

2016

# Community Health Needs Assessment and Implementation Strategy

MultiCare Allenmore Hospital



MultiCare 

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# Our Commitment to Our Community



The 2016 Community Health Needs Assessment represents the voices of our communities. We know that as a system of health, we must listen to what your voices are saying—about your health needs and issues that affect your ability to thrive.

This year's report highlights the most pressing needs in our hospital service areas, along with strategies to address those needs. MultiCare, our community partners, and community members are working together to improve our communities' health.

We are committed to providing the highest quality community benefit programs and services that help people live their best lives. Together, we can—and will—transform the health of our communities.

Thank you,

A handwritten signature in blue ink that reads "Bill Robertson". The signature is fluid and cursive, with a horizontal line extending from the end of the name.

**William G. "Bill" Robertson**

*President & CEO*

MultiCare Health System

# Executive Summary



**MultiCare Health System is a not-for-profit health care organization with over 15,000 team members, including employees, providers, and volunteers. MultiCare's integrated community-based system of health includes primary, specialty, and urgent care services, in addition to a wide range of community outreach programs. MultiCare is one of the South Puget Sound's largest health care systems, with locations throughout Pierce, King, Kitsap, and Thurston counties.**

## Priority Health Needs

In 2015, MultiCare contracted with the Tacoma-Pierce County Health Department to conduct a comprehensive Community Health Needs Assessment for the MultiCare Allenmore Hospital service area. The assessment process included surveys and workshops among area residents, in addition to interviews with community leaders. The resulting report features a robust mixture of quantitative and qualitative findings.

Based on the results of the assessment, the Health Department developed the following list of priority health needs:

- Access to health care
- Tobacco use
- Obesity

# Executive Summary

Continued

## Three-Year Focus

MultiCare's Center for Healthy Living and Health Equity convened meetings with Multicare leaders and stakeholders to review the assessment. Based on the data, available resources, existing programs, and other needs identified by leaders, the following health needs were selected as the focus of the next three-year implementation period:

- Access to health care
- Obesity
- Tobacco use
- Cultural Competency
- Behavioral Health

MultiCare Allenmore Hospital developed its own implementation strategy and formed implementation teams composed of internal staff and community partners. This Community Health Needs Assessment implementation strategy describes how the hospital will address the identified health care needs by:

- Continuing and strengthening existing programs and services;
- Potentially implementing new strategies, programs or services;
- Collaborating with partner organizations to implement evidence-based strategies across the service area.

MultiCare's community benefit implementation strategies will contribute to long-term, sustainable improvements in community health. Through coordinated efforts with community partners, MultiCare will use these strategies as a roadmap towards better health outcomes.

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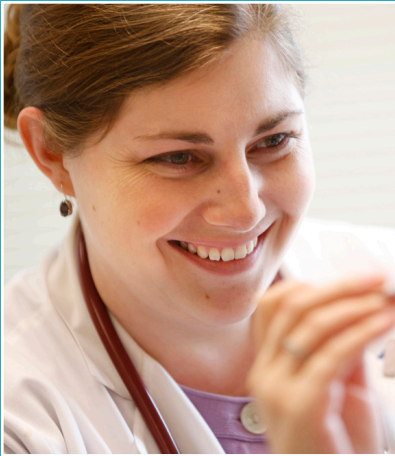
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# About MultiCare



MultiCare Health System is a not-for-profit health care organization with over 15,000 team members, including employees, providers, and volunteers. MultiCare's integrated community-based system of health includes primary, specialty, and urgent care services, in addition to a wide range of community outreach programs. MultiCare is one of the South Puget Sound's largest health care systems, with locations throughout Pierce, King, Kitsap, and Thurston counties.

MultiCare facilities include:

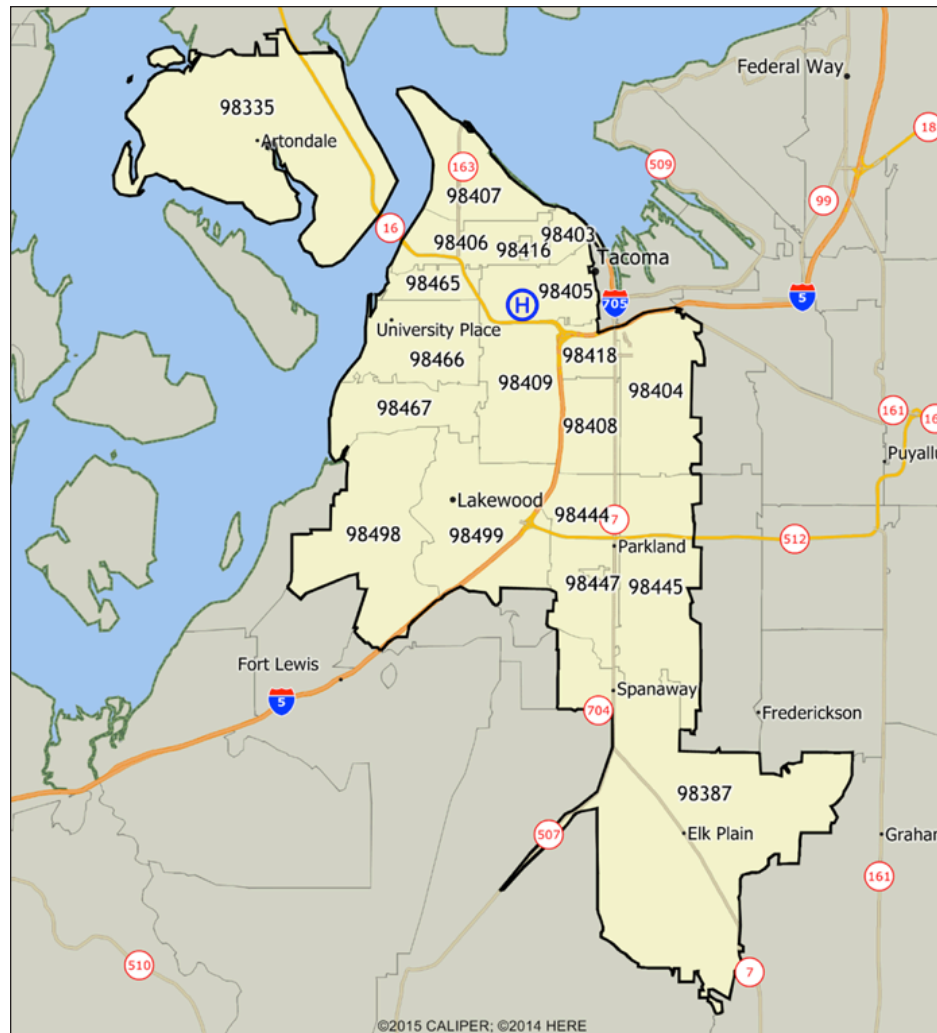
- Tacoma General Hospital (437 licensed beds)
- Good Samaritan Hospital (286 licensed beds)
- Allenmore Hospital (130 licensed beds)
- Auburn Medical Center (195 licensed beds)
- Mary Bridge Children's Hospital (82 licensed beds)
- Clinics, Urgent Care Centers, Express Clinics, and Mary Bridge Specialty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

MultiCare's five hospitals serve individuals of all ages. Mary Bridge Children's Hospital and Health Network serves the pediatric needs of the community, while Tacoma General Hospital, Good Samaritan Hospital, Auburn Medical Center and Allenmore Hospital have specialty services that focus on adult populations.

# Meeting Community Needs



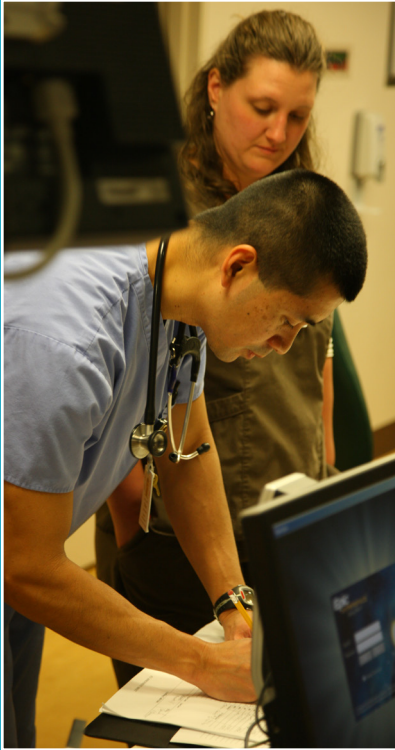
## MultiCare Allenmore Hospital Service Area



MultiCare Allenmore Hospital is a 130-bed hospital located in Tacoma, Washington, with its primary service area (representing 75% of inpatients served) shown in the figure at left. Approximately 795,225 people live in the Allenmore service area.

*Service area data provided by MultiCare Strategic Development*

# CHNA Methodology



2016 Community Health Needs Assessment (CHNA) and Implementation Strategy: MultiCare Allenmore Hospital

## Background and Process

MultiCare Health System and CHI Franciscan Health 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 of Pierce County representing many sectors and population groups, including low-income residents and others affected by health disparities.

*(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 three criteria:

1. Was a health concern or indicator significantly worse in the hospital service area than in the state?
2. Were relatively large numbers of people impacted by a health concern or indicator?
3. Was a health concern repeatedly voiced during the community engagement portion of the assessment (e.g., survey, workshops, or interviews)?

The health concerns or indicators that met most criteria became the suggested priority health needs for the hospital service area. The resulting list of priority needs served as 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 Allenmore Hospital service area:

- Access to Care
- Obesity
- Tobacco use

## 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, nurse, and clinic and outpatient leaders from each of our five hospitals. The group chose to focus on all three priority health needs, in addition to **behavioral health** and **cultural competency**, over the next three-year period.



System leaders then worked to create implementation strategies and a resource inventory of existing programs and services offered by MultiCare that address these five identified needs. In addition, we met with community organizations to explore possible community-wide solutions to some of the identified health care needs.

## **MultiCare Allenmore Hospital Implementation Strategy**

Allenmore's implementation plan, 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 the implementation of new strategies
- Collaborating with community organizations to implement evidence-based strategies across the service area

# MultiCare Allenmore Hospital Priorities

## GOALS

### 1. Access to care

### 2. Obesity

### 3. Tobacco Use

### 4. Behavioral Health

### 5. Cultural Competency

## STRATEGIES

#### **Women's Health:**

- Explore the development of a community resource toolkit that focuses on HPV prevention and screening.
- Explore promoting women's health services at community outreach events.
- Promote breast health in partnership with the Carol Milgard Breast Center (CMBC).

#### **Oral Health:**

- Continue to support Medical Teams International's Mobile Dental Program.

- Promote community awareness and understanding of the Ready, Set, Go! 5210 (RSG! 5210) program and message.
- Increase collaboration with community partners on programs and policies to improve the health of our community.
- Surveillance of participation at community programs, classes, and events.
- Promote weight management programs and services.
- Seek grants like Supplemental Nutrition Assistance Program Education (SNAP-Ed) to provide nutrition education and programming to schools, the WIC program and food bank clients.
- Increase knowledge and best practice education around the benefits of breastfeeding.
- Increase access to healthy food at worksites.
- Increase access to and promotion of physical activity among MultiCare employees and their families.

- Promote access to tobacco cessation resources and support programs.
- Promote partnerships with the Tacoma-Pierce County Health Department.
- Promote insurance-covered pharmacotherapy and/or free or low-cost cessation programs for hospital employees.
- Continue to support the MultiCare tobacco-free policy for all employees and facilities.

- Increase access to behavioral health services.
- Promote integration of physical and behavioral health care.
- Integrate chemical dependency treatment into the medical care setting.
- Expand capacity to provide co-occurring mental health and substance use disorder treatment.
- Focus on high-risk and high utilizers of health care services.
- Increase community capacity to provide inpatient psychiatric services.

- Promote cultural diversity and health equity awareness among MultiCare staff.
- Increase access to interpreter services.
- Continue to promote health equity partnerships.
- Continue to provide outreach services to ethnic minority and low-income communities.

# Focus 1: Access to Care



## Our goal is to increase access to health care services in our community.

Providing access to affordable, high-quality care is vital to our community's health. Barriers to health care lead to unmet health needs, delays in receiving appropriate care, lack of preventive services, and hospitalizations that could have been avoided.

According to the CHNA, community members lack access to needed women's health and oral health services. Many women are still not getting screened for cervical or breast cancer, despite the availability of screening tools. In addition, less than two thirds of adults in the Allenmore service area have had a routine dental checkup in the last year, which is lower than the state average. Our goal is to increase access to health care services in the community, through the following strategies and activities:

### Women's Health

- Explore the development of a community resource toolkit that focuses on HPV prevention and screening.
- Explore promoting women's health services at community outreach events.
- Promote breast health in partnership with the Carol Milgard Breast Center (CMBC), through:
  - Exploring the use of mobile mammography clinics in high-needs areas, including local Tribes.
  - Supporting no-cost mammography screenings.
    - Reach newly eligible Medicaid and Apple Health enrollees at second-annual CMBC Coordinated Care event.
  - Explore supporting future focus groups dedicated to assessing barriers and opportunities for breast health in Latina communities.

### Oral Health

- Continue to support Medical Teams International's Mobile Dental Program through referrals and shared marketing efforts.

# Focus 1: Access to Care

Continued

## Internal Resources

As a not-for-profit health care system, MultiCare offers programs that increase access to care, improve care coordination, and provide financial assistance for uninsured, underinsured, and low-income populations. Examples of these programs and services include:

- **Personal Health Partners** (PHPs) help patients overcome barriers to care by coordinating services, and ensure open communication between the providers, patients, families, and others. Some examples of services offered include medication management, participation in visits with primary care providers, and conducting home assessments.
- **Charity Care**, or free medical care, exists 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 the 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, discounted services and assistance with qualifying for state-sponsored health plans.

- **Indigo Urgent Care** clinics provide quick care for lower-acuity conditions. Open seven days a week, Indigo Urgent Cares will be serving neighborhoods throughout Pierce, King, Thurston, and Snohomish counties.

- **Urgent Care and Primary Care** clinics provide same- and next-day appointments, a 24-hour nurse line, and are open extended hours weekday evenings and on weekends.

- MultiCare partners with **RediClinics** at Rite Aid pharmacies across Pierce, Snohomish, and King counties. RediClinics offer low-cost, convenient access for many health care needs, including immunizations and laboratory tests. These clinics are available to uninsured individuals and have extended hours to serve patients and families with busy schedules.

# Focus 1: Access to Care

Continued

2016 Community Health Needs  
Assessment (CHNA)  
and Implementation Strategy:  
MultiCare Allenmore Hospital

## Community Resources

In addition to the MultiCare programs and services, we also partner with community organizations that work to increase care access. These include, but are not limited to:

- **Project Access** collaborates with providers to deliver medical and dental care for uninsured and low-income individuals. Project Access also offers premium assistance for individuals on the health exchange.
- **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.
- **Medical Teams International** offers free or low-cost urgent dental care services through its Mobile Dental Program.
- **Sea Mar Community Health Center** 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.

- **Neighborhood Clinic** provides free urgent medical care to patients who cannot afford or access health care.
- **Puyallup Tribal Health Authority** provides health care to Puyallup tribe members and Pierce County residents who are enrolled members of other tribes.
- **Statewide Health Insurance Benefits Advisors (SHIBA)** helps clients understand health care coverage options and rights, find affordable health care coverage, and evaluate and compare health insurance plans. Provides free, unbiased, and confidential assistance with Medicare and health care choices.
- **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), as well as medical and dental benefits. In addition, the Family Support Centers connect families to low-cost and/or free resources in the community, including pregnancy, parenting and maternity support, infant case management, services for children with special needs and services for behavioral health care needs.

## Focus 2: Obesity



### Our goal is to increase the percentage of adults and youth who are at a healthy weight.

As the CHNA indicates, obesity continues to be a concern among adults and youth in our community. Obesity is linked to many chronic illnesses, including diabetes and cancer, and can lead to premature death. Inadequate nutrition and lack of physical activity are both risk factors for obesity.

Childhood obesity is related to a variety of issues, including environment, behavior and genetics. We know that the most effective long-term strategy in addressing obesity must involve strong community collaborations, improved policies and shared initiatives.

Our goal is to increase the percentage of adults and 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 related resources, especially at community and school events.
  - Increase the number of clinics and primary care clinics that use RSG! 5210 messaging.
  - Increase the number of visits to the RSG! 5210 website.
- Increase collaboration with community partners on programs and policies to improve the health of our community.
  - Partner with the YMCA of Pierce and Kitsap Counties to deliver the ACT! (Actively Changing Together) Program for youth and families.
  - Collaborate with the First 5 Fundamentals initiative through mini-grants to further expand the RSG! 5210 reach.
  - Continue partnerships with Tacoma Farmers' Markets to provide Fresh Bucks, which support the purchase of fresh fruits and vegetables for low-income families.

# Focus 2: Obesity

Continued

2016 Community Health Needs  
Assessment (CHNA)  
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MultiCare Allenmore Hospital

- Surveillance of participation at community programs, classes, and events, including:
  - The Women, Infants, and Children (WIC) program and classes.
  - Empowering Women for Wellness.
  - Family Wellness workshops.
  - PowerCook classes.
  - Other related community events and workshops.
- Promote weight management programs and services.
  - Continue to support Smart Phrases in Epic (electronic health record system) to promote the RSG! 5210 message and referral to weight management services.
  - Promote Family Wellness tool kits to the community.
- Seek grants like Supplemental Nutrition Assistance Program Education (SNAP-Ed) to provide nutrition education and programming to schools, the WIC program and food bank clients.
  - Apply for grant funding to support healthy eating and physical activity programs.
- Increase knowledge and best practice education around the benefits of breastfeeding.
  - Increase rates of breastfeeding initiation and duration through the WIC program.
  - Increase awareness and messaging about the benefits of breastfeeding beyond two months of age.
- Increase access to healthy food at worksites.
  - Partner with farmers markets and develop produce delivery programs.
  - Partner with Nutrition Services to continue to offer healthy options in MultiCare cafeterias.
- Increase access to and promotion of physical activity among MultiCare employees and their families.
  - Promote community fitness and running events with employees and their families.
  - Promote the Million Minute Mission (MMM) School and Corporate Challenge to employees, businesses, organizations and schools in the community.

# Focus 2: Obesity

Continued

2016 Community Health Needs  
Assessment (CHNA)  
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MultiCare Allenmore Hospital

## Internal Resources

MultiCare offers 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:

- **Center for Healthy Living & Health Equity** offers health, wellness and exercise programs. Registered dietitians with expertise in sports nutrition and weight management provide services such as health assessments, screenings, menu planning, goal setting and one-on-one and group counseling to help clients make healthy changes.
- **Family Wellness Workshops** equip parents with a positive approach to weight and wellness. All participants receive Family Wellness Toolkits, which provide strategies to support healthy habits. Parents work with the Pediatric Weight and Wellness Team to ask questions, share successes, set goals and tackle new challenges.
- **Ready, Set, Go! 5210** is a community-based initiative in Pierce County that promotes healthy lifestyle choices for youth and families where they live, learn, work and play.

- **Supplemental Nutrition Assistance Program Education** (SNAP-Ed) provides nutrition education to schools and WIC clients.
- **Women, Infants, and Children (WIC)** provides healthy foods and other benefits free of cost to eligible families at 11 MultiCare WIC sites throughout Pierce County.

## Community Resources

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

- **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 that promotes health and wellness through online nutrition counseling, physical activity programming, and an annual community event.
- **The YMCA of Pierce and Kitsap Counties** is a cause-driven organization focused on youth development, healthy living and social responsibility. Programs, services and initiatives enable youth to realize their potential, offer families ways to have fun together, empower people to be healthier in spirit, mind and body, welcome and embrace newcomers, and help foster social responsibility.



# Focus 3: Tobacco Use



2016 Community Health Needs  
Assessment (CHNA)  
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## Our goal is to increase the percentage of adults who are tobacco-free.

Tobacco use in the Allenmore service area is high. According to the CHNA, 21.2 percent of adults, and 10.3 percent of tenth graders, report cigarette smoking. In addition, e-cigarette use among high school students has increased three-fold in just the last two years.

Cigarette smoking is the leading cause of preventable death. The Centers for Disease Control and Prevention estimate that smoking accounts for more than 480,000 deaths each year in the United States, with almost 42,000 deaths resulting from exposure to secondhand smoke. Smoking causes many serious diseases, including cancer, heart disease, and chronic obstructive pulmonary disease (COPD). Tobacco cessation can significantly reduce the risk of contracting smoking-related diseases and has immediate health benefits.

Our goal is to increase the percentage of adults who are tobacco-free through the following strategies and activities.

- Promote access to tobacco cessation resources and support programs.
  - Increase provider referrals to tobacco cessation programs.
- Explore training hospital departments and staff to deliver tobacco cessation and support programming.
- Explore tobacco cessation trainer certification for MultiCare providers.
- Provide tobacco cessation materials and resources to provider offices and clinics.
- Create Smart Phrases in Epic to refer to tobacco cessation services.
- Explore tobacco cessation coaching and virtual visits.
- Increase program engagement through social media, apps and website tools.
- Promote partnerships with the Tacoma-Pierce County Health Department.
  - Explore messaging to the community around the impacts of tobacco, vaping and e-cigarette use.
- Promote insurance-covered pharmacotherapy and/or free or low-cost cessation programs for hospital employees.
- Continue to support the MultiCare tobacco-free policy for all employees and facilities.
  - Explore insurance premium surcharges for employee tobacco use.

# Focus 3: Tobacco Use

Continued

## Internal Resources

MultiCare offers many services for adults who are ready to quit using tobacco. These include:

- **QuitSmart™** tobacco cessation web-based program and phone support.
- **Tobacco use physician electronic visits** (e-visit) 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** offers the QuitSmart™ eight-week program with free pharmacotherapy for MultiCare employees.

## Community Resources

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

- **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.

# Focus 4: Behavioral Health



## Our goal is to improve behavioral health outcomes for adults and youth.

Mental health disorders affect an individual's ability to live a full and productive life. According to the CHNA, adults, children and youth with untreated mental illness have poorer health, educational, and socioeconomic outcomes. Affected individuals are at higher risk of intentional injury and suicide, in addition to co-occurring disorders such as alcohol and drug abuse. Those with chronic mental health disorders are also less likely than the general population to seek medical care.

Our goal is to improve behavioral health outcomes through the following strategies and activities:

- Increase access to behavioral health services.
  - Offer an open-access model of care option for clients with mental health and substance use disorder problems through walk-in clinics. Clients can walk in at their convenience for mental health and substance use disorder assessments, and leave with the time, date and provider of their next treatment appointment.

- Support access and referrals to crisis services for youth, with the establishment of linkages between Emergency Medical Services, MultiCare emergency departments, and other community agencies.
- Promote integration of physical and behavioral health care.
  - Bring a regularly scheduled Mobile Health Clinic to community behavioral health clinics in Pierce County to provide much-needed access to medical care for mentally ill adults who would otherwise not go to primary care clinics.
    - Include this service in the client's Behavioral Health Service Plan.
    - Offer case management and peer support to reduce barriers to accessing primary medical care services.
  - Continue to expand the integration of behavioral health providers in medical care settings for youth and adults. Currently, this service is available in 12 primary care clinics in Pierce and King Counties, Mary Bridge specialty clinics and the Center for Childhood Safety.
  - Coordinate the assessment and treatment of depression in adolescents ages 12 through 17 through the use of a common depression screening tool (PHQ-9) in primary care, pediatric and behavioral health care settings.

# Focus 4: Behavioral Health

Continued

- Integrate chemical dependency treatment into the medical care setting.
  - Coordinate medical treatment and behavioral health treatment for individuals with opiate addictions.
- Expand capacity to provide co-occurring mental health and substance use disorder treatment.
  - Continue to grow the availability of outpatient co-occurring treatment options at MultiCare Behavioral Health.
  - Participate with the Division of Behavioral Health Recovery and the University of Wisconsin in a 5-year plan to implement the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit.
  - Coordinate with the Division of Behavioral Health Recovery to streamline State standards of care and payment mechanisms that currently pose barriers to co-occurring treatment provision.
- Focus on high-risk and high utilizers of health care services.
  - Expand the availability of an intensive outreach and engagement approach for high utilizers of emergency departments and other crisis-focused services. Work will be done collaboratively among MultiCare, CHI Franciscan Health System, and other key community stakeholders.
- Increase community capacity to provide inpatient psychiatric services.
  - In 2016, open a 27-bed inpatient psychiatric unit for adolescents ages 13 through 17 at Tacoma General and Mary Bridge Hospitals.
  - In 2019, open a 120-bed inpatient psychiatric facility in Tacoma in partnership with CHI Franciscan Health System.

# Focus 4: Behavioral Health

Continued

2016 Community Health Needs  
Assessment (CHNA)  
and Implementation Strategy:  
MultiCare Allenmore Hospital

## Internal Resources

MultiCare offers comprehensive and effective behavioral health services that restore hope and help individuals and families get back on the path toward achieving their life goals. Programs include:

### ■ **Primary Care and Behavioral Health**

**Integration** is a holistic approach that provides a full spectrum of care within many MHS primary care settings to help people get expertly coordinated care for physical and mental health concerns.

■ **Mobile Integrated Health Care** provides primary care services to adults with severe and long-term mental illness and coordinates their mental and behavioral health needs. Services are available through a mobile RV that offers regularly scheduled services at four community mental health centers in Pierce County.

■ **Child & Family Services** help children with mood, behavioral or other mental health issues to reduce their challenges at school and home and put them on a path to wellness as they grow into adulthood.

■ **Adult Services** offer a holistic, person-centered program for adults with severe and long-term mental illness, based on each individual's unique strengths and preferences.

■ **Older Adult Services** include counseling services for those who are experiencing chronic or acute signs or symptoms of depression, anxiety, bi-polar disorder, schizophrenia or other lifelong or late-life disorders. Services are available for individuals in some community skilled nursing facilities.

■ **Program of Assertive Community Treatment** (PACT) is an evidence-based service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses who have not been able to benefit from traditional clinic-based services.

■ **Asian Counseling Services** (ACS) is a mental health clinic primarily serving the Asian and Pacific Islander refugee and immigrant communities.

■ **Mobile Outreach Crisis Team** (MOCT) serves the area as an emergency consultation and intervention service, including a mental health crisis line that can be reached 24 hours a day, 365 days a year.

# Focus 4: Behavioral Health

Continued

## Community Resources

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

- **Catholic Community Services** features 12 family centers across Western Washington that provide a variety of services, including counseling, case management and family support to youth, adults, and families.
- **Comprehensive Life Resources** provides behavioral health services to adults, children, families and homeless individuals, and assist in providing housing services, foster care and residential/inpatient services for youth and adults.

- **Greater Lakes Mental Health Care** provides a full range of mental health services, including counseling, outreach, classes and medication services.
- **The Tacoma Area Coalition for Individuals with Disabilities (TACID)** works with individuals with disabilities to assess needs, including behavioral health needs. TACID works to support and connect individuals to behavioral health services.

# Focus 5: Cultural Competency



## Our goal is to provide culturally competent health care to all members of the community.

The Allenmore service area is becoming increasingly diverse. According to the CHNA, community members have identified the importance of improving services for all people, regardless of age, race, ethnicity, gender, sexual orientation, language, beliefs or socioeconomic status.

In order to provide quality health care and ensure health equity, the unique cultural, spiritual and communication needs of each individual patient and their families must be addressed. Addressing these needs can minimize barriers that some patients experience when seeking medical care and has the potential to increase both access to health care and patient satisfaction. Culturally competent care allows us to equitably serve the needs of all.

Our goal is to provide culturally competent health care to all members of the community, through the following strategies:

- Promote cultural diversity and health equity awareness among MultiCare staff.
  - Mandate online cultural competency trainings for all MultiCare staff.
  - Offer in-person cultural competency trainings to MultiCare departments.
  - Develop internal cultural diversity council.
  - Offer health equity in-services periodically throughout the year.
  - Develop health equity strategic plan.
  - Explore implementing cultural diversity policies.
- Increase access to interpreter services.
  - Explore utilizing in-house staff interpreters via the Qualified Bilingual Staff Program.
  - Explore offering a language conversion setting on the main website.
  - Explore translating health education materials into the top five languages in the service area.
  - Continue to offer telecommunications devices for hearing impaired patients.

# Focus 6: Cultural Competency

Continued

- Continue to promote health equity community partnerships.
  - Further assess interest of community organizations, particularly those that have health equity initiatives.
  - Continue to identify partnership opportunities in the community, especially within faith-based communities.
- Continue to provide outreach services to ethnic minority and low-income communities.
  - 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.
  - Explore developing chronic disease prevention programming in communities of color.

## Internal Resources

MultiCare offers the following resources that address cultural competency:

### ■ **Center for Healthy Living & Health Equity**

promotes healthy lifestyle choices and addresses health disparities in our communities to improve population health outcomes. Serves as a health equity resource for MultiCare staff, patients and the community.

### ■ **MultiCare Physical Medicine and Rehabilitation Program, MultiCare Tacoma Family Medicine and East Pierce Family Medicine**

provide formal and informal cultural sensitivity education to staff, departments and resident physicians.



# Focus 6: Cultural Competency

Continued

## Community Resources

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

- **Tacoma Pierce County Health Department**

tackles known and emerging health risks through policy, programs and treatment in order to protect public health.

- **Leaders in Women's Health**, an initiative of the Northwest Leadership Foundation, seeks to positively impact health disparities by educating communities of color to promote good health and healthy lifestyles, advocate for health equity and reach out to provide resources and training for better outcomes in our community.

- **Rainbow Center** expands resources and safe space for the lesbian, gay, bisexual, transgender, queer, and allied (LGBTQA) community through education, advocacy and celebration.

- **Oasis Youth Center** is a drop-in resource and support center for lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth ages 14-24 in Pierce County.

- **Tacoma Urban League** is devoted to empowering African Americans and other disenfranchised groups to enter the economic and social mainstream.

- **Korean Women's Association (KWA)** provides multicultural social services to meet basic human needs through education, socialization, advocacy, and support.

- **Centro Latino** strives to create an environment in which the rapidly growing Latino community has opportunities to effectively participate in and contribute to the success of Pierce County.

# Conclusion



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 helps us 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 greater collaboration among the many community organizations that share our goal of improving the health of all people in our communities.

2016 Community Health Needs Assessment (CHNA) and Implementation Strategy: MultiCare Allenmore Hospital

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# MultiCare Health System Allenmore Hospital Community Health Needs Assessment 2016



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Hilltop Network

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Pierce County Family Justice Center

Pierce County Growth Management Coordinating Council

Pierce County Community Connections

Pierce County Community Services

Pierce County Dental Society

Pierce County Housing Authority

Pierce County Human Services Coalition

Pierce County Juvenile Court

Pierce County Library

Pierce County Transit

Pierce County WIC Coalition

Point Defiance AIDS Project

Proctor Farmers Market

Project Access - Pierce County Medical Society

Puget Sound Regional Council

Puyallup Tribal Housing Authority

Rainbow Center

Rally Point/6

Safe Streets

School Nurses Organization of Washington

Sea Mar Community Health Centers

Sequoia Foundation

Shared Housing Services

Sound Outreach Services

South Sound Military Partnership

Stand for Children

Tacoma Area Coalition for Individuals with Disabilities

Tacoma City Association of Women of Color

Tacoma Community College

Tacoma Community House

Tacoma Farmers Markets

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Tacoma Ministerial Alliance

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# Summary



**The health of a community is complex. The information in this community health needs assessment (CHNA) comes from many sources, including key health indicators from several data sources and information provided by community members, to better understand the needs of the MultiCare Health System Allenmore Hospital service area community.**

The Tacoma-Pierce County Health Department (Health Department) Office of Assessment, Planning & Improvement prepared this CHNA for MultiCare Health System and was the primary collector and reviewer of the health indicator and demographic data. The Health Department and Multicare Health System participated in community engagement activities, which included nine community workshops, seven key informant interviews and a survey of more than 700 residents and community partners, to further identify and prioritize the hospital service area's health needs. The Health Department conducted the analysis of the community engagement data.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington state CHNA requirements.

## Community input

Through the community engagement activities described above, community residents, coalitions and organizations shared their health needs, issues, and concerns about their communities, as well as barriers that affect their communities' ability to thrive. Common overarching themes from these discussions included:

- The need for addressing the conditions, forces and systems that shape residents' daily lives – the key to making a health community;
- The importance of a large culturally competent health care workforce in addressing health disparities;
- The need for community members to be partners in decision-making with health systems;
- The need for health systems to engage and collaborate with communities; and
- The need for health systems to address the social determinants of health.

Other themes related to specific health topics also emerged and can be found throughout this report.

# Summary

Continued

## MultiCare Health System Allenmore Hospital

The following lists the main findings of this report. These are based on health indicator data and key themes that emerged from community engagement activities.

**Description of Community**— While White residents account for the majority of the population, the area is becoming more diverse along racial and ethnic lines. One third of residents live at or below 200% of the federal poverty level, a common eligibility criterion for assistance programs.

**Leading Causes of Death**— Heart disease and cancer are the top two leading causes of death. This is similar to the state and nation.

**Chronic Illness**— More women than men report having asthma. Cervical cancer incidence is higher among women compared to the Washington state average. The leading causes of hospitalizations (after pregnancy/childbirth) are diseases of the circulatory systems and diseases of the digestive system.

**Actual Causes of Illness**— Significantly more adults were obese compared to the state average. More men were overweight than women. Cigarette smoking is higher among adults compared to the Washington state average. Among youth, cigarette smoking and the use of e-cigarettes is higher when compared to the state average.

**Access to Care**— Not having a personal doctor is more common among non-White residents and males. More than one in five adults experience unmet health care needs due to cost.

**Maternal/Child Health**— Inequities for birth outcomes persist, and the rate of infant deaths and low birth weight babies is higher than the Washington state average.

**Violence and Injury Prevention**— Rates of intentional and unintentional injury hospitalizations are higher than the state average. Residents age 35-44 years are more likely than other age groups to be hospitalized for intentional injuries/violence. Black residents have a higher rate of homicide compared with the service area and Washington state rates.

**Behavioral Health**— Frequent mental distress is higher compared to the Washington state average. Women are twice as likely as men to report depression.



# Summary

Continued

## Priority health needs

Based on data from this CHNA, three priority health needs among residents within the MultiCare Allenmore Hospital service area emerged. These priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes included in this report.

### **MultiCare Health System Allenmore Hospital priority health needs**

- **Tobacco use among adults.**
- **Barriers to access to health care, such as lack of health insurance or a personal health provider.**
- **Obesity among adults.**

The priority health needs provide guidance for MultiCare Health System about where best to provide community benefit programs and services to address the most important health needs of the community. Working together, hospitals and health systems, public health, and communities can reduce healthcare costs and improve the health of all people in Pierce County.

# Introduction



The Affordable Care Act (ACA, 2010) requires that once every three years a CHNA is conducted by nonprofit hospitals. This report is a collection of data on more than sixty health indicators that represent the health behaviors, outcomes and status of residents of the MultiCare Health System Allenmore Hospital service area in Pierce County. In addition, this report includes community input from Pierce County residents gathered at nine community workshops, seven key informant interviews and a survey of more than 700 community residents and partners. MultiCare Allenmore Hospital is located in Tacoma, Washington. For purposes of this assessment, the MultiCare Allenmore Hospital service area includes all residents in a geographic area defined by 16 zip codes surrounding the hospital (See Figure 1).\*

This CHNA will help guide MultiCare Health System Allenmore Hospital in providing high-quality, affordable health care for the members of the community that it serves. Moving forward with a community benefit implementation strategy based on the results of this report will assist in making long-term, sustainable changes and strengthening relationships with other partners working to improve community health.

*\*Zip Code data provided by Multicare Health System Strategic Development*

## Summary of needs assessment methodology

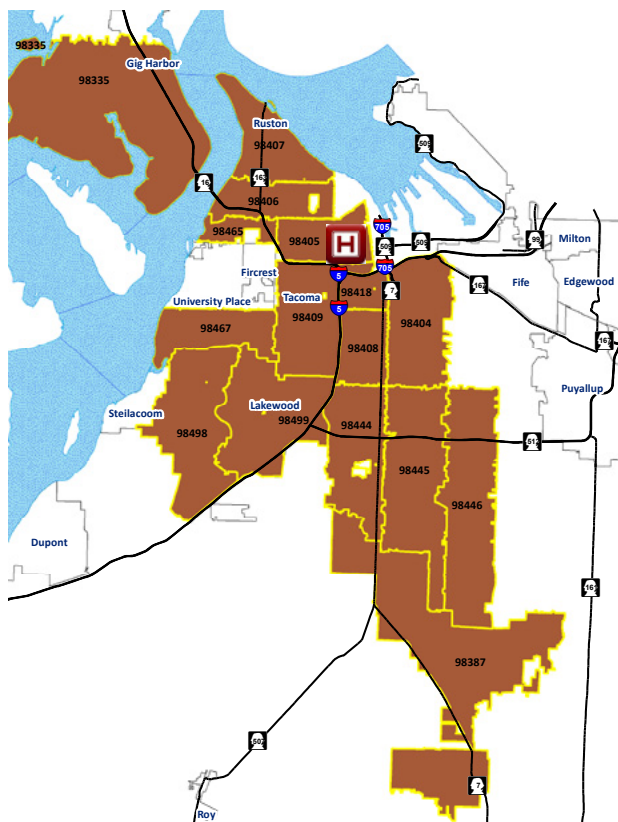
This report was completed in accordance with the Affordable Care Act and includes a description of the community served, leading causes of death, levels of chronic illness and other important community health issues and needs. Listed below are eight broad categories of community health needs identified for the MultiCare Health System Allenmore Hospital service area.

- 1) Life Expectancy and Leading Causes of Death**
- 2) Chronic Illnesses**
- 3) Actual Causes of Illnesses**
- 4) Access to Care, Uses of Clinical Preventative Services and Oral Health**
- 5) Maternal and Child Health**
- 6) Preventable Causes of Death**
- 7) Violence and Injury Prevention**
- 8) Behavioral Health**

# Introduction

Continued

**Figure 1. Multicare Health System  
Allenmore Hospital Service Area**



The population and environment of a hospital service area may influence the nature of health outcomes. Similarly, relationships between health indicators can affect the degree and/or type of the outcome. For instance, a service area with a high rate of tobacco use among its residents may result in a decrease in life expectancy, due to the risk of developing cancer. A low birth weight may affect an infant's life expectancy due

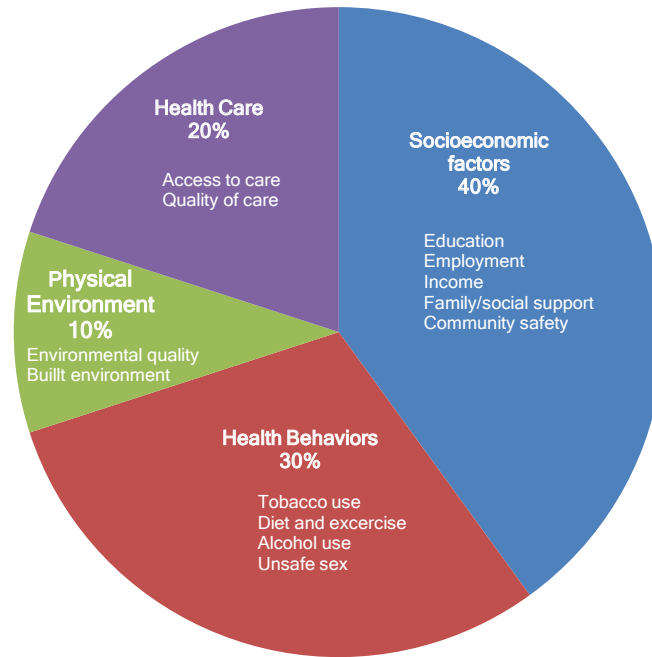
to the risk of health complications developed later in life. The accessibility and quality of health care for those living in poverty also influences health outcomes, potentially affecting their life expectancy.

This CHNA was completed through a multi-stage process designed to integrate findings from secondary data with the experiences, expertise and opinions made available through primary data collection.

Input was gathered from community residents and community stakeholders representing the broad interests of the communities served by hospitals and health systems. Interviews with community residents, organizations and coalitions, and an online survey were used to glean feedback and recommendations. Survey and interview questions along with methodologies are further described in the Supplement section at the end of this report.

Approximately 60 indicators were chosen that, when looked at together, help illustrate the health of the community. Demographic data and data on key socio-economic drivers of health status – including poverty, housing and educational attainment – are provided first. This is followed by the data and analysis of each health indicator and main themes identified through the community engagement methods. A more detailed description of the methods used to collect and analyze the data is found in the Supplement section.

**Figure 2. Factors that cause poor health outcomes**



Source: Robert Wood Johnson Foundation, 2015 County Health Rankings

When hospital service area data were not available, Pierce County data were used. Washington state data served as the point of reference and comparison.

### Data limitations and information gaps

This CHNA presents a robust set of secondary data indicators that enable a broad view of the health needs of the Multicare Health System Allenmore Hospital service area. However, as in all data reports, there are some limitations to these findings:

- Some data for a hospital service area are unavailable, making an assessment at this regional level challenging.
- Disaggregated data regarding age, race, ethnicity and gender are not available for all of the data indicators, which limit the ability to look at health inequities in the community.
- Data for the Multicare Health System Allenmore Hospital service area may be limited by the size of the population, requiring the averaging of several years of data. This limits the ability of the report to represent the most current state of health.
- Data are not always collected on an annual basis, resulting in the use of data that are several years old.

The graphs within this report have error bars. These error bars visually give an idea of the margin of error or uncertainty in a reported measurement. If the error bars of two different estimates do not overlap, one can most often conclude that the difference is statistically significant and not due to chance.



# What We Heard from the Community—Key Findings



**This section reports common themes, issues, and opportunities that came up in the community engagement activities (conversations with community residents, key leaders, organizations and coalitions) and qualitative portions of the community survey. Additional community input related to specific health topics are presented in individual chapters of this report.**

Nearly half of surveyed residents felt somewhat satisfied with the quality of life in their community. Community residents and other stakeholders agree that the key to a healthy community is to address the basic conditions, forces and systems shaping daily life. In order to create and sustain a healthy community, one cannot address the health needs of a community without addressing the availability of resources to meet daily needs (e.g., safe housing and local food markets); access to quality educational, economic, and job opportunities; and access to affordable, quality health care services.

## Basic needs

Community residents, coalitions and organizations shared with us that the ability to meet one's basic needs most affects their communities' ability to thrive. **Poverty was seen as the primary barrier** to a healthy community. The availability of safe and affordable housing; affordable nutritious foods; transportation; and safe and walkable neighborhoods are keys to ensuring that individuals, families and communities experience good health and well-being.

Community members identified access to **safe and affordable housing** as a major concern. Residents said housing cost increases, coupled with limited employment opportunities, causes more working poor and low income residents to be uprooted from their communities. Many school districts are alarmed at the rising number of children identifying as not living in a place that they can call their own home. Community leaders were concerned that cuts in social service funding also limit transitional, treatment or special care facilities for those with chemical dependency, mental health and developmental support needs. Transitory community members can lack long-standing social and emotional connections to neighborhood residents, which limits neighborhood cohesion, an important aspect of a healthy community.

# What We Heard from the Community— Key Findings

Continued

MultiCare Health System  
Allenmore Hospital  
Community Health Needs Assessment  
2016

Community residents identified issues related to **access to nutritious food** for many of their neighbors and themselves, recognizing that if individuals are not eating healthy and nutritious food, their overall health and well-being are affected. Reports of increased numbers of individuals and families regularly accessing food banks and other emergency feeding programs is coupled with higher numbers of children receiving free and reduced-price lunch at school. Quality grocery stores are less prevalent in depressed neighborhoods, while other neighborhoods prosper with multiple stores. Residents consider some areas within this hospital service area as “food deserts” with little to no accessibility to healthy food for those without transportation.

Low-income women describe the difficulty of purchasing healthy food with limited food assistance and/or limited income. In addition, low-income families often depend on public transportation when purchasing food, which can make grocery shopping a lengthy and difficult endeavor.

**Accessible and affordable transportation** was identified as an important factor that makes a healthy community due to its impact on accessing employment, nutritious food and health care services. Limited transportation also decreases access to physical

activities if one’s own community is unsafe or unwalkable. Lack of transportation particularly impacts rural areas relying on public transportation. Community members identified the need for more efficient bus services and improved connections to multiple parts of the county, especially to rural areas that have little to no bus access. Community members see the need for shuttle options for older and/or disabled adults and low-income families. When transportation cannot be directly altered, then safer walking and biking areas options should be explored.

Living in a **safe and walkable neighborhood** is a key factor in defining a healthy community. Surveyed community members felt that crime and violence is one of the biggest problems to their community’s overall health. While crime rates have gone down in many areas over the last two decades, residents still report that fear of violence and crime make them less likely to walk or bicycle to places beyond their homes. Community members feel that an important solution to creating a safe neighborhood is building on community connection.

# What We Heard from the Community— Key Findings

Continued

Residents are concerned about what they see as poorly designed communities where sidewalks are rare and crosswalks are unsafe. Recognizing the positive impact that walkable pedestrian- and bike-friendly communities have, not only on neighborhood safety and transportation needs but also on engaging residents in active exercise, community members requested bike paths, connecting sidewalks, crosswalks, traffic signals and more speed zone enforcement around schools. Community members would like to see hospitals and health systems “speak up” about how the design of communities and land use policies directly affect the public’s health.

Community stakeholders asked hospitals to not only prevent poor health and promote good health, but also to work with communities to address and reduce health inequities using a holistic approach. Community members would like hospitals to work collaboratively across all sectors to develop systems to provide holistic, integrated care (physical and behavioral health care services alongside social services) and to address basic needs such as housing, employment and transportation.

Community members view hospitals as having major influence in the community and expressed the importance of being proactively involved in policy, systems and environmental change strategies that could best improve the conditions, forces and systems shaping community life.

## Community connection

Community members felt an important solution to creating a safe and healthy neighborhood was to increase community connections. About a quarter of survey respondents said they felt connected with their communities. Community stakeholders suggested opportunities to continue building a sense of community, i.e., building more community centers and increasing community events.

## Cultural competency

Community members expressed the importance of service providers and organizations being respectful of and working effectively with the linguistic and cultural differences within their consumers and communities. Community members see an opportunity for improving culturally competent and respectful services to all people regardless of age, race, ethnicity, gender, income, language, beliefs, or the complexity of their situation. Community members also wanted

# What We Heard from the Community— Key Findings

Continued

to remind providers that historical trauma continues to create barriers for community members to access health care.

Community members support hospitals' current efforts to partner with organizations that have strong ties to diverse population groups. Active engagement with communities in strategic planning activities and being present at community events provide opportunities to continue improving cultural competency.

## Community engagement

Community residents and leaders value hospital visibility within the community, both as part of health promotion and prevention activities, as well as during meaningful engagement with health system planning efforts. Other opportunities for community engagement included:

- Hospital staff continuing to participate in community outreach events (e.g., health fairs and hospital-sponsored park events).
- Hospitals hosting events where residents can meet providers and learn about services.
- Health systems partnering with community organizations to offer programs jointly.

Community leaders encouraged health systems to engage un- and under-represented residents in this work. Community members appreciate the health system's engagement around health needs assessments and would like to engage more around program planning and evaluation. Ideas for community engagement included:

- Continue partnering with community members so everyone can say "we did that together."
- Create an environment of safety, respect and inclusion whenever engaging with community members, recognizing that mistrust exists in communities of color from historical trauma that may have occurred in other parts of the country or in seemingly unrelated situations.
- Continue operating hospital advisory councils that are comprised of people who represent racial and economic diversity in the hospital service area.



# What We Heard from the Community—Key Findings

Continued

## 2015 Community survey

The following are the results of the community health needs assessment survey. More than 700 community members throughout Pierce County responded.

- More than one third of respondents (35%) answered “yes” when asked if anything keeps them from getting the health care they need. The top barrier listed (42%) was the cost, including the affordability of health care and limits of health insurance coverage.
- Two out of five respondents (41%) had heard of “Ready, Set, Go! 5210” which is a Pierce County community initiative to promote active, healthy lifestyles among children and families.

## Most important health issues

Question	Response	Percent
What do you think are the three most important things that make a healthy community?	<b>1.</b> Low crime and violence/ safe neighborhoods	<b>52.2%</b>
	<b>2.</b> Good jobs and healthy economy	<b>40.3%</b>
	<b>3.</b> Good place to raise children	<b>30.2%</b>
What three things cause the biggest problems to your community's overall health?	<b>1.</b> Mental health needs	<b>39.4%</b>
	<b>2.</b> Poverty	<b>38.7%</b>
	<b>3.</b> Crime and violence	<b>38.5%</b>
What three things cause the biggest problems to children and youth in your community?*	<b>1.</b> Drug and alcohol abuse (including tobacco)	<b>49.3%</b>
	<b>2.</b> Lack of opportunity for physical activity	<b>33.9%</b>
	<b>3.</b> School violence (including bullying)	<b>32.1%</b>

\* This question was asked only of respondents who said they have children living with them. Only 274 people responded to this question.

# What We Heard from the Community—Key Findings

Continued

## Health status of the community

Question	Responses		
	Very or Somewhat Satisfied	Neutral	Very or Somewhat Unsatisfied
How satisfied are you with the quality of life in your community?	76.7%	9.8%	13.4%
How satisfied are you with healthcare in your community?	64.5%	19.1%	16.4%

Question	Responses	
	Very or Somewhat Connected	Very or Somewhat Unconnected
How socially connected do you feel in your community?	73.8%	26.3%

Question	Responses		
	Very Healthy or Healthy	Some-what Healthy	Very or Somewhat Unhealthy
How would you rate your community's health overall?	27.8%	53.5%	18.8%

While efforts were made to distribute the survey to people of all genders, races/ethnicities and ages, survey participants were disproportionately female and middle-age (45-59 years). The three most common zip codes of survey participants were 98405, 98406 and 98407, each representing 7.0% of all respondents.

## Demographics of survey respondents

	Percent
<b>Gender</b>	
Male	18.6%
Female	80.1%
No response	1.4%
<b>Age</b>	
Less than 18 yrs	1.7
18-29 years	12.9
30-44 years	27.9
45-59 years	36.6
60 years and older	21.0
<b>Hispanic/Latino</b>	
Yes	7.0
No	93.0
<b>Race</b>	
American Indian/Alaska Native	2.6
Asian	5.3
Pacific Islander	2.1
Black or African American	7.4
White/Caucasian	75.9
Multiple races	6.9

# Description of Community



## DEMOGRAPHIC CHARACTERISTICS

Understanding who lives in a community is the first step toward understanding that community's health needs. The demographic characteristics of a community are strong predictors of health outcomes and health service needs. For example, communities with large older populations may have different health needs than a younger population. Factors such as lower income and education levels are also strongly linked to worse health outcomes.

**Population** - Approximately 378,445 people live in the MultiCare Allenmore Hospital service area: an increase of 59,338 residents or a 18.6% growth since 1990.

**Age** - Children, teens, and youth represent 33.5% of the population, while 13.4% of the population is 65 or older. Respectively, these numbers are 32.3% and 14.0% statewide, not significantly different.

**Race and Ethnicity** – The service area is predominately White non-Hispanic (59.5%).

Hispanic residents were the second largest group representing 12.3% of the service area's population; similarly, statewide they account for 12.2%.

Black residents made up 10.0% of the service area's total population, significantly higher than the 3.6% of the state's population.

## Demographics

### MultiCare Allenmore Hospital service area, 2014

	Count	Percent
<b>Age</b>		
<1	5,571	1.5%
1-4	21,568	5.7%
5-14	49,115	13.0%
15-24	50,493	13.3%
25-34	55,166	14.6%
35-44	46,800	12.4%
45-54	51,093	13.5%
55-64	47,995	12.7%
65-74	28,984	7.7%
75-84	14,571	3.9%
85+	7,089	1.9%
<b>Gender</b>		
Male	184,137	48.9%
Female	194,308	51.3%
<b>Race</b>		
Hispanic or Latino	46,447	12.3%
White Only - NH	225,017	59.5%
Black Only - NH	37,760	10.0%
Asian Only - NH	30,004	7.9%
American Indian/Alaska Native Only - NH	4,601	1.2%
Pacific Islander Only - NH	7,349	1.9%
Multi-Race Only - NH	27,268	7.2%

Source: Washington State Office of Financial Management, Forecasting Division

## SOCIOECONOMIC CHARACTERISTICS

### Poverty

- Sixteen percent of residents had incomes below the federal poverty level.
- Almost one of every three Hispanic residents lives below the federal poverty level; the highest poverty rate among all races/ethnicities.
- Thirty six percent of residents live in or below 200% of the federal poverty level, a common eligibility criterion for assistance programs.
- The rate of poverty varied in the MultiCare Allenmore Hospital service area from between 6.6% and 26.3% (Figure 3).

### Housing Affordability

- About half of renters (54.1%) and 42.0% of owners with a mortgage in the service area are paying more than 30% of their household income on housing. Spending more than 30% of household income on housing is financially burdensome.

## Poverty and housing costs

### 2009-2013 average

	Count	Percent
<b>People in Poverty</b>	59,604	16.1%
White alone	34,375	13.7%
Black alone	7,819	22.1%
AIAN alone	1,110	22.0%
Asian alone	4,716	16.7%
NHOPI alone	1,294	15.2%
Some other race alone	4,352	31.0%
Two or more races	5,938	21.2%
Hispanic (of any race)	13,303	30.4%
<b>People below 200% of poverty level</b>	133,233	36.0%
<b>Population with burdensome housing cost</b>		
Renters	32,458	54.1%
Owners with mortgage	24,622	42.0%
Owners without mortgage	2,884	13.7%

Source: American Community Survey, 2009-2013

## Immigration

■ Thirteen percent of the service area population is foreign born.

## Non-English Speaking Persons

■ A majority of the service area residents speak only English at home.

■ Among people who do not exclusively speak English at home, about eight percent speak English “less than very well”.

## Immigration and languages

2009-2013 average

	Count	Percent
Immigrants	49,470	13.2%
Speak a language other than English at home	67,797	19.4%
Population 5 years and older who spoke English less than very well	28,545	8.2%

Source: American Community Survey, 2009-2013

## Top 10 countries of origin for immigrants 2009-2013 average

Rank	Country of Origin	Number of Immigrants
1	Mexico	11,829
2	Korea	5,440
3	Philippines	4,294
4	Vietnam	4,197
5	Germany	2,376
6	Cambodia	2,333
7	Ukraine	2,131
8	Moldova	1,878
9	Canada	1,375
10	Japan	1,122

Source: American Community Survey, 2009-2013

## Top languages spoken

2009-2013 average

Rank	Foreign Language	Number of People
1	Spanish	26,870
2	Korean	5,850
3	Vietnamese	5,001
4	Other Pacific Islander	4,438
5	Cambodian	3,743

Source: American Community Survey, 2009-2013



# Description of Community

Continued

MultiCare Health System  
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## Homeless

Homelessness is an increasing problem due in part to poverty and inequities in housing. Depending on the size of the service area, the percent of total homeless persons served can vary widely. The Homelessness Housing and Assistance Act<sup>iii</sup> requires each county in the state to conduct an annual Point in Time count of sheltered and unsheltered homeless persons.<sup>iv</sup>

- The most recent Point in Time counts took place on January 29, 2015. The Pierce County count totaled 2,048 homeless, while the Washington state total was 6,893.
- Of the homeless counted in the MultiCare Allenmore Hospital service area, the percent ranged from a high of 24.0% in zip code 98405 to a low of 0.5% in zip code 98465.

## Foster care

- The percent of Pierce County children ages 17 years and younger who received foster care placement services in 2014 (0.55%) was similar to the state's (0.58%).<sup>v</sup>
- Almost two-thirds (62.4%) of Pierce County children under the age of 18 received some type of aid or service through the Washington State Department of Social and Health Services in 2014. This was similar to the state average of 62.1%.

## Disability

Disabilities can include any one or more of five functions: hearing, vision, cognition, ambulatory, self-care and independence. Disabilities can prevent a person from living a full, normal life and limit the opportunity to hold a steady job.

- From 2009 to 2013, 12.5% of residents in the MultiCare Allenmore Hospital service area had at least one disability, compared with 10.3% of all Washington state residents.<sup>vi</sup>

# Leading Causes of Death



**Life expectancy and death rates provide important information about the health status of the community. Analyses of causes of death and inequities among segments of the population can help members of the community identify health needs, prioritize health concerns and develop intervention programs.**

## LIFE EXPECTANCY

Life expectancy is a widely used measure of the overall health of a population. The definition is the average number of years a person at birth can expect to live, given current death rates. Life expectancy can be improved by reducing specific causes of diseases and eliminating health inequities.

■ For the MultiCare Allenmore service area, the average life expectancy of a resident for those born in years 2010 to 2014 is 78 years, two years lower than the state average of 80 years.

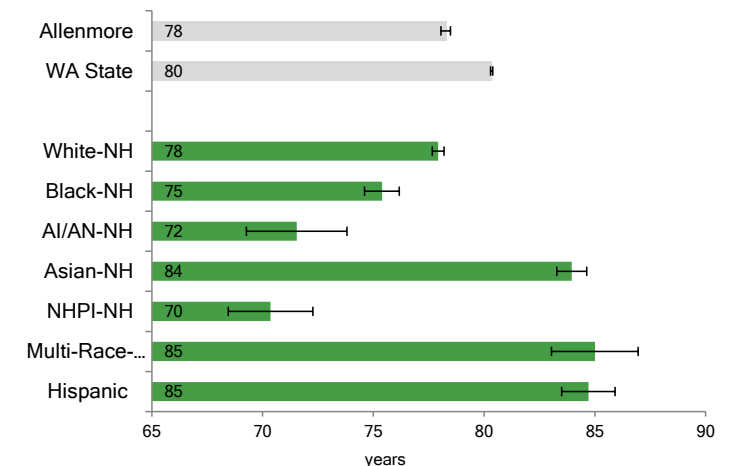
■ Statewide, residents are living longer. The average life expectancy for those born in years 2010 to 2014 is about five years longer than for those born in 1980.<sup>vii</sup>

■ Patterns in life expectancy data by race in the service area indicate that American Indian/Alaska Native and Native Hawaiian/Other Pacific Islanders had

the shortest life expectancies: 72 and 70 years, respectively. Hispanics and Asians had the longest life expectancies, at 85 and 84 years, respectively.

■ Life expectancy in the MultiCare Allenmore Hospital service area varied by zip code, ranging from 74.9 to 81.6 years of age (Figure 4). The lowest life expectancies are along the I-5 corridor in Tacoma and Parkland/Spanaway.

## Life expectancy 2010-2014 average



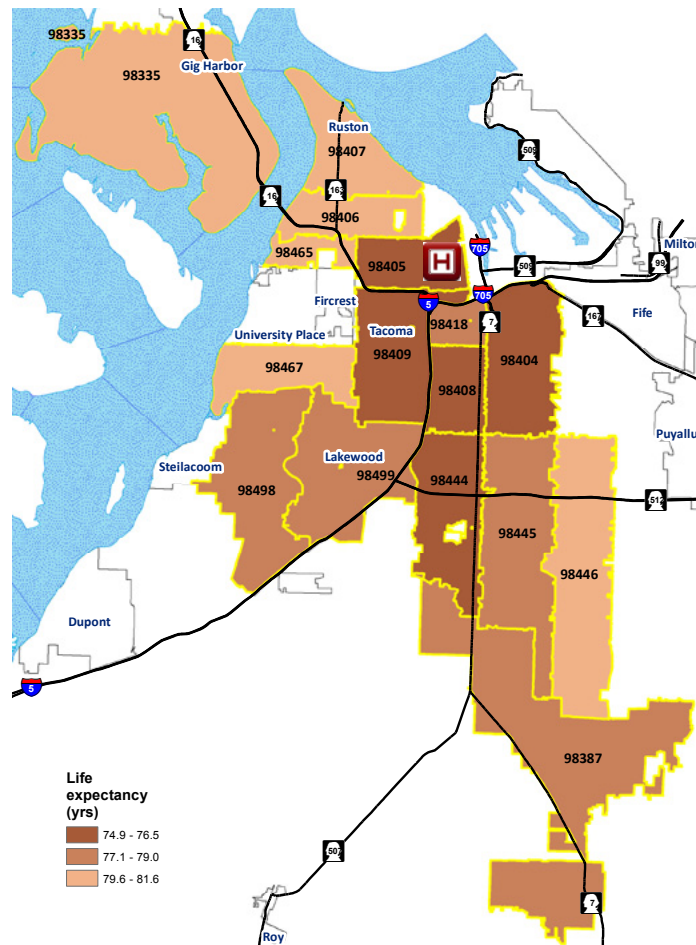
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2014.



# Leading Causes of Death

Continued

**Figure 4. Life expectancy**  
MultiCare Allenmore Hospital service area,  
2010-2014



MultiCare Health System  
Allenmore Hospital  
Community Health Needs Assessment  
2016

## LEADING CAUSES OF DEATH

Over the last five years, the main causes of death in the US have remained fairly consistent, with the top three of these (heart disease, cancer and chronic lower respiratory diseases) accounting for over 50% of all deaths.<sup>viii</sup>

- The top three leading causes of death in the MultiCare Allenmore Hospital service area during 2010 to 2014 were heart disease, cancers of all types and lung cancer.\*
- The top ten leading causes of death were the same for the residents of the hospital service area as they were for all Washington state residents.

### Leading causes of death 2010-2014 average

Causes	Allenmore Ranking	WA Ranking
Heart disease	1	1
Cancer	2	2
Lung cancer	3	4
Chronic lower respiratory diseases	4	5
Alzheimer's disease	5	3
Stroke	6	7
Accidents	7	6
Diabetes	8	8
Intentional self-harm (suicide)	9	9
Colorectal cancer	10	10
<b>Avg. # per yr.</b>	<b>2,770</b>	<b>44,193</b>

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

\*Ranked by the number of deaths over the 5-year period from 2010 to 2014.

# Leading Causes of Death

Continued

## LEADING CAUSES OF HOSPITALIZATION

Another aspect of the health of a community is the rate of hospitalizations. When compared to other states, Washington state's rate of hospitalizations for conditions that can be prevented by early intervention or good outpatient care was lower than the average in 2011.

- From 2010 to 2014, hospitalizations for childbirth accounted for the majority of the hospitalizations in the MultiCare Allenmore Hospital service area, followed by circulatory and digestive disorders.
- The leading causes of hospitalization and their ranking were identical for the hospital service area and the state.

## Leading causes of hospitalization By main category of diagnosis, 2010-2014 average

Diagnosis	Allenmore	WA
Complications of pregnancy; childbirth; and the puerperium	29,859	417,235
Certain conditions originating in the perinatal period	25,377	402,625
Diseases of the circulatory system	23,904	400,913
Diseases of the digestive system	19,197	284,118
Injury and poisoning	17,740	251,011
Diseases of the musculoskeletal system and connective tissue	16,705	225,922
Diseases of the respiratory system	12,646	224,027
Infectious and parasitic diseases	9,249	154,245
Mental illness	9,228	137,040
Cancer	8,997	135,223
Diseases of the genitourinary system	7,954	130,697
Endocrine; nutritional; and metabolic diseases and immunity disorders	7,043	89,148
Symptoms; signs; and ill-defined conditions and factors influencing health status	5,198	72,808

Source: Washington State Department of Health, Office of Hospital and Patient Data Systems, Hospital Discharge Data.

# Chronic Illness



Half of all American adults have at least one chronic disease or condition. Almost one in three adults have multiple chronic conditions.<sup>ix</sup> Just as chronic diseases share many of the same causes, many of the same strategies and interventions can prevent them or lessen their severity. Many chronic diseases are linked to health behaviors, environmental conditions and social and economic factors.

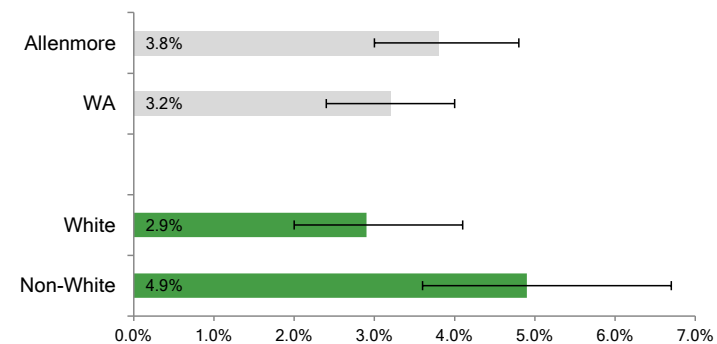
## DIABETES (YOUTH)

The prevalence of diabetes in youth is self-reported. Public school students are asked if they have ever been told by a doctor or other health professional that they have diabetes. As obesity rates in children continue to increase, type 2 diabetes is becoming more common in youth.

- In the MultiCare Allenmore Hospital service area, 3.8% of 10th graders in 2014 reported having diabetes.
- There are no significant differences between White and non-White youth in the service area.

### Diabetes (youth)

2014



Source: Healthy Youth Survey, 2014

## DIABETES (ADULTS)

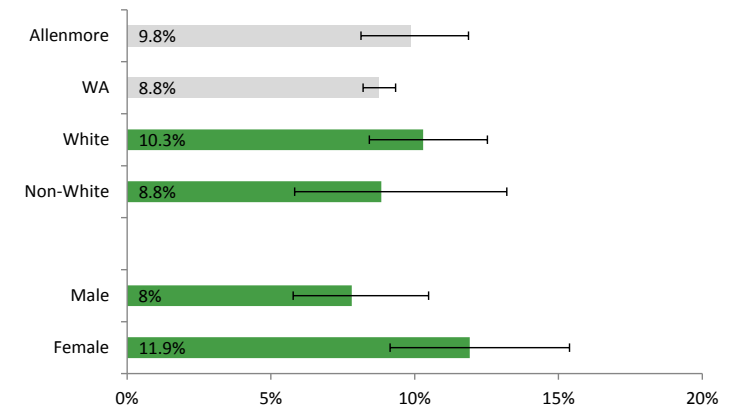
Uncontrolled diabetes can cause kidney disease, blindness, damaged nerves, comas, other serious medical conditions and death. Reducing known risk factors (such as tobacco use, weight gain, high blood pressure and physical inactivity) can prevent type 2 diabetes or delay its onset.

The prevalence of diabetes among adults is self-reported data.

- From 2011 to 2013, 9.8% of residents living in the MultiCare Allenmore Hospital service area reported having diabetes.
- There were no significant differences by gender or race in the service area.

## Diabetes (adults)

2011-2013 average



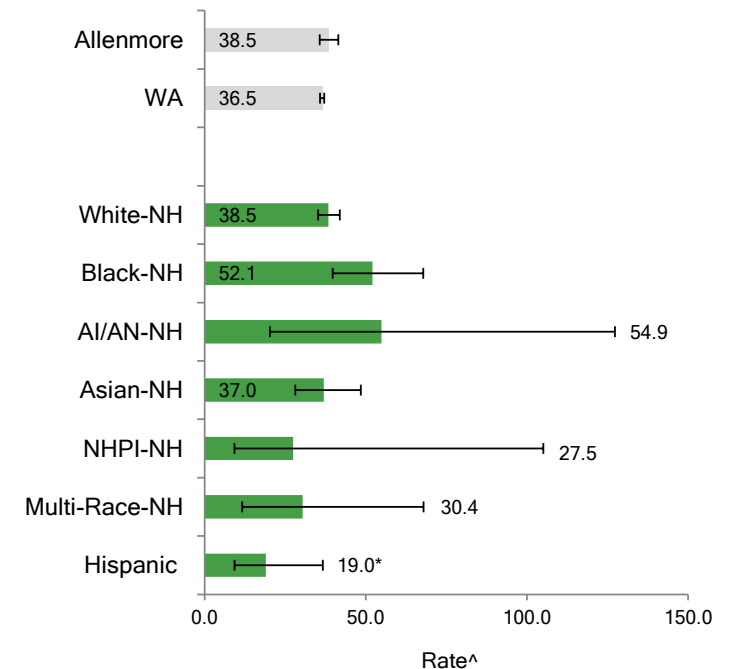
Source: Behavioral Risk Factor Surveillance System, 2011-2013

## COLORECTAL CANCER INCIDENCE

Colorectal cancer (occurring in both colon and rectum) affects men and women of all racial and ethnic groups and is most often found in people 50 years or older. In Washington state and throughout the nation, colon cancer is the second leading cause of cancer deaths for both men and women.

- From 2008 to 2012, the incidence rate of colorectal cancer in the MultiCare Allenmore Hospital service area was 38.5 cases per 100,000.
- There were no significant differences in colorectal cancer rates by race.

## Invasive colorectal cancer incidence 2008-2012 average



Source: Washington State Department of Health, Washington State Cancer Registry – incidence data for diagnosis years 1992-2012, Jan 2015.

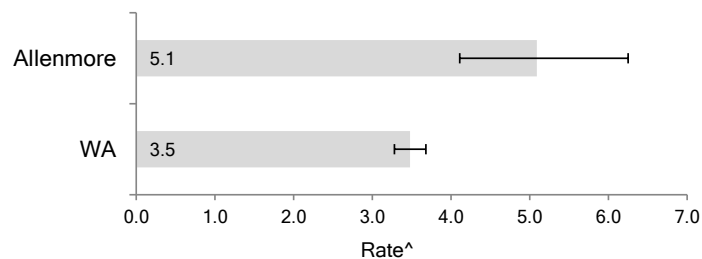
^Rate: cases per 100,000 population, age-adjusted to the US 2000 population.

## CERVICAL CANCER INCIDENCE

Due to the availability of screening, few women in Washington state get cervical cancer. However, many women are still not getting screened.

- From 2008 to 2012, the rate of developing cervical cancer for women in the MultiCare Allenmore Hospital service area was 5.1 cases per 100,000 women. This rate is higher than the Washington state rate of 3.5 cases per 100,000 women.

### Invasive cervical cancer incidence 2008-2012 average



Source: Washington State Department of Health, Washington State Cancer Registry – Incidence data for diagnosis years 1992-2012, Jan 2015.

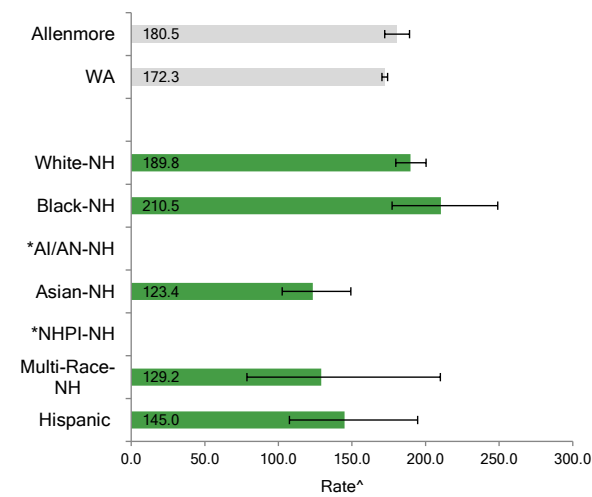
^Rate: cases per 100,000 women, age-adjusted to the 2000 US population

## BREAST CANCER INCIDENCE

Breast cancer is the most common cancer that affects women. Screening for breast cancer allows the cancer to be detected earlier, which improves the chances for successful treatment.

- From 2008 to 2012, the breast cancer incidence rate among residents of the MultiCare Allenmore Hospital service area was 180.5 cases per 100,000.
- Asian women had one of the lowest rates (123.4 cases per 100,000), significantly lower than White and Black women.

### Invasive breast cancer incidence 2008-2012 average



Source: Washington State Department of Health, Washington State Cancer Registry – incidence data for diagnosis years 1992-2012, Jan 2015.

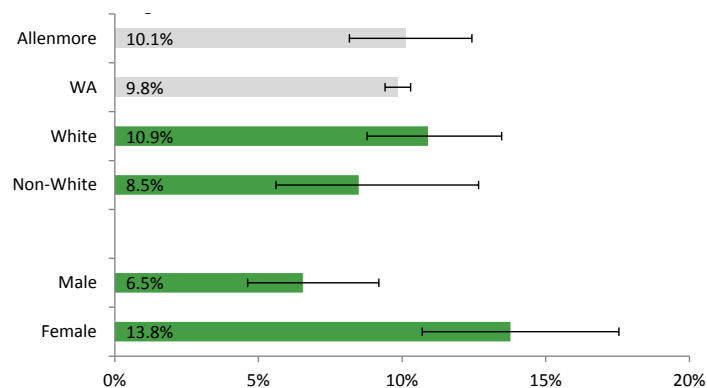
^Rate: cases per 100,000 women, age-adjusted to the 2000 US population

## ASTHMA (ADULTS)

Asthma is a chronic lung disease that inflames and narrows the airways. It has recurring symptoms including wheezing, breathlessness, chest tightening and coughing. Although there is no cure for asthma, it can be managed with medical care, and attacks prevented by avoiding triggers.

- From 2011 to 2013, the percent of adults who reported being diagnosed with asthma in the MultiCare Allenmore Hospital service area was 10.1%.
- More women reported having asthma (13.8%) than did men (7.0%).

### Asthma (adults) 2011-2013 average



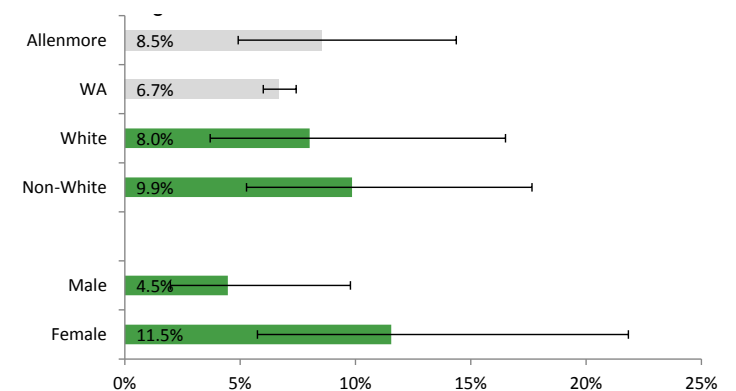
Source: Behavioral Risk Factor Surveillance System, 2011-2013

## ASTHMA (YOUTH)

Asthma is linked to depression, decreased academic achievement and reduced quality of life in children ages 17 years and younger.

- From 2011 to 2013, 8.5% of children in the MultiCare Allenmore Hospital service area had asthma.
- There were no significant differences by race or gender.

### Asthma (youth) 2011-2013 average



Source: Behavioral Risk Factor Surveillance System, 2011-2013

## HIV PREVALENCE

The Human Immunodeficiency Virus (HIV) attacks the immune system, causing deficiency or damage to the immune system. HIV damages the body's ability to fight diseases and infections and can lead to Acquired Immunodeficiency Syndrome (AIDS).

Men having sex with men (MSM) are disproportionately at risk for HIV. Statewide HIV infection rates among MSM are more than 150 times higher compared to heterosexual men and women. Additionally, people 40 to 59 years of age have the highest number and rates of HIV cases. Diagnosis rates are also significantly higher among (non-Hispanic) Black people compared to other racial/ethnic groups.

- In 2015, almost eight hundred people living in the MultiCare Allenmore Hospital service area were diagnosed with HIV. This equals 6.0% of all people with HIV in the state and 56.2% of all those in Pierce County.
- In 2015, the rate of HIV incidence was 182.3 cases per 100,000 residents in Washington state and 169.4 cases per 100,000 residents in Pierce County.

## HIV prevalence

2015



Source: All HIV/AIDS surveillance data reported to the Washington State Department of Health as of May 31, 2015



# Actual Causes of Illness



Eating nutritious foods, becoming more physically active and avoiding tobacco are healthy behaviors that can help prevent many of the diseases and conditions mentioned in the previous section. Even if a person already has a chronic condition such as diabetes or cancer, healthy behaviors can help better manage the illness, avoid complications and prolong life.

## Community Input:

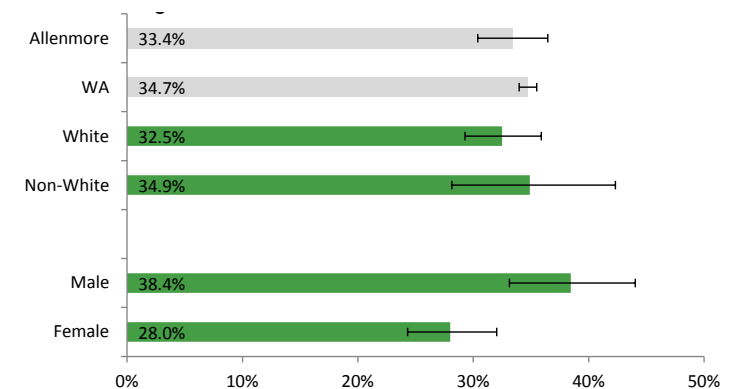
Community stakeholders identified limited physical activity, access to affordable nutritious food and environmental concerns (clean air and clean groundwater) as contributing factors to chronic illness prevention and management.

## OBESITY AND OVERWEIGHT (ADULTS)

Overweight adults are those who have a body mass index (BMI) greater than or equal to 25.0 and less than 30.0.

- From 2011 to 2013, 33.4% of adults in the MultiCare Allenmore Hospital service area were overweight.
- More adult men were overweight (38.4%) compared with adult women (28.0%).

### Overweight, adults 2011-2013 average



Source: Behavioral Risk Factor Surveillance System, 2011-2013

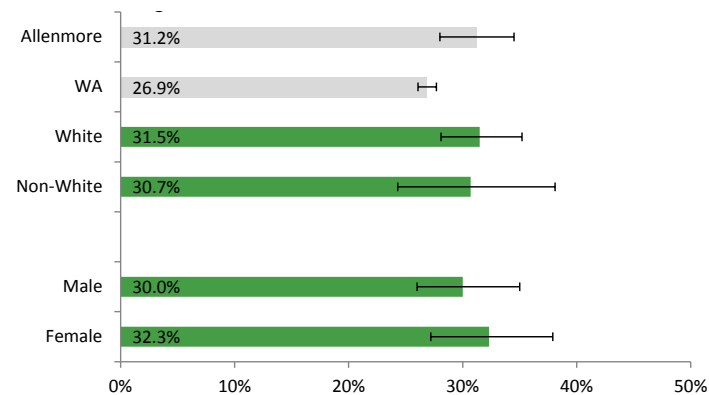
# Actual Causes of Illness

Continued

Obese adults are those who have a BMI equal to or greater than 30.0. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer.

- From 2011 to 2013, 31.2% of adults in the MultiCare Allenmore Hospital service area were obese. This is significantly more than the state average.
- There were no significant differences by race or gender.

## Obese, adults 2011-2013 average



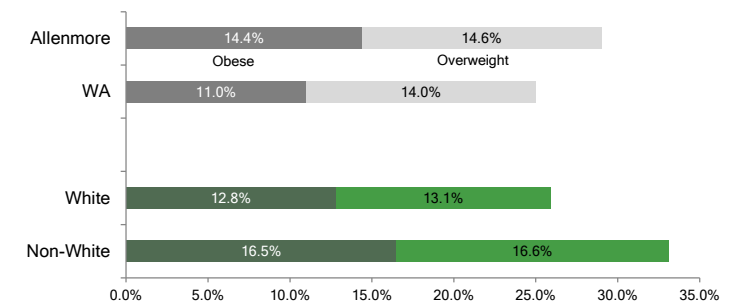
Source: Behavioral Risk Factor Surveillance System, 2011-2013

## OBESITY AND OVERWEIGHT (YOUTH)

Obesity contributes to a number of chronic diseases and causes a greater likelihood of premature death. Children and adolescents with BMI values at or above the 95th percentile of the sex-specific BMI growth charts are categorized as obese. Those at or above the 85th percentile, but below the 95th, are considered to be overweight.\* Poor diet and physical inactivity are risk factors for obesity and overweight among youth.

- In 2014, 14.4% of 10th graders in the MultiCare Allenmore Hospital service area were obese, while 14.6% were overweight.
- Non-White 10th graders had a higher percent of obesity and overweight combined (33.1%) than White 10th graders (25.9%).

## Obesity and overweight (youth) 2014



Source: Healthy Youth Survey, 2014

# Actual Causes of Illness

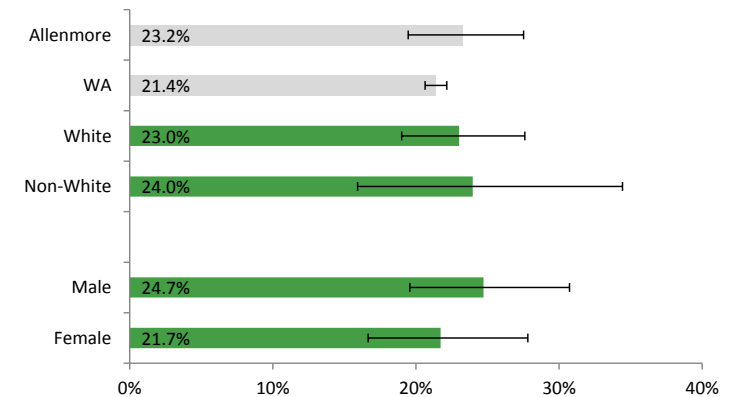
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## PHYSICAL ACTIVITY (ADULTS)

Adult physical activity is based on the percent of adults 18 years and over who met both the aerobic and muscle strengthening recommendations for physical activity. The recommended level of aerobic physical activity may be either regular moderate physical activity or regular vigorous physical activity. The recommendation for muscle strengthening is that people engage in muscle strengthening activity at least twice a week.

- In 2011 and 2013, 23.2% percent of adults in the MultiCare Allenmore Hospital service area met both the aerobic and muscle strengthening recommendations for physical activity.
- There were no differences by race or gender.

## Physical activity (adults) 2011, 2013



Source: Behavioral Risk Factor Surveillance System, 2011-2013

# Actual Causes of Illness

Continued

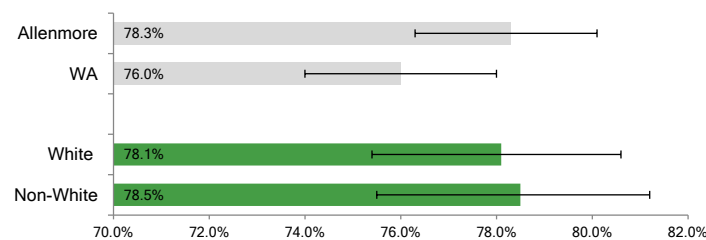
## PHYSICAL ACTIVITY (YOUTH)

Youth physical activity is based on the percent of 10th graders who were physically active for five days per week for at least 60 minutes per day. The Dietary Guidelines for America and the National Association for Sports and Physical Education recommend that children and adolescents participate in at least 60 minutes of physical activity most days of the week, preferably daily.

■ In the MultiCare Allenmore Hospital service area, 78.3% of 10th graders reported that they had not met the physical activity recommendations for 60 minutes of physical activity daily.

### Physical activity (youth)

2014



Source: Healthy Youth Survey, 2014

## Community Input:

Community members valued access to physical activity opportunities. The most common barriers they identified included limited community-based exercise options for youth and seniors, concerns for personal safety and overall limited neighborhood walkability. Other barriers included cost and lack of time.

Community members were especially concerned about barriers for youth to be physically active. They identified improvements in public safety, street/side-walk maintenance and neighborhood walkability as the best way to increase healthy play and exercise for youth. Other opportunities cited by community members include school exercise curricula (e.g., structured recess and increased physical exercise classes), afterschool community programs and scholarships for youth to join community centers and pools.

# Actual Causes of Illness

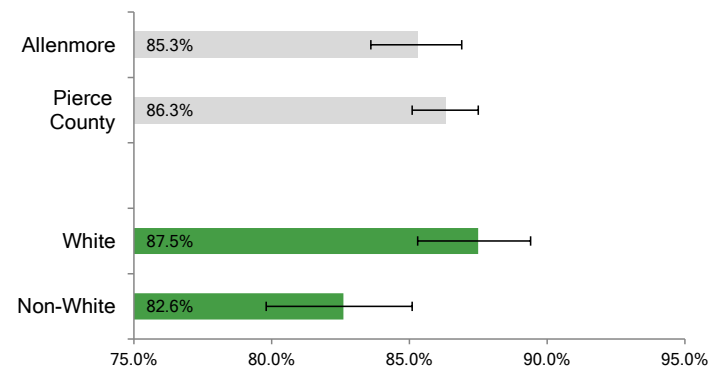
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## SUGAR-SWEETENED BEVERAGE CONSUMPTION (YOUTH)

Sugar-sweetened beverages include regular soda, sports drinks or other flavored sweetened drinks. Sugary beverage consumption leads to excess caloric intake and weight gain, increased obesity rates among children and adolescents, and can contribute to increased tooth decay.

- In the MultiCare Allenmore Hospital service area, 85.3% of 10th grade students reported not drinking a sugar-sweetened beverage in the past seven days.\*

### Sugar-sweetened beverage consumption (youth) 2014



Source: Healthy Youth Survey, 2014  
\*data not available for Washington state

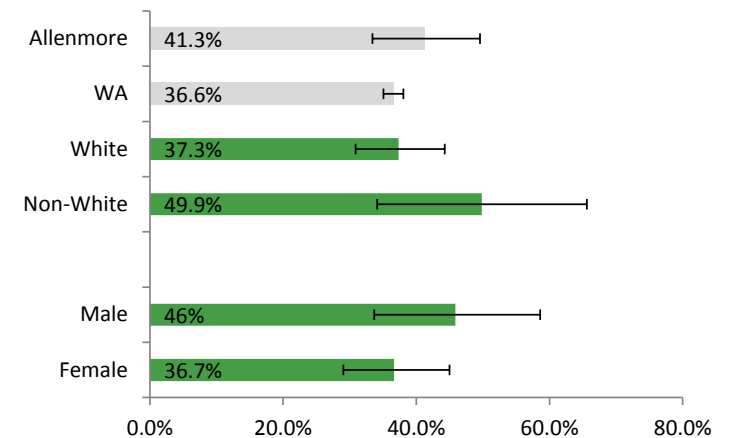
## FRUIT AND VEGETABLE CONSUMPTION

Eating more fruits and vegetables adds nutrients to diets, reduces the risk for heart disease, stroke, and some cancers, and helps manage body weight when consumed in place of more energy-dense foods.

### DAILY FRUIT CONSUMPTION (ADULTS)

- From 2011 to 2013, 41.3% of adults in the MultiCare Allenmore Hospital service area ate fruit each day.

### Daily fruit consumption (adults) 2011-2013



Source: Behavioral Risk Factor Surveillance System, 2011-2013

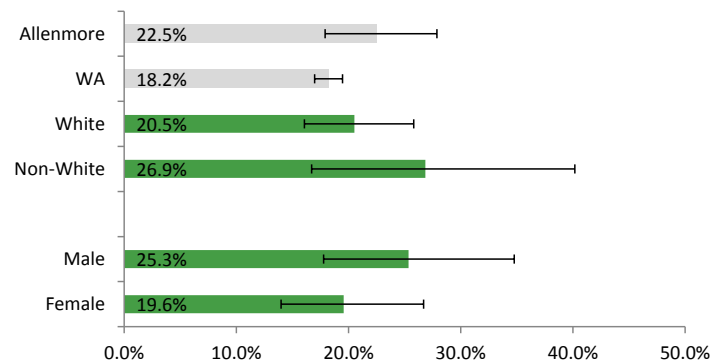
# Actual Causes of Illness

Continued

## DAILY VEGETABLE CONSUMPTION (ADULTS)

■ From 2011 to 2013, 22.5% of adults in the MultiCare Allenmore Hospital service area ate vegetables each day.

### Daily vegetable consumption (adults) 2011-2013



Source: Behavioral Risk Factor Surveillance System, 2011-2013

## Community Input:

Community leaders identified access to affordable nutritious food as a contributing factor to chronic illness prevention and management.

Community members identified opportunities to improve cooking skills and referred back to the “days before” when previous generations were more experienced with cooking. Providing free or low-cost culturally and linguistically appropriate cooking programs in community settings is very appealing to many community members. Community members also wanted more educational materials on obesity, exercise and nutrition that are easy to read (i.e., lower reading level) and translated into more languages.

Recent community surveys of low-income women within the MultiCare Health System Allenmore Hospital service area conducted for the Supplemental Nutrition Assistance Program (SNAP) reported the difficulty of purchasing healthy food with limited food assistance and/or limited income. Low-income individuals and families often depend on public transportation, making grocery shopping challenging. Food banks and other emergency feeding programs are working to provide healthier options to residents most in need. Low income community members using basic food assistance (SNAP/WIC) appreciate the Fresh Bucks program that enables participants to double their SNAP/WIC dollars at farmers markets.

# Actual Causes of Illness

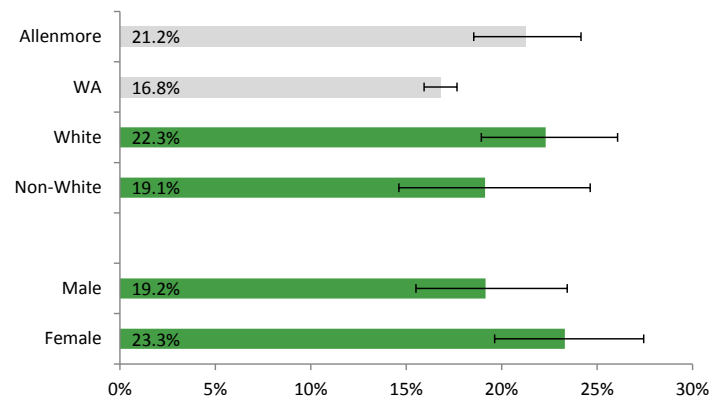
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## CIGARETTE SMOKING (ADULTS)

Cigarette smoking is the leading cause of preventable disease and death in the United States. The Centers for Disease Control and Prevention estimate that cigarette smoking kills about 8,300 adults each year in Washington state.

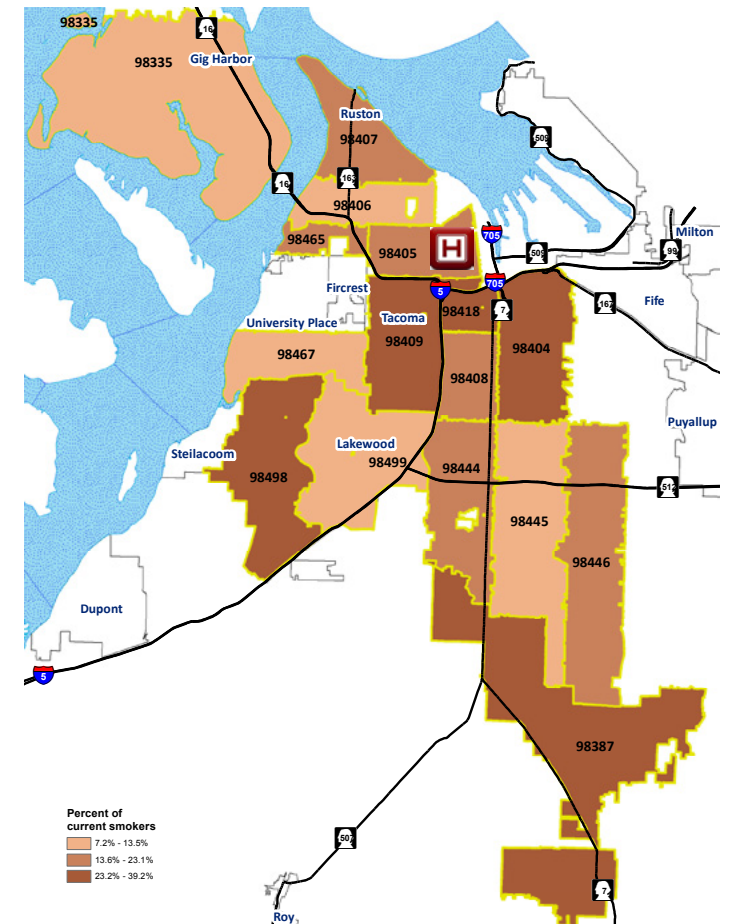
- From 2011 to 2013, the MultiCare Allenmore Hospital service area had a higher percent (21.2%) of current smokers than did Washington state (16.8%).
- Cigarette smoking rates ranged from 7.2% to 39.2% for specific zip codes in the MultiCare Allenmore Hospital service area (Figure 5).

### Cigarette smoking (adults) 2011-2013



Source: Behavioral Risk Factor Surveillance System, 2011-2013

**Figure 5. Tobacco use**  
**MultiCare Allenmore Hospital service area, 2011-2013**



# Actual Causes of Illness

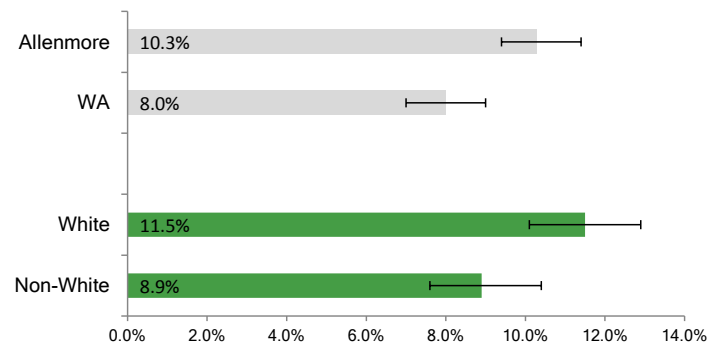
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## CIGARETTE SMOKING (YOUTH)

Most adult smokers begin smoking as teenagers. In Washington state about 40 youth start smoking cigarettes each day, and one in three of these youth smokers will die prematurely from a smoking-caused disease. Additionally, smoking is associated with the increased risk of drug use and low academic performance.

- In 2014, 10.3% of 10th graders in the MultiCare Allenmore Hospital service area smoked. This rate was significantly higher than Washington state (8.0%).

### Cigarette smoking (youth) 2014



Source: Healthy Youth Survey, 2014

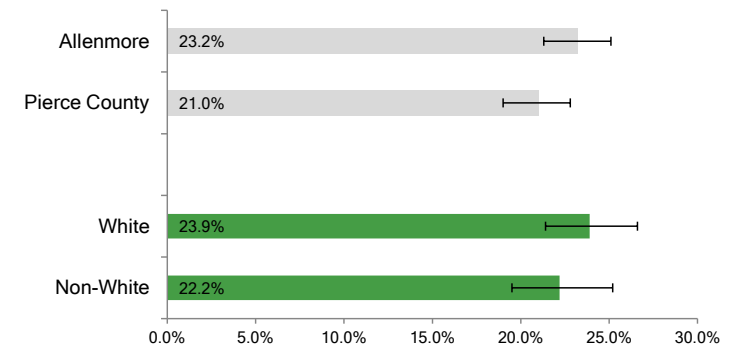
## E-CIGARETTE USE (YOUTH)

Most electronic-cigarettes (e-cigarettes or e-cigs) contain nicotine, which is a highly addictive and harmful drug. Nicotine use by teens or children may increase their likelihood of tobacco addiction as adults.

Findings from the 2014 National Youth Tobacco Survey, as well as the statewide Healthy Youth Survey, show that e-cigarette use among high school students has increased three-fold just in the two previous years.

- In the MultiCare Allenmore Hospital service area, the percent of 10th graders who used an e-cigarette in the past 30 days was 23.2%.\*

### E-cigarette use (youth) 2014



Source: Healthy Youth Survey, 2014

\*Washington state data not available



# Actual Causes of Illness

Continued

MultiCare Health System  
Allenmore Hospital  
Community Health Needs Assessment  
2016

## Assets and resources include:

- MultiCare Community Partnership Fund is a new funding source that supports activities for health improvement, economic well-being, education and other community determinants of health. The Fund contributes to not-for-profit organizations in Pierce, King, Thurston and Kitsap counties

## Healthy eating and active living

- MultiCare Health System Center for Healthy Living & Health Equity - The MultiCare Center for Healthy Living & Health Equity offers community programs and services for general and sports nutrition, weight management, healthy cooking, corporate wellness, and tobacco cessation. The Center also coordinates health screenings at community events to reach un- and under-served populations, and partners with MultiCare Tacoma Family Medicine and Sports Medicine to provide free sports physicals in Tacoma Public Schools.
- Local parks and community centers offer public places for physical activities; some offer programs such as single-gender swim times and scholarships for children.
- Supplemental Nutrition Assistance Program Education (SNAP-Ed) improves the likelihood that persons eligible for SNAP will make healthy choices within a limited budget and choose active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate.

- Farmers markets and Fresh Bucks, a program that provides cash incentives at farmers markets (as well as grocery stores) so participants can double their SNAP/WIC dollars when buying fruits and vegetables.
- The Women Infant and Children Supplemental Nutrition program helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy.
- Food banks and other feeding programs, sponsored by faith-based organizations, are working to provide healthier options to their customers.
- Ready, Set, Go! 5210 is a community-based initiative in Pierce County to promote healthy lifestyle choices for children, youth and families.
- YMCA of Pierce and Kitsap Counties Programs: Diabetes Prevention Program; Actively Changing Together Program.

## Tobacco prevention & control

- MultiCare QuitSmart Program is a free, six-week personalized and self-guided program designed to help people quit using tobacco for good. It features six weekly online lessons along with a weekly workbook activity that supports a tobacco free life.
- Multiple partners committed to reducing the prevalence of tobacco, marijuana, and other drugs (TMOD).

# Actual Causes of Illness

Continued

- The Washington State [Quitline](#).
- Cessation medication and counseling in combination – the most effective cessation method.
- Behavioral health providers who are increasingly addressing tobacco cessation with patients who have some of the highest smoking rates.

## **Opportunities include:**

### **Healthy eating and active living**

- Provide information about free or low-cost cooking and exercise programs in languages read by immigrants and refugees.
- Provide healthy ethnic cooking classes for minority communities.
- Improve access to places for physical activity, supported by ongoing efforts of employers, coalitions, agencies, and communities. These groups are attempting to change the local environment (e.g., by creating walking trails), build new exercise facilities, provide access to existing nearby facilities, and reduce the cost of opportunities for physical activity. Improved access is typically achieved in a particular community through a multi-component strategy that includes training or education for participants. <http://www.countyhealthrankings.org/policies/access-places-physical-activity>

- Offer fitness programs in a variety of community settings including community wellness, fitness, community, and senior centers. <http://www.countyhealthrankings.org/policies/fitness-programs-community-settings>

- Help residents increase their earning capacity (and their ability to buy healthy food) by supporting job training programs and community economic development.

### **Tobacco prevention & control**

- Hospital and health department partnerships to communicate with the public about the ongoing need for tobacco prevention and cessation, including vaping and e-cigarette use. Hospitals already have robust tobacco-free policies. These policies could be combined with strong messaging to patients about the impacts of tobacco use.
- Explore greater opportunities for brief tobacco screening and interventions conducted by health care providers in emergency departments, primary care offices, dental offices, and other health care settings.

# Access to Care, Uses of Clinical Preventive Services and Oral Health



**Access to comprehensive, quality health care services is an important factor to achieving a healthy life for everyone. Limited access to health care impacts people's ability to reach their full health and well-being potential. Barriers to achieving optimal health care include: lack of insurance coverage, high cost of that coverage and health services, and lack of availability of services. These barriers can lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services and hospitalizations that could have been prevented.**

## **Community input:**

Community members identified access to affordable healthcare as one of the most defining factors of what makes a healthy community. Opportunities include assistance for people without health insurance or who struggle to afford insurance premiums (particularly seniors); and increased Medicaid reimbursement.

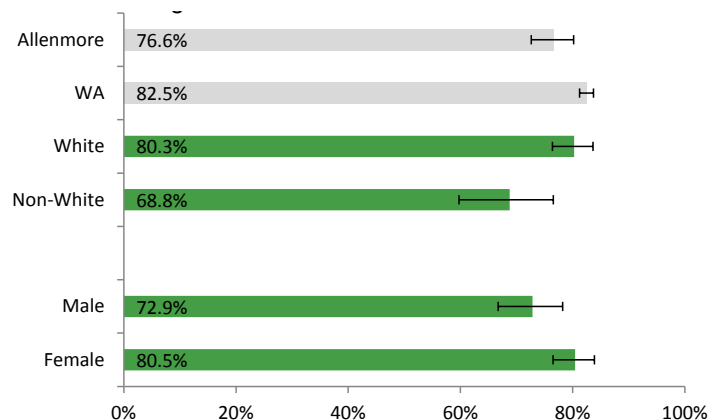
# Access to Care, Uses of Clinical Preventive Services and Oral Health

Continued

## HEALTH INSURANCE COVERAGE (ADULTS)

■ From 2011 to 2013, 76.6% of adults in the MultiCare Allenmore Hospital service area had health coverage. This rate was less than Washington state's at 82.5%.

### Adults with health coverage 2011-2013 average



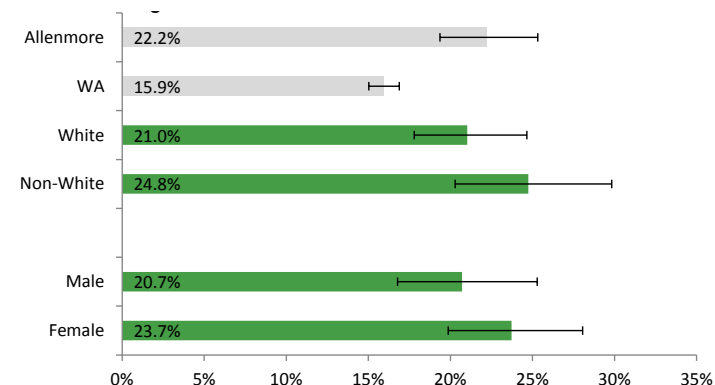
Source: Behavioral Risk Factor Surveillance System, 2011-2013

## UNMET HEALTH CARE NEEDS (ADULTS)

Unmet health care needs may occur for several reasons including treatment costs, long waiting times, not being able to take time off of work or needing to look after children, and transportation barriers.

■ From 2011 to 2013, 22.2% of residents in the MultiCare Allenmore Hospital service area had unmet health care needs due to cost. This average is higher than the state rate at 15.9%.

### Unmet health care needs (adults) 2011-2013 average



Source: Behavioral Risk Factor Surveillance System, 2011-2013

# Access to Care, Uses of Clinical Preventive Services and Oral Health

Continued

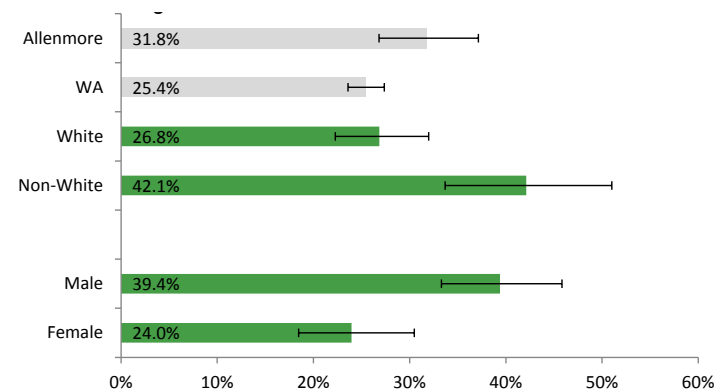
## NO PRIMARY CARE PROVIDER (ADULTS)

Primary care providers work to prevent disease, maintain health, manage chronic disease, diagnose medical problems, refer patients to specialists and coordinate medical care for a patient population. A strong primary care system provides accessible, cost-effective and high-quality care.

People with regular primary care receive more preventive services, are better at complying with their treatment, and have lower rates of illness and premature death than those without such care. They also use emergency rooms and are hospitalized less often than those without primary care.

- From 2011 to 2013, 31.8% of residents in the MultiCare Allenmore Hospital service area did not have a personal doctor.
- Compared to White residents (26.8%), a higher percent of non-Whites (42.1%) were without a primary care doctor.
- The percent of men (39.4%) with no primary care provider was higher than that of women (24.0%).

## No primary care provider (adults) 2011-2013 average



Source: Behavioral Risk Factor Surveillance System, 2011-2013

## HEALTH PROFESSIONAL SHORTAGE AREAS

Health Professional Shortage Areas (HPSAs) are designated as having a shortage of primary medical, dental or mental health providers. They may be urban or rural areas, population groups, or medical or other public facilities.

- Within the MultiCare Allenmore Hospital service area, there was no primary care shortage area and no mental or oral health shortage areas.<sup>xi</sup>

# Access to Care, Uses of Clinical Preventive Services and Oral Health

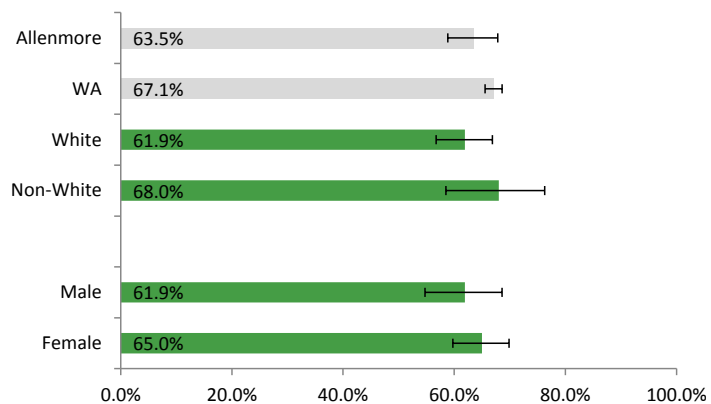
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## DENTAL CHECKUP (ADULTS)

Most adults should see a dentist twice a year for a routine dental checkup, which typically includes teeth cleaning, an evaluation of gums and sometimes X-rays. This process provides a dentist with information regarding tooth decay and other health conditions.

- Between 2011 and 2012, an average of 63.5% of adults in the MultiCare Allenmore Hospital service area had a routine dental checkup in the last year.

### Dental checkup (adults) 2011, 2012



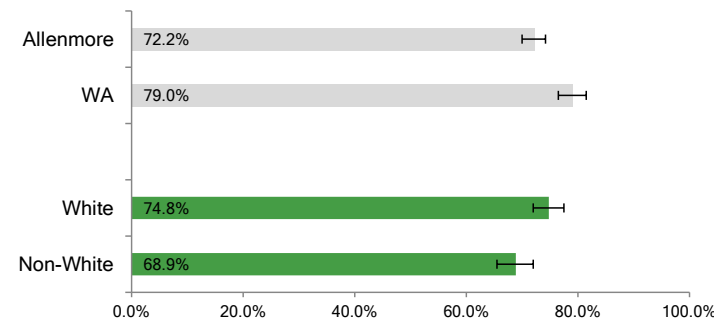
Source: Behavioral Risk Factor Surveillance System, 2011-2013

## DENTAL CHECKUP (YOUTH)

Dental checkups are important to start as early as toddler age. Tooth decay is a chronic condition that can start with baby teeth and typically lasts into adulthood with greater costs and risk of diseases such as stroke, diabetes, and heart disease.

- In 2014, 72.2% of students in 10th grade in the MultiCare Allenmore Hospital service area reported having a dental checkup in the last year. This percent of students was significantly lower than that of Washington state (79.0%).

### Dental checkup (youth) 2014



Source: Healthy Youth Survey, 2014

# Access to Care, Uses of Clinical Preventive Services and Oral Health

Continued

## CHILDHOOD CAVITIES

Tooth decay is a preventable disease; however, it still remains one of the most common chronic diseases of childhood.<sup>xii</sup> For school aged children, pain caused by untreated dental decay can lead to absence from, and inability to concentrate, in school and the development of poor eating habits.<sup>xiii,xiv</sup> Racial inequities in the development of childhood cavities also persist for teens.

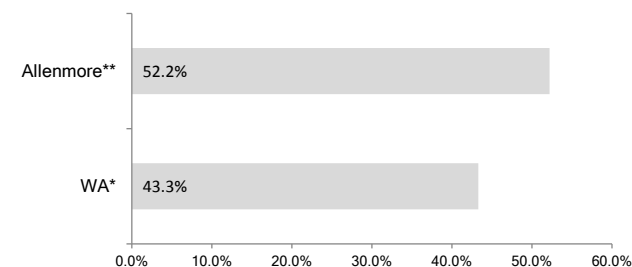
- The 2010 Pierce County Smile Survey showed that by third grade, 51.3% of Pierce County children had experienced decay in at least one tooth.<sup>xv</sup>
- Among third graders, 19.0% had untreated dental decay.
- Untreated dental decay is more likely among children receiving free or reduced-price meals. One in four (25.9%) third grade children on free or reduced price meals had untreated decay.
- In Pierce County, 38.7% of third graders had protective dental sealants. This was lower than the Washington state average of 51.2%.

## IMMUNIZATIONS

Immunizations are one of the best ways parents can protect infants, children and teens from many potentially harmful diseases. These diseases can be very serious, may require hospitalization, or can even be deadly. Efforts to increase vaccination coverage can focus on increasing access to preventive care, changing parental attitudes, and improving knowledge about the safety and effectiveness of vaccines.

- As of June 2015, 52.2% of children age 19-35 months residing in the MultiCare Allenmore Hospital service area had not completed the recommended series of immunizations.\*

### Children with incomplete vaccination series 2015



\*4313314 vaccination series

Vaccination rates 19-35 months [recommended doses DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal conjugate vaccine (PCV)].

\*\*Zip codes of small areas may provide small, unreliable numbers.

# Access to Care, Uses of Clinical Preventive Services and Oral Health

Continued

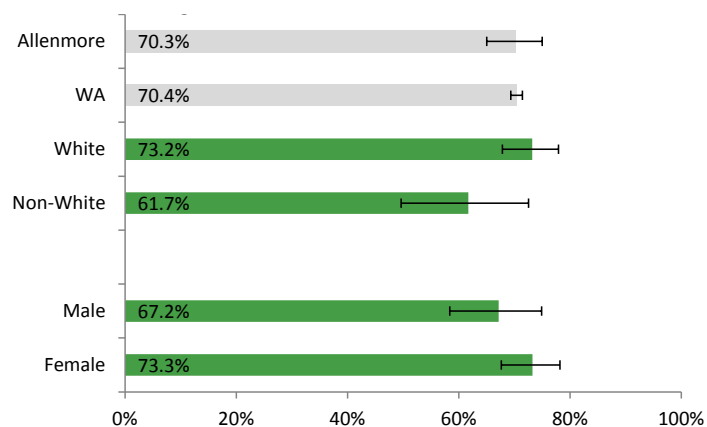
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## COLORECTAL SCREENING GUIDELINES MET

Adults 50 to 75 years who are at average risk for developing colorectal cancer should be screened by using one or more of the following methods: fecal occult blood testing every year, sigmoidoscopy every five years or colonoscopy every ten years.<sup>xvi,xvii</sup> The data below show the percent of adults who reported ever having a sigmoidoscopy or colonoscopy screening exam.

- From 2011 to 2013, 70.3% of adults over 50 years old in the MultiCare Allenmore Hospital service area reported ever having a sigmoidoscopy or colonoscopy.

### Colorectal screening guidelines met 2011-2013 average



Source: Behavioral Risk Factor Surveillance System, 2011-2013

## PREVENTABLE HOSPITAL STAYS

A preventable hospital stay is one that might have been avoided with better medical care outside of the hospital. The Prevention Quality Indicators (PQIs) are a set of measures taken from hospital discharge data to identify quality of care for “ambulatory care sensitive conditions”. Early intervention and good outpatient care can potentially prevent the need for hospitalization, or prevent complications or more severe disease for these conditions.

These indicators provide insight into the community health care system or services outside of the hospital setting and can be used to help flag potential health care quality problems that need further investigation.

- Breathing problems (asthma or other lung conditions), congestive heart failure, and bacterial pneumonia were the PQIs with the highest rates in Pierce County in 2012. These same PQIs showed the highest rates in Washington state in 2012.
- For all PQIs, except lower extremity amputations for diabetics, Pierce County had higher rates of preventable hospital stays compared to the state average.



# Access to Care, Uses of Clinical Preventive Services and Oral Health

Continued

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## Preventable hospital stays

WA State, 2012

	counts	rates <sup>†</sup>
<b>PQI Composite - All*</b>	49,285	928.4
<b>PQI Composite - Acute**</b>	18,747	353.1
Dehydration	3,630	69.9
Bacterial Pneumonia	9,328	175.8
Urinary Tract Infection	5,689	108.2
<b>PQI Composite - Chronic***</b>	30,539	575.3
Diabetes - Short Term Complications	3,075	59.8
Diabetes - Long Term Complications	3,402	65.3
High Blood Sugar Complications	194	4.8
Lower Extremity Amputation - (Diabetics)	485	11.0
Adult Asthma (Ages 19-39)	581	31.9
Breathing Problems (Asthma or Other Lung Conditions)	8,803	273.1
Hypertension	1,507	31.6
Congestive Heart Failure	11,889	224.9
Angina	361	8.4

Source: Washington State MONAHRQ 2012 data  
([www.washingtonmonahrq.net](http://www.washingtonmonahrq.net)).

<sup>†</sup>Observable rate (5,308,080 residents 18 years and older as denominator: ACS)

\*Combines the acute and chronic PQIs into a single measure for an overall rate

\*\*Overall rate of acute conditions

\*\*\*overall rate of chronic conditions

PQIs: Prevention Quality Indicators

## Preventable hospital stays

Pierce County, 2012

	counts	rates <sup>†</sup>
<b>PQI Composite - All*</b>	8,090	1,420.3
<b>PQI Composite - Acute**</b>	2,911	518.4
Dehydration	625	109.8
Bacterial Pneumonia	1,277	227.0
Urinary Tract Infection	1,009	181.8
<b>PQI Composite - Chronic***</b>	5,179	901.0
Diabetes - Short Term Complications	525	83.4
Diabetes - Long Term Complications	541	91.0
High Blood Sugar Complications	43	7.1
Lower Extremity Amputation - (Diabetics)	52	8.8
Adult Asthma (Ages 19-39)	119	48.0
Breathing Problems (Asthma or Other Lung Conditions)	1,646	471.0
Hypertension	394	67.0
Congestive Heart Failure	1,817	329.3
Angina	74	12.5

# Access to Care, Uses of Clinical Preventive Services and Oral Health

Continued

MultiCare Health System  
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## Community input:

Community members identified access to affordable health care as one of the most defining factors of what makes a healthy community.

Community leaders identified access to health care services as a contributing factor to chronic illness prevention and management. Community members highlighted affordability, provider workforce capacity and barriers to access as the most significant barriers.

Community stakeholders expressed concern for **care service affordability**. While the Affordable Care Act has provided coverage to an increasing number of residents, some may choose not to enroll, are not eligible for subsidies or Medicaid, or struggle to afford premiums. High deductibles and co-pays, unaffordable wrap-around benefits and higher premiums leave many community members with limited access to specialty care and prevention-based services. Residents make decisions to forgo these services in order to meet basic needs such as food or housing. Seniors and those with specialty care needs are particularly impacted by limited coverage for specialty care, adult dental care and behavioral health services.

While the Affordable Care Act improves access for many consumers, insurance companies still charge

large sums for office visits and/or have large deductible costs that still make health care out of reach for many, including middle income earners. Community members value free or subsidized-cost services on a consistent basis for any resident (e.g., free clinics, discounts for cash payments, sliding scale payment, etc.). The second most common request is that actual service costs be lowered (e.g., lower cost of visits).

Understanding eligibility for specific services and benefits remains a challenge, particularly for those changing coverage, for non-native English speakers and for military families changing active duty status. Community health workers, hospital navigators, and in-person assisters are seen as very helpful in explaining the care system and medical terminology.

Community members expressed concerns of severe shortages of health care **provider workforce capacity** affecting various services including primary care.

Community members value health care providers' knowledge about addressing root causes of poor health, time listening to patients' needs and compassionate approaches that reflect community diversity including racial, ethnic, cultural, linguistic, sexual identity and gender diversity. They appreciate providers who spend more time with patients with complex needs, allowing for more discussion.

# Access to Care, Uses of Clinical Preventive Services and Oral Health

Continued

MultiCare Health System  
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Community members asked for more community health workers and medical translators, more providers serving the LGBTQ community, and continuing to partner with agencies that understand the community's diverse cultures and languages.

Successfully addressing barriers to care means improving transportation to service sites, increasing services in rural areas (especially with little to no bus access) and improving coordinated care, according to community members. Community members suggested alternative transportation options, such as providing bus tokens to get to appointments and shuttle services for older and/or disabled adults and low-income families.

Participants asked health systems to increase rural service sites, increase mobile services, work to coordinate services through a central hub, co-locate physical care services with behavioral health and social services, and get involved with legislation, advocating for rural areas in need of services.

Inadequate Medicaid reimbursement is likely to restrict access to child and adult dental care, especially for those in need of dentures. Community stakeholders expressed the need for increased access to dental services, citing many of the same barriers to overall access to health care.

## Assets and resources include:

- [Project Access](#) helps low-income patients connect with primary health care and specialty providers to improve health outcomes and reduce inappropriate emergency room use. Project Access also provides premium assistance for individuals on the health exchange.
- [Lindquist Dental Clinic for Children's \(LDCC\)](#) provides accessible, compassionate and effective dental care to Puget Sound children in need.
- [Medical Teams International's Mobile Dental Program](#) provides free or low-cost urgent dental care services to patients who lack dental insurance or any realistic way to pay for dental treatment.

## Opportunities include:

- Ensure that Project Access and premium assistance is promoted and understood by community members.
- Explore additional opportunities to assist people without health insurance or who struggle to afford insurance premiums (particularly seniors).
- Advocate to increase Medicaid reimbursement.

# Maternal/ Child Health



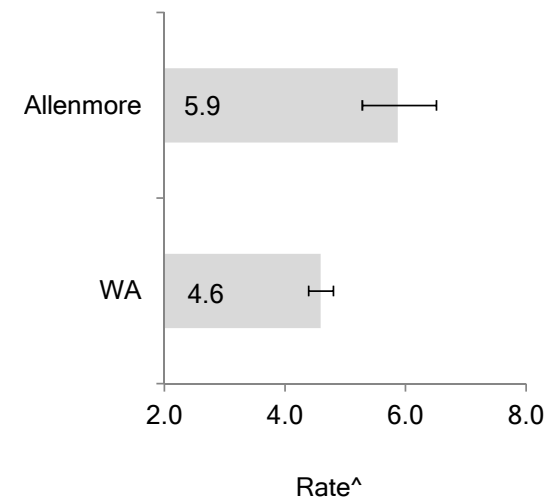
Improving the well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities and health care systems. Because maternal health is closely linked to newborn health, preventive efforts such as early and adequate prenatal care and breastfeeding can help reduce infant mortality and morbidity. Sudden Infant Death Syndrome (SIDS) and low birth rates are two major contributors to the survival and well-being of newborns.

## INFANT MORTALITY

The infant mortality rate is the number of babies who die before their first birthday per 1,000 live births in a given year. In Washington state two-thirds of infant deaths are associated with labor and delivery-related conditions, birth defects and prematurity. Because many of these deaths are preventable, infant mortality is a measure of the overall health of a population.

■ From 2010 to 2014, the infant mortality rate in the MultiCare Allenmore Hospital service area was 5.9 deaths per 1,000. This is significantly higher compared to the Washington state average.

### Infant mortality 2010-2014 average



Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2014,  
^Rate = Infant deaths per 1,000 live births

## SUDDEN INFANT DEATH SYNDROME

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected death of an apparently healthy baby under one year of age that remains unexplained after a complete postmortem investigation, including an autopsy, examination of the death scene and a review of the medical history. While SIDS occurs in all demographic groups, Black and American Indian/Alaska Native babies are two to three times more likely to die of SIDS than White babies.<sup>xviii</sup>

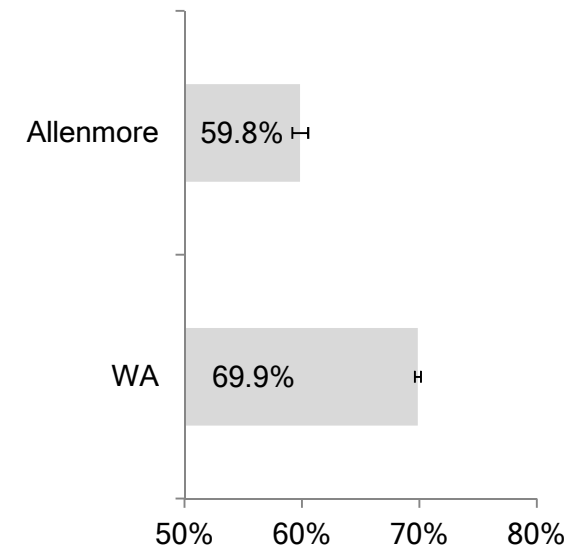
■ From 2010 through 2014, 14 sleep-related infant deaths occurred among residents of the MultiCare Allenmore Hospital service area.

## EARLY AND ADEQUATE PRENATAL CARE

Starting prenatal care early in pregnancy and having regular visits improves the chances of a healthy pregnancy. This indicator measures births for which **1)** prenatal care started before the end of the 4th month, and **2)** 80% or more of the recommended number of visits occurred.

■ From 2010 to 2014, approximately six out of ten expectant mothers in the MultiCare Allenmore Hospital service area (59.8%) received early and adequate prenatal care. These women were less likely to receive early and adequate prenatal care compared to the state average at 69.9%.

### Early and adequate prenatal care 2010-2014 average



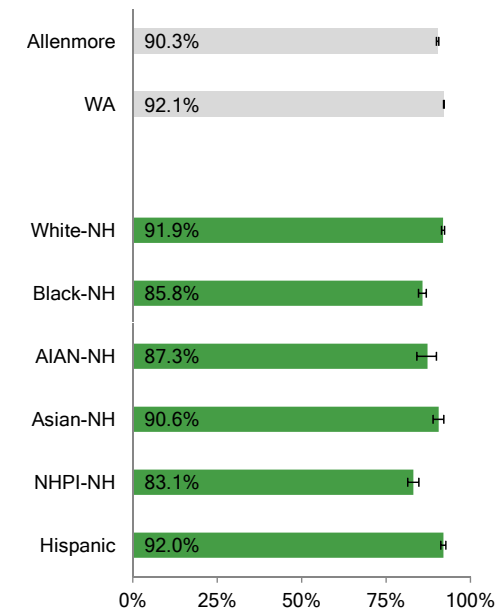
Source: Birth Certificate Data, Washington State DOH, Center for Health Statistics.

## BREASTFEEDING INITIATION

Breastfeeding initiation refers to mothers who start breastfeeding before leaving the hospital. A high percent of breastfeeding initiation is a positive indicator of effective preventive health service. Sustaining breastfeeding beyond initiation may be challenging for some women. The proportion of births being breastfed beyond initiation decreases over time.

- From 2010-2014, 90.3% of mothers residing in the MultiCare Allenmore Hospital service area initially breastfed their infants. This was lower than the state average.
- Native Hawaiian/Pacific Islander, American Indian/Alaskan Native and Black women were less likely to initiate breastfeeding compared to White and Hispanic women.

## Breastfeeding initiation 2010-2014 average



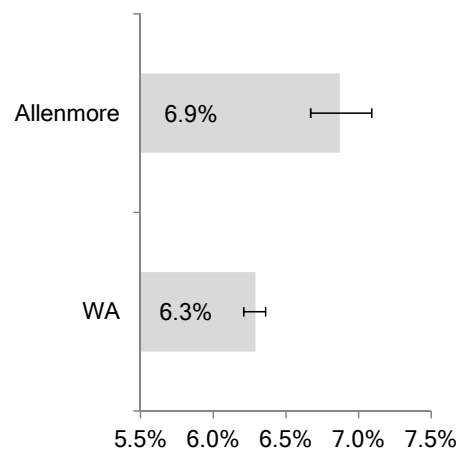
Source: Birth Certificate Data, Washington State DOH, Center for Health Statistics.

## LOW BIRTH WEIGHT

An infant born weighing less than 2500 grams (about 5.5 pounds) is considered low birth weight. Low birth weight infants are at higher risk of infant mortality, respiratory disorders and neuro-developmental disabilities. Low birth weight can add to the length of hospital stays and health care costs.

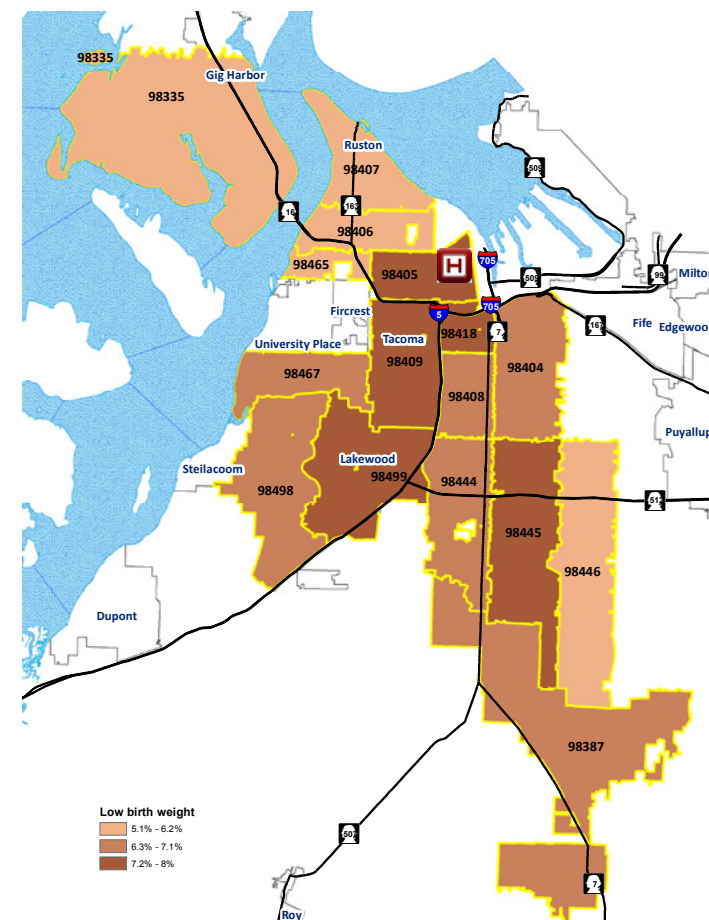
- From 2010 to 2014, 6.9% of infants born to residents of the MultiCare Allenmore Hospital service area were low birth weight. This is worse than the state average.
- The rate of low birth weight varied from 5.1% to 8.0% in the MultiCare Allenmore Hospital service area (Figure 6).

### Low birth weight 2010-2014 average



Source: Birth Certificate Data, Washington State DOH, Center for Health Statistics.

**Figure 6. Low birth weight  
MultiCare Allenmore Hospital service area,  
2010-2014**



## Community input:

Community members cite the impact of poverty and inadequate social support as primary barriers to healthy development of their infants, especially for first time mothers. Local community groups and strong partnering health care systems are appreciated for their collaborative work to provide culturally competent care and support to pregnant and parenting women. Home visiting programs and innovative faith-based health ministry support and referral programs are considered some of the region's best assets. Building family support networks by holding community events provides opportunities for maternal/child-related health education, as well as building relationships between parents.

## Assets and resources include:

- The [Equal Start Community Coalition](#) which brings together leaders of nearly 30 organizations to promote healthy mothers, families, and communities and seeks to reduce infant mortality.
- The [Native American Women's Dialogue on Infant Mortality \(NAWDIM\)](#), a Native-led collective whose members are concerned about high rates of infant mortality in their communities.
- Governor Inslee's statewide [Results Washington](#) framework which calls for reducing birth outcome disparities.
- An objective of the Public Health Improvement Partnership, convened by the Washington State Department of Health, to prevent or reduce the impact of adverse childhood experiences, such as abuse and neglect.
- The [Nurse Family Partnership](#) and other home visiting and prenatal support programs, including the [MOMs Plus](#) program for high risk pregnant and parenting women, are great resources. Providers remain concerned that there is not sufficient capacity within these programs.



# Maternal/ Child Health

Continued

- The Period of PURPLE Crying curriculum helps parents understand this time in their baby's life and is a promising strategy for reducing the risk of child abuse.
- Women, Infants and Children (WIC) provides support for pregnant women, nursing moms, and children under five to improve access to healthy foods, receive health education and screening services, increase breast feeding and access other health and social services.
- Black Infant Health helps to increase healthy births with the support of 28 local African American churches and other organizations by educating pregnant women about prenatal care and child development and linking them to services.

## **Opportunities include:**

- Adverse Childhood Experiences (ACEs) education and prevention Foundation for Healthy Generations provides a variety of training for agencies, organizations and groups interested in understanding how to prevent ACEs.
- Prenatal care can offer an opportunity to address lifelong health issues with women.
- Many strong community-based organizations provide home visiting and other supports to pregnant and parenting women and are strong partners to health care systems.

# Violence and Injury Prevention



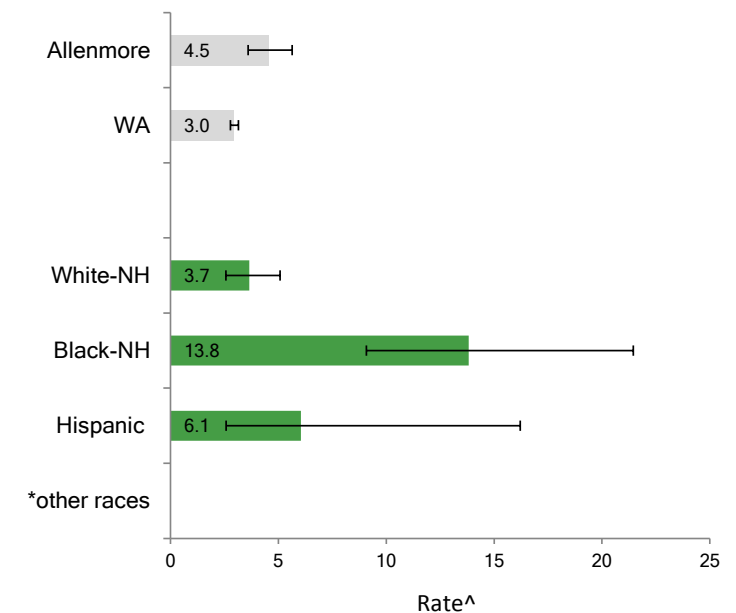
**Injuries and violence cross all boundaries and can affect anyone, regardless of age, sex, race or socioeconomic background. Injuries and violence are the leading cause of death and disability for people one to 44 years old in both the state and nationwide.<sup>xix</sup> While injuries and violence can have a dramatic impact on a person's ability to lead an active, fulfilling life, they are largely preventable. Those who survive unintentional and violence-related injuries may face life-long mental and physical problems. Recognizing the social and economic burden of injury and violence is critical to determine the appropriate level of intervention and investment into prevention activities.**

## HOMICIDE

Homicide is the number of deaths resulting from the intentional use of force or power, threatened or actual, against another person. Homicide is related to community well-being and wider social conditions such as poverty and low education, racial composition and the disruption of family structure.

- From 2010 to 2014, the homicide rate in the MultiCare Allenmore Hospital service area was 4.5 per 100,000 population. This rate was higher than that of Washington state at 3.0.
- Black residents had a higher homicide rate than White residents.

## Homicide 2010-2014 average



Source: Health of Washington State: Homicide. Washington State Department of Health. Updated 3/21/2014.

\*too few cases to protect confidentiality and/or report reliable rates

^Rate: cases per 100,000 population, age-adjusted to the 2000 US population

# Violence and Injury Prevention

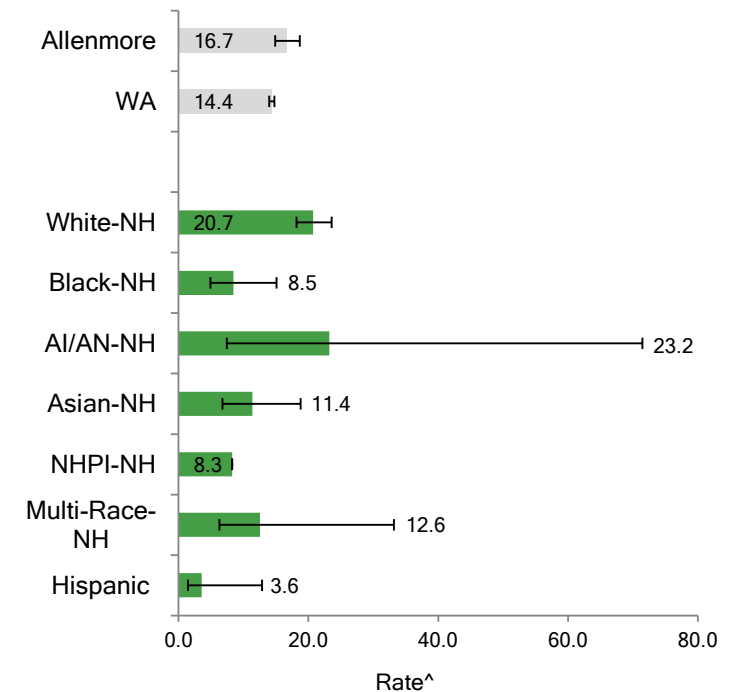
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## SUICIDES

Suicide is a serious public health problem with lasting harmful effects for individuals, families and communities. While its causes are complex, the goal of suicide prevention is simple: reduce factors that increase suicide risk and increase protective factors that promote resilience. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

- The 2010-2014 suicide rate in the MultiCare Allenmore Hospital service area was 16.7 per 100,000 population.
- Whites (20.7) had a higher rate of suicide than Blacks (8.5).

## Suicide deaths 2010-2014 average



Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2014, August 2015.

^Rate: cases per 100,000 residents, age-adjusted to the 2000 US population

\*too few cases to protect confidentiality and/or report reliable rates

# Violence and Injury Prevention

Continued

## Community input:

Community stakeholders share a great concern for people with mental health and chemical dependency illnesses and recognize them as risk factors for suicide. The community strongly supports holistic, integrated wrap-around care and suicide risk screening as part of suicide prevention. Community members also recommended addressing other contributing factors to suicide risk, such as basic needs (e.g., employment and housing) and the need for social support experienced by struggling parents and families.

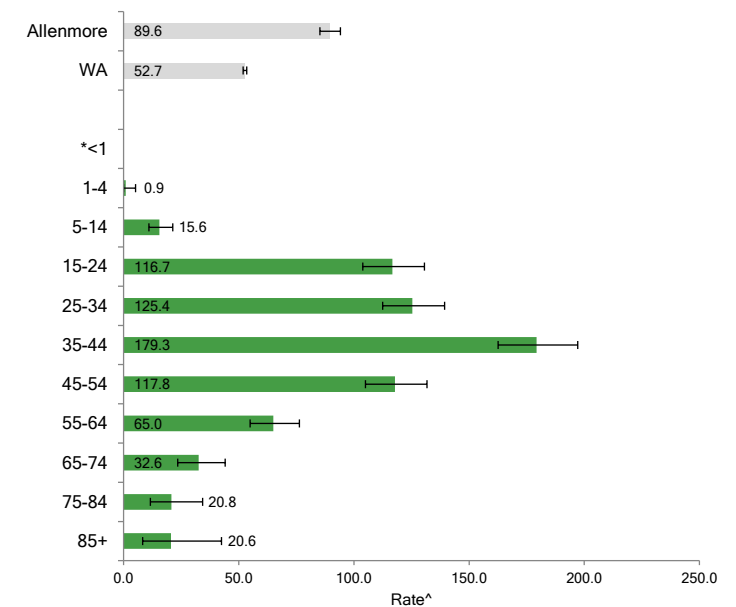
Opportunities identified by community stakeholders included patient and family education, support groups and classes; hospital discharge planning; wrap-around services, referrals and associated follow up; and education and support groups for parents and families struggling with poverty-related stressors.

## INTENTIONAL INJURY HOSPITALIZATIONS

Intentional injuries can be physical and/or emotional and result from purposeful human action, whether directed at oneself or others. Examples include injuries resulting from attempted suicides or assaults.

- From 2010 to 2014, the average rate of intentional injury hospitalizations for the MultiCare Allenmore Hospital service area was 89.6 cases per 100,000 population. This is 1.7 times that of the state average.
- Adults ages 35-44 years were the most likely to be hospitalized for intentional injuries.

## Intentional injury hospitalizations 2010-2014 average



Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2014. Washington State Department of Health, Center for Health Statistics, August 2015.

<sup>^</sup>Rate=cases per 100,000 population, age-adjusted to the 2000 US population

\*too few cases to protect confidentiality and/or report reliable rates

# Violence and Injury Prevention

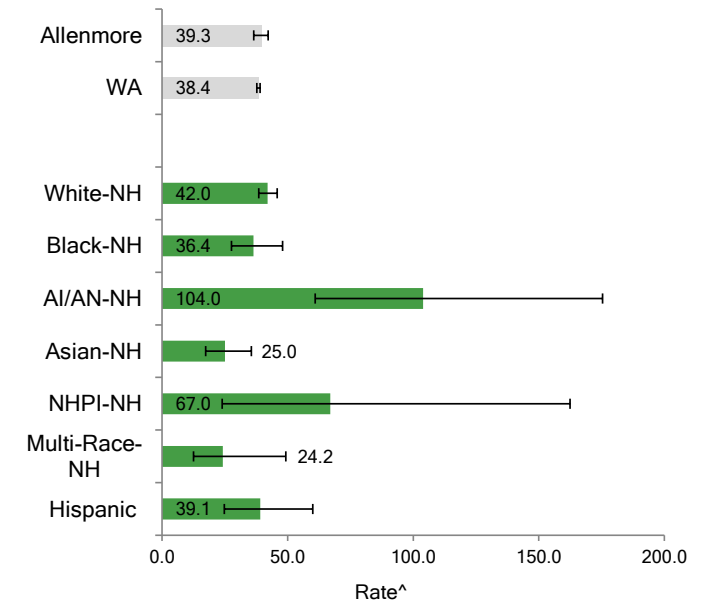
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## UNINTENTIONAL INJURY DEATHS

Unintentional injury deaths are deaths due to unintended causes. In 2014, the top three causes were poisonings, motor vehicle crashes and falls.

- From 2010 to 2014, the incidence rate of unintentional injury deaths in the MultiCare Allenmore Hospital service area was 39.3 cases per 100,000 population.
- American Indian/Alaskan Native residents were more likely to die from unintentional injuries compared to White, Black, Asian and Multi-Race residents.

## Unintentional injury deaths 2010-2014



Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2014, August 2015.

^Rate: cases per 100,000 residents, age-adjusted to the 2000 US population.

# Violence and Injury Prevention

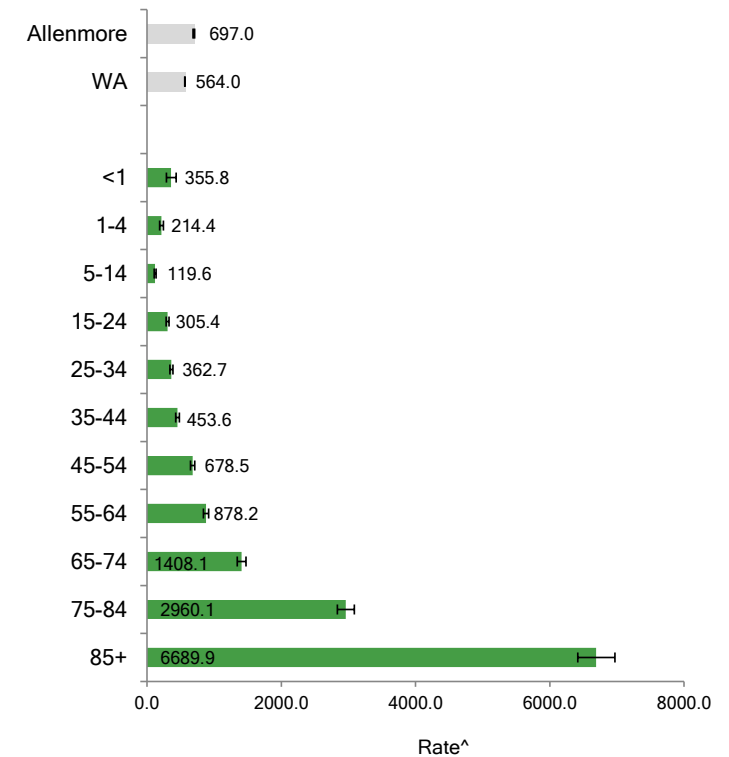
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## UNINTENTIONAL INJURY HOSPITALIZATIONS

Unintentional injury hospitalizations are non-fatal hospitalizations due to unintentional injuries. In 2014, the top three causes of unintentional injuries resulting in hospitalization in the state and Pierce County were falls, motor vehicle crashes and poisonings.

- From 2010 to 2014, the unintentional injury hospitalization rate in the MultiCare Allenmore Hospital service area was 697.0 hospitalizations per 100,000 population. This rate is significantly higher than the state average.
- After age five, the unintentional injury hospitalization rate increases with age, peaking at 6,689.9 among residents age 85 and older.

## Unintentional injury hospitalizations 2010-2014 average



Source: Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2014. Washington State Department of Health, Center for Health Statistics, Aug 2015. August Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2014, August 2015.

^Rate: cases per 100,000 population age-adjusted to the 2000 US population

# Violence and Injury Prevention

Continued

MultiCare Health System  
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## **Community input:**

### **Injury prevention**

Community members remain concerned about safety in their neighborhoods, citing safety as the second most important feature in defining a healthy community. Violence among youth and young adults is of particular concern. Lack of gainful employment, poverty-related stress, mental health needs, chemical dependency, and limited healthy socialization are seen as the root causes of most criminal and violent behavior. Community leaders support working with law enforcement to coordinate and communicate around violence prevention.

Most profoundly, community members feel that the most valuable assets of their community are the community members themselves, citing neighborhood cohesion as the most important aspect of a healthy community. There is a need to create safe spaces to meet, live and be active in order to make a community where people want to live. Residents recommend building community social capital by holding more frequent community events where residents can come together to build relationships.

### **Suicide prevention**

Community stakeholders share a great concern for people with mental health and chemical dependency illnesses and recognize them as risk factors for suicide. The community strongly supports holistic, integrated wrap-around care and suicide risk screening as part of suicide prevention. Community members also recommended addressing other contributing factors to suicide risk, such as basic needs (e.g., employment and housing) and the need for social support experienced by struggling parents and families.

Opportunities identified by community stakeholders included patient and family education, support groups and classes; hospital discharge planning; wrap-around services, referrals and associated follow up; and education and support groups for parents and families struggling with poverty-related stressors.

# Violence and Injury Prevention

Continued

## Assets and resources include:

### Drug and alcohol related injuries and deaths

- Law Enforcement: High-visibility patrols by law enforcement; internal coordination; use of skilled drug-recognition experts; use of the Mobile Impaired Driving Unit (MIDU), a self-contained mobile DUI processing center and incident command post.
- Education campaigns.
- Employer-based policies for cell-phone use by drivers.
- The Target Zero Task Force, which focuses on reducing traffic crashes and traffic-related injuries to zero by the year 2030.

### Child safety

- Mary Bridge Center for Childhood Safety helps prevent unintentional childhood injuries through health education, community partnerships and best practice interventions. Programs include infant safety, safe gun storage, sports injury prevention, water safety and window falls prevention.

## Suicide prevention

- Forefront, a research organization based at the University of Washington, is training health professionals to develop and sharpen their skills in the assessment, management, and treatment of suicide risk.
- WA House Bill 2315 and other bills passed over the past several years require school staff, behavioral healthcare providers, and other healthcare providers to participate in suicide prevention training as part of their licensure.
- The Youth Suicide Prevention Program provides training for students and educators.
- Children's Crisis Outreach Response System (CCORS) provides mobile crisis outreach and crisis stabilization services for children and youth up to age 18.
- The Crisis Solutions Center offers a therapeutic option when police and medics are called to intervene in a behavioral healthcare crisis. The program minimizes inappropriate use of jails and hospitals and provides rapid stabilization, treatment, and referrals for up to 46 individuals.



# Violence and Injury Prevention

Continued

## Falls prevention

- Stay Active & Independent for Life (SAIL) classes
- [ThinkFirst National Injury Prevention Foundation](#)
- [One Step Ahead](#) is a fall-prevention program.
- Community and senior centers offer physical-activity programs such as Silver Sneakers.

## Opportunities include:

### Drug and alcohol related injuries and deaths

- Primary-care intake assessments that include questions about cell-phone use while driving, seat-belt use, and driving while impaired.

## Suicide prevention

- Patient and family education, support groups, and classes for friends and families of people who are suicidal or have a mental illness or substance abuse disorder can help reduce stigma and make it easier for those in need to access care.
- Improvements in hospital discharge planning and “warm hand-off” referrals (in which primary care providers directly introduce clients to their behavioral healthcare providers at the time of their medical visits) can help transfer trust and rapport to the new relationship.
- Low-barrier mental health and substance-abuse screenings at health fairs can help identify more people at risk for suicide.

## Falls prevention

- Environmental modifications in seniors’ homes can reduce the risk of readmissions for repeat falls.
- Potential partnerships with community organizations that address falls prevention and promote health among seniors.

# Behavioral Health



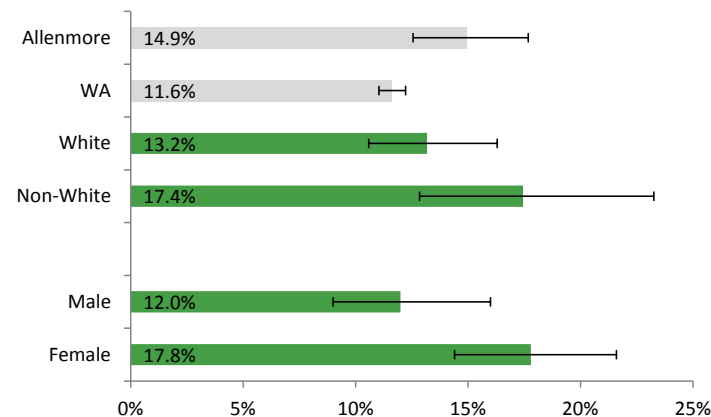
Mental health is essential to a person's well-being and ability to live a full and productive life. People of all ages, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, and co-occurring disorders, including alcohol or drug abuse. Information and resources that better integrate behavioral health services into the overall health care system can lower the risk of poor health outcomes.

## FREQUENT MENTAL DISTRESS (ADULTS)

Frequent mental distress is defined as adults reporting poor mental health (includes stress, depression, and problems with emotion) on 14 or more days in the past 30 days.

■ From 2011 to 2013, 14.9% of adults in the MultiCare Allenmore Hospital service area experienced frequent mental distress. This percent is significantly higher than the state average (11.6%).

### Frequent mental distress (adults) 2011-2013 average



Source: Behavioral Risk Factor Surveillance System, 2011-2013

# Behavioral Health

Continued

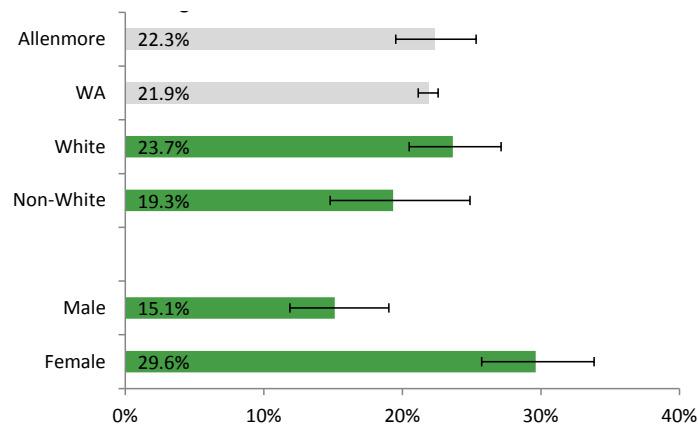
## DEPRESSION PREVALENCE (ADULTS)

Adult depression includes depression, major depression and dysthymia (minor depression) in adults ages 18 years or older. Continued sadness that includes loss of interest or enjoyment in doing things, as well as feeling down, could be a sign of depression.

- From 2011-2013, 22.3% of adults in the MultiCare Allenmore Hospital service area reported having depression, about the same as for Washington state (21.9%).
- Women (29.6%) were twice as likely to be depressed as men (15.1%).

### Depression (adults)

#### 2011-2013 average



Source: Behavioral Risk Factor Surveillance System, 2011-2013

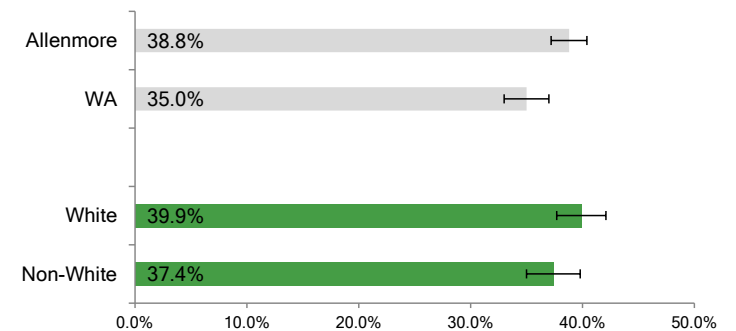
## DEPRESSION (YOUTH)

Youth depression is based on the percent of youth in 10th grade who reported that during the past 12 months, they had felt so sad or hopeless almost every day for two weeks or more in a row, they had stopped doing some usual activities.

- In 2014, 38.8% of 10th graders in the MultiCare Allenmore Hospital service area felt so sad or hopeless for two weeks or more that they stopped doing their usual activities. This rate was higher than the state average at 35.0%.

### Depression (youth)

#### 2014



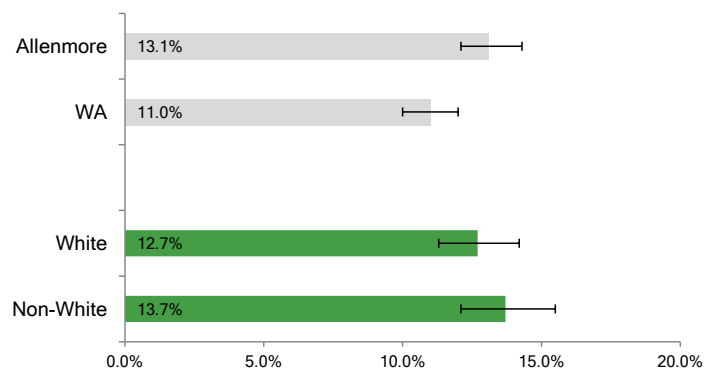
Source: Healthy Youth Survey, 2014

## BINGE DRINKING (YOUTH)

Binge drinking is defined as the percent of students in 10th grade who have had five or more drinks in a row in the last two weeks. The effects of binge drinking among youth may include school or social problems, abuse of other drugs and an increased risk of unintentional and intentional injury. Additionally, negative health effects of alcohol such as liver disease, some cancers, and trauma are associated with greater quantities and longer duration of use.

■ In 2014, 13.1% of 10th grade students in the MultiCare Allenmore Hospital service area reported binge drinking in the past 30 days. This rate was higher than that of Washington state at 11.0%.

### Binge drinking (youth) 2014



Source: Healthy Youth Survey, 2014

## Community input:

While there is an increased need for crisis-related behavioral health services, there is also a growing recognition of the need to invest resources into screening and support services for non-crisis individuals with behavioral health needs. Insurance premiums and regulatory barriers can limit the pursuit and/or use of services, particularly for residents not in crisis. There is strong community support for behavioral health-related screening and services incorporated into primary care and social service sites and for more access to behavioral health services in rural areas and for low-income residents.

Community members and leaders strongly supported hospitals' efforts to integrate behavioral health, social services and physical health care services in order to address complex needs or dual diagnosis patients. Integrated health care also provides a better opportunity to address more subtle yet chronic mental health needs, such as depression associated with chronic illnesses like diabetes or challenges to meet basic needs like housing. Many physical and behavioral health care organizations are increasing their capacity for integrated care, such as incorporating behavioral health specialists into primary care settings and using physical-behavioral health and social services "side-by-side" care models.

In addition, community stakeholders valued the following approaches to behavioral health:

- Cross-training staff to provide holistic, wrap-around care such as screening, referrals and discharge planning.
- Addressing contributing factors for suicide, such as basic needs (employment, housing) and social support for parents.
- Additional psychiatric and chemical dependency detoxification treatment beds.

The need for support for families in poverty and families and children with special health care needs was the second largest concern related to children and youth. Community members cited poverty coupled with inadequate support, that lead to increased stress associated with attempting to meet basic needs, chemical dependency, unmanaged mental health needs such as depression, social isolation, child abuse and domestic violence. Parents are unable to be home and supervise their children when both parents work for most of the day. Families in crisis are unable to focus on healthy behaviors such as healthy eating, stress reduction and physical activity.

## **Assets and resources include:**

- MultiCare Behavioral Health is the largest behavioral health organization in Pierce County. They provide comprehensive expert treatment for children, adults and older adults who are struggling with a wide range of mental health conditions, as well as provide treatment, assistance and support for those working to overcome chemical dependence or substance abuse addictions.
- 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), as well as medical and dental benefits. In addition, the Family Support Centers connect families to low-cost and/or free resources in the community related to pregnancy, parenting, infant case management, services for children with special needs and services for 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.

# Behavioral Health

Continued

- Tacoma Area Coalition for Individuals with Disabilities (TACID) works with individuals to assess needs, including behavioral health needs. TACID supports and connects individuals with community resources, including behavioral health services.

- Catholic Community Services has 12 family centers across Western Washington providing an array of services, including counseling, case management, information and referral, chemical dependency services, mental health services and family support services to children, adults and families in need. In Pierce County, the Tahoma Family Center is housed in the renovated St. Leo High School Building in the heart of Tacoma's Hilltop neighborhood.

**Suicide prevention** resources are listed in the Violence and Injury Prevention section of this report.

## **Opportunities include:**

- Increased resources for free or low-cost family support programs, such as "family nights" where parents can socialize.
- Use of coordination of discharge planning across care services.
- Increased systemic capacity for integrated physical and behavioral health care services.
- Increased family support services and increased inpatient options for behavioral health-related crisis intervention.

# End Notes



<sup>i</sup> Office of Superintendent of Public Instruction (OSPI), Washington State Report Card (2013-2014). All students, 4-year graduate and dropout results, class of 2014, school year 2013-14 results.

<sup>ii</sup> Office of Superintendent of Public Instruction (OSPI), Washington State Report Card (2013-2014).

<sup>iii</sup> The Homelessness Housing and Assistance Act, ESSHB 2163-2005, RCW43.185C.030.

<sup>iv</sup> Community Connections (Pierce County, WA) as part of Government HUD requirement.

<sup>v</sup> Department of Social and Health Services (DSHS): Foster Care Placement Services (6/4/2015).

<sup>vi</sup> American Community Survey, 2009-2013

<sup>vii</sup> <http://www.doh.wa.gov/Portals/1/Documents/5500/GHS-MLE2013.pdf>

<sup>viii</sup> CDC: Deaths and Mortality. <http://www.cdc.gov/nchs/fastats/deaths.htm>

<sup>ix</sup> <http://www.cdc.gov/chronicdisease/about/prevention.htm>

<sup>x</sup> Centers for Disease Control and Prevention, CDC Growth Charts, U.S.

<sup>xi</sup> Health Resources and Services Administration: HRSA Data Warehouse/Map Tool.

<sup>xii</sup> U.S. Department of Health and Human Services. Oral Health in America; A Report of the Surgeon General.

Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.

<sup>xiii</sup> National Maternal and Child Health Resource Center. Oral health and Learning; When children's oral health suffers so does their ability to learn (2nd ed.). 2003. Washington, D.C. Retrieved April 6, 2010 from: <http://www.mcho-ralhealth.org/PDFs/learningfactsheet.pdf>

<sup>xiv</sup> Schechter N. The impact of acute and chronic dental pain on child development. *Journal of the Southeastern Society of Pediatric Dentistry*. 2000;6(20:16).

<sup>xv</sup> Tacoma Pierce County Health Department. Smile Survey 2010; Oral health of Children in Pierce County. Tacoma, WA: Office of Assessment, Planning, and Improvement, 2011.

<sup>xvi</sup> U.S. Preventive Services Task Force. Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement. AHRQ Publication 08-05124-EF-3, October 2008. Agency for Healthcare Research and Quality, Rockville, MD.

<sup>xvii</sup> U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2008: Recommendations of the U.S. Preventive Services Task Force. AHRQ Publication No. 08-05122, September 2008. Agency for Healthcare Research and Quality, Rockville, MD.

<sup>xviii</sup> SIDS Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2014, August 2015.

<sup>xix</sup> <http://www.doh.wa.gov/YouandYourFamily/Injuryand-ViolencePrevention>

# Supplement



**This report includes both primary and secondary data sources. Primary data consists of new information gathered directly from the community through surveys, interviews, or community workshops. Secondary data is information that has already been collected by someone else.**

## QUANTITATIVE DATA SOURCES AND METHODS

Much of the data in this report comes from several key sources. These sources, the methods used to analyze the data, and the data limitations are briefly described below.

### **Behavioral Risk Factor Surveillance System (BRFSS)**

This is the largest, continuously conducted telephone health survey in the world. The survey collects information on a vast array of health conditions, health-related behaviors, and risk and protective factors about individual adult (18 years and older) health. It enables the Centers for Disease Control and Prevention (CDC), state and local health departments, and other health agencies to monitor modifiable risk

factors for chronic diseases and other leading causes of death. Data are reported annually. <http://www.cdc.gov/brfss/index.html>

Beginning in 2011, new methods were used in order to make the BRFSS results more representative of the population. First, the sample includes respondents who have cell phones but no landline; this group was not included in previous surveys. Second, the data were weighted by various demographic characteristics to compensate for underrepresentation of certain demographic subgroups. Both these changes should improve the accuracy of the BRFSS results. However, because of these methodological changes, the BRFSS data values starting in 2011 are not comparable to prior years.

### **Healthy Youth Survey (HYS)**

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 used data from 10th grade students. We included data from schools that were physically located in the hospital 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.



HYS topics include health risk behaviors, family, community risk and protective factors and current health conditions. Like other survey data, it is subject to social desirability bias and recall error. Unaggregated data of ten or fewer counts was not used in order to protect anonymity of the participants. <http://www.tpchd.org/resources/public-health-data/behavioral-health-risks/>

## **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. <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData.aspx>

## **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 at hospitals and birth centers from worksheets completed by parents or medical staff, through the review of 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. <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData.aspx>

## **American Community Survey (ACS)**

The ACS is a mailed survey conducted every year by the U.S. Census Bureau to estimate a wide variety of social and economic data for the U.S. population. The ACS replaces the long form of the census for collecting detailed population data and has the advantage of being released annually rather than at ten-year intervals. The ACS location of residence is based on census tracts, which don't align with zip code boundaries. To better align with the hospital service area, which is

defined by zip code, we used ZCTAs (Zip Code Tabulation Areas) developed by the ACS to simulate zip codes. <http://www.census.gov/acs/www/>

## **The Office of the Superintendent of Public Instruction**

The Washington State Report Card (2013-2014) provides data on graduation and free/reduced price meal data through the Comprehensive Education Data and Research System (CEDARS), an online system that captures information regarding student graduation, transfers and drop-outs. The adjusted cohort method follows a single cohort of students for four years based on when they first entered 9th grade. The cohort is “adjusted” by adding in students who transfer into the school and by subtracting students who transfer out of the school. <http://www.k12.wa.us/>

## **Washington State Department of Health (DOH), School Immunization**

Per state law, all schools are required to send DOH their annual School Immunization Status Report by November 1st for that school year. Immunization status is parent-reported and may not be health care provider verified. Numbers may be under- or over-estimates as parents might not recall or know the exact immunization status for their child. Immunization status is reported as “complete”, “out-

of-compliance” or “exempt”. We reported the percent of “complete” status, which means a student met all the school entry requirements for their age and grade (that is, they are in compliance). <http://www.doh.wa.gov/DataandStatisticalReports/Immunization/SchoolReports.aspx>

## **Washington State DOH, Enhanced HIV/AIDS Reporting System (eHARS)**

This is a browser-based application provided by the Centers for Disease Control and Prevention (CDC). The Washington State DOH uses eHARS to collect, manage and report HIV/AIDS case surveillance data to CDC. <http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/HIVAIDSData/SurveillanceReports.aspx>

## **Washington State DOH, Washington State Cancer Registry (WSCR)**

The Washington State Cancer Registry monitors the incidence of cancer in the state to better understand, control and reduce the occurrence of cancer. In 1995, WSCR received funding through the Centers for Disease Control and Prevention’s National Program of Central Cancer Registries. This program is designed to standardize data collection and provide information for cancer prevention and control programs. <https://fortress.wa.gov/doh/wscr/>

## Additional Data Sources

### Health Professional Shortage Areas

Health Resources and Services Administration (HRSA):

HRSA Data Warehouse/Map Tool

<http://datawarehouse.hrsa.gov/Tools/DataPortal-Results.aspx>

<http://datawarehouse.hrsa.gov/tools/analyzers/HP-saFindResults.aspx>

### Foster Care

Department of Social and Human Services (DSHS):

Foster Care Placement Services (6/4/2015)

<https://www.dshs.wa.gov/ca/foster-parenting>

### Homelessness

Washington State Department of Commerce: Washington State "Annual Point in Time Count" 1/29/2015.

The Homeless Housing and Assistance Act (ESSHB 2163-2005) requires each county to conduct an annual point in time count of sheltered and unsheltered homeless persons (RCW 43.185C.030) in accordance with the requirement of the U.S. Department of Housing and Urban Development (HUD).

Pierce County Point in Time (Census data) 1/22/2015.

Hospital Service Area data: HMIS (Homeless Management Information System) – Community Connections (1/1/2014 – 12/31/2014).

## Prevention Quality Indicators

Agency for Health Care Research and Quality (AHRQ):

Prevention Quality Indicators (PQIs).

<http://www.wamonahrq.net>

Washington State data: WA MONAHRQ2012.

Pierce County rates are based on hospital discharge data collected from hospitals. County populations are from U.S. Census Bureau data.

[http://www.wamonahrq.net/MONAHRQ\\_5p0\\_WA\\_2012/index.html#/utilization/avoidabl\\_stays?reportType=county&county=2981&topics=1,2,3,4,5,6,7/](http://www.wamonahrq.net/MONAHRQ_5p0_WA_2012/index.html#/utilization/avoidabl_stays?reportType=county&county=2981&topics=1,2,3,4,5,6,7/)

## Calculating and Interpreting Rates

**Rates:** Most health data are reported as percentages (%). In other cases, we use rates to compare risk between groups. A rate converts a count of events (e.g., number of births per year) in a target population to a ratio that represents the number of same events in a standard population. This removes the variability associated with the size of the sample. Each rate has its own standard denominator that is specified (e.g., 1,000 women, 100,000 residents, etc.) for that rate. Rates present the actual magnitude of an indicator.

**Age-Adjustment:** All age-adjusted mortality and disease rates in this report are adjusted to the 2000 U.S. population. The risk of death and disease is affected primarily by age. As a population ages, its collective risk of death and disease increases. As a result, a population with a higher proportion of older residents will have higher crude death and disease rates. To control for differences in the age compositions of the communities being compared, death and certain specific disease rates are age-adjusted. This aids in making comparisons across populations.

**Averages:** Multiple year average estimates were used in order to increase sample sizes and to minimize widely fluctuating frequencies from year to year.

**Confidence Intervals:** Hospital service area comparisons to Washington state and comparisons among subpopulations were calculated using 95% confidence intervals. Confidence intervals (error bars on the graphs) indicate the margin of error for the value estimated by describing an upper and lower limit of an estimate. Using confidence intervals is a conservative approach to determine if differences among groups are statistically significant. If the confidence interval of two different estimates do not overlap, we can most often conclude that the difference is statistically significant and not due to chance.

**Population size:** The 2014 population estimates used in the data analyses are preliminary (Source: Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001-2014, January, 2015).

**Stratification:** Where possible (i.e., the population size or counts were adequate to determine significance and protect anonymity), we analyzed the indicators by race/ethnicity or gender. We used the following terms to describe race/ethnicity:

NH: Non-Hispanic

White – NH: Non-Hispanic White

Black – NH: Non-Hispanic Black

Hispanic: Hispanic as a race

Asian – NH: Non-Hispanic Asian

AIAN-NH: Non-Hispanic American Indian/Alaskan Native

NHPI - NH: Non-Hispanic Native Hawaiian/Pacific Islander

Multi-Race: Multiple or more than one race

In cases where there were too few numbers to separate race into the above categories, we combined the population groups into Whites and non-Whites, regardless of Hispanic ethnicity.

## QUALITATIVE METHODS

**Community survey** – In addition to paper surveys made available at community events, an online survey was available for 18 weeks from May to September 2015 in the following languages: English, Spanish, Russian, Korean and Vietnamese. The survey received 712 responses from community members.

The questions included:

1. How satisfied are you with the quality of life in your community?
2. How socially connected do you feel to your community? Connected means being socially involved with others in your community.
3. What do you think are the three most important things that make a healthy community?
4. What three things cause the biggest problems to your community's overall health?
5. Do you have a child in the household under the age of 18?
6. What three things cause the biggest problems to children and youth in your community?

7. How would you rate your community's health overall?

8. What do you think is the most important way to work on health problems in your community?

9. What can health care providers, hospitals or clinics do to help make communities healthier?

10. How satisfied are you with health care in your community?

11. Does anything keep you from getting the health care you need?

12. Please tell us what has kept you from getting health care you need.

**Community workshops** – Eight community workshops were conducted throughout Pierce County. Workshop participants were asked up to four questions:

1. How do you define a healthy community (or neighborhood)?

2. What do you think are the strengths and assets of your community?

3. What do you think makes it challenging to be healthy here? Or, what are the barriers to being healthy?

4. What do you need to be healthy?

# Supplement

Continued

To answer these questions, a variety of interactive methods were used. For example at some workshops with small number of participants, participants answered question 1 individually on a piece of paper and then were asked to display their answers in a group photo.

For questions 2, 3 and 4, participants were asked to answer the questions using the “1, 2, 4-All” method. For this method, participants were asked a question and given one minute to think about and answer the question individually. Participants wrote their responses on an index card. Then participants paired with another, shared their answer, and then repeated this in small groups of four. Each small group shared the consensus of their group with the whole group.

**Key informant interviews** - Seven key informant interviews were conducted with people who serve in leadership roles or who are subject matter experts in various aspects of community health. Each interview was conducted individually. The questions asked included:

1. What are the main concerns you or your organization has about the health of residents right now? How are you [is your organization] involved in addressing these concerns?
2. What are the people, places, and things that make your community healthy, safe, and strong? Please tell us why these people, places, and things are important. [These could include organizations, leaders, coalitions, initiatives, policies, or physical/environmental attributes.]
3. What programs or projects are happening or planned that are most relevant to the identified needs?
4. How can hospitals and health systems be involved in addressing the issues you have identified?
5. What are the most significant gaps in resources, coordination, etc. in this area?
6. Is there anything else you would like to add?

Responses were recorded with permission of the participants and then transcribed verbatim.

## SELECTION OF PRIORITY HEALTH NEEDS

The selection of priority health needs followed a process of reviewing both the qualitative and quantitative data elements in the report. Three criteria were used to determine priorities:

- Was a health concern or indicator significantly worse in the hospital service area than in the state?
- Were relatively large numbers of people impacted by a health concern or indicator?
- Was a health concern repeatedly voiced during the community engagement portion of the assessment (e.g., survey, workshops or interviews)?

The health concerns or indicators that met the most criteria became the priority health needs for the hospital service area.

Although it is objective, this approach has many limitations. Different selection criteria might have resulted in a different list of priority areas. The decision about whether large numbers of people were impacted was a relative judgment based on reviewers' 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, the list of priority needs can be viewed as a starting point for discussion, not a definitive short list requiring action.

# Appendix 2: MultiCare Health System Program Inventory





# Focus 1: Access to Care



## Adolescent and Youth Adult Oncology Council

A council composed of youth impacted by a cancer diagnosis, which also includes siblings, parents and spouses of patients. Adolescents and young adults with cancer face a distinctive spectrum of medical and psychosocial challenges that differentiate them from older and younger patients. As a result of little information in medical literature regarding the specific needs, challenges and health care preferences of young adults with cancer who are treated at community medical centers, the council focuses on diminishing gaps so others have a more positive experience.

## Carol Milgard Breast Center

Jointly owned by MultiCare Health System, CHI-Franciscan Health, and TRA Medical Imaging, the Carol Milgard Breast Center provides sustainable breast health services for all women in the community in a caring environment that fosters confidence, comfort, peace and dignity for each individual. Financial assistance is available to eligible patients.

## Charity Care

MultiCare offers 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 the 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, discounted services and assistance with qualifying for state-sponsored health plans.

## Community Partnership Fund

Contributes to not-for-profit community organizations in Pierce, King, Thurston and Kitsap counties that advance initiatives, programs and projects that improve community determinants of health.

## Indigo Urgent Care

Provides quick care for lower-acuity conditions. Open seven days a week, Indigo Urgent Care will be serving neighborhoods throughout Pierce, King, Thurston, and Snohomish counties.

# Focus 1: Access to Care

Continued

## **MultiCare Clinics and Urgent Care Clinics**

Provides same- and next-day appointments, a 24-hour nurse line, and are open extended hours weekday evenings and on weekends.

## **Personal Health Partners**

Helps patients overcome barriers to care by coordinating services, and ensuring open communication between the providers, patients, families and others. Some examples of services offered include medication management, participation in visits with primary care providers and conducting home assessments.

## **RediClinics**

Located at Rite Aid pharmacies across Pierce, Snohomish, and King counties. RediClinics offer low-cost, convenient access for many health care needs, including immunizations and laboratory tests. These clinics are available to uninsured individuals and have extended hours to serve patients and families with busy schedules.

# 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 everything from pregnancy, birth, comfort techniques, medications for birth, cesarean birth, postpartum, breastfeeding and newborn care.

## **Community Outreach to Diverse Communities**

Provides prevention, education and blood pressure screenings at area community events that reach out to underserved communities. Partnerships include: Asia Pacific Cultural Center, Centro Latino, Northwest Leadership Foundation, Ebony Nurses and other area coalitions.

## **Center for Healthy Living & Health Equity Nutrition Services**

Registered Dietitians with expertise in sports nutrition and weight management offer nutrition services including body fat testing, metabolic rate testing, menu planning, goal setting and one-on-one and/or group counseling sessions to help individuals and families make healthy changes. Discounts are available for YMCA members and MultiCare employees. Dietitians are also available for group and corporate nutrition presentations.

## **Centers of Occupational Medicine**

Centers of Occupational Medicine clinics are dedicated to medical, health and wellness services for the workplace. We provide occupational health services for both patients and employers in Pierce and South King counties.

## **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.

# Focus 2: Obesity

Continued

## **Empowering Women for Wellness: SNAP-Ed Health Outcomes Program**

SNAP-Ed Prenatal/Postnatal Health Outcomes Program includes direct education, and working towards policy, systems and environmental changes, with the goals of:

- Achieving healthy pregnancy weight gain within the Institute of Medicine (IOM) recommendations;
- Healthy infant birth weight;
- Reducing postpartum weight retention;
- Reducing maternal and child risk of obesity;
- Demonstrating that SNAP-Ed participation improves nutrition, health status, medical care costs and risk of obesity and chronic disease.

Partners include Tacoma Pierce County Health Department, YMCA of Pierce and Kitsap Counties, and MultiCare Health System. In this program, we offer educational classes to expectant and new mothers so they can learn about nutrition and physical activity. Women are referred to the wellness program by MultiCare providers as well as community organizations. The program is four weeks in length and includes a free YMCA membership during that time.

## **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 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 Sound to Narrows Walk/Run event.

# Focus 2: Obesity

Continued

## **Million Minute Mission School Challenge**

A part of the Million Minute Mission challenge, the school challenge was created to encourage youth to participate in the physical activity challenge. Schools compete and the top three schools are recognized at the Sound to Narrows Walk/Run event.

## **Center for Diabetes and Nutrition Services**

A team of registered nurses, registered dietitians and pharmacists specializes in teaching people with diabetes how to effectively manage their disease. The team works together to provide clients with comprehensive diabetes care, education and nutrition advice in a reassuring and positive atmosphere.

## **Pierce County Gets Fit & Healthy**

The goal of Pierce County Gets Fit & Healthy is to promote health and wellness in the community. It is a major collaborative effort led by the MultiCare Center for Healthy Living & Health Equity, the YMCA of Pierce and Kitsap Counties and the Tacoma-Pierce County Health Department.

## **Pediatric Weight and Family Wellness Program**

A program designed for youth 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 how to fix and freeze 30 nutritious meals. Participants sample finished dishes and take home a free booklet filled with a month worth of healthy and easy-to-prepare recipes (nutritional analysis included).

# Focus 2: Obesity

Continued

## Ready, Set, Go! 5210

A countywide initiative supported by MultiCare Mary Bridge Children's Hospital, YMCA of Pierce and Kitsap Counties, Tacoma-Pierce County Health Department, United Way of Pierce County, CHI Franciscan Health, 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 programs goal is to improve the likelihood that persons eligible for food assistance will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate.

## Center for Weight Loss and Wellness

The MultiCare Center for Weight Loss & Wellness offers effective, evidence-based weight loss and wellness programs and procedures in a compassionate and supportive environment. Some of the benefits of our programs include:

- [Surgical](#) and [non-surgical](#) weight-loss options
- Medical supervision through all stages of your care from board-certified doctors
- Dedicated, one-on-one support from our expert staff

Weight-loss plans personalized to fit your specific needs and health goals

## Whole, Fresh, Local Nutrition Services Program

Healthy food choices are featured in MultiCare Health Systems cafeterias and cafés, along with promotion of the RSG 5210 healthy food choices.

## Women Infant & Children (WIC)

Provides nutritious foods, plus other benefits, free of charge to eligible families. Among the services offered at the 11 MultiCare WIC sites in Pierce County, is nutritional and breastfeeding support, including tips on keeping mothers and their families healthy.

# Focus 3: Tobacco Use



## **Clean Air for Kids Home Environmental Assessment**

A Do-it-Yourself assessment to help families identify indoor air pollutants and develop an action plan to alleviate the problems.

## **Healthy@Work Employee Wellness Program – Quit Smart**

Offered to MultiCare employees with additional one-on-one support through a Wellness Coach.

## **Tobacco-Free workplace**

No-smoking policy to reduce exposure and access to tobacco on all MultiCare Health System properties.

## **Tobacco Use Physician Electronic Visits**

E-visit 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. Each self-paced workshop follows a similar format that includes an online video, reading assignment and a few easy questions. It provides participants with the behavioral change skills and ideas to support quit efforts; such as creating a quit plan, nutrition to maximize your quit possibilities, physical activity for positive brain chemistry and learning to let go of stress.

# Focus 4: Behavioral Health



## **Inpatient Behavioral Health Services**

Includes 38 voluntary geropsychiatric inpatient beds and 20 voluntary and involuntary adult inpatient beds at MultiCare Auburn Medical Center.

## **Psychiatric Consultation Services**

Psychiatric ARNPs and MDs who provide outpatient assessment and consultative services to both children and adults. Telepsych providers available for inpatient and Emergency Department consultation.

## **Chemical Dependency Services**

Adult outpatient and involuntary inpatient placement for CD services. Currently only accepting Medicaid and some third party referrals. Services provided in Tacoma and Puyallup.

## **Child, Adult and Family Psychotherapy**

Routine psychotherapy services provided primarily on site at our clinic in Puyallup.

## **Intensive Case Management and Peer Support**

Case management and intensive support services for children and adults with a serious mental illness. Available to Medicaid clients with a mental health benefit. Same day access to an assessment for services is available at the Puyallup location.

## **Crisis Services**

Mobile Outreach Crisis Team (MOCT) is a 24/7 service. Regardless of a person's insurance coverage, MOCT reaches across Pierce County to assess adults who are experiencing a behavioral health crisis.

## **Residential Services**

A full range of residential services for adults with a serious mental illness who are enrolled within our programs: 45-bed, 24/7 staffed Residential Treatment Facility, and houses we own and rent to individuals, Section 8 and HUD housing options, contracts with Boarding Homes within the community. Access to a crisis bed placement at our Residential Facility is initiated by calling the Crisis Line and requesting a crisis bed.



# Focus 4: Behavioral Health

Continued

## **Asian Counseling Services**

Dedicated case managers who specialize in treating Asian populations within Pierce County. Medicaid and most private insurances accepted.

## **High intensity Care Transitions**

This program is for identified Emergency Department high utilizers or high risk clients within MultiCare that also have an issue related to mental health or substance use. By providing outreach and engagement, we are able to more functionally meet the needs of our high utilizing patients to reduce the number of unnecessary/non-essential/avoidable ED visits, and increase overall health.

## **Employee Assistance Program Services**

A comprehensive list of Employee Assistance Program services is available to MultiCare and contracted employees.

## **Behavioral Health & Primary Care Integration**

This program provides access to Behavioral Health services within a primary care or specialty care setting across MultiCare's geographic spread. Services are currently provided to children and adults within 13 different sites.

## **Program for Assertive Community Treatment**

Adult wrap-around services program that treats those with a serious mental illness who have failed at other treatment approaches and who are high utilizers of resources (ie. hospitalization, Emergency Department usage, jail).

## **Older Adult Services**

Program dedicated to providing services to the older adult population and their caregivers. Specialties include dementia and related aging disorders. Outreach services are provided to peoples' homes and nursing homes. At-clinic services are provided in Puyallup.

## **Children's Therapy Unit (CTU) Psychology Services:**

The Children's Therapy Unit Psychology Team is part of a multi-disciplinary service for children with developmental disorders and special health care needs. They provide pediatric psychological assessment, treatment and consultation for children experiencing a variety of emotional and behavioral disorders including youth on the autism spectrum. The staff includes three PhD level psychologists and one Licensed Mental Health Counselor. Their site is in Puyallup, close to Good Samaritan Hospital.

# Focus 5: Childhood Immunizations



## **MultiCare Mobile Immunization Clinics**

Provides free immunizations for children with no insurance or inability to pay. Services offered at locations in Tacoma and Puyallup.

## **MultiCare Hospitals and Primary Care Clinics**

Offers free immunizations to all children in the community from birth through 18 years of age.

# Focus 6: Cultural Competency



## **MultiCare Center for Healthy Living & Health Equity**

Promotes healthy lifestyle choices and addresses health disparities in our communities to improve population health outcomes. Serves as a health equity resource for MultiCare staff, patients, and the community.

## **MultiCare Physical Medicine and Rehabilitation Program & MultiCare Tacoma Family Medicine and East Pierce Family Medicine**

Provides formal and informal cultural sensitivity education to staff, departments, and resident physicians.

# Appendix 3: Community Impact Evaluation 2013-2016





From 2013 through 2016, all five MultiCare hospitals focused on the following priority health needs in their implementation strategies:

- Chronic Disease
- Obesity
- Tobacco Use
- Behavioral Health
- Cultural Diversity

Each hospital selected its own chronic disease focus area. These focus areas included:

- Allenmore Hospital: Chronic Obstructive Pulmonary Disease (COPD) and Cardiovascular Disease
- Auburn Medical Center: Type 2 Diabetes
- Mary Bridge Children's Hospital: Asthma
- Tacoma General and Good Samaritan hospitals: Cardiovascular Disease



The report below summarizes the impact our strategy plans had on community health throughout the MultiCare service area.

## Cardiovascular Disease

**Strategy:** Promote cardiac education and services, in addition to prevention activities, in the MultiCare service area

- Cardiac education and blood pressure screenings were provided at over 20 community events, including Ethnic Fest, Hilltop Street Fair, and Asia Pacific New Year Celebration.
- Over 550 individuals received blood pressure checks and cardiac education at community events.

## Chronic Obstructive Pulmonary Disease

**Strategy:** Promote COPD self-management programs.

- Inpatient COPD self-management program was developed and implemented.
- After completing the program, over 95% of program participants reported that they have improved knowledge COPD self-management.
- MultiCare supported the American Lung Association Lung Task Force Conference in 2015 which reached over 100 community members.

## Type 2 Diabetes

**Strategy:** Promote Type 2 Diabetes prevention activities.

- Type 2 diabetes risk assessments were completed by over 150 residents at community events, including the Auburn Health Fair, You Me We, and the MultiCare Healthy Living Expo.
- Over 100 community members participated in the Auburn Valley YMCA Diabetes Prevention Program.

## Childhood Asthma

**Strategy:** Increase community awareness of asthma and related screenings and practices.

- Over 20 Mary Bridge community asthma education classes were held and over 40 families participated.
- The Mary Bridge Clean Air for Kids Program received over 600 referrals from families needing asthma and allergy management resources.

## Obesity — Youth and Adult

**Strategy:** Promote community awareness and understanding of the Ready, Set, Go! 5210 program and message.

- Over 225,000 individuals were impacted by the RSG 5210 message.
- Over 2,500 adult and youth were educated on RSG 5210 during outpatient visits.
- An additional 10 community organizations became RSG 5210 partners (n=32).
- In 2014, RSG 5210 “Lunch and Learn”, a six-week program, was offered in various schools in the Puyallup and Bethel School District.
  - Groups of 62 mixed 3rd, 4th, and 5th graders reported:
    - An average of 45% reduction in recreational screen time
    - 32% increase in physical activity
    - 17% increase in fruit and vegetable consumption
    - 23% increase in water consumption

**Strategy:** Promote weight management services in the community.

- Over 500 adults were referred to a MultiCare Center for Healthy Living dietitian for weight management services and approximately 500 people consulted with a dietitian.

- Pediatric Weight and Wellness Program engagement rate increased by 43% through Family Wellness Workshops.

- 340 families participated in Weight and Wellness assessments.

- 550 MultiCare staff received training in providing weight sensitive care.

**Strategy:** Obtain grants.

- MultiCare Center for Healthy Living received SNAP-Ed grant funding from the USDA/Washington State Department of Health to provide nutrition education to WIC families and students at underserved middle and high schools in Tacoma.

- Over 1,300 students were served in 2014 and 2015.
- Annual data revealed an increase of 14% in confidence and an increase of 25% in reach from 2013-2014.

**Strategy:** Increase knowledge and best practice education of the benefits of breastfeeding.

- Over 6,000 people were provided with breastfeeding education in the community setting.
- Breastfeeding initiation rates of WIC clients reached 88% for WIC clients, a 2 % increase.

## Tobacco Use

**Strategy:** Promote MultiCare QuitSmart™, a tobacco cessation program, internally to patients and externally to the community.

- Participation in QuitSmart™ increased by almost 20%.
- Quit and “cut-back” rate among QuitSmart™ participants increased by 10%.

## Behavioral Health

**Strategy:** Improve access to behavioral health (mental health and chemical dependency) services.

- Approximately 40% of MultiCare primary clinics have a behavioral health provider on staff.
- Over 400 children were served by BRIDGES, a community program for grieving children who have lost family members and close friends.

## Cultural Diversity

**Strategy:** Promote cultural diversity and health equity awareness among MultiCare staff.

- A cultural competency assessment was conducted at MultiCare to identify strengths and areas of improvement.
- A mandatory cultural competency training for staff was implemented in 2016 to improve patient care experiences and address health equity.

**Strategy:** Increase access to interpreter/communication services.

- MultiCare has started training bilingual staff to be in-house interpreters via the Qualified Bilingual Staff (QBS) Program, which will improve access to interpreter services. More than 30 staff members have been trained.

**Strategy:** Participation in the Pierce County Leaders in Women’s Health Collaborative which addresses health care disparities.

- MultiCare is supporting a community assets mapping project, led by the Leaders in Women’s Health, which will identify strengths that can be used to improve community health and reduce health disparities.