

# UW Medicine

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## NORTHWEST HOSPITAL & MEDICAL CENTER

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2019

### Community Health Needs Assessment



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## Introduction

### Background and Purpose

Northwest Hospital & Medical Center is an entity of UW Medicine, which also includes Harborview Medical Center, Valley Medical Center, UW Medical Center, UW Neighborhood Clinics, UW Physicians, UW School of Medicine and Airlift Northwest. Established in 1960, Northwest Hospital & Medical Center is licensed for 281 beds. Northwest Hospital & Medical Center is a full-service, acute care community hospital located in North Seattle that provides comprehensive medical, surgical and therapeutic services. The hospital's mission is to raise the long-term health status of our community by providing personalized, quality care with compassion, dignity, and respect.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals, including government hospital organizations, to conduct Community Health Needs Assessments (CHNA) every three years, and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs.

### Service Area

Northwest Hospital & Medical Center (Northwest Hospital) is located at 1550 N. 115th Street, Seattle, Washington 98133. The service area comprises portions of King County and Snohomish County and includes 18 ZIP Codes, representing 6 cities/communities. Northwest Hospital determines the service area by assigning ZIP Codes based on patient discharges. Based on the ZIP Codes of patient origin, 76% of inpatient discharges constitutes the primary service area. The Northwest Hospital service area is presented below by city/community, ZIP Code and county.

#### Northwest Hospital & Medical Center Service Area

	ZIP Code	County
Bothell	98021	Snohomish
Bothell - Bothell/Mill Creek	98012	Snohomish
Edmonds	98020	Snohomish
Edmonds	98026	Snohomish
Kenmore	98028	King
Lynnwood	98036	Snohomish
Lynnwood	98037	Snohomish
Lynnwood	98087	Snohomish
Mountlake Terrace	98043	Snohomish
Seattle - Ballard	98107	King

	ZIP Code	County
Seattle - Ballard/Crown Hill	98117	King
Seattle - Broadview/Richmond Beach	98177	King
Seattle - Greenlake/Greenwood/Wallingford	98103	King
Seattle - Haller Lake/Shoreline	98133	King
Seattle - Lake Forest Park	98155	King
Seattle - Maple Leaf/Wedgewood/Roosevelt/SandPoint	98115	King
Seattle - Pinehurst/Northgate/Lake City	98125	King
Seattle - University District	98105	King

### **Collaborative Process**

Northwest Hospital participated in a collaborative process for the Community Health Needs Assessment as part of the King County Hospitals for a Healthier Community (HHC). HHC is a collaborative of 11 hospitals and/or health systems in King County and Public Health-Seattle & King County. The HHC vision is to participate in a collaborative approach that identifies community needs, assets, resources, and strategies toward assuring better health and health equity for all King County residents. This shared approach avoids duplication and focuses available resources on a community's most important health needs. Partnerships between hospitals, public health, community organizations and communities are key to successful strategies to address common health needs. The full report and list of assessment partners can be accessed at: [www.kingcounty.gov/depts/health/data/community-health-indicators/king-county-hospitals-healthier-community.aspx](http://www.kingcounty.gov/depts/health/data/community-health-indicators/king-county-hospitals-healthier-community.aspx).

### **Project Oversight**

The Community Health Needs Assessment process was overseen by:  
 Kimberly M. Dansie  
 Sr. Director of Finance/Finance Site Lead

Pamela Renna  
 Senior Director, Business Development  
 UW Medicine/Northwest Hospital & Medical Center

### **Report Adoption**

This CHNA report was adopted by the Board of Trustees in June 2019.

### **Consultant**

Biel Consulting, Inc. conducted the CHNA. Dr. Biel has over 24 years of experience conducting hospital Community Health Needs Assessments and is a specialist in the field of community benefit for nonprofit hospitals. She was assisted by Sevanne Sarkis, JD, MHA, MEd and Denise Flanagan, BA. [www.bielconsulting.org](http://www.bielconsulting.org)

## Data Collection Methodology

### Secondary Data Collection

Secondary data were collected from a variety of county and state sources to present community profile, social determinants of health, access to health care, birth indicators, leading causes of death, chronic diseases, communicable diseases, preventive practices, health behaviors, mental health, and substance use and misuse. When available, data sets are presented in the context of service area cities, King County, Snohomish County and Washington state to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, Washington Department of Commerce, Washington State Department of Health, County Health Rankings, Public Health – Seattle & King County, Washington State Healthy Youth Survey, Office of Superintendent of Public Instruction, Washington State, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures the data findings as compared to Healthy People 2020 objectives where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

### Primary Data Collection

Northwest Hospital conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Seventeen (17) interviews were completed in September and October, 2018. Community stakeholders identified by Northwest Hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health, or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from Public Health – Seattle & King County.

The identified stakeholders were invited by email to participate in a phone interview.



Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Health issues in the community.
- Challenges and barriers people face in addressing these issues.
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community.
- Potential resources to address the identified health needs, such as services, programs and/or community efforts.
- Additional comments and concerns.

A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 2.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://nwhospital.org/about-northwest-hospital/community-health-needs-assessment-chna/>. Public comment was solicited on the reports; however, to date no comments have been received.

## Identification and Prioritization of Significant Health Needs

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data; specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of health needs. The initial list included:

- Access to health care
- Cancer
- Heart disease and stroke
- HIV/sexually transmitted infections
- Housing and homelessness
- Mental health
- Preventive practices
- Substance use and misuse

### Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the

interviewees, housing and homelessness, mental health, and substance use and misuse, received a ranking of 100% for severe and significant impact on the community. Housing and homelessness, mental health, and substance use and misuse also had the highest scores for worsened over time and insufficient resources available.

Significant Health Needs	Severe and Significant Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	70.0%	12.5%	50.0%
Cancer	57.1%	0%	25.0%
Heart disease and stroke	75.0%	33.3%	44.4%
HIV/sexually transmitted infections	25.0%	50.0%	25.0%
Housing and homelessness	100%	88.9%	100%
Mental health	100%	77.8%	100%
Preventive practices	37.5%	28.6%	57.1%
Substance use and misuse	100%	88.9%	88.9%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, housing and homelessness, mental health, and substance use and misuse were ranked as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

#### Significant Health Needs Ranked by Importance Score

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Housing and homelessness	3.60
Mental health	3.60
Substance use and misuse	3.60
Access to health care	3.50
Heart disease and stroke	3.45
Preventive practices	3.40
Cancer	3.10
HIV/sexually transmitted infections	2.86

Community input on these health needs is detailed throughout the CHNA report.

#### Resources to Address Significant Health Needs

Through the interview process, stakeholders identified community resources potentially

available to address the significant health needs. The identified community resources are presented in Attachment 3.

### **Review of Progress**

In 2016, Northwest Hospital & Medical Center conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2016 CHNA addressed access to health care, cancer and heart disease through a commitment of community benefit programs and resources. The impact of the actions that Northwest Hospital used to address these significant health needs can be found in Attachment 4.

## Community Profile

### Population

The population of the Northwest Hospital service area is 635,350.

#### Population, 5-Year Estimates, 2012-2016

	ZCTA*	Population
Bothell	98021	29,885
Bothell - Bothell/Mill Creek	98012	58,206
Edmonds	98020	19,996
Edmonds	98026	36,844
Kenmore	98028	21,791
Lynnwood	98036	38,536
Lynnwood	98037	28,359
Lynnwood	98087	36,649
Mountlake Terrace	98043	20,774
Seattle - Ballard	98107	24,179
Seattle - Ballard/Crown Hill	98117	32,682
Seattle - Broadview/Richmond Beach	98177	19,925
Seattle - Greenlake/Greenwood/Wallingford	98103	49,364
Seattle - Haller Lake/Shoreline	98133	47,522
Seattle - Lake Forest Park	98155	34,174
Seattle - Maple Leaf/Wedgewood/Roosevelt/SandPoint	98115	50,258
Seattle - Pinehurst/Northgate/Lake City	98125	39,692
Seattle - University District	98105	46,514
<b>Northwest Hospital Service Area</b>		<b>635,350</b>
<b>King County</b>		<b>2,079,550</b>
<b>Snohomish County</b>		<b>758,649</b>
<b>Washington</b>		<b>7,073,146</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

\*ZCTA = ZIP Code Tabulation Area

The hospital service area population is 50.9% female and 49.1% male.

### Population by Gender

	Northwest Hospital Service Area	King County	Snohomish County	Washington
Male	49.1%	49.9%	50.1%	49.9%
Female	50.9%	50.1%	49.9%	50.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

The service area population grew by 5.8% from 2013 to 2016. This is higher than the state's rate of growth (3.7%) over the time period, as well as both counties' (5.3% for King and 4.5% for Snohomish).

### Total Population, 2009-2013 Compared to 2012-2016

	2009-2013	2012-2016	Percent Change
Northwest Hospital Service Area	598,493	635,350	5.8%
<b>King County</b>	<b>1,974,567</b>	<b>2,079,550</b>	<b>5.3%</b>
<b>Snohomish County</b>	<b>724,627</b>	<b>758,649</b>	<b>4.5%</b>
<b>Washington</b>	<b>6,819,579</b>	<b>7,073,146</b>	<b>3.7%</b>

Source: U.S. Census Bureau, American Community Survey, 2009-2013 and 2012-2016, DP05. <http://factfinder.census.gov>

### Population by Age

Children and youth, ages 0-19, make up 21.5% of the population; 65.7% are adults, ages 20-64; and 12.8% of the population are seniors, ages 65 and over. The population in the service area tends to have a higher percentage of adults, and a lower percentage of children than found in the state or either county.

### Population by Age

	Northwest Hospital Service Area	King County	Snohomish County	Washington
Age 0-4	5.7%	6.1%	6.3%	6.3%
Age 5-19	15.8%	17.0%	19.0%	18.8%
Age 20-24	7.8%	6.4%	6.4%	6.9%
Age 25-44	32.3%	31.9%	28.1%	27.5%
Age 45-64	25.5%	26.4%	28.1%	26.4%
Age 65+	12.8%	12.2%	12.1%	14.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Comparing the age of the service area population from 2009-2013 to 2012-2016, there was a slight decrease in the percentage of every age group with the exception of the senior population, which increased from 11.8% to 12.8%.

### Population of Service Area, by Age, 5-Year Comparison

	2009-2013	2012-2016
Age 0-4	5.8%	5.7%
Age 5-19	16.1%	15.8%
Age 20-24	7.9%	7.8%
Age 25-64	58.4%	57.9%
Age 65+	11.8%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 and 2012-2016, DP05. <http://factfinder.census.gov>

When the service area is examined by community, Bothell/Mill Creek (27.2%) has the highest percentage of youth, ages 0-19, followed closely by Lynnwood zip 98087 (26.1%). Seattle Ballard (12.1%) and Seattle - Greenlake/Greenwood/Wallingford (14.2%) have the lowest percentage of youth in the service area.

### Youth, Ages 0-19, as a Percent of Population

	ZCTA	Percent
Bothell	98021	25.8%
Bothell - Bothell/Mill Creek	98012	27.2%
Edmonds	98020	20.1%
Edmonds	98026	21.0%
Kenmore	98028	25.3%
Lynnwood	98036	24.5%
Lynnwood	98037	22.9%
Lynnwood	98087	26.1%
Mountlake Terrace	98043	22.4%
Seattle - Ballard	98107	12.1%
Seattle - Ballard/Crown Hill	98117	21.1%
Seattle - Broadview/Richmond Beach	98177	19.8%
Seattle - Greenlake/Greenwood/Wallingford	98103	14.2%
Seattle - Haller Lake/Shoreline	98133	17.6%
Seattle - Lake Forest Park	98155	21.0%
Seattle - Maple Leaf/Wedgewood/Roosevelt/SandPoint	98115	19.9%
Seattle - Pinehurst/Northgate/Lake City	98125	20.0%
Seattle - University District	98105	25.1%
<b>Northwest Hospital Service Area</b>		<b>21.5%</b>
<b>King County</b>		<b>23.1%</b>
<b>Snohomish County</b>		<b>25.4%</b>
<b>Washington</b>		<b>25.1%</b>

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. <http://factfinder.census.gov>

In the service area, 12.8% of the population is 65 years and older, which is lower than the state (14%), but higher than King County (12.2%) and Snohomish County (12.1%). In Edmonds 98020, 24.9% of the population is 65 years and older. The Seattle-University District has the lowest percentage of seniors in the service area (7.4%).

### Seniors as a Percent of Population

	ZCTA	Percent
Bothell	98021	11.2%
Bothell - Bothell/Mill Creek	98012	10.1%
Edmonds	98020	24.9%
Edmonds	98026	16.2%
Kenmore	98028	14.0%
Lynnwood	98036	13.3%
Lynnwood	98037	13.1%
Lynnwood	98087	8.7%
Mountlake Terrace	98043	11.6%
Seattle - Ballard	98107	10.3%

	ZCTA	Percent
Seattle - Ballard/Crown Hill	98117	10.6%
Seattle - Broadview/Richmond Beach	98177	22.1%
Seattle - Greenlake/Greenwood/Wallingford	98103	8.5%
Seattle - Haller Lake/Shoreline	98133	16.8%
Seattle - Lake Forest Park	98155	15.6%
Seattle - Maple Leaf/Wedgewood/Roosevelt/SandPoint	98115	12.4%
Seattle - Pinehurst/Northgate/Lake City	98125	14.7%
Seattle - University District	98105	7.4%
<b>Northwest Hospital Service Area</b>		<b>12.8%</b>
<b>King County</b>		<b>12.2%</b>
<b>Snohomish County</b>		<b>12.1%</b>
<b>Washington</b>		<b>14.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

### Race/Ethnicity

The majority population (69.5%) in the Northwest Hospital service area identifies as White/Caucasian, with 13.5% of the population identifying as Asian, 7.4% of the population Hispanic/Latino, and 3.4% of the population Black/African American. Multiracial (two-or-more races) residents are 5.3% of the population. The remaining racial/ethnic groups make up less than 0.9% of the population.

### Population by Race and Ethnicity

	Northwest Hospital Service Area	King County	Snohomish County	Washington
White	69.5%	62.2%	72.0%	70.4%
Asian	13.5%	15.9%	9.6%	7.7%
Hispanic or Latino	7.4%	9.3%	9.6%	12.1%
Multiracial	5.3%	5.1%	4.9%	4.4%
Black/African American	3.4%	6.0%	2.6%	3.5%
All other	0.9%	1.5%	1.3%	1.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

When race/ethnicity is examined by place, Seattle's University District has the highest percentage of Asians (23.8%), followed by Lynnwood 98037 (20.6%) and Lynnwood 98087 (20.4%). Lynnwood 98087 also has the highest percentage of Latinos (16.1%) in the service area. The Pinehurst/Northgate/Lake City area of Seattle has the highest percentage of Blacks (9.2%) in the service area, while Ballard/Crown Hill has the highest percentage of Whites (84.7%).

### Race/Ethnicity by Place

	ZCTA	White	Asian	Hispanic Latino	Black
Bothell	98021	67.7%	17.3%	6.4%	2.5%



	ZCTA	White	Asian	Hispanic Latino	Black
Bothell - Bothell/Mill Creek	98012	66.6%	18.7%	7.8%	1.6%
Edmonds	98020	80.0%	7.2%	4.4%	1.3%
Edmonds	98026	77.6%	10.2%	5.3%	1.4%
Kenmore	98028	74.5%	10.0%	9.5%	1.4%
Lynnwood	98036	61.6%	14.9%	11.0%	5.3%
Lynnwood	98037	55.9%	20.4%	9.8%	7.6%
Lynnwood	98087	48.9%	20.6%	16.1%	5.8%
Mountlake Terrace	98043	65.5%	12.0%	10.4%	4.9%
Seattle - Ballard	98107	81.8%	5.5%	6.3%	1.7%
Seattle - Ballard/Crown Hill	98117	84.7%	5.2%	4.4%	0.7%
Seattle - Broadview/Richmond Beach	98177	79.7%	8.6%	4.0%	1.5%
Seattle - Greenlake/Greenwood/Wallingford	98103	81.0%	7.0%	5.0%	1.2%
Seattle - Haller Lake/Shoreline	98133	63.3%	14.3%	8.7%	6.7%
Seattle - Lake Forest Park	98155	70.2%	10.2%	8.1%	4.7%
Seattle - Maple Leaf/Wedgewood/Roosevelt/SandPoint	98115	78.3%	10.5%	4.0%	1.9%
Seattle - Pinehurst/Northgate/Lake City	98125	62.1%	14.5%	7.8%	9.2%
Seattle - University District	98105	62.8%	23.8%	4.6%	1.8%
<b>Northwest Hospital Service Area</b>		<b>69.5%</b>	<b>13.5%</b>	<b>7.4%</b>	<b>3.4%</b>
<b>King County</b>		<b>62.2%</b>	<b>15.9%</b>	<b>9.3%</b>	<b>6.0%</b>
<b>Snohomish County</b>		<b>72.0%</b>	<b>9.6%</b>	<b>9.6%</b>	<b>2.6%</b>
<b>Washington</b>		<b>70.4%</b>	<b>7.7%</b>	<b>12.1%</b>	<b>3.5%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

## Language

In the service area English is the dominant language, spoken in the home by 77.6% of residents. In those homes where other languages are spoken, 36.7% do not speak English well, which equates to 8.2% of the service area population.

### Language Spoken at Home, Ability to Speak English, Population 5 Years and Over

	Speaks Only English	Speaks a Language Other than English	
		Speaks English "Very Well"	Speaks English Less Than "Very Well"
Northwest Hospital Service Area	77.6%	14.2%	8.2%
<b>King County</b>	<b>73.5%</b>	<b>16.0%</b>	<b>10.5%</b>
<b>Snohomish County</b>	<b>80.6%</b>	<b>11.8%</b>	<b>7.6%</b>
<b>Washington</b>	<b>81.0%</b>	<b>11.4%</b>	<b>7.6%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

In the service area, 5% speak Spanish at home, while an African language is spoken by

1.4% of the service area's population. Tagalog is spoken by 1.2% of residents, and Russian is spoken by 1%.

### Language Spoken at Home for the Population 5 Years and Over

	English Only	Spanish	African Language	Tagalog	Russian
Northwest Hospital Service Area	77.9%	5.0%	1.4%	1.2%	1.0%
<b>King County</b>	<b>73.6%</b>	<b>6.7%</b>	<b>1.6%</b>	<b>1.4%</b>	<b>1.1%</b>
<b>Snohomish County</b>	<b>80.8%</b>	<b>6.3%</b>	<b>0.8%</b>	<b>1.2%</b>	<b>1.0%</b>
<b>Washington</b>	<b>81.1%</b>	<b>8.4%</b>	<b>0.6%</b>	<b>0.9%</b>	<b>0.9%</b>

Source: U.S. Census Bureau, American Community Survey, 2011-2015 (2012-2016 data not available), B16001.  
<http://factfinder.census.gov>

Chinese is spoken by 3.1% of service area residents, 1.8% speak Korean, and Vietnamese is spoken by 1.3% of service area residents.

### Asian Language Spoken at Home for the Population 5 Years and Over

	Chinese	Korean	Vietnamese	Other Asian
Northwest Hospital Service Area	3.1%	1.8%	1.3%	1.8%
<b>King County</b>	<b>3.5%</b>	<b>1.1%</b>	<b>1.7%</b>	<b>2.7%</b>
<b>Snohomish County</b>	<b>1.2%</b>	<b>1.4%</b>	<b>1.3%</b>	<b>1.4%</b>
<b>Washington</b>	<b>1.4%</b>	<b>0.7%</b>	<b>0.9%</b>	<b>1.3%</b>

Source: U.S. Census Bureau, American Community Survey, 2011-2015 (2012-2016 data not available), B16001.  
<http://factfinder.census.gov>

### English Learners

The percentage of students who are English Learners in King County is 13.8%, which is higher than the rate of English Learners in Snohomish County (10.5%) or the state (11.3%).

### Transitional Bilingual, 2016-2017

	Number	Percent
King County	40,106	13.8%
Snohomish County	11,676	10.5%
<b>Washington</b>	<b>124,663</b>	<b>11.3%</b>

Source: Office of Superintendent of Public Instruction, Washington State, May 2017 <http://www.k12.wa.us/DataAdmin/>

## Social Determinants of Health

The County Health Rankings ranks counties according to social and economic data. Washington’s 39 counties are ranked from 1 (healthiest) to 39 (least healthy) based on a number of indicators that include: education, poverty, unemployment, crime and others. A ranking of 1 in Snohomish County and 2 in King County puts them at the top of Washington counties for social and economic factors.

### Poverty

Poverty thresholds are used for calculating all official poverty population statistics and are updated each year by the Census Bureau. From 2012-2016, the federal poverty threshold for one person ranged from \$11,170 to \$11,880, and for a family of four from \$23,050 in 2012 to \$24,300 in 2016.

Among the residents in the Northwest Hospital service area, 10.1% are at or below 100% of the federal poverty level (FPL) and 21% are at 200% of FPL or below. These rates of poverty are lower than found in King County, and in the state, where 12.7% of residents are at poverty level and 29.3% are at 200% of FPL or below.

### Poverty Levels

	Northwest Hospital Service Area	King County	Snohomish County	Washington
<100% FPL	10.1%	10.7%	9.3%	12.7%
<200% FPL	21.0%	23.1%	22.6%	29.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

### Individuals, Children, and Seniors in Poverty

Examining poverty levels by community paints an important picture of the population within the Northwest Hospital service area. In the Seattle-University District, 30.7% of the population is at poverty level. The Seattle community of Haller Lake/Shoreline has the highest rate of poverty among children (20.4%) and among seniors (15.2%) in the service area.

### Poverty Levels of Individuals, Children under Age 18, and Seniors

	ZCTA	Individuals	Children	Seniors
Bothell	98021	5.9%	5.9%	7.0%
Bothell - Bothell/Mill Creek	98012	6.5%	9.4%	3.5%
Edmonds	98020	7.3%	2.6%	6.4%
Edmonds	98026	5.6%	8.9%	3.2%
Kenmore	98028	7.4%	9.3%	7.0%
Lynnwood	98036	11.2%	12.3%	13.9%
Lynnwood	98037	10.7%	13.1%	12.1%

	ZCTA	Individuals	Children	Seniors
Lynnwood	98087	10.9%	16.6%	7.9%
Mountlake Terrace	98043	7.6%	10.5%	7.0%
Seattle - Ballard	98107	6.3%	4.4%	9.8%
Seattle - Ballard/Crown Hill	98117	5.5%	4.4%	4.7%
Seattle - Broadview/Richmond Beach	98177	5.3%	1.8%	9.2%
Seattle - Greenlake/Greenwood/ Wallingford	98103	7.6%	4.3%	9.1%
Seattle - Haller Lake/Shoreline	98133	15.5%	20.4%	15.2%
Seattle - Lake Forest Park	98155	7.9%	6.3%	6.9%
Seattle - Maple Leaf/Wedgewood/ Roosevelt/SandPoint	98115	8.9%	4.1%	6.3%
Seattle - Pinehurst/Northgate/Lake City	98125	13.5%	16.8%	8.7%
Seattle - University District	98105	30.7%	6.7%	11.5%
<b>Northwest Hospital Service Area</b>		<b>10.1%</b>	<b>9.4%</b>	<b>8.4%</b>
<b>King County</b>		<b>10.7%</b>	<b>13.0%</b>	<b>8.8%</b>
<b>Snohomish County</b>		<b>9.3%</b>	<b>11.7%</b>	<b>7.5%</b>
<b>Washington</b>		<b>12.7%</b>	<b>16.5%</b>	<b>7.9%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

Families with a female head of household (HOH) are defined as those where a female maintains a household with related children under the age of 18 and no husband present. While only 7.8% of service area families with related children under 18 live in poverty, 24.4% of area families with a female HOH are living in poverty; the percentages are particularly high in Bothell 98021 (37.4%), Kenmore (36.1%) and Seattle's Haller Lake/Shoreline neighborhood (35.8%).

#### Female HOH with Children Living in Poverty

	ZCTA	Number	Percent
Bothell	98021	109	37.4%
Bothell - Bothell/Mill Creek	98012	249	25.7%
Edmonds	98020	9	5.2%
Edmonds	98026	94	18.4%
Kenmore	98028	124	36.1%
Lynnwood	98036	234	28.4%
Lynnwood	98037	143	23.0%
Lynnwood	98087	332	26.7%
Mountlake Terrace	98043	167	26.0%
Seattle - Ballard	98107	16	9.6%
Seattle - Ballard/Crown Hill	98117	96	23.0%
Seattle - Broadview/Richmond Beach	98177	30	10.8%
Seattle - Greenlake/Greenwood/ Wallingford	98103	81	16.7%
Seattle - Haller Lake/Shoreline	98133	378	35.8%
Seattle - Lake Forest Park	98155	71	14.1%
Seattle - Maple Leaf/Wedgewood/ Roosevelt/SandPoint	98115	100	15.4%
Seattle - Pinehurst/Northgate/Lake City	98125	195	24.7%

	ZCTA	Number	Percent
Seattle - University District	98105	82	27.2%
<b>Northwest Hospital Service Area</b>		<b>2,510</b>	<b>24.4%</b>
<b>King County</b>		<b>11,357</b>	<b>29.5%</b>
<b>Snohomish County</b>		<b>4,644</b>	<b>30.0%</b>
<b>Washington</b>		<b>54,781</b>	<b>35.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02 & DP03. <http://factfinder.census.gov>

## Income

The weighted average of the median household incomes in the service area is \$77,925. This is a higher median income than in the county (\$78,800) or the state (\$62,848). Bothell 98021 has the highest median household income in the service area (\$104,367), while the University District area of Seattle has the lowest (\$51,631), followed by the Haller Lake/Shoreline area, with a \$54,707 median household income.

## Median Household Income

	ZCTA	Median Household Income
Bothell	98021	\$104,367
Bothell - Bothell/Mill Creek	98012	\$88,213
Edmonds	98020	\$85,625
Edmonds	98026	\$81,924
Kenmore	98028	\$93,227
Lynnwood	98036	\$68,750
Lynnwood	98037	\$62,440
Lynnwood	98087	\$70,760
Mountlake Terrace	98043	\$66,451
Seattle - Ballard	98107	\$81,808
Seattle - Ballard/Crown Hill	98117	\$95,721
Seattle - Broadview/Richmond Beach	98177	\$96,456
Seattle - Greenlake/Greenwood/Wallingford	98103	\$84,069
Seattle – Haller Lake/Shoreline	98133	\$54,707
Seattle - Lake Forest Park	98155	\$77,999
Seattle - Maple Leaf/Wedgewood/Roosevelt/SandPoint	98115	\$97,039
Seattle - Pinehurst/Northgate/Lake City	98125	\$58,374
Seattle - University District	98105	\$51,631
<b>Northwest Hospital Service Area*</b>		<b>\$77,925</b>
<b>King County</b>		<b>\$78,800</b>
<b>Snohomish County</b>		<b>\$73,528</b>
<b>Washington</b>		<b>\$62,848</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

\*These numbers represent a weighted average of the area's median household incomes.

## Free and Reduced Price Lunch Program

The number of students eligible for the free and reduced price meal program is an indicator of the socioeconomic status of a school district's student population. It is important to note that while examining district totals provides an overview of the student population this is an average among all the schools. Within each district there are a number of schools with higher and lower rates of eligible low-income children. In Snohomish County, 35.5% of students qualify for free and reduced-price meals, which is higher than King County (32.7%), but lower than the percent of all Washington students who qualify for a free or reduced-price meal (42.9%).

## Free and Reduced Meal Program

	Number	Percent
King County	95,281	32.7%
Snohomish County	39,537	35.5%
<b>Washington</b>	<b>473,309</b>	<b>42.9%</b>

Source: Office of Superintendent of Public Instruction, Washington State, May 2017 <http://reportcard.ospi.k12.wa.us/summary.aspx>

## Unemployment

In the hospital service area, the unemployment rate among the civilian labor force was 5.4%, lower than King County (5.5%), Snohomish County (6.2%) and the state (6.8%). The highest rate of unemployment in the service area was in the University District area of Seattle (9.5%).

## Employment Status for the Population 16 and Over, 2012-2016

	Civilian Labor Force	Unemployed	Unemployment Rate
Northwest Hospital Service Area	370,660	19,916	5.4%
King County	1,172,591	64,711	5.5%
Snohomish County	403,925	25,009	6.2%
<b>Washington</b>	<b>3,576,013</b>	<b>244,692</b>	<b>6.8%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

## Education

Educational attainment is a key driver of health. In the hospital service area, only 5.4% of adults lack a high school diploma. Well over half the population (61.0%), ages 25 and older, have a college degree. This is higher than the state rate of 43.4%, and higher than King County (57.2%) and Snohomish County (40.9%).

## Educational Attainment (Age 25+)

	Northwest Hospital Service Area	King County	Snohomish County	Washington
Population 25 years and older	448,839	1,464,775	517,950	4,804,224
Less than 9 <sup>th</sup> grade	2.1%	3.4%	2.8%	3.9%

	Northwest Hospital Service Area	King County	Snohomish County	Washington
9th to 12 <sup>th</sup> grade, no diploma	3.3%	4.1%	5.4%	5.5%
High School graduate	13.7%	16.0%	24.2%	22.9%
Some College, no degree	19.6%	19.2%	26.7%	24.3%
Associate's degree	8.4%	8.2%	10.3%	9.8%
Bachelor's degree	32.4%	30.1%	21.2%	21.3%
Graduate/Professional degree	20.2%	18.9%	9.4%	12.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

### High School Graduation Rate

High school graduation rates are determined by the percent of ninth grade students in public schools who graduate in four years. Graduation rates in King County are 80.5% and in Snohomish County they are 79.5%. These rates do not meet the Healthy People 2020 objective of an 87% high school graduation rate.

### High School Four-Year Cohort Graduation, 2016-2017

	Rate
King County	80.5%
Snohomish County	79.5%
<b>Washington</b>	<b>79.3%</b>

Source: Office of Superintendent of Public Instruction, Washington State, 2016-2017 <http://k12.wa.us/DataAdmin/Dropout-Grad.aspx>

### Food Insecurity

Food security is a federal measure of a household's ability to provide enough food for every person in the household to have an active, healthy life. Food insecurity is one way to measure the risk of hunger. In 2016 in King County, 12.2% of the population (254,200 persons) experienced food insecurity. In Snohomish County, the rate of food insecurity was 10.9% (82,600 persons). In comparison, Washington had a 12% food insecure rate (Source: Feeding America, Map the Meal Gap, 2016).

### Housing

56.1% of housing units in the service area are owner-occupied. Seattle has the lowest rate of home-ownership, with 50.7% of all existing housing units lived in by owners. Edmonds has the highest rate of owner-occupied units (69.7%). Vacancy rates are low, particularly in Mountlake Terrace (3%), and have dropped over the previous 5 years in every city except Bothell.

## Housing Units

	Owner Occupied		Renter Occupied		Vacant	
	2011	2016	2011	2016	2011	2016
Bothell	71.3%	69.2%	24.4%	26.4%	4.3%	4.5%
Edmonds	70.0%	69.7%	24.0%	24.5%	6.0%	5.8%
Kenmore	69.9%	68.9%	24.3%	26.2%	5.8%	5.0%
Lynnwood	54.5%	55.1%	40.1%	40.9%	5.4%	4.0%
Mountlake Terrace	57.3%	55.1%	37.9%	41.9%	4.8%	3.0%
Seattle	51.8%	50.7%	42.4%	44.6%	5.7%	4.7%
<b>Northwest Hospital Service Area</b>	<b>56.9%</b>	<b>56.1%</b>	<b>37.5%</b>	<b>39.3%</b>	<b>5.5%</b>	<b>4.6%</b>
<b>King County</b>	<b>55.8%</b>	<b>54.0%</b>	<b>37.8%</b>	<b>40.3%</b>	<b>6.4%</b>	<b>5.7%</b>
<b>Snohomish County</b>	<b>63.5%</b>	<b>62.0%</b>	<b>30.2%</b>	<b>31.8%</b>	<b>6.4%</b>	<b>6.2%</b>
<b>Washington</b>	<b>58.6%</b>	<b>56.7%</b>	<b>32.4%</b>	<b>34.2%</b>	<b>9.1%</b>	<b>9.1%</b>

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. <http://factfinder.census.gov>

## Homelessness

A point-in-time count of homeless people is conducted every year in every county in the state. The 2017 point-in-time count estimated 11,643 homeless individuals in King County and 1,066 homeless in Snohomish County. 52.9% of the homeless in King County and 51.7% in Snohomish County are sheltered. 23.8% of the homeless in King County and 36.3% in Snohomish County are considered to be chronically homeless.

Over the past eleven years, while the homeless population has decreased in Snohomish County and the state, it has risen in King County. The proportion of homeless in both counties and the state who are unsheltered has also risen. Due to changes in methodology for the count over the years, including in King County for the year of 2017, trends over time should be viewed with some caution.

### Homeless Point-in-Time Count, January 2017

	King County		Snohomish County		Washington	
	2006	2017	2006	2017	2006	2017
Total Homeless	7,910	11,643	2,302	1,066	21,962	21,112
Sheltered	75.4%	52.9%	64.2%	51.7%	73.1%	59.3%
Unsheltered	24.6%	47.1%	35.8%	48.3%	26.9%	40.7%
Chronically homeless	23.3%	23.8%	12.0%	36.3%	16.8%	25.4%

Source: Washington Department of Commerce, Homelessness in Washington State, Appendix B, 2017.

<http://www.commerce.wa.gov/wp-content/uploads/2018/01/Commerce-Homelessness-in-Washington-2017.pdf>

## Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments, quotes and opinions edited



for clarity:

- In the last two years, homeless tents have increased in front of the hospital. There just isn't enough affordable housing. It's concerning to come to campus and see all the homelessness outside of the hospital and in our community. It looks trashy because of the homeless encampments outside.
- In Seattle, homelessness is a regional problem. It shouldn't be the responsibility of independent health facilities to solve.
- Affordability of housing is a problem. Seattle is doing a lot with infill and accessory dwelling units but it's being met with a lot of resistance. We are all in favor of affordable housing and increasing housing density as long as it's not in our own neighborhood. There isn't the political will to make some tough decisions. The homeless population is very diverse. There are vets, persons who have issues with substance abuse, mental health and an itinerant criminal element that prefers to live on the street.
- What seems to be working are wraparound services. Those programs produce better outcomes but government funding is really skimpy. You either treat the homeless with wraparound services or you treat them in jail.
- One of the major barriers to resolve the homeless crisis is that our civic and political leaders don't know what to do. There are turf battles and money spent, but there is no clear understanding of what will work.
- There is a lack of funding for low-income housing and safe secure housing for seniors Housing and services that go together help prevent homelessness for a lot of seniors.
- Many drug users are homeless. Some of them are cycling in and out of the ED.
- Housing affordability in the city is a huge challenge. We have seen in our neighborhood that owners with affordable apartments are evicting their occupants. They owners then spruce up the units and rent them at a higher rate. We need more housing and there are an unbelievable number of people wanting for a limited number of apartments. People are entering a homeless state quicker than we can get them out of it. Also, there are people who have significant mental health or substance use and misuse dependency issues that are very difficult to keep housed.
- We have a lot of pregnant women in the shelter. There are a lot of reasons for homelessness, and it is skyrocketing in our area. One of the main causes is the increased cost of housing, mostly rent and it's mismatched with their income. People end up paying a disproportionate amount of their income for rent and this causes a low threshold for the homeless being able to pay the bills.
- People are living paycheck to paycheck, just to cover their rent. When a crisis occurs, maybe an illness, they can't work, so they lose their job, they can't pay their rent, and they are homeless. Another situation is domestic violence that mostly involves a woman with a male partner with kids and eventually they make the

decision to no longer tolerate the domestic violence. Another cause is family discord where the safety net is gone. In another time or place, if one crisis event occurs, there would have been another family member that would help and take that person in. But it was just too much to take them in and they end up on the street.

- A lack of affordable housing is an issue for everyone. What is underneath is gentrification and displacement of some of our most vulnerable communities. We need more transitional and supportive housing for those leaving the hospitals when they are discharged.
- Seeing our behavioral health clients historically finding safe and appropriate housing has been a challenge. In this housing market, it is even more of a challenge.
- We have a widespread problem with homelessness in the city and it's growing. We have tents two blocks away from the hospital. People who experience homelessness are less likely to care for their health and more likely to be exposed to communicable diseases.
- Having a secure place to live greatly impacts your care, wellness and life expectancy. Those basics have to be met first. We are trying to find a way to look at the homeless issue in the community because it is epidemic here and it's going up, not down.

### **Community Walkability**

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city. A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, most communities in the service area are classified as "Car Dependent." Bothell and Kenmore are rated as more "Car Dependent" than Edmonds, Mountlake Terrace and Shoreline, while Lynnwood is into "Somewhat Walkable" with a score of 50. Only Seattle is rated as "Very Walkable", though it has neighborhoods ranging from "Car Dependent" (Broadview: 45 score) to "Walker's Paradise" (University District: 91 score).

## Walkability

	Walk Score
Bothell	30
Edmonds	44
Kenmore	31
Lynnwood	50
Mountlake Terrace	49
Seattle	73
Seattle: Ballard	87
Seattle: Crown Hill	76
Seattle: Broadview	45
Seattle: Greenwood/Wallingford	84
Seattle: Haller Lake	57
Seattle: Lake Forest Park	67
Seattle: Maple Leaf/Wedgewood	69
Seattle: Roosevelt	81
Seattle: Pinehurst	72
Seattle: University District	91
Shoreline	48

Source: [WalkScore.com](http://WalkScore.com), 2018

## Crime

Washington State Sheriff and Police Departments are in the process of migrating from the Uniform Crime Reporting System to the National Incident Based Reporting System. Crime data is reported by agency, not by county or geographic area, and only for permanent residents, not visitors or transients. Some cities' data are not being individually reported at this time: Kenmore PD, Shoreline PD, and the King County Sherriff's Office.

In 2017, the rate of violent crime (murder, forcible sex offences, robbery, and aggravated assault) was higher than the state rate for the Lynnwood and Seattle Police Departments, as well as the combination of all service area police departments for which data were made available. The Lake Forest Park and Mill Creek police departments had the lowest rates of violent crime (92.4 and 85.2 per 100,000 persons, respectively). The property crime (larceny-theft and robbery, along with 10 other crimes) rate and the larceny-theft rate were higher for Lynnwood, Seattle, and the aggregate of the police departments when compared to the state. However, care should be taken when interpreting rates for individual police departments due to small population sizes in many of the service areas; no population was provided for the University of WA Police Department, so rates could not be calculated.

### Crime Rates per 100,000 Persons, 2017

	Violent Crimes		Property Crimes		Larceny-Theft	
	Number	Rate per 100,000 Persons	Number	Rate per 100,000 Persons	Number	Rate per 100,000 Persons
Bothell Police Department	61	137.5	1,715	3,865.2	988	2,226.7
Edmonds Police Department	76	184.2	1,947	4,718.9	938	2,273.4
Lake Forest Park Police Dept.	12	92.4	438	3,371.8	194	1,493.5
Lynnwood Police Department	154	416.8	3,695	10,000.0	2,289	6,194.9
Mill Creek Police Department	17	85.2	705	3,532.1	382	1,913.8
Mountlake Terrace Police Dept.	36	169.1	921	4,326.0	345	1,620.5
Seattle Police Dept.	4,435	621.4	50,654	7,097.4	26,599	3,726.9
University of WA Police Dept.	23	N/A	900	N/A	660	N/A
<b>Available Service Area Police Departments</b>	<b>4,814</b>	<b>540.6</b>	<b>60,270</b>	<b>6,923.1</b>	<b>32,013</b>	<b>3,677.3</b>
<b>Washington</b>	<b>23,993</b>	<b>353.9</b>	<b>337,128</b>	<b>4,972.0</b>	<b>160,463</b>	<b>2,366.5</b>

Source: Washington Association of Sheriffs and Police Chiefs' Crime in Washington 2017 Annual Report  
<http://www.waspc.org/statistics-reports>

### Domestic Violence

Domestic violence offenses in the reporting service area police departments occur at a rate of 434.9 per 100,000 persons, which is lower than the state rate of 800.7.

The area police department reporting the highest domestic violence incident rate is Lynnwood, with a rate of 730.7 incidents per 100,000 persons. The department reporting the highest rate of injury is Bothell's, where only 31.4% of incidents result in no injuries reported. Care should be taken when interpreting rates for individual police departments due to small population sizes in many of the service areas; no population was provided for the University of WA Police Department, so rates could not be calculated.

### Domestic Violence Offences, 2017

	Total	Percentage with No Injuries	Total Rate per 100,000 persons
Bothell Police Department	105	31.4%	236.6
Edmonds Police Department	129	42.6%	312.7
Lake Forest Park Police Dept.	42	40.5%	323.3
Lynnwood Police Department	270	53.0%	730.7
Mill Creek Police Department	53	54.7%	265.5

	Total	Percentage with No Injuries	Total Rate per 100,000 persons
Mountlake Terrace Police Dept.	93	39.8%	436.8
Seattle Police Dept.	3,168	47.0%	443.9
University of WA Police Dept.	13	69.2%	N/A
<b>Available Service Area Police Departments</b>	<b>3,873</b>	<b>46.8%</b>	<b>434.9</b>
<b>Washington</b>	<b>54,294</b>	<b>26.5%</b>	<b>800.7</b>

Source: Washington Association of Sheriffs and Police Chiefs' Crime in Washington 2017 Annual Report  
<http://www.waspc.org/statistics-reports>

### Community Input – Social Determinants of Health

Stakeholder interviews identified the following issues, challenges and barriers related to social determinants of health. Following are their comments, quotes and opinions edited for clarity:

- The growing diversity of our population means providers need to provide linguistically and culturally appropriate care.
- Unemployed people have no stable housing.
- Poverty tends to be associated with significant health disparities. Minorities like African American communities tend to have fewer services and more difficult access to care.
- Transportation is an issue because it is hard to get around in this city.
- We see how food can impact health. We hear stories about people making a choice between food versus taking their medications. When people can get food, and get basic needs met, then they can focus on the other social determinates of health.
- There is a lack of family and community support. Large sections of the population have language and cultural barriers.
- Segments of our society are chronically underserved in the traditional sense including people who are poor, Latino, and African American. People of color generally are populations where there need to be special efforts to reach out to them.
- Immigrant populations need to have their language spoken and culturally appropriate services available.

## Access to Health Care

### Health Insurance

Health insurance coverage is considered a key component to accessing health care. Among the adult population, 90.2% of the adult population in the Northwest Hospital service area has health insurance. The large majority of residents have private health insurance (83.3%). (Please note that rates of private insurance and public insurance do not match the 'private and/or public' coverage because some residents have both public and private insurance coverage.) Lynnwood has the highest rates of uninsured in the service area (14.1% - 15.2%). Edmonds 98020 (5.4%) and Seattle 98117 (the Ballard/Crown Hill area - 5.6%) have the lowest uninsured rates.

### Types of Health Insurance Coverage, Ages 18-64

	Zip Code	No health insurance coverage	Private and/or Public Health Coverage	Public health coverage	Private health coverage
Bothell	98021	6.4%	93.6%	7.5%	88.1%
Bothell - Bothell/Mill Creek	98012	9.6%	90.4%	7.2%	85.0%
Edmonds	98020	5.4%	94.6%	7.2%	89.4%
Edmonds	98026	11.2%	88.8%	8.5%	82.7%
Kenmore	98028	7.8%	92.2%	8.1%	86.0%
Lynnwood	98036	15.2%	84.8%	11.5%	75.7%
Lynnwood	98037	14.1%	85.9%	11.0%	77.7%
Lynnwood	98087	15.1%	84.9%	14.8%	74.4%
Mountlake Terrace	98043	12.4%	87.6%	13.7%	75.7%
Seattle - Ballard	98107	6.9%	93.1%	5.9%	88.9%
Seattle - Ballard/Crown Hill	98117	5.6%	94.4%	6.2%	89.4%
Seattle - Broadview/Richmond Beach	98177	7.2%	92.8%	8.3%	87.4%
Seattle - Greenlake/Greenwood/Wallingford	98103	7.6%	92.4%	5.2%	88.5%
Seattle - Haller Lake/Shoreline	98133	13.4%	86.6%	13.4%	76.8%
Seattle - Lake Forest Park	98155	11.5%	88.5%	11.5%	79.0%
Seattle - Maple Leaf/Wedgewood/Roosevelt/SandPoint	98115	6.3%	93.7%	6.5%	88.8%
Seattle - Pinehurst/Northgate/Lake City	98125	12.7%	87.3%	14.1%	76.8%
Seattle - University District	98105	7.1%	92.9%	6.6%	87.9%
<b>Northwest Hospital Service Area</b>		<b>9.8%</b>	<b>90.2%</b>	<b>9.1%</b>	<b>83.3%</b>
<b>King County</b>		<b>11.2%</b>	<b>88.8%</b>	<b>11.0%</b>	<b>80.1%</b>
<b>Snohomish County</b>		<b>12.6%</b>	<b>87.4%</b>	<b>12.9%</b>	<b>77.9%</b>
<b>Washington</b>		<b>13.9%</b>	<b>86.1%</b>	<b>16.2%</b>	<b>73.8%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

Among children in the hospital service area, 3.1% are uninsured (96.9% insured). Edmonds 98026 has the highest rate of uninsured children (7.6%) in the service area.

## Uninsured Children, Ages 0-17

	Zip Code	Number	Percent
Bothell	98021	35	0.5%
Bothell - Bothell/Mill Creek	98012	832	5.6%
Edmonds	98020	23	0.7%
Edmonds	98026	518	7.6%
Kenmore	98028	248	4.8%
Lynnwood	98036	293	3.5%
Lynnwood	98037	84	1.4%
Lynnwood	98087	363	4.1%
Mountlake Terrace	98043	165	3.9%
Seattle - Ballard	98107	17	0.6%
Seattle - Ballard/Crown Hill	98117	111	1.7%
Seattle - Broadview/Richmond Beach	98177	74	2.1%
Seattle - Greenlake/Greenwood/Wallingford	98103	47	0.7%
Seattle - Haller Lake/Shoreline	98133	178	2.4%
Seattle - Lake Forest Park	98155	229	3.4%
Seattle - Maple Leaf/Wedgewood/ Roosevelt/SandPoint	98115	158	1.7%
Seattle - Pinehurst/Northgate/Lake City	98125	296	4.2%
Seattle - University District	98105	55	1.1%
<b>Northwest Hospital Service Area</b>		<b>3,726</b>	<b>3.1%</b>
<b>King County</b>		<b>13,628</b>	<b>3.1%</b>
<b>Snohomish County</b>		<b>8,129</b>	<b>4.6%</b>
<b>Washington</b>		<b>68,361</b>	<b>4.3%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

## Medical Assistance Programs

In King County, 406,467 individuals were enrolled in Washington medical assistance programs, and in Snohomish County, 164,965 people were enrolled. The highest enrollment is in the Apple Health for Kids program, followed by Medicaid CN Expansion.

## Medicaid Program Enrollment

	King County	Snohomish County	Washington
AEM Expansion Adults	126	41	410
Apple Health for Kids	162,901	72,473	798,768
Elderly persons	25,877	7,603	77,679
Family (TANF) Medical	2	3	21
Family Planning	3,525	1,222	12,155
Former Foster Care Adults	476	195	2,277
Foster Care	4,790	2,989	30,673
Medicaid CN Caretaker	24,997	11,263	125,733
Medicaid CN Expansion	134,866	50,201	568,378
Other federal programs	3	0	5
Partial duals	13,245	5,453	63,535
Persons with disabilities	31,679	11,893	148,718

	King County	Snohomish County	Washington
Pregnant Women's Coverage	3,980	1,629	16,415
<b>Total</b>	<b>406,467</b>	<b>164,965</b>	<b>1,844,767</b>

Source: Washington State Health Care Authority, June 2018. <https://www.hca.wa.gov/about-hca/apple-health-medicaid-reports>

### Barriers to Care

11.4% of adults in King County could not see the doctor due to cost in the previous year; this is lower than the Snohomish County rate (14.6%) and the state rate (13.1%).

### Adults with Unmet Medical Need Due to Cost, Five-Year Average

	Percent
Kenmore/Lake Forest Park	11%
Seattle	14%
Shoreline	12%
<b>King County*</b>	<b>11.4%</b>
<b>Snohomish County*</b>	<b>14.6%</b>
<b>Washington*</b>	<b>13.1%</b>

Source: Washington State Department of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014. <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016 <https://fortress.wa.gov/doh/brfss/#/>

### Primary Care Physicians

The ratio of the population to primary care physicians in King County is 840:1 and in Snohomish County the ratio is 1,960 persons to 1 primary care physician. The national benchmark for this indicator is 631:1.

### Primary Care Physicians, Number and Ratio, 2015

	King County	Snohomish County	Washington
Number of primary care physicians	2,511	395	5,975
Ratio of population to primary care physicians	840:1	1,960:1	1,200:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org>

### Access to Primary Care Community Clinics

Community health centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the Northwest Hospital service area, including: Community Health Center of Snohomish County, Healthpoint, Neighborcare Health, Sea-Mar Community Health Center, Seattle King County Public Health Department, Country Doctor Community Clinic, International Community Health Services, and Seattle Indian Health Board, Inc.



Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)<sup>1</sup>, 21.0% of the population in the community where Northwest Hospital is located is categorized as low-income (200% of Federal Poverty Level) and 10.1% are at or below the Federal Poverty Level. Even with Section 330 funded Community Health Center providers in the area, there are a majority of low-income residents who are not served by a clinic provider. The FQHCs have a total of 56,458 patients in the service area; however, there remain 74,305 low-income residents, approximately 56.8% of the population at or below 200% FPL, that are not served by a Section 330-funded grantee.

### Low-Income Patients Served and Not Served by FQHCs

Patients Served by Section 330 Grantees in Northwest Hospital Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
			Number	Percent
56,458	43.2%	8.9%	74,305	56.8%

Source: UDS Mapper, 2018. <https://www.udsmapper.org>

### Dental Care

On average, 28% of adults in King County and 33% in Snohomish County noted they did not access dental care in the past year. In the King County region of the service area, adults in the NW Seattle area had the highest rate of not accessing dental care (33%) followed by the North Seattle region (31%).

### Adults Who Did Not Access Dental Care, Five-Year Average

	Percent
Kenmore/Lake Forest Park	26%
Seattle: Ballard	24%
Seattle: Fremont/Greenlake	28%
Seattle: NE Seattle	23%
Seattle: North Seattle	31%
Seattle: NW Seattle	33%
Shoreline	28%
<b>King County*</b>	<b>28%</b>
<b>Snohomish*</b>	<b>33%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2012 & 2014-2015, averaged. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012, 2014-2015 <https://fortress.wa.gov/doh/brfss/#/>

The ratio of population to dentists in King County is 950:1. In Snohomish County, the

<sup>1</sup> The UDS is an annual reporting requirement for grantees of HRSA primary care programs: Community Health Center, Section 330 (e); Migrant Health Center, Section 330 (g); Health Care for the Homeless, Section 330 (h); Public Housing Primary Care, Section 330 (i)

ratio of population to dentists is 1,430:1.

### Dentists, Number and Ratio, 2016

	King County	Snohomish County	Washington
Number of dentists	2,270	552	5,830
Ratio of population to dentists	950:1	1,430:1	1,250:1

Source: County Health Rankings, 2018 <http://www.countyhealthrankings.org>

### Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In King County, the ratio of the population to mental health providers was 290:1. Snohomish County has 1 mental health provider for every 390 residents.

### Mental Health Providers, Number and Ratio, 2017

	King County	Snohomish County	Washington
Number of mental health providers	7,377	2,252	22,085
Ratio of population to mental health providers	290:1	350:1	330:1

Source: County Health Rankings; 2018 <http://www.countyhealthrankings.org>

### Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care. Following are their comments, quotes and opinions edited for clarity:

- The health care system is not consumer friendly. It is very difficult to make an appointment.
- One barrier is access to good primary care. Many people and organizations don't accept Medicaid.
- Transportation is an access issue. We work to try to get people enrolled in insurance, but lack of transportation can be a barrier to accessing care.
- Many immigrant populations lack health insurance.
- For the population who has health insurance, having convenient, accommodating and sensitive health care available is key.
- Public charge impacts the individual; the perception and fear will actually keep people away from accessing care.
- We do not have a sufficient supply of queer providers or providers trained to serve this population.
- Primary care practitioners need to be more accessible. Remove barriers and make clinics places where you want to go. No one comes back to their primary care practitioner because of the monumental effort it takes to get an appointment.
- There is a barrier in applying for state assistance or Apple Health.

- There is lack of coordinated care and services that lead to inefficiency and the result is people slip through the cracks.
- People from minority backgrounds don't always access health care because they feel they are treated differently because of who they are. Especially the transgender population is not accessing care because of the stigma of identity and gender.
- Finding a provider who takes Medicaid is tough. Getting time off from work to get care, can be a challenge. Medicaid is an issue in itself, whether it's for mental health or substance use services. And the state has a well-documented lack of mental health providers and beds.
- Even with the expansion of health coverage, care is still expensive, so cost remains a barrier to not accessing services.
- Affordability is an issue, if you don't have insurance that is a problem. Illegal patients can't access a variety of services and providers.
- We work a lot with the Hispanic population and we've found that not having a primary care physician is prevalent and they are not utilizing available resources.
- Many of the Asian communities are not utilizing services because of the political climate. They don't feel safe going to access care if there is a chance that legal repercussions come into play.
- Some populations feel like they are being judged when they go to the doctor. Maybe the wait to get to see the doctor is months and then they miss the appointment or don't make it or forget. Some don't even know they can access services. They have state assistance with Apple Health and don't realize they can get help.
- Some immigrant communities are hesitant to access services. We specifically have some people who've asked to be removed from our databases because of fear about how that will impact their citizenship options in the future with public charge.
- Income restraints may be why some people don't get regular health checkups and so symptoms that might be captured earlier go for longer.
- Health care isn't easy to access. It is difficult to get in and to understand the process and manage your way through the health system.
- The people left out the most are the working poor who don't qualify for Medicaid and are not well insured with their private insurance.
- We have individuals who are experiencing mental health and substance use and misuse disorder treatment needs and they have medical issues. We have a large provider network but because of different funding requirements, it can be difficult to get in quickly for treatment. Behavioral health has become a problem with access to care and funding from Medicaid. Those with behavioral health issues may not recognize a health issue or take care of their primary health care needs.
- There is a shortage of beds for inpatient psych. Many patients have co-morbidities with medical issues so they may have psych issues, but they need those hospital services.

## Birth Indicators

### Births

In 2016, the number of births in King County was 26,011 and in Snohomish County it was 10,045. Birth rates have increased over the past five years.

#### Total Births, 2012-2016

	2012	2013	2014	2015	2016
King County	25,032	24,910	25,348	25,487	26,011
Snohomish County	9,226	9,406	9,524	9,766	10,045
<b>Washington</b>	<b>87,417</b>	<b>86,566</b>	<b>88,561</b>	<b>89,000</b>	<b>90,489</b>

Source: Washington State Department of Health, Vital Statistics, 2012-2016.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyYear>

The majority of births in King County (63.1%) and Snohomish County (77.4%) were to White mothers. 21.4% of births in King County and 12.2% in Snohomish County were to Asians. 8.8% of births in King County and 3.9% in Snohomish County were to African American mothers. As of 2012, the state of Washington no longer tracks ethnicities, as a result, Hispanic/Latino is no longer a recorded designation.

#### Births by Mother's Multiple Race\*, 2012-2016

	King County	Snohomish County	Washington
White	63.1%	77.4%	78.1%
Asian	21.4%	12.2%	9.7%
African American	8.8%	3.9%	4.6%
Multiple race	4.2%	4.4%	4.4%
Native American	0.8%	1.4%	1.8%
Pacific Islander	1.7%	0.8%	1.3%

Source: Washington State Department of Health, Health Statistics, 2012-2016 \*Where race of mother was known.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyYear>

### Teen Births

In King County, the rate of teen births (ages 15-17) was 4.7 per 1,000 females, while in Snohomish County the teen birth rate was 5.7 per 1,000 females. These rates are lower than that of Washington (8.3) and represent a fairly steady year-over-year decline from 2012 through 2016.

#### Births to Teenage Mothers, Ages 15-17, 5-Year Average, 2012-2016

	Births to Teen Mothers	Rate per 1,000 Females, 15-17
King County	162.4	4.7
Snohomish County	79.0	5.7
<b>Washington</b>	<b>1083.0</b>	<b>8.3</b>

Source: Washington State Department of Health, Vital Statistics, 2012-2016. \*Where age of mother was known.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyYear>

## Prenatal Care

In King County 82.6% of women entered prenatal care within the first trimester, and in Snohomish County, 80.0% of women entered prenatal care within the first trimester. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

### On-Time Entry into Prenatal Care (After First Trimester), Five-Year Average, 2012-2016

	Births with On-Time Prenatal Care	Live Births*	Rate per 1,000 Live Births	Percent Early Entry into Prenatal Care
King County	19,720.0	23,882.4	825.7	82.6%
Snohomish County	7,014.6	8,765.0	800.3	80.0%
<b>Washington</b>	<b>66,936.0</b>	<b>83,074.0</b>	<b>805.7</b>	<b>80.6%</b>

Source: Washington State Department of Health, Vital Statistics, 2012-2016. \*Where entry to care was known.  
<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyYear>

## Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. In King County the rate of low birth weight babies was 6.6% (65.5 per 1,000 live births), and 5.9% (59.2 per 1,000 live births) in Snohomish County. The rates of low birth weight in the counties and state are lower than the Healthy People 2020 objective of 7.8% of births being low birth weight.

### Low Birth Weight (Under 2,500 g), Five-Year Average, 2012-2016

	Low Weight Births	Percent
King County	1,660.0	6.6%
Snohomish County	566.4	5.9%
<b>Washington</b>	<b>5,632.6</b>	<b>6.4%</b>

Source: Washington State Department of Health, Vital Statistics, 2012-2016. \*Where birth weight was known.  
<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyYear>

## Maternal Smoking during Pregnancy

Among pregnant women, 96.8% in King County and 93.9% in Snohomish County did not smoke during pregnancy. These rates fall short of the Healthy People 2020 objective of 98.6% of women to abstain from cigarette smoking during pregnancy.

### No Smoking during Pregnancy, 5-Year Average, 2012-2016

	King County	Snohomish County	Washington
No smoking during pregnancy	96.8%	93.9%	92.1%

Source: Washington State Department of Health, Vital Statistics, 2012-2016. \*Where birth weight was known.  
<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyYear>

## Infant Mortality

The infant mortality rate (defined as deaths to infants more than 27 days old, and under

1 year of age) in King County was 4.1 deaths, and in Snohomish County 3.8 per 1,000 live births. In comparison, the infant death rate in the state was 4.7 deaths per 1,000 live births. These infant death rates are all less than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

#### Infant Mortality Rate, Five-Year Average, 2011-2015

	Infant Deaths	Live Births	Rate per 1,000 Live Births
King County	102.0	25,081.4	4.1
Snohomish County	35.6	9,369.4	3.8
<b>Washington</b>	<b>408.8</b>	<b>87,694.6</b>	<b>4.7</b>

Source: Washington State Department of Health, Vital Statistics, 2011-2015.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Death/DeathTablesbyYear>

#### Breastfeeding

Breastfeeding provides considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies be fed only breast milk for the first six months of life. The CDC collects data on breastfeeding at the state level via landline and cellphone sampling. Per the CDC, Washington compares well to the nation and met or exceeded the Healthy People 2020 objectives related to breastfeeding.

#### Breastfeeding in Washington

	Washington	United States	Healthy People 2020 Objective
Ever Breastfed	87.4%	81.1%	81.9%
Breastfed at 6 months	63.7%	51.8%	60.6%
Breastfed exclusively through 3 months	51.7%	44.4%	46.2%
Breastfed exclusively through 6 months	28.0%	22.3%	25.5%
Breastfed at one year	39.4%	30.7%	34.1%
Breastfed but received formula supplementation within the first 2 days of life	13.7%	17.1%	14.2%

Source: CDC Breastfeeding Report Card, 2016. Data based on 2013 births.

<https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

The rate for initiating breastfeeding in King County is 96.4%, which is higher than the state rate of 93.4%.

#### Breastfeeding Initiation, King County, 5-Year Average, 2010-2014

	Annual Birth Count	Rate
King County	23,790	96.4%
Washington	80,369	93.4%

Source: Washington State Department of Health, Center of Health Statistics 2010-2014, per King County Public Health.

<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

## Leading Causes of Death

### Life Expectancy

Life expectancy in King County is 81.8 years. Life expectancy is the highest for residents of NE Seattle (86.5 years), and is lowest for residents of Shoreline (79.8 years), and NW Seattle (80.3 years of life expected at birth). All other King County areas associated with the service area exceeded county-level expectations.

### Life Expectancy, 5-Year Average, 2011-2015

	Years
Kenmore/Lake Forest Park	82.0
Seattle: Ballard	83.7
Seattle: Fremont/Greenlake	83.0
Seattle: NE Seattle	86.5
Seattle: North Seattle	82.1
Seattle: NW Seattle	80.3
Shoreline	79.8
<b>King County</b>	<b>81.8</b>

Source: Washington State Department of Health, Center for Health Stats, Death Certificates, as reported by Public Health - Seattle & King County; 2011-2015. <https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

### Death Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in King County was 6.2 per 1,000 persons. Snohomish County had an age-adjusted death rate of 7.0 per 1,000 persons.

### Age-Adjusted Death Rate, per 1,000 Persons, Three-Year Average, 2013-2015

	Deaths	Crude Rate	Age-Adjusted Rate
<b>King County</b>	<b>12,588.7</b>	<b>6.2</b>	<b>6.2</b>
Kenmore	149.7	7.0	*
Seattle	4,241.0	6.6	*
Shoreline	540.7	10.0	*
<b>Snohomish County</b>	<b>5,041.3</b>	<b>6.8</b>	<b>7.0</b>
Bothell (partial)	205.0	12.0	*
Edmonds	440.0	11.0	*
Lynnwood	513.0	14.2	*
Mountlake Terrace	139.3	6.8	*
<b>Washington</b>	<b>52,529.0</b>	<b>7.5</b>	<b>6.9</b>

Source: Center for Health Statistics, Washington State Department of Health, 7/2016. Age-Adjusted rates calculated using the Census 2000 Standard Million for the U.S. "Not available  
<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Death/DeathTablesbyYear>

## Leading Causes of Death

The top two leading causes of death in the Northwest Hospital service area are cancer and heart disease. The cancer death rate in King County was 147.9 per 100,000 persons and in Snohomish County the cancer death rate was 161.9 per 100,000 persons. The Healthy People 2020 objective for cancer mortality is a rate of 161.4 per 100,000 persons.

The heart disease mortality rate in King County was 125.4 per 100,000 persons and in Snohomish County it was 140.2 per 100,000 persons. The Healthy People 2020 objective for ischemic heart disease (a sub-category of heart disease) is 103.4 deaths per 100,000 persons. King County had 78.5 deaths per 100,000 persons from ischemic heart disease and Snohomish County had 84.1 deaths per 100,000 persons for ischemic heart disease, which are both below this objective.

In addition to cancer and heart disease, Alzheimer's disease, unintentional injury and stroke are in the top five causes of death in King County. None of the listed causes of death in King County exceeded state rates. In Snohomish County, Alzheimer's disease, lung disease and unintentional injury round out the top five causes of death. Of note, all of the top eight causes of death (not including the sub-category of ischemic heart disease) in Snohomish County exceed state rates.

### Leading Causes of Death, Rates per 100,000 persons, 5-Year Average, 2011-2015

	King County			Snohomish County			Washington		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
All cancers	2,941.2	147.8	147.9	1,161.8	158.2	161.9	12,104.6	175.4	160.0
Heart disease	2,533.6	127.4	125.4	974.2	132.7	140.2	10,550.8	152.9	139.9
Ischemic heart disease	1,573.0	79.1	78.5	588.6	80.3	84.1	6,512.6	94.4	86.4
Alzheimer's disease	832.2	41.8	41.3	30.2.2	41.2	46.0	3,290.0	47.7	44.2
Lung disease	570.6	28.7	29.8	286.6	39.1	42.5	2,999.8	43.5	40.8
Unintentional injury	654.2	32.8	31.6	310.0	42.3	41.9	2,861.4	41.4	39.4
Stroke	604.6	30.4	30.5	238.8	32.5	35.4	2,602.8	37.7	35.0
Diabetes	370.0	18.6	18.5	180.0	24.5	25.4	1,665.2	24.1	22.1
Drug-induced	281.6	14.1	13.0	145.2	19.8	18.6	1,067.0	15.5	14.9
Suicide	255.4	12.8	12.2	105.6	14.4	13.6	1,056.4	15.3	14.7
Alcohol-induced	218.0	11.0	9.8	100.4	13.7	12.0	999.0	14.5	12.7
Chronic liver disease and cirrhosis	210.0	10.6	9.5	90.0	12.2	10.9	901.4	13.1	11.4
Pneumonia flu	181.6	9.1	9.0	63.2	8.6	9.3	754.4	10.9	10.0



	King County			Snohomish County			Washington		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
Homicide	53.4	2.7	2.7	14.8	2.0	2.0	212.2	3.1	3.1

Source: Center for Health Statistics, Washington State Department of Health, 7/2016. Age-Adjusted rates calculated using the Census 2000 Standard Million for the U.S.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Death/DeathTablesbyYear> and <https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Death/InjuryDeathTablesbyYear>

## King County Regional Mortality Rates

King County regional mortality data for Kenmore/Lake Forest Park, Seattle and Shoreline were examined. Five-year average, age-adjusted data indicated that cancer, heart disease, and Alzheimer's disease are the top three causes of death. The rates for the listed causes of death are higher for Shoreline than for the King County. In the Seattle area, mortality rates for cancer, unintentional injury, diabetes, and chronic liver disease exceeded the rates of death for these causes in King County. The Kenmore/Lake Forest Park region has higher rates of death than King County for Alzheimer's disease, stroke, unintentional injury, suicide, Parkinson's disease and pneumonitis from solids/liquids.

### Mortality Rates, Age-Adjusted, Five-Year Average, 2010-2014

	Kenmore/Lake Forest Park	Seattle	Shoreline	King County	Healthy People 2020
Cancer	139.9	151.2	164.0	150.5	161.4
Heart disease	107.7	123.5	141.7	127.2	Not comparable
Alzheimer's disease	53.6	34.0	69.1	41.1	No objective
Stroke	34.7	29.7	39.0	31.4	34.8
Unintentional injury	33.9	32.2	33.7	30.7	36.4
Chronic lower respiratory disease	27.4	26.5	30.7	29.7	Not comparable
Diabetes	12.6	19.4	22.5	18.3	Not comparable
Suicide	17.2	11.8	15.7	12.1	10.2
Chronic liver disease and cirrhosis	*	10.1	*	9.3	8.2
Parkinson's disease	13.3	*	12.1	9.0	No objective
Pneumonia and flu	*	7.9	*	8.9	No objective
Pneumonitis from solids/liquids	10.1	*	14.1	8.1	No objective

Source: Washington State Department of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.

\*Not provided. <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

## Cancer Mortality

The mortality rate for female breast cancer in King County was 20.0 per 100,000 persons, and in Snohomish County it was 19.4 per 100,000 persons. The rate of death from colorectal cancer in Snohomish County was 14.0 per 100,000 persons and in King

County the rate was 12.2. Rates of death for lung cancer are lower in King County (34.0 per 100,000) than Snohomish County (42.2 per 100,000 persons).

**Cancer Mortality Rates, per 100,000 persons, Five-Year Average, 2011-2015**

	Female Breast Cancer			Colorectal Cancer			Lung Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
King County	225.0	22.6	20.0	244.8	12.3	12.2	658.2	33.1	34.0
Snohomish County	80.4	21.9	19.4	102.0	13.9	14.0	299.2	40.8	42.2
<b>Washington</b>	<b>825.8</b>	<b>23.8</b>	<b>19.9</b>	<b>992.6</b>	<b>14.4</b>	<b>13.1</b>	<b>3,077.2</b>	<b>44.6</b>	<b>40.9</b>

Source: Center for Health Statistics, Washington State Department of Health, 7/2016. Age-Adjusted rates calculated using the Census 2000 Standard Million for the U.S.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Death/DeathTablesbyYear>

## Chronic Diseases

### Asthma

Among 10<sup>th</sup> graders in King County, 7% report currently having asthma, while the rate in Snohomish County is 9% and statewide it is 10%. Among adults, 8% in King County have been diagnosed with asthma, while in Snohomish County and the state the rate is 9%.

### Asthma Prevalence, 2014 & 2016

	10 <sup>th</sup> Graders	Adults
King County	7%	8%
Snohomish County	9%	9%
<b>Washington</b>	<b>10%</b>	<b>9%</b>

Source: Washington State Department of Health's 2018 Washington State Health Assessment; 10<sup>th</sup> grade data based on the 2014 & 2016 Washington State Healthy Youth Survey (HYS) and adult data based on 2014 & 2016 BRFSS data.  
[https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA\\_FullReport.pdf](https://www.doh.wa.gov/Portals/1/Documents/1000/2018SHA_FullReport.pdf)

Over a five-year period, the rate of asthma for adults in King County was 8.3%, with the highest rates seen in Shoreline (10%) and the lowest in the Fremont/Greenlake area of Seattle (4%). The five-year average rate for asthma in Snohomish County was 9.5%.

### Asthma Prevalence, Percent of Population, 5-Year Average

	Adult Asthma
Kenmore/Lake Forest Park	7%
Seattle: Ballard	8%
Seattle: Fremont/Greenlake	4%
Seattle: NE Seattle	6%
Seattle: North Seattle	8%
Seattle: NW Seattle	8%
Shoreline	10%
<b>King County*</b>	<b>8.3%</b>
<b>Snohomish County*</b>	<b>9.5%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.  
<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged.  
<https://fortress.wa.gov/doh/brfss/#/>

Asthma hospitalizations in children, under age 18, occur at a rate of 131.0 per 100,000 children in King County. Hospitalization rates are higher among children in the Seattle area (214.0) and North County (159.3) than in the county.

Adults are hospitalized for asthma at much lower rates than children. Averaged over five years, adults in King County were hospitalized for asthma at a rate of 38.8 per 100,000

persons. Adults in the Seattle region are hospitalized for asthma at a rate of 37.1 per 100,000 persons, which is virtually identical to the North County region rate (37.2).

### Asthma Hospitalization, per 100,000 Persons, 5-Year Average, 2011-2015

	Childhood Asthma	Adult Asthma
Seattle	214.0	37.1
North County	159.3	37.2
<b>King County</b>	<b>131.0</b>	<b>38.8</b>

Source: Public Health - Seattle & King County; Washington Office of Hospital and Patient Data Systems, 2011-2015.  
<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

### Diabetes

In King County, 7% of the adult population has been diagnosed with diabetes. In Snohomish County, 8.3% of adults have been diagnosed with diabetes. In the Ballard and Fremont/Greenlake regions of Seattle the diabetes rate is 3%, while in Shoreline, 8% of the population said that they have been diagnosed with diabetes.

### Adult Diabetes Prevalence, Percent of Population, 5-Year Average

	Percent
Kenmore/Lake Forest Park	5%
Seattle: Ballard	3%
Seattle: Fremont/Greenlake	3%
Seattle: NE Seattle	4%
Seattle: North Seattle	5%
Seattle: NW Seattle	7%
Shoreline	8%
<b>King County*</b>	<b>7.0%</b>
<b>Snohomish County*</b>	<b>8.3%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.  
<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged.  
<https://fortress.wa.gov/doh/brfss/#/>

### Coronary Heart Disease and/or Angina

In King County 4.3% of adults had been told by a health care professional that they have coronary heart disease or who have had a myocardial infarction (heart attack). In Snohomish County, 5.4% of adults had heart disease.

### Coronary Heart Disease and/or Heart Attack, 5-Year Average, 2012-2016

	Percent
King County	4.3%
Snohomish County	5.4%

Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016,  
<https://fortress.wa.gov/doh/brfss/#/>

## High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. In King County, 25.8% of adults have been diagnosed with high blood pressure and 29.4% have high cholesterol. In Snohomish County, 30.1% of adults have been diagnosed with high blood pressure and 31.8% have high cholesterol. Due to small sampling size, differences among areas should be interpreted with caution.

### High Blood Pressure and Cholesterol, Percent of Population

	High Blood Pressure	High Cholesterol*
Kenmore/Lake Forest Park	22%	41%
Seattle: Ballard	22%	43%
Seattle: Fremont/Greenlake	18%	38%
Seattle: NE Seattle	16%	40%
Seattle: North Seattle	24%	39%
Seattle: NW Seattle	26%	45%
Shoreline	27%	50%
<b>King County*</b>	<b>25.8%</b>	<b>29.4%</b>
<b>Snohomish County*</b>	<b>30.1%</b>	<b>31.8%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011, 2013 & 2015, 3-year average.

\*\*Only asked of men 35+ and women 45+ <https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2013 & 2015, 2-year average. <https://fortress.wa.gov/doh/brfss/#/>

## Community Input – Heart Disease and Stroke

Stakeholder interviews identified the following issues, challenges and barriers related to heart disease and stroke. Following are their comments, quotes and opinions edited for clarity:

- Early intervention and public health measures can improve and reduce the risks of heart attack and stroke
- We need access to primary care and promotion of healthy lifestyles.
- We beefed up our primary care resources for heart disease and we are doing early heart disease detection. We could still do a better job with transitional care management once the patient is in the hospital as well as home care, and follow-up after treatment.
- Low-income populations need to rely on foodbanks to get their needs met. It is difficult to prepare healthy fresh food versus utilizing pre-prepared food with lots of sodium.
- There are still opportunities to recognize the signs and symptoms of a heart attack and/or stroke.
- We see big disparities in heart disease and increasing risk in heart disease. Mostly it is due to a lack of physical activity and higher rates of obesity so the solution tends to be environmental. If we reduce sugar intake and increase affordable fresh fruit

and vegetables, we can stem cardiovascular disease.

- Smoking is related to cardiovascular disease. We've seen new smoking devices like Juul and vaping devices. There is a huge increase in youth who are trying tobacco. There is a lack of smoking cessation programs.
- Our population tends to die earlier than other individuals because of their behavioral health needs. They often lack insurance and aren't seeking medical care. Heart disease and diabetes are major issues that go untreated because they aren't diagnosed.
- We know here has been a decline in deaths from heart disease and lot of that has to do with lipid lowering medications. Clearly, it becomes an issue to access those medications. The decline in heart disease is not based on obesity rates going down, it's based on an increase in medications like statins and aspirin. They are the cornerstone of cardiovascular health.
- We have to work on behavioral change and shift our nutrition outlook. We need healthier options like fruits and vegetables, and look at food access in the area.

## Cancer

In King County, the age-adjusted cancer incidence rate was 523.3 per 100,000 persons. In Snohomish County it was 547.2 per 100,000 persons. These rates of cancer are higher than the state rate of 508.7 per 100,000 persons. Breast cancer and prostate cancer occur at higher rates in King County than the state for these types of cancer. The rates for all listed cancers were higher in Snohomish County than in the state.

### Cancer Incidence, per 100,000 Persons, Age Adjusted, 2011-2015

	King County	Snohomish County	Washington
All sites	523.3	547.2	508.7
Breast (female)	188.2	173.4	170.4
Prostate	115.2	107.7	107.5
Lung and bronchus	50.4	61.6	57.5
Colorectal	34.9	38.7	36.3
Leukemia	15.0	16.0	15.0
Cervix	6.1	7.2	6.8

Source: Washington State Department of Health, Washington State Cancer Registry, 2011-2015.  
<https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

## Community Input – Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer. Following are their comments, quotes and opinions edited for clarity:

- Cancer care is incredibly confusing. If you are not familiar with what's involved in your cancer journey it can be difficult to manage.
- Cancer is expensive for anyone, whether you are living paycheck to paycheck or not, it can be financially devastating. It really does impact a wide range of individuals

and income levels with financial stress and toxicity.

- Populations that are not accessing treatment are minority populations. We have to do a better job of creating a culture that embraces everyone. Cancer is something that can be prevented if access to care is embraced.
- We should expand cancer services.
- For cancer care it is important to see service providers in a timely manner and get treatment underway.
- Encourage wellness checks and annual physicals to be the norm.
- More screenings are needed beginning at the primary care level.
- There is a lack of outreach to populations who are most at-risk. There are disparities in cancer outcomes by race and income.
- Cancer hits everyone. If you can't get an appointment with your primary care doctor you aren't being screened for cancer.
- There are many populations that are at higher risk for different types of cancer. Data show disparities are generally in populations of color and low-income populations.
- Screenings for breast, lung and colon cancer are predicated on age. We need more screenings mandated at the primary care level.

### **Disability**

In King County, 9.6% of the non-institutionalized civilian population had a disability. In Snohomish County, 11.9% of the population was disabled. The rate of disability in the state was 12.8%.

### **Population with a Disability, 5-Year Average, 2012-2016**

	<b>Percent</b>
King County	9.6%
Snohomish County	11.9%
<b>Washington</b>	<b>12.8%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1810. <http://factfinder.census.gov>

## Communicable Diseases

### Tuberculosis

The rate of TB, per 100,000 persons in 2016 in King County was 4.8, and in Snohomish County the rate was 3.9 per 100,000 persons.

#### Tuberculosis Rate, per 100,000 Persons, 2015-2016

	2015		2016	
	Number	Crude Rate	Number	Crude Rate
King County	98	4.7	101	4.8
Snohomish County	30	4.0	30	3.9
<b>Washington</b>	<b>207</b>	<b>2.9</b>	<b>205</b>	<b>2.9</b>

Source: Washington State Department of Health Communicable Disease Report, 2016.  
<http://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport2016.pdf>

### Sexually Transmitted Infections

Chlamydia occurs at a rate of 453.2 per 100,000 persons in King County and in Snohomish County it is 331.8 per 100,000 persons. The rate of chlamydia in Washington is 444.0 per 100,000 persons. The rate of gonorrhea is 194.0 per 100,000 persons in King County, higher than the state rate of 137.1 per 100,000 persons, and more than twice the rate of Snohomish County at 93.9 per 100,000 persons. Syphilis occurs at a rate of 15.0 per 100,000 persons in King County, higher than the state rate of 9.2 per 100,000 persons and more than twice the Snohomish County rate of 6.7 per 100,000 persons.

Genital herpes was reported at a rate of 16.1 per 100,000 persons in Snohomish County and 16.5 per 100,000 persons in King County. These rates are lower than the state rate (28.2 per 100,000 persons).

#### Sexually Transmitted Infections, per 100,000 Persons, 2017

	King County	Snohomish County	Washington
Chlamydia	453.2	331.8	444.0
Gonorrhea	194.0	93.9	137.1
Syphilis (primary & secondary)	15.0	6.7	9.2
Genital herpes	16.5	16.1	28.2

Source: Washington State Department of Health; STD Services & Assessment Unit, 2017.  
<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease>

### HIV

The number of newly-diagnosed HIV cases declined in King County and the state from 2014 to 2016, while it rose in Snohomish County. The King County rate of newly-diagnosed HIV was 10.3 per 100,000 persons in 2016. This is higher than the state rate (6.1 per 100,000 persons) and Snohomish County rate (6.2 per 100,000 persons).



## HIV Rate, per 100,000 Persons, 2014 & 2016

	2014		2016	
	New Cases	Rate	New Cases	Rate
King County	281	14.3	219	10.3
Snohomish County	36	5.0	49	6.2
<b>Washington</b>	<b>447</b>	<b>6.4</b>	<b>438</b>	<b>6.1</b>

Source: Washington State Department of Health, HIV Surveillance Report, 2017.

<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/HIVData/SurveillanceReports>

### Community Input – HIV and Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to HIV and sexually transmitted infections. Following are their comments, quotes and opinions edited for clarity:

- Sex workers don't want to come for treatment because they feel that they are treated as "less than." Shame prevents them from coming. Also, they are frequently in domestic violence situations with their pimp abusing them and he won't allow them to be left alone so it's hard to talk to them. It is hard to design a treatment plan around someone who is not likely to return for a follow-up appointment.
- There is a lack of education and understanding that HIV and STIs are not just young person diseases.
- It may be a health care issue when it is contracted, but it's a societal issue in controlling the spread of STI with education and awareness before it becomes a crisis.
- We are seeing a spike in HIV and challenges at younger ages.
- Hepatitis A, B and C are a concern with our clients.
- People who use drugs are susceptible to HIV.
- We have highly effective treatments and people can lead normal lives but there is still that stigma of being HIV positive and needing to disclose to others they live with and sleep with.
- There is still a fear of getting tested and a fear of HIV being a perceived death sentence when diagnosed.
- A lot of the education on HIV dates back 30 years. There continues to be a stigma related to a lack of information and education and it can be cultural. Patients continue to hide HIV from their families for a long time.
- HIV care comes down to money and your insurance status. Most people with HIV experience different types of insurance at some point and changes may not allow medication coverage any more. Then they come back with an infection because they have not modified their sex risk but they've stopped their medication.
- In the Latino community, HIV is highly stigmatized.
- HIV is often associated with homosexuality and the stigma of men with men and men who have sex with men and women.

- Drugs increase the baseline risk, especially methamphetamines associated with a lack of inhibitions and use of condoms and that leads to more infections.
- STI rates are increasing while HIV rates are decreasing. We are also testing this population more so we've become better at detecting these days than a year ago and testing is more accessible. With PrEP, the framework and infrastructure to test patients every three months has changed protocols.
- We are seeing an increase in syphilis in pregnant women in Seattle.
- About 10 blocks away from the hospital is Aurora Avenue where you frequently see female sex workers. About a year ago, we saw an uptick in activity with street sex workers. Part of the reason was related to a new federal law that prevents sites like Craigslist and other personal ads to invite you to hook up with someone else on line. A lot of these sites have been taken down or they do not allow personal ads anymore, so it's bringing more activity to the streets. As a result we are seeing a lot more sex workers come to the ED for care. Some use drugs, some don't. Also, public health identified about six new HIV cases in the homeless population that use IV drugs. And it was linked to some of the sex workers. Public health increased their efforts on prevention, medication, contraception and STI checks.
- Washington is one of the few places in the country that has the hiv 90/90/90 rule: 90% of HIV is diagnosed, 90% are on treatment and 90 % are undetectable with zero virus in their blood. As a result, transmission is close to zero.

## Preventive Practices

Health screenings and immunizations are widely accepted methods to help identify and prevent disease.

### Childhood Immunizations

The rate of childhood immunizations among children, ages 19-35 months, is 76.2% in Washington, which is higher than the national rate of 73.8%.

#### Child Immunizations, Age 19-35 Months, 4:3:1:3:3:1, 2016

	Percent
Washington	76.2%
Nationwide	73.8%

Source: Centers for Disease Control, 2016 National Immunization Survey  
<https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/index.html>

The rate of school-required immunizations among Kindergarten-aged children is 85.3% for the school districts in the Northwest Hospital service area. Fewer children are out of compliance in the service area (8.7%) than in King County (8.9%). However, rates of exemption are higher among service area school districts than in either of the counties or the state.

#### Kindergarten Immunization Completion, 2016-2017 School Year

	Complete	Out of Compliance	Exempt	Exempt Due to Personal Philosophical Beliefs
Edmonds School District	86.6%	6.5%	4.8%	3.9%
Everett School District	88.0%	6.5%	4.8%	4.3%
Northshore School District	87.8%	6.0%	5.6%	5.0%
Seattle Public Schools	83.0%	11.0%	5.0%	4.1%
<b>Northwest Hospital Service Area</b>	<b>85.3%</b>	<b>8.7%</b>	<b>5.0%</b>	<b>4.2%</b>
<b>King County</b>	<b>84.8%</b>	<b>8.9%</b>	<b>4.4%</b>	<b>3.6%</b>
<b>Snohomish County</b>	<b>84.9%</b>	<b>8.5%</b>	<b>4.8%</b>	<b>3.7%</b>
<b>Washington</b>	<b>85.0%</b>	<b>8.2%</b>	<b>4.7%</b>	<b>3.6%</b>

Source: Washington State Department of Health, Office of Immunization and Child Profile, 2016-2017 via Washington State Open Data Portal <https://data.wa.gov/Health/Kindergarten-Immunization-Data-2016-17/kck7-yb2v>

### Flu Shots

In King County, 36.5% of adults aged 18 to 64 got the flu shot; the rate was slightly

higher in Snohomish County (41.4%). Those in North Seattle received the flu shot at a rate of 29%. These rates do not meet the Healthy People 2020 objective of 70% of adults receiving a flu shot. Rates are higher among seniors 65 and over, with 60.4% in King County and 64.3% in Snohomish County receiving the flu shot, but both still fall short of the Healthy People 2020 objective. Due to sample sizes, particularly among seniors, differences between areas should be interpreted with caution.

### Flu Shots, Adults

	Adults 18-64	Adults 65+
Kenmore/Lake Forest Park	41%	66%
Seattle: Ballard	31%	66%
Seattle: Fremont/Greenlake	34%	71%
Seattle: NE Seattle	38%	62%
Seattle: North Seattle	29%	66%
Seattle: NW Seattle	34%	64%
Shoreline	40%	62%
<b>King County*</b>	<b>36.5%</b>	<b>60.4%</b>
<b>Snohomish County*</b>	<b>41.4%</b>	<b>64.3%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015, 5-year averaged.  
<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2013-2016, 4-year averaged.

### Pneumonia Vaccination

The pneumonia vaccination rate among seniors in King County is 75.4%, and in Snohomish County it is 74.9%, which are both below the Healthy People 2020 objective of 90%. North Seattle has a statistically-meaningful higher rate of 83% of seniors receiving the vaccine. Due to small sample sizes, differences between regions should be interpreted with caution.

### Pneumonia Vaccine, Adults 65+, 5-Year Average

	Percent
Kenmore/Lake Forest Park	80%
Seattle: Ballard	77%
Seattle: Fremont/Greenlake	67%
Seattle: NE Seattle	76%
Seattle: North Seattle	83%
Seattle: NW Seattle	80%
Shoreline	80%
<b>King County*</b>	<b>75.4%</b>
<b>Snohomish County*</b>	<b>74.9%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.

<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\* Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016,

<https://fortress.wa.gov/doh/brfss/#/>

## Mammograms

79.2% of women, 50 to 74 years of age, in King County have had a mammogram in the past two years; the rate is slightly lower in Snohomish County (75.8%). These rates fall short of the Healthy People 2020 objective of 81.1%.

### Mammogram in Last Two Years, Women 50-74, 5-Year Average, 2012-2016

	Percent
King County	79.2%
Snohomish County	75.8%

Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged.  
<https://fortress.wa.gov/doh/brfss/#/>

## Cervical Cancer Screenings

83.5% of women, 21 to 65 years of age, in King County have had a Pap test in the past three years. 82.1% of women, 21 to 65 years of age, in Snohomish County have had a Pap test in the past three years. These rates fail to meet the Healthy People 2020 objective of 93.0%.

### Pap Test in Last Three Years, Women 21-65, 3-Year Average: 2012, 2014 & 2015

	Percent
King County	83.5%
Snohomish County	82.1%

Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012 & 2014-2015, 3-year average.  
<https://fortress.wa.gov/doh/brfss/#/>

## Colorectal Cancer Screening

In King County, 69.6% of adults, 50 to 75 years of age, have been screened for colorectal cancer. In Snohomish County 66.6% have been screened for colorectal cancer. These rates are below the Healthy People 2020 objective of 70.5%.

### Colorectal Cancer Screening, Adults 50-75, 5-Year Average, 2012-2016

	Percent
King County	69.6%
Snohomish County	66.6%

Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged.  
<https://fortress.wa.gov/doh/brfss/#/>

## Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments, quotes and opinions edited for clarity:

- We are doing a better job paying for preventive care with insurance. However, it is difficult to provide an appointment relatively quickly or providers are all booked up. It's harder for people on Medicaid or Medicare because their insurance does not pay as well.

- People who are working on meeting their basic needs find it hard to plan for preventive care.
- One of the major barriers with preventive care for many populations is the lack of time.
- We need to effectively communicate to the public about the importance of preventive care.
- Issues are time, cost and access. How do we do a better job at creating access to primary care and make it affordable? There is not a lot education on why you should get an annual primary care visit. It is left to health plans to provide that education..
- The more we can fund prevention and education the earlier on, the better the outcomes will be.
- We need to continue to expand services particularly to get upstream and create alternatives to hospitalization and transition people back to the community.

## Health Behaviors

### Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. Washington's 39 counties are ranked from 1 (healthiest) to 39 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 1 puts King County at the top of Washington counties for health behaviors. Snohomish County is ranked 8th.

### Health Behaviors Ranking

	County Ranking (out of 39)
King County	1
Snohomish County	8

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org>

### Fair or Poor Health

When asked to self-report on health status, 12% of adults in King County indicated they were in fair or poor health, while in Snohomish County 15.5% of adults indicated they in fair or poor health.

### Fair or Poor Health, Adults, 5-Year Average

	Percent
Kenmore/Lake Forest Park	8%
Seattle: Ballard	5%
Seattle: Fremont/Greenlake	4%
Seattle: NE Seattle	10%
Seattle: North Seattle	11%
Seattle: NW Seattle	13%
Shoreline	10%
<b>King County*</b>	<b>12.0%</b>
<b>Snohomish County*</b>	<b>15.5%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.

<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged.

### Years of Healthy Life

Years of healthy life are the number of years a newborn can expect to live with good or excellent health if current life expectancy and health rates stay the same for his/her entire life. For residents of North King County, years of healthy life are expected to be 74.6 years, while in Seattle they are 73.9 years. The gap between this and life expectancy are years of fair or poor health (6.7 years for North County and 8.6 years for Seattle). Poverty correlates highly with the number of years of ill health at the end of life.

### Years of Healthy Life, Five-Year Average, 2011-2015

	Healthy Life	Life Expectancy
East County	76.4	83.8
South County	69.2	80.0
Seattle	73.9	82.5
North County	74.6	81.3
<b>King County</b>	<b>72.6</b>	<b>81.7</b>

Source: Washington State Department of Health, Center for Health Stats, Death Certificates, as reported by Public Health - Seattle & King County; 2011-2015. <https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

### Activity Limitation

Among adults in King County, 19.9% have limited activity as a result of physical, mental or emotional problems. In Snohomish County 15.9% have limited activity as a result of physical, mental or emotional problems. 15.9%.

### Activity Limitation, Adults, 5-Year Average, 2012-2016

	Percent
King County	19.9%
Snohomish County	15.9%

Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016. <https://fortress.wa.gov/doh/brfss/#/>

### Adults Overweight and Obese

35.8% of King County adults and 37.7% of Snohomish County adults are overweight. Over a third of adults (34.5%) in King County are obese, and 39.6% of adults in Snohomish are obese. Obesity rates in Kenmore/Lake Forest Park, Ballard, Fremont/Greenlake and NE Seattle are lower than the county rate.

### Overweight and Obesity, Adults, 5-Year Average

	Overweight	Obese
Kenmore/Lake Forest Park	34%	13%
Seattle: Ballard	35%	13%
Seattle: Fremont/Greenlake	33%	9%
Seattle: NE Seattle	31%	13%
Seattle: North Seattle	38%	23%
Seattle: NW Seattle	34%	25%
Shoreline	33%	23%
<b>King County*</b>	<b>35.8%</b>	<b>34.5%</b>
<b>Snohomish County*</b>	<b>37.7%</b>	<b>39.6%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. <https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged.



## Youth Overweight and Obese

In King County, 24% of 8<sup>th</sup> graders, 19% of 10<sup>th</sup> graders and 20% of 12 graders are overweight or obese. In Snohomish County, the rates of overweight and obesity among students were: 25% of 8<sup>th</sup> graders, 27% of 10<sup>th</sup> graders, and 30% of 12<sup>th</sup> graders.

### Youth Overweight and Obese, Grades 8, 10 and 12, 2016

	8 <sup>th</sup> Grade		10 <sup>th</sup> Grade		12 <sup>th</sup> Grade	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
King County	14%	10%	11%	8%	12%	8%
Snohomish County	15%	10%	14%	13%	15%	15%
<b>Washington</b>	<b>16%</b>	<b>11%</b>	<b>15%</b>	<b>12%</b>	<b>16%</b>	<b>14%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

## Adult Physical Activity

The CDC recommendation for weekly adult physical activity is 150 minutes of moderate-intensity aerobic activity and muscle-strengthening activities on two or more days that work all major muscle groups. In King County, 73.2% of adults do not meet the activity recommendation, and in Snohomish County 78% do not meet the recommendation.

### Inadequate Physical Activity, Adults, 2-Year Average, 2013 & 2015

	Percent
King County	73.2%
Snohomish County	78.0%

Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2013 & 2015, 2-year average.

The percentage of adults who are sedentary and do not participate in any leisure time physical activity is 15.1% in King County and 18.7% in Snohomish County.

### Sedentary Adults, 5-Year Average

	Percent
Kenmore/Lake Forest Park	10%
Seattle: Ballard	9%
Seattle: Fremont/Greenlake	9%
Seattle: NE Seattle	10%
Seattle: North Seattle	17%
Seattle: NW Seattle	11%
Shoreline	14%
<b>King County*</b>	<b>15.1%</b>
<b>Snohomish County*</b>	<b>18.7%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.  
<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\* Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016  
<https://fortress.wa.gov/doh/brfss/#/>

## Youth Physical Activity

The CDC recommendation for youth physical activity is 60 minutes or more each day. 82% of King County youth in grade 12 do not meet this activity recommendation. 80% of 12<sup>th</sup> graders in Snohomish County do not meet the physical activity recommendation. Lower grade levels are slightly more likely to have met the recommendation.

### Youth Inadequate Physical Activity, 2016

	6 <sup>th</sup> Graders	8 <sup>th</sup> Graders	10 <sup>th</sup> Graders	12 <sup>th</sup> Graders
King County	73%	74%	81%	82%
Snohomish County	71%	72%	78%	80%
<b>Washington</b>	<b>72%</b>	<b>70%</b>	<b>76%</b>	<b>79%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

## Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 98% of King County residents and 87% of Snohomish County residents live in close proximity to exercise opportunities.

### Access to Exercise Opportunities, Percent of Population

	Percent
King County	98%
Snohomish County	87%
<b>Washington</b>	<b>88%</b>

Source: County Health Rankings, 2016 <http://www.countyhealthrankings.org>

## Soda Consumption

In King County, 3% of 10<sup>th</sup> graders drink sugar-sweetened beverages daily at school. In Snohomish County, 4% of 10<sup>th</sup> graders consume sweetened drinks daily at school. This shows a decline from previous years as school policies have shifted to ban sugary drinks in schools.

### Daily Sweetened Drink Consumption at School, 10<sup>th</sup> Grade Youth, 2006-2016

	2006	2008	2010	2012	2014	2016
King County	18%	16%	12%	10%	4%	3%
Snohomish County	22%	15%	16%	13%	3%	4%
<b>Washington</b>	<b>22%</b>	<b>19%</b>	<b>15%</b>	<b>13%</b>	<b>4%</b>	<b>4%</b>

Source: Washington State Healthy Youth Survey, 2006-2014. <http://www.askhys.net/FactSheets>

## Youth Sexual Behaviors

Almost one-quarter of 10<sup>th</sup> graders and half of 12<sup>th</sup> grade students have had sex, though the rates in both counties are lower than state rates. 21% of 12<sup>th</sup> graders in King County and 25% in Snohomish County did not use a condom during their last sexual encounter.

### Sexual Behaviors, Youth, 2016

	Has had Sex		Did Not Use a Condom During Last Sexual Encounter	
	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	18%	44%	8%	21%
Snohomish County	22%	49%	9%	25%
<b>Washington</b>	<b>25%</b>	<b>50%</b>	<b>10%</b>	<b>23%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

## Mental Health

### Physical or Mental Unhealthy Days

The average number of mental and physical unhealthy days experienced by adults in the service area in the last 30 days was three days. Adults in Snohomish County experienced slightly-higher numbers of unhealthy days as compared to King County, but fewer than adults statewide.

### Physical and Mental Health Unhealthy Days, Average Number of Days in Past 30 Days

	Mental Health Not Good	Physical Health Not Good
King County	3.2	3.0
Snohomish County	3.3	3.2
<b>Washington</b>	<b>3.8</b>	<b>3.7</b>

Source: County Health Rankings, 2018, data from 2016. <http://www.countyhealthrankings.org>

### Frequent Mental Distress

Frequent mental distress is defined as 14 or more bad mental health days in the last month. In King County, 9.5% of the adult population experienced frequent mental distress, with the highest rates found in the North Seattle area (14%). In Snohomish County the rate was 10.0% of the adult population experienced frequent mental distress.

### Frequent Mental Distress, Percent of Population, 5-Year Average

	Percent
Kenmore/Lake Forest Park	9%
Seattle: Ballard	9%
Seattle: Fremont/Greenlake	8%
Seattle: NE Seattle	8%
Seattle: North Seattle	14%
Seattle: NW Seattle	11%
Shoreline	10%
<b>King County*</b>	<b>9.5%</b>
<b>Snohomish County*</b>	<b>10.0%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.

<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016, averaged.

Among 12<sup>th</sup> grade youth, 34% in King County and 39% in Snohomish County had experienced depression, described as 'feeling so sad or hopeless for two weeks or more that they had stopped doing their usual activities.'

### Youth Depression, Past 12 Months, Youth, 2016

	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	32%	34%
Snohomish County	36%	39%
<b>Washington</b>	<b>34%</b>	<b>37%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

19% of 12<sup>th</sup> graders in King County and 23% in Snohomish County said they had considered suicide in the past year. 9% of King County 10<sup>th</sup> graders and 11% of 10<sup>th</sup> graders in Snohomish County said they had attempted suicide in the past year.

### Youth Considered and Attempted Suicide, Past 12 Months, 10<sup>th</sup> Grade, 2016

	Considered Suicide		Attempted Suicide	
	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	19%	18%	9%	7%
Snohomish County	22%	23%	11%	10%
<b>Washington</b>	<b>21%</b>	<b>20%</b>	<b>10%</b>	<b>9%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

### Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments, quotes and opinions edited for clarity:

- There are not enough psych beds so people are detained on medical-surgical floors.
- Everyone who has public insurance that wants access to community mental health has to be tiered within the mental health system prior to getting care authorized. It is a barrier and there are multiple hoops to jump through when needing mental health care. This is a way to control costs but it also adds unnecessary layers to care.
- Mental health is the number one priority. Adolescents and young adults are most critically impacted but it extends beyond that age group if the onset of mental illness isn't treated effectively.
- Trying to get people into a provider, even with all the connections in the world, even for commercially insured patients, it takes six months to get an appointment. Irrespective of payment source, it's an access issue.
- The issue with access to mental health care is that insurance companies have made it very difficult to access care by offering a very narrow range of covered providers. If you go to see a psychologist, there is a very good chance s/he does not accept insurance or is not signed up with your plan.
- Access to mental health care in Washington state is very poor. We rank 48 out of 50 states in capacity. We are short on inpatient psych beds.
- In the mental health field, if you have an adult who is depressed, there is a good chance there are other health issues going on such as cardiac disease and

diabetes. Those who are depressed tend not to take very good care of themselves.

- We need to focus time and dollars to prevent people from having to be hospitalized. The biggest problem is access as there aren't enough people who can provide care in the mental health field.
- Untreated mental illness is very expensive in all respects. We need to get to it early. Only 12% of people who have mental illness will get treated by a psychiatrist. We need to find other ways to get them help, such as school counselors and better trained teachers.
- Washington has a terrible mental health hospital. 800 beds and they lost their accreditation. We are spending a huge amount of money on a small portion of the population as 10% or less of the population is involuntarily committed. We have to go back upstream. We should spend more money on pregnant women who are depressed or anxious to help them be successful mothers.
- What do we do if we have a young person who is starting to do things that aren't good? Where do we go for help? It can take six months to a year to get an appointment for a child psychiatrist. For rural communities, it's even worse.
- Mental health care treatment should be in places we can get to where people are. Let's treat it in a matter of fact way, not that it is a character flaw. When you are treated for cancer, there is a party and cake. When you are treated for mental health, everyone shuts up and no one wants to bring it up. More and more people are saying they've had mental health issues, even celebrities. With mental illness, no family is untouched, no family escapes. So why don't we talk about it?
- Expanding bed capacity is very important once you've convinced a person he needs help. If you convince someone it's ok to have issues and seek help but then that person can't get help, studies have shown it can make the problem worse.
- The biggest challenges are a lack of services and not being able to bring in crisis teams.
- Mental health and homelessness is an extreme challenge and keeping people on their prescribed medications is a problem.
- The same people who are not as attuned to have regular health exams, their mental health issues are not being identified until later.
- People who are non-English language speakers with trauma and other mental illnesses are impacted the most. It is extremely difficult to access care, especially with no health insurance coverage. Any immigrant who comes to the US, who is undocumented and seeking asylum and those here legally with a visa, family member sponsor, student, etc. none of these individuals are eligible for federally subsidized health care. Until you are a citizen, the federal government doesn't want you to be a public charge. You have to be financially independent until you get full citizenship. So, you depend on state benefits. Washington is one of most generous states there are for benefits. But health insurance is not one of the benefits.

- All children are covered for health insurance, but not their parents. When families suffer with PTSD or trauma reactions, it is difficult for them because they are in a state of crisis. Mental illness is one of the last thing adults want to address because it seems overwhelming. Acute illness seems easier and is thought to be curable.
- Mental health is dismissed and not dealt with at the primary care level. Greater awareness and greater acceptance of mental health as a disease state is the first step.
- We have to figure out how to integrate physical and behavioral health. There is a major change in financing in the state because of the Medicaid waiver that supports value-based purchasing and integration of behavioral health and physical care. Community partners who don't have resources can't exist in the value-based pricing world. A small provider doesn't have access to an electronic medical record but a partnership with a health system could provide some of that access.
- Basic training is needed for providers to address their own stigma with mental health and substance use and misuse.
- For ethnic populations there is limited availability of resources in the community so they have to leave their community and often they will not do that. They need care in a location that is helpful for them.
- For the geriatric population we don't have a lot of local resources for organic brain disorder, dementia and Alzheimer's disease.

## Substance Use and Misuse

### Smoking

In King County, 11.8% of adults are current smokers; the rate in Snohomish County is 16.1%. Among service-area regions in King County, NE Seattle shows a statistically-significant difference, with a lower rate of adults being current smokers (8%).

#### Current Smoker (Every Day or Some Days), 5-Year Average, 2011-2015

	Percent
Kenmore/Lake Forest Park	12%
Seattle: Ballard	11%
Seattle: Fremont/Greenlake	12%
Seattle: NE Seattle	8%
Seattle: North Seattle	12%
Seattle: NW Seattle	11%
Shoreline	11%
<b>King County*</b>	<b>11.8%</b>
<b>Snohomish County*</b>	<b>16.1%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.

<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016.

<https://fortress.wa.gov/doh/brfss/#/>

9% of 12<sup>th</sup> grade youth in King County and 11% in Snohomish County smoked cigarettes in the past 30 days. Rates of smokeless tobacco use in the prior 30 days were 4% of 12<sup>th</sup> graders in King County and 5% in Snohomish County.

#### Youth Tobacco Use, Past 30 Days, Youth, 2016

	Smokes Cigarettes		Uses Smokeless Tobacco	
	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	5%	9%	2%	4%
Snohomish County	7%	11%	3%	5%
<b>Washington</b>	<b>6%</b>	<b>11%</b>	<b>3%</b>	<b>6%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

16% of 12<sup>th</sup> grade youth in King County and 20% in Snohomish County smoked an e-Cigarette or vape pen in the past 30 days.

#### e-Cigarette or Vape Pen Use, Past 30 Days, Youth, 2016

	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	9%	16%
Snohomish County	11%	20%
<b>Washington</b>	<b>13%</b>	<b>20%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>



## Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 18.2% in King County and 15% in Snohomish County had engaged in binge drinking in the previous 30 days. Ballard (34%) and Fremont/Greenlake (29%) show a statistically-significant higher rate of binge drinking than King County.

### Binge Drinking, Past 30 Days, Adults, 5-Year Average, 2011-2015

	Percent
Kenmore/Lake Forest Park	18%
Seattle: Ballard	34%
Seattle: Fremont/Greenlake	29%
Seattle: NE Seattle	26%
Seattle: North Seattle	21%
Seattle: NW Seattle	20%
Shoreline	16%
<b>King County*</b>	<b>18.2%</b>
<b>Snohomish County*</b>	<b>15.0%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.

<https://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

\*Source: Washington State Department of Health; Behavioral Risk Factor Surveillance System, 2012-2016.

<https://fortress.wa.gov/doh/brfss/#/>

Alcohol use among youth increases by age. 34% of 12<sup>th</sup> grade youth in King County had consumed alcohol at some time in the past month. In Snohomish County, 33% of 12<sup>th</sup> graders had alcohol in the past 30 days.

### Alcohol Use in Past 30 Days, Youth, 2016

	6 <sup>th</sup> Grade	8 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	2%	6%	18%	34%
Snohomish County	2%	8%	19%	33%
<b>Washington</b>	<b>2%</b>	<b>8%</b>	<b>20%</b>	<b>32%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

Among youth, binge drinking increases from 10<sup>th</sup> to 12<sup>th</sup> grade. 19% of 12<sup>th</sup> graders in King County and 18% in Snohomish County had engaged in binge drinking in the previous two weeks.

### Binge Drinking in Past 2 Weeks, Youth, 2016

	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	9%	19%
Snohomish County	9%	18%
<b>Washington</b>	<b>11%</b>	<b>18%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

25% of the 12<sup>th</sup> grade youth in King County and 27% in Snohomish County indicated current use of marijuana in the past 30 days.

**Marijuana Use in Past 30 Days, Youth, 2016**

	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
King County	14%	25%
Snohomish County	15%	27%
<b>Washington</b>	<b>17%</b>	<b>26%</b>

Source: Washington State Healthy Youth Survey, 2016. <http://www.askhys.net/FactSheets>

**Community Input – Substance Use and Misuse**

Stakeholder interviews identified the following issues, challenges and barriers related to substance use and misuse. Following are their comments, quotes and opinions edited for clarity:

- Substance use and misuse is tied to mental health, they are connected. A common mental health issue is to develop an addiction issue. You can't treat just part of the person.
- Over-prescribing and promotion of opioids has been the root of the problem. Every time you get a tooth pulled or have eye surgery, you get 30 pills.
- There is rampant substance misuse and an inadequate supply of providers to enable the prescribing of Suboxone. It's hard to get people into methadone clinics and there is a lack of providers for Suboxone so we don't have the ability to provide opioid maintenance therapy. As a result, people use illicit substances instead.
- In the ED, we've made efforts to standardize protocols for pain to use non-opioids first. We've made some headway with reducing it as the first line of therapy, and there are now fewer prescriptions. We are prescription monitoring more frequently and there is decreased prescribing in the ED but more work needs to be done.
- We just don't have enough services and ways to get patient to services. Washington has a law that came into effect, the Ricky's law, so people can be involuntarily detained for substance use and misuse.
- It's a public health issue. It is difficult to refer to treatment and have enough services. There is a huge waiting list.
- Substance use and misuse presents itself across all socioeconomic groups. Most impacted are the poor and marginalized, similar to mental illness. The link is that the vast majority, if not all those chemically dependent, are self-medicating for trauma reactions and mental illness. They are trying to find medications to treat their illnesses and it is more readily available and easily accessible on the street as illicit drugs versus through the health care system.
- The heroin and opioid crisis is at the forefront. We have more people dying from these than motor vehicle accidents and gun violence. It is an epidemic of our own

making from health care. Provider practice has to be remedied. We have to bring on new pain management methods like acupuncture and others. We have to convince doctors to be prescribers of Naloxone and visit or follow-up with these patients. And we have to go where the patients are. We really depend on EMS when someone is overdosing and getting people into treatment is quite difficult. It requires more coordination with the system and providers, police, EMS, behavioral health agencies, substance use and misuse agencies, and those serving the homeless.

- Methadone for opioid use disorder is typically for those who've failed at other attempts like inpatient detox with Suboxone. To get Methadone, you have to show frequency, you have to be using daily and show signs of withdrawal.
- Some jails give Suboxone while a person is in jail. But unless a person has a place to go outside of jail, they will go back to using. Suboxone isn't the only thing that works, and it doesn't work for all people.
- Doctors don't want to be prescribers and do not want substance abusers in their offices seeking drugs.
- Part of the issue is people are misinformed. If you are diabetic, you need insulin. We don't hear any issues with diabetics needing medication. There is a stigma associated with using Methadone even though it's been around for 50 years. \$20-\$40 dollars a day will barely maintain you to stay out of withdrawal. After using opioids, people are not trying to get high anymore; they are just trying to stay well. People say they feel like a mouse on the wheel, always having to keep up with the drugs. Methadone gives them a break, a breath to not fund it, and be well each day, and focus on cleaning up their lives. When you are high, or trying not to be sick, you don't think about your housing, your health, or being well. You put it all to the side and just focus on not being sick. And that is when you see people get to the point where they do illegal things to feed their addiction.
- Specific to the opioid epidemic, there is not enough treatment available.
- The biggest issue we have is that many patients get hooked on narcotics after a medical event. That is typically how someone gets started on narcotics and then there is a search to continue to get narcotics and the health care system is responsible for this problem. We are all trying to fix this by being more careful of what we are prescribing.

## Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the Northwest Hospital service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators in the hospital service area that did not meet established Healthy People 2020 objectives; non-bolded items met or exceeded the objectives.

Service Area Data	Healthy People 2020 Objectives
<b>High school graduation rates</b> <b>80.5% King County; 79.5% Snohomish</b>	High school graduation rates 87%
Ischemic heart disease deaths 78.5 per 100,000 King County; 84.1 Snohomish	Ischemic heart disease deaths 103.4 per 100,000
<b>Cancer deaths</b> 147.9 King County; <b>161.9 per 100,000 Snohomish</b>	Cancer deaths 161.4 per 100,000
Female breast cancer deaths 20.0 per 100,000 King County; 19.4 Snohomish	Female breast cancer deaths 20.7 per 100,000
Colorectal cancer deaths 12.2 per 100,000 King County; 14.0 Snohomish	Colorectal cancer deaths 14.5 per 100,000
<b>Stroke deaths</b> 30.5 King County; <b>35.4 per 100,000 Snohomish</b>	Stroke deaths 34.8 per 100,000
<b>Unintentional injury deaths</b> 31.6 King County; <b>41.9 per 100,000 Snohomish</b>	Unintentional injury deaths 36.4 per 100,000
<b>Suicides</b> <b>12.2 per 100,000 King County; 13.6 Snohomish</b>	Suicides 10.2 per 100,000
<b>Drug-related deaths</b> <b>13.0 per 100,000 King County; 18.6 Snohomish</b>	Drug-related deaths 11.3 per 100,000 persons
On-Time prenatal care 82.6% of women King County; 80.0% Snohomish	On-Time prenatal care 78% of women
Low birth weight infants 6.6% of live births King County; 5.9% Snohomish	Low birth weight infants 7.8% of live births
Infant death rate 4.1 per 1,000 live births King County; 3.8 Snohomish	Infant death rate 6.0 per 1,000 live births
<b>Child health insurance rate</b> <b>96.9%</b>	Child health insurance rate 100%
<b>Adult health insurance rate</b> <b>90.2%</b>	Adult health insurance rate 100%
<b>Persons unable to obtain medical care</b> <b>11.4% King County; 14.6% Snohomish County</b>	Persons unable to obtain medical care 4.2%
Adult obese 34.5% King County; 39.6% Snohomish County	Adult obese 30.5%
Teen obese 8% for King County; 14% for Snohomish County	Teen obese 14.5%
Adults who are sedentary 15.1% King County; 18.7% Snohomish County	Adults who are sedentary 32.6%
<b>Adults 50-75 receiving colorectal cancer screening</b> <b>69.6% King County; 66.6% Snohomish County</b>	Adults 50-75 receiving colorectal cancer screening 70.5%
<b>Women 50-74: mammogram in the last two years</b> <b>79.2% King County; 75.8% Snohomish County</b>	Women 50-74: mammogram in the last two years 81.1%
<b>Adult women who have had a Pap smear</b> <b>83.5% King County; 82.1% Snohomish County</b>	Adult women who have had a Pap smear 93%
<b>Annual adult 18-64 years, influenza vaccination</b> <b>36.5% King County; 41.4% Snohomish County</b>	Annual adult 18-64 years, influenza vaccination 70%
<b>Seniors who received pneumococcal vaccination</b> <b>75.4% King County; 74.9% Snohomish County</b>	Seniors who received pneumococcal vaccination 90%
<b>Cigarette smoking by adults</b> 11.8% King County; <b>16.1% Snohomish County</b>	Cigarette smoking by adults 12%

## Attachment 2. Key Stakeholder Interview Respondents

	Name	Title	Organization
1	Annika Andrews	Chief Executive Officer	SCCA Proton Therapy Center
2	Kelly Brown	Executive Director	North Helpline
3	Craig W. Cole	President & CEO; Chair, Mental Health Campaign Council; Former UW Board of Regents	Brown & Cole Stores
4	Laura LaForte	Manager, Patient Relations Program	UW Medicine/Northwest Hospital
5	JoAnne McDaniels	Service Line Administrator, Regional Heart Center	UW Medicine
6	Santiago Neme, MD	Infectious Disease Specialist Associate Chief Medical Officer & Medical Director for Patient Safety & Quality	UW Medicine/Northwest Hospital
7	Kelli Nomura	Division Director Behavioral health and Recovery (incoming)	King County Mental Health
8	Donna Peterson	Director of Psychiatric Services	UW Medicine/Northwest Hospital
9	Kathy Pompeo	Medical Service Officer	Shoreline Fire
10	David Ramenofsky, MD	Hospitalist; UW Medicine Opioid Crisis Committee	UW Medicine, Northwest Hospital
11	Marguerite Ro, DrPH	Chief, Assessment, Policy Development & Evaluation; Director, Chronic Disease and Injury Prevention	Public Health – Seattle & King County
12	Ben Ross	Shoreline Branch Manager	Therapeutic Health Services
13	Joe Sherman, MD	Health Services Director	Mary's Place
14	Darlene Storti	Executive Director	Senior Living Northhaven
15	Kristin VanWart	Senior Director, Community Impact	American Heart Association
16	Jim Vollendroff	Division Director, Behavioral health and Recovery (outgoing)	King County Mental Health
17	Joseph Yurgevich	Executive Director	Cancer Lifeline

### Attachment 3. Resources to Address Needs

Northwest Hospital solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to King County 2-1-1 at <https://crisisclinic.org/find-help/2-1-1-resources-and-information/> and North Sound 2-1-1 for Snohomish County resources at <https://www.uwsc.org/211>.

Health Need	Community Resources
Access to health care	<ul style="list-style-type: none"> <li>• 211</li> <li>• Apple Health</li> <li>• Chinese Information and Service Center CISC</li> <li>• Columbia Public Health Center</li> <li>• Community Health Centers</li> <li>• Country Doctor Community Health Center</li> <li>• Downtown Public Health Center</li> <li>• El Centro de la Raza</li> <li>• Family Resources</li> <li>• Healthpoint</li> <li>• Help Me Grow Washington</li> <li>• International Community Health Services ICHS</li> <li>• International Rescue Committee</li> <li>• King County Kids Plus Program</li> <li>• King County Maternal Support Services</li> <li>• Medical Teams International</li> <li>• NeighborCare Health</li> <li>• Neighborhood House</li> <li>• Northwest Center People of All Abilities</li> <li>• Pioneer Square Clinic</li> <li>• Planned Parenthood of Western Washington</li> <li>• Project Access Northwest</li> <li>• Providence Elder Place, PACE program: Program of All-Inclusive Care for the Elderly</li> <li>• Public Health Seattle and King County</li> <li>• Refuge Women’s Alliance</li> <li>• RotaCare Free Health Clinic</li> <li>• Sea Mar Community Health Center</li> <li>• Seattle/King County Clinic</li> <li>• Senior Living Northhaven</li> <li>• Shoreline Community College Dental Clinic</li> <li>• SOAR Community Coalition</li> <li>• Somali Community Services of Seattle</li> <li>• Sound Generations</li> <li>• Statewide Health Insurance Benefits Advisors SHIBA</li> <li>• Supplemental Nutrition Assistance Program SNAP</li> <li>• Union Gospel Mission</li> <li>• Washington Health Alliance Purchaser Affinity Group PAG</li> <li>• Washington State Department of Social and Health Services</li> <li>• Women, Infants and Children Nutrition Program WIC</li> </ul>

Health Need	Community Resources
Cancer	<ul style="list-style-type: none"> <li>• American Cancer Society</li> <li>• American Cancer Society Action Network</li> <li>• American Lung Association</li> <li>• Because There is Hope</li> <li>• Breast, Cervical and Colon Health Program BCCHP</li> <li>• Cancer Care Alliance</li> <li>• Cancer LifeLine</li> <li>• Cancer Pathways</li> <li>• Community Health Centers</li> <li>• Country Doctor Community Health Center</li> <li>• Fred Hutchinson Cancer Research Center</li> <li>• Healthpoint</li> <li>• International Community Health Services ICHS</li> <li>• Leukemia and Lymphoma Society</li> <li>• NeighborCare Health</li> <li>• Northwest Hope and Healing</li> <li>• Pancreatic Cancer Action Network</li> <li>• RotaCare Free Health Clinic</li> <li>• Sea Mar Community Health Center</li> <li>• Seattle Cancer Care Alliance</li> <li>• Susan G. Komen</li> <li>• Women's Empowerment Cancer Advocacy Network WE CAN</li> </ul>
HIV/Sexually transmitted infections	<ul style="list-style-type: none"> <li>• Bailey-Boushay House</li> <li>• Community Health Centers</li> <li>• Country Doctor Community Health Center</li> <li>• Gay Cities Alliance</li> <li>• Healthpoint</li> <li>• International Community Health Services ICHS</li> <li>• King County Medical Van</li> <li>• Lifelong AIDS</li> <li>• Madison Clinic</li> <li>• Max Clinic</li> <li>• NeighborCare Health</li> <li>• Planned Parenthood</li> <li>• Public Health Seattle and King County</li> <li>• RotaCare Free Health Clinic</li> <li>• Sea Mar Community Health Center</li> <li>• Washington Anti-Trafficking Response Network WARN</li> </ul>
Heart disease and stroke	<ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• American Stroke Association</li> <li>• Community Health Centers</li> <li>• Country Doctor Community Health Center</li> <li>• Healthpoint</li> <li>• International Community Health Services ICHS</li> <li>• King County Healthier Here</li> <li>• NeighborCare Health</li> <li>• Providence ElderPlace</li> <li>• Public Health Seattle and King County</li> <li>• RotaCare Free Health Clinic</li> <li>• Sea Mar Community Health Center</li> </ul>
Housing and homelessness	<ul style="list-style-type: none"> <li>• Bread of Life Mission</li> <li>• Catholic Charities</li> </ul>

Health Need	Community Resources
	<ul style="list-style-type: none"> <li>• Catholic Community Services of Western Washington</li> <li>• Department of Housing and Urban Development HUD</li> <li>• Department of Social and Health Services DSHS</li> <li>• Dignity for Divas</li> <li>• Downtown Emergency Service Center DESC</li> <li>• Dress for Success</li> <li>• Healthpoint</li> <li>• HopeLink</li> <li>• Housing Development Consortium</li> <li>• King County Healthcare for the Homeless HCHN</li> <li>• King County Housing Services</li> <li>• King County Kids Plus</li> <li>• King County One Table</li> <li>• Mary's Place</li> <li>• North Helpline Emergency Services and Food Bank</li> <li>• Northwest Harvest</li> <li>• Pioneer Human Services</li> <li>• Plymouth Housing Group</li> <li>• Project Access Northwest</li> <li>• RotaCare Free Health Clinic</li> <li>• Seattle King County Coalition on Homelessness</li> <li>• Washington Food Coalition</li> <li>• Washington State Department of Social and Health Services</li> <li>• West Seattle Food Bank</li> <li>• YWCA</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Asian Counseling and Referral Service ACRS</li> <li>• Community Health Centers</li> <li>• Community Psychiatric Clinic</li> <li>• Compass Health</li> <li>• Country Doctor Community Health Center</li> <li>• Crisis Connections</li> <li>• Downtown Emergency Service Center DESC</li> <li>• Healthpoint</li> <li>• International Community Health Services ICHS</li> <li>• King County Kids Plus Program</li> <li>• Navos Mental Health Solutions</li> <li>• NeighborCare Health</li> <li>• Pioneer Square Clinic</li> <li>• RotaCare Free Health Clinic</li> <li>• Sea Mar Community Health Center</li> <li>• Sound Mental Health</li> <li>• Valley Cities Behavioral Health Care</li> <li>• Washington State Department of Social and Health Services</li> </ul>
Preventive practices	<ul style="list-style-type: none"> <li>• BREE Collaborative</li> <li>• Child Care Aware of Washington</li> <li>• Community Health Centers</li> <li>• Country Doctor Community Health Center</li> <li>• Healthpoint</li> <li>• Help Me Grow Washington</li> <li>• International Community Health Services ICHS</li> <li>• King County Kids Plus Program</li> <li>• King County Maternal Support Services</li> </ul>



Health Need	Community Resources
	<ul style="list-style-type: none"> <li>• NeighborCare Health</li> <li>• Project Access Northwest</li> <li>• Providence Elder Place, PACE program: Program of All-Inclusive Care for the Elderly</li> <li>• RotaCare Free Health Clinic</li> <li>• Sea Mar Community Health Center</li> <li>• Washington Health Alliance</li> </ul>
Substance use and misuse	<ul style="list-style-type: none"> <li>• Alcoholics Anonymous</li> <li>• Asian Counseling and Referral Service ACRS</li> <li>• Community Environmental Health Strategies</li> <li>• Community Psychiatric Clinic</li> <li>• Downtown Emergency Service Center DESC</li> <li>• Healthpoint</li> <li>• Heroin and Prescription Opiate Addiction Taskforce</li> <li>• King County Healthcare for the Homeless HCHN</li> <li>• King County Kids Plus Program</li> <li>• Narcotics Anonymous</li> <li>• Navos Mental Health Solutions</li> <li>• Pioneer Human Services</li> <li>• Pioneer Square Clinic</li> <li>• Seattle Methadone Clinics</li> <li>• Snohomish Regional Drug and Gang Taskforce</li> <li>• Sound Mental Health</li> <li>• Therapeutic Health Services THS</li> <li>• Valley Cities Behavioral Health Care</li> <li>• Washington Hospital Association Taskforce on Opioids</li> <li>• Washington State Department of Social and Health Services</li> </ul>

## **Attachment 4. Report of Progress**

Northwest Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. Northwest Hospital examined the significant health needs and applied the following criteria to identify the health needs the hospital would address: organizational capacity, established relationships, ongoing investment, and acknowledged competencies and expertise. As a result, Northwest Hospital chose to address the following health needs through a commitment of community benefit programs and charitable resources:

- Access to Health Care
- Cancer
- Heart Disease

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of the Northwest Hospital initiatives. Strategies to address the priority health needs were identified and impact measures tracked where appropriate. The following section outlines the executed strategies and impact made on the selected priority health needs since the completion of the 2016 CHNA.

### **Access to Health Care**

Northwest Hospital provided \$35,939,000 in charity care and uncompensated care in the past three years. A financial counselor was stationed in the emergency room to assist patients to sign up for health insurance, including Medicaid. Any person in the community can walk in or call to make an appointment to see the financial counselor. Community members can also call the hospital financial services hotline (toll free number) for assistance. Northwest Hospital continued to maintain a presence on the health care exchange, offering health care plans for the community.

Lack of transportation is a barrier to accessing needed health care services. The hospital provided taxi vouchers when needed to increase access to care. Northwest Hospital continued to maintain a public transit bus stop on its main campus.

Northwest Hospital implemented a program to directly admit patients from Harborview Medical Center to help ensure Harborview has capacity to meet their mission of providing care for a broad spectrum of patients throughout the Pacific Northwest, including the most vulnerable residents of King County. Northwest Hospital also established protocols to directly admit patients from UW Medicine ambulatory clinics and the Emergency Department in order to expeditiously provide access to needed inpatient care.

Northwest Hospital partnered with King County Public Health to help address an HIV outbreak among the homeless with the goal of controlling the outbreak and educating patients. More detailed information can be found in the published paper: Golden MR, et al. Outbreak of Human Immunodeficiency Virus Infection Among Heterosexual Persons Who Are Living Homeless and Inject Drugs – Seattle, Washington, 2018. *MMWR Morb Mortal Wkly Rep* 2019; 68:344-349. Northwest Hospital started offering HIV testing in the Emergency Department to every patient who is homeless or uses intravenous drugs. The Emergency Department also began offering Hep A testing and vaccination in light of a separate Hep A outbreak affecting homeless people on the west coast. Northwest Hospital also implemented a program for HIV and Hep C testing for any patient who uses intravenous drugs and is admitted to the hospital.

Northwest Hospital has been actively involved in a UW Medicine ambulatory access improvement initiative that is a multi-year, enterprise-wide effort focused on eliminating or reducing the barriers that make it difficult for patients to get timely appointments for care within the UW Medicine health system. This initiative has experienced significant progress toward improving clinic access in the pilot areas. The improvements will expand to additional pilot areas and eventually to the entire UW Medicine system.

Northwest Hospital has participated in UW Medicine system-wide initiatives specific to health equity and diversity, which include work focused on transgender health. UW Medicine believes health care is a fundamental human right and everyone should have the same access and opportunities for the best possible outcomes. UW Medicine is committed to transforming the way care is provided to eliminate inequities. In the fall of 2016, a multi-disciplinary committee developed a set of objectives, strategies and tactics to advance health care equity for all patients regardless of race, ethnicity, language, religion, age, spiritual practice, sexual orientation, gender identity or expression, socioeconomic class and mental or physical status. In 2017, the committee created a multi-year health care equity blueprint.

Northwest Hospital medical staff, funded through Harborview, has been providing services at the SHE Clinic. The SHE Clinic is a collaborative program of Aurora Commons in North Seattle established to provide kind, quality, and nonjudgmental health care to women on Aurora Avenue. Clinical services at the SHE Clinic include facilitating enrollment in insurance and registration at UW Medicine, Hep C treatment, HIV pre-exposure prophylaxis, referrals to detox, treatment and housing, medication assisted treatment for those with opiate use disorder, and prenatal care.

Northwest Hospital has actively engaged with UW School of Medicine and WA State representatives to expand behavioral health to treat unmet community needs. Efforts have resulted in a \$225M funding commitment from WA State to support innovative and integrated care to help patients with long-term behavioral health recovery, offer an alternative to existing long-term (90/180-day) civil commitment beds at Western State, provide a training site for the next generation of health and behavioral health care providers and support the first of its kind 24/7, 365 day a year tele-psych consultation program. It is anticipated that this expansion of behavioral health services will be offered on the Northwest Hospital campus.

## **Cancer**

Northwest Hospital has been focused on expanding services and access to care for patients with breast, lung, colon and prostate cancer. Northwest Hospital has offered a smoking cessation program that starts with education in the primary care clinics. Northwest Hospital has been developing a coordinated, multidisciplinary breast center that includes prevention, screening and treatment. Northwest Hospital continued to offer a Casting Call Fly Fishing Breast Cancer Program. The program provided healing and restorative treatment to breast cancer survivors. It was offered at no cost to all breast cancer patients.

The Northwest Hospital Committee on Cancer has focused on ensuring quality of care and breadth of services in Northwest Hospital's cancer program. The goal of the committee is ongoing quality improvement in all aspects of cancer education, research, diagnosis, treatment, support services and prevention. Through the Committee on Cancer, Northwest Hospital implemented evidenced-based screenings, including a standardized practice for lung cancer screening. Additionally, Northwest Hospital participated in registries, comparing outcomes with national benchmarks aimed at continuous performance improvement.

Northwest Hospital maintained a close partnership with Seattle Care Cancer Alliance (SCCA) on the Northwest Hospital campus for medical oncology, radiation therapy and outreach in the community. An onsite Cancer Resource Center was available to all patients, families and friends. The Cancer Resource Center offered information on the latest research, events, activities, as well as valuable education and support. Additionally, SCCA clinical trials were offered to Northwest Hospital cancer patients.

Through a partnership with Cancer Lifeline, Northwest Hospital provided access to a support groups and educational opportunities to optimize the quality of life for those with cancer, cancer survivors, families and friends. These programs, offered on and off the Northwest Hospital campus, were free and open to the public.

Northwest Hospital continued to invest in a Palliative Care Program offering a specialized approach to providing medical care for people with serious, long-lasting or life-threatening illnesses including cancer. The goal of palliative and supportive care is to provide relief from symptoms, pain and stress, regardless of the patient's age, the stage of their disease or their need for additional care.

### **Heart Disease**

Northwest Hospital partnered with the UW Division of Cardiology to expand general cardiology, structural heart and electrophysiology services on the Northwest Hospital campus.

Northwest Hospital, in partnership with UW Medicine, developed ambulatory clinical care pathways, which will allow for an evidenced-based approach to delivering excellent care to patients in primary care. One of the key goals is to support the use of evidenced-based guidelines in clinical practice for hypertension. Additionally, a population approach to health (PATH) program has been designed to track and monitor sub-populations of patients who "fall off the pathway." The goal is to build an infrastructure for a successful population approach to health in order to improve quality and address gaps in care among sub-populations.

Northwest Hospital invested in its Cardiac Rehabilitation Program to support recovery of a heart attack or heart condition, reduce risk for further cardiovascular disease and increase overall health and well-being. Patients enrolled in the Cardiac Rehabilitation Program participate in exercise sessions supervised by critical care nurses and exercise physiologists specializing in cardiac rehabilitation. In addition to exercise, educational classes provide patients with information they need to reduce cardiac risk factors and make lasting lifestyle changes. Class topics included heart-healthy nutrition (led by a registered dietitian), CPR training, education on the anatomy and function of the heart, weight management support, information on sleep disorders, stress management and relaxation techniques, and identification of the symptoms of angina and heart attack.

Northwest Hospital has partnered with the WWAMI Institute for Simulation in Healthcare (WISH) to offer a simulation training facility on the Northwest campus. The facility is a premiere simulation training facility for health care education such as treating a heart condition. The facility provides a safe training environment for education and to practice clinical skills.

Northwest Hospital, through a philanthropic gift, maintained a Lifelinks Program designed to train staff at several community area golf clubs in CPR/AED and First Aid,

including certification. The program provided AED equipment and maintenance at select locations in the community.

UW Medicine continued to be a major sponsor and participant of the annual Puget Sound Heart & Stroke Walk in support of the American Heart Association (AHA). AHA funds cardiovascular medical research and community education on healthy living in an effort to reduce disability and deaths caused by cardiovascular disease and stroke. UW Medicine leadership have chaired the Puget Sound Heart & Stroke Walk and hundreds of UW Medicine employees, including Northwest Hospital staff, participate in the walk each year raising thousands of dollars in support of the American Heart Association. Over the past three years, UW Medicine's participation included 2,484 walkers and raised \$295,684. Northwest Hospital was strongly represented with 511 walkers raising \$47,357 in support of the Puget Sound Heart & Stroke Walk.