

# Community Health Needs Assessment

2018

Swedish Edmonds



# TABLE OF CONTENTS

CEO LETTER	1	Leading Causes of Death	23
ACKNOWLEDGEMENTS	2	Life Expectancy	23
CONTRIBUTORS	3	Disability and Disease	23
EXECUTIVE SUMMARY	4	Disability	23
CHNA/CHIP CONTACT	9	Asthma	24
2018 CHNA GOVERNANCE APPROVAL	10	Diabetes	24
INTRODUCTION	11	Heart Disease	24
Mission, Vision, and Values	11	Cancer	24
Who We Are	11	Pregnancy and Birth Indicators	24
Our Commitment to Community	11	Teen Births	24
OUR COMMUNITY	13	Prenatal Care	25
OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT FRAMEWORK	15	Low Birth Weight	25
DESCRIPTION OF COMMUNITY SERVED	17	Infant Mortality	25
Community Profile	17	Health Status and Health Behaviors	25
Population and Age	17	Physical Activity	26
Race/Ethnicity and Language	17	Diet and Nutrition	26
Education	17	Soda Consumption	26
Income and Housing	17	Mental Health	26
Food Security	18	Mental Health Providers	26
Health Insurance Coverage	18	Mental Health Unhealthy Days	27
Health Professions Shortage Area	18	Mental Distress, Youth	27
METHODOLOGY: DATA COLLECTION PROCESS AND PARTICIPANTS	19	Substance Abuse (Tobacco/Alcohol/Drugs)	27
Collaborative Partners	19	Smoking	27
Secondary Data	19	Alcohol and Drug Use	27
Primary Data	19	Preventive Practices	27
Public Comment	20	Immunizations	27
Data Limitations and Information Gaps	20	Flu Shots	28
PRIORITIZATION OF HEALTH NEEDS	21	Mammogram	28
Community Resources	21	Colorectal Cancer Screening	28
Review of Progress	21	Dental Checkup	28
HEALTH INDICATORS	22	APPENDIX 1. COMMUNITY NEEDS INDEX (CNI) INDEX SCORES FOR SERVICE AREA ZIP CODES	29
Access to Health Care	22	APPENDIX 2. COMMUNITY SURVEY	30
Uninsured	22	APPENDIX 3. COMMUNITY INPUT: LISTENING SESSION	34
Barriers to Health Care	22	APPENDIX 4. COMMUNITY RESOURCES	35
Access to Primary Care Physicians	22	APPENDIX 5. REVIEW OF PROGRESS	38
Avoidable ED Utilization	22		

## To Our Communities:

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

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

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

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



A handwritten signature in black ink, appearing to read "R. Guy Hudson". The signature is fluid and cursive, with a small mark at the end.

**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.

**American Red Cross – Snohomish County Chapter**

Jamie Gravelle, *Disaster Program Manager*

**City of Edmonds**

Dave Earling, *Mayor*

**City of Lynnwood**

Nicola Smith, *Mayor*

**City of Mountlake Terrace**

Jerry Smith, *Mayor*

**Cocoon House**

Erwin Sanchez, *Community Engagement Officer*

Shira Hasson-Schiff, *Clinical Director*

**Concierge Care Advisors**

Sylvana Rinehart

**Creative Age Festival**

Dick Van Hollenbeke, *Co-Founder*

Jerry Fireman, *Co-Founder*

Sonia Gilman, *Executive Director*

Trish Feaster, *Co-Founder*

**Edmonds Chamber of Commerce**

Jan Nichols, *Development and Community Engagement*

**Edmonds Community College**

Amit Singh, *President*

**Edmonds LGBTQIA+ Action Group**

**Facebook Community**

**Public Health – Seattle & King County**

Amy Laurent, *Epidemiologist III*

**Snohomish County Health District**

Gabrielle Fraley, MPH, CHES, *Epidemiologist I*

**Town of Woodway**

Carla Nichols, *Mayor*

**Washington Kids in Transition**

Kim Gorney, *Executive Director*

# 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*
- **Deborah Franke, MBA**, *Senior Quality Program Manager, Swedish Medical Center Issaquah*
- **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*
- **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](http://www.bielconsulting.com)

**To provide feedback about the Community Health Needs Assessments, email Sherry Williams at [Sherry.Williams@Swedish.org](mailto:Sherry.Williams@Swedish.org).**

# EXECUTIVE SUMMARY

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

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

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

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

## COMMUNITY HEALTH NEEDS ASSESSMENT

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

## SERVICE AREA

Swedish Medical Center Edmonds Campus is located at 21601 76th Ave. W., Edmonds, WA 98026. The community served by the Hospital is defined by the geographic origins of the Hospital's patients whose conditions require admission to the hospital for at least one night. Specifically, the Primary Service Area (PSA) was determined by identifying the ZIP Codes for 70% of the Hospital's patient discharges (excluding normal newborns). The PSA consists of 5 cities and 9 ZIP Codes. The Secondary Service Area (SSA) was determined by identifying the ZIP Codes for 71% to 85% of the Hospital's patient discharges. The SSA consists of 6 cities and 9 ZIP Codes. The service area focuses on King County and Snohomish County.

*Continued on the next page...*

**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
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

**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. Everett 98201 is the highest need area. This ZIP Code scored higher than 4.0, making it a High Need community. Appendix 1 lists the ZIP Codes and the associated CNI scores for the total service area.

**METHODOLOGY****Collaborative Partners**

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

**Data Collection**

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

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

**Survey:** Swedish conducted a survey to gather data and opinions from community residents, and hospital leaders and staff who interact with patients and families in the ER and specialty clinics. The survey used a convenience sampling method, which engaged persons who were available and willing to complete the survey. Community organizations whose scope of services aligned with the Snohomish County Public Health key health indicators were asked to distribute the surveys. From July 23 to August 22, 2018, 321 persons responded to the survey.

*Continued on the next page...*

The survey was available in an electronic format through a SurveyMonkey link and also in paper format. The hospital distributed the survey link to partner organizations who then distributed them to community residents and to organizational leaders and staff members caring for medically underserved, low-income, immigrant and minority populations. Paper copies of the survey were made available at various community locations and events. The surveys were distributed to persons at the Cocoon House, a nonprofit organization that serves homeless and at-risk youth in Snohomish County. Written surveys were available in English and Korean. The digital and paper survey response collection was incentivized by entering survey participants in a drawing for a gift card. Detailed survey information can be found in Appendix 2.

**Listening Session:** A listening session is an in-person meeting with members of the community to discuss community and health needs. One listening session was held on August 21, 2018. Two people participated in the listening session. The listening session was conducted in an interview format by using scripted questions that were presented to the participants. The listening session was conducted in English. Detailed listening session information can be found in Appendix 3.

## PRIORITIZATION OF HEALTH NEEDS

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

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

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

- Mental health
- Homelessness
- Drug addiction

- Obesity
- Diabetes
- Alcohol overuse
- High blood pressure
- Joint or back pain
- Cancer
- Stroke
- Smoking
- Asthma
- Environmental factors (e.g. Pollution, noise, etc.)
- Texting while driving
- Heart disease
- Teeth or oral issues
- Age-related diseases
- Crime
- Lack of access to medical providers
- Alzheimer's disease/dementia
- Child abuse and neglect
- Domestic violence
- Lack of access to needed medications

Resources potentially available to address these significant health needs can be found in Appendix 4.

## REVIEW OF PROGRESS

In 2016 Swedish conducted the previous Swedish Community Health Needs Assessments (CHNA). Significant health needs were identified from the Community Health Needs Assessment process. Swedish identified priorities for the Community Health Improvement Plans associated with the 2016 CHNA. The priority health needs were: access to care, behavioral health, and obesity. The impact of actions used to address these health needs can be found in Appendix 5.

## OUR COMMUNITY

- In 2017, the population in the total service area (PSA + SSA) was 651,452.
- 21.8% of the population are children and youth, ages 0-17, and 14.1% of the population are seniors, 65 years and older.
- Among community residents, 65.2% were Non-Latino White, 16.4% Asian/Pacific Islander, 9.6% were Hispanic or Latino, 5.4% were African American or Black, and 5.9% were of two or more races/ethnicities and 3.3% were other races/ethnicities.

*Continued on the next page...*

- Within service area homes, 69.4% of residents speak English only.
- High school graduation rates in King County are 80.5% and in Snohomish County they are 79.5%. These rates do not meet the Healthy People 2020 objective of an 87% high school graduation rate.
- In 2016, the median household income for the service area was \$69,208, and the unemployment rate was 6%.
- 3.0% of service area households and 9.7% of individuals are at poverty level (<100% federal poverty level). 1.9% of children and 0.7% of seniors live at or below the poverty level.
- Within the service area there are 240,144 households. 36% of residents spend 30% or more of their income on housing, and 7,506 persons live in overcrowded or substandard housing.
- In 2017 there were an estimated 11,643 homeless individuals in King County and 1,066 homeless individuals in Snohomish County. 52.9% of the homeless in King County and 51.7% in Snohomish County are sheltered. 23.8% of the homeless in King County and 36.3% in Snohomish County are considered to be chronically homeless.
- Food insecurity is one way to measure the risk of hunger. In 2016 in King County, 12.2% of the population (254,200 persons) experienced food insecurity. In Snohomish County, the rate of food insecurity was 10.9% (82,600 persons).
- In the Edmonds Campus service area, 4.8% of community residents were uninsured. 63.3% of community residents had private (commercial) insurance, 19.2% of residents received Medicaid and 12.7% of the population were covered by Medicare.

### Barriers to Health Care

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

- Time with doctor is too short.
- My health insurance isn't accepted by every provider.
- Work schedule makes it difficult to schedule appointments
- No insurance and high cost of care.
- New to area so have not selected a primary care provider.

### Avoidable ED Utilization

The top reason patients presented at the Emergency Department (ED) 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.

### Leading Causes of Death

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

### Disability and Disease

- In King County, 9.6% of the non-institutionalized civilian population had a disability. In Snohomish County, 11.9% of the population was disabled.
- In King County, 7% of 10th graders and 8% of adults reported having asthma. In Snohomish County, 9% of 10th graders and adults have asthma.
- Over a five-year period, the rate of asthma for adults in King County was 8.3% and the five-year average rate for asthma in Snohomish County was 9.5%.
- On average, 7% of King County adults have been diagnosed with diabetes. In Snohomish County, 8.3% of adults have been diagnosed with diabetes.
- 2% of Seattle region adults and 3% of King County adults have heart disease. In 2013 in Snohomish County, 4.3% of adults had heart disease, compared to 3.7% in Washington.
- In King County, the age-adjusted cancer incidence rate was 523.3 per 100,000 persons. In Snohomish County it was 547.2 per 100,000 persons. These rates of cancer were higher than the state rate of 508.7 per 100,000 persons.

### Pregnancy and Birth Indicators

- In 2016, there were 26,011 births in King County and 10,045 births in Snohomish County. Birth rates have increased from 2012 to 2016.
- In King County, the rate of teen births (ages 15-17) was 4.7 per 1,000 females, and in Snohomish it was 5.7 per 1,000 females. These rates are lower than Washington rates (8.3 per 1,000 females).

*Continued on the next page...*

### Pregnancy and Birth Indicators Continued...

- In King County 82.6% of women entered prenatal care within the first trimester, and in Snohomish County, 80.0% of women entered prenatal care within the first trimester. These rates exceed the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.
- In King County the rate of low birth weight babies (under 2,500 grams) is 6.6% (65.5 per 1,000 live births), and in Snohomish County it is 5.9% (59.2 per 1,000 live births). The rates of low birth weight are lower than the Healthy People 2020 objective of 7.8% of births being low birth weight.
- In King County the infant mortality rate was 4.1 per 1,000 live births, and in Snohomish County the infant death rate was 3.8 per 1,000 live births. In comparison, the infant death rate in the state was 4.7 per 1,000 live births. These infant death rates are less than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

### Health Behaviors

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

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

- Primary care services and clinics
- Safe places to walk
- Clean air
- Access to health insurance
- Education
- Healthy food options
- Access to medications
- Good paying jobs
- Enough doctors
- Caring community
- Green spaces/parks
- Transportation
- Mental health services
- Affordable places to live

- Free or low cost health screenings
- Food bank/meal programs
- Women Infant Children (WIC) services
- Help translating things from English to my language
- Substance abuse counseling services

### Mental Health and Substance Abuse

- The average number of mental health unhealthy days experienced by adults in King County in the last 30 days was 3.2 days. Adults in Snohomish County experienced 3.3 of unhealthy days, compared to 3.8 unhealthy mental health days statewide.
- Snohomish County 10th grade youth experienced depression (36%), considered suicide (22%) and attempted suicide (11%) at higher rates than 10th graders in King County and the state.
- In Seattle and King County, 13% of adults are current cigarette smokers and 14% of adults in Snohomish County are cigarette smokers. These rates are higher than the Healthy People 2020 objective of 12%. 9% of 12th grade youth in King County and 11% of 12th graders in Snohomish County smoked cigarettes in the past 30 days. 16% of 12th grade youth in King County and 20% of 12th graders in Snohomish County smoked an e-cigarette or vape pen in the past 30 days.
- Among adults, 20% in King County had engaged in binge drinking in the previous 30 days. 15.9% of adults in Snohomish County engaged in binge drinking. Among youth, 19% of 12th graders in King County and 18% of 12th grade youth in Snohomish County had engaged in binge drinking in the previous two weeks.
- 25% of 12th grade youth in King County and 27% of 12th graders in Snohomish County indicated current use of marijuana (past 30 days). The state rate of 12th grade marijuana use is 26%.

### Preventive Practices

- In King County, 37% of adults ages 18 to 64 and 63% of seniors 65 and older received a flu shot. In Snohomish County, 40.5% of adults and 59.5% of seniors received a flu shot. These rates do not meet the Healthy People 2020 objective of 70% of adults receiving a flu shot.
- 84.8% of kindergarten students in King County and 84.9% of Snohomish County kindergartners have completed their school-required immunizations.

*Continued on the next page...*

**Preventive Practices Continued...**

- On average, from 2011-2015, 78% of women, 50 to 74 years of age, in King County had a mammogram in the past two years. This falls short of the Healthy People 2020 objective of 81.1% of women to receive a screening mammogram. In 2013 in Snohomish County, 82.4% of women had a mammogram in the past two years.
- On average, from 2011-2015, 64% of adults, 50 to 75 years of age, in King County had been screened for colorectal cancer. In 2016 in Snohomish County, 66% of adults, ages 50-75, had a screening colonoscopy or sigmoidoscopy. These rates are below the Healthy People 2020 objective of 70.5%.
- Among adults in Seattle, 29% did not have a dental checkup in the past year and 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.

**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-needs-assessment/assessments-site-list](http://www.swedish.org/about/overview/mission-outreach/community-engagement/community-needs-assessment/assessments-site-list).

# 2018 CHNA GOVERNANCE APPROVAL

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



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

12/11/18

Date

---



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

12/11/18

Date

---



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

12/11/18

Date

---

# INTRODUCTION

## MISSION, VISION, AND VALUES

### Our Mission

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

### Our Vision

*Health for a Better World*

### Our Values

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

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

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

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

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

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

## Who We Are

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

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

## Our Commitment to Community

### Organizational Commitment

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

*Continued on the next page...*

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

**Governance Structure**

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

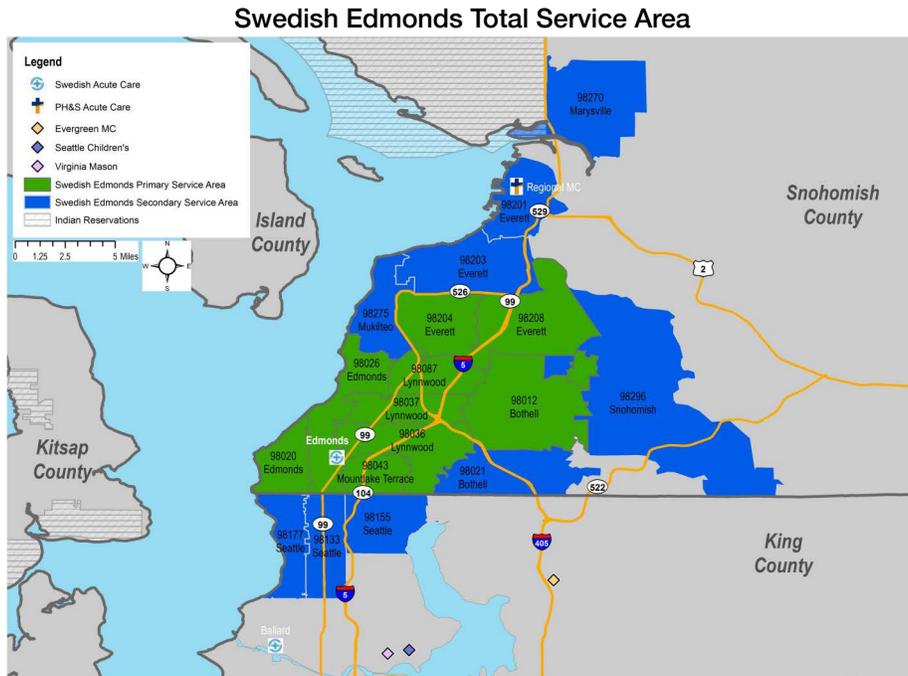
# OUR COMMUNITY

Swedish Medical Center Edmonds Campus is located at 21601 76th Ave. W., Edmonds, WA 98026. The community served by the Hospital is defined by the geographic origins of the Hospital's inpatients. The Primary Service Area (PSA) was determined by identifying the ZIP Codes for 70% of the Hospital's patient discharges (excluding normal newborns). The PSA consists of 5 cities and 9 zip codes. The Secondary Service Area (SSA) was determined by identifying the ZIP Codes for 71% to 85% of the Hospital's patient discharges. The SSA consists of 6 cities and 9 ZIP Codes. The service area focuses on King County and Snohomish County.

## 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
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

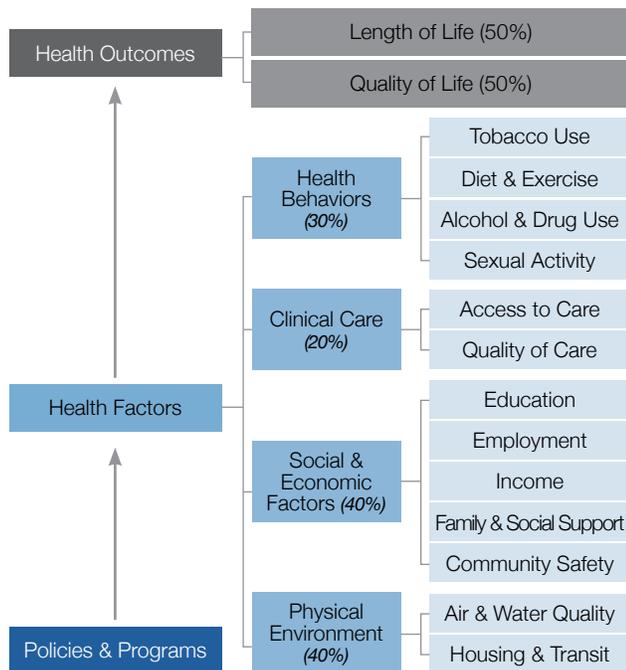
*Continued on the next page...*



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

# OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT FRAMEWORK

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



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

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

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

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

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

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

This objective measure is the combined effect of five socioeconomic barriers (income, culture, education, insurance and housing). A score of 1.0 indicates a ZIP Code with the fewest socioeconomic barriers, while a score of 5.0 represents a ZIP Code with the most socioeconomic barriers. Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalizations for manageable conditions such as ear infections, pneumonia or congestive heart failure compared to communities with the lowest CNI scores<sup>1</sup>. The CNI is used to draw attention to areas that need additional investigation so that health policy and planning experts can more strategically allocate resources.

Everett 98201 is the highest need area. This ZIP Code scored higher than 4.0, making it a High Need community. Appendix 1 lists the ZIP Codes and the associated CNI scores for the total service area. The following map depicts the Community Need Index for the hospital's geographic service area based on national need. It also shows the location of other hospitals in the area.

*Continued on the next page...*

<sup>1</sup>Roth R, Barsi E., *Health Prog.* 2005 Jul-Aug; 86(4):32-8

### Swedish Edmonds Campus Community Need Index (CNI) INDEX Map



# DESCRIPTION OF COMMUNITY SERVED

## Community Profile

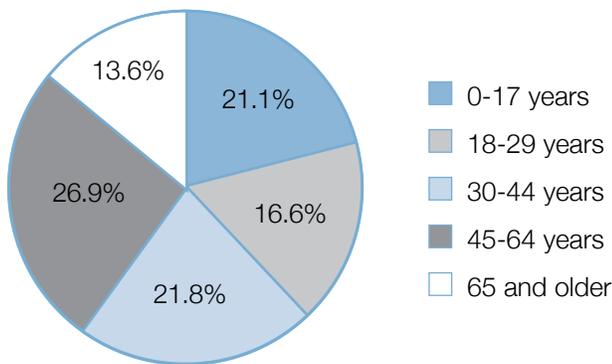
### Population and Age

The population in the total service area (PSA + SSA) was 651,452 in 2017. The population grew by 8% from 2011-2016. In 2017 the population comprised:

- 21.8% children and youth, 0-17 years
- 15.9% young adults, 18-29 years
- 21.1% adults, 30-44 years
- 27.1% adults, 45-64 years
- 14.1% senior adults, 65 years and older

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

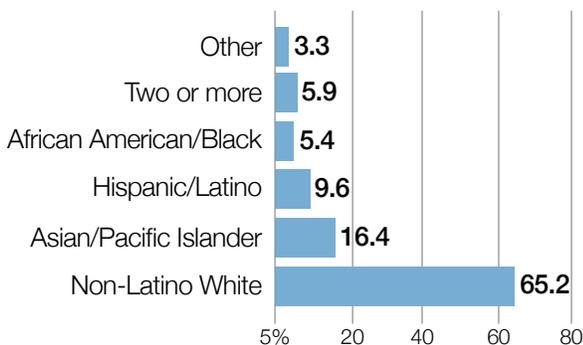
### 2017 Population by Age, King and Snohomish Counties



### Race/Ethnicity and Language

Among community residents in 2016, 65.2% were Non-Latino White, 16.4% Asian/Pacific Islander, 9.6% were Hispanic or Latino, 5.4% were African American or Black, and 5.9% were of two or more races/ethnicities and 3.3% were other races/ethnicities<sup>2</sup>.

### Distribution by Self-Reported Race/Ethnicity



Within service area homes, 69.4% speak English only. In those homes where other languages are spoken, 4.5% of the service area population does not speak English well.

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

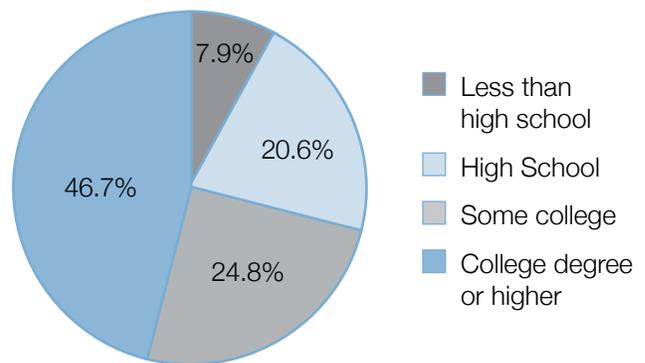
### Education

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

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

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

### Self-Reported Educational Attainment Adults, age 25 and over



### Income and Housing

In 2016, the median household income for the service area was \$69,208, and the unemployment rate was 6%. Poverty thresholds are used for calculating official poverty population statistics and are updated each year by the Census Bureau. For 2016, the federal poverty threshold for one person was \$11,880, and for a family of four \$24,300. 3.0% of service area households and 9.7% of individuals are at poverty level (<100% federal poverty

*Continued on the next page...*

<sup>2</sup>Percentages total more than 100% as some persons selected more than one race or ethnicity category.

**Income and Housing Continued...**

level). 7.8% of area households and 15.4% of individuals are categorized as low-income with incomes below 200% of the federal poverty level. 1.9% of children and less than 1% (0.7%) of seniors live at or below the poverty level.

Within the service area there are 240,144 households. 36% of residents spend 30% or more of their income on housing, and 7,506 persons live in overcrowded or substandard housing.

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

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

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

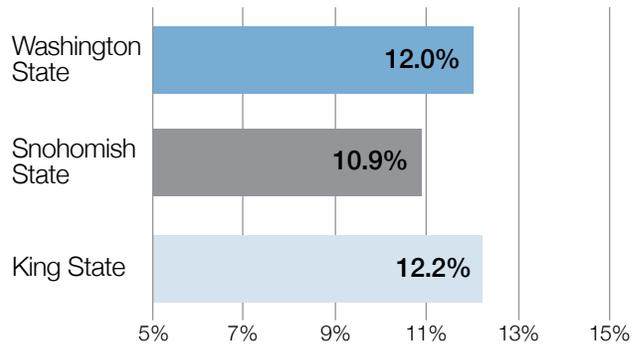
Source: Washington Department of Commerce, Homelessness in Washington State, Appendix B, 2017

**Food Security**

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

Source: Feeding America, Map the Meal Gap, 2016

**Population Experiencing Food Insecurity**

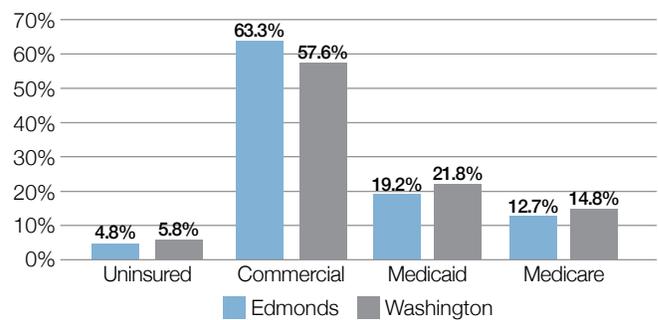


**Health Insurance Coverage**

In 2016, 4.8% of community residents were uninsured. 63.3% of community residents had private (commercial) insurance, 19.2% of residents received Medicaid and 12.7% of the population were covered by Medicare. Washington had a higher rate of uninsured (5.8%), a higher rate of Medicaid (21.8%) and Medicare (14.8%) recipients and a smaller percentage of residents with private insurance (57.6%) than the service area.

Source: Truven, 2016

**Health Insurance Coverage**



**Health Professions Shortage Area**

The Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas as areas with a shortage of primary medical, dental, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although the primary service area for the Edmonds Campus is not located in a shortage area, Everett (98201) in the secondary service area is designated as shortage areas and low-income areas. Maps of underserved and shortage areas can be accessed here: [www.doh.wa.gov/DataandStatisticalReports/Data Systems/GeographicInformationSystem/HardcopyMaps](http://www.doh.wa.gov/DataandStatisticalReports/Data Systems/GeographicInformationSystem/HardcopyMaps).

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

# METHODOLOGY: DATA COLLECTION PROCESS AND PARTICIPANTS

## Collaborative Partners

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

## Secondary Data

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

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

Regions were created by King County Public Health to examine geographic patterns at a level below the county level. There are four (4) regions in King County: North, East, South, and Seattle.

- North region includes: Bothell, Cottage Lake, Kenmore, Lake Forest Park, Shoreline, and Woodinville.

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

Data from some of these regions may be reported in some data tables.

## Primary Data

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

**Survey:** Swedish conducted a survey to gather data and opinions from community residents, and hospital leaders and staff who interact with patients and families in the ER and specialty clinics. The survey used a convenience sampling method, which engaged persons who were available and willing to complete the survey. Community organizations whose scope of services aligned with the King County Public Health key health indicators were asked to distribute the surveys. From July 23 to August 22, 2018, 321 persons responded to the survey.

The survey was available in an electronic format through a SurveyMonkey link and also in paper format. The hospital distributed the survey link to partner organizations who then distributed them to community residents and to organizational leaders and staff members caring for medically underserved, low-income, immigrant and minority populations. Paper copies of the survey were made available at various community locations and events. The surveys were distributed to persons at the Cocoon House, a nonprofit organization that serves homeless and at-risk youth in Snohomish County. Written surveys were available in English and Korean. The digital and paper survey response collection was incentivized by offering a drawing for an Amazon gift card for survey participants.

*Continued on the next page...*

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

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

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

**Listening Session:** A listening session is an in-person meeting with members of the community to discuss community and health needs. One listening session was held on August 21, 2018. Two persons participated in the listening session. An introduction explained the purpose of the listening session, assured participants the session was voluntary, and their responses would not be associated with their names. The listening session was conducted in an interview format by using scripted questions that were presented to the participants. A Swedish staff member facilitator asked the questions and another Swedish staff person recorded the answers and/or responses on poster paper so that everyone could see the information being recorded. The listening session was conducted in English. Listening session summary responses can be found in Appendix 3.

### Public Comment

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

### Data Limitations and Information Gaps

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

# PRIORITIZATION OF HEALTH NEEDS

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

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

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

- Mental health
- Homelessness
- Drug addiction
- Obesity
- Diabetes
- Alcohol overuse
- High blood pressure
- Joint or Back Pain
- Cancer
- Stroke
- Smoking
- Asthma
- Environmental Factors (e.g. Pollution, noise, etc.)
- Texting while driving
- Heart disease
- Teeth or oral issues
- Age-related diseases
- Crime
- Lack of access to medical providers
- Alzheimer's disease/dementia
- Child abuse and neglect
- Domestic violence
- Lack of access to needed medications

## Community Resources

Community resources potentially available to address the priority health needs are presented in Appendix 4.

## Review of Progress

In 2016 Swedish conducted their previous Community Health Needs Assessments (CHNA). Significant health needs were identified from the Community Health Needs Assessment process. Swedish then identified system-wide priorities for the Community Health Improvement Plans associated with the 2016 CHNA. The priority health needs were: access to care, behavioral health, and obesity. The impact of actions used to address these health needs can be found in Appendix 5.

# HEALTH INDICATORS

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

## Access to Health Care

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

### Uninsured

The percent of the uninsured population in the Hospital service area is 4.8%. This is higher than King County (4.7%) and Snohomish County (4.5%) rates and lower than the state rate of 5.8% uninsured. The Healthy People 2020 objective is for 100% of the population to have health insurance.

### Uninsured, Total Population

	Percent
Hospital Service Area	4.8%
King County	4.7%
Snohomish County	4.5%
Washington	5.8%

Source: Truven, 2016

### Barriers to Health Care

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

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

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

- Time with doctor is too short.
- My health insurance isn't accepted by every provider.
- Work schedule makes it difficult to schedule appointments
- No insurance and high cost of care.
- New to area so have not selected a primary care provider.

### Access to Primary Care Physicians

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

## Primary Care Physicians, Number and Ratio, 2015

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

Source: County Health Rankings, 2018

### Avoidable ED Utilization

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

In 2017, Providence St. Joseph Health developed a method to monitor Avoidable Emergency Department (AED) utilization. The definition and cases flagged as "avoidable" are based on criteria developed by New York University and Medicaid and reference ICD codes, which are then grouped into sub-categories. The following AED data pertain to cases encountered between October 1, 2017 and September 31, 2018. The information was segmented by health insurance type. "All Payers" refers to all insurance types, including no insurance. "Medicaid" refers to encounters with individuals whose primary insurance is through Medicaid or a Managed Medicaid organization. "Self-Pay/Charity" indicates those who had no insurance at the time of their visit and/or qualified for free or reduced cost care based on their ability to pay.

The top reason patients presented at the 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 an ED visit was acute upper respiratory infections, such as the common cold. Other common causes for visits that were identified as avoidable include "other diseases of the urinary system and "general symptoms and signs."

Continued on the next page...

**Avoidable ED Utilization Diagnoses, 2017-2018**

ICD Sub-Categorization	All Payers	Medicaid	Self-Pay/ Uninsured
Infections of the skin and subcutaneous tissue	1,202	44.5% (535)	12.4% (149)
Mental and behavioral disorders due to psychoactive substance use	1,033	54.9% (567)	10.8% (112)
Acute upper respiratory infections	987	55.9% (552)	8.1% (80)
Other diseases of the urinary system	964	21.9% (211)	-
General symptoms and signs	906	32.2% (292)	9.2% (83)

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

**Leading Causes of Death**

Age-adjusted death rates are an important factor to examine when comparing mortality (death) data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in King County is 619.5 per 100,000 persons. Snohomish County has an age-adjusted death rate of 708.3 per 100,000 persons. The age-adjusted death rate in Washington is 687.0 per 100,000 persons. While leading causes of death vary by age group, in King County and Snohomish County, the top three causes of death are cancer, heart disease and Alzheimer’s disease.

**Leading Causes of Death**

King County	Snohomish County
Cancer	Cancer
Heart disease	Heart disease
Alzheimer’s disease	Alzheimer’s disease
Unintentional injuries/ accidents	Chronic lower respiratory disease
Stroke	Unintentional injury

King County	Snohomish County
Chronic lower respiratory disease	Stroke
Diabetes	Diabetes
Suicide	Suicide
Chronic liver disease	Chronic liver disease
Influenza and pneumonia	Influenza and pneumonia

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

**Life Expectancy**

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

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

**Disability and Disease**

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

**Disability**

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

**Population with a Disability**

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

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

30.7% of survey respondents indicated that they or their family members had a physical disability, 24.2% had a mental disability, 21% had a sensory loss, and 1.6% had an intellectual disability.

Continued on the next page...

**Asthma**

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

**Asthma Prevalence, 2014 & 2016**

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

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

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

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

**Diabetes**

In King County, 7% of 10th graders and 8% of adults On average, 7% of King County adults have been diagnosed with diabetes. In Snohomish County, 8.3% of adults have been diagnosed with diabetes.

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

**Heart Disease**

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

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

**Cancer**

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

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

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

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

**Pregnancy and Birth Indicators**

Pregnancy 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 showed an upward trend from 2012 to 2016.

**Total Births, Five Year Comparison, 2012-2016**

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

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

**Teen Births**

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

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

Continued on the next page...

**Prenatal Care**

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

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

**Low Birth Weight**

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

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

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

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

**Infant Mortality**

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

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

**Health Status and Health Behaviors**

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

The County Health Rankings examine healthy behaviors and ranks counties according to health behavior data. Washington’s 39 counties are ranked from 1 (healthiest) to 39 (least healthy) based on a number of indicators that

include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 1 puts King County at the top of Washington counties for health behaviors. Snohomish County is ranked 8th.

*Source: County Health Rankings, 2018*

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

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

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

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

*Continued on the next page...*

**Physical Activity**

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

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

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

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

**Diet and Nutrition**

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

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

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

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

Source: Washington State Healthy Youth Survey, 2016

**Soda Consumption**

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

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

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

Source: Washington State Healthy Youth Survey, 2006-2016

**Mental Health**

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

**Mental Health Providers**

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

**Mental Health Providers, Number and Ratio, 2017**

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

Source: County Health Rankings, 2018

Continued on the next page...

**Mental Health Unhealthy Days**

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

Source: County Health Rankings, 2018, data from 2016

**Mental Distress, Youth**

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

**Mental Distress among 10th Grade Youth**

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

Source: Washington State Healthy Youth Survey, 2016

**Substance Abuse (Tobacco/Alcohol/Drugs)**

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

**Smoking**

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

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

**Alcohol and Drug Use**

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

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

**Preventive Practices**

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

**Immunizations**

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

**Kindergarten Immunizations, 2016-2017 School Year**

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

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

Continued on the next page...

**Flu Shots**

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

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

**Mammogram**

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

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

**Colorectal Cancer Screening**

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

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

**Dental Checkup**

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

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

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

ZIP Code	CNI Index Score*
98296	1.8
98177	2.2
98021	2.2
98012	2.4
98026	2.4
98275	2.4
98020	2.6
98155	2.6
98043	2.8
98270	3.0
98037	3.2
98208	3.2
98133	3.2
98036	3.4
98087	3.4
98203	3.4
98204	4.0
98201	4.2

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

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

\*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.

# APPENDIX 2. COMMUNITY SURVEY

Group	Number of Respondents
Community members	77
Hospital health care providers and staff members	187
Swedish campus leaders	57
<b>TOTAL</b>	<b>321</b>

## Surveys were received from the following community organizations, groups and events:

- American Red Cross Snohomish County
- City of Edmonds
- City of Lynnwood
- City of Mountlake Terrace
- City of Woodway
- Cocoon House
- Community Health Clinic
- Concierge Advisors
- Creative Age Festival
- Edmonds Chamber of Commerce
- Edmonds Community College
- Edmonds Korean American Community
- Edmonds LGBTQIA+ Action Group
- Edmonds Outdoor Movie Night
- Edmonds Senior Center
- Premera
- Swedish Edmonds
- Swedish Mill Creek
- Taste of Edmonds
- Washington Kids in Transition

## Community Respondent Responses and Demographics

### How would you describe your overall health?

Very Good	20.8%
Good	57.1%
Fair	16.9%
Poor	5.2%
Very Poor	0%

### Please select the top three health problems you face?

Joint or back pain	29.9%
Obesity	22.1%
Mental health issues	20.8%
Diabetes	15.6%
High blood pressure	14.3%
Cancer	6.5%
Heart disease	5.2%
Stroke	2.6%
Substance abuse	2.6%
Lung disease	1.3%
No health problems	33.8%

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

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

Physician's office	80.3%
I do not receive regular health care	6.6%
Urgent Care clinic	6.6%
Other clinic	5.3%
Health department	2.6%
Emergency room	1.3%
Free or low cost-clinic	1.3%
I do not seek health care	0.7%
Alternative medicine (naturopath/chiropractor)	0%
Other	1.1%

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

Continued on the next page...

**If you needed immediate care, where would you go?**

Emergency Room	49.4%
Urgent Care clinic	35.1%
Physician's office	16.9%
Other clinic	1.3%
Health department	0%
Health department	0%

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

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

Had an immediate emergency	78.6%
Don't have a regular medical provider	4.8%
No health insurance	4.8%
Regular medical provider office was closed	2.4%
Couldn't afford regular medical provider	2.4%
Regular medical provider office couldn't see me/my family in time	0%
Other	7.0%

**Where do you get most of your health information?**

Doctor	80.5%
Internet	54.6%
Nurse/RN	26.0%
Facebook or social media	16.9%
Hospital/clinic	14.3%
School or college	14.3%
Newspapers/magazines	13.0%
Libraries	7.8%
TV	7.8%
Health department	6.5%
Radio	6.5%
Workplace	6.5%
Teacher/counselors	6.5%
Case managers	5.2%
Community centers	3.9%

Church group	3.9%
Support group	2.6%
Church group	0%

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

**Health Behaviors**

I exercise at least three times per week	51.3%
I eat at least five servings of fruits and vegetables each day	46.2%
I eat fast food more than once per week	26.9%
I smoke cigarettes	9.0%
I chew tobacco	0%
I use illegal drugs	1.3%
I abuse or overuse prescription medication	0%
I have more than four alcoholic drinks (if female) or five (if male) per day	5.1%
I use sunscreen or protective clothing for planned time in the sun	41.0%
I receive a flu shot each year	69.2%
I have access to a wellness program through my job	15.4%
I smoke or vape marijuana at once per week	3.9%
I smoke or vape nicotine	2.6%
I usually wear a seat belt when driving in the car/truck	79.5%
I sleep at least 7 hours a night	51.3%

*Continued on the next page...*

**Barriers Faced at Health Checkup**

No barriers	51.3%
Financial	20.5%
Poor communication	12.8%
Location	10.3%
Transportation	10.3%
Stress	9.0%
Lack of respect	9.0%
Lack of specialists	6.4%
Language	6.4%
I do not get regular health check ups	3.9%
Cultural/religion	3.9%
Race	2.6%
Sexual orientation	2.6%
Inclusivity	1.3%
Cultural/religion	1.5%

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

**Gender**

Male	21.8%
Female	76.9%
Trans - Male to Female	0%
Trans - Female to Male	0%
Other	1.3%

**Age**

Under 18	19.5%
18-24	10.4%
25-34	10.4%
35-44	12.9%
45-54	10.4%
55-64	11.7%
65+	24.7%

**Education Level**

Kindergarten - 8th grade	0%
9th grade - 12th grade	19.0%
High school graduate	11.9%
Some college	25.0%
Associates Degree/ 2 year degree	3.6%
College Graduate/Bachelors	20.2%
Graduate School/ Masters	13.1%
Doctorate/PhD	1.2%
Other	6.0%

**Race/Ethnicity**

African American/Black	0%
Caucasian/White	57.7%
Asian	32.1%
Hispanic/Latino	7.7%
American Indian/Alaska Native	3.8%
Native Hawaiian Islander/ Pacific Islander	1.3%

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

**Health Insurance Coverage**

Yes	91.0%
No	6.4%
No, but I did at an earlier age/previous job	2.6%
No, but my children do	0%

*Continued on the next page...*

**Annual Income**

\$19,000 or less	0%
\$20,000-\$24,000	14.6%
\$25,000 to \$29,000	1.3%
\$30,000 to \$39,000	9.3%
\$40,000 to \$49,000	2.7%
\$50,000 to \$59,000	9.3%
\$60,000 to \$69,000	6.7%
\$70,000 to \$79,000	8.0%
\$80,000 to \$89,000	4.0%
\$90,000 to \$99,000	10.7%
\$100,000 to \$150,000	18.7%
Over \$150,000	14.7%

**Employment Status**

Working full-time, 35 hours or more a week	24.4%
Retired	21.8%
Working part-time, less than 35 hours a week	17.9%
Disabled, not able to work	1.3%
Unemployed and not looking for work	2.6%
Unemployed or laid off and looking for work	3.8%
Work from home	3.8%
In school	25.6%
Homemaker	3.8%
Other	6.1%

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

# APPENDIX 3. COMMUNITY INPUT: LISTENING SESSION

The following group participated in a learning session:

Group	Number of Participants	Description	Language
Cocoon House	2	Staff members	English

## What are some of the biggest issues in the community?

- Chronic disease
- Depression
- Depression
- Economic insecurity
- Homeless youth
- Human trafficking
- Issues related to sex trade
- Limited access to dental care and vision care
- Mental illness
- Need for culturally competent care
- Smoking
- Suicide
- Unhealthy eating

## What are the greatest barriers to access health care?

- Affordability
- Cultural competency
- Ease of entry – struggle with navigation and enrollment process
- Homelessness
- Insufficient gender clinics (Children’s and Planned Parenthood have a limited number)
- Knowing about available resources and how to access them
- Managing medications that require refrigeration
- Medical youth respite care: dialysis, chronic illness
- Past negative experiences – lack of knowledge/training in managing sex trafficked and sexual trauma victims
- Transportation

## What are some things that help your clients stay healthy?

- Access to care: affordability, financial fear, transportation, welcoming environment of care
- Child care
- Education: prevention, what is an emergency, how to access resources, etc.
- Healthy food
- Healthy relationships within the community: feeling valued, respected in family, school, work, church, community
- Housing
- Jobs, livable wages
- Pregnancy and parenting support

## What are some challenges your clients face to stay healthy?

- Access to healthy, ethnically appropriate food
- Access to primary care through FQHCs is good, however, specialty care is very problematic: long appointment times, transportation, proximity
- Affordable housing
- Livable wages
- Stigma associated with homelessness, street/sexual trauma, mental health
- Violence, gangs. bullying

## What services and education are needed for improved community health?

- ASIST training for healthcare providers
- Meal programs – especially those with a homeless youth focus
- Multi-lingual health care navigators embedded in communities
- Peer Networks: food, fitness, reproductive/sexual health, mental health, suicide awareness
- Peer support built into communities for chronic issues like heart disease, diabetes, and substance abuse
- Systems Navigation: what is preventative care, why it is important, how it is accessed
- Youth focused detox

# APPENDIX 4. COMMUNITY RESOURCES

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

## Access to health care

[The King County Accountable Community of Health \(KCACH\)](#) will focus on health care delivery system reform in the coming years. This cross-sector entity is charged with regional implementation of the [Medicaid Transformation Demonstration Project](#), an [1115 Medicaid waiver](#).

The KCACH brings together leaders from the hospital industry, managed care organizations, community clinics, community-based organizations, local government and more to work collaboratively on innovative approaches to providing whole-person care. The KCACH is launching four key projects focused on health promotion and prevention and health care delivery system redesign. The focus for these projects includes, 1) bi-directional integration of physical and behavioral health; 2) transitional care for Medicaid beneficiaries leaving hospitals, jail, or psychiatric inpatient care; 3) addressing the opioid crisis; and 4) coordination of care for chronic disease prevention and control.

## Equity and social determinants of health

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

## Housing and homelessness

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

## Support for older adults

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

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

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

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

## Support for youth and families

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

*Continued on the next page...*

**Access to health care and preventive care services**

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

- [Community Health Center of Snohomish County](#)
- [Project Access Northwest](#)
- [Cocoon House](#)
- [Safe Harbor Free Clinic](#)
- [Sea Mar Snohomish County](#)
- [Snohomish Health District](#)
- [Verdant Health Commission](#)
- [Korean Womens Association](#)
- [Puget Sound Christian Clinic](#)

**Alcohol, tobacco, marijuana and other drugs**

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

- [Sea Mar Snohomish County](#)
- [Catholic Community Services](#)
- [Therapeutic Health Services](#)
- [Center for Human Services](#)

**Chronic illness**

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

- [Northwest Kidney Centers](#)
- [Community Health Center of Snohomish County](#)
- [American Diabetes Association – South Snohomish County](#)
- [Full Life Chronic Disease Management](#)
- [Homage Senior Services](#)

**Demographics**

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

- [Homage Senior Services](#)
- [Project Search](#)
- [Cocoon House](#)
- [Korean Womens Association](#)
- [Northwest Immigrant Rights Project](#)
- [Snohomish County Washington](#)
- [Edmonds Community College](#)
- [Foundation for Edmonds School District](#)

**Economic and food security**

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

- [Foundation for Edmonds School District](#)
- [Cocoon House](#)
- [Washington Kids In Transition](#)
- [Project Search](#)
- [Boys and Girls Club of Snohomish County](#)
- [Washington Connection](#)
- [Housing Authority of Snohomish County](#)
- [Snohomish Health District](#)
- [Need Help Paying Bills](#)
- [YWCA](#)
- [CORE](#)
- [Catholic Community Services](#)

**Environment**

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

- [Edmonds Parks and Recreation](#)
- [Lynnwood Parks and Recreation Foundation](#)
- [City of Mountlake Terrace](#)
- [Town of Woodway](#)

**Infectious diseases**

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

- [Snohomish Health District](#)
- [Community Health Center of Snohomish County](#)
- [Catholic Community Services](#)

**Family and community**

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

- [Snohomish County Parent Support](#)
- [Snohomish County Veterans Social Support](#)
- [Therapeutic Health Services](#)
- [Kids at Sno-Isle Library](#)
- [Snohomish County Children's Commission](#)
- [Homage Senior Services](#)

*Continued on the next page...*

**Life expectancy, leading causes of death and quality of life**

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

- [Homage Senior Services](#)
- [Community Health Center](#)
- [American Cancer Society – Snohomish County](#)

**Mental and behavioral health**

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

- [Homage Senior Services](#)
- [Verdant Health Commission](#)
- [Compass Health](#)
- [Bridgeways](#)
- [Catholic Community Services](#)

**Physical activity, nutrition and weight**

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

- [Girls on the Run Puget Sound](#)
- [YMCA Youth Obesity Prevention Program](#)
- [Verdant Health Commission](#)
- [Edmonds Senior Center](#)
- [Lynnwood Senior Center](#)
- [Sno-King Youth Club](#)

**Pregnancy, birth and sexual health**

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

- [Breastfeeding Coalition of Snohomish County](#)
- [Community Health Center](#)
- [Parent Support of Puget Sound](#)
- [Next Step Pregnancy Services](#)
- [Pregnancy Resource Center](#)
- [Planned Parenthood](#)
- [Catholic Community Services](#)

# APPENDIX 5. REVIEW OF PROGRESS

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

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

## **Access to Care**

### **Review of Progress:**

- Established an Urgent Care Clinic and opened an Infectious Disease Clinic to increase access to care.
- Established a safe medication disposal site on campus.

## **Behavioral Health/Mental Health**

### **Review of Progress:**

- Implemented a behavioral health assessment team to evaluate persons in the Emergency Department.
- Embedded behavioral health professionals in primary care clinics.
- Increased access to behavioral health services in the community by expanding the available inpatient behavioral health beds to 25 and expanded the behavioral health partial hospitalization program from 1 to 2 patients to 8 to 10 patients.
- Established a partnership with Cocoon House to identify potential areas of collaboration to support at risk homeless youth.

## **Obesity**

### **Review of Progress:**

- Participated in the City of Edmonds Health and Fitness Expo.
- Supported the Lynnwood Parks and Recreation Foundation Recreation Benefit Fund (RBF). RBF is a financial assistance program that provides support for children in low-income families and disabled adults who wish to participate in recreation activities.
- The Swedish Edmonds Outpatient dieticians taught nutrition classes at summer meal sites as part of the Foundation for Edmonds School District Summer Meal Program.
- Facilitated two annual food drives annually to help address food instability in partnership with the Foundation for Edmonds School District Nourishing Network program.



21601 76th Ave. W.  
Edmonds, WA 98026  
**T** 425-640-4000  
[www.swedish.org](http://www.swedish.org)

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

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

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