



# Community Health Implementation Plan 2016-2018

Swedish Health Services  
Edmonds campus



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# Executive Summary

Swedish Medical Center continually strives to honor its commitment to create healthier communities together. Partnering with others of similar intention, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in the communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources.

What follows is the Community Health Implementation Plan (CHIP) for Swedish Edmonds. The CHIP is designed to be the “action plan” that will respond to the specific needs that were discovered during the assessment process.

These plans are based on community health data and identifiable gaps in available care/services. It was determined that emphasis on these issues would ultimately have the greatest impact on the community’s overall health.

The objective of the implementation plan is to measurably improve the health of the citizens in a specific community. The plan’s target population includes the community as a whole, and specific population segments including minorities and other underserved demographics. The CHIP includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers.

The Swedish Edmonds CHIP prioritize the health needs identified in the Community Health Needs Assessment (CHNA).

*The Community Health Needs Assessments (CHNA) are a collaborative product that fulfills Section 9007 of the Affordable Care Act. Each CHNA presents data on:*

- Description of the Community
- Life Expectancy and Leading Causes of Death
- Chronic Illness

## Identified Health Needs, Assets, Resources, and Opportunities

The Community Health Implementation Plan (CHIP) is a road map to identify goals, strategies and tactics to improve the health our community. The five key health risks spelled out in the CHNA are:

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

**Behavioral Health:** Access to behavioral healthcare, integration of behavioral and physical healthcare, and boarding of mental health patients were identified as key issues. Opportunities include use of standardized referral protocols, coordinated discharge planning, and increased capacity for integrated healthcare.

**Maternal/Child Health:** Disparities in adverse birth outcomes persist, and the percentage of births in which mothers obtained early and adequate prenatal care is too low. Community-based organizations stress the importance of quality prenatal care and ongoing social support, as offered by home visiting programs.

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

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

# Introduction

## *Creating healthier communities, together*

We're pleased to present the 2016-18 Community Health Needs Assessment for Swedish Edmonds Hospital.

Swedish Edmonds, formerly Stevens Hospital, is part of Swedish Health Services. In 2012, Swedish affiliated with Providence Health & Services, which operates exceptional not-for-profit hospitals and clinics across the West. It is comprised of five hospital campuses (First Hill, Cherry Hill, Ballard, Edmonds and Issaquah); ambulatory care centers in Redmond and Mill Creek; and Swedish Medical Group, a network of more than 100+ primary-care and specialty clinics located throughout the Greater Puget Sound area.

In accordance with the Affordable Care Act, this report includes:

Outline an improvement plan about the following identified health needs:

1. Access to care
2. Preventable causes of death
3. Maternal/child health
4. Behavioral health
5. Violence and injury prevention

Using these priorities Swedish Edmonds dove deeper to identify the specific needs for the people in communities we serve, and to develop a standalone implementation plan that addresses those needs.

# Purpose and process

Swedish Edmonds has developed a Community Health Implementation Plan (CHIP) designed to address key health needs identified in our community health needs assessment. The prioritized needs were chosen based on community health data and identifiable gaps in available care and services. In the course of our collaborative work, we determined that emphasis on these needs would have the greatest impact on the community’s overall health with significant opportunities for collaboration. Each Swedish hospital then dove deeper into the Snohomish data and prioritized specific needs for its specific community. Below are the Swedish system needs and the needs for Snohomish County.

Swedish prioritized needs	Snohomish County prioritized needs
<p><b>Access to Care</b></p> <p><b>Preventable causes of death</b></p> <p><b>Maternal/child health</b></p> <p><b>Behavioral health</b></p> <p><b>Violence and injury prevention</b></p>	<p><b>Access to Care</b></p> <p><b>Obesity</b></p> <p><b>Suicide</b></p> <p><b>Youth Physical Abuse</b></p>

**Plan objective**

The objective of this improvement plan is to measurably improve the health of individuals and families living in the communities served by Swedish Edmonds.

The plan’s target population includes the community as a whole, and specific population groups including minorities and other underserved demographics.

This plan includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It will be facilitated by the hospital, through our mission services with assistance from key staff in various departments.

**Description of Swedish Edmonds Targeted Community**

Note: As the specialty referral site for Swedish Health Services, the Swedish Edmonds campus reflects all of Snohomish.

In this section we provide a definition of the community served by our hospitals, which includes a description of the medically underserved, low-income and minority populations.

Swedish Edmonds and Snohomish County.

## Population and age demographics

### Description of community

In this section we provide a definition of the community served by our hospital, which includes a description of the medically underserved, low-income and minority populations.

Geographically, Swedish Edmonds is located in Snohomish County, situated between Northern Puget Sound to the west and the crest line of the North Cascade Range to the east. It shares its northern border with rural Skagit County and borders King County to the south.

Due to its proximity to and shared labor market with King County, Snohomish County is incorporated into the Seattle – Bellevue – Everett Metropolitan Statistical Area, as designated by the Bureau of Labor Statistics.

The geographic distribution of population, economic activity and land use in Snohomish County is diverse, with a mix of rural and urban zones. For the most part, population centers in the county are oriented south in proximity to the border with King County and west along Interstate 5. By contrast, north and east Snohomish County are characterized by smaller cities, farms and reservations.



### **Population and age demographics**

The total population of Snohomish County is 757,600 (as of April 1, 2015). Edmonds is ranked the 3<sup>rd</sup> most populous city in Snohomish County and the 26<sup>th</sup> most populous city in Washington State. The median age for Snohomish County is 37.5. Nearly 24 percent of the population is under the age of 17, 11 percent over the age of 65 and 24 percent adults between the age of 18 and 64

### **Ethnicity**

The racial and ethnic makeup of Snohomish County shows a relative under-representation of Black (3.1%) and Hispanic residents (4.25%) Asian residents (10.7%) Alaska Native/American Indian (1.6%) Hawaiian/Pacific Islander (0.5%), and (4.8%) percent were two or more races. Snohomish County has (80.3 %) of its residents are white.

Snohomish County has, and continues to be, home to a number of Native American tribes: Sauk-Suiattle Tribe, Stillaguamish Tribe and the Tulalip Tribe

### **Gender**

In 2015, the total male population in Snohomish County is about 234,872 and the female population is 242,677. Population projections by gender show 5 year trends similar to the rest of Washington State, however women age 15-44 are not expected to grow as quickly as the rest of the State.

### **Education**

Compared to Washington State and the U.S. as a whole, Snohomish County residents age 25 and above are more likely to have graduated from high school; 91.1% had a high school diploma.

There were proportionally fewer Snohomish County residents with four-year college degrees than statewide. Nearly 29% of Snohomish County residents age 25 and up had completed bachelor degrees or higher, compared to nearly 32% for the state. Snohomish County residents were more likely to have attended some colleges or to have earned the associate's degree compared to the state or the nation.

### **Income levels and housing**

The average annual wage for all industries in 2015 was \$83,440. The median hourly wage was \$35.03 in 2013, compared to a statewide median wage of \$27.09 per hour.

In 2013, 11.3% of the resident population in Snohomish County was estimated to be living below the poverty level. Statewide and national poverty levels were higher, 14.1% and 15.8% respectively.

Childhood poverty levels tend to exceed all age averages. In Snohomish County, 15.6% of all children under age 18 were reported as living below the poverty level in 2013.

### **Labor Force and Unemployment**

Snohomish County's 2014 labor force averaged 395,317, with an unemployment rate of 5.1%.

In 2014, Snohomish County's labor market was slightly older than that of the state. While the statewide workforce had proportionally more workers age 25 to 44, Snohomish County's workforce was proportionally more represented among workers age 45 to 64.

In 2014, 53.5% of all jobs were held by men, while 46.5% were held by women.

- Industries with male-dominant workforces included mining (84.3%), construction (79.8%), transportation and warehousing (74.8%) and manufacturing (74.3%).
- Female-dominated industries included healthcare and social assistance (78.0%), educational services (73.2%) and finance and insurance (66.2%).
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### **Healthcare Coverage**

The share of Snohomish county residents who are ages 64 and younger and uninsured was 12.2 percent in 2015. Those on public insurance (Medicare, Medicaid, and other) went up 1.5% in 2015

### **Leading Cause of Death**

The top two causes of death in Snohomish County continue to be heart disease and cancer.

# Description of Community Snohomish County Zip Codes: 98037, 98020, 98036, 98043, 98026 and 98021

This section provides a description of the community served by Swedish Edmonds campus, which includes a description of the medically underserved, low income and minority populations.

Swedish Edmonds hospital is located Snohomish County. Other major medical providers:

- University of Washington Medical Center
- Northwest Hospital
- Providence Everett
- Group Health
- Pacific Medical Centers
- Swedish Mill Creek
- Valley General
- Virginia Mason Hospital
- Snohomish County Mental Health

# Priority health need: Access to Care

This section outlines the plan to address unmet access to care needs in our community.

## Community needs addressed:

Medicaid, uninsured and underinsured populations

## Goal

Access to care for among young adults and families, people of color and low income and underserved communities.

## Strategies

- Continue community engagement and outreach efforts to strengthen stable partner relationships by developing innovative programs with partners aimed at providing services to the underserved.
- Refine data management processes of patient and community populations.
- Identify innovative models of care to increase primary care utilization and reduction of unnecessary emergency room usage

## Action plan

### Current tactics

- Accountable Care Act (ACA) insurance outreach and sign up
- Ensure primary care is available to a broader number of low income, uninsured and underinsured individuals
- Partnering with Federally Qualified Health Clinics/centers

### Future tactics

- Build assessable environment (quality housing, trails/ sidewalks/bike lanes, healthy food outlets, health care centers, schools, libraries, transit system with the input from Edmonds Community Advisory committee and Edmonds Chamber
- Supports for diverse cultural and linguistic needs

### Measurement

- Client data from FQHC on patient population with or without primary care clients provided application assistance
- Number of clients enrolled in health insurance
- Number of patients receiving recommended immunizations
- Number of ER patients linked to primary care provider appointment schedule

## Existing community resources

- Project Access Northwest
- Providence Everett Healthcare Clinic
- Providence Institute for a Healthier Community
- Providence Medical Group
- SeaMar Community Health -
- Snohomish Health District – Refugee Program
- Snohomish County Human Services
- United Way of Snohomish County
- Washington State University North - Medical School

# Priority health need: Preventable Causes of Death

This section outlines plan to address the unmet preventable causes of death needs in our community.

## Community need addressed:

- Diverse communities with a low rate of resources to provide proactive engagement
- Inability to get preventative services
- Hospitalization that could have be prevented

## Goal

To reduce the prevalence of presentable chronic diseases and deaths.

## Strategies

- Participate in regional coordination and standard implementation of best practices in violence, injury prevention including prevention related to primary care assessment and screening.
- Focus on obesity, tobacco use, and lack of appropriate nutrition and physical activity.
- Provide emergency preparedness education thought schools and community center
- Empower community clinics in care management of general health issues.

## Action plan

### Current tactics

- Outreach programs and education

### Future tactics

- Engage primary care provider, Snohomish County school district and afterschool programs to inform and educate students
- Provider education
- Emergency preparedness education in school, home bound and community center
- Implementation community health clinics referral system and preventative health education
- Increase proportion of people receiving timely prevention and screening services appropriate for life stage

### Measurement

- Number of preparedness classes, training and kit distribution
- Decrease in Snohomish County Crime report
- Record of emergency department usage

## Existing community resources

- YMCA
- American Preparedness
- Edmonds Community Hospital District
- St John's School
- Edmonds Police Department
- Snohomish County Police department
- City of Edmonds Health and Human Services

# Priority health need: Maternal/Child Health

This section outlines the plan to address Maternal/Child Health needs in our community.

## Community need addressed

- Social disparities of health support for women and babies
- Disparities in adverse birth outcomes
- Focus on low weight babies
- Quality care, ongoing social support, home visiting program

## Goal

Reduce the percentage of low weight babies

## Strategies

- Develop a holistic plan to incorporate in home, care doulas care, clinical expertise and education for all women especially women and families of diverse backgrounds.
- Increase information and education to women from diverse communities
- Development of a care plan for new mothers and new families

## Action plan

### Current tactics

- Pediatrics service outreach to families
- New mother education

### Future tactics

- Development of a robust doula program for in language care and support
- Focused outreach to community based programs for all women
- Increase work with Snohomish County March of Dimes
- Advance education for care management

### Measurement

- Increased health outcome from primary care provider
- EPIC data from NICU of premature and low weight babies
- Qualitative summaries of family support workers and navigators to drive quality improvement

## Existing community resources

- Open Arms
- WithinReach
- Mary's Place
- March of Dimes
- WIC

# Priority health need: Behavioral Health

This section outlines the plan to address behavioral health in our community.

## Community needs addressed

- Primary Care Embedded Behavioral Health Specialists
- Primary Care Co-Located Psychiatric Consultation
- Community Partnership Network

## Goal

Provide high quality, accessible care to patients in a manner which de-stigmatizes behavioral and mental health and connects patients to resources best suited for their care needs

## Strategies

- Align internal strategies to address the needs of mental health patients with the goals and objectives of Snohomish county
- Invest in upstream interventions that address needs of mental health patients and substance abuse.

## Action plan

### Current tactics

- To coordinate design and implementation across delivery system that is financially sustainable over time with valid metrics and outcome measures.
- Integrate with current community based services that provides continuity of care.

### Future tactics

- Behavioral Health Specialists (BHS) are social workers and psychologists integrated in the primary care team. They will be embedded in to the care model.
- Expert consultation for severe psychiatric illness or to serve patients who are not improving to stabilize and help return them to primary care support. .
- Formalized partnerships between Swedish Medical Group and community mental health agencies who provide wrap-around care for patients with severe, persistent, mental illness who require more services than can be delivered within a primary care setting. These partnerships allow for a streamlined continuum-of-care and bi-directional feedback to ensure positive patient health outcomes.

## Measurement

- Decreased symptoms
- Increased quality
- Increased patient satisfaction
- Increased provider satisfaction
- Increased access to care

## Existing community resources

- Catholic Community Services of Western Washington
- Community House Mental Health Center
- Community Psychiatric Clinic
- EvergreenHealth
- Navos
- SeaMar Community Health Centers
- Humans Services of Shoreline
- NeighborCare Health
- City of Edmonds Health and Human services

# Priority health need: Violence and Injury Prevention

This section outlines plan to address unmet needs for violence and injury prevention in our community.

## Community needs addressed:

- Increase of random physical violence in community
- Education, prevention and training
- Isolation

## Goal:

Increase proportion of people who feel safe in their neighborhood/community

## Strategies:

- Strengthening policies, programs, community norms and systems that lead to the prevention of injury and violence.
- Invest in local prevention resources
- Support statewide coalitions and advisory committees
- Educate and empower community members
- Community clean up and park activation
- Develop a social environment (social cohesion, low crime, civic engagement)

## Action plan

### Current tactics

- Community awareness

### Future tactics

- Engage the community to evaluating prevention programs, interventions, and policies
- Develop violence prevention trainings and technical assistance to local, regional, and state programs and organizations
- Communicate public health approaches to injury and violence prevention, emerging issues, and prevention practices supported by the best available evidence to grassroots community organizer and leaders

### Measurement

- Decrease of reports to Edmonds Police department and City of Edmonds
- Increase community council meeting with topics of violence prevention
- Increased collection risk factors in high impact communities

## Existing community resources

- YMCA
- Edmonds Police Department
- Edmonds Community College
- Edmonds Community Council
- Edmonds Chamber of Commerce
- City of Edmonds

# Needs not directly addressed

This section explains why Swedish is not addressing a community need identified in the Community Health Needs Assessment.

## **Injury and Violence-related Mortality**

The incident of injury and violence-related mortality is high compared to other counties in Washington State. Swedish will not be looking into police violence at this time.

## **Maternal/Child Health**

The incidence of low birth weight babies and other maternal and child health measures are high in Snohomish County. Swedish is not looking clinical research at this time.

# Next Steps

## Inventory of current programmatic work impacting leading community health issues

Through survey of programmatic and clinical leads, an inventory of current work will be compiled.

## Gap analysis of current programming and community health needs

An analysis of data from the CHNA and the programmatic inventory will help identify opportunities for greater impact in the community.

### Resources:

Snohomish County Health District

<http://www.snohd.org/>

Accountable Community of Health (ACH)

[http://www.hca.wa.gov/hw/Pages/communities\\_of\\_health.aspx](http://www.hca.wa.gov/hw/Pages/communities_of_health.aspx)

Washington State Injury and Violence Prevention

<http://www.doh.wa.gov/Portals/1/Documents/2900/2016-IVP-ProgramFS.pdf>

Snohomish County Planning and Development services Tribal partnerships

<https://snohomishcountywa.gov/3580/Tribal-Partnerships>

# CHIP approval

2016-2018 CHIP approval

A handwritten signature in black ink, appearing to read 'R. Q. H.', is written over a horizontal line.

Swedish Interim CEO Guy Hudson MD, MBA

Date 5/15/2017