



# **Swedish Health Services 2012 Community Health Needs Assessment**

---

*Prepared by Swedish September 2013*

## **Overview**

Swedish has a long history of working collaboratively with other local health organizations to assess and address community needs through innovative programs and models of care that provide treatment and promote happy, healthier lives for all.

The Swedish Community Health Needs Assessment (CHNA) is a systematic method used to evaluate public health data to identify the health and health-care needs of the communities we serve. The purpose of the CHNA is to:

- Improve the health of our community
- Support our nonprofit mission to give back to the community
- Strategically manage and allocate Swedish resources based on community health needs
- Support the work of our Foundation
- Fulfill Affordable Care Act requirements
- Create or strengthen partnerships with community organizations that also work to improve the health of the community

This following document provides more information on Swedish, CHNA findings and methodology, along with program highlights. This is intended to be a living document and will be updated as new demographic information and data become available.

## **About Swedish**

Since 1910, Swedish has been the region's hallmark for excellence in health care. In fact, in an independent research study conducted by the National Research Corp., Swedish is consistently named the area's best hospital. Swedish has grown to become the largest nonprofit health-care provider in the Greater Seattle area with more than 10,000 employees, more than 2,800 physicians and 1,700 volunteers.

We have:

- Five hospital campuses (Ballard, Cherry Hill, Edmonds, First Hill and Issaquah)
- An emergency room and specialty center in Redmond and Mill Creek
- Swedish Medical Group, a network of more than 100 primary-care and specialty clinics located throughout the Puget Sound
- Affiliations with suburban hospitals and physician groups

In addition to general medical and surgical care, Swedish is known as a regional referral center, providing specialized treatment in areas such as cardiovascular care, cancer care, neuroscience, orthopedics, high-risk obstetrics, pediatric specialties, organ transplantation and clinical research.

Swedish is affiliated with Providence Health & Services, which is a not-for-profit Catholic health-care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence and its affiliates include 32 hospitals, 400 physician clinics, senior services, supportive housing and many other health and educational services. The affiliated health system employs more than 64,000 people across five states – Alaska, California, Montana, Oregon and Washington — with its system office located in Renton, Washington. For more information, visit [www.providence.org](http://www.providence.org).

## **Communities We Serve**

### **King County**

King County's population is not only growing, but is becoming more diverse by race and ethnicity. In 1980, 13 percent of the population was people of color. By 2010, that proportion had grown to 35 percent. This trend is likely to continue as nearly half of all people in King County under age 18 are people of color. In 2009, the Tukwila School District was named the most ethnically diverse school district in the United States. More than 100 languages are spoken in King County and 11 percent of the population over age 5 has limited-English proficiency. The proportion of the population with limited-English proficiency varies significantly across geographic areas of the county.

Leading Health Indicators measure environmental conditions and behaviors that impact health and safety as well as specific health outcomes. Key trends in King County include:

- Deaths and injuries resulting in hospitalizations due to motor vehicle crashes have continued to decline in the East Region since 1990. Throughout King County, however, injuries have leveled off. Males between the ages of 15-24 and 75 or older had the highest motor vehicle injury death rates.
- Infant mortality declined to a rate of 4.3 per 1,000 births in King County. The rate was highest for African Americans, American Indian/Alaska Natives, those living in high poverty areas and South King County residents.
- The teen birth rate has declined since 1992, leveling off in 2003. Seattle, North and East Regions have continued to show a decline. Rates declined sharply in high-poverty neighborhoods. All racial/ethnic groups have experienced a drop or leveling of teen births, with the exception of the Hispanic/Latino population, which has risen.
- Overall, the average level of stress reported by King County residents was not especially high. It decreased among residents in the East Region. By

comparison, residents of Seattle and South Region reported more stress than residents of East Region. Younger adults, people of color, people with a high school education or less and people who have lower incomes experience more stress than others.

- Abuse of alcohol and use of tobacco remain problems countywide. Although smoking has declined, tobacco use remains common among younger adults, people of color, adults with lower income and lower educational levels. Males were three-times more likely to report binge drinking than females. Five percent of 8th graders reported smoking cigarettes and 12 percent reported using alcohol in the last month.
- The proportion of adults who are overweight and obese continued to increase in King County. In 2007, 55.5 percent of King County adults were overweight or obese, up from 47 percent in 1997. Just over half of adults met physical activity recommendations, with 16 percent reporting no leisure-time physical activity in the past month. Among youth, 22 percent were overweight or at-risk of overweight and 39 percent met physical activity recommendations.
- Almost 7 percent of adults were severely limited in their daily activities due to poor health, increasing from 1998 to 2007. Twenty-one percent of adults in King County reported a disability due to a lasting physical, emotional or mental problem, with or without accompanying poor health.
- Following a decline from 1993 to 2001, the percentage of King County adults under the age of 65 without health insurance rose to 13 percent. Uninsured rates were highest in the South Region. Younger adults, Hispanic/Latino population, men, those with low income and those with low educational attainment were more likely to be uninsured. Approximately 15,000 children ages 18 or younger were uninsured in 2006.

### **Snohomish County**

There are 704,300 residents in Snohomish County. Key demographic features of Snohomish County include:

- A population that has grown rapidly and become more diverse. Snohomish County has grown 16.2 percent since 2000 and is expected to increase to 862,000 by 2020. Hispanics were the fastest growing ethnic group.
- An aging population, with middle-aged adults (45-64 years) increasing by 48 percent since 1990.

- A growing population of vulnerable residents (as measured by the percent of births paid for by Medicaid and percentage of residents without health insurance) is increasing as well.

### **King County Community Health Indicators**

Each indicator includes separate measures linked to King County trends and demographics, data for King County Health Planning Areas and comparisons to other U.S. counties and the Healthy People 2010 Indicator, if available.

Follow the links below to see the myriad of Health Indicators used to develop our assessments:

- [Community Health Indicators](#)
- [City Health Profiles](#)

### **CHNA Approach / Methodology**

#### **Advisory Board**

In 2006, Swedish chartered a CHNA Advisory Board comprised of hospital leaders and community partners charged with developing our first CHNA. The resulting tool generated several new innovative models and expanded existing programs to meet the identified needs of our community. This assessment included all of King County. Initial advisory board members included:

- Dorothy Teeter – King County
- Kathryn Sanders – Washington Health Foundation
- Teresa Bigelow – Swedish Board of Directors
- Cal Knight – President, Swedish
- John Vassall, M.D. – Chief Medical Officer, Swedish
- Dan Dixon – Vice President, External Affairs
- Jay Fathi, M.D. – Community Outreach Medical Director
- Sara Rigel – Director, Education
- Marcia Peterson – Director of Strategic Planning
- Jennifer Graves – Chief Executive, Nurse Executive, Ballard
- Tom Gibbon – Manager, Swedish Community Specialty Clinic

With the advent of the Affordable Care Act and 2012 Washington state legislation, the Swedish system-wide CHNA was customized at each campus to further refine the specific needs of patients in these service areas. Swedish/Edmonds in Snohomish County was also added at this time. An Advisory Council was also established at each site.

## Advisory Council

After Swedish identified negative health trends in our communities, we formed an Oversight Advisory Council made up of agencies that support community programs/research directly related to the negative health trends identified in our assessment. This group meets quarterly, guides the progress of our joint initiatives and provides us with the latest data and information. Core Advisory Council members include:

- Randy Russell – CEO, Lifelong AIDS Alliance
- Denise Kline – CEO, Senior Services
- Paul Tobin – Executive Director, American Diabetes Association
- Cheryl Dale – Executive Director, Puget Sound – Western States Affiliate, American Heart Association
- Erin Poznanski – Executive Vice President, Programs and Services, Greater Northwest Chapter, National Multiple Sclerosis Society
- Gina Legaz – State Director of Programs & Public Affairs, March of Dimes
- Erin Feller – Vice President, American Cancer Society
- Dan Dixon – Vice President, External Affairs, Swedish
- Sherry Williams – Director of Community Outreach, Swedish
- Tom Gibbon – Manager, Swedish Community Specialty Clinic
- Council Advisor: Dr. Marguerite Ro – Chief Assessment, Policy Development & Evaluation Unit/Office of the Director, Public Health – Seattle & King County

There are also Community Advisory Councils at Edmonds, Issaquah and Ballard hospital campuses that provide ongoing guidance for their specific assessments. These councils include citizens and patients from the local community

## **Customized Campus Assessments**

Each new CHNA includes the following:

- Description of community – geography, demographics, social and health-related issues, income, insurance, employment and homelessness
- Community health indicators – chronic diseases, homelessness, alcohol and drug abuse, mental illness, heart disease, cancer, maternal child health, smoking, injury and violence and poverty
- Inventory of existing services that address indicators – primary care, disease prevention programs, health screenings and others
- Prioritization of needs and options to meet them – strategies and action plans.
- Ongoing monitoring and evaluation:
  - Are our programs and services meeting the health needs of our community and the business needs of Swedish?

- Is there anything we need to change today to be more effective at meeting community needs?
- Are there foreseeable changes that we need to address to meet community needs?

### **Methodology**

Using the same methodology, each campus was responsible for developing a CHNA specific to their unique community. Other elements of the assessments include:

- The community (can be geographic or driven by the particular needs of a specific group such as African American women with breast cancer)
- Include members of the community in the development of the CHNA
- Gather data regarding demographics and community health indicator
- Analyze data and prioritize needs
- Develop action plans
- Ongoing monitoring and evaluation

### **CHNA Foundational Findings**

The following tenants from the 2006 CHNA served as a foundation for the development of 2012 customized assessments.

### **Key Sources**

- King County Communities Count
- United Way Community Assessment
- Washington Health Foundation
- Healthy People 2010
- Statistical files on births, deaths, hospitalizations
- Physician reports of sexually transmitted diseases and other communicable diseases
- HIV/AIDS surveillance
- Washington State Cancer Registry
- Behavioral Risk Factor Surveillance Survey
- U.S. Census
- Snohomish Health District Strategic Plan (added 2012 for Edmonds)

### **Health Indicators**

- Social determinants of health
- Behavioral risks
- Access to care
- Diseases

## Descriptors

- Age
- Gender
- Race/ethnicity
- Socioeconomic status
- Time trend
- Place of residence

## National Leading Health Indicators\*

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

## King County Leading Health Indicators\*\*

- Environmental Quality
- Injury (motor vehicle)
- Infant Mortality
- Stress
- Teen Births
- Tobacco and Alcohol Use
- Physical Activity and Weight
- Limitation in Daily Activities
- Access to Health Care

\*Source: *Healthy People 2010*

\*\*Source: *Communities Count King County 2008*

## **Priorities Established in 2006 CHNA**

The following priorities were identified during the 2006 CHNA and were used to inform 2012 assessments.

### Primary

- Poverty
- Number of people who are not able to access health-care benefits due to costs

- Lack of usual/primary care
- The uninsured
- Obesity
- Low birth weight babies
- Breast cancer
- Diabetes
- HIV/AIDS
- Hypertension
- High blood cholesterol (in those checked)
- Heavy consumption of alcohol

### Secondary

The following categories are showing improvement in King County, but do not meet the goals established by Healthy People 2010 and will be considered in the Swedish CHNA.

- Stroke
- Colorectal cancer death
- Lung cancer death
- Suicide
- Smoking cessation
- Vaccinations (3 categories)
- Seat belt use

### 2006 CHNA Data Sources

The 2006 assessment relied heavily on the “[Health of King County 2006 - Summary of Current Data Trends and Disparities](#)”. Data was refined by researching specific trends in the following zip codes:

- **Ballard:** 98117, 98107, 98103, 98199, 98133, 98115, 98155, 98125, 98109
- **Cherry Hill/First Hill:** 98118, 98144, 98122, 98115, 98103, 98116, 98106, 98108, 98126, 98117, 98107, 98199, 98112
- **Edmonds:** 98020, 98043, 98036, 98037, 98026, 98275, 98204, 98208, 98012
- **Issaquah:** 98029, 98027, 98075, 98074, 98065, 98006, 98045, 98059, 98038, 98052, 98024

### 2012 Customized Assessments by Campus

In 2012, data was procured via [King County Community Health Indicators](#). Each indicator includes separate measures linked to King County trends and demographics, data for King County Health Planning Areas and comparisons to other U.S. counties and the Healthy People 2010 Indicator, if available.

## Community Engagement

The CHNA strategic planning processes were designed to engage patients, agencies, government, local leaders, the business community and others in providing their insights and perspectives about the health of the community:

Each campus has an assessment champion who:

- Teaches and engages staff and the broader community about the CHNA
- Develops and Leads a Community Advisory Council
- Develops the CHNA strategy for that site.

Each campus assessment was developed as a PowerPoint presentation to be used as information and training tools. The assessments are “at ready” to reach our diverse audiences. This approach allows us to keep our assessments vital, alive and used by many of our staff in a variety of ways.

## Assessment Champions

- First Hill/Cherry Hill – Cal Cederblom
- Issaquah – Erin McCullough
- Edmonds – Steve Kaiser
- Ballard – Lynn Tissell
- SMG Providers – Dr. Mary Weiss
- SMG Providers – Dr. Jon Younger

When a specific need is identified that exceeds a specific campus and its catchment area, or has possibilities for replication, specific advisory groups are formed. Examples of this include:

- Global to Local Advisory Board
- Swedish Community Specialty Clinic Advisory Board

## Collaborations with Swedish Medical Group

In 2012, the CHNA teams partnered with Swedish Medical Group to involve our primary-care physicians in setting patient care goals that are aligned with key community health needs. Each hospital met with the Community Health Medical Director to set 2013 goals.

Other programs shaped by community feedback include:

- Residency Program for the Economically Disadvantaged
- Social and Health Justice Initiative
- Swedish Safe Ride

- Pregnant Women Services
- Family Violence Program
- Community Health Education
- Mobile Mammography Services
- Ballard Teen Health Center
- Clinical Services for Low Income Seniors
- Job Training for Developmentally Disabled Students

### **Swedish Partnerships**

After we identified negative health trends in our communities, Swedish launched an initiative aimed at strengthening partnerships with agencies whose missions improve the health of our community.

The development of the CHNA provided a scientific approach to allocating sponsorship funds. The CHNA identified and prioritized community needs which in turn offered a litmus test for identifying programs/agencies that impact negative health indicators trends.

We instituted a new simplified approach where sponsorship dollars would be matched with agencies that address specific health indicators.

Level 1 funding would be for Strategic Partners defined by agencies that closely fit the health-indicator trends. These partners were offered multiple-year partnerships through agreements that focused less on the funds and more about engagement. Our vanguard partnership groups include:



Our close partnerships with local agencies committed to reversing negative health trends are a fundamental piece of the Swedish Community Benefits Program. These growing partnerships have explored new ways to share resources and encourage

teamwork to impact the health of our community. The CEOs and executive directors of these agencies sit on an advisory council that meets quarterly.

Below are more details on our unique partnerships.

### **American Heart Association**

The American Heart Association (AHA) is dedicated to building healthier lives free of heart disease and stroke through cutting-edge research, public and professional education programs and public health. The partnership with Swedish has enhanced opportunities to expand CPR training, community presentations of its Life's Simple 7 cardiovascular program and expand participation in walking and diet programs offered by the AHA.

### **Lifelong Aids Alliance**

Lifelong AIDS Alliance empowers people living with or at risk of HIV/AIDS and other chronic conditions to lead healthier lives. As a community care provider, Swedish has partnered with the organization to host conferences focused on prevention, policy and practice, along with forming a Medicaid Expansion work group to understand the upcoming challenges and opportunities with health-care reform in Washington.

### **March of Dimes**

The March of Dimes works to improve the health of babies by preventing birth defects, premature birth and infant mortality. Long recognized for prenatal, labor and delivery care, Swedish staff works closely with March of Dimes to improve education and support for expecting and new parents, along with an active involvement in public functions and fundraising activities throughout the community. In 2012, March of Dimes selected Jennifer Graves, R.N., MS, chief executive and nurse executive, Swedish/Ballard, as their Nurse of the Year for her commitment to prenatal and infant care programs.

### **Senior Services**

Senior Services is the Puget Sound's one-stop nonprofit shop for senior citizens and their loved ones. Swedish has partnered with Senior Services to provide mobile mammography services to aging women of color, along with tailored health and fitness classes. In 2012, Swedish and Senior Services partnered on presentations to 15 senior housing facilities, centers and groups.

### **National Multiple Sclerosis Society**

The Pacific Northwest has the highest rates of Multiple Sclerosis in the United States. Medical partners are critical to increasing access to education, early treatment protocols and screening. Swedish's physicians participate in numerous community events to provide information and education, its Charity Care program funds care for uninsured patients and the Swedish Multiple Sclerosis Center hosts regular group support meetings with individuals in various stages of the disease.

## **Sponsorships**

As a nonprofit health system, Swedish is pleased to support the vital work of local nonprofit organizations. With the advent of the CHNA, we aligned our donation practices to support organizations that work to improve the health of citizens in our community. These organizations must align with our mission, vision and our community needs assessment.

### **Sponsorship Guidelines**

- Promote healthy living or disease prevention for the general public.
- Closely fit the Swedish mission, vision and community needs assessment.
- Address a target population in the communities we serve.

You can read more [here](#).

## **Program Highlights**

### **Global to Local**

Global to Local is a new approach in applying global solutions to local health-care challenges in underserved populations.

Swedish, in partnership with HeathPoint, Public Health—Seattle & King County and the Washington Global Health Alliance, is working to improve the lives of people worldwide. Global to Local seeks to utilize expertise and experience from these organizations to discover ways in which successful global health strategies can be applied in our county, state and country.



Global to Local is collaborating with neighboring cities of Tukwila and SeaTac, Wash., to provide innovative, holistic and community-driven solutions to providing health care and economic development strategies in these diverse, low-income populations.

Click [here](#) for a video about Global to Local.

### **Swedish Community Specialty Clinic**

To further Swedish's commitment to serve the uninsured, we opened the Swedish Community Specialty Clinic at the Swedish/First Hill campus in September 2010. The former Mother Joseph and Glaser specialty clinics combined and partnered with King County Project Access (KCPA) to provide expanded specialty care services to our community.

The Community Specialty Clinic provides a workable solution to one of the most pressing health-care problems facing low-income and uninsured people in our community — access to specialty care services. This program builds on the safety net of primary care provided by the community health and public-health clinics in King County. Through KCPA and a volunteer staff of more than 300 Swedish specialty physicians, low-income uninsured patients have access to needed specialty health care and donated ancillary, in- and out-patient hospital services.



In 2011, a Specialty Dental Clinic with more than 30 volunteer oral surgeons and dentists was added. This program was developed and funded through a unique collaboration between Swedish, Project Access Northwest, Seattle-King County Dental Society/Foundation and the Washington Dental Services Foundation. Our goal is to set a new standard in community health and demonstrate the importance of charity care to our nonprofit mission even in tough economic times.

You can learn more [here](#).

### **Collaborations with King County Hospitals and Public Health**

Swedish is participating 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 collaborative approach will eliminate duplicative efforts, lead to the creation of an effective, sustainable process and stronger relationships between hospitals and public health; and enable joint efforts for implementation strategies that will improve the health and well-being of our communities.

The purpose is to institutionalize a collaborative approach to conduct comprehensive CHNA for King County and identify opportunities for the development and implementation of collective, data driven, implementation strategies.