



Swedish Seattle Community Health Needs Assessment

First Hill Campus and Cherry Hill Campus
2016- 2018



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Executive Summary

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.

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

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.

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 4 includes a complete list of all invited participants. Many attendees may have participated more than once in various meetings and community presentations.

Introduction

Creating healthier communities, together

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

As a member of the King County Healthier Hospitals Coalition 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. In the resulting report, the Health Department developed the following list of priority health needs:

- Access to Care
- Preventable causes of death
- Maternal/child health
- Behavioral health
- Violence and injury prevention

Using these priorities as a baseline, and diving deeper into specific community need for their catchment area, each Swedish facility and the Swedish Cancer Institute developed its own CHNA and Implementation Plan.

The final CHNAs and implementation plans — including the original Health Department assessment — are available below:

- [Swedish Ballard Hospital](#)
- [Swedish Edmonds Hospital](#)
- [Swedish Issaquah Hospital](#)
- [Swedish Seattle -First Hill and Cherry Hill Hospitals](#)
- [Swedish Cancer Institute](#)
- [Healthier Hospitals CHNA](#)

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 goodwill, 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.



Introduction

As longstanding community assets, King County hospitals play a significant role in the region's overall economy and health. In addition to providing safe and high-quality medical care, these institutions work to improve regional health through community benefit programs that promote health in response to identified community needs. King County's hospitals and health systems have joined forces with Public Health-Seattle & King County to identify our communities' strengths and greatest needs in a collaborative called "Hospitals for a Healthier Community" (HHC). HHC is partnering with community organizations to define and address the region's health needs. This assessment embraces a broad concept of health that includes social, cultural, and environmental factors that affect health. Working collaboratively both within and outside the health system environment, King County hospitals can help leverage expertise and resources to address the most critical health needs in King County and to address the triple aim of health care.

Members of the King County Hospitals for a Healthier Community are collaboratively addressing challenges related to diabetes, obesity, and access to care. All HHC members have adopted a Healthy Food in Healthcare pledge, and are working to increase access to healthy food choices within their facilities. During the first open enrollment period under the new Affordable Care Act provisions, each member promoted enrollment in communities where residents were likely to be eligible for free or low-cost health insurance.

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.

The Affordable Care Act buttresses the existing structure of hospital community benefit programs by requiring a community health needs assessment every three years, accompanied by annual implementation strategies. We hope that interested organizations and the public can use this assessment to coordinate efforts and leverage resources.

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

Additional indicators for each health need as well as data for other health topics are online at www.kingcounty.gov/health/indicators.

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).

Working Together Towards the Triple Aim of Healthcare

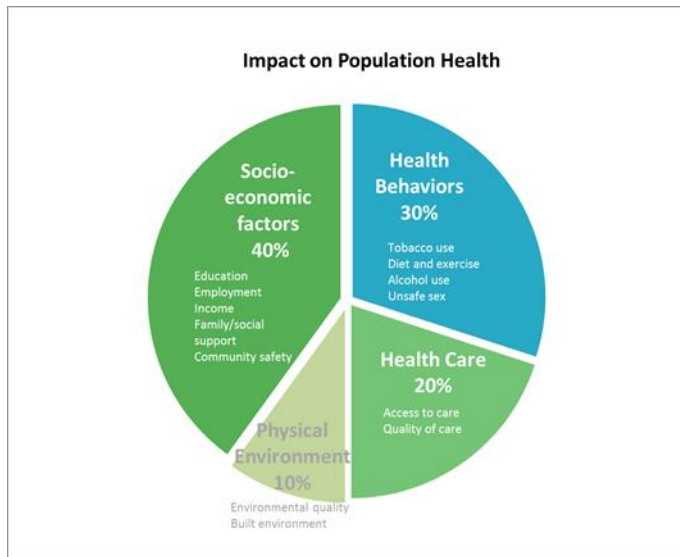
Hospitals and health systems in King County are dedicated to the principles of health reform. Currently, the United States spends twice as much on medical care as other high and middle income countries, yet its life expectancy lags behind other developed nations. However, our region is working to transform 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.

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. Accountable Communities of Health leverages innovation and collaboration occurring in local communities by bringing public and private entities together to achieve better health, better care, and lower costs. At the local level, there are numerous examples of community-driven programs and policy and environment changes that help children, families, and the rest of the population be healthier and happier enhancing the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. 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. Accountable Communities of Health leverages innovation and collaboration occurring in local communities by bringing public and private entities together to achieve better health, better care, and lower costs. At the local level, there are numerous examples of community-driven programs and policy and environment changes that help children, families, and the rest of the population be healthier and happier.

Methods

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. Hospitals and health systems reached consensus on the joint topic areas, but each hospital may also gather additional data and information based on their communities of care.



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:

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.
3. 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.
4. 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. Three methods of gathering information were used: 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 organizations 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?

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. More details about the CHNA methodology are included in Appendix A.

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 displayed by census tract (below), it becomes clear that our opportunities to better health begin where we live, learn, work, pray, and play. The map shows that specific areas in the southern part of the county and south Seattle, along with pockets in east and north regions, generally fare worse than other areas. 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.

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 goodwill, 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.

Description of Swedish Seattle Community

Note: As the specialty referral site for Swedish Health Services, the Swedish Seattle Community reflects all of King and Snohomish Counties

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

Swedish Seattle has 2 locations: Swedish First Hill and Swedish Cherry Hill.

Population and age demographics

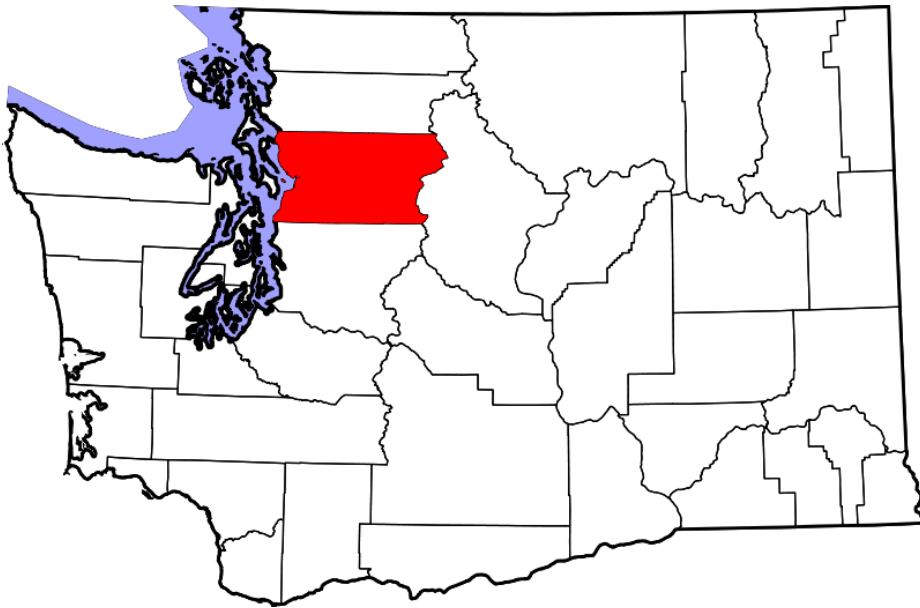
King County



Total population is about 1.9 million people. Age demographics are substantially higher for ages 25-64 in King County evenly distributed; age under 18 (youth) comprise the third largest proportion of the population. In 2012 the population comprised:

- 15 to 24 years (12%)
- 25 to 44 years (31%)
- 45 to 64 years (27%)
- 65 to 74 years (6%)
- 75 years and older (5%)
- Under 18 years (21%)

Snohomish County



Total population is about 713,335 people in 2010. Approximately 10 percent of the population is age 65 or older; with a median age of 31.

Ethnicity

Among King County residents in 2010, 71 percent were white, 6.5 percent African American, 1 percent American Indian, 15.8 percent Asian/Pacific Islander, and 4.8 percent were of two or more races.

Among Snohomish County residents in 2010, 74 percent were white and 9 percent were Asian. Hispanics are the fastest growing racial group with 125 percent growth from 2000 – 2010.

Income levels and housing

In 2013, the median household income for King County was \$71,834, and the county's unemployment rate was 6.5 percent. Those living near to poverty are 25.4%, with 12.4% living in poverty.

The median household income for Snohomish County was \$67,394, and the county's unemployment rate was 5.8 percent. Those living below poverty was 10 percent.

Health care and coverage

The share of King county residents who are ages 64 and younger and uninsured was 16.9 percent in 2012; with 33.8% of this age population eligible for insurance but uninsured. The top two causes of death in King County were cancer and heart disease.

The share of Snohomish county residents who are ages 64 and younger and uninsured was 14.8 percent in 2012. The top two causes of death in Snohomish County were heart disease and cancer.

Process, participants and health indicators

Assessment process

Swedish Seattle used the work of the HHC CHNA as a baseline for its assessment process. In that process:

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.

All of this information was used to review the programs at Swedish Seattle to determine if we were addressing the needs of the community and setting specific goals for each health indicator and trend

Participants

See Healthier Hospitals Coalition CHNA for details

Data collection and analysis

See Healthier Hospitals Coalition CHNA for details

Health indicators and trends

As Swedish Seattle serves all of King County, the negative health indicators and trends mirror the HHC key health indicators and trends:

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).

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.

Leading health issues and baseline data

Leading Health Issues	Data
Access to care	New mothers and their newborns are discharged earlier. The time between discharge and the first OB visit is a critical time and presents an opportunity for continuing care.
Behavioral Health	Greater than eighty percent of new mothers have behavioral health needs. This ranges from anxiety to depression. There is an opportunity to provide care for these patients and prevent long-term behavioral problems for parents and their children.
Maternal/Child Health	Access to quality prenatal care is still an issue in our community. There is an opportunity to provide care to the low and high risk OB population and to their children.
Preventable Causes of Death	Obesity, tobacco use, and lack of appropriate nutrition and physical activity continue to be an issue in our community.
Violence and Injury Prevention	Opportunities exist to stem the rise in deaths due to falls, suicide, and distracted/impaired driving

Leading Health Issue 1:

Access to Care

The Swedish Community Health Needs Assessment provides information on the Swedish Community Specialty Clinic's dental program, which has provided complex oral surgery care for more than 1,800 low-income adults that—a partnership between the Seattle - King County Dental Society, Project Access Northwest, Seattle Special Care Dentistry and Swedish — has provided more than \$2.4 million in free care since its inception and is now approaching 2 million dollars in services each year.

For Women's Health, Swedish opened The Lytle Center for Pregnancy & Newborns in 2013. The Lytle Center provides postpartum education and care to new mothers and their newborns. The clinic side of The Lytle Center has nurse practitioners, trained to care for medically and surgically complex maternal complications; social workers who are specially trained in Interpersonal Psychotherapy, Grief and Loss, and Cognitive Behavioral therapy; psychiatrists who specialize in postpartum mood disorders; and marriage & family counselors. The Center side of the Lytle Center has outpatient lactation consultants, childbirth classes, support groups, and a large retail space dedicated to new mothers and their babies. The Lytle Center is open seven days a week to provide access to care when other clinics are closed. This prevents unnecessary visits to the emergency room.

In 2015, Swedish and Group Health, Country Doctor, NeighborCare, and International Community Health all agreed to deliver Group Health babies at Swedish First Hill. This agreement opened the way for Group Health's obstetricians, family medicine physician with OB, midwives, and residents to deliver babies at First Hill.

Recognizing the positive impact that doulas have on birth experiences and outcomes, Swedish has also launched the Swedish Doula Program. Families delivering at Swedish's four birth centers will be able to select and pay for a doula during pregnancy. The doulas will meet with their clients prenatally, accompany them through the labor and delivery experience, and provide support until the baby is one month old. In later phases, the program will offer doula services on a subsidized or free basis to families with limited means. There will also be an on-call doula service for patients who have not hired a doula in pregnancy but feel they would benefit from one once they arrive in Labor & Delivery.

Leading Health Issue 2:

Behavioral Health

The Lytle Center has outpatient lactation consultants, nurse practitioners, social workers, psychiatrists, and marriage & family counselors. These professionals provide a continuity of care not found in most outpatient clinics. New mothers who are at least two weeks into their postpartum period are screened for mood disorders. If the new mother scores high on the screening tool, they can be seen right away by the social workers. The social workers are specially trained in

In 2016, Swedish will open a Partial Hospitalization Program (PHP) for postpartum women with significant mood disorders. Without treatment, these women are at increased risk for social and occupational impairment, relationship strain, and chronic psychiatric illness. Children of depressed mothers are at increased risk of abuse or neglect and at far greater risk of long-term behavioral and cognitive problems. The PHP will provide comprehensive treatment for maternal mental illness including medication management and therapy. The program will allow for assessment of the mother-child relationship and eliminate separation from baby, which occurs if the mother is admitted to a hospital.

Leading Health Issue 3:

Maternal/Child Health

Swedish has increased the number of primary care clinics to 23 and based them in the communities where people live. In addition, Swedish now has 4 pediatric clinics and is adding pediatricians to the primary care clinics in 2016.

Maternal & Fetal Medicine (MFM) has added social workers to the First Hill and Issaquah campuses and to the Providence Everett campus. These social workers participate in comprehensive care conferences with Pediatric Specialties, MFM, Cardiology, and Intensive Care Nursery. Genetic Counselors now cover the Ballard, First Hill, Issaquah, and Providence Everett campuses.

Low Risk OB strategies include creating a laborist program, expanding the Certified Nurse Midwife program to our campuses with childbirth units, and establishing standardized protocols for low risk deliveries.

Leading Health Issue 4:

Preventable Causes of Death

This issue is fully discussed in the Swedish Cancer Institute's Community Health Needs Assessment

Leading Health Issue 5:

Violence and Injury Prevention

Opportunities include regional coordination and standard implementation of best practices in violence and injury 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.

2015 CHNA approval



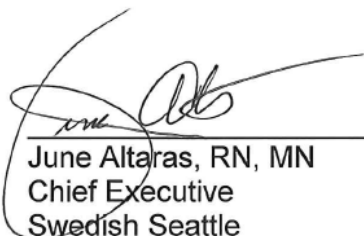
Tanya Sorensen, MD
Executive Director, Women's Health
Swedish Medical Center

4/7/16
Date



Melissa Cate, RN, MN, MBA
Administrative Director, Women's Health and Pediatrics
Swedish Medical Center

4/10/16
Date



June Altaras, RN, MN
Chief Executive
Swedish Seattle

4/7/16
Date

Appendix 1

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

We also wish to thank those who provided input to this report:

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 Tetrack, Sharon Toquinto, Jim Vollendroff,
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

