



CARING

2023 Community Health Needs Assessment

UW Medicine | VALLEY MEDICAL CENTER

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Executive Summary

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

Community Health Needs Assessment

Valley Medical Center (Valley) has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

Service Area

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

Valley Medical Center Service Area

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

Methodology

Secondary Data

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social drivers of health, access to healthcare, birth characteristics, leading causes of death, COVID-19, chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of King County and Washington.

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 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Primary Data

Fifteen (15) phone interviews were conducted during February 2023. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in King County, who spoke to issues and needs in the communities served by the hospital.

Valley also conducted surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. The survey was available in an electronic format through a SurveyMonkey link. The surveys were collected from December 11, 2022 to March 20, 2023. During this time, 394 community members completed the survey. In addition, Valley distributed a survey to community partner groups that engage with the hospital to provide healthcare and social service resources to the community. The survey was available in an electronic format through a SurveyMonkey link. The survey link was available from February 1, 2023 to March 20, 2023 and during this time, 18 responses were collected.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews and community surveys. The identified significant needs included:

- Access to healthcare
- Chronic health conditions
- Economic insecurity and financial assistance
- Food insecurity
- Housing and homelessness
- Intimate partner violence
- Mental health
- Overweight (healthy eating and active living)
- Preventive care (education, screenings, vaccines)
- Sexually transmitted infections
- Substance use (marijuana, illegal drugs, alcohol, tobacco)

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews and surveys with community stakeholders and community residents were used to gather input on significant needs.

The interview respondents ranked mental health, economic insecurity, access to healthcare, housing and homelessness and intimate partner violence as the top five priority needs in the service area, followed closely by food insecurity.

The community resident survey respondents listed the top five important community needs as: access to healthcare, chronic health conditions, preventive care, healthy eating and active living, and mental health.

The community partner survey respondents listed the top five important community needs as: access to healthcare, mental health, chronic health conditions, economic insecurity and substance use.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Valley Medical Center Board of Directors on April 17, 2023.

The report is widely available to the public on the hospital's web site and can be accessed at www.valleymed.org/about-us/promoting-health-in-our-community. To send comments or questions about this report, please [contact us](#).

Introduction

Background and Purpose

Dedicated to patient safety and improving the overall health of the community since 1947, Valley is a 341-bed acute care hospital and the largest nonprofit healthcare provider between Seattle and Tacoma. Valley 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 Valley Medical Center Clinic Network is comprised of primary care clinics that serve as a medical home for care management, urgent care clinics which provide a safety net of after-hours care and walk-in consult and treatment, and more than 50 specialty clinics that provide convenient access throughout the district. In addition, Valley offers a comprehensive network of board-certified specialists.

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

Service Area

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

Valley Medical Center Service Area

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Auburn	98001, 98002, 98092
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Renton (Newcastle)	98056
Seattle (SeaTac)	98188
Seattle (Tukwila)	98168, 98178

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

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

Project Oversight

The Community Health Needs Assessment process was overseen by:

Liz Nolan

SVP, Chief Communications & Marketing Officer

Valley Medical Center

Kawai Kaneali'i, MSN, RN

Community Health & Wellness Advocate

Valley Medical Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com.

Board Approval

The Valley Medical Center Board of Directors approved this report on April 17, 2023.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social drivers of health, access to healthcare, birth characteristics, leading causes of death, COVID-19, chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of King County and Washington, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data 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. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by 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 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares hospital data with Healthy People 2030 objectives.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to healthcare
- Chronic health conditions
- Economic insecurity and financial assistance
- Food insecurity
- Housing and homelessness
- Intimate partner violence
- Mental health
- Overweight (healthy eating and active living)
- Preventive care (education, screenings, vaccines)
- Sexually transmitted infections
- Substance use (marijuana, illegal drugs, alcohol, tobacco)

Primary Data Collection

Valley conducted interviews with community stakeholders and surveys with community residents and community partners to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Fifteen (15) phone interviews were conducted during February 2023. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area, who spoke to issues and needs in the communities served by the hospital. Focus was placed on organizations who serve and represent diverse community groups related to race, age, ethnicity, language, culture and social driver needs.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient for the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. Attachment 3 provides stakeholder responses to the interview overview questions.

Surveys

Valley distributed a survey to community partners. Community partners are stakeholder groups that engage with the hospital to provide healthcare and social service resources for the community. The survey was available in an electronic format through a SurveyMonkey link. The survey link was available from February 1, 2023 to March 20, 2023 and during this time, 18 responses were collected. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Groups most impacted by community issues
- Where people access regular health services

- Barriers to accessing care
- Impact of COVID-19
- Priority ranking of community needs
- How Valley caregivers can help patients and families

Attachment 4 provides the community partner survey responses and includes a list of the organizations that had staff respond to the survey.

Valley also distributed a survey to engage community residents. The survey was available in English in an electronic format through a SurveyMonkey link. The survey link was available from December 11, 2022 to March 20, 2023 and during this time, 394 responses were collected. The surveys were distributed through hospital channels including emails to stakeholder groups and social media. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Groups most impacted by community issues
- Where people access regular health services
- Reasons for not having health coverage/insurance
- Reasons for delaying needed healthcare
- Priority ranking of community needs
- How Valley caregivers can help with their care

Attachment 5 provides the community member survey responses.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, the previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at www.valleymed.org/about-us/promoting-health-in-our-community. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, mental health, access to healthcare and housing and homelessness had the highest scores for severe and very severe impact on the community. Housing and homelessness, economic insecurity and mental health were the top three needs that had worsened over time. Economic insecurity and housing and homelessness had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to healthcare	86.7%	28.6%	64.3%
Chronic health conditions (COVID, diabetes, heart disease, CHF, asthma, etc.)	80%	35.7%	42.9%
Economic insecurity or financial assistance	100%	85.7%	78.6%
Food insecurity	80%	71.4%	64.3%
Housing and homelessness	83.3%	92.9%	71.4%
Intimate partner violence	66.7%	50%	35.7%
Mental health	100%	85.7%	57.2%
Overweight (healthy eating and active living)	60%	35.7%	42.9%
Preventive care	53.3%	14.3%	28.6%
Sexually transmitted infections	6.7%	7.1%	7.1%
Substance use (marijuana, illegal drugs, alcohol, tobacco)	73.3%	71.4%	57.1%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, economic insecurity, access to healthcare, housing and homelessness and intimate partner violence were ranked as the top five priority needs in the service area, followed closely by food insecurity. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.93
Economic insecurity or financial assistance	3.87
Access to healthcare	3.80
Housing and homelessness	3.80
Intimate partner violence	3.80
Food insecurity	3.79
Preventive care	3.71
Substance use (marijuana, illegal drugs, alcohol, tobacco)	3.60
Chronic health conditions (COVID, diabetes, heart disease, CHF, asthma, etc.)	3.53
Overweight (healthy eating and active living	3.36
Sexually transmitted infections	3.29

Community input on these health needs is detailed throughout the CHNA report.

Community residents were also asked to prioritize the significant needs through a survey by indicating the level of importance the hospital should place on addressing these community needs. The percentage of persons who identified a need as very important or important was divided by the total number of responses for which a response was provided, resulting in an overall percentage score for each significant need.

The survey respondents listed the top five important community needs as: access to healthcare, chronic conditions, preventive care, healthy eating and active living, and mental health.

Community Needs	Important and Very Important
Getting healthcare	99.5%
Managing chronic health issues (COVID, diabetes, heart disease, CHF, asthma, etc.)	96.2%
Preventive care (health education, health screenings, vaccines, fall prevention)	91.8%
Healthy eating and active living	86.7%
Mental health (depression, anxiety)	85.0%
Economic insecurity or financial assistance	77.7%

Community Needs	Important and Very Important
Food insecurity. Inadequate access to healthy, fresh food.	72.0%
Substance use (marijuana, illegal drugs, alcohol, tobacco)	70.3%
Unstable housing or no place to live (housing and homelessness)	68.3%
Intimate partner violence	64.0%
Sexually transmitted infections	51.7%

Community partner organizations were also asked to prioritize the significant needs through a survey by indicating the level of importance the hospital should place on addressing these community needs. The percentage of persons who identified a need as very important or important was divided by the total number of responses for which a response was provided, resulting in an overall percentage score for each significant need.

The survey respondents listed the top five important community needs as: access to healthcare, mental health, chronic health conditions, economic insecurity and substance use.

Community Needs	Important and Very Important
Getting healthcare	94.4%
Mental health (depression, anxiety)	94.4%
Managing chronic health issues (COVID, diabetes, heart disease, CHF, asthma, etc.)	88.9%
Economic insecurity or financial assistance	88.9%
Substance use (marijuana, illegal drugs, alcohol, tobacco)	88.9%
Unstable housing or no place to live (housing and homelessness)	83.3%
Healthy eating and active living	77.8%
Intimate partner violence	77.8%
Food insecurity. Inadequate access to healthy, fresh food.	72.2%
Preventive care (health education, health screenings, vaccines, fall prevention)	66.7%
Sexually transmitted infections	55.6%

Community Demographics

Population

The population of the Valley service area is 605,859. From 2015 to 2020, the population increased by 5.1%, which was lower than the rate of population growth at the county (8.8%) and state (7.5%). Bellevue and Renton 98057 and 98059 showed a decrease in the population in the five years from 2015-2020.

Total Population and Change in Population, 2015-2020

	ZIP Code	Total Population	Change in Population, 2015-2020
Auburn	98001	34,455	7.0%
Auburn	98002	33,947	0.4%
Auburn	98092	48,962	15.5%
Bellevue (Newcastle/Factoria)	98006	37,473	-0.1%
Black Diamond	98010	5,882	19.6%
Kent	98030	37,411	1.9%
Kent	98031	38,163	4.9%
Kent	98032	38,478	5.8%
Kent (Covington)	98042	49,118	9.4%
Maple Valley	98038	36,157	5.2%
Maple Valley	98051	4,386	19.3%
Renton	98055	24,077	6.3%
Renton (Newcastle)	98056	36,625	7.9%
Renton	98057	11,534	-12.6%
Renton	98058	43,482	-2.1%
Renton	98059	40,693	11.8%
Seattle (SeaTac)	98188	25,292	1.8%
Seattle (Tukwila)	98168	33,217	2.0%
Seattle (Tukwila)	98178	26,507	4.5%
Valley Service Area		605,859	5.1%
King County		2,225,064	8.8%
Washington		7,512,465	7.5%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP05. <http://data.census.gov>

The hospital service area population is 49.6% female and 50.4% male.

Population, by Gender

	Valley Service Area	King County	Washington
Male	50.4%	50.2%	50.0%
Female	49.6%	49.8%	50.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

Children and youth, ages 0-19, make up 26% of the population, 61.6% are adults, ages 20-64, and 12.4% of the population are seniors, ages 65 and older. 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

	Valley Service Area		King County		Washington	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	39,008	6.4%	127,885	5.7%	454,612	6.1%
Age 5-19	118,391	19.5%	368,991	16.6%	1,376,210	18.3%
Age 20-24	33,939	5.6%	133,409	6.0%	481,872	6.4%
Age 25-44	178,520	29.5%	742,785	33.4%	2,150,394	28.6%
Age 45-64	160,584	26.5%	558,772	25.1%	1,888,773	25.1%
Age 65+	75,417	12.4%	293,222	13.2%	1,160,604	15.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

When the service area is examined by community, Maple Valley 98038 has the highest percentage of children and youth (32%). Renton 98057 has the lowest percentage of children and youth in the service area (16.2%). Seattle (Tukwila) 98178 has the highest percentage of seniors in the area (15.8%). Kent 98032 has the lowest percentage of seniors in the service area (9.6%).

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

	ZIP Code	Total Population	Youth Ages 0 – 19	Seniors Ages 65+
Auburn	98001	34,455	26.6%	13.7%
Auburn	98002	33,947	28.3%	13.1%
Auburn	98092	48,962	28.5%	10.8%
Bellevue (Newcastle/Factoria)	98006	37,473	26.5%	14.8%
Black Diamond	98010	5,882	21.9%	14.7%
Kent	98030	37,411	27.2%	11.2%
Kent	98031	38,163	25.9%	11.0%
Kent	98032	38,478	27.2%	9.6%
Kent (Covington)	98042	49,118	26.4%	12.7%
Maple Valley	98038	36,157	32.0%	10.2%
Maple Valley	98051	4,386	23.9%	13.1%
Renton	98055	24,077	22.1%	12.0%
Renton (Newcastle)	98056	36,625	20.9%	12.0%
Renton	98057	11,534	16.2%	14.9%
Renton	98058	43,482	25.8%	14.0%
Renton	98059	40,693	27.8%	12.6%
Seattle (SeaTac)	98188	25,292	22.7%	13.7%
Seattle (Tukwila)	98168	33,217	26.1%	12.4%
Seattle (Tukwila)	98178	26,507	21.0%	15.8%
Valley Service Area		605,859	26.0%	12.4%
King County		2,225,04	22.3%	13.2%
Washington		7,512,465	24.4%	15.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

Race and Ethnicity

The majority population in the service area identifies as non-Hispanic White or Caucasian residents (50.2%). 18.6% of the population are Asian residents, 13.1% of the population are Hispanic or Latino residents, and 9% of the population are Black or African American residents. Individuals identifying as multiracial (two-or-more races) make up

6.2% of the population, while Native Hawaiian/Pacific Islander residents are 1.5% of the population, and American Indian or Alaskan Native residents are 0.8% of the population. Those who identify as a race and ethnicity not listed are 0.6% of the population.

Race and Ethnicity

	Valley Service Area	King County	Washington
White	50.2%	58.3%	67.5%
Asian	18.6%	18.2%	8.7%
Hispanic or Latino	13.1%	9.8%	12.9%
Black or African American	9.0%	6.4%	3.7%
Multiracial	6.2%	5.7%	5.2%
Native Hawaiian or Pacific Islander	1.5%	0.7%	0.7%
American Indian or Alaska Native	0.8%	0.5%	1.0%
Other race or ethnicity	0.6%	0.4%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

When race and ethnicity are examined by place, Bellevue 98006 (37.5%) and Kent 98031 (29.8%) have the highest percentage of Asian residents in the service area. Kent 98032 (23.1%) has the highest percentage of Hispanic or Latino residents and Seattle (SeaTac) 98188 has the highest percentage of Black or African American residents (25.3%). Maple Valley 98051 has the highest percentage of White residents (88.8%).

Race and Ethnicity, by ZIP Code

	ZIP Code	White	Asian	Hispanic or Latino	Black
Auburn	98001	55.5%	15.5%	11.1%	7.6%
Auburn	98002	49.2%	5.8%	22.4%	9.3%
Auburn	98092	56.4%	13.0%	13.5%	4.1%
Bellevue (Newcastle/Factoria)	98006	47.1%	37.5%	8.0%	2.5%
Black Diamond	98010	82.9%	6.0%	9.0%	0.3%
Kent	98030	41.1%	21.0%	14.7%	13.4%
Kent	98031	38.0%	29.8%	13.6%	11.0%
Kent	98032	39.1%	13.8%	23.1%	12.8%
Kent (Covington)	98042	67.8%	11.4%	8.6%	4.3%
Maple Valley	98038	79.3%	7.1%	4.9%	1.5%
Maple Valley	98051	88.8%	1.7%	1.3%	0.0%
Renton	98055	42.2%	24.4%	10.3%	11.9%
Renton (Newcastle)	98056	43.5%	25.5%	17.8%	4.8%
Renton	98057	42.2%	17.8%	13.3%	17.5%
Renton	98058	58.7%	14.7%	10.0%	9.0%
Renton	98059	55.5%	25.7%	7.7%	2.3%
Seattle (SeaTac)	98188	33.9%	13.1%	17.6%	25.3%
Seattle (Tukwila)	98168	35.8%	21.0%	22.6%	14.5%
Seattle (Tukwila)	98178	33.1%	27.2%	8.8%	22.9%
Valley Service Area		50.3%	18.6%	13.1%	9.0%
King County		58.2%	18.2%	9.8%	6.4%
Washington		67.5%	8.7%	12.9%	3.7%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

Language

In the service area, 66.8% of the population, ages 5 and older, speak only English in the home. 13.5% speak an Asian/Pacific Islander language, 9% speak Spanish in the home, and 7.2% speak and Indo-European language. About 84,692 individuals, or 14.9% of the population, ages 5 and older, speaks English 'less than very well'; 44.6% of these speak an Asian/PI language, 27% are Spanish-speakers, 18.8% speak some other Indo-European language, and 9.5% speak a language other than those listed.

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

	Valley Service Area	King County	Washington
Population 5 years and older	566,851	2,097,179	7,057,853
English only	66.8%	71.6%	80.0%
Speaks Asian or Pacific Islander language	13.5%	12.1%	6.1%
Speaks Spanish	9.0%	6.6%	8.5%
Speaks other Indo-European language	7.2%	6.9%	4.0%
Speaks other language	3.5%	2.8%	1.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

The highest percentage of persons who speak an Asian or Pacific Islander language among area cities is in Bellevue/Newcastle/Factoria (28.5%). Seattle/Tukwila 98168 (17.9%), Kent 98032 (17.6%) and Auburn 98002 (16.4%) have high percentages of Spanish language speakers. Kent 98030 (14.6%) has the highest percentage of other Indo-European languages spoken at home in the service area.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Asian or Pacific Islander	Spanish	Other Indo European
Auburn	98001	66.8%	12.2%	6.9%	12.2%
Auburn	98002	67.9%	6.8%	16.4%	5.4%
Auburn	98092	75.5%	8.6%	8.6%	6.3%
Bellevue (Newcastle/Factoria)	98006	59.9%	28.5%	3.6%	7.1%
Black Diamond	98010	89.9%	2.6%	5.4%	1.8%
Kent	98030	55.6%	15.7%	10.1%	14.6%
Kent	98031	55.6%	19.0%	10.4%	11.5%
Kent	98032	59.2%	9.7%	17.6%	8.1%
Kent (Covington)	98042	78.3%	7.0%	5.9%	6.8%
Maple Valley	98038	90.8%	5.3%	1.6%	2.0%
Maple Valley	98051	97.4%	1.4%	0.4%	0.8%
Renton	98055	66.1%	17.7%	6.4%	7.2%
Renton (Newcastle)	98056	58.7%	18.8%	14.5%	7.0%
Renton	98057	70.1%	15.5%	7.0%	3.3%
Renton	98058	73.8%	9.7%	6.0%	7.2%
Renton	98059	69.6%	18.5%	4.3%	6.6%
Seattle (SeaTac)	98188	55.2%	10.3%	12.7%	6.4%
Seattle (Tukwila)	98168	52.3%	15.3%	17.9%	5.6%
Seattle (Tukwila)	98178	63.0%	21.3%	5.5%	2.0%

	ZIP Code	English	Asian or Pacific Islander	Spanish	Other Indo European
Valley Service Area		66.8%	13.5%	9.0%	7.2%
King County		71.6%	12.1%	6.6%	6.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

Among area school districts, the percentage of students classified as English Language Learners ranges from 4.3% in the Tahoma School District to 37.2% in the Tukwila School District. The percentage of bilingual students in area school districts, are higher than the state (12.5%), except for Tahoma (4.3%).

English Language Learner Students, by School District

	Percent
Auburn School District	23.8%
Kent School District	23.8%
Renton School District	21.5%
Tahoma School District	4.3%
Tukwila School District	37.2%
Washington	12.5%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2021-2022. <http://reportcard.ospi.k12.wa.us/>

Veteran Status

In the service area, 6.8% of the civilian population, 18 years and older, are veterans. Rates of former military service range from 4.6% in Bellevue, to 9.3% in Covington.

Veteran Status

	ZIP Code	Percent
Auburn	98001	7.6%
Auburn	98002	8.2%
Auburn	98092	8.5%
Bellevue (Newcastle/Factoria)	98006	4.6%
Black Diamond	98010	6.4%
Kent	98030	5.1%
Kent	98031	5.6%
Kent	98032	6.7%
Kent (Covington)	98042	9.3%
Maple Valley	98038	8.6%
Maple Valley	98051	6.5%
Renton	98055	7.1%
Renton (Newcastle)	98056	5.1%
Renton	98057	6.5%
Renton	98058	7.3%
Renton	98059	5.6%
Seattle (SeaTac)	98188	8.3%
Seattle (Tukwila)	98168	5.1%
Seattle (Tukwila)	98178	5.2%
Valley Service Area		6.8%
King County		5.4%
Washington		8.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

Citizenship

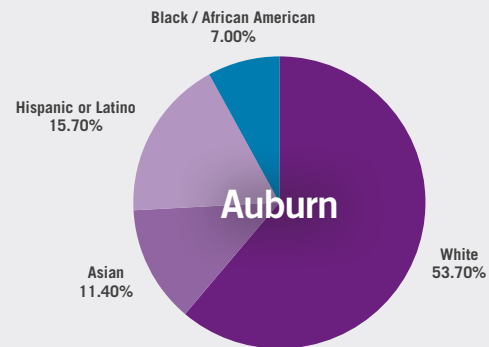
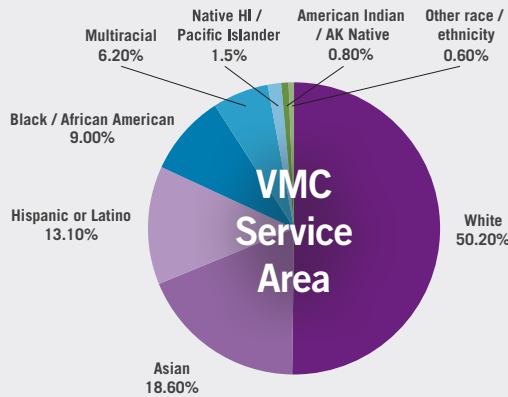
In the service area, more than a quarter (25.5%) of the population is foreign-born, which is higher than county (23.7%) and state (14.5%) rates. Of the foreign-born, 47.3% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

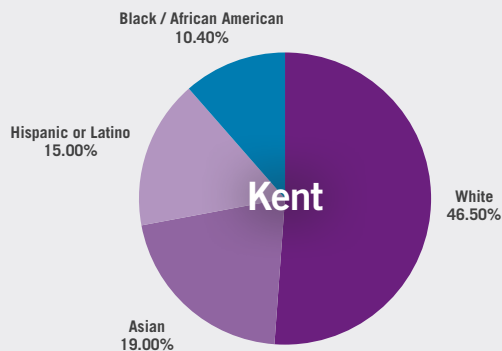
	Valley Service Area	King County	Washington
Foreign born	25.5%	23.7%	14.5%
Of the foreign born, not a U.S. citizen	47.3%	53.0%	52.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

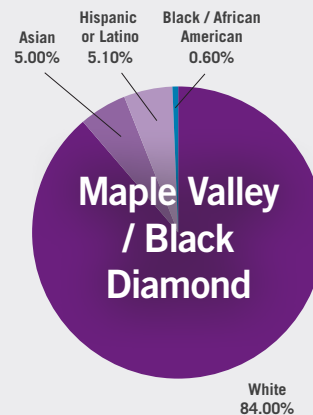
Race & Ethnicity



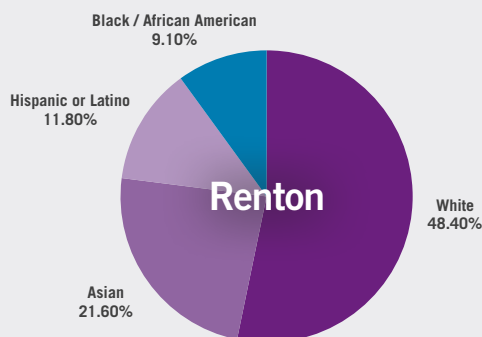
Average of 3 zip codes



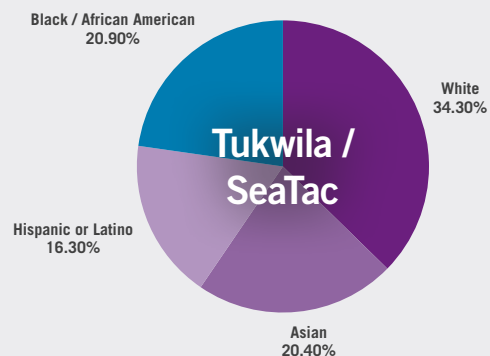
Average of 4 zip codes



Average of 3 zip codes



Average of 5 zip codes



Average of 3 zip codes

Social Drivers of Health

Social drivers of health are also known as social determinants of health. According to the CDC¹, these are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Social drivers of health more accurately describe the ability to change the factors negatively impacting health and well-being.

Social and Economic Factors Ranking

The County Health Rankings rank 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 first among Washington counties, according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 39)
King County	1

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

Unemployment

The unemployment rate in the hospital service area, averaged over 5 years, was 4.8%. This is higher than King County (4.3%), and just below the state unemployment rate (4.9%). The highest rate of unemployment was found in Kent 98030 (8.1%), and the lowest unemployment rate was in Black Diamond (2.0%).

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

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Auburn	98001	17,999	948	5.3%
Auburn	98002	17,000	1,026	6.0%
Auburn	98092	25,912	944	3.6%
Bellevue (Newcastle/Factoria)	98006	18,512	449	2.4%
Black Diamond	98010	3,639	73	2.0%
Kent	98030	20,332	1,649	8.1%
Kent	98031	20,805	1,215	5.8%

¹ Centers for Disease Control and Prevention. <https://www.cdc.gov/about/sdoh/index.html>

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Kent	98032	20,412	1,525	7.5%
Kent (Covington)	98042	26,140	842	3.2%
Maple Valley	98038	18,775	948	5.0%
Maple Valley	98051	2,246	56	2.5%
Renton	98055	13,898	566	4.1%
Renton (Newcastle)	98056	21,470	658	3.1%
Renton	98057	6,858	268	3.9%
Renton	98058	23,404	1,089	4.7%
Renton	98059	21,376	684	3.2%
Seattle (SeaTac)	98188	15,180	732	4.8%
Seattle (Tukwila)	98168	18,106	1,333	7.4%
Seattle (Tukwila)	98178	15,376	727	4.7%
Valley Service Area		327,440	15,732	4.8%
King County		1,279,607	54,603	4.3%
Washington		3,848,596	188,562	4.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov>

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2020, the federal poverty level (FPL) for one person was \$13,171 and for a family of four \$26,246.

Among the residents in the service area, 8.7% were at or below 100% of the federal poverty level (FPL) and 21.7% were at or below 200% of FPL. These rates of poverty are higher than county levels. The highest rates of poverty in the service area are found in Renton 98057 (19%) and Kent 98032 (15.1%). High rates of low-income residents are found in Kent 98032 (38.6%), Kent 98030 (32.7%) and Seattle/Tukwila 98168 (32.6%).

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

	ZIP Code	<100% FPL	<200% FPL
Auburn	98001	9.3%	21.8%
Auburn	98002	11.7%	31.0%
Auburn	98092	6.6%	17.0%
Bellevue (Newcastle/Factoria)	98006	6.1%	10.8%
Black Diamond	98010	2.2%	9.2%
Kent	98030	12.4%	32.7%
Kent	98031	11.3%	24.4%
Kent	98032	15.1%	38.6%
Kent (Covington)	98042	5.2%	15.4%
Maple Valley	98038	4.4%	10.1%
Maple Valley	98051	7.2%	15.6%
Renton	98055	7.1%	20.3%
Renton (Newcastle)	98056	5.9%	15.7%
Renton	98057	19.0%	29.4%
Renton	98058	7.9%	18.2%
Renton	98059	4.1%	13.5%

	ZIP Code	<100% FPL	<200% FPL
Seattle (SeaTac)	98188	10.9%	28.4%
Seattle (Tukwila)	98168	12.7%	32.6%
Seattle (Tukwila)	98178	9.7%	25.3%
Valley Service Area		8.7%	21.7%
King County		8.4%	18.4%
Washington		10.2%	24.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701. <http://data.census.gov>

When examined by ZIP Code, Renton 98057 has the highest rate of poverty among children (28.8%) in the service area, followed by Kent 98032 (24.7%). Renton 98057 also has the highest rate of poverty among seniors (21.7%), followed by Kent 98030 (15.5%). In Maple Valley 98051, more than half (56%) of the 25 households 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, Ages 65 and Older

	ZIP Code	Children	Seniors	Female HoH with Children*
Auburn	98001	15.0%	5.0%	32.1%
Auburn	98002	13.7%	9.1%	24.8%
Auburn	98092	9.3%	4.9%	32.8%
Bellevue (Newcastle/Factoria)	98006	11.9%	3.6%	35.9%
Black Diamond	98010	0.8%	0.0%	0.0%
Kent	98030	18.9%	15.5%	28.2%
Kent	98031	19.7%	5.2%	34.9%
Kent	98032	24.7%	12.0%	22.3%
Kent (Covington)	98042	5.4%	4.9%	16.0%
Maple Valley	98038	5.9%	4.3%	20.5%
Maple Valley	98051	2.8%	7.0%	56.0%
Renton	98055	7.4%	3.9%	16.6%
Renton (Newcastle)	98056	6.0%	5.1%	18.4%
Renton	98057	28.8%	21.7%	28.2%
Renton	98058	10.9%	5.9%	36.4%
Renton	98059	1.9%	3.3%	2.4%
Seattle (SeaTac)	98188	15.7%	8.7%	35.1%
Seattle (Tukwila)	98168	21.7%	10.2%	20.7%
Seattle (Tukwila)	98178	13.9%	9.0%	13.0%
Valley Service Area		12.4%	6.9%	24.2%
King County		9.6%	8.1%	23.8%
Washington		12.6%	7.5%	29.5%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701 & *S1702. <http://data.census.gov>

Free and Reduced Price Meals

The percentage of students eligible for the free and reduced price meal program is one indicator of socioeconomic status. In Tukwila School District, 75.2% of the student population are eligible for the free and reduced price meal program, which is higher than the state rate of 46.8%. Auburn (57.4%), Kent (52.9%), and Renton (48.4%) school

districts also have higher rates of student eligibility than the county or state. Eligibility rates rose for all area school districts, the county and the state from the 2018-2019 to the 2021-2022 school year.

Free and Reduced-Price Meal Eligibility, 2018-2019 & 2021-2022

	Percent Eligible Children	
	2018	2021
Auburn School District	51.9%	57.4%
Kent School District	48.0%	52.9%
Renton School District	46.7%	48.4%
Tahoma School District	11.8%	15.0%
Tukwila School District	67.4%	75.2%
King County	31.9%	34.2%
Washington	43.4%	46.8%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2018-2019 & 2021-2022.
<https://www.k12.wa.us/data-reporting/reporting/child-nutrition-program-reports>

Community Input – Economic Insecurity and Financial Assistance

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity and financial assistance. Following are their comments summarized and edited for clarity:

- Many people have received pay cuts or were laid off and there is a lack of jobs. This is also impacting their health.
- We went from a pandemic to not saying there is a recession, but prices have doubled and tripled over time. This has pushed the envelope. People who used to be comfortable, this is a new situation for them to be in: fragile.
- The cost of living is increasing more than the rate of earnings. And it is more than finding opportunities, it is finding a livable wage. We need trade schools and additional opportunities. We need more access to school and also more on-the-job training.
- We see women who come to our community on independent visas and have abandonment issues. They get stuck not having a work visa and they need to apply for asylum. They are struggling to survive.
- COVID impacted many businesses because they didn't have access to financial resources. And now post-COVID, grant funding has dried up and they often find they don't have enough money to keep the doors open with supply chain issues, costs going up and income below what it was pre-pandemic. We saw quite a few businesses close and employees let go. We have seen some employees who have had to leave the area for work and some employers who must work more, which leads to more stress and health problems.
- You must have the time and transportation to access available resources. Sometimes to get to the food bank you have to pay for a bus or an Uber or gas for the car. This involves thinking long term rather than short term when it comes to

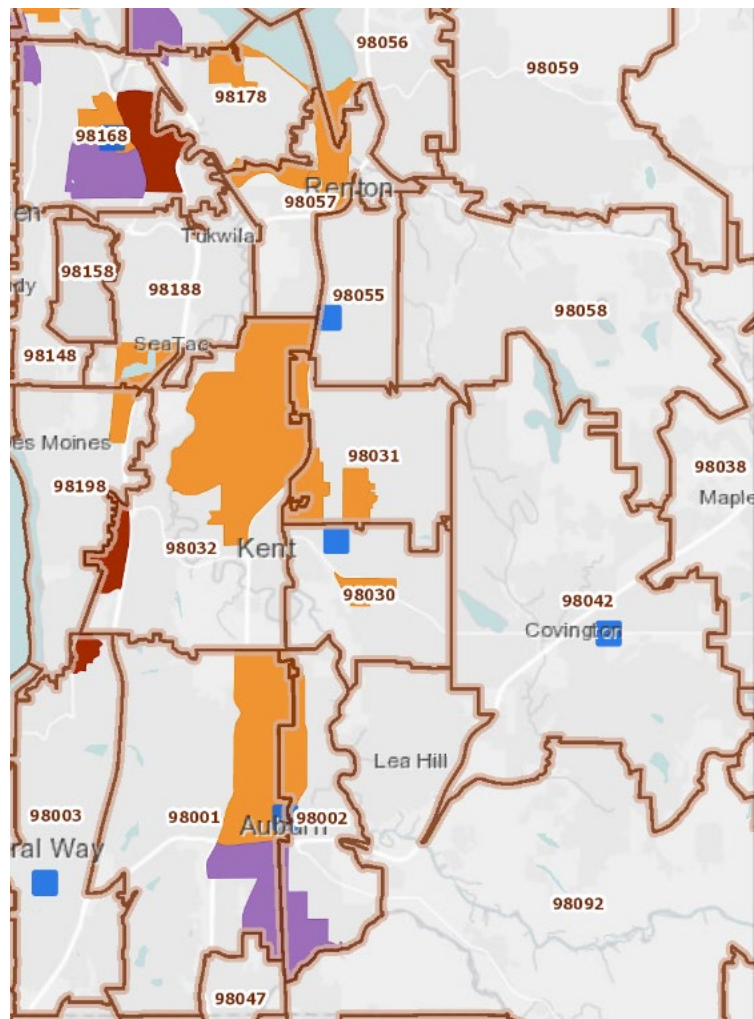
basic needs. You must think how long I can go without food and what does that mean so I can pay the rent and keep a roof over my family.

- Food insecurity, economic insecurity and homelessness impact health.
- If you are not getting the right nutrition and vitamins, you can't go to work and support your family and keep your home. Housing prices are egregious to the point that people can't even live in the area they grew up in, they are getting gentrified out. Even South King County is getting expensive.
- A lack of money leads to poorer food intake. Also, people are struggling with affordable housing. If they are on social security and only get \$700 a month, it is hard to find housing without a Section 8 voucher.

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the portion of the service area that contains areas where more than 20% of the population lives in poverty (in tan), or more than 25% of the population has a low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown. Hospitals in the area are represented by blue squares, with Valley Medical Center found in the 98055 ZIP Code.

Areas of Auburn 98001 and 98002, Kent 98030, 98031 and 98032, Renton 98056 and 98057, and Seattle 98168, 98178 and 98188 show a high percentage of poverty without low education levels (tan). Areas of Seattle/Tukwila 98168 and Auburn 98001 and 98002 show areas of population with low education levels without high levels of poverty (lavender). And areas of the service area with a Vulnerable Population



– those with both low education and high poverty – are found in Seattle/Tukwila 98168 and Kent 98032 (brown). https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

Households

Several factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market, to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the hospital service area, there are 217,524 households and 227,734 housing units. Over the last five years, the population grew by 5.1%, while the number of households grew by 4.7%. Residents of the service area are more likely to own their residence (64.1%) than the county average (56.5%). The number of owner-occupied households increased by 6% from their 2015 level, while the number of renter-households increased by 2.3%. Housing units grew by 3.6%, and vacant units declined by 14.5%, to 4.5% of overall housing stock.

Households and Housing Units, and Percent Change, 2015-2020

	Valley Service Area					King County				
	2015		2020		Percent Change	2015		2020		Percent Change
	Number	Percent	Number	Percent		Number	Percent	Number	Percent	
Housing units	219,768		227,734		3.6%	871,836		952,344		9.2%
Vacant	11,945	5.4%	10,210	4.5%	-14.5%	52,185	6.0%	52,283	5.5%	0.2%
Households	207,823		217,524		4.7%	819,651		900,061		9.8%
Owner occ.	131,419	63.2%	139,340	64.1%	6.0%	470,632	57.4%	508,346	56.5%	8.0%
Renter occ.	76,404	36.8%	78,184	35.9%	2.3%	349,019	42.6%	391,715	43.5%	12.2%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP04. <http://data.census.gov>

The weighted average of the median household income in the area is \$90,034, and ranges from \$57,598 in Renton 98057 to \$156,382 in Bellevue (Newcastle/Factoria).

Median Household Income

	ZIP Code	Households	Median Household Income
Auburn	98001	11,648	\$88,962
Auburn	98002	13,162	\$59,097
Auburn	98092	16,799	\$96,121
Bellevue (Newcastle/Factoria)	98006	13,030	\$156,382
Black Diamond	98010	2,286	\$125,652
Kent	98030	12,608	\$71,014
Kent	98031	12,646	\$82,241
Kent	98032	13,942	\$62,620

	ZIP Code	Households	Median Household Income
Kent (Covington)	98042	16,810	\$105,166
Maple Valley	98038	12,308	\$114,804
Maple Valley	98051	1,621	\$94,453
Renton	98055	9,337	\$80,586
Renton (Newcastle)	98056	14,560	\$95,074
Renton	98057	5,711	\$57,598
Renton	98058	15,798	\$ 92,216
Renton	98059	14,016	\$109,565
Seattle (SeaTac)	98188	10,018	\$64,206
Seattle (Tukwila)	98168	11,464	\$66,237
Seattle (Tukwila)	98178	9,760	\$84,820
Valley Service Area		217,524	\$90,034*
King County		900,061	\$99,158
Washington		2,905,822	\$77,006

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov> *weighted average of the medians

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Over one-third (34.2%) of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is higher than county (33.6%) and state (32.3%) rates. The communities with the highest percentage of households spending 30% or more of their income on housing are Renton 98057 (46.2%), Maple Valley 98051 (43.9%), Kent 98032 (43.3%), Kent 98030 (43.2%), and Auburn 98002 (43%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Auburn	98001	26.5%
Auburn	98002	43.0%
Auburn	98092	25.8%
Bellevue (Newcastle/Factoria)	98006	24.2%
Black Diamond	98010	21.5%
Kent	98030	43.2%
Kent	98031	36.6%
Kent	98032	43.3%
Kent (Covington)	98042	26.6%
Maple Valley	98038	29.7%
Maple Valley	98051	43.9%
Renton	98055	36.9%
Renton (Newcastle)	98056	35.9%
Renton	98057	46.2%
Renton	98058	31.3%
Renton	98059	30.2%
Seattle (SeaTac)	98188	38.6%
Seattle (Tukwila)	98168	40.9%
Seattle (Tukwila)	98178	38.1%
Valley Service Area		34.2%
King County		33.6%
Washington		32.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP04. <http://data.census.gov>

Households by Type

When households are examined by type, the service area has a quarter (25.5%) of family households with children under 18 years old, and 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, 7.6% are seniors living alone, which is lower than county and state rates.

Households, by Type

	Total Households	Family Households with Children under Age 18	Female Head of Household with own Children under Age 18	Seniors Living Alone
	Number	Percent	Percent	Percent
Valley Service Area	216,175	25.5%	5.0%	7.6%
King County	882,028	22.3%	3.5%	8.9%
Washington	2,848,396	22.4%	4.0%	10.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

Homelessness

A point-in-time (PIT) count of persons experiencing homelessness is conducted annually in every county in the state. However, there was no PIT count for 2021 due to the COVID-19 pandemic. The 2022 PIT count estimated 13,368 persons were experiencing homelessness in King County. 42.5% of those experiencing homelessness in King County are sheltered, which is a decrease from the 2019 percentage of sheltered individuals (53.3%). Over the past three years, the number of persons experiencing homelessness has risen in King County and statewide. The percentage of persons who are chronically homeless increased from 19.8% in 2019 to 35.2% in 2022.

Homeless Point-in-Time Count, 2019 and 2022

	King County		Washington	
	2019	2022	2019	2022
Total Homeless	11,199	13,368	21,577	25,211
Sheltered	53.3%	42.5%	55.7%	49.7%
Unsheltered	46.7%	57.5%	44.3%	50.3%
Chronically homeless	19.8%	35.2%	22.6%	34.5%
Serious mental illness	18.8%	30.9%	22.1%	29.5%
Substance use disorder	12.8%	31.4%	14.1%	26.4%
Veteran	7.4%	6.4%	7.3%	6.2%
Victim of domestic violence	4.8%	2.9%	7.7%	6.0%
Has HIV/AIDS	0.8%	0.01%	0.6%	0.2%

Source: U.S. Dept. of Housing and Urban Development (HUD) Exchange, CoC Homeless Populations and Subpopulations Reports, 2019 & 2022. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

- Rents have gone up and people cannot afford homes here. Homelessness is not as big of an issue in our community, but housing is an issue because of the job situation.
- Most of our housing is residential homes. The unhoused population that passes through our area, seem to go from city to city to find services and we have a lot of crime related to homelessness and people trying to get their needs met. We continue to see food and economic insecurity and mental health issues as well.
- We used to think of this as a Seattle problem. But now we see it in rural areas as well.
- The cost of housing is rising, and we are doing a lot of purchasing of land in our county that ends up with land brokers. We see property sitting vacant for years, prices increase, and people are experiencing homelessness. There is pressure to have more affordable housing, but with the eviction moratorium and not having support out there, we are seeing a lot of affordable housing being sold to new people because they cannot pay their mortgage when people don't pay their rent.
- A lot of people have to move to more rural areas, others are moving to other locations due to remote work. We are gentrifying communities where people were once able to work and could afford to live in their community where they worked. Now their quality of life has gone down because they have to commute 30-60 minutes each way for work. That impacts their family time and free time. We need more multi-family units to stop all this displacement.
- We provide rental assistance. A lot of women who are going through crisis need housing.
- We currently have over 8,000 new housing units under permit and construction. We are growing fast and there will be a percentage of housing units that will be mandatory affordable housing.
- Not everyone who is unhoused has a mental health issue, but it can play a part in homelessness. And it can cause people to have a breakdown and not be able to manage their money. They may use their money for coping mechanisms like liquor or pills.
- We need to see fewer evictions and more stability in homes and families. People are getting evicted at an alarming rate. People may or may not get access to housing stipends. Those who are tied into digital access and know how to navigate the system are okay. But people who are older or live in rural areas, or English isn't their first language, they are getting evicted.

- We use the harm reduction model. People need to get stable housing and then we work on getting them into treatment. In a lot of communities, people are stressed out by the increasing numbers of persons experiencing homelessness. People want required rehab before they get into housing, as a condition of it, so they are resistant to housing that doesn't have that.
- We used to see a lot of doubling up situations or people living in a shelter. Now they are living in a car or outside. There is a lack of resources and the wait lists for housing are so long. Men and young teen boys are often separated from their families in shelters. So, people do not feel safe or supported in the system.
- The system is on a forced time line. We will give you three months, and in that time we expect you to get a job and find a new place to live. But you often need 3 months proof of working to rent an apartment, so the systems conflict with one another. We often see families where the husband and the wife are working fulltime and yet their family is unhoused. It is not that they are not working. They are working twice as hard, looking for food, shelter, and taking care of their kids.
- The cost of living is so high. It is very expensive for everyone. Affordable housing is difficult to qualify for. And even if you get it, it can still be expensive to get by if you have other responsibilities like childcare, kids, transportation.
- Housing prices are getting to the point where a median salary can't support the rent or mortgage. It is getting out of hand. We also have this issue where nonprofits who help those who are homeless, they often operate in the city of Seattle. So, you need to go there to get your services, meals, showers, etc. Even a studio apartment there is \$3,000. People can't afford to live in the city they grew up in.
- In the last ten years we have seen more mental health issues coming from folks on the street. Even before COVID. The acuity is quite frightening especially when they have schizophrenia. It is hard to get properly medicated in the first place and then being on the street makes it that much harder.
- Affordable housing is not going well. It got worse after COVID with landlords and the eviction moratorium. It has been difficult on the landlords, not getting paid. Rents that were \$1200/month are now \$1800/month and people couldn't afford the \$1200. We need to get them off the street and permanently housed. Whatever happens in six months or in six years, we must sustain people's housing.

Public Program Participation

In the service area, 5.1% of residents receive SSI benefits, 3.1% receive cash public assistance income, and 11.4% of residents receive food stamp benefits. These rates are higher than King County and state rates.

Household Supportive Benefits

	Valley Service Area	King County	Washington
Total households	217,524	900,061	2,905,822
Supplemental Security Income (SSI)	5.1%	3.4%	4.6%
Public Assistance	3.1%	2.5%	3.0%
Food Stamps/SNAP	11.4%	8.0%	11.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov>

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In 2018-2019, 11.2% of King County adults reported being food insecure. Rates in area cities and HRAs ranged from a low of 1.4% of adults in South Bellevue to a high of 33.3% of adults in SeaTac/Tukwila. According to estimates by the group Feeding America, food insecurity worsened during the COVID-19 Pandemic.

Food Insecurity, Adults, 2018-2019

City	Percent
Auburn	12.9%
Auburn North	12.6%
Auburn South	13.4%
Bellevue	5.8%
Bellevue South	1.4%
Black Diamond/Enumclaw/SE County	15.3%
Covington/Maple Valley	13.8%
Kent	18.2%
Kent East	16.9%
Kent SE	19.9%
Kent West	N/A
Newcastle/Four Creeks	23.1%
Renton	10.2%
Renton East	4.2%
Renton North	15.2%
Renton South	10.6%
SeaTac/Tukwila	33.3%
King County	11.2%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2018-2019. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = Suppressed due to small sample size.

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments summarized and edited for clarity:

- Food insecurity has gotten significantly worse with the pandemic. The local food bank has reported huge changes and a need for more partners to meet these needs. Food needs are not getting better.
- It is the cost of the food and the quality of the food. Even to the point we have seen food shipped from the FDA already in a spoiled state. Perishable and non-perishable items are mixed together and going to waste and not able to be distributed to those in need.
- We have a free grocery store. We have had issues finding them a permanent space with resources. We need a steady location that people can get to on a regular basis. They don't have the resources though to purchase equipment and pay rent. Food is available and accessible, but it is a struggle.
- A lot of people lost their jobs and because they couldn't afford food, they went to the food pantry. Being unable to have access to good quality food is something that can lead to other health issues.
- Food is often not culturally relevant to all communities in food banks. This can lead to health issues. At the start of the pandemic, someone who grew up eating Vietnamese cuisine was stuck going to a food bank that provided mac and cheese and a loaf of white bread. A lot of grants went to large nonprofits, and they became gatekeepers. The small nonprofits couldn't access the grants so those representing smaller BIPOC communities struggled.
- We have a food bank that serves between 14,000 and 16,000 each year. And that increased 40% with the pandemic. The increase came mostly from people who never had to access food banks before. More people in the mainstream experienced those insecurities that maybe haven't in the past. We are seeing it level out more now, but in the past recession, we had people who were never previously in need of services in crisis mode. They will go through all their savings before they come to us, so we saw a delayed impact in the last recession. And we think we will have that same delayed impact again this year or later next year.
- In some cultures, extended families are living together. There is no box to check for that at the food bank. Is this for your immediate family? It becomes a barrier, that lack of cultural awareness.
- It is not just about access to food but nutritionally healthy food that will help the body operate at the most optimal level. It impacts the entire family. If you can't get the right food, it causes preventable diseases like hypertension, diabetes, heart disease, which can lead to lost days of work.
- We have organizations that want to help us. But there is so much red tape that it distracts people away from helping and participating. We set no limitations on people who are in need. We have people who come to us and say they just waited in line for 3 hours to be told they were in the wrong ZIP Code so they are not eligible for food.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 10.1% of adults, ages 25 and older, lack a high school diploma, which is higher than county and state rates. 34.2% of area adults have a bachelor's or higher degree.

Education Levels, Population Ages 25 and Older

	Valley Service Area	King County	Washington
Population, ages 25 and older	414,521	1,594,779	5,199,771
Less than 9 th grade	4.9%	3.3%	3.5%
9 th to 12 th grade, no diploma	5.2%	3.3%	4.8%
High school graduate	23.4%	14.8%	21.8%
Some college, no degree	21.8%	17.2%	23.1%
Associate's degree	10.4%	8.0%	10.1%
Bachelor's degree	23.0%	31.7%	22.8%
Graduate/professional degree	11.2%	21.7%	13.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>.

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate 4 years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts, Tahoma (92.3%) meets this objective. Tukwila School District has a lower graduation rate (79%) than the statewide average (82.5%).

High School Graduation Rates

District	Percent
Auburn School District	85.1%
Kent School District	86.2%
Renton School District	83.2%
Tahoma School District	92.3%
Tukwila School District	79.0%
Washington	82.5%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2020-2021. <http://reportcard.ospi.k12.wa.us/>

Preschool Enrollment

37.9% of children, ages 3 and 4, were enrolled in preschool in the service area. This was lower than state (43.8%) and county (54.1%) rates. The enrollment rates ranged from 10.9% in Kent 98032 to 64.1% in Renton 98059. The availability of preschools and enrollment spaces has reportedly worsened because of the COVID-19 Pandemic.

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Total Number	Percent Enrolled
Auburn	98001	1,032	50.4%
Auburn	98002	1,033	19.0%
Auburn	98092	1,611	36.3%
Bellevue (Newcastle/Factoria)	98006	757	52.4%
Black Diamond	98010	114	20.2%
Kent	98030	1,265	21.5%

	ZIP Code	Total Number	Percent Enrolled
Kent	98031	1,012	41.0%
Kent	98032	1,042	10.9%
Kent (Covington)	98042	1,242	32.7%
Maple Valley	98038	1,110	57.1%
Maple Valley	98051	153	22.2%
Renton	98055	687	28.1%
Renton (Newcastle)	98056	791	35.7%
Renton	98057	82	56.1%
Renton	98058	1,473	38.9%
Renton	98059	1,158	64.1%
Seattle (SeaTac)	98188	764	62.2%
Seattle (Tukwila)	98168	966	26.0%
Seattle (Tukwila)	98178	470	42.8%
Valley Service Area		16,762	37.9%
King County		53,640	54.1%
Washington		190,788	43.8%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1401. <http://data.census.gov>

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 2018 to 2020 in the state, King County, and service area police departments of Auburn, Bellevue, Kent, Renton and Tukwila. Property crime rates increased from 2018 to 2020 in the state, county and service area police departments, with the exception of Auburn, Renton and Tukwila Police Department, where they declined. 2020 Property Crime rates were higher than state and county rates for Auburn, Kent, Renton, SeaTac, and Tukwila Police Departments.

Person Crime and Property Crime Rates, per 1,000 Persons, 2018 and 2020 Compared

	Person Crimes				Property Crimes			
	Number		Rate		Number		Rate	
	2018	2020	2018	2020	2018	2020	2018	2020
Auburn Police Dept.	1,683	1,576	20.9	19.2	5,399	5,352	67.0	65.3
Bellevue Police Dept.	1,004	1,027	7.1	6.9	5,325	7,302	37.4	49.3
Black Diamond Police	11	32	2.5	6.2	21	108	4.8	20.8
Covington Police Dept.	62	181	3.1	8.8	259	966	12.9	47.1
Kent Police Dept.	2,682	2,614	20.8	20.0	9,551	9,777	74.1	74.9
King County Sheriff's Office	832	1,933	3.4	7.8	2,208	7,726	8.9	31.0
Maple Valley Police D.	45	81	1.8	3.0	191	857	7.6	32.2
Newcastle Police Dept.	13	27	1.1	2.1	117	448	9.4	34.8

	Person Crimes				Property Crimes			
	Number		Rate		Number		Rate	
	2018	2020	2018	2020	2018	2020	2018	2020
Renton Police Dept.	1,081	884	10.4	8.4	7,444	7,117	71.5	67.5
SeaTac Police Dept.	181	436	6.2	14.9	754	2,094	25.9	71.8
Tukwila Police Dept.	671	524	33.9	24.5	4,565	4,263	230.6	199.6
King County	27,951	28,328	12.6	12.4	112,904	139,619	50.9	61.0
Washington State	103,493	99,571	14.0	13.0	330,494	367,779	44.7	48.2

Source: Washington State Statistical Analysis Center, a division of the WA State Office of Financial Management, NIBRS Excel dataset, accessed October 15, 2022. <https://sac.ofm.wa.gov/data>

Intimate Partner Violence

Intimate partner violence is a concern for youth beginning in at least 8th grade, rising by grade level. 3.5% 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. 4.2% of 10th graders and 6.2% of 12th graders indicated they had experienced intimate partner violence.

Intimate Partner Violence, Past 12 Months, Youth

	King County	Washington
8 th Grade	3.5%	4.3%
10 th Grade	4.2%	5.7%
12 th Grade	6.2%	8.8%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

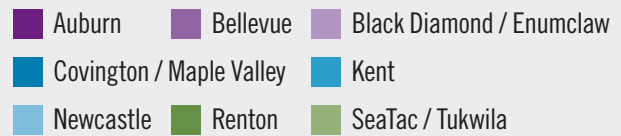
Community Input – Intimate Partner Violence

Stakeholder interviews identified the following issues, challenges and barriers related to intimate partner violence. Following are their comments summarized and edited for clarity:

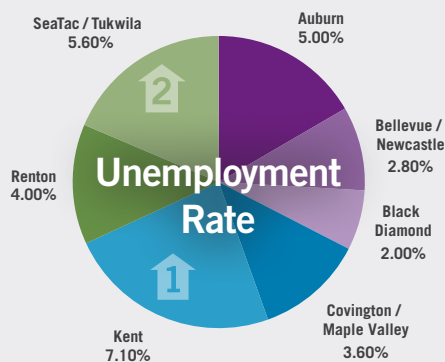
- We have seen this get worse with frustrations over jobs. Rates are increasing.
- There is a lack of awareness of resources that exist. We have done a lot of work with Be Free nonprofit that has 16 mental health/behavioral health therapists that are all people of color or BIPOC and multilingual. They work with the police, with domestic violence providers and with those populations that traditionally distrust the police.
- Physical abuse leads to mental health issues. There is a fear factor and people don’t want to speak up or ask for help. If it is a man being abused, there is a shame in it, not wanting to be viewed as a coward. It also goes back to asking for help and knowing where to find it.
- There is a taboo around it. People won’t talk about it. But we have a lot of resources. When you look at the data of the pandemic, it tells you it was happening at an alarming rate. We saw a lot of women experiencing homelessness during the pandemic due to domestic violence. I don’t want to talk about it, and if you do not tell me about it, it is not my problem.

- Often violence is a cause of homelessness. It is pretty well known when people try to leave an abusive relationship, that is when they are most at risk. People have a difficult time getting out and getting treatment or even allowing themselves to trust anyone and tell them what is going on.
- There can be a lot of cultural differences and we need to educate people while still respecting their culture.
- People may not know how to get help or they want to seek help because they are afraid. Not everyone speaks English. During the pandemic when everyone was at home, there wasn't a safe place when they were at home with the abuser all the time. Now that people can leave, it has declined some.
- It is something that is usually pushed under the table and not spoken about. So how do you notice the signs of abuse and what are constructive ways to report it without causing harm to that person?
- It is about education, trying to get people to understand they do not have to stay in that situation. When people feel there is no affordable housing, there is no economic means, they tend to stay with an abusive partner. We need that education, there is help available and a lot of organizations that can help you.

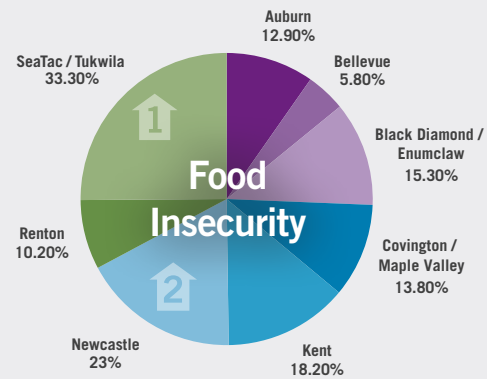
Social Drivers of Health



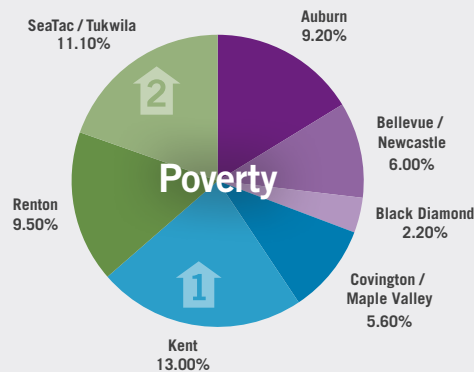
Washington's 39 counties are ranked 1 (best social and economic factors) to 39 (poorest factors) – King County is ranked #1



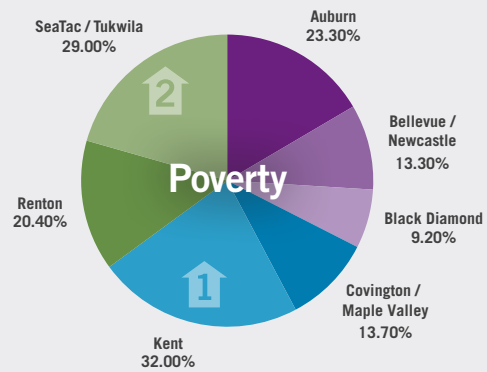
Ages 16 and older



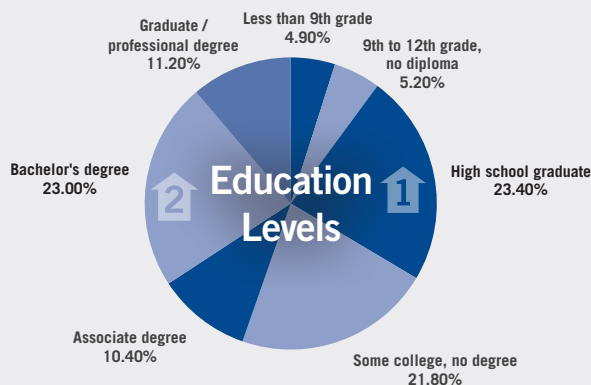
Limited or uncertain availability of nutritionally adequate foods



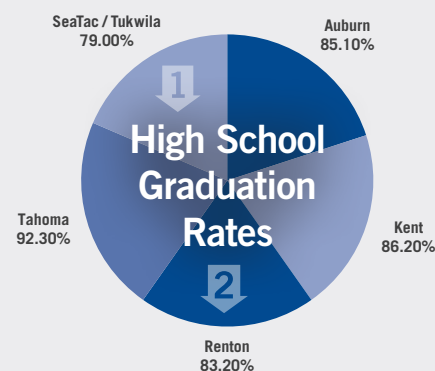
Below 100% of the federal poverty line



Below 200% of the federal poverty line



VMC Service Area



By school district

Healthcare Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to healthcare. 93.1% of the population in the service area has health insurance. Bellevue 98006 has the highest health insurance rate (96.9%) and Kent 98032, has the lowest health insurance rate (88.1%). 97.2% of service area children, ages 18 and under, have health insurance coverage. 99.3% of children in Renton 98055 and 98057, and 99.2% in Bellevue 98006 have health insurance, giving them the highest rates of health insurance coverage among area children. Auburn 98092 has the lowest percentage of children with health insurance (93.3%). Among adults, ages 19-64, 90.2% in the service area have health insurance. Maple Valley 98038 has the highest adult insurance rate (96%), and Kent 98032 has the lowest insurance rate (82.5%) among adults.

The Healthy People 2030 objective is for 92.1% of the population to have health insurance coverage. In the service area, Auburn 98002 and 98092, Kent 98032, Seattle-SeaTac and Seattle-Tukwila 98168 do not meet the objective for health insurance coverage.

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

	ZIP Code	Total Population	Children, Under 19	Adults, Ages 19-64
Auburn	98001	94.5%	97.5%	91.9%
Auburn	98002	90.6%	96.9%	85.8%
Auburn	98092	91.3%	93.3%	88.9%
Bellevue (Newcastle/Factoria)	98006	96.9%	99.2%	95.4%
Black Diamond	98010	94.6%	97.9%	92.4%
Kent	98030	93.0%	97.3%	90.0%
Kent	98031	93.2%	98.4%	90.5%
Kent	98032	88.1%	97.0%	82.5%
Kent (Covington)	98042	94.8%	96.9%	93.1%
Maple Valley	98038	96.4%	96.0%	96.0%
Maple Valley	98051	93.1%	98.5%	89.6%
Renton	98055	93.0%	99.3%	89.8%
Renton (Newcastle)	98056	92.5%	98.6%	89.7%
Renton	98057	93.3%	99.3%	90.7%
Renton	98058	94.9%	98.6%	92.5%
Renton	98059	94.6%	97.1%	92.9%
Seattle (SeaTac)	98188	89.4%	98.9%	84.3%
Seattle (Tukwila)	98168	89.8%	96.7%	85.1%
Seattle (Tukwila)	98178	93.5%	96.6%	91.1%
Valley Service Area		93.1%	97.2%	90.2%
King County		94.7%	97.9%	92.8%
Washington		93.8%	97.2%	91.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov>

When examined by race and ethnicity, rates are highest among non-Hispanic White residents (96.1%) and lowest among those residents who identify as a race and ethnicity other than those listed (74.5%) and American Indian or Alaskan Native residents (74.6%). Rates of coverage are highest among non-Hispanic White children and Black or African American children (98.6%) and lowest among American Indian or Alaskan Native children (64%). Health insurance coverage among service area adults, ages 19 to 64, is highest among non-Hispanic White residents (94.4%) and lowest among adults of an Other race (60.4%) and Hispanic adults (68.9%). Coverage lowest among Asian seniors (96.8%) and Black or African American seniors (97.7%).

Health Insurance, by Race and Ethnicity and Age Group

	Total Population	Children, Under Age 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	96.1%	98.6%	94.4%	99.7%
Asian	94.3%	97.2%	92.9%	96.8%
Multiracial	92.9%	97.3%	87.7%	100.0%
Black or African American	92.8%	98.6%	89.4%	97.7%
Native Hawaiian or Pacific Islander	89.5%	94.8%	86.0%	100.0%
Hispanic	81.0%	96.2%	68.9%	100.0%
American Indian or Alaskan Native	74.6%	64.0%	75.4%	100.0%
Other race	74.5%	93.8%	60.4%	100.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, C27001B through C27001I. <http://data.census.gov/>

Medical Assistance Programs

In Washington, Medicaid is known as Apple Health. In King County, 499,518 individuals were enrolled in Washington medical assistance programs. The highest percentage of enrollment was in the Medicaid CN Expansion program and Apple Health for Kids.

Medical Assistance Program Enrollment

	King County	Washington
Medicaid CN Expansion	39.7%	36.5%
Apple Health for Kids	37.2%	41.0%
Elderly persons	6.3%	4.4%
Medicaid CN Caretaker	6.1%	6.7%
Persons with disabilities	5.9%	6.7%
Partial Duals	2.8%	3.1%
Pregnant Women's Coverage	1.4%	1.2%
Family Planning	0.45%	0.29%
Former Foster Care Adults	0.12%	0.12%
AEM Expansion Adults	0.04%	0.03%
Family (TANF) Medical	≤ 0.002%	0.003%
Other Federal Programs	≤ 0.002%	0.001%
Total	499,518	2,219,770

Source: Washington State Health Care Authority, July 2022. 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. 24.9% of adults in King County do not have a usual primary care provider. At a local level, rates of not having a primary care provider ranged from 18.2% in South Bellevue to 36.2% in SeaTac/Tukwila.

No Usual Primary Care Provider, 5-Year Average, 2016-2020

City	Percent
Auburn	24.9%
Auburn North	23.2%
Auburn South	27.5%
Bellevue	27.7%
Bellevue South	18.2%
Black Diamond/Enumclaw/SE County	19.2%
Covington/Maple Valley	19.0%
Kent	27.0%
Kent East	22.0%
Kent SE	27.8%
Kent West	29.5%
Newcastle/Four Creeks	21.8%
Renton	26.6%
Renton East	20.2%
Renton North	31.1%
Renton South	28.6%
SeaTac/Tukwila	36.2%
King County	24.9%
Washington	24.4%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Unmet Medical Need

10% of adults in King County reported an unmet medical need as a result of not being able to afford care. Rates in area cities and Health Reporting Areas ranged from 5.9% in South Bellevue to 20.6% in West Kent.

Unmet Medical Need Due to Cost, Adults, 5-Year Average, 2016-2020

City	Percent
Auburn	13.5%
Auburn North	11.2%

City	Percent
Auburn South	16.9%
Bellevue	6.6%
Bellevue South	5.9%
Black Diamond/Enumclaw/SE County	8.2%
Covington/Maple Valley	9.1%
Kent	15.7%
Kent East	11.5%
Kent SE	14.9%
Kent West	20.6%
Newcastle/Four Creeks	13.4%
Renton	9.0%
Renton East	11.6%
Renton North	9.9%
Renton South	6.2%
SeaTac/Tukwila	18.0%
King County	10.0%
Washington	10.9%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <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 830:1. This ratio is better than the state.

Primary Care Physicians, Number and Ratio

	King County	Washington
Number of primary care physicians	2,729	6,500
Ratio of population to primary care physicians	830:1	1,180:1

Source: County Health Rankings, 2023. The County Health Rankings used 2020 data for this measure. <http://www.countyhealthrankings.org>

Access to Primary Care Community Health Centers

Community health centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)², 21.7% of the population in the service area is low-income (200% of

² 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)

Federal Poverty Level) and 8.7% of the population are living in poverty. The Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area include: Community Health Care, 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 low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 91,509 patients in the service area, which equates to 70.2% penetration among low-income patients and 15.1% penetration among the total population. From 2019-2021, the Community Health Center providers reduced capacity by 8,036 patients for a 8.1% decrease in patients served by Community Health Centers in the service area. There are 38,803 low-income residents, more than one-quarter (29.8%) of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
130,312	91,509	70.2%	15.1%	38,803	29.8%

Source: UDS Mapper, 2021, 2016-2020 population numbers. <http://www.udsmapper.org>

Dental Care

Among King County adults, 27.8% did not access dental care in the prior year. 39.4% of adults in the South Renton HRA and 38.6% in the South Auburn HRA did not access dental care in the previous 12 months.

Did Not Access Dental Care Prior Year, Adults, 5-Year Average, 2016-2020

City	Percent
Auburn	37.4%
Auburn North	36.5%
Auburn South	38.6%
Bellevue	26.5%
Bellevue South	23.3%
Black Diamond/Enumclaw/SE County	30.3%
Covington/Maple Valley	21.0%
Kent	30.0%
Kent East	26.7%

-
- Health Care for the Homeless, Section 330 (h)
 - Public Housing Primary Care, Section 330 (i)

City	Percent
Kent SE	29.0%
Kent West	34.0%
Newcastle/Four Creeks	21.9%
Renton	33.2%
Renton East	28.0%
Renton North	31.1%
Renton South	39.4%
SeaTac/Tukwila	32.5%
King County	27.8%
Washington	31.1%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

The ratio of residents to dentists in King County is 880:1. This ratio is better than the state.

Dentists, Number and Ratio

	King County	Washington
Number of dentists	2,556	6,590
Ratio of population to dentists	880:1	1,170:1

Source: County Health Rankings, 2023. The County Health Rankings used 2021 data for this measure. <http://www.countyhealthrankings.org>

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In King County, the ratio of residents to mental health providers is 180:1, which is better than the state.

Mental Health Providers, Number and Ratio

	King County	Washington
Number of mental health providers	12,531	35,920
Ratio of population to mental health providers	180:1	220:1

Source: County Health Rankings, 2023. The County Health Rankings used 2022 data for this measure. <http://www.countyhealthrankings.org>

Community Input – Access to Healthcare

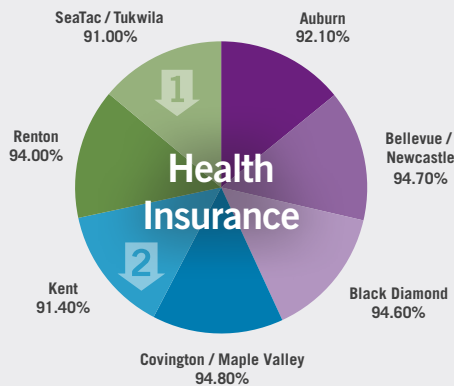
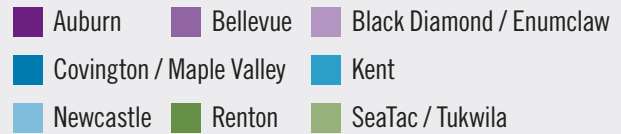
Stakeholder interviews identified the following issues, challenges and barriers related to access to healthcare. Following are their comments summarized and edited for clarity:

- In Covington, we are a very small geographic area, and we have urgent care clinics within walking distance and it is easy access. I don't think that is the case for other areas in Valley Medical's service area.
- People are unable to see a doctor in a reasonable amount of time. Also, there can be economic, language and transportation barriers.
- Advocacy is important. People get scared and they do not know how to seek our

help or what to do and that makes them more scared.

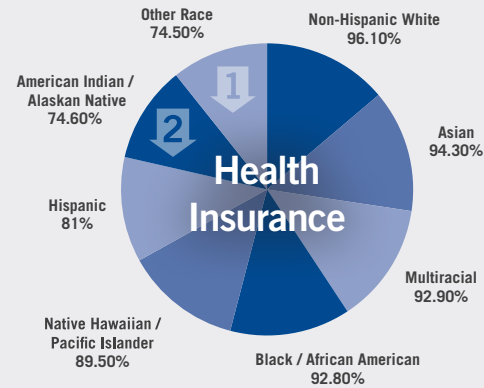
- It is important for everyone to recognize that the healthcare system is broken. Our facilities are not getting the reimbursement they should, they are operating on a skeleton staff because it is so hard to find healthcare workers right now. Staff are overworked and underappreciated.
- The cost of care for the uninsured and the availability of services for the insured are problems. You call for an appointment and it is months before you can get in. The other option is urgent care, but that is also a 6-8 hour wait.
- We need more advocacy. Many people are not their own best advocate. People go into care and think it is readily available and it should come easy and unfortunately it doesn't.
- Some people have property in India, so they do not qualify for lower healthcare rates here, even when their income is low or nonexistent. Many women who come here, they have to wait to get their work visas. They also struggle with insurance. Sometimes they need a job right away because they don't have healthcare.
- The challenge of healthcare is having quality doctors and nurses that are there for you, who help you through the process and are trustworthy. Not everyone can afford the top tier of services. Barriers are income and quality care. You should have a good practitioner wherever you go, but unfortunately, the trust between doctors and our community is lacking. And when you go to the doctor, you need to know the right questions to ask.
- For those who are uninsured there are few access points and limited resources. If you are uninsured, you must go through a couple of steps to seek care, you have to establish care with HealthPoint or SeaMar. Funding has been reduced for vaccinations outside of COVID. Health fairs are on the rise and in particular, culturally relevant health fairs. For adult immunizations, with public health, in 2018 there were 9 clinics. Now there are 4 because of reduced funding.
- The cost of healthcare is a huge issue. Even with state health insurance. Even if you have insurance, the deductible is high and it is difficult to find someone who will take that insurance. There is a shortage of healthcare workers and people can get discouraged when seeking help.
- The healthcare system, once you get it, it is large. Some people are not skilled in self-advocacy, or they are from a generation that does what the doctor says, even if it doesn't feel right. It can be difficult to navigate the system, especially if the practitioner is not skilled in helping someone in crisis. Once you are in the system, getting what you need can be a challenge, especially if you are not confident or can self-advocate.

Healthcare Access

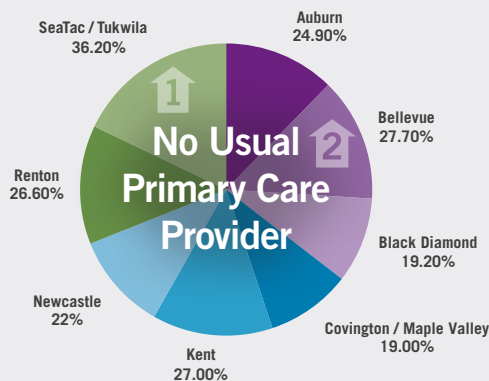


Total Population

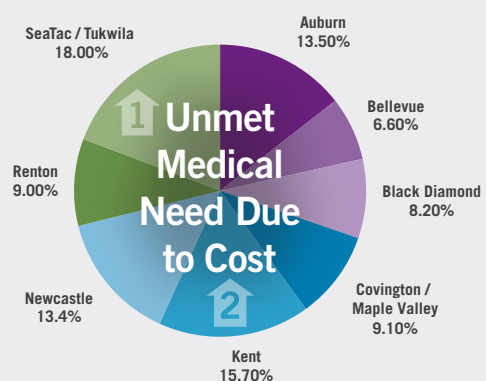
The Healthy People 2030 Objective is for 92.1% of the population to have health insurance coverage.



By Race / Ethnicity



Five year average (2016 – 2022)



The ratio of the population to primary care physicians in King County is 830:1. This ratio is better than the state at 1,180:1.

In King County, the ratio of residents to mental health providers is 190:1, which is better than the state at 230:1.

Birth Characteristics

Births

In 2020, the number of births in King County was 23,686. This was the fourth year in a row where there were fewer births than the prior year (there had been a year-on-year increase in births from 2013 through 2016).

Total Births, 2016-2020

	2016	2017	2018	2019	2020
King County	26,022	25,300	24,347	24,113	23,686
Washington	90,505	87,562	86,085	84,895	83,086

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

For those births where the race and ethnicity of the mother was known (96.8% of King County births), children were born to primarily non-Hispanic White mothers (47.1%), followed by Asian mothers (23.6%).

Births, by Mother's Race and Ethnicity, 2018-2020

	King County	Washington
White	47.1%	57.9%
Asian	23.6%	10.6%
Hispanic or Latino	14.0%	19.6%
Black or African American	8.9%	4.7%
Multiracial	4.1%	4.5%
Native Hawaiian or Pacific Islander	1.7%	1.5%
American Indian or Alaska Native	0.5%	1.3%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Teen Birth Rate

From 2016-2020, births to mothers, younger than age 18, occurred in King County at a rate of 3.9 per 1,000 live births (or 0.4% of total births). This rate is half the rate (8.1 per 1,000 live births) of births to teens in the state (0.8%). Rates were highest in West Kent (1.2% of live births) and South Auburn (1.1%).

Births to Teen Mothers, Under Age 18, 5-Year Average, 2016-2020

City	Percent
Auburn	0.8%
Auburn North	0.5%
Auburn South	1.1%
Bellevue	0.2%
Bellevue South	N/A
Black Diamond/Enumclaw/SE County	0.6%

City	Percent
Covington/Maple Valley	N/A
Kent	0.9%
Kent East	0.7%
Kent SE	0.7%
Kent West	1.2%
Newcastle/Four Creeks	0.0%
Renton	0.5%
Renton East	N/A
Renton North	0.6%
Renton South	0.5%
SeaTac/Tukwila	0.7%
King County	0.4%
Washington	0.8%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificate Data, [2016-2020, Community Health Assessment Tool \(CHAT\)](https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx), Oct. 2021. 2021 City Health Profiles. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>
N/A = Suppressed for reasons of privacy or statistical instability, due to low counts.

The rate of births among females, ages 15 to 17, in King County is 3.3 births per 1,000 teen girls, while in South County the rate is 4.5 births per 1,000 teen girls, ages 15 to 17.

Births to Teenage Mothers, Ages 15-17, 5-Year Average, 2015-2019

Area	Rate per 1,000 Females
South County	4.5
King County	3.3

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2015-2019, via Public Health - Seattle & King County; Community Health Indicators. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

Prenatal Care

72.2% of pregnant women in King County entered prenatal care on-time – during the first trimester – and attended at least 80% of their recommended prenatal visits. This does not meet the Healthy People 2030 Objective of 80.5% of women receiving early and adequate prenatal care. Rates of prenatal care were lower in South County (68.7%), and among HRAs they were lowest in West Kent (61.8%) and South Bellevue, where 62.9% of pregnant mothers received early and adequate care. The highest rates were seen in Covington/Maple Valley (75.3%) and Black Diamond/Enumclaw/SE County (75.2%).

Early and Adequate Prenatal Care, 5-Year Average, 2015-2019

	Percent
Auburn North	69.0%
Auburn South	67.6%
Bellevue South	62.9%
Black Diamond/Enumclaw/SE County	75.2%
Covington/Maple Valley	75.3%
Kent East	68.8%
Kent SE	67.3%
Kent West	61.8%
Newcastle/Four Creeks	68.9%
Renton East	70.0%
Renton North	68.6%
Renton South	68.0%
SeaTac/Tukwila	65.0%
South County	68.7%
King County	72.2%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2015-2019, 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 6.7%. The percentage of low-birth-weight babies in area cities and neighborhoods ranged from 5.7% in Black Diamond/Enumclaw/SE County to 8.1% in South Renton and 8% in East Kent.

Low Birth Weight (Under 2,500 g) Births, 5-Year Average, 2016-2020

	Percent
Auburn	6.9%
Auburn North	6.9%
Auburn South	7.0%
Bellevue	6.8%
Bellevue South	6.7%
Black Diamond/Enumclaw/SE County	5.7%
Covington/Maple Valley	6.6%
Kent	7.6%
Kent East	8.0%
Kent SE	7.8%

	Percent
Kent West	6.9%
Newcastle/Four Creeks	7.1%
Renton	7.5%
Renton East	6.6%
Renton North	7.4%
Renton South	8.1%
SeaTac/Tukwila	7.2%
King County	6.7%
Washington	6.6%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificate Data, [2016-2020, Community Health Assessment Tool \(CHAT\), Oct. 2021. 2021 City Health Profiles. https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx](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. 9.1% of births in King County were preterm births. The preterm birth rate was 10.6% for South County and 11.8% in the South Auburn HRA, 11.5% in North Auburn, and 11.3% in West Kent and South Renton HRAs.

Preterm Births, Babies Born Before 37 Weeks of Gestation, 2015-2019

	Percent
Auburn North	11.5%
Auburn South	11.8%
Bellevue South	7.7%
Black Diamond/Enumclaw/SE County	10.0%
Covington/Maple Valley	8.9%
Kent East	10.5%
Kent SE	10.8%
Kent West	11.3%
Newcastle/Four Creeks	8.5%
Renton East	9.7%
Renton North	8.7%
Renton South	11.3%
SeaTac/Tukwila	11.1%
South County	10.6%
King County	9.1%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2015-2019, 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 meets the Healthy People 2030 objective of 95.7% of women who abstain from

cigarette smoking during pregnancy. Rates in area cities ranged from to 93.1% in Black Diamond/Enumclaw/SE County to 99% in Bellevue.

No Maternal Smoking during Pregnancy, 2016-2020

	Percent
Auburn	94.8%
Auburn North	95.8%
Auburn South	93.5%
Bellevue	99.0%
Bellevue South	98.8%
Black Diamond/Enumclaw/SE County	93.1%
Covington/Maple Valley	96.8%
Kent	96.3%
Kent East	97.5%
Kent SE	96.1%
Kent West	95.6%
Newcastle/Four Creeks	97.6%
Renton	98.5%
Renton East	98.5%
Renton North	97.3%
Renton South	96.8%
SeaTac/Tukwila	96.8%
King County	97.2%
Washington	92.7%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificate Data, [2016-2020. Community Health Assessment Tool \(CHAT\), Oct. 2021. 2021 City Health Profiles. https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx](https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx)

Infant Mortality

The infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in King County, from 2014 to 2018, 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, which does not meet the Healthy People 2030 objective of 4.8 deaths per 1,000 live births. Rates above the Healthy People 2030 objective occurred in East and SE Kent (6.6 infant deaths per 1,000 live births), SeaTac/Tukwila (6.4 deaths per 1,000 live births), North Auburn (5.8 deaths per 1,000 live births), West Kent (5.7 deaths per 1,000 live births) and South Auburn (5.4 deaths per 1,000 live births).

Infant Mortality Rate, 5-Year Average, 2014-2018

	Rate per 1,000 Live Births
Auburn North	5.8
Auburn South	5.4
Bellevue South	*

	Rate per 1,000 Live Births
Black Diamond/Enumclaw/SE County	3.5
Covington/Maple Valley	4.0
Kent East	6.6
Kent SE	6.6
Kent West	5.7
Newcastle/Four Creeks	*
Renton East	3.6
Renton North	3.3
Renton South	4.1
SeaTac/Tukwila	6.4
South County	5.1
King County	3.9

Source: WA State Dept. of Health, Center for Health Statistics, Linked Birth/Death Certificate Data, 2014-2018, 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

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 and 95.6% in South County were breastfed at some point prior to discharge from the hospital. The lowest rate of breastfeeding initiation was reported in South Auburn (93%), followed by Black Diamond/Enumclaw/SE County (94.6%) and North Auburn (94.8%).

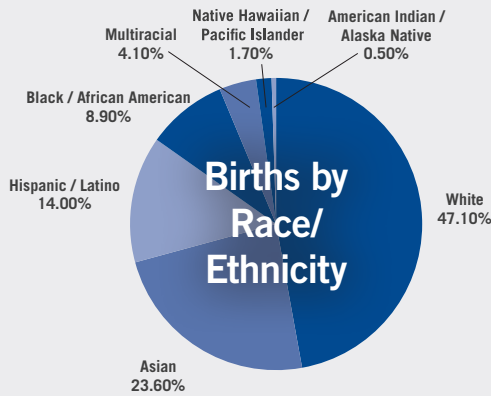
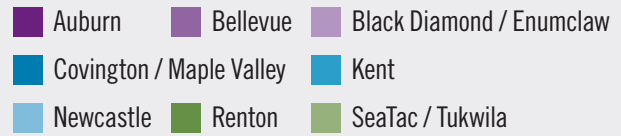
Infants Breastfed at Some Point Prior to Discharge, 5-Year Average, 2015-2019

	Percent
Auburn North	94.8%
Auburn South	93.0%
Bellevue South	97.1%
Black Diamond/Enumclaw/SE County	94.6%
Covington/Maple Valley	96.9%
Kent East	95.1%
Kent SE	95.4%
Kent West	95.2%
Newcastle/Four Creeks	97.3%
Renton East	97.9%
Renton North	96.8%
Renton South	96.9%
SeaTac/Tukwila	96.2%

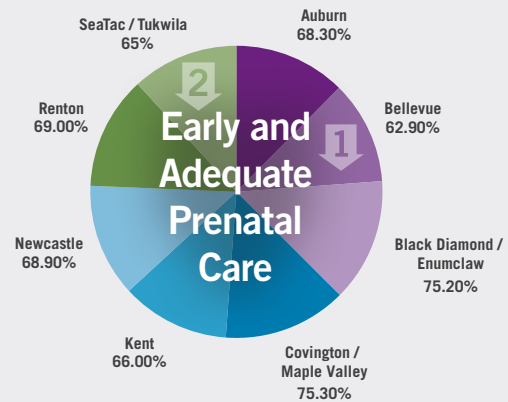
	Percent
South County	95.6%
King County	97.0%

Source: Washington State Department of Health, Center for Health Statistics, Birth Certificates, 2015-2019. Via Public Health – Seattle & King County <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

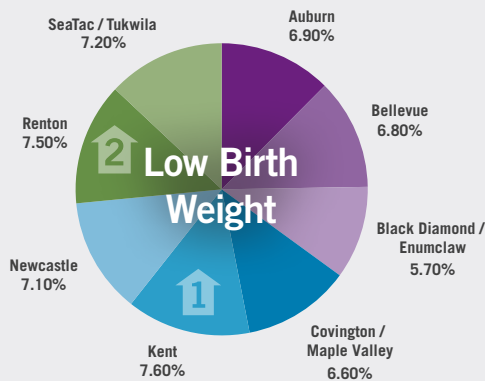
Birth Characteristics



2018 – 2020

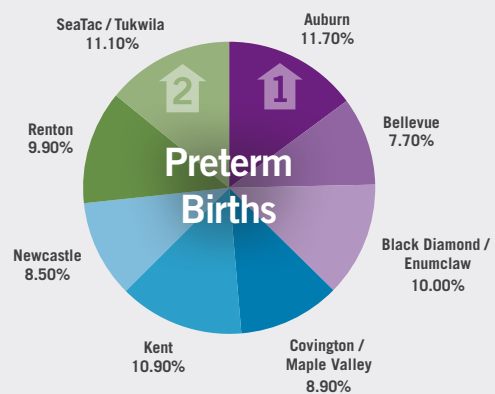


Prenatal Care: The Healthy People 2030 objective is for 80.5% of pregnant persons to receive early and adequate prenatal care.



Under 2,500g (about 5.5 lbs)

Babies born at a low birth weight are at higher risk for disease, disability and possibly death.



Babies born before 37 weeks gestation

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in area cities and HRAs ranged from 74.1 years in South Auburn to 84.3 years in Bellevue. The life expectancy for King County is 81.3 years.

Life Expectancy at Birth

	Percent
Auburn	76.5
Auburn North	78.1
Auburn South	74.1
Bellevue	84.3
Bellevue South	83.9
Black Diamond/Enumclaw/SE County	78.8
Covington/Maple Valley	80.2
Kent	78.0
Kent East	78.4
Kent SE	78.1
Kent West	76.8
Newcastle/Four Creeks	80.9
Renton	80.4
Renton East	81.1
Renton North	81.0
Renton South	79.5
SeaTac/Tukwila	78.8
King County	81.3
Washington	80.3

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificate Data, [2016-2020, Community Health Assessment Tool \(CHAT\), Oct. 2021. 2021 City Health Profiles. https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx](https://www.kingcounty.gov/depts/health/data/city-health-profiles.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 (583.7 deaths per 100,000 persons) is lower than the state rate (682 deaths per 100,000 persons).

Mortality Counts and Rates, per 100,000 Persons, 2-Year Average, 2018-2020

	Deaths	Crude Rate	Age-Adjusted Rate
King County	13,774	611.2	583.7
Washington	59,429	780.4	682.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Leading Causes of Death

The top two leading causes of death in King County are cancer and heart disease. The cancer death rate in King County is 123.1 per 100,000 persons, which is lower than the state rate (142.4 per 100,000 persons). However, it does not meet the Healthy People 2030 objective for cancer mortality of 122.7 per 100,000 persons. The heart disease mortality rate in King County is 115.2 per 100,000 persons, which is lower than the state rate (134.9 per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease only: 71.1 deaths per 100,000 persons. The rate of death from ischemic heart disease in the county is 67 deaths per 100,000.

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. Rates of death due to the top ten causes of death were all lower in the county than the state, with the exception of COVID-19 deaths, which were higher.

Top Causes of Death, Crude & Age-Adjusted Rates, per 100,000 Persons, 3-Year Average

	King County			Washington		Healthy People 2030 Objective
	Number	Crude Rate	Age-Adjusted	Crude Rate	Age-Adjusted	Rate
All Cancers	2,926	129.8	123.1	168.7	142.4	122.7
Heart Disease	2,743	121.7	115.2	155.8	134.9	No Objective
Ischemic heart disease	1,599	71.0	67.0	89.7	76.9	71.1
Alzheimer's disease	922	40.9	39.6	48.3	43.5	No Objective
Unintentional injury	903	40.1	37.7	48.9	45.6	43.2
Stroke	658	29.2	28.2	39.4	34.6	33.4
CLRD (lung disease)	470	20.8	20.0	38.4	32.6	Not Comparable
Diabetes	410	18.2	17.3	24.9	21.2	Not Comparable
COVID-19	325	14.4	13.9	14.4	12.5	No Objective
Suicide	297	13.2	12.6	16.3	15.7	12.8
Chronic liver disease/cirrhosis	265	11.7	10.6	14.6	12.6	10.9
Parkinson's disease	207	9.2	9.4	10.2	9.2	No Objective
Essential hypertension/hypertensive renal disease	204	9.1	8.7	10.2	8.9	No Objective
Pneumonia and flu	193	8.6	8.1	11.3	9.8	No Objective
Pneumonitis due to solids and liquids	188	8.4	8.1	8.5	7.5	No Objective
Septicemia	124	5.5	5.3	7.6	6.6	No Objective
Kidney disease	94	4.2	4.0	5.2	4.6	No Objective
Homicide	86	3.8	3.8	3.7	3.7	5.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

The top two leading causes of death in area cities and Health Reporting Areas (HRAs) are heart disease and cancer. In addition, Alzheimer's disease, unintentional injury deaths (accidents), and/or stroke are the top causes of death in the area. Comparison of rates should be undertaken with caution, as rates may have been based on few deaths per year in some HRAs.

South Auburn shows the highest rates of death from cancer and heart disease. The Alzheimer's disease death rate is highest in East Kent. The rate of accidental injury deaths is highest in SeaTac/Tukwila. Stroke mortality is highest in East Kent.

Mortality Rates Top Five Causes, per 100,000 Persons, Age-Adjusted, 2016-2020

	Cancer	Heart Disease	Alzheimer's Disease	Accidents	Stroke
Auburn	156.8	196.9	54.1	43.5	47.3
Auburn North	135.2	175.3	49.6	38.8	43.8
Auburn South	196.8	237.6	63.1	51.6	53.3
Bellevue	115.8	103.0	54.2	22.4	30.2
Bellevue South	121.2	112.1	76.9	23.6	40.3
Black Diamond/Enumclaw/SE Cnty	159.3	180.5	55.3	51.3	39.2
Covington/Maple Valley	175.0	159.1	51.3	42.3	41.5
Kent	170.9	168.0	63.0	39.1	47.9
Kent East	178.2	166.1	79.5	31.9	53.9
Kent SE	162.9	158.4	61.4	38.8	46.8
Kent West	187.3	204.6	44.6	48.5	42.2
Newcastle/Four Creeks	151.8	154.2	76.1	38.4	39.8
Renton	148.6	141.4	40.0	33.7	30.6
Renton East	175.1	117.3	55.0	24.1	37.4
Renton North	132.3	139.4	36.6	35.6	23.4
Renton South	148.7	154.9	36.9	37.6	32.2
SeaTac/Tukwila	158.4	150.1	40.3	56.0	31.0
King County	137.1	128.9	46.9	37.6	32.8
Washington	143.8	134.2	43.3	44.6	34.9

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificate Data, 2016-2020, [Community Health Assessment Tool \(CHAT\)](https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx), Oct. 2021. 2021 City Health Profiles. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Other top causes of death in the service area include chronic lower respiratory disease (CLRD), diabetes mellitus, suicide, chronic liver disease, and flu/pneumonia deaths. Comparison of rates should be undertaken with caution, as rates may have been based on few deaths per year for certain causes of death in certain HRAs.

South Auburn had the highest rate of deaths from CLRD and diabetes. South Auburn also had the highest rates of death from chronic liver disease and flu/pneumonia. The

rate of suicide deaths was highest in West Kent (19.7 deaths per 100,000 persons), followed by Covington/Maple Valley (18.8 deaths per 100,000 persons).

Mortality Rates Additional Causes, per 100,000 Persons, Age-Adjusted, 2016-2020

	CLRD (Lung Disease)	Diabetes Mellites	Suicide	Chronic Liver Disease	Flu/ Pneumonia
Auburn	54.8	30.5	15.7	18.5	19.0
Auburn North	44.3	23.1	14.3	13.7	13.8
Auburn South	74.3	43.5	17.8	26.0	29.0
Bellevue	13.0	11.1	10.2	6.0	8.5
Bellevue South	15.8	8.9	8.0	4.6	N/A
Black Diamond/Enumclaw/SE Cnty	36.8	31.7	15.8	9.4	16.0
Covington/Maple Valley	25.7	14.6	18.8	10.5	9.9
Kent	34.6	31.6	10.5	16.0	14.8
Kent East	23.1	29.6	9.3	16.1	15.8
Kent SE	37.2	31.4	7.4	19.7	13.8
Kent West	43.0	36.6	19.7	9.6	17.6
Newcastle/Four Creeks	32.0	21.7	14.6	6.1	16.7
Renton	29.9	28.1	12.3	10.1	10.3
Renton East	34.7	14.8	11.2	7.5	11.8
Renton North	28.0	29.9	15.0	8.6	8.9
Renton South	31.0	33.9	11.2	12.7	10.7
SeaTac/Tukwila	28.8	31.6	12.6	14.2	11.0
King County	23.6	19.0	12.3	10.5	10.0
Washington	34.2	21.0	15.9	12.0	10.3

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificate Data, 2016-2020, [Community Health Assessment Tool \(CHAT\)](https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx), Oct. 2021. 2021 City Health Profiles. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Homicide was the 17th leading cause of death in King County, and the 18th leading cause in the state. Of area cities and HRAs for which rates were available, the highest rate of homicides was recorded in West Kent (11.2 homicides per 100,000 persons). The Healthy People 2030 objective is 5.5 homicides per 100,000 persons.

Homicide Rate, per 100,000 Persons, Age-Adjusted, 2016-2020

	Rate
Auburn	5.6
Auburn North	6.9
Auburn South	N/A
Bellevue	N/A
Bellevue South	N/A
Black Diamond/Enumclaw/SE County	N/A
Covington/Maple Valley	3.2

	Rate
Kent	7.5
Kent East	5.7
Kent SE	6.9
Kent West	11.2
Newcastle/Four Creeks	N/A
Renton	4.0
Renton East	N/A
Renton North	N/A
Renton South	5.9
SeaTac/Tukwila	7.8
King County	3.3
Washington	3.6

Source: WA State Dept. of Health, Center for Health Statistics, Death Certificate Data, 2016-2020, [Community Health Assessment Tool \(CHAT\)](https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx), Oct. 2021. 2021 City Health Profiles. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = suppressed for privacy or statistical validity issues, due to small numbers.

Cancer Mortality

The mortality rate for female breast cancer in King County was 18.3 per 100,000 women, while the rate for prostate cancer deaths was 20.5 per 100,000 men. The Healthy People 2030 objective for female breast cancer is 15.3 deaths per 100,000 women and for prostate cancer deaths is 16.9 per 100,000 men.

Cancer Deaths and Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average, 2015-2019

	Female Breast Cancer		Prostate Cancer	
	Number	Age-Adjusted	Number	Age-Adjusted
King County	218	18.3	162	20.5
Washington	891	19.5	705	19.8

Source: Washington State Department of Health, Washington State Cancer Registry, 2015-2019.
<https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

The rate of colorectal cancer deaths in King County was 11.5 per 100,000 persons, and the rate of lung cancer mortality was 28.7 per 100,000 persons. Mortality from lung and bronchus cancers was lower for the county than for the state. The Healthy People 2030 objective for colorectal cancer deaths is 8.9 per 100,000 persons and for lung cancer deaths is 25.1 per 100,000 persons.

Cancer Deaths and Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average, 2015-2019

	Colorectal Cancer		Lung and Bronchus Cancers	
	Number	Age-Adjusted	Number	Age-Adjusted
King County	246	11.5	596	28.7
Washington	1,030	12.1	2,909	33.7

Source: Washington State Department of Health, Washington State Cancer Registry, 2015-2019.
<https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

HIV

The death rate from an HIV/AIDS-related cause was 1.7 deaths per 100,000 persons in King County and 1.3 deaths per 100,000 persons in the state.

HIV/AIDS-Related Deaths, per 100,000 Persons, 3-Year Average, 2018-2020

	Rate
King County	1.7
Washington	1.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Multiple Cause of Death Mortality public-use data 2018-2020, on CDC WONDER. <https://wonder.cdc.gov/mcd-icd10.html>

Drug and Alcohol-Related Deaths

Deaths from acute drug and/or alcohol poisoning have been rising in King County, from 276 deaths in 2012 to 709 deaths in 2021.

Acute Drug or Alcohol Poisoning Deaths

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
King County	276	318	327	325	342	371	404	423	509	709

Source: Public Health - Seattle & King County; King County Medical Examiner's Office; King County Fatal Overdose Dashboard, as of 10/20/2022. <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>

Compared to 2020, overdose deaths in 2021 involving Fentanyl more than doubled (228% increase, from 169 to 385 deaths), while those involving methamphetamine increased by 157%, and those involving prescription opioids rose 136%. Deaths involving heroin went down by 9.4%.

Since 2012, deaths involving stimulants only (primarily methamphetamine but also cocaine) have risen from 2.1 to 6 deaths per 100,000 persons in 2021. Deaths involving a combination of opioids and stimulants has increased from 2.3 deaths per 100,000 persons in 2012 to 13.6 deaths per 100,000 persons in 2021. Deaths involving only opioids rose from 7.4 deaths per 100,000 persons in 2012 to 9.8 deaths per 100,000 persons in 2021. Most deaths involved multiple substances.

Fatal Overdoses, by Type of Substance, 2021

	Number	Percent
Opioid only	226	31.9%
Opioid plus stimulant	314	44.2%
Stimulant only	137	19.3%
Other (not opioid or stimulant)	28	3.9%
Alcohol only	4	0.6%
Total	709	100%
Opioids		
Heroin	155	21.9%
Prescription opioids	133	18.8%
Fentanyl	385	54.3%
Stimulants		
Methamphetamine	365	51.5%
Cocaine	129	18.2%

	Number	Percent
Benzodiazepine	94	13.3%

Source: Public Health - Seattle & King County; King County Medical Examiner's Office; King County Fatal Overdose Dashboard, as of 10/20/2022. <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx>

In 2021, 96% of all overdose deaths were accidental and 4% were classified as suicides. Deaths were highest among men (72% of deaths), persons between the ages of 30 to 59, and were higher among persons experiencing homelessness (11% of all deaths despite representing less than 1% of the population). The rate of deaths were highest in Renton 98057 (121.4 deaths per 100,000 persons), SeaTac/Tukwila (98.8 deaths per 100,000 persons) and Auburn 98002 (94.3 deaths per 100,000 persons). Rates were lowest in Maple Valley.

Drug and Alcohol Death Rates, per 100,000 Persons, by ZIP Code, 2021

	ZIP Code	Rate*
Auburn	98001	20.3
Auburn	98002	94.3
Auburn	98092	24.5
Bellevue (Newcastle/Factoria)	98006	18.7
Black Diamond	98010	51.0
Kent	98030	26.7
Kent	98031	28.8
Kent	98032	59.8
Kent (Covington)	98042	16.3
Maple Valley	98038	8.3
Maple Valley	98051	0.0
Renton	98055	24.9
Renton (Newcastle)	98056	19.1
Renton	98057	121.4
Renton	98058	11.5
Renton	98059	12.3
Seattle (SeaTac)	98188	98.8
Seattle (Tukwila)	98168	54.2
Seattle (Tukwila)	98178	41.5

Source: Public Health - Seattle & King County; King County Medical Examiner's Office; King County Fatal Overdose Dashboard, as of 10/20/2022. <https://kingcounty.gov/depts/health/examiner/services/reports-data/overdose.aspx> *Rate calculated based on 2016-2020 ACS Population data.

Rates of death by drug overdose have been rising in recent years. However, drug overdose deaths in King County (20.4 per 100,000 persons) are lower than statewide and nationwide rates. King County met the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Mortality Rate, per 100,000 Persons, Age-Adjusted, 2020

	King County		Washington	U.S.
	Number	Rate	Rate	Rate
Drug overdose death rate	495	20.4	22.0	28.3

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

In 2020, 364 of the overdose deaths in King County involved an opioid drug, at a death rate from opioid overdoses of 16 deaths per 100,000 persons. The Healthy People 2030 goal is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county exceeded.

Opioid Drug Overdose Crude Death Rates, per 100,000 Persons, 2020

	King County		Washington	U.S.
	Number	Rate	Rate	Rate
Drug overdose death rate	364	16.0	15.5	20.8

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

TOP FIVE Leading Causes of Death in King County



1 Cancer

Cancer Death Rates in King County
123.1 per 100k persons
Healthy People 2030 Objective
122.7 per 100k persons
Highest rates in South Auburn

2 Heart Disease

Heart Disease Death Rates in King County
115.2 per 100k persons
Healthy People 2030 Objective
171.1 per 100k persons
Highest rates in South Auburn

3 Unintentional Injury

Unintentional Injury Rates in King County
37.7 per 100k persons
Healthy People 2030 Objective
43.2 per 100k persons
Highest rates in SeaTac/Tukwila

4 Stroke

Strokes in King County
28.2 per 100k persons
Healthy People 2030 Objective
33.4 per 100k persons
Highest rates in East Kent

5 Alzheimer's Disease

Alzheimer's Disease in King County
39.6 per 100k persons
Highest rates in East Kent

Cancer Mortality

Female Breast Cancer in King County
18.3 per 100k women vs
Healthy People 2030 Objective **15.3**

Prostate Cancer in King County
20.5 per 100k men vs
Healthy People 2030 Objective **16.9**

Colorectal Cancer in King County
11.5 per 100k persons vs
Healthy People 2030 Objective **8.9**

Lung Cancer in King County
28.7 per 100k persons vs
Healthy People 2030 Objective **25.1**

Other top causes of death in the service area include:

chronic lower respiratory disease (CLRD), diabetes mellitus, suicide, chronic liver disease, and flu/pneumonia

Healthy People 2030 Objectives are national goals set by the U.S. Department of Health and Human Services with the purpose of improving health and well-being over the next decade. Even when these objectives are met, there is always room to improve the health of our community. These objectives are included when they align with displayed health indicators.

COVID-19

Incidence and Mortality

In King County, there have been 522,968 confirmed cases of the Coronavirus known as COVID-19 as of October 25, 2022. Through the same date, 3,245 county residents were confirmed to have died due to COVID-19 complications, for a rate of 1.43 deaths per 1,000 persons, as compared to the statewide rate of 1.89 deaths per 1,000 residents.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of October 25, 2022

	King County		Washington	
	Number	Rate	Number	Rate
Cases	522,968	230.4	1,835,075	238.2
Deaths	3,245	1.43	14,550	1.89

Source: Washington State Department of Health, COVID19 Data Dashboard, Updated October 26th, 2022 with data from October 25. <https://doh.wa.gov/emergencies/covid-19/data-dashboard> *Rates calculated using 2020 U.S. Census population data.

Cases and mortality rates from COVID-19 were statistically higher among every listed community of color than among non-Hispanic White residents in the county, except for deaths among Asian residents, which were not statistically different from those of non-Hispanic White residents. Rates were highest among Native Hawaiian or Pacific Islander residents and American Indian or Alaska Native residents.

COVID-19 Cases and Deaths, by Race and Ethnicity, Age-Adjusted Rates, per 100,000 Persons, King County

	Cases	Deaths
non-Hispanic White	18,208.0	122.9
Asian	21,774.2	125.1
Black	28,788.5	246.7
Hispanic or Latino	32,557.5	277.9
American Indian or Alaska Native	35,401.9	446.9
Native Hawaiian or Pacific Islander	57,189.2	766.9

Source: Seattle and King County Public Health, COVID-19 Race and ethnicity data dashboard, updated October 25, 2022. <https://kingcounty.gov/depts/health/covid-19/data/race-ethnicity.aspx>

Vaccination Rates

The COVID-19 vaccination rate for King County was 83.5% of the total population having completed the primary series of vaccinations. 75.9% of the population in South County completed the primary series.

As of October 12, 2022, per CDC guidance, being 'up to date' on COVID-19 vaccination now includes having received a bivalent booster, for all individuals, ages 5 and older. The bivalent booster was recommended for those aged 12 and older on August 31,

2022. Uptake of the bivalent booster is currently at 51% of King County seniors. Rates are again lower in the South County, where among seniors the rate is 39.9%.

COVID-19 Vaccinations, Completed Primary Series and Bivalent Booster, by Age

	Primary Series		Bivalent Booster	
	King County	South County	King County	South County
Total Population	83.5%	75.9%	22.3%	15.3%
0-4 years of age	15.6%	5.4%	N/A	N/A
5-11 years of age	53.9%	33.9%	0.4%	0.2%
12-17 years of age	77.1%	58.3%	13.2%	5.9%
18-34 years of age	78.0%	74.0%	12.3%	6.6%
35-49 years of age	91.9%	83.5%	22.0%	11.8%
50-64 years of age	95%+	95%+	26.7%	17.9%
Ages ≥ 65 years of age	95%+	95%+	51.0%	39.9%

Source for King County: Seattle and King County Department of Public Health, COVID-19 vaccination dashboard, updated October 27, 2022, with data for October 26, 2022. <https://kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>

In King County, 95%+ of the Native Hawaiian or Pacific Islander residents, American Indian or Alaska Native residents, and Asian residents have completed their primary COVID-19 vaccination series. 71.3% of Hispanic or Latino residents in King County have completed a primary vaccination series. Rates are lower among Hispanic or Latino residents, Asian residents, and non-Hispanic White residents of South County than at the county level. Rates among Black residents are higher in South County than King County. Despite having had the highest rates of infection and death, Native Hawaiian or Pacific Islander (NHPI) residents of South County have had low rates of uptake of the bivalent booster, with only 5.9% of South County's NHPI residents being vaccinated. Only Hispanic or Latino residents of South County have a lower uptake of the bivalent booster, at 5.8%. Rates of bivalent boosters are lower for South County compared to King County among every racial or ethnic group listed.

COVID-19 Vaccinations, Completed Primary Series and Bivalent Booster, by Race and Ethnicity

	Primary Series		Bivalent Booster	
	King County	South County	King County	South County
Non-Hispanic White	79.5%	70.1%	30.6%	22.8%
Asian	95%+	91.4%	18.0%	14.0%
American Indian or Alaska Native	95%+	95%+	16.1%	12.9%
Black	77.3%	81.8%	9.9%	8.1%
Native Hawaiian or Pacific Islander	95%+	95%+	9.6%	5.9%
Hispanic or Latino	71.3%	69.8%	10.4%	5.8%

Source for King County: Seattle and King County Department of Public Health, COVID-19 vaccination dashboard, updated October 27, 2022, with data for October 26, 2022. <https://kingcounty.gov/depts/health/covid-19/data/vaccination.aspx>

Chronic Disease

Diabetes

Rates of diabetes diagnosed in area cities and HRAs ranged from 5.6% in Bellevue to 16.2% in SeaTac/Tukwila.

Diabetes Prevalence, Adults, Age-Adjusted

	Percent
Auburn	13.8%
Auburn North	15.3%
Auburn South	11.5%
Bellevue	5.6%
Bellevue South	7.1%
Black Diamond/Enumclaw/SE County	6.9%
Covington/Maple Valley	9.2%
Kent	10.7%
Kent East	9.2%
Kent SE	9.9%
Kent West	13.7%
Newcastle/Four Creeks	6.5%
Renton	10.7%
Renton East	13.4%
Renton North	11.2%
Renton South	8.4%
SeaTac/Tukwila	16.2%
King County	7.3%
Washington	9.3%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Heart Disease and Stroke

3% of King County adults reported being told by a health professional they have coronary heart disease or angina. 2.2% of King County adults have been told by a health professional they have had a stroke.

Cardiovascular Disease, Adults, 5-Year Average, 2016-2020

	Angina/Coronary Heart Disease	Stroke
Auburn	2.9%	3.2%
Auburn North	2.4%	2.1%
Auburn South	3.6%	5.0%
Bellevue	2.5%	1.5%
Bellevue South	1.7%	1.7%

	Angina/Coronary Heart Disease	Stroke
Black Diamond/Enumclaw/SE County	3.5%	3.9%
Covington/Maple Valley	1.7%	2.1%
Kent	2.9%	1.7%
Kent East	1.1%	1.9%
Kent SE	4.4%	1.4%
Kent West	1.3%	2.2%
Newcastle/Four Creeks	7.0%	2.3%
Renton	2.3%	2.2%
Renton East	1.5%	2.2%
Renton North	4.7%	2.7%
Renton South	1.3%	1.8%
SeaTac/Tukwila	3.8%	2.5%
King County	3.0%	2.2%
Washington	3.6%	2.9%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

4.3% of King County adults reported having been told by a health professional they had a heart attack (Myocardial Infarction) vs. 4.7% for South County.

Heart Attack Prevalence, Adults, 5-Year Average, 2015-2019

	Percent
South County	4.7%
King County	4.3%

Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

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 rate of high blood pressure among area cities was in South Bellevue, where 23.7% of adults had high blood pressure. The highest reported rates of high blood pressure were in East Kent (35.3%) and North Auburn (35.2%). The lowest reported rate for high cholesterol was in North Renton (23.9%). The highest rate for high cholesterol diagnosis was in East Kent, (45.3%).

High Blood Pressure and High Cholesterol, Age-Adjusted

	Hypertension	High cholesterol
Auburn	31.4%	30.0%
Auburn North	35.2%	28.7%
Auburn South	26.0%	32.0%
Bellevue	24.4%	32.7%

	Hypertension	High cholesterol
Bellevue South	23.7%	32.5%
Black Diamond/Enumclaw/SE County	27.5%	33.1%
Covington/Maple Valley	32.9%	33.9%
Kent	28.8%	36.3%
Kent East	35.3%	45.3%
Kent SE	26.9%	35.5%
Kent West	28.1%	31.0%
Newcastle/Four Creeks	27.4%	31.0%
Renton	28.5%	28.2%
Renton East	32.9%	30.4%
Renton North	28.5%	23.9%
Renton South	25.6%	29.1%
SeaTac/Tukwila	24.9%	30.9%
King County	24.9%	29.9%
Washington	29.9%	N/A

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = WA state's rate not given.

Cancer

In King County, the age-adjusted cancer incidence rate is 542.4 per 100,000 persons, which is higher than the state rate of 491.5 per 100,000 persons. Breast, prostate, melanoma of the skin, non-Hodgkin lymphoma, leukemia, liver and intrahepatic bile duct, and stomach cancers are diagnosed at higher rates in King County than in the state. The incidence of lung and bronchus cancers is lower in King County compared to the state.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted, 2015-2019

	King County	Washington
All sites	542.4	491.5
Breast (female)	190.9	165.1
Prostate	118.7	98.8
Melanoma of the skin	68.3	53.1
Lung and Bronchus	48.3	51.7
Non-Hodgkin Lymphoma	21.4	19.3
Bladder	20.9	20.6
Leukemia	15.4	14.5
Liver and intrahepatic bile duct	10.3	9.1
Stomach	6.3	5.4
Cervix	6.1	6.8

Source: Washington State Department of Health, Washington State Cancer Registry, 2015-2019. <https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

Asthma

Reported rates of adult asthma in the area are lowest in Bellevue (5.1%) and South Bellevue (5.2%), and highest in SeaTac/Tukwila (11.3%) South Auburn (11.1%) and North Renton (11%).

Asthma Prevalence, Adults

City	Percent
Auburn	10.1%
Auburn North	9.4%
Auburn South	11.1%
Bellevue	5.1%
Bellevue South	5.2%
Black Diamond/Enumclaw/SE County	7.4%
Covington/Maple Valley	10.0%
Kent	8.1%
Kent East	5.9%
Kent SE	8.2%
Kent West	9.6%
Newcastle/Four Creeks	10.3%
Renton	8.7%
Renton East	6.4%
Renton North	11.0%
Renton South	8.9%
SeaTac/Tukwila	11.3%
King County	8.7%
Washington	9.9%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

4.2% of children who are on Medicaid health insurance, in King County and South County, have been diagnosed with asthma.

Asthma Prevalence, Children on Medicaid, 2019

Area	Percent
South County	4.2%
King County	4.2%

Source: WA State Health Care Authority (HCA), Medicaid claims data, 2019, via Public Health - Seattle & King County. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

Tuberculosis

The rate of tuberculosis diagnoses in King County in 2021 (4.5 cases per 100,000 persons) was the same as it was in 2017. The is higher than the statewide rate of 2.6 per 100,000 persons.

Tuberculosis Rate, per 100,000 Persons, 2017-2021

	2017		2021	
	Number	Crude Rate	Number	Crude Rate
King County	97	4.5	103	4.5
Washington	208	2.8	199	2.6

Source: Washington State Department of Health Tuberculosis Cases Statewide by Year, 2017-2021.
<https://doh.wa.gov/sites/default/files/2022-03/343-113-TuberculosisCasesStatewide2017-2021.pdf?uid=6244dc1d1ace6>

Disability

In the service area, 10.6% of the non-institutionalized civilian population identified as having a disability. In King County, 9.8% had a disability, while the rate of disability in the state was 12.7%.

Disability, 5-Year Average, 2016-2020

Area	Percent
Valley Service Area	10.6%
King County	9.8%
Washington	12.7%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1810. <http://data.census.gov>

Community Input – Chronic Disease

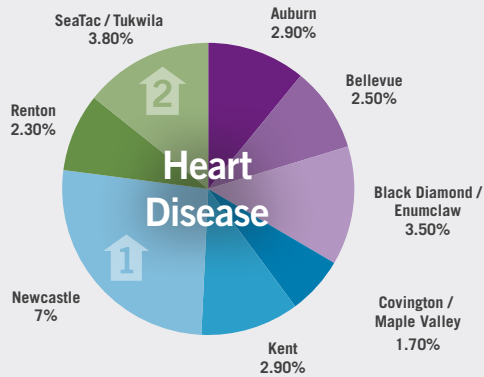
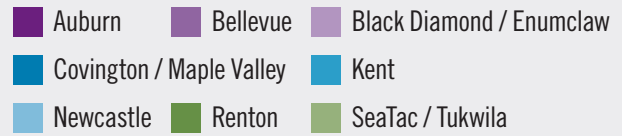
Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- Diabetes control has gotten worse. There is also a lack of nutrition and exercise compliance. Many people cannot pay for their insulin or even get it.
- Managing food habits can be difficult.
- For those who are experiencing homelessness, it can add to their chronic diseases. If you don't have stable housing and you are diabetic, that can exacerbate your health and ability to work or support yourself. It becomes a vicious cycle. We have people who truly cannot work but getting social security can be a long process. And it can easily take a year or more to get approval if you do it get.
- It is hard to access free clinics. There is a clinic event in the Seattle Center that happens every year. The problem is how do we get families there all the way from Renton? It is hard to put a whole family on a bus, who don't speak the language and do not know where to go when they get off the bus. But if you try to go to the local clinic, it may be months that you wait. People are overwhelmed and they give up and stop trying. And then things turn into chronic diseases because they only seek care that is reactive, not proactive.
- I work and have health insurance so there are less barriers for me. I know where

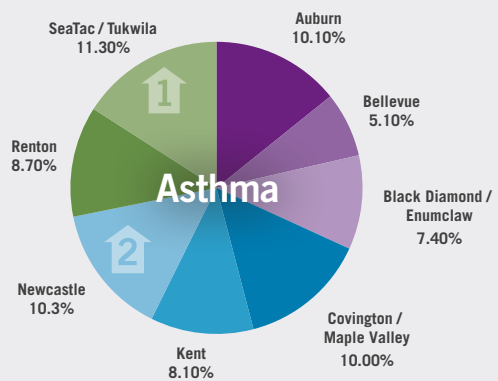
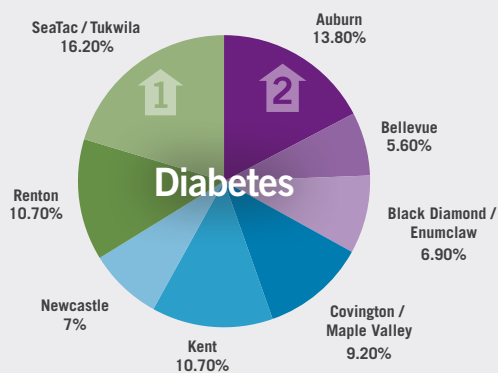
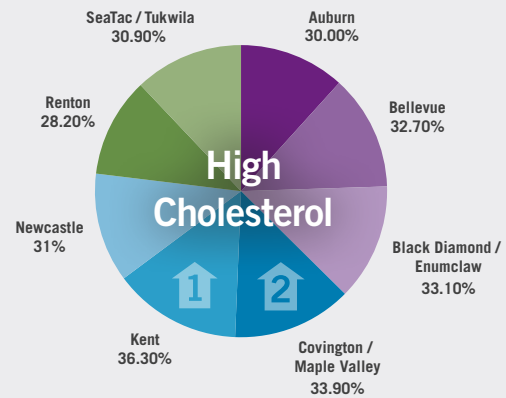
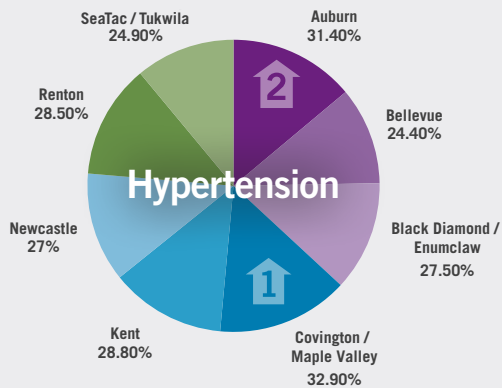
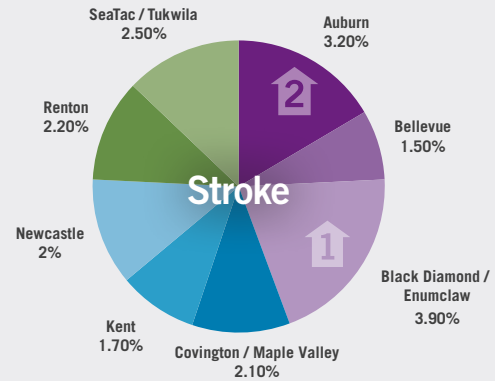
there are resources and how to find them. Some people don't have access points. How do we identify those people and help them? Also, it is important to be inclusive. We have to target and promote outreach to these areas.

- For people who just came from another country it may be difficult for them to understand what a chronic disease is, what are the signs and where are the access points. For those who are undocumented it is hard to connect them with healthcare because they have a fear they will get deported. And it causes a trickle-down effect on their health.
- We need transportation in South King County.

Chronic Disease



Healthy People 2030 Objective: 5%



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. King County is ranked 1 at the top of Washington counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 39)
King County	1

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

More than one-fifth of adults in King County (21%) are obese and 34.2% are overweight. Rates of obesity in service area cities range from 16.7% in Bellevue and 16.8% in North Renton to 38.7% in South Auburn. Combined rates of overweight and obesity are lowest in South Bellevue (43.6%) and highest in South Auburn (72.9%) and West Kent (72.4%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older. Auburn, South Auburn and West Kent did not meet this objective.

Overweight and Obesity, Adults, 5-Year Average, 2016-2020

	Overweight	Obese	Combined
Auburn	31.6%	36.3%	67.9%
Auburn North	30.0%	34.9%	64.9%
Auburn South	34.2%	38.7%	72.9%
Bellevue	30.9%	16.7%	47.6%
Bellevue South	26.5%	17.1%	43.6%
Black Diamond/Enumclaw/SE County	33.6%	27.0%	60.6%
Covington/Maple Valley	35.4%	30.1%	65.5%
Kent	34.9%	33.4%	68.3%
Kent East	34.5%	29.6%	64.1%
Kent SE	34.6%	33.4%	68.0%
Kent West	35.9%	36.5%	72.4%
Newcastle/Four Creeks	26.7%	24.0%	50.7%
Renton	38.6%	22.3%	60.9%
Renton East	30.3%	27.1%	57.4%
Renton North	44.7%	16.8%	61.5%
Renton South	41.0%	22.0%	63.0%
SeaTac/Tukwila	32.8%	31.3%	64.1%

	Overweight	Obese	Combined
King County	34.2%	21.0%	55.2%
Washington	35.1%	28.3%	63.4%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

In King County, 28% of 8th graders, and 21% of 10th and 12th grade students are overweight or obese.

Overweight and Obese, Youth, 2018

	8 th Grade		10 th Grade		12 th Grade	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
King County	15%	13%	11%	10%	12%	9%
Washington State	16%	17%	15%	16%	15%	15%

Source: Washington State Healthy Youth Survey, 2021. <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 King County, 74.1% of adults do not meet these recommendations. In area cities rates ranged from 72.9% in Covington/Maple Valley to 86.5% in Black Diamond/Enumclaw/SE County, and 86.2% in South Auburn.

Physical Activity Recommendations Not Met, Adults, 5-Year Average, 2016-2020

	Percent
Auburn	81.5%
Auburn North	78.4%
Auburn South	86.2%
Bellevue	77.5%
Bellevue South	76.6%
Black Diamond/Enumclaw/SE County	86.5%
Covington/Maple Valley	72.9%
Kent	79.9%
Kent East	76.0%
Kent SE	81.3%
Kent West	79.8%
Newcastle/Four Creeks	74.5%
Renton	77.7%
Renton East	77.1%
Renton North	78.3%
Renton South	77.9%
SeaTac/Tukwila	82.6%

	Percent
King County	74.1%
Washington	75.9%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

14.7% of adults in King County were sedentary and did not participate in any leisure-time physical activity in the previous month. Rates of sedentary adults among area cities ranged from 10.2% in South Bellevue to 30.1% of West Kent.

Sedentary Adults, 5-Year Average, 2016-2020

	Percent
Auburn	23.2%
Auburn North	19.9%
Auburn South	28.2%
Bellevue	12.4%
Bellevue South	10.2%
Black Diamond/Enumclaw/SE County	27.4%
Covington/Maple Valley	19.2%
Kent	24.2%
Kent East	21.3%
Kent SE	22.4%
Kent West	30.1%
Newcastle/Four Creeks	13.4%
Renton	19.2%
Renton East	18.8%
Renton North	18.7%
Renton South	19.9%
SeaTac/Tukwila	24.6%
King County	14.7%
Washington	18.3%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <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. 84% of 12th grade students did not meet this activity recommendation, compared to 82% statewide.

Inadequate Physical Activity, Youth, 2018

	6 th Grade	8 th Grade	10 th Grade	12 th Grade
King County	76%	80%	82%	84%
Washington State	78%	78%	81%	82%

Source: Washington State Healthy Youth Survey, 2021. <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.

Adequate Access to Exercise Opportunities

	Percent
King County	98%
Washington	86%

Source: County Health Rankings, 2023. Utilizing 2020 & 2022 data combined. <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, Auburn 98092 and Maple Valley 98051 were rated as the most “Car Dependent” communities in the service area, with scores of zero. Kent 98031 (with a score of 55), Renton 98057 (58) and Kent 98030 (67) rate as ‘Somewhat Walkable’.

Walkability

	ZIP Code	Walkscore
Auburn	98001	13
Auburn	98002	47
Auburn	98092	0
Bellevue (Newcastle/Factoria)	98006	27
Black Diamond	98010	47
Kent	98030	67
Kent	98031	55
Kent	98032	41
Kent (Covington)	98042	29
Maple Valley	98038	7
Maple Valley	98051	0

	ZIP Code	Walkscore
Renton	98055	41
Renton (Newcastle)	98056	19
Renton	98057	58
Renton	98058	4
Renton	98059	26
Seattle (SeaTac)	98188	41
Seattle (Tukwila)	98168	19
Seattle (Tukwila)	98178	31

Source: [WalkScore.com](https://www.walkscore.com), 2022.

Soda Consumption

In King County, 2% of 10th graders drink sugar-sweetened beverages daily at school. This is the same as the 2018 rate, after years of steep decline, as school policies have shifted to ban sugary drinks in schools.

Daily Sweetened Drink Consumption at School, 10th Grade Youth, 2006-2021

	2006	2008	2010	2012	2014	2018	2021
King County	18%	16%	12%	10%	4%	2%	2%
Washington	22%	19%	15%	13%	4%	3%	3%

Source: Washington State Healthy Youth Survey, 2006-2021. <http://www.askhys.net/FactSheets>

Fruit and Vegetable Consumption

In King County, 75% of 10th graders do not eat the recommended minimum of five servings of fruits and vegetables daily. This is the first year showing a decline, subsequent to an annual increase in the number of children not meeting the recommendations that began in 2008.

Eat Fewer than Five Servings of Fruits and Vegetables Daily, 10th Grade Youth, 2006-2021

	2006	2008	2012	2014	2016	2018	2021
King County	74%	70%	73%	76%	78%	81%	75%
Washington	75%	75%	76%	78%	80%	83%	77%

Source: Washington State Healthy Youth Survey, 2006-2021. <http://www.askhys.net/FactSheets>

Community Input – Overweight (Healthy Eating and Active Living)

Stakeholder interviews identified the following issues, challenges and barriers related to healthy eating and active living. Following are their comments summarized and edited for clarity:

- Weight has increased. People have been eating unhealthy foods with the pandemic.
- It is a quality-of-life issue. People are living further away from their jobs and they have less time to take care of themselves. There are so many demands placed on us. With workforce shortages and people working more, they are tired and they do not have the energy. They do not prioritize themselves and it impacts their mental health and self-value and self-love. A lot of people are just coping. And that can lead

to unhealthy habits. And quality food costs more. Healthy foods costs are skyrocketing.

- Food becomes unhealthy when it is too accessible and fast and quick. Being overweight is because food is easy and cheap to get. We get so busy, that is part of it, we need something that is easy and can feed the family as a quick fix. We don't have time to cook a healthy meal. We are less active than we used to be. Kids aren't out on their bikes anymore.
- For Pacific Islander residents, we focus on food insecurity and about how cheap food is often not good food. Their diets are high in protein, fat and carbs. It is hard to tell them they are overweight. Step one is to tell them to take some preventive measures.

Youth Sexual Behaviors

In King County, 11% of 10th graders in 2021 said that they have had sex. This rate is lower than the state rate (14%). 39% of 10th graders in King County did not use a condom during their last sexual encounter.

Sexual Behaviors, Youth

	Has had Sex		Did Not Use a Condom During Last Sexual Encounter	
	8 th Grade	10 th Grade	8 th Grade	10 th Grade
King County	3%	11%	50%	39%
Washington	4%	14%	64%	39%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

Sexually Transmitted Infections

In 2021 chlamydia infections were diagnosed at a preliminary rate of 327.9 per 100,000 persons in King County and the rate of gonorrhea diagnoses was 187.8 per 100,000 persons. Primary and Secondary syphilis were diagnosed at a rate of 26.3 cases per 100,000 persons in King County. Rates of gonorrhea and syphilis diagnoses in King County were higher than statewide rates.

Communities of color in the state are much more likely to be impacted, with Black residents 6.2 times more likely to be diagnosed with gonorrhea than White residents, 2.4 times more likely to be diagnosed with syphilis, and 5 times more likely to be diagnosed with HIV. Hispanic/Latino residents are 1.8 times more likely than Whites to be diagnosed with gonorrhea, and 1.6 times more likely to be diagnosed with syphilis or HIV. Other persons of color (non-Black, non-Hispanic) are 2.5 times as likely to be diagnosed with gonorrhea as Whites and 1.3 times as likely to be diagnosed with syphilis, but only 0.8 times as likely to be diagnosed with HIV. [Office of Infectious Diseases Disparities Report 2022](#)

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

	King County	Washington
Chlamydia	327.9	390.8
Gonorrhea	187.8	138.6
Syphilis (primary & secondary)	26.3	19.2

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

HIV

The rate of newly diagnosed HIV cases in King County averaged 8.6 cases per 100,000 persons from 2016 through 2020.

Newly Diagnosed HIV Cases, Annual Count and Rate, per 100,000 Persons, 2016-2020

	2016	2017	2018	2019	2020	5-Year Rate
King County	181	177	227	191	169	8.6
Washington	370	375	401	408	359	5.2

Source: Washington State Department of Health HIV Surveillance Report, 2021, published January 2022. <https://doh.wa.gov/sites/default/files/2022-03/150-030-HIVSurveillanceReport2021.pdf?uid=63586a99f3053>

The prevalence of HIV (those living with HIV regardless of when they might have been diagnosed or infected) is 312.9 cases per 100,000 persons in King County, which is higher than the 183.7 cases per 100,000 persons seen statewide. 87% of county residents with HIV/AIDS were engaged in care and 81% show viral load suppression.

HIV/AIDS Prevalence, per 100,000 Persons, Engaged in Care, & Virally Suppressed, 2020

	Prevalence Rate	Engaged in Care	Suppressed Viral Load
King County	312.9	87%	81%
Washington	183.7	85%	79%

Source: Washington State Department of Health HIV Surveillance Report, 2021, published January 2022. <https://doh.wa.gov/sites/default/files/2022-03/150-030-HIVSurveillanceReport2021.pdf?uid=63586a99f3053>

Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections. Following are their comments summarized and edited for clarity:

- It is about understanding the scope of the disease and how it can impact you on a short term and long-term basis, as well as your significant other. And people don't want to go to the doctor, so you don't find out.
- We are seeing a lot of congenital syphilis. Women are routinely told to get testing for this now.
- Congenital syphilis for cis gender women is an issue. We are also seeing latent TB from people coming from other countries where it is more prevalent.

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, 11.9% of the adult population experienced frequent mental distress. Service area cities and HRAs had rates ranging from 3.8% in South Bellevue to 15.6% in Black Diamond/Enumclaw/SE County.

Frequent Mental Distress, Adults, 5-Year Average, 2016-2020

	Percent
Auburn	14.0%
Auburn North	14.7%
Auburn South	12.8%
Bellevue	6.9%
Bellevue South	3.8%
Black Diamond/Enumclaw/SE County	15.6%
Covington/Maple Valley	11.4%
Kent	11.9%
Kent East	10.3%
Kent SE	11.9%
Kent West	13.2%
Newcastle/Four Creeks	13.3%
Renton	11.6%
Renton East	11.0%
Renton North	10.4%
Renton South	12.9%
SeaTac/Tukwila	12.4%
King County	11.9%
Washington	12.6%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Youth Mental Health

Among 10th grade youth, 35% in King County had experienced depression in the previous year. This is described as 'feeling so sad or hopeless for two weeks or more that they had stopped doing their usual activities.'

Depression, Past 12 Months, 10th Grade Youth

	Percent
King County	35%
Washington	38%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

Suicide is the second-leading cause of death for Washington teens, ages 15 to 19. 19% of 10th graders in King County said they had considered suicide in the past year, while 6% said they had attempted suicide in the past year.

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

	Considered Suicide	Attempted Suicide
King County	19%	6%
Washington	20%	8%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments summarized and edited for clarity:

- Mental health resources are inadequate. Many practitioners have retired or closed their practices and accessing providers is very difficult.
- There are some issues that are a continuation of homelessness issues. The police are working on that with an advocate program that will do some outreach with persons who are homeless. Mental health issues are a big part of this issue.
- There is so much stigma around mental health that it can prevent us from being an advocate for ourselves. For those who do not have insurance resources, alternative resources just aren't there. We have too much need and too low availability to meet the demand.
- Seniors don't want their kids to know they are struggling. Unlike physical issues, it is taboo, and they don't want to talk about it or avail themselves of benefits when they are offered. They will avoid it, even when we say it will help.
- There are programs out there, but it is a barrier getting to the people who need it. We are seeing more conversations and programs around mental health and people are encouraged to participate in workshops and attend seminars and support one another. But it seems it is always the same audience and not necessarily the audience that needs it.
- Financial stability can play into stressors that impact mental health. If you are not able to provide for your family, are unemployed or don't know where your next check is coming from, it is stressful.
- It is pretty taboo in many cultures. It is not talked about within families. That creates a barrier in reaching out to seek resources and to have the courage to ask for help. Those that need it most are struggling to gain access. Many providers are Caucasian and not African American. We see that as well with Latinx people. It is hard to find providers who connect on a personal level and have a lived experience in the same way. With Pacific Islander clients, they are strongly tied to religion. So instead of mental health resources they will bring it to the church.
- The biggest challenge is scarcity of clinical and nursing staff to treat and intervene. It

creates access issues for patients seeking services. Because of the scarcity, it creates a competitive market so smaller agencies are unable to compete with larger medical centers for staff, which disrupts the types of services available to the community.

- For BIPOC, a lot of mental health therapists do not look like them, so it is hard to open up about their problems. As a result, people won't trust them with confidential information.
- We need people out on the street providing mental health services. These people are not coming into an office that is a 9 to 5 operation for a 50-minute session. And involuntary treatment for 30 days doesn't work, people need long-term care. You can't get clean and go back on the street. It is a strange vicious circle. People see it as a choice. I don't know anyone that would like to be drug addicted and have mental health challenges. No one wants that.
- We are seeing a lot of hopelessness and mental illness with our youth. They can't get an apartment and survive on what they make anymore. They need a roommate or a couple of roommates to survive. Suicide rates among youth are up as well.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In King County, 10% of adults report being current smokers. Rates in the service area cities and HRAs ranged from 3.4% in South Bellevue to 19.7% in South Auburn.

Cigarette Smoking, Adults, 5-Year Average, 2016-2020

	Percent
Auburn	16.2%
Auburn North	14.0%
Auburn South	19.7%
Bellevue	6.5%
Bellevue South	3.4%
Black Diamond/Enumclaw/SE County	9.7%
Covington/Maple Valley	11.8%
Kent	13.4%
Kent East	13.7%
Kent SE	13.8%
Kent West	12.3%
Newcastle/Four Creeks	8.5%
Renton	12.9%
Renton East	13.7%
Renton North	9.5%
Renton South	14.6%
SeaTac/Tukwila	17.7%
King County	10.0%
Washington	12.7%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Vapor products are now the most common nicotine product used by youth. 2% of 10th grade youth in King County smoked cigarettes in the prior 30 days, very few used smokeless tobacco in the prior 30 days, and 6% had used vapor products.

Tobacco Use, Past 30 Days, 10th Grade Youth

	Smokes Cigarettes	Used Smokeless Tobacco	Used Vapor Products
King County	2%	0%	6%
Washington	2%	1%	8%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

27% of King County 10th graders, who reported vaping in the past 30 days, had vaped at least once without knowing what substance they had vaped. 55% said they had

vaped a nicotine product, 44% had vaped a THC (marijuana) product, and 4% stated they had vaped a flavor-only product, with no nicotine or THC.

Reported Substance “Vaped” Among Current Users, Past 30 Days, 10th Grade Youth

	Nicotine	THC (Marijuana)	Flavor Only (No Nicotine or THC)	Substance Not Known
King County	55%	44%	4%	27%
Washington	56%	41%	3%	31%

Source: Washington State Healthy Youth Survey, 2021. <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, 18.2% in King County reported having engaged in binge drinking in the previous 30 days. Rates ranged from 8.9% in South Auburn to 24.3% in North Renton and 23.7% in Newcastle/Four Creeks.

Binge Drinking, Past 30 Days, Adults, 5-Year Average, 2016-2020

	Percent
Auburn	12.5%
Auburn North	14.8%
Auburn South	8.9%
Bellevue	12.1%
Bellevue South	12.0%
Black Diamond/Enumclaw/SE County	12.4%
Covington/Maple Valley	13.2%
Kent	15.6%
Kent East	16.0%
Kent SE	13.8%
Kent West	18.9%
Newcastle/Four Creeks	23.7%
Renton	17.1%
Renton East	10.7%
Renton North	24.3%
Renton South	17.3%
SeaTac/Tukwila	14.3%
King County	18.2%
Washington	15.2%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Alcohol use among youth increased by age. 27% of 12th grade youth in King County had consumed alcohol at some time in the past month. Consumption of alcohol was seen in 10% of 10th graders, 3% of 8th graders and 2% of 6th graders.

Alcohol Use in Past 30 Days, Youth

	6 th Grade	8 th Grade	10 th Grade	12 th Grade
King County	2%	3%	10%	27%
Washington	2%	4%	8%	20%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

Among youth, binge drinking rates rose steeply from 10th to 12th grade; 6% of 10th graders and 15% of 12th graders in King County had engaged in binge drinking in the previous two weeks.

Binge Drinking in Past 2 Weeks, Youth

	10 th Grade	12 th Grade
King County	6%	15%
Washington	6%	12%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

Drug Use

18.6% of King County adults said they had used marijuana during the prior month. Rates in service area cities and HRAs ranged from 9.1% in South Bellevue to 22.4% in Newcastle/Four Creeks.

Marijuana Use, Past 30 Days, Adults, 5-Year Average, 2016-2020

City	Percent
Auburn	12.5%
Auburn North	11.0%
Auburn South	14.6%
Bellevue	11.5%
Bellevue South	9.1%
Black Diamond/Enumclaw/SE County	16.7%
Covington/Maple Valley	10.5%
Kent	15.1%
Kent East	12.4%
Kent SE	13.8%
Kent West	19.8%
Newcastle/Four Creeks	22.4%
Renton	16.7%
Renton East	13.4%
Renton North	18.3%

City	Percent
Renton South	18.3%
SeaTac/Tukwila	17.1%
King County	18.6%
Washington	15.6%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

18% of 12th grade youth, and 7% of 10th grade youth in King County indicated current use of marijuana in the past 30 days.

Marijuana Use in Past 30 Days, Youth

	10 th Grade	12 th Grade
King County	7%	18%
Washington	7%	16%

Source: Washington State Healthy Youth Survey, 2021. <http://www.askhys.net/FactSheets>

Community Input – Substance Use

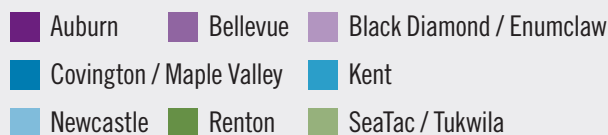
Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments summarized and edited for clarity:

- We are seeing more substance use and opioid use. And because of that we are also seeing more mental health problems.
- It goes beyond just the homeless population. There are pockets of people who lost their jobs and can't find a job, they can't go to work with childcare issues, or they found a job and they make less money. This contributes to mental health and substance use issues. People are hurting and they are trying to find a way to stop hurting.
- It is skyrocketing. We need more opportunities for rehabilitation facilities. Insurance often does not cover the cost of rehab and recovery. Insurance companies will pay for opioids and pain medications, but they won't pay for recovery on the flip side. We have a lack of bed space for state funded insurance and there is a 4-6 week wait to get into a facility.
- We will see women in crisis whose husbands are experiencing drug and alcohol abuse or are in jail for illegal usage.
- We are seeing more of it on the streets. There are more needles everywhere. People are doing drugs out in the public.
- There is cultural disparity around how society looks at addiction and access to treatment for addiction. We don't have enough nurses to create access. We have Ricky's Law, the Involuntary Treatment Act. It creates more parity between psychiatric regulatory standards and addiction standards. It allows us to identify and involuntarily detain at-risk individuals due to addiction to get them the help they need and to protect the community. It is fairly unique in our nation. It is not fully

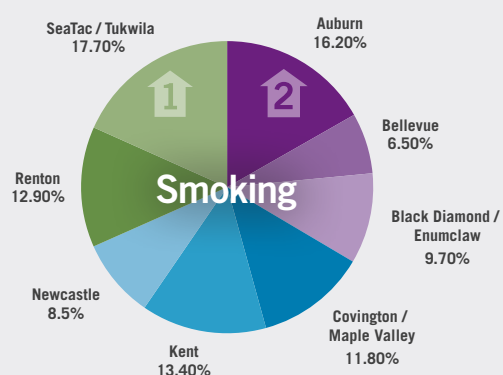
implemented, but it is creating a conversation around behavioral health as a continuum and we can't disguise or discriminate on the type of behavioral health challenge someone may have. We have had it in place for about 10 years.

- Some people need inpatient services, and it is really hard to access that. If you have substance use with mental health issues, and you are insured with the state, there is a long wait to access services, which is a huge challenge. As time goes by, the likelihood of getting back into the same issue increases. We also have to be realistic about the amount of time it takes to get people to trust someone else before they will consider treatment; it won't happen overnight. It can be heartbreaking to get someone ready to get help and then you can't get them help and we lose people, literally and figuratively.
- Sometimes substance use resources draw unwanted crowds so the centers are pushed out of areas that still have high need, so they are not as visible to the general public. Then these people in need have a hard time accessing those resources. There are many services in North Seattle, but in Renton, it is hard to get there. Also, people need immediate support but sometimes we must tell them we can get you into services 3 months from now.
- It is like mental health. People don't think they have an issue, so they don't seek out help. How do we help those people who have co-issues like mental health and are experiencing homelessness as well?
- We don't see this as much in the BIPOC community. We see it more among persons who are homeless, and white middle class people and teens. The biggest issues we hear about are rental assistance and a need for food. That is why trusted community navigators are important, they can share the voice of what is going on in their community.
- If we don't provide more beds, at least we should have more harm reduction. By that I mean any type of care that decreases substance use. Any reduction is helpful.

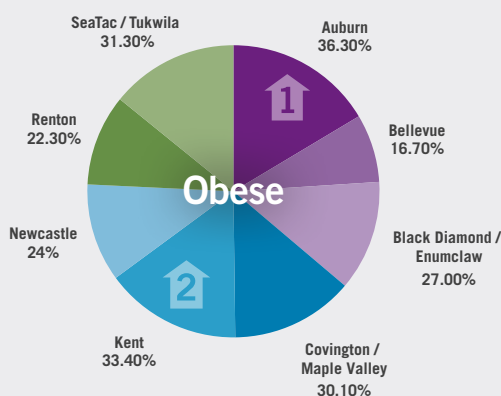
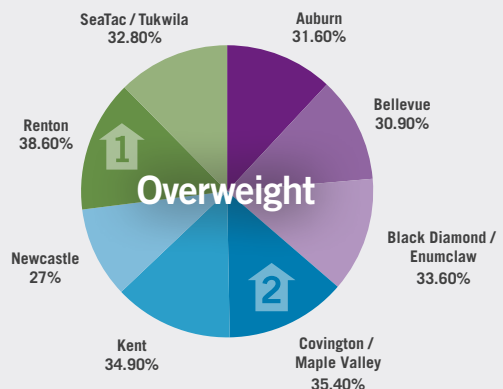
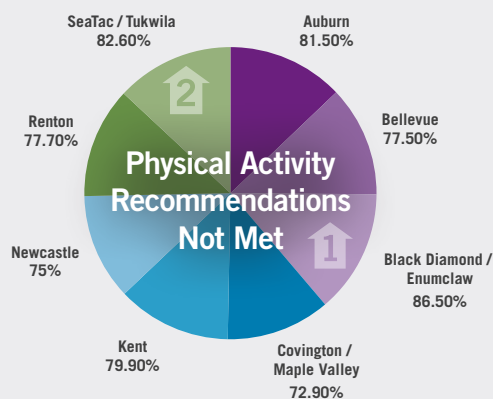
Health Behaviors & Substance Use



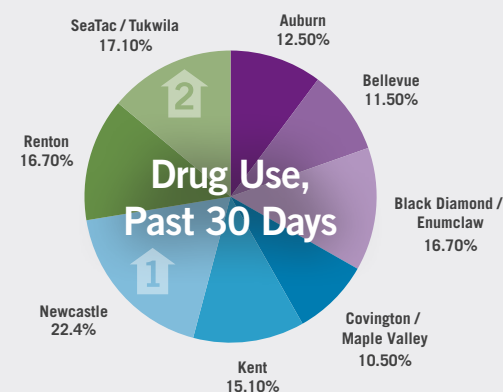
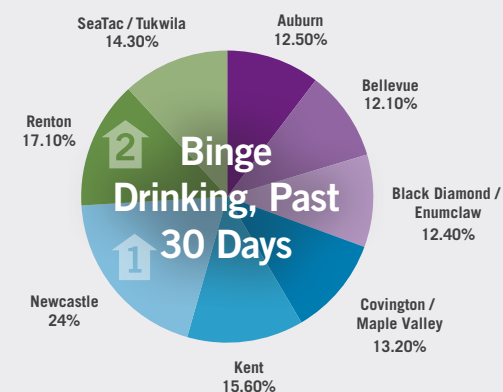
Washington's 39 Counties are ranked 1 (healthiest) to 39 (least healthy) - King County is ranked #1



The Healthy People 2030 objective for cigarette smoking among adults is 5%. In King County, 10% of adults report being current smokers.



The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older.



Preventive Practices

Flu and Pneumonia Vaccines

The Healthy People 2030 objective is for 70% of all adults, ages 18 and older, to receive a flu shot. 67.8% of seniors in King County received a flu shot. For those area HRAs where rates were available, the rates of seniors obtaining flu shots ranged from 54.1% in North Auburn to 77.1% in East Renton.

Adults, 18 to 64 years of age, received flu shots at lower levels than seniors. 43.3% of King County adults received a flu shot. Adults receiving flu shots in area cities and neighborhoods ranged from 30.9% in Black Diamond/Enumclaw/SE County to 52.6% in Newcastle/Four Creeks.

Flu Shots, Past 12 Months, Seniors and Adults, 5-Year Average, 2016-2020

City	Seniors, Ages 65+	Adults, Ages 18-64
Auburn	56.6%	38.1%
Auburn North	54.1%	39.4%
Auburn South	N/A	35.9%
Bellevue	70.9%	40.5%
Bellevue South	73.5%	45.2%
Black Diamond/Enumclaw/SE County	58.7%	30.9%
Covington/Maple Valley	68.9%	41.5%
Kent	71.4%	35.7%
Kent East	N/A	31.2%
Kent SE	70.3%	34.5%
Kent West	N/A	41.2%
Newcastle/Four Creeks	68.6%	52.6%
Renton	70.8%	44.2%
Renton East	77.1%	41.1%
Renton North	N/A	47.4%
Renton South	66.4%	44.5%
SeaTac/Tukwila	61.0%	34.3%
King County	67.8%	43.3%
Washington	64.3%	39.0%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = Suppressed due to small sample size.

In King County, 77.3% of seniors reported having received the pneumonia vaccine. Where rates are available for area cities and neighborhoods, pneumonia vaccine rates ranged from 68.9% in North Auburn to 91.5% in New Castle/Four Creeks.

Pneumonia Vaccine, Seniors, Ages 65 and Older, 5-Year Average, 2016-2020

City	Percent
Auburn	72.9%
Auburn North	68.9%
Auburn South	N/A
Bellevue	77.9%
Bellevue South	74.3%
Black Diamond/Enumclaw/SE County	81.1%
Covington/Maple Valley	73.9%
Kent	86.4%
Kent East	N/A
Kent SE	85.8%
Kent West	N/A
Newcastle/Four Creeks	91.5%
Renton	79.4%
Renton East	79.7%
Renton North	N/A
Renton South	79.2%
SeaTac/Tukwila	85.4%
King County	77.3%
Washington	76.7%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = Suppressed due to small sample size.

Immunization of Children

Among area school districts, Tahoma School District had the highest rate of up-to-date vaccinations among children entering Kindergarten (93.8%) and Tukwila School District had the lowest rate of up-to-date vaccinations among children entering Kindergarten (81.2%).

Up-to-Date Immunization Rates, Children Entering Kindergarten, 2021-2022

District	Percent
Auburn School District	90.2%
Kent School District	83.4%
Renton School District	92.0%
Tahoma School District	93.8%
Tukwila School District	81.2%
King County	90.1%
Washington	89.0%

Source: Washington State Department of Health, School Immunization Data Dashboard, 2021-2022. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization>

Mammograms

The Healthy People 2030 objective for mammograms is 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In King County, 76.2% of women has a mammogram. For area HRAs where rates were available, mammogram rates ranged from 70.1% in Covington/Maple Valley to 87.5% in Bellevue.

Mammogram Past 2 Years, Women, Ages 50-74, 5-Year Average, 2016-2020

	Percent
Auburn	78.4%
Auburn North	N/A
Auburn South	N/A
Bellevue	87.5%
Bellevue South	86.7%
Black Diamond/Enumclaw/SE County	N/A
Covington/Maple Valley	70.1%
Kent	81.9%
Kent East	N/A
Kent SE	85.2%
Kent West	N/A
Newcastle/Four Creeks	N/A
Renton	81.4%
Renton East	N/A
Renton North	N/A
Renton South	N/A
SeaTac/Tukwila	N/A
King County	76.2%
Washington	75.5%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = Suppressed due to small sample size.

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. In King County the rate was 77.8%. In those area cities or HRAs where rates were available, Pap smear rates ranged from 73.7% in Renton to 88% in Covington/Maple Valley.

Pap Test Past 3 Years, Women, Ages 21-65, 5-Year Average, 2016-2020

City	Percent
Auburn	76.9%
Auburn North	N/A
Auburn South	N/A
Bellevue	75.2%

City	Percent
Bellevue South	84.3%
Black Diamond/Enumclaw/SE County	N/A
Covington/Maple Valley	88.0%
Kent	76.0%
Kent East	N/A
Kent SE	78.9%
Kent West	N/A
Newcastle/Four Creeks	73.9%
Renton	73.7%
Renton East	N/A
Renton North	N/A
Renton South	N/A
SeaTac/Tukwila	N/A
King County	77.8%
Washington	76.1%

Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = Suppressed due to small sample size.

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as: a blood stool test in the past year, sigmoidoscopy in the past 5 plus blood test in the past 3 years, or colonoscopy in the past 10 years). 71.7% of King County residents, ages 50 to 75, met the colorectal cancer screening guidelines. Area cities and neighborhoods for which colorectal cancer screening rates were available ranged from 41.5% in East Renton to 80.4% in Black Diamond/Enumclaw/SE County.

Screening for Colorectal Cancer, Adults, Ages 50-75, 5-Year Average, 2016-2020

	Percent
Auburn	65.6%
Auburn North	61.2%
Auburn South	N/A
Bellevue	76.8%
Bellevue South	76.1%
Black Diamond/Enumclaw/SE County	80.4%
Covington/Maple Valley	71.3%
Kent	79.2%
Kent East	N/A
Kent SE	70.5%
Kent West	N/A
Newcastle/Four Creeks	78.6%

	Percent
Renton	61.7%
Renton East	41.5%
Renton North	N/A
Renton South	72.5%
SeaTac/Tukwila	56.8%
King County	71.7%
Washington	72.4%

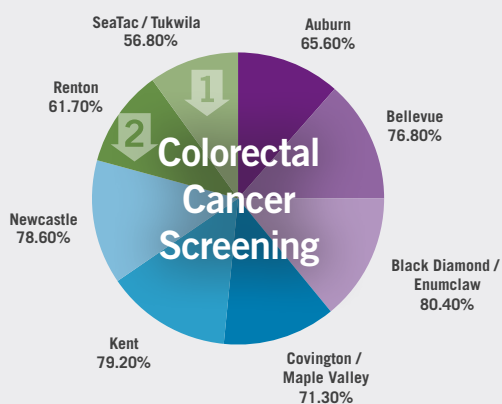
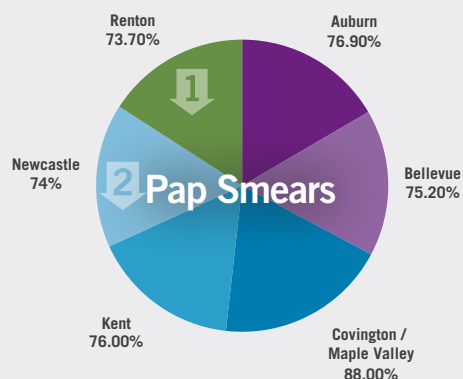
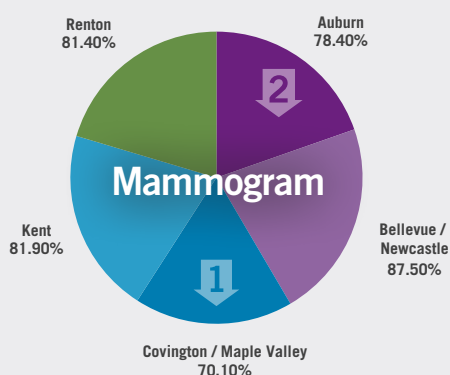
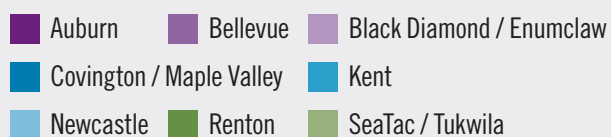
Source: Public Health - Seattle & King County; 2021 City Health Profiles, data from Behavioral Risk Factor Surveillance System, 2016-2020. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> N/A = Suppressed due to small sample size.

Community Input – Preventive Practices

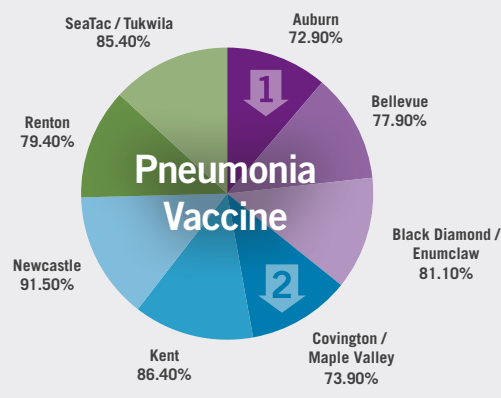
Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- People are not getting their preventive care and screenings like colonoscopies, mammograms, and cervical cancer screenings.
- My sense is that due to the pandemic, there is a greater need for these services now. Recently there was a health and wellness fair. I thought it would have been busy, but maybe 100 people were there the whole day. In more rural areas, with less access to healthcare, health fairs are more popular compared to here because there is greater access to care.
- There is a program here, African Americans doing wellness walks. They bring people together to understand that a lot of terminal or chronic conditions that black males face are preventable. And they address the stigma of accessing healthcare and receiving preventive care. There are opportunities for other agencies to have a similar approach.
- When people are getting their COVID vaccine, they are hearing about other preventive measures they should do. There is distrust, and it is a barrier. There is a sense that it is only for those in the know and not for me.
- We do a good job with education around preventive care. But we are terrible about next steps. We have a 211 hotline. They give you information that is provided on a website. And then you are back at square one. The information on the internet is often not updated.
- Someone who is struggling economically is going to be more focused on their immediate needs, so preventive care falls down the list. That includes doctor visits and medications. People will focus first on food and rent. Many people do not realize how preventive care and dental care can impact your health.

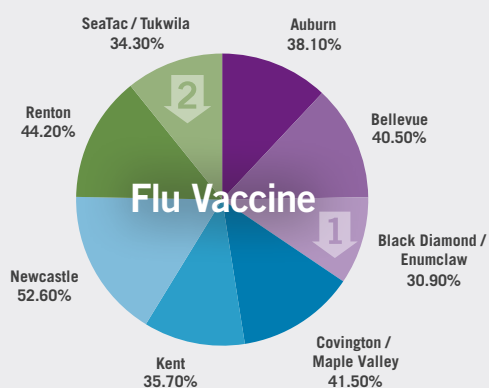
Preventive Practices



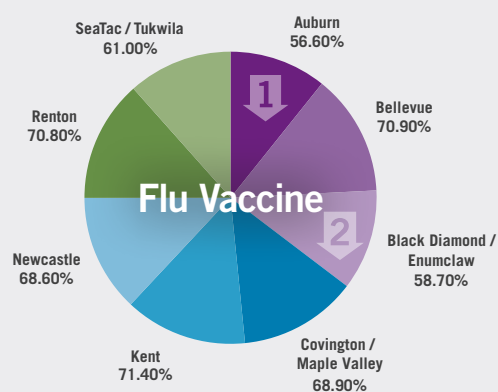
Adults ages 50 – 75



Adults 65 and older



Adults, ages 18 – 64



Seniors, ages 65+

Resources to Address Significant Needs

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

Health Need	Community Resources
Access to healthcare	211, Aging and Disability Services, HealthierHere, HealthPoint Medical and Dental, Hepatitis Education Project, King County Public Health, Latinos Promoting Good Health, SeaMar Community Health Centers, The Seattle Foundation, Seattle Indian Health Board, Southwest Youth and Family Services, ValleyCares
Chronic health conditions	211, African American Male Wellness Agency, African American Reach and Teach Health (AARTH), American Cancer Society, American Diabetes Association, American Heart Association, Cancer Lifeline, Communities of Color Coalition, Congolese Integration Network, Fred Hutchinson Cancer Research Center, Indian American Community Services, King County Public Health, Muslim Community Network Association (MCNA), Northwest Kenyan Community Association, The Pacific Islander Community Association of Washington (PICAWA), SOS Feeding Program, United Territories of Pacific Islanders Alliance (UTOPIA)Valley Girls & Guys
Economic insecurity and financial assistance	Black Diamond Community Center, Catholic Community Services, Communities in Schools, El Centro de la Raza, Friends of Youth, Indian American Community Services, Integration Family Services, Housing and Essential Needs (HEN) Referral Program, Kent Community Foundation, Kent United Methodist Church, Maple Valley Food Bank & Emergency Assistance, Multi-Service Center, Renton Clothing Bank, Salvation Army, United Way of King County, Veterans Crisis Hotline, Villa Comunitaria, Washington Immigrant Solidarity Network, WorkSource
Food Insecurity	Communities in Schools, Friends of Youth, Housing and Essential Needs (HEN) Referral Program, Indian American Community Services, Kent Community Foundation, King County Emergency Food Access, Maple Valley Food Bank, SOS Feeding Program, The Storehouse, Sustainable Renton Free Grocery Store
Housing and homelessness	211, Auburn Youth Resources, Catholic Housing Services, Communities in Schools, Equity Housing and Human Services (EHHS) Renton, Family Housing Connection, HOME, Homeless Management Information System (HMIS), Hospitality House, Housing and Essential Needs (HEN) Referral Program, KentHOPE, Office of Homeless Youth, South Sound Dream Center, Safe Place, Vine Maple Place, Washington State Advisory Council on Homelessness (SACH), William J. Wood Veteran's House, YMCA of King County
Intimate partner violence	API Chaya, Columbia Legal Services, Consejo Counseling & Referral Services, DAWN Crisis Line, DOVE Project, Eastside Legal Assistance Program (ELAP), Indian American Community Services, Jennifer Beach Foundation, Jewish Family Services Project DVORA, Mary's Center,

Health Need	Community Resources
	Mother Africa, Mother Nation, Northwest Immigrant Rights Project, NW Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse, Project Be Free, Refugee Women's Alliance, Salvation Army Domestic Violence Programs, Solid Ground Emergency Shelter and Transitional Housing, Somali Family Safety Task Force, WA Statewide DV Hotline, Washington State Coalition Against Domestic Violence (WSCADV), YMCA of Seattle/South King County
Mental health	Behavioral Health Advisory Council, Catholic Community Services, Consejo Counseling and Referral Service, Crisis Clinic, Friends of Youth, Kent Youth and Family Counseling, NAMI South King County, Teen Link – Suicide Prevention, Trevor Project, Valley Cities Counseling, Zia Larson Ray of Light Foundation
Overweight (healthy eating and active living)	Always Winning Fitness, HealthPoint Medical and Dental, King County Public Health, Next Level Fitness, SeaMar Community Health Centers, Spoonfed Training, YMCA
Preventive practices	Glover Empower Mentoring (GEM), HealthPoint Medical and Dental, King County Public Health, SeaMar Community Health Centers
Sexually transmitted infections	HealthPoint Medical and Dental, King County Public Health, SeaMar Community Health Centers
Substance use	Consejo Counseling and Referral Service, Downtown Emergency Service Center, EvergreenHealth, Friends of Youth, Kent Youth & Family Services, NAVOS, Sound Mental Health, Substance Abuse and Mental Health Services Administration (SAMHSA), Valley Cities

Report of Progress

Valley developed and approved an Implementation Strategy to address significant health needs identified in the 2020 CHNA. The hospital addressed: access to healthcare, behavioral health and disease prevention 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 2020 CHNA.

Access to Care

Key Initiatives: Financial Advocacy, Clinic Network Services, Safety Net Services, Reduced Impact of Social Drivers of Health

FINANCIAL ADVOCACY

- Provided Financial Advocacy Program at no cost to patients offering financial assistance and advocacy (including discounts, charity care and grant funding) to those who were uninsured, underinsured, ineligible for a government program or otherwise unable to pay according to the hospital's financial assistance policy.
- Provided enrollment assistance with the expanded Medicaid Program and local health exchanges to help increase access to care.

CLINIC NETWORK SERVICES

- Offered RN Care Management Program for chronically ill patients who required extra support, remote monitoring and social drivers of health resources.
- Provided COVID-19 evaluation and testing in concert and coordination with King County Public Health.
- Provided COVID-19 vaccination program for community members, patients and staff.
- Offered Advance Care Planning education and notary services, giving patients access to medical treatment consistent with their values, preferences and goals, while removing elements of uncertainty and stress from loved ones who may have to make decisions on their behalf.
- Continued as a Primary Care Patient-Centered Medical Home (PCMH) by achieving National Committee for Quality Assurance (NCQA) standards that supported access, communication, and patient involvement.

- Expanded reach and breadth of telehealth services to help meet patient needs and provide care in a safe, effective way that reduces transportation burden.

SAFETY NET SERVICES

- Continued to provide safety net pathway of services for all through a continuum of care from prehospital/first responder network and Emergency Department/ERIT to discharge planning and medical respite.
- Maintained comprehensive Thrombectomy-Capable Stroke Center Certification.
- Continued to be a resource and advocate for identification and support of patients in crisis, often due to abuse, assault and/or sexual assault through the specialized ER Intervention Team and partner organizations.
- Continued and optimized the FD Cares Program created in partnership with the Renton Regional Fire Authority and HealthierHere to identify non-emergent and chronic medical needs and services and offer follow-up and social work assistance to help reduce unnecessary and costly 9-1-1 calls and ED visits.

REDUCED IMPACT OF SOCIAL DRIVERS OF HEALTH

- Continued to provide telelanguage translation services free of charge for any patient or family member who could experience language as a barrier to care.
- Identified key documents and embedded instant translation into our website and signage to help improve awareness and access to care for non-English-speaking populations in our service area.
- Expanded the Patient Family Advisory Council and engaged with ethnically and racially diverse community organizations to understand the unique needs and barriers to accessing care for their constituents and members.
- Implemented SOGI within our electronic medical record to, with permission, collect information about Sexual Orientation and Gender Identity; Race, Ethnicity and Language; and disability status when admitting patients to the hospital, helping us better understand the needs of our diverse patient population.
- Supported programs, services and outreach initiatives that develop and promote health equity.
- Championed the standards associated with Health Equality Index Leader in Healthcare Equality, maintained certification for twelve consecutive years.
- Networked with local transport agencies and rideshare programs to help patients with transportation barriers access the care they need.
- Launched [ValleyCares](#), an online community resource for those who need help finding free and low-cost shelter, housing, food, transportation, education, legal and health services.
- Distributed a monthly electronic newsletter, [Community Care News](#), which provides information on health issues, events and care resources.

- Partnered with local organizations that provided direct resources for our community related to access to food, safe housing, SOS supplies, sexual assault and violence support, FQHC health resources, HEAL program, and more.

Behavioral Health

Key Initiatives: Psychiatry & Counseling Clinic (PCC), BHIP Program, Opioid Use Disorder Program, Depression & Suicide Screening, ED & Inpatient Support, Community Wellness

- Valley's PCC is one of the largest psychiatric groups in the state, offering psychiatry and counseling services and connecting patients with other needed resources. Demand is much greater than capacity. We implemented tele-psych and created a network of support between PCC, BHIP, FD Cares, NAMI and local community providers.
- 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 a collaborative care model. The program provides a clinic-based mental health clinician available to patients and providers, in person and over the phone. This program focuses on mild or moderate depression, anxiety and related issues.
- Addressed opioid overuse through the Medication for Opioid Use Disorder (MOUD) program. Provided counseling and behavioral therapies for the treatment of substance use disorders.
- Instituted Depression Clinical Practice Guidelines and Anxiety Screening throughout the Clinic Network using standardized referral protocols for identification and treatment, aiming to identify at-risk patients before a tragic event occurred.
- Implemented the Suicide Prevention Screen as part of the intake pathway for all patients (ER and inpatient), ages 10 and older, with automatic consult to or follow-up by social services following the standards determined by national guidelines.
- Implemented inpatient psychiatry program to help train medical teams and improve the care pathways for patients with behavioral health disorders.
- Promoted the new 9-8-8 Suicide and Crisis Lifeline, a free and confidential resource available to our community 24/7/365.
- Raised awareness for Black, Indigenous and People of Color Mental Health Awareness Month to help shed light on the stigma, barriers to care and available resources.
- Provided health education on mental health and wellness at Kent Station Ladies night.
- Presented at the Kent Chamber of Commerce Women's Wellness in the

Workplace event on mental health and wellness and preventive care measures.

- Provided health education to senior populations at the [GoldenCare Virtual Health & Wellness Fair](#), including a live webinar on mental health and wellness.
- Hosted [GLOW Women's Wellness virtual event](#) with keynote by Anne Browning from UW's Resilience Lab focused on mental wellness and how to "Harness Hope to Reignite Your GLOW."

Disease Prevention

Key Initiatives: Ambulatory Care Management & Health Coach Program, Screening Tools & Surveys, Preventive Screening, Lifestyle Medicine & Diabetes Management/Prevention, Community Wellness

- Provided remote COVID-19 monitoring of high-risk patients to help identify trends that indicated a need for treatment and/or admission.
- Valley's Volunteer Health Coach Program expanded to meet patient needs and deepened the reach of wellness virtually into the patient's home environment.
- Utilized preventive screening tools within Epic (Electronic Health Record) to help drive care and improve health management: Social Determinants of Health Screening, Suicide, Depression & Anxiety Screening Tools, Healthy Lifestyle Composite, Diabetes Composite, Preventive Care Composite, Fall Prevention Tool
- Promoted diagnostic screening to raise awareness about early detection. Provided financial advocacy and/or patient assistance, when needed for breast screening, colon screening, lung screening and smoking and vaping cessation, and diabetes A1C testing.
- Promoted the lowering of colon cancer screening to age 45 based on the US Preventive Services Taskforce recommendation.
- Offered Phase II Cardiac Rehab, Pulmonary Rehab and COVID Recovery programs to help those who suffered a cardiac or pulmonary event return to better function and prevent recurrent health issues.
- Offered comprehensive diabetes self-management and education with Certified Diabetes Educators who provided 1:1 counseling and group education.
- In partnership with the YMCA, developed and launched the CDC-recognized Diabetes Prevention Program (DPP), which included a virtual platform for heightened patient engagement and access.
- Expanded and optimized Healthy Foundations for oncology patients and other populations focused on nutrition, healthy food choices, lifestyle modification and readiness for change.
- Created over 100 DocTalk, health education, prevention, stress management,

and mental wellness [videos](#) for our community.

- Provided health education on stroke, heart disease, and cancer at Kent Station Ladies night.
- Supported the Be the Hope walk in Maple Valley to raise cancer awareness and provide preventive education.
- Partnered with MultiCare, Chambers of Commerce, and King County Public Health and presented two COVID town halls to educate the public about prevention and the COVID-19 vaccine.
- Hosted COVID-19 Vaccine Pop-Ups
 - Two at Renton High School for kids and families (212 vaccines given at the first event and 203 at the second)
 - Two at the Kent Food Bank to reach persons who were unhoused (8 vaccines at the first, 12 at the second)
 - One at the Communities in Schools back to school block party for kids and families (14 vaccines administered)
- Presented information on heart disease and stroke prevention to the Gurudwara Singh Sabha community. [The talk was recorded for wider use, as well as transcribed into reading material](#) and further promoted.
- Participated in a health camp at the Gurudwara Singh Sabha temple and performed 340 screenings for blood sugar and blood pressure and provided health education.
- Participated in the African American Male Wellness Walk and performed over 100 blood pressure and blood sugar screenings. Also screened participants for cancer risk through the Cancer IQ assessment.
- Participated in a health and wellness fair for the City of Renton employees. Performed 70 blood pressure and blood sugar screenings and provided health education.
- Participated in a Colorectal Cancer Awareness event to promote primary care, preventive medicine, and colorectal cancer prevention.
- Provided health education to senior populations at the [GoldenCare Virtual Health & Wellness Fair](#), including advance care planning, Medicare, Age-friendly fitness, understanding Medicare Wellness visits, and preventing falls.
- Provided health education materials, disease management resources, symptom checker and free risk assessments through the Health Library.
- Offered support groups free of charge for the public:
 - Cancer
 - Diabetes
 - Gluten intolerance/Celiac disease
 - New and expecting parents
 - Stroke

Attachment 1: Benchmark Comparisons

Where data were available, Valley Medical Center's health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet the Healthy People 2030 objectives; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	79.0% - 92.3%	90.7%
Child health insurance rate	97.2%	92.1%
Adult health insurance rate	90.2%	92.1%
Unable to obtain medical care	10.0%	3.3%
Ischemic heart disease deaths	67.0	71.1 per 100,000 persons
Cancer deaths	123.1	122.7 per 100,000 persons
Colon/rectum cancer deaths	11.5	8.9 per 100,000 persons
Lung cancer deaths	28.7	25.1 per 100,000 persons
Female breast cancer deaths	18.3	15.3 per 100,000 persons
Prostate cancer deaths	20.5	16.9 per 100,000 persons
Stroke deaths	28.2	33.4 per 100,000 persons
Unintentional injury deaths	37.7	43.2 per 100,000 persons
Suicides	12.6	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	10.6	10.9 per 100,000 persons
Drug-overdose deaths	20.4	20.7 per 100,000 persons
Overdose deaths involving opioids	16.0	13.1 per 100,000 persons
Early and adequate prenatal care	68.7%	80.5%
Infant death rate	5.1	5.0 per 1,000 live births
Obese, adults ages 20 and older	21.0%	36.0%, adults, ages 20+
Obese, 8 th 10 th & 12 th graders	9% - 13%	15.5%, children & youth, ages 2 to 19
Binge drinking, adults	18.2%	25.4%
Cigarette smoking by adults	10.0%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	77.8%	84.3%
Mammogram, ages 50-74, screened in the past 2 years	76.2%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	71.7%	74.4%
Annual adult influenza vaccination	43.3%	70.0%
Senior adult influenza vaccination	67.8%	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Ekta Arora	Women's Department	Indian American Community Services
Anita Chopra, MD	Member of Temple	Gurudwara Singh Sabha Temple
Robin Corak	Chief Executive Officer	Multi-Service Center (MSC)
Gina Custer	Director of Housing	Valley Cities
Diane Dobson	Chief Executive Officer	<i>Renton Chamber of Commerce</i>
Debbie Germer	Administrative Assistant	The Emergency Feeding Program of Seattle and King County
Richard Geiger, Ph.D.	Chief of Inpatient Service	Valley Cities Counseling and Consultation
Sabrina Hull	Program Manager	Communities in Schools of Renton-Tukwila
Stephanie Hynes	PIO/Communications & Community Engagement Coordinator	Renton Police Department
Tausili (Sili) Kalepo	CBO/FBO Task Force	Office of Equity and Community Partnerships (OECF) – COVID-19 Response King County Public Health
Justin Jeffrey	CBO/FBO Task Force	Office of Equity and Community Partnerships (OECF) – COVID-19 Response King County Public Health
Jessie Kotarski	Economic Development Manager	City of Renton, Economic Development Division
Tina McDonough	Founder	Valley Girls & Guys!
Dana Neuts	Executive Director	Covington Chamber of Commerce
Victor Tolbert ACE-CPT, USAW, CSAC, BRM	Washington Representative	African American Wellness Agency

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues or needs affecting individuals in the community. Responses included:

- Uncontrolled diabetes, hypertension, and metabolic syndrome. People are overweight because of a lack of nutrition and education. We also see a lot of mental health, depression and anxiety in our community.
- COVID-19, the flu and RSV are all big issues. Access to care is not a big concern in our community, we have care available. But transportation and affordability of care may be an issue for some people.
- Affordability of care when people have issues. People find their deductibles are so high they can't afford to pay for services or get the services they need.
- Mental health, unhoused people and people experiencing crisis.
- Diabetes and depression. Many of our seniors have moved from another country. They don't drive and they live with their kids who work and are busy.
- We have seen a rise in mental health, whether it is depression and isolation, or anxiety issues in a work environment. We are seeing more homelessness in Renton.
- We have preventable diseases like high blood pressure, cholesterol and diabetes. Prostate cancer is also a big issue.
- COVID-19, mental health issues, housing and food insecurity.
- Behavioral intervention, both inpatient and outpatient. We need more beds; we need more open access to behavioral health clinicians. We need more behavioral health nurses, and we need a culturally different view of how society views addiction. It isn't looked at as a psychiatric disorder. It is looked at as a character or psychologic disorder and not a disease.
- There is a lack of affordable housing and homelessness. Second is lack of mental health services that are accessible. A lot of that is about funding, particularly for inpatient services. We finally get people ready for inpatient care and then we can't find a bed. The third is stable housing, and that connection to health, and many people still don't have access to healthcare.
- Recently it has been a lot harder to get funding for affordable housing. And there are more people we are seeing who are experiencing homelessness. We are seeing more seniors, youth and LGBTQ youth, and we are seeing people who because of the pandemic, this is the first time they find themselves in this position.
- Mental health and access to those services. We work with youth and we will see parents and their families experiencing mental health issues and it trickles down into a host of other concerns like health or day-to-day living concerns. They might not be able to properly take care of themselves anymore. Hygiene becomes a problem. They are not taking care of themselves mentally and that can keep them from caring for their kids.

- We see mental health and drug abuse as the biggest issues that most often play into crime. And homelessness; all three impact one another.
- Mental health is the big one. And rental assistance. There is a high correlation of egregious rental prices relative to people experiencing homelessness and food insecurity.

**Interview participants were asked what factors or conditions contribute to those health issues? (e.g., social, racial, cultural, structural, behavioral, environmental)
Their responses included:**

- It is a lack of knowledge that stems from a lack of information and awareness. Also, there are some cultural values as well. Some people do not understand English and they are not able to access education materials and so they will often rely on or follow others in the community and do what they are doing, which may not always be what is healthy.
- Economic issues. With the pandemic, many people put off doing routine healthcare, so now an issue has accelerated. It may have been a small thing but now it is a big thing.
- There is a lack of resources available, a lack of personal advocacy, and stigma around mental health. There is a continued collective trauma we have experienced because of the pandemic that continues and that impacts each of our lives' own traumas.
- There are a lack of resources or access to resources. There is need for housing, financial support, counseling supports. There is even a need for resources to tell people where to go to get assistance.
- Lack of education, lack of trust, and a lack of community engagement.
- For the BIPOC community, it is not getting resources with COVID and mental health and housing. These are all social determinates of health, so there is a long history of them not getting these needs met.
- Housing is the number one issue, or housing insecurity. Community views of NIMBYism and looking to someone else to solve the issue rather than coming together and taking responsibility.
- There is a lack of sufficient funding for mental health services and health services for those in need.
- We are seeing a lot more kids who have become disengaged in schools.
- Poverty is a huge driving factor, and lack of access to resources and the means to take time off from work and having insurance. For therapy, if it costs \$50 each time, and you have no insurance, that is not feasible. It falls off the priority list.
- Our area is extremely diverse. Access to healthcare comes with stigmas in different cultures and it is not accessible for everyone who doesn't speak English. It is difficult if you have to fund translation for 50 plus languages.

- Some of our residents are refugees and they have a different culture and different relationships with food and health.
- People don't necessarily want to seek out help or think they have an issue that needs to be treated. I think there are valuable resources available, but you can't force someone to get the help they need.
- Environmental issues include how one drug or prescription can lead down the path to chemical dependency.
- Inflation is a big one. We did a poll out in the community. People are averaging \$250 to \$300 for grocery shopping. There is also uncertainty about new diseases coming back, like active TB cases. We are also seeing new cases of measles and the latest concern is congenital syphilis.
- Poverty. We are not compensated enough financially.

Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- People who are between jobs.
- Those who are vulnerable, who don't have advocates or champions. Those who have lost hope or are losing hope. Those who don't have resources. Those that are in service positions that have more exposure whether that be elected officials or first responders.
- Seniors.
- Persons experiencing homelessness. Communities that have language barriers. We have a large Vietnamese community and other Asian speaking communities in our city who have difficulty connecting to services.
- Our younger generation because there is a lack of education and communication and a lack of trust that our parents passed down to us. That bridge was broken so long ago and we don't want to go to the doctor. Blacks, African Americans, Ethiopians, and Hispanics.
- BIPOC communities in King County. And the Latinx, Black and African American residents in South King. On the east side it is the Muslim community and Pacific Islander residents. And the indigenous as well.
- People of color.
- The population that is experiencing homelessness is pretty diverse. Most surprising is the seniors as they don't have a lot of support. They are on a fixed income and there often are no rent limitations unless they are in affordable housing. It is harder for them to access safe, sustainable affordable housing.
- Refugees. Those living below the poverty line and our communities of color are far more impacted by this than any other of our groups.
- We see drugs and mental health issues in other segments of our population, not just

homelessness. When we see an uptick in certain crimes, like shoplifting, it can play into mental health issues, they go hand in hand.

- Blacks, Latinx, BIPOC, ethnic groups.
- Persons experiencing homelessness and the working poor.

What health inequities have you observed and what solutions do you believe are needed to address those inequities?

- Inequities include a lack of education and language and cultural barriers. There is a lack of access to healthcare with socioeconomic barriers and there is a lack of awareness of resources available.
- More information would be helpful. WE need more transportation help and more access to resources.
- Language barriers is a big one with our diverse population. And making sure that resources and information is translated into multiple languages. Also, we need to identify which communities don't currently have those options or access to materials in their native tongue. We don't know what to translate if we don't know who doesn't have it. There seems to be some mistrust of the government and certain populations don't feel like they have access to government resources. They will not seek our support because they feel they can't or aren't free to reach out, or they only want to stay within their own community for services. We need community ambassadors.
- People are caught between not having enough income to access services and having too much income so you can't access services. One is about public entitlements the other is about private funds.
- We have anecdotal evidence that sometimes some medical professionals will treat people of a certain age or color differently. Because a disproportionate number of people of color are homeless or struggle financially, that ties into being able to access healthcare. We also see inequities in home ownership and their ability to be financially stable.
- A lack of access to affordable resources. There aren't many choices for services that are affordable or are low-cost. Some of this is systemic racism and oppression with receiving healthcare. There is feedback from the community that people don't feel heard by their providers. This translates to some people not seeking care or being hesitant because of the fear they won't be heard or taken seriously, or they will be treated stereotypically because of their race.
- One issue that keeps being brought up is food deserts in lower income communities. Food inequity creates situations where people are eating less nutritional food for families to thrive and work and go to school, which causes more hospitalizations and is causing more preventable diseases. It is a trickle-down effect. To get better food, people must leave the community. But gas prices aren't helping in a lot of low-income neighborhoods. As a result, people go to corner stores and fast food

restaurants. And people get trapped in ready loan payments where they are charged large amounts of interest.

- It is people who don't trust the system, especially people of color. The community is working on this, we are just in the beginning stages.
- We see a lot of people who don't have access to healthcare and dental care due to their financial situation.

How has the COVID-19 pandemic influenced or changed the unmet health needs in your community? Responses included:

- COVID-19 has widened the gaps and inequities. Access to care has declined. People have lower socioeconomic means with lost jobs. It is harder to see healthcare providers now. Appointments are very difficult to get. And people have been exercising even less with the pandemic and their health issues have gotten worse.
- It made everything a bit worse. Going to the ED takes significantly more time in terms of wait times, also wait times at the pharmacy are long. I was qualified to get Paxlovid but the pharmacy couldn't get it to me for two days, which would have meant I missed the window. So, I had to get it elsewhere. Getting to see a primary care practitioner takes longer. Same day appointments are no longer available.
- Not only has it increased disparities, but it also highlighted what was present before. There were holes in our ability to communicate with certain businesses because we did not have the ability to talk to them and they were not as open or inviting to conversation because of governmental distrust. It highlighted barriers we had in the past that we had not made much effort to get through in the past. In dire times, it is very important to everyone that communication channels are working. In the past when we did not face such severe times, we did not need to make as much effort when communication was not as critical.
- It put a lot of people in a financial bind. It has changed the way we operate day to day. It changed the way we communicate and how our kids communicate and the way we learn and the brain development of our youth.
- With COVID, we were all isolated, that lack of day-to-day interaction with each other decreased. We see it in little kids, their development is slowed. And in middle school they are now not used to being around others, they are less confident or shy and they do not know how to speak up and address things.
- There were a lot of barriers that were there before the pandemic with immigration status and accessing healthcare. When the pandemic hit, we lessened those barriers and made it more accessible. We had digital access for more people and immigrant barriers were reduced as well.
- It has increased needs. It is particularly noticeable with housing because we had a moratorium in our state, so a lot of landlords couldn't evict for a lack of payment.

When that lifted, we had a number of landlords who decided they didn't want to do this anymore, so they shut down some of our affordable housing. We are seeing customers experiencing 30-40% increases in their rents, so that has restricted access to affordable housing.

- During the pandemic, we saw isolation, particularly for the seniors and veterans. That impacts mental health. People are struggling with their mental health.
- There are so many more families now in need. Resources are scarce and families are fighting for the same resources. Organizations are changing their access criteria and that impacts people. There was also a lot of misinformation going on with health and safety. It broke the trust that was already thin with hospitals and governmental agencies. We need to repair that.
- Since COVID we have seen an uptick in violent crimes, car theft and shoplifting. We are seeing more armed robberies and more shootings and our domestic violence numbers went up.
- It allowed the BIPOC community a seat at the table for policy and change at Public Health. This gives us input and feedback and brings community concerns to the forefront. COVID opened the door to look at social determinants of health. It provided a platform to address community needs.
- One good thing is people got off the street. They were given hotels and housing. We had a man who we thought was on drugs and alcohol. It turns out he had Parkinson's. But all people saw was that he was unhoused and assumed he had a drug and alcohol problem.
- With the pandemic, there was huge need for economic support and food support. Now, with inflation and the cost of living going up, people have unmet financial needs. Do I buy gas to get to work to pay the bills and rent? But if I do, I won't have enough money for food. There are tough choices to make.
- It has been a problem for our workforce. There has been a shortage of qualified employees, even at the entry level. People are rethinking what work looks like for them. People want flexibility but not everyone can afford childcare. The cost of childcare is a barrier to employment. As a result of the pandemic businesses lost revenue, some closed all together. Others are struggling to stay open and have cut staff and hours of operation. We think things have returned to normal but economically that isn't the case. People are having to make choices and that is impacting the business community.
- There were long wait times in the ED. And things shifted in terms of masks and protocols. Sometimes it didn't feel like there was good communication. People didn't feel like they had access in the same way they did before. Now, it feels good to have things back to normal and have ready access.
- One of the issues as a society is that we have not paused and taken time to give ourselves grace for what we have gone through. We are still in survival mode,

whether we are working harder because of the workforce shortage or working more because of the cost of inflation or the uncertainty of what tomorrow holds for us.

- The issue now is that people feel it is over. They are not taking the necessary precautions they were previously and should still be doing. Some of our numbers are spiking. It is still out there.
- Housing, food, transportation, all these needs were heavily impacted throughout the pandemic. Mental health needs are on the rise and digital and language access are big barriers. So is ADA accessibility with testing sites. In BIPOC communities, English is not the first language, so getting resources translated was a struggle. Job applications, applying for a loan, unemployment applications, education. It was all a mess. Racism was also at the forefront with Black Lives Matter and Anti-Asian hate.
- To dispel myths on COVID and why it is ok to take the vaccine, it is important to find a doctor from that community. We need someone who speaks their language and can translate the technical terms. We can't lump all BIPOC communities together. There are different issues and needs.

Attachment 4: Community Partner Survey Responses

Staff members from these organizations responded to the survey.

Alimentando al Pueblo

Auburn Senior Activity Center

City of Auburn

Community Collaboratory

HealthPoint

King County Housing Authority

Mother Africa Organization

Multi-Service Center

Neighborhood House

Rainier Valley Birth and Health Center

Tahoma High School

Tukwila Pantry – Riverton Park United Methodist Church

YMCA of Greater Seattle

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

- Substance use disorders
- Mental health
 - Suicide
 - Stress
 - Anxiety
 - Hospitalization
 - Limited culturally and linguistically competent resources to refer to
- Refugee health needs
- Chronic conditions
 - Diabetes
 - Obesity
 - HIV/AIDS
- Physical activity and nutrition
- Access to healthcare
- Staff burnout
- Clients disengaging with services
- Complications that arise during pregnancy
- Not being able to meet basic needs
- Aging in place
- Access to food
- Lack of preventive care and wellness care among undocumented immigrants
- Housing, rental assistance

- Racism
- Services for persons with disabilities

What groups in your community are the most affected by these same issues (youth, seniors, LGBTQ, homeless, etc.)?

- BIPOC community
- Children and youth
- Latinx community members in South King County
- LGBTQIA+ gender diverse residents
- Limited English-speaking community members
- Low to middle-class individuals who don't qualify for Medicaid, and don't have any other options for health insurance
- Older persons, seniors
- Pacific Islander community
- People living in low-income public housing
- People who are less likely to see a medical or behavioral health provider who reflects their race, ethnicity, culture, language, sexual orientation, etc.
- People who cannot keep up with the rising costs of living in King County
- Persons experiencing homelessness
- Persons exposed to trauma
- Persons living in poverty
- Refugees
- Uninsured

Where do the people you serve receive regular healthcare services (physical exams, check-ups, vaccines, care for chronic/long-lasting health problems)?

- Community health clinics
- Emergency room
- HealthPoint
- Kent Public Health Center
- Many of them DON'T receive regular healthcare services such as check-ups
- Medical and dental mobile vans
- NeighborCare
- Primary care providers
- SeaMar
- Swedish
- Urgent care
- Valley Medical Center & Valley Medical Family Health

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

- Communication with providers
- Difficulty navigating the healthcare system
- Discrimination and bias
- Knowing where to go for what service or treatment
- Lack of health insurance
- Lack of time and money
- Lack of trust in the system and providers
- Language barriers
- Long waits for community mental health services
- Making appointments
- Not being able to talk about more than one health issue at a time
- Persons who suffer from addiction are not treated respectfully
- System fragmentation
- Too few providers
- Transportation
- Understanding health insurance

What impact has COVID-19 had on community residents?

- COVID-19 has negatively affected multiple aspects of the lives of patients, families, and communities.
- There have been severe economic consequences. There was a pandemic-related recession and an impact on mental health from the disruption in relationships and social networks.
- This depends on the community. As we know childhood vaccination rates have gone down and mental health needs have gone up but we also know that being a person of color results in continuing increased risk of hospitalization.
- While the pandemic amplified inequities, the “return to normal” only deepened these inequities.
- Lack of connections with community resources.
- Loss of income, food insecurity, social isolation, less participation in extracurricular activities among school-age kids and teens.
- People lost jobs, saw their children struggle with school and social relationships, some suffer from long COVID, some lost family members.
- COVID-19 has had many impacts including financial hardship, isolation, depression, substance abuse, homelessness, debt, and grief over the loss of a family member.
- It impacted children's socialization, general learning and cognitive growth and

maturity levels.

- Isolation and reduced coping skills.

Other comments or concerns:

- There is a big need for teen mental health providers in Maple Valley.
- Expand mental health services.
- Many of our partners are funded through the City of Seattle Community Living Connections program. They help with behavioral health and medical needs for many of our limited English communities that find it hard to navigate to find a primary care provider.

Attachment 5: Community Resident Survey Responses

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

Access to Healthcare

- Access to routine exams and preventive care
- Affordability of routine care
- Appointments are hard to get and have long wait times
- Approval of referrals by insurance company
- Cost of medications
- Finding replacement doctors for those who have retired or closed their practices.
- Inconsistent pricing between health plans and cash-paying customers for the same services
- Insurance is confusing
- Long distances to access healthcare
- Long waits at ER and Urgent Care facilities
- Transportation to medical care and services
- Understanding medical language and terminology

Chronic Conditions

- Allergies
- Arthritis
- Asthma
- Autoimmune disease
- Cancer
- Cholesterol
- Chronic pain
- COPD
- COVID
- Crohn's disease
- Diabetes/pre-diabetes
- Digestive disease
- Heart disease
- High blood pressure
- Kidney disease
- Obesity
- Osteoporosis
- Parkinson's disease
- Respiratory disease
- Stroke

Conditions of Aging

- Aging safely
- Caregiver assistance
- Cognitive decline and dementia
- Falls
- Hearing loss
- Isolation
- Loneliness
- Long-term care
- Loss of vision
- Memory issues
- Mobility
- Senior housing
- Weight gain

Mental Health and Substance Use

- ADHD and anxiety
- Alcohol addiction
- Bereavement
- Dealing with stress
- Drug use
- Need for more mental health professionals
- PTSD
- Stigma and judgement

Youth Concerns

- ADHD
- Autism
- Counseling for kids, teens and young adults
- Sports-related injuries

Social Drivers of Health

- Affordable housing
- Good nutrition and exercise
- Overweight
- Purchasing healthy food
- Transportation

Comments

Our biggest concern is the transition of my teenage daughters' healthcare from their parents to them handling their own healthcare needs. We assume that our young adults know what to do and how to do it. We cannot flip a switch and they suddenly by virtue of their age know what to do. We need to help them and coach them through the process with respect and kindness. Acknowledge that they are just learning this piece and offer them the help they need to navigate the system. They don't know what they don't know.

I'm older and am on Medicare. My concern is the lack of preventive care during my wellness visits. My provider is great, but I don't feel like I am examined for general health and preventive issues, like mammograms and colonoscopy. I would like to feel like my health is being managed by my provider.

I am 74. My wife is 77. For most of our lives our doctors were private practitioners. We always had great relationships with them, they were our partners in managing our healthcare. Our last doctor retired in 2019. We were at the mercy of the medical clinics. It was a nightmare! none of the clinic doctors understood the problems and challenges of seniors. They would not listen to us. They thought they knew best. They wouldn't listen to our complaints, so we stopped complaining.

I struggle to find the best doctor for my needs. It is like trial and error, and it takes 6 months to get an appointment. I also get confused on using my medical insurance. At one appointment the room had a flyer posted that you offer services that might help but I do not know how to access this and the doctor I saw did not know either.

What groups in your community are the most affected by these same issues (youth, seniors, LGBTQ, homeless, etc.)?

- Black or African Americans
- Hispanics or Latinos
- LGBTQIA+
- New parents
- Part-time workers
- Persons experiencing homelessness
- Persons living in remote neighborhoods
- Persons who are obese
- Persons who cannot access mental healthcare
- Persons with poor language skills or who are illiterate
- Physically disabled or diminished physical ability
- Seniors, older adults
- Teens and young adults

- Those who live alone or have significant caregiving responsibilities
- Veterans
- Victims of trauma
- Young to middle-aged women
- Youth with working parents

Where do you and your family members go for routine healthcare (physicals, check-ups, vaccinations, etc.)?

- Allegro Pediatrics
- Cascade Clinic
- Covington South
- Fairwood Family Practice
- HealthPoint Clinic
- Kaiser Permanente
- Kent Station
- Lake Sawyer
- Local pharmacy for vaccines
- Maple Valley Clinic
- Multi Care Clinic
- No primary care provider
- North Highlands
- Overlake Medical Center
- Polyclinic
- Primary care clinic
- Renton Highlands Clinic
- SeaMar
- Swedish
- Urgent Care
- Valley Children's Clinic
- Valley Family Medicine
- Valley Medical Center
- Valley Women's Healthcare Clinic
- Virginia Mason

If you do not have health coverage or insurance, what are the main reasons why?

Answer Choices	Percent
I am waiting to get coverage through my job	0.8%
I don't think I need health insurance	0
I haven't had time to deal with it	0.4%
It costs too much	4.5%
I am not eligible or do not qualify	0.4%
It is too confusing to sign up	0.8%
Does not apply, I have health coverage	93.1%

Comments:

- It is difficult to find a provider who accepts my insurance.
- Therapy is paid out-of-pocket since we cannot get in to a child therapist near us.
- Even when you have insurance, you have to pay the copays.
- Our coverage (Medicare supplement) costs over \$6,000 a year.
- Medicare coverage does not come close to what we need.
- Private insurance is too expensive. I am waiting on Medicare eligibility.

The most recent time you are a family member of your household delayed or went without needed healthcare, what were the main reasons?

Answer Choices	Percent
Could not get an appointment quickly enough/long wait for appointment	44.4%
Insurance did not cover the cost of care or treatment	14.5%
Don't have enough time to schedule an appointment or go to an appointment for my care	10.7%
COVID-19 appointment cancellation, concern for infection or other related concern.	9.3%
Did not know who to go to for help because I don't know enough about my health condition	8.4%
Did not have a way to get to the appointment	6.7%
Did not know where to go or how to find a doctor	6.4%
No insurance and could not afford care	6.1%
Don't trust healthcare workers/worried about discrimination	4.9%
Did not have use of Internet or computer/smartphone/tablet for a virtual or telehealth visit.	2.6%
Healthcare workers don't speak my language	1.5%
Don't have a healthcare provider who understands and/or respects my culture or religious beliefs	1.5%
Did not delay healthcare – received all the care that was needed	30.7%

Comments:

- After moving, I didn't know how to find a new doctor.
- I didn't realize how serious the health issue was.
- Lacked child care.

- I went to the doctor, but he offered no solution.
- Delayed general check-ups due to weight discrimination.
- There were delays after the referrals to the specialists.
- Not able to get off work during times that matched available appointments.
- It's hard to find a provider who listens intently and tries to understand.
- Procrastination and fear of what the diagnosis might require.
- No escort to meet me with a wheelchair upon arrival via Access.
- I deferred some care because of two hour driving distance.
- Can't find a doctor who is taking new patients.
- With mobility issues, it is too far to walk from parking lots to offices, labs, and services.
- It is too complicated to access and use MyChart.
- I was not sure which specialist to call. Medical care has become so specialized that when one has issues, it is complicated to figure out who to see.
- No human to talk to. Calls are automated or direct you to a website.
- For the most part we get the care as needed. But sometimes we give up if there are no appointments available when we need one.
- Often the only option is the ER as urgent care can't handle the issue.

Demographics of Survey Respondents

Age

Under 18	0
18-24	0.8%
25-34	4.3%
35-44	7.2%
45-54	8.3%
55-64	15.2%
65 and older	64.2%

Gender Identity

Female	74.9%
Male	22.9%
Non-binary	0.5%
Other	1.7%

Race and Ethnicity

White	80.8%
Asian or Asian American	6.2%
More than One Race	4.6%
Hispanic or Latino	2.7%
Black or African American	2.5%
Other	2.4%
Native Hawaiian or Other Pacific Islander	0.8%
American Indian or Alaska Native	0