Issaquah Community Health Needs Assessment
2016-2018
Executive Summary

Hospitals and health systems in King County are dedicated to the principles of health reform. Currently, the United States spends twice as much on medical care as other high and middle income countries, yet its life expectancy lags behind other developed nations. However, our region is working to transform our current system into one that ensures access to care for all residents, embraces community-based prevention, promotes wellness and recovery through healthy communities, and addresses the underlying causes of illness. This work requires nontraditional partnerships and expands the role of health systems. Together, the health care sector, public health, and community partners can achieve the triple aim of enhancing the patient experience of care, improving the health of populations, and reducing the per capita cost of health care.

For example, Swedish Medical Center is a 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.

The work that Hospitals for a Healthier Community has initiated is aligned with other changes occurring at the community, county, state, and federal levels. The CHNA complements the King County Health and Human Services Transformation Plan, which calls for strategies to improve access to person-centered, integrated, culturally competent services when, where, and how people need them. It also calls for the improvement of community conditions because health and well-being are influenced by where people live, work, learn, and play.

Using the HHC Assessment as a foundation, Swedish Issaquah Hospital developed its own CHNA and implementation strategy reflecting the findings from the collaborative combined with the findings of the local community.

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

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

We sought to identify who or what in the community is influencing the health of individuals the most? This is important as systems will need to interact or partner with organizations that influence individuals behavior between healthcare appointments. Examples include religious organizations, transportation companies, housing authorities, gyms and workout facilities, restaurants.

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

The report integrates data on HHC’s “identified health needs” with input from community organizations about assets, resources, and opportunities related to those needs:

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

**Behavioral Health:** Access to behavioral healthcare, integration of behavioral and physical healthcare, and boarding of mental health patients were identified as key issues. Opportunities include use of standardized referral protocols, coordinated discharge planning, and increased capacity for integrated healthcare.
**Maternal/Child Health**: Disparities in adverse birth outcomes persist, and the percentage of births in which mothers obtained early and adequate prenatal care is too low. Community-based organizations stress the importance of quality prenatal care and ongoing social support, as offered by home visiting programs.

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

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

The HHC collaborative and individual hospitals and health systems plan to partner with community coalitions and organizations in implementing the strategies informed by this assessment and other tools. Working together, hospitals/health systems and communities can reduce healthcare costs and improve the health of all people in King County.

**Acknowledgements**

We express our sincere gratitude to participants who provided feedback during the community health needs assessment and for our subsequent health implementation plan. Appendix 3 includes a complete list of all invited participants. Many attendees may have participated more than once in various meetings and community presentations.
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.

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 internal and external input, key issues emerged, leading to a focus on three social determinants. They are transportation, homelessness and geriatrics.

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 significant levels of housing insecurity. In fact, the U.S. Census data shows 6% of the population for Issaquah is below the 200% poverty level.

Geriatrics: 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 a 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 ensure that we accomplish this mission.

**Issaquah Acknowledgements**

We express our sincere gratitude local internal and external participants who provided input for the Swedish Issaquah CHNA.

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Introduction

Creating healthier communities, together

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

As health care continues to evolve, Swedish is responding with dedication to its Mission and a core strategy to create healthier communities, together. Partnering with others of similar intention, Swedish became a member of the King County Healthier Hospitals Coalition (HHC), a collaborative of all 12 hospitals and health systems in King County including Public Health-Seattle & King County. The purpose of this first joint county-wide community health needs assessment (CHNA) is to highlight strengths and areas of need that cut across geographies and present opportunities for collaboration among public health, hospitals, health systems, community organizations, and communities.

This assessment embraces a broad concept of health that includes social, cultural, and environmental factors that affect health.

It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Swedish provided more than 133 million in Community Benefit in 2014. A list of Issaquah community sponsorships and benefits is included in Appendix II.

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

1. A description of the community served
2. Leading causes of death
3. Levels of chronic illness

In addition, this report provides qualitative and quantitative information about the following identified health needs:

4. Access to care
5. Preventable causes of death
6. Maternal/child health
7. Behavioral health
8. Violence and injury prevention

Using these priorities as a baseline, Swedish Issaquah dove deeper to identify the specific needs for the people in communities we serve, and to develop a stand alone implementation plan that addresses those needs.
Detailed data are reported, when available, for neighborhoods, cities, and regions in King County, and by race/ethnicity, age, income/poverty, gender, or other important demographic breakdowns. When possible, comparisons are also made to the Washington State average and Healthy People 2020 objectives. Healthy People 2020 objectives are science-based, national objectives (www.healthypeople.gov).

Community Strengths and Resilience

King County has a strong economy and on a county level ranks high on national indicators of health and wellbeing. In part because of high levels of immigration, we are home to some of the most diverse communities in the US. These communities have unique cultural strengths and community assets to draw on that benefit the entire region. In addition, we have strong institutional assets including faith communities, government, hospitals and health systems, universities, philanthropy, and non-profits. There are also numerous existing programs that help the community thrive, and many people have strong networks to support them.

Yet, the benefits of a strong and healthy community are not felt equally by all. When looking across issue areas in different parts of our county, it is clear that every community has assets yet also opportunities for improvement. At the same time, some areas face persistent disparities in health by race, income, and place. When important health and social measures are presented by geographic area it becomes clear that our opportunities for better health begin where we live, learn, work, pray, and play. For example, King County residents live an average of 82 years, three years longer than the national average of 79 years. However, life expectancy within the county varies by almost 10 years. South Auburn residents live an average of 77 years; west Bellevue residents live an average of 86 years.

Many other health and social indicators reflect similar patterns of inequity, such as housing quality, alcohol-related deaths, obesity, lack of health insurance, and smoking. Despite these disparities, the leading risk factors and causes of illness affect us all and call for collective action to give everyone a fair chance to live a healthy life. Each region of the county is affected by the issues addressed in this report and each region has unique assets and resources to address them. Working together, hospitals, health systems, public health, community organizations and communities can improve the conditions in which people live and their ability to lead healthy lives to achieve their full potential.

Supplemental data can also be found in the Appendices. Additional indicators for each health need as well as data for other health topics are online at www.kingcounty.gov/health/indicators.
About Swedish

Our Commitment Goes Beyond Words

At Swedish, our commitment is more than something we strive for. It's reflected in everything we do. It's part of who we are, and it begins with our dedication to our patients and the health of our region.

Swedish is committed to creating a culture that values patient safety above all else. This is evidenced in the way we provide ongoing training to our staff of more than 10,000 employees, with an emphasis on error prevention tools, techniques for clear communication, and team support exercises.

We owe much of the continued growth of our health system to our ongoing initiative to promote sustainability at every level of our organization.

Our No. 1 priority: Quality Care and Patient Safety

Since our founding in 1910, Swedish has been at the forefront of patient safety and care quality. When founder Dr. Nils Johanson arrived in Seattle more than a century ago, he quickly discovered there were no hospitals that lived up to his standards for care quality and sterile technique. And so he created one. Dr. Johanson’s legacy and leadership live on today at Swedish, where our highest priority continues to be on quality and safety for every patient. Learn more about our quality and safety.

An Excellent Setting for Exceptional Work

At Swedish, we’re not only committed to being the best place to receive care, but also to being the best place to work.

Since our founding more than 100 years ago, Swedish has grown into the Greater Seattle area's largest, most comprehensive medical system. We think we’ve also become the best hospital to work for in the Pacific Northwest.

We are proud to foster a vibrant, supportive work environment, with individualized orientation, continuing education and ongoing opportunities for professional advancement. We also reward our people with generous compensation and benefits.

When you work at Swedish, you work alongside some of the most skilled and dedicated professionals in health care. You also work in one of the most desirable areas in the country, in the heart of the Northwest and at the leading edge of medicine.

We Do Our Best Work by Working Together

The people of Swedish are motivated by shared values and professional standards to
do our best, not just for our patients, but for each other as well.

Together, we create a culture that values quality on behalf of the patient and empowers staff to take action. You only need to look as far as the patient-safety huddles that take place daily at our campuses to alert team members to potential safety issues, and how they make immediate course corrections. It quickly becomes evident that Swedish is truly a unique organization.

Teamwork is the way we work at Swedish. We are committed to working together to achieve our mission of high quality and compassionate care.

Our Nonprofit Mission

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

Our Vision

Demonstrate the highest-quality, best-value healthcare to all we serve.

Giving back to the community

As health care continues to evolve, Swedish is responding with dedication to its Mission and a core strategy 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 communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Swedish provided more than 133 million in Community Benefit in 2014.

About Swedish Issaquah

With advances in technology, an environmentally friendly design and new hospital infrastructure, the Swedish Issaquah campus is designed to be different to meet the health-care needs of the community with this new medical center in the Issaquah Highlands. It is the only full service hospital facility in the area offering inpatient and outpatient care for residents and visitors in Issaquah and the surrounding communities. The facility provides care for all economic levels include the 6.5% of city residents who are uninsured. Swedish Issaquah is the recipient of multiple awards including US News and World Report 2014 Best Hospital, Leapfrog Best Hospital, National Research Corporation Consumer Choice Award, Green Hospital Design Award. Additionally, the Emergency Department has won the Press Ganey Association Patient Satisfaction
Summit Award for the last ten years in a row, one of the only emergency departments in the United States to achieve this distinction.

Description of Community
Issaquah Zip Codes: 98027, 98029, 98075

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

Swedish Issaquah Hospital is located in Issaquah Washington, described as a vibrant, growing community nestled at the foot of three mountains where I-90 meets the urban boundary. Established in 1892, the current population is more than 34,000. Much of the growth occurred since 1990, due to annexations and a housing boom that created two urban villages—the Issaquah Highlands and Talus. The hospital, located in the Highlands, serves as a community center for multiple activities and events, in addition to providing medical care. Major employers include Costco Corporate and Swedish Hospital. Other local healthcare providers include:

- Overlake has Urgent Care in Issaquah
- Virginia Mason has a medical center in Issaquah
- UW Medicine has Primary Care in Issaquah
- EvergreenHealth has Primary Care close to Issaquah in Sammamish

The city anticipates continued growth with 3,916 additional housing units and 17,517 jobs by 2031. Swedish Hospital is expected to expand to accommodate the growth.
Population and Age Demographics

As with many communities on the Eastside of Lake Washington, Issaquah has a mix of families with children, as well as a proportionately large senior population. To meet health needs of Issaquah and surrounding communities, Swedish Issaquah provides care for all ages.

- Population: 34,056
- Persons under 5 years old 8.4%
- Persons under 18 years old 23.7%
- Persons 65 years and older 12.7%
- Female 52% of population
- Families with children and large senior population

Ethnicity

Racial makeup for the city is predominately white and Asian at more than 92%. Other races make up the remaining population at 8%.

- 74.7% White
- 1.4% African American
- 0.4% Native American
- 17.5% Asian
– 0.1% from other races
– 4.1% from two or more races
– Hispanic or Latino of any race were 5.8% of the population

**Income Levels and Housing**

The median household income for Issaquah is $86,865, slightly higher than King County which is $73,035 according to the 2010-2014 census. While the home ownership rate is more than 60%, homelessness is increasing in Issaquah and the Eastside in general.

– Housing Units (2010) 13,914
– Homeownership rate (2009-2013) 62%
– Persons per household (2009-2013) 2.35

According to King County Public Health and the U.S. Census, almost half of renters and 40% of owners with a mortgage are paying more than 30% of their income on housing-the threshold for unaffordability. An estimated 11,561 people took refuge in emergency shelters in 2012-2013.

For the city of Issaquah, almost 40% of renters live above the poverty level. This is contrasted by over 83% of the poor residents living below the poverty level who rent.

Source:

**Healthcare and Coverage**

According to King County Public Health, 14% of King County adults reported needing to see a physician in the past year, but could not due to cost. Uninsured adults were more than four times as likely to have unmet medical needs as those with medical insurance. The uninsured population are more likely to use the emergency department when they seek healthcare, at a much higher cost.

For individuals whose employers do not provide health insurance, the leading cause of poverty are medical bills associated with a catastrophic illness. Those with the lowest levels of income are more likely to report their health as fair to poor. Housing or homelessness contributes to lower health states due to inadequate plumbing and heating, infestations, major repair needs, overcrowding, and higher stress levels.
Process, Participants and Health Indicators

Assessment Process

Recognizing that the CHNA is not intended to provide all of the data necessary for each specialized topic, the following criteria were developed to identify indicators for inclusion in this report:

1. High quality, available data that are population-based (where possible), measurable, accurate, reliable, and regularly updated. Data focus is on rates rather than counts.

   1. Ability to make valid comparisons to a baseline or benchmark

   2. Prevention-oriented and actionable by hospitals to improve community health. Indicators offer a sense of direction for action at individual, community, systems, health-service, or policy interventions that will lead to community health improvement. Indicator can be used to measure progress, and condition or process that is being measured can be changed by intervention/policy/system change and there exists a capacity to affect change.

   3. Address health equity, particularly by age, gender, race/ethnicity, geography, socioeconomic status, although not all demographic breakdowns may be available for all indicators.

   6. Aligns with local and national health care reform efforts including the triple aim. Quantitative data used were high-quality, population-based data which were analyzed using statistical methods and complex survey methods by Public Health-Seattle & King County. Data come from local, state, and national sources such as the US Census Bureau, US Centers for Disease Control and Prevention, Washington State Department of Health, and King County.

People who represent the broad interests of the communities served by HHC hospitals and health systems also provided input. HHC used three methods of gathering information were interviews with stakeholder coalitions, an online survey, and a review of recent reports on health needs. The interview questions used for the in-person interviews and online survey are included in Appendix 3.

Two key limitations of this report include limited or complete lack of quantitative data on some topics of interest and the inability of this report to summarize every asset and opportunity in King County. Limited data, for example are available on healthy eating and we use data on fruit/vegetable consumption as one measure. We recognize that there are additional community organizations and assets that are not mentioned in this report, but limited resources make it impossible to mention every asset.
Using a broad definition of health, HHC members used a population-based community health framework to identify the approach to the report, health needs, criteria for selecting data indicators, and using those criteria, key indicators within each health topic. Information from previous CHNAs conducted by hospitals, recent community based reports, and stakeholder interviews were used to help identify community concerns and assets. Three methods of gathering qualitative and quantitative data were used: interviews with primary sources such as subject matter experts both internally and within the community, and a review of published reports on health needs, health data, and relevant research.

Participants

• Partner with the Swedish Issaquah Community Advisory Board
  -The board consists of Swedish leadership, Swedish board members and Issaquah community members
• Partner with schools and community businesses for feedback and program needs (Issaquah School Foundation, etc.)

Data Collection and Analysis

Collected data is analyzed within the identified health indicator as appropriate.

Primary source data collection with the following groups:

1. Issaquah School Foundation
2. Issaquah Foodbank
3. Sophia Way
4. Lifewire (EDVP – Eastside Domestic Violence Program)
5. Hopelink

Health Indicators and Trends

Issaquah demographics, taken from the 2012 King County City Health profile provides demographic data for Issaquah compared to King County and Washington State, shown in the table below.

When compared to King County and/or Washington State, these data indicate a higher number of residents in the 0-17 year group, the 25-44 year group, and the 65 and older group indicating the need for services that address a wide-variety of healthcare needs from babies to geriatric care. While the population is predominately white, attention should be paid to non-white residents who are in the minority.

Data below indicate residents with financial need. As noted earlier, forty percent of the renters in Issaquah pay over 30% of their income for housing, and 15% are 200%
below the poverty level. While the community enjoys a level of affluence, Swedish Issaquah must consider the less-fortunate population when planning and providing services to the community and surrounding region.

The following list represents the health indicators for King County as identified by the HHC:

- Health insurance
- Unmet medical needs
- Maternal/child health
- Reproductive health
- Communicable diseases
- Injury and violence
- Chronic diseases
- Mental health
- Alcohol abuse
- Drug abuse
- Environmental exposure
- Smokers
- Unhealthy weight
- Physical inactivity
- Social Determinants
- Clinical preventive services
  - Immunizations
  - Cancer screening
  - Oral health
General Health Status

The data below indicates higher life expectancy for Issaquah residents when compared to King County and Washington State, although 22% of residents engage in limited activities. While a small percentage report problems with mental health, interviews indicate a rise in behavioral health issues since the data was reported in 2012.

Leading Causes of Death

The leading causes of death for Issaquah residents is cancer, heart disease and Alzheimer’s disease. Of the three, only Alzheimer’s disease is significantly higher than rates for King County and Washington State. Swedish Issaquah offers special services...
for cancer patients through the Swedish Cancer Institute located on campus.

![Leading Causes of Death](image)

**Health Risk Factors and Chronic Diseases**

Hypertension, one of the three top health risk factors identified in the data, is higher than the county indicating opportunity for improvement and focus. Excessive alcohol consumption and high cholesterol are other opportunities to improve the health of this community.
Injury and Violence-related Mortality

All measures in this category are relatively low for Issaquah when compared to the county and state, although the rise in behavioral health issues indicates a growing need to address issues such as suicide and mental health problems. Since this 2010 data was published, distracted/impaired driving concerns were raised by both community members and law-enforcement officials.

Graph may be found in Appendix 1.
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, worthless, or that everything was an effort. However, adults with household incomes under $15,000 were five times the King County average.

According to a 2014 report from the Alcohol and Drug Abuse Institute at the University of Washington, heroin-related deaths in King County rose 58% between 2013 and 2014, accounting for half of the deaths in 2014. Additionally, in King County, treatment admissions for heroin rose 101% from 2010 to 2014. Most of the calls to the Recovery Help Line were for heroin, methamphetamines, and prescription pain pills.

Assets
- Therapeutic Health Services- chemical dependency and mental health services
- Lakeside-Milam Recovery Centers

Opportunities
- Community education around associated health conditions and self-medication is needed to improve understanding the link between mental illness and addiction.

Dr. Brenna Born, a physician in the Swedish Issaquah Emergency Department has seen an increase in the number of psychiatric patients. “It does seem that there are more psych patients. It used to be that our social workers would often have time to see folks who just needed some resources, but now I find that they are usually busy with at least one psych patient.” She stresses the importance of behavioral health services, saying that psychiatric patients consume time for social workers and for staff who sit with the patients if needed. She states that psychiatric issues can bring patients to the Emergency Department for care that could be provided at home.

Behavioral health impacts primary care, as well. Dr. Arpan Waghray, Swedish Psychiatrist, says, “By some accounts around 20% of primary care visits might have some behavioral health or psychosocial component. We have no reason to believe that Swedish is any different.” He says that untreated behavioral health conditions have profound impact on overall health outcomes, causing these patients to utilize health care resources at a high rate. Over utilization includes inappropriate ER visits, longer hospital stays, etc.
The Swedish emergency department is the primary entrance into the Swedish hospital system. In the fourth quarter of 2015, 4,046 patients came into either the Edmonds or the Issaquah emergency department.

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<th>Who did we help?</th>
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<th>How did we help them get there?</th>
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<tr>
<td>Set up transportation</td>
<td>357*</td>
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<tr>
<td>Arranged home health svcs</td>
<td>32*</td>
</tr>
<tr>
<td>Home dialysis set up</td>
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</table>
How else did we help them get there?

Continuity of care

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<th>REFERRALS, PLACEMENTS AND SERVICES ARRANGED</th>
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<td>DME arrangements made</td>
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<td>CCORS arranged</td>
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<td>Post discharge follow up</td>
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Source:
Primary Source Interview, Manager of Swedish Social Work and Care Coordination

Three factors emerged related to behavioral health:
1. Access to behavioral healthcare
2. Integration of human services and behavioral and physical healthcare
3. Boarding of mental health patients

1. Access to Behavioral Healthcare
King County Mental Health Services received community input that indicated seriously mentally ill adults experience difficulty accessing behavioral health care in primary settings due to insurer’s regulatory barriers that effectively limit the covered services. It was identified that these vulnerable populations need a high level of assertive engagement to help them access the care they need.

The Manager of Social Work and Care Coordination at Swedish Issaquah reports a greater proportion of teen anxiety issues in Issaquah when compared to other Swedish communities, due to community affluence and the pressure to succeed. To help address this need, Swedish provides a pediatric psychiatrist, who is located in Issaquah. There are also social workers located in each of the three Issaquah High Schools in partnership between the Issaquah School District and Swedish Issaquah. In addition to services provided by the hospital, the region offers numerous assets to help address the growing need for behavioral health

Community Assets
• Peer Bridger program at Navos and Harborview
• 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

Opportunities
- Increased inpatient bed capacity for behavioral health
- Increased capacity for integrated behavioral healthcare
- Use of standardized referral protocols
- Coordination of discharge planning across the healthcare system
- Improved access for patients
- Use of naloxone, an opiate overdose antidote, shown to reduce fatalities from opiate use
- The Crisis Clinic, a 24-hour telephone crisis response and referral service for all King County residents, including family members.

2. Integration of Human Services and Behavioral and Physical Healthcare

Serious mental illness often has associated chronic disease and homelessness complications, indicating that training mental health staff to include the physical health and human service needs in a more integrated approach is needed.

Community Assets
- Partnership with Issaquah High Schools to provide 3 mental health counselors, one in each high school and referral services to at risk students
- Plymouth Housing Group and DESC, providers of permanent, supportive housing to homeless people with chronic mental illness.
- HERO House provides vocational and social rehabilitation resources to facilitate recovery for adults with chronic mental illness.

Opportunities
- Coordination related to discharge planning (including notification of behavioral healthcare providers and communication of prescriptions to all relevant providers) could create efficiencies and reduce unnecessary emergency department use.
- Clinicians in primary care and emergency departments can use Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify individuals at risk for substance abuse disorders.

3. Boarding of Mental Health Patients

Boarding refers to the practice of involuntarily holding mentally ill patients within hospital emergency departments, often without treatment. Boarding occurs when
there is a lack of available capacity to accept the patient in a psychiatric facility for therapeutic treatment.

Community Assets
• A new 16-bed evaluation and treatment center will open in King County in 2015.

Opportunities
The Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) educates families and those who routinely interact with youth—teachers, mental health professionals, and doctors—about key signs to look for in young people to identify and prevent psychosis.

Maternal and Child Health

Data indicates an opportunity to focus on low birth weight babies which compares to rates in the county and state. Community-based organizations stress the importance of baby-friendly hospitals, quality prenatal care, and ongoing social support.

Graph may be found in Appendix 1

Access to Care and Preventative Services

Data indicates opportunities for Swedish Issaquah to improve care, especially in the areas of pneumonia vaccination, influenza vaccination and mammograms. As shown below, women who indicated no mammogram within two years is higher in Issaquah than King County and Washington State. Also more than half of Issaquah residents did not have a flu shot in the past year and more than a quarter of those greater than 65 have not received a pneumonia vaccination.
The Healthy People 2020 determinants of health identified the barriers to accessing health services as:

- Lack of availability
- High cost
- Lack of insurance coverage
- Limited language access

These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

As stated earlier, 14% of King County adults who needed to see a physician in the past year did not do so due to cost, and those without medical insurance are more likely to use the emergency department when they do seek healthcare. The hospital often does not get reimbursed for care provided to the uninsured as they cannot afford to pay. Unlike other states, Washington state has no charity pool available to cover hospital incurred costs leaving the hospital to rely on philanthropy to help cover uncompensated care. A 2014 report from the Washington State Insurance Commissioner indicated uncompensated care has risen rapidly with providers absorbing an additional 10.4% of care costs since 2010, amounting to $1.01 billion a year.

Individuals between 19-64 years of age who previously had incomes above the Medicaid threshold, can now enroll in Medicaid due to expanded income qualifications (up to 138% of the federal poverty level), or in a subsidized health plan using the new online marketplace Healthplanfinder. However, under the ACA rules, not all residents are eligible, such as undocumented immigrants, or immigrants in the five-year wait period. Individuals above the 138% poverty level but lower than the 200% level often cannot afford the insurance premiums or co-payments, even with the cost-sharing and tax credit subsidies.

Limited English proficiency populations face more obstacles to accessing medical care, and places them at higher risk for experiencing complications such as infections. To address this need, Swedish offers the use of an on-site or telephonic interpreter service.

Assets

- Eastgate Public Health Center
- International Community Health Services
- SeaMar Community Health Center

Opportunities

- Increase the number of public health clinics to improve the ability to serve all those seeking care.

Social Determinants –Transportation

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.

“You can provide the best care in the world, but it doesn’t matter if the patient has no way to get to it.” Samina Syed
Patients in both rural and urban areas experience difficulty getting to healthcare appointments successfully due to the lack of access to a car, subpar bus infrastructure, or have physical conditions that make using public transportation difficult. According to the Advisory Board, a review of several studies published in the *Journal of Community Health* indicated that 25% of low-income patients had either rescheduled or missed an appointment because they lacked transportation to get to the appointment. When patients miss an appointment they cannot get their questions and concerns addressed, or update their physician on changes in their conditions or life situation. Patients with transportation challenges are less likely to fill prescriptions because they cannot get to the pharmacy. Additionally, patients without transportation are more likely to wait until they have a medical emergency and call an ambulance in order to receive care, often negatively impacting clinical outcomes.

**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.

**Issaquah Transportation**

The Transportation Element Plan states that automobiles will remain a fundamental part of Issaquah transportation due to the city’s location at I-90 and the edge of the Urban Growth Boundary, making Issaquah a pass-through for drivers traveling from East King County to employment in Seattle, Bellevue and other urban locations. In addition, Issaquah is positioned as a regional commercial center, attracting inner-city traffic for shopping and other attractions. In its Central Issaquah plan and other development plans, the city seeks to address dependency on single occupancy vehicles and create an environment where pedestrians, cyclists and transit riders are given equal support without diminishing the motorized system.

Yet, despite city plans to address traffic, many residents remain frustrated with current road congestion. In January 2016, Issaquah residents responded to an invitation from the Issaquah Press to sound off on traffic congestions, especially where traffic is the worst. Residents cited most areas in the downtown core as impassible, especially during the morning and evening commute.

Because transit is essential to mobility and access, city and regional developers, emphasize the role transit will play when designing for new development and roads and in making budgetary decisions. One transportation policy seeks to design public spaces, public and private developments and street improvements that benefit transit operations.
In March of 2016, King County Metro expanded service to Swedish Issaquah Hospital, improving access for many patients who were challenged by transportation related issues. Prior to the expansion, patients had to find transport from the Park and Ride about ½ a mile from the hospital, leading to late arrivals, missed appointments and other problems.

At right: Dr. Rayburn Lewis and Issaquah Mayor Fred Butler welcome the new Metro bus to Swedish Issaquah.
Hopelink is one resource that provides limited transportation in Issaquah and the surrounding area, but the service is restricted to Medicaid patients.

A team within Hopelink called the Mobility Management Group offers training on transportation options available in the area. This training may be an option for Issaquah ED and Care Management. In addition, Hopelink contracts with hospitals to provide services for non-Medicaid patients.

Opportunities
Future opportunities to consider

• Public transit discounts or medical transportation services
• 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 (see map below)

![Map of Issaquah](http://kingcounty.maps.arcgis.com/apps/webappviewer/index.html?id=3e239c9048604de8a1c73b72679b
c82e)

Social Determinants – Homelessness

The 2015 one night count across King County took place on January 23rd, 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.

*Graph may be found in Appendix 1*

While homelessness is growing in King County and only a handful of other areas have a larger homeless population, the region is committed to addressing social problems. Combining government and private efforts, including the Bill and Melinda Gates
Foundation, as well as United Way, it is estimated that more than a billion dollars has gone into helping the county’s homeless in the past decade. Yet, the effort is losing ground due to increasing numbers. Advocates blame this increase on broken mental health systems, racial disparities, and lack of community involvement. The goal is to have housing available to those in need within three weeks as opposed to the current rate of four months. In addition, we must focus on root causes. According to a spokesperson from United Way, “We can’t build our way out of it,” Matulionis said. “We’re never going to be able to build enough housing if we don’t reduce the number of people becoming homeless.”

Domestic violence is one cause. According to the Executive Director of Lifewire, a nationally recognized leader and the largest comprehensive domestic violence service provider in Washington State, domestic violence is the leading cause of homelessness for women and children. Finding available low income affordable housing is a serious problem, and is projected to continue into the future. Lifewire advised that a single female in east King County with two children, one in preschool and one in elementary school, would need to earn $54,000 annually to live without the need for subsidies of some kind.

A recent improvement in government funding flexibility is allowing service providers to work with clients to address their needs rather than forcing clients into programs based on what the government thinks clients needs are. For example, Lifewire is once again seeing prevention plans supported after a 10-15 year absence, noting it is far cheaper to prevent homelessness than to shelter a family. Supporting a housing stability program by providing locks on doors, or the first and last months rent may be all that is needed to keep a family in their home. Supporting a housing stability plan provides assistance to 6 out of 7 families calling for help. Without the government support, assistance would drop to 1 out of every 35 requests to their crisis line. Working with clients to ask what needs to happen to keep them housed, and supporting those needs, gives power and control back to their clients, who often feel powerless.

Sophia Way, a homeless shelter for women and families, echo’s these same trends and concerns for affordable housing, adding a concern in the future about the ability to screen candidates for drugs and mental health conditions in order to maintain safety of residents based on current staffing resources.

Other government programs include Medicaid, which does pay for individual housing transition services (screening, developing either a housing support or crisis plan, helping with housing applications), but not for monthly rent subsidies.
Homelessness in Issaquah

Despite the distance from Seattle, Issaquah and other eastside communities experience a homeless population, as well. At the end of 2015, Tent City 4 returned to an area east of Issaquah after being forced to vacate a local state park. While the homeless camp has been hosted by local churches in the past and many in the community work on the homeless behalf, these individuals remain at the mercy of state regulations and local ordinance—continually looking for a place to stay.

Homelessness impacts community healthcare, as well. Dr Brenna Born, Emergency Department Physician, summarizes the connection between emergency care and housing when she says, “Homelessness leads people to the ED for a variety of reasons including looking for a place to stay or a meal, and the real medical issues that happen with homelessness - cold exposure, not taking meds (too expensive), trauma, lack of cleanliness, infection ... People who are struggling to make ends meet can’t afford over the counter medications so come in when home treatment is available. They also will sometimes stretch out their medication as they can’t afford the copay, and as such are only partially treated for their medical conditions. Follow-up is difficult for a lot of these patients (psych and poor) as well, which complicates the ED visit tremendously (as you can imagine). Transportation difficulties affect follow-up for obvious reasons, and also affect patients ability to return if needed.”

Some local services support homeless and other community residents by providing essential services. According to an interview with a representative of the Food and Clothing Bank, Issaquah is a supportive city with positive coordination between emergency services (police and fire) and social services including the Food and Clothing Bank. When asked what could be improved, the representative cited gaps in services for residents, especially the lack of shelters in the community.

Another housing option located in the Issaquah Highlands is the YWCA Family Village at Issaquah that offers affordable housing through a public-private-nonprofit partnership. Opened in 2011, it has 146 units of permanent, affordable housing for those who earn 60% or less of the area’s median income. Each unit offers low utility costs and protects resident health through environmentally-friendly construction.

Assets
- Washington state contracts with case managers that provide housing support and ensure specialized behavioral health support is available. Additionally, the state has three housing specialists who serve as liaisons between individuals and agencies.
In January 2016, the DHHS announced a grant program (Accountable Health Communities Model) to test if Medicare and Medicaid health outcomes improved, and if healthcare spending could be reduced by addressing beneficiaries’ nonmedical needs. The grant is funded under the Affordable Care Act, providing $157 million to bridge organizations to identify individuals’ social needs and connect them to the appropriate community service.

Money Follows the Person (MFP) program. The Washington State’s Roads to Community Living program uses MFP administrative and demonstration services funds to support housing-related transition and sustaining services, as well as collaborative efforts across human service agencies and with state and local housing agencies to develop housing resources.

Community organizations such as Congregations for the Homeless, Eastside Winter Shelter, Sophia Way, Attain Housing (KITH)

Opportunities
- Organizations in the community should align services, collaborate their processes, and share data
- ICD-10 includes a code for housing and homelessness, making it easier for hospitals to track and trend data in order to accurately identify and address housing challenges

Social Determinants – Geriatric

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, as shown in the graph below.
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.

This increased population is expected to stress social and economic resources. National and State economies have addressed budget shortfalls with a combination of cuts, fund transfers and other actions that reduce funding and services for senior care. Faced with increasing demand and stagnant or shrinking funds, the Administration on Aging released goals to address evolving senior issues. One of the goals is to improve health status through healthy aging programs that empower older people to stay healthy and active.

One of the growing conditions related to age is Alzheimer’s disease and other dementia. In fact, most people diagnosed with these diseases are age 65 or older, and while age is the greatest risk factor, these diseases are not a normal part of aging. In Issaquah, the rate of Alzheimer’s disease is significantly higher than King County and Washington State, probably due to the greater number of people over 65.

At Swedish Issaquah Emergency Department, caregivers use a geriatric assessment to determine how senior patients live and function. If intervention needs are identified, these patients are referred to senior services including Meals on Wheels. One concern is the lack of custodial or non-skilled care for seniors who are not poor enough for Medicaid but not wealthy enough to pay out of pocket for services needed to keep them...
independent and as healthy as possible. Senior patients who cannot live at home are referred to assisted living or special services, including financial aid as needed.

Swedish offers geriatric care through specialist physicians. One of these physicians is Dr. Eric Troyer who serves as medical director of the Transitional Care Unit at Providence Mount St. Vincent in Seattle and the Swedish Residential Care Team.

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 alzheimers 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

Opportunities

- Increased funding that keeps pace with the growing senior population
- Publically supported senior and memory care
Identified Priority Health Needs

In this section we describe all of the areas of significant health needs that Swedish identified during collaborative consultations with the community, along with the process and criteria used in establishing identified health needs.

Through data analysis and input from hospital and community leaders, three leading health issues were identified: access to healthcare, behavioral and mental health, and aging population.

“Starvation in the Midst of Plenty”
Diabetes Mellitus has been described as a disease that starves its victims because, despite excess sugar circulating in the blood stream, diabetics cannot utilize the sugar for energy. In effect, cells in the body starve despite being surrounded by plenty of nutrients.

The region surrounding Issaquah, Washington presents the same phenomenon where despite a robust economy with higher than average wealth, some in the community suffer from significant challenges with limited services to address their daily needs. Like those with diabetes, these residents experience challenges in the midst of plenty.

Each day Swedish Issaquah Hospital provides healthcare services to residents in the region from all backgrounds including those who do not fit the popular demographic profile. Caregivers in the hospital and ambulatory care clinics directly experience a diverse population that includes those who have plenty and those who do not.
Leading Health Issues and Baseline Data

<table>
<thead>
<tr>
<th>Leading Health Issues</th>
<th>Data</th>
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| Access to Healthcare        | 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) |
| Behavioral/Mental Health    | 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 |
| Aging Population            | 12.9% 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 |

Prioritization Process and Criteria

The process and criteria use to establish the finalized selection of health needs were selected based on data and feedback from primary source interviews and with subject matter experts from the hospital staff, patient feedback from Press Ganey HCAPS surveys and from discussions with leaders during inpatient stays. The criteria used to rank the top health priorities included:

- Is there a gap that needs to be filled to address this need?
- Would the community welcome our involvement with the issue?
- How many people will benefit from the project? Are the poor and vulnerable more affected by the need?
- Is there a way to easily measure the outcome of our involvement?

Selection of the health indicators is based on the impact on health status, severity and frequency of the condition, whether a disease is amenable to prevention and early detection, and data availability.
Progress Summary
2012 Community Health Improvement Plan

This section provides a review of the prior community health needs assessment (CHNA). The top health indicators by priority for the 2012 CHNA, updated in 2013, were:

Primary
- Poverty
- Number of people who are not able to access health care due to cost
- Lack of usual/primary care
- Uninsured
- Obesity
- Low birth weight babies
- Breast cancer
- Diabetes
- HIV/AIDS
- Hypertension
- High blood cholesterol in those checked
- Heavy consumption of alcohol

Secondary
The following categories showed improvement as of the 2012 CHNA, within King County, but did not meet the goals established by Healthy People 2010, and were considered in the Swedish CHNA.
- Stroke
- Colorectal cancer death
- Lung cancer death
- Suicide
- Smoking cessation
- Vaccinations (3 categories)
- Seat belt use

Swedish Medical Group responded to the need for additional physicians to help address the need for primary care physicians as well as specialty providers. Between 2012 and 2016, 11 providers were added between the Pinelake, Issaquah, and Snoqualmie clinics. Twelve new clinics also opened, adding 31 additional providers to Swedish Medical Group including psychiatry and behavioral health.
Response to Emerging Health Needs

Subsequent to the 2012-2013 CHNA, Swedish responded to newly identified health needs by addressing the following emerging priorities:

- High Level Containment
- Impaired driving by teens
- Issaquah designation as the Sports Medicine Innovation Partnership Zone

High Level Containment

Due to the West African Ebola outbreak, and the CDC prompting of US healthcare facilities to implement systems necessary to raise preparedness levels at home, Swedish Issaquah developed a modular high-level assessment and isolation unit.

Swedish Issaquah was among the first hospitals in Washington to be designated as Ebola assessment-ready. The program, organized in coordination with state and federal officials, utilizes the hospital’s existing Airborne Infection Isolation Rooms, developed and initiated an enhanced level of personal protective equipment (PPE) for caregivers, and introduced strict protocols for admissions screening and triage.

“The great work Swedish has done preparing for Ebola and other diseases requiring high level containment has been validated by our state Department of Health visit and we are confirmed ready for a high-level containment unit and high quality and safe assessment and initial treatment of patients suffering from conditions such as Ebola,” said Michael Myint, MD, “We plan on continuing to maintain the ability to mobilize the unit and the team for any diseases now and in the future requiring a high level of containment.” Swedish Issaquah is now prepared to assess and treat an Ebola patient for 96 hours. For those requiring extended treatment, systems are in place to move patients to one of three Ebola treatment designated hospitals in the state; Harborview, Children’s Hospital or Sacred Heart in Spokane.”

Impaired Driving

The dangers of texting while driving is included with drinking and driving as a contributing factor to motor vehicle accidents. To combat these hazards, Swedish Issaquah has partnered with the Issaquah School District to provide classroom education entitled “Talking Tough About Saving Your Life” at Issaquah and Skyline High Schools. These presentations inform teens about the consequences of impaired driving due to either alcohol or inattentiveness most often related to texting while driving. The emergency department has de-identified real life examples of life altering injuries sustained unnecessarily due to impaired driving by teens that brings the topic home for students.
Additionally, through this work, the partnership has expanded to include a Swedish nurse chairing the Career and Technical Education Sub-Committee of the Issaquah School Districts Health and Human Services Committee. The sub-committee work has included consulting on the development of new classes such as “Introduction to Health Care Careers” as a pilot program, and fostered the opportunity to teach hands on skills directly with the classroom instructor to students.

Sports Medicine Innovation Partnership Zone (IPZ)

The new Sports Medicine IPZ will have a governance committee made up of Sports Medicine stakeholders from the City of Issaquah, the Greater Issaquah Chamber of Commerce, private and non-profit business such as Swedish Hospital Issaquah, Proliance Surgeons, and Peaks Sports and Spine Physical Therapy in addition to the greater eastside school districts. The City of Issaquah will act as the fiscal agent regarding financial transactions. Swedish Issaquah will collaborate with other stakeholders to promote innovation of Sports Medicine, connect sports medicine related research and clinical trials with Swedish and Swedish affiliates (currently over 700 clinical trials for all types of medicine). Swedish will provide leadership, guidance and share professional sector knowledge and resources with the Steering Committee.

Behavior Health

Dr. Arpan Wagray, Swedish Psychiatrist, states that Swedish Medical group has a combination of psychologists and masters-level therapists in eight of the primary care clinics, where they deliver brief psychotherapy as part of the integrated primary care workflow. The psychologists and therapists, who are available for same day access, provide a platform to screen patients for mental illness and promote healthy behavioral patterns.
Next Steps

Inventory of current programmatic work impacting leading community health issues
Through survey of programmatic and clinical leads, an inventory of current work will be compiled.

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

Development of Health Implementation Plan
A Community Health Improvement Plan (CHIP) will be created as a companion document to this Community Health Needs Assessment. The CHIP will include a comprehensive implementation plan outlining objectives to impact the leading community health concerns identified as priorities in this assessment document.
2015 CHNA Approval

Dr. Rayburn Lewis  Date
Chief Executive  5/18/16
Swedish Issaquah

Tony Armada  Date
Chief Executive Officer  5/18/16
Swedish Health Services

CHNA/CHIP contact:

Deborah Franke, MBA, RHIA
Karole Sherlock, MBA, MS, MT(ASCP)
Swedish Medical Center
751 NE Blakely Drive
Issaquah, WA 98029
Appendix 1

Injury and violence-related mortality

Injury is a leading cause of death, disability, and hospitalization. Many unintentional and intentional injuries are potentially preventable. For example, death from motor vehicle accidents can be reduced through education, mandating the use of seatbelts, tougher laws against drunk driving and distracted driving, and engineering.

<table>
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<th>King County</th>
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<tr>
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<tr>
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</tr>
<tr>
<td>Homicide</td>
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<tr>
<td>Firearm</td>
<td>3.6</td>
<td>6</td>
<td>21</td>
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</tbody>
</table>

Rate: age-adjusted rate per 100,000.
Count: five-year total deaths.
Rank: ranking among the 25 King County areas from worst (1) to best (25). For homicide, ranking is not provided because there are insufficient numbers for reliable comparisons.
SIG: whether or not the indicator is significantly higher than (H), lower than (L), or not different from (N) the KC rate.
Data source: Death certificate data, Washington State Department of Health, Center for Health Statistics.

Maternal and child health

Planning for a healthy pregnancy and a healthy baby begins before conception, through healthy lifestyle and nutrition choices. Once pregnant, getting early and regular prenatal care is an important step to have a healthy pregnancy and to decrease the incidence of maternal and prenatal morbidity and mortality.

![Graph showing maternal and child health indicators](Image)

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<thead>
<tr>
<th>Indicators (2006-2010 data)</th>
<th>Issaquah</th>
<th>KC</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Count</td>
<td>Rank</td>
</tr>
<tr>
<td>Late or no prenatal care/100 births</td>
<td>3.8</td>
<td>77</td>
<td>16</td>
</tr>
<tr>
<td>Smoking during pregnancy/100 births</td>
<td>1.6</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>Low birth weight (&lt; 2500)/100 births</td>
<td>6.5</td>
<td>146</td>
<td>13</td>
</tr>
<tr>
<td>Very low birth weight (&lt; 1500)/100 births</td>
<td>0.7</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Adolescent birth rate per 1000 females 15-17</td>
<td>2.3</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>Infant mortality per 1000 live births</td>
<td>3.1</td>
<td>7</td>
<td>16</td>
</tr>
</tbody>
</table>

Rank: ranking among the 25 King County areas from worst (1) to best (25).
Count: five-year total numbers.
SIG: whether or not the indicator is significantly higher than (H), lower than (L), or not different from (N) the KC rate.

### King County Health, Housing and Economic Opportunity Measures

**Legend**
- Ranking: Census Tracts ranked by an index of health, housing, and economic opportunity measures.
- Freeways:

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Ranked</td>
<td>Dark red</td>
</tr>
<tr>
<td>Highest Ranked</td>
<td>Green</td>
</tr>
</tbody>
</table>

**Population Measures**
- Dark red areas: populations most impacted
- Dark blue areas: populations least impacted

- Life expectancy: 74 years vs. 87 years

**Health, broadly defined:**
- Adverse childhood experiences: 20% vs. 9%
- Frequent mental distress: 14% vs. 4%
- Smoking: 20% vs. 5%
- Obesity: 33% vs. 14%
- Diabetes: 13% vs. 5%
- Preventable hospitalizations: 1.0% vs. 0.4%

**Housing:**
- Poor housing condition: 8% vs. 0%

**Economic Opportunity:**
- Low-income, below 200% of poverty: 54% vs. 6%
- Unemployment: 13% vs. 3%

Data Sources: U.S. Census Bureau, BRFSS, CHARS
Produced by: Public Health - Seattle & King County

---

**Poor families by family type**

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married-couple family</td>
<td>9.2%</td>
</tr>
<tr>
<td>Male, no wife present</td>
<td>8.6%</td>
</tr>
<tr>
<td>Female, no husband present</td>
<td>31.1%</td>
</tr>
</tbody>
</table>

Impact on Population Health
Source: King County Community Health Needs Assessment 2015/2016
## Serious psychological distress (adults), King County, 2009-2013 average

<table>
<thead>
<tr>
<th>King County (adults age 18+)</th>
<th>Percent</th>
<th>Lower CI</th>
<th>Upper CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>3 §</td>
<td>2 §</td>
<td>5 §</td>
</tr>
<tr>
<td>25-44</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>45-64</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>65+</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>GENDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>RACE/ETHNICITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>5 §</td>
<td>2 §</td>
<td>15 §</td>
</tr>
<tr>
<td>Asian</td>
<td>2 §</td>
<td>1 §</td>
<td>4 §</td>
</tr>
<tr>
<td>Black</td>
<td>4 §</td>
<td>2 §</td>
<td>8 §</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Multiple</td>
<td>3 §</td>
<td>2 §</td>
<td>7 §</td>
</tr>
<tr>
<td>N-HPI</td>
<td>4 §</td>
<td>1 §</td>
<td>22 §</td>
</tr>
<tr>
<td>White</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### HOUSEHOLD INCOME

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>Lower CI</th>
<th>Upper CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>15</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>3 §</td>
<td>1 §</td>
<td>5 §</td>
</tr>
<tr>
<td>$35,000 to $44,999</td>
<td>2 §</td>
<td>1 §</td>
<td>3 §</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>$75,000+</td>
<td>1</td>
<td>0</td>
<td>1</td>
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</tbody>
</table>

### REGION

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent</th>
<th>Lower CI</th>
<th>Upper CI</th>
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</thead>
<tbody>
<tr>
<td>East</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>North</td>
<td>2 §</td>
<td>1 §</td>
<td>3 §</td>
</tr>
<tr>
<td>Seattle</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>South</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

### Comparisons:

- Higher than King County rate (yellow)
- Lower than King County rate (green)

### Notes:

- Source: Behavioral Risk Factor Surveillance System
- Prepared by Public Health - Seattle & King County, AFDE, 12/2014
- CI is 95% Confidence Interval
- § Too few cases to protect confidentiality and/or report reliable rates.
- * Too few cases to meet precision standard, interpret with caution.
- Persons of Hispanic ethnicity can be of any race and are included in the racial categories.

Source: Behavioral Risk Factor Surveillance System
King County Public Health –Seattle and King County, 2014.
<table>
<thead>
<tr>
<th>King County (adults age 18+)</th>
<th>Percent</th>
<th>LowerCI</th>
<th>UpperCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AW.m</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>All.Novorial</td>
<td>15</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>All.m-South</td>
<td>65</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>WA</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Bellevue</td>
<td>25</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Bell...central</td>
<td>45</td>
<td>15</td>
<td>125</td>
</tr>
<tr>
<td>...E &lt; 11</td>
<td>15</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>BJ</td>
<td>25</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Bitter-West</td>
<td>35</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Bothell</td>
<td>45</td>
<td>15</td>
<td>115</td>
</tr>
<tr>
<td>Bothell/Woodinville</td>
<td>15</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Bothell</td>
<td>65</td>
<td>35</td>
<td>135</td>
</tr>
<tr>
<td>co-ington</td>
<td>25</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Darrington/Co. Boundary</td>
<td>65</td>
<td>35</td>
<td>125</td>
</tr>
<tr>
<td>East Federal Way</td>
<td>65</td>
<td>35</td>
<td>135</td>
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<tr>
<td>Fall City</td>
<td>25</td>
<td>15</td>
<td>5</td>
</tr>
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<td>Kent</td>
<td>35</td>
<td>25</td>
<td>68</td>
</tr>
<tr>
<td>Kent-East</td>
<td>25</td>
<td>15</td>
<td>68</td>
</tr>
<tr>
<td>Kent-SE</td>
<td>35</td>
<td>15</td>
<td>68</td>
</tr>
<tr>
<td>Kent-West</td>
<td>65</td>
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<td>205</td>
</tr>
<tr>
<td>Kinnear</td>
<td>35</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Klahow</td>
<td>35</td>
<td>15</td>
<td>68</td>
</tr>
<tr>
<td>KH&lt;land North</td>
<td>25</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Mercer Island/P.O.ises</td>
<td>35</td>
<td>15</td>
<td>145</td>
</tr>
<tr>
<td>NEMerald TOU Oeaks</td>
<td>35</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>North Highline</td>
<td>35</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Rael</td>
<td>35</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Renton</td>
<td>25</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Renton-East</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Renton-North</td>
<td>35</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Renton-South</td>
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<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Sammamish</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>SeaTac/Sea/Isa</td>
<td>35</td>
<td>25</td>
<td>125</td>
</tr>
<tr>
<td>Seattle</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Bilt</td>
<td>35</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Bothell/Gilmore+SP.X</td>
<td>65</td>
<td>25</td>
<td>185</td>
</tr>
<tr>
<td>... 1st H/FV/take</td>
<td>45</td>
<td>15</td>
<td>125</td>
</tr>
<tr>
<td>Central Seattle</td>
<td>25</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Delridge</td>
<td>25</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>TSM/OMI</td>
<td>65</td>
<td>25</td>
<td>165</td>
</tr>
<tr>
<td>T...north/S-entrake</td>
<td>15</td>
<td>05</td>
<td>35</td>
</tr>
<tr>
<td>T ...f/Seattle</td>
<td>15</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>North Seattle</td>
<td>65</td>
<td>35</td>
<td>125</td>
</tr>
<tr>
<td>NWSeattle</td>
<td>35</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>EA/Magnolia</td>
<td>35</td>
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<td>5</td>
</tr>
<tr>
<td>SE Seattle</td>
<td>35</td>
<td>15</td>
<td>115</td>
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<tr>
<td>West Seattle</td>
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<td>15</td>
<td>68</td>
</tr>
<tr>
<td>Seaside</td>
<td>25</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Snoqualmies/NorthBain/Skykomish</td>
<td>25</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Yarrow Island</td>
<td>05</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Comparisons:
- Fig-entiralKingCOU/lby rate(years=18+)
- Lo/er=1King Co.ry rate (years)

Notes:
- Source:Behavioral Risk Factor Surveillance System.
- Prepr by PublicSnal 1215x Seattle & King Co. via FY2003.
- NA: Not available.
- 95% Confidence Interval.
- Too few cases to protect confidentiality and/or report reliable rates.
- Too few cases to meet precision standard, interpret with caution.
## Appendix 2

Swedish Issaquah Community Sponsorships, 2015

<table>
<thead>
<tr>
<th>Community Sponsorships for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization:</strong></td>
</tr>
<tr>
<td>Issaquah Soccer Club - Gunners</td>
</tr>
<tr>
<td>Salmon Days Events</td>
</tr>
<tr>
<td>Many Faces of Breastcancer</td>
</tr>
<tr>
<td>Issaquah Schools Foundation</td>
</tr>
<tr>
<td>Relay for Life</td>
</tr>
<tr>
<td>Holidays at the Hospital</td>
</tr>
<tr>
<td>Issaquah Valley Senior Center</td>
</tr>
<tr>
<td>Bellevue College Healthy Families/Parent Ed</td>
</tr>
<tr>
<td>Eastside Baby Corner</td>
</tr>
<tr>
<td>Nick-of-Time Foundation</td>
</tr>
<tr>
<td>Issaquah Chamber of Commerce</td>
</tr>
<tr>
<td>Bellevue Little League</td>
</tr>
<tr>
<td>Eastside Friends of Seniors</td>
</tr>
<tr>
<td>Issaquah Little League</td>
</tr>
<tr>
<td>Highlands Days</td>
</tr>
<tr>
<td>Friends of Youth</td>
</tr>
<tr>
<td>Pushing Boundaries</td>
</tr>
<tr>
<td>artEAST gala</td>
</tr>
<tr>
<td>Green Halloween</td>
</tr>
<tr>
<td>Mercer Island Preschool Association - Circus</td>
</tr>
<tr>
<td>Grand Ridge Elementary Community Fair</td>
</tr>
<tr>
<td>Issaquah High School Baseball Banner</td>
</tr>
<tr>
<td>Life Enrichment Options</td>
</tr>
</tbody>
</table>
• Present talks/classes/seminars to local communities and groups, such as:
  – Providence Point, Garden Club, Talus at Timber Ridge, Mt. Si Senior Center and Issaquah Valley Senior Center
  – School district
  – “Mommy groups”
  – YMCAs
  – City of Issaquah
  – Issaquah Chamber of Commerce

  – Provide free or donated use of Swedish/Issaquah Conference Center:
    • Hosted local nonprofits and groups such as the Eastside Friends of Seniors, Friends of Youth, Student Advisory Board, Issaquah Chamber, Encompass, Issaquah Schools Foundation, Issaquah School District, Sammamish Chamber, Bellevue Chamber, Healing for Her support group, WA HIV/AIDS Community Advocacy Network, NW Kidney Research Institute, etc.

  – Support and sponsor more than 40 local nonprofits, organizations or events, such as:
    • Friends of Youth, Eastside Friends of Seniors, Eastside Baby Corner, Issaquah Valley Senior Center, Relay for Life (ACS), Providence Marianwood, City of Issaquah, City of Sammamish, Issaquah Chamber of Commerce, Issaquah Health Fair, Issaquah Schools Foundation, Nick of Time Foundation, Kiwanis Club, Eastside Fire & Rescue, Cycle the Wave (domestic violence), Boys & Girls Club Teen Center, etc.

  – Regular health education classes and program series organized by Swedish’s Patient/Family Education & Community Health dept.
Appendix 3

HHC used three methods of gathering information were interviews with stakeholder coalitions, an online survey, and a review of recent reports on health needs. The following interview questions were used for the in-person interviews and online survey.

1. What are the main concerns you or your organization have about (topic) right now?

2. What are the people, places, and things that make your community healthy, safe, and strong and tell us why these people, places, and things are important. These could include organizations, leaders, coalitions, initiatives, policies, or physical/environmental attributes.

3. What programs or projects are happening or planned that are most relevant to the identified needs?

4. How can hospitals and health systems be involved in addressing the issues you have identified?

5. What are the most significant gaps in resources, coordination, etc. in this area?

6. Is there anything else you would like to add?
Appendix 4

We would like to thank the community participants in the King County/Swedish community needs assessment

Aging & Disability Services
Airlift Northwest
AMR Ambulance
Asian Counseling and Referral Services
Behavioral Health Partnership Group
Brain Injury Alliance
Burien Police Department
CarSafe Kids
Catholic Community Services
Cedar River Group
Center for Human Services
Center for Multicultural Health
Central Region EMS & Trauma Care Council
Childhood Obesity Prevention Coalition
Children’s Alliance
City of Bellevue
City of Kirkland
City of Lake Forest Park
City of Redmond
City of Shoreline Human Services
Community Health Network of Washington
Community House Mental Health
Community Psychiatric Clinic
Consejo Counseling
Country Doctor Community Health Center
DESC
Duvall Fire Department
Eastside Aid Community
Eastside Human Services Forum
Equal Start Community Coalition
EvergreenHealth Emergency Department
Falck Northwest Emergency Medical Services
Feet First Pedestrian Safety Coalition
Forefront
Friends of Youth
Group Health Emergency Department
Harborview Medical Center Emergency Department
Harborview Mental Health
Harborview Spine Center and Concussion Program
Health Coalition for Children and Youth
Highline Medical Center Emergency Department
Hopelink
Issaquah Human Services Commission
Issaquah Police Department
Issaquah Sammamish Interfaith Coalition
Kent Police Department
King County Council
King County Mental Health Chemical Abuse and Dependency Services
King County Traffic Safety Task Force
Kirkland City Council
Kirkland Police Department
Local Hazardous Waste Management
Maple Valley Police Department
Molina Healthcare
Multicare Auburn Emergency Department
Native American Women’s Dialogue on Infant Mortality
NAVOS
Neighborhood House
Newcastle Police Department
Nick of Time Foundation
North Urban Human Services Alliance
Northshore/Shoreline Community Network
Northwest Health Law Advocates
Northwest Hospital Emergency Department
Odessa Brown Children’s Clinic
Olympic Physical Therapy
Open Arms Perinatal Services
Overlake Medical Center
Overlake Medical Center Emergency Department
Partners for our Children
Project Access Northwest
Public Health-Seattle & King County: Alan Abe, Carol Allen, Jennifer DeYoung, Tony Gomez, Scott Neal, Lisa Podell, Whitney Taylor, Crystal Tetrinck, Sharon Toquinto, Jim Vollendrop, Emergency Medical Services
Redmond City Council
Redmond Police Department
Renton Police Department
Safe Kids Eastside
Safe Kids Seattle/South King County
SeaMar Community Health Center
Seatac Police Department
Seattle Children’s Hospital
Seattle Children's Hospital Emergency Department
Seattle Counseling Service
Seattle Human Services Coalition
Service Employees International Union Healthcare 1199NW
Shoreline Community College
Snoqualmie Valley Hospital Emergency Department
Sound Mental Health
South King Council of Human Services
St. Elizabeth Hospital Emergency Department
St. Francis Emergency Department
The Arc of King County
Tri-Med Ambulance
Valley Cities Counseling
Valley Medical Center Emergency Department
Washington Ambulance Association
Washington Chapter, American Academy of Pediatrics
Washington Dental Service Foundation
Washington State Department of Health
Washington State Hospital Association
WithinReach
YMCA
Youth Eastside Services
YWCA Seattle-King-Snohomish
References

Primary References

Sherry Barber
Director of Operations, Primary and Urgent Care
Swedish Medical Group

Brenna Born, MD
Emergency Department Medical Director
Swedish Issaquah

Sara Brand
Program Administrator
Swedish Medical Group Accountable Care Services

Stacia Fisher
Manager Case Management and School Based Health
Swedish Issaquah

Tom Gibbon
Manager Community Programs, Community Health
Swedish Health Services

Barbara Langdon
Executive Director, Lifewire

Andrea McCormick
Principal, Issaquah High School

Lynn Moody
VP Business Development and Transportation
Hopelink

Rebecca Rayner
Issaquah Food and Clothing Bank

Karie Stearns
Program Director, Sophia Way

Arpan Waghray, MD
System Director, Behavioral Medicine
Swedish Health Services
Secondary References


Care Homes for Dementia in Issaquah, WA - Alzheimers.net. Retrieved from http://www.alzheimers.net/resources/washington/issaquah/


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King County Metro Transit System Map. Retrieved from http://kingcounty.maps.arcgis.com/apps/webappviewer/index.html?id=3e239c9048604de8a1c73b72679bc82e


One Night Count - Seattle/King County Coalition on Homelessness. Retrieved from http://www.homelessinfo.org/what_we_do/one_night_count/


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Swedish Issaquah Announces High-Level Containment Assessment. 

Tent City 4 returns to High Point | Biding time until move to Sammamish. 

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The Next Four Decades—The Older Population in the United States 2010 to 2050. 

The Seattle Foundation | HERO House. 
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YWCA