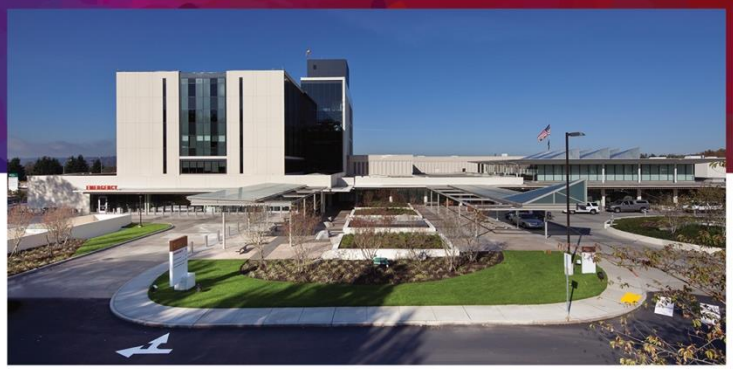
Community Health Needs ASSESSMENT

2020



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Executive Summary

Valley Medical Center (VMC) is a 321-bed acute care hospital and clinic network committed to providing safe, quality, compassionate care since 1947. The oldest and largest public district hospital in the State of Washington, VMC serves more than 600,000 residents in South King County. The Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by VMC. The health needs identified in this report help to guide the hospital's community benefit activities.

Community Definition

Valley Medical Center (VMC) is located at 400 South 43rd Street, Renton, Washington 98055. The service area comprises portions of King County and includes 19 ZIP Codes, representing 7 cities or communities. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, healthcare access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criterium was used to identify significant health needs:

Primary data were obtained through surveys with 33 community partner stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations, and 126 surveys with community residents. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Priority Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community.

Among community member responses, access to health care, disease prevention, chronic disease management, mental health, and physical or sexual abuse were ranked as the top five priority needs in the service area.

Among community partner respondents, economic insecurity, access to health care, mental health, housing and homelessness, and disease prevention were ranked as the top five priority needs in the service area.

Calculations from survey respondents resulted in the following prioritization of the significant health needs.

Prioritized Health Needs –Comparison of Community Residents and Community Partners

Significant Health Need (alphabetical order)	Community Residents Important/Very Important	Community Partners Important/Very Important
Access to healthcare	96.6%	96.8%
Chronic disease management (heart disease, cancer, stroke, diabetes, lung disease, etc.)	93.7%	90.3%
Disease prevention (health education, health screenings, vaccines, fall prevention)	94.4%	93.8%
Economic insecurity	75.8%	96.9%
Food insecurity	71.8%	90.9%
Housing and homelessness	75.8%	93.9%
Loneliness/isolation	72.8%	87.5%
Mental health	92.0%	93.9%
Physical or sexual abuse	85.6%	84.4%
Sexually transmitted infections	69.6%	75.0%
Substance use and misuse	84.8%	90.9%
Weight management/obesity	81.0%	75.8%

Report Adoption, Availability and Comments

This CHNA report was adopted by the Valley Medical Center Board of Directors May 14, 2020.

This report is widely available to the public on the hospital's web site, https://www.valleymed.org/About-Us/Financial-Information/. Written comments on this report can be submitted to Liz Nolan at liz_nolan@valleymed.org.

Introduction

Background and Purpose

Valley Medical Center (VMC) is a 321-bed acute care hospital and clinic network committed to providing safe, quality, compassionate care since 1947. The oldest and largest public district hospital in the State of Washington, VMC serves more than 600,000 residents in South King County. Dedicated to patient safety and improving the overall health of the community, VMC is a thriving medical center and the largest nonprofit healthcare provider between Seattle and Tacoma. Valley Medical Center is a component entity of UW Medicine, which includes Harborview Medical Center, Northwest Hospital & Medical Center, UW Medical Center, UW Neighborhood Clinics, UW Physicians, UW School of Medicine and Airlift Northwest.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. 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 Medical Center (VMC) is located at 400 South 43rd Street, Renton, Washington 98055. The service area comprises portions of King County and includes 19 ZIP Codes, representing 7 cities or communities. VMC determines the service area by assigning ZIP Codes based on patient discharges. The VMC service area is presented below by community and ZIP Code.

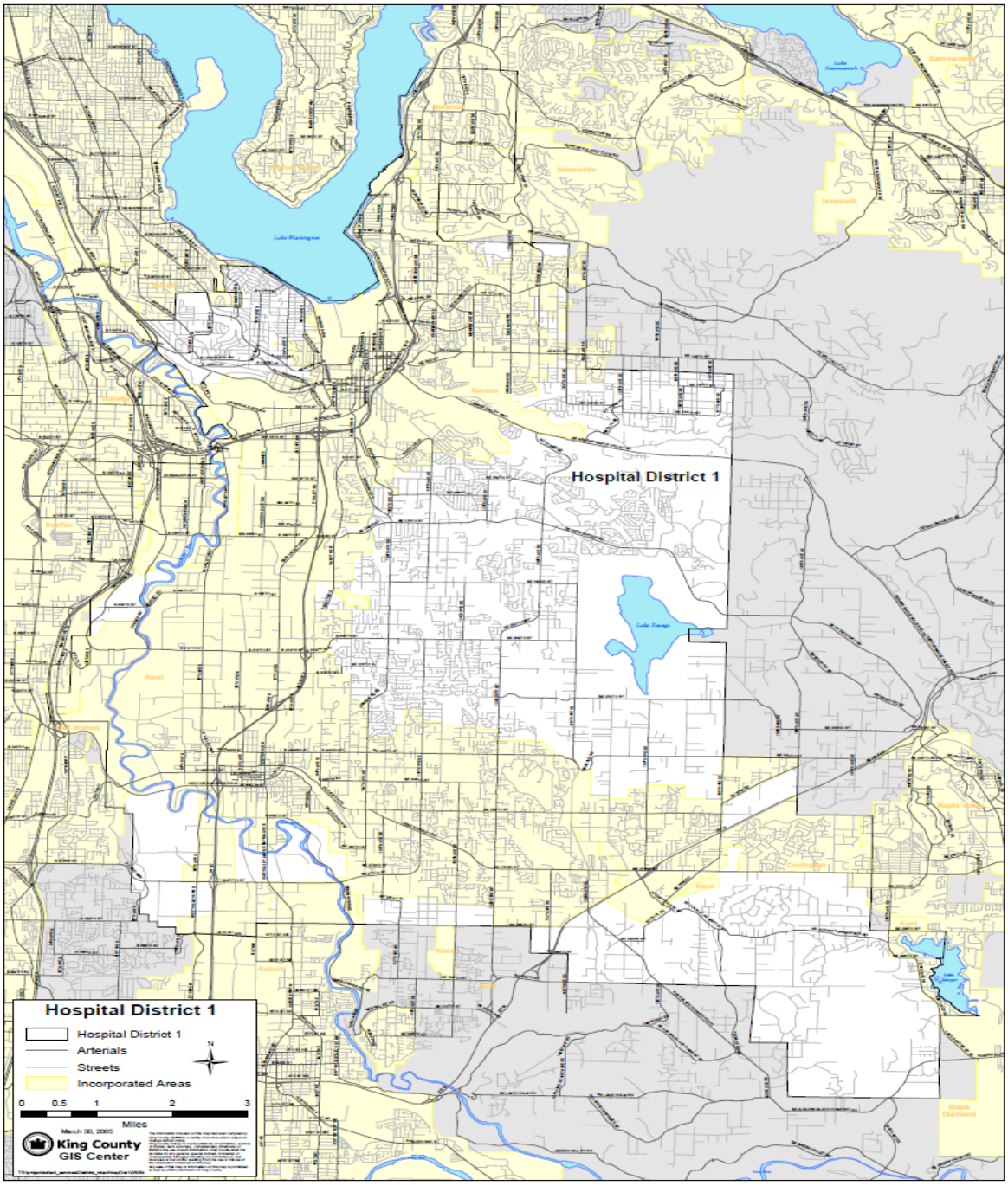
Valley Medical Center Service Area

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

City/Community	ZIP Code
Renton	98059
Seattle (SeaTac)	98188
Seattle (Tukwila)	98168
Seattle (Tukwila)	98178

Service Area Map

Project Oversight



The Community Health Needs Assessment process was overseen by:

Elizabeth Nolan
Vice President of Marketing, Outreach & Wellness Services
UW Medicine | Valley Medical Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Biel Consulting, Inc. is a specialist in the field of community benefit for nonprofit hospitals. Dr. Melissa Biel has over 24 years of experience conducting hospital Community Health Needs Assessments. For this CHNA, she was assisted by Denise Flanagan, BA.
www.bielconsulting.org

Data Collection Methodology

Secondary Data Collection

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

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

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

Primary Data Collection

Valley Medical Center conducted surveys with community partners and community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. The surveys were available in an electronic format through a Survey Monkey link as well as in print. The surveys were available from January 7 – 31, 2020. During this time, 33 surveys were collected from community organizations who serve medically underserved, low-income, and minority populations, and included local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Additionally, 126 community members completed the survey. Valley Medical Center distributed the survey link through emails, social media, news publications and their patient portal. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and their responses would be kept confidential.

The survey asked for respondents' demographic information. Survey questions focused on the following topics:

- Biggest health issues in the community.
- Persons most impacted by community issues.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- Where people go to receive routine health care services.
- Community conditions that most negatively impact health.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The survey responses for community members are in Attachment 2 and the survey responses for community partner agencies can be found in Attachment 3. A list of the community partner respondents, their names and organizations, can be found in Attachment 4.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website https://www.valleymed.org/About-Us/Financial-Information/. To date, no comments have been received.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

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

The following significant health needs were determined:

- Access to healthcare
- Chronic disease management (heart disease, cancer, stroke, diabetes, lung disease)
- Disease prevention (health education, health screenings, vaccines, fall prevention)
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Loneliness/isolation
- Mental health
- Physical or sexual abuse
- Sexually transmitted infections
- Substance use and misuse
- Weight management/obesity

Priority Health Needs

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

The stakeholders were asked to indicate the level of importance that should be placed on addressing the identified significant community needs from not important to very important. The percentage of responses is presented for those needs rated as important and very important. Not all respondents answered every question. Therefore, the percentages were calculated based on respondents only and not on the entire sample.

Among community member responses, access to healthcare, disease prevention, chronic disease management, mental health, and physical or sexual abuse were ranked as the top five priority needs in the service area. Calculations from community residents resulted in the following prioritization of the significant health needs.

Prioritization of Health Needs – Community Residents

Significant Health Need	Important/Very Important
Access to healthcare	96.6%
Disease prevention (health education, health screenings, vaccines, fall prevention)	94.4%
Chronic disease management (heart disease, cancer, stroke, diabetes, lung disease, etc.)	93.7%
Mental health	92.0%
Physical or sexual abuse	85.6%
Substance use and misuse	84.8%
Weight management/obesity	81.0%
Economic insecurity	75.8%
Housing and homelessness	75.8%
Loneliness/isolation	72.8%
Food insecurity	71.8%
Sexually transmitted infections	69.6%

Among community partner respondents, economic insecurity, access to health care, mental health, housing and homelessness, and disease prevention were ranked as the top five priority needs in the service area. Calculations from community partners resulted in the following prioritization of the significant health needs.

Prioritization of Health Needs – Community Partners

Significant Health Need	Important/Very Important
Economic insecurity	96.9%
Access to healthcare	96.8%
Mental health	93.9%
Housing and homelessness	93.9%
Disease prevention (health education, health screenings, vaccines, fall prevention)	93.8%
Substance use and misuse	90.9%
Food insecurity	90.9%
Chronic disease management (heart disease, cancer, stroke, diabetes, lung disease, etc.)	90.3%
Loneliness/isolation	87.5%
Physical or sexual abuse	84.4%
Weight management/obesity	75.8%
Sexually transmitted infections	75.0%

Resources to Address Significant Health Needs

Through the survey process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 5.

Review of Progress

In 2017, Valley Medical Center conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2017 CHNA addressed: access to care, mental and behavioral health, chronic conditions and preventive care (includes overweight/obesity and smoking), and family and social support through a commitment of community benefit programs and resources. The impact of the actions that VMC used to address these significant health needs can be found in Attachment 6.

Community Demographics

Population

The population of the Valley Medical Center service area is 588,774. From 2012 to 2017, the population increased by 7.9%.

Total Population and Change in Population, 2012-2017

	VMC Service Area	King County	Washington
Total population	588,774	2,118,119	7,169,967
Change in population, 2012-2017	7.9%	9.1%	6.4%

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05. http://factfinder.census.gov

The hospital service area population is 50.0% female and 50.0% male.

Population by Gender

	VMC Service Area	King County	Washington
Male	50.0%	50.0%	49.9%
Female	50.0%	50.0%	50.1%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP05.http://factfinder.census.gov

Children and youth, ages 0-19, make up 26.2% of the population, 62.3% are adults, ages 20-64, and 11.5% of the population are seniors, ages 65 and over. The population in the service area has a higher percentage of children and youth, and adults 45-64, and a lower percentage of young adults, ages 20-24, and seniors, than found in the county or state.

Population by Age

	VMC Service Area		King County		Washington	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	40,490	6.9%	127,205	6.0%	448,145	6.3%
Age 5-19	113,606	19.3%	358,404	16.9%	1,340,399	18.7%
Age 20-24	36,142	6.1%	132,420	6.3%	485,368	6.8%
Age 25-44	171,441	29.1%	682,455	32.2%	1,988,040	27.7%
Age 45-64	159,261	27.1%	553,815	26.1%	1,878,975	26.2%
Age 65+	67,834	11.5%	263,820	12.5%	1,029,040	14.4%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP05. http://factfinder.census.gov

When the service area is examined by community, Maple Valley 98038 has the highest percentage of children and youth (31.3%). Seattle SeaTac ZIP Code 98188 (22.2%), Renton 98055 (22.4%) and Renton Newcastle ZIP 98056 (22.6%) have the lowest percentages of children and youth in the service area.

The percent of the population 65 years and older in the service area is 11.5%, which is lower than the state rate of 14.4%. Bellevue 98006 has the highest percentage of seniors in the area (14.7%). Kent 98032 has the lowest percentage of seniors in the service area (9.5%).

Population by Youth, Ages 0-19, and Seniors, Ages 65+

	ZIP Code	Total Population	Youth Ages 0 – 19	Seniors Ages 65+
Auburn	98001	32,789	27.4%	11.5%
Auburn	98002	34,255	28.9%	12.1%
Auburn	98092	44,821	27.5%	10.9%
Bellevue (Newcastle/Factoria)	98006	37,231	25.5%	14.7%
Black Diamond	98010	5,218	25.9%	13.1%
Kent	98030	36,968	28.7%	9.9%
Kent	98031	37,292	26.2%	10.9%
Kent	98032	36,814	25.5%	9.5%
Kent (Covington)	98042	47,043	25.6%	12.3%
Maple Valley	98038	35,126	31.3%	9.9%
Maple Valley	98051	3,773	24.4%	10.8%
Renton	98055	23,782	22.4%	11.7%
Renton (Newcastle)	98056	35,652	22.6%	9.8%
Renton	98057	13,089	23.1%	9.8%
Renton	98058	42,649	24.8%	13.4%
Renton	98059	37,570	27.5%	12.0%
Seattle (SeaTac)	98188	25,652	22.2%	11.3%
Seattle (Tukwila)	98168	31,771	25.4%	11.3%
Seattle (Tukwila)	98178	27,279	26.4%	13.5%
VMC Service Area		588,774	26.2%	11.5%
King County		2,118,119	22.9%	12.5%
Washington		7,169,967	24.9%	14.4%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. http://factfinder.census.gov

Race/Ethnicity

The majority population in the service area identifies as White/Caucasian (53.6%), with 17.4% of the population identifying as Asian, 12.5% of the population is Hispanic/Latino, and 8.5% of the population is Black/African American. Individuals identifying as multiracial (two-or-more races) make up 5.6% of the population, while Native Hawaiian/Pacific Islanders are 1.3%, and American Indian/ Alaskan Natives are 0.9% of the population.

	VMC Service Area	King County	Washington
White	53.6%	61.4%	69.8%
Asian	17.4%	16.5%	8.0%
Hispanic or Latino	12.5%	9.5%	12.3%
Black/African American	8.5%	6.0%	3.5%
Multiracial	5.6%	5.2%	4.6%
Native HI/Pacific Islander	1.3%	0.8%	0.6%
American Indian/AK Native	0.9%	0.5%	1.1%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP05. http://factfinder.census.gov

When race/ethnicity is examined by place, Bellevue 98006 (34.2%) and Seattle (Tukwila) 98178 (31.3%) have the highest percentage of Asians. Seattle (Tukwila) 98178 (24.2%) and Seattle SeaTac 98188 (23.2%) have the highest percentage of Black/African Americans. Kent 98032 has the highest percentage of Latinos (24.3%) in the service area. Maple Valley 98051 has the highest percentage of Whites (86.1%).

Race/Ethnicity by ZIP Code

	ZIP Code	White	Asian	Hispanic Latino	Black
Auburn	98001	61.1%	11.4%	12.0%	7.4%
Auburn	98002	54.8%	5.7%	23.3%	5.2%
Auburn	98092	66.2%	11.4%	7.6%	2.9%
Bellevue (Newcastle/Factoria)	98006	52.6%	34.2%	5.2%	2.7%
Black Diamond	98010	80.1%	3.0%	11.7%	1.4%
Kent	98030	44.0%	20.9%	13.3%	14.3%
Kent	98031	45.4%	26.1%	13.4%	9.0%
Kent	98032	42.6%	11.9%	24.3%	11.7%
Kent (Covington)	98042	70.7%	10.8%	8.1%	4.2%
Maple Valley	98038	82.1%	4.3%	5.2%	1.6%
Maple Valley	98051	86.1%	4.0%	2.3%	0.3%
Renton	98055	41.5%	25.0%	9.6%	12.4%
Renton (Newcastle)	98056	51.7%	20.6%	14.6%	7.0%
Renton	98057	38.5%	22.2%	14.6%	17.3%
Renton	98058	59.5%	16.4%	10.3%	7.1%
Renton	98059	57.9%	22.9%	9.0%	3.4%
Seattle (SeaTac)	98188	35.3%	15.9%	15.7%	23.2%
Seattle (Tukwila)	98168	39.2%	19.1%	22.5%	10.9%
Seattle (Tukwila)	98178	25.4%	31.3%	9.5%	24.2%
VMC Service Area		53.6%	17.4%	12.5%	8.5%
King County		61.4%	16.5%	9.5%	6.0%
Washington		69.8%	8.0%	12.3%	3.5%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP05. http://factfinder.census.gov

Language

In the service area, 68.6% of the population 5 years and older speak only English in the home. 13% speak an Asian/Pacific Islander language and 8.8% speak Spanish in the home.

Language Spoken at Home for the Population 5 Years and Over

	VMC Service Area	King County	Washington
Population 5 years and older	548,284	1,990,914	6,721,822
English only	68.6%	73.3%	80.9%
Speaks Spanish	8.8%	6.6%	8.4%
Speaks other Indo-European language	6.9%	6.5%	3.9%
Speaks Asian or Pacific Islander language	13.0%	11.4%	5.7%
Speaks other language	2.7%	2.3%	1.1%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP02. http://factfinder.census.gov

The highest percentage of Asian language speakers, among area cities, is in Seattle/Tukwila 98178 (26.7%) and Bellevue/Newcastle/Factoria 98092 (25.9%). Seattle/Tukwila 98168 (18.2%), Auburn 98002 (17.7%) and Kent 98032 (17.4%) have high percentages of Spanish speakers. Kent 98030 (15.7%) has the highest percentage of Indo-European languages spoken at home in the service area.

Language Spoken at Home by ZIP Code

	ZIP Code	English	Asian/Pacific Islander	Spanish	Other Indo European
Auburn	98001	71.1%	8.5%	8.5%	11.1%
Auburn	98002	70.0%	7.0%	17.7%	4.8%
Auburn	98092	78.9%	8.8%	4.9%	6.8%
Bellevue (Newcastle/Factoria)	98006	65.2%	25.9%	2.9%	5.3%
Black Diamond	98010	89.9%	1.5%	7.4%	1.0%
Kent	98030	55.4%	12.8%	10.1%	15.7%
Kent	98031	57.7%	16.6%	10.6%	11.8%
Kent	98032	64.3%	9.9%	17.4%	5.4%
Kent (Covington)	98042	81.1%	7.7%	5.0%	5.3%
Maple Valley	98038	93.8%	2.5%	2.2%	1.1%
Maple Valley	98051	94.2%	3.7%	2.1%	0.0%
Renton	98055	63.7%	16.1%	5.3%	11.8%
Renton (Newcastle)	98056	61.3%	16.4%	12.6%	8.2%
Renton	98057	67.4%	16.9%	10.0%	2.8%
Renton	98058	74.7%	12.0%	6.3%	5.6%
Renton	98059	73.0%	15.8%	5.2%	4.9%
Seattle (SeaTac)	98188	51.3%	11.1%	10.7%	11.5%
Seattle (Tukwila)	98168	54.2%	16.0%	18.2%	4.6%
Seattle (Tukwila)	98178	61.1%	26.7%	6.7%	1.3%
VMC Service Area		68.6%	13.0%	8.8%	6.9%
King County		73.3%	11.4%	6.6%	6.5%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. http://factfinder.census.gov

Among area school districts, the percentage of students classified as English Language Leaners ranges from 2.4% in the Tahoma School District to 37.8% in the Tukwila School District. The percentage of bilingual students in area school districts, with the exception of Tahoma, are all higher than the state (11.7%).

English Language Learner Students by School District

	Percent
Auburn School District	18.2%
Kent School District	20.4%
Renton School District	17.5%
Tahoma School District	2.4%
Tukwila School District	37.8%
Washington	11.7%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2017-2018. http://reportcard.ospi.k12.wa.us/

Social Determinants of Health

Social and Economic Factors Ranking

County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Washington's 39 counties are ranked according to social and economic factors with 1 being the county with the best factors to 39 for the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. King County is ranked third among Washington counties, according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 39)
King County	3

Source: County Health Rankings, 2019 http://www.countyhealthrankings.org

Unemployment

The unemployment rate in the hospital service area, averaged over 5 years, was 5.7%. This is higher than King County (5.0%), but lower than the state unemployment rate (6%). The highest rate of unemployment was found in Auburn 98002 (7.5%), and the lowest (3.7%) in Bellevue/Newcastle/Factoria 98006.

Employment Status for the Population 16 and Over, 2013-2017

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Auburn	98001	16,907	977	5.8%
Auburn	98002	16,362	1,226	7.5%
Auburn	98092	23,702	1,471	6.2%
Bellevue (Newcastle/Factoria)	98006	18,680	692	3.7%
Black Diamond	98010	2,646	132	5.0%
Kent	98030	18,855	1,205	6.4%
Kent	98031	20,779	1,404	6.8%
Kent	98032	19,154	1,306	6.8%
Kent (Covington)	98042	25,830	1,224	4.7%
Maple Valley	98038	18,314	1,084	5.9%
Maple Valley	98051	1,899	96	5.1%
Renton	98055	13,687	640	4.7%
Renton (Newcastle)	98056	21,054	1,109	5.3%
Renton	98057	7,388	423	5.7%
Renton	98058	23,402	1,093	4.7%
Renton	98059	20,452	992	4.9%
Seattle (SeaTac)	98188	14,557	730	5.0%
Seattle (Tukwila)	98168	16,982	1,355	8.0%
Seattle (Tukwila)	98178	14,235	647	4.6%
VMC Service Area		314,885	17,806	5.7%
King County		1,200,419	60,066	5.0%

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Washington		3,636,944	218,821	6.0%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP03. http://factfinder.census.gov

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2017, the federal poverty level (FPL) for one person was $12,488 and for a family of four $24,858.

Among the residents in the service area, 10.9% are at or below 100% of the federal poverty level (FPL) and 25.8% are at 200% of FPL or below. These rates of poverty are lower than found in the state, but higher than county levels. The highest rates of poverty in the service area are found in Renton 98057 (21%), Kent 98030 (20.3%) and Auburn 98002 (19.2%). High rates of low-income residents are found in Renton 98057 (43.6%), Kent 98032 (41%) and Auburn 98002 (40.8%).

Ratio of Income to Poverty Level, by ZIP Code (<100% FPL and <200% FPL)

	ZIP Code	<100% FPL	<200% FPL
Auburn	98001	10.0%	26.9%
Auburn	98002	19.2%	40.8%
Auburn	98092	7.7%	21.6%
Bellevue (Newcastle/Factoria)	98006	4.2%	12.2%
Black Diamond	98010	7.9%	15.0%
Kent	98030	20.3%	36.4%
Kent	98031	11.8%	27.3%
Kent	98032	16.1%	41.0%
Kent (Covington)	98042	6.2%	16.5%
Maple Valley	98038	5.0%	10.8%
Maple Valley	98051	4.9%	9.9%
Renton	98055	9.9%	24.3%
Renton (Newcastle)	98056	9.7%	21.8%
Renton	98057	21.0%	43.6%
Renton	98058	5.9%	17.5%
Renton	98059	5.9%	15.7%
Seattle (SeaTac)	98188	14.0%	38.7%
Seattle (Tukwila)	98168	17.1%	38.9%
Seattle (Tukwila)	98178	15.5%	33.0%
VMC Service Area		10.9%	25.8%
King County		10.2%	22.0%
Washington		12.2%	28.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701. http://factfinder.census.gov

When examined by ZIP Code, Auburn 98002 has the highest rate of poverty among children (29.1%) in the service area. Kent 98030 has the highest rate of poverty among seniors (20.1%). In Black Diamond, almost half of households (48.6%) with a female head-of-household (HoH), living with her own children, under the age of 18, live in poverty.

Poverty Levels of Individuals, Children under Age 18, and Seniors 65+

	ZIP Code	Children	Seniors	Female HoH with Children*
Auburn	98001	15.8%	6.3%	31.8%
Auburn	98002	29.1%	10.0%	39.8%
Auburn	98092	10.8%	2.7%	18.7%
Bellevue (Newcastle/Factoria)	98006	4.1%	3.5%	5.2%
Black Diamond	98010	6.2%	4.1%	48.6%
Kent	98030	26.4%	20.1%	37.2%
Kent	98031	20.2%	8.8%	33.8%
Kent	98032	21.9%	10.6%	23.0%
Kent (Covington)	98042	8.2%	6.5%	21.7%
Maple Valley	98038	5.2%	5.2%	0.0%
Maple Valley	98051	0.5%	2.9%	34.7%
Renton	98055	16.3%	6.2%	28.0%
Renton (Newcastle)	98056	12.6%	8.4%	31.4%
Renton	98057	25.3%	12.6%	31.0%
Renton	98058	9.3%	4.8%	20.3%
Renton	98059	7.0%	2.0%	17.8%
Seattle (SeaTac)	98188	24.3%	8.4%	33.3%
Seattle (Tukwila)	98168	25.3%	10.1%	29.1%
Seattle (Tukwila)	98178	28.5%	8.0%	40.6%
VMC Service Area		15.8%	7.2%	30.7%
King County		12.3%	8.7%	28.9%
Washington		15.8%	7.9%	34.4%

*Source: U.S. Census Bureau, 2013-2017 American Community Survey, S1701 & *S1702. http://factfinder.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, 67.4% of the student population are eligible for the free and reduced price meal program, which is higher than the state rate of 43.4%. Auburn (51.9%), Kent (48%), and Renton (46.7%) school districts also have higher rates of student eligibility than the county or state.

Free and Reduced Price Meals Eligibility, 2015-2016

	Percent Eligible Children	
	2015	2018
Auburn School District	48.5%	51.9%
Kent School District	50.5%	48.0%
Renton School District	52.4%	46.7%
Tahoma School District	11.7%	11.8%
Tukwila School District	69.9%	67.4%
King County	34.3%	31.9%
Washington	44.4%	43.4%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2015-2016 & 2018-2019. https://www.k12.wa.us/data-reporting/reporting/child-nutrition-program-reports

Households

In the hospital service area, there are 212,354 households and 223,411 housing units. Over the last five years, the population grew by 7.9%, the number of households grew at a rate of 5%, housing units grew at a rate of 4.3%, and vacant units decreased by 8.3%. Owner-occupied housing increased by 2.7% and renters increased by 9.4%.

Households and Housing Units, and Percent Change, 2012-2017

	VMC Service Area			King County		
	2012	2017	Percent Change	2012	2017	Percent Change
Households	202,170	212,354	5.0%	796,555	851,077	6.8%
Housing units	214,233	223,411	4.3%	851,180	902,107	6.0%
Owner occ.	130,995	134,480	2.7%	469,030	488,554	4.2%
Renter occ.	71,175	77,874	9.4%	327,525	362,523	10.7%
Vacant	12,063	11,057	- 8.3%	54,625	51,030	- 6.6%

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP04. http://factfinder.census.gov

The weighted average of the median household income in the area is $76,943, and ranges from $44,291 in Renton 98057 to $126,601 In Bellevue (Newcastle/Factoria).

Median Household Income

	ZIP Code	Households	Median Household Income
Auburn	98001	11,097	$77,083
Auburn	98002	13,111	$51,086
Auburn	98092	15,985	$81,211
Bellevue (Newcastle/Factoria)	98006	13,356	$126,601
Black Diamond	98010	1,961	$90,233
Kent	98030	11,967	$58,666
Kent	98031	12,554	$73,688
Kent	98032	13,752	$51,696
Kent (Covington)	98042	16,408	$94,770
Maple Valley	98038	12,190	$99,098
Maple Valley	98051	1,382	$87,283
Renton	98055	9,256	$68,638
Renton (Newcastle)	98056	13,964	$78,525
Renton	98057	5,937	$44,291
Renton	98058	15,758	$85,717
Renton	98059	13,423	$97,407
Seattle (SeaTac)	98188	9,517	$50,231
Seattle (Tukwila)	98168	11,236	$53,992
Seattle (Tukwila)	98178	9,500	$72,478
Valley Medical Center Service Area		212,354	*$76,943
King County		851,077	$83,571
Washington		2,755,697	$66,174

*Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP03.http://factfinder.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." Those who spend 50% or more are considered "severely cost burdened." Over one-third (36.4%) of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is higher than the county (34.6%) and state (33.8%) rates. The communities with the highest percentage of households spending 30% or more of their income on housing are Renton (Newcastle) 98056 (51.4%), Seattle (Tukwila) 98178 (46.6%) and Seattle (SeaTac) 98188 (45.9%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Auburn	98001	34.5%
Auburn	98002	42.6%
Auburn	98092	27.6%
Bellevue (Newcastle/Factoria)	98006	34.6%
Black Diamond	98010	44.2%
Kent	98030	37.0%
Kent	98031	44.8%
Kent	98032	28.6%
Kent (Covington)	98042	28.2%
Maple Valley	98038	31.2%
Maple Valley	98051	37.9%
Renton	98055	35.4%
Renton (Newcastle)	98056	51.4%
Renton	98057	31.4%
Renton	98058	30.2%
Renton	98059	30.5%
Seattle (SeaTac)	98188	45.9%
Seattle (Tukwila)	98168	41.4%
Seattle (Tukwila)	98178	46.6%
VMC Service Area		36.4%
King County		34.6%
Washington		33.8%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates DP04. http://factfinder.census.gov

Households by Type

When households are examined by type, the Valley Medical Center service area has almost one-third (32.2%) of family households with children under 18 years old, and 6.5% of households with a female as head of household and children; these rates are higher than the county and state rates. Among service area households, 7.3% are seniors living alone, which is lower than county and state rates.

Households by Type

	Total Households	Family Households with Children under Age18	Female Head of Household with own Children under Age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
VMC Service Area	212,354	32.2%	6.5%	7.3%
King County	851,077	27.1%	4.4%	8.7%
Washington	2,755,697	28.2%	5.6%	9.8%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP02. http://factfinder.census.gov

Homelessness

A point-in-time count of homeless people is conducted annually in every county in the state. The 2019 point-in-time count estimated 11,199 homeless individuals in King County. 53.3% of the homeless in King County are sheltered, and 19.8% are considered to be chronically homeless. Over the past four years, the homeless population has risen statewide and in King County. The proportion of homeless who are unsheltered and the percentage who are considered chronically homeless have risen.

Homeless Point-in-Time Count, 2015 and 2019

	King County		Washington	
	2015	2019	2015	2019
Total Homeless	10,122	11,199	19,418	21,621
Sheltered	62.4%	53.3%	63.3%	55.6%
Unsheltered	37.6%	46.7%	36.7%	44.4%
Chronically homeless	8.0%	19.8%	11.6%	13.1%

Source: Washington Department of Commerce, Annual Point in Time Count, 2015 & 2019. www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 10.6% of adults, 25 and over, lack a high school diploma, which is higher than county and state rates. 42.3% of area adults have a college degree, which is lower than the county and state rates.

Education Levels, Population 25 Years and Older

	VMC Service Area	King County	Washington
Population 25 years and older	398,536	1,500,090	4,896,055
Less than 9th grade	4.6%	3.4%	3.8%
9th to 12th grade, no diploma	5.9%	3.9%	5.3%
High school graduate	24.3%	15.5%	22.5%
Some college, no degree	22.9%	18.6%	24.0%
Associate's degree	10.0%	8.1%	9.9%
Bachelor's degree	21.9%	30.7%	21.7%
Graduate/professional degree	10.4%	19.6%	12.7%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP02. http://factfinder.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 2020 objective for high school graduation is 82.4%. Kent (83.7%) and Tahoma (89.8%) Districts exceed this objective.

High School Graduation Rates

	Percent
Auburn School District	77.4%
Kent School District	83.7%
Renton School District	76.2%
Tahoma School District	89.8%
Tukwila School District	80.7%
Washington	80.9%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2017-2018. http://reportcard.ospi.k12.wa.us/

Preschool Enrollment

36.1% of 3 and 4-year-olds are enrolled in preschool in the service area, which is lower than state (41.5%) and county (51.5%) rates. The enrollment rates range from 12.7% in Auburn 98002 to 64.4% in Renton (Newcastle) 98056.

Children, 3 and 4 Years of Age, Enrolled in Preschool

	ZIP Code	Number	Percent
Auburn	98001	444	44.0%
Auburn	98002	179	12.7%
Auburn	98092	402	58.3%
Bellevue (Newcastle/Factoria)	98006	61	33.3%
Black Diamond	98010	431	31.5%

	ZIP Code	Number	Percent
Kent	98030	221	28.1%
Kent	98031	258	23.1%
Kent	98032	555	50.6%
Kent (Covington)	98042	495	37.7%
Maple Valley	98038	28	28.0%
Maple Valley	98051	337	48.5%
Renton	98055	339	34.9%
Renton (Newcastle)	98056	152	64.4%
Renton	98057	402	31.4%
Renton	98058	689	58.3%
Renton	98059	426	29.9%
Seattle (SeaTac)	98188	303	29.6%
Seattle (Tukwila)	98168	287	34.0%
Seattle (Tukwila)	98178	306	39.3%
VMC Service Area		6,315	36.1%
King County		27,310	51.5%
Washington		77,387	41.5%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1401. http://factfinder.census.gov

Reading to Children

King County adults with children in their care, ages 6 months to 5 years, were asked whether the children were read, sung, or told stories to daily by family members, during the previous week. 69% of South County adults interviewed responded "yes" to this question. In general, percentages increase with rising family incomes and respondents' level of education.

Children Who Were Read to Daily by a Parent or Family Member

	South County	King County
Children read, sung, or told stories to daily by family member	69%	73%

Source: Best Starts for Kids Health Survey (BSKHS), 2017, via King County Department of Community and Human Services.
http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

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 2015 to 2018 in King County, Auburn, Black Diamond, and Kent. Several area police departments did not exist as separate entities in 2015 or did not submit reports and, therefore, trends cannot be observed for them. The rates of person crimes reported were higher in Auburn, Kent and Tukwila than in the county.

Property crime rates decreased from 2015 to 2018 in the state, county and all area cities for which data were available. With the exception of Auburn, Kent and Tukwila where property crime rates remained higher than the county rate.

Person Crimes Rates and Property Crime Rates, per 1,000 Persons, 2013 and 2018

	Person Crimes				Property Crimes			
	Number		Rate		Number		Rate	
	2015	2018	2015	2018	2015	2018	2015	2018
Auburn Police Dept.	1,595	1,683	21.1	20.9	6,553	5,399	86.7	67.0
Bellevue Police Dept.	864	1,004	6.4	7.1	5,343	5,325	39.6	37.4
Black Diamond Police	20	11	4.8	2.5	89	21	21.2	4.8
Covington Police Dept.	N/A	62	N/A	3.1	N/A	259	N/A	12.9
Kent Police Dept.	2,688	2,682	21.9	20.8	9,175	9,551	74.7	74.1
King County Sherriff's Office	N/A	832	N/A	3.4	N/A	2,208	N/A	8.9
Maple Valley Police D.	N/A	45	N/A	1.8	N/A	191	N/A	7.6
Newcastle Police Dept.	N/A	13	N/A	1.1	N/A	117	N/A	9.4
Renton Police Dept.	970	1,081	9.9	10.4	8,598	7444	87.3	71.5
Seatac Police Dept.	N/A	181	N/A	6.2	N/A	754	N/A	25.9
Tukwila Police Dept.	624	671	32.3	33.9	4,921	4,565	255.0	230.6
King County	22,666	27,951	14.6	12.6	107,549	112,904	69.2	50.9
Washington State	67,539	103,493	14.0	14.0	257,356	330,494	53.2	44.7

Source: Washington State Statistical Analysis Center, a division of the WA State Office of Financial Management, NIBRS Excel dataset, accessed January 8, 2020. https://sac.ofm.wa.gov/data

Healthcare Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 91.1% of the population in the hospital service area has health insurance. Maple Valley 98038 has the highest health insurance rate (95.6%) and Kent 98032, has the lowest rate of health insurance (86.7%), followed closely by Renton 98057 (86.8%) and Seattle-Tukwila 98168 (86.9%). 96.2% of children, ages 18 and under, have health insurance coverage in the service area. Maple Valley 98051 has the highest health insurance rate among children (99.1%), and Kent 98030 has the lowest percentage of children with health insurance (91.7%). Among adults, ages 19-64, 87.7% in the service area have health insurance. Maple Valley 98038 has the highest insurance rates (94.8%), and Kent ZIP 98032 has the lowest insurance rate (80.8%) among adults, ages 19-64.

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

	ZIP Code	Total Population	Children, Under 19	Adults, Ages 19-64
Auburn	98001	91.3%	95.8%	87.9%
Auburn	98002	87.3%	94.9%	81.6%
Auburn	98092	92.1%	94.3%	89.9%
Bellevue (Newcastle/Factoria)	98006	94.7%	97.2%	92.8%
Black Diamond	98010	94.0%	95.8%	92.0%
Kent	98030	88.7%	91.7%	85.7%
Kent	98031	92.2%	97.7%	89.3%
Kent	98032	86.7%	97.7%	80.8%
Kent (Covington)	98042	93.8%	96.2%	91.9%
Maple Valley	98038	95.6%	95.6%	94.8%
Maple Valley	98051	93.3%	99.1%	90.2%
Renton	98055	91.5%	96.3%	88.7%
Renton (Newcastle)	98056	89.0%	98.5%	84.5%
Renton	98057	86.8%	95.5%	82.3%
Renton	98058	93.9%	98.1%	91.1%
Renton	98059	93.8%	97.1%	91.6%
Seattle (SeaTac)	98188	87.2%	97.3%	82.1%
Seattle (Tukwila)	98168	86.9%	96.4%	81.2%
Seattle (Tukwila)	98178	91.0%	96.1%	86.8%
VMC Service Area		91.1%	96.2%	87.7%
King County		93.0%	97.2%	90.5%
Washington		91.7%	96.2%	88.2%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, DP03. http://factfinder.census.gov

Medical Assistance Programs

In King County, 395,002 individuals were enrolled in Washington medical assistance programs. The highest percentage of enrollment was in the Apple Health for Kids program, followed by Medicaid CN Expansion.

Medicaid Program Enrollment

	King County	Washington
AEM Expansion Adults	0.04%	0.03%
Apple Health for Kids	40.5%	43.7%
Elderly persons	6.7%	4.4%
Family (TANF) Medical	0.001%	0.003%
Family Planning	0.9%	0.7%
Former Foster Care Adults	0.1%	0.1%
Foster Care	1.2%	1.7%
Medicaid CN Caretaker	5.9%	6.6%
Medicaid CN Expansion	32.7%	30.4%
Other Federal Programs	0.0020%	0.0004%
Partial Duals	3.2%	3.4%
Persons with disabilities	7.8%	8.1%
Pregnant Women's Coverage	1.0%	0.9%
Total	395,002	1,807,563

Source: Washington State Health Care Authority, May 2019.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. 26% of adults in King County do not have a usual primary care provider. At a local level, no primary care provider ranges from 14% in East Kent to 33% in SeaTac/Tukwila.

No Usual Primary Care Provider

	Percent
Auburn**	28%
Auburn South	24%
Auburn North	30%
Bellevue**	25%
Bellevue South	18%
Black Diamond/Enumclaw/SE County	23%
Covington/Maple Valley	21%
Kent**	26%
Kent SE	30%
Kent East	14%

	Percent
Kent West	26%
Newcastle/Four Creeks	21%
Renton**	23%
Renton North	23%
Renton East	29%
Renton South	18%
SeaTac/Tukwila	33%
South County	26%
King County**	26%
Washington**	25%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Unmet Medical Need

13% of adults in King County reported an unmet medical need as a result of not being able to afford care. This was a lower rate than the state rate (14.2%). Rates in area cities and Health Reporting Areas ranged from a low of 10% (South Bellevue and Covington/Maple Valley) to a high of 26% (South Auburn).

Adults with Unmet Medical Need Due to Cost, Five-Year Average, 2011-2015

	Percent
Auburn**	20%
Auburn South	26%
Auburn North	15%
Bellevue**	11%
Bellevue South	10%
Black Diamond/Enumclaw/SE County	11%
Covington/Maple Valley	10%
Kent**	16%
Kent SE	17%
Kent East	*11%
Kent West	19%
Newcastle/Four Creeks	11%
Renton**	13%
Renton North	15%
Renton East	11%
Renton South	12%

	Percent
SeaTac/Tukwila	22%
South County	16%
King County	13%
Washington	14%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. *Statistically unstable due to small sample size; interpret with caution.http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and*
***https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Primary Care Physicians

The ratio of the population to primary care physicians in King County is 850:1.

Primary Care Physicians, Number and Ratio

	King County	Washington
Number of primary care physicians	2,532	5,986
Ratio of population to primary care physicians	850:1	1,220:1

Source: County Health Rankings, 2016. 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 Valley Medical Center service area and information from the Uniform Data System (UDS)[1], 25.8% of the population in the service area is low-income (200% of Federal Poverty Level) and 10.9% of the population are living in poverty. There are a number of Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Community Health Care, Country Doctor Community Clinic, Healthpoint, International Community Health Services, Neighborcare Health, Sea-Mar Community Health Center, and Seattle-King County Public Health Department.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 96,105 patients in the service area, which equates to 63.6% penetration among low-income patients and 16.3% penetration among the total population. From 2016-2018, the Community Health Center providers added 7,744 patients for an 8.8% increase in patients served by Community Health Centers in the service area. However, there remain 54,997 low-income residents, over one-third (36.4%) of the population at or below 200% FPL, which are not served by an FQHC.

[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)

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
151,102	96,105	63.6%	16.3%	54,997	36.4%

Source: UDS Mapper, 2018, 2013-2017 population numbers. http://www.udsmapper.org

Dental Care

Among King County adults, 30% did not access dental care in the prior year. 43% of adults in North Auburn, 46% in West Kent, and 52% in the SeaTac/Tukwila HRA did not access dental care in the previous 12 months.

Adults Who Did Not Access Dental Care Prior Year, 2011-2012 & 2014-2015 Averaged

	Percent
Auburn**	41%
Auburn North	43%
Auburn South	38%
Bellevue**	24%
Bellevue South	10%
Black Diamond/Enumclaw/SE County	27%
Covington/Maple Valley	18%
Kent**	35%
Kent West	46%
Kent SE	32%
Kent East	29%
Newcastle/Four Creeks	23%
Renton**	32%
Renton North	39%
Renton East	30%
Renton South	31%
SeaTac/Tukwila	52%
South County	35%
King County**	30%
Washington**	33%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2012 & 2014-2015.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

The ratio of persons to dentists in King County is 940:1. This ratio is better than the state.

Dentists, Number and Ratio

	King County	Washington
Number of dentists	2,336	5,987
Ratio of population to dentists	940:1	1,240:1

Source: County Health Rankings, 2017 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 270:1.

Mental Health Providers, Number and Ratio

	King County	Washington
Number of mental health providers	8,053	23,891
Ratio of population to mental health providers	270:1	310:1

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

Birth Characteristics

Births

In 2017, the number of births in King County was 25,274. This was the first decrease in the number of births in the county since 2013.

Total Births, 2013-2017

	2013	2014	2015	2016	2017
King County	24,910	25,348	25,487	26,011	25,274
Washington	86,566	88,561	89,000	90,489	87,508

Source: Washington State Department of Health, Vital Statistics, 2013-2017.
https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-099-2017-VitalStatisticsHighlights.pdf

The race/ethnicity of mothers in King County was primarily White (60.8%). Beginning in 2012, Hispanic/Latino was no longer a reported racial/ethnic category by the Washington State Department of Health.

Births by Mother, Race/Ethnicity

	White	Asian/Pacific Islanders	African American	Multi-Racial (>1 race given)
King County	60.8%	23.1%	9.1%	4.5%
Washington	76.5%	10.5%	4.9%	4.7%

Source: Washington State Department of Health, Vital Statistics, 2016. Where race of mother was known.
http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsandPopulationData/Birth/BirthTablesbyYear

Teen Birth Rate

In 2016, teen births occurred in King County at a rate of 18.9 per 1,000 live births (or 1.9% of total births). This rate is lower than the teen birth rate (40.0 per 1,000 live births) found in the state (4%).

Births to Teenage Mothers (Under Age 20)

	Births to Teen Mothers	Live Births*	Rate per 1,000 Live Births
King County	491	26,003	18.9
Washington	3,617	90,473	40.0

*Source: Washington State Department of Health, Vital Statistics, 2016. *Where age of mother was known.*
http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsandPopulationData/Birth/BirthTablesbyYear

The rate of births among females, ages 15 to 17, in King County is 4.0 births per 1,000 teen girls, while in South County the rate is 6.6 births per 1,000 teen girls, ages 15 to 17.

Births to Teenage Mothers (15-17 Years Old), Five-Year Average, 2013-2017

	Rate per 1,000 Females
South County	6.6
King County	4.0

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2013-2017, via Public Health - Seattle & King County; Community Health Indicators. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Prenatal Care

72.6% 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 2020 Objective of 83.2% of women receiving early and adequate prenatal care. Rates of prenatal care were lowest in South Bellevue, where 63.9% of pregnant mothers received early and adequate care.

Early and Adequate Prenatal Care, Five-Year Average, 2013-2017

	Percent
Auburn South	68.4%
Auburn North	69.5%
Bellevue South	63.9%
Black Diamond/Enumclaw/SE County	74.3%
Covington/Maple Valley	75.6%
Kent SE	66.2%
Kent East	67.7%
Kent West	64.1%
Newcastle/Four Creeks	70.6%
Renton North	67.1%
Renton East	71.6%
Renton South	67.6%
SeaTac/Tukwila	65.0%
South County	68.9%
King County	72.6%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2013-2017, via Public Health - Seattle & King County; Community Health Indicators. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low birth weight babies in King County is 6.5%, which is lower than the Healthy People 2020 objective of 7.8% of births being low birth weight. The percentage of low-birth-weight babies in area cities and neighborhoods ranges from 5.5% in Black Diamond/Enumclaw/SE County to 7.8% in South Renton.

Low Birth Weight (Under 2,500 g), Five-Year Average, 2011-2015

	Percent
Auburn**	6.8%
Auburn South	6.7%

Auburn North	6.7%
Bellevue**	7.5%
Bellevue South	6.9%
Black Diamond/Enumclaw/SE County	5.5%
Covington/Maple Valley	6.6%
Kent**	7.0%
Kent SE	6.8%
Kent East	6.7%
Kent West	7.6%
Newcastle/Four Creeks	5.8%
Renton**	7.3%
Renton North	6.9%
Renton East	6.9%
Renton South	7.8%
SeaTac/Tukwila	6.5%
South County	6.7%
King County	6.5%
Washington**	6.3%

*Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2011-2015, via Public Health - Seattle & King County; Community Health Indicators and City Health Profiles. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Preterm Births

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. 9% of births in King County were preterm births. The preterm birth rate was 10.3% for South County and 11.3% in the South Renton HRA.

Preterm Births, Babies Born Before 37 Weeks of Gestation, 2013-2017

	Percent
Auburn North	11.0%
Auburn South	11.0%
Bellevue South	8.7%
Black Diamond/Enumclaw/SE County	9.4%
Covington/Maple Valley	8.7%
Kent West	10.5%
Kent SE	10.9%
Kent East	9.6%
Newcastle/Four Creeks	8.1%
Renton North	9.1%

	Percent
Renton East	9.0%
Renton South	11.3%
SeaTac/Tukwila	10.2%
South County	10.3%
King County	9.0%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2013-2017, via Public Health - Seattle & King County; Community Health Indicators http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Maternal Smoking During Pregnancy

Among pregnant women, 97.2% in King County did not smoke during pregnancy. This rate does not meet the Healthy People 2020 objective of 98.6% of women to abstain from cigarette smoking during pregnancy.

No Smoking during Pregnancy

	Mother did Not Smoke	Live Births*	Percent
King County	25,128	25,844	97.2%
Washington	83,381	89,583	93.1%

*Source: Washington State Department of Health, Vital Statistics, 2016. *Where smoking status of mother was known.*
http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsandPopulationData/Birth/BirthTablesbyYear

From 2011-2015, 95.8% of pregnant women in King County did not smoke. Rates in area cities ranged from to 89.1% in South Auburn to 98.6% in Bellevue, the only city to meet the Healthy People 2020 objective (98.6%).

No Smoking during Pregnancy, 2011-2015

	Percent
Auburn**	90.2%
Auburn North	91.1%
Auburn South	89.1%
Bellevue**	98.6%
Bellevue South	98.5%
Black Diamond/Enumclaw/SE County	91.5%
Covington/Maple Valley	95.6%
Kent**	94.9%
Kent West	94.2%
Kent SE	94.8%
Kent East	95.7%
Newcastle/Four Creeks	96.7%
Renton**	95.9%
Renton North	95.9%

	Percent
Renton East	97.2%
Renton South	95.0%
SeaTac/Tukwila	95.0%
South County	93.7%
King County	95.8%
Washington	89.9%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Infant Mortality

The infant mortality rate is defined as deaths to infants more than 27 days old, and under 1 year of age. The infant mortality rate in King County, from 2013 to 2017, was 3.9 deaths per 1,000 live births. The infant death rate in South County was 5.1 deaths per 1,000 live births. Despite this difference, the infant death rate in South County is still within the Healthy People 2020 objective of 6.0 deaths per 1,000 live births. Rates above the Healthy People 2020 objective occurred in West Kent (6.1 infant deaths per 1,000 live births) and East Kent (6.6 infant deaths per 1,000 live births).

Infant Mortality Rate, 2013-2017

	Rate per 1,000 Live Births
Auburn North	4.6
Auburn South	5.5
Bellevue South	*
Black Diamond/Enumclaw/SE County	4.5
Covington/Maple Valley	4.0
Kent West	6.1
Kent SE	6.0
Kent East	6.6
Newcastle/Four Creeks	*
Renton North	3.3
Renton East	3.5
Renton South	4.3
SeaTac/Tukwila	6.0
South County	5.1
King County	3.9

*Source: WA State Dept. of Health, Center for Health Statistics, Linked Birth/Death Certificate Data, 2013-2017, via Public Health - Seattle & King County; Community Health Indicators *Statistically unstable or suppressed due to small sample size; interpret with caution.*
http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Breastfeeding Initiation

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, 97% of infants in King County were breastfed at some point prior to discharge from the hospital. The lowest rate of breastfeeding initiation was reported in South Auburn (92.7%).

Infants Breastfed at Some Point Prior to Discharge

	Percent
Auburn South	92.7%
Auburn North	94.7%
Bellevue South	97.6%
Black Diamond/Enumclaw/SE County	94.3%
Covington/Maple Valley	96.6%
Kent SE	95.2%
Kent East	94.1%
Kent West	95.0%
Newcastle/Four Creeks	97.4%
Renton North	97.0%
Renton East	97.4%
Renton South	96.9%
SeaTac/Tukwila	96.1%
South County	**95.3%**
King County	**97.0%**

Source: Washington State Department of Health, Center for Health Statistics, Birth Certificates, 2013-2017. Via Public Health – Seattle & King County
http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in area HRAs ranges from 75.4 years in South Auburn to 83.8 years in South Bellevue. The life expectancy for King County is 81.7 years.

Life Expectancy at Birth

	Number of Years
Auburn South	75.4
Auburn North	78.6
Bellevue South	83.8
Black Diamond/Enumclaw/SE County	79.3
Covington/Maple Valley	81.5
Kent SE	79.0
Kent East	79.3
Kent West	79.1
Newcastle/Four Creeks	82.1
Renton North	82.6
Renton East	81.7
Renton South	80.1
SeaTac/Tukwila	79.1
South County	**79.6**
King County	**81.7**

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate data, 2013-2017. Via Public Health – Seattle & King County http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in King County of 6.2 per 1,000 persons is less than the state rate of 6.8 per 1,000 persons. All area HRAs have higher mortality rates than the county, with the exception of South Bellevue (5.3 deaths per 1,000 persons) and North Renton (5.9 deaths per 1,000). The highest age-adjusted death rate in the service area is 10.3 deaths per 1,000 persons, found in South Auburn.

Mortality Rates, per 1,000 Persons, 2014-2018

	Deaths	Crude Rate	Age-Adjusted Rate
Auburn North	1,563	7.5	7.8
Auburn South	1,173	8.6	10.3
Bellevue South	805	4.9	5.3
Black Diamond/Enumclaw/SE County	1,813	7.6	7.8
Covington/Maple Valley	1,312	4.5	6.7
Kent East	1,128	6.0	8.0
Kent SE	1,949	6.7	7.8
Kent West	812	5.6	8.1
Newcastle/Four Creeks	830	5.6	6.8
Renton East	781	4.7	6.3
Renton North	934	5.9	5.9
Renton South	2,003	7.4	7.0
SeaTac/Tukwila	1,441	6.0	7.4
King County	**64,790**	**6.2**	**6.2**
Washington	**275,220**	**7.7**	**6.8**

*Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, December 2019 utilizing Death Certificate Data from 2014-2018 from the WA State Dept. of Health Center for Health Statistics via their Community Health Assessment Tool, accessed October 2019. * Weighted Average of the listed HRAs, using 2015 population estimates.*

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 135.6 per 100,000 persons, which is lower than the state rate (147.3 per 100,000 persons). This is better than the Healthy People 2020 objective for cancer mortality of 161.4 per 100,000 persons.

The heart disease mortality rate in King County is 123.7 per 100,000 persons, which is lower than the state rate (137.2 per 100,000 persons) but exceeds the Healthy People 2020 objective of 103.4 deaths per 100,000 persons.

In addition to cancer and heart disease, Alzheimer's disease, unintentional injury and stroke are in the top five causes of death in King County. Deaths due to Alzheimer's Disease (47.7 per 100,000 persons) and deaths due to pneumonia and flu (12.7 per 100,000 persons) are the only rates of death in King County that exceeded state rates.

Mortality Rates, per 100,000 Persons, Crude and Age-Adjusted, 2017

	King County			Washington		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
All Cancers	2,904	134.8	135.6	12,631	172.8	147.3
Heart Disease	2,601	120.8	123.7	11,532	157.8	137.2
Alzheimer's disease	967	44.9	47.7	3,708	50.7	45.4
Unintentional injury	802	37.2	36.6	3,433	47.0	44.1
Stroke	703	32.6	34.0	3,016	41.3	36.5
Lung disease	506	23.5	25.0	3,160	43.2	37.6
Diabetes	416	19.3	19.8	1,809	24.7	21.4
Pneumonia and flu	263	12.2	12.7	1,037	14.2	12.5
Suicide	266	12.4	11.9	1,292	17.7	17.1
Chronic liver disease and cirrhosis	246	11.4	10.5	979	13.4	11.4

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2017 Community Health Assessment Tool (CHAT), September 2018.
http://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/MortalityDashboard

The top two leading causes of death in Health Reporting Areas (HRAs) are major cardiovascular disease (heart disease and stroke) and cancer. In addition, Alzheimer's disease, unintentional injury deaths (accidents), chronic lower respiratory disease (CLRD), and/or diabetes mellitus are the top causes of death in the area HRAs. Comparison of rates should be undertaken with caution, as rates may have been based on fewer than four deaths per year in certain HRAs.

Mortality Rates, per 100,000 Persons, Age-Adjusted, 2014-2018, Top Six Causes

	Major Cardiovascular Diseases	Cancer	Alzheimer's Disease	Accidents	CLRD	Diabetes Mellitus
Auburn South	293.0	194.7	57.2	48.5	72.4	43.7
Auburn North	230.7	150.3	41.1	32.8	37.8	23.3
Bellevue South	151.1	111.1	71.9	26.2	21.7	11.7
Black Diamond /Enumclaw/SE County	235.9	159.0	48.5	48.1	34.3	30.5
Covington / Maple Valley	194.1	172.8	44.7	36.2	27.5	14.2
Kent SE	219.3	162.4	53.3	39.7	40.4	28.0
Kent East	250.4	173.0	72.1	30.3	32.8	24.4
Kent West	224.0	190.4	35.7	35.0	34.6	31.3
Newcastle / Four Creeks	175.5	149.8	77.0	33.4	28.5	20.3
Renton North	162.7	130.7	33.5	32.8	27.6	28.5
Renton East	170.5	163.3	50.6	20.7	36.3	17.9

	Major Cardiovascular Diseases	Cancer	Alzheimer's Disease	Accidents	CLRD	Diabetes Mellitus
Renton South	200.7	145.2	35.0	31.2	31.6	33.2
SeaTac/Tukwila	218.4	161.8	32.3	48.6	33.3	27.3
HRA weighted avg.*	210.0	158.7	48.9	36.2	34.6	25.5
King County	171.6	140.6	45.6	34.9	25.9	18.7
Washington	186.3	151.0	44.4	42.1	37.4	21.2

*Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, December 2019 utilizing Death Certificate Data from 2014-2018 from the WA State Dept. of Health Center for Health Statistics via their Community Health Assessment Tool, accessed October 2019. * Weighted Average of the listed HRAs, using 2015 population estimates.*

For all listed causes of death, except for Parkinson's disease, the rate of death averaged across the listed HRAs is higher than the county rate. Auburn South has high rates of suicide, flu and pneumonia, liver disease and pneumonitis. Kent has high rates of Parkinson's Disease and Renton South has high rates of kidney disease. Comparison of rates should be undertaken with caution, as rates may have been based on fewer than two deaths per year for certain causes of death in certain HRAs.

Mortality Rates, per 100,000 Persons, Age-Adjusted, 2014-2018, Additional Causes

	Suicide	Flu & Pneumonia	Chronic Liver Disease	Parkinson's Disease	Pneumonitis	Kidney Disease
Auburn South	22.3	25.8	21.6	9.5	16.2	9.2
Auburn North	18.2	14.1	17.1	10.3	7.8	7.4
Bellevue South	8.3	9.2	2.4	6.3	8.9	5.7
Black Diamond/Enumclaw/SE County	14.1	9.3	10.1	10.2	10.1	7.7
Kent SE	11.8	12.9	14.1	13.1	5.6	5.6
Kent East	10.0	11.7	9.7	12.7	14.5	11.0
Kent West	17.6	20.8	12.4	6.8	18.5	11.1
Renton North	15.4	8.3	12.6	4.2	6.0	8.1
Renton East	11.5	9.8	9.1	8.3	13.6	3.8
Renton South	10.3	11.3	10.5	8.8	9.2	12.1
SeaTac/Tukwila	11.4	10.8	14.5	8.9	7.5	4.1
HRA weighted avg.*	13.7	13.4	11.8	8.9	11.1	7.8
King County	12.1	9.9	9.6	9.3	7.7	5.8
Washington	15.8	10.7	11.5	8.6	7.1	5.6

*Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, December 2019 utilizing Death Certificate Data from 2014-2018 from the WA State Dept. of Health Center for Health Statistics via their Community Health Assessment Tool, accessed October 2019. * Weighted Average of the listed HRAs, using 2015 population estimates.*

Homicide was the 14th leading cause of death in the state and county. The highest rate of homicides was recorded in SeaTac/Tukwila (7.9 homicides per 100,000 persons).

Homicide Rate, per 100,000 Persons, Age-Adjusted, 2014-2018

	Rate
Auburn South	5.2
Auburn North	6.3
Bellevue South	0.0
Black Diamond/Enumclaw/SE County	0.8
Kent SE	5.9
Kent East	3.0
Kent West	6.0
Renton North	0.7
Renton East	3.7
Renton South	6.7
SeaTac/Tukwila	7.9
HRA weighted average*	4.0
King County	3.0
Washington	3.4

*Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, December 2019 utilizing Death Certificate Data from 2014-2018 from the WA State Dept. of Health Center for Health Statistics via their Community Health Assessment Tool, accessed October 2019. * Weighted Average of the listed HRAs, using 2015 population estimates.*

Cancer Mortality

The mortality rate for female breast cancer in King County was 16.6 per 100,000 women, while the rate for prostate cancer deaths was 20.6 per 100,000 men. The rate for prostate cancer deaths is higher for King County than for the state (18.8 per 100,000 men).

Cancer Death Rates, Crude and Age-Adjusted Death Rates, per 100,000 Persons, 2017

	Female Breast Cancer			Prostate Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
King County	198	18.4	16.6	169	15.7	20.6
Washington	886	24.2	19.3	677	18.6	18.8

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2017 Community Health Assessment Tool (CHAT), September 2018.
http://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/MortalityDashboard

The rate of colorectal cancer deaths in King County was 12.5 per 100,000 persons, and the rate of lung cancer mortality was 27.3 per 100,000 persons. Mortality from both types of cancer was lower for the county than for the state.

Cancer Death Rates, Crude and Age-Adjusted Death Rated, per 100,000 Persons, 2017

	Colorectal Cancer			Lung Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
King County	271	12.5	12.5	575	26.7	27.3
Washington	1,069	14.6	12.7	2,919	39.9	33.7

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2017 Community Health Assessment Tool (CHAT), September 2018.
http://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/MortalityDashboard

HIV

The death rate from HIV/AIDS-related causes was 1.4 deaths per 100,000 persons in the county and 1.0 deaths per 100,000 persons in South County.

HIV/AIDS-Related Death Rates, per 100,000 Persons, Five-Year Average, 2011-2015

	Rate
South County	1.0
King County	1.4
Washington	0.9

Source: Public Health - Seattle & King County; Prevention Division; HIV/AIDS Registry Data, 2011-2015.
http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Drug and Alcohol-Related Deaths

Deaths from acute drug and/or alcohol poisoning have been rising in King County, from 247 deaths in 2011 to 415 deaths in 2018.

Deaths Caused by Acute Drug or Alcohol Poisoning

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
King County	271	267	260	247	278	316	327	331	345	382	415

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report
https://www.kingcounty.gov/depts/health/~/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

Compared to 2017, overdose deaths in 2018 involving Fentanyl almost doubled (from 33 to 65 deaths), while those involving methamphetamine increased by 19%, and those involving heroin and prescription opioids remained stable. Since 2009, methamphetamine deaths have risen sharply, from 4.2 to 10.1 deaths per 100,000 persons. The numbers in the chart below cannot be totaled because 77% of deaths due to drugs or alcohol in 2018 involved multiple substances. Deaths involving a combination of both opioids and stimulants has significantly increased as well, from 17% in 2009 to 32% in 2018.

Fatal Overdoses, by Type of Substance, 2018

	Number	Percent
Opioids	277	66.7%
Heroin	156	37.6%
Prescription opioids	100	24.1%
Fentanyl	65	15.7%

	Number	Percent
Stimulants	221	53.3%
Methamphetamine	163	39.3%
Cocaine	86	20.7%
Alcohol	92	22.2%
Alcohol alone	9	2.2%
Non-euphoric drugs alone	6	1.4%
Other medications alone	31	7.5%
Total	415	100%

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report
https://www.kingcounty.gov/depts/health/~/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

In 2017 and 2018 combined, deaths tended to be highest among men (67% of deaths), persons between the ages of 30 to 59 (27% of all deaths were among those ages 50-59), and were significantly higher among the homeless – 16% of all deaths despite representing less than 1% of the population. Deaths also were highest in the west of the county, with the highest rates seen in SeaTac/Tukwila (32.8 deaths per 100,000 residents).

Drug and Alcohol Death Rates, per 100,000 Residents, by Location, 2017-2018 Combined

		Number	Rate
Auburn		38	26.7
Bellevue		30	10.5
Kent		45	17.6
Renton		36	14.7
SeaTac/Tukwila		32	32.8
Seattle		389	26.9
King County		798	18.4

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report
https://www.kingcounty.gov/depts/health/~/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

Despite representing only 0.6% of King County's population, American Indian/Alaskan Native residents had the highest death rate from drugs and alcohol (99.4 deaths per 100,000 persons). Non-Hispanic (NH) Blacks (29.1 deaths per 100,000) and NH Whites (23.9 deaths per 100,000) were more likely to die from drugs and alcohol than were NH Asians (4.5 deaths per 100,000 persons) and Hispanics (4.3 deaths per 100,000 persons).

Drug and Alcohol Death Rates, per 100,000 Residents, by Race, 2017-2018 Combined

	Number	Rate
Hispanic	19	4.3
Asian, non-Hispanic	33	4.5
White, non-Hispanic	627	23.9
Black, non-Hispanic	81	29.1
American Indian/Alaskan Native	27	99.4
King County, all races	798	18.4

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report
https://www.kingcounty.gov/depts/health/~/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx

Chronic Disease

Fair or Poor Health

When asked to self-report on health status, 12% of adults in King County indicated they were in fair or poor health. This was lower than the state rate (16%). In area cities, responses ranged from 7% of South Bellevue to 21% of North Auburn.

Fair or Poor Health, Adults, Five-Year Average, 2011-2015

	Percent
Auburn**	20%
Auburn South	20%
Auburn North	21%
Bellevue**	11%
Bellevue South	7%
Black Diamond/Enumclaw/SE County	12%
Covington/Maple Valley	9%
Kent**	15%
Kent West	18%
Kent East	17%
Kent SE	14%
Newcastle/Four Creeks	12%
Renton**	14%
Renton South	14%
Renton North	20%
Renton East	9%
SeaTac/Tukwila	15%
South County	16%
King County**	12%
Washington**	16%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Diabetes

Rates of diabetes diagnosed in area cities ranged from 6.9% in Bellevue to 10.0% in Kent.

Adult Diabetes Prevalence, Age-Adjusted

	Percent
Auburn	9.3%
Bellevue	6.9%
Kent	10.0%
Renton	8.9%
Seattle	7.9%

Source: CDC 500 Cities Project, from the Behavioral Risk Factor Surveillance System - BRFSS, 2016. https://chronicdata.cdc.gov/health-area/500-cities

Heart Disease and Stroke

3% of King County and South County adults reported being told by a health professional they have coronary heart disease or angina. 4% of King County adults have been told by a health professional they have had a myocardial infarction (heart attack). 2% of King County adults reported being told by a health professional they have had a stroke.

Adult Cardiovascular Disease, Five-Year Average, 2011-2015

	Coronary Heart Disease or Angina	Heart Attack	Stroke
South County	3%	5%	3%
King County	3%	4%	2%
Washington	4%	6%	3%

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

4.2% of King County adults reported having cardiovascular disease or having had a heart attack (Myocardial Infarction) vs. 5.1% statewide.

Adult Cardiovascular Disease or Heart Attack, Five-Year Average, 2013-2017

	Percent
King County	4.2%
Washington	5.1%

Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017.
https://fortress.wa.gov/doh/brfss/#!/table

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The lowest reported rates of high blood pressure and high cholesterol among area cities are in Bellevue, where 23.5% of adults have high blood pressure and 29.3% have high cholesterol. The highest rates are reported in Kent where 29.2% of adults have high blood pressure and 31.7% have high cholesterol.

High Blood Pressure and High Cholesterol, Age-Adjusted

	High Blood Pressure	High Cholesterol
Auburn	28.6%	31.8%
Bellevue	23.5%	29.3%
Kent	29.2%	31.7%
Renton	27.3%	30.7%
Seattle	25.6%	29.7%

Source: CDC 500 Cities Project, from the Behavioral Risk Factor Surveillance System - BRFSS, 2015. https://chronicdata.cdc.gov/health-area/500-cities

Cancer

In King County, the age-adjusted cancer incidence rate is 522.6 per 100,000 persons, which is higher than the state rate of 503.3 per 100,000 persons. Breast cancer and prostate cancer occur at higher rates in King County than in the state. Though incidence of breast cancer is higher for King County (188.5 per 100,000 persons) than the state (169.0 per 100,000 persons), mortality is lower.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted, 2012-2016

	King County	Washington
All sites	522.6	503.3
Breast (female)	188.5	169.0
Prostate	110.1	100.7
Lung and Bronchus	50.0	56.3
Leukemia	15.0	14.9
Cervix	6.1	6.7

Source: Washington State Department of Health, Washington State Cancer Registry, 2012-2016.
https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query

Asthma

Reported rates of adult asthma in the area are lowest in Bellevue (7.9% of adults) and highest in Auburn (10%) and Kent (9.9%). All area cities, for which data are available, report higher rates of adult asthma than the county rate, with the exception of Bellevue.

Adult Asthma Prevalence

	Percent
Auburn	10.0%
Bellevue	7.9%
Kent	9.9%
Renton	9.1%
Seattle	8.9%
King County	8.4%
Washington	9.8%

Source: CDC 500 Cities Project, from the Behavioral Risk Factor Surveillance System - BRFSS, 2016. https://chronicdata.cdc.gov/health-area/500-cities
Source for County and State: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017. https://fortress.wa.gov/doh/brfss/#!/table

5% of children in South County have been diagnosed with asthma, while 6% of children in King County have asthma.

Childhood Asthma Prevalence, 2012-2014 & 2016, Averaged

	Percent
South County	5%
King County	6%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2012-2014 & 2016.
http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Asthma hospitalization in children, under age 18, occurs at a rate of 112.5 per 100,000 children in South County, and 131.0 per 100,000 children in King County.

Adults are hospitalized for asthma at much lower rates than children. Averaged over five years, adults in King County were hospitalized for asthma at a rate of 38.8 per 100,000 persons. South County has a rate of 51.1 per 100,000 adults hospitalized for asthma per year.

Asthma Hospitalization Rates, per 100,000 Persons, Five-Year Average, 2011-2015

	Childhood Asthma	Adult Asthma
South County	112.5	51.1
King County	131.0	38.8

Source: Public Health - Seattle & King County; WA Office of Hospital and Patient Data Systems, Comprehensive Hospital Abstract Reporting System (CHARS), 2011-2015. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Tuberculosis

Tuberculosis rates in King County fell slightly from 2014 to 2017, continuing a downward trend. The rate of TB, per 100,000 persons in 2017 in King County was 4.6 per 100,000 persons, which is higher than the statewide rate of 2.8 per 100,000 persons.

Tuberculosis Rate, per 100,000 Persons, 2014-2017

	2014		2017	
	Number	Crude Rate	Number	Crude Rate
King County	99	4.9	98	4.6
Washington	193	2.8	207	2.8

Source: Washington State Department of Health Communicable Disease Report, 2017. https://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport2017.pdf

Disability

In the service area, 10.3% of the non-institutionalized civilian population identified as having a disability. In King County, 9.6% had a disability, while the rate of disability in the state was 12.8%.

Population with a Disability , Five-Year Average, 2013-2017

	Percent
VMC Service Area	10.3%
King County	9.6%
Washington	12.8%

Source: U.S. Census Bureau, 2013-2017 American Community Survey, S1810. http://factfinder.census.gov

Health Behaviors

Health Behaviors Ranking

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

Health Behaviors Ranking

	County Ranking (out of 39)
King County	1

Source: County Health Rankings, 2019. http://www.countyhealthrankings.org

Overweight and Obesity

Almost a quarter of adults in King County (22%) are obese and 34% are overweight. Rates of obesity in service area cities ranged from 15% in Bellevue to 38% in Auburn and North Auburn. Combined rates of overweight and obesity are lowest in Bellevue (48%) and highest in North Auburn and East Kent (73%).

Adult Overweight (2011-2015) and Obesity (2013-2017), Five-Year Averages

	Overweight	Obese	Combined
Auburn**	31%	38%	69%
Auburn South	24%	37%	61%
Auburn North	35%	38%	73%
Bellevue**	33%	15%	48%
Bellevue South	35%	18%	53%
Black Diamond/Enumclaw/SE County	36%	28%	64%
Covington/Maple Valley	38%	31%	69%
Kent**	36%	33%	69%
Kent East	40%	33%	73%
Kent West	32%	37%	69%
Kent SE	35%	32%	67%
Newcastle/Four Creeks	38%	23%	61%
Renton**	35%	26%	61%
Renton North	30%	24%	54%
Renton South	39%	28%	67%
Renton East	35%	23%	58%
SeaTac/Tukwila	39%	26%	65%
South County	36%	30%	66%

	Overweight	Obese	Combined
King County**	34%	22%	56%
Washington**	35%	27%	62%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015 & 2013-2017. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

In King County, 20% of 8th graders, 23% of 10th graders and 26% of 12 grade students are overweight or obese; these rates are lower than the state.

Youth Overweight and Obese, Grades 8, 10 and 12, 2018

	8th Grade		10th Grade		12th Grade	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
King County	12%	8%	12%	11%	13%	13%
Washington State	14%	12%	15%	14%	15%	17%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

Physical Activity

The CDC recommendation for adult physical activity is 30 minutes of moderate activity five times a week or 20 minutes of vigorous activity three times a week, and strength training exercises that work all major muscle groups at least 2 times per week. In South County, 80% of adults do not meet these recommendations, while in area cities rates ranged from 72% in East Kent to 86% in Auburn (92% in South Auburn, though this rate is unstable due to a small sample size).

Physical Activity Recommendations Not Met, Adults 18+, 2013, 2015 & 2017, Averaged

	Percent
Auburn**	86%
Auburn South	* 92%
Auburn North	82%
Bellevue**	78%
Bellevue South	76%
Black Diamond/Enumclaw/SE County	84%
Covington/Maple Valley	75%
Kent**	79%
Kent SE	82%
Kent East	72%
Kent West	77%
Newcastle/Four Creeks	74%
Renton**	83%
Renton East	81%
Renton South	84%
Renton North	83%

	Percent
SeaTac/Tukwila	84%
South County	80%
King County**	76%
Washington**	77%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2013, 2015 & 2017.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*
** Statistically unstable due to small sample size; interpret with caution.*

16% of adults in King County were sedentary and did not participate in any leisure-time physical activity in the previous month. This is a lower rate of sedentary adults than the statewide reported rate of 20%. South County's rate of sedentary adults is higher, with 21% not participating in physical activity in the prior month. Rates among area cities ranged from 13% in South Bellevue, Covington/Maple Valley and West Kent to 27% of SeaTac/Tukwila adults being sedentary.

Sedentary Adults, Five-Year Average, 2011-2015

	Percent
Auburn**	22%
Auburn South	25%
Auburn North	20%
Bellevue**	16%
Bellevue South	13%
Black Diamond/Enumclaw/SE County	23%
Covington/Maple Valley	13%
Kent**	21%
Kent SE	24%
Kent East	17%
Kent West	13%
Newcastle/Four Creeks	16%
Renton**	21%
Renton East	21%
Renton South	22%
Renton North	19%
SeaTac/Tukwila	27%
South County	21%
King County**	16%
Washington**	20%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

22% of adults in King County and 24% of adults in South County limited their activities due to poor mental or physical health.

Limited Activity Due to Poor Health, Adults, 2011-2015

	Percent
Auburn**	25%
Auburn South	21%
Auburn North	28%
Bellevue**	19%
Bellevue South	25%
Black Diamond/Enumclaw/SE County	23%
Covington/Maple Valley	18%
Kent**	23%
Kent SE	23%
Kent East	26%
Kent West	26%
Newcastle/Four Creeks	24%
Renton**	23%
Renton East	22%
Renton South	23%
Renton North	25%
SeaTac/Tukwila	19%
South County	24%
King County**	22%
Washington**	25%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

The CDC recommendation for youth physical activity is 60 minutes or more each day. King County youth were less likely than state youth to meet this recommendation. 84% of 12th grade students did not meeting this activity recommendation, compared to 79% statewide.

Youth Inadequate Physical Activity, Grades 6, 8, 10 and 12, 2018

	6th Grade	8th Grade	10th Grade	12th Grade
King County	74%	76%	82%	84%
Washington State	73%	72%	78%	79%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

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, which is higher than the state rate of 87%.

Adequate Access to Exercise Opportunities, 2010 & 2018 Combined

	Percent
King County	98%
Washington	87%

Source: County Health Rankings, 2019 ranking, utilizing 2010 & 2018 data. http://www.countyhealthrankings.org

Community Walkability

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

WalkScore.com has established the range of scores as follows:
0-24: Car Dependent (Almost all errands require a car)
25-49: Car Dependent (A few amenities within walking distance)
50-69: Somewhat Walkable (Some amenities within walking distance)
70-89: Very Walkable (Most errands can be accomplished on foot)
90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, all communities in the service area are classified as “Car Dependent.” Newcastle, Maple Valley and Covington are rated as the most “Car Dependent” communities in the service area.

Walkability

	Walk Score
Auburn	31
Bellevue	40
Black Diamond	34
Covington	23
Kent	39
Maple Valley	22
Newcastle	21
Renton	39
Seattle (SeaTac)	39
Seattle (Tukwila)	46

Source: WalkScore.com, 2019

Soda Consumption

In King County, 2% of 10th graders drink sugar-sweetened beverages daily at school. This shows a steep decline from previous years as school policies have shifted to ban sugary drinks in schools.

Daily Sweetened Drink Consumption at School, 10th Grade Youth, 2006-2018

	2006	2008	2010	2012	2014	2018
King County	18%	16%	12%	10%	4%	2%
Washington	22%	19%	15%	13%	4%	3%

Source: Washington State Healthy Youth Survey, 2006-2018. http://www.askhys.net/FactSheets

Fruit and Vegetable Consumption

In King County, 81% of 10th graders do not eat the recommended minimum of five servings of fruits and vegetables daily. This shows a continuing increase in the number of children not meeting the recommendations since 2008.

Eat Fewer than Five Servings of Fruits and Vegetables Daily, 10th Grade Youth, 2006-2018

	2006	2008	2012	2014	2016	2018
King County	74%	70%	73%	76%	78%	81%
Washington	75%	75%	76%	78%	80%	83%

Source: Washington State Healthy Youth Survey, 2006-2018. http://www.askhys.net/FactSheets

Youth Sexual Behaviors

In King County, almost one-third of 10th graders (30%) have had sex. This rate is higher than the state rate (26%). 41% of 10th graders in King County did not use a condom during their last sexual encounters.

Sexual Behaviors, Youth

	Has had Sex		Did Not Use a Condom During Last Sexual Encounter	
	8th Grade	10th Grade	8th Grade	10th Grade
King County	9%	30%	50%	41%
Washington	9%	26%	49%	45%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

Sexually Transmitted Infections

Chlamydia occurs at a rate of 453.2 per 100,000 persons in King County and the rate of gonorrhea is 194.0 per 100,000 persons. Primary and Secondary syphilis occurs at a rate of 15.0 per 100,000 persons in King County, while reported initial infections with genital Herpes occurred at a rate of 16.5 per 100,000 persons. Rates of the listed STIs are higher in King County than the state, with the exception of genital Herpes.

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

	King County	Washington
Chlamydia	453.2	444.0
Gonorrhea	194.0	137.1
Syphilis (primary & secondary)	15.0	9.2
Genital Herpes (initial infection)	16.5	28.2

Source: Washington State Department of Health Communicable Disease Report, 2017. https://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport2017.pdf

HIV

The number of newly-diagnosed HIV cases fell from 2013 to 2017 in King County. The King County rate of newly-diagnosed HIV cases was 10.2 per 100,000 persons in 2017.

Newly Diagnosed HIV Cases, Annual Count and Rate, per 100,000 Persons, 2013-2017

	2013	2014	2015	2016	2017	2017 Rate
King County	251	273	236	217	220	10.2
Washington	456	448	461	438	445	6.1

Source: Washington State Department of Health HIV Surveillance Report, 2018. https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-030-WAHIVSurveillanceReport2018.pdf

The incidence of HIV (annual new cases) in King County from 2013 to 2016, averaged, was 11.9 cases per 100,000 persons, while in South County it was 9.2 cases per 100,000 persons. The prevalence of HIV (those living with HIV regardless of when they might have been diagnosed or infected) is 323 cases per 100,000 persons in the county and 205 cases per 100,000 persons in South County.

HIV/AIDS Incidence, per 100,000 Persons & Prevalence, Three-Year Average, 2013-2016

	Incidence (Rate)	Prevalence (Number of Cases)
South County	9.2	205
King County	11.9	323

Source: Public Health - Seattle & King County; Prevention Division; HIV/AIDS Registry Data, 2013-2016.
http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Mental Health

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In King County, 10% of the adult population experienced frequent mental distress. Service area cities and HRAs had rates ranging from 7% in Bellevue and Covington/Maple Valley to 16% of adults in South Auburn (this number was based on a small sample size and should be treated with caution).

Frequent Mental Distress, Adults, Five-Year Average, 2011-2015

	Percent
Auburn**	15%
Auburn South	16%*
Auburn North	13%
Bellevue**	7%
Bellevue South	9%
Black Diamond/Enumclaw/SE County	12%
Covington/Maple Valley	7%
Kent**	13%
Kent SE	15%
Kent East	12%
Kent West	14%
Newcastle/Four Creeks	8%
Renton**	11%
Renton East	14%
Renton South	10%
Renton North	9%
SeaTac/Tukwila	9%
South County	12%
King County**	10%
Washington**	11%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. * Statistically unstable due to small sample size; interpret with caution. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Youth Mental Health

Among 10th grade youth, 36% in King County had experienced depression in the previous year, described as 'feeling so sad or hopeless for two weeks or more that they had stopped doing their usual activities'. This represents a continued increase in youth depression over the previous 10-year timespan.

Youth Depression, Past 12 Months, 10th Grade

	Percent
King County	36%
Washington	40%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

20% of 10th graders in King County said they had considered suicide in the past year, while 9% said they had attempted suicide in the past year. These numbers represent a continued increase in suicidal ideation and attempts over prior years.

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

	Considered Suicide	Attempted Suicide
King County	20%	9%
Washington	23%	10%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

Intimate partner violence begins to be a concern for youth beginning in at least 8th grade, rising by grade level. 4% of 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, while 6% of 10th graders and 8% of 12th graders indicated they had experienced intimate partner violence. Levels are higher in South County than in King County. Levels are higher among LGBTQ-identifying youth compared to all youth.

Intimate Partner Violence, in the Past 12 Months, 8th, 10th, and 12th Grade Students

	South County	King County
All youth	7%	6%
LGBTQ-identifying youth	20%	17%

Source: Healthy Youth Survey (HYS), 2014 & 2016, via King County Department of Community and Human Services.
http://www.kingcounty.gov/healthservices/health/data/indicators.aspx

Healthcare professionals play an important role in the wellbeing of all LGBTQ youth, who may have particular difficulty discussing their health needs in front of their parents or guardians, who may not be supportive; correct use of pronouns and chosen names by healthcare professionals is also important, and impacts trust levels with Transgender youth. While data from the Healthy Youth Survey cannot be broken down by self-reported sexuality or gender-non-conforming youth on the askhys.net website, a special report was created utilizing this data in addition to listening sessions and interviews with youth and key informants as part of the King County CHNA 2018/2019. This "LGBTQ Community Spotlight" may be found at https://kingcounty.gov/depts/health/data/community-health-indicators/~/media/depts/health/data/documents/CHNA-LGBTQ-Community-Spotlight.ashx.

Key insights were that youth are more likely than adults to identify as LGBTQ (5.5% of adults do, while 11.3% of King County public school 8th 10th and 12th graders do, with an additional 7% responding 'not sure'). LGBTQ-identifying youth are more likely to feel depressed, use cigarettes and abuse alcohol and drugs, be sedentary and/or obese, be victims of bullying and violence, be subject to homelessness, and have higher rates of suicide, particularly Transgender youth. All of these issues can be compounded by racial oppressions, and many can carry over into adulthood and have long-term health consequences. Access to hormone therapy or puberty blockers is also of particular concern to Transgender youth, and also carries long-term consequences.

Substance Use and Misuse

Cigarette Smoking

In King County, 11% of adults report being current smokers. This is lower than the 15% rate reported by adults statewide. Rates in the service area cities and HRAs range from 8% in Bellevue and South Bellevue to 22% in South Auburn.

Adult Cigarette Smoking, Five-Year Average, 2013-2017

	Percent
Auburn**	20%
Auburn South	22%
Auburn North	19%
Bellevue**	8%
Bellevue South	8%
Black Diamond/Enumclaw/SE County	17%
Covington/Maple Valley	9%
Kent**	16%
Kent SE	19%
Kent East	13%
Kent West	14%
Newcastle/Four Creeks	10%
Renton**	15%
Renton East	16%
Renton South	14%
Renton North	16%
SeaTac/Tukwila	16%
South County	10%
King County**	11%
Washington**	15%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2013-2017.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Vapor products are now the most common nicotine product used by youth. 4% of 10th grade youth in King County smoked cigarettes in the prior 30 days, 2% used smokeless tobacco in the prior 30 days, and 16% had used vapor products.

Youth Tobacco Use, Past 30 Days, Grade 10

	Smokes Cigarettes	Used Smokeless Tobacco	Used Vapor Products
King County	4%	2%	16%
Washington	5%	2%	21%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

9% of King County 10th graders, who reported vaping in the past 30 days, weren't sure what substance they had vaped. 63% said it was a nicotine product, 20% said it was a THC (marijuana) product, and 31% stated it was a flavor-only product, with no nicotine or THC.

Reported Substance "Vaped" Among Current Users, Past 30 Days, Grade 10

	Nicotine	THC (Marijuana)	Flavor Only (No Nicotine or THC)	Substance Not Known
King County	63%	20%	31%	9%
Washington	56%	21%	33%	10%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 20% in King County reported having engaged in binge drinking in the previous 30 days. Rates ranged from 9% in West Kent to 20% in North Auburn and Covington/Maple Valley.

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

	Percent
Auburn**	18%
Auburn South	20%
Auburn North	17%
Bellevue**	18%
Bellevue South	18%
Black Diamond/Enumclaw/SE County	14%
Covington/Maple Valley	20%
Kent**	14%
Kent SE	16%
Kent East	13%
Kent West	9%
Newcastle/Four Creeks	12%
Renton**	16%
Renton East	15%
Renton South	15%
Renton North	19%
SeaTac/Tukwila	19%
South County	**17%**
King County**	**20%**
Washington**	**17%**

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015.
*http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Not unexpectedly, alcohol use among youth increased by age. 26% of 12th grade youth in King County had consumed alcohol at some time in the past month. Consumption of alcohol was seen in 17% of 10th graders, 7% of 8th graders and 2% of 6th graders. These rates are lower for King County than for the state.

Alcohol Use in Past 30 Days, Youth

	6th Grade	8th Grade	10th Grade	12th Grade
King County	2%	7%	17%	26%
Washington	2%	8%	18%	28%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

Among youth, binge drinking rates rose from 10th to 12th grade; 9% of 10th graders and 14% of 12th graders in King County had engaged in binge drinking in the previous two weeks.

Binge Drinking in Past 2 Weeks, Youth

	10th Grade	12th Grade
King County	9%	14%
Washington	10%	15%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

Drug Use

14% of King County adults said they had used marijuana during the prior month. Rates in service area cities and HRAs ranged from 7% in South Bellevue (this number is based on a small sample size and should be treated with caution) to 18% in West Kent.

Marijuana Use, Past 30 Days, Adults, Five-Year Average, 2013-2017

	Percent
Auburn**	11%
Auburn South	10%
Auburn North	13%
Bellevue**	10%
Bellevue South	7%*
Black Diamond/Enumclaw/SE County	11%
Covington/Maple Valley	9%
Kent**	14%
Kent SE	13%
Kent East	8%*
Kent West	18%
Newcastle/Four Creeks	14%
Renton**	12%

	Percent
Renton East	14%
Renton South	10%*
Renton North	12%
SeaTac/Tukwila	11%
South County	**13%**
King County**	**14%**
Washington**	**12%**

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2013-2017. * Statistically unstable due to small sample size; interpret with caution. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

19% of the 12th grade youth, and 14% of the 10th grade youth in King County indicated current use of marijuana in the past 30 days. These rates are lower than state rates.

Marijuana Use in Past 30 Days, Youth

	10th Grade	12th Grade
King County	14%	19%
Washington	18%	26%

Source: Washington State Healthy Youth Survey, 2018. http://www.askhys.net/FactSheets

Preventive Practices

Flu and Pneumonia Vaccines

63% of seniors in King County received a flu shot, which falls short of the Healthy People 2020 objective for 70% of all adults, 18 and older, including seniors, to receive a flu shot. Area HRA rates of seniors obtaining flu shots ranged from 37% in Covington/Maple Valley to 71% in South Bellevue.

Adults, 18 to 64 years of age, received flu shots at lower levels than seniors. 37% of King County adults received a flu shot. Adults receiving flu shots in area cities and neighborhoods ranged from 33% in Black Diamond/Enumclaw/SE County to 59% in Newcastle/Four Creeks.

Flu Shots, Past 12 Months, Seniors and Adults, Five-Year Average, 2011-2015

	Seniors, Ages 65+	Adults, Ages 18-64
Auburn**	58%	35%
Auburn South	60%	36%
Auburn North	57%	34%
Bellevue**	64%	36%
Bellevue South	71%	42%
Black Diamond/Enumclaw/SE County	54%	33%
Covington/Maple Valley	37%	60%
Kent**	63%	40%
Kent SE	56%	36%
Kent East	67%	42%
Kent West	65%	36%
Newcastle/Four Creeks	52%	59%
Renton**	60%	44%
Renton East	57%	50%
Renton South	61%	47%
Renton North	Data suppressed*	37%
SeaTac/Tukwila	51%	34%
South County	61%	37%
King County**	63%	37%
Washington**	60%	36%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. * Data suppressed due to small sample size. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and ** https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

The Healthy People 2020 objective is for 90% of seniors to have a pneumonia vaccine. In both King County and the state, 74% of senior residents reported having received the pneumonia vaccine. Rates in area cities and neighborhoods range from 58% in SE Kent to 81% in Black Diamond/Enumclaw/SE County.

Pneumonia Vaccine, Adults 65+, Five-Year Average, 2011-2015

	Percent
Auburn**	74%
Auburn South	71%
Auburn North	76%*
Bellevue**	74%
Bellevue South	67%
Black Diamond/Enumclaw/SE County	81%
Covington/Maple Valley	78%
Kent**	66%
Kent SE	58%
Kent East	74%*
Kent West	Data suppressed*
Newcastle/Four Creeks	69%
Renton**	76%
Renton East	78%*
Renton South	74%
Renton North	Data suppressed*
SeaTac/Tukwila	72%
South County	73%
King County**	74%
Washington**	74%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. *Statistically unstable or suppressed due to small sample size; interpret with caution http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Immunization of Children

Among area school districts, Tahoma School District had the highest rate of up-to-date vaccinations among children entering Kindergarten (92.7%) and Auburn School District had the lowest rate of up-to-date vaccinations among children entering Kindergarten (82.8%).

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2016-2017

	Percent
Auburn School District	82.8%
Kent School District	84.6%
Renton School District	91.7%
Tahoma School District	92.7%
Tukwila School District	88.1%
King County	84.8%
Washington	85.0%

Source: State of Washington, Open Data Portal, 2016-2017. https://data.wa.gov/

Mammograms

The Healthy People 2020 objective for mammograms is 81.1% of women, between the ages of 50 and 74, have a mammogram in the past two years. This translates to a maximum of 18.9% who lack screening. In SeaTac/Tukwila, 40% of women lack breast cancer screening, compared to 22% county-wide.

No Mammogram Past 2 Years, Women Ages 50-74, Five-Year Average, 2011-2015

	Percent
Auburn**	18%
Auburn South	Data suppressed *
Auburn North	19%*
Bellevue**	20%
Bellevue South	22%
Black Diamond/Enumclaw/SE County	16%
Covington/Maple Valley	18%
Kent**	24%
Kent SE	22%
Kent East	Data suppressed*
Kent West	Data suppressed*
Newcastle/Four Creeks	31%
Renton**	18%
Renton East	21%*
Renton South	16%
Renton North	20%*
SeaTac/Tukwila	40%
South County	22%
King County**	22%
Washington**	23%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. *Statistically unstable or suppressed due to small sample size; interpret with caution.http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Pap Smears

The Healthy People 2020 objective is for 93% of women, ages 21 to 65, to have a Pap smear in the past three years. This equates to a maximum of 7% of women who lack screening. In SeaTac/Tukwila, 26% of women, ages 21 to 65, lack recent cervical screening.

No Pap Test Past 3 Years, Women Ages 21-65, Five-Year Average, 2011-2015

	Percent
Auburn**	17%
Auburn South	Data suppressed *

	Percent
Auburn North	16%*
Bellevue**	15%
Bellevue South	19%*
Black Diamond/Enumclaw/SE County	11%*
Covington/Maple Valley	5%*
Kent**	19%
Kent SE	19%
Kent East	Data suppressed*
Kent West	Data suppressed*
Newcastle/Four Creeks	22%*
Renton**	8%
Renton East	9%*
Renton South	8%*
Renton North	9%*
SeaTac/Tukwila	26%
South County	15%
King County**	16%
Washington**	18%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. *Statistically unstable or suppressed due to small sample size; interpret with caution. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Colorectal Cancer Screening

The Healthy People 2020 objective for adults, 50 to 75 years old, is for 70.5% 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). 64% of South County residents, ages 50-75, met the colorectal cancer screening guidelines. Area cities and neighborhoods ranged from 53% in SeaTac/Tukwila to 74% in Black Diamond/Enumclaw/SE County.

Screening for Colorectal Cancer, Adults Ages 50-75, Five-Year Average, 2011-2015

	Percent
Auburn**	65%
Auburn South	69%
Auburn North	59%
Bellevue**	69%
Bellevue South	72%
Black Diamond/Enumclaw/SE County	74%
Covington/Maple Valley	61%
Kent**	62%
Kent SE	58%

	Percent
Kent East	59%
Kent West	65%
Newcastle/Four Creeks	67%
Renton**	72%
Renton East	65%
Renton South	69%
Renton North	68%
SeaTac/Tukwila	53%
South County	64%
King County**	64%
Washington**	70%

*Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. *Statistically unstable or suppressed due to small sample size; interpret with caution. http://www.kingcounty.gov/healthservices/health/data/indicators.aspx and **https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx*

Attachment 1. Benchmark Comparisons

Where data were available, Valley Medical Center's health and social indicators were compared to the Healthy People 2020 objectives. The **bolded items** are Healthy People 2020 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2020 Objectives
High school graduation rate	**76.2%** - 89.8%	87%
Child health insurance rate	**96.2%**	100%
Adult health insurance rate	**87.7%**	100%
Unable to obtain medical care	**10% - 26%**	4.2%
Cancer deaths	157.4	161.4 per 100,000 persons
Colon/rectum cancer death	13.0	14.5 per 100,000 persons
Lung cancer death	40.7	45.5 per 100,000 persons
Female breast cancer death	19.9	20.7 per 100,000 persons
Prostate cancer death	20.6	21.8 per 100,000 persons
Stroke deaths	34.0	34.8 per 100,000 persons
Unintentional injury deaths	36.4	36.4 per 100,000 persons
Suicides	**13.7**	10.2 per 100,000 persons
Liver disease deaths	**11.8**	8.2 per 100,000 persons
Homicides	4.0	5.5 per 100,000 persons
Early and adequate prenatal care	**68.9%**	83.2%
Low birth weight infants	6.7%	7.8% of live births
Infant death rate	5.1	6.0 per 1,000 live births
Adult obese, ages 20+	30%	30.5%
Teens obese, ages 12-17	8% - 13%	16.1%
Adults engaging in binge drinking	17%	24.2%
Cigarette smoking by adults	10%	12%
Pap smears, ages 21-65, screened in the past 3 years	**85%**	93%
Mammograms, ages 50-74, screened in the past 2 years	**78%**	81.1%
Adults, 65+, ever receiving pneumonia vaccine	**73%**	90%
Annual adult influenza vaccination	**37%**	70%

Attachment 2. Community Member Survey Results

Valley Medical Center conducted surveys with community members to obtain input on community needs, barriers to care and resources available to address the identified needs. The surveys were available in an electronic format through a Survey Monkey link from January 7 – 31, 2020 and in print. During this time, 126 surveys were collected from community residents. VMC distributed the survey link through emails, social media, news publications and their patient portal. A written introduction explained the purpose of the survey, assured participants the survey was voluntary and they would remain anonymous.

What are the biggest health issues or needs you and your family face?

Access to Health Care

- Affordable insurance
- Transportation to appointments
- Vision care
- Dental care
- Cost of prescription medicines
- Prescriptions that are not covered by my insurance plan
- It seems like every time I need to see my doctor; they can't get me in and tell me to go to urgent care.
- Most doctors are booked out 1-6 months with no open time slots available for add on cases
- Being able to afford insurance and out of pocket expenses
- The inability to predict cost of care and coverage issues with insurance companies
- Difficulty getting appointments around normal work hours because I can't take time off to go to medical appointments
- We need timeslots for routine and specialty appointments that are open outside of our working hours. We can't afford to take time off from work, especially on a weekly basis. I always prioritize clinics/providers who offer evening and/or weekend hours. We want to follow up on our health concerns, but cannot always get the time off
- Access to primary care and specialty care
- It is difficult to find providers who are in network close to our home
- Cost of prescription medicine
- Insurance does not cover alternative/preventive care (e.g. acupuncture, naturopath, massage and physical therapy)
- Time to manage preventive health care needs
- Medicare/Medicaid education in different languages (finding dental and vision care).
- Birth control/family planning
- Need for more providers in urgent care
- I am choosing not to have recommended surgery because I don't have anyone to care for me afterward (e.g. prepare meals, pick up prescriptions, etc.)

- Even with insurance the deductibles are too high. We are paying more than ever for labs and medications that once was covered
- Finding a provider who is accepting new patients
- Navigating the complexities of health care. I have a disabled family member and it is very difficult to make sure she receives adequate care and it's hard to get her what she needs when she needs it
- Availability of women's services
- Access to pediatric care. We are able to access a general pediatrician through VMC, but all specialists have to be seen at Seattle Children's or Mary Bridge, which are very far away. This means additional time off work for appointments and the continuity of care is a burden on me
- As part of the Asian/Pacific Islander community, we see access to care as a big issue, especially for the immigrant communities. There are language and cultural barriers to care. Personally, I have seen language barriers every day on the hospital campus just assisting patients with getting to their appointments

<u>Mental Health</u>

- I have mental health issues and there are not very many clinics that will treat me
- Mental health care and services for autism
- Suffering from anxiety and depression
- Young adult depression
- Being able to access a mental health provider

<u>Disease Conditions</u>

- The biggest issue has been a cancer diagnosis and it is a stressful time waiting for appointments to be scheduled, waiting for test results, coordinating services
- Cancer
- Pre-diabetes
- Diabetes
- Heart condition
- Advanced emphysema
- Chronic back pain
- Asthma (adults and children)
- Epilepsy
- Sleep apnea
- Hypertension
- Allergies

<u>Healthy Lifestyle</u>

- Weight management
- Stress/very busy lifestyle

- Access to affordable physical activities for year-round youth participation and group physical activities for morbidly obese adults
- Exercise and healthy eating for adults
- Work/life balance
- Health coaching
- Finding time to be active
- Proper nutrition

Aging Adults

- Elder fitness, discounts at fitness centers for seniors with a fixed income
- Age-related illness and mental health issues
- Need adult day care for an aging father
- As older adults age and begin to lose independence there are few community options for transportation and availability of medications
- End of life management
- Caring for a parent with significant health issues

At-Risk Populations

- Teen health and development
- Gay health
- Adult child with drug addiction
- There is a need for more health care for young adults aging out of their parents' insurance. They typically have lower paying jobs that do not offer it. It is especially hard on LGBTQ.
- Supportive care and acceptance of queer/non-binary kid
- Access to LGBTQ sensitive providers

Other

- Caregiving for family member with a chronic disease
- Lack of provider education to treat each patient as an individual rather than just prescribing meds
- Terrible traffic
- Homelessness

Which groups in your community, are most affected by these needs? (e.g., youth, older residents, racial/ethnic groups, LGBTQ+, homeless, specific neighborhoods)

- Working persons with families
- Older adults
- Racial groups/minorities/persons of color
- LGBTQ+
- Homeless
- Mature persons who are pre-retirement age
- Disabled

- Youth
- Persons living in Kent and Renton neighborhoods
- Persons with chronic illness
- Low-income residents
- Veterans
- Women and children

Where do you and/or your family go to receive routine health care services (physical exams, check-ups, immunizations, treatment for chronic diseases)?

- HealthPoint
- Valley Medical Center
- Community clinics
- Swedish
- Polyclinic
- Covington primary care
- Kaiser
- MultiCare
- Virginia Mason
- Neighborcare Clinic
- Private practice primary care provider
- Urgent Care
- Family Care of Kent
- Cascade Primary Care
- MyHealth Clinic
- Public Health Department.
- Overlake
- CHI/Franciscan

What barriers do you or your family face when they want or need to obtain health care, mental health care, or other health-related services? (Examples: cost, long wait, transportation, language, child-care, discrimination, etc.)

- Long waits to be seen (scheduling months in advance)
- Lack of available free time
- Distance from services and lack of services that are covered by insurance
- Transportation
- Lack of privacy in waiting areas
- No available appointments in evenings or on weekends
- Availability of specialty care

- Cost of care, cost of medications, cost of insurance/deductibles, cost of lab work and imaging
- Cost/lack of instance reimbursement for alternatives like chiropractic and naturopath
- Difficulty finding available mental health care
- Quality of care
- Child care
- It is difficult to navigate the system
- Qualified personnel
- Discrimination toward LGBTQ
- Too few providers
- Coordination of care

What conditions in your community most negatively impact health?

- Drugs and alcohol
- Mental health
- Lack of work/life balance
- Aging population, isolation, falls
- Chronic diseases
- Transportation for seniors, lack of public transportation
- No sidewalks, no traffic lights, poor roads
- Lack of health insurance, cost of care, lack of physicians taking new patients
- Crime
- Stress
- Homelessness
- Air quality, noise, pollution
- Food insecurity, lack of health food options, fast food
- Health literacy
- Poverty, economic instability, income inequality
- Lack of education
- Language barriers
- Smoking/vaping
- Obesity, sedentary lifestyle

Community Member Survey Demographics

Respondents reside in the following cities/communities:

- Auburn
- Beacon Hill/Seattle
- Black Diamond
- Bonney Lake
- Burien

- Covington
- Des Moines
- Edgewood
- Enumclaw
- Fairwood
- Federal Way
- Issaquah
- Kent
- Kirkland
- Lake Tapps
- Maple Valley
- Mercer Island
- Puyallup
- Renton
- Seattle
- Spanaway
- Tacoma
- Tukwila
- Vaughn
- West Seattle

Gender

Female	75.2%
Male	24.0%
Non-Binary	0.8%

Race/Ethnicity

White/Caucasian	81.0%
More than one race	7.4%
Asian/Asian American	4.9%
Other	3.3%
Black/African American	1.7%
Hispanic/Latino	1.7%

Attachment 3. Community Partner Survey Results

Valley Medical Center conducted surveys with community partners to obtain input on community needs, barriers to care and resources available to address the identified needs. The surveys were available in an electronic format through a Survey Monkey link from January 7 – 31, 2020 and in print. During this time, 33 surveys were collected from community organizations who serve medically underserved, low-income, and minority populations, and included local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Valley Medical Center distributed the survey link through emails, social media, news publications and their patient portal.

A written introduction explained the purpose of the survey, assured participants the survey was voluntary and their responses would remain confidential. Analysis of the primary data occurred through a process that compared and combined responses to identify themes.

What are the most significant health issues or needs among the communities you serve?

- Across all income, ages, and racial/ethnic groups, we see a lack of awareness and access to resources to support a healthy lifestyle in day-to-day life (including adequate physical activity and healthful diet) to be one of the largest, preventable reasons people experience negative health outcomes in the communities we serve. These issues are exacerbated in communities that are low-income, communities of color, and/or newcomer populations.
- There is a lack of social connectivity and relationship support in day-to-day life affecting people of all ages, from youth to the elderly.
- Access to health services, to include transportation, money for co-payments and flexible hours to be able to go to appointments. These are issues/barriers for both physical and mental health needs, and chemical dependency support.
- Healthcare for low to no income K-12 students/parents and college students. Health care coverage for small business owners.
- Mental health and substance abuse counseling needs, we especially need more access to inpatient services.
- People are struggling to afford healthcare.
- Language barriers
- Mental health
- Addiction, substance use
- Cancer – getting appointments in a timely manner, getting approvals with insurance companies and getting treatment started. Having places for people to turn to when diagnosed
- Autism
- Asthma
- Diabetes

- Obesity
- Economic inequality, equity in investment in health-supporting infrastructure (transportation, open space, utilities, etc.), institutionalized racism, non-motorized transportation access and mass transit access, affordable housing, and food justice.
- Services for seniors
- Dental care
- Vision care
- Healthy food affordability and accessibility
- Homelessness
- Access to shower and laundry facilities for clients experiencing homelessness.
- Lack of easy access to healthcare, fear of seeking out care, the mentality that you only go to the doctor if something is wrong/you're sick instead of routine preventive health exams
- Safe, healthy and affordable housing. Safe Spaces for LGBTQ.
- Black, Asian and Latino mental health professionals.
- Housing/Low Barrier Shelters are the top need. Chemical Dependency Treatment/Harm reduction supplies to reduce infections. Physical Health: Bacterial infections, sepsis, Hep C.
- Access to birth control.

Who or what groups, in the community, are most affected by these needs? (e.g., youth, older residents, racial/ethnic groups, LGBTQ+, homeless, specific neighborhoods)

- Communities of color, recent immigrants and refugees as they often have less established social and advocacy networks, and indigenous communities.
- Older adults.
- Immigrants.
- Refugees.
- Low-income.
- Renters.
- Youth.
- Single parent families.
- Working poor and persons living on a fixed income.
- Health outcomes are the worst among non-white, low-income and newcomer communities.
- Youth, African, African American, Hispanic, LGBTQ, senior citizens, homeless are most affected by these needs and more in the Skyway/West Hill neighborhood.
- Young mothers and their babies.
- Sunset neighborhood of Renton.
- People who don't qualify for federal benefits like SNAP/WIC (i.e. because of their income) or are hesitant to utilize these programs due to immigration concerns.
- For Skyway-West Hill, the entire community is affected. Youth (asthma rate is higher than

county avg), middle aged and elderly (chronic disease rate higher). Particularly, the eastern side of Renton Ave who are lower-income, and renters.

- Renton has very few resources for the homeless. Center of Hope is a large help to women with families but for single men and women there is very little. A hot meal program and showers once a week at the Salvation Army. A day shelter is desperately needed where they can get showers, laundry, counseling, access to medical care and referrals to resources. Meals, lockers, a place to rest.

Where do the people you serve go to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)?

- Our population receives primary care from all health systems serving King County and the Puget Sound region. We receive most of our referrals from Virginia Mason, Swedish/Providence, and Valley Medical; as well as community health centers such as Sea Mar.
- If they go, they typically go to the local Health department/clinic. Some do have their own doctors. For mental health/substance abuse, people typically go to Valley Cities, Kent Youth & Family, Consejo, or Sea Mar.
- Some have doctors. Many go to the Emergency Room or Urgent Care. Some people access care at the Mobile Medical Van.
- Medicare-approved providers.
- Community Health Clinics.
- HealthPoint, Sea Mar, Valley Cities, Neighborcare Clinics.
- Many don't receive routine health care.
- Pacific Medical Center, Renton.
- Places that accept public health care assistance.
- University of Washington Medical Clinics
- VA.
- Valley Medical Centers.
- School health clinic.

What barriers do those you serve face when they want or need to obtain healthcare, mental health care, or other health-related services? (Examples: cost, long wait, transportation, language, child-care, discrimination, etc.)

- Transportation.
- Depending on the population, we find different barriers. Homeless young adults face barriers related to cost, health insurance coverage, knowledge of the system, and discrimination.
- People express a lack of knowledge of how the healthcare system could or should have prevented a diagnosis or helped them to deal with it in the aftermath.

- Cost/lack of sufficient insurance.
- South King County is severely lacking in low barrier resources for homeless single adults.
- Not knowing how to get care or follow up.
- People don’t know how to navigate the insurance and health care systems.
- Access to counseling and inpatient programs given that there's not enough capacity to meet the need. Long waits, particularly for mental health/substance abuse services.
- Language can be an issue.
- The barrier to their health is that they have already born the harm of living under the stress and structure of unhealthy communities.
- Some ethnic groups in need of interpreter services (Russian, Ukrainian, Vietnamese).
- For mental health there is a cumbersome intake process.
- Language is a common and significant barrier.
- Discrimination on the basis of socioeconomics is common. We assume discrimination on other grounds is also occurring.
- Substance abuse treatment is difficult to access, especially for those with complicating factors such as mental illness or other complicating illnesses.
- Ability to take time off work to get to care.
- Access to child care.
- Clients who are homeless are treated differently.
- Clients are accused of drug seeking if they are in any kind of pain.
- Lack of skills/knowledge and ability to advocate for oneself in a system that often does not hear their voice.
- Lack of citizenship/legal status, lack of guardianship for caregivers who have taken in children from their relatives/friends.

What conditions in the community you serve most negatively impact health?

- Food access, food marketing, environments not conducive to physical activity.
- High cost of living, access to services, free educational opportunities, to include parenting classes/support groups.
- Homelessness, lack of access to safe, stable, healthy housing, lack of access to nutritious food and/or inability to pay energy bills.
- Poverty.
- Economic inequality, institutionalized racism, exploitation of labor and land.
- Lack of access to service providers, lack of transportation, residents don't have time, residents can't speak English.
- Transportation, air quality, poor food options in near vicinity, chronic disease (family history).
- Lack of health insurance.

- Lack of dental care.
- Not enough low cost or free drug/ alcohol treatment facilities.
- Lack of housing, food insecurity, poor hygiene/lack of access to showers/laundry, violence in the homeless community.
- Mental health care is not adequately supported.
- Discrimination.
- Stress and trauma.

Attachment 4. Community Partner Survey Respondents

Community partners who wished to remain anonymous did not provide their names or organizations.

Name	Organization	Service Area
Amanda Kerstetter	REACH/Evergreen Treatment Services	South King County
Amanda Santo	Multi-Service Center	Federal Way
Anant Mehta	Renton School District	Renton
Angie Escoto	The Salvation Army Renton Food Bank	Renton
Dave Hobbs	Kent Parks	Kent
Evan Oakes	HealthPoint	King County
Hannah Bahnmiller	City of Renton	Renton
Jamie McGinnis	Renton Technical College	Renton
Jon Schuldt	Renton Police	Renton
Karen Sauve	St Vincent de Paul	Renton
Kate Ortiz	Public Health Seattle & King County	Seattle
Kemi Nakabayashi, MD	Pacific Medical Centers	Renton
Lara Randolph	Sustainable Renton	Renton
Leeching Tran	Viet Wah	Seattle and Renton
Melissa Glenn	King County Library System	Renton
Michele Starkey	Renton School District	Renton
Michelle Hankinson	Renton Area Youth and Family Services	Renton
Monica Davalos	Global to Local	SeaTac
Roberta Pitkin	RNR Property Investments	Renton
Robin Corak	Multi-Service Center	Federal Way
Ryan Quigtar	Renton Innovation Zone Partnership	Renton/Skyway
Sally Sundar	YMCA of Greater Seattle	King County
Samantha Nelson	Renton Technical College	Renton
Tina McDonough	Valley Girls & Guys!	Ravensdale
Vicky Baxter	Renton Chamber of Commerce, Retired	Renton

Attachment 5. Resources to Address Needs

Community members identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. For additional resources refer to King County 211 at https://www.crisisconnections.org/king-county-2-1-1/.

Health Need	Community Resources
Access to health care	Catholic Community Services Community Health Centers HealthPoint Hopelink International Community Health Services Kindering Neighborcare Neighborhood House Public Health Rotacare Salvation Army Sea Mar Sound Generations Valley Medical Clinics
Chronic disease management (heart disease, cancer, stroke, diabetes, lung disease)	American Heart Association Community Health Centers HealthPoint Neighborcare Public Health Sea Mar Seattle Cancer Care Alliance Senior centers Sierra Sister Valley Medical Clinics YMCA
Disease preventive (health education, health screenings, vaccines, fall prevention)	Community Health Centers HealthPoint Kindering Public Health Renton Area Youth and Family Services Schools and school districts Sea Mar Valley Medical Clinics YMCA
Economic insecurity	Community college training programs Global To Local Neighborhood House Salvation Army Washington State Department of Social and Health Services Work Source YMCA YWCA
Food insecurity	Churches Food banks Food Lifeline Meals on Wheels

	REACH Renton Meal Coalition Salvation Army St. Vincent de Paul Sustainable Renton Washington State Department of Social and Health Services
Housing and homelessness	African Community & Housing Development ARISE Catholic Community Services Center of Hope Centro Rendu Emergency housing shelters Mary's Place Nexus Youth and Families RAYS REACH Renton Housing Authority SHARE/WHEEL Solid Ground Somali Youth and Family Club Urban Family Center Veterans Administration Vine Maple Place YMCA Youth Care YWCA
Loneliness/isolation	Churches Kinship Program Meals on Wheels Public library Renton Area Youth and Family Services Renton Meal Coalition Renton Senior Center Senior Center Sound Generations Hyde Shuttle program Support groups Valley Cities YMCA
Mental health	Consejo DAWN HealthPoint Healthsource King County Sexual Assault Center Navos RAYS Renton Area Youth and Family Services River Valley Psychological Services Sea Mar Sound Mental Health Valley Cities YMCA YWCA
Physical or sexual abuse	Consejo DAWN

	Emergency Room King County Sexual Assault Center Sound Mental Health Valley Cities YWCA
Sexually transmitted infections	Community Health Centers HealthPoint Medical Mobile Van Planned Parenthood Public health Valley Medical Clinics
Substance use and misuse	Evergreen Treatment Navos RAYS Renton Area Youth and Family Services Sea Mar Thunderbird Valley Cities Veterans Administration VITRA
Weight management/obesity	Community Health Centers Lifestyle Medicine at Valley HealthPoint Mobile Medical Van Public Health Silver Sneakers Valley Cities Weight Watchers YMCA

Attachment 6. Report of Progress

VMC developed and approved an Implementation Strategy to address significant health needs identified in the 2017 Community Health Needs Assessment. The hospital addressed: access to care, mental and behavioral health, chronic conditions and preventive care (includes overweight/obesity and smoking), and family and social support through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2017 CHNA.

Access to Care

- Valley Medical Center, in Collaboration with Renton Rotary, Renton Technical College and Renton Salvation Army launched the *Renton RotaCare Clinic*. The free RotaCare Clinic is offered on Saturdays at two community locations for families and individuals. Valley Medical continues to support RotaCare through free lab and imaging services, donated medical supplies and financial support for free or low-cost prescriptions.
- *Jefferson Terrace Medical Respite Program* is a 34-bed transitional unit for homeless patients with ongoing medical needs. Through a multi-year grant, Valley Medical supports the Respite Program mission to provide vital medical, social and housing assistance to our homeless neighbors.
- Valley Medical continues to provide enrollment assistance with the expanded Medicaid Program and local health exchanges to help increase access to care.
- Valley Medical is a proud participant of the *South King County Health Fair,* providing free health screenings and health resources for the homeless and other vulnerable populations within our community.

Family and Social Supports

- Valley Medical provides the *Circle of Security Parenting Series*, an award-winning program designed to enhance close relationships between parents and children.
- Numerous birth and parenting preparation and support classes are provided free to the public:
    - Labor and Birth
    - Breastfeeding
    - Newborn Care
    - Conscious Fathering
    - Life with Baby

    - Car Seat Safety
    - Parenting Support Groups
    - Perinatal Loss Support Group
    - Free Bicycle Helmet Fittings
- Valley Medical's *Trauma Nurses Talk Tough* program lets impressionable audiences know there's a strong link between unsafe practices, such as drinking and driving, and accidents. The program, run by Valley Medical Center's ER staff, visits area schools and community groups to promote safe habits to reduce the number of accidents that occur in our community.
- Outreach programs that are designed to benefit students in grades K-12:
    - A Day in the ED
    - Career Fairs
    - Safety Events
- *The Friends Project's* mission is to create an on-going program where first responders and the special needs community establish a positive relationship of education and trust. Special needs children and their siblings meet fire fighters and police officers, and therapy dogs.
- *Pitter Patter* is a Valley Medical program that supports community members through birth and parenting with free seminars and interactive events focused on raising awareness about nurturing happy, healthy families and family fun.

Management of Chronic Conditions and Preventive Care

- Valley Medical supports *Project Access Northwest* in helping our uninsured and underinsured neighbors receive specialty medical and dental care. Project Access Northwest facilitates chronic/advanced care referrals from RotaCare and other community safety net clinics for donated services ranging from joint replacement surgery and advanced MRI, to outpatient would care and physical therapy.
    - The program matches prescreened patients with volunteer specialty providers and pays health insurance premiums for those unable to afford coverage on their own.
- In collaboration with Renton Technical College (RTC), Valley Medical developed the *Health Coach Program*. This free 12-week course trains community members to build trust and motivate high-risk patients to cultivate positive health choices and treatment adherence during visits with patients. Students learn about chronic illnesses and utilize active listening and communication skills as well as learn about local community resources.
- Valley Medical Center provides numerous, specialized health and wellness programs:
    - *GLOW* is designed by women for women. Knowing that women are often the health care decision makers for themselves and their families, GLOW's mission is to empower women to make healthy decisions for themselves and their loved ones. Presentations by physicians and other professionals cover physical, spiritual, emotional and personal

well-being topics. A Women's Health Blog also provides advice from health experts on a monthly basis.
    - *GoldenCare* is a free health and wellness membership program for adults, 62 and older, offered by Valley Medical Center. The program includes low-cost cholesterol and glucose testing, hernia screenings, an annual health fair and free insurance counseling.
    - *DocTalks* is open to the public and covers various topics, including stroke care, diabetes, obesity, nutrition, exercise, heart disease and oncology.
    - *Webinars and free events* include an extensive array of topics including Help for Hernias, Food Allergies: Fact and Fiction, and As Girls Grow Up.
- Valley Medical is proud to be a participant in the national *Healthier Hospital Initiative*, committing to serving healthier food and beverage options to improve the health of patients, staff and the community. Additionally, Valley Medical is a tobacco-free workplace.
- *BodyWorks*, is a free 8-week program designed by the US Department of Health and Human Services to provide parents and caregivers of teens, ages 9-14, with tools to help improve family eating and activity habits to prevent obesity. The program teaches participants about healthy shopping and cooking strategies, recipes, reading food labels, healthy snack ideas and meal planning.
- Valley Medical provides numerous support groups focused on chronic conditions and preventive care, including:
    - Better Breathers Club
    - Stroke Club and Neurotango classes
    - Cancer Lifeline classes and support groups
    - Celiac Disease/Gluten Intolerance group
    - Pre-diabetes group support in collaboration with the YMCA
- The *Lifestyle Medicine Center* offers services to improve the health of chronically ill senior populations and prevent disease by changing behaviors and modifying activity to improve overall health and wellness. Registered Dietitians and Wellness Coaches provide 1:1 counseling and group education classes.
- *Healthy Foundations* is a 16-week intensive lifestyle modification program designed to help individuals adopt healthy lifestyle changes that incorporate fitness, wellness and nutrition. Originally designed to help pre-surgical patients lose weight, the program is now available to the general public. The program includes physical therapy, nutrition counseling, up-to-date education on healthy food choices and wellness education, as well and exercise.
- To proactively address health issues, Valley Medical:
    - Has expanded its primary care intake assessments to include questions about seat belt use, alcohol consumption and distracted driving.
    - Smoking is a "vital sign" and all patients are asked about it upon check-in and at every visit with a provider.

- All Valley Medical patients are proactively screened through our *Fall Prevention Program*.

Mental Health and Behavioral Health

- Valley Medical Center's Clinic Network offers the *Behavioral Health Integration Program* (BHIP), a team-based approach to managing depression and anxiety in the primary care setting based on the collaborative care model. Additionally, the program provides a clinic-based mental health clinician available to patients and providers, in person and over the phone. This program is geared toward mild or moderate depression, anxiety and related problems.
- In partnership with Renton Area Youth Services at the Children's Therapy, Valley Medical is able to provide valuable behavioral health resources to the underserved pediatric population.
- To proactively address mental health issues, the *Suicide Prevention Screen* has been integrated into the intake pathway for all patients (ER and inpatient) with automatic consult to/follow-up orders by our social services team.
- Valley Medical has developed an Emergency Room Intervention Team (ERIT) Counselor position to provide psychiatric evaluations, crisis intervention, mental health consultations and chemical dependency support and referral services to individuals of all ages admitted to the ED with a primary behavioral health presentation. Valley Medical is currently recruiting for the position. This position is embedded in the Case Management team in the ER with a goal to facilitate a more synchronized plan of care across to care team.