

MultiCare Health System Deaconess Hospital Community Health Needs Assessment

2019



MultiCare 
Deaconess Hospital

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Community Workshop Sites

*East Central Community Center,
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*Northeast Community Center,
Spokane*

*Spokane Valley Partners,
Spokane Valley*

Participants

The following list includes organizations who supported the community workshops and/or promotion of the 2018 Community Survey. We apologize if any organizations or participants were unintentionally left off this list.

Spokane Regional Health District

*Pierce County Accountable Communities of Health,
Community Advisory Council*

Spokane Valley Partners

Better Health Together, 6 County Accountable Community of Health

Frontier Behavioral Health

Family Promise of Spokane

Gonzaga University

East Central Community Center

Eastern Washington University

Providence Health

Excelsior Youth Services

ARCORA Foundation

Northeast Community Center

Smile Spokane

Summary



The health of a community is complex. This community health needs assessment (CHNA) is intended to help better understand the needs of the Deaconess Hospital service area community. The information includes key health indicators from several data sources, information provided by community members from focus groups, and stakeholder input from many different organizations across Spokane County. The Spokane Regional Health District (Health Department) Data Center was the primary collector and reviewer of the health indicator and demographic data included in this CHNA report prepared for the MultiCare Health System.

Community stakeholder input was drawn from a recently completed community assessment sponsored by Priority Spokane and the Community Health Assessment Board (CHAB) who convened multiple vested parties together to plan and conduct a community-wide, aligned assessment process to mobilize collective action on a few priorities.

Throughout the Priority Spokane assessment process, numerous stakeholders, which included representation from MultiCare and the Health Department, participated in various phases of planning and implementation. These phases culminated in a final community assessment meeting, where over 200

individuals participated. The following three community priorities were identified:

- 1. Reduce family violence and trauma**
- 2. Increase access to mental health and substance abuse treatment**
- 3. Increase access to affordable housing**

Individual organizations were encouraged to use the 2018 Priority Spokane assessment process and priorities, supplementing it with other information as needed. The Data Center prepared the Priority Spokane assessment report, and some of the information contained in that report is excerpted and included in this CHNA prepared for Deaconess Hospital. To meet their CHNA obligations, MultiCare asked the SRHD Data Center to provide additional data and information needed to guide the unique community benefit and organizational mission of Deaconess Hospital.

The Data Center analyzed and prepared additional health data for approximately 60 indicators. Additionally, the Data Center planned and implemented three community focus groups targeting certain populations to further identify and prioritize the hospital service area's health needs. The Health Department conducted the analysis of the community engagement data.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington state CHNA requirements.

Summary

Continued

MULTICARE HEALTHCARE SYSTEM DEACONESS HOSPITAL

Here are the main findings for this report, based on the health indicator data and main themes that emerged from the community input. Findings are listed by the main category in which they were reported.

Description of Community – The majority of residents in the hospital service area were White. People of color and those who identify as ethnic Hispanic accounted for 13% of residents.

One in three residents lived at or below 200% of the Federal Poverty Level, a common eligibility criterion for assistance programs.

The high school graduation rate was 87%, higher than the statewide graduation rate.

Leading Causes of Death – Heart disease and cancer were the two leading causes of death. This was similar to the state and nation.

Chronic Illness – More women than men reported having asthma. The leading cause of hospitalizations (after pregnancy/childbirth) was diseases of the circulatory system. One in ten youth were obese.

Actual Cause of Illness – Nearly 30% of adults were obese. Focus group participants felt poor nutrition, neighborhood safety, stress, and environmental conditions such as pollution and traffic all impacted health.

Access to Care – The majority of the Deaconess Hospital service area is a shortage area for the low-income population for primary care, mental health and oral health.

Violence and Injury Prevention – Rates of intentional and unintentional injury hospitalizations were higher than the state average.

Behavioral Health – Women were more likely to report frequent mental distress and depression.

Summary

Continued

PRIORITY HEALTH NEEDS

Based on data from this CHNA, the following priority health needs among residents within the Deaconess Hospital service area emerged. These priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes included in this report. (More detailed information about the criteria and process is in the Supplement sections.)

- **Intentional injury**
- **Mental health**
- **Oral health care**
- **Poverty**
- **Smoking**
- **Suicide**

The priority health needs provide guidance for MultiCare Health System planners and decision makers about where best to provide community benefit programs and services to address the most important health needs of the community. Working together, hospitals and health systems, public health, and communities can reduce healthcare costs and improve the health of all people in Spokane County.

Introduction



The Affordable Care Act (ACA, 2010) requires that once every three years a CHNA is conducted by nonprofit hospitals. This report is a collection of data on more than sixty health indicators that represent the health behaviors, health outcomes, and status of residents of the Deaconess Hospital service area in Spokane County. This report also includes community input from Spokane County residents gathered at three community focus groups. Deaconess Hospital is located in Spokane, Washington. For purposes of this assessment, the Deaconess Hospital service area includes all residents in a geographic area defined by 27 zip codes surrounding the hospital (See Figure 1).*

This CHNA will help guide Deaconess Hospital in providing high-quality, affordable health care for the community it serves. Moving forward with a community benefit implementation strategy based on this report will assist in making long-term, sustainable changes and strengthening relationships with other partners working to improve community health.

**Zip Code data provided by MultiCare Health System Strategic Development*

SUMMARY OF NEEDS ASSESSMENT METHODOLOGY

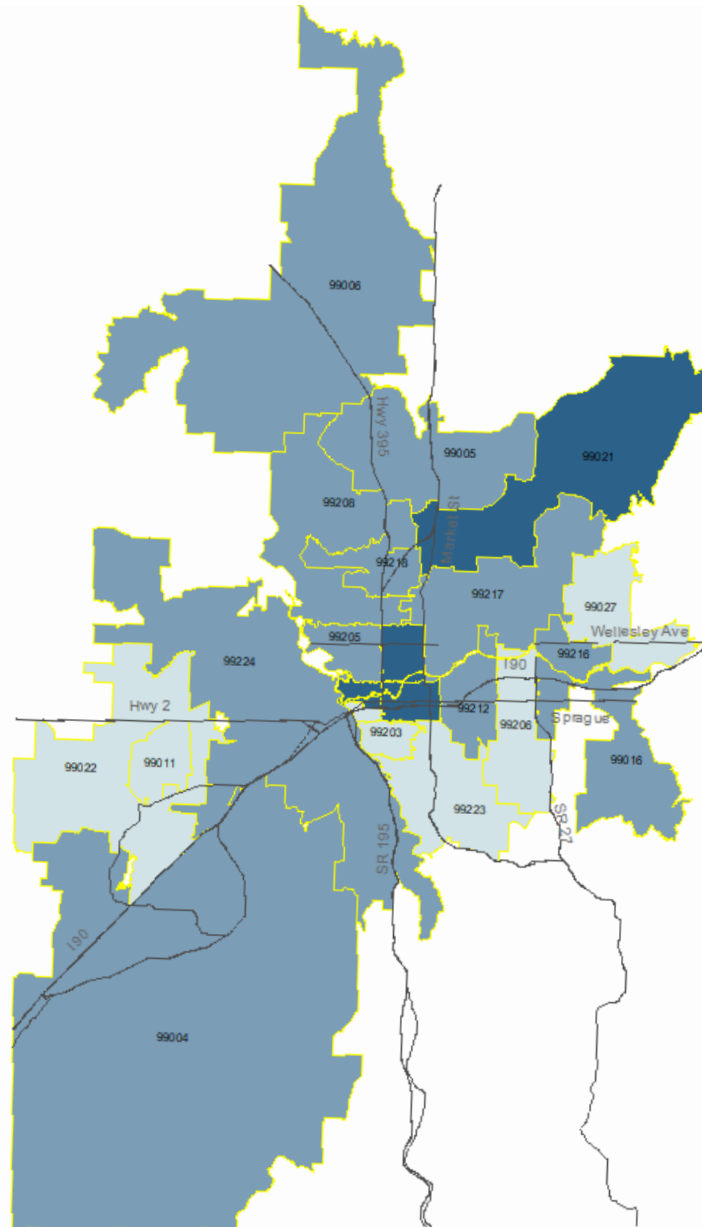
This report was completed in accordance with the Affordable Care Act and includes a description of the community served, leading causes of death, levels of chronic illness, and other important community health issues and needs. Listed below are eight broad categories of community health indicators identified for the Deaconess Hospital service area.

- 1) Life Expectancy and Leading Causes of Death**
- 2) Chronic Illnesses**
- 3) Actual Causes of Illnesses**
- 4) Access to Care, Uses of Clinical Preventive Services, and Oral Health**
- 5) Maternal and Child Health**
- 6) Preventable Causes of Death**
- 7) Violence and Injury Prevention**
- 8) Behavioral Health**

Introduction

Continued

Figure 1. Deaconess Hospital Service Area



The population and environment of a hospital service area may influence the nature of health outcomes. Similarly, relationships between health indicators can affect the degree and type of outcome. For instance, a service area with a high rate of tobacco use among its residents may have a decrease in life expectancy among residents, due to the risk of developing cancer. A low birth weight may affect an infant's life expectancy due to the risk of health complications developed later in life. The accessibility and quality of health care for those living in poverty also influences health outcomes, potentially affecting life expectancy. This report describes health indicators and factors that can impact residents.

This CHNA was completed through a multi-stage process to integrate findings from secondary data with the experiences, expertise, and opinions available by primary data collection through the Priority Spokane assessment and focus groups conducted exclusively for this CHNA.

Introduction

Continued

The Priority Spokane process convened six task forces that represent major areas of community well-being:

- Economic Vitality
- Education
- Environment
- Healthy People
- Housing & Transportation
- Public Safety

Input was gathered from stakeholders representing the broad interests of the communities served. Stakeholders in each of the six task forces convened for a series of meetings to evaluate local data and identify emerging issues of concern. The task forces prioritized and voted on indicators they believed best represented key issues in the community. After each task force identified top issues, stakeholders across all task forces convened in a public assembly and voted on the final cross-cutting priorities.

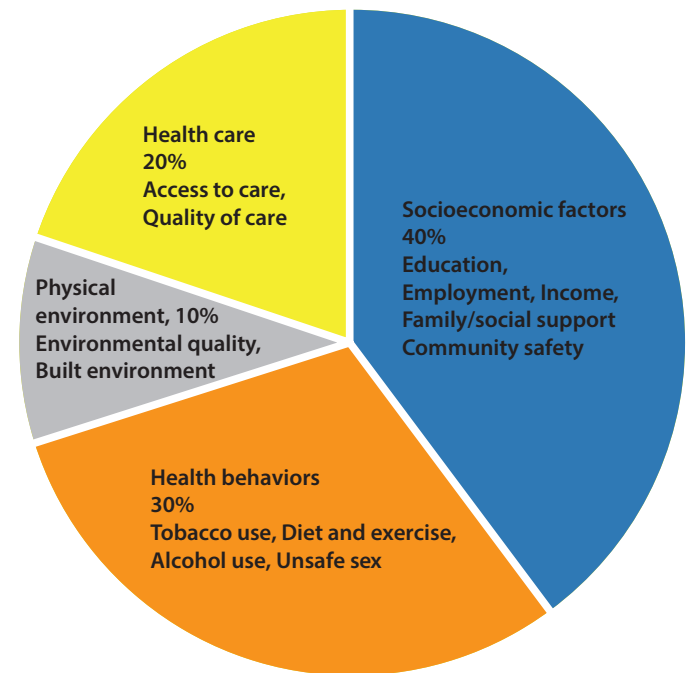
Focus groups with community residents and information from organizations and coalitions provided feedback and recommendations. Focus group questions and methodologies are provided in the Supplement section at the end of this report.

Approximately 60 indicators were chosen that help illustrate the health of the community. Demographic data and data on key socioeconomic drivers of health

status – including poverty, housing and educational attainment – are presented first. This is followed by the data and analysis of each health indicator and main themes identified through the community engagement methods. A description of the methods used to collect and analyze the data is provided in the Supplement section.

When hospital service area data were not available, Spokane County data were used. Washington state data served as the point of reference and comparison.

Figure 2. Factors that cause poor health outcomes



Source: Robert Wood Johnson Foundation, 2015 County Health Rankings

Introduction

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WHAT WE HEARD FROM THE COMMUNITY— KEY FINDINGS

Stakeholder Priorities

The World Health Organization defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” As shown in figure 2, there is a general understanding that the environment and social circumstances in which a person lives have a far greater contribution to health and well-being than individual genetics or behaviors. The Priority Spokane’s assessment process provided a holistic approach to understanding needs in the community that supports a holistic approach to assessing and improving health.

More than 300 indicators across the six task force areas were evaluated by stakeholders in the community. Each of the six task forces produced a set of three sub-priorities that were presented to more than 200 participants in the final public assembly convened by Priority Spokane. The sub-priorities identified in each task force were:

Economic Vitality

1. Develop a more educated workforce
2. Create nationally competitive and sustainable jobs
3. Increase wages and income

Education

1. Improve access and services among students for mental health needs
2. Assist low income students’ success in K-12 and their entry into postsecondary education
3. Improve school safety

Environment

1. Reduce local impacts of climate change by local actions
2. Protect and preserve the Spokane Rathdrum Aquifer
3. Increase population density to prevent urban sprawl into rural land

Healthy People

1. Reduce suicide rates by improving life preservation strategies
2. Reduce impacts of family trauma and violence
3. Reduce food insecurity

Introduction

Continued

Housing & Transportation

1. Improve the availability of affordable housing
2. Develop housing together with transit systems
3. Reduce poverty rates

Public Safety

1. Reduce impacts of family trauma and violence
2. Increase access and services for residents with co-occurring substance abuse and mental health issues
3. Increase access and services for residents dealing with substance abuse issues

From the sub priorities identified from each of the six task forces, three overarching and cross-cutting issues emerged.

1. Reduce family violence and trauma

2. Increase access to mental health and substance abuse treatment

3. Increase access to affordable housing

Focus Groups

The following themes emerged from the focus group discussions:

Safe neighborhoods

Participants discussed concerns about crime including assault, harassment, theft, and drug use. Additionally, there is concern about trash, littering, vacant homes, individuals living in parks and public spaces, and traffic. Participants felt like these conditions make it unsafe for residents to use green spaces, walk in their neighborhoods, and engage with neighbors. Proposed solutions include increased police presence, better lighting, neighborhood watch, community building, and better support for individuals in crisis. Participants also expressed a concern about their personal safety and fear of retribution when attempting to report crime.

Access

Participants discussed a need for better access to social services and healthcare services, as well as basic needs such as healthy affordable foods and opportunities for recreation. Barriers that were mentioned include a lack of available services in the neighborhood, lack of transportation, income and cost barriers, a lack of mental health and substance use services, a fragmented system, and poor communication about resources that are available. Possible solutions were

Introduction

Continued

discussed including expanded bus lines, mobile clinics and screenings, expanded services within neighborhood community centers, expanded resources for children with disabilities, up to date resource guides and communication, increased mental health and substance use services, and more social supports.

Relationships

Relationships and community engagement were identified as priorities for a healthy community. There was a split in satisfaction around this. Some individuals felt they had close community ties and relationships, particularly individuals living in senior housing communities or communities with active neighborhood hubs. Others felt isolated and described a lack of engagement within their communities. The isolation was attributed to a lack of safety, a lack of inclusion, and people not reaching out. Community engagement was discussed as a vehicle for improving neighborhood safety, by creating an environment where neighbors trust and look out for one another. Participants expressed a desire for more community building events and activities.

Housing

Housing and homelessness came up repeatedly throughout all three focus groups. There were

two areas of concern: affordable housing and homelessness. Participants explained that current new construction is not affordable for individuals living in the neighborhood and rent increases or a lack of income are pricing people out of housing. Additionally, participants from all three groups described homelessness as a problem in their neighborhoods. Participants discussed the need for support systems to help the homeless obtain long term stability, and the link between homelessness and behavioral health.

2017 Community Survey

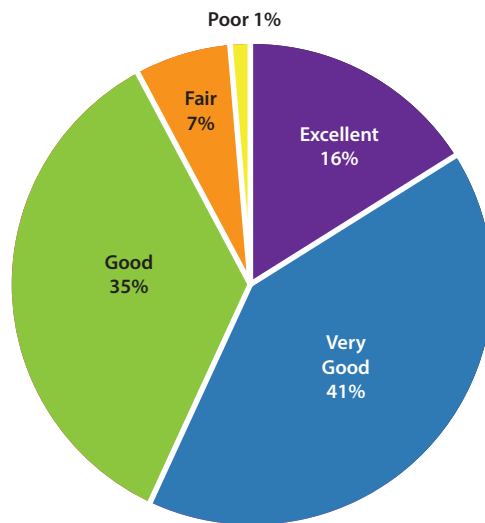
The following are results from the Quality of Life survey. More than 1,500 community members throughout Spokane County responded.

- More than half of adults in Spokane County reported excellent (16%) or very good (41%) quality of life. Those reporting poorer quality of life were less educated, lower income, younger adults, or out of work.
- Among adults in Spokane County, 14% reported they were very or somewhat stressed about access to health care in the last 12 months.
- When asked what was the most important issue facing the Spokane area today, the leading reason was crime/safety/drugs. This was followed by roads/transportation and jobs/economy.

Introduction

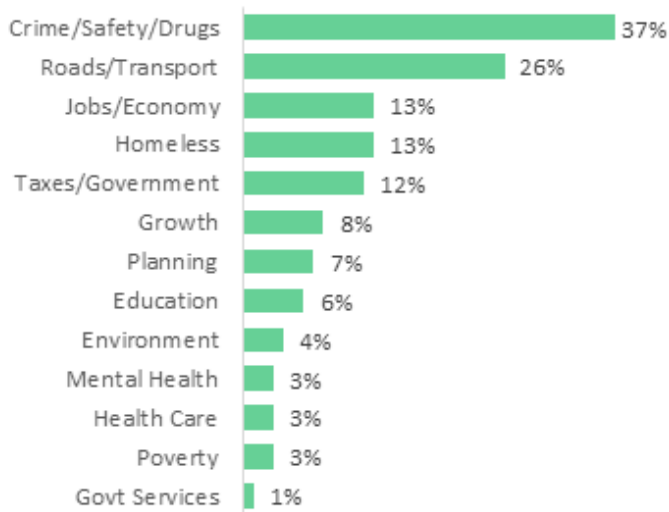
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Resident-rated quality of life, 2017



Source: Spokane Regional Health District, Quality of Life Survey, 2017.

Top issues facing Spokane area, 2017



Source: Spokane Regional Health District, Quality of Life Survey, 2017.

DATA LIMITATIONS AND INFORMATION GAPS

This CHNA presents a robust set of secondary data indicators that enable a broad view of the health needs of the Deaconess Hospital service area. However, as with all data reports, there are some limitations:

- Some data for a hospital service area are unavailable, making an assessment at this regional level challenging.
- Data regarding age, race, ethnicity and gender were not available for all indicators, which limited the ability to look at health inequities in the community.
- Data for the Deaconess Hospital service area may be limited by the size of the population, requiring aggregation of several years of data. This limited the ability to represent the most current state of health.
- Data are not always collected annually, resulting in the use of data several years old.

The graphs within this report have error bars. These error bars visually give an idea of the margin of error or uncertainty in a reported measurement. If the error bars of two different estimates do not overlap, one can most often conclude that the difference is statistically significant and not due to chance, as seen in the chart below.



Description of Community



DEMOGRAPHIC CHARACTERISTICS

Understanding who lives in a community is the first step toward understanding that community's health needs. The demographic characteristics of a community are strong predictors of health outcomes and health service needs. For example, communities with largely older populations may have different health needs than those with larger younger population. Factors such as lower income and lower education levels are also strongly linked to worse health outcomes.

Population - Approximately 460,318 people live in the Deaconess Hospital primary service area--an increase of 116,117 residents (33.7% increase) since 1990.

Age - 34.3% of the population is under the age of 18, while 15.6% is 65 or older. Respectively, these numbers are 31.9% and 14.9% statewide, not significantly different.

Race and Ethnicity – The service area is predominantly White non-Hispanic (87.2%). Hispanic residents were the second largest group, representing 5.4% of the service area's population.

Demographics

Deaconess Hospital service area, 2016

	Count	Percent
Age		
<1	5,640	1.2%
1-4	23,004	5.0%
5-14	57,453	12.5%
15-24	71,732	15.6%
25-34	59,057	12.8%
35-44	52,617	11.4%
45-54	58,239	12.7%
55-64	60,909	13.2%
65-74	42,641	9.3%
75-84	19,593	4.3%
85+	9,433	2.0%
Gender		
Male	228,152	49.6%
Female	232,165	50.4%
Race		
White-Non-Hispanic	401,346	87.2%
Black-Non-Hispanic	11,824	2.6%
American Indian/Alaskan Native-Non-Hispanic	6,958	1.5%
Asian/Pacific Islander-Non-Hispanic	15,349	3.3%
Hispanic as Race	24,840	5.4%

Source: Washington State Department of Health, Center for Health Statistics

SOCIOECONOMIC CHARACTERISTICS

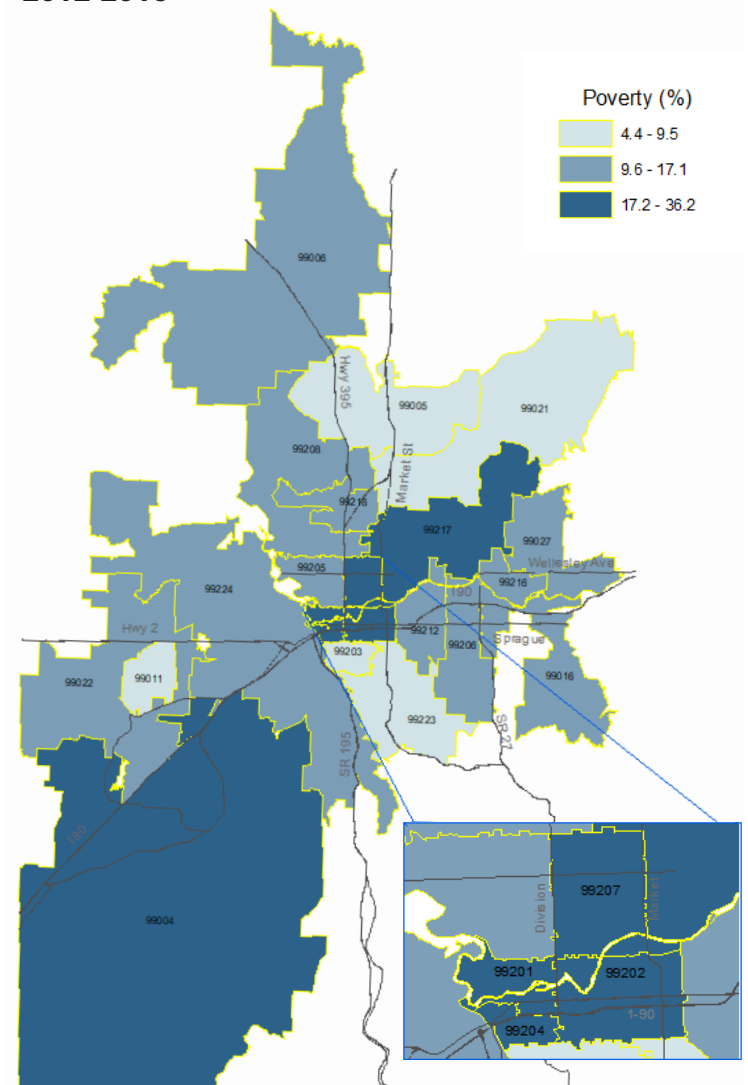
Poverty

- Sixteen percent of residents had incomes below the federal poverty level.
- Thirty-six percent of residents live at or below 200% of the federal poverty level, a common eligibility criterion for assistance programs.
- The rate of poverty varied by zip code in the Deaconess Hospital service area from 4.4% and 36.2% (Figure 3).

Housing Affordability

- Half of renters (50.7%) and 31.4% of owners with a mortgage in the service area are paying more than 30% of their household income on housing; spending more than 30% of household income on housing is financially burdensome.

Figure 3. Poverty in the Deaconess Hospital service area, 2012-2016



Poverty and housing costs, 2012-2016

	Count	Percent
People in Poverty	70,625	16.1%
White alone	57,924	14.9%
Black or African American alone	2,281	29.1%
American Indian and Alaska Native alone	1,915	32.6%
Asian alone	1,712	16.7%
Native Hawaiian and Other Pacific Islander alone	685	33.4%
Some other race alone	1,450	28.0%
Two or more races	4,658	26.0%
Hispanic or Latino origin (of any race)	5,895	25.9%
People below 200% of poverty level	158,901	36.2%
Population with burdensome housing cost		
Renters	35,011	50.7%
Owners with mortgage	23,357	31.4%
Owners without mortgage	3,988	11.2%

Source: U.S. Census Bureau, American Community Survey.

Immigration

- Six percent of the service area population is Foreign-born.

Non-English-Speaking Persons

- A majority of the service area residents speak only English at home.
- Three percent do not exclusively speak English at home and speak English “less than very well”.

Immigration and Languages, 2012-2016

	Count	Percent
Immigrants	25,543	5.6%
Speak a language other than English at home	32,634	7.7%
Population 5 years and older who spoke English less than very well	1,915	32.6%

Source: U.S. Census Bureau, American Community Survey

Top 10 countries of origin for immigrants, 2012-2016

Rank	Country of Origin	Number of Immigrants
1	Ukraine	3,065
2	Mexico	2,343
3	Canada	1,728
4	Vietnam	1,543
5	China	1,367
6	Russia	1,275
7	Philippines	1,096
8	Germany	974
9	United Kingdom	899
10	Korea	873

Source: U.S. Census Bureau, American Community Survey

Description of Community

Continued

Top languages spoken, 2012-2016

Rank	Foreign Language	Number of People
1	Spanish	10,042
2	Russian, Polish, or other Slavic languages	8,844
3	Other Asian and Pacific Island languages	2,848
4	Other Indo-European languages	2,108
5	German or other West Germanic languages	1,799

Source: U.S. Census Bureau, American Community Survey

High school graduation rate

Graduation rates are important indicators of the health status of students in kindergarten through 12th grade.

The four-year graduation rate for students in the Deaconess Hospital service area for the 2016-17 school year was 87.3%. This was higher than Washington state's rate of 79.3%.¹

Free/reduced price meals

A free and reduced-price meal program is a federal program for students whose families meet criteria for low-income. Students are eligible for free meals if their family's income is at or below 130% of the federal poverty guidelines. Eligibility for reduced price meals is between 130% and 185% of federal poverty guidelines. This program assists in ensuring that children get nutritious meals that promote overall health and learning in school.

Approximately two in five (43.4%) Deaconess Hospital service area students in public kindergarten through 12th grade schools during the 2017-18 school year received free or reduced-price meals. This was similar to the Washington state average of 42.3%.²

Description of Community

Continued

Homeless

Homelessness is an increasing problem due in part to poverty and inequities in housing. Depending on the size of the service area, the percent of total homeless persons served can vary widely. An annual Point in Time count of sheltered and unsheltered homeless persons is conducted annually in Spokane County.

- The most recent Point in Time counts took place on January 25, 2018. The Spokane County count totaled 1,244 homeless³, while the Washington state total was 22,416.⁴

Foster care

- The percent of Spokane County children ages 17 years and younger who received foster care placement services in 2017 (1.1%) was higher than the state's (0.6%).⁵

- One in five (20%) Spokane County children under the age of 18 received some type of aid or service through the Washington State Department of Social and Health Services in 2017. This was higher than the state average of 14.2%.

Disability

Disabilities can affect any one or more of six functions: hearing, vision, cognition, ambulatory, self-care and independence. Disabilities may limit an individual's ability to have equal access and participation in all aspects of community and work life.

- From 2012 to 2016, 15.1% of residents in the Deaconess Hospital service area had at least one disability, compared with 12.8% of all Washington state residents.

Leading Causes of Death



Life expectancy and death rates provide important information about the health status of the community. Analyses of causes of death and inequities among segments of the population can help members of the community identify health needs, prioritize health concerns, and develop intervention programs.

LIFE EXPECTANCY

Life expectancy is a widely used measure of the overall health of a population. It is the average number of years a person at birth can expect to live, given current death rates. Life expectancy can be improved by reducing specific causes of diseases and eliminating health inequities.

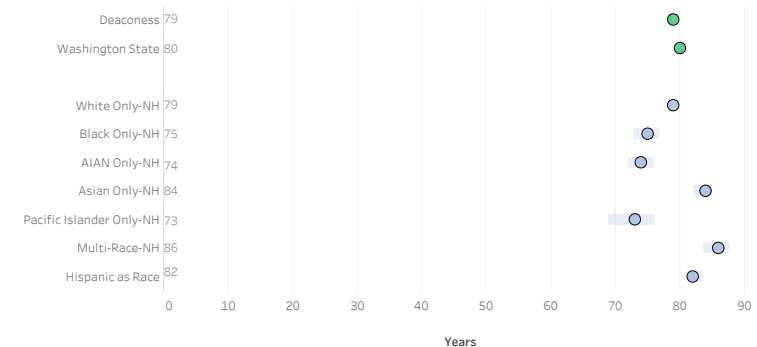
■ For the Deaconess Hospital service area, the average life expectancy of a resident born during 2012 to 2016 was 79 years, one year lower than the state average of 80 years.

■ Statewide, residents are living longer. The average life expectancy for those born in years 2012 to 2016 was about five years longer than for those born in 1980.⁶

■ Patterns in life expectancy data by race in the service area indicated that American Indian/Alaska Native and Native Hawaiian/Other Pacific Islanders had the shortest life expectancies: 74 and 73 years, respectively. Hispanics and Asians had the longest life expectancies, at 82 and 84 years, respectively.

■ Life expectancy in the Deaconess Hospital service area varied by zip code, ranging from 72.3 to 93.9 years of age (Figure 4). The lowest life expectancies were in downtown Spokane.

Life Expectancy 2012-2016 average

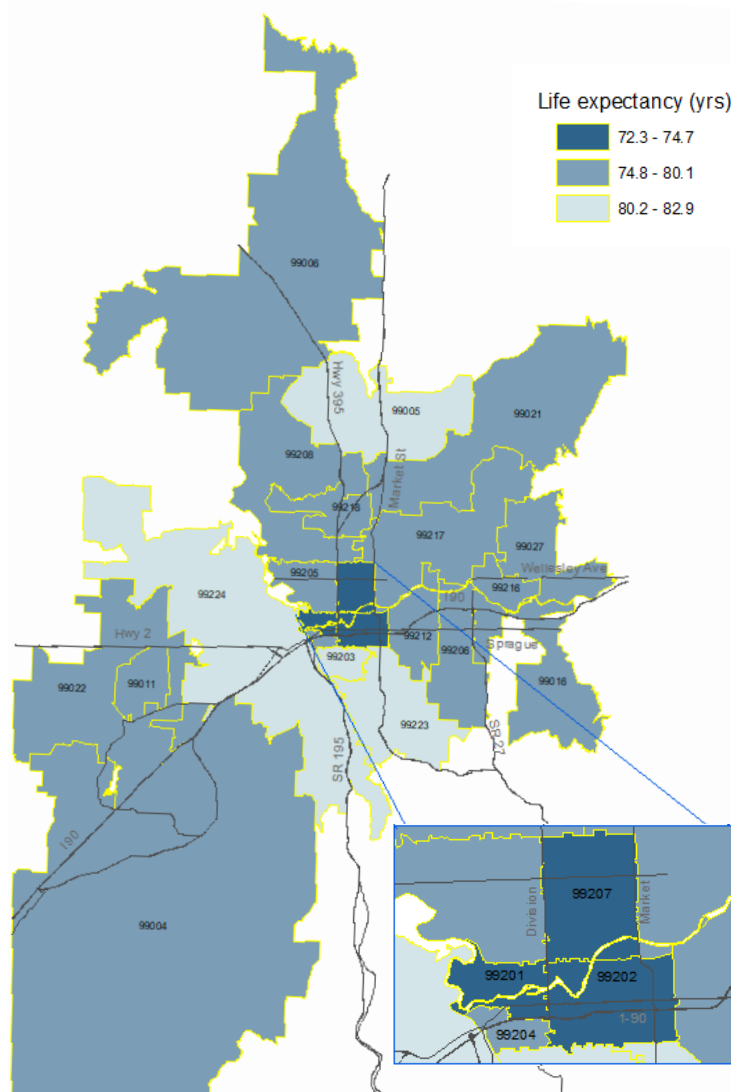


Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Leading Causes of Death

Continued

**Figure 4. Life Expectancy
Deaconess Hospital service area
2012-2016**



LEADING CAUSES OF DEATH

Over the last five years, the leading causes of death in the US were heart disease, cancer, and chronic lower respiratory diseases, accounting for over 50% of all deaths.⁷

- The top three leading causes of death in the Deaconess Hospital service area during 2012 to 2016 were heart disease, cancers, and unintentional injuries.
- Nine of the top ten leading causes of death were the same for the residents of the hospital service area as they were for all Washington State residents.

Causes of Death, 2012-2016	Deaconess Ranking	WA Ranking
Heart Disease	1	1
Cancer	2	2
Unintentional Injury	3	5
Chronic lower respiratory diseases	4	4
Alzheimer's disease	5	3
Diabetes	6	6
Suicide	7	7
Chronic liver disease and cirrhosis	8	8
Influenza and pneumonia	9	9
Lung inflammation due to solids and liquids	10	11
Average number per year	3,355	43,695

Source: Death Certificate Data, Washington State Department of Health, Center for Health Statistics.

Leading Causes of Death

Continued

LEADING CAUSES OF HOSPITALIZATION

Another aspect of a community's health is the rate of hospitalizations. When compared to other states, Washington State's 2015 rate of hospitalizations for conditions that can be prevented by early intervention or good outpatient care was lower than the average.⁸

- From 2011 to 2015, hospitalizations for childbirth accounted for the majority of hospitalizations in the Deaconess Hospital service area, followed by circulatory disorders and unintentional injuries.
- The top ten leading causes of hospitalization were identical for the hospital service area and the state although their ranking varied.

Leading causes of hospitalization By main category of diagnosis, 2012-2016

Diagnosis	Deaconess Count	Deaconess Ranking	WA Ranking
Complications of pregnancy; childbirth; and 6 weeks post-childbirth	28,560	1	1
Certain conditions originating immediately before or after birth	27,449	2	2
Diseases of the circulatory system	27,345	3	3
Injury and poisoning	18,543	4	5
Diseases of the digestive system	18,426	5	4
Diseases of the respiratory system	16,300	6	7
Diseases of the musculoskeletal system and connective tissue	16,041	7	6
Infectious and parasitic diseases	13,116	8	9
Mental Illness	12,028	9	8
Tumors	9,335	10	10

Source: Death Certificate Data, Washington State Department of Health, Center for Health Statistics.

Chronic Illness



Half of all American adults have at least one chronic disease or condition. One in four adults have multiple chronic conditions.⁹ Many chronic diseases are linked to health behaviors, environmental conditions, and social and economic factors. Strategies to address these factors could positively impact one or more health conditions.

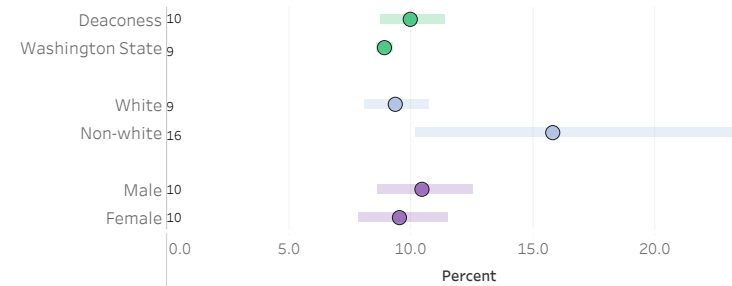
DIABETES (ADULTS)

Uncontrolled diabetes can cause kidney disease, blindness, damaged nerves, comas, other serious medical conditions, and death. Reducing known risk factors (such as tobacco use, excess weight, high blood pressure, and physical inactivity) can prevent type 2 diabetes or delay its onset.

The prevalence of diabetes among adults is self-reported data.

- From 2014 to 2016, 10.0% of residents living in the Deaconess Hospital service area reported having diabetes.
- More non-whites (15.8%) reported having diabetes than whites (9.4%).
- There was no significant difference by gender in the service area.

Diabetes (adults), 2014-2016



Source: Behavioral Risk Factor Surveillance System, 2014-2016

Chronic Illness

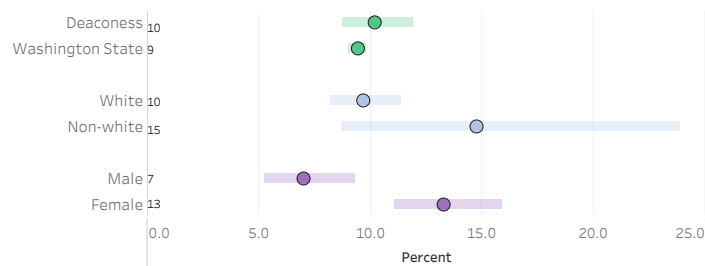
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ASTHMA (ADULTS)

Asthma is a chronic lung disease that inflames and narrows the airways. It has recurring symptoms that include wheezing, breathlessness, chest tightness and coughing. There is no cure for asthma, but it can be managed with medical care, and attacks can be prevented by avoiding triggers.

- From 2014 to 2016, the percent of adults who reported being diagnosed with asthma in the Deaconess Hospital service area was 10.2%.
- More women reported having asthma (13.3%) than men (7.0%).
- There was no significant difference by race in the service area.

Asthma (adults), 2014-2016



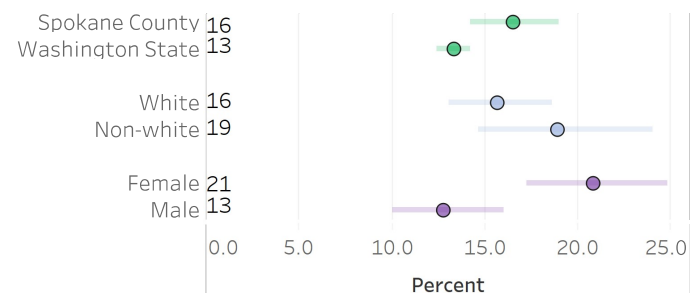
Source: Behavioral Risk Factor Surveillance System, 2014-2016

ASTHMA (YOUTH)

Asthma is linked to depression, decreased academic achievement, and lower quality of life in children ages 17 years and younger.

- In 2016, 16.5% of children in Spokane County area had asthma.
- Among 10th graders, more females (20.8%) reported having asthma than did males (12.7%).
- There was no significant difference by race.

Asthma (youth), 2016



Source: Healthy Youth Survey, 2016

HIV PREVALENCE

The Human Immunodeficiency Virus (HIV) attacks the immune system, causing deficiency or damage to the immune system. HIV damages the body's ability to fight diseases and infections and can lead to Acquired Immunodeficiency Syndrome (AIDS).

Men having sex with men (MSM) are disproportionately at risk for HIV. Statewide HIV infection rates among MSM accounted for 56% of new HIV cases compared to 8% for heterosexual men and women. Additionally, people 25 to 34 years of age had the highest number and rates of HIV cases. Diagnosis rates are also significantly higher among Black-non-Hispanic people compared to other racial/ethnic groups.¹⁰

- In 2016, 545 people living in the Deaconess Hospital service area had been diagnosed with HIV. This equals 4% of all people with HIV in the state and 94% of all cases in Spokane County.

- In 2016, the rate of HIV prevalence was 118.4 cases per 100,000 residents in the Deaconess Hospital service area and 117.4 cases per 100,000 residents in Spokane County.

Residents living with HIV, 2016

Location	Number of Cases	Rate per 100,000
Deaconess	545	118.4
Spokane County	578	117.4
WA	12,431	173.0
Chronic lower respiratory diseases	4	4
Alzheimer's disease	5	3
Diabetes	6	6
Suicide	7	7
Chronic liver disease and cirrhosis	8	8
Influenza and pneumonia	9	9
Lung inflammation due to solids and liquids	10	11
Average number per year	3,355	43,695

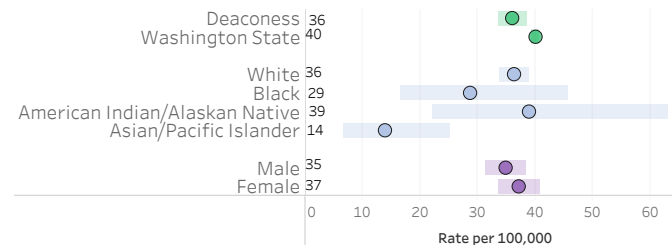
Source: Washington State Department of Health

COLORECTAL CANCER INCIDENCE

Colorectal cancer (occurring in both colon and rectum) affects men and women of all racial and ethnic groups and is most often found in people 50 years or older. In Washington, colorectal cancer is the third leading cause of cancer deaths for both men and women.

- From 2011 to 2015, the incidence rate of colorectal cancer in the Deaconess Hospital service area was 36.2 cases per 100,000.
- Asian/Pacific Islanders had a significantly lower incidence of colorectal cancer than did whites.
- There was no significant difference in the incidence of colorectal cancer by gender.

Colorectal cancer incidence, 2011-2015



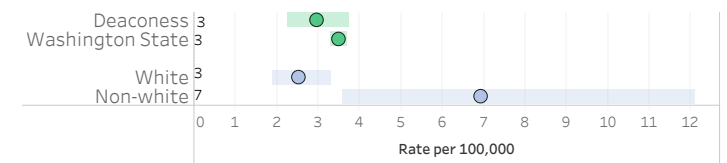
Source: Washington State Department of Health, Washington State Cancer Registry.

CERVICAL CANCER INCIDENCE

Due to the availability of screening, few women in Washington State get cervical cancer. However, many women are still not getting screened.

- From 2011 to 2015, the cervical cancer incidence rate for women in the Deaconess service area was 2.9 cases per 100,000 women.
- Non-whites had a significantly higher incidence of cervical cancer than did whites.

Cervical cancer incidence, 2011-2015



Source: Washington State Department of Health, Washington State Cancer Registry.

Chronic Illness

Continued

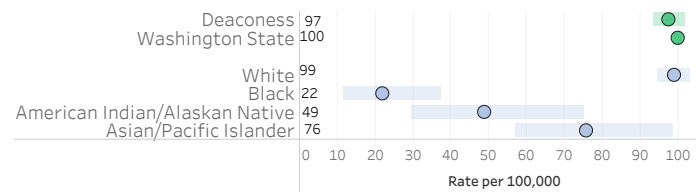
BREAST CANCER INCIDENCE

Breast cancer is the most common cancer that affects women, although men can be affected as well. Screening for breast cancer allows the cancer to be detected earlier, which improves the chances for successful treatment.

■ From 2011 to 2015, the breast cancer incidence rate among residents of the Deaconess Hospital service area was 97.5 cases per 100,000.

■ Non-whites had a significantly lower incidence of breast cancer than did whites.

Breast cancer incidence, 2011-2015



Source: Washington State Department of Health, Washington State Cancer Registry.

COMMUNITY INPUT

Stakeholders who participated in the Healthy People task force of the Priority Spokane assessment process highlighted the following concerns related to chronic disease:

- Chronic diseases (as an overall source of morbidity)
- Issues surrounding aging and dementia
- Diabetes

ASSETS AND RESOURCES

Aging and Long-Term Care of Eastern Washington

Provides in-home care and community-based services to seniors and vulnerable adults with chronic illnesses or disabilities, supports caregivers, delivers meals to homes, and arranges for transportation.

<https://www.altcew.org/>

CHAS

Provides medical, dental, pharmacy, behavioral health, pregnancy and pediatric services in multiple locations in the county.

<https://chas.org/>

Chronic Illness

Continued

Greater Spokane County Meals on Wheels

Provides meals to seniors and individuals with disabilities through a home delivered meal program and at 12 senior nutrition meal sites across the county.

<http://www.gscmealsonwheels.org/>

MultiCare Rockwood Clinic Medical Services

Offers diabetes management through education, pump, nutrition therapy, and referrals. Has comprehensive breast health services for the prevention, diagnosis, and treatment of breast cancer. Additionally, there is a personalized care team for the treatment and coordination of cancer care.

<https://www.multicare.org/rockwood-clinic-services/>

Spokane Regional Health District

Provides case management for HIV-positive individuals. Provides screening and diagnostic services to eligible women and men for breast, cervical, and colon cancer.

<https://srhd.org>

Actual Causes of Illness

Eating nutritious foods, becoming more physically active, and avoiding tobacco are healthy behaviors that can help prevent many of the diseases and conditions mentioned in the previous section. Even if a person already has a chronic condition such as diabetes or cancer, healthy behaviors can help better manage the illness, reduce complications, and prolong life.

Chronic Illness

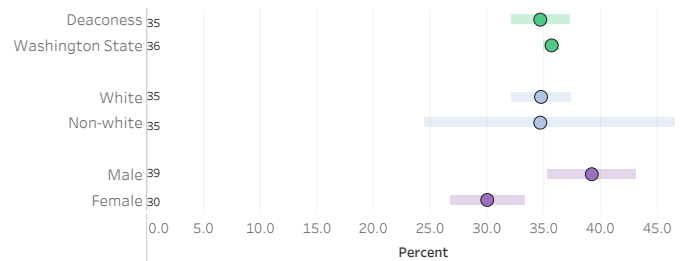
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OBESITY AND OVERWEIGHT (ADULTS)

Overweight adults are those who have a body mass index (BMI) greater than or equal to 25.0 and less than 30.0, based on self-reported height and weight.

- From 2014 to 2016, 34.7% of adults in the Deaconess Hospital service area were overweight.
- There were no significant differences by race, but more males were overweight than females.

Overweight adults, 2014-2016

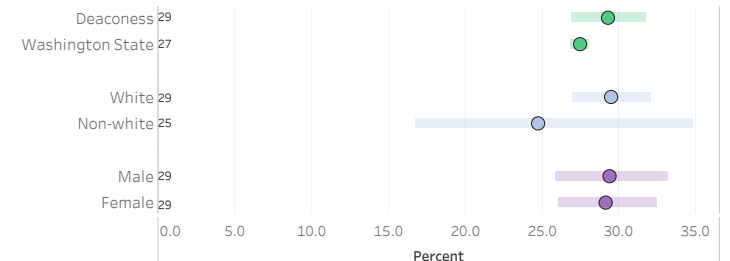


Source: Behavioral Risk Factor Surveillance System.

Obese adults are those who have a BMI equal to or greater than 30.0. Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer.

- From 2014 to 2016, 29.3% of adults in the Deaconess Hospital service area were obese.
- There were no significant differences by race or gender.

Obese adults, 2014-2016



Source: Behavioral Risk Factor Surveillance System.

Chronic Illness

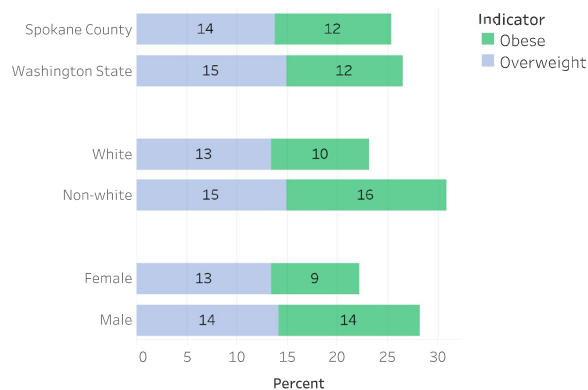
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OBESITY AND OVERWEIGHT (YOUTH)

Obesity contributes to a number of chronic diseases and causes a greater likelihood of premature death. Children and adolescents with BMI values at or above the 95th percentile of the sex-specific BMI growth charts are categorized as obese. Those at or above the 85th percentile, but below the 95th, are considered to be overweight. Height and weight are self-reported. Poor diet and physical inactivity are risk factors for obesity and overweight among youth.

- In 2016, 11.5% of 10th graders in Spokane County were obese, while 13.8% were overweight.
- Non-white 10th graders had a higher percent of obesity and overweight combined (30.8%) than white 10th graders (23.2%).

Obesity and overweight youth, 2016



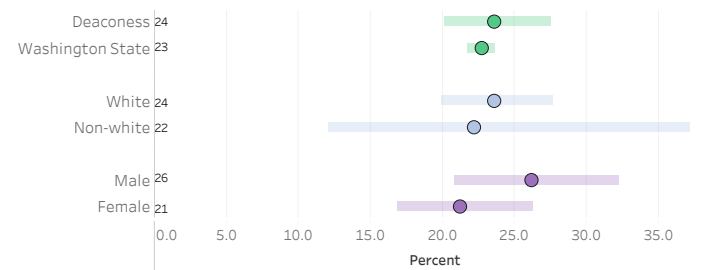
Source: Healthy Youth Survey

PHYSICAL ACTIVITY (ADULTS)

Adult physical activity is based on the percent of adults 18 years and over who met both the aerobic and muscle strengthening recommendations for physical activity. The recommended level of aerobic physical activity includes either moderate physical activity for 150 minutes per week, or vigorous physical activity for 75 minutes per week. The recommendation for muscle strengthening is to perform such exercise for the major muscle groups at least twice a week.

- In 2015, 23.6% percent of adults in the Deaconess Hospital service area met both the aerobic and muscle strengthening recommendations for physical activity.
- There were no differences by race or gender.

Physical activity (adults), 2015



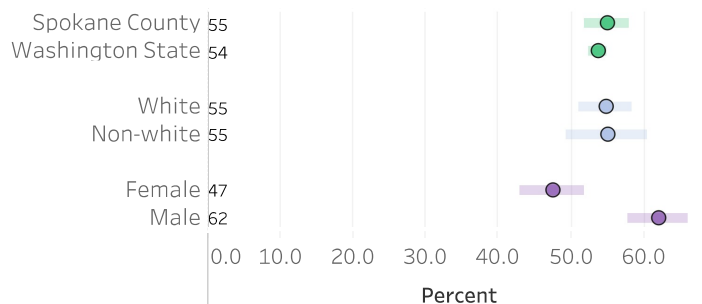
Source: Behavioral Risk Factor Surveillance System

PHYSICAL ACTIVITY (YOUTH)

The Dietary Guidelines for America and the National Association for Sports and Physical Education recommend that children and adolescents participate in at least 60 minutes of physical activity most days of the week, preferably daily. Youth physical activity is based on the percent of 10th graders who report being physically active five days per week for at least 60 minutes per day.

- In Spokane County, 54.9% of 10th graders reported that they met the recommendations for 60 minutes of physical activity daily.
- A higher percentage of males reported meeting the physical activity recommendations than females.

Physical activity (youth), 2016



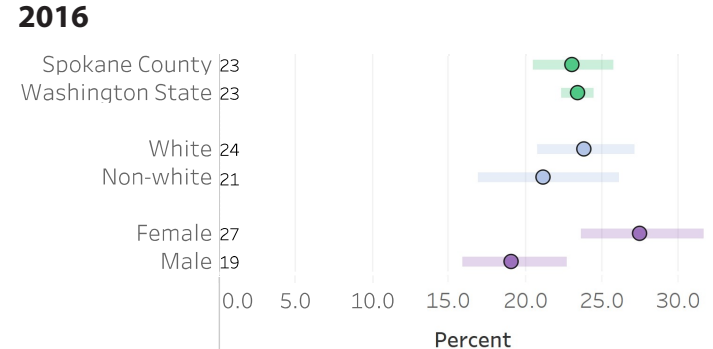
Source: Healthy Youth Survey

SUGAR-SWEETENED BEVERAGE CONSUMPTION (YOUTH)

Sugar-sweetened beverages include regular soda, sports drinks or other flavored sweetened drinks. Sugary beverage consumption leads to excess caloric intake and weight gain, increased obesity rates among children and adolescents, and can contribute to increased tooth decay.

- In Spokane County, 23% of 10th grade students reported not drinking a sugar-sweetened beverage in the past seven days.
- A higher percentage of 10th grade females reported not drinking a sugar-sweetened beverage than 10th grade males.

No sugar-sweetened beverage consumption (youth), 2016



Source: Healthy Youth Survey

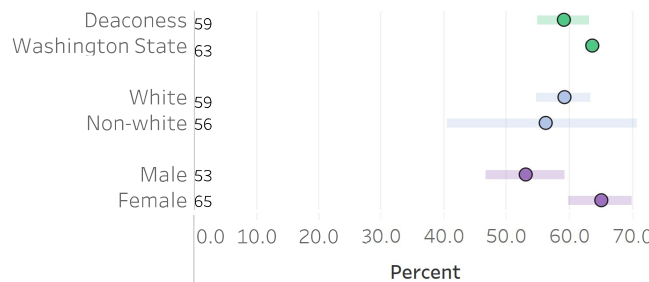
FRUIT AND VEGETABLE CONSUMPTION

Eating more fruits and vegetables adds nutrients to diets, reduces the risk for heart disease, stroke, and some cancers, and helps manage body weight when consumed in place of more energy-dense foods.

DAILY FRUIT CONSUMPTION (ADULTS)

- From 2014 to 2016, 59% of adults in the Deaconess Hospital service area reported eating fruit each day.
- More females (64.9%) than males (52.9%) reported eating fruit daily.

Daily fruit consumption (adults), 2014-2016

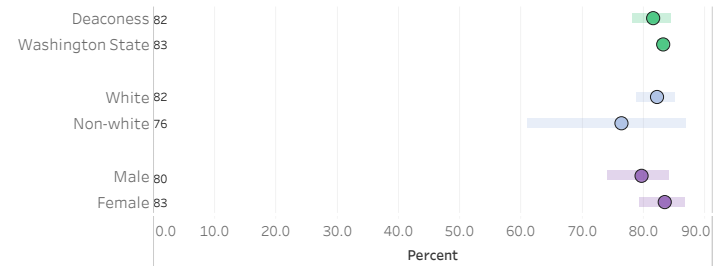


Source: Behavioral Risk Factor Surveillance System

DAILY VEGETABLE CONSUMPTION (ADULTS)

- From 2014 to 2016, 81.6% of adults in the Deaconess Hospital service area reported eating vegetables each day.

Daily vegetable consumption (adults), 2014-2016



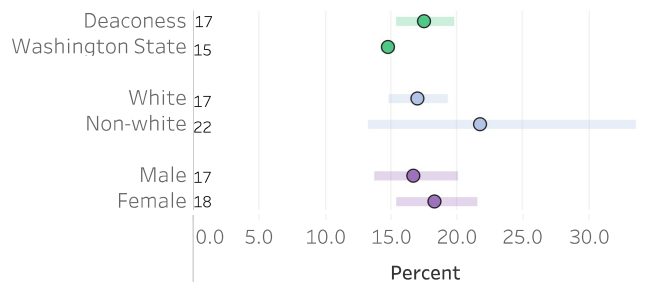
Source: Behavioral Risk Factor Surveillance System

CIGARETTE SMOKING (ADULTS)

Cigarette smoking is the leading cause of preventable disease and death in the United States. The Centers for Disease Control and Prevention estimate that cigarette smoking kills about 8,300 adults each year in Washington State.

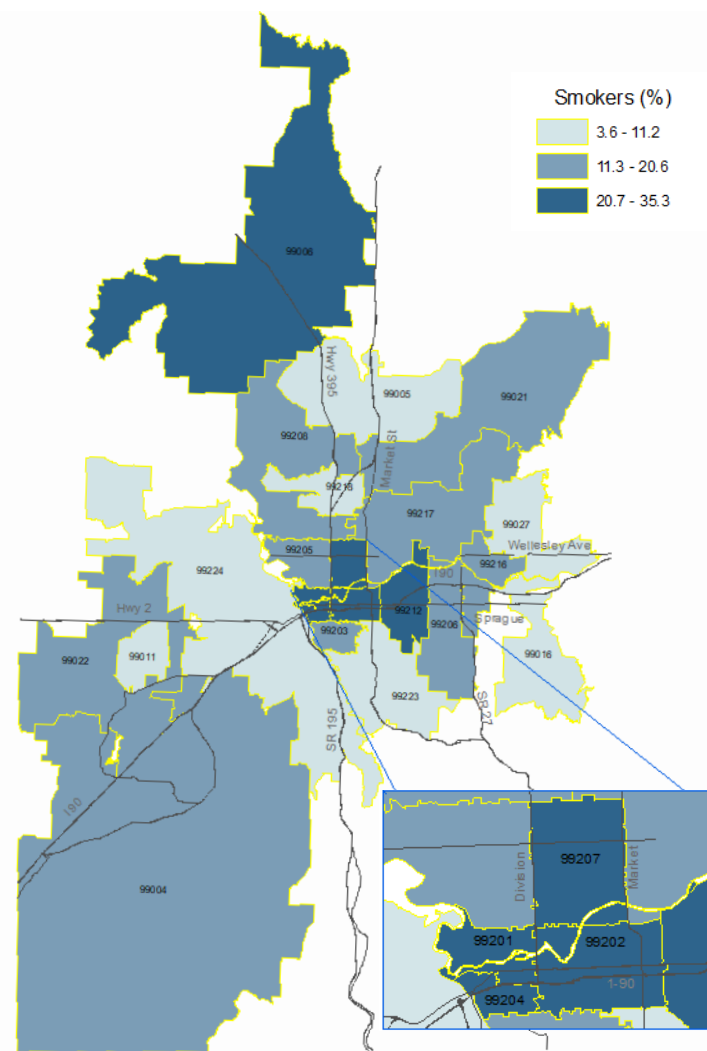
- From 2014 to 2016, the Deaconess Hospital service area had a higher percent (17.5%) of current smokers than did Washington State (14.7%).
- There were no significant differences by race or gender in cigarette smoking.
- Cigarette smoking rates ranged from 4% to 35% for specific zip codes in the Deaconess Hospital service area (Figure 5).

Cigarette smoking (adults), 2014-2016



Source: Behavioral Risk Factor Surveillance System

Figure 5. Tobacco use Deaconess Hospital service area, 2014-2016



Chronic Illness

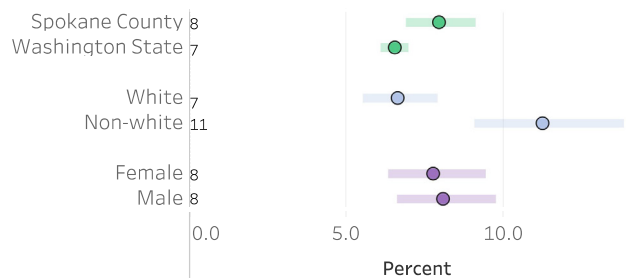
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CIGARETTE SMOKING (YOUTH)

Most adult smokers begin smoking as teenagers. In Washington State "about" 40 youth start smoking cigarettes each day, and one in three of these youth smokers will die prematurely from a smoking-caused disease. Additionally, smoking is associated with the increased risk of drug use and lower academic performance.

- In 2016, 8.0% of 10th graders in Spokane County reported smoking.
- A higher percent of non-white 10th graders reported smoking than did whites.

Cigarette smoking (youth), 2016



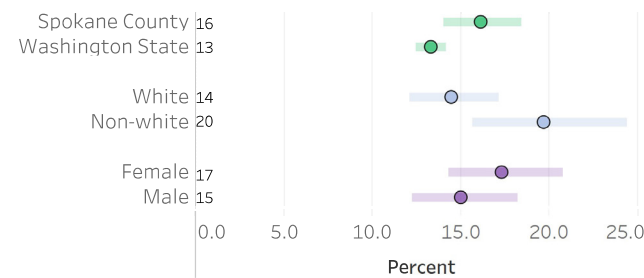
Source: Healthy Youth Survey

E-CIGARETTE USE (YOUTH)

Most electronic-cigarettes (e-cigarettes or e-cigs) contain nicotine, which is a highly addictive and harmful drug. Nicotine use by teens or children may increase their likelihood of tobacco addiction as adults. Findings from the 2014 National Youth Tobacco Survey, as well as the statewide Healthy Youth Survey, show that e-cigarette use among high school students has increased three-fold just in the two previous years.

- In Spokane County, 16.1% of 10th graders reported using an e-cigarette in the past 30 days.

E-cigarette use (youth), 2016



Source: Healthy Youth Survey

Chronic Illness

Continued

COMMUNITY INPUT

Focus group participants discussed the health impacts of poor nutrition, neighborhood safety, stress, and environmental conditions such as pollution and traffic. Assets in the community include walking trails, community centers, and group activities. Participants discussed improvement opportunities including street sweeping, trash cleanup, improved neighborhood safety and upkeep, crime free green spaces, and nutrition education.

Stakeholders who participated in the Healthy People task force of the Priority Spokane assessment process highlighted the following concerns related to actual causes of illness:

- Youth use of cigarettes
- Obese and overweight teens
- Food insecurity

It's important to note that food insecurity was in the top three priorities voted in by participants of the Healthy People task force.

COMMUNITY RESOURCES

Inland Northwest Health Services

Provides public and professional health education, screenings, interventions and wellness assessments.

<https://www.inhs.info/>

MultiCare Rockwood Clinic Medical Services

Primary care treats a wide range of health conditions from prenatal to end of life care. This includes first-contact care, continuous care, comprehensive care, personal care, and family care using the best available medical knowledge.

<https://www.multicare.org/rockwood-clinic-services/>

Spokane Cares

Increases public awareness and understanding of the determinants of health, disease and disability and the opportunities for progress. Promotes quality of life, healthy development, and healthy behaviors across all life stages.

<http://spokanecares.org/>

Spokane Regional Health District

Provides services to improve the health and well-being of women and children, infants and children with special health care needs, and works in the community to promote a healthy lifestyle and environment.

<https://srhd.org/>

St. Luke's Rehabilitation

Integrates treatments, technology, and care to help patients of all ages achieve their goals following stroke, spinal cord injuries, orthopedic issues and brain injuries.

<https://www.st-lukes.org/>

Access to Care, Use of Clinical Preventive Services and Oral Health

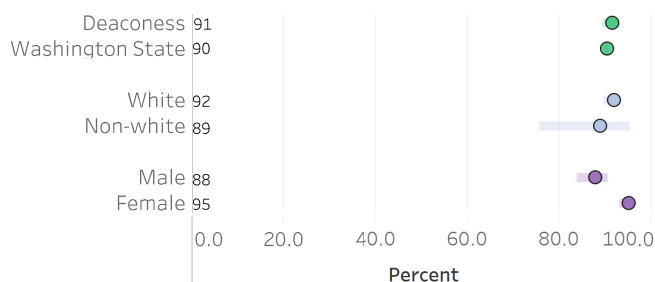


Access to comprehensive, quality health care services is an important factor to achieving a healthy life for everyone. Limited access to health care impacts people’s ability to reach their full health and well-being potential. Barriers to achieving optimal health care include lack of insurance coverage, high cost of that coverage and health services, and lack of availability of services. These barriers can lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.

HEALTH INSURANCE COVERAGE (ADULTS)

■ From 2014 to 2016, 91.4% of adults in the Deaconess Hospital service area had health coverage.

Adults with health coverage, 2014-2016



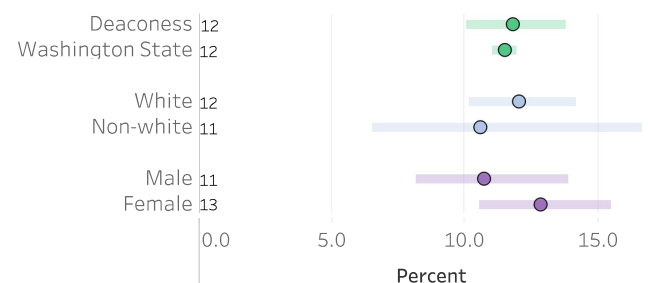
Source: Behavioral Risk Factor Surveillance System

UNMET HEALTH CARE NEEDS (ADULTS)

Unmet health care needs may occur for several reasons including treatment costs, long waiting times, not being able to take time off work, needing to look after children, and transportation barriers.

■ From 2014 to 2016, 11.8% of residents in the Deaconess Hospital service area had unmet health care needs due to cost.

Unmet health care needs (adults), 2014-2016



Source: Behavioral Risk Factor Surveillance System

Access to Care, Use of Clinical Preventive Services and Oral Health

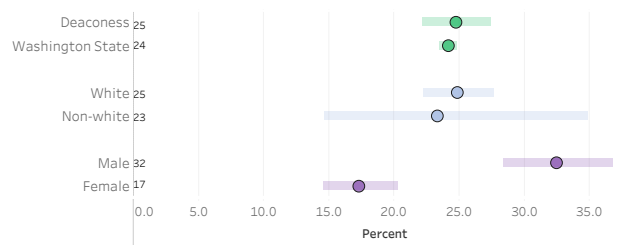
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NO PRIMARY CARE PROVIDER (ADULTS)

Primary care providers work to prevent disease, maintain health, manage chronic disease, diagnose medical problems, refer patients to specialists, and coordinate medical care for a patient population. A strong primary care system provides accessible, cost-effective and high-quality care. People with a regular primary care provider receive more preventive services, are better at complying with their treatment, and have lower rates of illness and premature death than those without such care. They also use emergency rooms less and are hospitalized less often than those without primary care.

- From 2014 to 2016, 24.7% of residents in the Deaconess Hospital service area did not have a personal doctor.
- A higher percent of males (32.5%) were without a primary care doctor than females (17.3%).

No primary care provider (adults), 2014-2016



Source: Behavioral Risk Factor Surveillance System

HEALTH PROFESSIONAL SHORTAGE AREAS

Health Professional Shortage Areas (HPSAs) are designated as having a shortage of primary medical, dental or mental health providers. They may be urban or rural areas, population groups, or medical or other public facilities.

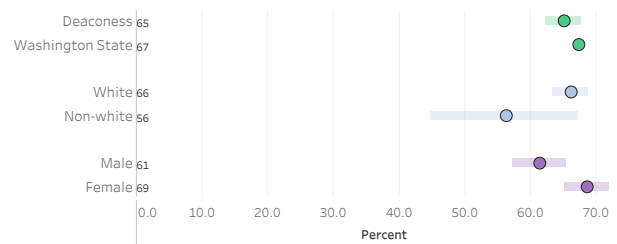
- Within the Deaconess Hospital service area, the majority of HPSAs are a shortage area for primary care, mental health, and oral health for the low-income population.¹¹

DENTAL CHECKUP (ADULTS)

Most adults should see a dentist twice a year for a routine dental checkup, which typically includes teeth cleaning, an evaluation of gums, and sometimes X-rays. This process provides a dentist with information regarding tooth decay and other health conditions.

- Between 2014 and 2016, 65.1% of adults in the Deaconess Hospital service area had a routine dental checkup in the last year.

Dental checkup (adults), 2014-2016



Source: Behavioral Risk Factor Surveillance System

Access to Care, Use of Clinical Preventive Services and Oral Health

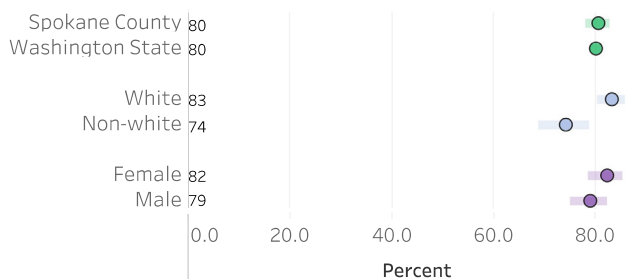
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DENTAL CHECKUP (YOUTH)

Dental checkups are important to start as early as toddler age. Tooth decay is a chronic condition that can start with baby teeth and typically lasts into adulthood and is associated with greater costs and risk of diseases such as stroke, diabetes, and heart disease.

- In 2016, 80.4% of students in 10th grade in Spokane County reported having a dental checkup in the last year.
- White students (83.0%) were more likely than non-white students (74.1%) to report having a dental checkup in the last year.

Dental checkup (youth), 2016



Source: Healthy Youth Survey

CHILDHOOD CAVITIES

Tooth decay is a preventable disease; however, it remains one of the most common chronic diseases of childhood.¹² For school aged children, pain caused by untreated dental decay can lead to absenteeism, inability to concentrate in school, and the development of poor eating habits.^{13 14} Racial inequities in the development of childhood cavities persist for teens.

- The 2015 Spokane County Smile Survey showed that by third grade, 61.7% of Spokane County children had experienced decay in at least one tooth.
- Among third graders, 9.6% had untreated dental decay. There was no significant difference by income (based on children receiving free or reduced-price meals).
- In Spokane County, 46.5% of third graders had protective dental sealants. This was lower than the Washington State average of 54%.¹⁵

Access to Care, Use of Clinical Preventive Services and Oral Health

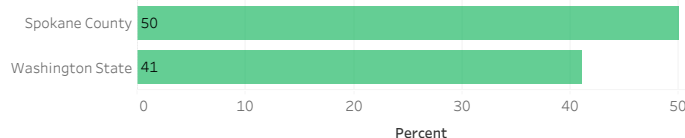
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IMMUNIZATIONS

Immunizations are one of the best ways parents can protect infants, children, and teens from many diseases. These diseases can be very serious, may require hospitalization, and can even be deadly. Efforts to increase vaccination coverage can focus on increasing access to preventive care, changing parental attitudes, and improving knowledge about the safety and effectiveness of vaccines.

- As of December 31, 2016, 50% of children age 19-35 months residing in Spokane County had not completed the recommended series of childhood immunizations.*

Children with incomplete vaccination series, 2016



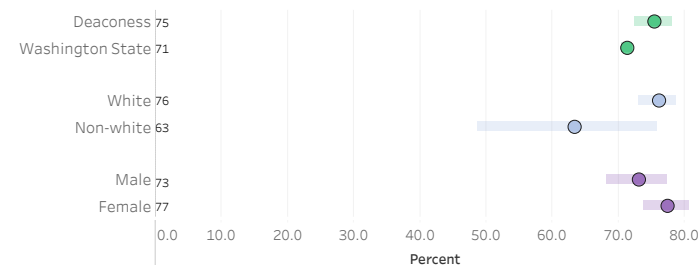
*The 4:3:1:3:3:1:4 series consists of >4 doses of DtaP (diphtheria, tetanus, and acellular pertussis), >3 doses of polio, >1 dose of MMR (measles, mumps, and rubella), >3 doses of hepatitis B, >3 doses of Haemophilus influenzae type B, >1 dose of varicella (chickenpox), and >4 doses of PCV (pneumococcal conjugate) vaccines.

COLORECTAL SCREENING GUIDELINES MET

Adults 50 to 75 years who are at average risk for developing colorectal cancer should be screened by using one or more of the following methods: fecal occult blood testing every year, sigmoidoscopy every five years, or colonoscopy every ten years.^{16 17} The data below show the percent of adults who reported ever having a sigmoidoscopy or colonoscopy screening exam.

- From 2014 to 2016, 75.4% of adults over 50 years old in the Deaconess Hospital service area reported ever having a sigmoidoscopy or colonoscopy.

Colorectal screening guidelines met



Source: Behavioral Risk Factor Surveillance System

Access to Care, Use of Clinical Preventive Services and Oral Health

Continued

PREVENTABLE HOSPITAL STAYS

A preventable hospital stay is one that might have been avoided with better medical care outside of the hospital. The Prevention Quality Indicators (PQIs) are a set of measures taken from hospital discharge data to identify quality of care for “ambulatory care sensitive conditions.” Early intervention and good outpatient care can potentially prevent the need for hospitalization, prevent complications, or reduce severity/advancement to more severe diseases for these conditions.

These indicators provide insight into the community health care system or services outside of the hospital setting and can be used to help flag potential health care quality problems that need further investigation.

- Heart failure, breathing problems (asthma or other lung conditions), dehydration, and pneumonia were the PQIs with the highest rates in the Deaconess Hospital service area in 2017. These same PQIs showed the highest rates in Washington state in 2017.
- The Deaconess Hospital service area had a lower rate for heart failure PQI compared to the state average.

Preventable Hospital Stays, 2017

	Deaconess Count	Deaconess Rate	WA Rate
Heart Failure	1,074	301.7	330.3
Breathing Problems (Asthma or Other Lung Conditions, 40+)	644	297.4	234.0
Dehydration	653	183.4	153.8
Pneumonia	466	130.9	117.2
Urinary Tract Infection	347	97.5	92.6
Diabetes - Short Term Complications	281	78.9	54.6
Diabetes - Long Term Complications	200	56.2	60.1
Hypertension	119	33.4	32.0
Adult Asthma (Ages 18-39)	38	27.3	19.8
Uncontrolled Diabetes	92	25.8	26.0
Lower Extremity Amputation – (Diabetics)	78	21.9	20.1
PQI Composite - Acute	1,466	411.8	363.7
PQI Composite - Chronic	2,526	709.6	674.5
PQI Composite - All	3,992	1,121.5	1,038.1

- Deaconess is higher than WA
- Deaconess is similar to WA
- Deaconess is lower than WA

Source: Washington State Department of Health, Center for Health Statistics. Deaconess rate uses 2016 population denominator.

Access to Care, Use of Clinical Preventive Services and Oral Health

Continued

COMMUNITY INPUT

Access to healthcare, dental, behavioral health services, and support services were top priorities in the focus group discussions. Access to healthcare varies by neighborhood, with some areas experiencing a lack of services and transportation options. The need for help navigating the system, as well as gaps in the healthcare and social services systems were discussed. Additionally, the cost of care even with insurance was described as prohibitive.

Some assets were identified including health coordinators, VA services, and community clinics. Opportunities for improvement include expanded dental access, wrap around care and services, transportation, mobile clinics and screenings, and access to specialty care such as chiropractic.

Stakeholders who participated in the Healthy People task force of the Priority Spokane assessment process highlighted the following concerns related to access to care and use of health services:

- Uninsured for low-income and for certain age groups
- Avoidable hospital admissions
- Readmission rates (within 30 days)
- Dentists accepting Medicaid patients (dental professional shortage for low-income adults)

COMMUNITY RESOURCES

Arcora

Works with partners to create significant and lasting changes that prevent disease, improve access to care, and transform health systems.

<https://www.arcorafoundation.org/>

CHAS

Provides medical, dental, pharmacy, behavioral health, pregnancy and pediatric services in multiple locations in the county.

<https://chas.org/>

Day Bridge Services

Provides community-based day services to families needing friendly support.

<http://daybridgeservices.org/>

Elevations

Elevating children with special needs to reach their full potential by providing access to the resources and support they need to improve their family's overall quality of life.

<https://elevationsspokane.org/>

Access to Care, Use of Clinical Preventive Services and Oral Health

Continued

Excelsior Youth Services

Services include a specialty medical clinic with integrated behavioral health providers, care coordinators, peer support specialists, family response specialists, and a variety of direct support specialists. There are hospital diversion programs, co-occurring enhanced outpatient and residential services, an on-site fully accredited middle school and high school, nutrition services, and therapeutic recreation.

<http://www.excelsioryouthcenter.com>

Frontier Behavioral Health

Services include crisis response services; individual, family and group therapy; case management and support; vocational rehabilitation; psychiatric and psychological services; medication management and consumer education.

<https://fbhwa.org/>

Greater Spokane County Meals on Wheels

Provides meals to seniors and individuals with disabilities through a home delivered meal program and at 12 senior nutrition meal sites across the county.

<http://www.gscmealsonwheels.org/>

Hospice of Spokane

The only nonprofit hospice in Spokane County providing a holistic approach to end-of-life care from delivering specialized care right in the home day or night, to around-the-clock phone support and grief counseling for family members.

<https://www.hospiceofspokane.org/>

MultiCare Rockwood Clinic Medical Services

Provides comprehensive care through a diverse offering of primary care, urgent care, and specialty care.

<https://www.multicare.org/rockwood-clinic-services/>

Native Project

Provides services that promote wellness and balance of mind, body and spirit for individuals, staff, families, and communities.

<http://nativeproject.org/>

Maternal/ Child Health



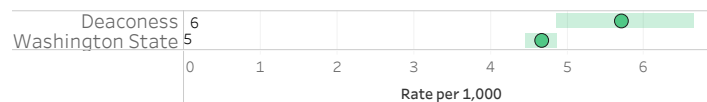
Improving the well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and health care systems. Because maternal health is closely linked to newborn health, preventive efforts such as early and adequate prenatal care and breastfeeding can help reduce infant mortality and morbidity. Sudden Infant Death Syndrome (SIDS) and low birth rates are two major risk factors detrimental to the survival and well-being of newborns.

INFANT MORTALITY

The infant mortality rate is the number of babies who die before their first birthday per 1,000 live births in a given year. In Washington State, two-thirds of infant deaths are associated with labor and delivery-related conditions, birth defects, and prematurity. Because many of these deaths are preventable, infant mortality is a measure of the overall health of a population.

■ From 2011 to 2015, the infant mortality rate in the Deaconess Hospital service area was 5.7 deaths per 1,000.

Infant mortality



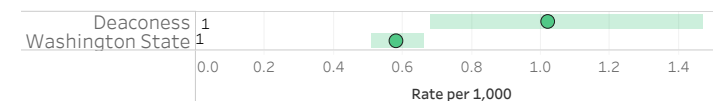
Source: Washington State Department of Health, Center for Health Statistics

SUDDEN INFANT DEATH SYNDROME

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected death of an apparently healthy baby under one year of age that remains unexplained after a complete postmortem investigation, including an autopsy, examination of the death scene, and a review of the medical history.

■ From 2011 through 2015, 29 sleep-related infant deaths occurred among residents of the Deaconess Hospital service area.

SIDS



Source: Washington State Department of Health, Center for Health Statistics

Maternal/ Child Health

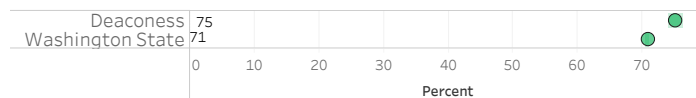
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ADEQUATE PRENATAL CARE

Having regular prenatal visits during pregnancy improves the chances of a healthy pregnancy. This indicator calculates the adequacy of prenatal care based on when care began and the number of visits prior to delivery. It is a ratio of observed-to-expected visits based on the American College of Obstetricians and Gynecologists care standards. The American College of Obstetricians and Gynecologists considers a ratio of 80% or greater an adequate percentage of visits, but not an indication of the quality of care.

- From 2012 to 2016, three out of four expectant mothers in the Deaconess Hospital service area (75.1%) received adequate prenatal care, higher than the state average at 70.8%.

Adequate prenatal care



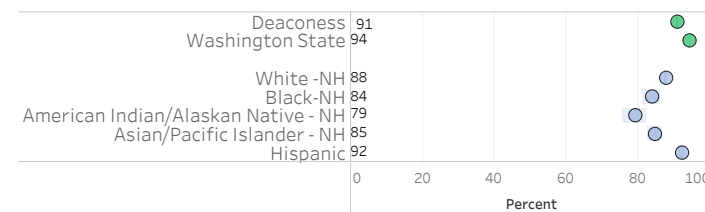
Source: Washington State Department of Health, Center for Health Statistics

BREASTFEEDING INITIATION

Breastfeeding initiation refers to mothers who start breastfeeding before leaving the hospital. A high percent of breastfeeding initiation is a positive indicator of effective preventive health service. Sustaining breastfeeding beyond initiation may be challenging for some women. The proportion of infants being breastfed beyond initiation decreases over time.

- From 2012-2016, 91.0% of mothers residing in the Deaconess Hospital service area initially breastfed their infants. This was lower than the state average.
- Asian/Pacific Islander, American Indian/ Alaskan Native, and Black women were less likely to initiate breastfeeding compared to White and Hispanic women.

Breastfeeding initiation, 2016-2016



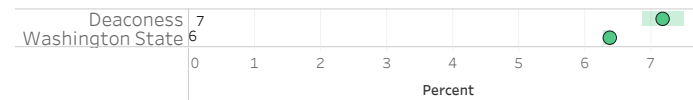
Source: Washington State Department of Health, Center for Health Statistics

LOW BIRTH WEIGHT

An infant born weighing less than 2500 grams (about 5.5 pounds) is considered low birth weight. Low birth weight infants are at higher risk of infant mortality, respiratory disorders, and neuro-developmental disabilities. Low birth weight can add to the length of hospital stays and increase health care costs.

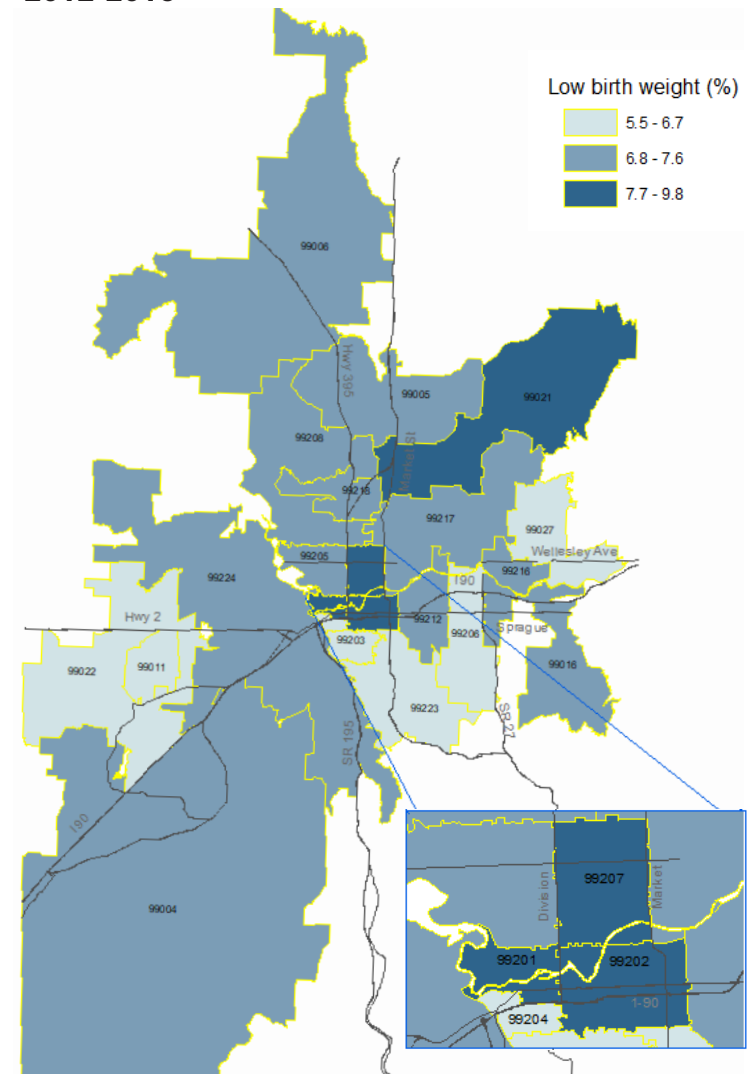
- From 2012 to 2016, 6.9% of infants born to residents of the Deaconess Hospital service area were low birth weight.
- The Deaconess Hospital service area had a higher rate of low birth weight than did Washington State.
- The rate of low birth weight varied by zip code from 5.4% to 9.8% in the Deaconess Hospital service area (Figure 6).

Low birth weight, 2012-2016



Source: Washington State Department of Health, Center for Health Statistics

**Figure 6. Low Birth Weight
Deaconess Hospital service area,
2012-2016**



Maternal/ Child Health

Continued

COMMUNITY INPUT

Focus group participants were concerned about the impact of neighborhood safety on mothers and children, including concerns about traffic, drug use, and crime. Some community assets for families were discussed such as community centers and childcare facilities, the WIC program, and public libraries. Opportunities for improvement include affordable housing and safe neighborhoods for families, more youth activities, and support systems for families.

Stakeholders who participated in the Healthy People task force of the Priority Spokane assessment process highlighted the following concerns related to maternal and child health:

- Foster care and out of home placement (challenges associated with the system and inequities)
- Family stability - single parent families
- Family stressors, including availability of quality affordable childcare

COMMUNITY RESOURCES

Catholic Charities

Programs for Childbirth and Parenting Assistance (CAPA). Provides an environment for parents to build loving bonds with their kids to prepare them for a healthy future through classes, mentorships, therapy, and social support.

<https://www.cceasternwa.org/>

MultiCare Rockwood Clinic Medical Services

Offers capable and compassionate midwives to caring and competent OB/GYNs to provide an option in childbirth that is holistic, safe and personalized.

<https://www.multicare.org/rockwood-clinic-services/>

Planned Parenthood

Provides reproductive health care, sex education, and information.

<https://www.plannedparenthood.org/health-center/washington/spokane/99207/spokane-health-center-2794-91850>

Maternal/ Child Health

Continued

Spokane Regional Health District

Provides services to improve the health and well-being of women and children, infants and children with special health care needs, and works in the community to promote a healthy lifestyle and environment.

<https://srhd.org/>

Vanessa Behan Crisis Nursery

Provides immediate refuge for children and support to strengthen families.

<https://www.vanessabehan.org/>

Women's and Children's Free Restaurant

Provides nutritious meals to low-income women and children.

<https://www.wcfrspokane.org/>

Violence and Injury Prevention



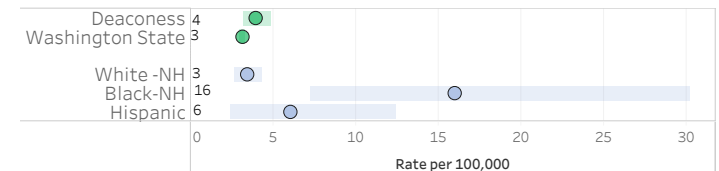
Injuries and violence can affect anyone, regardless of age, sex, race, or socioeconomic background. Injuries and violence are the leading cause of death and disability for people one to 44 years old in both the state and nationwide. While injuries and violence can have a dramatic impact on a person's ability to lead an active, fulfilling life, they are largely preventable. Those who survive unintentional and violence related injuries may face life-long mental and physical problems. Recognizing the social and economic burden of injury and violence is critical to determine the appropriate level of intervention and investment in prevention activities.

HOMICIDE

Homicide is the number of deaths resulting from the intentional use of force or power against another person. Homicide is related to community well-being and wider social conditions such as poverty, low education, race, and the disruption of family structure.

■ From 2012 to 2016, the homicide rate in the Deaconess Hospital service area was 3.9 per 100,000 population.

Homicide, 2012-2016



Source: Washington State Department of Health, Center for Health Statistics.
Note: too few cases by other races to report.

Violence and Injury Prevention

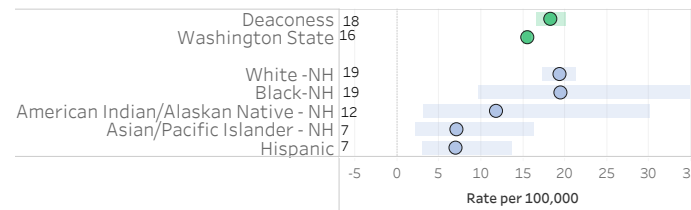
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SUICIDES

Suicide is a serious public health problem with lasting harmful effects for individuals, families and communities. While the causes are complex, the goal of suicide prevention is simple: reduce factors that increase suicide risk and increase protective factors that promote resilience. Effective strategies are needed to promote awareness of suicide and encourage a commitment to social change.

- The 2012-2016 suicide rate in the Deaconess Hospital service area was 18.3 per 100,000 population.

Suicide deaths, 2012-2016



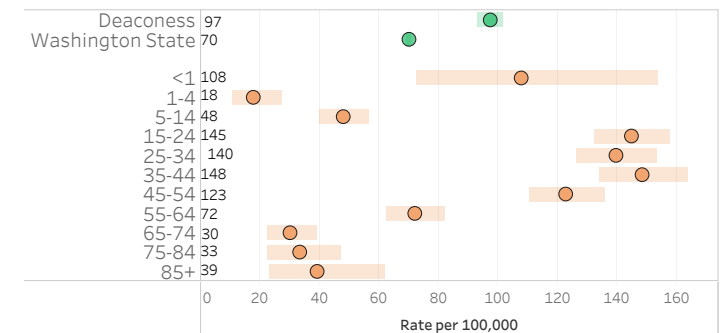
Source: Washington State Department of Health, Center for Health Statistics.

INTENTIONAL INJURY HOSPITALIZATIONS

Intentional injuries can be physical and/or emotional and result from purposeful human action, whether directed at oneself or others. Examples include injuries resulting from attempted suicides or assaults.

- From 2011 to 2015, the rate of intentional injury hospitalizations for the Deaconess Hospital service area was 97.2 cases per 100,000 population. This is 1.4 times that of the state rate.

Intentional injury hospitalizations, 2011-2015



Source: Washington State Department of Health, Center for Health Statistics.

Violence and Injury Prevention

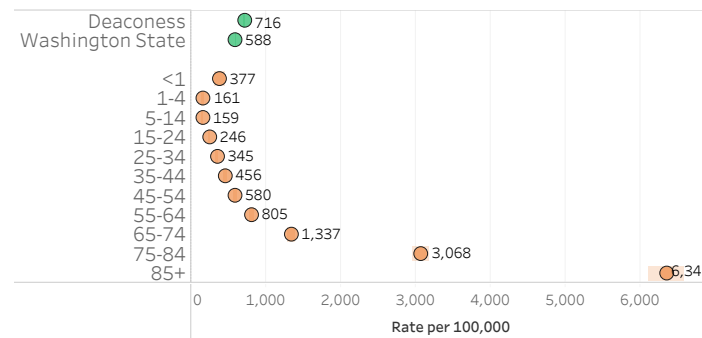
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UNINTENTIONAL INJURY HOSPITALIZATIONS

Unintentional injury hospitalizations are non-fatal hospitalizations due to unintentional injuries. In 2015, the top three causes of unintentional injuries resulting in hospitalization in the Deaconess Hospital service were falls, poisonings, and motor vehicle crashes.

- From 2011 to 2015, the unintentional injury hospitalization rate in the Deaconess Hospital service area was 715.9 hospitalizations per 100,000 population. This was significantly higher than the state rate.
- After age five, the unintentional injury hospitalization rate increases with age, peaking at 6,345.8 per 100,000 among residents age 85 and older.

Unintentional injury hospitalizations



Source: Washington State Department of Health, Center for Health Statistics.

COMMUNITY INPUT

Focus group participants expressed concern about assault and harassment occurring in their neighborhoods. These assaults can result in injury and inhibit the ability of individuals to feel safe. Fear of injury and violence prevents people from using green spaces, reaching out to neighbors, reporting crime, and walking for exercise. Also mentioned was traffic concerns and safety for pedestrians.

Some participants discussed trusted neighbors as an asset for combating neighborhood violence. Opportunities for improvement were identified including unsafe intersections and speeding, crime in neighborhoods, lighting, increased police presence, and increased neighborhood engagement.

Stakeholders who participated in the Healthy People task force of the Priority Spokane assessment process highlighted the following concerns related to injury and violence:

- Child abuse and neglect
- Domestic violence
- Youth witnessing violence
- School violence and bullying
- Youth dating violence
- Firearm deaths

Violence and Injury Prevention

Continued

It's important to note that Family Violence was in the top three priorities voted in by participants of the Healthy People task force in the Priority Spokane process, as well as the top priority issue overall.

COMMUNITY RESOURCES

Alternatives to Domestic Violence - YWCA of Spokane

24-hour domestic violence helpline: (509) 326-2255, or 326-1190. The call is anonymous.

<https://ywcaspokane.org/>

Lutheran Community Services

Offers parenting education, child development activities, support groups, resource fairs, community referrals and connections to basic needs like food, clothing, health care, housing and employment.

<https://lcsnw.org/>

Miryam's House

Housing for women recovering from crises related to homelessness, abuse, addiction and displacement.

<http://www.help4women.org/programs/miryams-house>

Partners with Families & Children

Prevents, interrupts, and repairs cycles of abuse and neglect within families.

<http://partnerswithfamilies.org/>

Spokane Family Justice Center

A team of police officers and detectives, prosecutors and advocates work together in this office to support victims of domestic violence.

<https://ywcaspokane.org/tag/family-justice-center/>

Behavioral Health



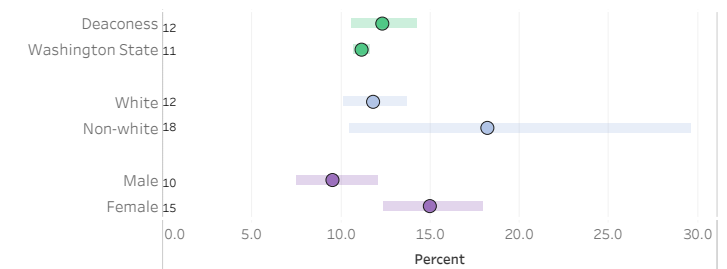
Mental health is essential to a person’s well-being and ability to live a full and productive life. People of all ages, including children and adolescents, with untreated mental health disorders are at high risk for numerous unhealthy and unsafe behaviors and co-occurring disorders, including alcohol or drug abuse. Information and resources that better integrate behavioral health services into the overall health care system can lower the risk of poor health outcomes.

FREQUENT MENTAL DISTRESS (ADULTS)

Frequent mental distress is defined as adults reporting poor mental health (includes stress, depression, and problems with emotion) on 14 or more days in the past 30 days.

- From 2014 to 2016, 12.3% of adults in the Deaconess Hospital service area experienced frequent mental distress.
- Women (15.0%) were more likely to report experiencing mental distress than men (9.5%).

Frequent mental distress (adults), 2014-2016



Source: Behavioral Risk Factor Surveillance System

Behavioral Health

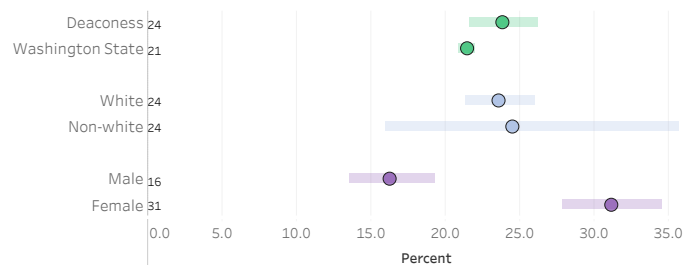
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DEPRESSION (ADULTS)

Adult depression includes depression, major depression and dysthymia (minor depression) in adults ages 18 years or older. Continued sadness that includes loss of interest or enjoyment in doing things, as well as feeling down, could be a sign of depression.

- From 2014-2016, 23.8% of adults in the Deaconess Hospital service area reported having depression.
- Women (31.1%) were significantly more likely to be depressed as men (16.2%).

Depression (adults), 2014-2016



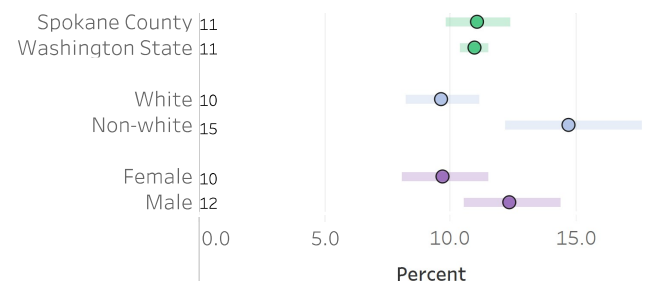
Source: Behavioral Risk Factor Surveillance System

BINGE DRINKING (YOUTH)

Binge drinking is defined as the percent of students in 10th grade who have had five or more drinks in a row in the last two weeks. The effects of binge drinking among youth may include school or social problems, abuse of other drugs, and an increased risk of unintentional and intentional injury. Additionally, negative health effects of alcohol such as liver disease, some cancers, and trauma are associated with greater quantities and longer duration of use.

- In 2016, 11.0% of 10th grade students in Spokane County reported binge drinking in the past 30 days.

Binge Drinking (youth), 2016



Source: Healthy Youth Survey

Behavioral Health

Continued

COMMUNITY INPUT

Focus group participants voiced concern about substance use and poor mental health, specifically mentioning behavioral health as a driver of unsafe neighborhoods and crime, and negatively impacting youth. Participants also expressed concern about prescribing practices and the rising misuse of opiates. Community assets that were mentioned include mental health and substance use programs, and local community centers.

Participants discussed improvement opportunities such as the need for more counseling and treatment services, supports for people who are struggling with addiction, depression, and homelessness, and education about the addictiveness of prescription drugs for both adults and youth.

Stakeholders who participated in the Healthy People task force of the Priority Spokane assessment process highlighted the following concerns related to behavioral health:

- Opioid use and related deaths
- Mental health and substance use and co-occurrence
- Need for trauma-sensitive and culturally informed practices

- Suicide, adult and youth
- Abuse of youth by adults
- Youth depression and suicide contemplation

It's important to note that suicide and life preservation was in the top three priorities voted in by participants of the Healthy People task force.

COMMUNITY RESOURCES

Catholic Charities

Considered a public mental health agency and serves all persons providing individual and group therapy, peer support, and case management. Rising Strong is a holistic, family-centered drug treatment and housing program supporting families in staying together while they begin to recover from addiction, heal from trauma and rebuild their lives.

<https://www.cceasternwa.org/>

Daybreak Youth Services

Provides inpatient and outpatient drug and alcohol treatment for teens.

<https://daybreakyouthservices.org/>

Behavioral Health

Continued

Excelsior Youth Services

Excelsior is a specialty medical clinic with integrated behavioral health providers, care coordinators, peer support specialists, family response specialists, and a variety of direct support specialists. We offer a host of hospital diversion programs, co-occurring enhanced outpatient and residential services, an on-site fully accredited middle school and high school, nutrition services, therapeutic recreation, and seeking certification for our 30-acre Arboretum with a specialized recreation and therapeutic environment.

<http://www.excelsioryouthcenter.com/>

Frontier Behavioral Health

Services include crisis response services; individual, family and group therapy; case management and support; vocational rehabilitation; psychiatric and psychological services; medication management and consumer education.

<https://fbhwa.org/>

MultiCare Rockwood Clinic

The MultiCare Rockwood Behavioral Health Center offers mental health treatment for children, adolescents, adults, and families. The conditions and problems we address include depressive disorders, developmental delays, grief and loss, learning disabilities, mood and thought disorders, parenting issues, post-traumatic stress disorder. Services include assistance coping with physical and mental illness and developmental disorders, academic and career counseling, diagnostic assessment, pharmacological management stress and anxiety management during life transitions.

<https://www.multicare.org/rockwood-clinic/>

Providence Sacred Heart Medical Center and Children's Hospital

Providing emergency and short-term inpatient psychiatric care.

<https://washington.providence.org/locations-directory/s/sacred-heart-medical-center>

Behavioral Health

Continued

Spokane County Drug and Mental Health Court

An effort to increase effective cooperation between two systems that have traditionally not worked closely together, the mental health treatment system and the criminal justice system. The project achieved the following outcomes for the mentally ill misdemeanant population: improved access to mental health treatment services, improved public safety, improved well-being, and reduced recidivism.

<https://www.spokanecounty.org/481/Mental-Health-Therapeutic-Court>

Tamarack Center

An adolescent psychiatric residential treatment program, serving ages 12 to 17, that need more intensive services than outpatient service can provide.

<https://tamarack.org/>

End Notes



1. Washington State Office of Superintendent of Public Instruction. <https://www.k12.wa.us/data-reporting/data-portal?combine=graduation>
2. Washington State Office of Superintendent of Public Instruction. <http://k12.wa.us/ChildNutrition/Reports.aspx>
3. City of Spokane. <https://static.spokanecity.org/documents/chhs/plans-reports/reports/2018-point-in-time-pit-fact-street.pdf>
4. Washington State Department of Commerce. Annual Point in Time Count <https://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/>
5. Washington State Department of Social and Health Services. <https://www.dshs.wa.gov/sesa/research-and-data-analysis/client-data>
6. Washington State Department of Health. *Health of Washington State, Mortality and Life Expectancy Data updated*. 12/01/2015. <https://www.doh.wa.gov/Portals/1/Documents/1500/GHS-MLE2015-DU.pdf>
7. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/fastats/deaths.htm>
8. The Dartmouth Atlas of Health Care. <https://www.americashealthrankings.org/explore/annual/measure/preventable/state/WA>
9. <https://www.cdc.gov/chronicdisease/about/index.htm>
10. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-030-WAHIVSurveillanceReport2017.pdf>
11. <https://www.doh.wa.gov/DataandStatisticalReports/DataSystems/GeographicInformationSystem/HardcopyMaps>
12. U.S. Department of Health and Human Services. *Oral Health in America; A Report of the Surgeon General*. Rockville, MD: U.S. Department of health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of health; 2000.
13. National Maternal and Child Health Resource Center. *Oral health and Learning; When children's oral health suffers so does their ability to learn* (2nd ed.). 2003. Washington, D.C. Retrieved April 6, 2010 from: <http://www.mchoralhealth.org/PDFs/learningfactsheet.pdf>
14. Schechter N. The impact of acute and chronic dental pain on child development. *Journal of the Southeastern Society of Pediatric Dentistry*. 2000;6(20:16).

End Notes

Continued

15. Washington State Department of Health. *Smile Survey 2015-2016*. May 2017.
16. U.S. Preventive Services Task Force. *Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement*. AHRQ Publication 08-05124-EF-3, October 2008. Agency for Healthcare Research and Quality, Rockville, MD.
17. U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services, 2008: Recommendations of the U.S. Preventive Services Task Force*. AHRQ Publication No. 08-05122, September 2008. Agency for Healthcare Research and Quality, Rockville, MD.
18. Washington State Department of Health, Injury and Violence Prevention. <https://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention>



This report includes both primary and secondary data sources. Primary data consists of new information gathered directly from the community through surveys, interviews, or focus groups. Secondary data is information that has already been collected by someone else.

QUANTITATIVE DATA SOURCES AND METHODS

Much of the data in this report comes from several key sources. These sources, the methods used to analyze the data, and the data limitations are briefly described below.

Behavioral Risk Factor Surveillance System (BRFSS)

This is the largest, continuously conducted telephone health survey in the world. The survey collects self-reported information on a vast array of health conditions, health related behaviors, and risk and protective factors about individual adult (18 years and older) health. It enables the Centers for Disease Control and Prevention (CDC), state and local health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. Data are reported annually.

<http://www.cdc.gov/brfss/index.html>

Beginning in 2011, new methods were used in order to make the BRFSS results more representative of the population. First, the sample includes respondents who have cell phones but no landline; this group was not included in previous surveys. Second, the data were weighted by various demographic characteristics to compensate for underrepresentation of certain demographic subgroups. Both these changes should improve the accuracy of the BRFSS results. However, because of these methodological changes, the BRFSS data values starting in 2011 are not comparable to prior years.

Healthy Youth Survey (HYS)

This school-based survey is administered in even numbered years throughout Washington state. The survey includes grades 6, 8, 10 and 12. For this report, we used data from 10th grade students. We included data for all respondents in the county. This may include responses of students residing outside the service area.

HYS topics include self-reported information on health risk behaviors, family, community risk and protective factors, and current health conditions. Like other survey data, it is subject to social desirability bias and recall error.

Death certificate data

For death certificates, funeral directors collect information about the deceased person, including race and ethnicity, from an informant who is usually a family member or close personal friend of the deceased person. A certifying physician, medical examiner, or coroner generally provides cause-of-death information. Cause-of-death data come from underlying causes of death and not immediate causes. For example, if a person dies of a complication or metastasis of breast cancer, breast cancer would be the underlying cause of death. Data are compiled by the Washington State Department of Health, Center for Health Statistics. <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData.aspx>

Birth certificate data

The birth certificate system contains records on all births occurring in the state and nearly all births to residents of the state. Information is gathered about the mother, the father, the pregnancy, and the child. The information is collected at hospitals and birth centers from worksheets completed by parents or medical staff, through the review of medical charts, or by a combination of these sources. Midwives and family members who deliver a baby complete the birth certificate and collect the information from a parent or from their records. Data are compiled by

the Washington State Department of Health, Center for Health Statistics. <https://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData>

American Community Survey (ACS)

The ACS is a mailed survey conducted every year by the U.S. Census Bureau to estimate a wide variety of social and economic data for the U.S. population. The ACS replaces the long form of the census for collecting detailed population data and has the advantage of being released annually rather than at ten-year intervals. The ACS location of residence is based on census tracts, which don't align with zip code boundaries. To better align with the hospital service area, which is defined by zip code, we used ZCTAs (Zip Code Tabulation Areas) developed by the ACS to simulate zip codes. <https://www.census.gov/programs-surveys/acs/>

The Office of the Superintendent of Public Instruction

OSPI provides data on graduation and free/reduced price meal data. Information regarding student graduation, transfers, and drop-outs are used for an adjusted cohort method which follows a single cohort of students for four years based on when they first entered 9th grade. The cohort is "adjusted" by adding in students who transfer into the school and by subtracting students who transfer out of the school. <http://www.k12.wa.us/>

Washington State Immunization Information System (IIS)

The IIS is a lifetime registry that tracks immunization records for people of all ages in Washington. Immunization rates for children, adolescents, and adults are available through the IIS. This data source is best used to calculate childhood immunization rates. The Department of Health publishes annual data for immunization coverage among toddlers, children, and adolescents by county and state.

<https://www.doh.wa.gov/DataandStatisticalReports>

Washington State DOH, Washington State Cancer Registry (WSCR)

The Washington State Cancer Registry monitors the incidence of cancer in the state to better understand, control and reduce the occurrence of cancer. This program is designed to standardize data collection and provide information for cancer prevention and control programs. <https://fortress.wa.gov/doh/wscr/>

Additional Data Sources

Health Professional Shortage Areas

Washington State Department of Health. Maps of health care shortage areas. <https://www.doh.wa.gov/DataandStatisticalReports/DataSystems/GeographicInformationSystem/HardcopyMaps>

Foster Care

Department of Social and Human Services (DSHS) publishes unduplicated counts of clients served for each category of service used during the year.

<https://www.dshs.wa.gov/sesa/research-and-data-analysis/client-data>

Homelessness

Washington State Department of Commerce: Washington State “Annual Point in Time Count” 1/25/2018. The Homeless Housing and Assistance Act (ESSHB 2163-2005) requires each county to conduct an annual point in time count of sheltered and unsheltered homeless persons (RCW 43.185C.030) in accordance with the requirement of the U.S. Department of Housing and Urban Development (HUD). Spokane County Point in Time (Census data) 1/25/2018.

Prevention Quality Indicators

Agency for Health Care Research and Quality (AHRQ), Prevention Quality Indicators (PQIs). https://www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx Rates are based on hospital discharge data collected from hospitals. County populations are from Washington State Department of Health Center for Health Statistics.

CALCULATING AND INTERPRETING RATES

Rates: Most health data are reported as percentages (%). In other cases, we use rates to compare risk between groups. A rate converts a count of events (e.g., number of births per year) in a target population to a ratio that represents the number of same events in a standard population. This removes the variability associated with the size of the sample. Each rate has its own standard denominator that is specified (e.g., 1,000 women, 100,000 residents, etc.) for that rate. Rates present the actual magnitude of an indicator.

Averages: Multiple year estimates were used to increase sample sizes and to minimize widely fluctuating frequencies from year to year.

Confidence Intervals: Hospital service area comparisons to Washington state and comparisons among subpopulations were calculated using 95% confidence intervals. Confidence intervals (error bars on the graphs) indicate the margin of error for the value estimated by describing an upper and lower limit of an estimate. Using confidence intervals is a conservative approach to determine if differences among groups are statistically significant. If the confidence interval of two different estimates do not overlap, we can most often conclude that the difference is statistically significant and not due to chance.

Population size: The population estimates used in the data analyses are from Washington State Department of Health Center for Health Statistics, Community Health Assessment Tool (CHAT). <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/CommunityHealthAssessmentandImprovement/CHAT>

Stratification: Where possible (i.e., the population size or counts were adequate to determine significance and protect anonymity), we analyzed the indicators by race/ethnicity or gender. We used the following terms to describe race/ethnicity:

NH: Non-Hispanic

White – NH: Non-Hispanic White

Black – NH: Non-Hispanic Black

Hispanic: Hispanic as a race

Asian – NH: Non-Hispanic Asian

American Indian/Alaskan Native -NH: Non-Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander - NH: Non-Hispanic Asian or

Native Hawaiian/Pacific Islander

In cases where there were too few numbers to separate race into the above categories, we combined the population groups into Whites and non-Whites, regardless of Hispanic ethnicity.

QUALITATIVE METHODS

Methodology Stakeholder Perspective Process:

Stakeholders in each of the six task forces convened for a series of meetings to evaluate local data and identify emerging issues of concern. Task forces reviewed and provided input on Spokane Community Indicators, a data set maintained by Eastern Washington University's Institute of Economic Policy and Research. Data were selected using established criteria and guided discussions by task force co-chairs. The task forces prioritized and voted on indicators they believed best represented key issues in the community. After each task force identified top issues, stakeholders across all task forces convened in a public assembly and voted on the final cross-cutting priorities.

Additional analysis of data was done on select indicators to deepen understanding of the priorities and the subpopulations most effected. These data and findings can be found in the 2017-2018 Spokane County Community Needs Assessment at <https://srhd.org/data-and-reports>.

Data Sources: In identifying top priorities within each task force area, more than 300 indicators/indicator topics were reviewed over the course of this process.

Spokane Community Indicators

Spokane Community Indicators is a web-based data resource for the Spokane community, tracking over 200 indicators across 10 categories. It was launched by a group of local organizations in response to a need for data-driven decision-making.

<http://www.communityindicators.ewu.edu>

County Health Insights

Spokane Regional Health District's Data Center manages and reports on numerous public health indicators via its County Health Insights dashboard. These data are used by public health to identify emerging health and other social issues needing deeper exploration. They are also used by the local and regional community to identify health needs and disparities, leveraged within grants, and leveraged to support evaluation of community health improvement efforts. Several of the indicators can also be found on Spokane Community Indicators—additional information and demographic details for these data can be found on County Health Insights.

<http://www.countyhealthinsights.org/>

Criteria for Prioritization by Community Members

The following criteria were used to guide review of data and prioritization of issues:

- An issue that affects the greatest number of residents in Spokane County—either directly or indirectly.
- A condition that is unambiguously below where we want it to be, via a comparison to a benchmark or its own trend.
- A condition that is unambiguously above a benchmark, and therefore one that stakeholders want to preserve.
- An issue that is predictive of other outcomes, as best as stakeholders can currently determine.
- An issue that appears to impact several aspects of community life.
- A condition that stakeholders, at the local level, have some opportunity to change.
- A proposed time horizon: five years.

Focus Group Methodology

Focus groups were conducted in three locations: East Central Library, Northeast Community Center, and Spokane Valley Partners. The target population was low income and minority residents, and the three locations were selected because they are accessed by members of the target population. Recruitment was conducted via flyer distribution, word of mouth, and SRHD social media. Incentives included a \$50 Visa gift card and refreshments during the focus groups. Overall, there were twenty-two participants.

Focus Group Questions

1. How do you define your community?
2. What do you think makes an ideal community or neighborhood?
3. How does your community promote health and wellbeing; what are the strengths and assets?
4. How is health equity unique for people in your community?
5. What do you think needs to change about your community for people in the community to be well and live healthy lives?

6. What is the impact of each topic area in your community, including resources and opportunities:

- a. Illnesses
- b. Access to care and use of services
- c. The well-being of mothers, infants, and children
- d. Violence and injury
- e. Behavioral health

7. Stakeholders representing many different organizations and job sectors came together this past spring to select three priority areas to work on in the coming years: Family violence and trauma, behavioral health (which includes mental health and substance use disorders), and housing. How do you see these priorities reflected in your community?

8. Now that we've talked about the issues impacting health and well-being in your community, what should be done to address these issues? Who needs to be involved?

SELECTION OF PRIORITY HEALTH NEEDS

The selection of priority health needs followed a process of reviewing both the qualitative and quantitative data elements in the report. Three criteria were used to determine priorities:

- Was a health concern or indicator significantly worse in the hospital service area than in the state?
- Were relatively large numbers of people impacted by a health concern or indicator?
- Was a health concern repeatedly voiced during the community engagement portion of the assessment (e.g., survey, focus groups, or interviews)?

The health concerns or indicators that met the most criteria became the priority health needs for the hospital service area.

Although it is objective, this approach has many limitations. Different selection criteria might have resulted in a different list of priority areas. The decision about whether large numbers of people were impacted was a relative judgment based on reviewers' experience and knowledge, not on a numeric threshold. Finally, the rubric identifies problem areas, but not solutions. For some problem areas, solutions may be unknown or impractical. For these reasons, the list of priority needs can be viewed as a starting point for discussion, not a definitive short list requiring action.