

Swedish Health Services
Community Needs Assessments

2012



Swedish Community Specialty Clinic for the underserved
Opened – September 2010

Executive Summary

Introduction

Overview of Swedish Health Services:

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, with the best doctors, nurses and overall care in a variety of specialty areas.

Swedish has grown to become the largest non-profit health provider in the Greater Seattle area with 11,000 employees, more than 2,800 physicians and 1,700 volunteers. We have:

Five hospital campuses (First Hill, Cherry Hill, Ballard, Edmonds and Issaquah)
An emergency room and specialty center in Redmond (East King County) and the Mill Creek area in Everett.

Swedish Medical Group – a network of more than 100 primary-care and specialty clinics located throughout the Greater Puget Sound area.

Affiliations with suburban hospitals and physician groups

In addition to general medical and surgical care including robotic-assisted surgery, 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 Catholic, not-for-profit organization founded by the Sisters of Providence in 1856 with 27 hospitals, 214 physician clinics and almost 53,000 employees across five states. Based in Renton, Wash., Providence Health & Services provides strategic and management services to integrated health-care systems in Alaska, California, Montana, Oregon and Washington State. For more information, visit www.providence.org.

The Community We Serve:

Description of 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--nearly half of all people in King County under age 18 are people of color. In 2009,

the Tukwila school district was the most ethnically diverse school district in the United States, as measured by the percent chance that two students chosen at random would be of different ethnic backgrounds. Over one hundred 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 also 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.

Trends associated with these key indicators are:

- The decline, since 1990, in hospitalizations and deaths due to motor vehicle crashes, continued for deaths but leveled off for injuries resulting in hospitalization throughout the County, with the exception of East Region which continued to experience a decline in hospitalizations. Men, ages 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 the County. The rate was highest in South County, for African Americans and American Indian/Alaska Natives, and in high poverty areas.
- 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 Hispanic/Latinas, among whom the rate has risen.
- Overall, the average level of stress reported by King County residents was not especially high. It decreased among residents in 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 3 times more likely to report binge drinking than females. 5% of 8th graders reported smoking cigarettes and 12% 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% of King County adults were overweight or obese, up from 47% in 1997. Just over half of adults met physical activity recommendations, with 16% reporting no leisure-time physical activity in the past month. Among youth, 22% were overweight or at-risk of overweight, and 39% met physical activity recommendations.
- Almost 7% of adults were severely limited in their daily activities due to poor health, increasing from 1998 to 2007. 21% of adults in the 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%. Uninsured rates were highest in South Region. Younger adults, Hispanic/ Latinos, 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.

Description of Snohomish County:

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

- A population that has grown rapidly and become more diverse. The County has grown 16.2% since 2000 and is expected to increase to 862,000 by 2020. Hispanics were the fastest growing ethnic group.
- An aging County, with its population of middle-aged adults (45-64 years) having increased by 48% since 1990.
- A growing population of vulnerable residents (as measured by the percent of births paid for by Medicaid and per cent 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.

Click here to see the myriad of Health Indicators used to develop our Assessments:

<http://www.kingcounty.gov/healthservices/health/data/chi2009.aspx>

Approach/Methodology

In 2006 Swedish chartered a *Community Needs Assessment Advisory Council* comprised of hospital leaders and community partners charged with developing our first Community Needs Assessment. 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:

- Dorothy Teeter – King County
- Kathryn Sanders – Washington Health Foundation
- Teresa Bigelow – Swedish Board of Directors

- Cal Knight – President - Swedish
- John Vassall, MD – CMO - Swedish
- Dan Dixon – Vice President – External Affairs
- Jay Fathi, MD – Community Outreach Medical Director
- Sara Rigel – Director - Education
- Marcia Peterson – Director of Strategic Planning
- Jennifer Graves – CNO - Ballard
- Tom Gibbon – Manager, SCSC Clinic

With the advent of the Accountable Care Act and 2012 Washington State legislation our *system wide* CNA was customized at each campus to further refine the specific needs of patients in these service areas. Edmonds Medical Center located in Snohomish County was added at this time. Advisory Councils were established at each site.

Current Advisory Councils:

After we 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 the latest data and information. *There are also Community Advisory Councils at Edmonds, Issaquah and Ballard sites that provide ongoing guidance for their specific assessments. These councils include citizens and patients from the local community.*

Oversight Council Membership includes:

- 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 – America Heart Association
- Erin Poznanski – Executive Vice-President, Programs and Services National Multiple Sclerosis Society, Greater Northwest Chapter
- Gina Legaz - State Director of Programs & Public Affairs – March of Dimes
- Erin Feller. Vice President at American Cancer Society
- Dan Dixon – Vice President – External Affairs - Swedish
- Sherry Williams – Director of Community Outreach – Swedish
- Tom Gibbon – Manager SCSC Clinic - Swedish
- Council Advisor: Dr. Marguerite Ro - Chief Assessment, Policy Development & Evaluation Unit/Office of the Director Public Health - Seattle & King County

Definition of Swedish Community Health Needs assessment:

The *Swedish Community Needs Assessment (SCHNA)* is a living document used to manage and allocate the resources of Swedish Medical Center in accordance with our mission while meeting the specific health needs of our community.

The *SCHNA* represents a systematic method of identifying the health and healthcare needs of our patients and incorporates ongoing recommendations for changes to meet these needs. The merging of *community need* with Swedish's *strategic business and clinical goals* will help support best practices in our decision making process.

This document is intended to be flexible and will change as new demographic information and data surfaces. It provides a baseline to support decision making in both clinical and administrative settings at Swedish. As competition for resources increases, the goal of the *SCHNA* will be to define the most critical needs in the communities that we serve.

Purpose of the Swedish Community Health Needs Assessment

- Improve the health of our community
- Support our mission to give back to community while targeting its specific health needs
- Strategically manage and allocate Swedish Health Services' resources
- Support the work of our Foundation
- Health Care Reform Act requirement
- To create or strengthen partnerships with community organizations that share the effort to improve the health of the community

Overview – Customized Assessments include:

When the original CHNA was expanded and customized to each hospital, each new CHNA includes the following:

- Description of community – geography, demographics, social and health related issues, income, insurance, employment, homelessness.

- Community health indicators - chronic diseases, homelessness, alcohol and drug abuse, mental illness, heart disease, cancer, maternal child health, smoking, injury and violence, poverty.
- Inventory of existing services that address indicators – primary care, disease prevention programs, health screenings, other.
- 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 for Customized CHNAs

- Using the same methodology, each campus is responsible for developing a community needs assessments specific to their unique community.
- Identify the community – can be geographic; or driven by the particular needs of a specific group; e.g. African American women with breast cancer.
- Include members of the community in the development of the Community Needs Assessment.
- Gather data re: demographics and community health indicators.
- Analyze data and prioritize needs.
- Develop action plans.
- Ongoing monitoring and evaluation.

Foundation to the Swedish Community Needs Assessments:

The Initial Assessment:

What follows are tenants of the original assessment that has served as a foundation for the development of 2012's customized assessments.

Key Sources for the Needs Assessment:

- 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
- US Census
- Snohomish Health District Strategic Plan (added 2012 for Edmonds)

The data sources are made up of a range of health indicators:

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

These in turn are described by:

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

A comparison of National and Local Indicators was completed:

National* Leading Health Indicators are:

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

*Source: Healthy People 2010

King County Leading Health Indicators and trends 2008 compared to 2007) are:*

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

* Source: Communities Count King County 2008

Through the aforementioned data, in 2006 identified these Negative Health trends and used them as a basis to begin dialogues with key stakeholders: What follows constitutes our primary and secondary priorities:

Priorities established in the 2006 CHNA:

1. Living in Poverty is increasing
2. Those that could not get healthcare due to cost are increasing
3. Those having no usual source of care are increasing
4. Percent of uninsured is increasing
5. Obesity is increasing
6. Low Birth and very low birth weight babies are increasing
7. Breast cancer Incidence is increasing
8. Diabetes Prevalence is increasing
9. HIV Prevalence is increasing
10. AIDS Prevalence is increasing
11. Hypertension is increasing
12. High blood cholesterol (in those checked) is increasing
13. Heavy Drinking is increasing

Second Tier Priorities established in the 2006 CHNA:

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 our CNA

1. Stroke
2. Colorectal Cancer Death
3. Lung Cancer Death
4. Suicide
5. Smoking cessation
6. Vaccinations (3 categories)
7. AIDS Incidence
8. Seatbelt Use

2006 Assessment Data Sources:

Our 2006 assessment relied heavily on the “Health of King County 2006-Summary of Current Data Trends and Disparities”.

<http://www.kingcounty.gov/healthservices/health/data/hokc.aspx>

Data was refined by researching the 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

Ballard: 98117, 98107, 98103, 98199, 98133, 98115, 98155, 98125, 98109

2012 Assessment: Customized Assessments for each 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.

<http://www.kingcounty.gov/healthservices/health/data/chi2009.aspx>

2012 Community Engagement

The Assessment and 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 & Community in the CNA document & process

- Develops and Leads a Community Advisory Council
- Develops the Community Needs Strategy for that site.

Our Needs Assessments have been developed as power point presentations so that they can 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 are:

| | |
|-------------------------|-----------------|
| First Hill/Cherry Hill: | Cal Cederblom |
| Issaquah: | Natalie Kozimor |
| Edmonds: | Steve Kaiser |
| Ballard: | Lyn Tissell |
| SMG Primary Care: | Dr. Mary Weiss |
| SMG Specialties: | 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

Collaboration with Swedish Medical Group

In 2012, the Needs Assessment Teams partnered with the Swedish Medical Group to involve our Primary Care Physicians in setting patient care goals that are aligned with key community needs. Each hospital has met with the Community Health Medical Director to set 2013 goals.

Other programs shaped by Community Feedback:

- 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 Center
- Clinical Services for Low Income Seniors
- Job Training for Developmentally Disabled Students

Unique Initiatives Generated by our Assessments

1. Partnership Initiative

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 CNA provided a more scientific approach to allocating sponsorship funds. The CNA 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 fits 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 Swedish's 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.*

Our Strategic Partners:

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 healthcare 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 and fundraising activities throughout the community. In 2012, March of Dimes selected Jennifer Graves, RN, MS, Chief Executive and Nurse Executive, 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 non-profit 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.

General Sponsorships – Giving back to the Community:

As a non-profit 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:

If you want to be considered for a contribution from Swedish, your event or organization must:

- 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.

Read more: <http://www.swedish.org/About/Overview/Mission---Outreach/Sponsorships#ixzz2OHKwD9HI>

Two Innovative Programs

Global to Local Initiative:

The Global to Local initiative is a new approach in applying global solutions to local healthcare challenges in underserved populations.

Numerous organizations within the Washington Global Health Alliance are working to improve lives for millions worldwide. The new Global to Local initiative seeks to utilize expertise and experience from these organizations to uncover ways successful global health strategies can be applied in our county, state and country.

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



Click here for a video about Global to Local:

<http://www.swedish.org/About/Overview/Mission-Outreach/Community-Engagement/Community-Programs/Global-to-Local#axzz2SclgwpYT>

Swedish Community Specialty Clinic:

Swedish Medical Center's commitment to serve the uninsured and In September 2010 the SCSC clinic opened on First Hill. The former Mother Joseph and Glaser specialty clinics combined and expanded specialty care

services to the uninsured in our community. The clinic is partnered with King County Project Access and is a testament to underinsured patients in our community.

SCSC 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 over 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 over 30 Volunteer Oral Surgeons and Dentist 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 to highlight that Charity care is a core part of our nonprofit mission which will continue even in a down economy.



Swedish Community Specialty Clinic – Serving over 2500 medical & dental patients each year.

Website:

<http://www.swedish.org/Services/Swedish-Community-Specialty-Clinic#axzz2Nca2b8FH>

Strategic Planning

In 2012-13, the Community Needs Assessment has become one pillar in our Corporate Strategic Planning process. Like our Assessments, the strategic plans are customized by site and are visited on a regular basis. Below is an example of commonalities found between our sites, but each site has their own strategic plan (see each Site Assessment for this document).

Community Needs Assessment - Summary

| <i>Need</i> | <i>What we're doing about it</i> | <i>How we know that we're helping</i> |
|--|--|---|
| Major Issue / Need Identified within the Community | How we are Addressing or Partnering to Address the Major Issue / Need | Outcome Indicator / Measure of Success |
| <ul style="list-style-type: none"> • Women & Infants • Ballard • Issaquah • Edmonds • First Hill/Cherry Hill | <p>Ballard: Chemically Using Pregnant Women (CUPW) program Provides treatment, discharge planning and education. Partner with SMG and affiliated providers to identify high risk pregnancies.</p> <p>Issaquah: Applied for a Certificate of Need (CON) for a Level 2 nursery, allows for antepartum and to keep moms and babies longer; Primary Care and OB/GYN Clinic providers at Issaquah send high-risk moms to Swedish/First Hill for care; Swedish/Issaquah offers a complete program for moms expecting.</p> <p>Edmonds: Improve access to appointments with OB/GYNs.</p> <p>First Hill: Global to Local Healthcare Initiative; Maternal & Fetal Specialty Center; NICU; Pediatric ICU.</p> | <p>Ballard: Infant mortality rate declines in Ballard and surrounding health planning areas; High risk pregnancies identified & treated.</p> <p>Issaquah: # patients having prenatal appointments in the primary care and OB/GYN clinics; # of participants in classes.</p> <p>Edmonds: # of participants.</p> <p>First Hill: Decrease in # of teen births; decrease in infant mortality rates for African American and American Indian/Alaska Natives as measured by Public Health – Seattle & King County</p> |
| <ul style="list-style-type: none"> • Access • Issaquah • Edmonds • First Hill/Cherry Hill | <p>Issaquah: Clinic 2 days/month & monthly education talk at Issaquah Senior Center, providing basic wellness checks & medical care for those who need it. Also provide financial support to pay for operating costs and support programs.</p> <p>Edmonds: Participate in Project Access, & public health screenings.</p> <p>First Hill/Cherry Hill: Swedish Community Specialty Clinic; Specialty Dental Clinic</p> | <p>Issaquah: Number of seniors getting care.</p> <p>Edmonds: Number of patients participating; # of screenings.</p> <p>First Hill/Cherry Hill: Increased access to healthcare by the elderly, as measured by King County Public Health.</p> |
| <ul style="list-style-type: none"> • Obesity/Diabetes • Edmonds • First Hill/Cherry Hill | <p>Edmonds: Classes offered.</p> <p>First Hill/Cherry Hill: Swedish Weight Loss Services; Diabetes Education Center</p> | <p>Edmonds: # of participants.</p> <p>First Hill/Cherry Hill: Decrease in obesity as measured by Public Health – Seattle & King County</p> |

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Community Needs Assessment - Summary

| <i>Need</i> | <i>What we're doing about it</i> | <i>How we know that we're helping</i> |
|--|---|--|
| Major Issue / Need Identified within the Community | How we are Addressing or Partnering to Address the Major Issue / Need | Outcome Indicator / Measure of Success |
| <ul style="list-style-type: none"> • Cancer • Issaquah • Edmonds | <p>Issaquah: Swedish Cancer Institute has full service cancer services; High-Risk Breast Cancer Program; walk-in or same-day mammograms; state of the art screening technology; same-day follow-up imaging or biopsies.</p> <p>Edmonds: New cancer center open in early 2012 and simultaneously launched cancer education; ACS Resource Center on campus; Cancer volunteers; Gala dinner by Foundation targeted cancer services.</p> | <p>Issaquah: # patients being seen; # of mammograms; # of annual exams; participants in classes</p> <p>Number of people taking part in our classes, events, sponsorships and activities</p> <p>Number of customers in the Perfect Fit shop</p> <p>Number of seniors coming to Issaquah Valley Senior Center nursing clinic</p> <p>Edmonds: Number of people served; Number of volunteers and how they help; Money raised for cancer center, \$420,000.</p> |
| <ul style="list-style-type: none"> • Mental Health • Ballard • Edmonds | <p>Ballard: Executives participate on a county-wide coalition on mental health care; counseling services are offered at SMG primary care and residency clinics. Depression screenings are a standard component of well-adult visits.</p> <p>Edmonds: Partial hospitalization program; only inpatient mental health service in county.</p> | <p>Ballard: Greater availability of mental health services; frequent mental distress rate declines in Ballard and surrounding health planning areas.</p> <p>Edmonds: # of patients treated</p> |
| <ul style="list-style-type: none"> • Smoking • Ballard • Edmonds | <p>Ballard: Inpatient admission screening includes tobacco use questions; tobacco cessation assistance is offered per policy, and is also included in discharge instructions. Ballard High School Teen Clinic supports tobacco cessation efforts. SMG physicians do individual counseling as a standard component of each well-adult visit, and offer smoking cessation options.</p> <p>Edmonds: Smoking cessation classes offered.</p> | <p>Ballard: Number of current smokers declines in Ballard and surrounding health planning areas.</p> <p>Edmonds: # of participants in smoking cessation classes.</p> |

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Collaboration with King County Hospitals & Public Health

Swedish Medical Center is participating in a collaborative approach that identifies community needs, assets, resources and strategies towards 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 wellbeing 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.



KC CHNA
Collaborative Charter