

King County Community Health Needs Assessment

2021/2022



King County
Hospitals
for a Healthier
Community

Dear reader,

As King County Hospitals for a Healthier Community (HHC), we represent 10 hospitals and health systems throughout the county in partnership with Public Health – Seattle & King County (PHSKC). In June 2020, PHSKC declared racism a public health crisis. We collectively acknowledge the historical and present-day impacts of systemic oppression and racism on the well-being of children, youth, adults, and families in King County. The COVID-19 pandemic has further exposed the intersection of structural racism and health. We oppose racism and are committed to pursuing equity, diversity, and inclusion in the care we provide along with the communities we serve.

The HHC vision is to participate in a collaborative approach for a joint Community Health Needs Assessment (CHNA). We also work together to share ideas and programs in response to community needs and assets, which helps us in ensuring high-quality healthcare and engaging in effective community health improvement. Our goal is to achieve better health and health equity for all King County residents.

We know that access to affordable, high-quality, and equitable healthcare is a key contributor to physical and mental well-being as well as overall community wellness. We also know that clinical care accounts for only a small portion of what contributes to health. The social conditions in which we are born, live, learn, work, and play contribute more to overall well-being. Racism and systemic oppression influence health outcomes by affecting social conditions as well as contributing to trauma that spans generations and persists throughout an individual's life span. Beyond its impact on access to high-quality healthcare, racism impacts access to education, housing, employment, nutrition, joy, and wellness — everything that communities need to thrive.

To illustrate these continuing inequities, this CHNA provides information organized by race, ethnicity and place. We have also learned about community-identified priorities to help guide us in what needs to be done. These findings will help inform our Community Benefit strategies, programs, services, and partnerships.

In this report, you will find examples of how we have collaborated with community-based organizations, as well as opportunities for clinics, public health, neighborhoods, and families to work together in developing locally driven and supported strategies to foster healthier, more equitable communities. We are committed to continuing to learn and respond to pressing needs, such as the impacts of COVID-19 on residents across King County. We can continue to build our understanding of what factors influence disparities — as well as support assets and strengths — by building relationships and listening to local organizations and families.

Our goal to decrease health inequities and improve well-being requires ongoing dedication, as racism has persisted for generations. The CHNA report and companion Community Health Indicators dashboard will help us identify opportunities, build on strengths, and continue to invest in community health toward achieving more equitable healthcare. We look forward to investing in and building upon collaborations that support, enhance, and embrace the livelihood and health of the diverse communities we serve throughout King County.

In collaboration,

King County Hospitals for a Healthier Community

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Acknowledgements

Public Health-Seattle & King County

Hannah Collins, Danny Colombara, Shuva Dawadi, Susan Hernandez, Kris Johnson, Eli Kern, Amy Laurent, Joie McCracken (Hsu), Nancy McGroder, Marguerite Ro, Sara Jaye Sanford, Abigail Schachter, Mike Smyser, Lin Song, Kim Tipples, Mariko Toyoji, and Eva Wong

EvergreenHealth

Trisha West and Susan Dyson

Kaiser Permanente

Kim Wicklund

MultiCare Health System

Lois Bernstein and Stefan Agyemang

Auburn Medical Center
Covington Medical Center

Navos

Overlake Medical Center & Clinics

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Seattle Cancer Care Alliance

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Seattle Children's

Lara Sim

Swedish Health Services

Pinky Herrera and Kim Anderson

Swedish Ballard Campus
Swedish Cherry Hill Campus
Swedish First Hill Campus
Swedish Issaquah Campus

UW Medicine

Tracy Gooding and Martine Pierre-Louis

Harborview Medical Center
Northwest Hospital & Medical Center
UW Medical Center
Valley Medical Center

Virginia Mason Franciscan Health

Ed Boyle and Douglas Baxter-Jenkins

St. Anne Hospital
St. Elizabeth Hospital
St. Francis Hospital
Virginia Mason Medical Center

Washington State Hospital Association

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EvergreenHealth 

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 **SWEDISH**

UW Medicine

 **Virginia Mason Franciscan Health™**

 **Washington State Hospital Association**

Acknowledgements

Continued

WE ALSO WISH TO THANK THOSE WHO PROVIDED INPUT TO THIS REPORT:

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Douglas Baxter-Jenkins (Virginia Mason Franciscan Health)
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Photo credits:

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Executive Summary

Effective community health improvement programs respond to needs and build upon community strengths.

King County Hospitals for a Healthier Community (HHC) is a collaborative of 10 hospitals/health systems in King County, including Public Health – Seattle & King County. HHC jointly produces a Community Health Needs Assessment (CHNA) to learn about community inequities, strengths, and to fulfill Section 9007 of the Affordable Care Act. In accordance with those requirements, the report presents community identified priorities, a detailed description of the community, analyses of data on life expectancy and leading causes of death, and a review of levels of chronic illness throughout King County. In addition, this report provides a profile of the King County Medicaid beneficiary population as well as quantitative information about additional community health topics that were identified as priorities by HHC. The data presented in this report provides information about the health and social landscape in King County

prior to the onset of COVID-19. As the COVID-19 pandemic has had unprecedented, widespread, and uneven impacts on community health and well-being, early data demonstrating these impacts are presented where available. Acknowledging that racism is a public health crisis and noting the importance of understanding and responding to inequities, this report continues to present data and key findings by race/ethnicity to highlight disparities, opportunities, and strengths among racial/ethnic groups.

COMMUNITY INPUT

Ongoing and meaningful community engagement can significantly improve hospital/health system efforts to address community health and social outcomes, in addition to improving patient experience. Local community needs assessments, strategic plans, and reports (from 2018 to 2020) that included aspects of community engagement were reviewed to identify needs, provide context to the quantitative data presented, and enhance our understanding of King County residents' priorities and strengths leading up to the COVID-19 pandemic. Key themes that emerged from these assessments of health and well-being include:

- Housing access and quality
- Access to healthcare and other services (such as transportation and food)

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- Support for youth and families (including mental health)

- Community growth and development

Descriptions of each theme are presented in the *Community Identified Priorities* section of the report.

COVID-19 IMPACTS

Many of the analyses included in this report highlight inequities that help us understand life in King County prior to the onset of the COVID-19 pandemic. These findings describe areas in which people may have been more vulnerable to the impacts of the pandemic and may continue to be disproportionately burdened even after the pandemic. The uneven economic impact of COVID-19 has increased many existing inequities, including poverty and unemployment for communities of color in King County. Communities of color are also overrepresented in COVID-19 cases, deaths, and hospitalizations. Since COVID-19 information changes quickly and data are updated frequently, the COVID-19 section of the report highlights some ongoing disparities throughout the pandemic. Links to resources and regularly updated dashboards, including the timeliest data, are included throughout the report. In addition, recent analyses (2020) and discussions of known COVID-19 impacts are integrated throughout the report.

MEDICAID PROFILE

Using data from 2019, the profile of the King County Medicaid beneficiary populationⁱ provides a demographic description with a focus on analyzing primary diagnoses to understand leading causes of emergency department (ED) visits based on Medicaid claims. This profile was identified by HHC to help inform quality improvement efforts within hospitals/health systems and identify ways to support Medicaid beneficiaries in accessing care, resources, and programs.

Key findings from the Medicaid profile include:

- In 2019, the King County Medicaid beneficiary population was more racially/ethnically diverse than the overall King County population. People of color made up the majority of Medicaid beneficiaries for both adults and children — white adults represent 49.9% of adult Medicaid beneficiaries and white children represent 35.4% of child Medicaid beneficiaries (children of color also represent the majority of the overall King County population for children).

- There were differences in leading causes of ED utilization among adults and children.

ⁱ For this report, the Medicaid population is defined as Medicaid beneficiaries who had seven or more cumulative months of Medicaid full benefit coverage and less than five months of Medicare dual eligibility or third-party liability coverage in 2019.

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- Top three for adults: Abdominal pain, pregnancy/childbirth complications, heart disease
- Top three for children: respiratory infections, fever of unknown cause, ear conditions

■ More than half (54%) of all Medicaid beneficiaries in King County with five or more ED visits had no visits to a primary care provider (PCP) in 2019. A majority (86%) of these individuals were adults (age 18+).

■ Analysis of Medicaid claims from January 1 to April 30, 2020 compared to the same time period for 2019 revealed a decrease in overall ED visits with no significant difference in causes of ED use. The decrease in ED visits in early 2020 from the avoidance of ED use during the first couple of months of the COVID-19 pandemic is consistent with national trends.¹

The online dashboards available on community health indicators to accompany the results presented in the Medicaid profile include options to view all diagnoses. This resource may provide additional learnings about the underlying social and health context of individuals who seek care in the ED. The Medicaid profile section of the report also provides findings for individuals who have more than five visits to the ED without any visits to a primary care provider in 2019. These results can help hospitals/health systems understand barriers to accessing services, as well as inform outreach and engagement efforts to connect people with primary care providers or complex care coordination.

ACROSS KING COUNTY OVERALL, WHAT'S GETTING BETTER?

A review of recent King County data reveals key successes that stand out.

■ The overall obesity rate in King County has been stable and the rate of **obesity among American Indian/Alaska Native residents** appears to be declining. Since the 2010–2012 estimate, in which more than half of AIAN residents were obese, the obesity rate among this group has declined by more than 50%. While estimates may be imprecise due to small population numbers, a concurrent increase in the percentage of AIAN adults that are overweight, but not obese, signals improvement in overall body mass index (BMI), a measure used in healthcare to assess obesity.

■ **Cigarette smoking among adults** has continued to decline county-wide. The adult smoking rate dropped from 13.9% (2011–2013) to 11.1% (2014–2018). Though South Region adults are still significantly more likely to be smokers than the average King County resident, the adult smoking rate is steadily declining in the South Region.

■ Consumption of **sugar-sweetened beverages among youth** has decreased in King County. Comparing data from 2014 and 2018, fewer students reported daily consumption in all King County regions.

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■ More pregnant mothers received **early and adequate prenatal care** — which is defined as initiating prenatal care in the first trimester and having at least 80% of the medically recommended number of prenatal visits. This county-wide success increases the likelihood of families having healthy pregnancies and births.

■ **Homelessness has declined for unaccompanied youth and young adults.** From 2018 to 2019, the number of individuals, youth, and families experiencing homelessness as well as the percentage of the homeless population that were unsheltered declined. Most notably, the number of unaccompanied youths under the age of 18 decreased by more than 50%.

The previous 2018/19 CHNA report highlighted improvements in health insurance coverage as well as declining rates of cigarette smoking, youth substance use, and youth consumption of sugar-sweetened beverages. Among those previous successes, the rates for adult cigarette smoking and youth consumption of sugar-sweetened beverages continue to decline, and the previous improvement in decreasing rates of youth substance use was sustained.

ACROSS KING COUNTY OVERALL, WHAT HAS GOTTEN WORSE SINCE THE LAST CHNA?

Several indicators show little or no improvement since the previous report. However, the following indicators showed downward trends, or are worse compared to the last CHNA report, as new areas of concern. The findings presented here are reflective of data collected through population health surveys prior to the COVID-19 pandemic that should be closely monitored. Without substantial support, the strain that COVID-19 has placed on communities will likely result in worsening health and social conditions.

■ While overall life expectancy of King County residents has not significantly changed, recent analyses reveal worsening racial/ethnic **disparities in life expectancy**. Life expectancy of Native Hawaiian/Pacific Islander King County residents (72.2) has declined by more than five years from the 2011–2013 average life expectancy of 77.8 years to the 2016–2018 average of 71.9 years for this group. Hispanic residents' life expectancy is declining as well — by 3.6 years during that same time period. Life expectancy among South Region residents has declined for the past 10 years.

■ More county residents are dying from **unintentional injuries**, with poisoning (by legal

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and illegal drugs, alcohol, gases and vapors, such as carbon monoxide and automobile exhaust, pesticides, and other chemicals and noxious substances), falls, and motor-vehicle-traffic incidents as the leading causes.

■ While rates of **food insecurity** were declining overall and trending toward improvement, there was a large jump in food insecurity among Black residents even before the onset of the pandemic. The gap between white and Black food-insecure households quadrupled between 2013 and 2018.

■ Communities of color continue to be disproportionately uninsured — before and after implementation of the Affordable Care Act. Racial/ethnic disparities in **insurance coverage** have widened following an initial narrowing of gaps in coverage in 2014.

■ More King County youth are obese. After a relative decline in 2012, **youth obesity** rates have been increasing in King County. Youth obesity rates increased significantly between 2014 and 2018.

■ Use of electronic cigarettes, also known as **e-cigs or vape pens**, among youth was not reported in the previous CHNA. However, as rates of youth who report smoking cigarettes have continued to decline in King County, the percentage of youth who report

using e-cigarettes has significantly increased since 2016.

The previous 2018/19 CHNA report highlighted additional indicators that were worsening or not improving at that time, including insufficient physical activity for youth, youth mental health, and drug-induced deaths, which continue to worsen and are areas of concern in King County.

COVID-19: INITIAL CONCERNS AND AREAS TO MONITOR

While most data are available only for time periods prior to the onset of the pandemic, recent information from various sources during 2020 reveals the following concerning impacts of COVID-19. We will continue to monitor these new data sources alongside our ongoing population health data — see the COVID-19 section of this report for related dashboards and resources.

■ **Unemployment:** Mandated closures of nonessential businesses began on March 15, 2020, in King County, as one of many community mitigation efforts to slow the spread of COVID-19. With the resulting job losses, the number of people seeking unemployment benefits increased rapidly. Roughly one in three workers (34.5%) in King County filed

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initial unemployment insurance (UI) claims with the Washington State Employment Security Department between March 1 and November 7, 2020, totaling 529,027 claims. Native Hawaiian/Pacific Islander workers filed the highest number of claims per capita, followed by Black workers. King County industries with the largest number of employees filing unemployment claims included accommodation and food services, manufacturing, retail, construction, and healthcare and social assistance.^{2,3}

■ **Food insecurity:** The number of local families experiencing food insecurity has increased throughout 2020. Food insufficiency has almost doubled after implementation of mitigation strategies to slow the spread of COVID-19, such as business closures and limits on nonessential work. Enrollment in the U.S. government's Basic Food assistance program increased by 18% among King County households from January to June 2020 — an increase of 17,300 households. Food needs were the second most common reason for King County residents to call seeking assistance with social services in spring 2020.⁴ Food insecurity is especially high among households that are low-income, include children, or have recently had or expect job loss.

■ **Access to healthcare:** Analysis of recommended vaccination rates (series 4:3:1:3:3:1:4) for children ages

19-35 months as of June 30, 2020 showed a decrease in vaccination coverage compared to rates as of December 31, 2019, likely reflecting decreased access to and use of healthcare services during the COVID-19 pandemic. Rates of incomplete vaccination coverage increased for the county overall, among South Region families, and among families living in high-poverty neighborhoods.

■ **Mental and behavioral health:** While most of the data in the mental health and substance use section of this report were collected prior to 2020, it's important to note that during the COVID-19 pandemic, some patterns may be changing. Washington state survey data show the number of people with symptoms of depression had increased by more than 30% between April and May 2020. Those who expect to lose employment or lost employment, those with incomes less than \$25,000 per year, and people self-identifying their race/ethnicity as 'other' or multiple race categories were most likely to report feeling depressed or hopeless. The number of calls to King County's behavioral health crisis line increased after the start of social distancing, and in April — as well as between June and October — were significantly higher than those in the same months of 2019. These measures will continue to be monitored given the expected increases in mental health concerns.^{5,6}

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HOSPITALS FOR A HEALTHIER COMMUNITY (HHC) PRIORITIES

Throughout the production of this report in 2020, systemic racism and COVID-19 response and vaccine distribution have emerged as high priorities for hospitals, health systems, and public health. While historical and present-day impacts of systemic racism contribute to many of the health and social inequities described in the report, the COVID-19 pandemic has further exposed the intersection of structural racism and health. Furthermore, advancing equity throughout all elements of the COVID-19 response — assuring access to care including testing and vaccinations, promoting healthy behaviors, as well as community recovery — is critical. Systemic racism and the COVID-19 response will continue to shape and affect the health of King County communities and have been identified as both short- and long-term priorities across HHC members.

In addition to **systemic racism** and the **COVID-19 response**, the HHC collaborative has also identified the following priority areas to address jointly, as well as individually:

- ***Mental health & substance use disorders***
- ***Access to healthcare***
- ***Chronic disease management - specifically obesity, cancer, diabetes, heart disease/hypertension***
- ***Food insecurity***

As part of this prioritization, HHC will seek opportunities to align efforts across organizations, learn about best practices to support these areas, and encourage organizations to collectively invest in data, programs, and policies to promote health among King County residents. Collaboration and partnerships between public health, health systems, behavioral health systems, and community organizations will continue to be important in developing effective community health improvement plans to address these areas.