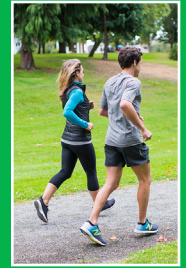


# MultiCare Health System Allenmore Hospital Community Health Needs Assessment

2019



MultiCare   
Allenmore Hospital

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# Acknowledgements

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## **Tacoma-Pierce County Health Department**

*Tommy George, Cindan Gizzi, Karen Meyer,  
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## **Key Informant Interviewees**

*Peter Ansara, Pierce County  
Human Services*

*Mary Chikwinya, Tacoma  
Community College*

*Diana Comfort and  
Holly Newman Dzyban, Big Brothers  
Big Sisters of Puget Sound*

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## **Community Workshop Sites**

*Eatonville Community Coalition,  
Eatonville*

*Exceptional Families Network,  
Lakewood*

*Fife-Milton-Edgewood Food Bank,  
Fife*

*Graham Community Coalition,  
Graham*

*Hilltop neighborhood residents,  
Tacoma*

*Key Peninsula Violence Prevention  
Coalition, Lakebay*

*Nurse Family Partnership support group,  
Lakewood*

*Prairie Ridge Community Dinner,  
Prairie Ridge*

*Rainbow Center, Tacoma*

*Samoan residents, Eastside Tacoma*

# Acknowledgements

Continued

## Participants

The following list includes organizations who supported the community workshops and/or promotion of the 2018 Community Survey. We apologize if any organizations or participants were unintentionally left off this list.

*Pierce County Accountable Communities of Health, (Community Advisory Council)*

*Bates Technical College*

*City of Tacoma*

*City of Lakewood*

*Community Health Care*

*Eatonville Community Coalition*

*Exceptional Families Network*

*Foundation for Healthy Generations, Community Health Advocates*

*Graham Community Coalition*

*Key Peninsula Violence Prevention Coalition*

*Korean Women's Association*

*Pacific Lutheran University*

*Pierce College*

*Pierce County Cities and Towns Association*

*Pierce County Human Services Department*

*Pierce County Community Health Workers Collaborative*

*Pierce County Library System*

*Pierce Transit*

*Prairie Ridge Coalition*

*Rainbow Center*

*Tacoma-Pierce County Health Department, Black Infant Health Program*

*Tacoma Pierce County League of Women Voters*

*University of Puget Sound*

*University of Washington Tacoma*

# Executive Summary



**MultiCare Health System in collaboration with Tacoma-Pierce County Health Department (TPCHD) and Catholic Health Initiatives (CHI) Franciscan has conducted a Community Health Needs Assessment (CHNA) to identify key health issues based on current data. This CHNA includes the results of a comprehensive review of key health indicator data along with community input, to understand and address the needs of the community served by Allenmore Hospital.**

Within this report, the term “community” refers to residents who live in this hospital’s predefined service area.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington state CHNA requirements, and presents data on:

- **Demographics of the community**
- **Life expectancy and leading causes of death**
- **Chronic illness, including behavioral health**
- **Injury and violence**

Additionally, the CHNA process included asking community members about the health of their community, what they need in their neighborhoods to be healthy and what they think could be improved. These community engagement activities included ten community workshops with residents, ten interviews with local organizational leaders and an online community survey. MultiCare Health System and TPCHD pledge to engage community stakeholders throughout the CHNA process not simply as sources of input but as equal partners with shared accountability and investment in addressing health concerns.

## **COMMITMENT TO HEALTH EQUITY**

Throughout the CHNA process, social determinants of health provided the framework for both the community engagement process and as a way to focus attention on the importance of neighborhood and community conditions. Income, education, housing and transportation create opportunities or barriers to health. Health should not be determined by zip code, income, race or any other factor. Healthy choices should be easy choices for everyone in Pierce County.

# Executive Summary

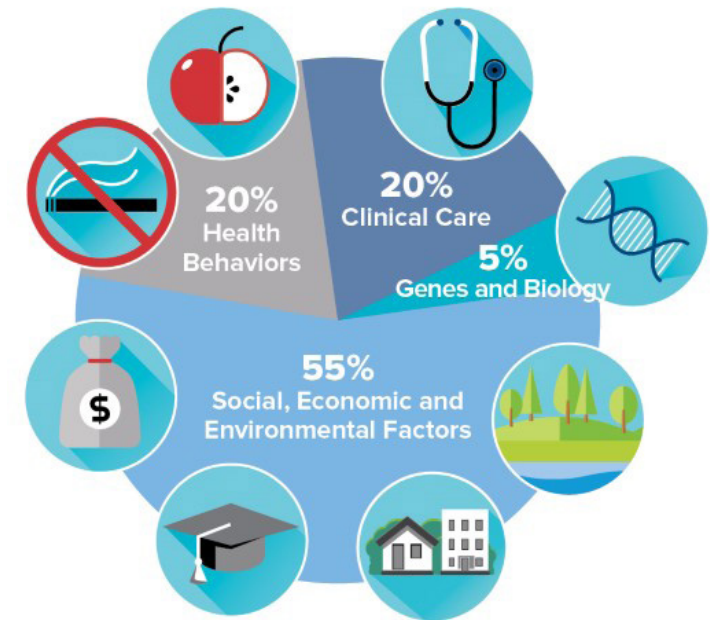
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## PRIORITY HEALTH NEEDS

Based on results from this CHNA, priority health needs within the MultiCare Health System Allenmore Hospital community emerged. These priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes included in this report.<sup>1</sup>

- **Unintentional injuries**
- **Access to health care**
- **Mental health**
- **Maternal and child health**

## What Makes Us Healthy?



Adapted from <http://www.cdc.gov/socialdeterminants/FAQ.html>

<sup>1</sup> For more information about the prioritization process and selection criteria, please see Appendix.

# Introduction



**MultiCare and CHI Franciscan contracted with the Health Department to conduct a comprehensive Community Health Needs Assessment (CHNA). The process included quantitative data analysis, interviews with community stakeholders and workshops (focus groups) with community residents of Pierce County. The workshops represented diverse population groups, including low-income residents, people of color and others affected by health disparities.**

## ABOUT MULTICARE

MultiCare is a not-for-profit health care organization with more than 18,000 team members caring for the community since 1882. MultiCare has four hospitals in Pierce County, including Allenmore Hospital, and operates Wellfound Behavioral Hospital as a unique joint venture with CHI Franciscan. This is the third CHNA developed for Allenmore Hospital to describe health issues, what impacts those issues have on the community and how these concerns may be addressed.

## PURPOSE

The purpose of this report is to share the emerging needs of the Allenmore Hospital community, including:

- What residents have to say about health
- Health behaviors and health outcomes of residents
- Assets and resources

This report contains information that can be used to respond to new health challenges in an evolving community.

# Introduction

Continued

## METHODS

To develop this report, an array of data sources was analyzed to describe the health of the Allenmore Hospital community. These include:

- Selected health indicators collected through surveys, vital statistics records, hospital data sets and health registries
- Main themes emerging from community workshops attended by Pierce County residents, including those from the Allenmore Hospital service area
- Results from the 2018 Pierce County Community Survey (online)
- Transcripts from interviews with stakeholders from different sectors, including the Allenmore Hospital service area

CHNA partners intentionally engaged residents to have an active role in community engagement activities. For example, residents reviewed questions used for workshops and the online community survey. To ensure accuracy of the data, they also reviewed the summary of results from the interviews and workshops they participated in. Some residents were trained to conduct workshops in their own communities.

This report summarizes:

- 1. Community characteristics**
- 2. Life expectancy**
- 3. Leading causes of death**
- 4. Leading causes of hospitalizations**
- 5. Levels of chronic illness**
- 6. Access to health care, use of preventive services and oral health**
- 7. Maternal and child health**
- 8. Injury and violence prevention**
- 9. Behavioral health**

Assets and resources available to the community are at the end of each section, as applicable.

More details about data sources and methods used to develop this report are in the Supplement.



# Introduction

Continued

## COMMUNITY WORKSHOPS

The purpose of the community workshops was to hear directly from residents. Ten community workshops were held throughout Pierce County and facilitated by trained community residents and Health Department staff.

Community residents were trained to facilitate workshops using a curriculum developed by Health Department staff in collaboration with Community Science (funded by the U.S. Department of Health and Human Services, Office of Minority Health). The training curriculum was tested with members of the East Tacoma Collaborative in 2017. Members of Pierce County Accountable Community of Health's Community Advisory Council and the Pierce County Community Health Worker Collaborative participated in the training and facilitated community workshops.

Health Department staff selected workshop locations from geographic areas with poorer health outcomes and readiness to work collectively to improve these outcomes. In addition, specific populations were invited to participate in the workshops based on their

geographic location and/or health outcomes. Those populations included:

- Residents who are housing insecure or who have lower household incomes
- Lesbian, gay, bisexual and transgender residents
- Black residents
- Native Hawaiian and Other Pacific Islander residents

Analysts considered literature on stakeholder selection produced by the Health Research and Educational Trust, in partnership with Hospitals in Pursuit of Excellence. The Health Department recruited participants and, in some cases, participants invited others to attend (i.e., snowball sampling method). Those who attended workshops were promised confidentiality and consented to participate by attending the workshop.

Data analysis of workshop notes was performed simultaneously by the workshop group facilitator and an analyst using coding to identify emergent themes. Analyses were then compared, and themes were mutually identified.

# Introduction

Continued

## KEY STAKEHOLDER INTERVIEWS

Ten interviews were conducted with 12 Pierce County organizational leaders across seven sectors (see selection criteria below). Interviews were approximately 60 minutes in length and conducted in person. Two interviews included multiple participants, though each interview was considered one unit of measurable data. When available, interviews were audio recorded with consent.

MultiCare and CHI Franciscan provided the Health Department with more than 30 names of suggested local leaders. Ten participants were selected based on the following criteria:

1. Represented key sectors of business, non-profit, education, transportation, health and human services, local government and law enforcement/first responders
2. Not interviewed for the last CHNA in 2015 (to avoid redundancy in data and to promote diversity)
3. Availability within the project timeline

Health Department staff then analyzed data using open and axial coding<sup>2</sup> to discover patterns and recurring themes across all interviews. NVivo qualitative data analysis software was used to organize data. If three or more interviews ( $\geq 30\%$ ) contributed the same data point, the data point was considered an emerging theme.

## 2018 PIERCE COUNTY COMMUNITY SURVEY

The CHNA partners drafted, distributed and promoted the online 2018 Pierce County Community Survey via Survey Monkey®. The survey was available in English, Spanish and Korean.

Professional translation services were used to provide survey drafts in Korean and Spanish. The drafts were then shared with community members who speak Korean and Spanish natively to confirm contextual accuracy.

Survey links were distributed to multiple organizations throughout Pierce County. Participants completed the survey between March and August 2018.

<sup>2</sup>Open coding – usually performed first to generate categories or main themes in data and their properties; Axial coding – used to systematically develop categories and link them with subcategories.

# Introduction

Continued

## LIMITATIONS

For this report, community engagement data come from focus groups, interviews and surveys. While some survey results can be weighted to improve generalizability, focus group and interview results are not entirely generalizable, and limitations to the strength of the conclusions exist. For example, we were not able to conduct a community workshop with Native American/Alaska Native residents, even though we know they often have worse health outcomes; this population was also underrepresented in the online survey.

In addition, survey data often have issues arising from how, where and from whom the data were collected. For example, stratifying estimates by race sometimes cannot be done due to small sample sizes.

Health indicator data also come from a variety of sources, each with its own set of limitations. A description of the limitations for each data set can be found in the Supplement.

Due to space limitations, the list of assets in this report is not comprehensive. For a more thorough and continuously updated statewide database of health and human services and referrals, please refer to <https://resourcehouse.info/win211/index>.

# Community Engagement Results



MultiCare  
Allenmore Hospital  
Community Health  
Needs Assessment  
2019

Three methods of community engagement were used to hear from Pierce County residents, including those in the Allenmore Hospital service area: ten community workshops with residents, ten key stakeholder interviews and an online survey available in English, Spanish and Korean languages. Top findings across the three community engagement activities included several issues.<sup>3</sup>

Residents identified three community characteristics as vital to their health:

- Equitable access to community resources (information, services, activities, parks)
- Celebration of diversity
- People working together

Residents need the following for their neighborhood or community to be healthy:

- Affordable housing
- Access to healthy food
- Transportation
- Access to health care (emphasizing behavioral health services)

## COMMUNITY WORKSHOPS

Community workshop participants shared their thoughts on what makes their community healthy, what they need in their neighborhoods to be healthier and what they think could be improved. Main findings for each question asked at the community workshops are shown below.

<sup>3</sup> Note: The results from community engagement activities reflect all of Pierce County and are not specific to this hospital service area.

# Community Engagement Results

Continued

What do you think makes an “ideal” community or neighborhood?

## ■ Opportunities to give and receive social support.

Workshop participants talked about a community where people know and care for each other. Participants also valued communities where members care about and are engaged in neighborhood issues and where people often volunteer to help the neighborhood.

## ■ Diversity is valued.

Community members talked about all people being accepted in an ideal neighborhood. Everyone is respected based on the value they bring to the community. Community members also valued celebration of ethnic and cultural diversity and sharing of cultural knowledge and traditions.

## ■ Community resources.

Workshop participants sought reliable sources of community information. They also valued parks, other opportunities for physical activity and access to behavioral health services and support.

## ■ Organizations and groups willing to partner.

Workshop participants mentioned groups, coalitions and others who provide active leadership within their communities. They wanted regular feedback to help build consensus and questions answered in layman’s terms.

**Social Support**  
**Diversity is Valued**  
**Community Resources**  
**Willingness to Partner**

*“At least one person at your door in five minutes.”*

*“It’s not necessary to leave the community to celebrate my ethnic background.”*

*“Easy access to resources that promote an active lifestyle – parks, trails and local gyms.”*

*“Everyone is encouraged to be involved, power isn’t isolated to the very few. . . no one is excluded.”*

# Community Engagement Results

Continued

What needs to change about your community or neighborhood?

■ **Safe sidewalks and trails.**

Trails for biking and walking, ADA compliant sidewalks and trails and connections to schools and services were identified by workshop participants as needed infrastructure.

■ **Buses that meet people where they live, learn, work and shop.**

Community members wanted more public transportation, free bus passes for those who need it and more frequent bus stops.

■ **Access to healthy food.**

Grocery stores, education on healthy eating, cooking classes and farmers markets were desired assets for neighborhoods.

■ **Opportunities for physical and social activities.**

Community members identified a need for more parks, the sharing of cultural knowledge, opportunities for music, dance and drama and teen-friendly places.



Sidewalks/Trails  
Buses/Bus Stops  
Healthy Food  
Activities

*"Safe walking paths and sidewalks from schools to neighborhoods."*

*"Late bus for after-school activities."*

*"Affordable food is sometimes too far away, and stores offer inconsistent quality."*

*"Unless we have people to fellowship with, nothing else matters."*

# Community Engagement Results

Continued

## KEY STAKEHOLDER INTERVIEWS

Main findings for each question asked during the ten interviews are listed below.

What are some noteworthy people, places and activities that you feel make your community healthy, safe and equitable?

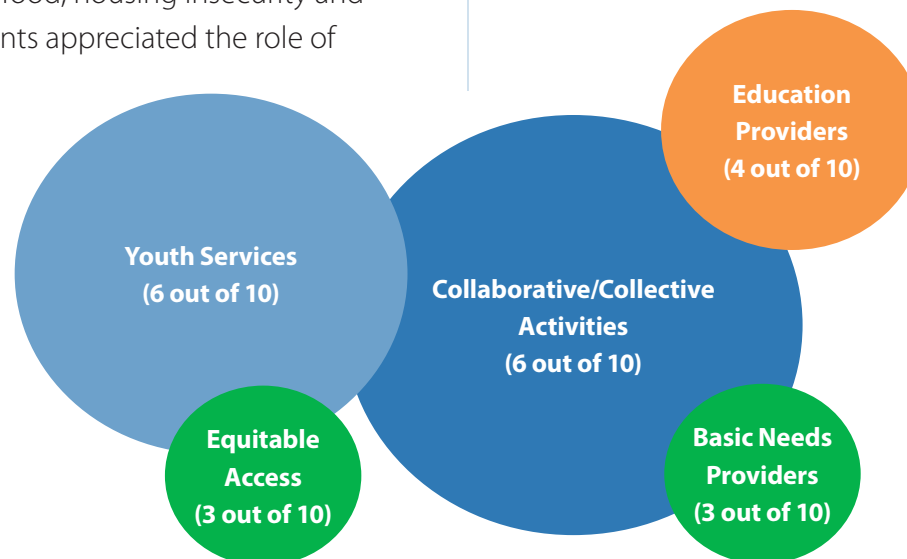
Participants cited the importance of people working together collaboratively to get things done, with an emphasis placed on activities started and run by community members.

Participants also mentioned activities that support youth and students. Specifically discussed were services addressing food, housing insecurity and education. Participants appreciated the role of

schools being on the “front lines” to help people feel healthy, safe and equitable. Examples included higher education institutions and high school programs that help make college more approachable to students, as well as public school districts that provide additional resources to improve civic engagement, health, safety and food access for their students.

Lastly, participants mentioned Pierce County organizations that use an equity approach to help make communities healthy. For example, some organizations are intentional about addressing accessibility, so that their services meet the needs of all they serve.

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.



# Community Engagement Results

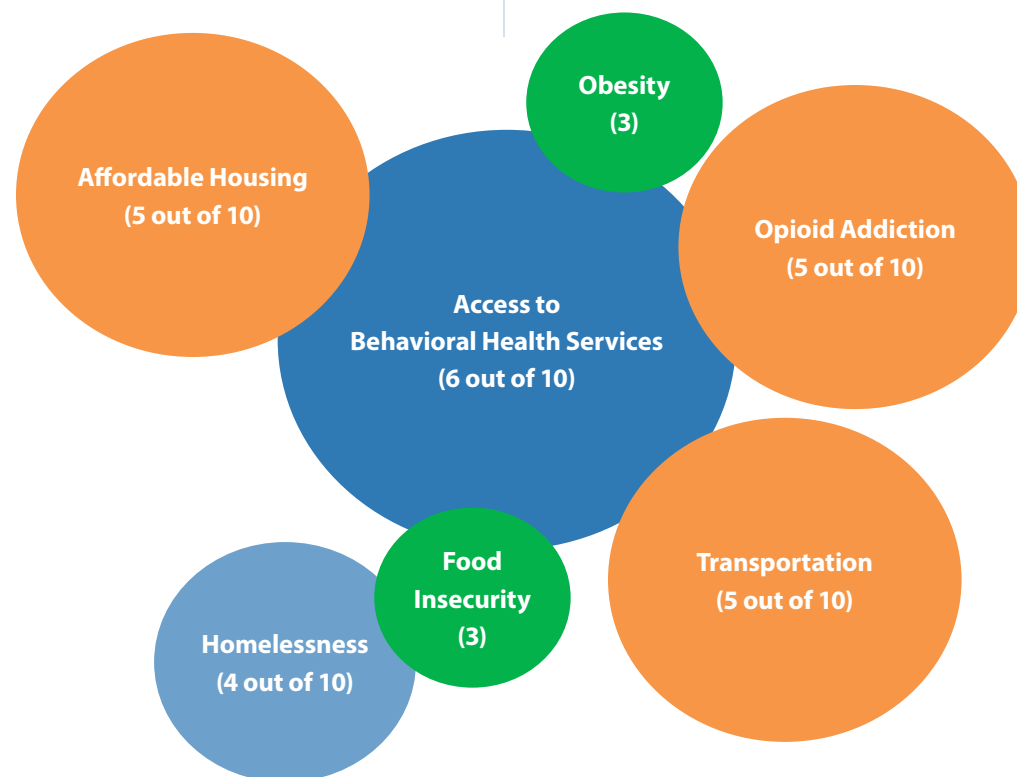
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What are some concerns you or your organization has/have about the conditions that impact the health of Pierce County residents right now?

Stakeholders named both social determinants of health (root causes of health, such as income and housing) and results of these poor conditions as the

issues they are most concerned about. Examples include the need for expanded access to medication assisted treatment for those experiencing opioid use disorder, availability of affordable housing and the impacts of gentrification and food insecurity faced by children and youth.

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.





## In your opinion, how can health care systems partner in addressing the issues you have identified?

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.

**1. Mobile/satellite clinics** (5 out of 10) – Participants emphasized medical outreach, such as more satellite clinics where low-income people live and gather, as well as the need for more providers. One participant suggested offering onsite nutrition counseling and health screening at local colleges.

**2. Creative Partnerships** (4 out of 10) – Participants suggested hospitals build creative service partnerships to reach more people. For example:

- Pop-up blood pressure stations or vaccine services at the park or pool (in partnership with local parks and recreation departments)
- Food relief at bus stops, transit centers, or health care workers on buses (in partnership with Pierce Transit)
- Health services at local homeless encampments (in partnership with local government)
- Social services embedded in hospitals for discharge solutions, home care and case management (in partnership with Pierce County)

*“Our free clinic needs doctors... I’m afraid we’re going to lose the one medical center we have due to a doctor retiring.”*

*“It’s about convenience and how do we provide good access... that’s the key.” (to bringing services to those on the streets)*

# Community Engagement Results

Continued

**3. Policy and Advocacy** (5 out of 10) – Participants discussed the value of hospital systems acting to advocate for healthy policies and raising awareness of those issues. One participant suggested health care partners could use their authority to increase knowledge about firearm injury prevention. Another participant suggested hospitals lobby to see insurance premiums reduced and look into current laws around interest being charged upon hospital arrival (contributing to medical debt).

**4. Community Outreach** (5 out of 10) – Participants appreciated continued community engagement and investments. One participant suggested hospitals could best help communities by supporting and constructing housing. Another participant suggested focusing on improving social determinants of health—such as education and housing—to prevent unnecessary hospitalizations.

**5. Improve Access to Care** (5 out of 10) – Participants expressed the need to improve clinical care programs and provide additional resources to patients.

**6. Education** (3 out of 10) – Participants suggested continued and enhanced focus on youth and student development with health sciences education and job training.

*“[Health care partners] could raise awareness of particular issues, like how ACES [Adverse Childhood Experiences] lead to health care expenditures.”*

*“The community gave tax dollars to build the new (behavioral health) hospital. It’s important that communities see that the hospital is helping them, and the money is being returned in the form of mental health care and continued community engagement.”*

*“Train ER staff to improve stigmatized treatment of substance abuse population.”*

*“Invest in health sciences education to create a more diverse population of providers to improve access to care.”*

# Community Engagement Results

Continued

## COMMUNITY SURVEY

More than 1600 Pierce County residents responded to the community survey.<sup>4</sup> Nearly two-thirds of those who participated selected safe neighborhoods and affordable housing as their most important community needs. Almost one-third of participants said access to health care services was one of the most important community needs. When asked about resources available to meet these needs, 62.9 percent of residents identified parks and outdoor spaces, 55.2 percent identified easily accessible grocery stores and markets, and 34.3 percent said safety resources such as street lighting and police presence.

Survey participants were also asked what is lacking to meet identified needs. From a list of what might be lacking, residents selected policies that address local needs (40.8%), accessible public transit (40.6%) and community resources that contribute to safety such as street lighting, police presence and neighborhood watches (37.8%). Residents also indicated that policies to protect air and water quality are needed.

Residents reported that the top issues facing children and youth include exposure to crime and violence (67.2% of participants), poverty (49.3% of participants) and lack of positive relationships (40.5% of participants).

### Most Important Community Needs

Question	Responses	Percent
<b>What are the three most important needs in your community?</b>	1. Safe neighborhoods	61.1%
	2. Affordable housing	59.6%
	3. Access to health care services	30.8%
<b>What resources are currently available in your community to help meet these needs?</b>	1. Parks and places to enjoy the outdoors	62.9%
	2. Grocery stores and markets nearby	55.2%
	3. Resources that make neighborhoods safe (street lights, neighborhood watch, police presence, etc.)	34.3%
<b>What is not available in your community to address these needs?</b>	1. Local policies that address the needs of the community	40.8%
	2. Accessible public transit (buses, trains, light rail, etc.)	40.6%
	3. Resources that make neighborhoods safe (street lights, neighborhood watch, police presence, etc.)	37.8%
<b>What are the top three issues facing children and youth in your community?</b>	1. Exposure to crime or violence (including bullying)	67.2%
	2. Poverty	49.3%
	3. Lack of positive relationships	40.5%

<sup>4</sup>Community Survey respondents by language: English-1565, Korean-41, Spanish-14

# Community Engagement Results

Continued

Most survey respondents said their community was healthy or somewhat healthy (78.9%) and were very or somewhat satisfied with their community (74.8%). Another 19.1% of respondents said their community was somewhat or very unhealthy, while 13.4% were very or somewhat unsatisfied with their community.

Social connections—that is, the number of support systems a person has in the community—contributes

to healthy people and places, so the survey also asked how connected people felt to their community. Most respondents (68.1%) said they felt very or somewhat connected to their community, while about one in six respondents said they either were neutral in their response (16.0%) or felt very or somewhat unconnected (15.9%).

## Community Perceptions

Question	Responses				
<b>How would you rate your community's overall health?</b>	Very healthy 2.7%	Healthy 27.0%	Somewhat healthy 51.9%	Somewhat unhealthy 17.1%	Very unhealthy 2.0%

Question	Responses				
<b>How satisfied are you with your community?</b>	Very satisfied 28.8%	Somewhat satisfied 46.0%	Neutral 11.8%	Somewhat unsatisfied 10.4%	Very unsatisfied 3.0%

Question	Responses				
<b>How connected do you feel to your community?</b>	Very connected 22.5%	Somewhat connected 45.6%	Neutral 16.0%	Somewhat unconnected 10.5%	Very unconnected 5.4%

# Community Engagement Results

Continued

The most common zip codes of survey participants included:

- 98405 and 98406 (Central & North Tacoma) each representing 6% of all respondents.
- 98391 (Lake Tapps, Bonney Lake) representing 5% of all respondents.
- 98404 (East Tacoma) representing 5% of all respondents.
- 98407 (North Tacoma, Ruston) representing 5% of all respondents.

While efforts were made to distribute the survey to a representative sample of Pierce County residents, survey participants were disproportionately White, female and between 30-60 years of age. Asian and Hispanic residents were underrepresented.

## Demographics of Survey Respondents (n=1620)

	Percent
<b>Gender</b>	
Male	14.4%
Female	81.7%
Transgender male	0.2%
Transgender female	0.1%
Genderqueer – not exclusively male or female	0.6%
Choose not to answer	3.1%
Other	0.2%

<b>Age</b>	
18-29	8.5%
30-44	34.2%
45-59	34.5%
60+	22.8%

<b>Hispanic/Latino</b>	
Yes	6.0%
No	94.0%

<b>Race</b>	
American Indian or Alaska Native (AIAN)	1.3%
Asian	3.8%
Native Hawaiian and Other Pacific Islander (NHOPI)	1.6%
Black or African American	5.3%
White	75.3%
Multiracial	5.3%
Choose not to answer	6.7%
Other	3.3%

# Description of the Community



This section describes the Allenmore Hospital community using demographic and socioeconomic characteristics of residents within this hospital service area. This community included 451,217 residents, mostly White (61%), Hispanic (12%), Black (10%) or Asian (8%) with an increasing number of adults aged 55-74 years old. Immigrants in the area originated from Asia, Latin American (Mexico, Central America and South America) and Europe predominantly.

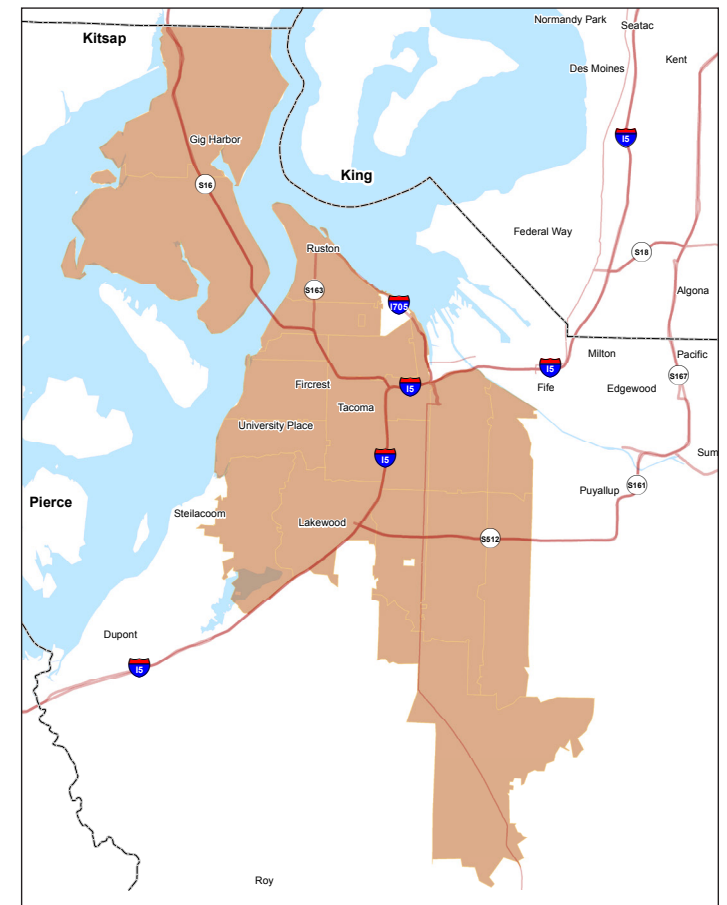
The poverty rate (16%) was higher than Pierce County (12.7%) and Washington state (13%), as well as the percentages of students qualifying for free and reduced-price lunch programs (46%) compared to Pierce County (43%) and the state (42%). Poverty was more common in residents who are female, and among those who are Hispanic, American Indian/Alaska Native, Black and those who identify as "other" race.

The percentage of people living with a disability (15%) was higher than the state (13%) and Pierce County (14%). Disabilities were more common in males, and among Black and White residents.

## DEMOGRAPHIC CHARACTERISTICS

The characteristics of a community inform what health behaviors and outcomes may be future concerns or help us further understand existing populations health issues.

### Allenmore Hospital Service Area



# Description of the Community

Continued

## Race and Ethnicity

The Allenmore Hospital community has changed since 2005. Since 2005, the White population in this community has decreased by 6.5% and the Hispanic population in this community has increased by 3.4%.

## Age and Sex

The population has become older since 2005. The percentage of adults aged 55-64 years and 65-74 years have both increased by 3%. The ratio of males to females remains approximately 1:1.

## Demographics (%)

### Allenmore Hospital Service Area, 2016

	Count	Percent
<b>Race and Ethnicity</b>		
White	273069	60.5%
Black	43211	9.6%
AIAN	5326	1.2%
Asian	34875	7.7%
NHOPI	8576	1.9%
Multiracial	32393	7.2%
Hispanic	53694	11.9%
All	451144	100.0%

<b>Sex</b>		
Male	219211	49%
Female	232007	51%

<b>Age (years)</b>		
Under 1	6334	1%
1-4	24708	6%
5-14	57066	13%
15-24	57881	13%
25-34	63296	14%
35-44	54482	12%
45-54	59752	13%
55-64	60535	13%
65-74	39702	9%
75-84	18670	4%
85+	8792	2%

Source: American Community Survey

# Description of the Community

Continued

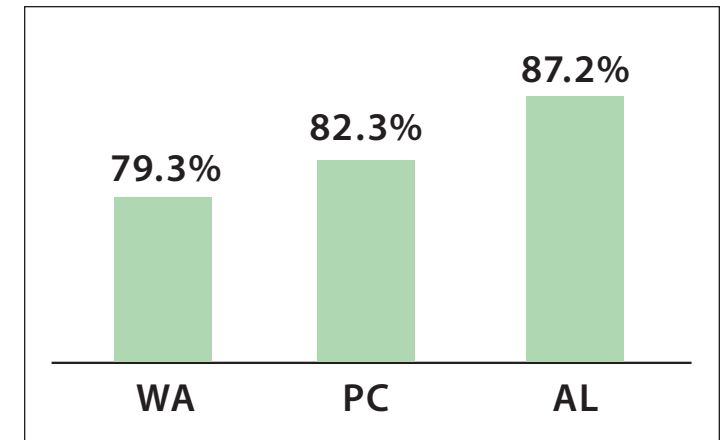
## SOCIOECONOMIC CHARACTERISTICS

The social and economic characteristics of a community helps public health stakeholders to understand available resources and improve community health. Poverty, homelessness and the cost of housing are some important examples of socioeconomic characteristics.

### On-Time Graduation

The graduation rate helps describe the educational well-being of a community. A higher educational attainment helps people to take advantage of employment opportunities and earn higher incomes, which helps to diminish the burden of poverty on a community. The 2017 four-year graduation rate in Pierce County (82.3%) was higher than the state of Washington (79.3%). Graduation rates in the Allenmore Hospital community (87.2%) were higher than both.

### On-Time Graduation Rate



Source: Office of the Superintendent of Public Instruction (OSPI), 2016-2017



# Description of the Community

Continued

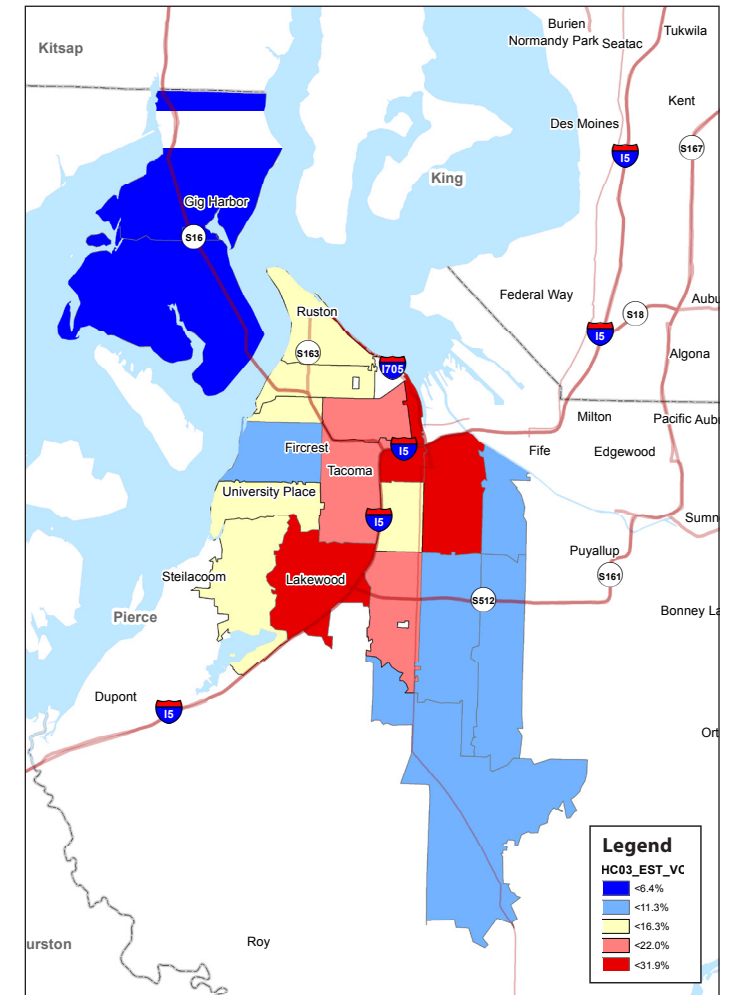
## Poverty and Near Poverty

Poverty (household income less than 100% of the federal poverty limit) and near poverty (household income less than 200% of federal poverty limit) is a burden on households and communities, hindering access to resources promoting good health.

- In the Allenmore Hospital community, 15.6% of residents lived in poverty, compared to 12.7% in Pierce County and 12.7% statewide.
- Poverty was more common among Hispanic residents and residents who identify as "other race."

## Poverty

### Allenmore Hospital Service Area, 2016



Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, S1701

# Description of the Community

Continued

## High Housing Costs

Seattle was one of the fastest growing U.S. cities in 2018, - driving up housing prices and displacing lower-income residents throughout the area, including Tacoma<sup>5</sup> and Pierce County. A housing cost greater than 30% of household income can be a particular hardship on individuals and families, especially as persistent poverty continues amidst rising property costs. Housing costs are typically more burdensome among renters.

## Poverty and Housing Costs (%)

### Allenmore Hospital Service Area, 2016

	Count	Percent
<b>Poverty – Racial Breakdown</b>		
AIAN	1244	23%
Asian	5017	18%
Black	7267	21%
Hispanic	12089	27%
Multiracial	6246	20%
NHOPI	1110	15%
Other	4219	28%
White	34569	13%

<b>Poverty (&lt;100% FPL) &amp; Near Poverty (&lt;200% FPL)</b>		
Poverty	59672	16%
Near Poverty	126826	33%

<b>Population with burdensome housing costs</b>		
Renters	32927	53%
Owners w/ mortgage	3264	14%
Owners w/o mortgage	21074	35%

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, S1701 & DP04

## Homelessness

In 2017 the City of Tacoma declared a public health emergency relating to homelessness. Tacoma joined other west coast cities in this emergency declaration, including Seattle, Portland and Los Angeles. The Homelessness Housing and Assistance Act requires each county in the state to conduct an annual Point in Time count of sheltered and unsheltered homeless persons to estimate the number of people experiencing homelessness.

- Overall in Pierce County, 1,628 homeless persons were counted in 2017.
- The top three zip codes where homeless people were found included 98405 (n=200, 28%), 98402 (n=151, 21%) and 98372 (n=58, 8%). This is primarily north of I-5 in the Central Tacoma and Hilltop areas and Puyallup/Sumner/Bonney Lake.

<sup>5</sup><https://www.census.gov/newsroom/press-releases/2018/estimates-cities.html>

# Description of the Community

Continued

## Free and Reduced-Price Lunch

The free and reduced-price meal program is a federal program for students whose household income is less than or equal to 130% of the federal poverty limit (free) or between 130% and 185% of the federal poverty limit (reduced-price). This program helps to ensure that children have access to food with adequate nutritional value.

- In the Allenmore Hospital community, 46.1% of students in the 2016-2017 school year were eligible for free or reduced-price lunch.
- The rate of free and reduced-price lunch in the Allenmore Hospital community was higher than Pierce County (43.3%) and the state (42.3%).

## Foster Care

Foster care placement and support services are both provided to children who need short term or temporary protection because they are abused, neglected or involved in family conflict. Foster care placement services are served exclusively out of home, while support services may be in the child's own home or outside of the home.

- Of the total 6,200 children who entered out-of-home care in Washington state in 2017, 1,009 were in Pierce County, making it the county with the highest number of children entering care.
- Within Pierce County, the rate of children living in out-of-home care was 7.4 per 1,000, which was 35% higher than the state rate of 5.5 kids per 1,000.<sup>6</sup>

# Description of the Community

Continued

## Immigrants (Foreign-Born)

Immigrants are a sizable proportion of Washington’s population, contributing to diverse community demographics. Estimates of the number of immigrants currently in the United States vary widely depending on their immigration status. Data collected as part of the U.S. Census helps estimate this number.

About 50,000 foreign-born residents lived in the Allenmore Hospital community. Almost half were from Asia, followed by Latin America and Europe.

## Foreign-born Residents (%)

### Allenmore Hospital Service Area, 2012-2016

Region of Birth	Count	Estimate	95% CI
Asia	21107	45.4%	(42.7%-48.1%)
Latin America <sup>^</sup>	12976	27.9%	(25.2%-30.6%)
Europe	8898	19.1%	(17.1%-21.1%)
Africa	1419	3.1%	(2.2%-3.9%)
North America	1221	2.6%	(2.1%-3.1%)
Oceania <sup>^^</sup>	881	1.9%	(1.4%-2.4%)
Total *	46502	10.3%	NA

\* Percent of Total Population in Hospital Service Area  
5-year estimates, DP02 (foreign-born population excluding those born at sea)  
<sup>^</sup> Latin America includes Mexico, Central America and South America.  
<sup>^^</sup> Oceania is the southeast section of the Asia-Pacific region and includes 14 countries, the largest of which are Australia, Papua New Guinea and New Zealand.

## Languages Spoken

English continues to be the most common language spoken by residents of the Allenmore Hospital community (n=338,075, 81.3%), followed by Spanish and an array of languages shown below.

## Top Languages Spoken (%)

### Allenmore Hospital Service Area, 2012-2016

Language	Estimate	95% CI
English	81.3%	(80.2%-82.5%)
Spanish	7.5%	(6.9%-8.1%)
Korean	1.6%	(1.3%-1.8%)
Vietnamese	1.4%	(1.2%-1.6%)
Tagalog	1.2%	(1.0%-1.4%)
Other Pacific Islands	1.1%	(0.9%-1.4%)
Mon-Khmer, Cambodian	1.0%	(0.8%-1.2%)
Russian	0.9%	(0.7%-1.2%)
German	0.8%	(0.7%-1.0%)
Other Slavic	0.4%	(0.2%-0.5%)

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS)  
5-year estimates, B16001

# Description of the Community

Continued

## Limited English Proficiency

While many individuals are multilingual (speak a language in addition to English), some report that they either do not speak English or speak English "less than very well".

- In the Allenmore Hospital community, 7% speak English "less than very well" (compared to 6% in Pierce County and 8% statewide).
- Arabic, Vietnamese and Korean-speaking residents had the largest percent of people who speak English "less than very well."

## Speaks English "Less Than Very Well" By Primary Language Spoken (%)

Allenmore Hospital Service Area, 2012-2016

Language	Estimate	95% CI
Arabic	74.8%	(16.4%-1.3%)
Vietnamese	68.4%	(57.0%-79.8%)
Korean	67.6%	(57.4%-77.8%)
Thai	64.9%	(7.9%-100%)
Other Slavic	51.1%	(29.8%-72.4%)
Chinese	47.8%	(31.5%-64.2%)
Other Indic	45.5%	(5.3%-90.6%)
Russian	44.3%	(31.9%-56.7%)
Other Indo-European	41.9%	(16.8%-66.9%)
Japanese	40.4%	(28.9%-51.9%)

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, B16001

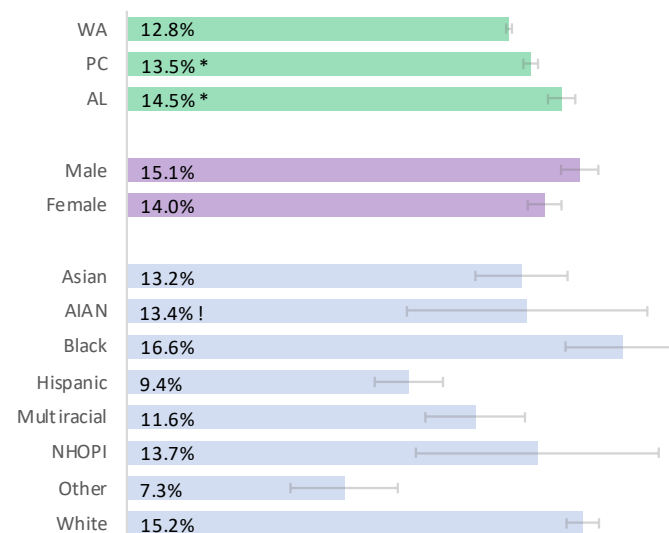
## Disability

Disabilities can involve or relate to any of five functions: hearing, vision, cognition, ambulatory self-care and independence. Disability rates in this community are higher than the state.

Males have a higher disability rate than females. Black and White residents have higher disability rates than several other race and ethnicity groups.

## Disabled (%)

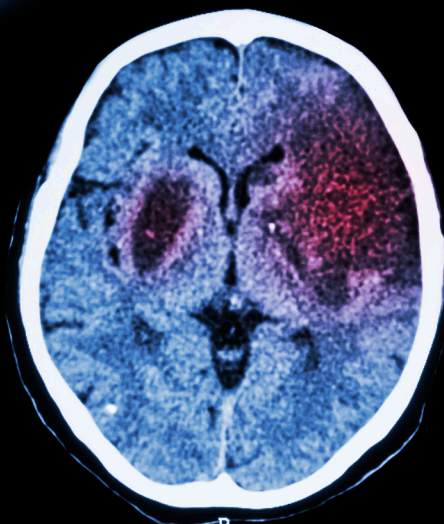
Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state

Source: U.S. Census Bureau, American Community Survey (ACS) 5-year estimates, S1810: Disability Characteristics

# Leading Causes of Death



**The leading causes of death in a community are important in planning future public health solutions. Life expectancy is another important indicator of the health of a community.**

Chronic diseases such as heart disease, cancer and lower respiratory disease are the leading causes of death in the Allenmore Hospital community. The leading causes of hospitalization are due to diseases of the digestive system, respiratory system and circulatory system, such as stroke and heart disease.

Members of this community had a lower life expectancy (78.5 years) than Washington state residents (80.3 years). Residents with multiple races and Hispanic, Asian and White residents have a longer life expectancy compared to Native Hawaiian or Other Pacific Islander, Black and American Indian/Alaska Native residents.

Several health disparities exist in the Allenmore Hospital community. Black residents have higher rates of diabetes than White residents. Black residents have higher rates of prostate cancer compared to several other race/ethnicity groups. Native Hawaiian or Other Pacific Islander and White residents had higher lung cancer incidence than Hispanic and Asian residents.

Lung cancer, and urinary system cancer incidence was higher in the Allenmore Hospital community compared to the State.

Asthma prevalence in adults (12%) was higher in this community than Washington state (10%) with the highest rate among females (15%), and Black (20%) residents. Youth asthma prevalence (24%) was higher than the Washington state prevalence (21%).

# Leading Causes of Death

Continued

## LIFE EXPECTANCY

Life expectancy - the average number of years a person at birth can expect to live, given current death rates - is a widely used measure of the overall health of residents. Insert the following, then start a new paragraph: Variation in life expectancy can be explained by differences in socioeconomic status and race/ethnicity, along with behavioral and other health risk factors (e.g., those that raise the risk for heart disease, diabetes and stroke).<sup>7</sup>

For this hospital service area, the life expectancy for a resident born between 2012 and 2016 was 78.5 years. Life expectancy among residents of the Allenmore Hospital community was lower than the average life expectancy for the state.

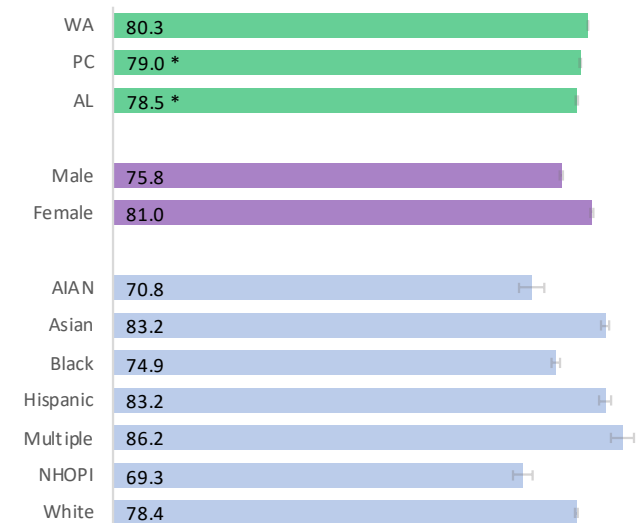
Life expectancy ranges from a high of 82.7 years (range of 81.7 to 83.8) in Gig Harbor to a low of 75.4 years (range of 74.7 to 76.1) in Parkland.

Females have a longer life expectancy than males. Residents with multiple races and Hispanic, Asian and White residents have a longer life expectancy compared to Native Hawaiian or Other Pacific Islander, Black and American Indian/Alaska Native residents.

<sup>7</sup>Dwyer-Lindgren L, Bertozzi-Villa A, Stubbs RW, et al. Inequalities in Life Expectancy Among US Counties, 1980 to 2014 Temporal Trends and Key Drivers. *JAMA Intern Med.* 2017;177(7):1003–1011.

## Life Expectancy by Demographics

### Allenmore Hospital Service Area, 2012-2016



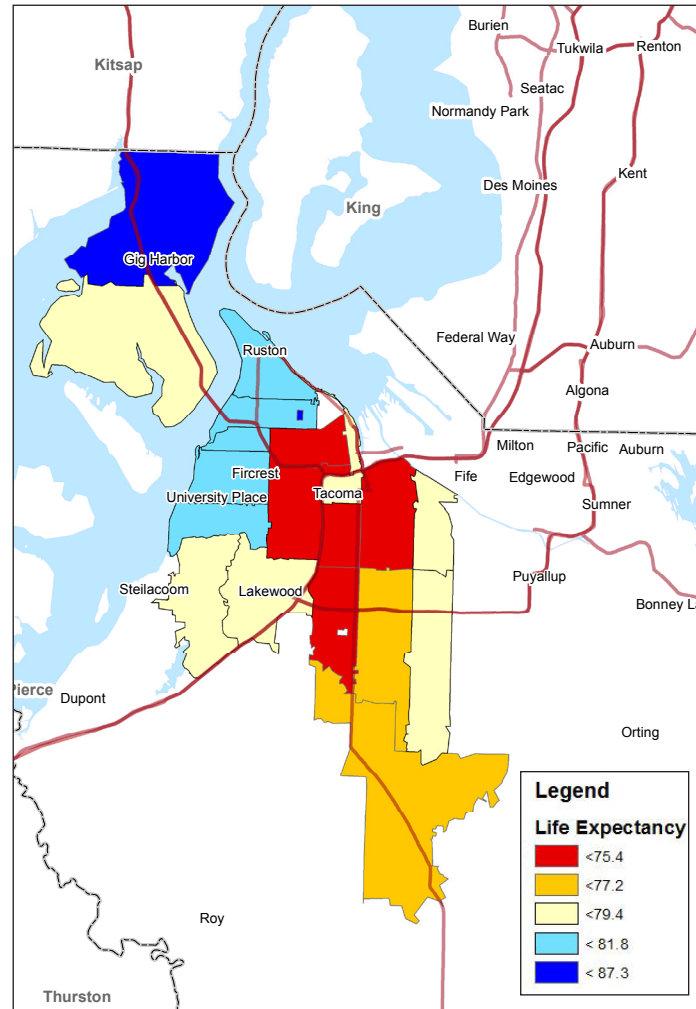
(\*) value different from WA state

Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

# Leading Causes of Death

Continued

## Life Expectancy by Zip Code



Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

## LEADING CAUSES OF DEATH

As people continue to live longer due to improvements on all fronts in health care, the leading causes of death are increasingly chronic (heart disease, cancer and lower respiratory disease).

### Top 10 Leading Causes of Death

#### Allenmore Hospital Service Area, 2012-2016

OVERALL	Rate*
Cancer	169.09
Heart disease	158.57
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	47.40
Alzheimer's disease	46.05
Stroke	41.57
Unintentional injuries	41.09
Diabetes	24.58
Suicide	18.01
Chronic liver disease	12.44
Influenza and pneumonia	11.75

\*Age-adjusted death rate per 100,000 people

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.



# Leading Causes of Death

Continued

For both males and females, the top two causes of death were heart disease and cancer. For males, the third leading cause of death was unintentional injuries. For females, it was Alzheimer's disease.

## Top 10 Causes of Death (by gender) Allenmore Hospital Service Area, 2012-2016

MALE	Rate*
Heart disease	212.99
Cancer	199.70
Unintentional injuries	54.03
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	49.35
Stroke	43.81
Alzheimer's disease	38.96
Diabetes	30.29
Suicide	26.82
Chronic liver disease	18.25
Parkinson's disease	14.52

FEMALE	Rate*
Cancer	146.47
Heart disease	116.46
Alzheimer's disease	49.80
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	46.00
Stroke	39.18
Unintentional injuries	28.97
Diabetes	20.16
Suicide	9.90
Influenza and pneumonia	9.85
High blood pressure	8.15

\*Age-adjusted death rate per 100,000 people

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

# Leading Causes of Death

Continued

## LEADING CAUSES OF HOSPITALIZATIONS

Hospitalizations occur due to a wide array of health concerns.

In the Allenmore Hospital community, males were more likely than females to be hospitalized due to injuries and circulatory system diseases, such as strokes and heart disease. Excluding pregnancy-related hospitalizations, females were more likely than males to be hospitalized due to diseases of the urinary and reproductive system.

## Top 10 Leading Causes of Hospitalization Allenmore Hospital Service Area, 2011-2015

MALE	Rate*
Diseases of circulatory system	1611.09
Diseases of digestive system	916.04
Injuries	853.11
Diseases of respiratory system	819.66
Infectious diseases	582.37
Diseases of musculoskeletal system and connective tissue	565.15
Mental illness	468.28
Cancer	370.61
Diseases of urinary and reproductive system	361.20
Endocrine; nutritional; and metabolic diseases and immunity disorders	334.10

FEMALE	Rate*
Diseases of circulatory system	1216.74
Diseases of digestive system	956.12
Diseases of respiratory system	832.94
Injuries	788.31
Diseases of musculoskeletal system and connective tissue	647.15
Infectious diseases	523.69
Mental illness	517.32
Diseases of the urinary and reproductive systems	510.36
Cancer	388.24
Endocrine; nutritional; and metabolic diseases and immunity disorders	377.41

\*Age-adjusted rate per 100,000 people

Source: Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS)

# Leading Causes of Death

Continued

## CHRONIC DISEASE

Chronic diseases and conditions - such as diabetes, cancer and heart disease - encompass many of the most common, costly and preventable health concerns in this community.

### Diabetes – Adults

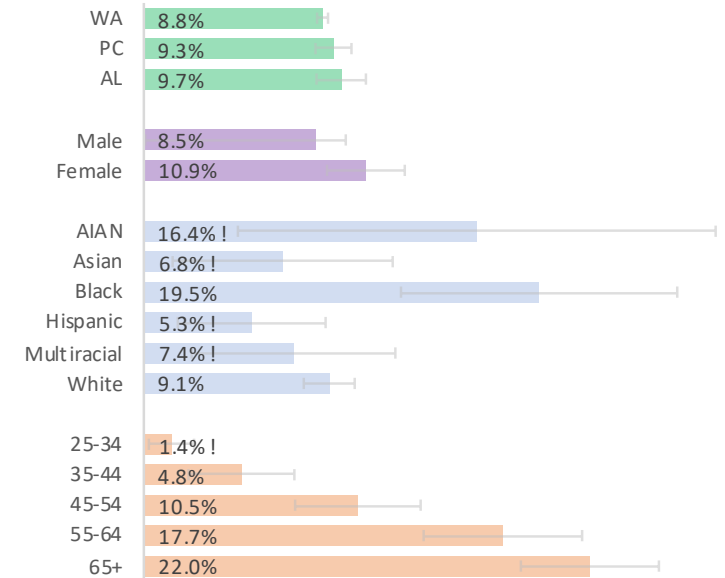
Diabetes diagnoses among adults is self-reported as part of the Behavioral Risk Factor Surveillance System.

The rate of diabetes was about the same in this community compared to the state average.

Black residents had higher rates of diabetes compared to other race/ethnicity groups. The rate of diabetes also increased with age.

## Adults Who Have Diabetes (%)

### Allenmore Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%

Groups excluded if cell size less than 10

Source: Behavioral Risk Factor Surveillance System

# Leading Causes of Death

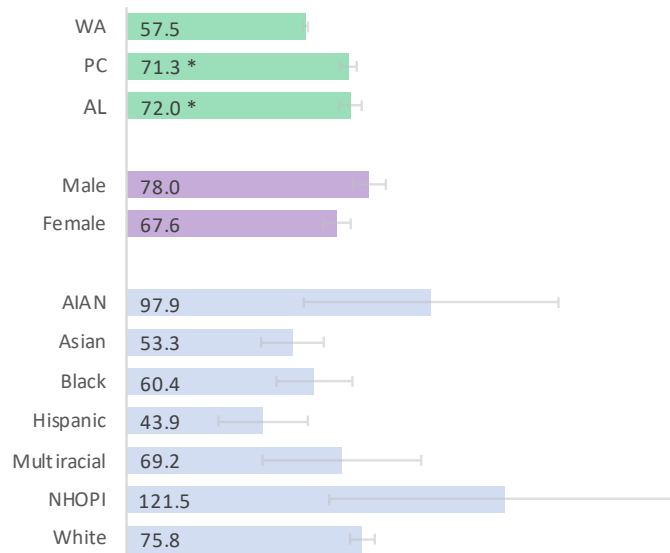
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## Lung Cancer

The number of new cases, or the incidence, of lung cancer was available through the state cancer registry (WSCR). The incidence of lung cancer in Pierce County and the Allenmore Hospital community was higher than the state.

Males had higher lung cancer rates than females. Asian and Hispanic residents had a lower lung cancer incidence than White and Native Hawaiian or Other Pacific Islander residents.

### Lung Cancer Incidence Allenmore Hospital Service Area, 2011-2015



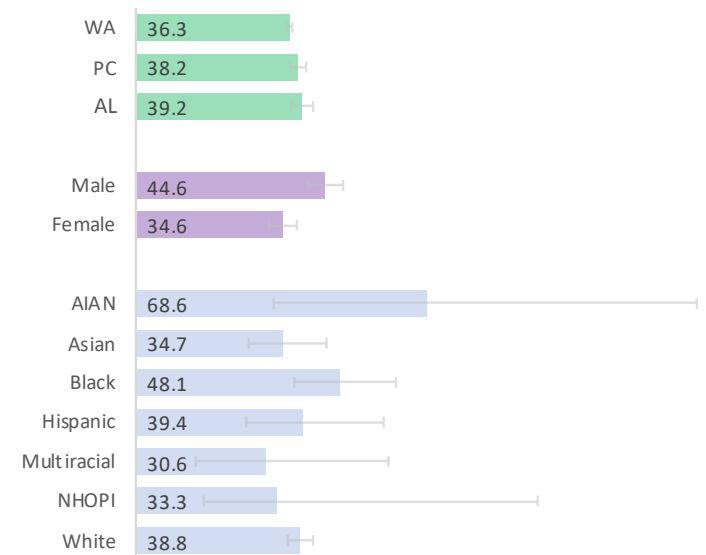
(\*) value different from WA state  
Rate: New cancer cases per 100,000 residents  
Source: Washington State Cancer Registry

## Colorectal Cancer

Cancer of the colon or rectum is a common cancer that, when detected early, can often be treated successfully.

The incidence of colorectal cancer in this community was not different than the state. Males were more likely than females to get colorectal cancer. There were no differences by race or ethnicity group.

### Colorectal Cancer Incidence Allenmore Hospital Service Area, 2011-2015



Rate: New cancer cases per 100,000 residents  
Source: Washington State Cancer Registry

# Leading Causes of Death

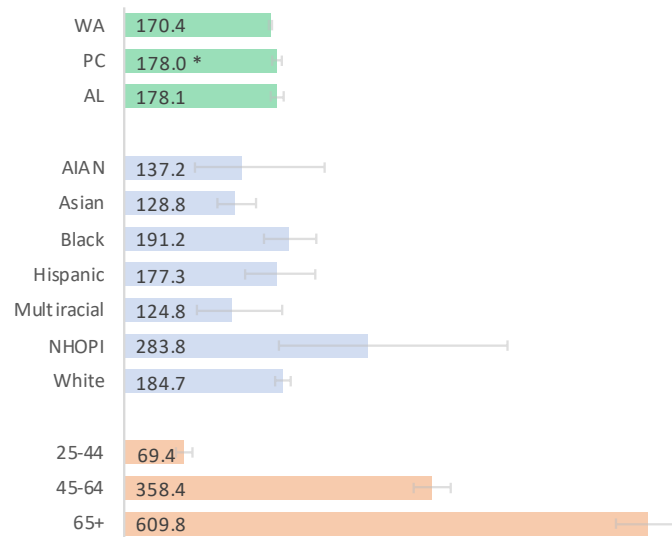
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## Breast Cancer

Cancer of the breast is a common cancer among females. Regular screening can detect this early and increase the chances of successful treatment.

There was no difference in breast cancer incidence among women in this community when compared to the state average. Breast cancer incidence was highest among women over 65 years. Breast cancer incidence was higher among Native Hawaiian or Other Pacific Islander, Black and White women than Asian women.

### Breast Cancer Incidence Allenmore Hospital Service Area, 2011-2015



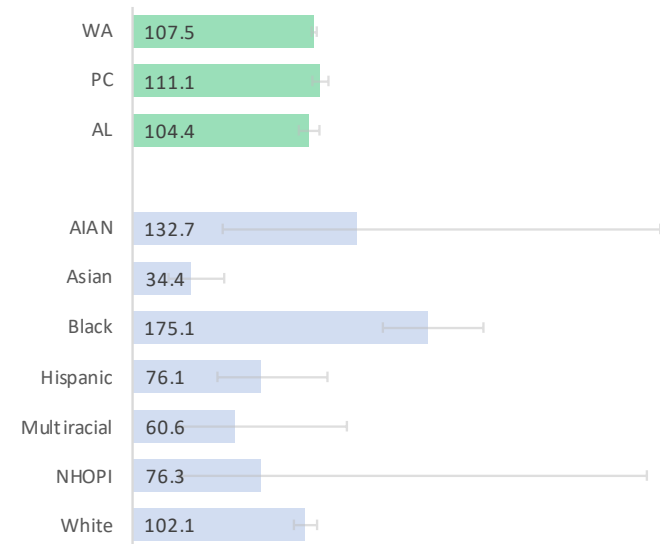
(\*) value different from WA state  
Rate: New cancer cases per 100,000 residents  
Source: Washington State Cancer Registry

## Prostate Cancer

Cancer of the prostate is a common cancer among males. Regular screening can help detect this early and increase the chances of successful treatment.

Prostate cancer incidence in this community was comparable to the state. The incidence of prostate cancer was higher among Black residents compared to several other race/ethnicity groups.

### Prostate Cancer Incidence Allenmore Hospital Service Area, 2011-2015



Rate: New cancer cases per 100,000 residents  
Source: Washington State Cancer Registry

# Leading Causes of Death

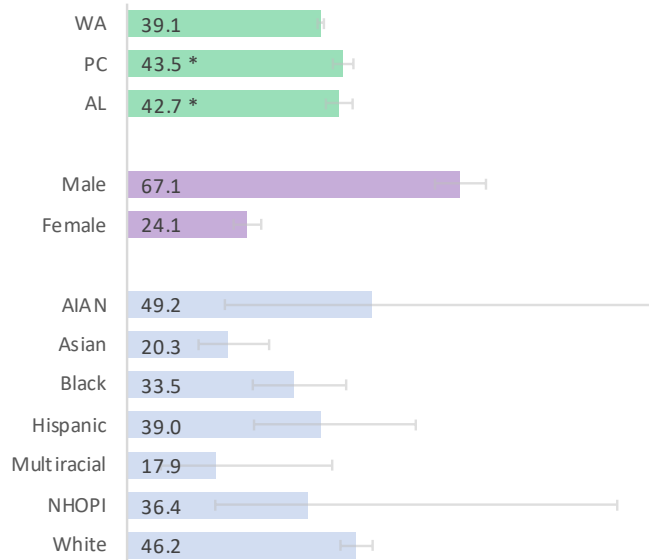
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## Urinary System Cancer

Urinary cancer, including the bladder and kidneys, is common and difficult to detect early, which makes treatment more difficult.

The incidence of urinary system cancer was higher in this community than the state. Males were significantly more at risk than females. Incidence among White residents was higher than Asian residents.

### Urinary System Cancer Incidence Allenmore Hospital Service Area, 2011-2015



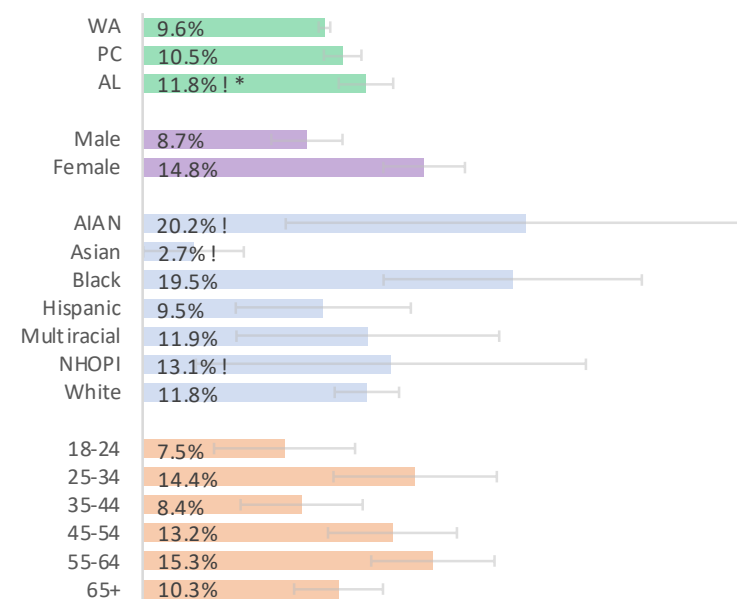
(\*) value different from WA state  
Rate: New cancer cases per 100,000 residents  
Source: Washington State Cancer Registry

## Asthma – Adults

Adults who report having ever been diagnosed with asthma by a health care provider are counted in the adult asthma rate.

Adult asthma was more common in this community than the state. Females were more likely to have asthma than males. There are no differences by age or race/ethnicity group.

### Adults Who Currently Have Asthma (%) Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state  
(!) relative standard error greater than 30%  
Groups excluded if cell size less than 10  
Source: Behavioral Risk Factor Surveillance System

# Leading Causes of Death

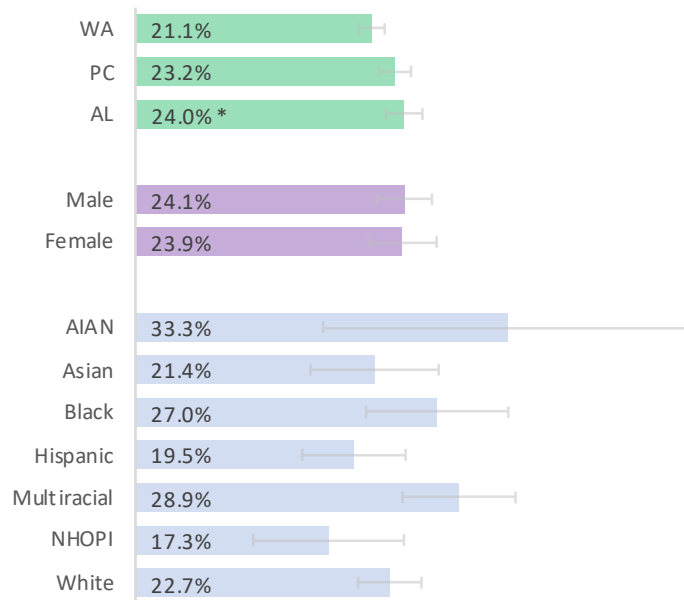
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## Asthma – Youth

Asthma affects people of all ages but most often starts in childhood. Asthma among children in Washington state is estimated using the Healthy Youth Survey. Students report if a doctor has ever told them they had asthma.

Youth asthma was more common in this community than the state. There were no differences by gender or race.

### Youth Who Currently Have Asthma (%) Allenmore Hospital Service Area, 2016



(\* ) value different from WA state  
Source: Healthy Youth Survey (10th graders)

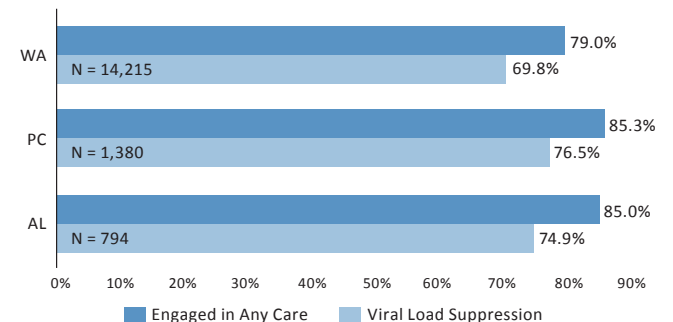
## Human Immunodeficiency Virus (HIV)

HIV has been a major public health concern for decades. In 2017, 39 individuals were newly diagnosed with HIV within the Allenmore Hospital community. The prevalence of people living with HIV (PLWH) is still substantial. In this community, 794 people were reported to be living with HIV.

Sometimes called the HIV treatment cascade, the continuum of care is a model of the sequential steps or stages of HIV medical care that PLWH go through, from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body).

In the Allenmore Hospital community, 86.3% of PLWH residents are engaged in any type of care, and 75.6% of these residents are living in viral suppression. This is higher than the state rates of 79.0% engaged in care and 69.8% living in viral suppression.

### HIV Treatment Care Outcomes Allenmore Hospital Service Area, 2017



Source: Washington State Department of Health, Enhanced HIV/AIDS Reporting System

# Health Behaviors



A healthy and active lifestyle has been shown to have a profound impact on reducing the burden of chronic illness described in the previous section. A healthy diet and regular physical activity are protective factors promoting our health and well-being, while tobacco and alcohol use lead to negative health outcomes.

In this community, obesity among both adults and children was not different than Pierce County or Washington state. Black adults have higher obesity rates than White adults. Obesity rates among Native Hawaiian or Other Pacific Islander and Multiracial were higher than White youth.

Females are more likely to avoid sugar-sweetened beverages than males. Black youth were the most likely to consume these beverages, while Asian youth were the least likely.

Cigarette use among adults in this service area (19%) was higher than the state (15%). American Indian/Alaska Native residents had higher cigarette smoking rates compared to Hispanic and White residents. American Indian and Alaska Native youth report the highest cigarette use (14%) and e-cigarette use (26%) in the community.

## OBESITY, PHYSICAL ACTIVITY AND NUTRITION

Many chronic diseases share the same root causes, such as high-calorie diets with low nutritional value and a lack of physical activity. Negative behaviors (risk factors) balanced with the positive behaviors (protective factors) over the life course of an individual have a profound role in the development of chronic disease.



# Health Behaviors

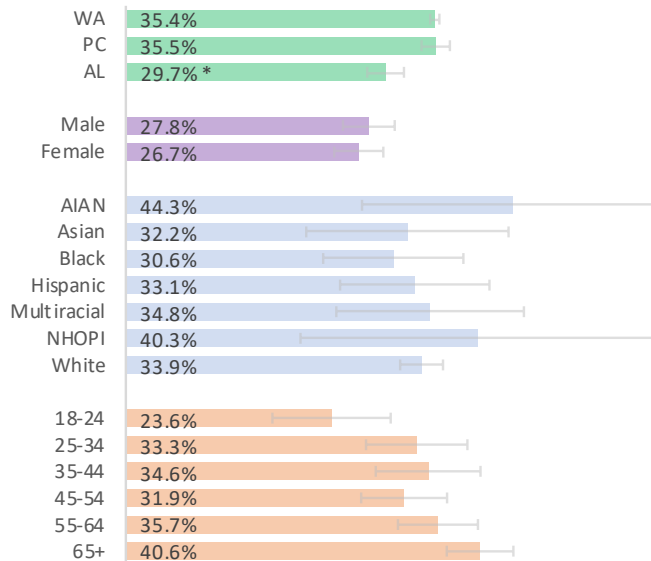
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## Overweight – Adults

Body Mass Index (BMI) is a measure of body fat based on height and weight. A high BMI is associated with a wide array of poor health outcomes. Adults are overweight if their BMI is greater than or equal to 25 but less than 30.

An overweight BMI for adults in the Allenmore Hospital community was less common than the state. There were no differences by gender or race/ethnicity group. Residents age 18 to 24 years old had lower rates of overweight compared to residents age 55 and older.

### Overweight Adults, 25 ≤ BMI < 30 (%) Allenmore Hospital Service Area, 2012-2016



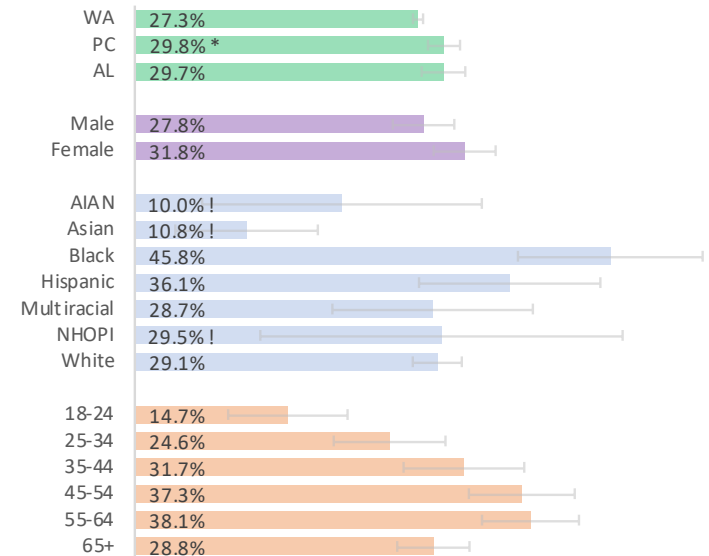
(\*) value different from WA state  
Source: Behavioral Risk Factor Surveillance System

## Obesity – Adults

Adults are classified as obese when their BMI is greater than or equal to 30. People with BMI in this category are at greater risk for heart disease and a host of other chronic diseases.

Obesity among adults in this community was not different than the state. There was no difference by gender. White adults were significantly less likely than Black adults to be obese.

### Adult Obesity (%) Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state  
(!) relative standard error greater than 30%  
Source: Behavioral Risk Factor Surveillance System

# Health Behaviors

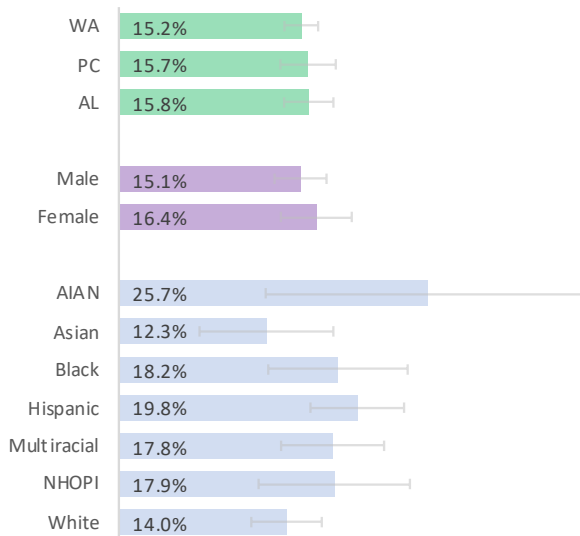
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## Overweight – Youth

Youth BMI groups are determined using Healthy Youth Survey responses from public school students. “Overweight” includes students who are in the top 15% for BMI, but not the top 5%, based on growth charts from the Centers for Disease Control and Prevention.

The percent of youth who are overweight in the Allenmore Hospital community was similar to the state. There was no difference by gender or race.

### Overweight Youth (%) Allenmore Hospital Service Area, 2016



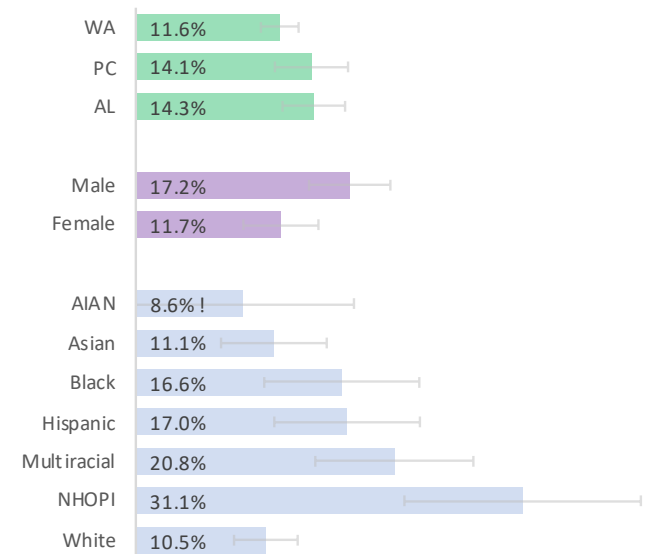
Source: Healthy Youth Survey (10th graders)

## Obesity – Youth

Youth are classified as obese when they are in the top 5% for BMI by age and gender based on growth charts developed by the CDC.

Youth obesity in this community occurred at similar rates as the state. White youth had lower obesity rates than Multiracial and Native Hawaiian or Other Pacific Islander youth.

### Youth Obesity (%) Allenmore Hospital Service Area, 2016



(!) relative standard error greater than 30%  
Groups excluded if cell size less than 10  
Source: Healthy Youth Survey (10th graders)

# Health Behaviors

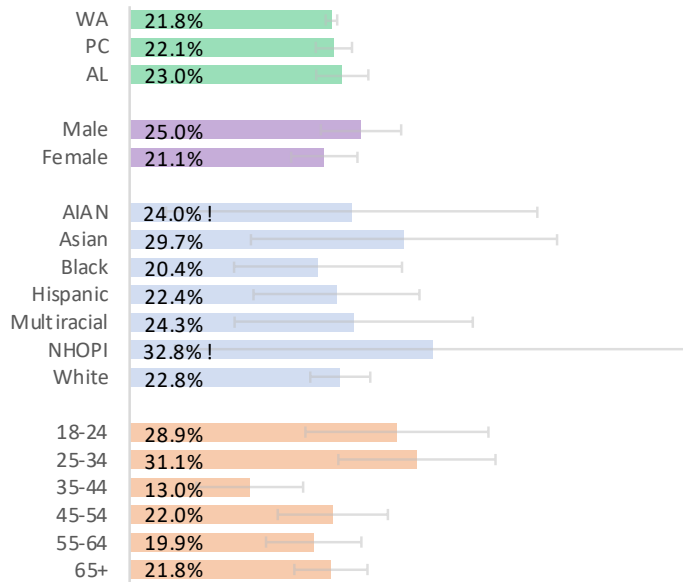
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## Physical Activity – Adults

Meeting recommended physical activity (PA) guidelines for aerobic exercise and strength conditioning helps reduce the burden of chronic disease related to fitness.

The percent of adults meeting PA recommendations in this community was similar to the state. There was no difference by gender or race.

### Met PA Recommendations (%) Allenmore Hospital Service Area, 2011-2015 (odd years)



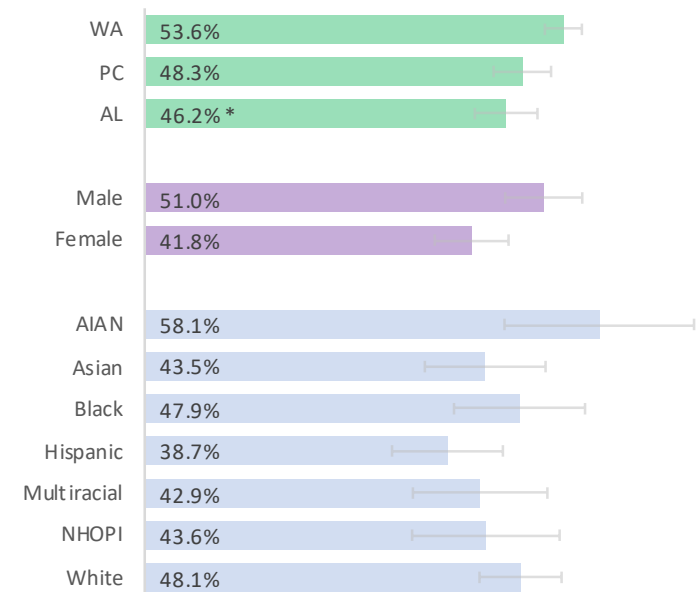
(!) relative standard error greater than 30%  
Source: Behavioral Risk Factor Surveillance System

## Physical Activity – Youth

Engaging in physical activity in youth is important for developing a healthy lifestyle as an adult.

Physical activity among youth in this community was less common than the state. There were no differences by gender or race.

### One Hour of Activity Five Days/Week (%) Allenmore Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)  
(\* ) value significantly different from WA state

# Health Behaviors

Continued

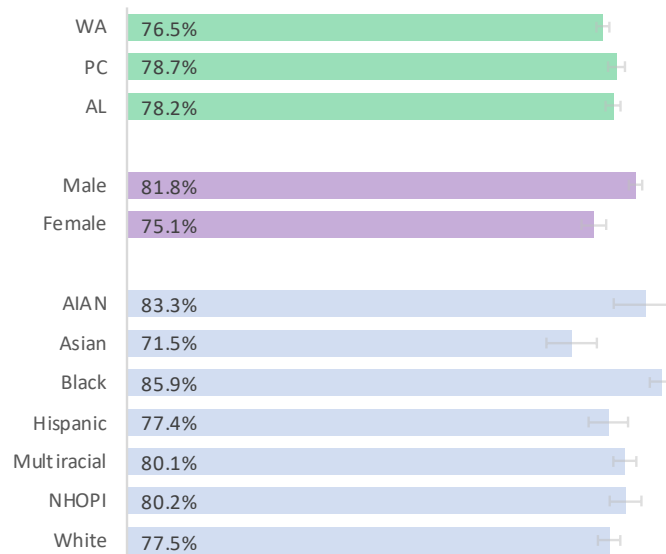
## Sugar-Sweetened Beverages

The availability and consumption of sugar-sweetened beverages (SSB) by youth can lead to the development of unhealthy behaviors and chronic disease later in life.

There was no difference in SSB consumption among community members when compared to the state average. Males were more likely than females to consume SSB. Black youth were more likely than many other race/ethnicity groups to consume SSB.

### SSB Consumption (%)

#### Allenmore Hospital Service Area, 2016



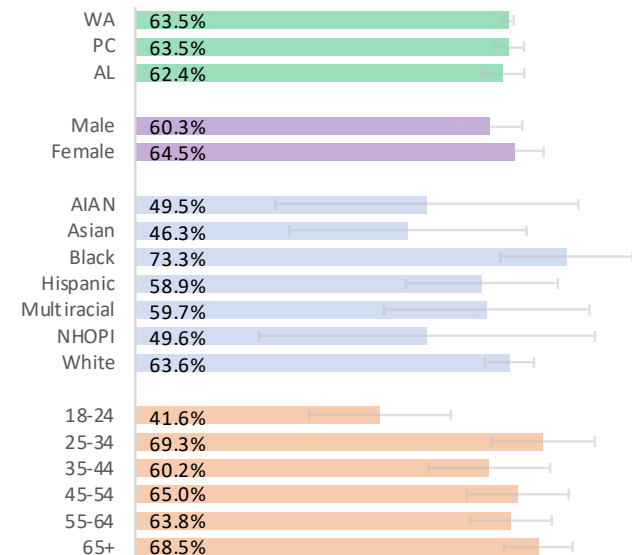
Source: Healthy Youth Survey (10th graders)

## Fruit Consumption – Adults

Consuming at least one serving of fruit per day is self-reported as part of the Behavioral Risk Factor Surveillance System. Fruit consumption among adults in this community was similar to the state.

There was no difference by gender or race. Young adults (18-24 years) are the least likely age group to consume one daily fruit serving.

### At Least One Daily Fruit Serving (%) Allenmore Hospital Service Area, 2011-2015 (odd years)



Source: Behavioral Risk Factor Surveillance System

# Health Behaviors

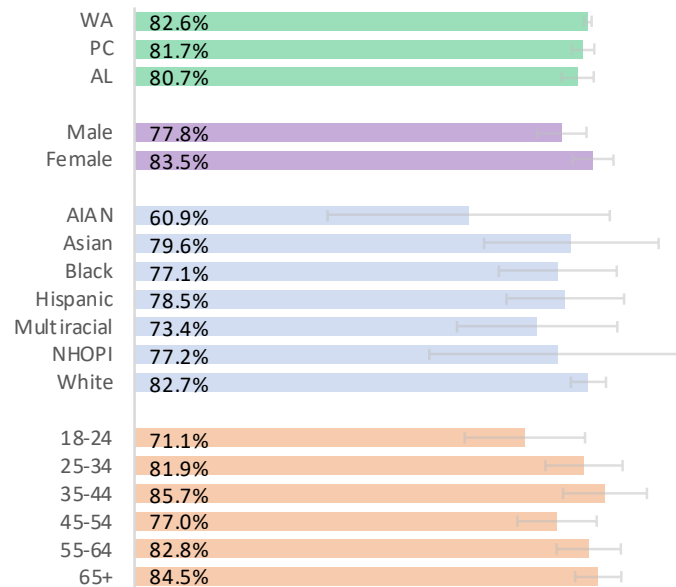
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## Vegetable Consumption – Adults

Consuming at least one serving of vegetables per day is self-reported as part of the Behavioral Risk Factor Surveillance System.

Vegetable consumption among adults within this community was similar to the state. There were no differences by age, gender or race.

### At Least One Daily Vegetable Serving (%) Allenmore Hospital Service Area, 2011-2015 (odd years)



Source: Behavioral Risk Factor Surveillance System

# Health Behaviors

Continued

## Tobacco

Tobacco use remains one of the most common risky behaviors in communities across the United States, despite a robust body of evidence that tobacco use increases the risk of heart disease, cancer and many other negative health outcomes. Despite a general trend of decreasing tobacco use nationwide, an increase in electronic cigarette availability, attempts to replace traditional cigarettes with electronic cigarettes and vaping product popularity among youth continue to be a concern.

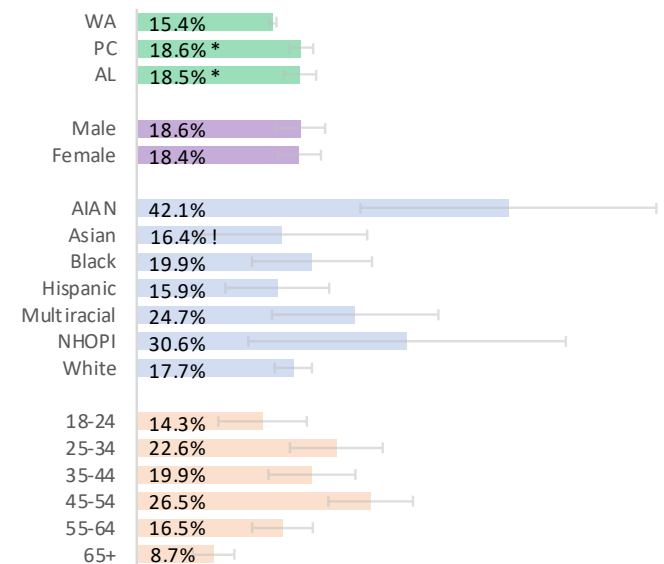
## Current Cigarette Use – Adult

Current cigarette use among adults was estimated using responses from the Behavioral Risk Factor Surveillance System.

Cigarette smoking among adults in this community was higher than the state.

There were no differences by gender. American Indian/Alaska Native residents had higher cigarette smoking rates compared to Hispanic and White residents. Older adults (65+ years) were less likely than middle aged adults (25-44 years) to smoke cigarettes.

## Current Cigarette Use – Adults (%) Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state

Source: Behavioral Risk Factor Surveillance System

# Health Behaviors

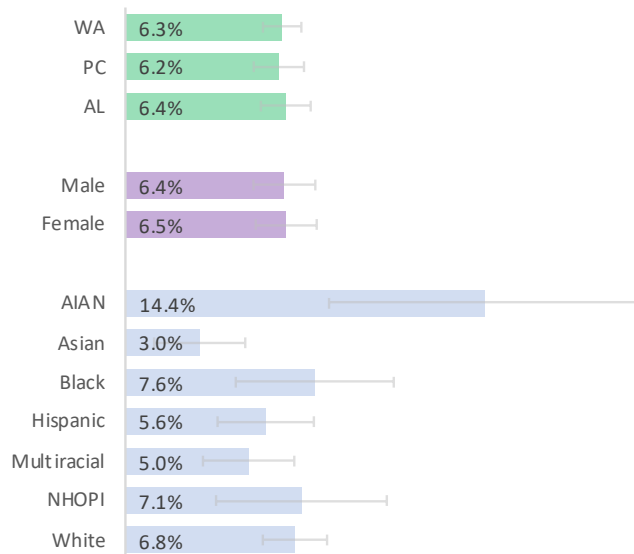
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## Current Cigarette Use – Youth

While the rate of tobacco use initiation has been declining nationwide, the issues of tobacco use among youth remains a concern. Preventing youth from forming a smoking habit reduces the risk of that individual smoking into adulthood.

Youth smoking rates in the Allenmore Hospital community were similar to the state. There was no difference by gender. American Indian/Alaska Native youth were more likely than Asian, Hispanic and Multiracial youth to smoke cigarettes.

### Cigarette Use, Past 30 Days (%) Allenmore Hospital Service Area, 2016



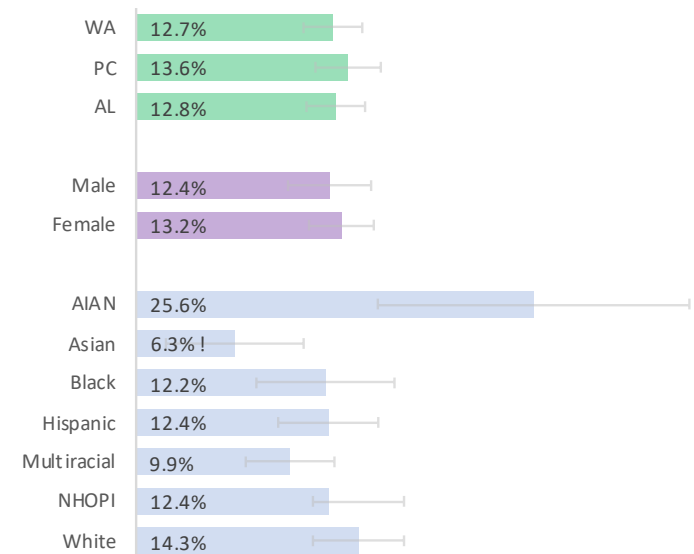
Source: Healthy Youth Survey (10th graders)

## Current E-Cigarette Use – Youth

Although cigarette use has declined nationwide, a new public health concern is the increasing use of e-cigarettes among youth. Long-term effects of e-cigarette use are unknown.

Youth e-cigarette use rates in this community were similar to the state. There was no difference by gender. American Indian/Alaska Native youth were more likely to use e-cigarettes than Hispanic and Multiracial youth.

### E-Cigarette Use, Past 30 Days (%) Allenmore Hospital Service Area, 2016



(!) relative standard error greater than 30%  
Source: Healthy Youth Survey (10th graders)

# Health Behaviors

Continued

## ASSETS & RESOURCES

Food banks, Farmer's Markets and other feeding programs sponsored by faith-based organizations are working to provide healthier food options to their customers.

Metro Parks Tacoma manages local parks, community centers and public places for physical activities. Some locations offer programs such as single-gender swim times and scholarships for children.

MultiCare Community Partnership Fund is a 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 the Puget Sound region.

Ready Set Go! 5210 is a community-based initiative in Pierce County to promote healthy lifestyle choices for children, youth and families.

SNAP-Ed (Supplemental Nutrition Assistance Program Education) is a federal grant program also referred to as Basic Foods or Food Stamps.

MultiCare Center for Healthy Equity and Wellness offers many community programs and services, including:

- corporate wellness
- health equity
- healthy cooking
- sports nutrition
- tobacco cessation
- weight management

Washington State Tobacco Cessation Quitline offers free resources to help smokers quit smoking.

YMCA of Pierce and Kitsap Counties:

- ACT! Actively Changing Together is for children with a high BMI. Parents or caregivers participate with their child(ren) weekly, playing games and activities, learning how to make healthy meals and snacks as a family and receiving group support to make lifestyle changes at home.
- Diabetes Prevention Program provides a supportive environment where participants work together in small groups to learn about healthier eating and physical activity to reduce the risk of developing diabetes.



# Social Connections



**One-third of the U.S. population reports they have two or fewer people they can count on in times of need.<sup>8</sup> People with more and stronger social relationships live longer than those with fewer and weaker social relationships.<sup>9</sup> Social connections help people receive more support and resources, stay independent and healthy and positively influence their mental health. Neighborhoods reporting stronger belonging and trust have lower obesity, high blood pressure and diabetes rates.<sup>10</sup>**

Residents in the Allenmore Hospital community reported having people they could count on, and connectedness with their community members at similar rates as the rest of the county and state.

<sup>8</sup>Perissinotto CM, Stijacic Cenzer I, Covinsky KE. Loneliness in older persons: a predictor of functional decline and death. *Arch Intern Med.* 2012;172(14):1078–1083.

<sup>9</sup>Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med.* 2010;7(7):e1000316. Published 2010 Jul 27.

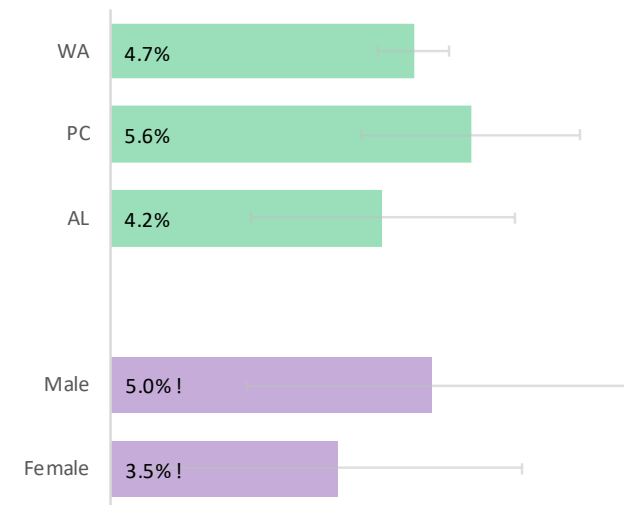
<sup>10</sup>Xia, N., & Li, H. (2018). Loneliness, Social Isolation, and Cardiovascular Health. *Antioxidants & redox signaling*, 28(9), 837-851.

## SOCIAL SUPPORT

Adults were asked how many people they could count on if they asked for practical help, like help grocery shopping or providing a family member with care.

There was no difference between the level of social support reported by members of this community compared to statewide reports. There was also no difference by gender.

### No Social Support (%) Allenmore Hospital Service Area, 2016



(!) relative standard error greater than 30%  
Source: Behavioral Risk Factor Surveillance System

# Social Connections

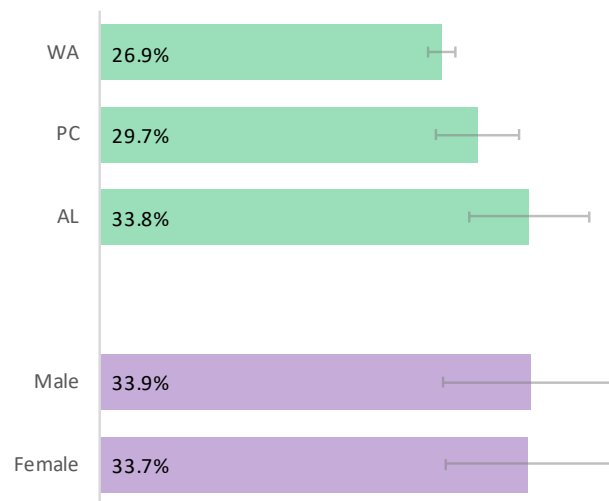
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## COMMUNITY RESILIENCE

Adults were asked how often people in their community do favors for each other, such as helping shop, garden or watch their property. This connectedness can serve as a protective factor by promoting the resilience of individuals in that community.

For this community resilience factor, there was no difference between the community and the state average. There was also no difference between genders.

### Help from Community Members (%) Allenmore Hospital Service Area, 2016



Source: Behavioral Risk Factor Surveillance System

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



MultiCare  
Allenmore Hospital  
Community Health  
Needs Assessment  
2019

**Access to comprehensive, high-quality health care services is vital for building healthier communities. Factors limiting access to health care make it more difficult to reach our full health and well-being potential. These barriers include inadequate insurance coverage, high costs of care and gaps in service availability. Addressing these barriers increases the likelihood of healthy and vibrant communities.**

This section includes information about access to care such as the percent of residents who have medical insurance or primary care provider. The section also includes statistics on oral healthcare, and preventable care services such as vaccinations and cancer screening.

The community served by Allenmore Hospital had insurance coverage rates comparable to Pierce County and Washington state – with 25-34-year-olds being the least likely age group to be insured. Hispanic residents in this area were insured at lower rates (75%) than White residents (90%). The percentage of people who did not see a doctor due to cost was higher in this hospital service area (16%) than the state (13%), with higher percentages among Hispanic (27%) and Black (24%) residents compared to White residents (14%).

Residents who do not have a usual primary care provider (i.e. “medical home”) were highest among Hispanic (49%) followed by Native Hawaiian or Other Pacific Islander (48%).

Native Hawaiian or Other Pacific Islander and Hispanic 3rd graders had higher rates of childhood cavities than White 3rd graders. White youth were most likely to have a dental checkup in the past 12 months, while Native Hawaiian or Other Pacific Islanders were least likely.

Vaccination rates for children in this community were comparable to the state and higher than the county average.

Almost three out of four adults age 50-75 years met USPSTF<sup>11</sup> colorectal cancer screening guidelines. Hispanic residents had lower screening rates compared to most other race/ethnicity groups.

Allenmore Hospital community members had higher rates of potentially preventable hospitalizations overall and for all specific health conditions measured.

<sup>11</sup>United States Preventive Services Task Force.

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

Continued

## ACCESS TO CARE

Not having health insurance is a barrier to receiving important medical care. Insurance coverage also allows individuals to engage the health care system before conditions develop and reduce the cost of neglected health. Unfortunately, segments of this community continue to be uninsured and have difficulty accessing care.

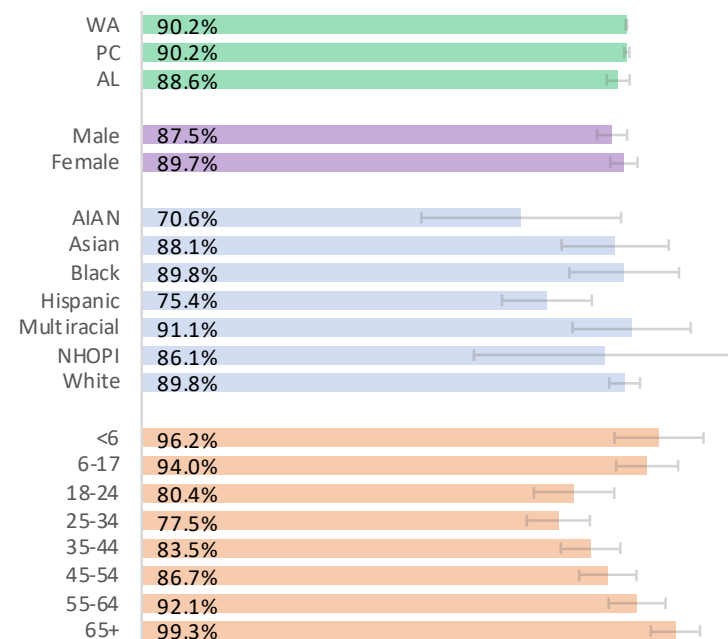
## INSURANCE COVERAGE

The lack of health care access can be particularly burdensome for individuals who don't have adequate health insurance. Following the implementation of the Patient Protection & Affordable Care Act, the proportion of residents reporting no insurance decreased. Still, insurance coverage gaps persist.

There was no difference in the percent of people who have insurance coverage within the Allenmore Hospital community compared to the state. Hispanic residents were less likely to have insurance coverage than White residents. Adults ages 25-34 years had the lowest rates of insurance coverage in this community.

## Insurance Coverage (%)

### Allenmore Hospital Service Area, 2012-2016



Source: U.S. Census, 2012-2016, 5-year estimates, American Community Survey, S2701

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

Continued

MultiCare  
Allenmore Hospital  
Community Health  
Needs Assessment  
2019

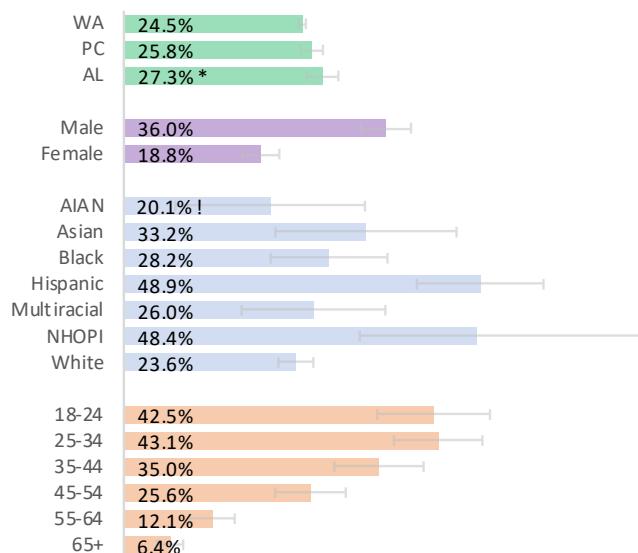
## MEDICAL HOME - ADULTS

A medical home is defined in this report as having a primary care provider. The rate of individuals with a medical home is estimated as the percent of people with a usual primary care source.

Adults in this community were less likely to have a usual primary care provider when compared to the state.

Males and people under 35 years of age were more likely to lack a usual primary care provider than females and people age 45 and older. Hispanic and Native Hawaiian or Other Pacific Islander adults were more likely than White adults to not have a usual primary care provider.

### No Usual Primary Care Provider – Adults (%) Allenmore Hospital Service Area, 2012-2016



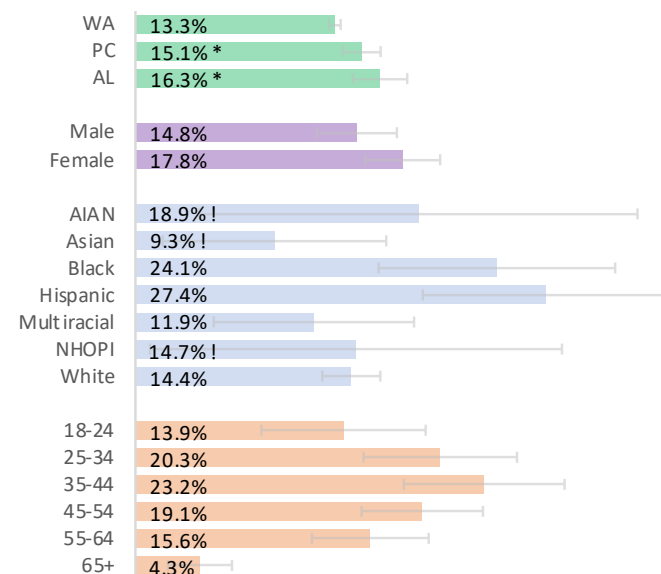
(\* ) value different from WA state (!) relative standard error greater than 30%  
Source: Behavioral Risk Factor Surveillance System

## COST & HEALTH CARE ACCESS

When an individual needs health care, cost can often be a factor for whether they obtain care.

The percent of adults who did not obtain care due to cost in the past year was higher in this community than the state. Black and Hispanic residents had higher rates of not obtaining care than White residents.

### Did Not See a Doctor Due to Cost (%) Allenmore Hospital Service Area, 2012-2016



(\* ) value different from WA state  
(!) relative standard error greater than 30%  
Source: Behavioral Risk Factor Surveillance System

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

Continued

## ORAL HEALTH

Regular dental checkups have a crucial role in preventing childhood cavities, as well as reducing the risk of chronic diseases.

**Childhood Cavities** – The percent of children with childhood cavities, untreated and treated, help us understand the burden of oral health conditions on our community.

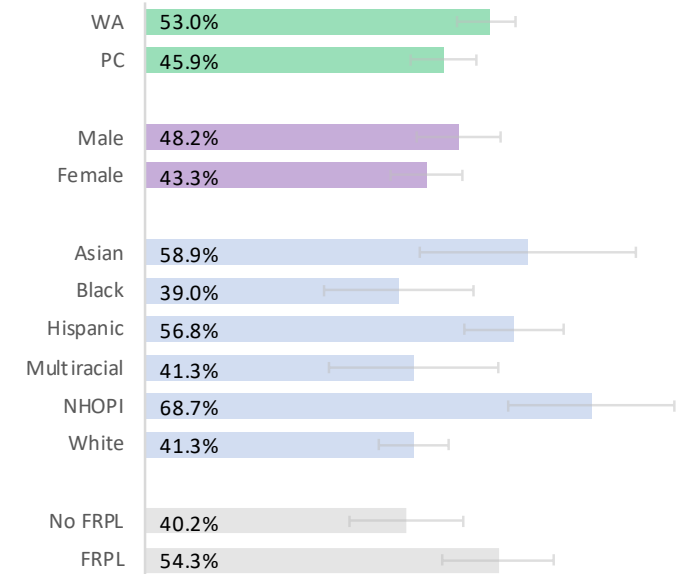
**Dental Checkups** – Regular dental checkups for youth help to promote proper oral hygiene practices and address acute and chronic oral health conditions.

## TOTAL CHILDHOOD CAVITIES

One of the most important indicators families can use to inform the quality of their diet and dental health care is the number of total childhood cavities. In Pierce County, 46% of 3rd graders had any history of cavities.

Native Hawaiian or Other Pacific Islander and Hispanic 3rd graders had higher rates of childhood cavities than White 3rd graders.

## Total Childhood Cavities (%) Pierce County, 2016



Source: SMILE Oral Health Survey (3rd grade)

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

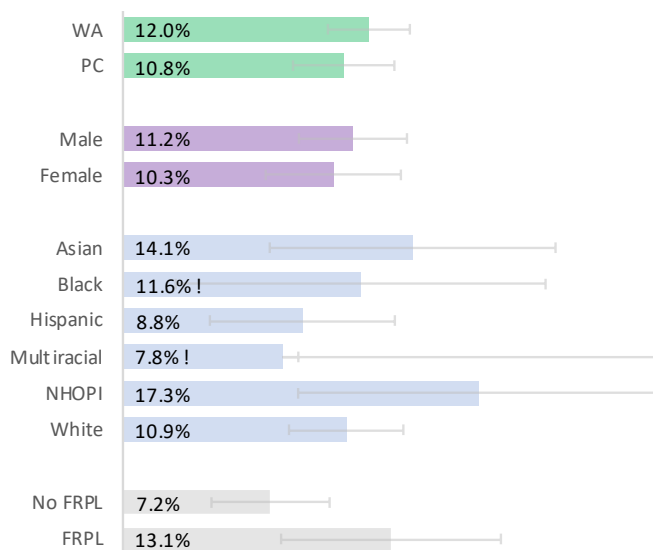
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## UNTREATED CHILDHOOD CAVITIES

Although childhood cavities are a warning sign for oral health concerns that would continue into adulthood, obtaining good dental care can help to minimize the continued damage of poor oral health. In Pierce County, 11% of 3rd graders had untreated cavities.

There were no differences by race/ethnicity, gender, or free and reduced-price lunch.

### Untreated Childhood Cavities (%) Allenmore Hospital Service Area, 2016



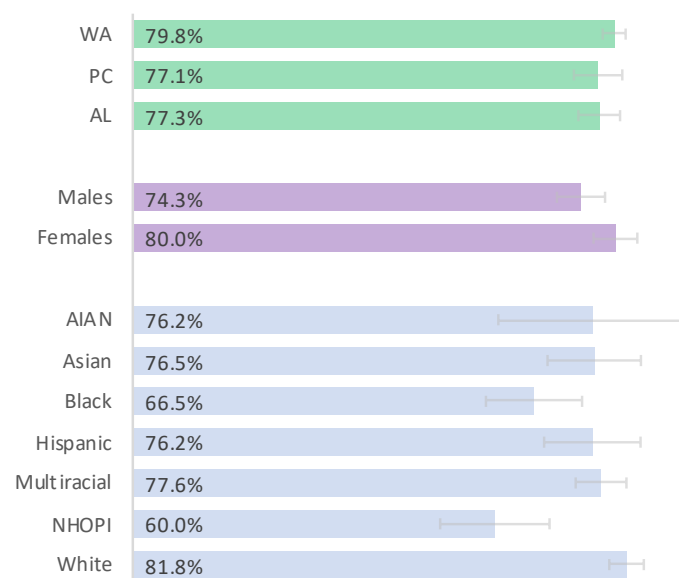
(!) relative standard error greater than 30%  
Source: SMILE Oral Health Survey (3rd grade)

## ROUTINE DENTAL CHECKUP – YOUTH

To prevent cavities and promote preferred dental hygiene practices, it is important to be routinely screened by a dental professional. In this community, 77% of youth had a dental checkup in the past 12 months. This was similar to the state.

White and Multiracial youth were more likely to have a routine dental checkup in the past year than Black and Native Hawaiian or Other Pacific Islander youth.

### Routine Dental Checkup, Past Year (%) Allenmore Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

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

Continued

## CLINICAL PREVENTIVE SERVICES

Clinical services for disease prevention and detection reduce the burden of disease. One of the greatest public health successes of clinical preventive services - immunizations - reduced infectious diseases worldwide and continues to do so. Understanding clinical preventive services in the community is key to maintaining a healthy community.

**Vaccinations** – The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance on effective control of vaccine-preventable diseases in the U.S. civilian population. In this report, vaccination rates are estimated using data from the Washington State Immunization Information System (WSIIS) for children 19-35 months and 15-17 years.

**Colorectal Cancer Screening** – The U.S. Preventive Services Task Force recommends colorectal cancer screening guidelines for adults age 50 to 75 years. This report shows the estimated percent of adults meeting these recommendations.

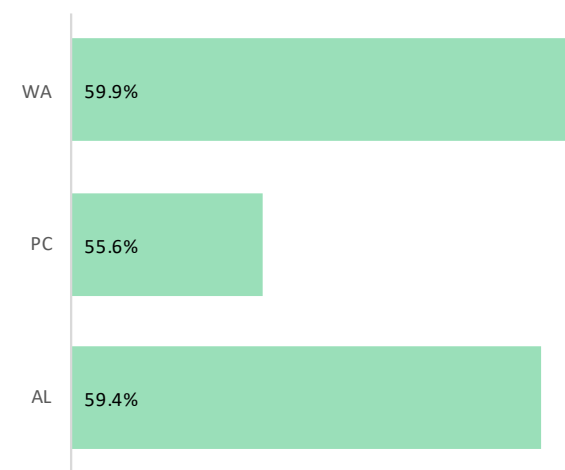
## VACCINATIONS (19-35 MONTHS)

Obtaining the recommended vaccinations early in childhood has been successful in reducing the burden of infectious disease among youth.

The vaccination rate for children between 19 and 35 months old in the Allenmore Hospital community was about the same as the state average.

### Recommended Vaccination Series Completed (%)

19-35 months, 4313314 HEDIS series



Source: Washington State Immunization Information System, December 2017



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

Continued

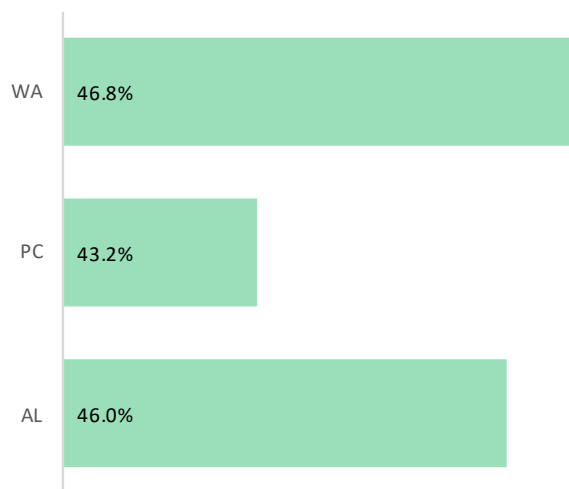
## VACCINATIONS (15-17 YEARS)

Adolescents aged 15-17 years are recommended to have the human papillomavirus (HPV) vaccine.

Adolescent HPV vaccination rates in this community were about the same as statewide vaccination rates.

### Received HPV Vaccination (%)

Adolescents, 15-17 years



Source: Washington State Immunization Information System, December 2017

<sup>12</sup>United States Preventive Services Task Force

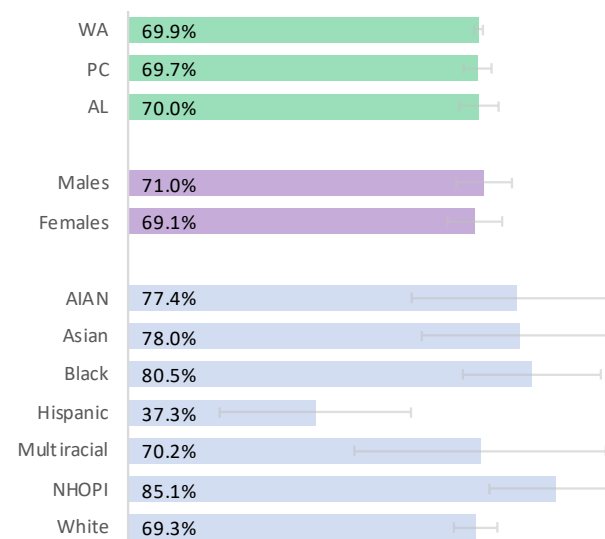
## COLORECTAL CANCER SCREENING

Regular screening for colorectal cancer helps with early detection and successful treatment. Adults ages 50 to 75 should begin regular screening at age 50 and continue until age 75. Adults over 75 should consult with their doctor on continued screening.

The percent of adults ages 50-75 years in this community meeting USPSTF<sup>12</sup> colorectal cancer screening guidelines was similar to the state. Hispanic adults had lower rates of colorectal cancer screening compared to most other race/ethnicity groups.

### Adults (50-75 yrs) Meeting Colorectal Cancer Screening Guidelines (%)

Allenmore Hospital Service Area, 2012-2016



Source: Behavioral Risk Factor Surveillance System

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

Continued

## PREVENTABLE HOSPITALIZATIONS

A preventable hospital stay is one that might have been avoided with better medical care outside of the hospital. For example, hospital stays for high blood pressure could be avoided with good medication management and monitoring by a primary care physician.

## PREVENTION QUALITY INDICATORS (PQI)

The Prevention Quality Indicators are a set of measures from hospital discharge data that describe quality of care. Early inpatient and good outpatient care can potentially prevent health complications and the need for these unnecessary hospitalizations. The indicators give insight into the community health care system or services outside the hospital setting and can be used to help flag potential health care quality problems.

Lower scores compared to the state average suggest better prevention of these issues in a community. Higher scores highlight chronic medical conditions that may not be managed well, barriers to access to health care services or opportunities to improve prevention among residents within the Allenmore Hospital community.

The four composite measures of PQI – Overall, Acute, Chronic and Diabetes – group individual PQI measures. Composite measures are used to understand the “big picture” of some preventable hospitalizations, while individual measures highlight important specific indicators.

The Allenmore Hospital community had higher rates of potentially preventable hospitalizations, overall and for all acute, chronic and diabetes-related indicators.

## Composite and Individual PQI Scores

Composite	AL	PC	WA
Overall	1248.7	1117.9	873.3
Acute	376.2	348.8	312.4
Chronic	872.4	769.2	556.1
Diabetes	176.2	148.8	122.8

Individual	AL	PC	WA
Diabetes Short-Term Complications <sup>C,D</sup>	69.8	59.0	46.2
Diabetes Long-term Complications <sup>C,D</sup>	58.8	52.0	47.2
COPD <sup>C</sup> or Asthma in Older Adults	335.0	289.8	197.8
Hypertension <sup>C</sup>	47.6	38.6	16.3
Heart Failure <sup>C</sup>	428.7	394.0	279.2
Dehydration <sup>A</sup>	106.1	99.3	82.5
Bacterial Pneumonia <sup>A</sup>	169.8	158.5	150.4
Urinary Tract Infections <sup>A</sup>	100.3	91.0	84.3
Uncontrolled Diabetes <sup>C,D</sup>	36.6	28.6	20.9
Asthma in Younger Adults <sup>C</sup>	34.6	26.6	22.3
Lower-extremity amputations among diabetics <sup>C,D</sup>	16.1	14.7	15.7

A: Included in “Acute” composite measure

C: Included in “Chronic” composite measure

D: Included in “Diabetes” composite measure

Source: Comprehensive Hospitalization Abstract Reporting System, 2016

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

Continued

## ASSETS & RESOURCES

Bates Dental Clinic provides low-cost preventive care and accepts Apple Health insurance for adults.

Carol Milgard Breast Center – a partnership of MultiCare and CHI Franciscan – provides comprehensive breast health services to all women in the community, regardless of financial circumstances.

Community Health Care (CHC) is a private, nonprofit organization that operates clinics throughout Pierce County that offer primary medical and dental care services to uninsured and low-income individuals.

Federally Qualified Health Centers (FQHCs) offer primary, preventive and supportive health services without regard to economic or insurance status.

Lindquist Dental Clinic for Children provides accessible, compassionate and effective dental care to children in need at local clinics, schools and dental outreach events.

Medical Teams International offers free or low-cost urgent dental care services through its Mobile Dental Program.

MultiCare Cancer Support Services help cancer patients feel strong, confident and comfortable throughout their cancer care journey. Potentially Preventable Hospitalizations Initiative is a pilot program led by a coalition of health service providers, including MultiCare Health System. Clinics in a six-zip code area are working to increase the number of residents who receive pneumonia and flu shots and who are screened for alcohol, tobacco and other drug use and for depression.

Neighborhood Clinic provides free urgent medical care to patients who cannot afford or access health care.

Pierce College Dental Hygiene Clinic provides low-cost preventive care for low-income and uninsured families and seniors.

**Potentially Preventable Hospitalizations Initiative** is a pilot program in the Tacoma General Hospital community led by a coalition of health service providers, including MultiCare. Clinics in a six-zip code area are working to increase the number of residents who receive pneumonia and flu shots and who are screened for alcohol, tobacco and other drug use and for depression.

Project Access collaborates with Pierce County 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.

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

Continued

**Puyallup Tribal Health Authority** provides medical and dental care to Puyallup tribe members and Pierce County residents who are enrolled members of other tribes.

**Sea Mar Community Health Center**, another FQHC with locations in Pierce County, 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.

**Statewide Health Insurance Benefits Advisors (SHIBA)** can help explain 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.

**Tacoma-Pierce County Health Department Family Support Centers** assist families in finding resources and applying for DSHS benefits, including SNAP (food stamps), medical and dental benefits. In addition, the Family Support Centers connect families to low-cost and/or free 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.

**Trinity Clinic** serves Tacoma residents without insurance at Trinity Presbyterian Church.

# Maternal and Child Health



MultiCare  
Allenmore Hospital  
Community Health  
Needs Assessment  
2019

**Improving the well-being of mothers, infants and children is a starting point for healthy families in the community. This includes protecting and promoting the health of our future generations through positive behaviors, such as early and adequate prenatal care and breastfeeding.**

In this community, the infant mortality rate was higher (6.2%) than that of Washington State (4.7%).

Overall, 7.1% of newborns had a low birth weight, which was higher than the state average. The most likely races to have a low birth weight newborn were Black and Asian mothers. In this community Black babies were born at a low birth weight (12.3%) at twice the rate of White babies (6.1%).

The percent of women receiving inadequate prenatal care was higher (37.1%) in this community than the state (29.2%). Native Hawaiian or Other Pacific Islander and American Indian/Alaska Native women had higher rates of inadequate care compared to White and Asian women.

## PREGNANCY

Pregnancy is a complex and life-changing experience that lays the foundation for a community's future. Many factors impact the likelihood of poor pregnancy outcomes. Early and adequate prenatal care may prevent pregnancy-related complications, help mothers as they navigate a high-risk pregnancy or assist them in connecting to tobacco cessation resources.

## PRENATAL CARE

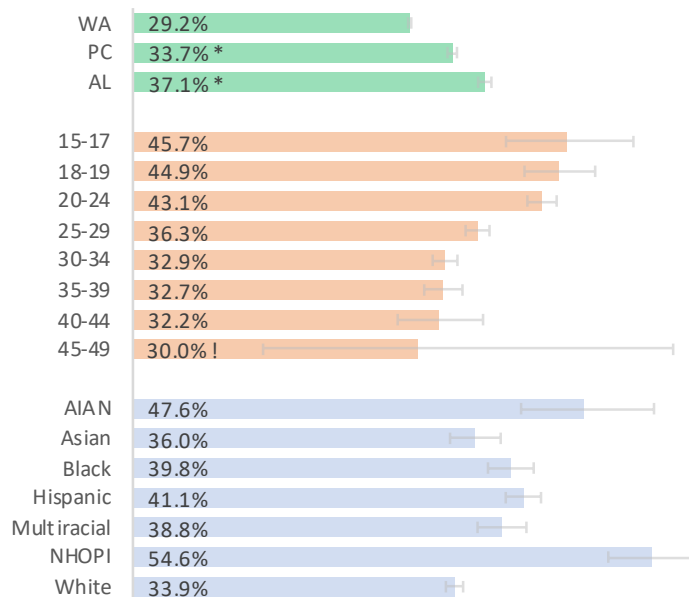
The adequacy of prenatal care was measured using Kotelchuck's Adequacy of Prenatal Care Utilization (APCU) index. Prenatal care was considered adequate based on when care is initiated (the earlier the better) and how many of the expected visits are completed.

The percent of women receiving inadequate prenatal care was higher in this community when compared to state averages. Native Hawaiian or Other Pacific Islander and American Indian/Alaska Native women had higher rates of inadequate care compared to White and Asian women.

# Maternal and Child Health

Continued

## Inadequate Prenatal Care (%) Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state

(!) relative standard error greater than 30%

Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

## INFANCY

The first year of life, or infancy, is an important time in child development.

**Infant Mortality** – The number of infant deaths per 1,000 live births is generated using birth certificate data and represents the infant mortality rate (IMR).

**Low Birth Weight** – A birthweight under 2500 grams is low birthweight, while very low birthweight is a birthweight under 1500 grams.

## INFANT MORTALITY

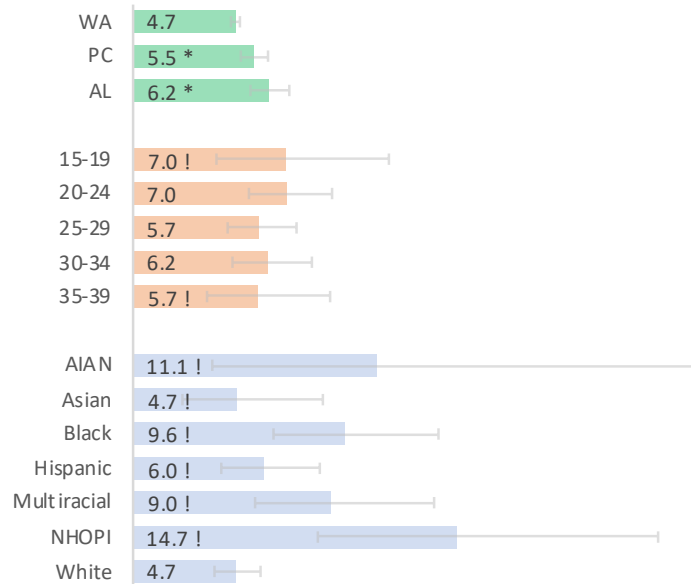
Infant mortality refers to a baby's death less than 365 days after birth. As prenatal care has improved, infant mortality has become less common, but disparities continue to exist.

The infant mortality rate was higher in the Allenmore Hospital community than the state. Because of the large standard error in the data, it is not possible to accurately compare infant mortality by age or race/ethnicity groups.

# Maternal and Child Health

Continued

## Infant Mortality Rate Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state

(!) relative standard error greater than 30%

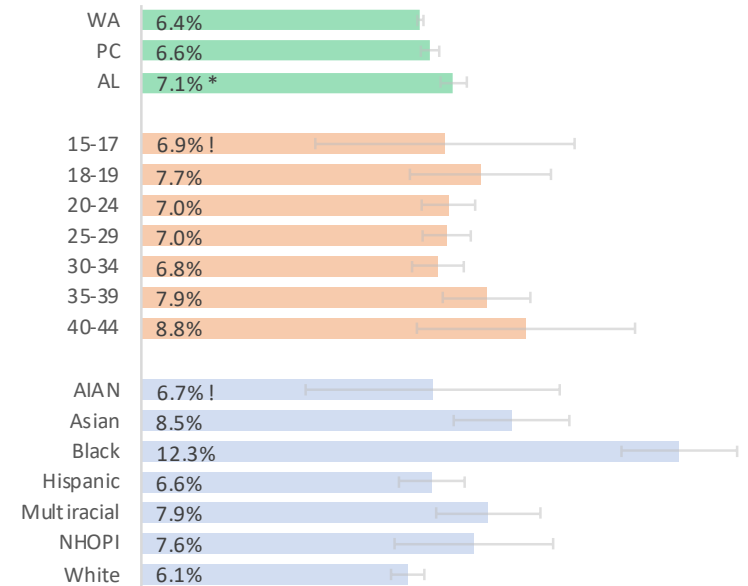
Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

## LOW BIRTH WEIGHT

The proportion of births with a low birthweight (less than 2500 grams) is an important risk factor for the well-being of newborns.

In this community, 7.1% of newborns had a low birth weight, which was higher than the state. Black mothers had higher rates of newborns with low birth weights compared to all other race/ethnicity groups.

## Low Birth Weight, ≤2500 grams (%) Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state

(!) relative standard error greater than 30%

Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

# Maternal and Child Health

Continued

## ASSETS & RESOURCES

**Black Infant Health** educates pregnant black women and their families about pregnancy and infant health through a partnership with local African American churches, community groups and TPCHD.

**Maternity Support Services** (MSS) includes preventive health and education services for Medicaid enrolled pregnant women and their infants.

**MultiCare Women Infant and Children Supplemental Nutrition Program (WIC)** program helps pregnant women, new mothers and young children eat well, learn about nutrition and stay healthy.

**Native American Women's Dialogue on Infant Mortality (NAWDIM)** is a Native-led collective whose members are concerned about high rates of infant mortality in their communities.

**Nurse-Family Partnership** is a home visiting program available to support first-time moms through pregnancy and a child's second birthday.

**Our Lady of Guadalupe Maternity Center at St Vincent de Paul (Lakewood)** offers free of charge car seats, diapers, formula and clothing for babies and young children.

**Perinatal Collaborative of Pierce County** (PCPC) is a local non-profit dedicated to improving the health of Pierce County mothers and infants. PCPC provides opportunities to learn about best practices in caring for mothers and infants in our community.

**Period of PURPLE Crying** is a curriculum that helps parents understand this time in their baby's life and is a promising strategy for reducing the risk of child abuse.

**Postpartum Support International** has two active support groups in Pierce County.

**Pregnancy Aid** is a Tacoma social service agency that provides immediate help to any woman and her family, including food, clothes, baby supplies and help with rent and utilities.

**Results Washington** is Governor Jay Inslee's statewide framework which calls for reducing birth outcome disparities.



# Injury and Violence Prevention



MultiCare  
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Community Health  
Needs Assessment  
2019

**Injuries and violence adversely affect everyone, regardless of background. Although they are preventable, injuries and violence are leading causes of death for many age and race groups. Those who survive these traumatic experiences may face life-long mental and physical problems.**

In this section, information was included for intentional and unintentional injuries that occurred in the Allenmore Hospital community. Suicide rates were higher among residents here compared to Washington state. Males had almost three times the suicide rate as females. Homicide rates are also higher in this area compared to Washington state. Black residents were three times more likely than White residents to die from homicide.

The Allenmore Hospital community had about the same unintentional injury death as the state average. Males had higher unintentional injury death rates than females. Asian residents had lower rates than White residents.

## INTENTIONAL INJURIES

Injuries that are intentional, both fatal and non-fatal, are common in the Allenmore Hospital community. Intentional injuries are described as self-inflicted, assault and other. Hospitalizations and deaths for both suicide and homicide are often preventable.

# Injury and Violence Prevention

Continued

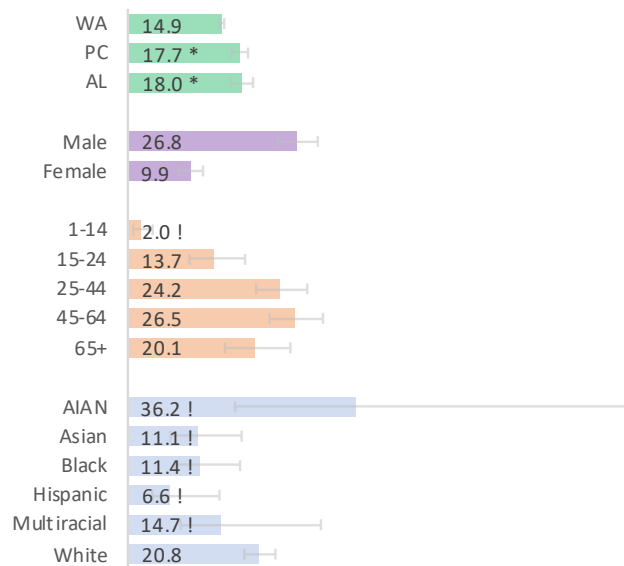
## SUICIDE

Suicide is one of the leading causes of death. The rate of suicide is the number of deaths due to intentional self-harm per 100,000 people.

The Allenmore Hospital community had higher rates of suicide compared to the state. Males had almost three times the suicide rate as females. Because of the large standard error in the data, it is not possible to accurately compare suicide by race/ethnicity groups.

### Suicides

#### Allenmore Hospital Service Area, 2012-2016



(\* ) value different from WA state  
 (!) relative standard error greater than 30%  
 Groups with small sample size suppressed  
 Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

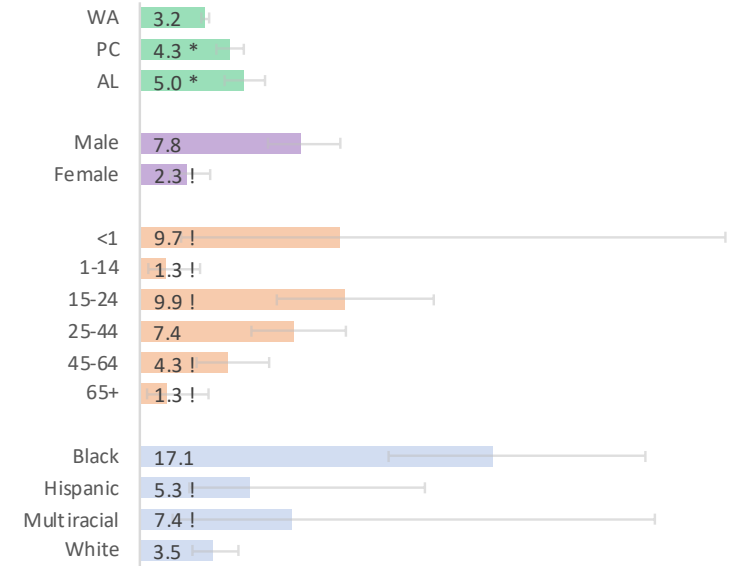
## HOMICIDE

The rate of homicide is the number of deaths due to intentional harm by another person per 100,000 people.

Homicide was more common in the Allenmore Hospital community compared to the state. Males had more than three times the homicide rate than females. Black residents had more than three times the homicide rate than White residents.

### Homicides

#### Allenmore Hospital Service Area, 2012-2016



(\* ) value different from WA state  
 (!) relative standard error greater than 30%  
 Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

# Injury and Violence Prevention

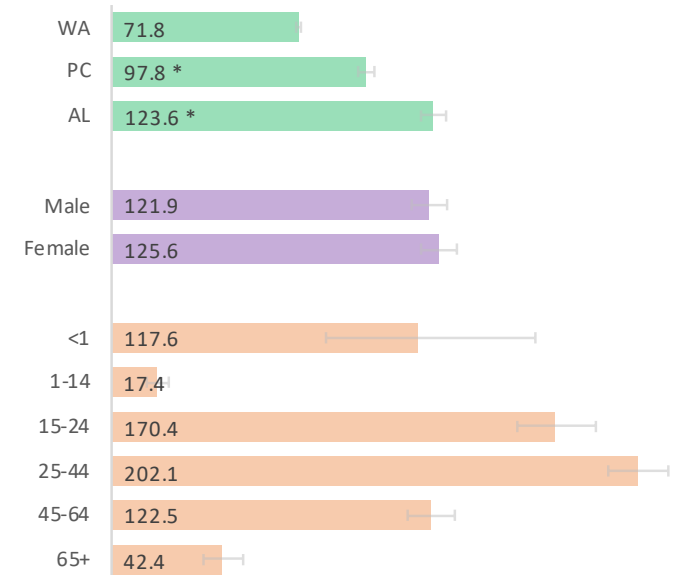
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## INTENTIONAL INJURY HOSPITALIZATIONS

Intentional injuries include self-inflicted assault and anything else that is intentional.<sup>13</sup> Hospitalization rates due to intentional injuries are generated using the same three categories.

The Allenmore Hospital community had a higher rate of intentional injury hospitalizations compared to the state average. There was no difference by gender. Adults age 15 to 44 years had higher rates of intentional injury compared to other age groups.

## Intentional Injury Hospitalizations Allenmore Hospital Service Area, 2011-2015



(\*) value different from WA state

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2015. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), August 2016.

<sup>13</sup> "Other" is an injury category used when the intent is known but it is not unintentional, self-harm or assault.

# Injury and Violence Prevention

Continued

## UNINTENTIONAL INJURIES

Unintentional injuries are one of the leading causes of hospitalization and death nationwide. Typically, unintentional injuries are due to poisonings, motor vehicle crashes and falls.

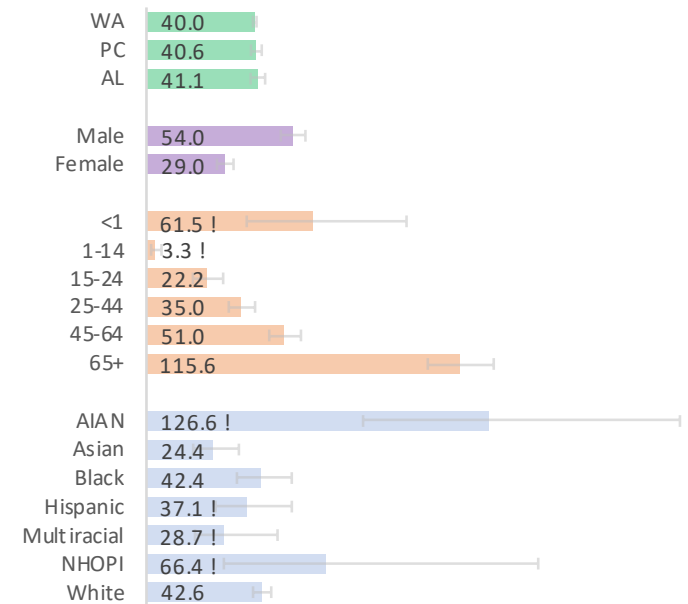
## UNINTENTIONAL INJURY DEATHS

The rate of unintentional injury deaths is the number of unintentional injury deaths per 100,000 people, which is measured using death certificate data.

The Allenmore Hospital community had about the same unintentional injury death as the state average. Males had higher unintentional injury death rates than females. Asian residents had lower rates than White residents.

## Unintentional Injury Deaths

### Allenmore Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), June 2017.

# Injury and Violence Prevention

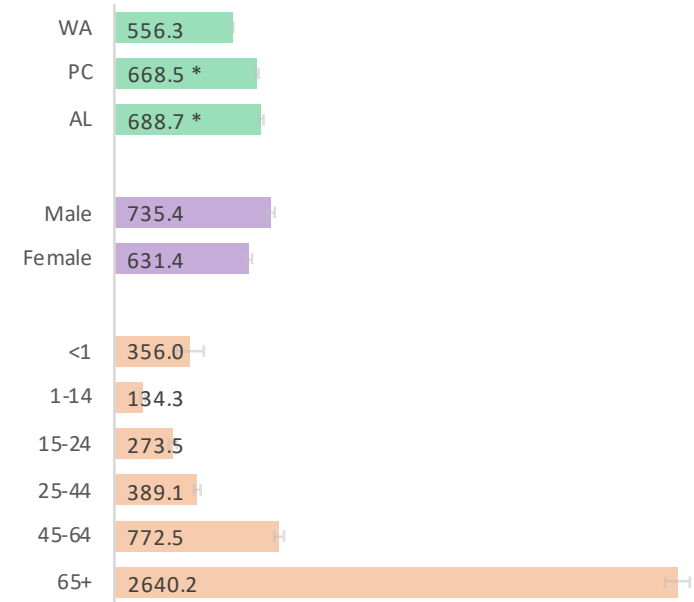
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## UNINTENTIONAL INJURY HOSPITALIZATIONS

Hospitalizations caused by unintentional injuries are reported as a rate per 100,000 people from hospital discharge data.

The Allenmore Hospital community had a higher rate of unintentional injury hospitalizations compared to the state average. Males had a higher rate than females. Residents age 65 and older had the highest rate of unintentional injury hospitalization.

### Unintentional Injury Hospitalizations Allenmore Hospital Service Area, 2011-2015



(\*) value different from WA state

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2015. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), August 2016.

# Injury and Violence Prevention

Continued

## ASSETS & RESOURCES

### Child Safety

Mary Bridge Center for Childhood Safety works to prevent unintentional childhood injury through health education, community partnerships and best practice prevention strategies. Examples include infant sleep guidelines, bicycle helmet use, fall prevention, car seat inspections and life jacket loans, free of charge.

### Drugs & Alcohol

The Target Zero Task Force works to reduce traffic crashes and traffic-related injuries to zero by the year 2030.

### Fall Prevention

Community and senior centers offer physical-activity programs, such as Silver Sneakers.

Stay Active & Independent for Life (SAIL) is a strength, balance and fitness program for adults 65 and older.

THINKFIRST is a national injury prevention foundation, including concussions and falls.

### Neighborhood & Community Safety

City of Tacoma gang violence prevention initiatives provide youth and their families with a network of community resources to help prevent youth from being affiliated with gangs and to provide families and youth with assistance and resources to prevent and suppress gang violence in their communities.

Crime Prevention Through Environmental Design (CPTED) is a violence prevention approach through the lens of more livable neighborhoods.

Safe Streets Neighborhood Mobilization Programs support safety and violence prevention across the county.

# 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 an elevated risk for co-occurring disorders, including substance abuse disorder. A health care system committed to addressing behavioral health concerns alongside physical health concerns can help improve the lives of community members.**

In the community served by Allenmore Hospital, 4.9% of adults have experienced serious mental illness, which is about the same rate as the state (3.8%).

Youth experienced depression about the same rates of the rest of Pierce County and the state, although females reported depression at almost twice the rate of males. Hispanic youth also reported higher depression rates than their White peers.

Depression in adults was similar in this community compared to state averages. Females were more likely than males to be diagnosed with depression. Adults ages 65 years and above had the lowest risk.

## MENTAL HEALTH

Depression, anxiety and substance use disorder are examples of how mental health presents itself in our communities. Like other health conditions, mental illness is treatable.

**Serious Mental Illness** – Serious mental illness among adults is measured by the Behavioral Risk Factor Surveillance System with the Kepler-6 psychological distress scale (determined by responses to survey questions about the frequency over the past 30 days of feeling nervous, hopeless, restless, worthless, that everything was an effort and so depressed that nothing could cheer them up).

**Depression** – Depression among youth is generated using the Healthy Youth Survey. Depression among adults is self-reported based on receiving a diagnosis of depression by a health care provider.

# Behavioral Health

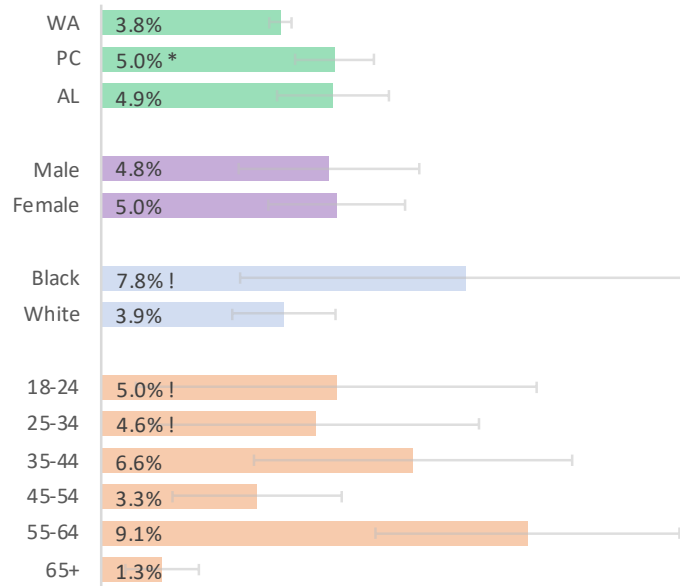
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## SERIOUS MENTAL ILLNESS

The percent of adults with serious mental illness (SMI) is estimated based on a Kepler-6 psychological distress scale score of 14 or higher.

Nearly 5% of adults in the Allenmore Hospital community lived with a serious mental illness, which was about the same as the state average. There were no differences by gender or race. Adults 65 years and older had lower rates compared to several other age groups.

**Serious Mental Illness – Adults (%)**  
Allenmore Hospital Service Area, 2012-2016



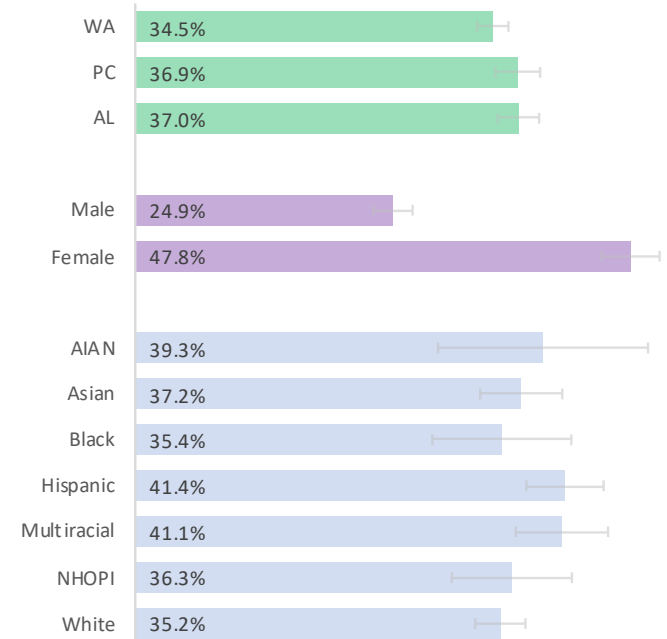
(\*) value different from WA state  
(!) relative standard error greater than 30%  
Groups with small sample size suppressed  
Source: Behavioral Risk Factor Surveillance System

## DEPRESSION – YOUTH

Youth are considered to have been depressed when they reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months.

Youth depression in this community was not different from the state. Females were more likely than males to report depression. Hispanic youth were more likely than White youth to report depression.

**Self-Reported Depression – Youth (%)**  
Allenmore Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)



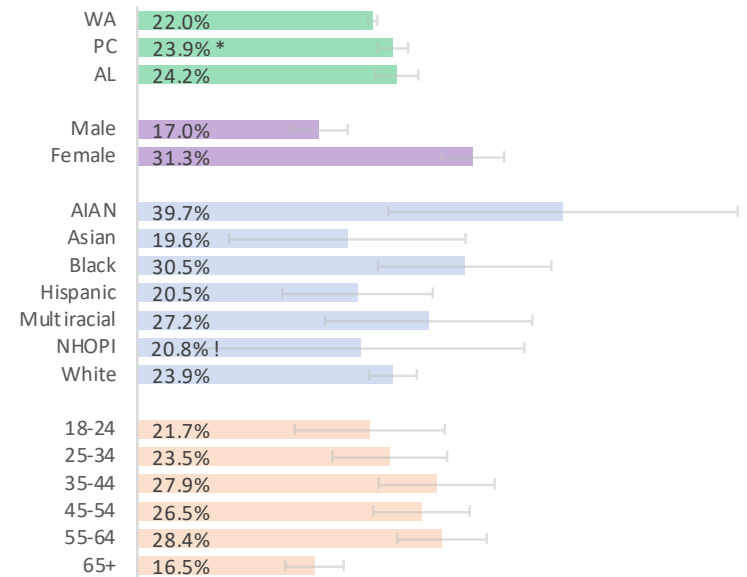
## DEPRESSION – ADULTS

Depression diagnoses among adults are self-reported using the Behavioral Risk Factor Surveillance System.

The percent of adults with diagnosed depression in this community was similar to the state.

Females had higher depression rates compared to males. There were no differences by race or ethnicity. Adults ages 65 years and above had the lowest risk.

### Depression Among Adults Allenmore Hospital Service Area, 2012-2016



(\*) value different from WA state

(!) relative standard error greater than 30%

Source: Behavioral Risk Factor Surveillance System

# Behavioral Health

Continued

## SUBSTANCE ABUSE

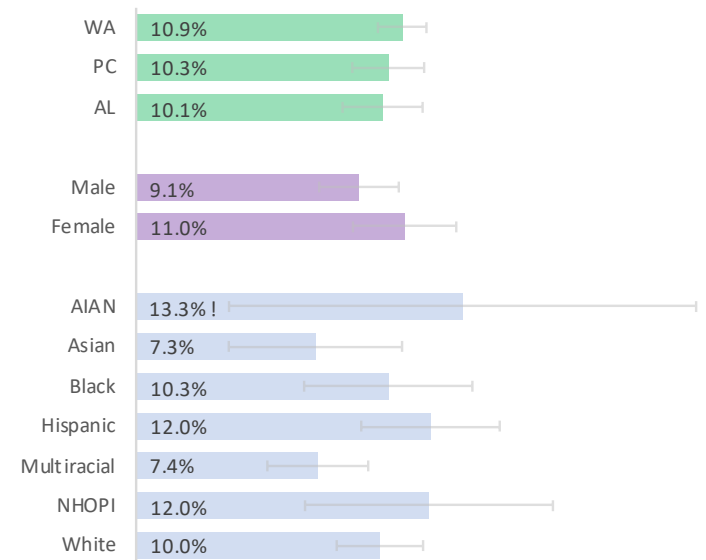
The inappropriate use of mind-altering substances, legal and illegal, presents major challenges to a community. Substances of public health concern include, but are not limited to, alcohol, marijuana and opioids. This includes alcohol and marijuana use among youth and driving under the influence of either. Ensuring a coordinated and integrated system of care for with substance use disorders is essential.

## BINGE DRINKING – YOUTH

Binge drinking among youth is self-reported through the Healthy Youth Survey. Youth who reported consuming five or more drinks in a row in the past two weeks were considered to have engaged in binge drinking.

Youth binge drinking was about the same in the Allenmore Hospital community compared to the state average. There were no differences by gender or race/ethnicity groups.

## Binge Drinking Among Youth (%) Allenmore Hospital Service Area, 2016

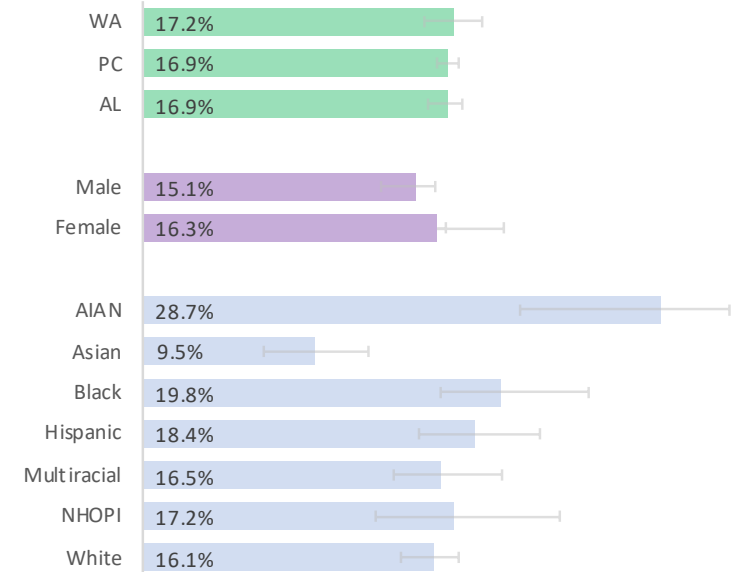


(!) relative standard error greater than 30%  
Source: Healthy Youth Survey (10th graders)

## MARIJUANA USE – YOUTH

In Washington state marijuana use is legal for people 21 years and older. Marijuana use puts youth at greater risk for addiction and failing in school. Most teens who enter drug treatment programs report marijuana is the main drug they use. The percent of youth who reported using marijuana is about the same as the state and county averages. Asian youth in this community reported less marijuana use compared to other race and ethnicity groups. American Indian/Alaska Native youth had higher use rates compared to White youth.

## Youth Using Marijuana in Last 30 Days (%) Allenmore Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

# Behavioral Health

Continued

## ASSETS & RESOURCES

**211 Pierce County** is a resource phone line operated by United Way of Pierce County and has a dedicated mental health navigator.

**Catholic Community Services** consists of 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.

**Comprehensive Life Resources** 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.

**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.

**Forefront** is a research organization based at the University of Washington that trains health professionals to develop and sharpen their skills in the assessment, management and treatment of suicide risk.

**Gig Harbor Key Peninsula Suicide Prevention Coalition** helps educate the community and collaborate to prevent youth violence and suicide.

**Greater Lakes Mental Healthcare** provides a full range of youth and adult mental health services.

**Mental Health First Aid** is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

**Metropolitan Development Corporation** has a wide range of housing, health and mental health programs.

**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.

# Behavioral Health

Continued

**NAMI Pierce County** serves individuals, families and communities in Pierce County struggling with mental health.

**Olalla Recovery Centers** treats all aspects of drug and alcohol addictions, including the needs of special populations through skilled inpatient and outpatient care and services.

**Pierce County Alliance** provides human services, specializing in substance abuse and mental health services for individuals, families and the community.

**Pierce County Opioid Task Force** is a partnership of several community leaders and members, health services providers and social service providers who work together to improve access to treatment for people with opioid use disorder and prevent the use of opioids among youth.

**SafeTalk** and **ASIST** are suicide prevention programs available throughout Pierce County.

**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.

## **Tacoma Pierce County Health Department**

**Family Support** Family Support Centers offer many community-based services. They are a hub to help families find the resources to achieve their goals. Not all support centers have the same services. They are each designed to meet the needs of the community around it.

WA **House Bill 2315** and other bills over the past several years require school staff, behavioral health care providers and other health care providers to participate in suicide prevention training as part of their licensure.



## QUANTITATIVE DATA SOURCES

The data sources included in the quantitative analysis range from those providing aggregate results for the populations of interest to those with raw data available for analysis where estimates were generated by TPCHD.

### American Community Survey (ACS)

This mailed survey is an annual supplement to the 10-year Census. The ACS location of residence is based on census tracts, which are converted to zip code tabulation area (ZCTA) for analysis.

### Agency for Healthcare Research and Quality (AHRQ)

Prevention Quality Indicators (PQIs) are a set of measures generated using hospital discharge data (CHARS) based on guidance from the AHRQ.

### Behavioral Risk Factor Surveillance System (BRFSS)

This is the largest, continuously conducted telephone health survey in the world. The survey collects information from adults on a vast array of health conditions, health-related behaviors and risk and protective factors. In 2011, a new data weighting

approach was implemented making data before 2011 unreliable for comparison to data from 2011 and later.

### Comprehensive Hospitalization Abstract Reporting System (CHARS)

This hospital discharge data set includes records on inpatient and observation patient hospital stays.

### Community Health Assessment Tool (CHAT)

This data source is a web application that allows authorized users to generate estimates for different geographies depending on the data source. Data from an array of data sources is used to generate estimates by zip code, county and state in this tool.

### Washington State Department of Social and Human Services (DSHS)

Foster care placement services, foster care support services and Child Protective Services summary estimates at the county-level and school district-level were available using the online reporting system available through DSHS.

### **Enhanced HIV/AIDS Reporting System (eHARS)**

This disease reporting system was developed by the CDC and is managed by the Washington State Department of Health. It collects and stores HIV/AIDS case surveillance data. Reported case counts from these data are generated for each hospital service area upon request.

### **Health Resources and Services Administration (HRSA)**

Health Professional Shortage Areas (HPSA) information was obtained through the HRSA Data Warehouse and Map Tool available online, including shapefiles of polygon and point data for HPSAs in mental, dental and primary care.

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

This school-based survey is administered in even number years statewide to grades 6, 8, 10 and 12 in public schools. School districts overlapping the hospital service area, defined by zip code, were included in the analysis. In this report 10th grader data are included.

### **Office of Superintendent of Public Instruction (OSPI)**

The Washington State Office of Superintendent of Public Instruction provides data on graduation and free or 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 subtracting students who transfer out of the school.

### **Point-in-Time Count (PIT)**

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). Data was made available for this assessment by Pierce County; however, data for zip codes outside Pierce County were not available. Estimates were generated using data with a geographic identifier (city or zip code) within the hospital community.

# Supplement

Continued

## SMILE Survey

During the 2014-2015 and 2015-2016 school years, the Washington State Department of Health's Oral Health Program conducted this assessment of the oral health status and treatment needs of children throughout the state. Data collected through this assessment allows for reliable estimates at the county level. Dental screenings were completed by licensed dental hygienists and one dentist, following the standardized protocol set by the Association of State and Territorial Dental Directors (ASTDD) for conducting Basic Screening Surveys.

## 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, father, pregnancy and child. The information is collected at hospitals and birth centers through forms completed by parents or medical staff, a review of medical charts or a combination of both. Midwives and family members who deliver the 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.

## Death Certificate Data

Funeral directors collect information about the deceased person from an informant who is usually a family member or close friend of the deceased. A certifying physician, medical examiner or coroner generally provides cause of death information. Cause of death data is derived from underlying causes of death. 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.

## Washington State Cancer Registry (WSCR)

The Washington State Cancer Registry (WSCR) 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. Estimates based on these data were obtained through the Washington State Department of Health's Community Health Assessment Tool (CHAT).



### Washington State Immunization Information System (WAIS)

The Washington State Immunization Information System (WAIS) is a lifetime registry that keeps track of immunization records for people of all ages. Estimates for each hospital service area were acquired from WAIS. Immunization reports included data on 19-35 month olds, 13-17 year olds and 15-17 year olds.

### Washington Tracking Network (WTN)

The Washington Tracking Network is a collection of environmental public health data. Estimates available through this resource are collected from an array of data sources and serve as a single location to see various measures affecting environmental public health.

### Quantitative Methods

Estimates are generated for Washington, Pierce County and the hospital service area. In most cases analysts use SAS 9.4 software. In some cases, estimates are provided from an external source. Estimates for sub-populations are also generated and maps are displayed when possible and appropriate. The following definitions help understand the contents of this report:

**Rates:** A rate is a standardized proportion (or ratio) expressed as the number of events (e.g., live births per year) that have occurred with respect to a standard population, within a defined time period (usually one year). Rates help compare disease risk between groups while controlling for differences in population size. The size of the standard population used can vary depending on whether the events are common or rare. For example, since HIV is a rare condition in Washington state, HIV incidence rates are expressed as new cases per 100,000. **Crude rates** are rates calculated for a total population, while **age-specific rates** are calculated for specific age groups.

**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.

# Supplement

## Continued

**Confidence Intervals (CI):** 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 an approach to determine if differences among groups are statistically significant. If the confidence interval of two different estimates do not overlap, we most often can conclude that the difference is statistically significant and not due to chance.

**Standard Error (SE):** Standard errors are used to determine significance between groups in the analysis. Unless noted, these are based on 95% confidence intervals, or an alpha of 0.05. Relative standard error (RSE) is used to determine what statistics are reported. If the RSE is greater than 30% and the sample size is too limited to have confidence in these estimates, then they are excluded. If the RSE is greater than 30%, but the estimates may still be reliable, then they are presented but with a “!” to draw attention to this concern.

**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 and/or gender. We used the following terms to describe race/ethnicity:

- NH: Non-Hispanic
- AIAN: Non-Hispanic American Indian or Alaska Native
- Asian: Non-Hispanic Asian
- Black: Non-Hispanic Black
- Hispanic: Hispanic as a race
- Multiracial: More than one race
- NHOPI: Non-Hispanic Native Hawaiian or Other Pacific Islander
- White: Non-Hispanic White or Caucasian

For some indicators, these stratification levels may not have a sample size adequate to draw reliable conclusions about that population and are therefore excluded from this report. Groups are typically not combined due to concerns about over-generalizations made based on those results.

# Supplement

Continued

## Selection of Priority Health Needs

Key findings were identified as priority health needs using four criteria. A public health epidemiologist reviewed data from this CHNA and applied the following criteria:

1. When compared to Washington state, the hospital service area numbers are statistically significantly worse. 1 point
2. Existing estimates present a trend in the negative direction. 1 point
3. The measure is related to listed main themes from community engagement activities. 1 point
4. There is an appearance of inequity by gender or by race. 2 points

All health indicators and themes are scored and ranked using the above criteria. Based on the results of the ranking, at least three and no more than six key findings are identified per CHNA report.