



**2013 Community Health Needs Assessment and Implementation Strategy**

**MultiCare Mary Bridge Children's Hospital**



# Executive Summary

Community Health Needs Assessment (CHNA) and Implementation Strategy

**MultiCare Health System is a not-for-profit, community-based integrated health system with five hospitals, 10,600 employees and more than 130 Specialty, Primary and Urgent Care Clinics throughout Pierce, King, Thurston and Kitsap counties. MultiCare is one of the largest health care systems in the South Puget Sound region. Our heritage dates back to the founding of Tacoma's first hospital in 1882.**

## Priority Health Needs

In 2012, MultiCare contracted with the Tacoma-Pierce County Health Department to conduct a comprehensive Community Health Needs Assessment, using quantitative analysis and qualitative interviews with a representative cross-section of community leaders and area residents. The assessment process concluded in the spring of 2013, and in the resulting report, the Health Department developed the following list of priority health needs:

- Prevention and Treatment of Chronic Diseases
- Tobacco Prevention and Cessation
- Obesity
- Mental Health
- Cultural Diversity (health inequities and communication)
- Special Populations (low-income and aging)
- Access to Care

## Three-Year Focus

MultiCare convened internal stakeholder meetings to review the assessment and to select the health care needs we will focus on system-wide in the next three-year period:

- Chronic Disease
- Obesity – Adult and Childhood
- Tobacco Use
- Behavioral (Mental and Chemical Dependency) Health
- Cultural Diversity



# Executive Summary

Community Health Needs Assessment (CHNA) and Implementation Strategy

Each of MultiCare's five hospitals developed its own implementation strategy and created internal implementation teams. This Community Health Needs Assessment and Implementation Strategy is focused on MultiCare Mary Bridge Children's Hospital in Tacoma and describes how the hospital will address the identified health care needs by:

- Continuing and strengthening existing programs and services
- Exploring implementation of new strategies
- Collaborating with community organizations to implement evidence-based strategies across the service area

In addition, this report will outline existing programs and services offered by MultiCare and other community organizations that are addressing the other identified health care needs not selected for this three-year plan.

The strategies and activities outlined here, in partnership with key community collaborators, will require sustained, coordinated approaches to achieve lasting improvements in the health of our community. This Implementation Strategy is a roadmap that will likely be revised and enhanced as we continue to address the pressing health issues facing our community.

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# Introduction

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Caring for our  
community's children  
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MultiCare Health System is a not-for-profit, community-based integrated health system of hospitals, clinics, services and providers, with more than 10,000 employees in numerous locations in Pierce, King, Kitsap and Thurston counties in Washington. As one of the largest health care systems in the South Puget Sound region, we are dedicated to improving the health of the people we serve.

MultiCare facilities include:

- MultiCare Tacoma General Hospital (437 licensed beds)
- MultiCare Good Samaritan Hospital (286 licensed beds)
- MultiCare Allenmore Hospital (130 licensed beds)
- MultiCare Auburn Medical Center (195 licensed beds)
- **MultiCare Mary Bridge Children's Hospital (82 licensed beds)**
- MultiCare Clinics, Urgent Care Centers, MultiCare Express Clinics, Mary Bridge Subspecialty Clinics
- MultiCare ▪ Good Samaritan Home Health & Hospice
- MultiCare Good Samaritan Behavioral Health
- MultiCare Ambulatory Surgery Centers
- Laboratories Northwest

# Meeting Community Needs

MultiCare Mary Bridge Children's Hospital

MultiCare Mary Bridge  
Children's Hospital  
Service Area



MultiCare Mary Bridge Children's Hospital is an 82-bed regional hospital and a state-designated Level II Pediatric Trauma Center located in Tacoma, Washington, with its primary service area (representing 75 percent of inpatients served and comprising more than 50 zip codes) shown in the figure above. Approximately 300,000 children live in the Mary Bridge primary service area.

## CHNA Methodology

### Background and Process

MultiCare Health System and Franciscan Health System contracted with the Tacoma-Pierce County Health Department to conduct a comprehensive Community Health Needs Assessment (CHNA). The process included quantitative analysis and qualitative interviews with community leaders and residents representing many sectors and population groups, including low-income residents and others affected by health disparities. The assessment process began in the fall of 2012 and concluded in the spring of 2013.

*(Please see Appendix 1 for the complete Community Health Needs Assessment, as prepared by the Tacoma-Pierce County Health Department.)*

### Criteria for Prioritizing Health Needs

In the CHNA, the Health Department developed the list of priority health needs by using these four criteria:

1. *Is this health concern getting worse over time?*
2. *Is this health concern significantly worse in the service area than in the comparison area?*
3. *Are relatively large numbers of people affected by this health concern?*
4. *Was this health concern repeatedly voiced in community meetings and focus groups?*

Health care issues that met at least two of these criteria were deemed a priority by the Health Department. The resulting list of priority needs was a starting point for discussion, rather than a definitive short list requiring action.

### Priority Health Needs Identified by the Health Department

The Tacoma-Pierce County Health Department identified the following priority health needs for residents within the MultiCare Mary Bridge Children's Hospital service area:

- Prevention and Treatment of Chronic Diseases
- Tobacco Prevention and Cessation
- Obesity
- Mental Health
- Cultural Diversity (health inequities and communication)
- Special Populations (low-income and aging)
- Access to Care



## MultiCare's Process for Selecting Health Care Priorities

MultiCare convened internal stakeholder meetings to review the assessment and to select the health care needs we will focus on system-wide. This internal stakeholder group included physician and nurse leaders from each of our five hospitals, as well as clinic/outpatient leaders. The group chose the following issues to focus on system-wide in the next three-year period:

- Chronic Disease
- Obesity – Adult and Childhood
- Tobacco Use
- Behavioral (Mental and Chemical Dependency) Health
- Cultural Diversity (health inequities and communication)

System leaders then worked to create a resource inventory of existing programs and services offered by MultiCare that address these four identified needs. In addition, we met with Franciscan Health System, the Tacoma-Pierce County Health Department and other community organizations to explore possible community-wide solutions to some of the identified health care needs. After mapping existing internal and external resources, each MultiCare hospital developed its own implementation strategy and created internal implementation teams.

## MultiCare Mary Bridge Children's Hospital Implementation Strategy

MultiCare Mary Bridge's Implementation Strategy, outlined on the following pages, describes how the hospital will address the identified health care needs by:

- Continuing and strengthening existing programs and services
- Exploring implementing of new strategies
- Collaborating with community organizations to implement evidence-based strategies across the service area





## MULTICARE MARY BRIDGE CHILDREN'S HOSPITAL **PRIORITIES**

### **CHRONIC DISEASE**

Decrease the percentage of children admitted to the hospital for asthma exacerbation

### **OBESITY**

Increase the percentage of youth who are at a healthy weight

### **TOBACCO USE**

Reduce exposure to second-hand smoke in homes and vehicles

### **BEHAVIORAL HEALTH**

Improve behavioral health of children

### **CULTURAL DIVERSITY**

Improve how patients' cultural, language, and spiritual needs are addressed during health care delivery



## HOSPITAL **STRATEGIES**

1. Encourage primary care providers and medical staff to implement asthma best practice guidelines to assess and assist with asthma control
2. Increase community awareness around asthma and related screenings and services
3. Promote community partnerships in asthma care
4. Educate parents on the importance of maintaining a smoke-free environment for their child with asthma

1. Promote community awareness and understanding of the Ready, Set, Go! 5210 (RSG 5210) program and message
2. Surveillance of BMI data among patients
3. Promote pediatric weight-management services
4. Increase collaboration with community partners
5. Seek grants
6. Increase access to healthy foods in the workplace
7. Promote physical activity for hospital employees and their families
8. Promote physical activity in child care and youth programs
9. Increase knowledge and best practice education related to the benefits of breastfeeding
10. Increase knowledge of healthy behaviors during pregnancy
11. Increase knowledge of WIC services

1. Reduce exposure to secondhand smoke
2. Promote awareness of and access to tobacco cessation programs and services for parents who want to quit smoking
3. Promote insurance covered pharmacotherapy and/or free or low-cost cessation programs
4. Promote a smoke-free workplace for hospital employees and local businesses

1. Promote availability of free and low-cost parent education for at-risk families with children
2. Improve access to behavioral health services by moving to an open-access model of care
3. Increase opportunities for transition age youth to have access to behavioral health treatment
4. Integrate behavioral health services with primary care services
5. Explore ways to integrate chemical dependency treatment into the medical care setting

1. Promote cultural diversity and health inequity awareness among MultiCare staff
2. Increase access to interpreter/communication services
3. Offer blood pressure and type 2 diabetes risk assessments and health education at community events with a focus on underserved populations
4. Provide sports physicals to underserved youth
5. Actively participate in Leaders in Women's Health, a community group that addresses breast cancer disparities in Pierce County



**Focus 1: Chronic Disease**



## Focus 1: Chronic Disease

### Asthma

Asthma is one of the most common chronic disorders in childhood and the third leading cause of hospitalization among children under the age of 15. Children have two times the rate of Emergency Department visits and hospitalizations for asthma compared to adults. According to the CHNA, 21 percent of eighth graders in Pierce County have asthma. Obesity, tobacco use and secondhand smoke exposure are associated with asthma development.

Proper asthma care and management can prevent many hospitalizations and improve the quality of life for children and their families.

Our priority is to decrease the percentage of children admitted to the hospital for asthma exacerbation through the following strategies and activities:

- **Encourage primary care providers and medical staff to implement asthma best practice guidelines to assess and assist with asthma control.**
  - Offer asthma seminars and resources for community primary care practices.
  - Educate MultiCare Mary Bridge Children's Hospital staff about Tacoma-Pierce County Health Department's Asthma Community Healthcare Workers (ACHW) program and services.
  - Explore implementing the Physician Asthma Care Education (PACE) Program and multipronged strategies for addressing exposure to environmental factors that worsen asthma at home, school or work.
- **Increase community awareness of asthma and related screenings and services.**
  - Inform every family with a child with asthma about MultiCare Mary Bridge Asthma Education classes.
  - Provide asthma information and community resources to families while hospitalized.
  - Outreach visits to community primary care providers, schools, WIC, community and faith-based groups.
- **Promote partnerships in asthma care.**
  - Continue to participate in the Puget Sound Asthma Coalition and Clean Air for Kids Coalition as a backbone member.

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- **Educate parents on the importance of maintaining a smoke-free environment for their child with asthma.**
  - Partner with providers to refer parents to tobacco cessation programs.
  - Offer motivational interviewing training for providers to help parents quit smoking.
  - Encourage positive role modeling with parents who smoke (e.g. quitting tobacco use, not smoking in front of children, not smoking in vehicles and homes).

### Internal Resources for Asthma

MultiCare Mary Bridge Children's Hospital currently offers many asthma-related programs and resources for children, families and providers. They include, but are not limited to:

- **Asthma Education Program** helps children and families learn how to cope with their asthma and increase their awareness, confidence and self-management skills.
- **MultiCare Mary Bridge Children's Health Center** in Tacoma provides a range of outpatient services for children with asthma, allergies or an immune system dysfunction. Pediatric allergists and immunologists offer comprehensive allergy testing, diagnosis and treatment.

### Community Resources for Asthma

In addition to MultiCare programs and services, there are other community organizations and partnerships that are working on this issue. Some examples include:

- **Tacoma-Pierce County Asthma Prevention Partnership: Clean Air for Kids Coalition** identifies high-risk children through area hospitals and clinics and develops individual asthma action plans. MultiCare Mary Bridge Children's Hospital is an active participant in this partnership.
- **The Puget Sound Asthma Coalition** is a multi-organizational collaborative to improve the quality of life for individuals, families and communities affected by asthma.







## Focus 2: Obesity



## Focus 2: Obesity

As the CHNA indicates, obesity rates in adults and youth are alarming. Sixty-four percent of adults and 10 percent of children in Pierce County are overweight or obese. Obesity is linked to many chronic diseases, including diabetes, heart disease, stroke, cancer, osteoarthritis, asthma, and sleep apnea. Poor nutrition and lack of physical activity contribute to the obesity rates in our community.

Childhood obesity is related to a variety of factors, including behavioral, environmental and genetic factors. We know that the most effective long-term strategy will involve community collaborations, improved policies and community initiatives to help improve the health of children and families in our community.

Our priority is to increase the percentage of youth who are at a healthy weight through the following strategies and activities:

- **Promote community awareness and understanding of the Ready, Set, Go! 5210 (RSG 5210) program and message.**
  - Distribute RSG 5210 materials and other nutrition information/resources within the community, especially at events.
  - Increase the number of professionals, community champions and student ambassadors trained in RSG 5210 message and tools.
  - Expand the RSG 5210 Steering Committee to include additional community partners.
  - Increase the number of provider offices that are RSG 5210 friendly (e.g., provide RSG 5210 messaging in the waiting rooms).
  - Partner with physicians to educate patients and families on RSG 5210, promote RSG 5210 message and refer patients to weight management services.
  - Collaborate with the YMCA of Pierce and Kitsap Counties, United Way, schools, community organizations and other health systems to promote the RSG 5210 message.
  - Partner with Tacoma Children's Museum to promote RSG 5210 in their facility.

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- **Surveillance of BMI data among patients.**
  - Create a BMI database for pediatric patients to capture internal BMI data.
- **Promote pediatric weight management services.**
  - Seek grants to support scholarships/sliding fee scale for families with children who meet the program criteria.
  - Increase referrals to Family Wellness pediatric weight management services.
  - Create Smart Phrases in EPIC (MultiCare's Electronic Health Record system) to promote the RSG 5210 message and referral to weight management services and explore sharing with other health systems.
- **Increase collaboration with community partners on programs and policies to improve the health of our community.**
  - Collaborate with the Tacoma-Pierce County Health Department's Community Transformation Partnership (CTP) to support community efforts to address chronic health conditions.
- **Seek grants.**
  - Apply for grant funding to support healthy eating and physical activity (e.g. Supplemental Nutrition Assistance Program Education (SNAP-Ed) grants for schools and Women, Infants and Children (WIC).
- **Increase access to healthy foods in the workplace.**
  - Promote wellness programming and screenings with businesses.
  - Partner with Tacoma Farmers Market and develop produce delivery programs.
  - Promote healthy food choices using RSG 5210 marketing in vending machines and cafeterias.
  - Continue to offer healthier options in MultiCare cafeterias.
- **Promote physical activity among MultiCare Mary Bridge Children's Hospital employees and their families.**
  - Promote RSG 5210 to employees and families through the MultiCare Healthy@Work employee wellness program.
  - Promote community fitness and running events with employees and their families.
  - Promote the Million Minute Mission School and Corporate Challenge to employees.
- **Promote physical activity in child care and youth programs.**
  - Promote the Ready, Set, Go! 5210 (RSG 5210) campaign in child care, schools, community organizations and homes through community campaign and messaging.
- **Increase knowledge and best practice education of the benefits of breastfeeding.**
  - Provide education and training to providers and staff on how to assist patients with the initiation and maintenance of breastfeeding.



- Increase awareness and messaging around ensuring women breastfeed beyond 2 months.
- **Increase knowledge of healthy behaviors during pregnancy.**
  - Provide education and information on the benefits of healthy weight in pregnancy to pregnant women and women of child-bearing age.
  - Refer pregnant women and women of child-bearing age to tobacco-cessation programs, if appropriate.
- **Increase knowledge of Women Infants and Children (WIC) services.**
  - Promote the Ready, Set, Go! 5210 (RSG 5210) message with WIC clients and referral to the SNAP-Ed web-based nutrition education program.

## Internal Resources

MultiCare offers several services for children, adults and families related to nutrition and physical activity programming, weight management, nutrition counseling and healthy lifestyles. These include, but are not limited to:

- **Ready, Set, Go! 5210** community-based initiative in Pierce County to promote healthy lifestyle choices for children, youth and families.
- **Pediatric Weight and Family Wellness Program** for ages 6-17 provides access to specialists and health care professionals who have expertise in helping families make healthy changes.
- **Kids in the Kitchen** is for kids in grades four through seven who learn about nutrition while cooking kid-friendly meals.
- **Women Infant & Children (WIC)** provides nutritious foods and other benefits, including nutritional and breastfeeding support free of charge to eligible families at 11 MultiCare WIC sites in Pierce County.
- **Supplemental Nutrition Assistance Program and Education (SNAP-Ed)** provides nutrition education to schools and to WIC clients.
- **Whole, Fresh, Local** healthy food choices are featured in the MultiCare Mary Bridge Café along with promotion of the RSG 5210 healthy food choices.



## Community Resources

In addition to MultiCare programs and services, there are other community organizations and partnerships that are working on this issue. Some examples include:

- **Tacoma-Pierce County Health Department's Community Transformation Partnership** (TPCHD-CTP) supports public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and contain health care spending. The prevention grant focuses on four priority areas: tobacco-free living, active living, healthy eating and expanding medical services to prevent and treat chronic diseases.
- **Pierce County Gets Fit & Healthy** is a partnership between MultiCare Health System, the YMCA of Pierce and Kitsap Counties and the Tacoma-Pierce County Health Department to promote health and wellness through online nutrition and physical activity programming, as well as an annual community event that focuses on improving health.





# Focus 3: Tobacco Use



### Focus 3: Tobacco Use

According to the CHNA, tobacco use in Pierce County is high, with nearly 19 percent of adults in the county reporting they currently smoke and 8 percent of eighth graders self-reporting the use of tobacco products.

Tobacco use can lead to tobacco/nicotine dependence and serious health problems. Secondhand smoke exposure causes disease in nonsmoking adults and children, including respiratory illness, heart disease and cancer. Children are especially vulnerable.

Exposure to cigarette smoke can cause asthma and increase the risk of sudden infant death syndrome (SIDS), acute respiratory infections and ear problems. Tobacco cessation can significantly reduce the risk of contracting smoking-related diseases and has immediate health benefits.

Our priority is to reduce exposure to secondhand smoke in homes and vehicles through the following strategies and activities:

- **Reduce exposure to secondhand smoke.**
  - Increase awareness of the harmful effects of secondhand smoke, through education.
  - Increase the number of referrals to the environmental assessment program.
  - Promote smoke-free homes and vehicles through education.
- **Promote awareness and access to tobacco cessation programs and services for parents who want to quit smoking.**
  - Promote MultiCare tobacco cessation programs and resources.
  - Provide in-service presentations to provider groups.
  - Provide hospitals and clinics with marketing materials to promote tobacco cessation resources.
  - Partner with providers to refer parents to tobacco cessation programs.
  - Continue to use Smart Phrases in Epic to refer to tobacco cessation services.

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- Teach motivational interviewing to providers and promote positive role modeling with parents who smoke (e.g., quitting tobacco use, promote not smoking in front of children, not smoking in vehicles and homes).

- **Promote insurance-covered pharmacotherapy and/or free or low-cost cessation programs.**

- **Promote a smoke-free workplace for hospital employees and local businesses.**

- Offer smoking cessation counseling through our Healthy@Work Employee Wellness Program to hospital employees and their spouses/partners.
- Offer tobacco cessation programs and services to local businesses through the Healthy@Work Corporate Wellness Program.
- Partner with organizations in the Community Transformation Partnership to promote tobacco-free policies.

## Internal Resources

Since we know that the use of tobacco has an impact on children (in terms of exposure to secondhand smoke and modeling behavior), MultiCare offers several services for adults who are ready to quit using tobacco. They include:

- **QuitSmart** tobacco-cessation web-based program and phone support.
- **Tobacco use physician electronic visits** (e-visits) for patients via MyChart, MultiCare's secure online patient portal.
- **Tobacco-free workplace** smoking policy to reduce exposure and access to tobacco on all MultiCare Health System properties.
- **Healthy@Work Employee Wellness** QuitSmart 8-week program with free pharmacotherapy for employees.
- **Referral to CleanAir for Kids Home Environmental Assessment List** to identify indoor air pollutants and develop an action plan to alleviate the problems.



## Community Resources

In addition to MultiCare programs and services, other community organizations and partnerships are working on this issue. Some examples include:

- **Tobacco-Free Alliance of Pierce County** (TAP) is dedicated to improving the health of Pierce County residents by reducing tobacco use. Members include non-profit organizations, schools, businesses, health care organizations and public agencies. The Alliance's mission is to create community collaborations and networks empowered to promote prevention of youth tobacco use, tobacco cessation and protection from secondhand smoke.
- **Washington State Tobacco QuitLine** (1-800-QUIT-NOW) ) is a free service to help Washington State residents quit using tobacco. The QuitLine supports both immediate and long-term needs. Health coaches assist tobacco users with overcoming common barriers, such as stress, cravings, irritability and weight gain. The QuitLine is available in both English and Spanish with translation and TTY services.





**Focus 4: Behavioral Health**



## Focus 4: Behavioral Health

Mental illnesses, such as depression or anxiety, affect an individual's ability to engage in healthy lifestyle practices. Children who experience extreme stress in infancy are at greater risk for developing cognitive, emotional and behavioral problems; and children and youth with untreated mental illness have poorer health, educational, social and economic outcomes. According to the CHNA, 13 percent of children in Pierce County ages 8-15 have had a diagnosable mental disorder in the past year and 27 percent of eighth graders had symptoms of depression.

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Our priority is to  
improve behavioral  
health of children.  
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In addition to behavioral health trends, the rate of child abuse in our service area is troubling. In 2012, approximately 1,150 children were seen at the MultiCare Mary Bridge Child Abuse Intervention Department. Poverty is a key risk factor associated with incidents of abuse.

Our priority is to improve behavioral health outcomes of children through the following strategies and activities:

- **Promote availability of free and low-cost parent education for at-risk families with children.**
  - Foster partnerships and share resources to bring evidence-based parent education into community settings.
  - Broaden the implementation of Period of Purple Crying curricula in MultiCare hospitals.
- **Improve access to behavioral health services by moving to an open-access model of care.**
  - Standardize referral, screening and assignment processes for children's behavioral health across MultiCare and the community.
- **Increase opportunities for transition age youth to have access to behavioral health treatment.**
  - Behavioral health program development, specific to serving transition-age youth.



- **Integrate behavioral health services with primary medical care services, including chronic disease prevention programs and other health promotion efforts.**
  - Embed behavioral health providers into pediatric care settings to maximize coordination of care.
  - Implement shared outcomes and standards of care.
- **Explore ways to integrate chemical dependency treatment into the medical care setting.**
  - Coordinate chemical dependency, behavioral health and primary care treatment.

## Internal Resources

MultiCare offers comprehensive Behavioral Health and Community Services to support individuals and families in reaching their full potential. MultiCare Mary Bridge Children's Hospital has increased the availability of high-quality behavioral health services. Programs include:

- **Child and Family Services** offers a comprehensive assessment that addresses the child's needs across all stages of the child's life.
- **Puyallup Valley Institute (PVI)**, a division of MultiCare Good Samaritan Behavioral Health, provides counseling and psychotherapeutic services for adults, children and families.
- **Period of Purple Crying Campaign** is an effort to reduce the increasing incidence of abuse and Shaken Baby Syndrome. The program educates parents about infant crying and equips them with the tools to help them cope with their baby's crying.
- **BRIDGES** is a grief support service serving families with children ages 4-18 who have experienced the serious illness or death of a loved one.
- **The Child Abuse Intervention Department** at MultiCare Mary Bridge Children's Hospital provides medical treatment, psychosocial support, legal advocacy and crisis intervention services for victims of child abuse and their families. Staff also provides strategies for parents and the community to prevent child abuse, through free programs such as the Children's Advocacy Center of Pierce County, Parenting Partnership and Sexual and Physical Assault Intervention Program.
- **Comprehensive Pediatric Developmental Services** includes a multidisciplinary team that provides evaluations, treatment plans, therapy and case management for children with special health care needs.
- **PRISM** offers a confidential support group and a safe place for LGBTQ youth ages 14 to 21 to socialize, get support and discuss life issues.





## Community Resources

In addition to MultiCare programs and services, other community organizations and partnerships are working on this issue. Some examples include:

- **The Tacoma-Pierce County Health Department Family Support Centers** in Pierce County assist families in finding resources and applying for DSHS benefits, including SNAP (food stamps), medical and dental benefits. In addition, the Family Support Centers connect families to low-cost and/or free community resources related to pregnancy, parenting, infant case management, children with special needs and behavioral health care needs.
- **Comprehensive Life Resources** (formerly Comprehensive Mental Health) provides behavioral health services, including outpatient and community support services to adults, children and families, services to homeless individuals, housing services, foster care and residential/inpatient services for children and adults.
- **Oasis Youth Center** is a drop-in and support center dedicated to the needs of GLBTQ youth ages 14-24 in Pierce County and is a program of the Pierce County AIDS Foundation.





**Focus 5: Cultural Diversity**



## Focus 5: Cultural Diversity

Each year, the United States population becomes more diverse, in terms of race, ethnicity, religion, socioeconomic status, sexual orientation, etc. The MultiCare service area is no exception. According to the CHNA, residents and community leaders feel that greater attention to cultural diversity in the delivery of health care services is needed. In order to provide quality health care and to ensure health equity, health care systems must consider the unique cultural and communication needs of each individual patient and their families. Addressing these needs can minimize barriers that some patients experience when seeking medical services and has potential to increase both access to health care and patient satisfaction.

Our priority is to improve how patients' cultural, language, and spiritual needs are addressed during health care delivery through the following strategies and activities:

- **Promote cultural diversity and health equity awareness among MultiCare staff.**
  - Offer cultural sensitivity and health equity in-person and on-line trainings to staff, particularly health care providers and frontline staff.
  - Develop internal cultural diversity council.
- **Increase access to interpreter/communication services.**
  - Explore utilizing in-house interpreters.
  - Explore offering language conversion setting on main website.
  - Ensure health education materials are available in multiple languages.
  - Continue to offer telecommunications devices for hearing-impaired patients.

We are continuing to provide outreach services to ethnic minority and low-income communities through the following strategies and activities:

- Offer blood pressure and type 2 diabetes risk assessments and health education at community events with a focus on underserved populations.
- Provide sports physicals to underserved youth.
- Actively participate in Leaders in Women's Health, a community group that addresses breast cancer disparities in Pierce County.

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Our priority is to improve how patients' cultural, language, and spiritual needs are addressed during health care delivery.  
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## Internal Resources

MultiCare offers the following resources that addresses health inequities:

- **MultiCare's full-time Community Outreach Liaison** provides outreach and direct services, such as health screenings, to underserved communities, including African American, Latino/Hispanic, and Asian/Pacific Islander communities, and low-income populations.
- **MultiCare Tacoma Family Medicine and East Pierce Family Medicine** provides formal and informal cultural sensitivity education to resident physicians.

## Community Resources

In addition to MultiCare programs and services, other community organizations and partnerships are working on this issue. Some examples include:

- **Centro Latino** provides programs and services to help meet the needs of the growing Latino population of Pierce County, including access to health care services and language interpreters.
- **The Cross-Cultural Collaborative of Pierce County (CCC)** develops and implements effective, collaborative approaches to reducing health disparities across racial, ethnic, cultural and linguistic lines. The Collaborative is made up of diverse community leaders representing six priority populations: Latino/Hispanic; gay, lesbian, bi-sexual, transgender; African American; Native American and Alaska Native; Asian/Pacific Islander; and low-income populations. The Collaborative focuses on increasing health equity, reducing health disparities and preventing chronic disease in priority populations.
- **Korean Women's Association (KWA)** provides multicultural social services to meet basic human needs through education, socialization, advocacy and support.
- **The Tacoma Urban League** provides social services to the African American community and other ethnic minorities and low-income individuals. They are devoted to raising awareness of health equity issues and providing opportunities for diverse collaboration.



# Anticipated Outcomes and Evaluation

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Promoting healthy  
behaviors  
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As we continue to review and revise our implementation strategy, outcomes will be further developed and refined. Outcomes we anticipate from our activities focused on chronic disease, obesity, tobacco use, behavioral (mental and chemical dependency), and cultural diversity include:

- Increase in the number of children who know the Ready, Set, Go! 5210 (RSG 5210) message
- Increase in the number of community partners engaged in obesity prevention and healthy living activities and initiatives
- Increase in the number of Brief Tobacco Interventions
- More parents trained in "Period of Purple Crying"

We plan to evaluate our impact through community surveys, internal data collection and other quantitative and qualitative methods.



# Other Identified Needs

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Meeting the health  
needs of our community  
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The overall goal of the Community Health Needs Assessment (CHNA) is to improve the health of our community. Certainly there are many pressing health issues that merit attention. Given the complexity of community needs and the finite resources available to address them, we selected important priority needs to focus on in the next three years of implementation.

In addition, there were three needs identified in the CHNA that are not specifically addressed in this implementation strategy:

- Special Populations (low-income and aging)
- Access to Care (lack of primary care, coordination of care and affordable care options)

We recognize that these needs are important to the health of our community. There are many existing programs and services offered by MultiCare and other community organizations that are addressing these needs.

Examples of these programs follow.

## Special Populations

MultiCare provides many programs and services focused on special populations, including low-income individuals and families. These programs include:



- **Women, Infants and Children (WIC)** is a supplemental nutrition program for low-income pregnant and breastfeeding women and families with infants and children under age five. WIC provides nutritious foods, and other benefits free of charge to eligible families. Services offered at the 11 MultiCare WIC sites in Pierce County include nutritional and breastfeeding support, health education and referrals to medical and dental providers and other community resources. In 2012, MultiCare WIC clinics served 26,096 people.
- **The MultiCare Mary Bridge Mobile Immunization Clinic** provides free immunizations for children with no insurance or inability to pay for these services. In 2012, MultiCare provided 12,198 free immunizations for children.
- **The MultiCare Mary Bridge Children's Hospital Child Abuse Intervention Department** is a pivotal part of the Child Advocacy Center of Pierce County. Services extend from the initial report of child maltreatment, through triage, intake, medical exam and follow-up. Social work staff and medical providers collaborate with law enforcement, the Division of Children and Family Services, parents, and community organizations to provide comprehensive services for children who are victims of abuse. This innovative program is considered a model statewide and nationally. In 2012, the program served 1,149 children.
- **The MultiCare Mary Bridge Parenting Partnership Program** provides intensive, therapeutic home visits and group sessions for families caring for medically fragile infants. The goal is to reduce the risk of child maltreatment. To qualify for services, program participants must have an infant with neonatal complications associated with preterm birth, congenital anomalies or developmental risk factors. In 2012, 78 children and 72 parents received support through this program. More than 1,400 home visits were provided to fragile infants and their families; and 22 group sessions (with a total attendance of 163) were held.
- **The MultiCare Mary Bridge Children's Hospital Southwest WA Maxillofacial Review Board** coordinates treatment for children up to age 21 with cleft lip and/or cleft palate, and velopharyngeal insufficiency. The team includes medical specialists with expertise in maxillofacial conditions, including plastic surgeons, orthodontists, oral surgeons, dentists, prosthodontists, speech pathologists, otolaryngologists, social workers, nurses and other providers. The team serves clients in 13 southwest counties of Washington. In 2012, the program served 153 children.
- **PRISM** offers a confidential support group and a safe place for LGBTQ youth ages 14-21 to socialize, get support and discuss life issues.

## Access to Care

Providing access to affordable, high-quality health care is important for our community. As a not-for-profit community organization, MultiCare offers several programs to increase access to care, improve care coordination and provide affordable care for the uninsured and underinsured. These programs include:

- **Tacoma Family Medicine (TFM)** and **East Pierce Family Medicine** provide high-quality, family medicine education for medical residents, who in turn provide comprehensive primary care for low-income and underserved patients.
- MultiCare provides **Charity Care**, or free medical care for children in families with incomes at 300 percent of the Federal poverty level (FPL) or below, which is \$70,650 for a family of four. For persons between 300 percent and 500 percent of FPL, there is a sliding scale offered to help offset the cost of care. In addition to charity care, MultiCare provides no-interest payment plans, flexible payment schedules, prompt pay discounts for uninsured and assistance with qualifying for state-sponsored health plans.
- **MultiCare Clinics** provide personalized primary care, including convenient after-hours care and advanced specialty care for individuals and families.
- **MultiCare Urgent Care Centers** offer treatment for minor injuries and illnesses that aren't life threatening yet require medical attention on the same day. They can be a good option at night and on weekends when health care providers may not be in the office.
- MultiCare operates two **Express Clinics** in Rite Aid pharmacies in Pierce County that are staffed by Advanced Registered Nurse Practitioners (ARNPs). This setting offers a low-cost, convenient setting for most health care needs, including sports physicals, immunizations and laboratory tests.
- **No child is denied care.**

In addition to MultiCare programs and services, there are several community organizations that also address access to care, including:

- **The Access to Baby and Child Dentistry** (ABCD) Pierce County program helps establish young children on a lifelong path to good oral health. ABCD connects low-income families with dentists for their children. Parents also receive education on preventing tooth decay early and taking care of their children's teeth.
- **Community Health Care** (CHC) is a private, non-profit organization that operates clinics throughout Pierce County that offer primary medical and dental care services to uninsured and low-income individuals.
- **Sea Mar Community Health Centers** specializes in primary care medicine, including preventive health exams, urgent care visits, minor procedures, health education, follow-up care from hospital visits and referrals for other medical services. In addition to these services, Sea Mar provides comprehensive health services for the entire family, including dental, behavioral health and preventive health services.



# Conclusion

.....  
**Putting children and families first**  
.....



As a leading regional health care system, MultiCare is committed to improving the health of the people and communities we serve. The process of conducting a Community Health Needs Assessment and developing implementation strategies has helped us to better understand the health care needs of our communities and the significant role we play in addressing those needs. In addition, this process has fostered more collaboration among the many community organizations that share our goal of improving the health of people in our region.

The MultiCare leaders involved in developing the implementation strategies for MultiCare Mary Bridge Children's Hospital include:

- Lois Bernstein, Senior Vice President, Community Services, MultiCare Health System
- Jared Capouya, MD, Medical Director, MultiCare Mary Bridge Children's Hospital
- Jalane Christian-Stoker, Administrator, Behavioral Health & Outreach Services, MultiCare Health System
- Sandy Ellingboe, Director, Family Life Services, Behavioral Health, MultiCare Health System





- Tim Holmes, Vice President, Behavioral Health & Outreach Services, MultiCare Health System
- Rob Lenza, Interim Chief Operating Officer, MultiCare Mary Bridge Children's Hospital
- Mady Murrey, RN, Former Chief Operating Officer, MultiCare Mary Bridge Children's Hospital
- James Polo, MD, Medical Vice President, MultiCare Mary Bridge Children's Hospital
- Mary Quinlan, Director, Community Services, MultiCare Mary Bridge Children's Hospital
- Jamilya Sherls, MPH, RN, Community Outreach Liaison, MultiCare Health System
- Lori Tanner, MPH, RD, Director, MultiCare Center for Healthy Living, MultiCare Health System
- Andrea Tull, Government Relations & Public Affairs, MultiCare Health System
- Mary Walsh, RN, Pediatric Ambulatory Program Manager, MultiCare Mary Bridge Children's Hospital

This implementation strategy is a roadmap that will likely be revised and enhanced as we continue to address the pressing health issues facing our community.

We recognize that these issues are complex, interrelated and influenced by multiple factors. As a result, our strategies and activities address partnerships with key community collaborators. These long-term health issues will require sustained, coordinated approaches to achieve lasting improvements for the health of our community.



# Appendix 1

Community Health Needs Assessment (CHNA) and Implementation Strategy



## MultiCare Mary Bridge Children's Hospital

### Community Health Needs Assessment

Prepared by:  
Tacoma-Pierce County Health Department  
Office of Assessment, Planning and Improvement

May 2, 2013

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The Tacoma-Pierce County Health Department has prepared this Community Health Needs Assessment (CHNA) for MultiCare Health System and was the primary collector and reviewer of the quantitative and demographic data. The Health Department, MultiCare Health System, as well as Franciscan Health System all participated actively in the community workshops and qualitative assessment process to further identify and prioritize the County's health needs.

Staff support was provided by the Office of Assessment, Planning and Improvement, within the Tacoma-Pierce County Health Department. The CHNA was conducted using available guidance published by the IRS related to the new requirement for 501(c) (3) hospitals. Please note that this report meets the current draft of IRS requirements as well as the proposed Washington State CHNA requirements. As appropriate, each health system will use this CHNA to develop its own implementation plan. The process, methods, and conclusions of this comprehensive CHNA are summarized in this report.

## **Key Findings:**

The following are key findings from the CHNA for MultiCare Auburn Hospital's service area:

- The Mary Bridge Children's Hospital service area comprises more than 50 ZIP codes (representing 75% of inpatients served). The number of children in the service area has remained stable from approximately 2000 to 2010. There has been substantial growth in some subgroups of race and ethnicity, with Hispanic, Asian/Pacific Islander non-Hispanic and African American non-Hispanic children showing the highest rates of growth. Nine percent of the population speaks some other language than English at home.
- Birth rates have declined the past several years, and this is likely related to the downturn in the economy.
- Preterm births have been increasing at a rate of 0.8% per year.
- Almost 80% of new mothers in Pierce County report putting their infants to sleep on their backs. African American mothers and mothers under the age of 20 put infants to sleep on their backs at rates substantially lower than average.
- Immunization rates for children age 19-35 months have remained stable at 85-90% from 2003-2008 for polio, MMR and Hib. DTaP rates have remained stable at about 82%.
- Pierce County eighth graders did not differ from Western Washington state with respect to smoking in last 30 days (8%), alcohol use in last 30 days (16%), illegal drug use in last 30 days (11%).
- About 11% of 8<sup>th</sup> graders in the service area are obese.
- Although mental health in the service area is no worse than in Western Washington state, about a quarter of 8<sup>th</sup> graders suffer from poor mental health. There were significantly fewer hospitalizations for mental illness for children living in the service area than in children in Western Washington state.
- About 21% of 8<sup>th</sup> graders in the service area had received a diagnosis of asthma, and respiratory diseases were responsible for large numbers of hospitalizations for children five and younger.

- Among children 0-5, conditions of perinatal origin and respiratory disease were responsible for the most hospitalizations. Children 6-12 were hospitalized most often for digestive system diseases. For children 13-18, the leading cause of hospitalization was pregnancy and childbirth.
- Death rates in children age 0-5 have remained stable. In contrast, death rates for children age 6-12 and 13-18 have been declining at about 3% per year.
- The leading causes of death for children age 0-5 were conditions originating in the perinatal period and birth defects; for children age 6-12 the leading causes were cancer and unintentional injuries; and the leading causes for children age 13-18 were unintentional injuries and suicide. Rates did not differ between the service area and Western Washington state.
- Only 1.7% of children in Pierce County are without health insurance. Pierce County eighth graders reported yearly routine doctor and dental visits at 64% and 74%, respectively. These rates were not different from that in Western Washington state.

Community members identified three broad directions that would most impact community health:

- Providing access to quality health care for all residents. This includes:
  - Comprehensive behavioral health services,
  - Service equity for minority populations, and
  - Better coordination of care within and between the major health care systems in the area.
- Reducing preventable chronic conditions including substance abuse and obesity-related diseases such as diabetes.
- Meeting the needs of special populations, particularly the homeless and military families.

### Priority Health Needs

Priority health needs among residents within the MultiCare Mary Bridge Hospital service area are listed below. These identified health needs are the result of applying a prioritization process and criteria to the data elements included in this report. (See the Methods section on page 21 for more information about the process.) The priority health needs can provide guidance for MultiCare Health System planners and decision makers regarding where best to provide community benefit programs and services to address the most important health needs of the community.

#### Priority Needs:

- Prevention of obesity in children
- Addressing cultural diversity in healthcare delivery
- Specialty care of preterm infants
- Providing for the specific needs of low-income residents
- Prevention and treatment of mental illness
- Prevention and treatment of asthma
- Oral health services



## Introduction

A community health needs assessment is one element in what necessarily must be a comprehensive planning process to strengthen Pierce County's health care infrastructure and address community health priorities. This assessment is intended to provide key background information to consider when planning how to best address the needs of the Pierce County community. Moving forward with a resource inventory and a current service gap analysis will assist in creating a hospital implementation strategy tailored to the service area of the hospital.

Mary Bridge Children's Hospital is a 72-bed regional hospital and a state-designated level II pediatric trauma center located in Tacoma, Washington with its primary service area (representing 75% of inpatients served) as shown in the figure below. This report presents quantitative data specific to the Mary Bridge primary service area and qualitative community group data gathered from focus group-type meetings throughout Pierce County. The quantitative data are presented first, followed by the community group data.

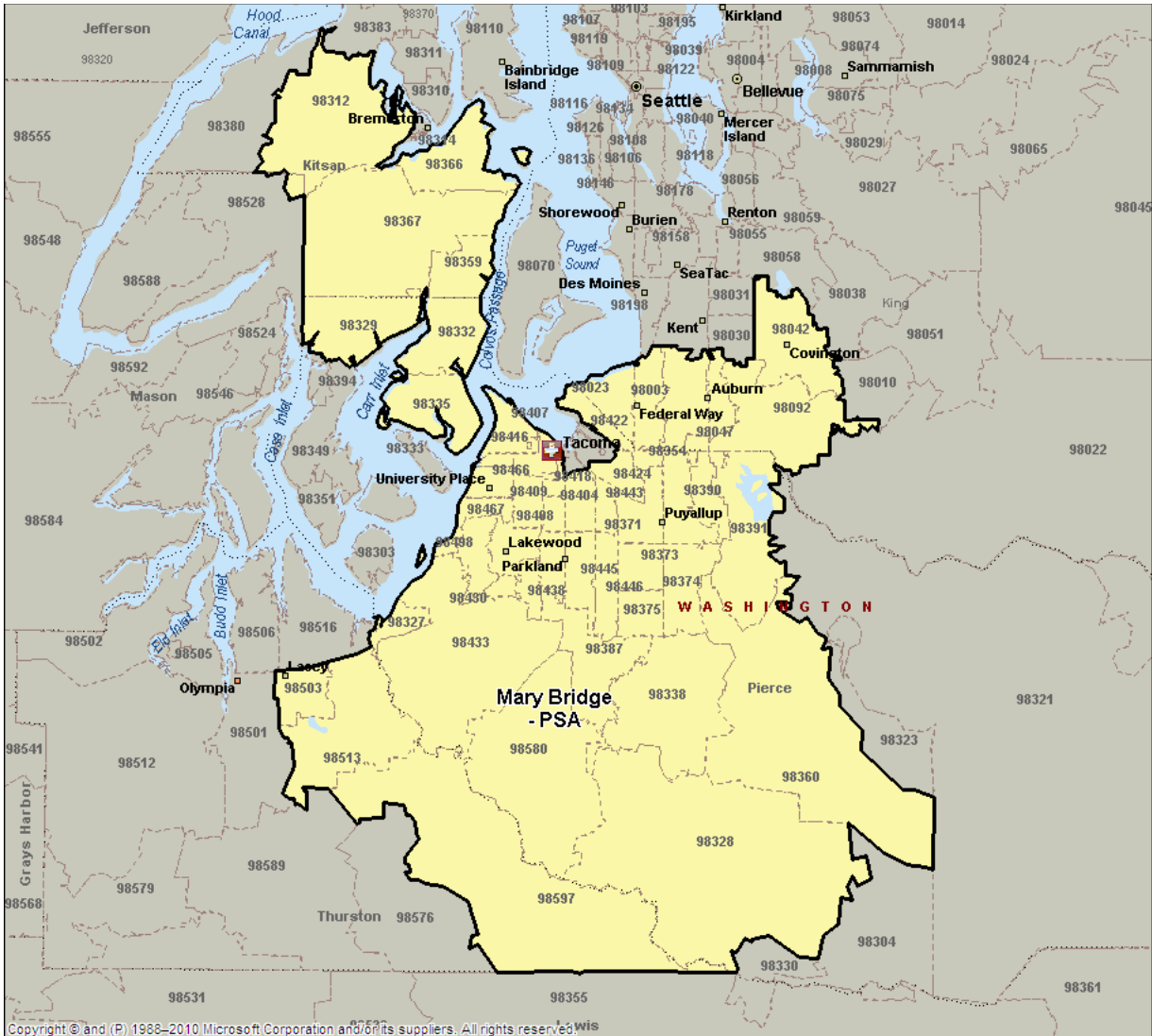
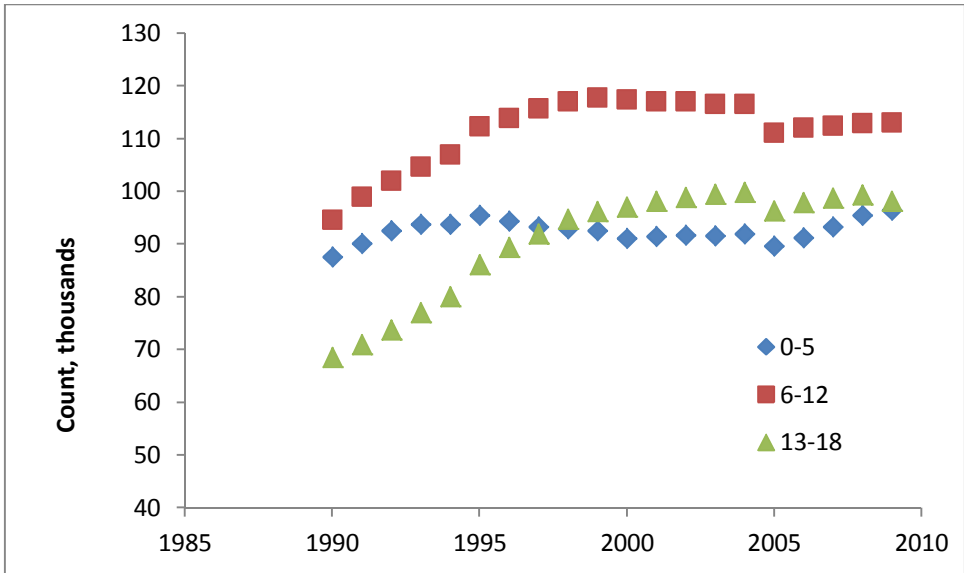


Figure 1 Map of Mary Bridge Children's Hospital primary service area

**Quantitative Data**

**Demographic profile**

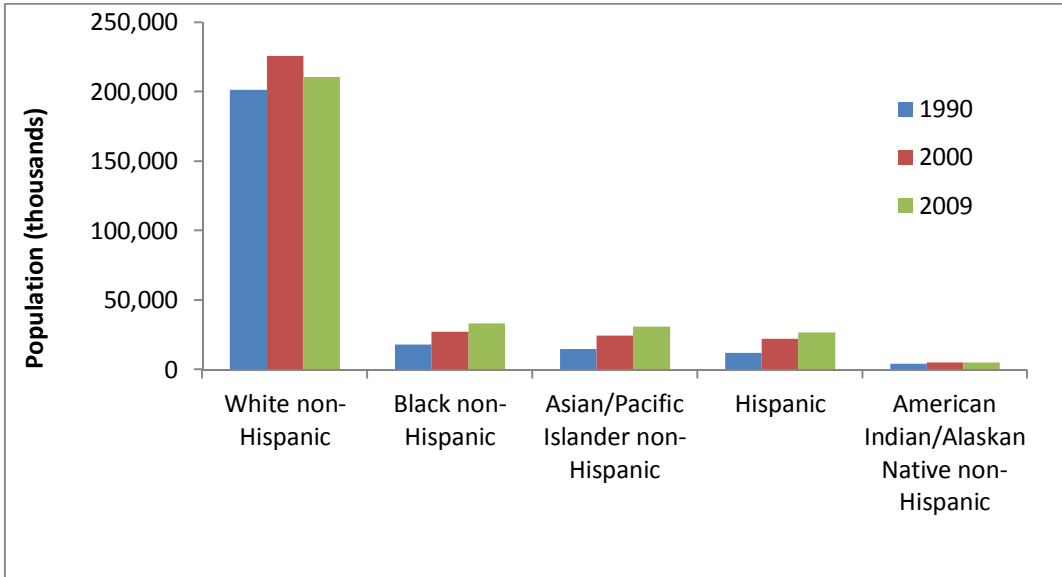
Approximately 308,000 children live in the Mary Bridge service area. The demographic characteristics of a community are strong predictors of health and of the magnitude and type of health service needs. As can be seen in Figure 2, the number of children age 0-5, 6-12 and 13-18 has remained relative stable for the past 10 years.



**Figure 2 Population by year in children grouped into three categories.**

Source: Washington State Department of Health and Krupski Consulting, 1990-2009 Population Estimates: Population estimates for public health assessment and 2010 United States Census.

With respect to race and ethnicity, the children in the service area are predominately white non-Hispanic (Figure 3). All subgroups of race and ethnicity grew in size over the last two decades. The rate of growth from 1990 to 2009 was highest for Hispanic (121%), Asian/Pacific Islander non-Hispanic (112%) and African American non-Hispanic (86%) children. Health communication, which is vital to protecting children’s health and well-being, will need to be tailored to the needs of these growing population subgroups with differing linguistic and cultural needs.



**Figure 3 Population by race, 1990-2009 for Mary Bridge children age 0-18**

Source: Washington State Department of Health and Krupski Consulting, 1990-2009 Population Estimates: Population Estimates for public health assessment

While English is the predominant language spoken at home by most Pierce County eighth graders, seven other languages, representing about nine percent of the population are also in use.

**Table 1 Language usually spoken at home**

	Pierce County		Washington State	
	Percent	95% CI	Percent	95% CI
English	88.5%	±3.3%	80.0%	±4.2%
Spanish	4.5%	±1.8%	9.8%	±3.3%
Korean	1.5%	±1.1%	0.7%	±0.4%
Russian	0.8%	±0.3%	1.3%	±1.3%
Ukrainian	0.6%	±0.2%	0.9%	±0.3%
Vietnamese	0.5%	±0.2%	1.2%	±0.6%
Chinese	0.5%	±0.2%	1.0%	±0.7%
Japanese	0.4%	±0.2%	0.3%	±0.1%

Source: Healthy Youth Survey 2010 Grade 8 Pierce County

In the service area, 11.4% of residents had incomes below the Federal Poverty Level<sup>1</sup>, averaged over 2006-2010. This is higher than the Western Washington state prevalence of 10.8% over the same time period.

### The perinatal period

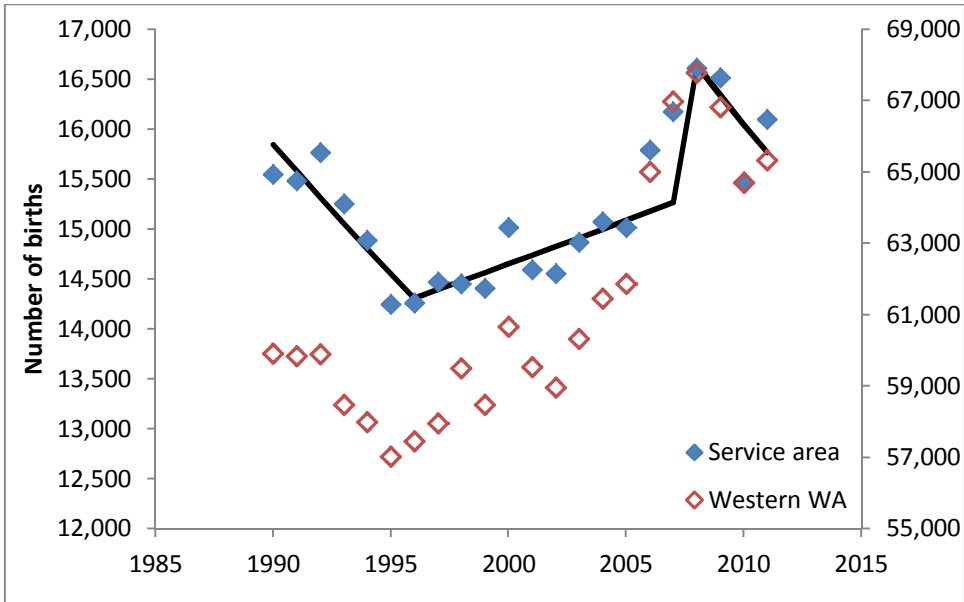
Birth patterns in the service area have shifted over the past two decades (Figure 4). The recent decline in births, following on the tails of an upward trend, was seen in Western Washington state as well.

Declining birth rate has been reported across the nation and is thought to reflect changes in reproductive decisions brought by the economic recession. Note that data for Western Washington state is plotted using the axis on the right.

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<sup>1</sup> American Community Survey

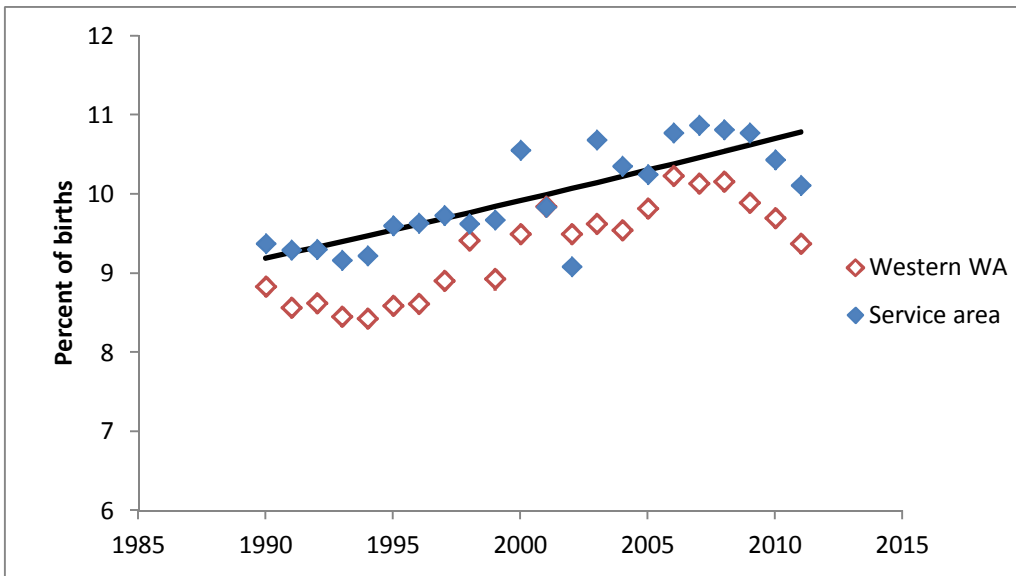




**Figure 4 Number of births**

Source: Washington State Department of Health, Center for Health Statistics Birth Certificate Data

Infants born preterm can face multiple acute health concerns and lifelong disabilities. Preterm births in the service area are increasing 0.8% per year (Figure 5). The trend is similar to that in Western Washington state, though the percent of preterm births is consistently lower regionally than in the service area.



**Figure 5 Percent of births <37 weeks gestation**

Source: Washington State Department of Health, Center for Health Statistics Birth Certificate Data

## Infant sleep position

Since 1992 the American Academy of Pediatrics has advocated for infants to sleep on their backs in an attempt to reduce the occurrence of sudden infant death syndrome (SIDS). Since then, prone sleeping frequency for US infants has decreased by more than three-fold (to about 20%) with accompanying 40% drop in mortality from SIDS. Seventy-eight percent of new mothers in Pierce County report placing their infants to sleep on their backs (Table 2). African American mothers placed their infants to sleep on their backs at a much lower rate than mothers of other races (Table 3).

**Table 2 Infant sleep position**

	Percent	95% CI
Sleep position on back	78.4	74.5-82.2
Sleep position on side	11.5	8.3-13.8
Sleep position on stomach	10.5	7.6-13.5

Data source: Pregnancy Risk Assessment Monitoring System 2004-2008 for Pierce County

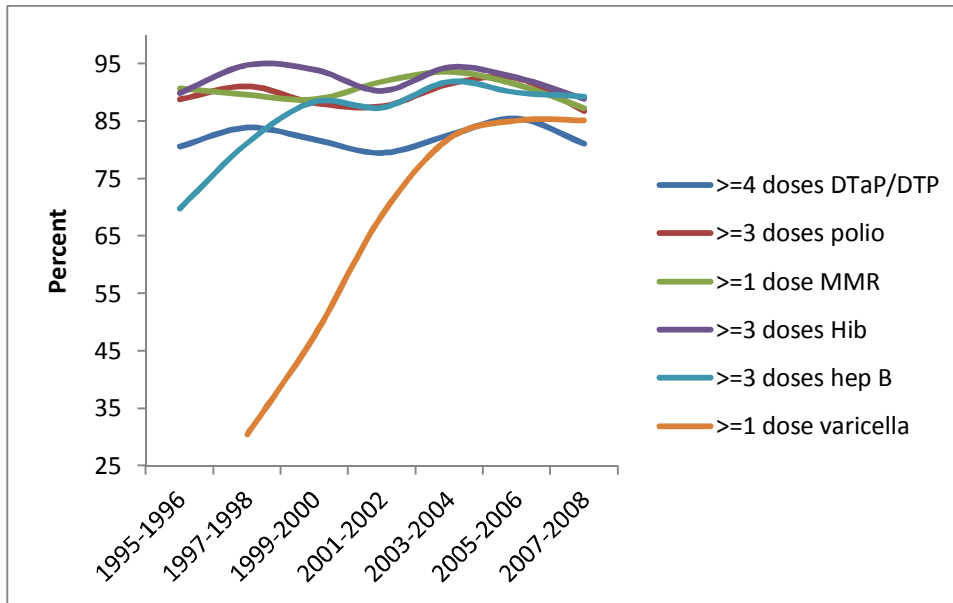
**Table 3 Infant prone sleeping by demographic characteristic**

	Percent of mothers who usually place their baby to sleep on their back	95% CI
<b>All Pierce County Mothers</b>	78.4	74.5-82.2
<b>Age</b>		
<20	69.4	55.3-83.5
20-24	78.7	71.7-85.8
25-34	78.0	72.3-83.6
35+	85.3	76.9-93.8
<b>Race/Ethnicity</b>		
Hispanic	81.2	73.6-88.9
African American	57.2	50.6-63.7
Native American	79.9	71.1-88.6
Asian Pacific Islander	80.5	73.1-87.9
White	80.1	74.7-85.5
<b>Education</b>		
Less than high school	77.1	68.2-86.1
High school	80.9	73.5-88.2
More than high school	77.7	72.5-82.9
<b>Marital Status</b>		
Married	79.5	74.7-84.3
Other	76.4	70.0-82.8

Data source: Pregnancy Risk Assessment Monitoring System 2004-2008 for Pierce County

## Immunization

Immunization against communicable diseases is an important preventive health care intervention in early childhood. The figure below shows rates of immunization for Pierce County children age 19-35 months for diphtheria, tetanus and pertussis (DTaP); measles, mumps, and rubella (MMR); haemoophilus influenza (Hib); hepatitis B (hep B); and varicella vaccines. Hib, polio, and MMR vaccination rates have hovered around 90% for the past 13 years. DTaP vaccination rates were slightly lower and fluctuated around 82%. Hep B vaccination rates have remained stable at approximately 90% since 1999-2000. Varicella rates have remained stable at 85% for the last two years (2005-06 to 2007-08).



**Figure 6 Immunization rates for Pierce County children age 19-35 months**

SS6004: County-Level Trends in Vaccination Coverage Among Children Aged 19-35 Months — United States, 1995-2008

## Child Protective Services – Pierce County allegations of abuse or neglect

Child Protective Services (CPS) screened 11,179 reports that alleged Pierce County child abuse or neglect during the 2012 calendar year (DSHS CPS data). From these, 5,040 were further reviewed by CPS with 4,311 (39%) selected for investigation and 729 receiving alternative intervention (such as Enhanced Family Support Services or letter). CPS “screened out” 4,034 submissions primarily due to no specific child abuse/neglect allegation or risk, lack of jurisdiction, or previous documentation of allegation. Note that tribal referrals are handled via other venues (e.g., self-investigation or contract with the state), and tribal numbers are under-represented in these statistics.

## Prevalence of selected health behaviors

Current health behaviors can help to predict future health for a community. There were no meaningful differences between eighth graders in Pierce County and those statewide with respect to tobacco use, substance abuse or obesity (Table 4).

**Table 4 Prevalence of selected health behaviors**

	Pierce County			Washington State		
	n	Percent	95% CI	n	Percent	95% CI
<b>Smoking / Tobacco Use</b>						
Percent of 8th graders who smoked cigarettes in last 30 days	3158	8.0	6.2-9.8	9495	6.6	5.7-7.5
Percent of 8 <sup>th</sup> graders who chewed tobacco, snuff, or dip in last 30 days	3163	3.2	2.3-4.1	9494	3.0	2.5-3.5
<b>Substance use</b>						
Percent of 8th graders who drank alcohol in last 30 days	3146	15.9	14.1-17.7	9459	14.4	13.1-15.7
Percent of 8th graders who used an illegal drug in last 30 days	3123	10.5	8.3-12.8	9419	10.0	8.8-11.2
<b>Obesity</b>						
Percent of 8th graders who are obese	1316	11.3	9.0-13.6	4035	11.3	9.9-12.7

Source: Washington State Healthy Youth Survey, 2010 Pierce County level data; comparison area: Washington State

## Prevalence of selected chronic conditions

Diabetes is expected to grow in prevalence as a result of climbing levels of obesity. Currently 3.1% of eighth graders report being diagnosed with diabetes (Table 5). Diabetes prevalence is not different than that found in Western Washington state. Similarly, rates of reported asthma (21%) and depression (27%) are present at rates not different than that found in the comparison group.

**Table 5 Prevalence of selected chronic conditions**

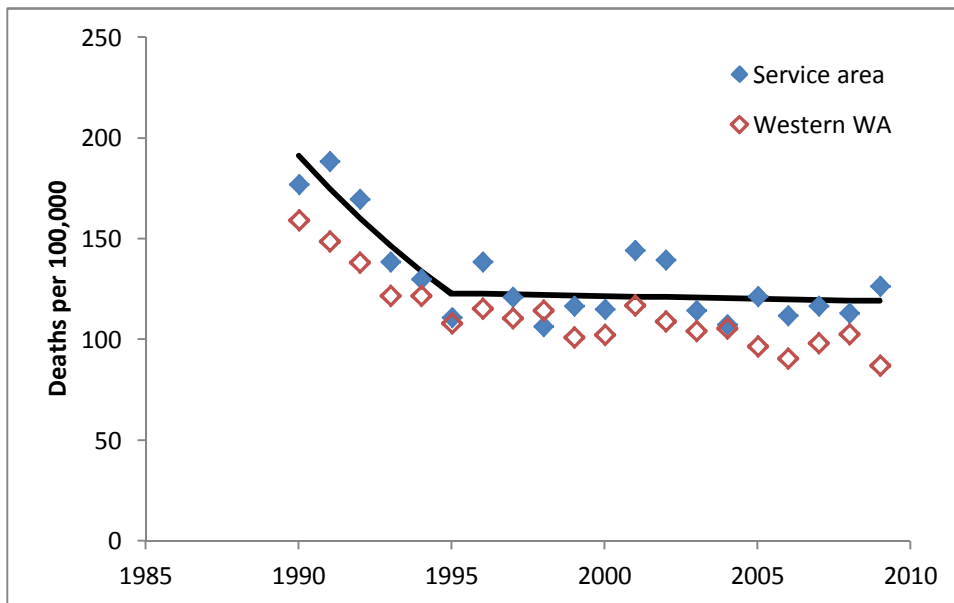
	Pierce County			Washington State		
	n	Percent	95% CI	n	Percent	95% CI
<b>Diabetes</b>						
Percent of 8th graders with diabetes	1361	3.1	2.0-4.2	3932	3.6	2.9-4.3
<b>Asthma</b>						
Percent of 8th graders with asthma	1556	21.0	19.4-22.6	4664	18.9	17.7-20.1
<b>Mental health</b>						
Percent of 8th graders with symptoms of depression (sad or hopeless for 2 weeks last 12 months)	2923	27.0	25.1-28.9	8752	25.2	23.9-26.5

Source: Washington State Healthy Youth Survey, 2010 Pierce County level data; comparison area: Washington State

## Mortality

While death is unavoidable, premature death is sometimes preventable. Death rates and leading causes of mortality are presented for three age groups: 0-5, 6-12 and 13-18. Deaths among children age 0-5 have remained stable since about 1995. In contrast, death rates for ages 6-12 and 13-18 have declined steadily at 2.5% to 3% per year (see Figures 7, 9 and 11). There were no differences between the service area and Western Washington state.

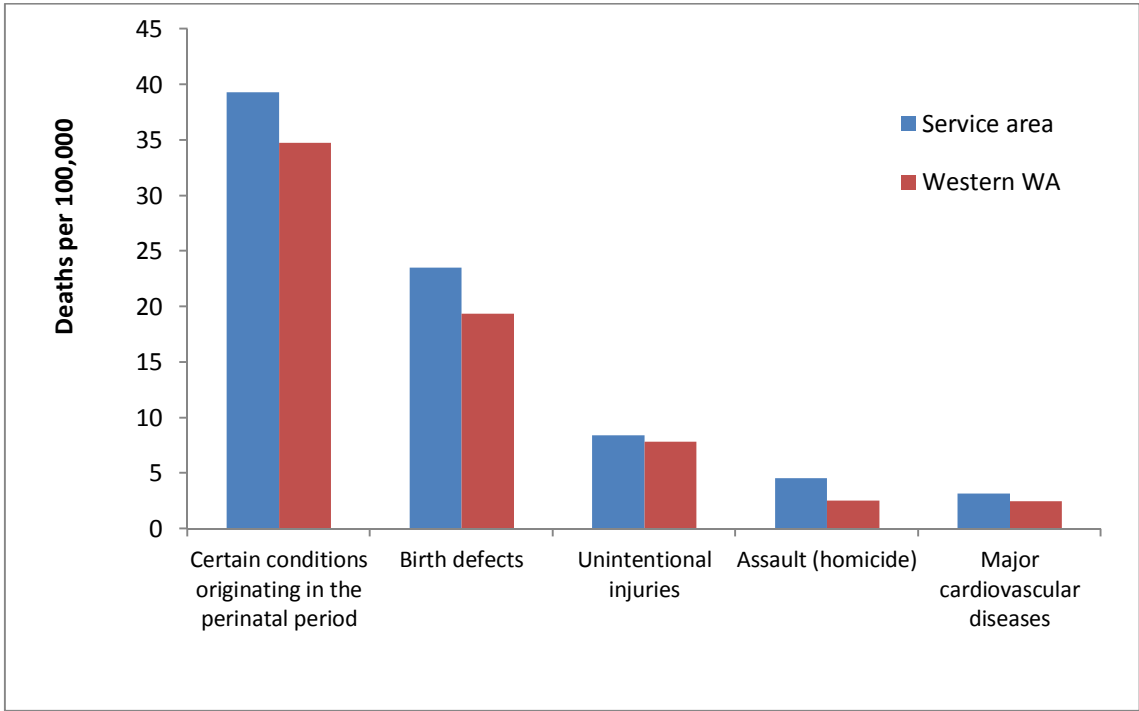
Figures 8, 10 and 11 depict the leading causes of death for three age groups: 0-5, 6-12 and 13-18. For children age 0-5, the two most predominate causes of death were “certain conditions originating in the perinatal period” and birth defects. For children 6-12, cancer, unintentional injuries, and homicide were the leading causes of death. For children 13-18, unintentional injuries, suicide and assault were the leading causes of death. There were no differences between the service area and Western Washington state.



**Figure 7 Death rate among persons age 0-5**

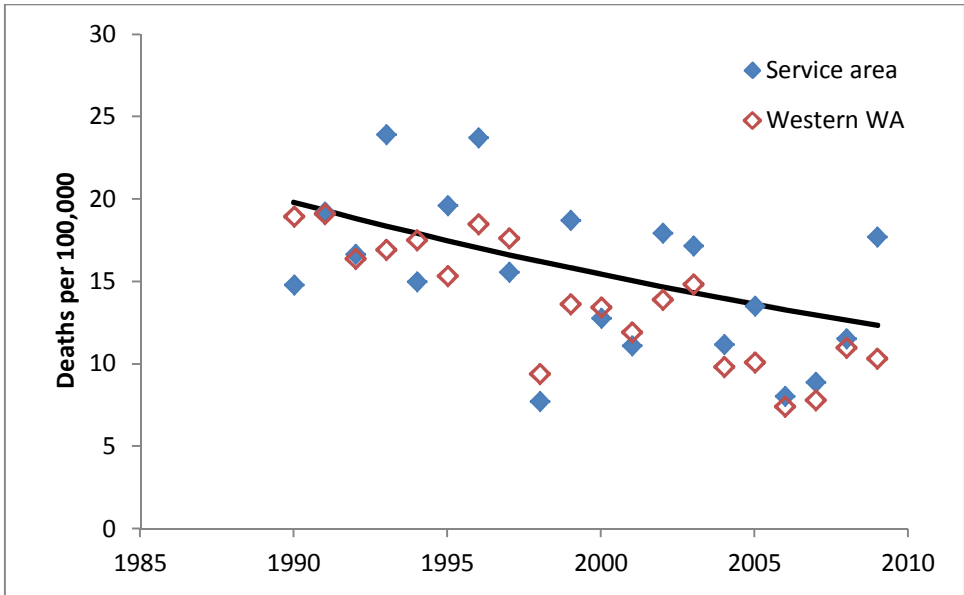
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data





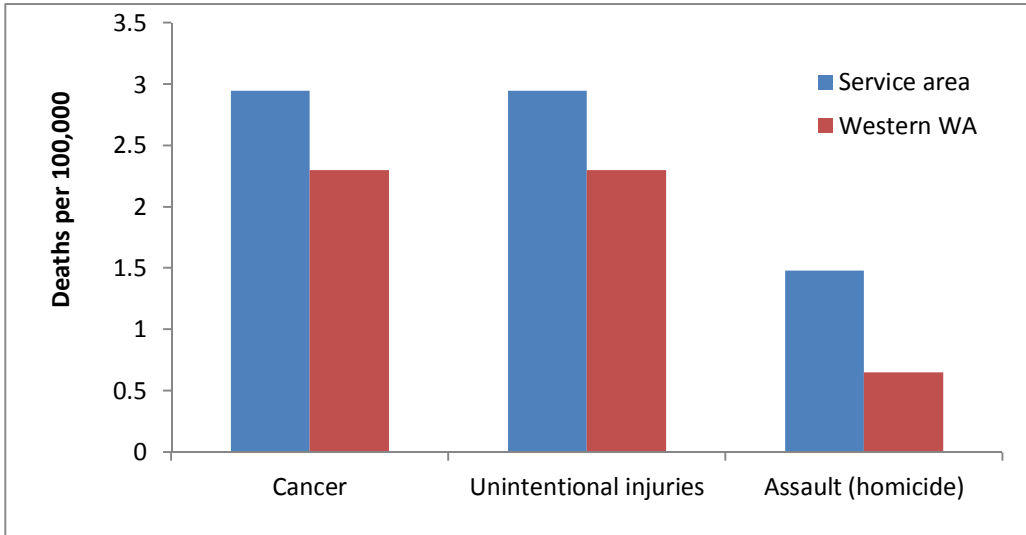
**Figure 8 Cause-specific death rates for most common causes, age 0-5, 2007-2009**

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data

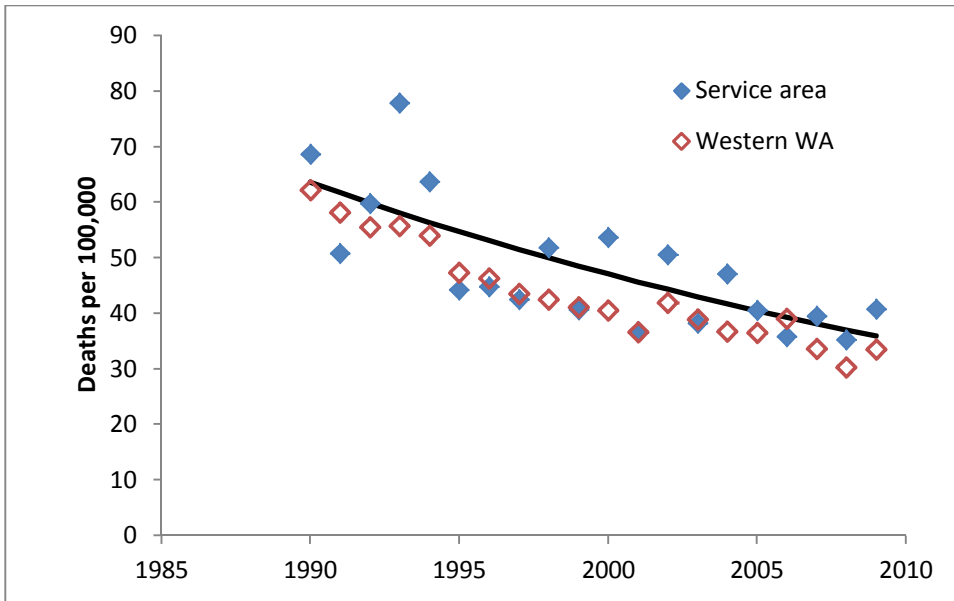


**Figure 9 Death rate among persons age 6-12**

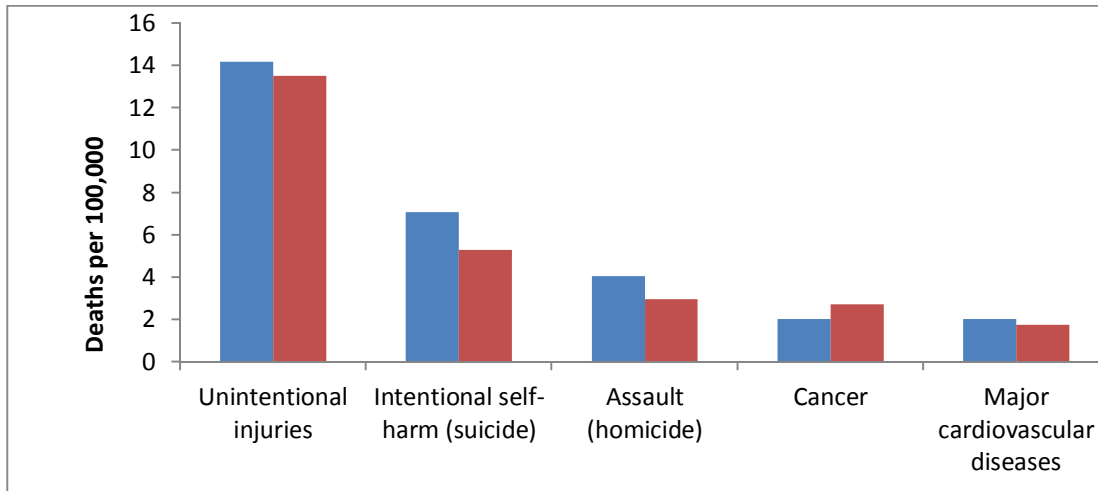
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data



**Figure 10 Cause specific death rates for most common causes, age 6-12**  
 Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data



**Figure 11 Death rate among persons age 13-18**  
 Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data



**Figure 12 Cause specific death rates for most common causes, age 13-18**

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data

### Access to care

Individuals without health insurance and without a regular provider frequently do not receive needed health care, particularly preventive care. Health care access and service utilization as shown in the following table was about the same in the service area and in Western Washington state. Only 1.7% of Pierce County children 18 years and under had no health insurance in 2010.<sup>2</sup>

**Table 6 Percent eighth graders reporting access to health care**

	Pierce County			Washington state		
	n	Percent	95% CI	n	Percent	95% CI
<b>Routine doctor visit in past 12 months *</b>	1551	63.5	60.2-66.7	4642	61.6	59.5-63.7
<b>Routine dental visit in past 12 months *</b>	1548	74.2	71.5-76.9	4643	75.3	72.9-77.7

Healthy Youth Survey, 2010, Pierce County level and state level data

\*Not sure included in denominator

### Safety practices

The next table compares some attributes related to personal safety between eighth graders in Pierce County and Washington state. Pierce County did not differ from Washington state with respect to any item in the table. Some of the data, however, have substantial room for improvement. For example, in this sample 16% report being physically abused by an adult, 20% report being in two or more physical fights in the past year and 18% have ridden in a vehicle where the driver had been drinking alcohol.

<sup>2</sup> Washington State Population Survey

**Table 7 Safety in eighth graders**

	Pierce County			Washington state		
	n	Percent	95% CI	n	Percent	95% CI
<b>Have ever been physically abused by an adult</b>	998	16.2	13.6-18.8	3174	15.6	14.2-17.0
<b>Injured (bruises, broken bones) by boyfriend or girlfriend in past 12 months</b>	1001	5.7	4.4-7.0	3185	6.0	5.2-6.8
<b>Involved in physical fight two or more times in past 12 months</b>	3169	19.9	18.2-21.6	9521	18.3	17.5-19.1
<b>Carried a weapon for personal protection in past 30 days</b>	1605	10.2	8.2-12.2	4835	11.4	10.6-12.2
<b>Always wear a seatbelt when riding in a car</b>	1616	72.0	69.8-74.2	4835	71.2	69.5-72.9
<b>Have not rode in car or vehicle driven by someone who had been drinking alcohol in past 30 days</b>	2999	81.5	79.6-83.4	8980	81.6	80.3-82.9

Source: Healthy Youth Survey, 2010, Pierce County level and state level data

### **Hospitalization Rates**

The next three tables contain the top ten causes of hospitalization for each of the following three age groups: 0-5, 6-12 and 13-18. The top three causes of hospitalization for age 0-5 were perinatal conditions (such as complications of pregnancy and birth from 22 completed weeks to 7 days post partum), diseases of the respiratory system and birth defects. The top three causes of hospitalization for children age 6-12 were diseases of the digestive system, diseases of the respiratory system, and injuries and poisonings. The top three causes of hospitalization for age 13-18 were complications of pregnancy and childbirth; injuries and poisonings; and diseases of the digestive system.

Hospitalizations for diseases of the nervous and sensory systems were higher within the Mary Bridge service area for all three age groups compared to those for Western Washington state. In contrast, there were notably fewer admissions for mental illness within the Mary Bridge service area compared to Western Washington state. Please note that the Mary Bridge service area is defined by hospital admissions and this may affect the data in unknown ways.

**Table 8 Hospitalization rates (per 100,000) for children age 0-5, 2007-2009**

Diagnosis	Service Area	CI	WWA Rate	CI
Certain conditions originating in the perinatal period	15041.9	14900-15185	16269.1	16196-16342
Diseases of the respiratory system	939.4	904-976	955.6	938-973
Birth defects	275.0	256-295	258.8	250-268
Diseases of the digestive system	262.7	244-282	257.0	248-266
Injury and poisoning	238.2	221-257	230.9	222-240
Endocrine; nutritional; and metabolic diseases and immunity disorders	201.0	185-218	181.2	174-189
Diseases of the nervous system and sense organs	199.9	184-217	178.3	171-186
Diseases of the genitourinary system	135.1	122-149	134.9	128-142
Infectious and parasitic diseases	91.2	81-103	92.8	87-99
Diseases of the skin and subcutaneous tissue	81.7	72-93	90.5	85-96

Source: Washington State Department of Health, Center for Health Statistics, Hospitalization Data

**Table 9 Hospitalization rates (per 100,000) for children age 6-12, 2007-2009**

Diagnosis	Service Area	CI	WWA Rate	CI
Diseases of the digestive system	195.3	181-211	213.9	206-222
Diseases of the respiratory system	147.5	135-161	156.0	150-163
Injury and poisoning	128.0	116-141	135.1	129-141
Diseases of the nervous system and sense organs	104.6	94-116	85.0	80-90
Endocrine; nutritional; and metabolic diseases and immunity disorders	74.8	66-85	69.6	65-74
Cancer	50.8	44-59	52.2	48-56
Diseases of the musculoskeletal system and connective tissue	49.1	42-57	50.1	46-54
Mental Illness	45.2	38-53	73.2	69-78
Diseases of the genitourinary system	41.1	35-49	36.8	34-40
Birth defects	38.4	32-46	44.9	41-49

Source: Washington State Department of Health, Center for Health Statistics, Hospitalization Data



**Table 10 Hospitalization rates (per 100,000) for children age 13-18, 2007-2009**

Diagnosis	Service Area	CI	WWA Rate	CI
Complications of pregnancy; childbirth; and the puerperium	843.9	811-878	694.7	680-710
Injury and poisoning	375.2	353-398	371.1	361-382
Diseases of the digestive system	343.4	323-365	338.0	328-348
Mental Illness	282.0	263-302	336.0	326-346
Endocrine; nutritional; and metabolic diseases and immunity disorders	139.5	126-154	114.3	108-120
Diseases of the respiratory system	132.4	120-146	118.2	112-124
Cancer	123.9	112-137	89.9	85-95
Diseases of the nervous system and sense organs	110.1	98-123	93.1	88-99
Diseases of the genitourinary system	90.5	80-102	76.2	71-81
Diseases of the musculoskeletal system and connective tissue	88.8	78-100	81.4	76-87

Source: Washington State Department of Health, Center for Health Statistics, Hospitalization Data

## Community Input

### Background

The Tacoma-Pierce County Health Department worked collaboratively with Franciscan Health System and MultiCare Health System to conduct a community health needs assessment that included input from key leaders and community residents representing multiple sectors and population groups in the community. The purpose of this qualitative portion of the community health needs assessment was to hear from the Pierce County and South King County communities about the following five questions:

1. What makes a healthy community?
2. What would a healthy Pierce County look like?
3. What are the strengths, assets and resources of Pierce County?
4. What are the challenges to health in Pierce County?
5. What are the most important health issues that need to be addressed in a community health improvement plan?

## Findings

### Pierce County Findings

The information from all three data collection methods (see “Community engagement methods”) were analyzed, themed and summarized to draw out the most important conclusions. These major findings include:



1. Significant and unique strengths of Pierce County are:
  - Coalitions and collaborations
  - Higher education network
  - Open minds to complementary care
  - Access to local food and farmers markets
  - Volunteer base
  - Faith communities
  - Health care systems
  - Natural assets
  - Arts and humanities
2. Three important factors that most affect the quality of life and health of a community are low crime and safe neighborhoods, good jobs and healthy economy, and good schools.
3. The community problems that have the greatest impact on overall community health are:
  - Substance abuse
  - Behavioral health issues
  - Availability of, and accessibility to, quality medical care and treatment services
  - Chronic diseases (e.g., diabetes, cancer, heart disease, hypertension)
  - Coordination across systems
  - Addressing the medical care provider shortage
  - Disparities of services for minorities
  - Adult and childhood obesity

- Needs of military personnel and families
  - Needs of the homeless
4. Health improvement planning should focus on strengths, not just deficits.
  5. Health improvement planning should consider the mind, body, and spirit.
  6. Strengthen the community-based systems in Pierce County that are working to improve health, e.g., community health workers and patient navigators.

### King County Findings

The Group Health Research Institute interviewed key informants representing health care, social services and the public in King County. The top themes that emerged from this assessment, as well as representative responses from informants, are included below.

The most frequent themes related to access to care included:

- Primary care (13)
- Mental health (14)
- Dental care (5)
- Health insurance coverage (7)
- Case management (6)
- Health care for youth (5)
- Substance abuse services (4)
- Reproductive health services (3)

*We see some of the poorest health indicators in the county here in [a south King County community]: diabetes, hypertension, asthma, obesity. People see the indicators and assume people don't care about their health, but this is a food desert...It can take two buses to get to a grocery store.*

The most frequent themes related to social environment included:

- Culturally competent services (17)
- Struggles to take care of basic needs (16)
- The economic downturn (6)
- Trauma and violence (6)

*...just general access and affordable health care and insurance. We also see that preventative health care is lacking in the community, especially for low-income people [from a particular cultural community]. For them, health care is very reactive. Diabetes and prenatal care are disproportionately affecting [this*

The most frequent themes related to health behaviors and associated risks included:

- Diabetes (14)
- Obesity (13)

The most frequent themes related to the physical environment included:

- Access to healthy foods (17)
- Resources that support physical activity (13)
- Transportation (5)

## Methods

### Quantitative data methods

This study uses either data from 55 zip codes that represent 75% of inpatients seen at Mary Bridge or Pierce County data. When possible, we used Western Washington state as a comparison population. This area includes 19 counties west of the Cascade mountain range: Whatcom, Skagit, Snohomish, King, Pierce, Thurston, Lewis, Skamania, Clark, Cowlitz, Wahkiakum, Pacific, Mason, Grays Harbor, Jefferson, Clallam, Kitsap, San Juan and Island counties.

We included eleven broad indicators of current population health and of future health and health care utilization: demographics, the perinatal period, infant sleep position, immunization, child abuse and neglect, health behaviors, chronic conditions, mortality, access to health care, safety practices and hospitalizations. These indicate the margin of error for the value estimated. We used Joinpoint regression models to evaluate time trends. Black lines in the figures show trends over time for the service area. Additional detail about data sources and how they were used follow. Much of the data in this report come from a few key sources. These sources and their limitations are briefly described below.

### Selection of Priority Health Needs

Data availability was the primary driver behind which specific measures were included. Thus, important health concerns may have been omitted because reliable data were not available.

We selected priority needs by screening the data elements in the report with respect to four criteria:

- Was a health concern getting worse over time? Were demographic characteristics changing over time?
- Was a health concern significantly worse in the service area than in the comparison area? Were demographic characteristics significantly different in the service area than in the comparison area?
- Were relatively large numbers of people impacted by a health concern?
- Was a health concern repeatedly voiced in community meetings and focus groups?

We then selected health concerns (or demographic factors) that met two or more of these criteria as possible priority needs. Although it is objective, this approach has many limitations. Different selection criteria might have resulted in a different list of priority areas. Trend data were not included for all measures in the report, so some measures had more opportunity to score on the rubric than others. Data about disease prevalence and about health behaviors were at a disadvantage in this regard. The decision about whether large numbers of people were impacted was a relative judgment based on our experience and knowledge, not on a numeric threshold. Finally, the rubric identifies problem areas, but not solutions. For some problem areas, solutions may be unknown or impractical. For these reasons, we view the list of priority needs as a starting point for discussion, not a definitive short list requiring action.

### Healthy Youth Survey

This school-based survey is administered in even numbered years throughout Washington state. The survey includes grades 6, 8, 10 and 12. For this report, we included data from schools that were physically located in the service area, recognizing that this may include responses of students residing

outside the service area and exclude information about students living in the service area but attending school elsewhere. Topics include health risk behaviors, family, community risk and protective factors, and current health conditions. Like other self-reported survey data, it is subject to social desirability bias and recall error.

### **Death certificate data**

For death certificates, funeral directors collect information about the deceased person, including race and ethnicity, from an informant who is usually a family member or close personal friend of the deceased person. A certifying physician, medical examiner, or coroner generally provides cause-of-death information. Cause-of-death data come from underlying causes of death and not immediate causes. For example, if a person dies of a complication or metastasis of breast cancer, breast cancer would be the underlying cause of death. Data are compiled by the Washington State Department of Health, Center for Health Statistics.

### **Birth certificate data**

The birth certificate system contains records on all births occurring in the state and nearly all births to residents of the state. Information is gathered about the mother, the father, the pregnancy, and the child. The information is collected in hospitals and birth centers from worksheets completed by parents or medical staff, from medical charts, or by a combination of these sources. Midwives and family members who deliver a baby complete the birth certificate and collect the information from a parent or from their records. Data are compiled by the Washington State Department of Health, Center for Health Statistics.

### **Pregnancy Risk Assessment Monitoring System (PRAMS)**

This survey is mailed to a random sample of Washington state residents identified through birth certificates as having delivered a live infant two to six months previously. The survey covers topics related to risk factors before and during pregnancy and infancy, access to prenatal and children's health care, and content of prenatal care.

### **Community engagement data methods**

The Health Department worked collaboratively with Franciscan Health System and MultiCare Health System to conduct a community health needs assessment that included input from key leaders and community residents representing multiple sectors and population groups in the community. The needs assessment included a Pierce County community survey and a comprehensive community engagement process, as well as incorporating findings from previous South King County key informant interviews conducted by Group Health Cooperative.

### **Pierce County Community Survey**

In December 2011, the Health Department commissioned the Pierce County Community Study, conducted by the Gilmore Research Group in Seattle. More than 500 Pierce County residents were surveyed; 384 (73%) via the internet, 100 (19%) from phone calls and 41 (8%) via intercept surveys conducted at several Pierce County food banks. The Community Study sought Pierce County residents' views on issues related to health care, economic opportunity, important health issues, and issues that impact community health.



## **Community Engagement Process**

To complement the community survey, a community engagement process was implemented to further solicit input from the Pierce County public. This process included three stages:

1. Hold key leader focus groups to gain input on main questions, listening for top themes;
2. Hold community workshops, listening for important health issues in Pierce County; and
3. Invite key leaders to reflect on qualitative and selected quantitative data.

Focus groups utilized the “world cafe” meeting format to allow participants the opportunity to share their observations and reflections. Groups were facilitated by Karen Meyer, Community Liaison Specialist with the Health Department. A key element in all three parts of the community engagement process was the use of a visual (or graphic) facilitator. This allowed for comments to be captured immediately. Furthermore, by utilizing a graphic recorder, all participants were able to be engaged in the process. If participants provided an email address, they received a copy of the meeting graphic; thus, building momentum and keeping them engaged in the process. In addition, participants were encouraged to suggest any corrections they felt were necessary.

### **Key leader focus groups**

A series of four key leader focus groups (32 participants) were held in October and November 2012 to solicit input on the strengths, assets and resources, as well as health priorities for Pierce County. Key leaders represented multiple sectors, including local government, education, business, social and health services, and the military. Meetings were held in Puyallup, at the University of Washington-Tacoma, at the Sea Mar Health Clinic (Tacoma) and with the leadership group from the Pierce County Cross Cultural Collaborative.

### **Community workshops**

Seven community workshops were held between December 2012 and January 2013 in Puyallup, Gig Harbor, Tacoma, Bonney Lake, and Lakewood, as well as with the Pierce County Cross Cultural Collaborative. Approximately 80 Pierce County residents attended the community workshops, which were broadly advertised through local print, radio and television media (including on-line) and with multiple community partners.

Participants were asked to consider the challenges to health in Pierce County. After thinking about challenges, participants were asked to address the following, working in small groups:

- Which priorities have the greatest impact (i.e., impact the greatest number of Pierce County residents)?
- Which priorities allow for greatest equity?
- Which priorities are we most ready to address?

### **Key leader review meeting**

Finally, the assessment process involved inviting key leaders (see above definition) to meet again in January 2013 at the Health Department to review the results of the previous community input, as well as some relevant quantitative data. During this meeting, attendees were asked to work in small groups and share their reflections on the data presented, their impressions of the common threads, and to consider what might be missing in terms of health issues that should be included in a community health improvement plan going forward.

## King County key informant interviews

The Center for Community Health and Evaluation (CCHE), part of Group Health Research Institute, was asked to conduct the 2012 needs assessment for Group Health Cooperative. In early 2012 CCHE interviewed 23 key informants representing health care, social services and the public in South King County. Questions addressed the health-related needs of the King County population, programs and services intended to address those needs, methods for assessing needs, and methods for monitoring outcomes. Group Health Cooperative gave the Health Department permission to include their findings in this community health needs assessment report.

## Conclusion

Nonprofit health care organizations are expected to contribute to overall health in the communities they serve. A systematic approach to assessing community needs can help shape the community benefit strategies developed to meet those needs. The 2010 Affordable Care Act defines explicit expectations for community health needs assessments, such as gathering input from persons who represent the broad interests of the community – including public health—and considering the needs of the most vulnerable populations. The development of this report has attempted to represent the broad interests of the community, per the 2010 Affordable Care Act.

This report can – *and should* – provide strategic guidance to MultiCare Health System going forward regarding the most important health needs of the Pierce County community. As such, the “call to action” for planners and decision makers is as follows:

- Prevention of obesity in children
- Addressing cultural diversity in healthcare delivery
- Specialty care of preterm infants
- Providing for the specific needs of low-income residents
- Prevention and treatment of mental illness
- Prevention and treatment of asthma
- Oral health services

# Appendix 2

Community Health Needs Assessment (CHNA) and Implementation Strategy

## MultiCare Health System Program Inventory (Adult and Pediatric Services)

### Focus 1: CHRONIC DISEASE

#### CARDIOVASCULAR DISEASE

PROGRAM	DESCRIPTION
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<b>CARDIAC HEALTH &amp; REHABILITATION</b>	A physician-referred comprehensive approach for improving and maintaining cardiovascular health. Weekly sessions include monitored exercise, relaxation and stress management techniques, nutrition education and other classes on cardiovascular health.
<b>CHEST PAIN CENTER</b>	The Chest Pain Centers at MultiCare Good Samaritan Hospital and MultiCare Tacoma General Hospital are two of only six facilities in Washington to be nationally accredited by the Society of Chest Pain Centers. The center is designed to provide diagnosis and treatment within the "Golden Hour" after heart attack symptoms appear. Treatment provided within this one-hour window greatly increases chances of full recovery.
<b>DIABETES &amp; CARDIAC CARE COMMUNITY OUTREACH</b>	Outreach services provide underserved communities with free blood pressure and glucose screenings.
<b>HEART CHECK SCREENING</b>	Offers a comprehensive look at an individual's personal risk for heart disease. It includes a personalized consultation, risk assessment and basic lab tests. Based on these test results, patients are advised on next steps, such as seeking medical treatment or making lifestyle changes.
<b>HEART FAILURE CLINIC</b>	Offers testing, education and support for those suffering from heart failure, or those who are deemed to be at risk. Patients receive testing to determine how well their heart is working, as well as counseling and education on medication, diet, exercise and other lifestyle choices that can help a patient's quality of life.
<b>HEART FAILURE COLLABORATIVE</b>	System-wide heart-failure-focused group that exists to guide seamless evidence-based care to heart failure patients across the care continuum.

**HEART HOSPITAL** The Heart Hospital at MultiCare Tacoma General Hospital is home to the highest level of cardiovascular care available in the region. Cardiac and vascular services are offered in one location, providing patients with better connected care. The heart hospital includes cardiac and vascular operating suites, digital cardiac catheterization labs, new cardiovascular intensive care and coronary care units, and a chest pain cardiovascular short stay unit.

**INTEGRATED CARDIAC AND DIABETES SERVICES** Offers early intervention for those with pre-diabetes, and medical care, support and education for people with diabetes.

**MULTICARE REGIONAL HEART & VASCULAR CENTER PREVENTIVE CARDIOLOGY DEPARTMENT** MultiCare Regional Heart & Vascular Center offers a number of resources, classes, screenings and events to help men and women reduce their risk of heart disease and live a heart-healthy lifestyle.

**WEIGHT LOSS AND WELLNESS PROGRAM** A specialized therapeutic lifestyle change program that targets the underlying causes of chronic disease by improving diet, activity and stress management.

## CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

**COPD FOCUS PROGRAM** Aims to help decrease 30-day hospital readmission rates through the use of additional patient education, instruction on disease self-management techniques, as well as increased touch points (phone calls and in-home visits) for patients with a diagnosis of chronic lung diseases, such as Chronic Obstructive Pulmonary Disease (COPD), through the use of respiratory therapists.

**MULTICARE PULMONARY CARE CLINICS** Comprehensive services for patients with illnesses that affect the lungs and breathing. Pulmonary and critical care clinical services encompass a variety of disease states, including ambulatory pulmonary and sleep medicine, inpatient pulmonary and critical care medicine.

**MULTICARE PULMONARY SPECIALISTS** A multi-physician group and experienced research team, comprising board-certified pulmonologists.

**TOBACCO CESSATION** See Tobacco Use Program Inventory.

## DIABETES, TYPE 2

**CHRONIC DISEASE MANAGEMENT PROGRAM DIABETIC CASE MANAGER** Arranges care for diabetic patients who do not have a diabetes care plan after being discharged from the emergency department or hospital.

**DIABETES & CARDIAC CARE COMMUNITY OUTREACH** Outreach services provide underserved communities with free blood pressure and glucose screenings.

**DIABETES SERVICES** Individual appointments are available for children and adults with diabetes (type 1 and type 2), those who require insulin pump therapy, pregnant women with pre-existing diabetes or gestational diabetes. For individuals whose blood sugar is in the pre-diabetes range, diabetes educators offer early intervention to teach individuals how to modify behavior and prevent the onset of diabetes.

**SOUTH SOUND DIABETES SUMMIT** A partnership with Novo Nordisk and other community partners to offer a free community diabetes education event with screenings.

**YMCA DIABETES PREVENTION PROGRAM** Based on the Diabetes Prevention Program, a national study that showed lifestyle changes (diet and exercise) can prevent the development of diabetes. The YMCA offers a 16-week program to decrease the risk of diabetes through promoting healthy weight management, increasing activity and improving nutrition in a friendly group environment.

## ASTHMA

**ASTHMA AND PULMONARY PROGRAM AT MULTICARE MARY BRIDGE CHILDREN'S HOSPITAL** Provides comprehensive evaluation, testing and treatment for children with asthma and other pulmonary disorders. The program has a multidisciplinary team of specialists that includes pediatric pulmonologists, pediatric allergists, respiratory nurse specialists, respiratory therapists, dietitians, social workers and psychologists.

**ASTHMA EDUCATION PROGRAM** MultiCare Mary Bridge Children's Health Center helps families take charge of asthma with its Asthma Education Program. The program provides an opportunity for children and families to learn how to cope with their asthma and increase their awareness, confidence and self-management skills.

## OTHER SERVICES RELATED TO CHRONIC DISEASE

**CHRONIC DISEASE SELF-MANAGEMENT PROGRAM** Services for chronic disease patients, including home monitoring and self-care skills.

**HOME HEALTH** This program is designed to help patients manage a wide range of medical conditions while ensuring their safety and fostering independence. The Home Health team includes nurses, physical, speech and occupational therapists, social workers and home health aides.

**TRANSITIONS CARE MANAGEMENT PROGRAM** Gives patients with chronic disease a connection between the hospital and their outpatient care and community providers. They assist with follow-up care by initiating in-home visits; identifying barriers to compliance; educating patients on follow-up care resources and solidifying follow-up appointments with primary care providers, specialty providers, laboratories and pharmacies.



**MULTICARE HEALTHWISE  
AND KIDS HEALTH LIBRARY**

Free online resources that provide information about a wide range of health topics, from common childhood medical conditions and problems to managing complex chronic diseases.

## Program Inventory – Focus 2: Obesity

**BREASTFEEDING CLASSES**

Breastfeeding classes are offered to provide information on the benefits and the "how to" of breastfeeding. Suggestions for overcoming common difficulties and strategies for working and breastfeeding are covered.

**CHILDBIRTH SERIES**

A comprehensive class covering pregnancy, birth, comfort techniques, medications for birth, cesarean birth, postpartum, breastfeeding and newborn care.

**COMMUNITY OUTREACH TO  
DIVERSE COMMUNITIES**

Provides prevention, education, blood pressure screenings and sports physicals at area community events that reach out to underserved communities. Partnerships include: Health Coalition for Communities of Color (C3), Cross Cultural Collaborative, Northwest Leadership Foundation, Latino Action Group, Ebony Nurses and other area coalitions.

**CENTER FOR HEALTHY  
LIVING NUTRITION SERVICES**

Registered dietitians with expertise in sports nutrition and weight management offer weight management services including assessments, menu planning and one-on-one and/or group counseling sessions to help families make healthy changes.

**CENTER FOR HEALTHY  
LIVING WEIGHT  
MANAGEMENT SERVICES**

Services include one-on-one nutrition counseling, body fat testing, metabolic rate testing, Biggest Winner Series programs and monthly nutrition talks.

**CENTERS OF OCCUPATIONAL  
MEDICINE**

Provides occupational health services for both patients and employers in Pierce and South King counties.

**DO SOMETHING HEALTHY**

An annual celebration of health and wellness event with free community screenings (blood pressure, cholesterol, BMI, waist/hip circumference, body fat). A celebrity guest speaker encourages and motivates the community to take action for their own personal health. (Average reach is 1,000 people/year).

**HEALTHY@WORK  
CORPORATE WELLNESS  
PROGRAM**

Healthy@Work is well-known for its popular, low-cost health education and prevention programs. Healthy@Work brings proven, effective, community-based programs to businesses and their employees.

**HEALTHY@WORK EMPLOYEE  
WELLNESS PROGRAM**

Healthy@Work Employee Wellness Program offers a variety of tools and activities to help MultiCare employees make wellness a way of life. The goal of the program is to improve employee health with nutrition and stress management workshops, physical activity challenges, online tools and more. Employees can save money on their annual health insurance premiums by completing the program.

- KIDS IN THE KITCHEN** A program for kids in grades four through seven to teach them about nutrition while cooking up kid-friendly recipes.
- MILLION MINUTE MISSION** An online physical activity tracking contest for individuals and company teams raising awareness in the community of the importance of physical activity. Participants are asked to track and log their minutes of physical activity online. The top three companies are recognized at the Roman Meal Sound to Narrows Walk/Run event.
- MILLION MINUTE MISSION SCHOOL CHALLENGE** An online physical activity tracking contest for individuals and company teams raising awareness in the community of the importance of physical activity. Participants are asked to track and log their minutes of physical activity online. The top three schools are recognized at the Roman Meal Sound to Narrows Walk/Run event.
- PIERCE COUNTY GETS FIT & HEALTHY** A partnership between MultiCare, the YMCA of Pierce and Kitsap Counties and the Tacoma-Pierce County Health Department to promote health and wellness through online nutrition and physical activity programs and an annual community event focused on health.
- PEDIATRIC WEIGHT AND FAMILY WELLNESS PROGRAM** A program designed for ages 6-17 that provides access to specialists and health care professionals who can provide expertise in helping families make healthy changes. The program's holistic approach can result in lasting improvements in a child's health and quality of life. If a child's BMI is greater than 85% and he/she has other health problems, or his/her BMI is greater than 95%, the child may benefit from an In-Depth Medical Assessment and participation in the Family Wellness Program.
- POWERCOOK** Class that teaches participants how to prepare and freeze 30 nutritious meals. Participants sample finished dishes and take home a free booklet filled with a month's worth of healthy and easy-to-prepare recipes (nutritional analysis included).
- READY, SET, GO! 5210** A countywide initiative supported by MultiCare Mary Bridge Children's Hospital, YMCA of Pierce and Kitsap Counties, the Tacoma-Pierce County Health Department, United Way of Pierce County, Franciscan Health System, Boys & Girls Club and many other organizations to combat childhood obesity by promoting healthy life choices for children, youth and families. RSG 5210 delivers a simple, unified message and framework that the community can embrace. The name sums up four key healthy lifestyle recommendations:
- 5 or more fruits or vegetables a day
  - 2 hours or less of recreational screen time a day
  - 1 hour or more of physical activity per day
  - 0 sugary drinks – increasing low-fat milk and water consumption
- SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM & EDUCATION (SNAP-ED)** The SNAP-Ed program's goal is to improve the likelihood that persons eligible for food assistance will make healthy food choices within a limited budget consistent with the current Dietary Guidelines for Americans and MyPyramid.

<b>TACOMA-PIERCE COUNTY HEALTH DEPARTMENT'S COMMUNITY TRANSFORMATION PARTNERSHIP (TPCHD-CTP)</b>	TPCHD-CTP supports public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and contain health care spending. The prevention grant focuses on four priority areas: tobacco-free living, active living, healthy eating and expanding medical services to prevent and treat chronic diseases. The Tacoma-Pierce County Health Department and its partners (MultiCare Health System, Franciscan Health System, YMCA of Pierce and Kitsap Counties, Metro Parks Tacoma, Gig Harbor and Tacoma school district board members, Boys & Girls Club and others) have developed a comprehensive plan to increase resources for tobacco use prevention, decrease the number of youth who smoke, increase the availability of healthier food choices in the community and in schools, increase opportunities for physical activity and partner with medical providers to expand chronic disease prevention services.
<b>WEIGHT LOSS AND WELLNESS</b>	A specialized therapeutic lifestyle change program that directly targets the underlying causes of chronic illness by incorporating a sensible eating plan, exercise and stress management.
<b>WHOLE, FRESH, LOCAL NUTRITION SERVICES PROGRAM</b>	Healthy food choices are featured in MultiCare Health System's cafeterias and cafés, along with promotion of RSG 5210 healthy food choices.
<b>WOMEN, INFANTS &amp; CHILDREN (WIC)</b>	Provides nutritious foods, plus other benefits, free of charge to eligible families. Services offered at the 11 MultiCare WIC sites in Pierce County include nutritional and breastfeeding support, as well as tips on keeping mothers and their families healthy.

## Program Inventory – Focus 3: Tobacco Use

<b>CLEAN AIR COMMITTEE</b>	The Clean Air Committee supports a tobacco-free policy by providing support and oversight to the program. This committee meets quarterly to address tobacco cessation needs within our community and supports events such as the Great American Smoke Out and QuitSmart classes.
<b>CLEAN AIR FOR KIDS HOME ENVIRONMENTAL ASSESSMENT</b>	A Do-It-Yourself assessment to help families identify indoor air pollutants and develop an action plan to alleviate the problems.
<b>HEALTHY@WORK EMPLOYEE WELLNESS PROGRAM – QUITSMART</b>	Offered to MultiCare employees with additional one-on-one support through a Wellness Coach.

- TOBACCO-FREE ALLIANCE OF PIERCE COUNTY (TAP)** Dedicated to improving the health of Pierce County residents by reducing tobacco use. Members including MultiCare, other non-profit organizations, schools, businesses, health care organizations and public agencies. The Alliance's mission is to create community collaborations and networks empowered to promote the prevention of youth tobacco use, tobacco cessation and protection from secondhand smoke.
- TOBACCO-FREE WORKPLACE** Smoking policy to reduce exposure and access to tobacco on all MultiCare Health System properties.
- TOBACCO PREVENTION NETWORK (TPN)** Works to provide a non-smoking environment throughout the public housing system by assisting housing authorities and landlords who administer Section 8 vouchers. TPN's goals are to adopt and implement no-smoking policies and connect residents with smoking cessation programs.
- TOBACCO USE PHYSICIAN ELECTRONIC VISITS** E-visits for patients via MyChart, MultiCare's secure online patient portal.
- QUITSMART** A free, web-based tobacco cessation series with optional phone support. The 8-week program is designed to teach behavioral skills to help one successfully quit for good.

## Program Inventory – Focus 4: Behavioral Health

- ADULT DAY HEALTH** Through this community-based program, adults with physical and developmental disabilities receive therapy services, socialization opportunities and adaptive living skills training to help maintain independence.
- ADULT SERVICES** Provides care for adults with severe and long-term mental illness based on each individual's unique strengths and preferences. This holistic approach forms the foundation for individuals to achieve stability, overcome significant challenges and restore hope and personal pride.
- ASIAN COUNSELING SERVICES (ACS)** Behavioral health clinic primarily serving the Asian/Pacific Island refugee and immigrant communities. ACS has been providing bilingual services for people from Cambodia, Korea, Vietnam and the Pacific Islands since 1985. Specialized, culturally competent and sensitive services are available for people of all ages.

<b>BEHAVIORAL HEALTH HIGH ED UTILIZATION</b>	Identifying patients with the highest Emergency Department utilization rates and providing treatment in a more functional way.
<b>BEHAVIORAL HEALTH NETWORK (BHN)</b>	A program that runs parallel with the managed Medicaid program. Molina identifies their high-cost, high-risk patients and BHN assists with their care transitions.
<b>BRIDGES</b>	A grief support service serving families with children ages 4 through 18 who have experienced the serious illness or death of a family member, relative or friend. Peer support groups are facilitated by trained volunteers.
<b>CELEBRATE SENIORITY</b>	A MultiCare program that actively supports members 55 and better through healthy activities and community connection.
<b>CHEMICAL DEPENDENCY SERVICES</b>	Chemical dependency assessments and outpatient treatment at two locations (MultiCare Good Samaritan Behavioral Health and MultiCare Allenmore Hospital). Counseling services provided with emphasis on motivational enhancement, cognitive-behavioral therapy and community self-help support. Screening, referral, deferred prosecution, intensive groups and aftercare are offered.
<b>CHILD ABUSE INTERVENTION DEPARTMENT AT MULTICARE MARY BRIDGE CHILDREN'S HOSPITAL</b>	Provides medical treatment, psychosocial support, legal advocacy and crisis intervention services for victims of child abuse and their families. Staff also provide strategies for Pierce County parents and the community to prevent child abuse through free programs such as the Children's Advocacy Center of Pierce County, Parenting Partnership and the Sexual and Physical Assault Intervention Program.
<b>CHILD AND FAMILY SERVICES</b>	Child Behavioral Health Specialists work with families, teens and children in a team-based approach. Collaborative care planning that focuses on getting back on track and achieving life goals. Evidence-based treatment, cultural and age-appropriate.
<b>CHILDREN'S THERAPY UNIT (CTU) PSYCHOLOGY SERVICES</b>	Psychologists and therapists offer a full range of individual and family therapy for clients (birth - 18 years) with neuro-developmental disorders, as well as offering traditional behavioral health services for children and teens. The staff at CTU has expertise in working with clients with autism spectrum disorders, cognitive delays and atypical neurological presentations.
<b>COMPREHENSIVE PEDIATRIC DEVELOPMENTAL SERVICES</b>	Provides evaluations, treatment plans, therapy and case management for children with special health care needs.
<b>CRISIS INTERVENTION</b>	Assists patients through behavioral health or psychosocial crises. Also responds to critical care units when there is a code or a patient death. Facilitate the transfer of patients to the community.



<b>DEMENTIA CARE AND CAREGIVER SERVICES</b>	Eldercare services are offered to older adults and their family caregivers who face the daily challenges associated with caring for their loved ones with dementia. Services are designed to help reduce caregiver stress, increase knowledge about the dementia process and skills to care for the challenging behaviors, improve health and well-being for the family.
<b>DOMESTIC VIOLENCE SURVIVOR'S SERVICES</b>	Grant-funded for survivors of domestic violence. Four individual counseling sessions are provided, free of charge, as well as weekly support groups.
<b>GERO-PSYCHIATRIC INPATIENT SERVICES</b>	A 38-bed geriatric psychiatric inpatient unit at Multicare Auburn Medical Center.
<b>HEROS (HELPING ELDERLY THROUGH REFERRAL &amp; OUTREACH SERVICES)</b>	HEROS provides services to adults aged 60 and older, who may be isolated, lack family support, be resistant to help or may not know how to find help to keep them safe and healthy.
<b>INTEGRATED BEHAVIORAL HEALTH</b>	MultiCare Good Samaritan Behavioral Health provides a full spectrum of behavioral health services integrated with primary care for adults and children.
<b>INTENSIVE CASE MANAGEMENT AND PEER SUPPORT</b>	An extension of our High Emergency Department Utilizer Program, this program provides intensive case management and intervention services to high-risk people who have chronic behavioral health conditions or other complex psychosocial issues.
<b>LUCKETT HOUSE</b>	An assisted living community for behavioral health patients.
<b>MOBILE OUTREACH CRISIS TEAM (MOCT)</b>	A county-wide behavioral health crisis response team providing crisis intervention services as well as involuntary detention investigations and placement in inpatient psychiatric services. Also offers 24-hour behavioral health crisis phone line.
<b>MOBILE INTEGRATED HEALTH CARE</b>	A mobile program that provides primary care services to adults with severe and long-term behavioral health conditions.
<b>OLDER ADULT SERVICES</b>	Provides a variety of programs and services for adults aged 60 and older who are experiencing emotional problems, behavioral disturbance, and/or difficulty coping with age-related changes.
<b>PARENTING PARTNERSHIP</b>	Home visitation program for medically fragile infants in high-risk homes. Support provided to enhance positive parenting attachment with the goal of decreasing the risk of maltreatment for a vulnerable population.
<b>PERIOD OF PURPLE CRYING CAMPAIGN</b>	An effort to reduce the increasing incidence of abuse and Shaken Baby Syndrome. The goal is to educate parents about infant crying and to equip them with tools to help cope with their baby's crying.

<b>PIERCE COUNTY RESPONSIVE CARE COORDINATION PROGRAM (RCCP)</b>	A community-based care transitions program for all six hospitals in Pierce County. Pierce County is contracted through the Centers for Medicare and Medicaid to run this program, of which MultiCare is a partner. The goal is to improve quality of patient care and reduce 30-day hospital readmission rates among the target population from 21 percent to 12 percent, or lower.
<b>PRIMARY CARE BEHAVIORAL HEALTH INTEGRATION</b>	Licensed behavioral health counselors at select MultiCare clinics provide behavioral health counseling for patients in primary care settings. This program is in the early stages of development.
<b>PRISM</b>	A confidential support group for LGBTQ youth ages 14-21 offering a safe place to socialize, get support and discuss life issues.
<b>PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT (PACT)</b>	Specialized behavioral health approach for adults with persistent mental illness and history of poor response to traditional outpatient treatment.
<b>PSYCHIATRIC MEDICAL CONSULTATION SERVICES</b>	Provides psychiatric consultation services for all of MultiCare's hospitals.
<b>PUYALLUP FAMILY SUPPORT CENTER</b>	The Puyallup Family Support Center works to encourage positive parenting skills and build healthy families. Family support workers offer home visits and encouragement to parents to help them build on the strengths of their family.
<b>PUYALLUP FAMILY SUPPORT SERVICES</b>	Offers skills and support to help build healthy families and encourage positive parenting skills, working together with parents, schools and the community to strengthen families with children of all ages, at no cost to families.
<b>PUYALLUP VALLEY INSTITUTE</b>	A division of MultiCare Good Samaritan Behavioral Health that provides counseling and psycho-therapeutic services to adults, children and families for a wide range of behavioral and emotional problems, including marital and family problems, adjusting to life changes, stress management, depression, anxiety, grief and loss, and work- or school-related problems.
<b>RESIDENTIAL SERVICES</b>	Residential treatment for individuals with chronic and serious mental illness. Shared housing resources for individuals with serious mental illness that offer various levels of autonomy.

## Program Inventory – **Focus 5: Cultural Diversity**

**COMMUNITY OUTREACH  
TO DIVERSE  
COMMUNITIES**

Provides prevention, education, blood pressure screenings and sports physicals at area community events that reach out to underserved communities. Partnerships include: Health Coalition for Communities of Color (C3), Cross Cultural Collaborative, Northwest Leadership Foundation, Latino Action Group, Ebony Nurses and other area coalitions.

**MULTICARE TACOMA  
FAMILY MEDICINE AND  
EAST PIERCE FAMILY  
MEDICINE**

Provide high-quality, family medicine education for medical residents, who in turn provide comprehensive care for low-income and underserved patients in a primary care clinic setting.

# Appendix 3

Community Health Needs Assessment (CHNA) and Implementation Strategy

## Key Community Leaders Involved in the CHNA

<b>Name</b>	<b>Title</b>	<b>Entity</b>
<b>Marty Campbell</b>	Board Member / Deputy Mayor	Tacoma-Pierce County Board of Health / Tacoma City Council
<b>George Cargill</b>	VP, NW Field Operations	TriWest Health Care Alliance
<b>Kelvin Ceasar</b>	Community Impact Manager	United Way of Pierce County
<b>Darcy Celletti</b>	Senior Executive Director	YMCA of Pierce and Kitsap Counties
<b>Bob Ecklund</b>	President and CEO	YMCA of Pierce and Kitsap Counties
<b>Susan Eidenschnik</b>	Member	League of Women Voters
<b>Maureen Faccia</b>	Executive Vice-President	United Way of Pierce County
<b>Stan Flemming, DO</b>	Chair / Council Member	Tacoma-Pierce County Board of Health / Pierce County Council
<b>David Flentge</b>	President/CEO	Community Health Care
<b>Gretchen Hansen</b>	Health Advocate Coordinator	Comprehensive Health Education Foundation
<b>Julie Jensen, PhD</b>	Clinician	HEROS of Pierce County – MultiCare Good Samaritan Behavioral Health, Older Adult Services
<b>Pat Johnson</b>	Board Member / Mayor	Tacoma-Pierce County Board of Health / City of Buckley
<b>Susan Keller, RN</b>	Nurse Manager	Clover Park School District
<b>Jean Kinnaman</b>	Supervisor of Health Services	Puyallup School District
<b>Greg Kleiner</b>	Clinic Manager	Tacoma Medical Clinic - SeaMar
<b>Matthew Levi</b>	Board Member	United Way of Pierce County
<b>Pat McCarthy</b>	Board Member / Pierce County Executive	Tacoma-Pierce County Board of Health / Pierce County
<b>Jim McCune</b>	Board Member / Council Member	Tacoma-Pierce County Board of Health / Pierce County Council

## Key Community Leaders Involved in the CHNA continued

<b>Name</b>	<b>Title</b>	<b>Entity</b>
<b>Jane Moore, MD</b>	Physician	Washington Coalition for Promoting Physical Activity
<b>Chris Morton</b>	Executive Director	Associated Ministries
<b>Jackie Ostrom</b>	Executive Director	Carol Milgard Breast Center
<b>Dan Penrose</b>	Program Manager – South Sound Military & Communities Partnership	City of Lakewood
<b>Mark Pereboom</b>	President and Chief Executive Officer	Metropolitan Development Council
<b>Julio Quan</b>	Member	Cross Cultural Collaborative
<b>Douglas Richardson</b>	Council Member	Pierce County Council
<b>Cheryl Shaw</b>	Executive Director	Susan G. Komen For the Cure, Puget Sound
<b>Rick Talbert</b>	Board Member / Council Member	Tacoma-Pierce County Board of Health / Pierce County Council
<b>Amadeo Tiam</b>	Executive Director	South Puget Intertribal Planning Agency
<b>Aaron Van Alkenberg</b>	Manager	Pierce County Aging and Long-term Care
<b>Victoria Woodards</b>	Vice Chair / Council Member	Tacoma-Pierce County Board of Health / Tacoma City Council

## Public Health Professionals Involved in the CHNA

**ANTHONY L-T CHEN, MD, MPH** Director of Health, Tacoma-Pierce County Health Department (TPCHD)

**Description of Expertise:** Dr. Chen practiced family medicine for over 12 years in public health and community settings. He held leadership roles in national efforts on Hepatitis B immunization and liver cancer prevention. Dr. Chen serves on state and national public health committees.

**CINDAN GIZZI, MPH** Manager, Office of Assessment, Planning, & Improvement, TPCHD

**Description of Expertise:** Cindan Gizzi is a member of the National Association of City and County Health Officials' Quality Improvement Leaders and serves on the Robert Wood Johnson Foundation's Expert Panel for the Quality Improvement in Public Health Practice Exchange.

**KAREN MEYER, BS** Community Liaison Specialist, TPCHD

**Description of Expertise:** Karen Meyer coordinates the Community Health Improvement Plan and related community assessment and outreach activities. She is also a Certified Prevention Professional in the state of Washington.

**ELIZABETH PULOS, PhD, MPH** Epidemiologist, TPCHD

**Description of Expertise:** Liz Pulos has been an epidemiologist at the Tacoma-Pierce County Health Department (TPCHD) for nine years where she does assessment and evaluation work in a wide variety of program areas. Prior to joining TPCHD she was a biostatistics and research design consultant at Madigan Army Medical Center and at the UW School of Medicine.



**MultiCare Health System**

Allenmore Hospital

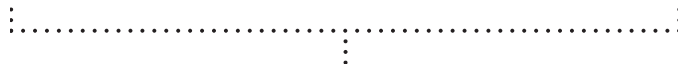
Auburn Medical Center

Good Samaritan Hospital

Mary Bridge Children's Hospital

Tacoma General Hospital

MultiCare Clinics



**MultiCare** 

**BetterConnected**