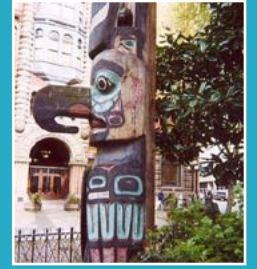


King County Community Health Needs Assessment

2015/2016



King County
Hospitals
for a Healthier
Community

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Needs Assessment
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Summary



King County
Community Health
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King County Hospitals for a Healthier Community (HHC) is a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. For this report, HHC members joined forces to *identify important health needs and assets in the communities they serve*.

HHC members have also worked together to increase access to healthy foods and beverages in their facilities and to address access-to-care issues by assisting with enrollment of residents in free or low-cost health insurance.

This Community Health Needs Assessment (CHNA) is an HHC collaborative product that fulfills Section 9007 of the Affordable Care Act. The report presents data on:

■ **Description of Community:** In an increasingly diverse population of 2 million, large health inequities persist. Rates of poverty and homelessness continue to rise.

■ **Life Expectancy and Leading Causes of Death:** Life expectancy in King County neighborhoods can vary by up to 10 years. Leading causes of death among older adults are cancer and heart disease, while injuries are the leading causes of death among children, teens, and young adults.

■ **Chronic Illness:** Disparities in chronic illness by race/ethnicity, poverty, and neighborhood are considerable. Asthma and diabetes are common in adults and children. The leading causes of hospitalizations (after pregnancy/childbirth) are heart disease, injury, mental illness, and cancer.

“Hospitals are ‘cornerstone institutions’; they are major forces in the community and should work to improve conditions.

They have influence.”

– King County physician

Summary

Continued

Community Input

We invited community coalitions and organizations to tell us about the assets and resources that help their communities thrive. The assets most frequently mentioned were existing partnerships and coalitions, community health centers, faith communities, and food programs.

We also asked community representatives to identify concerns about health needs in their communities. Common themes included:

- 1)** the importance of a culturally competent workforce in addressing health disparities;
- 2)** acknowledgement that health is determined by the circumstances in which people are born, grow up, live, work, and age, which are in turn shaped by a broad set of forces;
- 3)** the need for hospitals to engage with communities and develop authentic partnerships; and
- 4)** the influential role of hospitals as anchor institutions in addressing social, economic, and behavioral factors.

Identified Health Needs, Assets, Resources, and Opportunities

The report integrates data on HHC's identified health needs with input from community organizations about assets, resources, and opportunities related to those needs:

- **Access to Care:** Lack of health insurance is common among young adults, people of color, and low-income populations. For 1 in 7 adults, costs are a barrier to seeking medical care. Opportunities include providing assistance to the uninsured or underinsured, addressing issues of workforce capacity and cultural competency, ensuring receipt of recommended clinical preventive services, supporting non-clinical services, and increasing reimbursement for oral health care.
- **Behavioral Health:** Access to behavioral healthcare, integration of behavioral and physical healthcare, and boarding of mental health patients were identified as key issues. Opportunities include use of standardized referral protocols, coordinated discharge planning, and increased capacity for integrated healthcare.

Summary

Continued

■ **Maternal and Child Health:** Disparities in adverse birth outcomes persist, and the percentage of births in which mothers obtained early and adequate prenatal care is too low. Community-based organizations stress the importance of baby-friendly hospitals, quality prenatal care, and ongoing social support, as offered by home visiting programs.

■ **Preventable Causes of Death** include obesity, tobacco use, and lack of appropriate nutrition and physical activity. More than half of adults and 1 in 5 teens are overweight or obese, so increasing access to healthy food and physical activity is critical. In the face of declining resources for tobacco prevention/cessation and persistent disparities in tobacco use, evidence-based opportunities include anti-tobacco messaging and brief clinical tobacco screening.

■ **Violence and Injury Prevention:** Deaths due to falls and suicide are both rising; and distracted/ impaired driving concerns both community members and law-enforcement officials. Opportunities include regional coordination and standard implementation of best practices in violence injury and prevention (including prevention-related primary care assessment/ screening).

The HHC collaborative and individual hospitals and health systems already partner or are interested in partnering with community coalitions and organizations in implementing strategies informed by this assessment and other tools. Working together, hospitals and health systems, public health, and communities can reduce healthcare costs and improve the health of all people in King County.