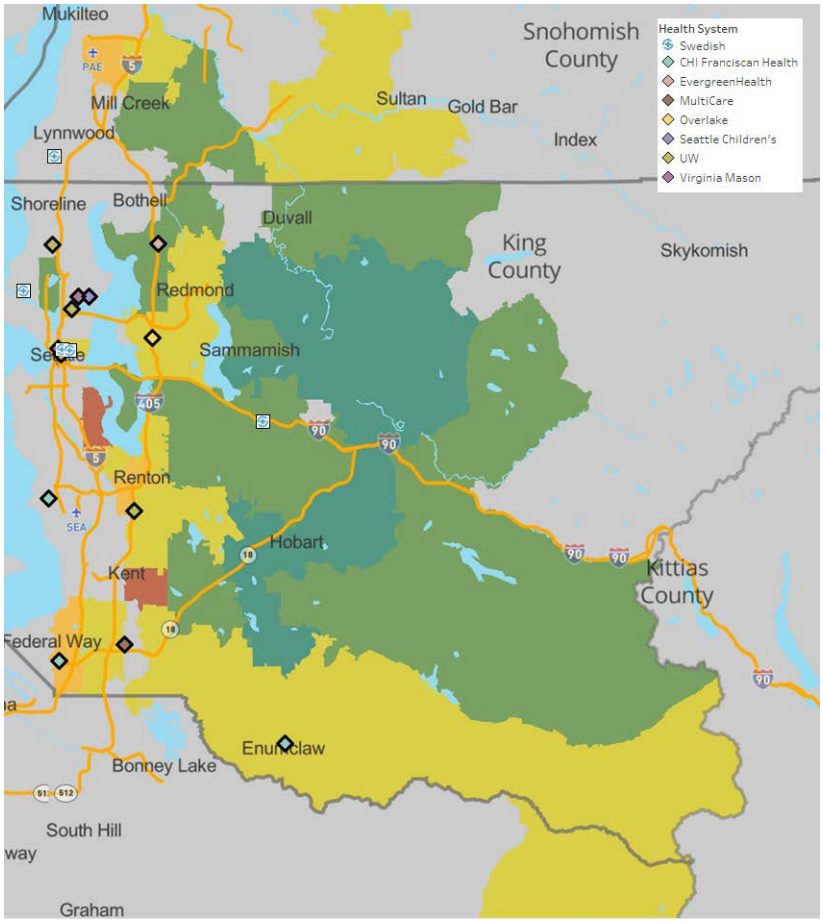
[1]*Roth R, Barsi E., Health Prog. 2005 Jul-Aug; 86(4):32-8*

Swedish Issaquah Community Need Index (CNI) INDEX Map



DESCRIPTION OF COMMUNITY SERVED

Community Profile

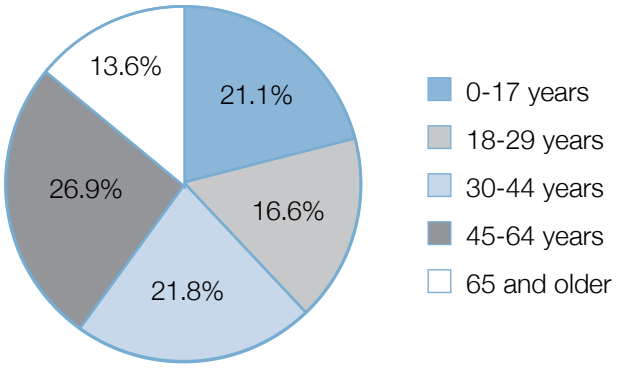
Population and Age

The population in the total service area (PSA + SSA) was 1,451,299 in 2017. The population grew by 9.3% from 2011-2016. In 2017 the population comprised:

- 22.5% children and youth, 0-17 years
- 15.6% young adults, 18-29 years
- 22.0% adults, 30-44 years
- 27.0% adults, 45-64 years
- 12.9% senior adults, 65 years and older

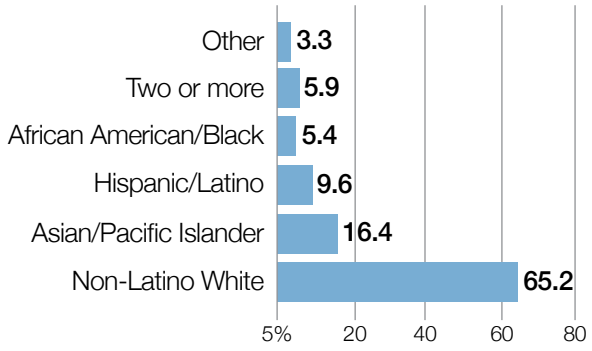
Sources: Intellimed, ESRI, 2017; US Census Bureau American Community Survey, B01003, 2016

2017 Population by Age, King and Snohomish Counties



Race/Ethnicity and Language

Among community residents in 2016, 59.7% were Non-Latino White, 20.3% Asian/Pacific Islander, 8.4% were Hispanic or Latino, 6.8% were African American or Black, and 5.3% were of two or more races/ethnicities and 3.2% were other races/ethnicities[2].



Within service area homes, 65.1% speak English only. In those homes where other languages are spoken, 3.6% of the service area population does not speak English well.

Source: U.S. Census Bureau, American Community Survey, 2016; DP05, B06007

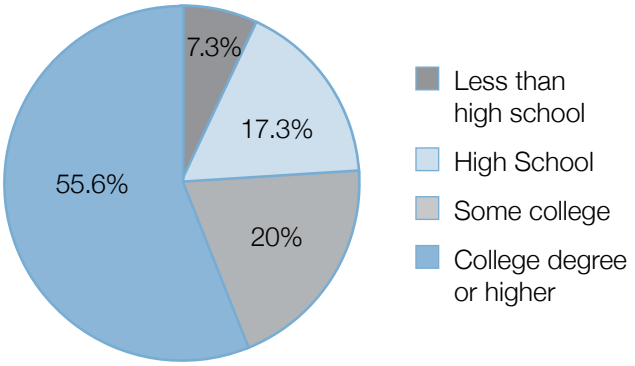
Education

On-time high school graduation rates are determined by the percent of ninth grade students in public schools who graduated in four years. Graduation rates in King County are 80.5% and in Snohomish County they are 79.5%. These rates do not meet the Healthy People 2020 objective of an 87% high school graduation rate.

In the service area, 20.6% of residents, 25 years and older have graduated high school. 7.9% of the adult population has less than a high school education, and 46.7% of area adults have a college degree.

Sources: U.S. Census Bureau, American Community Survey, 2016; DP02; Office of Superintendent of Public Instruction, Washington State, 2016-2017

Self-Reported Educational Attainment
Adults, age 25 and over



Income and Housing

In 2016, the median household income for the service area was $93,153, and the unemployment rate was 5.0%. Poverty thresholds are used for calculating official poverty population statistics and are updated each year by the Census Bureau. For 2016, the federal poverty threshold for one person was $11,880, and for a family of four it was $24,300. 4.1% of service area households and

Continued on the next page...

[2]*Percentages total more than 100% as some persons selected more than one race or ethnicity category.*

Income and Housing Continued...

8.9% of individuals are at poverty level (<100% federal poverty level). 9.9% of area households and 19.6% of individuals are categorized as low-income with incomes below 200% of the federal poverty level. 2.5% of children and 0.9% of seniors live at or below the poverty level.

Within the service area there are 526,983 households. 33.4% of residents spend 30% or more of their income on housing, and 16,557 persons live in overcrowded or substandard housing.

The number of students eligible for the free and reduced price meal program is an indicator of the socioeconomic status of a school district's student population. It is important to note that while examining district totals provides an overview of the student population this is an average among all the schools. Within each district there are a number of schools with higher and lower rates of eligible low-income children. In Snohomish County, 34.1% of students qualify for free and reduced-price meals, which is higher than King County (27.3%), but lower than the percent of Washington students who qualify for a free or reduced-price meal (42.3%).

Sources: U.S. Census Bureau, American Community Survey, 2016; DP03, S1701, B17026, S1101, B25106, B25014; Office of Superintendent of Public Instruction, Washington State, 2017-2018

A point-in-time count of homeless people is conducted every year in every county in the state. The 2017 point-in-time count estimated 11,643 homeless individuals in King County and 1,066 homeless individuals in Snohomish County. 52.9% of the homeless in King County and 51.7% in Snohomish County are sheltered. 23.8% of the homeless in King County and 36.3% in Snohomish County are considered to be chronically homeless. Trends in the homeless population indicate the homeless population has decreased from 2006 to 2017 in Snohomish County and the state, while homelessness has risen in King County. The proportion of unsheltered homeless in both counties and the state has risen over time.

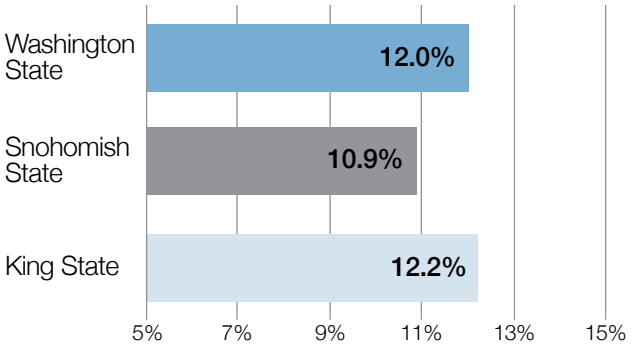
Source: Washington Department of Commerce, Homelessness in Washington State, Appendix B, 2017

Food Security

Food security is a federal measure of a household's ability to provide enough food for every person in the household to have an active, healthy life. Food insecurity is one way to measure the risk of hunger. In 2016 in King County, 12.2% of the population (254,200 persons) experienced food insecurity. In Snohomish County, the rate of food insecurity was 10.9% (82,600 persons). In comparison, Washington had a 12% food insecure rate.

Source: Feeding America, Map the Meal Gap, 2016

Population Experiencing Food Insecurity

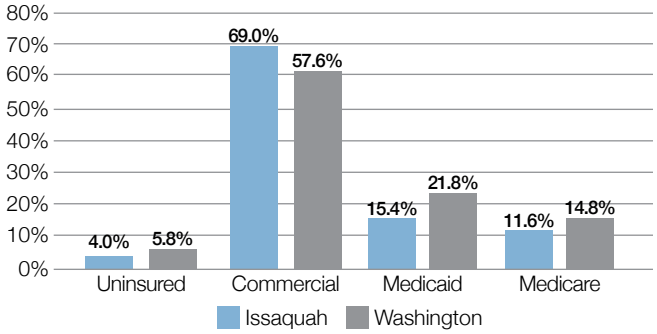


Health Insurance Coverage

In 2016, 4.0% of community residents were uninsured. 69.0% of community residents had private (commercial) insurance, 15.4% of residents received Medicaid and 11.6% of the population were covered by Medicare. Washington had a higher rate of uninsured (5.8%), a higher rate of Medicaid (21.8%) and Medicare (14.8%) recipients and a smaller percentage of residents with private insurance (57.6%) than the service area.

Source: Truven, 2016

Health Insurance Coverage



Health Professions Shortage Area

The Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas as areas with a shortage of primary medical, dental, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although the primary service area for the Issaquah Campus is not located in a shortage area, portions of the secondary service area are designated as shortage areas and low-income areas. These communities are: Enumclaw (98022) and Monroe (98272). Maps of underserved and shortage areas can be accessed here: www.doh.wa.gov/DataandStatisticalReports/DataSystems/GeographicInformationSystem/HardcopyMaps.

Source: https://datawarehouse.hrsa.gov/Tools/MapTool.aspx?tl=HPSA&gt=State&cd=&dp=

METHODOLOGY: DATA COLLECTION PROCESS AND PARTICIPANTS

Collaborative Partners

Swedish Medical Center participated in a collaborative process for the Community Health Needs Assessment as part of the King County Hospitals for a Healthier Community (HHC). HHC is a collaborative of 11 hospitals and/or health systems in King County and Public Health-Seattle & King County. The HHC vision is to participate in a collaborative approach that identifies community needs, assets, resources, and strategies toward assuring better health and health equity for all King County residents. This shared approach avoids duplication and focuses available resources on a community's most important health needs. HHC recognizes that partnerships between hospitals, public health, community organizations and communities are key to successful strategies to address common health needs. The full report and list of assessment partners can be accessed at: www.kingcounty.gov/depts/health/data/community-health-indicators/king-county-hospitals-healthier-community.aspx.

Secondary Data

Secondary data were collected from a variety of local, county, and state sources. Where available, data are presented for King County, Snohomish County and Washington. The report includes benchmark comparison data, comparing Swedish Medical Center community data findings with Healthy People 2020 objectives.

Data analyses were conducted at the most local level possible for the Hospital's service area, given the availability of the data. The primary and secondary service areas (PSA and SSA) were combined for a total service area (TSA). In some cases, data were only available at the county level. While the service area includes additional counties beyond King County and Snohomish County, only these two counties were reported as the vast majority of the total service area is located in King County and Snohomish County.

Regions were created by King County Public Health to examine geographic patterns at a level below the county level. There are four (4) regions in King County: North, East, South, and Seattle. Data from some of these regions may be reported for some data indicators.

- North region includes: Bothell, Cottage Lake, Kenmore, Lake Forest Park, Shoreline, and Woodinville.
- East region includes: Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, and Skykomish.
- South region contains: Auburn, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Renton, Tukwila, SeaTac, White Center/Boulevard Park, and Vashon Island.

Primary Data

Stakeholder surveys were used to gather data and opinions from persons who represent the broad interests of the community served by the hospital. Comments from the respondents are included in the Health Indicators section of the report.

Survey: Swedish conducted a survey to gather data and opinions from community residents and hospital leaders and staff who interact with patients and families in the ER and specialty clinics. The survey used a convenience sampling method, which engaged persons who were available and willing to complete the survey. Community organizations whose scope of services aligned with the King County Public Health key health indicators were asked to distribute the surveys. From June 8 to September 24, 2018, 91 persons responded to the survey.

The survey was available in an electronic format through a SurveyMonkey link. The hospital distributed the survey link to partner organizations who then distributed them to community residents and to organizational leaders and staff members caring for medically underserved, low-income, immigrant and minority populations. Paper copies of the survey were also made available to community members.

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An introduction to the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and their responses would be anonymous. Survey questions focused on the following topics:

- Personal health status and concerns.
- Significant health issues in the community.
- Access to health care services.
- Barriers to care.
- Health behaviors.
- Services needed in the community.

Swedish determined a list of possible answer options for these questions and respondents selected from these answers. An open-ended "other" response option was also made available for most of the survey questions. A list of survey respondents and summary of the survey responses from the community members are presented in Appendix 2.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website www.swedish.org/about/overview/mission-outreach/community-engagement/community-needs-assessment. Public comment was solicited on the reports; however, to date no comments have been received.

Data Limitations and Information Gaps

While care was taken to select and gather data that tells the story of the hospital's service area, it is important to recognize limitations and gaps in information naturally occur. Some data resources are only available at the county level so community level information is not available for all data indicators. Data are not always collected on a yearly basis, meaning that some data are several years old. Disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health issues within the community. Primary data collection and the prioritization process are also subject to information gaps and limitations. Themes identified from the surveys were likely subject to the experience of individuals engaged in providing input.

PRIORITIZATION OF HEALTH NEEDS

The King County Hospitals for a Healthier Community collaborative needs assessment identified community priorities. A review of over 40 community needs assessments, strategic plans, or reports – many with community engagement components and all conducted over the past three years was completed. A variety of community engagement activities conducted by community and governmental organizations confirmed the themes as priorities and enabled King County residents to elaborate on them. The priorities are:

- Access to health care
- Equity and social determinants of health
- Housing and homelessness
- Support for older adults
- Support for youth and families

Additionally, survey participants were asked to identify the biggest health concerns in the community. These health concerns are listed in descending priority order from the most frequently cited community health need to the least cited need.

- Mental health
- Drug addiction
- Obesity
- Joint or back pain
- Diabetes
- Homelessness
- Cancer
- Age-related diseases (falling, arthritis)
- Texting while driving
- Alcohol overuse
- High blood pressure
- Environmental factors (e.g. pollution, noise, etc.)
- Alzheimer's disease/dementia
- Teeth or oral issues
- Asthma
- Lack of access to needed medications
- Stroke
- Child abuse and neglect
- Lack of access to medical providers
- Smoking
- Heart disease
- Sexually transmitted infections
- Domestic Violence

Community Resources

Community resources potentially available to address the priority health needs are presented in Appendix 3.

Review of Progress

In 2016, Swedish conducted the previous Community Health Needs Assessments (CHNA). Significant health needs were identified from the Community Health Needs Assessment process. Swedish then identified priorities for the Community Health Improvement Plans associated with the 2016 CHNA. The priority health needs were: access to care, behavioral health/mental health, and the aging population. The impact of actions used to address these health needs can be found in Appendix 4.

HEALTH INDICATORS

This section presents data on key health needs, which includes community stakeholder's comments from the surveys and listening sessions.

Access to Health Care

Access to health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

Uninsured

The percent of the uninsured population in the Hospital service area is 5.0%. This is higher than the King County (4.7%) and Snohomish County (4.5%) rates, and less than the state rate of 5.8% uninsured. The Healthy People 2020 objective is for 100% of the population to have health insurance.

Uninsured, Total Population

	Percent
Hospital Service Area	5.0%
King County	4.7%
Snohomish County	4.5%
Washington	5.8%

Source: Truven, 2016

Barriers to Health Care

In the East region of King County, 10% of adults did not access care due to cost. In the Seattle region, 13% of adults did not access care due to cost, this is equal to the King County rate (13%).

Source: Seattle & King County Public Health, 2011-2015

Survey respondents commented on barriers to accessing health care that they have experienced.

- Doctors are overloaded.
- Schedules are booked months in advance.
- Gender identity.
- High cost of care even with insurance.
- When referred for treatment I am told the referral is closed or I have to wait months for an appointment.

Access to Primary Care Physicians

The ratio of the population to primary care physicians in King County is 840:1 and in Snohomish County the ratio is 1,960:1.

Primary Care Physicians, Number and Ratio, 2015

	King County	Snohomish County	Washington
Number of primary care physicians	2,511	395	5,975
Ratio of population to primary care physicians	840:1	1,960:1	1,200:1

Source: County Health Rankings, 2018

Avoidable ED Utilization

Emergency Department (ED) visits are a high-intensity service and a cost burden on the health care system. Some ED events may be attributed to preventable or treatable conditions. A high rate of ED utilization may indicate poor care management, inadequate access to care or poor patient choices, resulting in ED visits that could be prevented or avoided.

In 2017, Providence St. Joseph Health developed a method to monitor Avoidable Emergency Department (AED) utilization. The definition and cases flagged as "avoidable" are based on criteria developed by New York University and Medicaid and reference ICD codes, which are then grouped into sub-categories. The following AED data pertain to cases encountered between October 1, 2017 and September 31, 2018.

The information was segmented by health insurance type. "All Payers" refers to all insurance types, including no insurance. "Medicaid" refers to encounters with individuals whose primary insurance is through Medicaid or a Managed Medicaid organization. "Self-Pay/Charity" indicates those who had no insurance at the time of their visit and/or qualified for free or reduced cost care based on their ability to pay.

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The top reason patients presented at the Emergency Department for potentially avoidable reasons was acute upper respiratory infections, such as the common cold or asthma. Other top diagnoses were "general symptoms and signs" and infections of the skin and subcutaneous tissue. "Other diseases of the urinary system" was the fourth most frequent diagnosis associated with an Emergency Department visit, and "other dorsopathies," such as back pain due to spinal disc disorders was the fifth most frequent diagnosis. For individuals with Medicaid, mental health and behavioral disorders due to psychoactive substance use was the third most common reason for a potentially avoidable ED visit, and chronic lower respiratory diseases, such as chronic obstructive pulmonary disease (COPD), was the fourth.

Avoidable ED Utilization Diagnoses, 2017-2018

ICD Sub-Categorization	All Payers	Medicaid	Self-Pay/ Uninsured
Acute upper respiratory infections	648	36.4% (236)	3.2% (21)
General symptoms and signs	547	18.5% (101)	2.9% (16)
Infections of the skin and subcutaneous tissue	540	27.4% (148)	7.9% (43)
Other diseases of the urinary system	396	16.9% (67)	4.0% (16)
Other dorsopathies	372	15.9% (59)	3.8% (14)

Source: PSJH medical records for ED encounters 10/01/2017-09/31/2018

Leading Causes of Death

Age-adjusted death rates are an important factor to examine when comparing mortality (death) data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in King County is 619.5 per 100,000 persons. Snohomish County has an age-adjusted death rate of 708.3 per 100,000 persons. The age-adjusted death rate in Washington is 687.0 per 100,000 persons.

While leading causes of death vary by age group, in King County and Snohomish County, the top three causes of death are cancer, heart disease and Alzheimer's disease.

Leading Causes of Death

King County	Snohomish County
Cancer	Cancer
Heart disease	Heart disease
Alzheimer's disease	Alzheimer's disease
Unintentional injuries/ accidents	Chronic lower respiratory disease
Stroke	Unintentional injury
Chronic lower respiratory disease	Stroke
Diabetes	Diabetes
Suicide	Suicide
Chronic liver disease	Chronic liver disease
Influenza and pneumonia	Influenza and pneumonia

Sources: Seattle & King County Public Health, Community Health Indicators, 2011-2015; Snohomish Health District, 2015 and Community Health Assessment Updates, 2016

Life Expectancy

Women tend to live longer than men. The life expectancy among King County females is 83.9 years and among males is 79.5 years. In Snohomish County, life expectancy among females is 82.5 years and among males is 78 years. The life expectancy among Seattle region residents is 82.5 years.

Sources: Seattle & King County Public Health, Community Health Indicators, 2011-2015; Snohomish Health District, Community Health Assessment Updates, 2016

Disability and Disease

An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities. Chronic disease can hinder independence and the health of people with disabilities, as it may create additional activity limitations.

Disability

In King County, 9.6% of the non-institutionalized civilian population had a disability. In Snohomish County, 11.9% of the population was disabled. The state rate was 12.8%.

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Population with a Disability

	Percent
King County	9.6%
Snohomish County	11.9%
Washington	12.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1810

42.4% of survey respondents indicated that they or their family members had a physical disability, 42.4% had a mental disability, 33.3% had a sensory loss, and 24.2% had an intellectual disability.

Asthma

In King County, 7% of 10th graders and 8% of adults reported having asthma. In Snohomish County, 9% of 10th graders and adults have asthma.

Asthma Prevalence, 2014 & 2016

	10th Graders	Adults
King County	7%	8%
Snohomish County	9%	9%
Washington	10%	9%

Sources: Washington State Department of Health's 2018 Washington State Health Assessment; 10th grade data based on the 2014 & 2016 Washington State Healthy Youth Survey and adult data based on 2014 & 2016 BRFSS

Over a five-year period, the rate of asthma for adults in King County was 8.3% and the five-year average rate for asthma in Snohomish County was 9.5%.

Source: WA State Dept. of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged

Diabetes

On average, 7% of King County adults have been diagnosed with diabetes. In Snohomish County, 8.3% of adults have been diagnosed with diabetes.

Source: WA State Dept. of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged

Heart Disease

On average from 2011-2015, 3% of East region adults, 2% of Seattle region adults and 3% of King County adults had heart disease. In 2013 in Snohomish County, 4.3% of adults had heart disease, compared to 3.7% in Washington.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011-2015; Snohomish Health District, Community Health Assessment Updates, 2016

Cancer

In King County, the age-adjusted cancer incidence rate was 523.3 per 100,000 persons. In Snohomish County it was 547.2 per 100,000 persons. These rates of cancer were higher than the state rate of 508.7 per 100,000 persons. Breast cancer and prostate cancer occurred at higher rates in King County than the state rates for these types of cancer. The rates for all listed cancers were higher in Snohomish County than state rates.

Cancer Incidence, per 100,000 Persons, Age Adjusted, 2011-2015

	King County	Snohomish County	Washington
All sites	523.3	547.2	508.7
Breast (female)	188.2	173.4	170.4
Prostate	115.2	107.7	107.5
Lung and Bronchus	50.4	61.6	57.5
Colorectal	34.9	38.7	36.3
Leukemia	15.0	16.0	15.0
Cervix	6.1	7.2	6.8

Source: Washington State Department of Health, Washington State Cancer Registry, 2011-2015

Pregnancy and Birth Indicators

Pregnancy is an opportunity to identify existing health risks in women and to prevent future health problems for women and children. Birth indicators are essential to monitor infant health.

In 2016, there were 26,011 births in King County and 10,045 births in Snohomish County. Birth rates showed an upward trend from 2012 to 2016.

Total Births, Five Year Comparison, 2012-2016

	2012	2013	2014	2015	2016
King County	25,032	24,910	25,348	25,487	26,011
Snohomish County	9,226	9,406	9,524	9,766	10,045
Washington	87,417	86,566	88,561	89,000	90,489

Source: Washington State Department of Health, Vital Statistics, 2012-2016.

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Teen Births

In King County, the rate of teen births (ages 15-17) was 4.7 per 1,000 females, and in Snohomish it was 5.7 per 1,000 females. These rates are lower than Washington rates (8.3 per 1,000 females).

Source: Washington State Department of Health, Vital Statistics, 2012-2016

Prenatal Care

In King County 82.6% of women entered prenatal care within the first trimester, and in Snohomish County, 80.0% of women entered prenatal care within the first trimester. These rates exceed the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Source: Washington State Department of Health, Vital Statistics, 2012-2016

Low Birth Weight

Babies born at a low birth weight (under 2,500 grams) are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. In King County the rate of low birth weight babies is 6.6% (65.5 per 1,000 live births), and in Snohomish County it is 5.9% (59.2 per 1,000 live births). The rates of low birth weight are lower than the Healthy People 2020 objective of 7.8% of births being low birth weight.

Low Birth Weight (Under 2,500 g), Five-Year Average, 2012-2016

	Percent
King County	6.6%
Snohomish County	5.9%
Washington	6.4%

Source: Washington State Department of Health, Vital Statistics, 2012-2016

Infant Mortality

The infant mortality rate is defined as deaths to infants more than 27 days old, and less than 1 year of age. In King County the infant mortality rate was 4.1 per 1,000 live births, and in Snohomish County the infant death rate was 3.8 per 1,000 live births. In comparison, the infant death rate in the state was 4.7 per 1,000 live births. These infant death rates are less than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

Source: Washington State Department of Health, Vital Statistics, 2011-2015

Health Status and Health Behaviors

Health behaviors are activities undertaken for the purpose of preventing or detecting disease or for improving health and wellbeing.

The County Health Rankings examine healthy behaviors and ranks counties according to health behavior data. Washington's 39 counties are ranked from 1 (healthiest) to 39 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 1 puts King County at the top of Washington counties for health behaviors. Snohomish County is ranked 8th.

Source: County Health Rankings, 2018

Survey respondents identified things in the community that help them stay healthy.

- Safe places to walk
- Primary care services and clinics
- Healthy food options
- Clean air
- Green spaces/parks
- Access to health insurance
- Access to medication
- Education
- Mental health services
- Good paying jobs
- Caring community
- Transportation
- Enough doctors
- Food bank/meal programs
- Free or low cost health screenings
- Affordable places to live
- Substance abuse counseling services
- Women Infant Children (WIC) services

They also identified issues and concerns that made it difficult to stay healthy.

- Unaffordable housing
- Low incomes
- Homelessness
- Lack of transportation services
- Too many people smoke cigarettes
- Substance abuse
- No doctors that take our insurance
- Poor air quality
- Racial barriers
- No nearby grocery stores with fresh produce
- No place to exercise
- Alcohol abuse
- Gangs

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Physical Activity

The CDC recommendation for youth physical activity is 60 minutes or more each day. The physical activity recommendation was not met among 80% of 8th, 10th, and 12th graders in the Seattle region and was not met among 78% of King County students.

Sources: Washington State Department of Health's 2018 Washington State Health Assessment; 10th grade data based on the 2014 & 2016 Washington State Healthy Youth Survey

The CDC recommendation for weekly adult physical activity includes 150 minutes of moderate-intensity aerobic activity and muscle-strengthening activities on two or more days that work all major muscle groups. In the East region of King County, 76% of adults do not meet the recommendation. In the Seattle region, 75% of adults do not meet the recommendation and 77% of King County adults do not meet the two-level activity recommendation. In Snohomish County, 79% of adults do not meet the physical activity recommendation.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011, 2013, 2015; Snohomish Health District, BRFSS, 2016

Diet and Nutrition

34% of King County adults are overweight and 22% are obese. In Snohomish County, 36.1% of adults are overweight and 28%* are obese. Among 10th graders in King County, 19% are overweight or obese and in Snohomish County, 27% are overweight or obese. The Healthy People 2020 objective for adult obesity is 30.5% and the Healthy People objective is 16.1% for teen obesity. The area obesity rates are better than the Healthy People 2020 objectives.

*Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011-2015; Snohomish Health District, Community Health Assessment Updates, 2016 and *BRFSS, 2016*

Youth Overweight and Obese, Grades 8, 10 and 12, 2016

	8th Grade		10th Grade		12th Grade	
	Over-weight	Obese	Over-weight	Obese	Over-weight	Obese
King County	14%	10%	11%	8%	12%	8%
Snohomish County	15%	10%	14%	13%	15%	15%
Washington State	16%	11%	15%	12%	16%	14%

Source: Washington State Healthy Youth Survey, 2016

Soda Consumption

In 2016, 3% of 10th graders King County drank sugar-sweetened beverages daily at school. In Snohomish County, 4% of 10th graders consumed sweetened drinks daily at school. There has been a decline in consumption of sweetened drinks from previous years as school policies have shifted to ban sugary drinks in schools.

Daily Sweetened Drink Consumption at School, 10th Grade Youth, 2006-2016

	2006	2008	2010	2012	2014	2016
King County	18%	16%	12%	10%	4%	3%
Snohomish County	22%	15%	16%	13%	3%	4%
Washington	22%	19%	15%	13%	4%	4%

Source: Washington State Healthy Youth Survey, 2006-2016

Mental Health

Mental illness is a common cause of disability. Mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression and outcome of chronic diseases.

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In King County, the ratio of the population to mental health providers was 290:1. Snohomish County has 1 mental health provider for every 390 residents.

Mental Health Providers, Number and Ratio, 2017

	King County	Snohomish County	Washington
Number of mental health providers	7,377	2,252	22,085
Ratio of population to mental health providers	290:1	350:1	330:1

Source: County Health Rankings, 2018

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Mental Health Unhealthy Days

The average number of mental health unhealthy days experienced by adults in King County in the last 30 days was 3.2 days. Adults in Snohomish County experienced 3.3 of unhealthy days, compared to 3.8 unhealthy mental health days statewide.

Source: County Health Rankings, 2018, data from 2016

Mental Distress, Youth

Snohomish County 10th grade youth experienced depression (36%), considered suicide (22%) and attempted suicide (11%) at higher rates than 10th graders in King County and the state.

Mental Distress among 10th Grade Youth

	King County	Snohomish County	Washington
Youth depression past 12 months	32%	36%	34%
Youth considered suicide	19%	22%	21%
Youth attempted suicide	9%	11%	10%

Source: Washington State Healthy Youth Survey, 2016

Substance Abuse (Tobacco/Alcohol/Drugs)

Smoking is a contributing cause to disease and death. It increases the risk of developing heart disease, stroke and cancer. Alcohol and drug abuse has a major impact on individuals, families, and communities. The effects of substance abuse contribute to costly social, physical, mental, and public health problems.

Smoking

In the East region of King County, 9% of adults are current cigarette smokers. In the Seattle region and in King County, 13% of adults are current cigarette smokers. 14% of adults in Snohomish County smoke cigarettes. Seattle, King County and Snohomish County rates of smoking were higher than the Healthy People 2020 objective of 12%. 9% of 12th grade youth in King County and 11% of 12th graders in Snohomish County smoked cigarettes in the past 30 days. 16% of 12th grade youth in King County and 20% of 12th graders in Snohomish County smoked an e-cigarette or vape pen in the past 30 days.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011- 2015; Snohomish Health District, BRFSS, 2016; Washington State Healthy Youth Survey, 2016

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks and for females it is four or more drinks per occasion. Among adults, 20% in King County had engaged in binge drinking in the previous 30 days. In 2013, 15.9% of adults in Snohomish County engaged in binge drinking. Among youth, 19% of 12th graders in King County and 18% of 12th grade youth in Snohomish County had engaged in binge drinking in the previous two weeks. 25% of 12th grade youth in King County and 27% of 12th graders in Snohomish County indicated current use of marijuana (past 30 days). The state rate of 12th grade marijuana use was 26%.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011- 2015; Snohomish Health District, Community Health Assessment Updates, 2016; Washington State Healthy Youth Survey, 2016

Preventive Practices

Preventive practices such as immunizations and preventive health screenings can identify disease in the early stages, prevent illness and increase life expectancy.

Immunizations

84.8% of kindergarten students in King County and 84.9% of Snohomish County kindergartners have completed their school-required immunizations.

Kindergarten Immunizations, 2016-2017 School Year

	Complete	Out of Compliance	Exempt	Exempt Due to Personal/ Philosophical Beliefs
King County	84.8%	8.9%	4.4%	3.6%
Snohomish County	84.9%	8.5%	4.8%	3.7%
Washington State	85.0%	8.2%	4.7%	3.6%

Source: Washington Department of Health, Office of Immunization and Child Profile, 2016-2017 via WA State Open Data Portal

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Flu Shots

In King County, on average from 2011-2015, 37% of adults, ages 18 to 64, and 63% of seniors 65 and older received a flu shot. In 2013 in Snohomish County, 40.5% of adults and 59.5% of seniors received a flu shot. These rates do not meet the Healthy People 2020 objective of 70% of adults, 18 and older, receiving a flu shot.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011-2015; Snohomish Health District, Community Health Assessment Updates, 2016

Mammogram

On average, from 2011-2015, 78% of women, 50 to 74 years of age, in King County had a mammogram in the past two years. This falls short of the Healthy People 2020 objective of 81.1% of women to receive a screening mammogram. In 2013 in Snohomish County, 82.4% of women had a mammogram in the past two years.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011-2015; Snohomish Health District, Community Health Assessment Updates, 2016

Colorectal Cancer Screening

On average, from 2011-2015, 64% of adults, 50 to 75 years of age, in King County had been screened for colorectal cancer. In 2016 in Snohomish County, 66% of adults, ages 50-75, had a screening colonoscopy or sigmoidoscopy. These rates are below the Healthy People 2020 objective of 70.5%.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011-2015; Snohomish Health District, BRFSS, 2016

Dental Checkup

Among adults in the East region, 22% did not have a dental checkup in the past year. In the Seattle region, 29% of adults did not have a dental checkup in the past year, and in King County 30% of adults did not have a dental checkup. In Snohomish County, 31% of the population did not have a dental checkup in the past year. Young-adult males and low-income persons have higher rates of not receiving a dental checkup compared to the total population.

Sources: Seattle & King County Public Health, Behavioral Risk Factor Surveillance System, 2011-2012 and 2014-2016; Snohomish Health District, BRFSS, 2016

APPENDIX 1. COMMUNITY NEEDS INDEX (CNI) INDEX SCORES FOR SERVICE AREA ZIP CODES

ZIP Code	CNI Index Score*
98038	1.4
98077	1.4
98014	1.6
98024	1.6
98053	1.6
98065	1.6
98075	1.6
98010	1.6
98074	1.8
98019	1.8
98051	1.8
98296	1.8
98045	2.0
98006	2.2
98040	2.2
98042	2.2
98072	2.2
98027	2.4
98029	2.4
98059	2.4
98033	2.4
98034	2.4
98103	2.4
98012	2.4

ZIP Code	CNI Index Score*
98008	2.6
98058	2.6
98001	2.6
98092	2.6
98272	2.6
98052	2.8
98022	2.8
98122	2.8
98004	3.0
98005	3.0
98007	3.2
98055	3.2
98101	3.2
98208	3.2
98056	3.4
98031	3.4
98178	3.4
98057	3.6
98003	3.8
98204	4.0
98030	4.2
98118	4.2
98104	4.4

**A score of 1.0 indicates a ZIP Code with the fewest socioeconomic barriers, while a score of 5.0 represents a ZIP Code with the most socioeconomic barriers.*

CNI Index Score Key	
	1.0 - 2.4
	2.5 - 3.4
	3.5 - 4.0
	4.1 - 5.0

Source: http://cni.chw-interactive.org/

APPENDIX 2. COMMUNITY SURVEY

Group	Number of Respondents
Community members	50
Hospital health care providers and staff members	41
TOTAL	**91**

Surveys were received from the following community organizations and groups:

- Eastside Fire and Rescue
- Fall City Fire Department
- Friends of Seniors
- Friends of Youth
- Hopelink
- Issaquah Food Bank
- Optimal Aging
- Senior – Providence Marionwood
- Snoqualmie Fire and Rescue
- Youth Eastside Services (LGBTQ)

Community Respondent Responses and Demographics

How would you describe your overall health?

Very Good	18%
Good	50%
Fair	30%
Poor	2%
Very Poor	0%

Please select the top three health problems you face?

Joint or back pain	50%
Obesity	30%
Mental health issues	24%
No health problems	20%
High blood pressure	14%
Diabetes	14%
Cancer	6%
Heart disease	4%
Lung disease	4%
Substance abuse	4%
Stroke	0%

Total is more than 100% as some respondents selected more than one choice.

Where do you go for primary care and/or regular health care most often?

Physician's office	78%
I do not receive regular health care	8%
Urgent Care clinic	6%
Alternative medicine (naturopath/chiropractor)	6%
Free or low cost-clinic	6%
Other clinic	4%
Health department	4%
I do not seek health care	2%
Emergency room	0%
Other	4%

If you needed immediate care, where would you go?

Urgent Care clinic	58%
Emergency Room	28%
Physician's office	14%
I do not seek health care	2%
Other clinic	0%
Health department	0%

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If you or a family member went to the Emergency Room (ER) last year, what was the reason?

Had an immediate emergency	48%
Regular medical provider office was closed	10%
Regular medical provider office couldn't see me/my family in time	2%
Couldn't afford regular medical provider	2%
No health insurance	2%
Don't have a regular medical provider	0%
Other	6%

Where do you get most of your health information?

Doctor	76%
Internet	68%
Nurse/RN	24%
Newspapers/magazines	14%
Hospital/clinic	12%
Health department	10%
School or college	8%
Facebook or social media	6%
Libraries	6%
Workplace	6%
Radio	6%
Teacher/counselors	6%
Support group	4%
TV	2%
Social workers	2%
Community centers	2%
Case managers	0%
Church group	0%

Total is more than 100% as some respondents selected more than one choice.

Health Behaviors

I exercise at least three times per week	53.1%
I eat at least five servings of fruits and vegetables each day	28.6%
I eat fast food more than once per week	16.3%
I smoke cigarettes	10.2%
I chew tobacco	0%
I use illegal drugs	0%
I abuse or overuse prescription medication	0%
I have more than four alcoholic drinks (if female) or five (if male) per day	0%
I use sunscreen or protective clothing for planned time in the sun	57.1%
I receive a flu shot each year	67.4%
I have access to a wellness program through my job	14.3%
I smoke or vape marijuana at once per week	2%
I smoke or vape nicotine	2%
I usually wear a seat belt when driving in the car/truck	85.7%
I sleep at least 7 hours per night	63.3%

Barriers Faced at Health Checkup

No barriers	49.0%
Financial	24.5%
Stress	20.4%
Inclusivity	16.3%
I do not get regular health check ups	14.3%
Sexual orientation	14.3%
Location	12.2%
Poor communication	8.2%
Transportation	8.2%
Lack of respect	8.2%
Race	8.2%
Lack of specialists	6.1%
Cultural/religion	2.0%
Language	0%
Cultural/religion	1.5%

Total is more than 100% as some respondents selected more than one choice.

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Gender

Male	20%
Female	66%
Trans - Male to Female	0%
Trans - Female to Male	6%
Other	8%

Age

Under 18	4%
18-24	12%
25-34	8%
35-44	18%
45-54	8%
55-64	20%
65+	30%

Education Level

Kindergarten - 8th grade	0%
9th grade - 12th grade	3.8%
High school graduate	5.8%
Some college	13.5%
Associates Degree/ 2 year degree	3.8%
College Graduate/Bachelors	40.4%
Graduate School/ Masters	28.8%
Doctorate/PhD	1.9%
Other	2.0%

Race/Ethnicity

African American/Black	2%
Caucasian/White	82%
Asian	4%
Hispanic/Latino	12%
American Indian/Alaska Native	4%
Native Hawaiian Islander/Pacific Islander	0%
Other	6%

Totals more than 100% as some respondents selected more than one race/ethnicity.

Health Insurance Coverage

Yes	94%
No	4%
No, but I did at an earlier age/previous job	2%
No, but my children do	0%
Other	0%

Annual Income

$19,000 or less	8.3%
$20,000-$24,000	4.2%
$25,000 to $29,000	0%
$30,000 to $39,000	6.3%
$40,000 to $49,000	14.6%
$50,000 to $59,000	6.3%
$60,000 to $69,000	4.2%
$70,000 to $79,000	12.5%
$80,000 to $89,000	6.2%
$90,000 to $99,000	6.2%
$100,000 to $150,000	18.7%
Over $150,000	12.5%

Employment Status

Working full-time, 35 hours or more a week	38%
Retired	30%
Working part-time, less than 35 hours a week	18%
Homemaker	10%
In school	6%
Unemployed or laid off and looking for work	2%
Unemployed and not looking for work	2%
Disabled, not able to work	0%
Work from home	0%

Total is more than 100% as some respondents selected more than one choice.

APPENDIX 3. COMMUNITY RESOURCES

Community residents were engaged through the King County Hospitals for a Healthier Community collaborative needs assessment. Community resources were identified, which address the priority health needs. Additionally, community resources for the hospital's service area are listed below. Where available the links to the listed organizations' websites are included. This is not a comprehensive list of all available resources. For additional resources refer to King County 2-1-1 at https://crisisclinic.org/find-help/2-1-1-resources-and-information/ and North Sound 2-1-1 for Snohomish County resources at https://www.uwsc.org/211.

Access to health care

The King County Accountable Community of Health (KCACH) will focus on health care delivery system reform in the coming years. This cross-sector entity is charged with regional implementation of the Medicaid Transformation Demonstration Project, an 1115 Medicaid waiver. The KCACH brings together leaders from the hospital industry, managed care organizations, community clinics, community- based organizations, local government and more to work collaboratively on innovative approaches to providing whole-person care. The KCACH is launching four key projects focused on health promotion and prevention and health care delivery system redesign. The focus for these projects includes, 1) bi-directional integration of physical and behavioral health; 2) transitional care for Medicaid beneficiaries leaving hospitals, jail, or psychiatric inpatient care; 3) addressing the opioid crisis; and 4) coordination of care for chronic disease prevention and control.

Equity and social determinants of health

The Communities of Opportunity (COO) initiative, launched in 2014 by the Seattle Foundation and King County, focuses on places, policies, and systems changes to strengthen community connections and lead to more equitable health, housing, and economic outcomes. Through investments in community-led partnerships, COO supports organizations working to increase health, housing, and economic opportunities through policy and systems reform. Importantly, communities are driving the initiative, which is governed by a coalition of leaders from communities, philanthropy, and county government.

Housing and homelessness

Best Start for Kids' Family Homeless Prevention Initiative. BSK's flexible approach enables case managers to meet the specific needs of people on the verge of homelessness, such as assistance with landlord negotiations, employment, and utility bills.

Support for older adults

The Veterans, Seniors and Human Services Levy increases investments in housing stability, healthy living, social engagement, financial stability, and support systems for older adults.

Community Living Connections – Seattle & King County helps adults dealing with aging and disability issues (including older adults, adults with disabilities, caregivers, families, and professionals) get the information and support they need by streamlining access to programs and services through a "no wrong door" model.

Washington's new Medicaid Transformation Demonstration Waiver includes two innovative programs, Medicaid Alternative Care (MAC) and Tailored Support for Older Adults (TSOA), to support unpaid family caregivers.

In the Washington State Plan to Address Alzheimer's Disease and other Dementias, consumer and public-private stakeholders are working to meet the challenges of dementia and Alzheimer's disease.

Support for youth and families

The Best Starts for Kids (BSK) is a vital source to build healthier communities. While many BSK strategies address access to services, BSK is also investing in systemic changes that provide alternative paths to success for our youth. This means changing practices and policies to do a better job of rebuilding connections for youth with the education system and the economy.

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Access to health care and preventive care services

(health insurance, vaccines, screenings, dental care, preventable hospitalizations)

- Eastside Friends of Seniors
- Hopelink
- Optimal Aging

Alcohol, tobacco, marijuana and other drugs

(substance abuse by adults and adolescents; injection drug use and drug-induced deaths)

- Congregations for the Homeless
- Friends of Youth
- Issaquah Schools Case Managers

Chronic illness

(asthma, diabetes, cancers, hypertension, and other chronic illness; activity limitation; leading cause of hospitalization)

- American Heart Association
- Swedish Cancer Institute
- Swedish Medical Group

Demographics

(disability, education, on-time high school graduation, refugee/ immigrant status, language spoken at home, foster care)

- Friends of Youth
- Issaquah Highlands Chinese Heritage Club
- Issaquah Schools Foundation
- Optimal Aging

Economic and food security

(housing affordability, homelessness, median income, living wage, unemployment, poverty, food insecurity, WIC)

- Congregations for the Homeless
- Eastside Friends of Seniors
- Issaquah Food and Clothing Bank
- Sophia Way

Environment

(commute by bike, public transit, or on foot; access to parks and recreation; farmers markets; tobacco free parks)

- Eastside Friends of Seniors
- Hopelink
- Optimal Aging

Infectious diseases

(HIV/AIDS, tuberculosis, influenza/pneumonia, sexually transmitted infections)

- Youth Eastside Services (YES)

Family and community

(daily reading, singing, or storytelling to children; social support; adolescents abused by an adult)

- Issaquah Highlands Association
- Issaquah Senior Center

Life expectancy, leading causes of death and quality of life

(years of healthy life; years of potential life lost; disease-specific deaths)

- Eastside Friends of Seniors
- Optimal Aging
- Providence Marionwood Foundation

Mental and behavioral health

(adolescent depression; adult mental & psychological distress; unhealthy physical or mental days)

- City of Sammamish Health and Human Services Needs Assessment
- City of Snoqualmie Fire and Rescue
- Community Needs Assessment for Health and Wellbeing Equity in Issaquah, WA
- Issaquah Schools Case Managers

Physical activity, nutrition and weight

(obesity/overweight; dietary habits; screen time; sedentary behavior)

- Catholic Community Services
- Friends of Youth
- Issaquah Food and Clothing Bank

Pregnancy, birth and sexual health

(prenatal care; cesarean births; smoking during pregnancy; infant mortality; low birth weight; adolescent births; breastfeeding; condom use)

- Issaquah Schools Case Managers
- March of Dimes – Greater Puget Sound

APPENDIX 4. REVIEW OF PROGRESS

Swedish developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The Swedish Issaquah priorities were: access to care, behavioral health/mental health, and the aging population through a commitment of community benefit programs and resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the significant health needs addressed since the completion of the Hospital's 2016 CHNA.

Access to Care: Transportation

Review of Progress:

- The Metro Shuttle was established in 2016 to provide a flexible bus service. One of the new designated stops was Swedish Hospital, which has directly increased access to care by providing bus service to persons going to the hospital or ambulatory services.
- Optimal Aging is a program offered at Swedish Issaquah to provide seniors with resources, meals, home care services, and transportation. The hospital established contacts and new transportation options for seniors through the Optimal Aging program.
- The first annual Swedish Issaquah Be Well Resource fair hosted 23 vendors. Resource Fair speakers presented on five topics: optimal aging, stress response, influenza, homelessness outreach and transportation. More than 70 people attended the fair. This event allowed participants to connect with local services and vendors, and to connect with each other. Fair participants obtained free blood pressure screenings.

Access to Health Care: People Experiencing Homelessness

Review of Progress:

- Swedish Issaquah has been working on a process to identify homeless individuals in the ED and provide them with needed information and resources.
- Partnered with three homeless groups to provide hygiene kits for clients when shelters were open.
- The Be Well Resource fair reached 70 people with a presentation on homelessness outreach.

Behavioral Health/Mental Health

Review of Progress:

- Issaquah placed 11.5 social workers and a coordinator in elementary schools (3 social workers), middle schools (4.5 social workers), and high schools (4 social workers). The Social Workers have facilitated groups, spoken in classes and provided information at community and parent nights.
- Swedish Medical Group's mental health experts were embedded in primary care clinics, and created school-based youth counseling programs.
- Established a safe medication disposal station on campus. Issaquah is part of a larger program to collect medications in King County. The bins are emptied every two weeks. Contents in the medication bin are taking to an off-site location for incineration so they are completely destroyed.
- The Be Well Resource fair reached 70 people with a presentation on stress reduction.

Aging Population

Review of Progress:

- Facilitated collaboration and connection with Optimal Aging and Eastside Friends of Seniors to ensure broader coverage for Issaquah seniors. Optimal Aging and 4,448 senior service referrals.
- Provided health education sessions at the Issaquah Senior Center.
- The Be Well Resource fair reached 70 people with a presentation on optimal aging.

SWEDISH

Issaquah

751 NE Blakely Drive
Issaquah, WA 98029
T 425-313-4000

www.swedish.org

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中 文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)

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