

King County Community Health Needs Assessment

2024/2025



King County
Hospitals
for a **Healthier**
Community

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Executive Summary



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Overall rates of food insecurity and uninsurance remained stable after the COVID-19 pandemic-related federal and state assistance ended, though disparities by race, place and identity persist.

King County Hospitals for a Healthier Community (HHC) is a collaborative of 10 hospitals/health systems in King County, in partnership with Public Health – Seattle & King County. HHC jointly produces a Community Health Needs Assessment (CHNA) to learn about community inequities as well as strengths to fulfill Section 9007 of the Affordable Care Act. In accordance with the 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 chronic illness throughout King County. This report also provides a first look at the potential health impacts of climate change events. The data presented in this report provide information about the health and social landscape in King County toward the end of the

COVID-19 pandemic and during its transition to an epidemic. COVID-19 health issues and the end of state and federal COVID-19 assistance are likely impacting people's ability to meet basic needs, especially among communities of color and in South King County.^{1,2} Acknowledging that racism is a public health crisis and noting the importance of understanding and responding to inequities, this report presents key findings by race/ethnicity to highlight disparities, opportunities, and strengths among racial/ethnic groups.

COMMUNITY INPUT

Local community needs assessments, strategic plans, and reports from 2021 to 2023 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. This review showed that many of the priorities elevated in previous CHNA reports persist.

- Equity and social determinants of health
- Supports for children and youth
- Housing access and quality

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- Food insecurity and access to healthy, high-quality, and culturally appropriate foods
- Healthcare access and delivery

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

Key findings from nine listening sessions conducted for this report with communities of color disproportionately impacted by barriers in access to food and mental/behavioral health services provided a more in-depth understanding of local community experiences. Participating community members identified that rising food costs, proximity of food sources and transportation availability were barriers to accessing healthy food. They also identified cost as a barrier to accessing mental and behavioral health services, in addition to cultural alignment and timeliness of appointments. Across all groups, the top priority after cost was having a mental health provider that shares a similar cultural background or identity (race/ethnicity, gender, age, etc.).

ACROSS KING COUNTY OVERALL, WHAT'S GETTING BETTER?

A review of recent King County data identifies key successes.

- The rate of **attempted suicide** hospitalization in King County has declined from 31.3 per 100,000 (2012-2016) to 25.6 (2017-2021). The rate of attempted suicide hospitalization among adults ages 18–24 was highest, and more than two times the King County average.
- The prevalence of **adult smoking** continues to decrease. The rate of cigarette smoking among lesbian, gay, and bisexual (LGB) adults has also declined in recent years, from 20.1% (2016-2018) to 8.9% (2019-2021).
- The rate of **e-cig usage** among King County youth has declined by more than half from 16.8% in 2018 to 7.6% in 2021.
- The rate of **substance use** among King County youth has declined significantly from 24.5% in 2018 to 14.2% in 2021. The rate of marijuana use among King County youth has also declined, from 15.2% in 2018 to 8.4% in 2021.
- **Fall hospitalizations** have declined county-wide, between the most current 5-year period (2017-2021), compared to the previous 5-year period (2012-2016), including among several sub-groups. Most notably,

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at 412.3 per 100,000, the rate of fall hospitalizations for Native Hawaiian/Pacific Islander residents is currently 47% lower than previously (779.0 per 100,000).

The 2021/22 CHNA report highlighted increases in pregnant people receiving adequate prenatal care as well as declining rates of cigarette smoking, homelessness, and youth consumption of sugar-sweetened beverages. Among those previous successes, the rates for adult cigarette smoking continue to decline for the county's population overall, and the previous improvement in decreasing rates of youth substance use was sustained.

Several indicators remained stable since the previous report. The percentage of uninsurance among King County adults remains stable around 6.6%. Rates of adult hypertension and diabetes were similar in recent years, as was the rate of adults experiencing food insecurity. Continued monitoring of these indicators may reveal ongoing and late-manifesting health and social impacts of the COVID-19 pandemic, beyond the most current timeframe of these data.

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

The following indicators showed downward trends or what has worsened compared to the last CHNA reporting period and therefore are areas of concern.

■ The **life expectancy** of King County residents decreased; the 2019-2021 life expectancy of 81.4 years is significantly lower than the 2016-2018 life expectancy of 81.9, and the lowest it has been in the previous nine years. Life expectancy at birth has declined by two years among Black (from 76.8 to 74.8 years) and Hispanic (from 88.8 to 86.3 years) residents compared to estimates from 2016-2018. Average life expectancy at birth is lowest among Native Hawaiian/Pacific Islander (68.5 years) and American Indian/Alaska Native (69.1 years) residents compared to other racial/ethnic groups, and more than 10 years lower than the King County average.

■ The rate of **drug-induced deaths** among King County residents has increased from 14.8 per 100,000 (2016-2018) to 22.0 per 100,000 (2019-2021). During this period, the rate of drug-induced deaths significantly increased among Black residents, white residents, residents in Seattle, South Region, North Region, and residents living in very high-, high-, and medium-poverty areas. Compared to other age groups, the rate of drug-induced deaths was highest among adults ages 45-64 years.

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■ **Firearm-related violence** increased. EMS response to incidents of assault involving a firearm injury has continued to increase since 2019. At 21.7 per 100,000, the firearm death rate among Black residents was higher than the King County average and more than eight times the rate among Asian residents (2.5 per 100,000). By region, firearm-related deaths were highest in the South Region, at 12.2 per 100,000.

■ The death rate for **unintentional injuries** among King County residents (39.8 per 100,000) has increased over the last 10 years. Unintentional injury death rates have risen in Seattle and South Region in 2019-2021 compared to the prior 2016-2018 time period.

■ Since 2020, **domestic violence** emergency department (ED) visit rates increased by 48%, from 64 visits per 100,000 in 2020 to 95 visits per 100,000 in 2022.

■ Though the overall rate of attempted suicide hospitalization declined, concerns for youth mental health persist. The prevalence of **depression** among King County students increased between 2018 (32.9%) and 2021 (36.4%). In 2021, the rate of **suicide ideation** ED visits among Black youth increased nearly 2-fold compared to 2020 (from 596 visits to 1,064 visits, per 100,000 population). Among King County residents aged one to 17, **mood disorders** (185.6 per 100,000) were the leading cause of hospitalization.

■ King County's Maternal Mortality Ratio (MMR), the number of **maternal or birthing person deaths** per 100,000 live births, more than doubled over the past ten years. The average was 19.1 birthing people deaths per 100,000 live births in 2017-2021 compared to 8.8 deaths per 100,000 live births in 2011-2015. Though these differences are not statistically significant, the pattern mirrors national patterns and warrants further monitoring.

■ The percentage of King County students who meet **physical activity** recommendations has declined with each survey year since 2014. Similarly, the percentage of youth in the top 5% for BMI by age and gender has increased in King County over time from 8.8% in 2014 to 12.3% in 2021. The percentage of Native Hawaiian/Pacific Islander (37.2%), Hispanic (20.7%), and Black (15.9%) youth in this BMI category was significantly higher than the King County average (11.4%). Students in the South Region were most likely to be in the top 5% for BMI compared to all other regions of the county.

■ The **food insecurity** rate for the overall county remained similar to that of recent years, though disparities in food insecurity rates increased. Food insecurity is highest among Black adults (29.8%) and Hispanic adults (28.4%) and is nearly three times the county average. Food insecurity among LGB residents (15.0%) is significantly higher than the county average

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(10.3%). Transgender adults (38.5%) were nearly four times as likely as cisgender adults (9.9%) to report food insecurity.

- The rate of **incomplete vaccination** coverage for King County children ages 19-35 months was 39.5% in 2022, an increase from 35.9%ⁱ in 2020.³

The previous 2021/22 CHNA report highlighted indicators that were worsening at that time, including youth obesity, deaths from unintentional injuries, and disparities in insurance coverage, life expectancy and disparities in food insecurity between white and Black food-insecure households. Insufficient physical activity for youth and youth mental health continue to worsen and are areas of concern in King County. Increased disparities in life expectancy were also observed.

CLIMATE CHANGE EFFECTS ON HEALTH

Climate change impacts including rising temperatures, extreme weather events, rising sea levels, and increasing CO2 and particulate matter

are a major threat to human health. Health impacts of climate change include heat-related illness, exacerbation of respiratory, cardiovascular, and certain allergic diseases, as well as increased injuries and mental health concerns. King County and Washington state are already experiencing higher temperatures and increased wildfire smoke.

- King County experienced a notable heat dome event in 2021; that year, the rate of emergency department visits involving heat-related illness among King County residents was nine times the rate in 2020 and twice the rate in 2022. Rates of emergency department visits for heat-related illnesses are highest among Black residents and residents over 75 years of age.

- Extreme weather and wildfire events can trigger or exacerbate asthma symptoms. The rate of asthma-related ED visits among adults aged 75 and older increased significantly from 1,733.7 per 100,000 in 2019 to 1,940.8 per 100,000 in 2022.

ⁱRate differs from the 2021/22 CHNA report due to a methodological change implemented by WA DOH. The rate currently referenced for 2019 is from <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/immunization-data/county-public-health-measures-dashboard>

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AREAS TO MONITOR FOLLOWING THE END OF COVID-19-RELATED ASSISTANCE

A number of COVID-19-related types of assistance ended in 2023, including the pause on student loan payments, suspension of work requirements for food assistance, emergency assistance for childcare centers, and the automatic continuation of Medicaid coverage. These changes in assistance will affect some residents more than others, underscoring the need for continued monitoring of key determinants of health impacted by the pandemic by race, place and identity. Health outcomes and the ability to meet basic needs continue to differ by race/ethnicity, sexual orientation, gender identity, household income, and geography. Disparities by these characteristics also exist for many determinants of health, including access to health and preventive care, prenatal and birth care, child health, behavioral and mental health, and physical activity, nutrition, and weight.

■ **Access to healthcare:** In 2022, 6.6% of King County adults were uninsured. Hispanic (19.3%) and American Indian/Alaska Native (19.1%) adults had the highest rate of uninsurance which is three times the King County average. Rates of uninsurance and incomplete vaccination among children 19-35 months of age were highest for those below the federal poverty line or living in very high-poverty areas.

■ **Food insecurity:** Among households with children, food insecurity peaked in 2020 (16.3%) and has declined to 10.6% as of August 2023. The prevalence of food insecurity is highest in lower-income households and the county's South Region.

■ **Mental and behavioral health:** Frequent mental distress, attempted suicide hospitalizations, death by suicide, and drug-induced deaths are more likely among lower-income households than higher-income households. LGB and transgender youth are more likely to report substance use compared to their counterparts. Youth in the South Region were more likely than youth in other regions to report depressive feelings.

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HOSPITALS FOR A HEALTHIER COMMUNITY (HHC) PRIORITIES

Among the priorities elevated by King County communities, HHC members identified a core set of shared priorities to address jointly, as well as individually, and to direct community benefit activities in the coming years:

- Healthcare Access and Delivery (emphasizing Mental and Behavioral Health for youth and adults)
- Equity and Social Determinants of Health
- Food Insecurity and Access
- Support for Children and Youth

While each of the priorities include addressing social determinants of health, calling out Equity and Social Determinants emphasizes the impacts of poverty and economic insecurity, unemployment and underemployment, language barriers, systemic racism, and discrimination on community health. Systemic racism and the COVID-19 response were identified as underlying contributors to negative community health outcomes in the 2021-2022 Community Health Needs Assessment report. The COVID-19 pandemic further exposed the intersection of structural racism and health and continues to be an area of focus across HHC members as the county has moved into a phase of pandemic recovery.

Mental and behavioral health needs stand out among all local hospitals and health systems, specifically related to access to services. This includes identifying ways to improve awareness of and access to mental health services for adults, children, and youth. Hospitals also recognize the impact of the opioid crisis and its intersection with each of the other priorities. HHC members are committed to supporting improved access in all disciplines, through direct services and through partnerships with local community-based organizations that share similar priorities.

An ongoing national shortage of healthcare workers has been worsened by the COVID-19 pandemic. HHC members identified the significant effect the staffing crisis has on accessing healthcare including mental and behavioral health. Many healthcare workers face the same barriers as the general population including access to affordable housing, transportation, childcare, and other services. Addressing staffing shortages is critical to all priorities, as it impacts the ability of each hospital and health system to meet community needs.

As part of this prioritization, HHC members seek opportunities to align efforts across organizations, learn about best practices, 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,

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and community organizations will continue to be an essential component of the development of effective community health improvement plans to address these areas.

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