

2026 Community
Health Needs
Assessment

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Executive Summary

Valley Medical Center is a 341-bed acute care, tax exempt hospital and clinic network committed to providing safe, quality, compassionate care since 1947. Valley Medical Center is the oldest and largest public district hospital in the State of Washington and serves more than 600,000 residents in South King County.

Community Health Needs Assessment

Valley Medical Center (Valley) has undertaken a Community Health Needs Assessment (CHNA) July 1, 2026 to June 30, 2029. Per IRS regulations, the every-three years CHNA is a tool that helps hospitals prioritize and plan for Community Benefit strategies, programs and services.

Service Area

Valley is located in Renton, Washington. The service area is Public Hospital District #1 in greater South King County and includes 19 ZIP Codes, representing 7 cities or communities. Valley determines the service area by assigning ZIP Codes based on patient discharges.

Valley Medical Center Service Area

City/Community	ZIP Code
Auburn	98001, 98002, 98092
Bellevue (Newcastle/Factoria)	98006
Black Diamond	98010
Kent	98030, 98031, 98032
Kent (Covington)	98042
Maple Valley	98038, 98051
Renton	98055, 98057, 98058, 98059
Renton (Newcastle)	98056
Seattle (SeaTac)	98188
Seattle (Tukwila)	98168, 98178

Introduction

Background and Purpose

Dedicated to patient safety and improving the overall health of the community since 1947, Valley is a 341-bed acute care hospital and the largest nonprofit healthcare provider between Seattle and Tacoma.

Valley Medical Center's Clinic Network is comprised of primary care clinics that serve as a medical home for care management; urgent care clinics which provide a safety net of after-hours care and walk-in consult and treatment; and nearly 50 specialty clinics that provide convenient access throughout the district. In addition, Valley offers a comprehensive network of board-certified specialists.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

Valley is located at 400 South 43rd Street, Renton, Washington 98055. The service area is Public Hospital District #1 in greater South King County and includes 19 ZIP Codes, representing 7 cities or communities. Valley determines the service area by assigning ZIP Codes based on patient discharges.

Valley Medical Center Service Area

City/Community	ZIP Code
Auburn	98001, 98002, 98092
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Black Diamond	98010
Kent	98030, 98031, 98032
Kent (Covington)	98042
Maple Valley	98038, 98051
Renton	98055, 98057, 98058, 98059
Renton (Newcastle)	98056
Seattle (SeaTac)	98188
Seattle (Tukwila)	98168, 98178

Regions and Health Reporting Areas (HRAs) were created by King County Public Health to examine geographic patterns at a level below the county level and to coincide with city boundaries more closely. There are four (4) regions in King County: North, East, South, and Seattle. North Region includes Bothell, Cottage Lake, Kenmore, Lake Forest Park, Shoreline, and Woodinville. East Region includes Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, and Skykomish. South Region contains Auburn, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Renton, Tukwila, SeaTac, White Center/Boulevard Park, and Vashon Island. While data from all four regions may be reported in some data tables, the hospital service area is primarily located in the South Region.

Click here for a map of [Public Hospital District #1 of King County](#).

Project Oversight

The Community Health Needs Assessment process was overseen by:
Liz Nolan, Senior Vice President, Chief Communications & Philanthropy Officer
Valley Medical Center

Consultant

Forward Community Health Consulting, LLC, conducted the CHNA. Forward Community Health Consulting, LLC, is an independent consulting firm that works with hospitals and community-based nonprofit organizations. The team included Cindy Levey, Principal; Denise Flanagan, Data Analyst; and Sevanne Sarkis, Data Specialist. Cindy Levey, MPH, has over 25 years of experience conducting CHNAs and working with hospitals and health systems on developing, implementing, and evaluating Community Benefit programs. www.ForwardCHC.com.

Board Approval

The Valley Medical Center Board of Trustees approved this report on April 27, 2026.

Public Comment

The report is widely available to the public on the medical center's web site and can be accessed [here](#), along with a "contact us" link for comments or questions about the report.

Data Collection and Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social drivers of health, healthcare access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of King County and Washington. Secondary data includes health disparities for some health indicators. The report includes data findings benchmarked against [Healthy People 2030 objectives](#), where appropriate. Healthy People objectives are a national initiative to improve the public's health.

Attachment 1 compares Healthy People 2030 objectives with service area data.

Significant Community Health Needs

Initially, significant health needs were identified through a review of the secondary health data and validated through stakeholder interviews. The identified significant health needs included:

Access to Healthcare	Housing Affordability and Homelessness
Birth Factors (e.g. preterm birth and infant mortality)	Intimate Partner Violence
Chronic Health Conditions (e.g. cancer, diabetes, heart disease, high blood pressure)	Mental and Behavioral Health
Food Insecurity	Preventive Care (e.g. screenings and immunizations)

Primary Data Collection

Interviews:

Twenty-nine (29) stakeholder interviews were completed from January to March 2026. Interview participants included a broad range of stakeholders concerned with health and wellbeing in King County, with a focus on South King County, who spoke to issues and needs in the community. Stakeholders included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.” The identified stakeholders were invited by email to participate in the phone interview. The purpose of the interview in the context of the assessment was explained, and the stakeholders were assured their responses would remain confidential. Stakeholders provided consent prior to the start of the interview.

Building on the secondary data review, stakeholders were asked to identify the major health issues in the community, describe the challenges and barriers that community members face in meeting specific health needs, and discuss special populations that face particular challenges. Stakeholders provided feedback on the role of hospitals in addressing the health and social needs of residents.

Attachment 2 lists the names, titles and organizations of those interviewed for the CHNA.

Electronic Survey:

An electronic link to the “Valley Medical Center Community Health Needs Assessment 2026 Community Stakeholder Survey” was sent to interviewed stakeholders, as well as community-based organizations, public agencies, social service providers, and nonprofits who serve our hospital district. Responses to the Community Stakeholder Survey totaled 193.

Additionally, an electronic link to the “Valley Medical Center Community Health Needs Assessment Community Member Survey” was made widely available through email newsletters, social media, the Valley Medical website alert banner, digital reader boards, and a notice on the MyChart patient portal. Responses to the Community Member Survey totaled 1,745.

Participating stakeholders and community members provided feedback on whether each identified health need has a severe impact on the community, has worsened over time, and has insufficient or absent resources available in the community. Not all survey respondents answered every question. Response percentages were calculated based on respondents only and not on the entire sample size.

In all but three instances, Community Stakeholders reported higher percentages for each health need than Community Members. In the table below, percentages over 70% are bolded for emphasis.

Significant Health Needs	Severe Impact on the Community		Worsened Over Time		Insufficient or Absent Resources	
	Community Members	Community Stakeholders	Community Members	Community Stakeholders	Community Members	Community Stakeholders
Access to Healthcare	73%	82%	58%	80%	63%	86%
Birth Factors (e.g. preterm birth and infant mortality)	36%	35%	13%	28%	22%	45%
Chronic Health Conditions (e.g. cancer, diabetes, heart disease, high blood pressure)	74%	76%	43%	65%	49%	69%
Food Insecurity	41%	43%	46%	57%	50%	64%
Housing Affordability and Homelessness	56%	62%	64%	76%	66%	81%
Intimate Partner Violence	36%	27%	19%	21%	32%	40%
Overweight (including health eating and physical activity)	45%	55%	44%	57%	46%	61%
Mental and Behavioral Health	66%	84%	57%	78%	64%	83%
Preventive Care (e.g. screenings and immunizations)	57%	54%	32%	47%	40%	55%

For Community Members:

Chronic Health Conditions, Access to Healthcare, and Mental Health and Behavioral Health had the highest scores for “severe impact” on the community. **Housing Affordability and Homelessness, Access to Healthcare, and Mental Health and Behavioral Health** were the needs with the highest scores for “worsened over time” and “insufficient or absent resources” available to address the need.

For Community Stakeholders:

Mental Health and Behavioral Health, Access to Healthcare, and Chronic Health Conditions had the highest scores for “severe impact” on the community. **Access to Healthcare, Mental Health and Behavioral Health, and Housing Affordability and Homelessness** were the needs with the highest scores for “worsened over time” and “insufficient or absent resources” available to address the need.

Prioritization of Significant Community Health Needs

In addition to the primary data above, Community Stakeholders and Community Members shared their thoughts on the importance the hospital should place on addressing the health needs. Community Stakeholders and Community Members were asked the following prioritization question in the electronic surveys:

“In your opinion, to what extent should each of the health needs be a priority for the hospital, in terms of strategies, partnerships, and initiatives?”

Community Members:

Access to Healthcare, Chronic Health Conditions, and Mental and Behavioral Health were ranked as the highest priority needs in the service area, according to respondents. In the table below you will see the % respondents that indicated the health need as a high priority.

Community Stakeholders:

Access to Healthcare, Mental and Behavioral Health, and Chronic Health Conditions were ranked as the highest priority needs in the service area, according to respondents. In the table below you will see the % respondents that indicated the health need as a high priority.

Significant Needs	Ranked as High Priority	
	Community Members	Community Stakeholders
Access to Healthcare	84%	90%
Birth Factors (e.g. preterm birth and infant mortality)	50%	45%
Chronic Health Conditions (e.g. cancer, diabetes, heart disease, high blood pressure)	77%	74%
Food Insecurity	34%	28%
Housing Affordability and Homelessness	38%	35%
Intimate Partner Violence	39%	25%
Overweight (including healthy living and physical activity)	44%	51%
Mental and Behavioral Health	71%	81%
Preventive Care (e.g. screenings and immunizations)	68%	63%

Bolding and blue highlights represent consensus, in that over 70% of responding community members and community stakeholders scored these significant health needs as high priority.

Community Input on Prioritized Health Needs and the Role of Hospitals in South King County

Stakeholders largely agree that hospitals play a critical coordinating and access role, particularly in emergency, inpatient, and tertiary care. Stakeholders consistently identified Access to Healthcare as the most frequently emphasized concern, described in terms of limited appointment availability, difficulty finding providers, and affordability barriers.

Theme: Hospitals are Central Access Points and Community Anchors

Stakeholders frame hospitals as default access points for care, particularly in emergency situations, where patients often have few alternatives. In interviews, hospitals are described as visible, influential community institutions valued for their ability to elevate system gaps, convene partners, and support upstream education and prevention efforts that may reduce downstream crisis demand.

“People end up there whether they want to or not. Because it’s lifesaving.”

“They have a central role... particularly in the emergency department and be open to all.”

“Hospitals are members of the community.”

Theme: Hospitals Should Deepen Partnerships and Care Coordination to Reduce Fragmentation

Interviewees emphasized that community health challenges cannot be addressed by the hospital alone and called for stronger, more intentional partnerships with community institutions and local governments.

“A hospital is not center. The patient’s the center, but [the hospital] is kind of the main hub and spoke.”

“It’s the soft handoff to somebody else.”

“Through partnerships, [patients can] receive care from the continuum.”

“I’m not sure it’s for the hospitals to solve that... but the hospital can be a voice into the system to advocate legislatively, politically.”

Community Resources

The Valley service area is supported by a wide range of community-based organizations, public agencies, healthcare providers, and social service partners that contribute to health promotion, prevention, treatment, and supportive services.

These community resources represent important assets for addressing identified needs and strengthening coordinated, community-driven responses.

See Attachment 3 for a list of community resources and partner organizations.

Community Demographics

Population

The population of the Valley service area is 625,518. From 2018 to 2023, the population increased by 4.9%, which was higher than the rate of population growth at the county level (4.6%), but lower than the state rate of growth (6.1%). Maple Valley 98051, Renton 98057 and 98058, and Seattle (Tukwila) 98178 all showed decreases in their populations in the five years from 2018-2023.

Total Population and Change in Population, 2018-2023

	ZIP Code	Total Population	Change in Population, 2018-2023
Auburn	98001	36,041	10.5%
Auburn	98002	37,284	8.0%
Auburn	98092	50,510	10.4%
Bellevue (Newcastle/Factoria)	98006	40,770	7.9%
Black Diamond	98010	6,351	15.8%
Kent	98030	38,492	1.8%
Kent	98031	40,898	11.3%
Kent	98032	40,150	5.6%
Kent (Covington)	98042	48,594	1.4%
Maple Valley	98038	37,868	6.5%
Maple Valley	98051	3,555	-18.0%
Renton	98055	24,851	2.6%
Renton (Newcastle)	98056	36,872	4.2%
Renton	98057	12,151	-9.1%
Renton	98058	41,980	-3.5%
Renton	98059	41,639	8.5%
Seattle (SeaTac)	98188	26,769	7.4%
Seattle (Tukwila)	98168	34,814	6.3%
Seattle (Tukwila)	98178	25,929	-5.0%
Valley Service Area		625,518	4.9%
King County		2,262,713	4.6%
Washington		7,740,984	6.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP05. <http://data.census.gov>

The hospital service area population is 49.3% female and 50.7% male, which is the same ratio as the county's.

Population, by Gender

	Valley Service Area	King County	Washington
Male	50.7%	50.7%	50.4%
Female	49.3%	49.3%	49.6%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. <http://data.census.gov>

Children and youth, ages 0-17, make up 23.2% of the population, 63.4% are adults, ages 18-64, and 13.3% of the population are senior adults, ages 65 and older. The population in the service area has a higher percentage of children and youth, ages 0 to 17, and adults 45-64, and a lower percentage of young adults, ages 18-24, and senior adults aged 75 and older, than found in the county or state.

Population, by Age

	Valley Service Area		King County		Washington	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	37,619	6.0%	120,412	5.3%	437,433	5.7%
Age 5-17	107,782	17.2%	326,709	14.4%	1,238,465	16.0%
Age 18-24	47,630	7.6%	181,119	8.0%	655,939	8.5%
Age 25-44	187,490	30.0%	770,513	34.1%	2,266,243	29.3%
Age 45-64	161,691	25.8%	552,592	24.4%	1,883,591	24.3%
Age 65-74	52,648	8.4%	187,744	8.3%	772,064	10.0%
Age 75-84	21,837	3.5%	84,232	3.7%	351,522	4.5%
Age 85+	8,821	1.4%	39,392	1.7%	135,727	1.8%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. <http://data.census.gov>

When the service area is examined by community, seniors 65+ are the fastest growing segment compared to the data in the prior CHNA. Maple Valley 98038 has the highest percentage of children and youth (29%). Renton 98057 has the lowest percentage of children and youth in the service area (10.6%). Seattle (Tukwila) 98178 has the highest percentage of senior adults in the area (18.7%), followed by Maple Valley 98051 (17.5%). Kent 98032 has the lowest percentage of senior adults in the service area (10.1%), followed by Kent 98030 (10.6%).

Population, by Children and Teens, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Auburn	98001	36,041	23.9%	13.3%
Auburn	98002	37,284	24.1%	14.9%
Auburn	98092	50,510	25.7%	11.4%
Bellevue (Newcastle/Factoria)	98006	40,770	24.0%	14.8%
Black Diamond	98010	6,351	23.9%	11.8%
Kent	98030	38,492	23.7%	10.6%
Kent	98031	40,898	23.8%	12.1%
Kent	98032	40,150	24.3%	10.1%
Kent (Covington)	98042	48,594	23.8%	14.0%
Maple Valley	98038	37,868	29.0%	11.3%
Maple Valley	98051	3,555	20.1%	17.5%
Renton	98055	24,851	20.6%	12.3%
Renton (Newcastle)	98056	36,872	19.8%	14.9%
Renton	98057	12,151	10.6%	16.3%
Renton	98058	41,980	22.3%	16.0%
Renton	98059	41,639	24.7%	12.6%
Seattle (SeaTac)	98188	26,769	20.8%	14.0%
Seattle (Tukwila)	98168	34,814	21.3%	13.2%
Seattle (Tukwila)	98178	25,929	20.4%	18.7%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Valley Service Area		625,518	23.2%	13.3%
King County		2,262,713	19.8%	13.8%
Washington		7,740,984	21.6%	16.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. <http://data.census.gov>

Race and Ethnicity

The majority population in the service area identifies as non-Hispanic White or Caucasian residents (45.9%). 20.3% of the service area population identifies as non-Hispanic Asian, 14.8% as Hispanic or Latino, and 9.1% as Black or African American. Individuals identifying as multiracial (two-or-more races) make up 7.2% of the population, while those identifying as Native Hawaiian or Pacific Islander make up 1.5% of the population, and those identifying as American Indian or Alaskan Native make up 0.6% of the population. Those who identify as a race and ethnicity not listed make up 0.6% of the population.

Race and Ethnicity

	Valley Service Area	King County	Washington
White	45.9%	54.3%	64.3%
Asian	20.3%	19.8%	9.3%
Hispanic or Latino	14.8%	10.8%	14.1%
Black or African American	9.1%	6.4%	3.8%
Multiracial	7.2%	6.9%	6.5%
Native Hawaiian or Pacific Islander	1.5%	0.7%	0.7%
American Indian or Alaska Native	0.6%	0.4%	0.8%
Other race or ethnicity	0.6%	0.6%	0.5%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. <http://data.census.gov>

When race and ethnicity are examined by place, Bellevue 98006 (41.2%) has the highest percentage of Asian residents in the service area. Seattle/Tukwila 98168 (25.5%) has the highest percentage of Hispanic or Latino residents, followed closely by Kent 98031 (24.3%), Auburn 98002 (24%) and Seattle/SeaTac (21.4%). Seattle/SeaTac 98188 has the highest percentage of Black or African American residents (26.4%), followed by Seattle/Tukwila 98178 (21.7%). Maple Valley 98051 has the highest percentage of White residents (82.3%).

Race and Ethnicity, by ZIP Code

	ZIP Code	White	Asian	Hispanic or Latino	Black
Auburn	98001	47.2%	16.9%	16.6%	7.9%
Auburn	98002	45.5%	5.9%	24.0%	11.8%
Auburn	98092	54.3%	13.8%	14.7%	3.5%
Bellevue (Newcastle/Factoria)	98006	43.6%	41.2%	8.5%	1.6%
Black Diamond	98010	74.4%	10.2%	9.0%	0.3%
Kent	98030	40.9%	24.5%	15.1%	10.8%
Kent	98031	35.6%	26.7%	12.9%	12.9%
Kent	98032	32.1%	16.6%	24.3%	15.6%
Kent (Covington)	98042	61.8%	13.0%	11.8%	5.8%

	ZIP Code	White	Asian	Hispanic or Latino	Black
Maple Valley	98038	73.3%	10.2%	6.3%	1.7%
Maple Valley	98051	82.3%	1.6%	9.0%	0.0%
Renton	98055	36.5%	27.6%	13.3%	9.7%
Renton (Newcastle)	98056	43.4%	25.9%	14.8%	6.7%
Renton	98057	39.5%	18.7%	13.8%	18.9%
Renton	98058	52.2%	16.4%	13.5%	7.9%
Renton	98059	48.0%	29.0%	9.2%	2.0%
Seattle (SeaTac)	98188	27.8%	14.9%	21.4%	26.4%
Seattle (Tukwila)	98168	36.7%	21.2%	25.5%	11.2%
Seattle (Tukwila)	98178	29.2%	31.5%	8.5%	21.7%
Valley Service Area		45.9%	20.3%	14.8%	9.1%
King County		54.3%	19.8%	10.8%	6.4%
Washington		64.3%	9.3%	14.1%	3.8%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. <http://data.census.gov>

Language

In the service area, 65% of the population, ages 5 and older, speak only English in the home. 14.1% speak an Asian or Pacific Islander language, 9.8% speak Spanish in the home, and 7.3% speak an Indo-European language other than Spanish or English. About 92,118 individuals, or 15.7% of the service area population, ages 5 and older, speaks English 'less than very well'; 43.4% of these speak an Asian or Pacific Islander language, 28.1% are Spanish-speakers, 19.9% speak some other Indo-European language, and 8.7% speak a language other than those listed.

Language Spoken at Home for the Population, Ages 5 and Older

	Valley Service Area	King County	Washington
Population 5 years and older	587,899	2,142,301	7,303,551
English only	65.0%	69.9%	79.0%
Speaks Asian or Pacific Islander language	14.1%	12.8%	6.3%
Speaks Spanish	9.8%	7.0%	9.0%
Speaks other Indo-European language	7.3%	7.4%	4.2%
Speaks other language	3.8%	2.9%	1.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <http://data.census.gov>

The highest percentage of persons who speak an Asian or Pacific Islander language among area cities is in Bellevue/Newcastle/Factoria (29.7%). Kent 98032 (19%), Auburn 98002 (18.7%), and Seattle/Tukwila 98168 (18.3%) have the highest percentage of Spanish-speakers in the area. Kent 98030 (16.7%) has the highest percentage of speakers of some other Indo-European language in the service area.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Asian or Pacific Islander	Spanish	Other Indo European
Auburn	98001	65.0%	12.0%	11.5%	8.8%
Auburn	98002	63.2%	6.0%	18.7%	7.0%
Auburn	98092	73.4%	8.8%	9.1%	7.2%
Bellevue (Newcastle/Factoria)	98006	56.8%	29.7%	4.5%	7.8%
Black Diamond	98010	87.4%	4.1%	5.0%	3.5%

	ZIP Code	English	Asian or Pacific Islander	Spanish	Other Indo European
Kent	98030	52.6%	16.8%	10.0%	16.7%
Kent	98031	58.0%	16.3%	9.0%	10.3%
Kent	98032	57.0%	10.7%	19.0%	7.8%
Kent (Covington)	98042	74.8%	7.3%	6.9%	8.4%
Maple Valley	98038	85.9%	6.5%	1.3%	5.7%
Maple Valley	98051	91.5%	1.1%	5.3%	2.1%
Renton	98055	64.5%	18.8%	8.9%	4.0%
Renton (Newcastle)	98056	59.2%	19.1%	12.5%	7.2%
Renton	98057	70.7%	13.9%	6.8%	3.2%
Renton	98058	72.9%	10.0%	7.9%	6.2%
Renton	98059	67.1%	21.3%	5.2%	5.5%
Seattle (SeaTac)	98188	51.9%	10.5%	15.1%	4.8%
Seattle (Tukwila)	98168	56.1%	15.2%	18.3%	4.7%
Seattle (Tukwila)	98178	63.6%	24.2%	3.6%	2.9%
Valley Service Area		65.0%	14.1%	9.8%	7.3%
King County		69.9%	12.8%	7.0%	7.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <http://data.census.gov>

Among area school districts, the percentage of students classified as English Language Learners ranges from 5.8% in the Tahoma School District to 46.9% in the Tukwila School District. The percentage of bilingual students in all area school districts is higher than the state (15.1%), except for Tahoma.

English Language Learner Students, by School District

	Percent
Auburn School District	30.7%
Kent School District	31.1%
Renton School District	25.2%
Tahoma School District	5.8%
Tukwila School District	46.9%
Washington	15.1%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2024-2025. <http://reportcard.ospi.k12.wa.us/>

Veteran Status

In the service area, 6.1% of the civilian population, 18 years and older, are veterans. Rates of former military service range from 3% in Bellevue, to 8.8% in Black Diamond.

Veteran Status

	ZIP Code	Percent
Auburn	98001	6.7%
Auburn	98002	8.5%
Auburn	98092	8.1%
Bellevue (Newcastle/Factoria)	98006	3.0%
Black Diamond	98010	8.8%
Kent	98030	5.3%
Kent	98031	5.4%
Kent	98032	5.1%
Kent (Covington)	98042	7.7%

	ZIP Code	Percent
Maple Valley	98038	8.5%
Maple Valley	98051	5.7%
Renton	98055	5.6%
Renton (Newcastle)	98056	3.7%
Renton	98057	7.3%
Renton	98058	6.4%
Renton	98059	4.7%
Seattle (SeaTac)	98188	7.3%
Seattle (Tukwila)	98168	5.4%
Seattle (Tukwila)	98178	3.8%
Valley Service Area		6.1%
King County		4.7%
Washington		8.1%

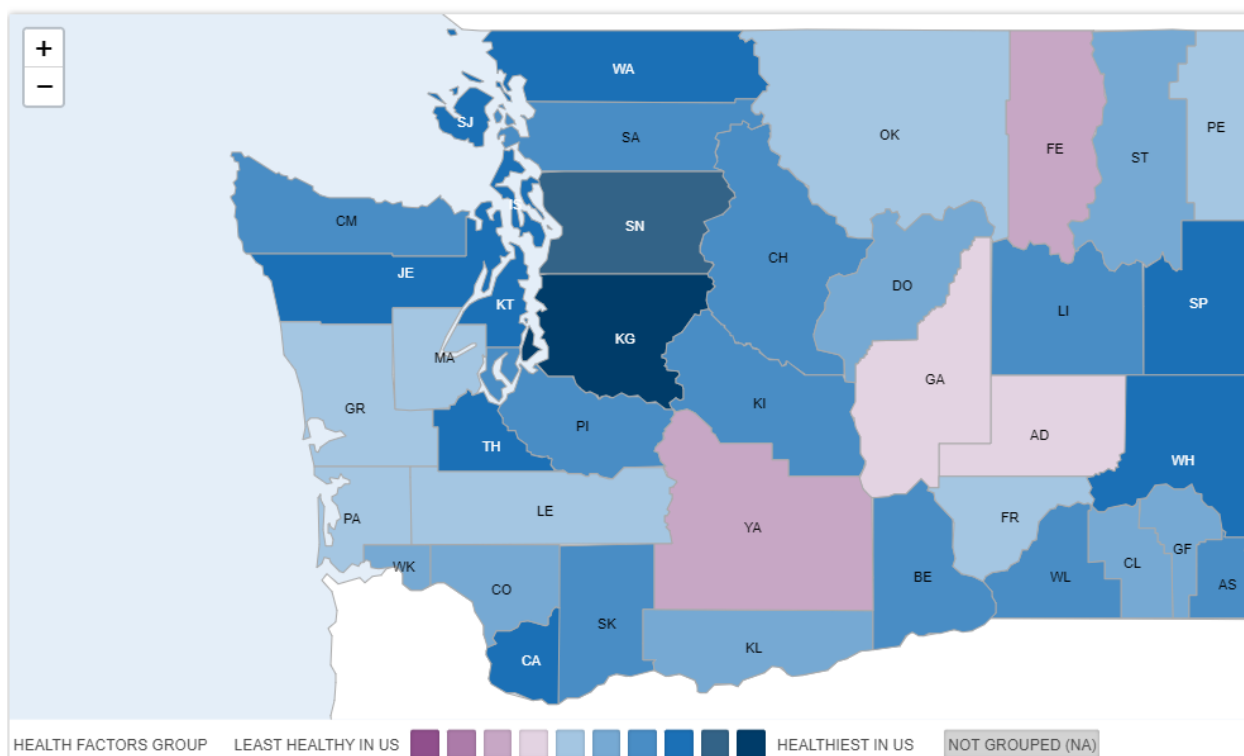
Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <http://data.census.gov>

Social Drivers of Health

Community Conditions

The County Health Rankings analyze counties according to community conditions, which are also referred to as the social drivers of health. These include social and economic factors, physical environment, the health infrastructure in which people are born, live, learn, work, play, worship, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Social drivers of health more accurately describe the ability to change the factors negatively impacting health and well-being.

In 2024, King County was the only Washington State county in the top 10th percentile for Community Conditions, as compared to counties nationwide.



Source: County Health Rankings, 2024 <http://www.countyhealthrankings.org>

Unemployment

The unemployment rate in the hospital service area, averaged over 5 years, was 5.4%. This is higher than King County (4.6%), and the state unemployment rate (5%). The highest rate of unemployment was found in Kent 98032 (9.1%), followed by Seattle/SeaTac (8.2%), and the lowest unemployment rate was in Black Diamond (1.0%).

Employment Status for the Population, Ages 16 and Older, 5 Year Average

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Auburn	98001	18,791	1,187	6.3%
Auburn	98002	20,024	1,426	7.1%
Auburn	98092	27,079	1,059	3.9%
Bellevue (Newcastle/Factoria)	98006	20,742	712	3.4%
Black Diamond	98010	3,657	35	1.0%
Kent	98030	21,491	1,533	7.1%
Kent	98031	22,597	1,632	7.2%
Kent	98032	21,864	1,989	9.1%
Kent (Covington)	98042	26,043	792	3.0%

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Maple Valley	98038	19,025	820	4.3%
Maple Valley	98051	1,905	37	1.9%
Renton	98055	14,142	647	4.6%
Renton (Newcastle)	98056	20,855	836	4.0%
Renton	98057	7,563	401	5.3%
Renton	98058	22,272	1,081	4.9%
Renton	98059	21,802	837	3.8%
Seattle (SeaTac)	98188	15,889	1,298	8.2%
Seattle (Tukwila)	98168	19,342	1,226	6.3%
Seattle (Tukwila)	98178	13,766	871	6.3%
Valley Service Area		338,849	18,419	5.4%
King County		1,304,643	59,490	4.6%
Washington		3,979,692	198,360	5.0%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <http://data.census.gov>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2023, the Federal Poverty Level (FPL) was set at an annual income of \$15,480 for one person and \$30,900 for a family of four.

Among the residents in the service area, 8.5% were at or below 100% of the federal poverty level (FPL) and 20.3% were at or below 200% of FPL. The rate of poverty was similar to the county level (8.4%), while the rate of low-income families was higher than the county (17.6%) rate. The highest rates of poverty in the service area are found in Kent 98032 (17%) and Seattle/Tukwila 98168 (14.5%). High rates of low-income residents are found in Kent 98032 (35.2%), and Seattle/Tukwila 98168 (31.5%).

Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Auburn	98001	9.1%	19.6%
Auburn	98002	9.4%	26.8%
Auburn	98092	6.1%	15.9%
Bellevue (Newcastle/Factoria)	98006	8.5%	11.9%
Black Diamond	98010	1.5%	4.9%
Kent	98030	7.3%	23.3%
Kent	98031	10.6%	25.8%
Kent	98032	17.0%	35.2%
Kent (Covington)	98042	4.1%	13.4%
Maple Valley	98038	5.2%	10.9%
Maple Valley	98051	4.4%	9.1%
Renton	98055	7.8%	20.4%
Renton (Newcastle)	98056	7.1%	19.9%
Renton	98057	11.7%	23.4%
Renton	98058	7.8%	19.4%
Renton	98059	4.1%	10.9%
Seattle (SeaTac)	98188	9.2%	27.0%
Seattle (Tukwila)	98168	14.5%	31.5%
Seattle (Tukwila)	98178	11.6%	24.5%

	ZIP Code	<100% FPL	<200% FPL
Valley Service Area		8.5%	20.3%
King County		8.4%	17.6%
Washington		9.9%	22.8%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. <http://data.census.gov>

When examined by ZIP Code, Kent 98032 has the highest rate of poverty among children (31.9%) in the service area, followed by Seattle/Tukwila 98168 (24%). Renton 98057 has the highest rate of poverty among senior adults (15.6%), followed by Seattle/Tukwila 98168 (14.2%). About a third of households with a female head-of-household (HoH), living with her own children under the age of 18, live in poverty in Bellevue/Newcastle/Factoria (35.9%), Kent 98031 (33.8%), Kent 98032 (32.1%) and Auburn 98001 (31.3%).

Poverty Levels of Individuals, Children under Age 18, and Senior Adults, Ages 65 and Older

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Auburn	98001	11.3%	6.4%	31.3%
Auburn	98002	11.6%	12.9%	22.2%
Auburn	98092	9.0%	3.7%	22.4%
Bellevue (Newcastle/Factoria)	98006	14.2%	6.4%	35.9%
Black Diamond	98010	2.1%	4.3%	0.0%
Kent	98030	7.7%	9.0%	9.5%
Kent	98031	15.4%	7.7%	33.8%
Kent	98032	31.9%	9.2%	32.1%
Kent (Covington)	98042	4.0%	4.9%	17.1%
Maple Valley	98038	7.1%	6.5%	14.5%
Maple Valley	98051	0.0%	5.8%	0.0%
Renton	98055	6.4%	5.3%	25.4%
Renton (Newcastle)	98056	8.1%	6.1%	23.9%
Renton	98057	0.6%	15.6%	5.1%
Renton	98058	9.9%	6.8%	22.0%
Renton	98059	2.5%	5.5%	16.1%
Seattle (SeaTac)	98188	9.9%	9.2%	26.2%
Seattle (Tukwila)	98168	24.0%	14.2%	16.3%
Seattle (Tukwila)	98178	17.5%	11.5%	17.4%
Valley Service Area		11.4%	7.8%	22.7%
King County		9.2%	9.1%	23.6%
Washington		11.9%	8.5%	28.2%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701 & *S1702. <http://data.census.gov>

Free and Reduced-Price Meals

The percentage of students eligible for the free and reduced-price meal program is one indicator of socioeconomic status. In Tukwila School District, more than 95% of the student population are eligible for the free and reduced-price meal program, which is higher than the state rate of 53% to 53.3% (only available as a range). Auburn (72.3%), Kent (63.9%), and Renton (58.9%) school districts also have higher rates of student eligibility than the county or state. Eligibility rates rose for all area school districts, the county and the state from the 2018-2019 to the 2021-2022 school year, and have continued to rise through 2024-2025.

Free and Reduced-Price Meal Eligibility, 2024-2025

	Percent Eligible Children
Auburn School District	72.3%
Kent School District	63.9%
Renton School District	58.9%
Tahoma School District	16.3%
Tukwila School District	>95.0%
King County	*39.5% - 39.6%
Washington	*53.0% - 53.3%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2024-2025. <https://ospi.k12.wa.us/policy-funding/child-nutrition/child-nutrition-program-reports> *Minimums calculated with >95% taken as 95.1% and < 5% as 0%, and maximums of >95% taken as 100% and < 5% as 4.9% of the total student population.

Households

In the hospital service area, there are 226,509 households and 236,828 housing units. Over the last five years, the population grew by 4.9%, while the number of households grew by 6.6%. Residents of the service area are more likely to own their residence (64.4%) than the county average (56.1%). The number of owner-occupied households increased by 7.6% from their 2018 level, while the number of renter-households increased by 4.9%. Housing units grew by 5.9%, and vacant units declined by 7.4%, to 4.4% of overall housing stock.

Households and Housing Units, and Percent Change, 2018-2023

	Valley Service Area					King County				
	2018		2023		Percent Change	2018		2023		Percent Change
	Number	Percent	Number	Percent		Number	Percent	Number	Percent	
Housing units	223,556		236,828		5.9%	917,904		988,330		7.7%
Vacant	11,145	5.0%	10,319	4.4%	(-7.4%)	52,277	5.7%	60,513	6.1%	15.8%
Households	212,411		226,509		6.6%	865,627		927,817		7.2%
Owner occ.	135,559	63.8%	145,892	64.4%	7.6%	494,443	57.1%	520,391	56.1%	5.2%
Renter occ.	76,852	36.2%	80,617	35.6%	4.9%	371,184	42.9%	407,426	43.9%	9.8%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP04. <http://data.census.gov>

The weighted average of the median household income in the service area is \$109,856, and ranges from \$68,097 in Renton 98057 to \$197,344 in Bellevue/Newcastle/Factoria.

Median Household Income

	ZIP Code	Households	Median Household Income
Auburn	98001	12,037	\$ 107,218
Auburn	98002	14,343	\$ 77,714
Auburn	98092	16,994	\$ 116,614
Bellevue (Newcastle/Factoria)	98006	14,075	\$ 197,344
Black Diamond	98010	2,425	\$ 148,692
Kent	98030	12,946	\$ 91,218
Kent	98031	13,900	\$ 101,458
Kent	98032	14,691	\$ 77,413
Kent (Covington)	98042	16,874	\$ 125,554

	ZIP Code	Households	Median Household Income
Maple Valley	98038	12,837	\$ 144,733
Maple Valley	98051	1,292	\$ 114,868
Renton	98055	9,731	\$ 100,207
Renton (Newcastle)	98056	14,713	\$ 108,596
Renton	98057	6,221	\$ 68,097
Renton	98058	15,615	\$ 111,045
Renton	98059	14,642	\$ 134,336
Seattle (SeaTac)	98188	11,208	\$ 76,559
Seattle (Tukwila)	98168	12,503	\$ 84,937
Seattle (Tukwila)	98178	9,462	\$ 93,786
Valley Service Area		226,509	*\$ 109,856
King County		927,817	\$ 122,148
Washington		3,020,558	\$ 94,952

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <http://data.census.gov> *weighted average of the medians

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Over one-third (35.7%) of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is above the county (33.8%) and state (32.9%) rates. The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Renton 98057 (52.9%), Auburn 98002 (46.7%) and Kent 98032 (45.6%). Among renters-only, the rates are much higher, with 53.4% of service area renter households being cost burdened, as opposed to 26.2% for owner households. Renton 98057 has the highest rate of cost-burdened renters (52.9%), followed by Auburn 98002 (46.7%) and Kent 98032 (45.6%). More than 50% of renter households in 12 of the 19 service area ZIP Codes are cost burdened. Only Black Diamond (17.5%) has fewer than 44.3% of renter households cost burdened.

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Auburn	98001	26.9%	21.8%	44.3%
Auburn	98002	46.7%	34.5%	59.1%
Auburn	98092	30.6%	25.6%	45.7%
Bellevue (Newcastle/Factoria)	98006	26.1%	21.3%	45.2%
Black Diamond	98010	19.6%	19.9%	17.5%
Kent	98030	41.2%	31.9%	51.9%
Kent	98031	37.7%	31.1%	51.7%
Kent	98032	45.6%	27.5%	58.5%
Kent (Covington)	98042	29.3%	24.5%	52.4%
Maple Valley	98038	28.3%	24.7%	51.8%
Maple Valley	98051	30.5%	28.1%	45.7%
Renton	98055	38.7%	26.3%	54.7%
Renton (Newcastle)	98056	38.3%	25.0%	54.9%
Renton	98057	52.9%	27.3%	61.2%
Renton	98058	30.2%	23.6%	49.8%
Renton	98059	28.0%	22.9%	46.2%
Seattle (SeaTac)	98188	40.8%	24.5%	52.6%

	ZIP Code	All Households	Owner Households	Renter Households
Seattle (Tukwila)	98168	42.4%	31.8%	54.8%
Seattle (Tukwila)	98178	41.7%	33.0%	58.1%
Valley Service Area		35.7%	26.2%	53.4%
King County		33.8%	24.4%	46.3%
Washington		32.9%	24.0%	49.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP04. <http://data.census.gov>

Homelessness

A point-in-time (PIT) count of persons experiencing homelessness is conducted annually in every county in the state. The 2024 PIT count estimated 16,838 persons were experiencing homelessness in King County, a 26% increase in number from 2022. In 2024, 41.8% of those experiencing homelessness in King County were sheltered, which is a slight decrease from the 2022 percentage of sheltered individuals (42.5%). The percentage of persons who are chronically homeless increased from 35.2% in 2022 to 49.8% in 2024, and the percentage of homeless persons who suffer from chronic substance use disorder (SUD) rose from 31.4% to 33.3%. The percentage of homeless persons who identify as victims of domestic violence rose, from 2.9% in 2022 to 11.7% in 2024. While the percentage of homeless persons who were unaccompanied youth fell, the number of parenting youth younger than 18 years of age rose.

Homeless Point-in-Time Count, 2022 and 2024

	King County		Washington	
	2022	2024	2022	2024
Total Homeless	13,368	16,838	25,211	31,554
Sheltered	42.5%	41.8%	49.7%	48.6%
Unsheltered	57.5%	58.2%	50.3%	51.4%
Chronically homeless	35.2%	49.8%	34.5%	41.6%
Serious mental illness	30.9%	26.4%	29.5%	27.4%
Chronic substance use disorder	31.4%	33.3%	26.4%	29.3%
Veteran	6.4%	6.0%	6.2%	5.6%
Victim of domestic violence	2.9%	11.7%	6.0%	10.1%
Has HIV/AIDS	0.01%	0.0%	0.2%	0.1%
Unaccompanied youth <18 years of age	3.4%	0.9%	2.1%	1.0%
Parenting youth <18 years of age	0 persons	12 persons	2 persons	14 persons
Children of parenting youth <18 years	0 children	11 children	NR	13 children
Unaccompanied youth, 18-24 years of age	5.1%	4.0%	5.0%	4.4%
Parenting youth, 18-24 years of age	84 persons	71 persons	199 persons	170 persons
Children of parenting youth, 18-24 years	91 children	82 children	225 children	198 children

Source: U.S. Dept. of Housing and Urban Development (HUD) Exchange, CoC Homeless Populations and Subpopulations Reports, 2022 & 2024. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

The 2024 PIT count in King County was conducted by the King County Regional Homelessness Authority (KCRHA) in partnership with the University of Washington. In their report, they divide King County data into seven subregions: Seattle Metro, East County, Snoqualmie Valley, North County (including Bellevue,

among many other cities), South County (including Algona, Auburn, Burien, Des Moines, Federal Way, Kent, Newcastle, Normandy Park, Pacific, Renton, SeaTac, Tukwila, and many unincorporated areas), and South East County (Black Diamond, Covington, Enumclaw, and Maple Valley), and ‘Urban Unincorporated’. Most of the service area is located in these last two subregions; North King County will not be examined in this report.

Per the report, South King County is the subregion with the highest rate of people in poverty in King County, but also has some of the most affordable housing options. With an estimated homeless population of 3,182 in 2024, it held 19% of the total people experiencing homelessness countywide, 65% of whom were unsheltered, of whom 77% identified as men, and 56% reported being between the ages of 35 and 54. The PIT Count estimate in South King County disproportionately represented Native Hawaiian or Pacific Islander, Multiracial, Black/African American/African, and White individuals. This was the only subregion where people identifying as White were disproportionately overrepresented among the unsheltered homeless population (in part due to the lower expected proportion of White people in South King County), and the only subregion that did not show a disproportionality in unsheltered homelessness among the Hispanic/Latine population. South King County has about 20 service providers offering about 60 homelessness services, but has limited emergency shelter options for single adults, including single adult men and unaccompanied youth. The top contributing factors mentioned for homelessness, in South King County, were a lost job (35.7%), eviction (11.8%), incarceration or detention (6%), or the death of a parent, spouse or child (5.8%). The top shelter needs mentioned in South King County were easy enrollment (41%), clean and sanitary conditions (15.4%), personal space (13.9%), a location in their community (11.9%), and secure storage (7%).

South East King County’s homeless response system is characterized as ‘sparse’ in the report, with just one established shelter, and the subregion relies on a collection of faith-based groups, community organizations (primarily food banks) and libraries to provide the bulk of services to people experiencing homelessness. An estimated 203 individuals (1% of the county total) were homeless in this subregion, and 76% of them were estimated to be unsheltered. 96% were male, and 35% were aged between 45 and 54 years of age. Much of this subregion’s data was considered unreliable due to small sample size, including the estimate of only 17.4% of individuals being chronically homeless.

Homeless Point-in-Time Count, King County Subareas, 2024

	South King County	South East King County
Total Homeless	3,182	203
Sheltered	35.3%	24%
Unsheltered	64.7%	76%
Chronically homeless	73.1%	17.4%

Source: King County Regional Homelessness Authority (KCRHA), King County 2024 Point in Time Count Full Report. https://kcrha.org/wp-content/uploads/2025/05/Point-in-Time-Count-2024_King-County_final.pdf

Community Input on Housing Affordability and Homelessness

Homelessness and housing insecurity are described as being shaped by rising housing costs, limited affordable supply, capacity constraints, economic realities and persistent mental health and substance use issues, with hardships particularly among working families, youth, seniors, and immigrants.

Theme: Housing Affordability, Supply Constraints, and Structural Market Pressures

Lack of affordable housing supply and rising costs are central drivers of homelessness and housing insecurity.

“We don’t have enough units... especially at the lowest income levels.”

“Housing is getting more and more expensive... we’re seeing more homelessness overall.”

“Even two incomes, it’s still really difficult to find affordable housing.”

Theme: Housing Instability Beyond Unsheltered Homelessness

Homelessness extends well beyond visible encampments, encompassing overcrowding, multigenerational households, couch surfing, vehicle dwelling, and constant housing precarity.

“I’m seeing two-bedroom apartments that have eight people in them.”

“They’re not in shelters... they’re couch surfing and living out of their cars.”

Theme: Homelessness, Behavioral Health, and Substance Use

Housing instability is described as both a cause and consequence of mental health conditions and substance use disorders, with limited system capacity to stabilize individuals with complex needs.

“Their mental health is not being cared for... you can see it when they walk in.”

“If someone has substance use disorder, that’s a barrier to successful transition.”

“We’ve got a whole segment of people with trauma who don’t have the capacity to make decisions.”

Theme: Health System Impact and Repeated Crisis Utilization

Homelessness is linked to emergency department use, hospital readmissions, and fragmented care, describing housing instability as a key barrier to recovery and continuity.

“Instability significantly impacts overall outcomes.”

“It limits our ability to deliver care and continuity.”

“If you don’t have somewhere to live, it’s hard to do anything else.”

Theme: Shelter, Transitional Housing, and System Capacity Gaps

Shelter and transitional housing systems as overwhelmed, under-resourced, and mismatched to family and individual needs.

“We don’t have shelter capacity in South King County.”

“The wait list for long-term housing is two years plus.”

“Most of our patients don’t have any case managing or anywhere to go.”

“Family shelters are really hard to get into.”

Theme: System Navigation and Service Access Failures

While resources technically exist, participants describe significant breakdowns in the ability of individuals to successfully navigate housing and support systems.

“There are resources, but people don’t know how to access them.”

“They’re handed a number to call, and it goes nowhere.”

“Clients are left to fend for themselves to find funding.”

Theme: Immigration Status, Safety, and Housing Vulnerability

Several participants highlight immigration-related fear and policy pressures as contributors to housing instability, particularly for mixed-status households.

“There’s a lot of fear... even undocumented folks.”

“Mixed status households could lose their housing subsidy, which could lead to a lot of homelessness among that population.”

“People are hesitant to seek services that expose their daily life.”

Public Program Participation

In the service area, 4.5% of residents receive SSI benefits, 3.6% receive cash public assistance income, and 12% of residents receive food stamp benefits. These rates are higher than King County and state rates.

Household Supportive Benefits

	Valley Service Area	King County	Washington
Total households	226,509	927,817	3,020,558
Supplemental Security Income (SSI)	4.5%	3.2%	4.4%
Public Assistance	3.6%	3.1%	3.4%
Food Stamps/SNAP	12.0%	8.2%	11.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <http://data.census.gov>

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. From 2019 to 2023, 9.5% of King County adults reported being food insecure, while in South County the rate was 14.7%. Rates in area HRAs ranged from a low of 4.5% of adults in South Bellevue to a high of 23.4% of adults in Tukwila.

Food Insecurity, Adults, 2019-2023

	Percent
Auburn North	14.9%
Auburn South	19.9%
Bellevue South	*4.5%
Black Diamond/Enumclaw/SE County	8.0%
Covington	*6.1%
Fairwood	*7.4%

	Percent
Kent Central	17.8%
Kent East	12.7%
Kent South	15.9%
Kent West	21.5%
Maple Valley	*6.3%
Newcastle/Four Creeks	*6.5%
Renton North	10.0%
Renton South	9.3%
SeaTac	22.9%
Skyway	*14.0%
Tukwila	23.4%
South County	14.7%
King County	9.5%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small sample size; interpret with caution.

Community Input on Food Insecurity

Food insecurity emerges as a challenge across South King County, affecting not only traditionally the most vulnerable populations as well as working families and individuals previously considered economically stable. Food insecurity is seen as a stressor that interacts with income instability, chronic disease, mental health, immigration status, transportation, and access to care.

Theme: Rising Cost of Food and Erosion of Household Purchasing Power

Food price inflation is a primary driver of food insecurity, forcing households to make difficult tradeoffs between quantity, quality, and affordability, affecting working families and middle-income households.

“If you have less money, you’re going to spend it on things that give you more food for less, like more carbohydrates, more fat and less vegetables.”

“Food has been one of the highest inflation points that our families are experiencing.”

“We’re seeing people that were never in food banks on a regular basis.”

“We’re not just helping homeless people... we’re helping the working class. A third of folks that come to our food bank are working.”

Theme: Food Insecurity, Chronic Disease, and Deferred Preventive Care

Food insecurity and poor nutrition deepens and worsens chronic health conditions, particularly diabetes, obesity, and hypertension.

“If you don’t have access to nutritious food, that affects your overall health.”

“Being food insecure... means you’re probably not prioritizing preventative health care.”

“Most people don’t even know a dietitian exists.”

Theme: Mental Health, Trauma, and the Psychological Burden of Food Insecurity

Participants describe food insecurity as a source of chronic stress, with downstream effects on mental health for adults and children.

“When people come in the (food) line... they’re in trauma already.”

“If people don’t know where the next meal is coming from, of course you’re going to feel anxious.”

“That does impact mental health. And I think especially for children.”

“It’s a trauma response... their response is to eat all the backpack food at once.”

Theme: Food Deserts, Transportation Constraints and Immigration-Related Fear

Participants describe barriers that limit physical access to food, particularly in suburban and semi-rural parts of South King County. Additionally, immigration-related fear shapes food access for immigrant and refugee communities.

“We’ve seen three or four big box grocery stores close.”

“Transportation is just a huge barrier.”

“Even if they can get to a grocery store... prices are so high and wages aren’t keeping up.”

“People are limiting their trips outside their home.”

“Home delivery has been expanded because people feel trapped at home.”

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 10.4% of adults, ages 25 and older, lack a high school diploma, which is higher than county and state rates. 36.9% of area adults have a bachelor’s or higher degree, which is lower than county and state rates.

Education Levels, Population Ages 25 and Older

	Valley Service Area	King County	Washington
Population, ages 25 and older	432,487	1,634,473	5,409,147
Less than 9 th grade	5.4%	3.2%	3.4%
9 th to 12 th grade, no diploma	5.0%	3.0%	4.4%
High school graduate	21.9%	14.3%	21.7%
Some college, no degree	20.4%	15.9%	21.7%
Associate’s degree	10.3%	7.6%	10.0%
Bachelor’s degree	24.4%	32.4%	23.7%
Graduate/professional degree	12.5%	23.5%	15.1%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <http://data.census.gov>.

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate 4 years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts, only Tahoma (90.7%) meets this objective; however, all area school districts have a higher graduation rate than the statewide average (82.8%).

High School Graduation Rates

	Percent
Auburn School District	84.1%
Kent School District	88.8%
Renton School District	85.4%
Tahoma School District	90.7%
Tukwila School District	86.8%
Washington	82.8%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2023-2024. <http://reportcard.ospi.k12.wa.us/>

Crime

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. Person crimes include homicide, rape, assault, kidnapping, human trafficking and violating restraining orders. Property crimes include arson, burglary, robbery, theft, counterfeiting and extortion.

Person crime rates decreased from 2022 to 2024 in the state, King County, and the service area police department of Bellevue. Property crime rates decreased from 2022 to 2024 in the state, county and all service area police departments. 2024 person crime rates were higher than state and county rates for Auburn, Kent, SeaTac and Tukwila Police Departments, and property crime rates were higher than state and county rates for Auburn, Kent, Renton, SeaTac, and Tukwila Police Departments, and higher than the state rate, but lower than the county rate, for Bellevue and Covington Police Departments.

Person Crime and Property Crime Rates, per 1,000 Persons, 2022 and 2024 Compared

	Person Crimes				Property Crimes			
	Number		Rate		Number		Rate	
	2022	2024	2022	2024	2022	2024	2022	2024
Auburn Police Dept.	1,639	1,797	18.5	20.2	5,641	4,980	63.6	56.0
Bellevue Police Dept.	1,190	1,149	7.7	7.4	7,103	6,450	46.2	41.6
Black Diamond Police	28	35	4.6	4.9	105	54	17.1	7.5
Covington Police Dept.	204	218	9.6	9.9	1,089	916	51.4	41.6
Kent Police Dept.	2,964	3,318	21.5	23.6	11,865	8,378	86.0	59.7
King County Sheriff's Office	2,196	2,284	8.8	9.2	5,780	5,072	23.3	20.3
Maple Valley Police D.	96	130	3.3	4.4	665	605	23.0	20.6
Newcastle Police Dept.	56	56	4.1	4.1	387	366	28.5	26.6
Renton Police Dept.	958	1,168	8.9	10.7	7,295	5,521	67.9	50.7
SeaTac Police Dept.	540	555	16.9	17.0	2,096	1,777	65.7	54.3
Tukwila Police Dept.	574	599	25.4	26.1	6,019	4,659	266.1	203.2
King County	31,833	31,718	13.6	13.2	136,851	119,813	58.3	49.8
Washington State	110,704	110,930	14.1	13.8	402,099	311,750	51.2	38.8

Source: Washington State Statistical Analysis Center, a division of the WA State Office of Financial Management, NIBRS Excel dataset, accessed December 18, 2025. <https://sac.ofm.wa.gov/data>

Intimate Partner Violence

Per the King County 2024/2025 Community Health Needs Assessment, the rate of visits to Emergency Rooms for domestic violence has increased significantly since the start of the COVID-19 Pandemic in 2020. The rate in King County is 96.9 visits per 100,000 residents, while the rate in South County is 172.3 visits per 100,000 residents. All area ZIP Codes have rates higher than the county average, with the exceptions of a statistically-unreliable 0.0 visits in Maple Valley ZIP Code 98051 and 77.2 visits per 100,000 residents of Renton 98059. The highest area rate was 341.8 visits per 100,000 residents of Auburn ZIP Code 98002, followed by 208.5 in Kent 98032 and 200.6 in Auburn 98001.

ER Visits for Domestic Violence, Rate per 100,000 Residents, 2023

	ZIP Codes	Percent
Auburn	98001	200.6
Auburn	98002	341.8
Auburn	98092	183.8
Bellevue (Newcastle/Factoria)	98006	122.7
Black Diamond	98010	182.0
Kent	98030	123.9
Kent	98031	144.3
Kent	98032	208.5
Kent (Covington)	98042	179.5
Maple Valley	98038	129.6
Maple Valley	98051	*0.0
Renton	98055	135.3
Renton (Newcastle)	98056	130.8
Renton	98057	141.2
Renton	98058	120.4
Renton	98059	77.2
Seattle (SeaTac)	98188	189.3
Seattle (Tukwila)	98168	161.2
Seattle (Tukwila)	98178	165.5
South County		172.3
King County		96.9

Source: Rapid Health Information NetwOrk (RHINO), 2023 data, via Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution.

Formerly referred to as ‘intimate partner violence’, feeling unsafe on dates is a concern for youth beginning in at least the 8th grade, and rising by grade level. 3.4% of King County 8th graders said ‘someone they were dating or going out with had limited their activities, threatened them, or made

them feel unsafe in any other way' in the past 12 months. 5.6% of 10th graders and 6.6% of 12th graders in King County indicated they had felt similarly limited, threatened or unsafe. The rate for all King County grades, combined, was 5.2%, and the rate for South County was higher, at 6.2% of youth.

Feeling Unsafe on Dates, Past 12 Months, Youth

	*South County	*King County	Washington
8 th Grade	N/A	3.4%	4.7%
10 th Grade	N/A	5.6%	7.1%
12 th Grade	N/A	6.6%	7.6%
Combined Grades	6.2%	5.2%	N/A

Source: WA State Healthy Youth Survey (HYS), 2023, via HYS Fact Sheet <https://www.askhys.net/SurveyResults/FactSheets> or *Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> N/A = Not available from this source.

Community Input on Intimate Partner Violence (IPV)

Intimate partner violence (IPV) is a persistent issue with wide-ranging impacts on health, housing stability, and economic security. IPV is described as deeply intertwined with financial dependence, housing scarcity and trauma.

Theme: IPV as a Driver of Economic and Housing Instability

Interviewees describe IPV as a destabilizing force that frequently results in sudden housing loss and financial insecurity. Survivors' ability to leave unsafe situations is often constrained by economic dependence on an abusive partner, particularly when that partner is the primary income earner.

"A lot of the time the breadwinner is the offender... they find themselves in a safer situation but unable to afford housing, and there aren't enough resources to provide housing to these families."

"Gender-based violence... often leads folks to having to flee or move quickly from their housing."

"Over 70% of our clients have domestic violence in their background... and domestic violence adds to their mental health issues and adds to their homelessness."

Theme: Structural Barriers to Safety and Support

Interviewees describe structural constraints that limit survivors' access to safety and long-term stabilization. These include shortages in emergency shelter, limited availability of trained providers, and additional barriers for undocumented individuals and refugees, who may face reduced eligibility for services and heightened fear of system involvement.

"It's always difficult to find shelter right away... if there's no bed space available, we tend to find a charity that will provide a hotel room for the night."

"One of the things that is lacking is safe shelter in places for victims of domestic violence."

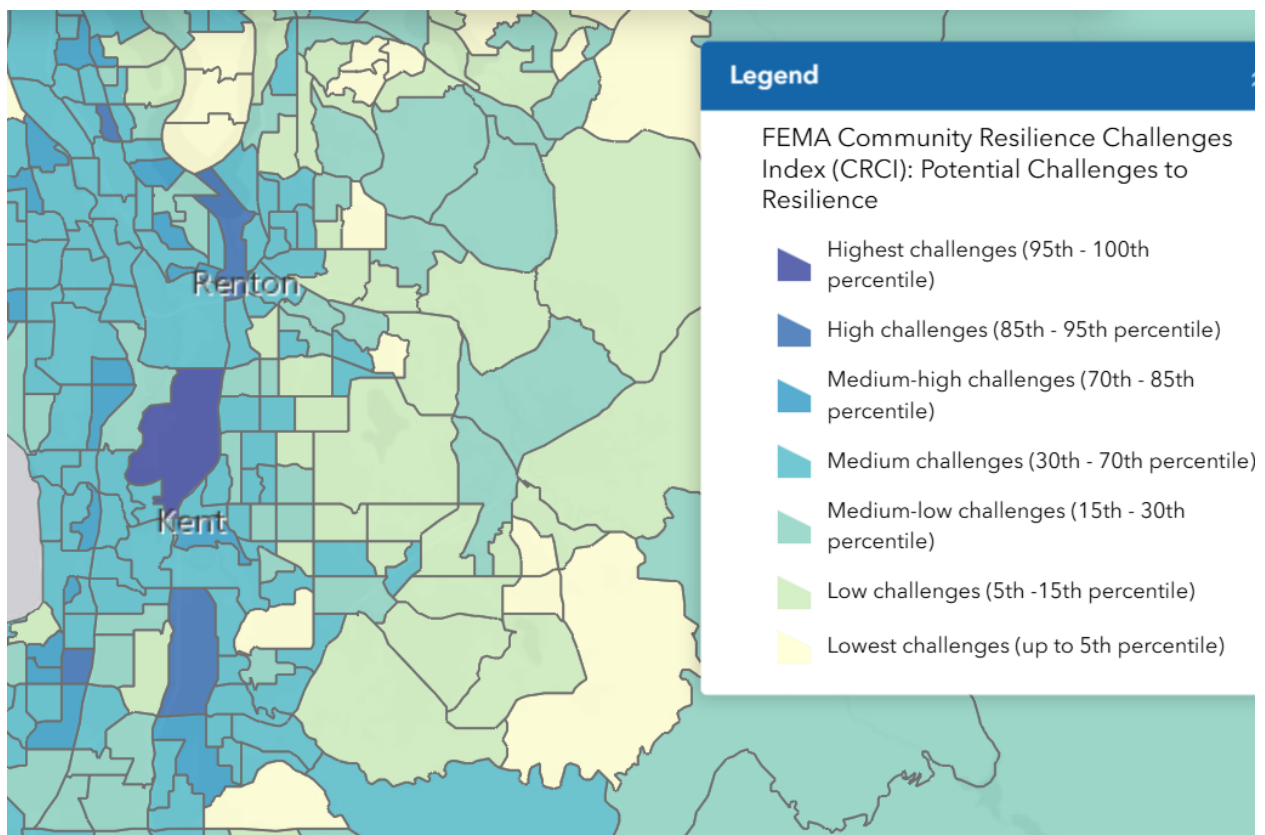
"Building trust that the victims will actually be supported not only in their crisis, but long term... that's a challenge."

"Some of the folks we work with are undocumented or refugees, and that really limits what options they feel they have."

Vulnerable Populations

The Community Resilience Challenges Index (CRCI) was created by the Federal Emergency Management Agency (FEMA) to help emergency managers identify vulnerable areas in order to target resources, and is compiled using 22 commonly-used social and community indicators, including the percentage of the population which suffers from poverty, unemployment, lack of a high school diploma, and lack of access to vehicles, and the region's medical capacity, among other indicators. The higher the CRCI score, the darker the blue in the below map, and the less resilient an area is likely to be, in an emergency.

Within the hospital service area, the Census Tract with the highest CRCI score (in the 97th to 100th percentile, meaning it has an extremely high level of potential challenges to resilience, in an emergency) is found within Kent ZIP Code 98032. Two other Census Tracts with “high challenges” CRCI scores are found in the service area: within Auburn ZIP Codes 98001 and 98002 (a Census Tract in the 90th percentile), and Renton ZIP Codes 98056 and 98057 (a Census Tract in the 88th percentile). Two other Census Tracts in the 85th to 95th percentile range which can be seen on the below map (colored dark blue) are outside the hospital's service area. There are an additional five “medium-high challenges” (70th to 85th percentile range - medium blue) Census Tracts in the service area: one found in each of Tukwila ZIP Code 98178, Renton 98057, and Kent ZIP Codes 98030 and 98032; and two found wholly or partially within SeaTac ZIP Code 98188. Many of the remaining Census Tracts within the hospital's service area are rated as having “medium challenges” (light blue) or “medium low challenges” (blue-green).



Healthcare Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to healthcare. 93.1% of the population in the service area has health insurance. Black Diamond has the highest health insurance rate (97.7%) and Kent 98032, has the lowest health insurance rate (88.3%). 97.1% of service area children, ages 18 and under, have health insurance coverage. Bellevue/Newcastle/Factoria 98006 has the highest rate of health insurance among area children (99.2%) while Maple Valley 98051 (94.3%) and Auburn 98092 (94.8%) have the lowest percentages of children with health insurance. Among adults, ages 19-64, 90.3% in the service area have health insurance. Black Diamond (96.9%) and Maple Valley 98038 (96.6%) have the highest adult insurance rates, and Kent 98032 has the lowest insurance rate (83%) among adults.

The Healthy People 2030 objective is for 92.1% of the population to have health insurance coverage. In the service area, Auburn 98002, Kent 98031 and 98032, Maple Valley 98051, Seattle-SeaTac and Seattle-Tukwila 98168 do not meet the objective for health insurance coverage.

Health Insurance, Total Population, Children under Age 19, and Adults, Ages 19-64

	ZIP Code	Total Population	Children, Under 19	Adults, Ages 19-64
Auburn	98001	94.6%	97.1%	92.7%
Auburn	98002	91.0%	96.6%	86.6%
Auburn	98092	92.2%	94.8%	89.8%
Bellevue (Newcastle/Factoria)	98006	97.0%	99.2%	95.7%
Black Diamond	98010	97.7%	98.5%	96.9%
Kent	98030	93.2%	98.0%	90.4%
Kent	98031	92.0%	97.8%	88.9%
Kent	98032	88.3%	97.1%	83.0%
Kent (Covington)	98042	95.0%	96.2%	93.4%
Maple Valley	98038	97.2%	97.5%	96.6%
Maple Valley	98051	91.6%	94.3%	88.2%
Renton	98055	92.5%	98.3%	89.5%
Renton (Newcastle)	98056	92.3%	97.9%	89.0%
Renton	98057	92.9%	97.9%	91.6%
Renton	98058	95.1%	98.3%	92.6%
Renton	98059	95.0%	97.3%	93.0%
Seattle (SeaTac)	98188	88.9%	95.4%	85.0%
Seattle (Tukwila)	98168	89.3%	96.0%	85.0%
Seattle (Tukwila)	98178	93.3%	97.0%	90.6%
Valley Service Area		93.1%	97.1%	90.3%
King County		94.8%	97.6%	93.0%
Washington		93.6%	97.0%	90.9%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <http://data.census.gov>

When examined by race and ethnicity, rates are highest among non-Hispanic White residents (96%) and lowest among those residents who identify as a race and ethnicity other than those listed (76.6%) and Hispanic residents (82.9%). For children, rates of coverage are highest among non-Hispanic White children (98.5%), and Black or African American, and multiracial children (98.2%), and lowest among American Indian or Alaskan Native children (91.6%) and children identified as a race and ethnicity Other than those listed (91.8%). Health insurance coverage among service area adults, ages 19 to 64, is highest among non-Hispanic White residents (94.3%) and lowest among adults of an Other race (66.5%) and Hispanic adults (73.7%). For senior adults, coverage is lowest among Black or African American senior adults (96.7%).

Health Insurance, by Race and Ethnicity and Age Group

	Total Population	Children, Under Age 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	96.0%	98.5%	94.3%	99.3%
Asian	94.1%	96.2%	92.7%	97.8%
Black or African American	92.4%	98.2%	89.2%	96.7%
Multiracial	92.3%	98.2%	86.8%	97.0%
Native Hawaiian or Pacific Islander	90.7%	96.2%	87.0%	100.0%
American Indian or Alaskan Native	86.2%	91.6%	81.3%	97.5%
Hispanic	82.9%	95.2%	73.7%	97.0%
Other race	76.6%	91.8%	66.5%	97.0%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, C27001B through C27001I. <http://data.census.gov/>

Medical Assistance Programs

In Washington, Medicaid is known as Apple Health. In King County, 442,323 individuals were enrolled in Washington medical assistance programs. The highest percentage of enrollment was in Apple Health for Kids and the Medicaid CN Expansion program.

Medical Assistance Program Enrollment

	King County	Washington
Apple Health for Kids	39.5%	43.3%
Medicaid CN Expansion	34.3%	31.3%
Elderly persons	7.3%	5.3%
Medicaid CN Caretaker	6.1%	6.5%
Persons with Disabilities	6.0%	6.8%
Partial Duals	4.2%	4.5%
Pregnant Women's Coverage	1.5%	1.4%
Apple Health Expansion (AHE)	0.6%	0.5%
Family Planning	0.4%	0.2%
Former Foster Care Adults	0.1%	0.1%
Medicaid Alien Emergency Medical Expansion Adults	0.02%	0.01%
Total	442,323	1,931,250

Source: Washington State Health Care Authority, Apple Health Client Eligibility Dashboard, October 2025. www.hca.wa.gov/about-hca/apple-health-medicaid-reports

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 17.2% of adults in King County, and 18.1% in South County, do not have a usual primary care provider. At a local level, rates of not having a primary care provider ranged from 8.9% in South Bellevue to 23.9% in SeaTac, and 23.1% in Tukwila.

No Usual Primary Care Provider, 5-Year Average, 2019-2023

	Percent
Auburn North	18.6%
Auburn South	21.5%
Bellevue South	8.9%
Black Diamond/Enumclaw/SE County	12.1%
Covington	13.9%
Fairwood	12.3%
Kent Central	16.1%
Kent East	13.0%
Kent South	14.7%
Kent West	22.5%
Maple Valley	12.2%
Newcastle/Four Creeks	14.8%
Renton North	18.0%
Renton South	16.8%
SeaTac	23.9%
Skyway	16.6%
Tukwila	23.1%
South County	18.1%
King County	17.2%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Unmet Medical Need

9% of adults in King County, and 11.4% in South County, reported an unmet medical need as a result of not being able to afford care. Rates in area Health Reporting Areas (HRAs) ranged from 4.1% Maple Valley to 17.7% in SeaTac, 16.9% in West Kent, and 16.5% in Tukwila. The Healthy People 2030 objective is for a maximum of 5.9% of the population to be unable to obtain medical care, whether due to cost or other access factors. King County, South County, and most area HRAs do not meet this objective.

Unmet Medical Need Due to Cost, Adults, 5-Year Average, 2019-2023

	Percent
Auburn North	10.9%
Auburn South	12.3%
Bellevue South	*5.1%
Black Diamond/Enumclaw/SE County	7.5%
Covington	*4.6%
Fairwood	*11.3%
Kent Central	11.1%
Kent East	9.5%
Kent South	11.6%
Kent West	16.9%
Maple Valley	*4.1%
Newcastle/Four Creeks	7.4%
Renton North	7.7%
Renton South	9.0%
SeaTac	17.7%
Skyway	*9.7%
Tukwila	16.5%
South County	11.4%
King County	9.0%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.

<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small sample size; interpret with caution.

Primary Care Physicians

The ratio of the population to primary care physicians in King County is 839:1. This ratio is better than the state.

Primary Care Physicians, Number and Ratio

	King County	Washington
Number of primary care physicians	2,683	6,440
Ratio of population to primary care physicians	839:1	1,202:1

Source: County Health Rankings, 2025. The County Health Rankings used 2021 data for this measure. <http://www.countyhealthrankings.org>

Access to Primary Care Community Health Centers

Community health centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)¹, 20.3% of the population in the service area is low-income (200% of Federal Poverty Level) and 8.4% of the population are living in poverty. The Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area include: Community Health Care, HealthPoint, International Community Health Services, Neighborcare Health, Sea-Mar Community Health Center, Seattle Roots Community Health, and Seattle-King County Public Health Department.

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 101,873 patients in the service area, which equates to 80.4% penetration among low-income patients and 16.3% penetration among the total population. From 2022-2024, the Community Health Center providers served an additional 6.8% of patients in the service area. There are 24,458 low-income residents, 19.6% of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
126,771	101,873	80.4%	16.3%	24,458	19.6%

Source: Health Center Program GeoCare Navigator, 2025, 2019-2023 population numbers. <https://geocarenavigator.hrsa.gov/>

Delayed Care

Staffing agency AMN Healthcare surveyed 1,391 medical offices in 15 metropolitan areas between January 15 and February 24, 2025, to assess the availability of new patient appointments. Across six specialties (family medicine, cardiology, dermatology, obstetrics/gynecology (ob/gyn), orthopedic surgery and gastroenterology, the average wait time for a physician was 31 days, an increase of 19% from 2022, and 48% from 2004, the date of the first survey. The average wait time for a family medicine appointment was 23.5 days, up from 20.3 days in 2009, when that specialty was added to the survey. The highest wait times were for ob/gyns (41.8 days) and gastroenterologists (40 days) and the shortest for orthopedic surgeons (12 days).

Of the 15 metropolitan areas surveyed, Seattle had the third-highest average wait time across the six specialties: 45 days. [Source: Advisory Board Daily Briefing, June 2, 2025. https://www.advisory.com/daily-briefing/2025/06/02/wait-times-ec](https://www.advisory.com/daily-briefing/2025/06/02/wait-times-ec) Per AMN, the reasons for this large increase, across the metropolitan areas and presumably in

¹ 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)

other communities as well, are physician shortages, rising demand brought on by an aging population and increases in chronic illness, administrative burdens on physicians, and disparities in insurance acceptance, particularly for Medicaid patients, due to low reimbursement rates and administrative complexities. Source: AMN Healthcare Blog, June 30, 2025. <https://www.amnhealthcare.com/amn-insights/physician/blog/the-growing-challenges-with-physician-appointment-wait-times/>

Dental Care

Among King County adults, 27.9% did not access dental care in the prior year. 39.2% of adults in the North Auburn HRA, 39.6% in the Tukwila HRA, and 48% in the SeaTac HRA did not access dental care in the previous 12 months.

Did Not Access Dental Care Prior Year, Adults, 3-Year Average, 2018, 2020 and 2022, Combined

	Percent
Auburn North	39.2%
Auburn South	38.1%
Bellevue South	14.3%
Black Diamond/Enumclaw/SE County	25.0%
Covington	32.5%
Fairwood	28.2%
Kent Central	33.7%
Kent East	25.4%
Kent South	33.6%
Kent West	33.1%
Maple Valley	23.2%
Newcastle/Four Creeks	23.0%
Renton North	26.4%
Renton South	33.9%
SeaTac	48.0%
Skyway	28.2%
Tukwila	39.6%
King County	27.9%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2018, 2022 & 2022, averaged. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

The ratio of residents to dentists in King County is 864:1. This ratio is better than the state.

Dentists, Number and Ratio

	King County	Washington
Number of dentists	2,623	6,757
Ratio of population to dentists	864:1	1,152:1

Source: County Health Rankings, 2025. The County Health Rankings used 2022 data for this measure. <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 residents to mental health providers is 157:1, which is better than the state.

Mental Health Providers, Number and Ratio

	King County	Washington
Number of mental health providers	14,495	42,052
Ratio of population to mental health providers	157:1	186:1

Source: County Health Rankings, 2025. The County Health Rankings used 2024 data for this measure. <http://www.countyhealthrankings.org>

Community Input on Access to Care

Access challenges for primary and specialty care and care continuity pushes patients toward EDs, creating disengagement with complex care navigation, and exacerbating health inequities—particularly for low-income households, older adults, immigrants, and residents of suburban and semi-rural areas.

Theme: Persistent Barriers to Primary and Specialty Care

Stakeholders describe widespread difficulty accessing timely primary and specialty care, particularly for new patients and for people who need services in languages other than English. Non-clinical barriers related to transportation and technology are also prevalent, especially for older populations.

“The wait for a new patient is like six months... since we closed two clinics, there are a lot of patients that don’t have anyone who could see them.”

“You’re talking about three to four months to even see a specialist. Mental health especially.”

“Greater than 75% of our primary care providers actually have closed panels.”

“We’re seeing 80 to 90,000 visits in our ED a year, which is very unusual for a hospital this size.”

“When you can’t find an interpreter, it impacts how effective that visit was.”

“Transportation is one of the biggest barriers.”

“A lot of patients don’t have access to a computer or don’t know how to use it.”

Theme: Cost, Insurance, and Affordability Constraints

Interviewees discussed a consistent link of access challenges to rising healthcare costs, insurance instability, and coverage gaps.

“I won’t be able to afford health insurance for my kids and myself.”

“If you have Medicaid... there’s only a few clinics that will see you.”

“They may have private insurance... but they avoid going to the doctor because they haven’t met the deductible.”

“The wait is even longer if you’re trying to get in with Medicaid.”

Theme: Geographic Gaps in Service Distribution

Services are uneven across South King County.

“Covington is still considered fairly remote... that limits the number of public transit routes we have.”

“We don’t necessarily have much presence in downtown Renton or Tukwila. That’s an opportunity gap.”

“We closed that clinic, and there’s a big void there between Kent Station and the next practice.”

“There are FQHCs, but it’s fairly limited—and they’re very overwhelmed.”

“People are traveling hours for specialty care.”

Theme: Discharge, Aftercare, and Access Beyond the Hospital Walls

Discharge functions as a critical access bottleneck, where limited capacity prevents safe transitions and contributes to worsening health outcomes.

“Patients are discharged from hospitals before they even know how to take care of the wounds.”

“We get homeless people who are being discharged with wounds and broken bones and they need a place to rest that’s not outside in the cold and rain. They don’t have one.”

“There’s a lack of home health agencies that can provide occupational and physical therapy... for Medicare, Medicaid patients, it’s hard to get services for them.”

“Our psychiatric hospital options are freestanding facilities that can only provide primary-care-level medical care. Folks with more complex medical needs can’t go there.”

Birth Characteristics

Births

In 2024, the number of births in King County was 22,948. 2024 was the first year since 2017 where there were more births in the county than the prior year.

Total Births, 2019-2023

	2020	2021	2022	2023	2024
King County	23,686	23,428	23,023	22,442	22,948
Washington	83,086	83,911	83,333	80,932	83,118

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2019-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

From 2022 through 2024, King County children were born to primarily non-Hispanic White mothers (42.9%), followed by Asian mothers (25.1%), and Hispanic or Latine mothers (15.6%).

Births, by Mother’s Race and Ethnicity, 2022-2024

	King County	Washington
White	42.9%	54.3%
Asian	25.1%	11.8%
Hispanic or Latine	15.6%	21.2%
Black or African American	9.3%	5.0%

	King County	Washington
Multiracial	4.7%	4.8%
Native Hawaiian or Pacific Islander	1.9%	1.8%
American Indian or Alaska Native	0.4%	1.1%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2022-2024, on CDC WONDER. <https://wonder.cdc.gov/nativity-current.html>

Teen Birth Rate

The rate of births among females, ages 15 to 17, in King County is 2.2 births per 1,000 teen girls, while in South County the rate is 3.8 births per 1,000 teen girls, ages 15 to 17.

Births to Teenage Mothers, Ages 15-17, 5-Year Average, 2019-2023

	Rate per 1,000 Females
South County	3.8
King County	2.2

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Prenatal Care

68.4% of pregnant women in King County entered prenatal care on-time – during the first trimester – and attended at least 80% of their recommended prenatal visits. This does not meet the Healthy People 2030 Objective of 80.5% of women receiving early and adequate prenatal care. Rates of prenatal care were lower in South County (65.8%), and among HRAs they were lowest in South Auburn and West Kent. The highest rates were seen in Covington and Black Diamond/Enumclaw/SE County.

Early and Adequate Prenatal Care, 5-Year Average, 2019-2023

	Percent
Auburn North	64.0%
Auburn South	60.1%
Bellevue South	62.3%
Black Diamond/Enumclaw/SE County	71.3%
Covington	73.1%
Fairwood	69.4%
Kent Central	64.2%
Kent East	67.9%
Kent South	67.7%
Kent West	59.7%
Maple Valley	68.6%
Newcastle/Four Creeks	63.7%
Renton North	66.0%
Renton South	69.3%

	Percent
SeaTac	62.0%
Skyway	69.0%
Tukwila	65.3%
South County	65.8%
King County	68.4%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Low Birth Weight

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. The rate of low birth weight babies in King County is 7.0%, while in South County it is higher (7.6%). The percentage of low-birth-weight babies in area HRAs ranged from 6.3% in South Bellevue, to 9% in Covington and 9.1% in Tukwila.

Low Birth Weight (Under 2,500 g) Births, 5-Year Average, 2019-2023

	Percent
Auburn North	7.1%
Auburn South	6.8%
Bellevue South	6.3%
Black Diamond/Enumclaw/SE County	6.4%
Covington	9.0%
Fairwood	7.9%
Kent Central	8.6%
Kent East	8.4%
Kent South	7.6%
Kent West	6.4%
Maple Valley	7.1%
Newcastle/Four Creeks	7.0%
Renton North	7.5%
Renton South	8.3%
SeaTac	8.0%
Skyway	8.7%
Tukwila	9.1%
South County	7.6%
King County	7.0%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Preterm Births

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. 9.5% of births in King County were preterm births, while 11% of births in South County were. Among area HRAs, the preterm birth rate was 12.3% in Covington, 12.6% in South Auburn, and 12.8% in Central Kent.

Preterm Birth, Babies Born Before 37 Weeks of Gestation, 2019-2023

	Percent
Auburn North	11.1%
Auburn South	12.6%
Bellevue South	8.2%
Black Diamond/Enumclaw/SE County	9.8%
Covington	12.3%
Fairwood	9.9%
Kent Central	12.8%
Kent East	10.9%
Kent South	11.4%
Kent West	10.9%
Maple Valley	9.0%
Newcastle/Four Creeks	7.8%
Renton North	10.3%
Renton South	10.7%
SeaTac	11.7%
Skyway	9.5%
Tukwila	11.9%
South County	11.0%
King County	9.5%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Maternal Smoking During Pregnancy

Among pregnant women, 1.4% in King County smoked during pregnancy, while 2.1% of pregnant mothers in South County did. These meet the Healthy People 2030 objective of 95.7% of women who abstain from cigarette smoking during pregnancy. Rates in area HRAs ranged from 0.9% in Newcastle/Four Creeks to 3.1% in Central Kent and 3.4% in South Auburn.

Maternal Smoking during Pregnancy, 2019-2023

	Percent
Auburn North	2.2%
Auburn South	3.4%
Bellevue South	**

	Percent
Black Diamond/Enumclaw/SE County	2.9%
Covington	1.7%
Fairwood	1.3%
Kent Central	3.1%
Kent East	1.5%
Kent South	2.4%
Kent West	1.8%
Maple Valley	1.0%
Newcastle/Four Creeks	0.9%
Renton North	1.0%
Renton South	1.3%
SeaTac	1.9%
Skyway	2.0%
Tukwila	1.5%
South County	2.1%
King County	1.4%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> **Suppressed due to low numbers.

Infant Mortality

The infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in King County, from 2019 to 2023, was 4.2 deaths per 1,000 live births. The infant death rate in South County was 5.5 deaths per 1,000 live births, which does not meet the Healthy People 2030 objective of 4.8 deaths per 1,000 live births. For those area HRAs for which rates were available, rates above the Healthy People 2030 objective occurred in North and South Auburn, Central, East, and South Kent, and Tukwila, where there were 9.3 infant deaths per 1,000 live births.

Infant Mortality Rate, 5-Year Average, 2019-2023

	Rate per 1,000 Live Births
Auburn North	5.2
Auburn South	5.5
Bellevue South	**
Black Diamond/Enumclaw/SE County	*3.8
Covington	**
Fairwood	**
Kent Central	7.8
Kent East	5.3
Kent South	7.0
Kent West	*4.2

	Rate per 1,000 Live Births
Maple Valley	**
Newcastle/Four Creeks	**
Renton North	4.4
Renton South	**
SeaTac	*4.8
Skyway	**
Tukwila	9.3
South County	5.5
King County	4.2

Source: WA State Dept. of Health, Center for Health Statistics, Linked Birth/Death Certificate Data, 2019-2023, via Public Health - Seattle & King County; Community Health Indicators *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. According to data from birth certificates, 95.7% of infants in King County and 94.3% in South County were breastfed at some point prior to discharge from the hospital. The lowest rate of breastfeeding initiation was reported in South Auburn (91.7%), followed by South Kent (92.1%) and Central Kent (92.6%).

Infants Breastfed at Some Point Prior to Discharge, 5-Year Average, 2019-2023

	Percent
Auburn North	93.4%
Auburn South	91.7%
Bellevue South	97.4%
Black Diamond/Enumclaw/SE County	95.6%
Covington	94.0%
Fairwood	93.9%
Kent Central	92.6%
Kent East	93.0%
Kent South	92.1%
Kent West	93.3%
Maple Valley	95.8%
Newcastle/Four Creeks	96.9%
Renton North	96.5%
Renton South	93.6%
SeaTac	95.0%

	Percent
Skyway	94.4%
Tukwila	94.3%
South County	94.3%
King County	95.7%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Community Input on Birth Factors

Interviews describe reduced access to prenatal and obstetric care, socioeconomic and cultural barriers, and reductions in maternal–child health infrastructure. See below for more specific themes and supporting quotes taken from stakeholder interviews:

Theme: Reduced Access to Prenatal and Obstetric Care

Some participants report growing difficulty accessing prenatal and OB care, with clinic closures, and hospital service reductions, contributing to delayed or absent prenatal engagement.

“We will see that they are in labor and oftentimes they’ve had no prenatal care, no primary care.”

“OB care seems to be getting harder to find... there’s fewer OB providers than there used to be.”

“People have to travel further. So I think that is definitely something that we’re watching.”

“Decreased our NICU from a level three to a level two and lost outpatient lactation services for our community.”

Theme: Socioeconomic, Cultural, and Health Literacy Barriers

Interviewees describe socioeconomic insecurity, Medicaid reliance, language barriers, cultural disconnects, transportation challenges, clinic closures and limited appointment availability as contributors to delayed prenatal care and poorer birth outcomes.

“65% of our mothers are on Medicaid.”

“It relates to health literacy, immigrated cultural barriers.”

“They want individuals that look like them... that understand their cultural needs.”

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in area HRAs ranged from 74.0 years in South Auburn to 85.1 years in South Bellevue. The life expectancy for King County is 81.2 years, while for South County it is 78.9.

Life Expectancy at Birth

	Percent
Auburn North	78.1
Auburn South	74.0
Bellevue South	85.1
Black Diamond/Enumclaw/SE County	78.7
Covington	79.9
Fairwood	81.6
Kent Central	76.8
Kent East	79.6
Kent South	79.0
Kent West	78.6
Maple Valley	83.2
Newcastle/Four Creeks	81.8
Renton North	80.9
Renton South	77.9
SeaTac	78.7
Skyway	79.2
Tukwila	78.5
South County	78.9
King County	81.2

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

From 2020 to 2022, life expectancy in King County was 81.1 years. 272 persons per 100,000 persons died before the age of 75, which is considered a premature death. The total of the years of potential life lost (YPLL, the difference between the age of persons who died and the age of 75, totaled) for the county was 5,529 years.

Differences in life expectancy, premature mortality, and years of potential life lost can be seen between residents of different races and ethnicities in King County. Non-Hispanic Asian residents had the highest life expectancy (86.6 years), lowest premature mortality (150 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (2,876 years per 100,000 population). Hispanic residents had a higher life expectancy than did non-Hispanic White residents, but had a higher premature mortality and years of potential life lost. American Indian or Alaska Native residents had the

lowest life expectancy and the highest rates of premature death and YPLL in the county, followed by Native Hawaiian or Pacific Islander residents.

Life Expectancy in Years, Premature Mortality Rate, per 100,000 Persons, and Premature Death/Years of Potential Life Lost, King County, by Race and Ethnicity

	Life Expectancy	Premature Mortality*	YPLL
Asian, non-Hispanic	86.6	150	2,876
Hispanic	83.1	277	6,050
White, non-Hispanic	80.9	266	5,242
Black or African American, non-Hispanic	74.8	532	11,126
Native Hawaiian or Pacific Islander, non-Hispanic	69.5	778	16,614
American Indian or Alaska Native, non-Hispanic	67.9	849	20,894
All residents of King County	81.1	272	5,529

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2025; data from 2020-2022. <http://www.countyhealthrankings.org>

Mortality Rates

Crude death rates are the ratio of the number of deaths to the entire population of an area. While age-adjusted death rates are important when comparing mortality data, and would eliminate any variations caused by differences in the age makeup of the individual counties, such rates are no longer available at the county level from the U.S. Center for Disease Control, nor are they part of the available data from the Washington Department of Public Health. The crude death rate in King County (681.8 deaths per 100,000 persons) is much lower than the state rate (873.7 deaths per 100,000 persons).

Mortality Counts and Rates, per 100,000 Persons, 3-Year Average, 2021-2023

	Deaths	Crude Rate
King County	15,432	681.8
Washington	67,966	873.7

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Leading Causes of Death

The top two leading causes of death in King County are cancer and heart disease. The cancer death rate in King County is 134.4 per 100,000 persons, which is lower than the state rate (174.4 per 100,000 persons). The heart disease mortality rate in King County is 126.1 per 100,000 persons, which is lower than the state rate (164.9 per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons, age-adjusted. The crude rate of death from ischemic heart disease in the county is 72.8 deaths per 100,000.

In addition to cancer and heart disease, unintentional injury, Alzheimer's disease, and stroke are in the top five causes of death in King County. Rates of death due to the top fifteen causes of death were all lower in the county than the state, with the exception of homicide deaths, which were higher.

Top Causes of Death, Number and Crude Rate, per 100,000 Persons, 3-Year Average, 2021-2023

	King County		Washington
	Number	Crude Rate	Crude Rate
All Cancers	3,042	134.4	174.4
Heart Disease	2,855	126.1	164.9
Ischemic heart disease	1,648	72.8	93.4
Unintentional injury	1,507	66.6	72.4
Alzheimer's disease	906	40.0	45.6
Stroke	692	30.6	41.5
COVID-19	491	21.7	40.0
Diabetes	465	20.5	27.5
CLRD (lung disease)	430	19.0	35.6
Suicide	302	13.3	16.1
Chronic liver disease/cirrhosis	301	13.3	17.1
Essential hypertension/ hypertensive renal disease	243	10.7	12.0
Parkinson's disease	234	10.4	11.8
Pneumonitis due to solids and liquids	172	7.6	7.8
Pneumonia and flu	147	6.5	8.7
Homicide	123	5.4	5.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

The Healthy People 2030 (HP2030) objective for cancer mortality is 122.7 deaths per 100,000 persons, age-adjusted, which King County and South County do not meet. They also do not meet the HP2030 objective for unintentional injury (accident) deaths, which is 43.2 deaths per 100,000 persons. The HP2030 objective for stroke deaths is 33.4 deaths per 100,000 persons, which both King County and South County do meet. The Healthy People 2030 objective for heart disease is specific to ischemic heart disease only; this rate is not available from the Washington Department of Health.

South Auburn shows the highest rates of death from cancer, heart disease, accidents, and stroke. The Alzheimer's disease death rate is highest in South Renton. South Bellevue had the lowest rate of death for the top three causes, while Maple Valley had the lowest rate for Alzheimer's disease and stroke.

Mortality Rates Top Five Causes, per 100,000 Persons, Age-Adjusted, 2019-2023

	Cancer	Heart Disease	Accidents	Alzheimer's Disease	Stroke
Auburn North	131.7	149.1	63.1	51.9	34.8
Auburn South	173.8	197.7	79.7	38.7	49.4
Bellevue South	101.8	80.7	26.6	52.3	29.7
Black Diamond/Enumclaw/SE County	136.2	137.7	68.9	51.6	30.9
Covington	130.8	155.7	49.7	41.3	35.4
Fairwood	120.6	122.1	37.2	45.0	31.8
Kent Central	138.1	149.5	67.1	57.9	36.9
Kent East	134.8	128.9	43.2	51.0	33.6
Kent South	137.0	138.8	55.5	36.3	27.1
Kent West	140.3	137.0	60.1	31.6	27.6
Maple Valley	125.2	92.7	35.0	27.4	25.4
Newcastle/Four Creeks	122.7	102.9	41.9	56.5	34.4
Renton North	113.3	124.3	38.6	39.2	27.6
Renton South	123.7	152.0	52.4	58.7	34.9
SeaTac	149.2	140.9	73.7	33.5	30.3
Skyway	134.7	146.3	64.7	28.0	31.0
Tukwila	117.5	130.3	68.2	38.0	33.9
South County	134.1	140.8	58.1	42.0	33.3
King County	123.2	119.4	50.1	40.6	29.4
Healthy People 2030 Objective	122.7	No objective	43.2	No objective	33.4

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Other top causes of death in the service area include COVID-19 (for which HRA-level age-adjusted rates are not available from the Department of Health), chronic lower respiratory disease (CLRD), diabetes mellitus, suicide, chronic liver disease, and Parkinson's Disease. Comparison of rates should be undertaken with caution, as rates may have been based on few deaths per year for certain causes of death in certain HRAs.

The Healthy People 2030 (HP2030) objective for suicide mortality is 12.8 deaths per 100,000 persons, age-adjusted, which South County does not meet. Neither King County nor South County meet the HP2030 objective for chronic liver disease deaths, which is 10.9 deaths per 100,000 persons.

Among those HRAs for which rates are available, South Auburn had the highest rate of death from CLRD, diabetes, suicide and chronic liver disease. The rate of mortality from Parkinson's Disease was highest in Fairwood. South Bellevue had the lowest rate for CLRD, diabetes, and suicide, Newcastle/Four Creeks had the lowest rate for chronic liver disease, and East Kent had the lowest rate for Parkinson's Disease.

Mortality Rates Additional Causes, per 100,000 Persons, Age-Adjusted, 2019-2023

	CLRD (Lung Disease)	Diabetes Mellites	Suicide	Chronic Liver Disease	Parkinson's Disease
Auburn North	33.9	20.7	13.4	13.3	11.4
Auburn South	49.4	35.4	19.6	23.1	12.9
Bellevue South	9.3	12.2	8.5	**	12.2
Black Diamond/Enumclaw/SE County	31.3	22.8	18.7	13.5	9.9
Covington	20.8	27.4	12.9	*8.5	**
Fairwood	15.8	20.3	9.5	11.0	13.8
Kent Central	22.7	30.6	12.4	14.0	12.2
Kent East	19.8	22.9	10.9	15.2	9.7
Kent South	25.9	28.0	9.8	13.7	*6.3
Kent West	27.7	25.0	18.3	17.4	**
Maple Valley	22.9	13.1	17.5	10.4	**
Newcastle/Four Creeks	19.8	12.4	16.9	8.1	11.8
Renton North	24.1	21.8	10.9	11.7	11.2
Renton South	31.4	34.7	12.3	14.0	13.7
SeaTac	23.7	33.0	15.1	13.5	**
Skyway	25.6	30.4	**	16.3	**
Tukwila	27.4	26.0	12.2	14.7	**
South County	26.7	24.2	13.1	13.7	10.0
King County	18.7	18.6	12.0	11.5	10.3
Healthy People 2030 Objective	Not comparable	Not comparable	12.8	10.9	No objective

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size..

Homicide was the 15th leading cause of death in King County, from 2021 to 2023. Of area HRAs for which rates were available, the highest rate of homicides, from 2019 through 2023, was recorded in Skyway (15 homicides per 100,000 persons), followed by Central Kent (14.4 homicides). The Healthy People 2030 objective is 5.5 homicides per 100,000 persons, which South County does not meet.

Homicide Rate, per 100,000 Persons, Age-Adjusted, 2019-2023

	Rate
Auburn North	6.2
Auburn South	**
Bellevue South	**
Black Diamond/Enumclaw/SE County	**
Covington	**
Fairwood	**

	Rate
Kent Central	14.4
Kent East	6.0
Kent South	9.1
Kent West	13.2
Maple Valley	**
Newcastle/Four Creeks	**
Renton North	5.3
Renton South	7.5
SeaTac	*7.0
Skyway	15.0
Tukwila	10.0
South County	7.4
King County	4.3

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size.

According to the U.S. Centers for Disease Control and Prevention (CDC), from 2020 through 2024 the crude rate of death from cancer in King County was 131.8 deaths per 100,000 persons. Rates of cancer mortality among racial and ethnic groups in the area ranged from a low of 42.2 deaths per 100,000 Hispanic residents to 178.4 deaths per 100,000 non-Hispanic White residents. For heart disease, rates ranged from 32.1 deaths per 100,000 Hispanic residents to 197.3 deaths per 100,000 American Indian or Alaska Native (AIAN) residents, with an overall rate for the county of 124 deaths per 100,000 residents. AIAN residents also had the highest rate of mortality for stroke (54.8 deaths per 100,000 AIAN residents), while Native Hawaiian or Pacific Islander residents had the highest rate of mortality from diabetes (49 deaths per 100,000 NHPI residents). Please keep in mind that crude rates of mortality do not adjust for the age makeup of populations, which may not be the same for all groups in King County, and so comparison of these rates is only an estimate of difference; age-adjusted rates are not available from the CDC at the county level.

Mortality, Crude Rates per 100,000 Persons, for Selected Causes, King County, by Race and Ethnicity

	Cancer	Heart Disease	Stroke	Diabetes
Hispanic	42.2	32.1	9.6	11.1
Asian, non-Hispanic	78.3	55.5	22.9	15.7
Black or African American, non-Hispanic	126.2	133.2	30.5	34.1
Native Hawaiian or Pacific Islander, non-Hispanic	150.4	165.6	33.8	49.0
American Indian or Alaska Native, non-Hispanic	161.3	197.3	54.8	37.6
White, non-Hispanic	178.4	173.7	37.8	22.3
All residents of King County	131.8	124.0	29.8	20.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Underlying Cause of Death public-use data 2020-2024, on CDC WONDER. <https://wonder.cdc.gov/mcd-icd10-expanded.html>

Cancer Mortality

The mortality rate for female breast cancer in King County was 16.1 per 100,000 women, while the rate for prostate cancer deaths was 18.2 per 100,000 men. The Healthy People 2030 objective for female breast cancer is 15.3 deaths per 100,000 women and for prostate cancer deaths is 16.9 per 100,000 men.

Cancer Deaths and Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average, 2018-2022

	Female Breast Cancer		Prostate Cancer	
	Number	Age-Adjusted	Number	Age-Adjusted
King County	208	16.1	171	18.2
Washington	904	18.4	769	19.9

Source: Washington State Department of Health, Washington State Cancer Registry, 2018-2022.

<https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

The rate of colorectal cancer deaths in King County was 10.3 per 100,000 persons, and the rate of lung cancer mortality was 23 per 100,000 persons. These rates are lower for the county than for the state. The Healthy People 2030 objective for colorectal cancer deaths is 8.9 per 100,000 persons and for lung cancer deaths is 25.1 per 100,000 persons. The county does meet the objective for lung cancer deaths.

Cancer Deaths and Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average, 2018-2022

	Colorectal Cancer		Lung and Bronchus Cancers	
	Number	Age-Adjusted	Number	Age-Adjusted
King County	245	10.3	543	23.0
Washington	1,065	11.8	2,764	29.3

Source: Washington State Department of Health, Washington State Cancer Registry, 2018-2022.

<https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

The rates of death in South County, for those specific cancers for which data is available, is higher than the rates of death in King County as a whole. While King County meets the Healthy People 2030 objective for lung cancer deaths, South County does not meet the objective for any of the three cancers.

Cancer Death Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average, 2019-2023

	Female Breast Cancer	Colorectal Cancer	Lung Cancer
South County	17.3	11.7	26.1
King County	15.9	10.6	22.2

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

HIV

The death rate from an HIV/AIDS-related cause was one death per 100,000 persons in King County and 0.8 deaths per 100,000 persons in the state.

HIV/AIDS-Related Deaths, per 100,000 Persons, 3-Year Average, 2021-2023

	Crude Rate
King County	1.0
Washington	0.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Underlying Cause of Death public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/mcd-icd10-expanded.html>

There was no difference in the age-adjusted death rate from an HIV/AIDS-related cause, between King County and South County; both rates were 0.8 deaths per 100,000 persons.

HIV/AIDS-Related Deaths, per 100,000 Persons, 5-Year Average, 2019-2023

	Age-adjusted Rate
South County	0.8
King County	0.8

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Drug Overdose Deaths

Deaths from drug overdose fell in 2024 in King County, for the first time in more than 10 years, from 1,340 deaths in 2023 to 1,047 deaths in 2024.

Fatal Drug Overdose Deaths

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
King County	324	345	370	408	429	507	714	1,013	1,340	1,047

Source: Public Health - Seattle & King County; King County Medical Examiner's Office; King County Fatal Overdose Dashboard, as of 12/4/2025. <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>

The rate of drug overdose deaths in 2024 for King County, per the Washington State Department of Health (DOH), was 35.6 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons. Note that the number of drug overdose deaths reported for King County by the WA DOH does not match the number reported by the Public Health Department of Seattle & King County for the table above. Such discrepancies can be due to differences in definition, the timing of the determination of cause of death, or other factors.

Drug Overdose Mortality Rate, per 100,000 Persons, Age-Adjusted Rate, 2024

	King County		Washington
	Number	Rate	Rate
Drug overdose death rate	926	35.6	37.7

Source: Washington State Department of Health, Opioid and Drug Use Data Dashboard. 2024 data. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboard>

Drug overdose refers to an acute drug poisoning, while a drug-induced death is a broader category that includes overdoses, chronic use complications, and other related medical conditions. From 2019 through 2013, there were 29.4 drug-induced deaths per 100,000 residents of King County; in South County the rate was 32 deaths per 100,000. For those area HRAs for which rates are available, the lowest rate was found in Maple Valley (16.6 deaths per 100,000) and the highest rates were seen in Tukwila (46.6 deaths per 100,000) and Skyway (46 deaths per 100,000 residents).

Of drug overdose deaths in 2024, 95.1% were accidental, and 4.9% were classified as suicides. Deaths were highest among men (75.3% of deaths), persons between the ages of 35 to 64, and among persons experiencing homelessness or living in housing services (45.2% of all overdose deaths, despite representing a minority of the population). Among those service area communities for which rates were available, the rates of death were highest in Tukwila (91.7 deaths per 100,000 persons), West Kent (73.1 deaths per 100,000 persons), Central Kent (71.9 deaths per 100,000 persons) and SeaTac (68.2 deaths per 100,000 persons). Rates were lowest in East Kent and Black Diamond/Enumclaw/SE County. Rates for HRAs - particularly single-year rates - should be interpreted with caution, as they may be based on relatively few deaths.

Drug Induced Death Rates, 2019-2023 and Drug Overdose Death Rates, 2024, per 100,000 Persons

	2019-2023	2024
Auburn North	40.0	60.8
Auburn South	43.9	53.9
Bellevue South	**	**
Black Diamond/Enumclaw/SE County	32.7	20.5
Covington	17.1	**
Fairwood	17.5	**
Kent Central	42.7	71.9
Kent East	20.8	22.2
Kent South	33.0	**
Kent West	37.1	73.1
Maple Valley	16.6	**
Newcastle/Four Creeks	24.1	**
Renton North	20.5	37.2
Renton South	27.3	41.9
SeaTac	43.6	68.2
Skyway	46.0	**
Tukwila	46.6	91.7
South County	32.0	N/A
King County	29.4	40.0

Source for 2019-2023: WA State Dept. of Health, Center for Health Statistics, Death Certificates 2019-2023, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> Source for 2024: Public Health - Seattle & King County; King County Medical Examiner's Office; King County Fatal Overdose Dashboard, as of 12/4/2025. <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>

**Suppressed due to issues with privacy and low numbers. N/A = Not Available

Compared to 2023, overdose deaths in 2024 involving all categories of drugs fell, though all remained above their 2022 levels. Deaths involving fentanyl remained the most common, with 75% of all overdose deaths involving fentanyl. 56% of all overdose deaths involved methamphetamines, 26% involved cocaine, 11% involved prescription opioids, 5% involved Benzodiazepine, 2% involved heroin, and 1%

involved Xylazine, a non-opioid sedative used in veterinary medicine. Most deaths involved multiple substances.

Deaths involving a combination of opioids and stimulants continue to be the most common (58% of deaths), followed by those involving only opioids (23%) or only stimulants (14%), with 5% of overdose deaths involving drugs not classified as either an opioid or a stimulant.

Fatal Overdose, by Type of Substance, 2024

	Number	Percent
Opioid only	243	23%
Opioid plus stimulant	598	58%
Stimulant only	149	14%
Other (not opioid or stimulant)	48	5%
Total	1,048	100%
Opioids	841	81%
Heroin	25	2%
Prescription opioids	119	11%
Fentanyl	782	75%
Stimulants	747	72%
Methamphetamine	581	56%
Cocaine	266	26%
Non-Opioid, Non-Stimulant	49	5%
Benzodiazepine	49	5%
Xylazine	10	1%

Source: Public Health - Seattle & King County; King County Medical Examiner's Office; King County Fatal Overdose Dashboard, as of 12/4/2025. <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>

In 2024, 757 of the overdose deaths in King County involved an opioid drug, for a death rate of 29.2 deaths per 100,000 persons, age-adjusted. The Healthy People 2030 goal is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county did not meet.

Opioid Drug Overdose Mortality Rate, per 100,000 Persons, Age-Adjusted Rate, 2024

	King County		Washington
	Number	Rate	Rate
Opioid drug overdose deaths	757	29.2	30.3

Source: Washington State Department of Health, Opioid and Drug Use Data Dashboard. 2024 data. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboard>

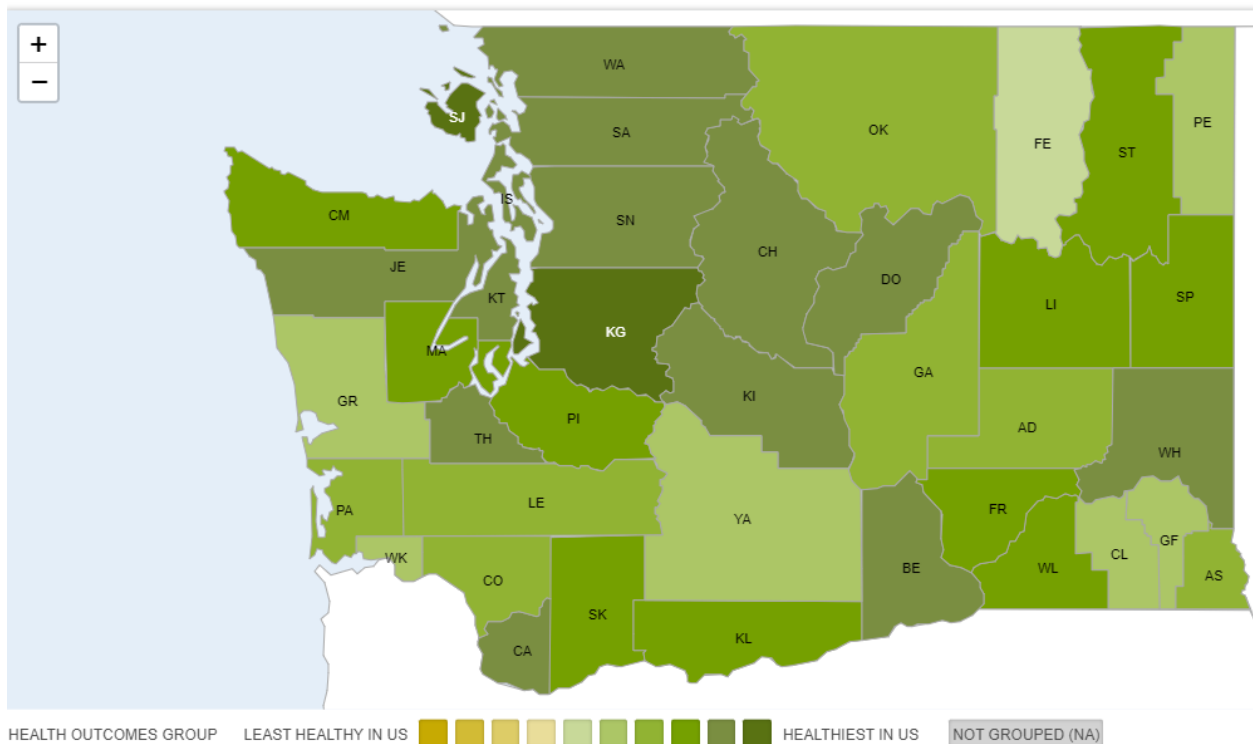
Chronic Disease

Population Health and Well-being

The County Health Rankings examines population health and well-being, which is something that is created as a society, rather than something that an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain, it is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

In 2024, King County was in the top 10% of counties, nationwide, for population health and well-being. San Juan County was the only other Washington State county among the top 10%.

County Health Rankings & Roadmaps 2024 Health Outcomes - Washington



Diabetes

In South County, 10.1% of adults surveyed said that they had been diagnosed with diabetes, which is significantly higher than King County's rate of 7.1% of adults. Rates of diabetes diagnosed in area HRAs ranged from 5.6% in South Bellevue to 14.6% in SeaTac and 14% in South Auburn.

Diabetes Prevalence, Adults, 2019-2023

	Percent
Auburn North	13.7%
Auburn South	15.7%
Bellevue South	5.4%
Black Diamond/Enumclaw/SE County	8.4%
Covington	*8.0%
Fairwood	10.2%
Kent Central	8.4%
Kent East	11.6%
Kent South	7.9%
Kent West	7.8%
Maple Valley	5.9%
Newcastle/Four Creeks	9.5%
Renton North	11.9%
Renton South	7.6%
SeaTac	14.1%
Skyway	*7.1%
Tukwila	13.1%
South County	10.1%
King County	7.1%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small sample size; interpret with caution.

Heart Disease and Stroke

4% of King County adults reported being told by a health professional they have coronary heart disease or have had a heart attack, and 2% of King County adults have been told by a health professional they have had a stroke. Rates are slightly higher in South County, with 4.7% of adults saying they have coronary heart disease or have had a heart attack and 2.5% saying they have had a stroke.

Coronary Heart Disease, Adults, 5-Year Average, 2019-2023

	Heart Disease	Stroke
Auburn North	4.7%	*3.3%
Auburn South	*5.1%	*3.1%
Bellevue South	3.8%	*2.7%
Black Diamond/Enumclaw/SE County	5.4%	4.5%
Covington	*3.5%	*1.5%
Fairwood	*4.4%	*1.5%

	Heart Disease	Stroke
Kent Central	*3.5%	*0.9%
Kent East	*2.8%	*1.5%
Kent South	*4.9%	*0.8%
Kent West	*1.4%	*1.4%
Maple Valley	*5.2%	*3.0%
Newcastle/Four Creeks	*5.2%	*2.0%
Renton North	5.5%	*2.0%
Renton South	5.1%	*2.1%
SeaTac	6.4%	*2.9%
Skyway	*6.2%	*2.9%
Tukwila	*5.4%	*2.4%
South County	4.7%	2.5%
King County	4.0%	2.0%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to sample size; interpret with caution.

High Blood Pressure

High blood pressure (hypertension) is a co-morbidity factor for diabetes and heart disease. 26.3% of adults in King County, and 30.7% in South County, say they have been told by a health professional that they have hypertension. Rates among area HRAs were between 23.6% of adults (in Newcastle/Four Creeks) and 37.8% of adults (in South Auburn).

High Blood Pressure, Adults, 3-Year Average, 2019, 2021 and 2023, Combined

	Hypertension
Auburn North	35.0%
Auburn South	37.8%
Bellevue South	26.7%
Black Diamond/Enumclaw/SE County	33.5%
Covington	25.6%
Fairwood	29.1%
Kent Central	30.3%
Kent East	31.8%
Kent South	27.7%
Kent West	27.3%
Maple Valley	36.8%
Newcastle/Four Creeks	23.6%

	Hypertension
Renton North	25.9%
Renton South	29.5%
SeaTac	30.5%
Skyway	36.3%
Tukwila	35.2%
South County	30.7%
King County	26.3%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019, 2021 & 2023, combined. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Cancer

In King County, the age-adjusted cancer incidence rate is 506.2 per 100,000 persons, which is higher than the state rate of 485.5 per 100,000 persons. Breast, prostate, melanoma of the skin, non-Hodgkin lymphoma, liver and intrahepatic bile duct, and stomach cancers are diagnosed at higher rates in King County than in the state. The incidence of lung and bronchus, bladder, and cervical cancers are lower in King County compared to the state.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted, 2018-2022

	King County	Washington
All sites	506.2	485.5
Breast (female)	183.0	166.1
Prostate	117.2	104.7
Melanoma of the skin	65.2	53.2
Lung and Bronchus	42.1	47.0
Non-Hodgkin Lymphoma	19.6	18.6
Bladder	18.0	19.3
Leukemia	14.1	14.4
Liver and intrahepatic bile duct	8.7	8.5
Stomach	6.2	5.8
Cervix	5.5	6.5

Source: Washington State Department of Health, Washington State Cancer Registry, 2018-2022.
<https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

Asthma

The reported rate of adult asthma in King County is 9%, and in South County it is 10%. Rates in area HRAs are lowest in South Bellevue (4.5%), and highest in West Kent (11.8%), and South Kent and South Renton (both 11.7%).

Asthma Prevalence, Adults, 5-Year Average, 2019-2023

	Percent
Auburn North	10.6%
Auburn South	11.3%

	Percent
Bellevue South	*4.5%
Black Diamond/Enumclaw/SE County	8.4%
Covington	10.4%
Fairwood	8.3%
Kent Central	*10.4%
Kent East	8.4%
Kent South	11.7%
Kent West	11.8%
Maple Valley	6.6%
Newcastle/Four Creeks	7.6%
Renton North	8.1%
Renton South	11.7%
SeaTac	10.3%
Skyway	9.6%
Tukwila	*9.6%
South County	10.0%
King County	9.0%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable rates due to small sample size; interpret with caution.

5.3% of children who are on Medicaid health insurance, in King County, and 5.5% in South County, have been diagnosed with asthma. In area HRAs, rates range from 3.8% in Fairwood and Newcastle/Four Creeks to 6.4% in Skyway, 6.3% in South Auburn, and 6% in North Auburn.

Asthma Prevalence, Children on Medicaid, 2024

	Percent
Auburn North	6.0%
Auburn South	6.3%
Bellevue South	3.9%
Black Diamond/Enumclaw/SE County	5.1%
Covington	4.8%
Fairwood	3.8%
Kent Central	4.6%
Kent East	4.1%
Kent South	5.1%
Kent West	4.9%
Maple Valley	5.1%

	Percent
Newcastle/Four Creeks	3.8%
Renton North	4.9%
Renton South	5.6%
SeaTac	4.5%
Skyway	6.4%
Tukwila	4.5%
South County	5.5%
King County	5.3%

Source: WA State Health Care Authority (HCA), Medicaid claims data, 2024, via Public Health - Seattle & King County. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Tuberculosis

The rate of tuberculosis diagnoses in King County from 2022 to 2024 (4.7 cases per 100,000 persons) was similar to the rate from 2019 to 2021 (4.8 cases). These rates are higher than the statewide rates for the same date ranges, though the statewide rate is rising.

Tuberculosis Rate, per 100,000 Persons, 2019-2021 and 2022-2024

	2019-2021		2022-2024	
	Number	Crude Rate	Number	Crude Rate
King County	108	4.8	110	4.7
Washington	194	2.5	242	3.1

Source: Washington State Department of Health Tuberculosis Cases Statewide by Year, 2020-2024 report <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/tuberculosis-tb/data-reports> and 2017-2021 report. <https://doh.wa.gov/sites/default/files/2022-03/343-113-TuberculosisCasesStatewide2017-2021.pdf?uid=6244dc1d1ace6>

Disability

In the service area, 10.9% of the non-institutionalized civilian population identified as having a disability. In King County, 10.2% had a disability, while the rate of disability in the state was 13.3%.

Disability, 5-Year Average, 2019-2023

	Percent
Valley Service Area	10.9%
King County	10.2%
Washington	13.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1810. <http://data.census.gov>

Community Input on Chronic Disease

Chronic diseases intersect and interact with social drivers of health and health behaviors. Stakeholders highlighted barriers to care and community members' limited capacity to manage chronic conditions.

Theme: Primary Care Access and Chronic Disease Management Gaps

Long wait times, workforce shortages, and fragmented care undermine regular monitoring, medication adjustment, and preventive counseling. As a result, patients often re-enter the system through urgent or emergency care when conditions worsen.

“Preventive care is missing. It’s backwards.”

“I have to wait six months to get into my doctor anyway.”

Theme: Treatment Advances, Affordability, and Uneven Optimism

Some see promise in the clinical effectiveness of pharmacological solutions like GLP-1 drugs in managing diseases, while others emphasize that high costs place them out of reach for the populations most affected, limiting their population-level impact.

“They certainly can’t afford those.”

“It’s interesting that we live in a time where obesity may be less critical than it used to be.”

Health Behaviors

Overweight and Obesity

More than one-fifth of adults in King County (22.8%) are obese and 34.8% are overweight. Rates in South County are even higher, with 30.8% of adults with obesity and 36.1% overweight. Rates of obesity in service area HRAs range from 16% of adults in South Bellevue to 40.7% in South Kent. Combined rates of overweight and obesity are lowest in South Bellevue (49.3%) and highest in Covington (73.2%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older. South Auburn, Covington, Central Kent, South Kent, West Kent, and Tukwila did not meet this objective.

Overweight and Obesity, Adults, 5-Year Average, 2019-2023

	Obese	Overweight	Combined
Auburn North	34.4%	34.6%	69.0%
Auburn South	37.5%	34.6%	72.1%
Bellevue South	16.0%	33.3%	49.3%
Black Diamond/Enumclaw/SE County	33.1%	33.7%	66.8%
Covington	36.8%	36.4%	73.2%
Fairwood	23.1%	39.5%	62.6%
Kent Central	37.3%	31.6%	68.9%
Kent East	29.8%	37.0%	66.8%
Kent South	40.7%	32.1%	72.8%
Kent West	36.7%	31.2%	67.9%
Maple Valley	27.3%	41.3%	68.6%
Newcastle/Four Creeks	21.2%	37.5%	58.7%
Renton North	22.2%	38.6%	60.8%
Renton South	26.2%	37.6%	63.8%
SeaTac	33.6%	33.9%	67.5%
Skyway	29.0%	39.1%	68.1%

	Obese	Overweight	Combined
Tukwila	36.5%	29.8%	66.3%
South County	30.8%	36.1%	66.9%
King County	22.8%	34.8%	57.6%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

In King County, 22.6% of 8th, 10th, and 12th grade students, combined, are overweight or obese, while in South County 31.3% are. Statewide, rates of both overweight and obesity rise with age, while in King County the rate of obesity rises with age, but the rate of overweight falls slightly.

Overweight and Obese, Youth, 2023

	8th Grade		10th Grade		12th Grade		Combined Grades	
	Overweight	Obese	Overweight	Obese	Overweight	Obese	Overweight	Obese
*South County	N/A	N/A	N/A	N/A	N/A	N/A	15.3%	16.0%
*King County	12.5%	9.9%	12.3%	10.2%	11.6%	11.3%	12.1%	10.5%
Washington State	11.3%	6.2%	15.0%	9.4%	17.9%	12.9%	N/A	N/A

Source: WA State Healthy Youth Survey (HYS), 2023, via HYS Data by Location Report <https://www.askhys.net/SurveyResults/DataByLocation> or *Public Health - Seattle & King County; Community Health Indicators, 2023. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> N/A = Not available from this source.

Physical Activity

14.1% of adults in King County were sedentary and did not participate in any leisure-time physical activity in the previous month, while in South County the rate was 20.3%. Rates of sedentary adults among area HRAs ranged from 8.7% in South Bellevue to 27.1% in South Auburn.

Sedentary Adults, 5-Year Average, 2019-2023

	Percent
Auburn North	25.0%
Auburn South	27.1%
Bellevue South	8.7%
Black Diamond/Enumclaw/SE County	20.2%
Covington	19.5%
Fairwood	14.4%
Kent Central	24.7%
Kent East	23.2%
Kent South	22.5%
Kent West	23.5%
Maple Valley	14.5%
Newcastle/Four Creeks	13.8%

	Percent
Renton North	16.5%
Renton South	16.8%
SeaTac	23.1%
Skyway	15.6%
Tukwila	22.6%
South County	20.3%
King County	14.1%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

The CDC recommendation for youth physical activity is 60 minutes or more each day. 79.9% of 10th grade students did not meet this activity recommendation, compared to 75.1% statewide. The rate in King County for all grades combined was 78.5% of students not meeting the recommendation, while in South County 80.3% did not.

Inadequate Physical Activity, Youth, 2023

	6 th Grade	8 th Grade	10 th Grade	12 th Grade	Combined Grades
South County	N/A	N/A	N/A	N/A	80.3%
King County	*72.8%	72.9%	79.9%	82.0%	78.5%
*Washington State	73.2%	70.8%	75.1%	79.0%	N/A

Source: WA State Healthy Youth Survey (HYS), 2023, via Public Health - Seattle & King County; Community Health Indicators, 2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> or *HYS Data by Location Report <https://www.askhys.net/SurveyResults/DataByLocation> N/A = Not available from this source.

Exercise Opportunities

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

Adequate Access to Exercise Opportunities

	Percent
King County	98%
Washington	86%

Source: County Health Rankings, 2025. Utilizing 2020, 2022 & 2024 data, combined. <http://www.countyhealthrankings.org>

Soda Consumption

In King County, 16.2% of 8th, 10th, and 12th graders, combined, drink sugar-sweetened beverages at least once per day, and rates rise with grade level. The combined rate in South County is higher, at 18.8%.

Daily Sugar-Sweetened Drink Consumption, 8th, 10th, and 12th Grade Youth, 2023

	8 th Grade	10 th Grade	12 th Grade	Combined Grades
South County	N/A	N/A	N/A	18.8%
King County	14.3%	15.1%	19.0%	16.2%
*Washington	13.3%	13.7%	25.3%	N/A

Source: WA State Healthy Youth Survey (HYS), 2023, via Public Health - Seattle & King County; Community Health Indicators, 2023.

<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> or *2023 HYS Data by Location Reports <https://www.askhys.net/SurveyResults/DataByLocation> N/A = Not available from this source.

Fruit and Vegetable Consumption

In King County, 71% of 10th graders do not eat the recommended minimum of five servings of fruits and vegetables daily. This is the second year showing a decline, subsequent to an annual increase in the number of children not meeting the recommendations that began in 2008.

Eat Fewer than Five Servings of Fruits and Vegetables Daily, 10th Grade Youth, 2008-2023

	2008	2012	2014	2016	2018	2021	2023
King County	70%	73%	76%	78%	81%	75%	71%
Washington	75%	76%	78%	80%	83%	77%	75%

Source: Washington State Healthy Youth Survey, 2008-2023. <http://www.askhys.net/FactSheets>

Community Input on Overweight, Obesity and Diabetes

Obesity increasingly affects younger populations and is difficult to manage. Obesity intersects with chronic disease; prevention and management requires time, stability, and resources that many patients lack.

Theme: Obesity and Chronic Disease as Structural Outcomes

A cause of weight gain, metabolic disease and poor disease control is ongoing chronic stress often related to poverty, housing instability and trauma.

“It’s not just about food and exercise... it misses the big environmental picture.”

“The fear of not having a home... chronic stress has real health impacts.”

“We see a lot of deferred care because of access and social drivers issues. Diabetes rates go up, hypertension rates go up—people are uncontrolled.”

Theme: Time Scarcity and the Limits of Lifestyle Change

Beyond cost, time is repeatedly identified as a constraint. Lifestyle change—cooking fresh foods, exercising regularly, attending appointments—requires time flexibility that many working families do not have. Even when supportive programs or free resources exist, utilization remains low due to competing demands.

“You can give a free membership and they don’t use it because they don’t have the time.”

“People don’t have the luxury of time to do all those things.”

Youth Sexual Behaviors

In King County, 10% of 10th graders in 2023 said that they have had sex. Of the 3% of King County 8th grade students who said that they had had sex, 58.1% did not use a condom during their last sexual encounter.

Sexual Behaviors, King County Youth, 2023

	8 th Grade	10 th Grade	12 th Grade	Combined	South County, Combined
Has had sex	3%	10%	Suppressed	N/A	N/A
*Did not use a condom during last sexual encounter	58.1%	28.9%	35.7%	35.4%	38.2%

Source: WA State Healthy Youth Survey (HYS), 2023, via HYS Fact Sheet <https://www.askhys.net/SurveyResults/FactSheets> or *Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> N/A = Not available from this source. Suppressed = due to <40% participation.

Sexually Transmitted Infections

In 2024, chlamydia infections were diagnosed at a preliminary rate of 289.1 per 100,000 persons in King County and the rate of gonorrhea diagnoses was 187 cases per 100,000 persons. Primary and Secondary syphilis were diagnosed at a rate of 13.8 cases per 100,000 persons in King County. The rate of gonorrhea in King County was higher than the statewide rate, while chlamydia was lower and primary/secondary syphilis was similar.

Sexually Transmitted Infections (STI) Rates, per 100,000 Persons

	King County	Washington
Chlamydia	289.1	325.8
Gonorrhea	187.0	117.8
Syphilis (primary & secondary)	13.8	13.5

Source: Washington State Department of Health Sexually Transmitted Infection Cases and Preliminary Rates by County, Reported Cases Diagnosed in 2021. <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/sexually-transmitted-disease-std>

HIV

The rate of newly diagnosed HIV cases in King County averaged 7.8 cases per 100,000 persons from 2019 through 2023, which is higher than the 5.1 statewide rate.

Newly Diagnosed HIV Cases, Annual Count and Rate, per 100,000 Persons, 2019-2023

	2019	2020	2021	2022	2023	5-Year Rate
King County	189	169	179	184	170	7.8
Washington	404	360	407	404	408	5.1

Source: Washington State Department of Health HIV Surveillance Report, 2024. <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/hiv-data>

The prevalence of HIV (those living with HIV regardless of when they might have been diagnosed or infected) is 315.1 cases per 100,000 persons in King County, which is higher than the 190.1 cases per 100,000 persons seen statewide. 89% of county residents with HIV/AIDS were engaged in care and 81% show viral load suppression.

HIV/AIDS Prevalence, per 100,000 Persons, Engaged in Care, & Virally Suppressed, 2023

	Prevalence Rate	Engaged in Care	Suppressed Viral Load
King County	315.1	89%	81%
Washington	190.1	87%	79%

Source: Washington State Department of Health HIV Surveillance Report, 2024. <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/hiv-data>

Mental Health and Substance Use

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In King County, 14.1% of the adult population experienced frequent mental distress, and in South County 15% did. Service area HRAs had rates ranging from 7.1% in South Bellevue to 18.7% in West Kent and Skyway.

Frequent Mental Distress, Adults, 5-Year Average, 2019-2023

	Percent
Auburn North	15.9%
Auburn South	16.4%
Bellevue South	7.1%
Black Diamond/Enumclaw/SE County	12.1%
Covington	14.1%
Fairwood	11.7%
Kent Central	16.8%
Kent East	14.9%
Kent South	15.2%
Kent West	18.7%
Maple Valley	14.9%
Newcastle/Four Creeks	12.8%
Renton North	12.2%
Renton South	16.5%
SeaTac	15.6%
Skyway	18.7%
Tukwila	17.3%
South County	15.0%
King County	14.1%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Youth Mental Health

Among 8th, 10th, and 12th grade youth in King County, combined, 25.4% had experienced depression in the previous year, while in South County 30.2% of youth had. This is described as 'feeling so sad or hopeless for two weeks or more that they had stopped doing their usual activities.' The prevalence of depression rose with grade level.

Depression, Past 12 Months, 8th, 10th, and 12th Grade Youth

	8 th Grade	10 th Grade	12 th Grade	Combined Grades
*South County	N/A	N/A	N/A	30.2%
*King County	19.9%	24.9%	30.7%	25.4%
Washington	27.1%	29.9%	32.4%	N/A

Source: WA State Healthy Youth Survey (HYS), 2023, via Data by Location Reports <https://www.askhys.net/SurveyResults/DataByLocation> or *Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> N/A = Not available.

Suicidal Ideation and Attempts

Suicide is the 9th leading cause of death in King County, and the 10th leading cause of death in Washington state. In 2023, 644.1 residents of King County, per 100,000 residents aged 8 or older, visited an ER due to suicidal ideation, and 85 residents per 100,000 visited an ER for a suicide attempt. The rates are slightly lower in South County, with 587.1 residents per 100,000 visiting an ER for suicidal ideation, and 75.9 per 100,000 visiting an ER due to a suicide attempt.

ER Visits for Suicidal Ideation or Attempted Suicide, Rate per 100,000 Residents aged 8+, 2023

	ZIP Codes	ER Visit for Suicidal Ideation	ER Visit for Attempted Suicide
Auburn	98001	804.5	66.7
Auburn	98002	990.1	96.5
Auburn	98092	439.0	75.1
Bellevue (Newcastle/Factoria)	98006	399.7	69.9
Black Diamond	98010	525.2	**
Kent	98030	510.0	73.1
Kent	98031	352.3	57.0
Kent	98032	603.8	91.3
Kent (Covington)	98042	508.7	54.0
Maple Valley	98038	540.0	53.8
Maple Valley	98051	570.5	*0.0
Renton	98055	533.8	*60.5
Renton (Newcastle)	98056	386.9	63.2
Renton	98057	607.6	**
Renton	98058	500.1	65.6

	ZIP Codes	ER Visit for Suicidal Ideation	ER Visit for Attempted Suicide
Renton	98059	406.0	83.0
Seattle (SeaTac)	98188	458.8	*55.8
Seattle (Tukwila)	98168	917.4	110.2
Seattle (Tukwila)	98178	604.5	88.6
South County		587.1	75.9
King County		644.1	85.0

Source: Rapid Health Information NetwOrk (RHINO), 2023 data, via Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to privacy and statistical validity concerns.

Suicide is the second-leading cause of death for Washington teens, ages 15 to 19. 12.3% of 10th graders in King County said they had considered suicide in the past year, while 5% said they had attempted suicide in the past year. These rates are lower than the statewide rates.

Considered and Attempted Suicide, Past 12 Months, 10th Grade Youth

	Considered Suicide	Attempted Suicide
King County	12.3%	5.0%
Washington	14.5%	7.1%

Source: Washington State Healthy Youth Survey (HYS), 2023 Data by Location Reports <https://www.askhys.net/SurveyResults/DataByLocation>

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In King County, 7.2% of adults report being current smokers, and in South County 10.1% do. Rates in the service area HRAs range from 5.4% in South Bellevue to 15.3% in Tukwila.

Cigarette Smoking, Adults, 5-Year Average, 2019-2023

	Percent
Auburn North	11.8%
Auburn South	12.3%
Bellevue South	*5.4%
Black Diamond/Enumclaw/SE County	11.8%
Covington	*7.4%
Fairwood	*8.2%
Kent Central	*8.0%
Kent East	7.4%
Kent South	8.9%
Kent West	13.4%
Maple Valley	10.0%
Newcastle/Four Creeks	*4.4%

	Percent
Renton North	6.8%
Renton South	9.1%
SeaTac	12.3%
Skyway	*11.3%
Tukwila	15.3%
South County	10.1%
King County	7.2%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to sample size; interpret with caution.

Vapor products are now the most common nicotine product used by youth. 2.5% of 8th, 10th, and 12th grade youth, combined, in King County smoked cigarettes in the prior 30 days, while 6.9% had used vapor products. Cigarette smoking was slightly less common in South County (2.2%) than King County as a whole, but use of other tobacco or nicotine products in the past 30 days was slightly more common. Use of tobacco products rises with grade level. 10th Grade youth in King County were less likely than Washington State 10th graders to use the various forms of tobacco.

Tobacco Use, Past 30 Days, 8th, 10th, and 12th Grade Youth, Combined

	Smoked Cigarettes	Used Vapor Products	Used Any Form of Tobacco / Nicotine Product
South County	2.2%	7.3%	8.7%
King County	2.5%	6.9%	8.2%

Source: WA State Healthy Youth Survey (HYS), 2023, via Public Health - Seattle & King County; Community Health Indicators
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators>

Tobacco Use, Past 30 Days, 10th Grade Youth Only

	Smoked Cigarettes	Used Vapor Products	Used Smokeless Tobacco (chew, snuff, dip, gum, etc.)
King County	1.7%	4.5%	1.6%
Washington	2.2%	7.7%	3.4%

Source: WA State Healthy Youth Survey (HYS), 2023, Data by Location Reports <https://www.askhys.net/SurveyResults/DataByLocation>

Alcohol Use and Abuse

Binge drinking is defined for males as consuming five or more drinks per occasion and for females as consuming four or more drinks per occasion. Among adults, 19.9% in King County reported having engaged in binge drinking in the previous 30 days, which is slightly lower than the state average (20.6%).

Binge Drinking, Adults, Past 30 Days, 3-Year Average, 2021-2023

	Percent
King County	19.9%
Washington	20.6%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2021-2023 National Survey on Drug Use and Health (NSDUH)
<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/substate-releases>

Alcohol use among youth increases by age, more than doubling from 8th grade to 10th grade, and again from 10th grade to 12th grade in Washington State. Alcohol consumption among 8th and 10th grade students in King County was lower than their statewide peers; no data was available for the 12th grade.

Alcohol Use in Past 30 Days, Youth

	8 th Grade	10 th Grade	12 th Grade
King County	2.7%	7.8%	Suppressed
Washington	4.2%	9.1%	18.4%

Source: WA State Healthy Youth Survey (HYS), 2023, Data by Location Reports <https://www.askhys.net/SurveyResults/DataByLocation>
 Suppressed = due to <40% participation.

In King County, binge drinking rates rise steeply from 10th to 12th grade: 3.6% of 10th graders and 9.6% of 12th graders had engaged in binge drinking in the prior two weeks. The rate is slightly lower in South County, with 3.8% of combined 8th, 10th, and 12th graders binge drinking in the previous two weeks, compared to 5% in King County.

Binge Drinking in Past 2 Weeks, Youth

	8 th Grade	10 th Grade	12 th Grade	Combined Grades
*South County	N/A	N/A	N/A	3.8%
*King County	1.4%	3.6%	9.6%	5.0%
Washington	1.9%	4.2%	8.7%	N/A

Source: WA State Healthy Youth Survey (HYS), 2023, via Data by Location Reports <https://www.askhys.net/SurveyResults/DataByLocation> or
 *Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> N/A = Not available.

Drug Use

From 2021 to 2023, 21.1% of King County adults said they had used marijuana during the prior month, with a higher rate (27.3%) among adults aged 18 to 25, than among those aged 26 and older (20.3%). The rate of usage among adults aged 18 to 25 is lower for the county than the state. Despite this difference, the rate for all adults, 18 and older, is similar for the county (21.1%) and state (21.4%), presumably due to differences in age distribution between in the geographies.

Marijuana Use, Past 30 Days, Adults, 3-Year Average, 2021-2023

	Aged 18 to 25	Aged 26+	Aged 18+
King County	27.3%	20.3%	21.1%
Washington	30.1%	20.1%	21.4%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2021-2023 National Survey on Drug Use and Health (NSDUH) <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/substate-releases>

Between 2017 and 2021, 18.9% of King County adults, and 18% in South County, said they had used marijuana during the prior month. Rates in service area HRAs ranged from 7.3% in South Bellevue to 30.8% in Tukwila.

Marijuana Use, Past 30 Days, Adults, 4-Year Average, 2017-2019 and 2021

	Percent
Auburn North	14.2%
Auburn South	20.8%
Bellevue South	*7.3%
Black Diamond/Enumclaw/SE County	*10.4%
Covington	*16.1%
Fairwood	*10.6%
Kent Central	13.7%
Kent East	*7.7%
Kent South	*14.1%
Kent West	20.5%
Maple Valley	23.3%
Newcastle/Four Creeks	*9.3%
Renton North	16.7%
Renton South	19.8%
SeaTac	*11.8%
Skyway	*13.9%
Tukwila	30.8%
South County	18.0%
King County	18.9%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2017-2019 & 2021. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution.

Marijuana use rates rise steeply with grade level. In King County, 2.3% of 8th graders, 6.3% of 10th graders, and 14.6% of 12th graders had used marijuana in the prior 30 days. The rate is slightly lower in South County.

Marijuana Use in Past 30 Days, Youth

	8 th Grade	10 th Grade	12 th Grade	Combined Grades
*South County	N/A	N/A	N/A	7.5%
*King County	2.3%	6.3%	14.6%	8.0%
Washington	3.7%	8.4%	16.3%	N/A

Source: WA State Healthy Youth Survey (HYS), 2023, via Data by Location Reports <https://www.askhys.net/SurveyResults/DataByLocation> or *Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> N/A = Not available.

Substance Use Disorder may be to alcohol, prescription drugs, and/or illicit drugs; and may be based on taking a prescribed substance in larger amounts or over a longer period than prescribed, cravings, unsuccessful efforts to control substance use, the amount of time spent in activities necessary to obtain,

use, or recover from substance use, its' effects on work, school or home life, and other similar factors.

Substance Use Disorder, Past Year, Adults, 3-Year Average, 2021-2023

	Aged 18 to 25	Aged 26+	Aged 18+
King County			
Washington			
U.S.A.	27.0%	16.5%	17.9%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2021-2023 National Survey on Drug Use and Health (NSDUH)
<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/substate-releases>

Community Input on Mental Health and Substance Use

Mental health and substance use needs are identified as among the most urgent in South King County. Across interviews, participants describe growth in demand and limited outpatient capacity, insufficient psychiatric beds, and fragmented systems of care.

Theme: Limited Availability and Fragmentation of Mental Health and Prevention Services

Participants emphasize that available outpatient services often do not match patient needs, particularly for individuals requiring sustained psychiatric management.

- “There are lots of agencies that provide limited care, as in every other week visits.”
- “You might wait three to six months for a new patient appointment.”
- “We definitely see a high need and demand for the programs we run.”
- “Something that comes up consistently is mental health assistance.”
- “We’ve definitely seen an increase in suicidality.”
- “We don’t really have a reliable way to connect and refer these patients.”
- “We struggle with having enough psychiatric hospital beds and they are often full and not accepting transfers.”

Theme: Cultural, Linguistic, and Stigma-Related Barriers to Care

The lack of culturally responsive providers, and language access challenges can deter individuals and families from seeking or sustaining care.

- “There is a stigma when it comes to people coming from different cultures about mental health.”
- “Doctors that can be relatable, especially in the mental health field, are hard to find.”
- “Young people of color struggle to find counseling that they can relate to.”
- “People aren’t accessing services because they don’t find them relevant or helpful.”

Theme: Intersection of Mental Health, Substance Use, and Social Instability

Mental health and substance use needs are frequently linked with housing instability, food insecurity, and broader socioeconomic stressors. These overlapping challenges intensify service needs and complicate care coordination.

- “Social drivers of health are exacerbated by drug and alcohol addiction.”
- “Mental health and substance use are underlying health issues related directly to people experiencing homelessness.”
- “Housing instability, behavioral health, and substance use are all connected.”

Preventive Practices

Flu and Pneumonia Vaccines

The Healthy People 2030 objective is for 70% of all adults, ages 18 and older, to receive a flu shot. 75.7% of senior adults in King County, and 73.6% in South County, received a flu shot. For those area HRAs where rates were available, the rates of senior adults obtaining flu shots ranged from 62.5% in North Auburn to 85.5% in Fairwood.

Adults, 18 to 64 years of age, received flu shots at lower levels than senior adults. 50% of King County adults, and 43.1% of South County adults in that age group, received a flu shot. Adults receiving flu shots in area HRAs ranged from 32.6% in Central Kent to 66% in South Bellevue.

Flu Shots, Past 12 Months, Adults and Senior Adults, 5-Year Average, 2018-2022

	Adults, Aged 18 to 64	Senior Adults, Aged 65+
Auburn North	36.7%	62.5%
Auburn South	36.8%	63.8%
Bellevue South	66.0%	75.2%
Black Diamond/Enumclaw/SE County	38.9%	69.8%
Covington	42.6%	76.9%
Fairwood	47.4%	*85.5%
Kent Central	32.6%	**
Kent East	42.4%	80.1%
Kent South	35.9%	*75.2%
Kent West	41.0%	**
Maple Valley	51.1%	*80.3%
Newcastle/Four Creeks	54.4%	*80.7%
Renton North	51.5%	77.7%
Renton South	46.7%	*83.8%
SeaTac	42.7%	68.0%
Skyway	43.8%	**
Tukwila	41.0%	**
South County	43.1%	73.6%
King County	50.0%	75.7%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2018-2022.
<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size.

In King County, 76.3% of senior adults reported having received the pneumonia vaccine, while in South County 78.1% did. Where rates are available for area HRAs, pneumonia vaccine rates ranged from 68.7% in Newcastle/Four Creeks to 87.9% in Maple Valley.

Pneumonia Vaccine, Senior Adults, Ages 65 and Older, 5-Year Average, 2019-2023

	Percent
Auburn North	81.5%
Auburn South	*77.7%
Bellevue South	*82.3%
Black Diamond/Enumclaw/SE County	83.2%
Covington	*78.2%
Fairwood	*83.7%
Kent Central	**
Kent East	*86.3%
Kent South	**
Kent West	**
Maple Valley	*87.9%
Newcastle/Four Creeks	68.7%
Renton North	71.8%
Renton South	74.1%
SeaTac	75.4%
Skyway	**
Tukwila	**
South County	78.1%
King County	76.3%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2019-2023.

<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size.

Immunization of Children

Among area school districts, Renton and Tahoma had the highest rate of up-to-date vaccinations among children entering Kindergarten (tie, at 89.8%) and Tukwila School District had the lowest rate of up-to-date vaccinations among children entering Kindergarten (74.9%). Kent School District (80.8%) also has a lower rate than the King County (88.3%) and Washington State (87.2%) averages.

Up-to-Date Immunization Rates, Children Entering Kindergarten, 2024-2025

	Percent
Auburn School District	87.4%
Kent School District	80.8%
Renton School District	89.8%
Tahoma School District	89.8%
Tukwila School District	74.9%
King County	88.3%
Washington	87.2%

Source: Washington State Department of Health, School Immunization Data Dashboard, 2024-2025. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization>

Mammograms

The Healthy People 2030 objective for mammograms is 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In King County, 75.9% of women had had a mammogram in the past two years, and in South County 74.9% had. Of the three area HRAs where rates were available, mammogram rates ranged from 76.5% in South Bellevue to 87.7% in North Renton.

Mammogram Past 2 Years, Women, Ages 50-74, 3-Year Average, 2018, 2020 & 2022

	Percent
Auburn North	**
Auburn South	**
Bellevue South	*76.5%
Black Diamond/Enumclaw/SE County	77.8%
Covington	**
Fairwood	**
Kent Central	**
Kent East	**
Kent South	**
Kent West	**
Maple Valley	**
Newcastle/Four Creeks	**
Renton North	*87.7%
Renton South	**
SeaTac	**
Skyway	**
Tukwila	**
South County	74.9%
King County	75.9%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2018, 2020 & 2022. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size.

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. In King County the rate was 77.8%. There were only two area HRAs for which rates were available: 57.3% of North Auburn women, aged 21 to 65, and 66% in North Renton received timely tests.

Pap Test Past 3 Years, Women, Ages 21-65, 5-Year Average, 2018-2022

	Percent
Auburn North	57.3%
Auburn South	**
Bellevue South	**
Black Diamond/Enumclaw/SE County	**
Covington	**
Fairwood	**
Kent Central	**
Kent East	**
Kent South	**
Kent West	**
Maple Valley	**
Newcastle/Four Creeks	**
Renton North	66.0%
Renton South	**
SeaTac	**
Skyway	**
Tukwila	**
South County	55.1%
King County	61.7%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2018-2022.

<https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size.

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as: a blood stool test in the past year, sigmoidoscopy in the past 5 plus blood test in the past 3 years, or colonoscopy in the past 10 years). 74.5% of King County residents and 72.7% of South County residents, ages 50 to 75, met the colorectal cancer screening guidelines. Area HRAs for which colorectal cancer screening rates were available ranged from 60.6% in East Kent to 88.6% in South Bellevue.

Screening for Colorectal Cancer, Adults, Ages 50-75, 3-Year Average, 2018, 2020 & 2022

	Percent
Auburn North	74.8%
Auburn South	**
Bellevue South	*88.6%
Black Diamond/Enumclaw/SE County	83.2%

	Percent
Covington	*77.7%
Fairwood	*70.1%
Kent Central	**
Kent East	60.6%
Kent South	71.6%
Kent West	**
Maple Valley	*73.8%
Newcastle/Four Creeks	*69.4%
Renton North	76.3%
Renton South	*78.7%
SeaTac	69.1%
Skyway	**
Tukwila	**
South County	72.7%
King County	74.5%

Source: Public Health - Seattle & King County; Community Health Indicators; data from Behavioral Risk Factor Surveillance System, 2018, 2020 & 2022. <https://kingcounty.gov/en/dept/dph/about-king-county/about-public-health/data-reports/population-health-data/community-health-indicators> *Unstable due to small population size; interpret with caution. **Suppressed due to small sample size.

Community Input on Preventive Care

Prevention services and chronic disease management are areas that experience continuous access challenges.

Theme: Preventive and Chronic Care De-prioritization

Access barriers extend beyond delays, making preventive and chronic care difficult to sustain.

“I have to wait six months to get into my doctor anyway, so I’m not even going to try.”

“Preventive care is not usually a one and done... without a regular provider it’s hard to manage chronic disease.”

“There are still stereotypes and misconceptions around immunizations.”

“People aren’t prioritizing flu shots, vaccinations, hypertension, diabetes... there are other things that feel more urgent.”

“They only go to the healthcare system when they really need it... they’re not in the custom of going for checkups.”

Evaluation of Impact: 2023 Community Benefit Implementation Strategy

For more details on Valley Medical's annual financial investments in community, please link to our website [Financial Information](#) page.

Priority Area 1: Access to Care

Valley is committed to maintain and improve access to care by offering and partnering with community organizations to provide comprehensive, inclusive, quality healthcare services that are vital to promoting and maintaining health; preventing and managing disease; reducing unnecessary disability and premature death; and fostering health equity.

Financial Advocacy Program

- Provided enrollment assistance in the Medicaid Program and Health Exchange, as well as coordinated alternate funding sources such as grants and other patient assistance programs.

Clinic Network Services

- Supported initiatives through technology and process improvement that optimize provider availability.
- Offered advanced care planning education and notary services so patients have access to medical treatment that is consistent with their values, preferences and goals, while removing elements of uncertainty and stress from loved ones who may have to make decisions on their behalf.
- Piloted palliative care support of local long-term care and skilled nursing facilities.
- Continued to be a primary care Patient-Centered Medical Home (PCMH) for patients throughout our community by achieving National Committee for Quality Assurance (NCQA) standards for a systematic, patient-centered, coordinated care model that supports access, communication, and patient involvement and builds partnerships between clinicians, patients and patients' families.
- Continued to expand reach and breadth of telehealth services while working to address the reality that access to technology (devices, education and internet service) can be barriers.

Safety Net Services

- Continued to provide safety net pathway of services for patients through a continuum of care from prehospital/first responder network and Emergency Department/ER Intervention Team to discharge planning and medical respite.
- Worked and collaboratively partnered to better coordinate access to community-based services for discharging complex patients.
- Maintained comprehensive Thrombectomy-Capable Stroke Center certification.
- Continued to be a resource and advocate for identification and support of patients in crisis, often due to abuse, assault and/or sexual assault through the specialized ER Intervention Team and partner organizations.
- Continued and optimized the FD Cares Program created in partnership with the Renton Regional Fire Authority and HealthierHere to identify non-emergent and chronic medical needs and

services to help reduce unnecessary and costly 9-1-1 calls/ED visits. The program identifies patients in need and offers follow-up services, social work assistance and referral to appropriate environments of care.

Reduce Impact of Social Drivers of Health

- Raised awareness among staff and patients about the availability of interpreter services.
- Identified key documents, channels and events that could improve awareness and access to care for non-English-speaking populations in our service area.
- Worked to improve the health literacy and translation of our messaging, helping individuals obtain, process, and better understand basic health information needed to make appropriate health decisions.
- Engaged with diverse community organizations to understand the unique needs and barriers to accessing care for their constituents and members.
- Championed the standards associated with Health Equality Index Leader in Healthcare Equality.
- Networked with local transport, homeless and housing agencies to help patients with these barriers to care.
- Continued to promote and expand listing of services available through ValleyCares, an online resource focused on supporting self-service access to community-based resources specific to social drivers of health.
- SDoH screening performed for all acute care hospital admissions with individualized social work consultation for those with identified social needs impacting access to health care and wellness including those struggling with caregiver stress and loneliness.
- Prioritized inclusivity and a sense of belonging. Continued to train staff on the respective needs of individual populations by providing resources, education and tools that bring awareness to the highest priority gaps identified by the Community Health Needs Assessment.

Access to Clinical Trials

- Our Research Team continued to support enrollment in clinical trials that offer cutting edge treatment for patients in our community who would otherwise not have access to potentially life-saving or life-prolonging treatment.

Priority Area 2: Behavioral Health

Valley is committed to providing behavioral health services and partnering with other community organizations that provide care and resources that support mental health and wellness.

Psychiatry & Counseling Clinic (PCC)

- Continued offering services through our PCC and collaborated with community providers who offer additional and expanded access to psychiatry and counseling services.

Behavioral Health Integration Program (BHIP) with Primary Care

- Continued to offer and evolve the BHIP program across our outpatient clinic sites, which serves patients with mild or moderate depression, anxiety and related problems.

Substance Use Disorder (SUD) Initiatives

- Evaluated and implemented best practices in SUD care, education and support with a focus on low-barrier access and partnership/training opportunities with other local organizations.
 - Developed deeper partnerships with South King County low barrier outpatient services including HealthPoint WholeCare Clinic, WeCare, and Evergreen Treatment Services.
- Secured 3-year CDC grant to provide individualized navigation services for those starting Medications for Opioid Use Disorder (MOUD) at hospital discharge. The MOUD Navigator supports continued access to treatment including transportation and individualized care planning.
- Addiction Medicine Consult Services integrated into acute care hospital services for support and management of hospitalized patient populations including transitional care coordination with medical social work substance use disorder professionals (SUDP).

Depression & Suicide Screening

- Implemented and utilized standardized referral depression screening protocols within our EMR to help identify at-risk patients before a tragic event occurs.
- Continued offering Suicide Prevention Screen as part of the intake pathway for all patients age 10 and above (ER and inpatient) with consult to/follow-up with social services, as appropriate.

Inpatient Psychiatry Services

- Continued to offer and grew inpatient psychiatry services across our acute care units, providing an invaluable service for a community with limited access to this resource.

Community Education Focused on Mental Wellness & Available Resources

- Provided support materials and other tools to educate, gather valuable data that can impact and guide medical care, and improve the overall health of the patient.
- Created a community-focused health & wellness podcast with members of Valley's well-being committee.
- Continued to create and distribute mental health resources through Valley's communication channels.

Community Connections Through Health Coaches

- Offered the Health Coach Program as a free service, supporting patients coping with loneliness and social isolation by connecting them to resources in the local community. Trained volunteers, supported and mentored by a Registered Nurse and Licensed Social Worker, were available to visit patients remotely or in person.

Priority Area 3: Chronic Health Conditions

Valley is committed to reducing and preventing the occurrence and severity of preventable and chronic disease in South King County through collaborative approaches that improve the network of services across our community. Key Focus Areas: Heart Disease & Stroke, Cancer, Diabetes, Healthy Lifestyle

Health Facilitation & RN Care Management

- Offered health facilitation and RN care management for high-risk empaneled patients who need home-based education, assistance monitoring their conditions and help navigating barriers to care. Provided post-discharge follow-up for patients at highest risk with conditions such as chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), sepsis, etc. Shifted model over time to clinic-integrated nurses who advocate for patients, help patients monitor and manage their chronic conditions, and identify/minimize gaps in resources and care delivery.

Health Coach Program

- The Health Coach Program supported patients in defining health-related goals, provided guidance on improving communication with primary care providers, provided health education and advocacy in navigating the healthcare system, and encouraged positive lifestyle changes.

Screening Tools & Surveys

- Providers used available care pathways in ambulatory, inpatient and ED care settings, and used screening tools/surveys to impact and guide medical care known to increase quality outcomes and improve the overall health of the patient.

Lifestyle Medicine, Diabetes Management & Prevention

- Expanded comprehensive options for Lifestyle Medicine as well as Diabetes Self-Management Education with exercise specialists, physical therapists, and certified diabetes educators who provide 1:1 counseling and group community education.
- Partnered with community-based organizations who offer a Diabetes Prevention Program and other diabetes support programs and participated in a research study aimed at showing the positive health impacts of exercise and nutrition.

Community Education & Wellness Programs

- Created health resources and education to share across various channels, including DocTalks, webinars, podcasts, newsletters, support groups, affinity programs, and classes.
- Developed, implemented and monitored clinical care pathways for diabetes, high blood pressure and stroke management.

Cancer Education and Resources

- Provided resources for annual BeTheHope Walk community event focused on providing cancer education and resources, and medical tent support for 1,000 community participants and patients.
- Opened the Trapper and Samantha Wellbeing Resource Center to provide education and resources for patients and their loved ones impacted by a cancer diagnosis.

- Continued partnership with CancerLifeline to provide free health education classes and support groups for patients and their loved ones.
- Valley's oncology program successfully achieved three-year re-accreditation from the American College of Surgeons [Commission on Cancer](#) (CoC), meeting a core set of 36 standards that help improve quality of care and quality of life.

Attachment 1: Benchmark Comparisons

Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. Where data were available, hospital service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	84.1% - 90.7%	90.7%
Child health insurance rate	97.1%	92.1%
Adult health insurance rate	90.3%	92.1%
Unable to obtain medical care (any reason)	11.4% (due to cost)	5.9%
Ischemic heart disease deaths	72.8 (crude)	71.1 per 100,000 persons, age-adjusted
Cancer deaths	134.1	122.7 per 100,000 persons
Colon/rectum cancer deaths	11.7	8.9 per 100,000 persons
Lung cancer deaths	26.1	25.1 per 100,000 persons
Female breast cancer deaths	17.3	15.3 per 100,000 persons
Prostate cancer deaths	18.2	16.9 per 100,000 persons
Stroke deaths	33.3	33.4 per 100,000 persons
Unintentional injury deaths	58.1	43.2 per 100,000 persons
Suicides	13.1	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	13.7	10.9 per 100,000 persons
Drug-overdose deaths	35.6	20.7 per 100,000 persons
Overdose deaths involving opioids	29.2	13.1 per 100,000 persons
Homicides	7.4	5.5 per 100,000 persons
Early and adequate prenatal care	65.8%	80.5%
Infant death rate	5.5	5.0 per 1,000 live births
Obese, adults	30.8% (ages 18+)	36.0%, adults, ages 20+
Obese, 8th 10th & 12th graders	9.9% - 16.0%	15.5%, children & youth, ages 2 to 19
Binge drinking, adults	19.9%	25.4%
Cigarette smoking by adults	10.1%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	55.9%	84.3%
Mammogram, ages 50-74, screened in the past 2 years	74.9%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	72.7%	74.4%
Annual influenza vaccination, adults 18-64	43.1%	70.0%
Annual influenza vaccination, adults 65+	73.6%	70.0%

Attachment 2: Community Stakeholder Interviews

Name	Title	Organization
Brian Allender, MD	Chief Medical Officer, Behavioral Health and Recovery Division	King County Department of Community and Human Services
Birpal Bhangu	Patient Care Attendant, Cardiac Telemetry Unit	SEIU Executive Council; Valley Medical Center
Regan Bolli, JD	City Manager	City of Covington
Theresa Braungardt, MN, RN, FACHE	Chief Nursing Officer	Valley Medical Center
Cameron Buck, MD, FACEP	Medical Director, Emergency Department; Associate Medical Director	Valley Medical Center; Puget Sound Fire CARES's Program
Adam C. Davis	Director of Community Partnerships	Health Commons Project
Diane Dobson	Chief Executive Officer/President	Renton Chamber of Commerce
Agustina Colombo Eiff, LICSW	Director of Clinical Services	King County Sexual Assault Resource Center
Michelle Glatt, PA-C, MPH	Vice President of Strategy and Population Health	HealthPoint (FQHC)
Daniel Henriquez, RN	FD CARES Community Health Lead Nurse (Fire Department Community Assistance, Referrals and Education Services Program)	Puget Sound Regional Fire Authority
Clarence Holmes	Member Program Director	SEIU Healthcare 1199NW
Abdul Jibril	Patient Care Assistant	SEIU Executive Council; Valley Medical Center
James Jones, MHA, MSN, NEA-BC, RN-BC	Vice President of Patient Care Services and Nursing Operations	Valley Medical Center
Stephanie Lawson	Executive Director	Covington Storehouse Food Bank
Tina McDonough	Founder	Valley Girls & Guys
Jake McMurray	Interventional Radiology Tech	SEIU Executive Council; Valley Medical Center
Jordan Middleton, RN	Registered Nurse	SEIU Executive Council; Valley Medical Center
Darrin Patterson	Community Care Specialist	Covington Community Care Program
Marie Pereda	Client Care Supervisor	King County Sexual Assault Resource Center
Kalen Privatsky	Executive Vice President and Chief Operating Officer	Valley Medical Center
Janet Renchen-Shoe, MA, LMHC	Behavioral Health Director	Vine Maple Place
Nancy Reynolds	FD CARES Program Manager (Fire Department Community Assistance, Referrals and Education Services Program)	Puget Sound Regional Fire Authority

Name	Title	Organization
Alyssa Saas	Executive Director	Maple Valley Black Diamond Chamber of Commerce
Amanda Sahli Santo	Chief Operations Officer	Multi-Service Center
Kayla Shovlowsky	Resource Line Manager	King County Sexual Assault Resource Center
Sean Smith	Mayor	City of Covington
Sally Lacy Sundar, MA	Program Executive, Health Integration and Transformation	YMCA of Greater Seattle
Samantha Walter	Medical Assistant	SEIU Executive Council; Valley Medical Center
Becky Wenger	Donor Relations Account Manager	LifeNet Health

Attachment 3: Community Resources Identified

Health Need	Resources
Access to Care	Area Agency on Aging for Seattle and King County, Health Equity and Anti-Racism Community Advisory Group, HealthierHere, HealthPoint, Hepatitis Education Project, King County Public Health, Latinos Promoting Good Health, Sea Mar Community Health Centers, Seattle Indian Health Board, The Seattle Foundation, United Territories of Pacific Islanders Alliance (UTOPIA) Mapu Maia Clinic, Vulnerable Populations Strategic Initiative (VPSI)
Birth Factors	Ayan Maternity Healthcare Support, Best Starts for Kids, BLKBRY, Breastfeeding Peer Counseling Program, Center for Indigenous Midwifery, Global Perinatal Services, HealthPoint, Help Me Grow King County Design Advisory Group, Help Me Grow King County, Infant Mortality Prevention Network, Nurse-Family Partnership, One Loss Too Many: A Community Action Plan, Perinatal Support Washington, Sea Mar Community Health Centers, Warm Line Perinatal Support, Women, Infants, and Children (WIC)
Chronic Health Conditions	African American Male Wellness Agency, African American Reach and Teach Health (AARTH), American Cancer Society, American Diabetes Association, American Heart Association, Cancer Lifeline, Congolese Integration Network, Fred Hutch Cancer Center, HealthPoint, King County Public Health, Sea Mar Community Health Centers, Somali Health Board, SOS Feeding Program, The Pacific Islander Community Association of Washington (PICAWA), United Territories of Pacific Islanders Alliance (UTOPIA) Mapu Maia Clinic, Valley Girls & Guys, Vulnerable Populations Strategic Initiative (VPSI)
Food Insecurity	Auburn Food Bank, Communities in Schools of Greater King County, Health Commons Project, HopeLink Food Program, Hunger Intervention Program, Indian American Community Services (IACS), Kent Food Bank and Emergency Services, King County Emergency Food Access, King County Housing and Essential Needs (HEN) Referral Program, Maple Valley Food Bank and Emergency Services, Multi-Service Center (Federal Way Food Bank), New Beginnings Christian Fellowship Church, Ravens of Hope Pantry, Salvation Army Food Bank – Renton, South King County Food Coalition, Sustainable Renton Free Pantry, The Covington Storehouse, The Pacific Islander Community Association of Washington (PICAWA), Tukwila Pantry, United Territories of Pacific Islanders Alliance (UTOPIA) Food Access Network, United Way Home Grocery Delivery Program, Washington Food Coalition
Housing Affordability and Homelessness	African Community Housing Development, Amani House, Aurora Commons, Catholic Community Services, Communities in Schools of Greater King County, Coordinated Entry for All (CEA), Covington Community Cares Program, Downtown Emergency Service Center (DESC), Friends of Youth, Health Commons Project, Homeless Management Information System (HMIS), Hospitality House, King County Housing and Essential Needs (HEN) Referral Program, Multi-Service Center, Office of Homeless Youth, Safe Place, Salvation Army Street Team, Vine Maple Place, Vision House, Washington State Advisory Council on Homelessness (SACH), William J. Wood Veteran's House, YMCA of King County, YouthCare Orion Center, YWCA of Seattle/King/Snohomish
Intimate Partner Violence	API Chaya, Aurora Commons, Compass Day Center, Consejo Counseling & Referral Services, Domestic Abuse Women's Network (DAWN), DVHopeline, Eastside Legal Assistance Program (ELAP), Indian American Community Services, Jennifer Beach Foundation, Jewish Family Services Project DVORA, King County Sexual Assault Resource Center, Mary's Place, Mother Africa, Mother Nation, Multi-Communities, New Beginnings, Northwest Immigrant Rights Project, Northwest Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse, Project Be Free, Refugee Women's Alliance, Salvation Army Domestic Violence Programs, Solid Ground Emergency Shelter and Transitional Housing, Somali Family Safety Task Force, The Silent Taskforce, Vashon DOVE Project, Washington State Coalition Against Domestic Violence (WSCADV), YWCA of Seattle/King/Snohomish

Health Need	Resources
Mental Health and Behavioral Health, Including Substance Use	Alcoholics and Addicts Helping Alcoholics and Addicts AAHAA, Asian Counseling and Referral Service, Behavioral Health Advisory Council, Care Solace, Catholic Community Services, Congolese Integration Network, Consejo Counseling & Referral Service, Covington Community Cares Program, Crisis Care Centers, Crisis Connections, Downtown Emergency Service Center, EvergreenHealth, Friends of Youth, HealthPoint, HEROHouseNW, IKRON of Greater Seattle, Indian American Community Services, Integrative Counseling Services, Kent Youth & Family Services, Key Recovery and Life Skills Center, King County Integrated Care Network, King County Recovery Coalition, King County Sexual Assault Resource Center, Muslim Community Network Association (MCNA), NAMI South King County, Navos, Peer Washington, Recovery Navigator Program, Refugee Women's Alliance, Seattle Indian Health Board, Somali Health Board, Sound Behavioral Health, Southwest Youth and Family Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Teen Link – Suicide Prevention, The Trevor Project, Therapeutic Health Services, Transitional Resources, United Territories of Pacific Islanders Alliance (UTOPIA) Mapu Maia Clinic, Valley Cities Behavioral Health Care, Vine Maple Center, WAPI Community Services, Zia Larson Ray of Light Foundation
Overweight and Obesity	African American Reach and Teach Health (AARTH), Boys & Girls Club of King County, HealthPoint, Healthy King County Coalition, King County Farmers Share (KCFS), King County Public Health, Living Well Kent, Sea Mar Community Health Centers, South King County Food Coalition, Spoonfed Training, Tilth Alliance, Upower, YMCA of Greater Seattle
Preventive Care	Fred Hutch Cancer Center, Glover Empower Mentoring (GEM), HealthPoint, Hepatitis Education Project, King County Public Health, Marshallese Women's Association, Sea Mar Community Health Centers