



Community Health Needs Assessment & Implementation Plan

December 12, 2016

EvergreenHealth
Community Health Needs Assessment & Implementation Plan
December 12, 2016

I. Background

EvergreenHealth (EH), a public hospital district in King County, undertook a Community Health Needs Assessment in 2016, which looked comprehensively at our community’s health needs and what EH is doing, or will be doing, to address these health needs.

As a non-profit Government Municipality, EvergreenHealth is not mandated by the IRS requirements for hospitals under the Patient Protection and Affordable Care Act (PPACA) to conduct a Community Health Needs Assessment (CHNA). However, EvergreenHealth regularly undertakes a CHNA of its community, and opted to continue this work and meet the intent of the IRS regulation.

The Community Health Needs Assessment was a comprehensive study conducted by EvergreenHealth with data and analytics provided by King County Hospitals for a Healthier Community Collaborative (the “Collaborative”) and Seattle-King County Public Health. The Collaborative, made up of all 12 hospitals and health systems in King County, produced the 2015/16 King County Community Health Needs Assessment (KC CHNA). The study looked at a number of health indicators including hospitalizations, mortality, chronic disease, risk factors, prevention indicators, birth factors, access to care, social determinants of health and others.

II. Process and Structure

EvergreenHealth’s Community Benefit Advisory Council (the “Council”) oversees a strategic and coordinated approach to the community health needs assessment and community benefits programming.

1. Member Composition - the Council is comprised of 10 individuals representing key stakeholder areas across EvergreenHealth including administration, medical staff, community health education, community affairs, strategic planning, and community advisors.
2. Purpose and Responsibilities – the Council reviews findings of the community health needs assessment and provides guidance and direction on priority areas.

III. Methodology and Data Sources

EvergreenHealth obtained health data specific to East King County from the KC CHNA, as well as data on our comparison groups – King County and Washington State.

Rates were age-adjusted to the 2010 population; statistical significance (95% confidence intervals) was calculated between geographic comparison groups and historical data provided when possible.

Data were obtained from a variety of sources:

Areas of Analysis	Sources
Demographics (Population, Race/ Ethnicity, Income, Education, Poverty, etc.)	Intellimed; Environmental Systems Research Institute (ESRI); US Census Bureau; Office of Superintendent of Public Instruction
Access to Care (Insurance Coverage, Healthcare Providers, Healthcare Visits, etc.)	Behavioral Risk Factor Surveillance Survey (BRFSS)
Risk Factors/ Risky Behaviors (Tobacco, Physical Activity, Nutrition, Cholesterol, Screenings, Vaccinations, etc.)	BRFSS; National Immunization Survey; Healthy Youth Survey
Health Status (Life Expectancy, Leading Causes of Death/ Hospitalizations)	Washington State Comprehensive Hospital Abstract Reporting System (CHARS); National Center for Health Statistics; WA Department of Health Center for Health Statistics
Service Line Specifics	BRFSS, CHARS, DOH, National Breastfeeding Survey, WA State Cancer Registry

The full methodology and data findings can be found in *Appendix A*.

IV. Community Profile

Although EvergreenHealth has specific taxing district boundaries, the population we serve extends well beyond those boundaries. EvergreenHealth defines its Total Service Area and population as East King County and Southeast Snohomish County. Because of our participation in the King County Collaborative, we are using East King County as a proxy for the TSA. While the TSA comprises the zip codes where approximately 80% of EvergreenHealth’s inpatients originate from, East King County makes up 42.9%. Additionally, we compared ourselves against two benchmarks: King County and Washington State.

1. Population – the population residing in East King totals 559,000 and is expected to grow 8.0% by 2021 to reach 604,000.
2. Age Cohort – the strongest population growth in East King will be in the populations over the age of 65 years, with the strongest growth in the 70-74 years and 75-79 years growing at 40% and 36% over the next 5 years, respectively.
3. Race/Ethnicity – over 30% of the East King population is from a non-white background; the largest minority group are Asians. Nearly 7% are of Hispanic ethnicity.
4. Household Income – the average household income in East King is \$131,000.
5. Poverty – approximately 5.3% of the East King population lives below the Federal Poverty Level; between 9-50% of students in the school districts in the boundaries of TSA participate in the Free & Reduced Lunch program.
6. Life Expectancy – life expectancy in East King is at an all-time high of 84 years.

V. Evaluation Criteria

To hone in on the most important findings and identify areas for further study, the Council uses a set of evaluation criteria to assess health needs where statistically significant differences existed from either previous CHNA studies and/or from our comparison groups. Evaluation criteria considerations included Need, Feasibility and Meaningful Impact.

NEED	FEASIBILITY	MEANINGFUL IMPACT
<i>How many people are affected by a given health issue? To what degree does this health issue lead to death or disability or impact other quality of life and health-related issues?</i>	<i>What is the likelihood of impacting this health issue given available resources?</i>	<i>How well can this problem be solved, if at all?</i>
<u>Magnitude</u> – is there a significant percentage of the population impacted?	<u>Mission</u> – does it align with our mission, vision and priorities?	<u>Effectiveness</u> – are there proven solutions?
<u>Seriousness</u> – Is there a significant poor performance or is the issue getting worse over time?	<u>Capabilities</u> – are we capable and have existing resources to address the need?	<u>Preventability</u> – can we intervene at the prevention level?
<u>Disparities</u> – Are there disparities, inequities or an economic burden for individuals?	<u>Ease of Solution</u> – can we easily implement and sustain efforts with limited resources?	<u>Effect on Other Health Needs</u> – can we solve multiple needs?
	<u>Measureable</u> – can we easily measure differences against available benchmarks?	<u>Lack of Existing Resources</u> – is there a lack of existing resources already addressing this need?

VI. Initial Findings

Data from the KC CHNA study identified 10 health needs in East King that yielded significant differences from our comparison groups and/or from earlier data. The 10 health needs, along with key reasons for their further consideration, are listed in the table below:

Community Health Need	Summary Assessment
1. Physical Activity	<ul style="list-style-type: none"> • Low rates of adult and youth populations meeting recommended weekly activity targets • High rates and negative trend in school-based physical activity • Negative trend in amount of screen time for youth • Links to many preventable health conditions and deaths
2. Nutrition (Consumption of Fruits & Vegetables)	<ul style="list-style-type: none"> • Low rates of adult and youth populations meeting adequate servings of fruits/vegetables • Negative trend in adult access to food and food insecurity • Links to many preventable health conditions and deaths
3. Diabetes	<ul style="list-style-type: none"> • Negative trend in prevalence of adult diabetes • 7th leading causes of death • Largely undiagnosed in population • Impacted by risk factors and behaviors
4. Obesity	<ul style="list-style-type: none"> • High rates of obesity and overweight in population • Negative trend in obesity rates in adults • Links to many preventable health conditions and deaths
5. Cancer Incidence and Screening	<ul style="list-style-type: none"> • Negative trend in cervical cancer incidence • Negative trend in screening for breast cancer and cervical cancer
6. Mental Health/ Depression/ Suicide	<ul style="list-style-type: none"> • Suicide is 8th leading cause of death; increasing rates of suicide deaths and hospitalizations • Mental health is 5th leading cause of hospitalization • Negative trends in: <ul style="list-style-type: none"> ○ Lack of emotional/ social support for adults ○ Prevalence of depressive feelings in youth
7. Influenza Vaccinations	<ul style="list-style-type: none"> • Low rates of influenza vaccinations in children • Negative trend in annual influenza vaccinations in seniors
8. Access to Care	<ul style="list-style-type: none"> • Negative trend in percent of population without a personal health care provider/ PCP
9. Heart Disease & Stroke	<ul style="list-style-type: none"> • 2nd and 4th leading cause of death; 2nd and 10th leading cause of hospitalization • Negative trend in prevalence of heart attack, coronary heart disease and stroke • Negative trend in prevalence of adult high blood pressure and blood cholesterol • Impacted by risk factors and behaviors
10. Substance Abuse	<ul style="list-style-type: none"> • Increasing use of marijuana for adults and youth • Higher rates of youth illegal drug use than WA • Higher rates of youth binge drinking in King C and WA; negative trend in youth binge drinking

VII. Selected Priorities: Rationale, Importance and Implementation Plan

EvergreenHealth identified the following priority areas to pursue as part of its community health needs benefit plan: 1) Healthy Nutrition, 2) Physical Activity, 3) Youth Behavioral Health and 4) Access to Care.

All four of these priorities address the underlying causes of the initial ten findings. For example, nutrition and physical activity impact obesity, diabetes, heart and vascular, cancer and depression. Behavioral Health can impact one’s motivation for healthy lifestyle, obesity, accidents/unintentional injuries related to drug and alcohol use, as well as depression and suicide. Access to adequate primary care can serve as the point of early identification and prevention and initiate screening.

1. Healthy Nutrition

The nutritional habits of our residents were identified as one of the top priorities for the overall health of our community. Few adults consume adequate amounts of fruit and vegetables and 71% of youth do not eat the recommend daily serving amounts of fruit and vegetables. The percentage of adults who face food insecurity issues has been increasing, while more than 23% of youth do not eat breakfast daily.

Poor nutrition contributes to a variety of adverse health issues and is one of the factors that has contributed to increasing prevalence of obesity and diabetes in our community. A healthy diet, along with other behavioral changes, can prevent or reverse many risk factors that contribute to the leading causes of death and hospitalization, including heart disease and stroke.

In an effort to improve nutritional habits in our community, EvergreenHealth has several activities planned:

Activity	Date	Details
Healthy Food and Beverage on Campus	Ongoing	EH implemented the Healthy Food in Health Care and Healthy Beverage Pledge and continues to follow this in our cafeteria where everything is cooked fresh and made to order with a stoplight approach on both food and beverages to assist patrons with selecting healthy options.
Healthy Eating Classes	Ongoing	Healthy cooking demonstration, healthy meal planning, healthy snacks and other healthy eating classes from EvergreenHealth’s Community Health Education Department.
Healthy Eating Awareness & Information	Ongoing	Resources for healthy eating and nutrition are posted to our website and regularly featured in our quarterly newsletter.
Hopelink & Together Center	2017	Sponsor of Hopelink annual luncheon and Together Center with funding going towards food banks and other social services
Employee Wellness	Ongoing	EvergreenHealth internal wellness program aimed at improving the health of its employees and reducing chronic disease risk factors.

2. Physical Activity

The level of physical activity among our community was identified as another top priority area to improve the health and wellness in our population. Approximately 75% of adults and youth in our community do not meet the recommended guidelines for aerobic and muscle-strengthening activity; 13% of adults are physically inactive. Youth in our schools have higher rates of no daily physical activity than in King County or Washington. There has been increases in youth screen time over time, which contributes to a low activity or sedentary lifestyle.

Research has shown that sedentary behaviors also contribute to a variety of adverse health events and conditions. Like good nutrition, increased physical activity impacts overall health, improves risk factors related to many leading causes of death and hospitalization (heart disease, stroke, etc.) and reverses the negative trend of rising obesity rates. It also is a behavior that if started early, can prevent many conditions.

A listing of planned initiatives related to increasing Physical Activity in our community is listed below:

Activity	Date	Details
Community Exercise Classes	2017	Variety of exercise classes offered by EvergreenHealth's Community Health Services Department to promote physical activity/ healthy living
Kirkland Senior Steppers	2017	Levy funded free bi-weekly program for seniors 50+ to provide a fun, safe way to begin or continue walking; meets at Kirkland Senior Center.
Northshore & Kirkland Senior Centers	2017	Levy funded free program for senior that provides wellness and exercise classes
Relay for Life	2017	Event sponsor that promotes physical activity and increases awareness of cancer prevention
Puget Sound Heart & Stroke Walk	2017	Event sponsor that promotes physical activity and increases awareness of heart disease and stroke
AHA National Walking Day	2017	Event sponsor that promotes physical activity and increases awareness of heart disease
Strike Out Stroke	2017	Event sponsor that promotes physical activity and increases awareness of stroke
7 Hills of Kirkland	2017	Sponsor of 7 Hills of Kirkland bike race with an employee team participating to promote physical activity.
UW Bothell Annual Husky 5k	2017	Sponsor for Annual Husky 5k around Bothell campus promoting physical activity
Pineapple Classic	2017	Event sponsor that promotes physical activity and increases awareness of cancer prevention
Run Duvall 5k/10k	2017	Event sponsor that promotes physical activity in both adults and kids'
Kirkland Shamrock Run	2017	Event sponsor that promotes physical activity and healthy living.
Lake Sammamish Half Marathon	2017	Event sponsor that promotes physical activity and healthy living.
Lake Washington Half Marathon	2017	Event sponsor that promotes physical activity and healthy living.
Rave Green Run	2017	Event sponsor that promotes physical activity and healthy living.
Employee Wellness	Ongoing	EvergreenHealth internal wellness initiatives aimed at improving the health of its employees and reducing chronic disease risk factors.
Campus Walking Routes	Ongoing	Developed EvergreenHealth campus walk that includes mile markers

3. Behavioral Health

A third priority identified was mental health, in particular youth mental health. In East King, suicide is the 8th leading cause of death among all ages. In King County, suicide is the 2nd leading cause of death among 15-24 year olds and the 3rd leading cause among 25-44 year olds. Suicide death and hospitalization rates and youth depression rates have been rising over the years in our community,

Poor mental health among youth can be exacerbated by stress, academic pressure, food insecurity, housing, income, as well as the everyday challenges students face. Children and youth have an increased risk for developing health problems or risky behaviors if they experience, or are exposed to adverse experiences in the home such as abuse (verbal, physical, sexual), familial mental illness, divorced/separated parents, familial incarceration, domestic violence, or drinking/drug problems. These can all compound general health status and lead to risky behaviors such as smoking, marijuana, alcohol, drug use or the development of obesity, depression, anxiety. EvergreenHealth’s approach to improving youth behavioral health will be a collaborative approach through partnerships with many of the organizations, schools and agencies in our community that serve youth on a regular basis.

EvergreenHealth’s behavioral health initiatives are targeted at both youth and adults. A list of current and planned initiatives related to mental health is below:

Activity	Date	Details
Grief & Bereavement Services	2017	Levy funded free service that supports the grief and bereavement of individuals, as well as the community and schools
Northshore Senior Center	2017	Levy funded program that targets mental health support of seniors and caregivers
Adult Day Health	2017	Levy funded program that provides support for caregivers by offering respite care
Sexual Assault Resources	2017	Partnership with the King County Sexual Assault Resource Center to bring counselors and Forensic Nurses onsite at the EvergreenHealth Redmond Emergency Department; and sponsorship of “Go Loud” event
Domestic Violence Resources	2017	Sponsorship and seat on Lifewire Board of Directors in support domestic violence resources to the community.
National Alliance on Mental Illness	2017	Provide meeting space for NAMI support groups.
Friends of Youth - Youth and Family Services	2017	Seat on Friends of Youth Board of Directors and sponsor of “Celebration of Youth Luncheon”
Social workers in High Schools	2016-2017	EvergreenHealth has social workers in Lake Washington School District High Schools to support youth behavioral health and social service needs. In discussion with Northshore School District
Youth Mental Health awareness through arts	2017	Partnership with Studio East to collaborate on ways to increase awareness of youth mental health by using the arts
Youth Mental Health Council	2016-2017	Development of a Youth Mental Health Council in partnership with community-based organizations to make a collective and larger impact
Suicide Prevention	2017	Levy funded program providing in Riverview School District to prevent youth suicide
Residence XII	2017	Support of community based partner to support substance abuse awareness and treatment assistance
Geriatric Assessments	Ongoing	Levy funded service to provide memory care assessments for seniors.

4. Access to Care

With the Affordable Care Act, the percentage of our community that lack health insurance has declined; 10% of adults and 3% of children are without insurance. However, 21% of adults lack a personal health care provider/ primary care provider and 9% have had to forgo needed medical issues because of cost.

Good primary care and early intervention can potentially prevent the onset or worsening of many chronic conditions which can lead to preventable hospital and emergency room utilization. Access to primary care can be further impeded by types or lack of health insurance.

EvergreenHealth supports increasing access to primary care through geographic expansion and insurance acceptance and is aligned with other community health needs priority areas: improving mental health, access to nutritional food and promoting physical activity.

Activity	Date	Details
Project Access	Ongoing	Primary and specialty care providers donate medical services to uninsured or underinsured patients to remove barriers to care
Healthline	Ongoing	Levy funded free 24/7 nurse navigation line to triage patients to the appropriate place of care, provide nurse advice, and provide physician referral services
Senior Health Specialists	Ongoing	Levy funded clinic with board certified geriatricians that provide complex medical care for elders who are frail and have multiple medical conditions.
Community Health Access Team	Ongoing	Levy funded program that assists low income and uninsured residents who face barriers in accessing affordable and quality health and social services
Eastside Human Services Forum	Ongoing	Seat on EHSF Board of Directors
Together Center & HealthPoint	2017	Sponsorship of an organization that brings together 20 health, housing and human service agencies in one location, including food bank, shelter, child care, youth and family supports, disability assistance, and medical and dental care through HealthPoint
Center for Human Services	2017	Seat on Board of Directors. EvergreenHealth provides social workers to this organization.
Subsidized Care	Ongoing	Fund uncompensated and subsidized Medicaid care to provide access to those who otherwise would not be able to seek care

VIII. Priorities Not Selected

EvergreenHealth has chosen not to identify additional tactics to address the remaining seven health needs originally identified within the Community Health Needs Assessment and this implementation plan. Existing resources within EvergreenHealth and/or within the community are addressing all seven of these health needs. These health needs are:

Health Need	Rationale for excluding from Implementation Plan	EvergreenHealth current resources and activities
1. Diabetes	Risk factors for Diabetes include physical inactivity and poor nutrition. These risk factors are addressed in our top 3 priorities.	<ul style="list-style-type: none"> • Diabetes care provided within our Primary Care & Endocrinology Clinics • Pre-Diabetes Prevention Education • Diabetes Education for diabetics • Diabetes educational information and resources on the EH website • Certified by Joint Commission for Inpatient Diabetes Care
2. Obesity	Risk factors for Obesity include physical inactivity and poor nutrition. These risk factors are addressed in our top 3 priorities.	<ul style="list-style-type: none"> • Weight management consults by Primary Care • Community classes on nutrition, weight-loss • Bariatric Surgery • Eat Well Play More program
3. Cancer Incidence and Screening	Cancer screenings are being tracked via value-based contracting and becoming standard work embedded in patient flow at both employed and independent Primary Care practices within our Clinically Integrated Network. Additionally, population health tools flag care gaps to follow-up with patients.	<ul style="list-style-type: none"> • Fecal Occult Blood test performed by Primary Care • Colon cancer awareness campaigns by our Cancer Center • Colon cancer screening educational information and resources on the EH website
4. Influenza Vaccines	Flu vaccines are widely available and accessible in the community through retail pharmacies and health care providers, including HealthPoint.	<ul style="list-style-type: none"> • Flu vaccines free of charge to employees and medical staff to stop the transmission of flu between a patient and a health care worker. • Flu vaccines provided with clinics and ED • Flu awareness campaigns
5. Heart Disease and Stroke	Risk factors for Heart Disease and Stroke include physical inactivity, poor nutrition, high blood pressure, high blood cholesterol. These risk factors are being addressed or identified through other priorities.	<ul style="list-style-type: none"> • Care provided in our Primary Care and Heart and Vascular Care Clinics • Ongoing community health education and seminars
6. Substance Abuse	Often coexisting with other behavioral health issues, substance abuse can be addressed or identified within existing priorities of mental health and access to primary care and providing referrals to more appropriate services.	<ul style="list-style-type: none"> • Care provided in our Primary Care, Addiction Medicine, Pain, and Recovery Center programs currently offered to our community and patients

IX. Appendix A: Community Health Needs Assessment Methodology and Data



EvergreenHealth

Appendix A:
Community Health Needs Assessment
August 15, 2016

Setting the Stage

IRS Requirements for Tax-Exempt Hospitals

Patient Protection and Affordable Care Act of 2010 (PPACA)

- Added a section, 501(r), to the Internal Revenue Code for hospitals to maintain tax exempt status
- Subsection 501(r)(3) effective for taxable years beginning after March 23, 2012
- **501(r) does not explicitly address nor exempt government hospitals**

Community Health Needs Assessment (CHNA)

Requires a hospital to conduct a Community Health Needs Assessment every three years AND adopt an implementation strategy to meet the needs identified

Three Basic Statutory Requirements

1 Conducting the Needs Assessment



- Must conduct a CHNA which meets the statutory requirements
- Must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health

2 Adopting an Implementation Strategy



- Must adopt an implementation strategy to address each and every need identified in the CHNA

3 Creating Transparency



- CHNA must be made widely available to the public via the Internet
- Implementation strategy must be attached to Form 990

Key Questions the Assessment Answers



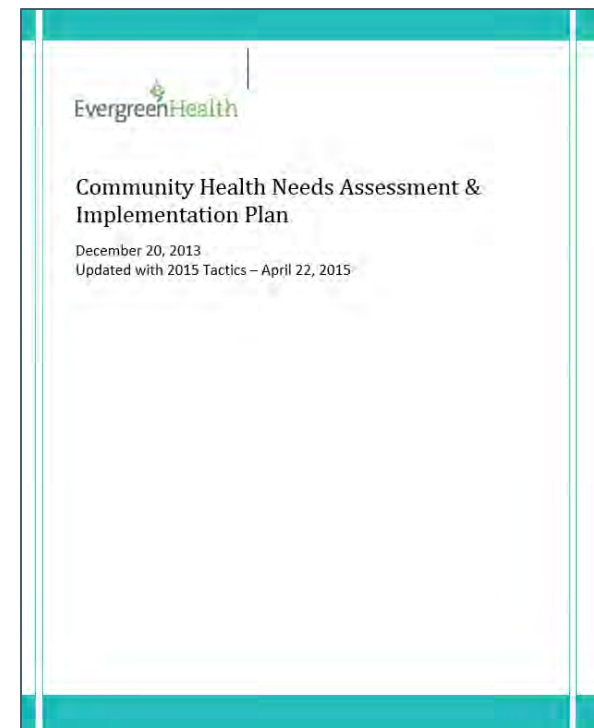
Process & Timeline



Looking Back at the 2013 EvergreenHealth Community Health Needs Assessment

Summary 2013 CHNA

- After an 8 month process, EvergreenHealth released its 2013 Community Health Needs Assessment
- Convened a Community Benefits Advisory Board to review charter, set process, review scope
- Our community was defined using our Total Service Area boundaries, when available (East King County as default)
- Primary and secondary data used to identify health priorities in our community (Seattle-King County Public Health, Snohomish Health District, Medical Staff, Community Advisors, Community Partner Organizations)
- Initial findings of 10 priority areas narrowed to 3 to pursue as part of community needs benefit plan



Initial Findings

Community Health Need	Summary Assessment
1. Physical Activity	<ul style="list-style-type: none"> • Low rates of population meeting recommended weekly activity targets • Disparities among elderly and low income populations • Links to many preventable health conditions and deaths
2. Nutrition (Consumption of Fruits & Vegetables)	<ul style="list-style-type: none"> • Low rates of population meeting recommended daily servings of f/v • Negative trend over time • Disparities among low income and younger populations • Links to many preventable health conditions and deaths
3. Diabetes	<ul style="list-style-type: none"> • No improvement in self-reported prevalence or inpatient hospitalizations • Largely undiagnosed in population
4. Obesity	<ul style="list-style-type: none"> • High rates of obesity and overweight in population • No improvements over time • Links to many preventable health conditions and deaths
5. Colorectal Cancer Screening	<ul style="list-style-type: none"> • 25% of population fails to meet screening guidelines • Negative trend over time
6. Tobacco Use	<ul style="list-style-type: none"> • 10% of adults continue to smoke • Positive declining trend over time • Links to many preventable health conditions and deaths
7. Accidents/Unintentional Injuries	<ul style="list-style-type: none"> • Leading cause of death among youth and younger adults • No change in death rates over time • Positive trend in declining hospitalization rates
8. Mental Health/ Depression/ Suicide	<ul style="list-style-type: none"> • 2nd & 3rd leading cause of death among youth & young adults • No improvements in suicide rates over time • Negative trend in depression hospitalizations over time • Higher depression hospitalization rates than King and WA
9. Influenza Vaccinations	<ul style="list-style-type: none"> • >25% of seniors and 50% of adults do not receive annual flu vaccine • No improvement over time
10. Alzheimer's	<ul style="list-style-type: none"> • 3rd leading cause of death • Negative trend in death rate over time

Prioritization Criteria

NEED: How many people are affected by a given health issue? To what degree does this health issue lead to death or disability or impact other quality of life and health-related issues?

Magnitude – Is there a significant percentage of population impacted?

Seriousness – Is there a significant poor performance or is the issue getting worse over time?

Disparities – Are there disparities and inequities or an economic burden for individuals?

FEASIBILITY: What is the likelihood of impacting this health issue, given available resources?

Mission – Does it align with our mission, vision, and priorities?

Capabilities - Are we capable and have existing resources to address the need?

Ease of Solution – Can we easily implement with limited resources?

Measurable – Can we easily measure differences?

MEANINGFUL IMPACT: How well can this problem be solved, if at all?

Effectiveness – Are there proven solutions?

Preventability – Can we intervene at the prevention level?

Effect on other health needs – Can we solve multiple needs?

Lack of existing resources already addressing this need

Four Priority Areas

#1 Healthy Nutrition

Rationale

- Approx 75% of population do not eat recommended daily fruits/vegs
- Trend worsening
- Disparities among lower income and younger populations
- Poor nutrition contributes to a variety of adverse health effects and one factor that has contributed to rising rates of obesity and diabetes.

Community Benefit Initiatives (2014-16)

- Member, Northshore School District Nutrition & Fitness Advisory Group; Nourishing Networks
- Healthy Food & Beverage Pledge (King County Hospitals for Healthier Community)
- Café 128 redesign for healthy options, Wednesday Wellness Menu
- Eat Well Play More
- Farmer's Markets, Farm-to-Table Produce Boxes
- Say Yes to Your Healthiest Best Wellness Series
- Healthiest Best Fair
- Healthy Eating Classes
- Cancer Lifeline Nutrition Classes
- Milk Bank
- HopeLink Annual Luncheon sponsor
- Food Banks
- Employee Wellness program

Four Priority Areas

#2 Physical Activity

Rationale

- Approximately 50% of adults do not meet recommended weekly amounts of activity; 14% of adults are sedentary
- No improvements
- Disparities among lower income and elderly populations.
- Poor physical activity contributes to increases in obesity, diabetes.

Community Benefit Initiatives (2014-16)

- Kirkland Senior Steppers; Northshore Senior Center
- Relay for Life (Monroe, Northshore, Redmond, Juanita)
- Puget Sound Heart & Stroke Walk
- Campus Walking Routes
- Eat Well Play More
- Bike: 7 Hills of Kirkland Bike Race; American Diabetes Association Tour de Cure
- Run/Walk: Lake Sammam Half Marathon; UW Bothell Husky 5K; Run Duvall 5k/10k; Kirkland Shamrock Run, Sounders FC Rave Green Run
- Say Yes to Your Healthiest Best Wellness Series
- Community Exercise Classes
- Cancer Lifeline Exercise Classes; Dance for Parkinson's
- Employee Wellness (Activity Challenges, Pokemon Go, Yoga in the Park, 7 Minute Fitness Pop-Ups; Weekly Campus Walks)

Four Priority Areas

#3 Behavioral Health

Rationale

- Suicide is 2nd leading cause of death among youth 15-24 years
- 3rd leading cause among 25-44 years.
- Rising rates of hospitalization for mental illness and depression; higher rates than in King County and WA for children and all populations.
- Poor mental health can be exacerbated by stress, academic pressure, food insecurity, housing, income, adverse experiences. All these can compound general health status and lead to risky behaviors such as smoking, alcohol/drugs or the development of obesity, depression, anxiety.

Community Benefit Initiatives (2014-16)

- Grief & Bereavement Services
- Sexual Assault Resources (forensic nurses and sexual assault counselors)
- Northshore Senior Center PEARLS offerings
- Domestic Violence Resources (sponsorship and seat with Lifewire)
- National Alliance for Mental Illness (Walk, Support Groups)
- Friends of Youth (Board member, sponsor, fundraising)
- High School Stress Reduction Programs
- Youth Suicide Prevention Classes
- Youth Mental Health Parent Symposium (Hooked with Penny Legate at EH, Operation H.O.P.E at KPC)
- HopeLink Annual Luncheon Sponsor
- High School Social Workers at Lake Washington School District

Four Priority Areas

#4 Access to Care

Rationale

- Access to care and social services added in 2015 to account for the significant support EH has in this area; also aligns with 2 other priorities – improving mental health and improving access to nutritional food

Community Benefit Initiatives (2015-16)

- Project Access primary and specialty care providers donate medical services to uninsured/underinsured to remove barriers to care
- Healthline 24/7 nurse navigation line triages patients to appropriate level of care, provides nurse advice and provider referrals (levy funded)
- Senior Health Specialists provides complex care to frail elderly with multiple comorbidities (levy funded)
- Community Health Access Team assist low income and uninsured residents to access affordable and quality health and social services (levy funded); Multi-lingual Resource
- Seat on Eastside Human Services Forum Board of Directors
- Sponsor of Together Center and Health Point, which bring together 20 health/ housing/ human service agencies in one location
- Seat on Center for Human Services Board of Directors
- Agency Partner for Eastside Baby Corner
- Health Insurance Exchange Navigators
- Immunization clinics for underinsured families at all 3 school districts in partnership with Puget Sound Christian Clinic
- Mammography coach at community events

2016 King County Hospital Collaborative Community Health Needs Assessment

2016 Community Health Needs Assessment

- EvergreenHealth is part of the King County Hospitals for a Healthier Community Collaborative, which is a partnership of 12 King County hospital/ health system partners that joined forces to identify important health needs and assets in the communities they serve.
- The Collaborative produced the 2015/16 Community Health Needs Assessment (CHNA), which fulfills a portion of the hospital community benefit requirements of the Accountable Care Act.

King County Community Health Needs Assessment

2015/2016



<http://www.kingcounty.gov/healthservices/health/data/kchhc.aspx>

King County Hospitals for a Healthier Community

Public Health
Seattle & King County

GroupHealth

OVERLAKE
MEDICAL CENTER

SNOQUALMIE VALLEY
HOSPITAL DISTRICT

Virginia Mason

EvergreenHealth

MultiCare
BetterConnected

SEATTLE
CANCER CARE
ALLIANCE

SWEDISH

Washington State
Hospital Association

CHI Franciscan
Health

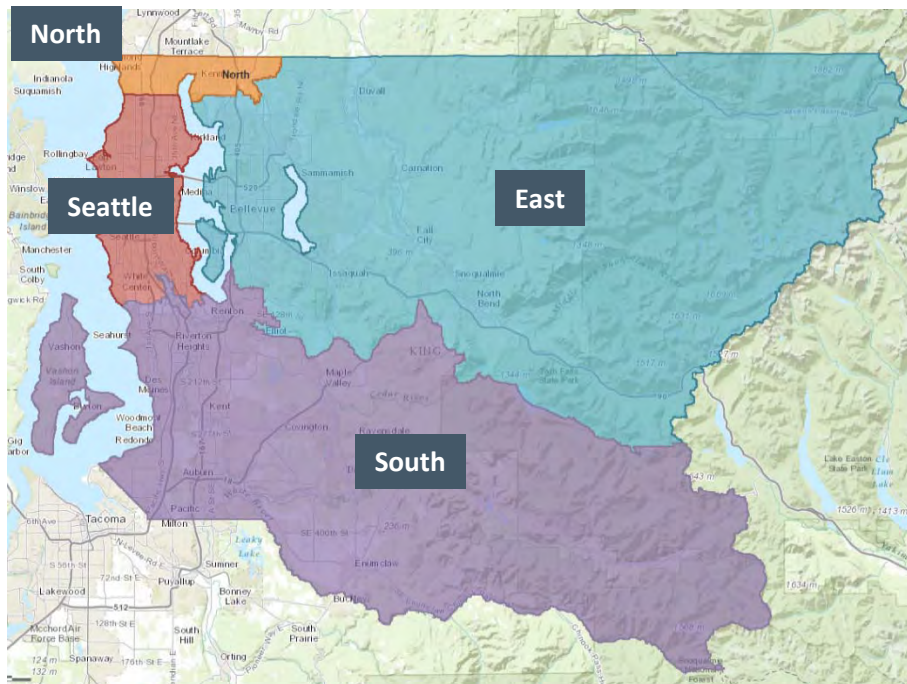
navos

Seattle Children's

UW Medicine

King County Hospitals for a Healthier Community

King County Health Service Areas



The King County report provides data on the health of all of King County and data for the 4 Health Service Areas (Seattle, North, East and South).

East King County Service Area Zip Codes

98004 Bellevue	98027 Issaquah	98052 Redmond
98005 Bellevue	98029 Issaquah	98053 Redmond
98006 Bellevue	98033 Kirkland	98059 Renton
98007 Bellevue	98034 Kirkland	98065 Snoqualmie
98008 Bellevue	98039 Medina	98074 Sammamish
98014 Carnation	98040 Mercer Is	98075 Sammamish
98019 Duvall	98045 N Bend	98077 Woodinville
98024 Fall City	98050 Preston	98224 Baring
		98288 Skykomish

*zip codes in RED are not in our current TSA.

Additionally, four zip codes that are currently in the EH TSA are included in the King County NORTH area (98011 Bothell, 98028 Kenmore, 98072 Woodinville, and 98155 Lake Forest Park)

EvergreenHealth will utilize data specific to the **East King County Service Area** as the basis for our own community benefit report. This area closely mirrors the King County zip codes within our Total Service Area.



2016 Report Findings and Opportunities

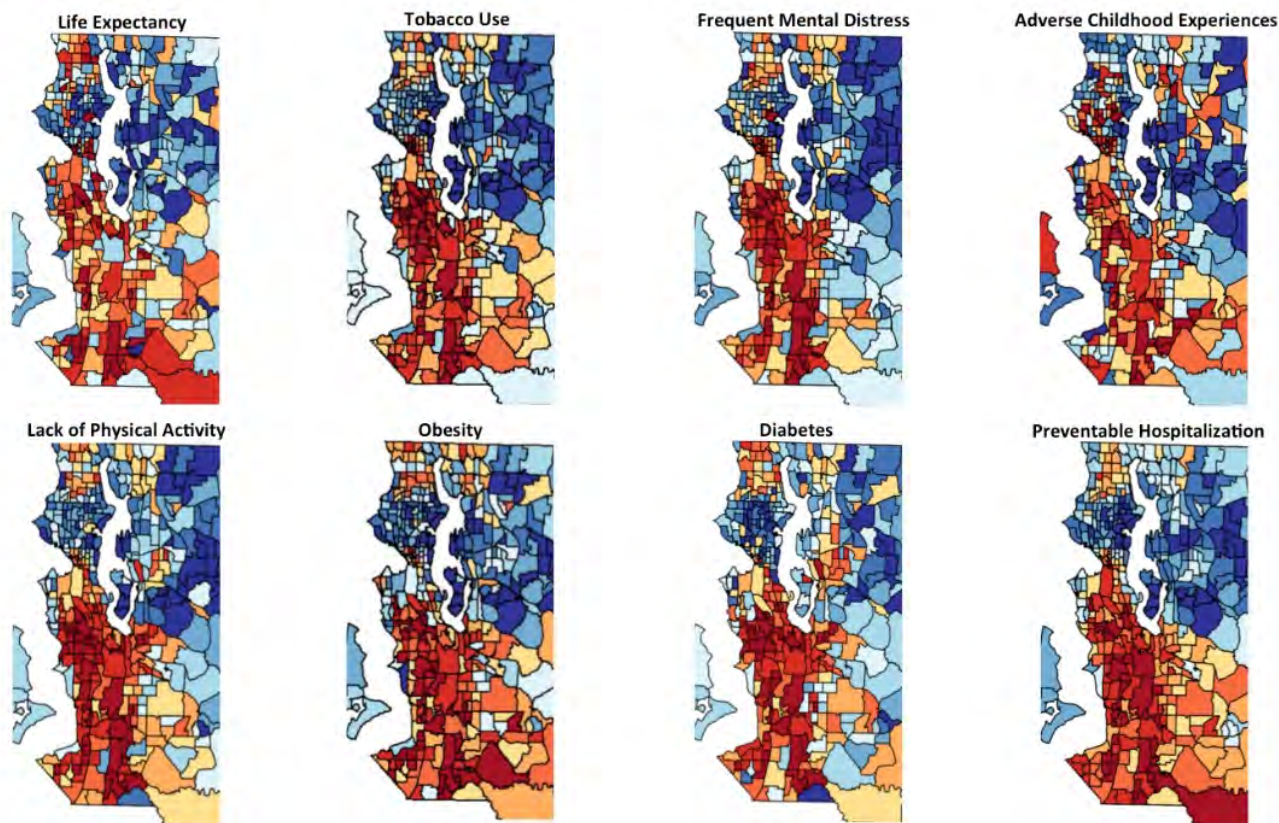
With input from hundreds of stakeholders, the King County CHNA report identified the following county-wide health needs:

Health Need	Findings	Opportunities
1. Access to Care	<ul style="list-style-type: none"> Lack of health insurance common among young adults, low income and minority populations Cost is a barrier to seeking care for 1 in 7 adults 	<ul style="list-style-type: none"> Provide assistance uninsured/ underinsured Address workforce capacity and cultural competency Ensure receipt of recommended clinical preventive services Support non-clinical services Increase reimbursement for oral health care
2. Behavioral Health	<ul style="list-style-type: none"> Access to behavioral health, integration of behavioral and physical healthcare and boarding of mental health patients are key issues of concern 	<ul style="list-style-type: none"> Use standardized referral protocols Coordinate discharge planning Increase capacity for integrated healthcare
3. Maternal & Child Health	<ul style="list-style-type: none"> Persistent disparities in adverse birth outcomes Low rates of early and adequate prenatal care 	<ul style="list-style-type: none"> Baby-friendly hospitals Quality prenatal care Ongoing social support, including home visit programs
4. Preventable Causes of Death	<ul style="list-style-type: none"> Many deaths from obesity, tobacco use, and lack of appropriate nutrition and physical activity are preventable More than 50% of adults and 20% of teens are overweight/ obese Disparities in tobacco use 	<ul style="list-style-type: none"> Increase access to healthy food and physical activity opportunities Anti-tobacco messaging Clinical tobacco screening
5. Violence & Injury Prevention	<ul style="list-style-type: none"> Rising death rates for falls and suicide Increase in distracted and impaired driving 	<ul style="list-style-type: none"> Regional coordination and standard implementation of best practices in violence and injury prevention Prevention-related primary care assessments and screenings

Tailoring the King County CHNA To EvergreenHealth's Community

Community specific data are important as there are clear health care disparities across King County

KING COUNTY HEALTH AND WELL-BEING MEASURES



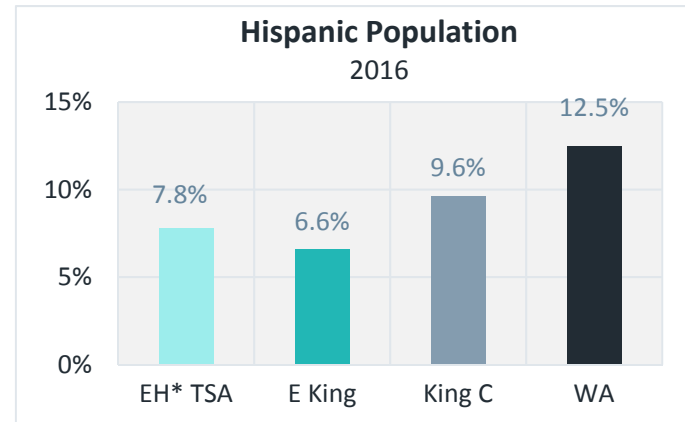
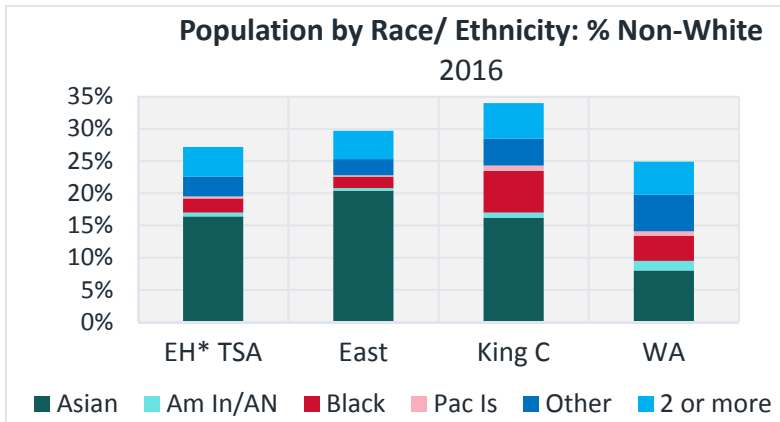
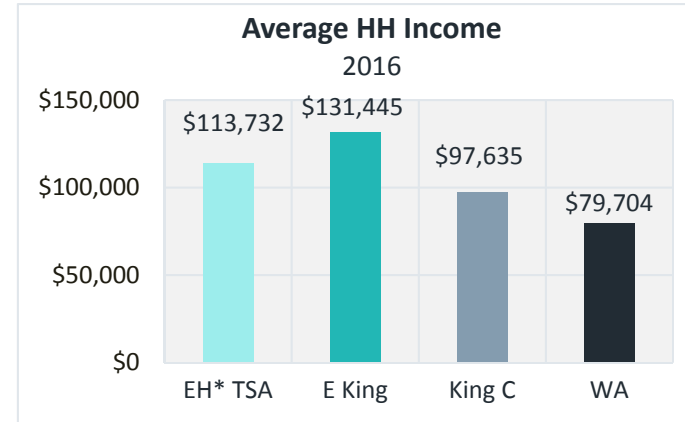
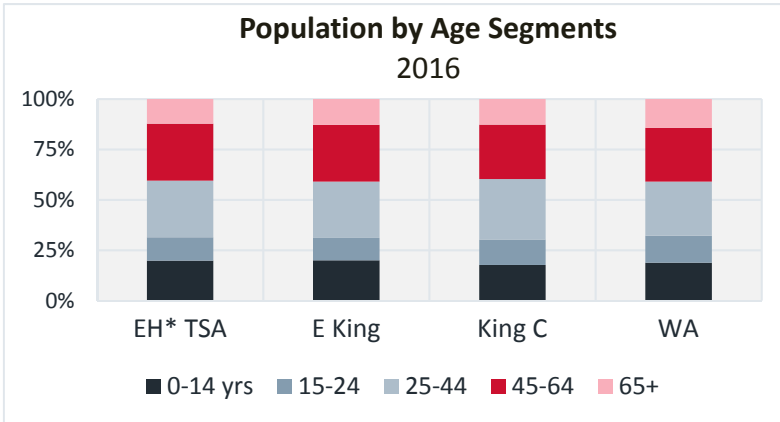
To identify geographic areas of need, King County census tracts were rank-ordered from highest to lowest percent of adults by the areas noted above. The tracts were then divided into 10 groups. Dark reds show tracts with the highest rates; dark blues show tracts with lowest rates (note: the Life Expectancy map ranks shortest in dark red to longest in dark blue).

Using East King County Data as Baseline for the 2016 Evergreen Health Community Health Needs Assessment

East King Demographics

East King will be used as a proxy for EvergreenHealth's Service Area. Although the E King population is smaller than the EH TSA, the age and diversity composition are similar.

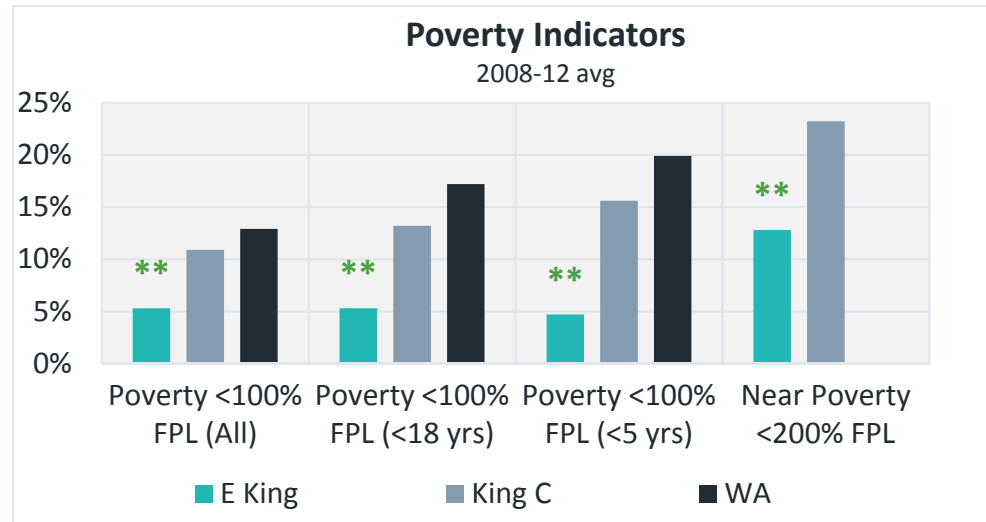
Area	2016 Population
EH* TSA	884,427
East King	537,837
King C	2,064,187
WA	7,027,303



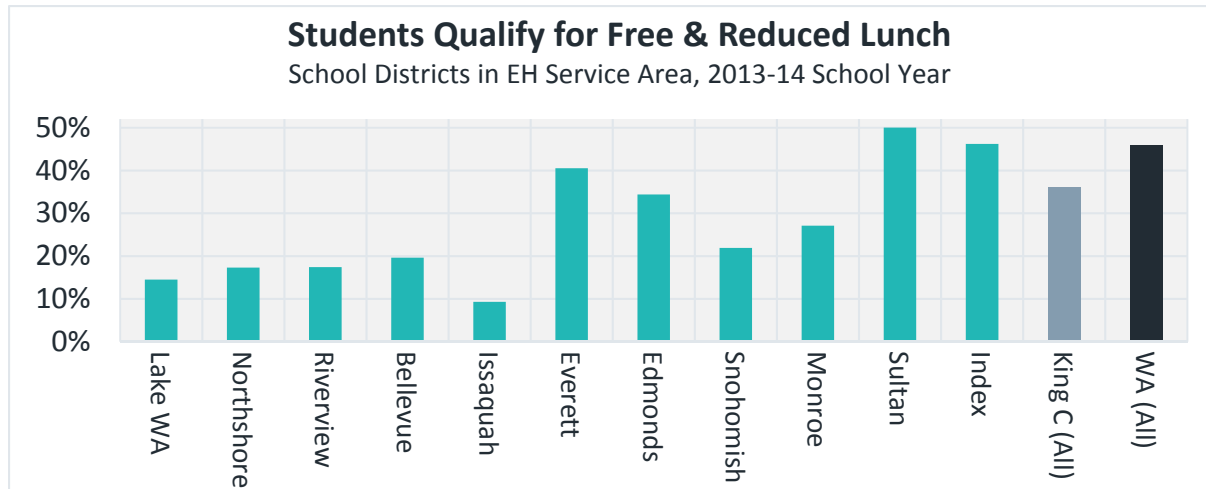
Poverty Indicators

Approximately 5.3% of the population of E King lives below the poverty limit (\$22,811 for family of 4); 12.8% of the population lives near the poverty limit.

There are significantly fewer people in E King living in poverty than in King County.

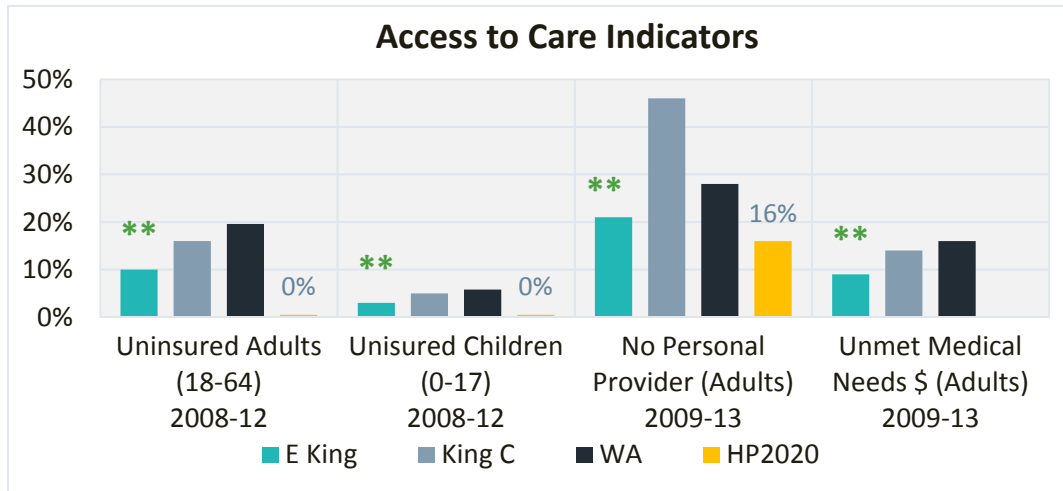


In King County Schools, 36% of students are enrolled in the Free and Reduced Lunch program. For School Districts in EH's Service area, rates range from 9.3% to 50%. The majority have rates much lower than King C overall, except Everett, Sultan and Index Districts.



** indicates statistically significantly better than King County; ** indicates statistically significantly worse than King County. Poverty measured as % of pop with income less than the FPL (family of 4 earn \$22,811); Near Poverty measured as % of pop with income less than 2 x's FPL.

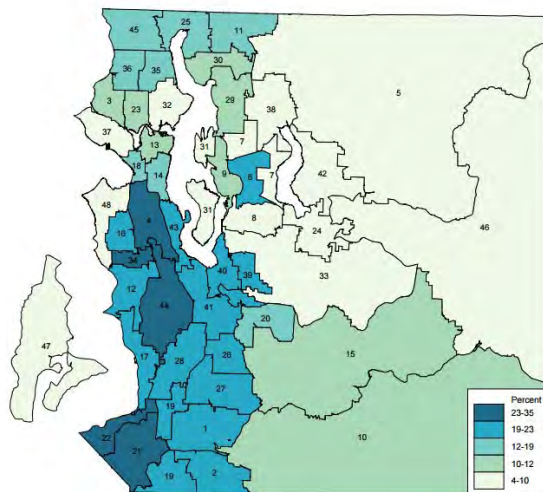
Access to Care



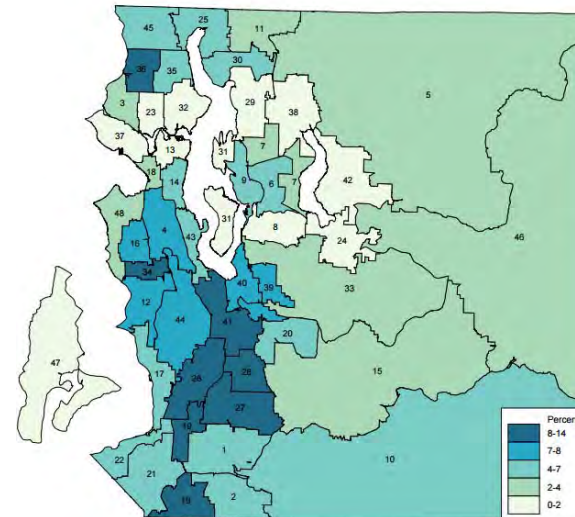
Approximately 10% of adults and 3% of children lack health insurance in E. King. The percentage is significantly lower in E King than in King C.

21% of adults lack a personal provider/physician, whereas 9% have unmet medical needs due to cost.

Adults in King County with No Health Insurance 2008-12



Children in King County with No Health Insurance 2008-12

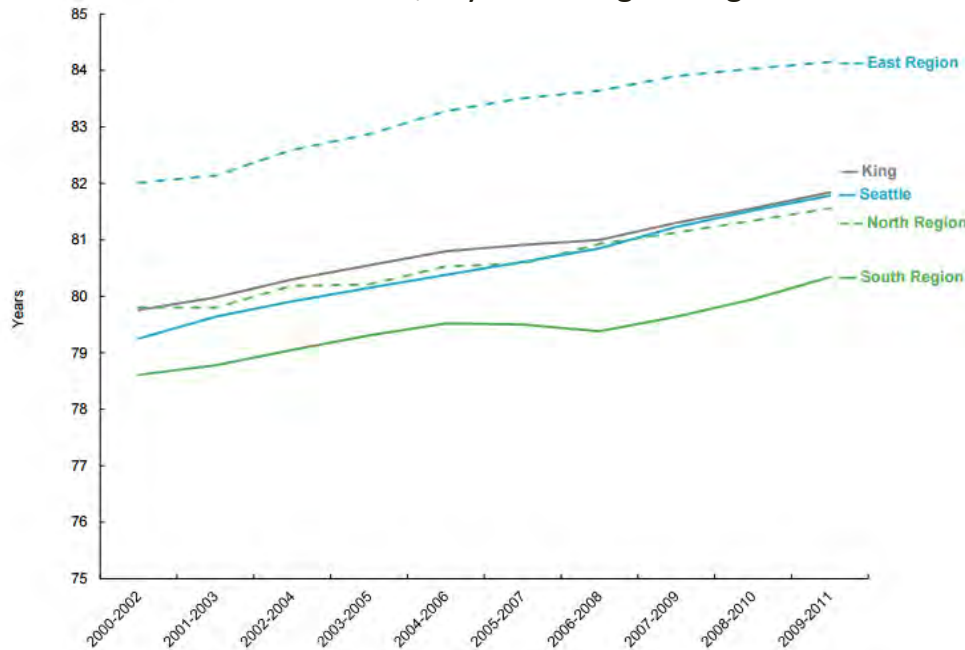


East King Life Expectancy and General Health Status

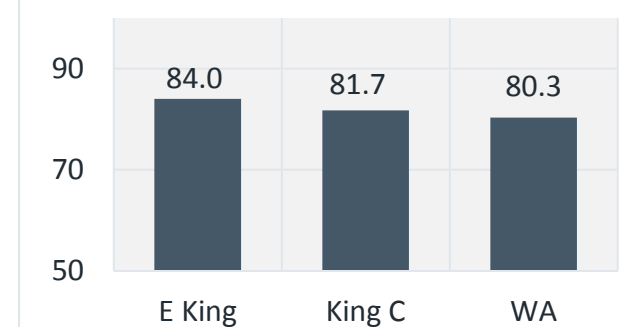
Over the last 10 years, life expectancy has been rising across King County and all the regions, including East King. Residents of E King are expected to live to 84 years.

The population considers itself significantly healthier than its King County counterparts. Just 9% consider themselves in Fair or Poor health compared with 12% in King C.

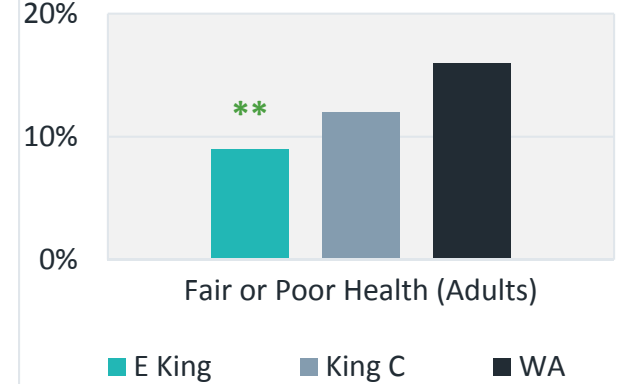
Life Expectancy at Birth, King County
2000-12, 3-year rolling averages



Life Expectancy at Birth
2008-12



Health Status
2009-13



** indicates statistically significantly better than King County; ** indicates statistically significantly worse than King County.

Leading Causes of Death 2008-12

Cancer, Heart Disease and Alzheimer's are the top 3 leading causes of death across East King, King County and Washington.

The top 8 leading causes of deaths in East King are the same as across King County.

East King has much lower rates of death per population, in fact 7 of the top 10 leading causes of death are significantly lower than King C rates.

The only rate that is higher is for Alzheimer's (not statistically significant).

Rank	East King	King C	WA
1	Cancer	Cancer	Cancer
2	Heart Dis	Heart Dis	Heart Dis
3	Alzheimer's	Alzheimer's	Alzheimer's
4	Stroke	Stroke	Chron Lower Resp Dis
5	Unintentional Injury	Unintentional Injury	Unintentional Injury
6	Chron Lower Resp Dis	Chron Lower Resp Dis	Stroke
7	Diabetes	Diabetes	Diabetes
8	Suicide	Suicide	Suicide
9	Parkinson's Dis	Chron Liver Dis	Chron Liver Dis
10	Pneumonitis	Influenza/ Pneumonia	Influenza/ Pneumonia

Cause of Death	E King	King C	WA	HP 2020
Cancer	137.8	157.8	163.1	161.0
Heart Dis	111.0	131.7	140.7	n/a
Alzheimer's	45.1	41.9	44.3	n/a
Stroke	30.0	33.2	34.8	34.0
Unintent Injury	22.6	30.5	38.4	36.0
Chron Lower Resp	23.8	32.1	41.5	n/a
Diabetes	12.2	19.2	22.8	n/a
Suicide	10.1	11.5	14.7	10.0
Chron Liver	5.6	8.6	11.4	n/a
Pneum/ Influenza	6.1	9.1	10.2	n/a

BOLD GREEN indicates statistically significantly better than King County
BOLD RED indicates statistically significantly worse than King County

King County Death Rate Disparities by Age, Race/Ethnicity & Poverty

2008-12

Top 5	King C All	0-14 Yrs	15-24 Yrs	25-44 Yrs	45-64 Yrs	65-74 Yrs	75+ Yrs
1	Cancer	Unint Injury	Unint Injury	Unint Injury	Cancer	Cancer	Heart Dis
2	Heart Dis	Cancer	Suicide	Cancer	Heart Dis	Heart Dis	Cancer
3	Alzheimer's	Congen Malfrm	Homicide	Suicide	Unint Injury	Chron L Resp	Alzheimer
4	Stroke	Homicide	Cancer	Heart Dis	Chron Liver	Diabetes	Stroke
5	Unint Injury	Suicide	Congen Malfrm	Homicide	Suicide	Stroke	Chron L Resp

King County per 100k	Am Ind/ Alask N	Asian	Black	Hispanic	Multiple Race	White	
Cancer	157.8	129.7	115.9	207.6	97.3	112.2	161.4
Heart Dis	131.7	165.6	84.2	172.2	88.6	67.8	135.2
Alzheimer's	41.9	37.1	19.0	36.8	27.8	14.8	45.0
Stroke	33.2	51.7	36.3	41.7	26.0	12.1	32.0
Unint Injury	30.5	67.9	17.8	36.8	19.2	12.8	32.1
Chr L Resp	32.1	50.4	13.1	31.1	9.0	22.3	34.6
Diabetes	19.2	35.7	18.1	50.7	20.0	18.9	17.6
Suicide	11.5	14.5	5.3	8.3	6.2	5.7	12.9

King County per 100k	High Poverty (20%+ of HH below FPL)	Med Poverty (5-19% of HH below FPL)	Low Poverty (<5% of HH below FPL)	
Cancer	157.8	181.2	159.0	142.4
Heart Dis	131.7	161.4	133.7	109.9
Alzheimer's	41.9	37.3	43.3	39.7
Stroke	33.2	39.1	33.4	29.4
Unint Injury	30.5	41.8	30.9	22.3
Chr L Resp	32.1	45.0	32.5	24.8
Diabetes	19.2	28.0	20.2	12.3
Suicide	11.5	13.0	12.0	9.2

Leading Causes of Hospitalizations 2008-12

Pregnancy and childbirth is the leading cause of hospitalization in East King, followed by Heart Disease, Unintentional Injury, Cancer and Mental Illness, which is similar to the Top 5 in King County.

Rank	East King	King C	WA
1	Pregnancy-Childbirth	Pregnancy-Childbirth	Pregnancy-Childbirth
2	Heart Dis	Heart Dis	Heart Dis
3	Unint Injury	Unint Injury	Mental Illness
4	Cancer, Benign Tumor	Mental Illness	Cancer, Benign Tumor
5	Mental Illness	Cancer, Benign Tumor	Infectious/ Parasitic
6	Osteoarthritis	Osteoarthritis	Osteoarthritis
7	Lower Gastro	Lower Gastro	Unint Injury
8	Infectious/ Parasitic	Infectious/ Parasitic	Respiratory Infect
9	Respiratory Infect	Respiratory Infect	Lower Gastro
10	Stroke	Stroke	Fractures

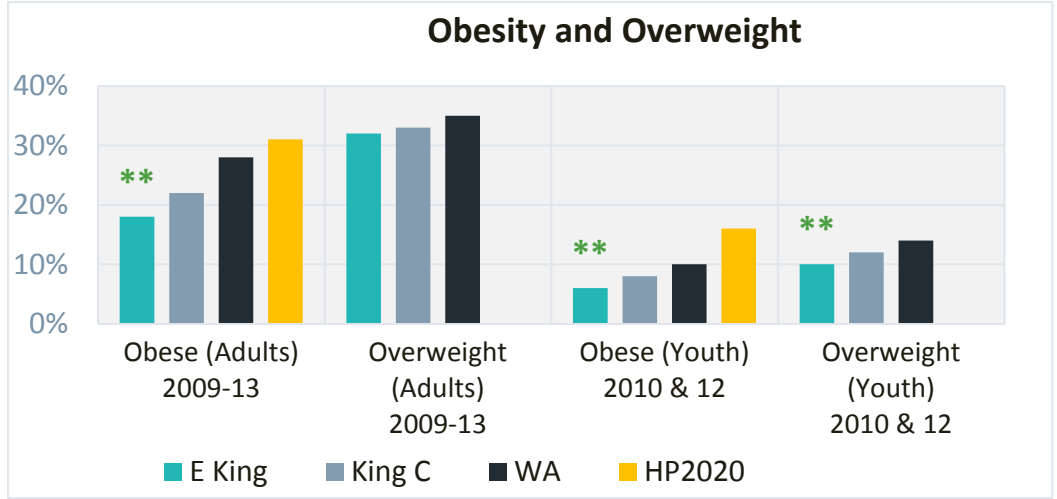
Hospitalization rates in East King are generally lower than in King County, with the exception of Osteoarthritis.

Rate per 100k	E King 2008-12	King C 2008-12	WA 2011
Pregnancy-Childbirth	1,217.9	1,229.5	1,261.1
Heart Dis	550.4	698.8	776.7
Unint Injury	439.3	526.9	552.8
Mental Illness	398.9	488.5	460.6
Cancer, Tumors	401.0	434.4	422.2
Osteoarthritis	298.5	274.2	306.5
Lower Gastro	258.3	270.5	290.6
Infectious/ Parasitic	176.7	268.8	327.8
Respiratory Infect	177.8	242.5	294.8
Stroke	165.8	205.3	216.2

BOLD GREEN indicates statistically significantly better than King County
BOLD RED indicates statistically significantly worse than King County

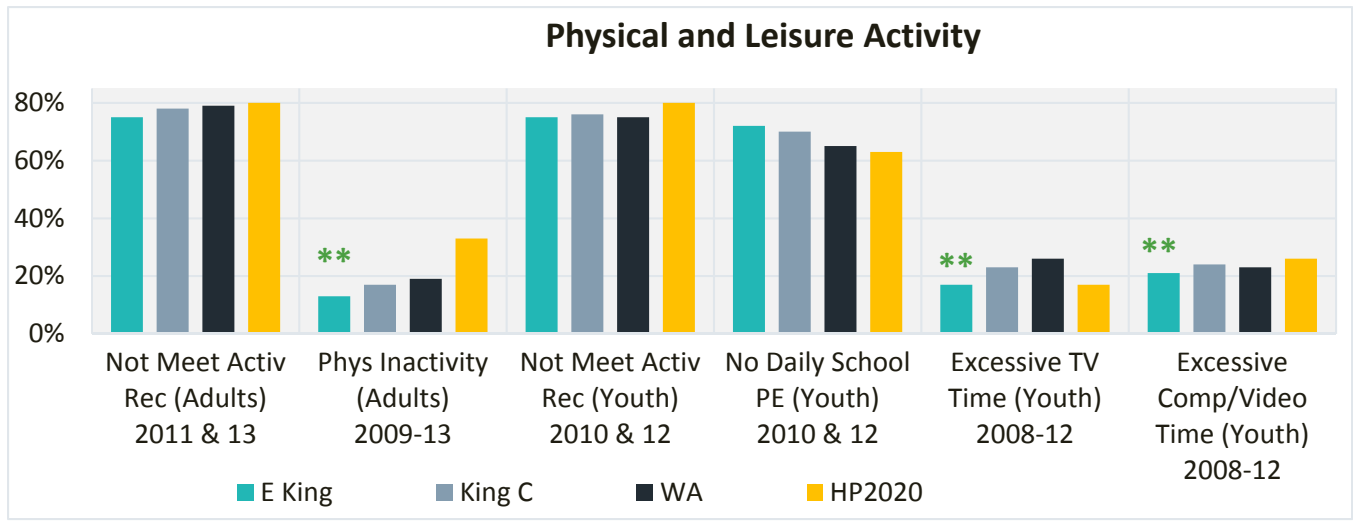
Risk Factors & Risky Behaviors: Obesity & Activity

5 Yr East King Trends	
Obesity (Adult)	▲
Overweight (Adult)	—
Obesity (Youth)	▼
Overweight (Youth)	—
Sedentary (Adult)	—
No Activity (Youth)	▼
No Daily PE	—
Video/ Computer	▲



18% of the adult population in E King is obese (BMI >=30); 50% is considered overweight or obese (BMI >= 25).

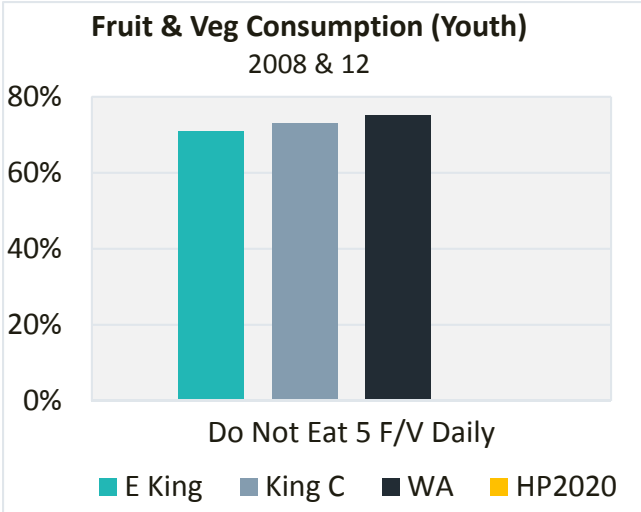
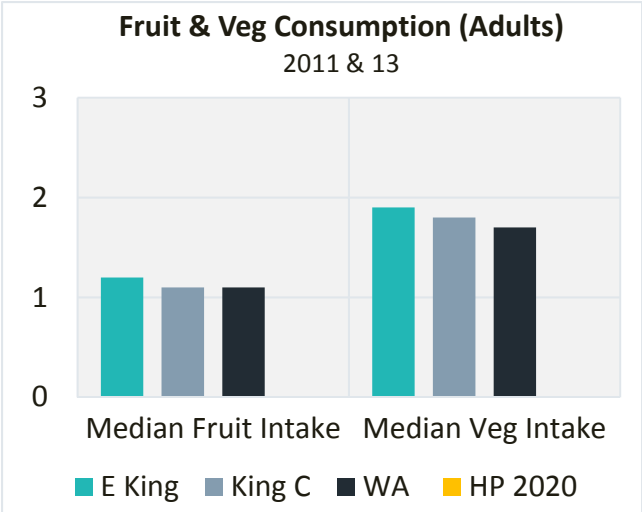
For school aged youth, 6% are obese and 16% are overweight or obese.



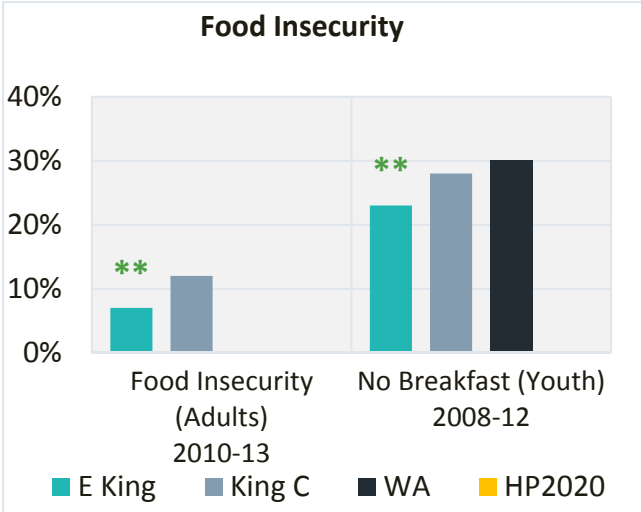
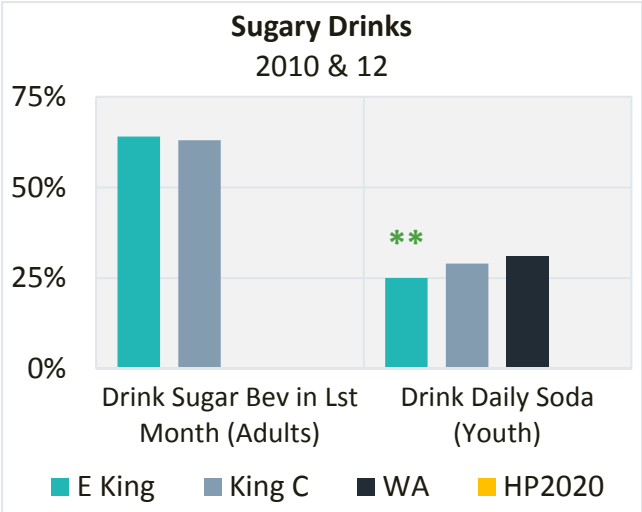
75% of both adults and youth in E King do not meet the recommended guidelines for physical activity (aerobic physical and muscle-strengthening). 13% of adults are sedentary.

5 Yr East King Trends	
5 F/V Daily (Youth)	—
No Breakfast (Youth)	—
Daily Soda (Youth)	▼
Food Insecurity	▲

Risk Factors and Risky Behaviors: Nutrition



Adults consume fruit and vegetables a median of 1.1 and 1.9 times per day. Nearly 71% of youth do not eat the recommended 5 servings daily of fruits and vegetables.

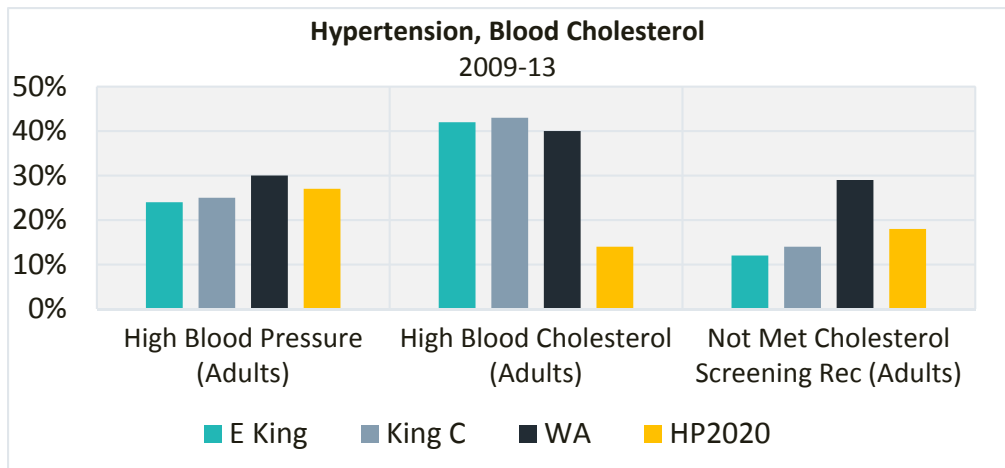


Nearly 65% of adults drink sugared beverages each month; and 25% of youth drink a soda daily.

BOLD GREEN and ****** indicates statistically significantly better than King County; **BOLD RED** and ****** indicates statistically significantly worse than King County. Food Insecurity defined as food does not last and no \$ for more in year.

Risk Factors and Risky Behaviors

5 Yr East King Trends	
High BP	▲
High Cholest	▲
No Cholest Screen	▼
Smoker (Adult)	—
Smoker (Youth)	▼
2 nd Hand Smoke	—

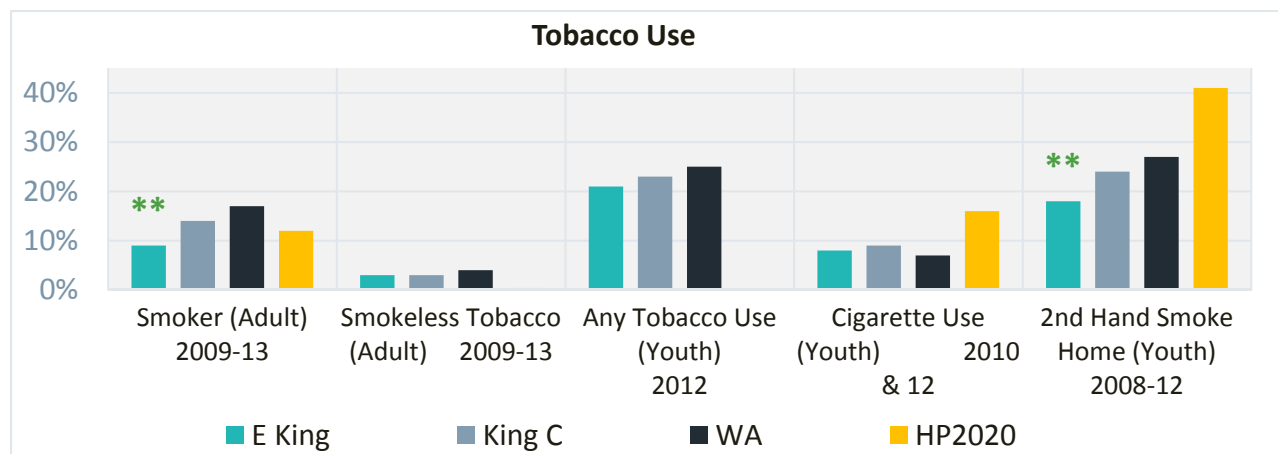


24% of E King adults have high blood pressure, which is lower than in King C and the HP 2020 guideline.

Over 42% of adults have high blood cholesterol which is much lower than the recommended 14% for HP 2020. Additionally 12% of the population does not receive the recommended cholesterol screenings.

9% of adults are considered smokers and 21% of youth have used some form of tobacco in last 30 days in E. King. This includes cigarettes, chew, snuff, hooka, flavored tobacco, dissolvables and e-cigs.

Nearly 1 in 4 youth are exposed to 2nd hand smoke in their homes.

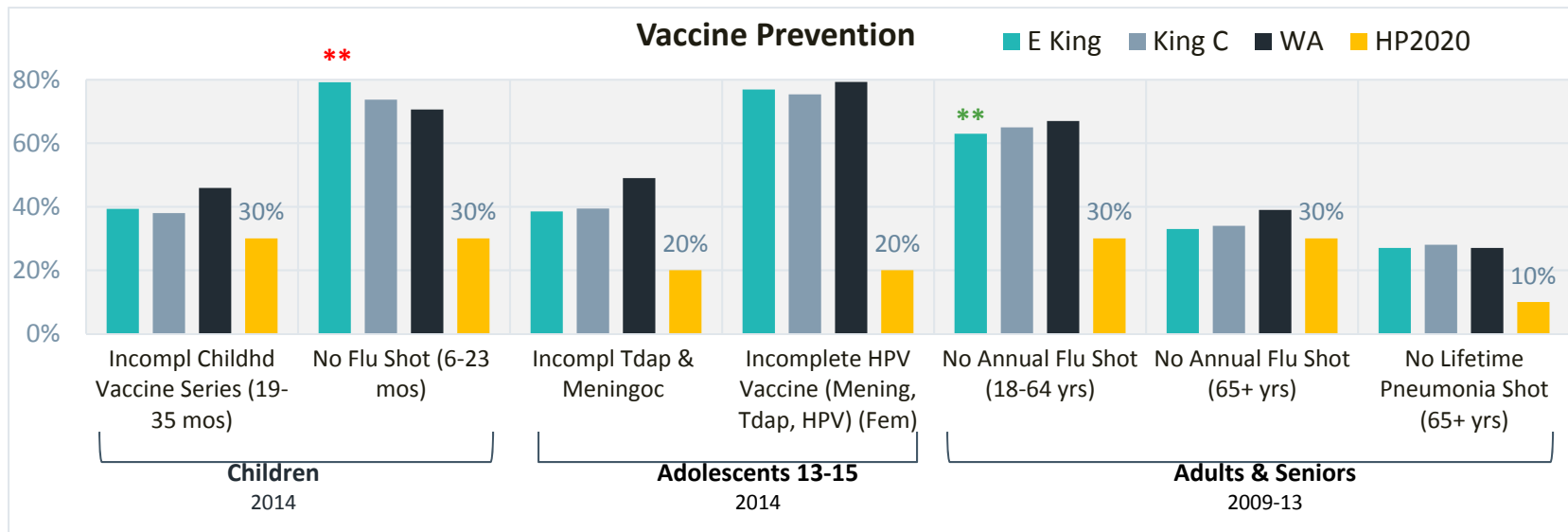


5 Yr East King Trends	
No Flu (Adults)	—
No Flu (Seniors)	▲
No Pneum (Seniors)	—

Preventive Vaccinations

E King has higher rates of incomplete vaccinations than the HP 2020 guidelines for children and adolescents. Nearly 80% of children between 6-23 months do not receive a flu shot.

Over 63% of adults 18-64 did not get an annual flu shot, whereas 33% of seniors did not. Approximately 23% of seniors failed to ever be vaccinated for pneumonia.



BOLD GREEN and ****** indicates statistically significantly better than King County; **BOLD RED** and ****** indicates statistically significantly worse than King County.

Childhood vaccines 4:3:1:3:3:1:4 (4+ DPT, 3+ polio, 1 measles, 3+ Hib, 3+ Hep B, 1+ Varicella, 4+ PCV).

5 Yr East King Trends	
Asthma (Adult) Prev	—
Diabetes (Adult) Prev	▲
Diabetes (Child) Prev	▼

Chronic Conditions

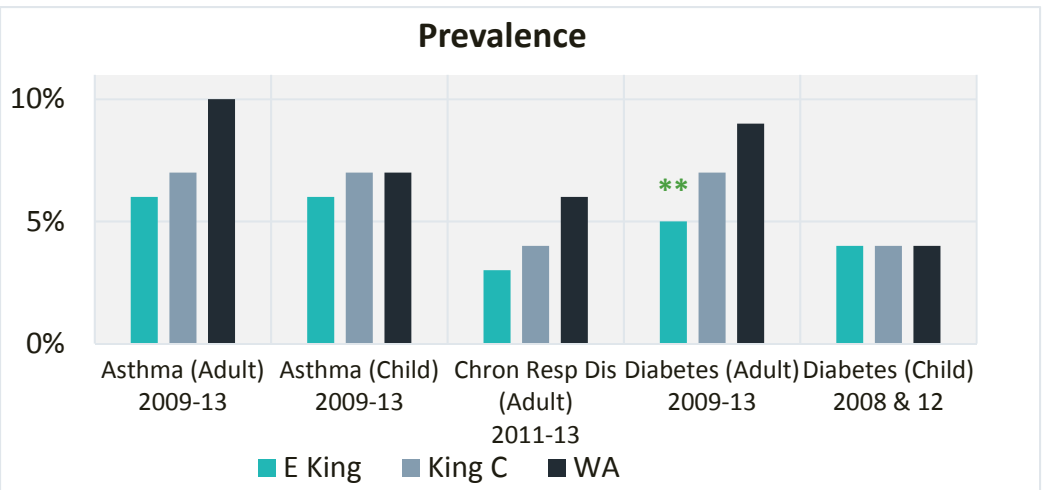
Death Rate per 100k	E King 2008-12	King C 2008-12	WA 2011
Chron Low Resp Dis	23.8	32.1	42.6
Diabetes (primary)	12.2	19.2	23.3
Diabetes Related (primary or contributing)	38.5	60.4	79.2
Chron Liver Dis	5.6	8.6	11.4

Hospitalization Rate per 100k	E King 2008-12	King C 2008-12	WA 2011
Asthma (adult)	28.6	47.7	51.8
Asthma (children)	93.6	137.0	106.0
Diabetes Related	674.4	1,036.1	1,185.8

Death and hospitalization rates in East King are significantly lower than in King County for many chronic diseases including Lower Respiratory Disease, Diabetes and Asthma.

Approximately 6% of both adults and children in E King have Asthma; 3% of adults have Chronic Respiratory Disease.

5% of adults and 4% of children have Diabetes in E King.



5 Yr East King Trends

- Heart Attack Prev ▲
- Cor Heart Dis Prev ▲
- Stroke Prev ▲

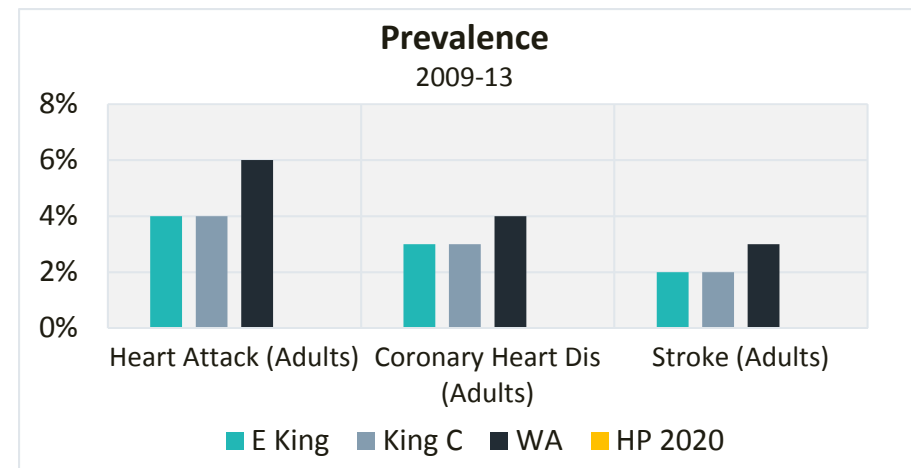
Heart, Vascular & Neurosciences

Deaths per 100k	E King 2008-12	King C 2008-12	WA 2011
Heart Disease	111.0	131.7	144.0
Stroke	30.0	33.2	35.5

Hospitalizations per 100k	E King 2008-12	King C 2008-12	WA 2011
Heart Disease	550.4	689.8	776.7
Stroke	165.8	205.3	216.2

Death and hospitalization rates in East King are lower than in King County for both Heart Disease and Stroke; Heart Disease death rates are significantly lower.

Approximately 4% of East King residents have had a heart attack; 3% have coronary heart disease and 2% a stroke.



Cancer

5 Yr East King Trends

No Mammo Screen	▲
No Cervical Screen	▲

Death Rate per 100k	E King 2008-12	King C 2008-12	WA 2011	HP 2020
Cancer All	137.8	157.8	163.1	161.0
▪ Breast	20.5	20.9	18.5	21.0
▪ Colorectal	11.0	13.3	13.7	15.0

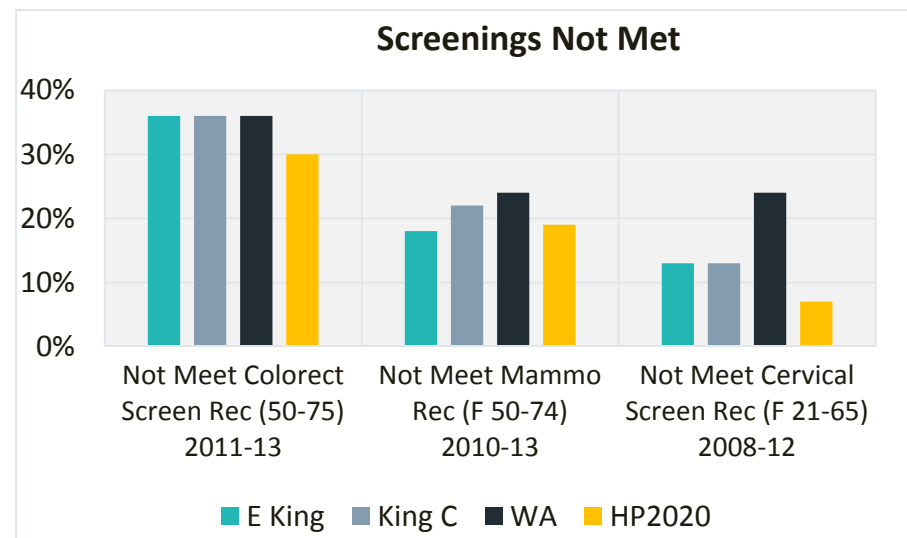
Hospitalization Rate per 100k	E King 2008-12	King C 2008-12	WA 2011
Cancer, Tumors	401.0	434.4	422.2

Deaths from All Cancers and Colorectal Cancers are significantly lower in E King than in King County.

Incidence per 100k	E King 2008-12	King C 2008-12	WA 2011	HP 2020
Breast (fem)	147.6	140.0	134.7	n/a
Cervical (fem)	4.6	6.2	7.1	7.1
Colorectal	37.3	37.3	37.3	38.6

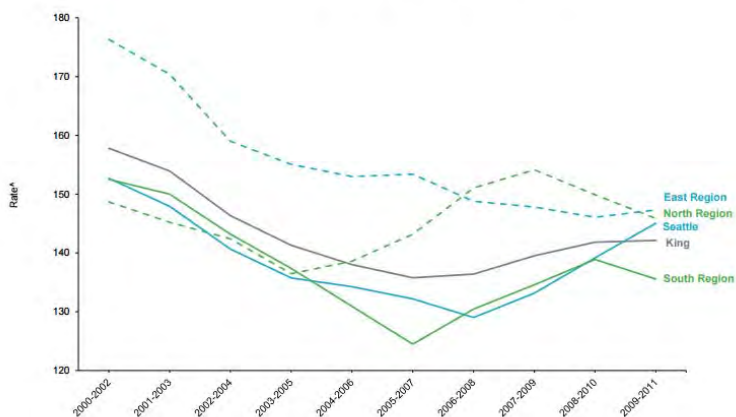
Screening rates for Colorectal Cervical Cancer fail to meet the HP 2020 recommendations.

36% fail to meet colorectal recommendations; 18% fail to get mammography and 13% do not meet cervical guidelines.

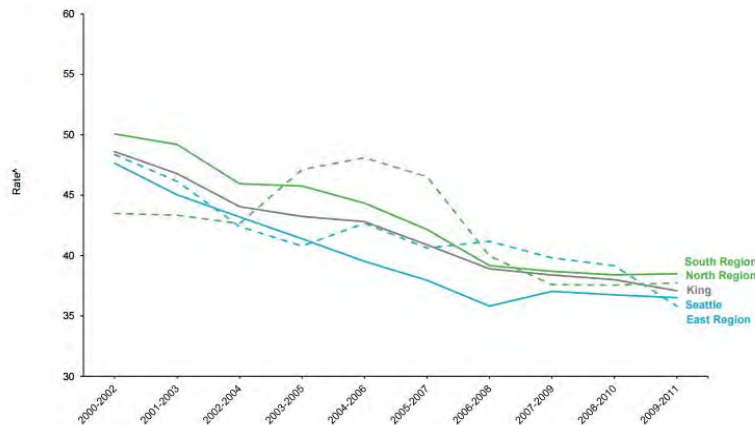


Cancer Incidence Trends in King County and Regions

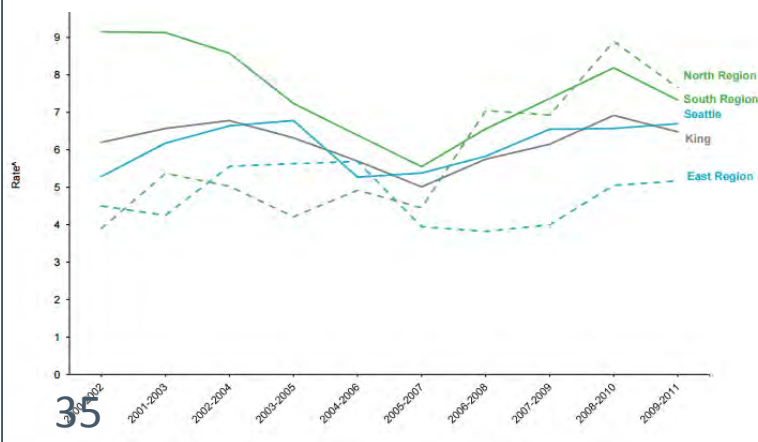
Invasive Breast Cancer Incidence Among Women
2000-11, 3-year rolling averages



Invasive Colorectal Cancer Incidence
2000-11, 3-year rolling averages



Invasive Cervical Cancer Incidence
2000-11, 3-year rolling averages



Incidence rates for Breast and Colorectal Cancer have been declining in East King and King County for years. Trends in Cervical Cancer have increased in recent years across all regions of King County.

5 Yr East King Trends

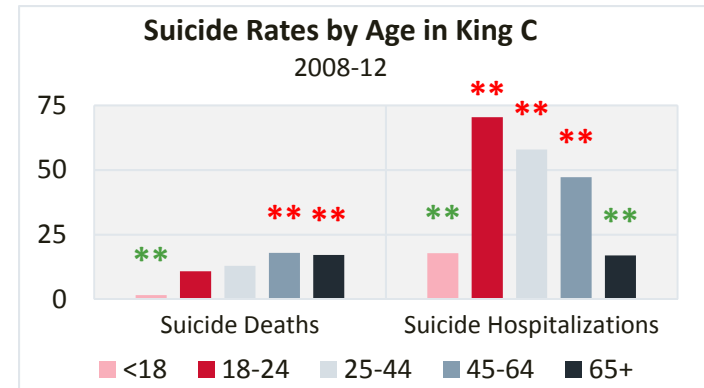
- Mental Distress —
- Emot'l Support ▲
- Binge Drinking —
- Marijuana ▲
- Suicide Deaths ▲
- Suicide Hospitalization ▲

Behavioral Health & Substance Abuse: Adults

Death rates of suicide, alcohol-related and drug related are lower in E King than in King C. Across King County, suicide death and hospitalization rates are significantly higher among the older populations. Suicide rates are worsening in E. King.

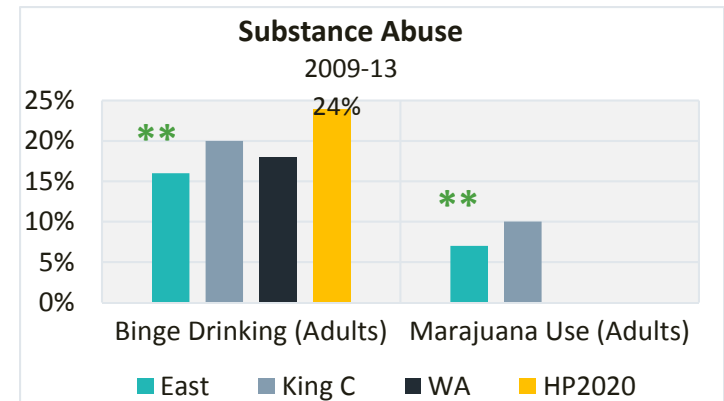
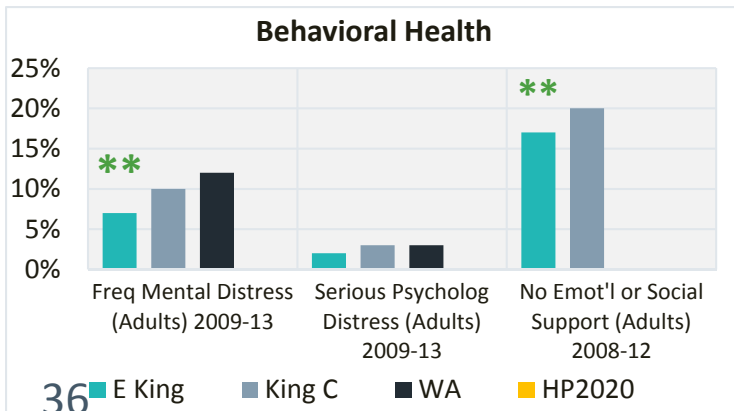
Death Rate per 100k	E King 2008-12	King C 2008-12	WA 2011	HP 2020
Suicide Deaths	10.1	11.5	14.8	10.0
Alcohol Induced Deaths	5.7	8.9	12.4	n/a
Drug Induced Deaths	7.2	12.0	14.5	11.0

Hospitalizations per 100k	E King 2008-12	King C 2008-12	WA 2011	HP 2020
Suicide	34.7	41.5	51.4	n/a



16% of adults are considered binge drinkers (4-5+ drinks in one session), while 7% are marijuana users. Note these data are prior to the legalization of marijuana in WA.

7% of adults experience frequent mental distress (more than half of last month poor mental health) and 17% rarely or ever get the social and emotional support they need.



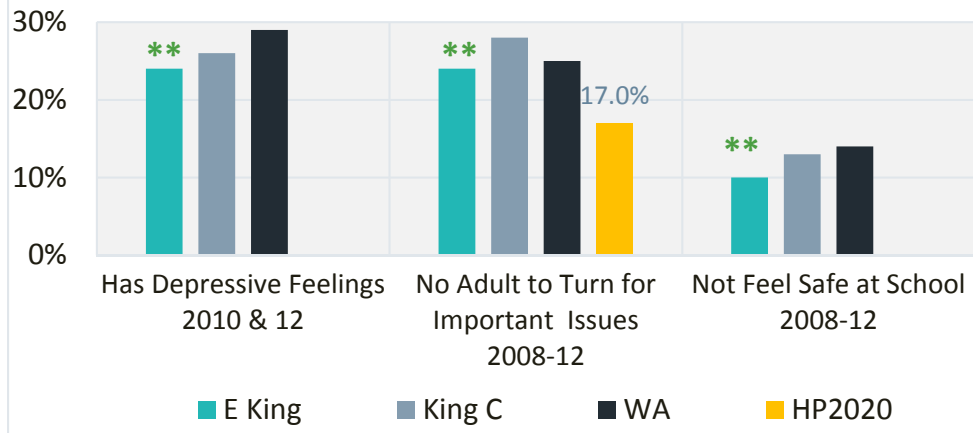
** indicates statistically significantly better than King County; ** indicates statistically significantly worse than King County.

5 Yr East King Trends

Depression	▲
School Safety	—
Illegal Drugs	—
Binge Drink	▲
Marijuana	▲
Cig Smoking	▼

Behavioral Health & Substance Abuse: Youth

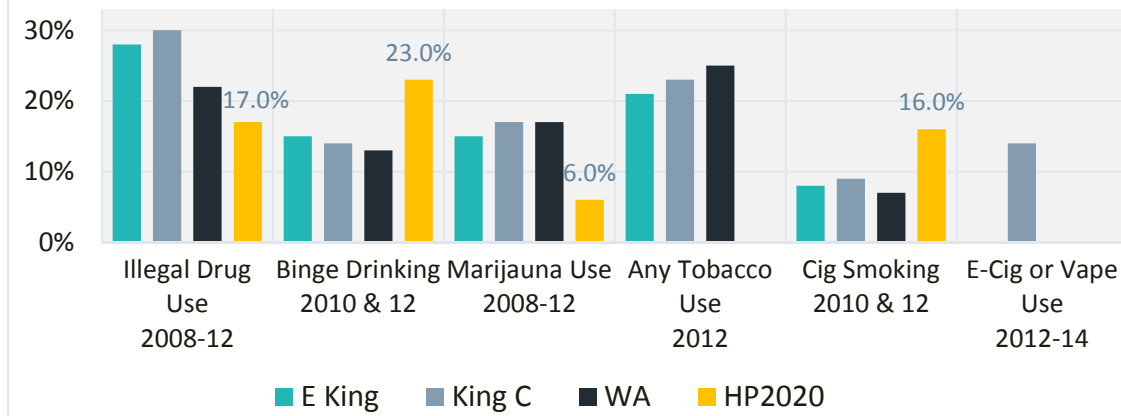
Behavioral Health & Safety: Grades 6, 8, 10, 12



24% of youth in East King experience depressive feelings, and an equal amount feel they do not have an adult to turn to talk about important issues.

10% feel unsafe at school.

Substance Abuse: Grades 8, 10, 12



28% of E King youth have used some type of illegal drug in the past 30 days. E King youth have higher rates of binge drinking (5+ drinks in last 14 days) than their King County or WA counterparts (15% compared with 14%, 13%).

15% of youth have used marijuana in last month (prior to legalization of marijuana in WA); 21% have used a form of tobacco in last month.

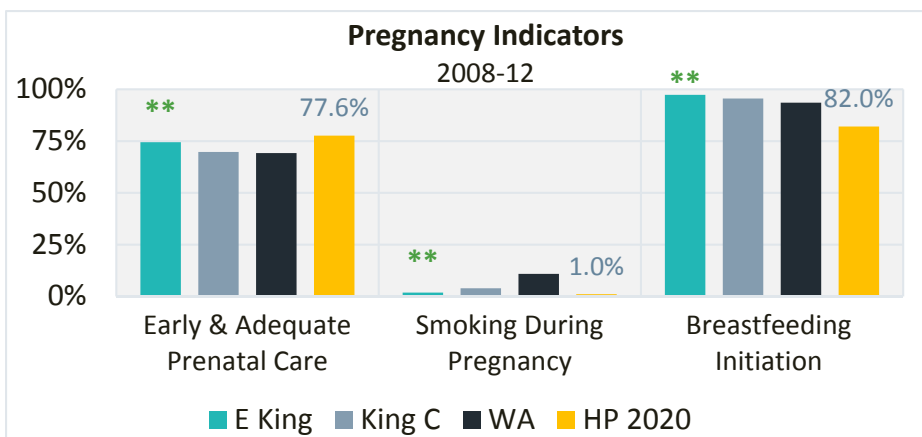
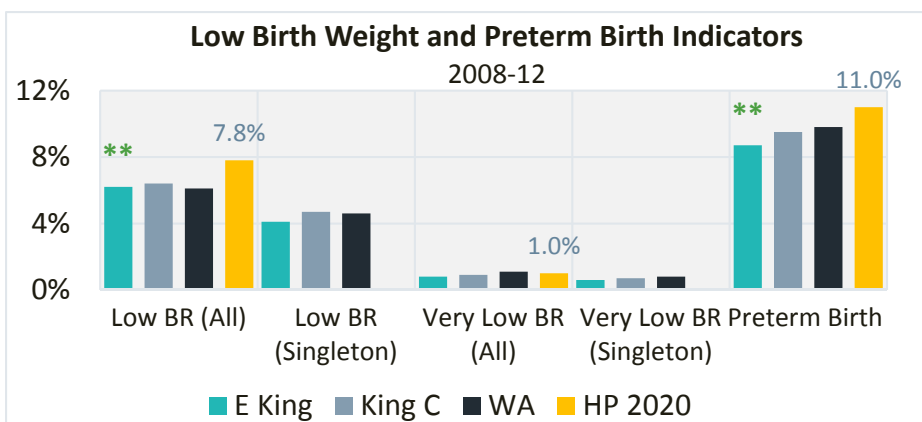
** indicates statistically significantly better than King County; ** indicates statistically significantly worse than King County. Illegal Drug Use includes any alcohol, marijuana, pain killers or other illegal drugs in past 30 days. Any Tobacco Use includes cigarettes, snuff, cigars, hookah, flavored tobacco, dissolvables, and e-cigs)

Maternal Child Health

5 Yr East King Trends

LBW	—
Preterm Birth	▼
Early Prenatal Care	—
Smoke While Pregnant	▼
Breastfeed Initiation	—

Rates 2008-12	E King	King C	WA	HP 2020
Infant Mortality (per 1k Births)	2.9	4.1	5.1	6.0
Teen Birth (per 1,000 F 15-17yrs)	2.8	8.1	8.9	n/a



East King has significantly lower rates of both Infant Mortality and Teen Births than King C.

In addition, E King's Low Birth rate (all) and Preterm Birth rate are also significantly lower than in King C.

Over 74% of mothers in E King obtain Early and Adequate Prenatal Care, which is significantly higher than in King C.

East King also has significantly fewer mothers who smoke during pregnancy and significantly more mothers initiating breastfeeding upon birth.

** indicates statistically significantly better than King County; ** indicates statistically significantly worse than King County. Low Birth Rate (<2,500 g or 5lbs 8oz); Very Low Birth Rate (<1,500 g); Preterm Birth (<37 weeks gestation); Early & Adequate Prenatal Care (care before 4th month & 80%+ of recommended prenatal care visits)

Injuries and Violence

5 Yr East King Trends	
Assault Hospitalization	—
Firearm Deaths	▲
Homicide Deaths	—
Fall Deaths	▼
Fall Hospitalization	—
MV Deaths	▼
MV Hospitalization	▼
Poisoning Deaths	▲
Poisoning Hospitaliz	—
Unint Injury Deaths	▼
Unint Injury Hospitaliz	—

Deaths per 100k	E King 2008-12	King C 2008-12	WA 2011	HP 2020
Homicides	0.9	2.7	3.5	6.0
Firearms Related	5.1	6.7	9.8	n/a
Unintentional Injury	22.6	30.5	38.8	36.0
• Unint Injury (0-17)	n/a	4.2	6.6	n/a
Poisonings	5.4	9.8	11.9	11.0
Motor Vehicle	3.8	5.5	7.5	12.0
Falls (All)	8.7	9.6	11.6	7.0
• Falls (65+)	63.9	70.9	79.2	47.0

Hospitalizations per 100k	E King 2008-12	King C 2008-12	WA 2011	HP 2020
Assaults	7.2	25.2	20.9	n/a
Unintentional Injury	439.3	526.9	552.8	n/a
• Unint Injury (0-17)	n/a	161.9	174.0	n/a
Poisonings	22.6	36.3	44.0	n/a
Motor Vehicle	29.2	43.1	46.7	n/a
Falls	260.2	293.0	293.6	n/a

Both death and hospitalization rates from Unintentional Injuries and Violence are lower in E King than in King C (many significantly so).

However worsening trends in E King are seen in deaths from firearms and poisonings.

Summary

Strengths:

Compared with King County, E King residents are generally better off with

- lower rates of poverty and uninsured, lower death rates
- longer life expectancy
- Lower risk factors for obesity, smoking, physical inactivity, mental distress and depression, binge drinking,
- Better pregnancy indicators and birth outcomes

Opportunities (Significantly worse than King County &/or worsening 5 year trend):

Access:

- % without personal PCP

Disease Prevalence/ Incidence

- Diabetes
- Heart disease and stroke
- Cervical cancer

Risk Factors/ Risky Behaviors:

- % of adults who are obese
- Physical activity
- Excessive screen time for youth
- Access to healthy food and intake
- Prevalence of high BP and cholesterol

Prevention/ Screening/ Vaccination

- Screenings for colorectal, breast and cervical cancer
- Flu vaccines, particularly pediatrics
- Childhood/ adolescent vaccinations

Behavioral Health and Substance Use

- Suicide deaths and hospitalizations
- Adult emotional support
- Youth depression and support
- Youth substance abuse (alcohol, drugs, marijuana)

Competitor CHNA Priorities

Hospital	CHNA Priorities and Goals
Overlake 2014-15	<ol style="list-style-type: none"> 1. Access to Care and Preventive Health Care 2. Overweight and Obesity 3. Cancer 4. Cardiovascular Disease 5. Mental Health 6. Homelessness
Virginia Mason 2013-15	<ol style="list-style-type: none"> 1. Health Status 2. Health Disparities 3. Access to Prevention
Prov Everett 2013	<ol style="list-style-type: none"> 1. Access to Primary Care 2. Early Prenatal Care
Swedish Issaquah 2016-18	<ol style="list-style-type: none"> 1. Access to Healthcare 2. Behavioral/ Mental Health 3. Aging Population
Swedish Edmonds/ Verdant 2013	<ol style="list-style-type: none"> 1. Obesity 2. Heart Disease 3. Cancer 4. Access to Primary Care 5. Suicide
UW Valley Med 2012	<ol style="list-style-type: none"> 1. Access to Care 2. Obesity & Nutrition
SCCA 2012-15	<ol style="list-style-type: none"> 1. Tobacco Cessation 2. Hispanic/ Latino Outreach 3. MammoVan Outreach 4. Colon Cancer Educational Outreach 5. Access to Health Care

Hospital	CHNA Priorities and Goals
EvergreenHealth 2013	<ol style="list-style-type: none"> 1. Healthy Nutrition 2. Physical Activity 3. Behavioral Health 4. Access to Care

