Community Health Needs Assessment 2018

Swedish

Ballard | Edmonds | Issaquah | Seattle (Cherry Hill/First Hill)



Executive Summary

TABLE OF CONTENTS -

CEO LETTER	1
ACKNOWLEDGEMENTS	2
CONTRIBUTORS	2
INTRODUCTION	3
Mission, Vision, and Values	3
Community Health Needs Assessment	4
CHNA/CHIP Contact	4
SERVICE AREAS	5
Community Needs Index (CNI)	5
METHODOLOGY	6
Collaborative Partners	6
Data Collection	6
Public Comment	7
PRIORITIZATION OF HEALTH NEEDS	8
DESCRIPTION OF THE COMMUNITY	10
2018 CHNA GOVERNANCE APPROVAL	12
APPENDIX 1. CAMPUS SERVICE AREAS AND MAPS	18

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 <u>2018 CHNA</u>, 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 Snohomish County Health District Gabrielle Fraley, MPH, CHES, Epidemiologist I

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

- Andrea Ramirez, Manager of Pathways and Population Health, Swedish Medical Group
- Arpan Waghray, MD, Chief Medical Officer, Well Being Trust, Behavioral Medicine, Swedish Medical Group
- Ashley Schmidt, RN, Seattle University Nursing Graduate Student
- Barbara Kollar, Director SCI Integrated Care Services, Swedish Cancer Institute
- Deborah Franke, MBA, Senior Quality Program Manager, Swedish Medical Center Issaquah
- Doug Lee, MD, Medical Oncologist, Swedish Cancer Institute
- Erin E. Torrone, Community Health Education Specialist, Swedish Medical Center
- Justin Yamamoto, MHA, Strategic Business Development Associate, Swedish Medical Center
- Kaitlyn Torrance, MHA, Senior Business Development Specialist, Swedish Medical Center Issaquah
- Karen McInerney, RT, Director Women's Cancer Center Network, Swedish Cancer Institute
- Karole Sherlock MBA, Project Manager, Swedish Medical Center

- Katarzyna Konieczny, MHA, Chief Operations Officer, Swedish Medical Center Ballard
- Lynn Tissell, Senior Executive Assistant, Swedish Medical Center Ballard
- Mengistiab Woldearegay, Student Intern, Swedish Health Services
- Paul Kilian, MBA, Manager Cancer Control and Education, Swedish Cancer Institute
- Pinky Herrera, Community Programs Manager, Swedish Medical Center Seattle (First Hill/Cherry Hill)
- Robert Housley, MHA, Senior Strategy Analyst, Business Development & Strategy, Swedish Medical Center
- Sara Brand, MPH, Program Administrator, Ambulatory Behavioral Health, Swedish Medical Group
- Sarah Sabalot, MHA, Program Administrator, Account Support, Swedish Medical Group
- Susan Montgomery, MD, Medical Oncologist, Swedish Cancer Institute
- Suzanne Iversen-Holstine, Director Business Development Services, Service Optimization and Physician Relations, Swedish Edmonds

Support and guidance were provided by Providence St. Joseph Health

- Megan McAninch-Jones, MSc, MBA, Director, Data Integration, Community Health Investment
- Verónica F. Gutiérrez, MPH, Director, Community Health Investment

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.

INTRODUCTION

Since 1910, Swedish has been the region's standardbearer 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 <u>Providence</u> <u>St. Joseph Health</u>. Providence St. Joseph Health is a new organization created by the association between 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.

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.

Community Health Needs Assessment

The Swedish hospital campuses have undertaken Community Health Needs Assessments (CHNAs). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy/Community Health Implementation Plan. 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 hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the assets and opportunities that the health system could bring to bear on the needs of individuals and communities.

CHNA/CHIP Contact

Sherry Williams, MPA Community Engagement Director Swedish Medical Center 206-386-3407 206-386-6000 Sherry.williams@swedish.org

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-engagement/community-needs-assessments-site-list.

SERVICE AREAS

The communities served by the Swedish hospitals are defined by the geographic origins of the hospitals' inpatients. The Primary Service Areas (PSA) were determined by identifying the ZIP Codes for 70% of the hospitals' patient discharges (excluding normal newborns). The Secondary Service Areas (SSA) were determined by identifying the ZIP Codes for 71% to 85% of the hospitals' patient discharges. The service areas for all Swedish campuses focus on King County and Snohomish County.

- Swedish Ballard is located at 5300 Tallman Avenue, NW, Seattle, WA 98107. The PSA consists of 8 cities and 36 ZIP Codes. The SSA consists of 18 cities and 33 ZIP Codes.
- Swedish Edmonds is located at 21601 76th Ave. W., Edmonds, WA 98026. The PSA consists of 5 cities and 9 zip codes. The SSA consists of 6 cities and 9 ZIP Codes.
- Swedish First Hill is located at 747 Broadway, Seattle, WA 98122 and Swedish Cherry Hill is located at 500 17th Avenue, Seattle, WA 98122. These hospitals share the same service area. The PSA consists of 13 cities and 53 ZIP Codes. The SSA consists of 23 cities and 35 ZIP Codes.
- Swedish Issaquah is located at 751 NE Blakely Drive, Issaquah, WA 98029. The PSA consists of 12 cities and 19 ZIP Codes. The SSA consists of 16 cities and 28 ZIP Codes.

The campus service area listings and maps are presented in Appendix 1.

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, 98204, and 98118; Kent 98030, Auburn 98002, and Everett 98201 are the highest need areas. These ZIP Codes scored higher than 4.0, making them High Need communities.

METHODOLOGY

Collaborative Partners

Swedish 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: <u>www.kingcounty.gov/depts/health/data/</u> <u>community-health-indicators/king-county-hospitals-</u> <u>healthier-community.aspx</u>.

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 Hospitals' service areas, 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 community data findings with Healthy People 2020 objectives.

Primary Data: Stakeholder surveys and listening sessions were used to gather data and information from persons who represent the broad interests of the community served by the hospitals.

Survey: Swedish conducted surveys to gather data and opinions from community residents, and hospital leaders and staff who interact with patients and families in the Emergency Department (ED) and specialty clinics. The survey used a convenience sampling method, which engaged persons who were available and willing to complete the survey. From June 8 to September 24, 2018, 989 persons responded to the survey.

GROUP	NUMBER OF RESPONDENTS
Community members Ballard	132
Community members Edmonds	77
Community members First Hill and Cherry Hill	445
Community members Issaquah	50
Swedish campus leaders, health care providers and staff members	285
TOTAL	989

The surveys were available in an electronic format through a SurveyMonkey link and also in paper format. The hospitals 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 distributed at community events. The written surveys were available in English, Chinese and Somali. Incentives of coffee cards and grocery cards were offered for completion of the paper surveys.

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. Listening Sessions: Listening sessions are in-person meetings with members of the community to discuss community health needs. Seven (7) listening sessions were held from July 19 to August 21, 2018. Fifty-three (53) persons participated in the listening sessions.

GROUP	NUMBER OF RESPONDENTS	DESCRIPTION	LANGUAGE
Black Men of the Middle Passage	10	Support group	English
Cocoon House	2	Staff members	English
Interim Community Development Assn.	10	Community members	Chinese
Interim Community Development Assn.	2	Leadership staff	English
Northwest Kidney Center	5	Center staff	English
Northwest Kidney Center	5	Center patients	English
Project Access N.W.	19	Center staff	English

Each listening session was conducted in an interview format by using scripted questions that were presented to the participants. One listening session was conducted in Chinese and the others were presented in English. Incentives of coffee cards and grocery cards were offered for participation in some of the listening sessions.

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 Assessments and Implementation Strategies/Community Health Improvement Plans were made widely available to the public on the website <u>www.swedish.org/about/</u> <u>overview/mission-outreach/community-engagement/</u> <u>community-needs-assessment</u>. Public comment was solicited on the reports; however, to date no comments have been received.

PRIORITIZATION OF HEALTH NEEDS

King County: 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: Additionally, survey participants were asked to identify the biggest health concerns in the community. The survey participants were a selected population and were limited to a four-point scale to select already identified health needs. All survey participant responses were totaled and these health concerns are listed in descending priority order from the most frequently cited community health need to the least cited need. Mental health was listed as the top priority health need for all Swedish campuses. Drug addiction, homelessness, obesity, joint or back pain, and diabetes were also identified as priority health needs.

BALLARD	EDMONDS	FIRST HILL/CHERRY HILL	ISSAQUAH
Mental health	Mental health	Mental health	Mental health
Drug addiction	Homelessness	Homelessness	Drug addiction
Homelessness	Drug addiction	Drug addiction	Obesity
Obesity	Obesity	Obesity	Joint or back pain
Diabetes	Diabetes	Diabetes	Diabetes
Alcohol overuse	Alcohol overuse	Joint or back pain	Homelessness
High blood pressure	High blood pressure	High blood pressure	Cancer
Joint or Back Pain	Joint or back pain	Cancer	Age-related diseases
Cancer	Cancer	Alcohol overuse	Texting while driving
Smoking	Stroke	Age-related diseases	Alcohol overuse
Age-related diseases	Smoking	Teeth/oral health issues	High blood pressure

PRIORITIZATION OF HEALTH NEEDS CONTINUED -

BALLARD	EDMONDS	FIRST HILL/CHERRY HILL	ISSAQUAH
Stroke	Asthma	Smoking	Environmental factors
Environmental factors	Environmental factors	Environmental factors	Alzheimer's disease/ dementia
Texting while driving	Texting while driving	Stroke	Teeth/oral health issues
Asthma	Heart disease	Asthma	Asthma
Teeth or oral issues	Teeth/oral health issues	Heart disease	Lack of access to needed medications
Crime	Age-related diseases	Texting while driving	Stroke
Heart disease	Crime	Alzheimer's disease/ dementia	Child abuse and neglect
Alzheimer's disease/ dementia	Lack of access to medical providers	Lack of access to healthy food	Lack of access to medical providers
Lack of access to needed medications	Alzheimer's disease/ dementia	Crime	Smoking
Lack of access to medical providers	Child abuse and neglect	Lack of access to medical providers	Heart disease
Child abuse and neglect	Domestic violence	Lack of access to needed medications	Sexually transmitted infections
Lack of access to a grocery store	Lack of access to needed medications	Child abuse and neglect	Domestic Violence
Sexually transmitted infections	Lack of access to needed medications	Domestic violence	
Domestic violence		Sexually transmitted infections	

Community Profile

Population for Total Service Area, 2017

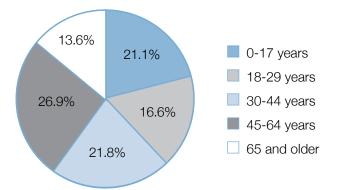
(See Appendix I. Campus Total Service Area Maps)

	Ballard	Edmonds	First Hill/ Cherry Hill	Issaquah
Population	2,373,420	651,452	2,846,268	1,451,299
Courses Intelling	ad FODI 001	7		

Source: Intellimed, ESRI, 2017

Among Swedish campus service areas, Issaquah has the highest percentage of children (22.5%). Edmonds and Issaquah service areas exceed the county rates for percentage of children (21.1%). Edmonds has the highest percentage of seniors (14.1%) among Swedish hospital campuses. This rate of seniors exceeds the county rates of seniors (13.6%).

2017 Population by Age, King and Snohomish Counties



Population by Age

	Ballard	Edmonds	First Hill/ Cherry Hill	Issaquah
Children, ages 0-17	20.5%	21.8%	21.0%	22.5%
Adults, ages 18-64	65.9%	64.1%	65.5%	64.6%
Seniors, 65+	13.6%	14.1%	13.5%	12.9%

Source: US Census Bureau American Community Survey, B01003, 2016

Among the Swedish campuses, the Edmonds service area has the highest percentage of residents who are non-Latino White (65.2%) and Hispanic or Latino (9.6%). The Issaquah service area has the highest percentage of Asians/Pacific Islanders (20.3%), and the Ballard service area has the highest percentage of Blacks/African Americans (7.4%).

Race/Ethnicity*

	Ballard	Edmonds	First Hill/ Cherry Hill	Issaquah
Non-Latino White	61.6%	65.2%	61.4%	59.7%
Asian/Pacific Islander	17.2%	16.4%	18.1%	20.3%
Hispanic or Latino	9.4%	9.6%	9.1%	8.4%
Black/African American	7.4%	5.4%	7.0%	6.8%
Two or more races	6.0%	5.9%	5.8%	5.3%
Other races/ ethnicities	3.6%	3.3%	3.5%	3.2%

Source: U.S. Census Bureau, American Community Survey, 2016; DP05 *Percentages total more than 100% as some persons selected more than one race or ethnicity category.

Graduation Rates

On-time 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.

Income and Poverty

In the Swedish campus service areas, the median household income ranges from \$69,208 in the Edmonds service area to \$93,153 in the Issaquah service area. This disparity in income might influence health outcomes.

	Ballard	Edmonds	First Hill/ Cherry Hill	Issaquah
Median household income	\$76,160	\$69,208	\$82,071	\$93,153
Unemploy- ment rate	6%	6%	6%	5%

Median Household Income and Unemployment Rate

In 2016, the federal poverty threshold for one person was \$11,880 and for a family of four it was \$24,300. Among Swedish campuses, the Issaquah service area has the lowest rate of individuals living in poverty (8.9%) and the Ballard service area has the highest rates of poverty among individuals (10.7%) and children living in poverty (2.7%). The Edmonds service area has the lowest rate of household living in poverty (3%), children living in poverty (1.9%), and seniors living in poverty (0.7%).

Persons/Households Living at or Below Poverty Level (<100% Federal Poverty Level)

	Ballard	Edmonds	First Hill/ Cherry Hill	Issaquah
Individuals at poverty level	10.7%	9.7%	10.1%	8.9%
Households at poverty level	4.2%	3.0%	4.1%	4.1%
Children living in poverty	2.7%	1.9%	2.6%	2.5%
Seniors living in poverty	1.0%	0.7%	1.0%	0.9%

With a larger service are population and more households, the First Hill/Cherry Hill service area has a higher number of persons living in overcrowded or substandard housing (34,255 persons). In the Edmonds service area, 36% of residents spend 30% or more of their income on housing.

Households, Persons Spending 30%+ of Income on Housing, Persons in Overcrowded Housing

	Ballard	Edmonds	First Hill/ Cherry Hill	Issaquah
Number of households	908,287	240,144	1,071,149	526,983
Residents spend 30% or more of income on housing	35.3%	36.0%	34.7%	33.4%
Persons living in over- crowded or substandard housing	29,766	7,506	34,255	16,557

Sources: U.S. Census Bureau, American Community Survey, 2016; DP03, S1701, B17026, S1101, B25106, B25014

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. 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%). 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.

Source: Office of Superintendent of Public Instruction, Washington State, 2017-2018

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 were sheltered. 23.8% of the homeless in King County and 36.3% in Snohomish County were considered to be chronically homeless.

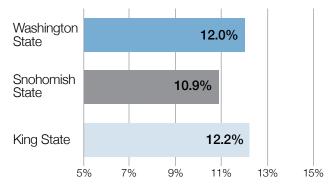
Source: Washington Department of Commerce, Homelessness in Washington State, Appendix B, 2017

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



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. In the Ballard service area, 5% of residents are uninsured and 19.2% are covered by Medicaid. 69% of residents in the Issaquah service area have private coverage, and 12.7% of Edmonds service area residents have Medicare coverage.

Health Insurance Coverage

	Ballard	Edmonds	First Hill/ Cherry Hill	Issaquah
Uninsured	5.0%	4.8%	4.5%	4.0%
Private/ commercial insurance	63.6%	63.3%	65.2%	69.0%
Medicaid	19.2%	19.2%	18.1%	15.4%
Medicare	12.2%	12.7%	12.1%	11.6%

Source: Truven, 2016

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 areas for Swedish campuses are not located in a shortage area, portions of the secondary service areas are designated as shortage areas and low-income areas. These communities are: Arlington (98223), Enumclaw (98022), Everett (98201), Marysville (98271) and Monroe (98272). Maps of underserved and shortage areas can be accessed here: www.doh.wa.gov/DataandStatistical-Reports/DataSystems/GeographicInformationSystem/ HardcopyMaps.

Source: https://datawarehouse.hrsa.gov/Tools/MapTool.aspx?tl=H-PSA>=State&cd=&dp=

Barriers to Health Care

In Seattle, 13% of adults did not access care due to cost, this is equal to the King County rate. In Snohomish County, 12% of adults did not access care due to cost.

Sources: Seattle & King County Public Health, 2011-2015; Snohomish Health District, BRFSS, 2016

Survey and listening session respondents identified barriers to accessing health care.

- Byzantine health care payment system
- Cannot afford health insurance
- Caregiver education on cultural diversity
- Communication
- Continuity of care is difficult and if I do not have access to my primary care physician, I frequently get misdiagnosed
- Cultural awareness
- Culture and race stereotypes
- Delay in getting an appointment for a specific physician
- Doctor's office doesn't have openings for appointments
- Doctors are overloaded
- Ease of entry struggle with navigation and enrollment process
- Education on healthy eating
- Expanded clinic hours
- Gender identity

Barriers to Health Care continued...

- High costs of health care and medicine
- Homelessness
- Insufficient gender clinics
- Insufficient mental health care available, particularly support groups
- It is hard to find a doctor who takes Medicare
- It's a hardship to have to take extra time off for appointments
- Knowing about available resources and how to access them
- Language barriers
- Managing medications that require refrigeration
- Medical youth respite care: dialysis, chronic illness
- Medicare doesn't cover all my needs, so I go without
- Medication management
- My health insurance isn't accepted by every provider
- New to area so have not selected a primary care provider
- No insurance and high cost of care
- Past negative experiences lack of knowledge/training in managing sex trafficked and sexual trauma victims
- Patient education
- Premiums use up all our money, so we have little left for actual care
- Schedules are booked months in advance
- There is a lack of access and capacity in West Seattle
- Transportation
- We struggle to find primary care providers in South Seattle that are not community health
- When referred for treatment I am told the referral is closed or I have to wait months for an appointment
- Work schedule makes it difficult to schedule appointments

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.

Ballard

The top reason patients presented at the Ballard Emergency Department for potentially avoidable reasons was infections of the skin and tissue, such as cellulitis. The second most common diagnosis was mental and behavioral disorders due to psychoactive substance use, and the third most common reason was acute upper respiratory infections, such as the common cold or asthma.

Cherry Hill

The top reason people came to the Cherry Hill Emergency Department for potentially avoidable reasons was "general signs and symptoms," followed by infections of the subcutaneous tissues. The other top diagnoses for avoidable ED utilization included other dorsopathies (spinal disease), general symptoms related to cognition and mental state, and acute upper respiratory infections.

First Hill

The top reason patients presented at the First Hill Emergency Department for potentially avoidable reasons was mental and behavioral disorders due to psychoactive substance use. This was consistently the most common cause across sub-populations, including Medicaid, all payers, and uninsured or self-pay patients. The second most common diagnosis was infections of the skin and tissue, such as cellulitis.

Edmonds

The top reason patients presented at the Edmonds Emergency Department for potentially avoidable reasons was infections of the skin and tissue, such as cellulitis, and the second most frequent cause was mental and behavioral disorders due to psychoactive substance use. The third most common reason for visit was acute upper respiratory infections, such as the common cold or asthma.

Issaquah

The top reason patients presented at the Issaquah 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.

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

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.

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

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

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

 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.

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

 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.

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

 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.

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

 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.

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

Pregnancy and Birth Indicators

Pregnancy provides an opportunity to identify existing health risks in women and to prevent future health problems for women and their 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 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.

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

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 behavior iors 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

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

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

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

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

- Affordable health care
- Alcohol abuse
- Gangs/crime
- Gun violence
- High cost of health insurance and medications
- Homelessness
- Lack of transportation services
- Low incomes
- No dental health for very low-income people
- No doctors that speak your language
- No doctors that take your insurance
- No nearby grocery stores with fresh produce
- No places to get exercise
- · Poor air quality
- Racial barriers
- Substance abuse
- Too many people smoke cigarettes
- Unaffordable housing

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.

- 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*
- 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

Tobacco, Alcohol and Drugs

Smoking cigarettes 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.

- In King County, 13% of adults are current cigarette smokers and 14% of adults in Snohomish County are smokers. The Healthy People 2020 objective is for smoking to be limited to 12% of the population.
- Among youth in King County, 9% of 12th graders and 11% of 12th graders in Snohomish County smoked cigarettes in the past 30 days. Among 12th grade youth in King County, 16% smoked an e-cigarette, and 20% of 12th graders in Snohomish County smoked an e-cigarette or vape pen in the past 30 days.
- Binge drinking is defined for males as consuming five or more drinks per occasion and females consuming four or more drinks per occasion. 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 12th graders, 19% in King County and 18% 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%.

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

 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.

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

- 85% of kindergarten students in King County and 84.9% of Snohomish County kindergartners have completed their school-required immunizations.
 Source: Washington Department of Health, Office of Immunization and Child Profile, 2016-2017 via WA State Open Data Portal
- 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 receiving 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%.

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

Among adults in the East region, 22% did not have a dental checkup and in the Seattle region, 29% did not have a dental checkup in the past year. In King County, 30% of adults did not have a dental checkup in the past year. In Snohomish County, 31% of the population did not have a dental checkup in the past year.

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

2018 CHNA GOVERNANCE APPROVAL

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

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

Hinly Handred

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

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

12/11/18 Date

12/11/18

Date

12/11/18

Date

APPENDIX 1. CAMPUS SERVICE AREAS AND MAPS

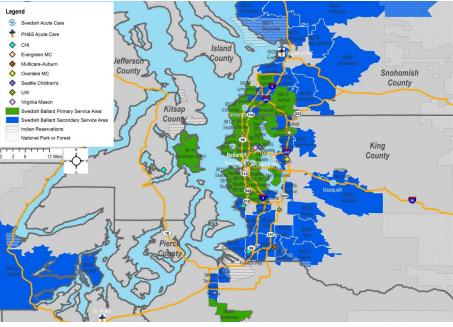
Swedish Ballard Service Area

Primary City	Zip Code	Service Area	County	Primary City	Zip Code	Service Area	
Seattle	98118	Seattle PSA	King County	Seattle	98166	Seattle PSA	
Seattle	98144	Seattle PSA	King County	Edmonds	98026	Seattle PSA	
Seattle	98122	Seattle PSA	King County	Seattle	98188	Seattle PSA	
Seattle	98115	Seattle PSA	King County	Lynnwood	98036	Seattle PSA	
Seattle	98126	Seattle PSA	King County	Vashon	98070	Seattle PSA	
Seattle	98108	Seattle PSA	King County	Bothell	98012	Seattle PSA	
Seattle	98116	Seattle PSA	King County	Federal	98003	Seattle PSA	
Seattle	98103	Seattle PSA	King County	Way			
Seattle	98133	Seattle PSA	King County	Seattle	98177	Seattle PSA	
Seattle	98106	Seattle PSA	King County	Kent	98032	Seattle PSA	
Seattle	98125	Seattle PSA	King County	Everett	98208	Seattle PSA	
Seattle	98104	Seattle PSA	King County	Renton	98059	Seattle PSA	
Seattle	98168	Seattle PSA	King County	Renton	98058	Seattle PSA	
Seattle	98117	Seattle PSA	King County	Kent	98031	Seattle PSA	
Seattle	98109	Seattle PSA	King County	Edmonds	98020	Seattle PSA	
Seattle	98146	Seattle PSA	King County	Lynnwood	98037	Seattle PSA	
Seattle	98178	Seattle PSA	King County	Lynnwood	98087	Seattle PSA	
Seattle	98112	Seattle PSA	King County	Everett	98204	Seattle PSA	
Seattle	98199	Seattle PSA	King County	Federal Way	98023	Seattle PSA	
Seattle	98101	Seattle PSA	King County	Renton	98056	Seattle PSA	
Seattle	98136	Seattle PSA	King County	Bellevue	98006	Seattle PSA	
Seattle	98107	Seattle PSA	King County	Kent	98030	Seattle PSA	
Seattle	98119	Seattle PSA	King County	Mountlake			
Seattle	98198	Seattle PSA	King County	Terrace	98043	Seattle PSA	
Seattle	98155	Seattle PSA	King County	Renton	98055	Seattle PSA	
Seattle	98102	Seattle PSA	King County	Redmond	98052	Seattle PSA	
Seattle	98105	Seattle PSA	King County	Issaquah	98029	Seattle SSA	
Seattle	98121	Seattle PSA	King County	Kent	98042	Seattle SSA	
Mercer Island	98040	Seattle PSA	King County	Seattle	98148	Seattle SSA	
Island				Kirkland	98033	Seattle SSA	

Primary City	Zip Code	Service Area	County	Primary City	Zip Code	Service Area	County
Kirkland	98034	Seattle SSA	King County	North Bend	98045	Seattle SSA	King County
Bellevue	98004	Seattle SSA	King County	Redmond	98053	Seattle SSA	King County
Issaquah	98027	Seattle SSA	King County	Snohomish	98296	Seattle SSA	Snohomish County
Auburn	98092	Seattle SSA	King County	Mukilteo	98275	Seattle SSA	Snohomish County
Renton	98057	Seattle SSA	King County	Everett	98201	Seattle SSA	Snohomish County
Auburn	98002	Seattle SSA	King County	Arlington	98223	Seattle SSA	Snohomish County
Maple	98038	Seattle SSA	King County	Bothell	98011	Seattle SSA	King County
Valley	00000			Snohomish	98290	Seattle SSA	Snohomish County
Kenmore	98028	Seattle SSA	King County	Marysville	98271	Seattle SSA	Snohomish County
Auburn	98001	Seattle SSA	King County	Snoqualmie	98065	Seattle SSA	King County
Bothell	98021	Seattle SSA	Snohomish County	Woodinville	98072	Seattle SSA	King County
Everett	98203	Seattle SSA	Snohomish County	Bellevue	98008	Seattle SSA	King County
Lake Stevens	98258	Seattle SSA	Snohomish County	Bellevue	98007	Seattle SSA	King County
Marysville	98270	Seattle SSA	Snohomish County	Monroe	98272	Seattle SSA	Snohomish County
Sammamish	98074	Seattle SSA	King County	Bellevue	98005	Seattle SSA	King County
Sammamish	98075	Seattle SSA	King County	Enumclaw	98022	Seattle SSA	King County

Swedish Ballard Service Area Continued...

Swedish Ballard Total Service Area



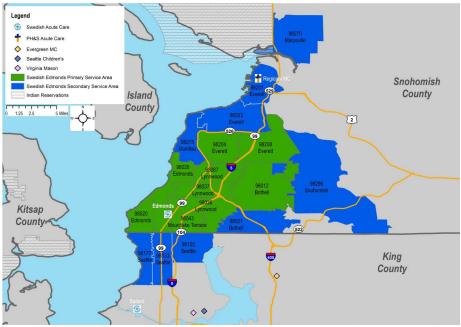
Map represents Hospital Total Service Area (HTSA). The Primary Service Area (PSA) comprises 70% of total discharges (excluding normal newborns). The Secondary Service Area (SSA) comprises 71%-85% of total discharges (excluding normal newborns). The HTSA combines the PSA and the SSA.

Swedish Edmonds Service Area

Primary City	Zip Code	Service Area	County
Lynnwood	98036	Edmonds PSA	Snohomish County
Edmonds	98026	Edmonds PSA	Snohomish County
Lynnwood	98037	Edmonds PSA	Snohomish County
Lynnwood	98087	Edmonds PSA	Snohomish County
Mountlake Terrace	98043	Edmonds PSA	Snohomish County
Edmonds	98020	Edmonds PSA	Snohomish County
Everett	98204	Edmonds PSA	Snohomish County
Bothell	98012	Edmonds PSA	Snohomish County
Everett	98208	Edmonds PSA	Snohomish County

Primary City	Zip Code	Service Area	County
Seattle	98133	Edmonds SSA	King County
Seattle	98155	Edmonds SSA	King County
Seattle	98177	Edmonds SSA	King County
Everett	98203	Edmonds SSA	Snohomish County
Mukilteo	98275	Edmonds SSA	Snohomish County
Bothell	98021	Edmonds SSA	Snohomish County
Marysville	98270	Edmonds SSA	Snohomish County
Everett	98201	Edmonds SSA	Snohomish County
Snohomish	98296	Edmonds SSA	Snohomish County

Swedish Edmonds 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.

Zip Zip **Primary City** Service Area County **Primary City** Service Area County Code Code Seattle PSA Seattle PSA Seattle 98118 King County 98070 King County Vashon Bothell Seattle 98144 Seattle PSA King County 98012 Seattle PSA Snohomish County Seattle 98122 Seattle PSA King County Federal 98003 Seattle PSA King County Way Seattle 98115 Seattle PSA King County Seattle 98177 Seattle PSA King County Seattle Seattle PSA 98126 King County Kent 98032 Seattle PSA King County Seattle 98108 Seattle PSA King County Everett 98208 Seattle PSA Snohomish County Seattle 98116 Seattle PSA King County Renton 98059 Seattle PSA King County Seattle Seattle PSA 98103 King County Renton 98058 Seattle PSA King County Seattle Seattle PSA 98133 King County Kent 98031 Seattle PSA King County Seattle 98106 Seattle PSA King County Edmonds 98020 Seattle PSA **Snohomish County** Seattle Seattle PSA 98125 King County Lynnwood 98037 Seattle PSA Snohomish County Seattle Seattle PSA 98104 King County Lynnwood 98087 Seattle PSA Snohomish County Seattle 98168 Seattle PSA King County Seattle PSA Everett 98204 Snohomish County Seattle 98117 Seattle PSA King County Federal Seattle 98109 Seattle PSA King County 98023 Seattle PSA King County Way Seattle 98146 Seattle PSA King County Renton 98056 Seattle PSA King County Seattle 98178 Seattle PSA King County Bellevue 98006 Seattle PSA King County Seattle 98112 Seattle PSA King County Kent 98030 Seattle PSA King County Seattle 98199 Seattle PSA King County Mountlake 98043 Seattle PSA Snohomish County Seattle 98101 Seattle PSA King County Terrace Seattle 98136 Seattle PSA King County Renton 98055 Seattle PSA King County Seattle PSA Seattle 98107 King County Redmond 98052 Seattle PSA King County Seattle 98119 Seattle PSA King County 98029 Seattle SSA Issaquah King County Seattle 98198 Seattle PSA King County Seattle SSA Kent 98042 King County Seattle 98155 Seattle PSA King County Seattle 98148 Seattle SSA King County Seattle 98102 Seattle PSA King County Kirkland 98033 Seattle SSA King County Seattle 98105 Seattle PSA King County Kirkland 98034 Seattle SSA King County Seattle 98121 Seattle PSA King County Seattle SSA Bellevue 98004 King County Mercer Issaquah 98027 Seattle SSA King County 98040 Seattle PSA King County Island Seattle SSA Auburn 98092 King County Seattle 98166 Seattle PSA King County Renton 98057 Seattle SSA King County Edmonds 98026 Seattle PSA **Snohomish County** 98002 Seattle SSA Auburn King County Seattle 98188 Seattle PSA King County

Swedish Seattle - First Hill and Cherry Hill Service Area

Continued on the next page ...

Lynnwood

98036

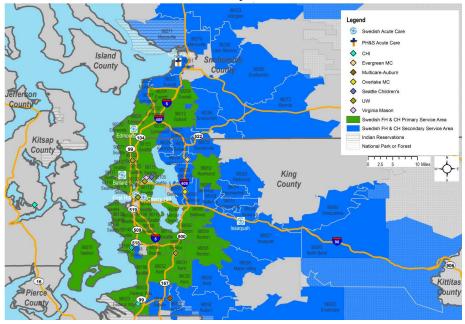
Seattle PSA

Snohomish County

Primary City	Zip Code	Service Area	County	Primary City	Zip Code	Service Area	County
Maple	98038	Seattle SSA	King County	Mukilteo	98275	Seattle SSA	Snohomish County
Valley				Everett	98201	Seattle SSA	Snohomish County
Kenmore	98028	Seattle SSA	King County	Arlington	98223	Seattle SSA	Snohomish County
Auburn	98001	Seattle SSA	King County	Bothell	98011	Seattle SSA	King County
Bothell	98021	Seattle SSA	Snohomish County	Snohomish	98290	Seattle SSA	Snohomish County
Everett	98203	Seattle SSA	Snohomish County	Marysville	98271	Seattle SSA	Snohomish County
Lake Stevens	98258	Seattle SSA	Snohomish County	Snoqualmie	98065	Seattle SSA	King County
Marysville	98270	Seattle SSA	Snohomish County	Woodinville	98072	Seattle SSA	King County
Sammamish	98074	Seattle SSA	King County	Bellevue	98008	Seattle SSA	King County
Sammamish	98075	Seattle SSA	King County	Bellevue	98007	Seattle SSA	King County
North Bend	98045	Seattle SSA	King County	Monroe	98272	Seattle SSA	Snohomish County
Redmond	98053	Seattle SSA	King County	Bellevue	98005	Seattle SSA	King County
Snohomish	98296	Seattle SSA	Snohomish County	Enumclaw	98022	Seattle SSA	King County

Swedish Seattle - First Hill and Cherry Hill Service Area Continued...

Swedish First Hill & Cherry Hill Total Service Area

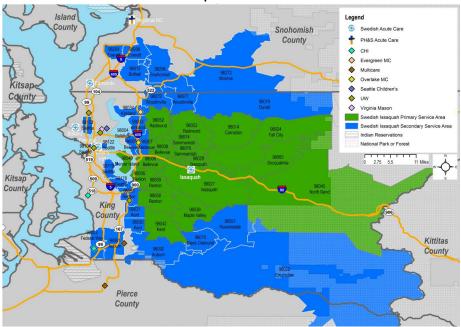


Map represents Hospital Total Service Area (HTSA). The Primary Service Area (PSA) comprises 70% of total discharges (excluding normal newborns). The Secondary Service Area (SSA) comprises 71%-85% of total discharges (excluding normal newborns). The HTSA combines the PSA and the SSA.

Swedish Issaquah Service Area

Primary City	Zip Code	Service Area	County	Primary City	Zip Code	Service Area
Issaquah	98029	Issaquah PSA	King County	Renton	98055	Issaquah SSA
Issaquah	98027	Issaquah PSA	King County	Auburn	98092	Issaquah SSA
North Bend	98045	Issaquah PSA	King County	Seattle	98104	Issaquah SSA
Sammamish	98075	Issaquah PSA	King County	Everett	98208	Issaquah SSA
Snoqualmie	98065	Issaquah PSA	King County	Lverett	30200	135844811 004
Sammamish	98074	Issaquah PSA	King County	Bothell	98012	Issaquah SSA
Renton	98059	Issaquah PSA	King County	Seattle	98122	Issaquah SSA
Maple	98038	Issaquah PSA	King County	Ravensdale	98051	Issaguah SSA
Valley Bellevue	98006	Issaquah PSA	King County	Seattle	98178	Issaquah SSA
Redmond	98053	Issaquah PSA	King County	Seattle	98118	Issaquah SSA
Redmond	98053	Issaquah PSA	King County	Woodinville	98077	Issaquah SSA
Fall City	98032	Issaquah PSA	King County	Snohomish	98296	Issaquah SSA
Renton	98056	Issaguah PSA	King County	Ghonomish	00200	135494411 007
Renton	98058	Issaquah PSA	King County	Black Diamond	98010	Issaquah SSA
Carnation	98014	Issaguah PSA	King County	Enumclaw	98022	Issaguah SSA
Mercer	00040	•		Kent	98030	Issaguah SSA
Island	98040	Issaquah PSA	King County	Kent	98031	Issaquah SSA
Bellevue	98008	Issaquah PSA	King County	Renton	98057	Issaquah SSA
Kent	98042	Issaquah PSA	King County			
Bellevue	98007	Issaquah PSA	King County	Everett	98204	Issaquah SSA
Duvall	98019	Issaquah SSA	King County	Woodinville	98072	Issaquah SSA
Kirkland	98033	Issaquah SSA	King County	Monroe	98272	Issaquah SSA
Kirkland	98034	Issaquah SSA	King County			•
Bellevue	98004	Issaquah SSA	King County	Seattle	98103	Issaquah SSA
Seattle	98101	Issaquah SSA	King County	Auburn	98001	Issaquah SSA
Bellevue	98005	Issaquah SSA	King County	Federal Way	98003	Issaquah SSA

Swedish Issaquah Service Area Continued...



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.



Ballard

5300 Tallman Ave. NW Seattle, WA 98107 **T** 206-782-2700

Cherry Hill 500 17th Ave. Seattle, WA 98122 **T** 206-320-2000

Edmonds 21601 76th Ave. W. Edmonds, WA 98026 T 425-640-4000

First Hill

747 Broadway Seattle, WA 98122 **T** 206-386-6000

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:如果您請中文,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)

© 2018 SWEDISH HEALTH SERVICES. ALL RIGHTS RESERVED.

COMM-18-0599F 12/18