



# SWEDISH

## Issaquah Community Health Improvement Plan 2016-2018



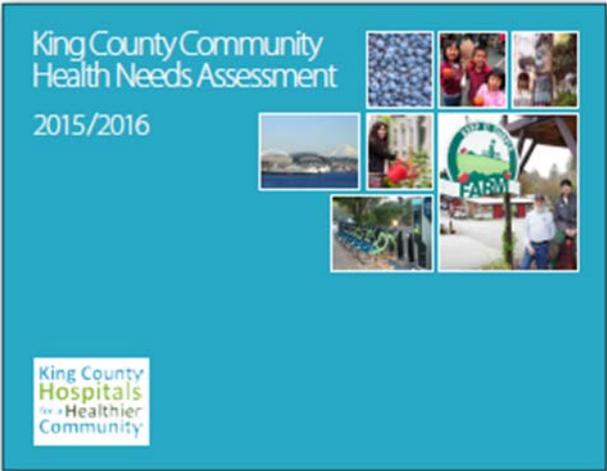
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# Executive summary

Swedish Medical Center is a founding member of King County Hospitals for a Healthier Community (HHC) a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. For this report, HHC members joined forces to identify the most important health needs in the communities they serve and to develop strategies that address those needs. HHC members have also worked together to increase access to healthy foods and beverages in their facilities and to address access-to-care issues by assisting with enrollment of residents in free or low-cost health insurance.



Using the HHC Assessment as a foundation, each of Swedish hospitals developed its own CHNA and implementation strategy reflecting the findings from the collaborative.

We invited community coalitions and organizations to tell us about the assets and resources that help their communities thrive. The assets most frequently mentioned were existing partnerships and coalitions, community health centers, faith communities, and food programs.

We also asked community representatives to identify concerns about health needs in their communities. Common themes included:

- The importance of a culturally competent workforce in addressing health disparities.
- Acknowledgement that health is determined by the circumstances in which people are born, grow up, live, work, and age, which are in turn shaped by a broad set of forces.
- The need for hospitals to engage with communities and develop authentic partnerships.
- The influential role of hospitals as anchor institutions in addressing social, economic, and behavioral factors.

# Issaquah Executive Summary

## **About the Community Health Needs Assessment (CHNA)**

A three-year Community Health Needs Assessment (CHNA) and annual improvement plans are required for not-for-profit hospitals as part of the new Patient Protection and Affordable Care Act. Swedish began the assessment process in 2006, long before this requirement, as it provides important information that helps Swedish fulfill its mission of improving the health and well-being of each person we serve.

This year, Swedish Issaquah completed a 2016-2018 CHNA. Our investigation identified a crisis of starvation in the midst of plenty where a small population in need can be forgotten amidst the greater population affluence. Swedish is committed to all members of the community through preventive care, charity care, community health, and education in addition to other supportive activities. For example, Swedish Issaquah hospital sponsored meeting space and conference services for community groups listed in Appendix 1.

## **Completing the CHNA**

The CHNA team established priorities and key objectives for the assessment. We talked with others in the community, heard their voices to understand their concerns. We used a comprehensive effort to gather information from multiple resources, including Swedish caregivers, government entities, social agencies, internet and other sources. The goal—determine resources and interventions that improve the health of everyone, including individuals who are forgotten in the midst of plenty.

## **CHNA Results – Three Areas of Focus**

After analyzing the thoughts provided both inside and outside of the Swedish organization, key issues emerged, leading to a focus on three social determinants. They are transportation, homelessness and an aging population.

### **Access to Care**

- **Transportation:** While the region and city identify transportation as a key issue, plans focus on automobiles as the fundamental part of Issaquah transportation. Residents without a vehicle, will need an expanded transit system that ensures access to health care and other social services.
- **Homelessness:** Despite the distance from Seattle and relative affluence, Issaquah and other eastside communities experience a homeless population. In fact, the U.S. Census data shows 6% of the population for Issaquah is below the 200% poverty level.

## Behavioral Health

Behavioral health includes both mental health and substance use disorders, and often has an impact on physical health and wellness. Health problems linked with substance abuse can include psychosis, depression, drug overdose, skin and lung infections, HIV/AIDS, and motor vehicle injuries. From 2009-2013, 3% of adults in King County cited “serious psychological distress” identified as experiencing over the past 30 days feelings of nervousness, hopelessness, restless, depressed, worthlessness, or that everything was an effort.

## Aging Population

In Issaquah, the 65 and older population is 12.9% higher than the state and King County. This increased population is expected to stress social and economic resources. In Issaquah, the rate of Alzheimer’s disease is higher, presumptively due to the geriatric population.

## **Swedish Issaquah Response to CHNA Results**

Swedish Issaquah created the Community Health Implementation Plan (CHIP) document as a companion to the Community Health Needs Assessment (CHNA). The CHIP outlines an action plan to develop interventions and direct resources that will target the identified health priorities in our CHNA. The CHIP will be reviewed annually to measure progress and maintain momentum.

## **Compelled to Serve our Community**

Swedish Issaquah is a healthcare leader in the community. In that role, we seek to improve the health and well-being of each person we serve. Partnering with Issaquah and surrounding communities with special focus on the three social determinants will support our commitment to fulfilling this mission on the eastside.

## Issaquah Acknowledgements

We express our sincere gratitude to local internal and external participants who provided input.

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# Introduction

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

What follows is the Community Health Implementation Plan (CHIP) for Swedish Issaquah. The CHIP is designed to be the “action plan” that will respond to the specific needs that were discovered during the assessment process. Recognizing that needs may vary by community, each Swedish hospital and the Cancer Institute developed their own customized plan.

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

The objective of the implementation plan is to measurably improve the health of the citizens in a specific community. The plan’s target population includes the community as a whole, and specific population segments including minorities and other underserved demographics.

Each CHIP includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It will be facilitated by the hospital or Institute’s Leadership team and key staff members in various departments.

Swedish Issaquah believes multi-year sustainable partnerships with the key services in the community have a greater impact on improved health status. The Swedish Issaquah CHIP identifies 2016 as a year to investigate partnership opportunities that can be developed now and in the future to meet priority health needs identified in the Community Health Needs Assessment.

# Purpose and process

Swedish Issaquah developed a community health improvement plan designed to address key health needs identified in our community health needs assessment. The prioritized needs were chosen based on community health data and identifiable gaps in available care and services. In the course of our collaborative work, we determined that emphasis on these needs would have the greatest impact on the community’s overall health with significant opportunities for collaboration. Below are the identified health priorities for Swedish Issaquah.

Leading Health Issues	Data
<b>Access to Healthcare</b>	Uninsured adults; 16.4% Adults with unmet healthcare needs due to cost; 14% Adults with a primary care provider; 26% 6% poverty rate in Issaquah 10,047 homeless persons in King County (2015 point in time count)
<b>Behavioral/Mental Health</b>	3% of adults in King County cited “serious psychological distress One in 10 young people experienced a period of major depression One in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression
<b>Aging Population</b>	12.7% of the Issaquah population is greater than 65; higher than King County and the state Alzheimer rate for Issaquah is 32% higher than King County and 29% higher than the state

## Plan objective

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

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

This plan includes components of preventive care, charity care, community health, and education in addition to other supportive activities. It features collaboration with other agencies, services and care providers, facilitated by the hospital, through our mission services with assistance from key staff in various departments.

## Target population

Issaquah community with special emphasis given to those who are underserved and to low-income populations of King and Snohomish Counties.

# Priority Health Need: Access to Care

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

## Community needs addressed:

### Transportation and Homelessness

King County residents in suburban cities, often rely on public transportation – not only to get to their jobs, but also to access healthy food and participate safely in physical activities. Community members identified the need for more efficient bus services and improved connections to multiple parts of the county. There is also the need for additional transportation options, especially for older and/or disabled adults and families.

The 2015 one night count across King County took place on January 23<sup>rd</sup>, and revealed 10,047 homeless people of which 2,993 were in transitional housing, 3,282 in shelters, and 3,772 found on the street between 2 am and 5 am. Although Issaquah is a predominately affluent city, it is not immune to homelessness driven by poverty. The U.S. Census data shows 6% of the population for Issaquah is below the 200% poverty level.

### Goal - Transportation

Improve access to Swedish Issaquah services for vulnerable communities.

### Strategies

In 2016, we will investigate options for patients experiencing difficulty accessing healthcare. The investigation will focus on community partnerships, beginning with Hopelink, and the City of Issaquah, as well as other potential transportation services and opportunities.

### Action plan

#### Current tactics

- Swedish Issaquah has a charity process for transportation when all other options are exhausted.

- Partner with AMR (American Medical Response) for an ambulance transportation coordinator on site at First Hill campus serving all campuses.
- In March of 2016, King County Metro expanded service to Swedish Issaquah Hospital, improving access for many patients. Prior to the expansion, patients had to find transport from the Park and Ride about half a mile from the hospital, leading to late arrivals, missed appointments and other problems.

### **Future tactics**

Investigate community services aimed at improving access, beginning with Hopelink and the City of Issaquah, as well as other potential transportation services and opportunities as listed below.

- Public transit discounts or medical transportation services
- Strengthen the partnership with Friends of Seniors to increase support services provided to Issaquah individuals over 60 years old
- Continued partnership with Hopelink to improve transportation access more effectively utilizing services it provides
- Providing access to cars to improve access to health care such as Zipcar
- Medication home delivery
- Improved public transit routes to the hospital

### **Measurement**

1. Meet with Friends of Seniors to collaborate on future needs and develop an appropriate plan of action for 2016 - 2018.
2. Meet with Hopelink to discuss opportunities for collaboration and develop an appropriate plan of action for 2016 – 2018.
3. Meet with the City of Issaquah to investigate improved transportation services for vulnerable communities.
4. Provide our CHNA and CHIP to the City of Issaquah as input into the City of Issaquah Community Needs Assessment.
5. Research and prepare a report for Swedish Issaquah Senior Leadership on other key community transportation providers such as the community resources listed below.

## Existing community resources and assets

- Hopelink
- Friends of Seniors
- City of Issaquah
- DSHS Medicaid King County Residents
- King County Volunteer Senior Transportation Services
- Senior Shuttle
- American Cancer Society
- Leukemia & Lymphoma Society Patient Aid Program
- Access
- King County Metro's Taxi Scrip Program
- Issaquah Medical Transport Service

### Assets

Medicaid covers a set amount of non-emergency medical rides a month. Some states have Medicare Advantage A plans that also cover a set number of rides per year, with eligibility varying by state. Some private insurers may also provide this coverage. The challenge is the rides often have to be scheduled a long time in advance of the appointment. Additionally, some low-income patients cannot fill out the required application, or have their physician complete their portion of the application. Transportation barriers also impacted access to pharmacies, impacting medication fills and compliance.

## Goal - Homelessness

Improve access to inpatient and outpatient healthcare for the homeless population in Issaquah and surrounding areas.

### Strategies

In 2016, Swedish Issaquah will investigate opportunities to partner with local and regional services that provide assistance impactful to health and wellness for individuals and families who are homeless.

### Action plan

#### Current tactics

- Case management staff refer patients to local area shelter and meal programs

#### Future tactics

- Swedish will meet with Issaquah Food Bank and other area resources to look at expanding wrap around services for people in need.

## Measurement

1. Meet with the Food Bank to investigate improved homeless services.
2. Research and prepare a report on other key community homeless services including existing community resources listed below and public health clinics.

## Existing community resources and assets

- Friends of Youth Services
- Congregations for the Homeless Eastside Winter Shelter
- Eastgate Public Health Center
- SeaMar Community Health Center – Bellevue Medical Clinic
- Swedish Community Specialty Clinic
- Project Access Northwest Primary Link

# Priority Health Need: Behavioral Health

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

## Community needs addressed

Behavioral health includes both mental health and substance use disorders, and often has an impact on physical health and wellness. Health problems linked with substance abuse can include psychosis, depression, drug overdose, skin and lung infections, HIV/AIDS, and motor vehicle injuries. From 2009-2013, 3% of adults in King County cited “serious psychological distress” identified as experiencing over the past 30 days feelings of nervousness, hopelessness, restless, depressed, worthlessness, or that everything was an effort.

## Goal

Improve inpatient and outpatient mental/behavioral health wellness in Issaquah and surrounding areas.

## Strategies

In 2016, Swedish Issaquah will investigate opportunities for collaboration with local and regional services, to improve health and healthcare for individuals and families who suffer from behavioral health related conditions.

## Action plan

Build and expand community partnerships and collaborations to provide greater resources to patients and foster better health outcomes.

### Current tactics

- Swedish offers an integrated behavioral health and primary care program within Swedish clinics. The program screens patients in the primary care setting to identify problems that could lead to reduced ED visits or hospitalization, and improves patients' quality of life.
- Swedish School Based Mental Health Program in Issaquah

## Future tactics

- Continue building partnerships with community mental health agencies and providers to create alliances and referral processes for behavioral health patients
- Pilot an expansion of the school based Mental Health Program in partnership with the Issaquah School District, to the middle school level.

## Measurement

- Continued placement of social workers in the Issaquah School District
- Continuation of the primary care integration program.
- Referrals to community resources

## Existing community resources

### Assets

- Therapeutic Health Services- chemical dependency and mental health services
- Lakeside-Milam Recovery Centers
- Peer Bridger program at Navos and Harborview
- Valley Cities Behavioral Health Care
- Culturally specific and competent providers such as the Seattle Indian Health Board, Muckleshoot Clinic, Snoqualmie Nation Clinic, Sea Mar, Consejo, Seattle Counseling Service, Asian Counseling and Referral Service
- A progressive, supportive, and inclusive community that provide private funds to cover services for communities like Lesbian, Gay, Bisexual, Transgender, and Questioning populations
- The Mental Illness and Drug Dependency funds, who provide services for those who do not qualify for Medicaid.
- Specialty courts (Domestic Violence Court, Drug Court, Mental Health Court, Family Treatment Court)

# Priority Health Need: Aging Population

This section outlines Swedish Issaquah's plan to address unmet needs for the aging population in Issaquah and surrounding communities.

## Community needs addressed

From 2003 to 2013, the number of Americans age 65 and over increased almost 25% according to the U.S. Department of Health and Human Services. Of this population, 21% were members of a racial or ethnic minority and 9.5% were below the poverty level in 2013, which was statistically higher than the year before. Continued increases are expected for many decades. Washington State and the community of Issaquah follow this trend. In fact the 65 and older population in Issaquah is 12.9% which is slightly higher than the state and significantly higher than King County.

## Goal

Address the unique health and wellness needs for the aging population in Issaquah and surrounding areas in order for each person to enjoy their highest health potential.

## Strategies

In 2016, Swedish Issaquah will investigate opportunities for collaboration with local and regional services, to improve health and healthcare for the aging who are facing physical and psychological challenges.

## Action plan

### Current tactics

- Provide physician services through the Residential Care Team program
- Placement of a part-time nurse supporting health and wellness for local seniors in a community senior center
- Clinic Care Managers provides follow-up calls to identified high risk patients
- Providing education to the local senior community through the Aging Mastery series of classes. The curriculum was developed by the National Council on the Aging, and is provided through the Issaquah Senior Center in partnership with Swedish.

## Future tactics

- Evaluate current services to determine best use of resources
- Swedish Issaquah to sponsor a nurse to support wellness within the senior community through the Senior Center.

Swedish Issaquah will investigate Optimal Aging, a new program that helps seniors' access services allowing them to remain in their homes longer.

## Measurement

- Complete Senior Center classes and evaluate the results
- Complete Senior Center nurse clinics for 2016 and evaluate the results
- Meet with leaders of Providence Optimal Aging to discuss program opportunities at Issaquah, and, if appropriate, develop a plan of action for 2016 – 2018.

## Existing community resources

### Assets

- Issaquah Senior Center offers recreation, education, health and wellness, as well as educational programs
- Eastside Friends of Seniors connects seniors and their families to community resources
- Sound Generations serves older adults by promoting positive aging through an integrated system of programs and centers
- Senior Hub mission to advance quality of life for older adults through advocacy, community partnerships and other services
- Alzheimer's Association Seattle provides services to people living with Alzheimer's and other dementias
- Providence Marianwood offers skilled nursing care through transitional care and rehabilitation, as well as long-term skilled nursing
- Memory Care in multiple locations including private nursing care

# Needs Not Directly Addressed

Swedish Issaquah hospital provides services in many of the areas identified as high-need, however some issues would be better addressed by other institutions due to specific skills that more efficiently serve the identified need.

The following is a summary of the targeted health needs not directly addressed in this implementation plan.

## **Health Risk Factors and Chronic Diseases**

Swedish Issaquah addresses health risks and chronic diseases each day through ambulatory and inpatient settings, especially for members of the community who have the economic means to access health care. Swedish Issaquah chooses to focus on the vulnerable populations who do not have access, rather than a specific risk or chronic disease.

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

In Issaquah, incidence of injury and violence-related mortality is low compared to the incidence in King County and Washington State. In this category, the two leading causes, falls and suicide, should be improved by focusing on the aging population for falls and behavioral health for suicide prevention.

## **Maternal/Child Health**

The incidence of low birth weight babies and other maternal and child health measures at Issaquah is lower than or equal to King County and Washington State. By focusing on the vulnerable populations such as the homeless, Swedish Issaquah will have a greater impact on mothers, babies and children without health care access.

## **Preventable Causes of Death**

The incidence of preventable causes of death, including obesity, tobacco use, lack of appropriate nutrition and lack of physical activity at Issaquah is lower than or equal to King County and Washington State. By improving access to care for vulnerable populations, Swedish Issaquah will help impact these causes of death.

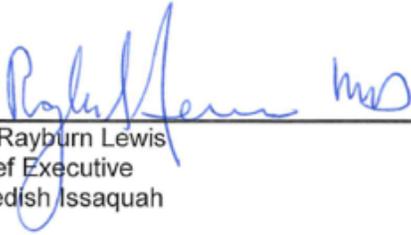
## Next steps

Swedish Issaquah will use multiple resources to participate in the implementation of the 2016 CHIP including marketing, quality, improvement and executive leadership. The goal is to address all tactical elements in the three priority areas. The approach will include formal process improvement and project management methodologies including PDSA (Plan-Do-Study-Act) and A4 action planning tool. We will utilize internal and external resources to meet CHIP goals. Periodically, Swedish Issaquah executive leadership will review CHIP progress to identify successes and remove barriers, ensuring the improvement plan is on target for completion.

Swedish Issaquah aims to meet the health needs of everyone in our community, especially those who are forgotten amidst greater population affluence.

# CHIP approval

2016-2018 CHIP approval



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Dr. Rayburn Lewis  
Chief Executive  
Swedish Issaquah

Date 5/1/2016

# Appendix 1

The following is a list of community groups that conducted meetings or other events at the hospital Conference Center, sponsored by Swedish Issaquah.

Active Women Health Women Oncology Exercise Class

Alcoholics Anonymous Support Group

Alzheimer's Association - Town Hall

Alzheimer's Association Support Group

American Lung Association

ArtEast

Chiropractors of Issaquah

City of Issaquah

Classical Indian Dance Class

Community of Mindful Parenting - Listening Mothers Support Group

Dance for Parkinson's

Eastside Fire & Rescue

Eastside Youth Soccer Association

Economic Development Council of Seattle & King County

Fit4Mom - Stroller Stride Group

Girl Scouts Troop 42375

Girl Scouts Troop 43690

Girl Scouts Troop 44357

Girl Scouts Troop 45347

Issaquah School District - PTSA Council

Issaquah Chamber

Issaquah Chamber of Commerce

Issaquah Citizen Corps

Issaquah Highlands Toastmasters

Issaquah Lacrosse Club  
Issaquah Police Department  
Issaquah Rotary Club Meeting  
Issaquah School District - VOICE Mentors  
Issaquah School District PTA  
Issaquah School Foundation Committee  
Issaquah School Foundation Youth Committee  
Issaquah Soccer Club  
Knit for Life (Cancer Knitting Group)  
Leadership Eastside  
Life Enrichment Organization  
March of Babies  
Music Therapy (for oncology patients)  
National Alliance on Mental Illness (NAMI) Support Group  
NW University Taiwan Nursing Program  
Pinky Party - Susan Komen American Cancer Society  
Program for Early Parenting Support (PEPS)  
Scribe America  
SEIU 1199NW Union  
Shoes for Crews  
Shoreline Community College - Associate Clinical Faculty  
Shoreline Community College Nursing School  
Skyline High School - FCCLA Youth Group  
The DADs Project - Lytle Center  
Washington Association Code Enforcement (WACE)  
Washington Association of Physicians of Indian Origin (WAPI)  
Westside Friend of Seniors

# References

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Stacia Fisher  
Manager Case Management and School Based Health  
Swedish Issaquah

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