MultiCare Health System Good Samaritan Hospital Community Health Needs Assessment

2019

MultiCare
Good Samaritan Hospital

Contents

Acknowledgements

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Key Stakeholder Interviewees

Peter Ansara, Pierce County Human Services

Mary Chikwinya, Tacoma Community College

Diana Comfort, Big Brothers Big Sisters of Puget Sound

Sue Dreier, Pierce Transit

Laurie Jinkins, Washington State Representative 27th Legislative District

Neil Johnson, Mayor of Bonney Lake

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Derek Murphy, Olalla Recovery Centers/ Gig Harbor Recovery Center

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Deirdre Raynor, UW Tacoma

Chuck West, Key Peninsula Fire Department

Community Workshop Sites

Eatonville Community Coalition, Eatonville

Exceptional Families Network, Lakewood

Fife-Milton-Edgewood Food Bank, Fife

Graham Community Coalition, Graham

Hilltop neighborhood residents, Tacoma

Key Peninsula Violence Prevention Coalition, Lakebay

Nurse Family Partnership support group, Lakewood

Prairie Ridge Community Dinner, Prairie Ridge

Rainbow Center, Tacoma

Samoan residents, Eastside Tacoma

Acknowledgements

Continued

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.

Pierce County Accountable Communities of Health, Community Advisory Council

Bates Technical College

City of Tacoma

City of Lakewood

City of Puyallup

Community Health Care

Eatonville Community Coalition

Exceptional Families Network

Foundation for Healthy Generations, Community Health Advocates

Graham Community Coalition

Korean Women's Association

Pacific Lutheran University

Pierce College

Pierce County

Pierce County Cities and Towns Association

Pierce County Human Services Department

Pierce County Community Health Workers Collaborative

Pierce County Library System

Pierce Transit

Rainbow Center

Tacoma-Pierce County Health Department, Black Infant Health program

Tacoma Pierce County League of Women Voters

University of Puget Sound

University of Washington Tacoma

Executive Summary

MultiCare Health System (MHS) and Catholic Health Initiatives (CHI) Franciscan in collaboration with Tacoma-Pierce County Health Department (TPCHD) has conducted a Community Health Needs Assessment (CHNA) to identify key health issues based on current data. This CHNA includes the results of a comprehensive review of key health indicator data along with community input, to understand and address the needs of this service area.

Within this report, the term "community" refers to residents who live in this hospital's predefined service area.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington state CHNA requirements and presents data on:

- **Demographics of the community**
- **Life expectancy and leading causes of death**
- **Chronic illness, including behavioral health**
- **Injury and violence**

Additionally, the CHNA process included multiple community engagement activities, including asking community members about:

- **The health of their community**
- **What they need in their neighborhoods to be healthy**
- **What they think could be improved**

These community engagement activities included ten community workshops with residents, ten interviews with local organizational leaders and an online community survey. MultiCare Health System and TPCHD pledge to engage community stakeholders throughout the CHNA process not simply as sources of input but as equal partners with shared accountability and investment in addressing health concerns.

COMMITMENT TO HEALTH EQUITY

Throughout the CHNA process, social determinants of health provided the framework for both the community engagement process and as a way to focus attention on the importance of neighborhood and community conditions. Income, education, housing and transportation create opportunities or barriers to health. Health should not be determined by zip code, income, race or any other factor. Healthy choices should be easy choices for everyone in the Good Samaritan Hospital community.

Executive Summary

Continued

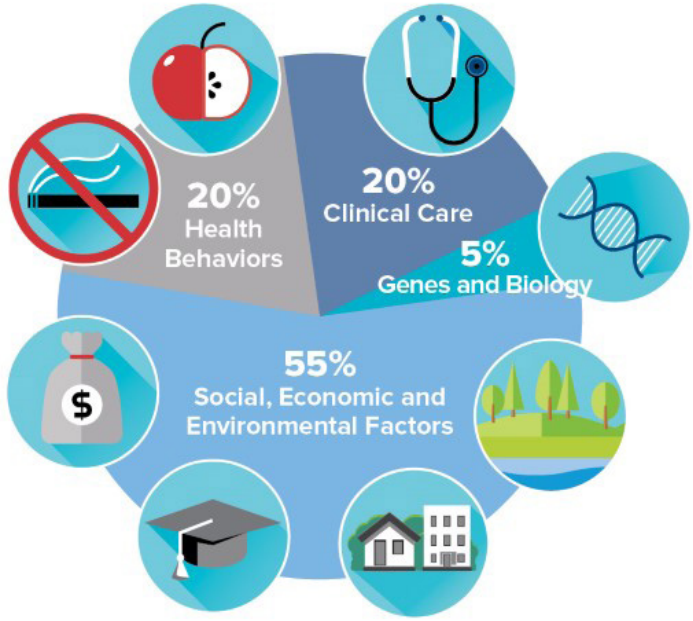
PRIORITY HEALTH NEEDS

Based on results from this CHNA, priority health needs within the MultiCare Health System Good Samaritan Hospital community emerged. These priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes included in this report.[1]

- **Obesity**
- **Injuries**
- **Cancer**
- **Access to health care**
- **Behavioral health**

[1] *For more information about the prioritization process and selection criteria, please see the Appendix.*

What Makes Us Healthy?



Adapted from http://www.cdc.gov/socialdeterminants/FAQ.html

Introduction

MultiCare Health System and CHI Franciscan contracted with the Tacoma-Pierce County Health Department to conduct a comprehensive Community Health Needs Assessment (CHNA). The process included quantitative analysis and qualitative interviews and focus groups with community leaders and residents of Pierce County representing many sectors and population groups, including low-income residents and others affected by health disparities.

ABOUT MULTICARE

MultiCare Health System is a not-for-profit health care organization with more than 18,000 team members caring for the community since 1882. This is the third CHNA developed by TPCHD and MultiCare Health System to describe health issues, what impacts those issues have and how these concerns may be addressed.

PURPOSE

The purpose of this report is to share the emerging health needs of the Good Samaritan Hospital community, including:

- What residents have to say about health
- Health behaviors and health outcomes of residents
- Assets and resources

This report contains information that can be used to respond to new health challenges in an evolving community.

Introduction

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METHODS

To develop this report, an array of data sources was analyzed to describe the health of the Good Samaritan Hospital community. These include:

- Selected health indicators collected through surveys, vital statistics records, hospital data sets and health registries
- Main themes emerging from community workshops attended by Pierce County residents, including those from the Good Samaritan service area
- Results from the 2018 Pierce County Community Survey (online)
- Transcripts from interviews with stakeholders from different sectors, including the Good Samaritan Hospital service area

CHNA partners intentionally engaged residents to have an active role in community engagement activities. For example, residents reviewed questions used for workshops and the online community survey. To ensure accuracy of the data, they also reviewed the summary of results from the interviews and workshops they participated in. Some residents were trained to conduct workshops in their own communities.

This report summarizes:

1. **Community characteristics**
2. **Life expectancy**
3. **Leading causes of death**
4. **Leading causes of hospitalizations**
5. **Levels of chronic illness**
6. **Access to health care, use of preventive services and oral health**
7. **Maternal and child health**
8. **Injury and violence prevention**
9. **Behavioral health**

Assets and resources available to the community are at the end of each section, if applicable. More details about the methods used to develop this report are in the Supplement.

Introduction

Continued

COMMUNITY WORKSHOPS

The purpose of the community workshops was to hear directly from residents. Ten community workshops were held throughout Pierce County and facilitated by trained community residents and Health Department staff.

Community residents were trained to facilitate workshops using a curriculum developed by Health Department staff in collaboration with Community Science (funded by the U.S. Department of Health and Human Services, Office of Minority Health). The training curriculum was tested with members of the East Tacoma Collaborative in 2017. Members of Pierce County Accountable Community of Health's Community Advisory Council and the Pierce County Community Health Worker Collaborative participated in the training and facilitated community workshops.

Health Department staff selected workshop locations from geographic areas with poorer health outcomes and readiness to work collectively to improve these outcomes. In addition, specific populations were invited to participate in the workshops based on their geographic location and/or health outcomes. Those populations included:

- Residents who are housing insecure or who have lower household incomes
- Lesbian, gay, bisexual and transgender residents
- Black residents
- Native Hawaiian and Other Pacific Islander residents

Analysts considered literature on stakeholder selection produced by the Health Research and Educational Trust, in partnership with Hospitals in Pursuit of Excellence. The Health Department recruited participants and, in some cases, participants invited others to attend (i.e., snowball sampling method). Those who attended workshops were promised confidentiality and consented to participate by attending the workshop.

Data analysis of workshop notes was performed simultaneously by the workshop group facilitator and an analyst using coding to identify emergent themes. Analyses were then compared, and themes were mutually identified.

Introduction

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KEY STAKEHOLDER INTERVIEWS

Ten interviews were conducted with 12 Pierce County organizational leaders across seven sectors (see selection criteria below). Interviews were approximately 60 minutes in length and conducted in person. Two interviews included multiple participants, though each interview was considered one unit of measurable data. When available, interviews were audio recorded with consent.

MultiCare and CHI Franciscan provided the Health Department with more than 30 names of suggested local leaders. Ten participants were selected based on the following criteria:

1. Represented key sectors of business, non-profit, education, transportation, health and human services, local government and law enforcement/first responders

2. Not interviewed for the last CHNA in 2015 (to avoid redundancy in data and to promote diversity)

3. Availability within the project timeline

Health Department staff then analyzed data using open and axial coding[2] to discover patterns and recurring themes across all interviews. NVivo qualitative data analysis software was used to organize data. If three or more interviews (≥ 30%) contributed the same data point, the data point was considered an emerging theme.

2018 PIERCE COUNTY COMMUNITY SURVEY

The CHNA partners drafted, distributed and promoted the online 2018 Pierce County Community Survey via Survey Monkey®. The survey was available in English, Spanish and Korean.

Professional translation services were used to provide survey drafts in Korean and Spanish. The drafts were then shared with community members who speak Korean and Spanish natively to confirm contextual accuracy.

Survey links were distributed to multiple organizations throughout Pierce County. Participants completed the survey between March and August 2018.

[2]Open coding – usually performed first to generate categories or main themes in data and their properties; Axial coding –used to systematically develop categories and link them with subcategories.

Introduction

Continued

LIMITATIONS

For this report, community engagement data come from focus groups, interviews and surveys. While some survey results can be weighted to improve generalizability, focus group and interview results are not entirely generalizable, and limitations to the strength of the conclusions exist. For example, we were not able to conduct a community workshop with Native American/Alaska Native residents, even though we know they often have worse health outcomes; this population was also underrepresented in the online survey.

In addition, survey data often have issues arising from how, where and from whom the data were collected. For example, stratifying estimates by race sometimes cannot be done due to small sample sizes.

Health indicator data also come from a variety of sources, each with its own set of limitations. A description of the limitations for each data set can be found in the Supplement.

Due to space limitations, the list of assets in this report is not comprehensive. For a more thorough and continuously updated statewide database of health and human services and referrals, please refer to https://resourcehouse.info/win211/index.

Community Engagement Results

Three methods of community engagement were used to hear from Pierce County residents, including those in the Good Samaritan service area: ten community workshops with residents, ten key stakeholder interviews and an online survey available in English, Spanish and Korean languages. Top findings across the three community engagement activities included several issues.[3]

Residents identified three community characteristics as vital to their health:

- Equitable access to community resources (information, services, activities, parks)
- Celebration of diversity
- People working together

[3]*Note: The results from community engagement activities reflect all of Pierce County and are not specific to this hospital service area.*

Residents need the following for their neighborhood or community to be healthy:

- Affordable housing
- Access to healthy food
- Transportation
- Access to health care (emphasizing behavioral health services).

COMMUNITY WORKSHOPS

Community workshop participants shared their thoughts on what makes their community healthy, what they need in their neighborhoods to be healthier and what they think could be improved. Main findings for each question asked at the community workshops are shown below.

Community Engagement Results

Continued

What do you think makes an "ideal" community or neighborhood?

- **Opportunities to give and receive social support.**

Workshop participants talked about a community where people know and care for each other. Participants also valued communities where members care about and are engaged in neighborhood issues and where people often volunteer to help the neighborhood.

"At least one person at your door in five minutes."

- **Diversity is valued.**

Community members talked about all people being accepted in an ideal neighborhood. Everyone is respected based on the value they bring to the community. Community members also valued celebration of ethnic and cultural diversity and sharing of cultural knowledge and traditions.

"It's not necessary to leave the community to celebrate my ethnic background."

- **Community resources.**

Workshop participants sought reliable sources of community information. They also valued parks, other opportunities for physical activity and access to behavioral health services and support.

"Easy access to resources that promote an active lifestyle – parks, trails and local gyms."

- **Organizations and groups willing to partner.**

Workshop participants mentioned groups, coalitions and others who provide active leadership within their communities. They wanted regular feedback to help build consensus and questions answered in layman's terms.

"Everyone is encouraged to be involved, power isn't isolated to the very few. . . no one is excluded."

Community Engagement Results

Continued

What needs to change about your community or neighborhood?

- **Safe sidewalks and trails.**
Trails for biking and walking, ADA compliant sidewalks and trails and connections to schools and services were identified by workshop participants as needed infrastructure.

"Safe walking paths and sidewalks from schools to neighborhoods."

- **Buses that meet people where they live, learn, work and shop.**
Community members wanted more public transportation, free bus passes for those who need it and more frequent bus stops.

"Late bus for after-school activities."

- **Access to healthy food.**
Grocery stores, education on healthy eating, cooking classes and farmers markets were desired assets for neighborhoods.

"Affordable food is sometimes too far away, and stores offer inconsistent quality."

- **Opportunities for physical and social activities.**
Community members identified a need for more parks, the sharing of cultural knowledge, opportunities for music, dance and drama and teen-friendly places.

"Unless we have people to fellowship with, nothing else matters."

Community Engagement Results

Continued

KEY STAKEHOLDER INTERVIEWS

Main findings for each question asked during the ten interviews are listed below.

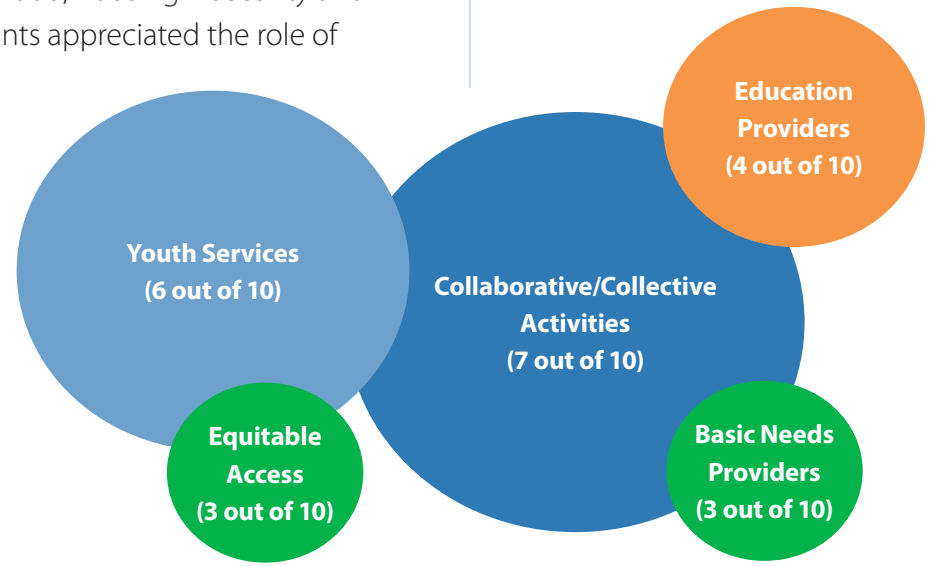
What are some noteworthy people, places and activities that you feel make your community healthy, safe and equitable?

Participants cited the importance of people working together collaboratively to get things done, with an emphasis placed on activities started and run by community members.

Participants also mentioned activities that support youth and students. Specifically discussed were services addressing food, housing insecurity and education. Participants appreciated the role of schools being on the "front lines" to help people feel healthy, safe and equitable. Examples included higher education institutions and high school programs that help make college more approachable to students, as well as public school districts that provide additional resources to improve civic engagement, health, safety and food access for their students.

Lastly, participants mentioned Pierce County organizations that use an equity approach to help make communities healthy. For example, some organizations are intentional about addressing accessibility, so that their services meet the needs of all they serve.

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.



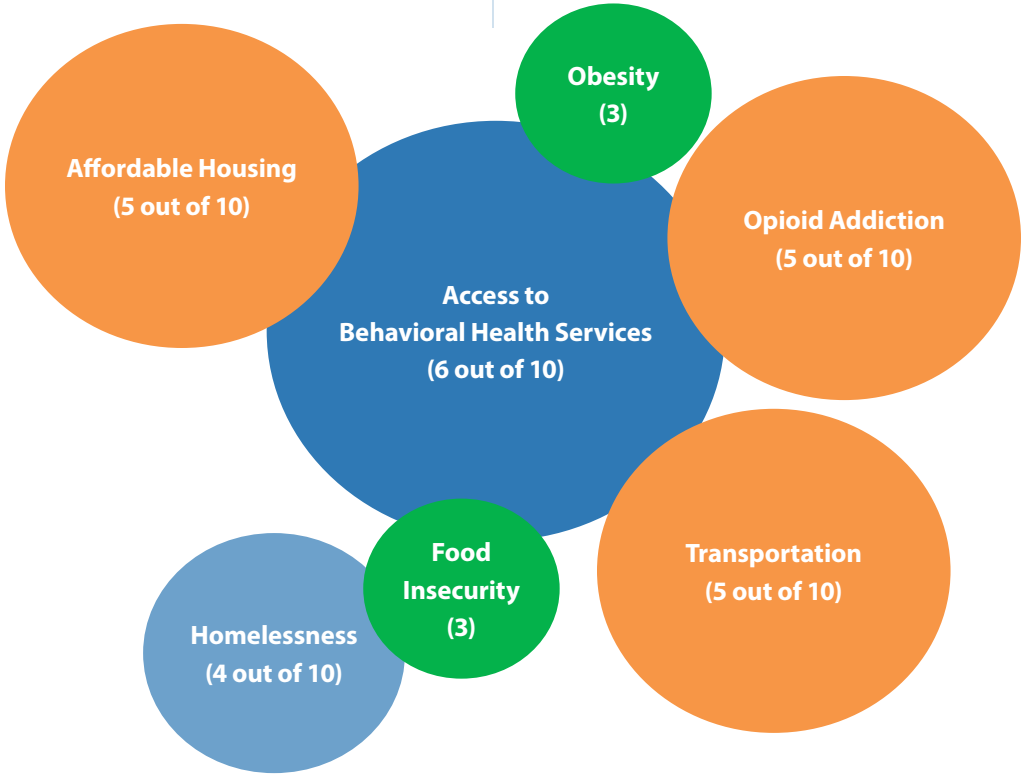
Community Engagement Results

Continued

What are some concerns you or your organization has/have about the conditions that impact the health of Pierce County residents right now?

Stakeholders named both social determinants of health (root causes of health, such as income and housing) and results of these poor conditions as the issues they are most concerned about. Examples include the need for expanded access to medication assisted treatment for those experiencing opioid use disorder, availability of affordable housing and the impacts of gentrification and food insecurity faced by children and youth.

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.



Community Engagement Results

Continued

In your opinion, how can health care systems partner in addressing the issues you have identified?

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.

1. Mobile/Satellite Clinics (5 out of 10) – Participants emphasized medical outreach, such as more satellite clinics where low-income people live and gather, as well as the need for more providers. One participant suggested offering onsite nutrition counseling and health screening at local colleges.

"Our free clinic needs doctors… I'm afraid we're going to lose the one medical center we have due to a doctor retiring."

2. Creative Partnerships (4 out of 10) - Participants suggested hospitals build creative service partnerships to reach more people. For example:

"It's about convenience and how do we provide good access… that's the key." (to bringing services to those on the streets)

- Pop-up blood pressure stations or vaccine services at the park or pool (in partnership with local parks and recreation departments).
- Food relief at bus stops, transit centers, or health care workers on buses (in partnership with Pierce Transit)
- Health services at local homeless encampments (in partnership with local government)
- Social services embedded in hospitals for discharge solutions, home care and case management (in partnership with Pierce County)

Community Engagement Results

Continued

3. Policy and Advocacy (5 out of 10) – Participants discussed the value of hospital systems acting to advocate for healthy policies and raising awareness of those issues. One participant suggested health care partners could use their authority to increase knowledge about firearm injury prevention. Another participant suggested hospitals lobby to see insurance premiums reduced and look into current laws around interest being charged upon hospital arrival (contributing to medical debt).

"[Health care partners] could raise awareness of particular issues, like how ACES [Adverse Childhood Experiences] lead to health care expenditures."

4. Community Outreach (5 out of 10) – Participants appreciated continued community engagement and investments. One participant suggested hospitals could best help communities by supporting and constructing housing. Another participant suggested focusing on improving social determinants of health—such as education and housing—to prevent unnecessary hospitalizations.

"The community gave tax dollars to build the new (behavioral health) hospital. It's important that communities see that the hospital is helping them, and the money is being returned in the form of mental health care and continued community engagement."

5. Improve Access to Care (5 out of 10) – Participants expressed the need to improve clinical care programs and provide additional resources to patients.

"Train ER staff to improve stigmatized treatment of substance abuse population."

6. Education (3 out of 10) – Participants suggested continued and enhanced focus on youth and student development with health sciences education and job training.

"Invest in health sciences education to create a more diverse population of providers to improve access to care."

Community Engagement Results

Continued

COMMUNITY SURVEY

More than 1600 Pierce County residents responded to the community survey.[4] Nearly two-thirds of those who participated selected safe neighborhoods and affordable housing as their most important community needs. Almost one-third of participants said access to health care services was one of the most important community needs. When asked about resources available to meet these needs, 62.9 percent of residents identified parks and outdoor spaces, 55.2 percent identified easily accessible grocery stores and markets, and 34.3 percent said safety resources such as street lighting and police presence.

Survey participants were also asked what is lacking to meet identified needs. From a list of what might be lacking, residents selected policies that address local needs (40.8%), accessible public transit (40.6%) and community resources that contribute to safety such as street lighting, police presence and neighborhood watches (37.8%). Residents also indicated that policies to protect air and water quality are needed.

Residents reported that the top issues facing children and youth include exposure to crime and violence (67.2% of participants), poverty (49.3% of participants) and lack of positive relationships (40.5% of participants).

Most Important Community Needs

Question	Responses	Percent
What are the three most important needs in your community?	1. Safe neighborhoods	61.1%
	2. Affordable housing	59.6%
	3. Access to health care services	30.8%
What resources are currently available in your community to help meet these needs?	1. Parks and places to enjoy the outdoors	62.9%
	2. Grocery stores and markets nearby	55.2%
	3. Resources that make neighborhoods safe (street lights, neighborhood watch, police presence, etc.)	34.3%
What is not available in your community to address these needs?	1. Local policies that address the needs of the community	40.8%
	2. Accessible public transit (buses, trains, light rail, etc.)	40.6%
	3. Resources that make neighborhoods safe (street lights, neighborhood watch, police presence, etc.)	37.8%
What are the top three issues facing children and youth in your community?	1. Exposure to crime or violence (including bullying)	67.2%
	2. Poverty	49.3%
	3. Lack of positive relationships	40.5%

[4]Community Survey respondents by language: English-1565, Korean-41, Spanish-14

Community Engagement Results

Continued

Most survey respondents said their community was healthy or somewhat healthy (78.9%) and were very or somewhat satisfied with their community (74.8%). Another 19.1% of respondents said their community was somewhat or very unhealthy, while 13.4% were very or somewhat unsatisfied with their community.

Social connections—that is, the number of support systems a person has in the community—contributes to healthy people and places, so the survey also asked how connected people felt to their community. Most respondents (68.1%) said they felt very or somewhat connected to their community, while about one in six respondents said they either were neutral in their response (16.0%) or felt very or somewhat unconnected (15.9%).

Community Perceptions

Question	Responses				
How would you rate your community's overall health?	Very healthy 2.7%	Healthy 27.0%	Somewhat healthy 51.9%	Somewhat unhealthy 17.1%	Very unhealthy 2.0%

Question	Responses				
How satisfied are you with your community?	Very satisfied 28.8%	Somewhat satisfied 46.0%	Neutral 11.8%	Somewhat unsatisfied 10.4%	Very unsatisfied 3.0%

Question	Responses				
How connected do you feel to your community?	Very connected 22.5%	Somewhat connected 45.6%	Neutral 16.0%	Somewhat unconnected 10.5%	Very unconnected 5.4%

Community Engagement Results

Continued

The most common zip codes of survey participants included:

- 98405 and 98406 (Central & North Tacoma) each representing 6% of all respondents
- 98391 (Lake Tapps, Bonney Lake) representing 5% of all respondents
- 98404 (East Tacoma) representing 5% of all respondents
- 98407 (North Tacoma, Ruston) representing 5% of all respondents

While efforts were made to distribute the survey to a representative sample of Pierce County residents, survey participants were disproportionately White, female and between 30-60 years of age. Asian and Hispanic residents were underrepresented.

Demographics of Survey Respondents (n=1620)

	Percent
Gender	
Male	14.4%
Female	81.7%
Transgender male	0.2%
Transgender female	0.1%
Genderqueer – not exclusively male or female	0.6%
Choose not to answer	3.1%
Other	0.2%
Age	
18-29	8.5%
30-44	34.2%
45-59	34.5%
60+	22.8%
Hispanic/Latino	
Yes	6.0%
No	94.0%
Race	
American Indian or Alaska Native (AIAN)	1.3%
Asian	3.8%
Native Hawaiian or Pacific Islander (NHOPI)	1.6%
Black or African American	5.3%
White	75.3%
Multiracial	5.3%
Choose not to answer	6.7%
Other	3.3%

Description of the Community

This section describes the Good Samaritan Hospital community using demographic and socioeconomic characteristics of residents within this hospital service area. This community included 319,115 residents, mostly White (71%) and Hispanic (9%) Multiracial (6%) Black (5%) and Asian (5%) with an increasing number of adults aged 55-74 years old. Immigrants in the area originated from Asia, Latin America (Mexico, Central America and South America) and Europe predominantly.

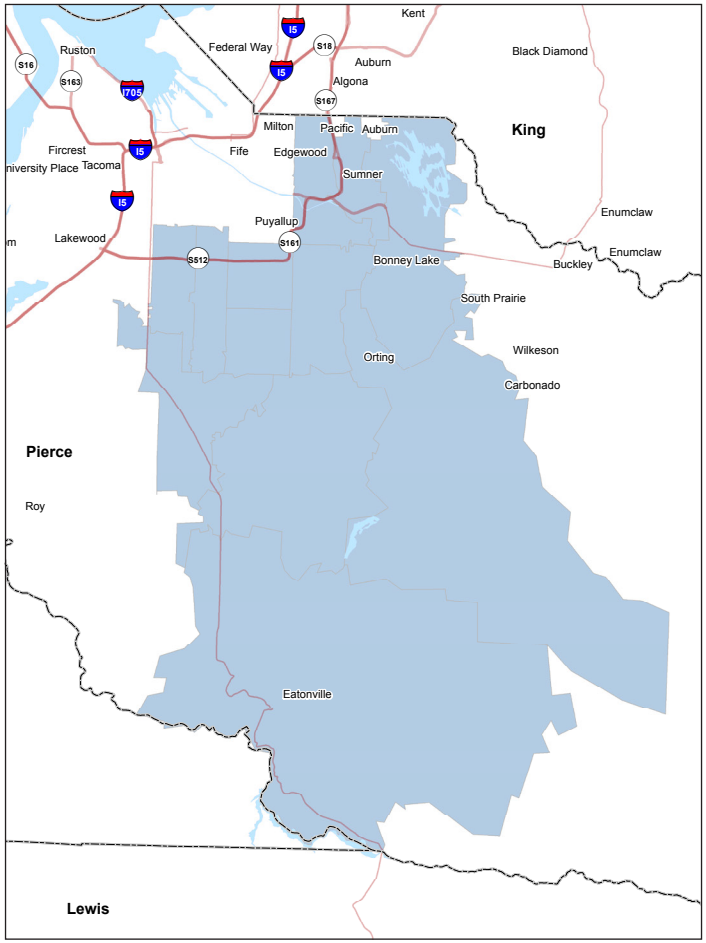
The poverty rate in the Good Samaritan community was 9%, compared to 12.7% in Pierce County and 13% in Washington state. Poverty was most common among residents who are American Indian / Alaska Native, Hispanic, and those who selected "Other" for race/ethnicity. These groups were more than twice as likely as White residents to experience poverty. 39.6% of students last year were eligible for free or reduced-price lunch. This was lower than Pierce County (43.3%) and the state (42.3%).

The percentage of people living with a disability was about the same as county and state averages. Males were more likely to be disabled than females. Black and White residents had higher rates of disability than Asian, Hispanic and Multiracial residents.

DEMOGRAPHIC CHARACTERISTICS

The characteristics of a community inform what health behaviors and outcomes may be future concerns or help us further understand existing populations health issues.

Good Samaritan Hospital Service Area



Description of the Community

Continued

Race and Ethnicity

The Good Samaritan Hospital community has changed since 2005. Since 2005, the White population in this community has decreased by 6.9% and the Hispanic population in this community has increased by 2.8%.

Age and Sex

The population has become older since 2005. The percentage of adults aged 55-64 years and 65-74 years have increased 2.8% and 3.0%, respectively. The ratio of males to females remained approximately 1:1.

Demographics (%)

Good Samaritan Hospital Service Area, 2016

NOTE: See Supplement for an explanation of acronyms.

	Count	Percent
Race and Ethnicity		
White	193250	71.4%
Black	13682	5.1%
AIAN	2704	1.0%
Asian	14277	5.3%
NHOPI	4655	1.7%
Multiracial	17190	6.4%
Hispanic	24754	9.2%
All	270512	100.0%
Sex		
Male	133281	49%
Female	136919	51%
Age (years)		
Under 1	3754	1%
1-4	15326	6%
5-14	39727	15%
15-24	33208	12%
25-34	35971	13%
35-44	36714	14%
45-54	37698	14%
55-64	33894	13%
65-74	21829	8%
75-84	8718	3%
85+	3362	1%

Source: American Community Survey

Description of the Community

Continued

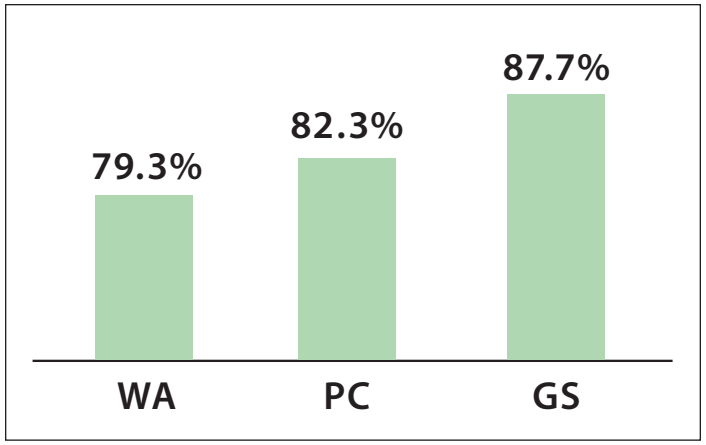
SOCIOECONOMIC CHARACTERISTICS

The social and economic characteristics of a community viewed through a population lens provide a foundation for public health stakeholders to understand available resources. Poverty, homelessness and the cost of housing are some examples of socioeconomic characteristics that must be considered as we attempt to improve the health of our population.

On-Time Graduation

The graduation rate helps describe the educational well-being of a community. A higher educational attainment empowers individuals to take advantage of employment opportunities and earn higher incomes, which helps to diminish the burden of poverty on a community. The 2017 four-year graduation rate in Pierce County is higher (82.3%) than the state of Washington (79.3%). Graduation rates in the community served by Good Samaritan Hospital service area (87.7%) were higher than both.

On-Time Graduation Rate



Source: Office of the Superintendent of Public Instruction (OSPI), 2016-2017

Description of the Community

Continued

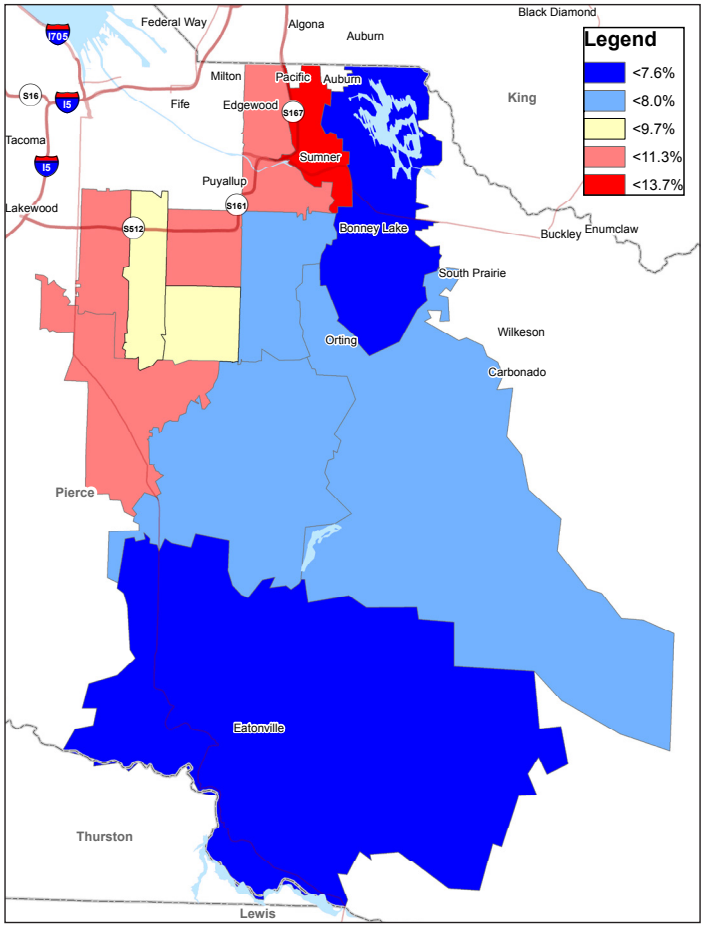
Poverty and Near Poverty

Poverty (household income less than 100% of the federal poverty limit) and near poverty (household income less than 200% of federal poverty limit) is a burden on households and communities, hindering access to resources promoting good health.

- In the Good Samaritan Hospital community, 9.4% of residents lived in poverty, compared to 12.7% in Pierce County and 12.7% statewide. Poverty is more common among residents who identify as "other" race and American Indian/Alaska Native and Hispanic residents.

Poverty

Good Samaritan Hospital Service Area, 2016



Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, S1701

Description of the Community

Continued

High Housing Costs

Seattle was one of the fastest growing U.S. cities last year - driving up housing prices and displacing lower-income residents throughout the area, including in Puyallup.[5] A housing cost greater than 30% of household income can be a particular hardship on individuals and families, especially as persistent poverty continues to be an issue amidst rising property costs.

Poverty and Housing Costs (%)

Good Samaritan Hospital Service Area, 2016

	Count	Percent
Poverty (<100% FPL) & Near Poverty (<200% FPL)		
Poverty	29000	9.4%
Near Poverty	73474	23.8%
Poverty – Racial Breakdown		
AIAN	734	21.7%
Asian	972	7.5%
Black	935	7.0%
Hispanic	5257	18.8%
Multiracial	2371	11.1%
NHOPI	411	9.7%
Other	1538	25.4%
White	22039	8.9%
Population with burdensome housing costs		
Renters	14529	49.7%
Owners w/ mortgage	18830	31.9%
Owners w/o mortgage	2465	13.5%

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, S1701 & DP04

Homelessness

The Homelessness Housing and Assistance Act requires each county in the state to conduct an annual Point in Time count of sheltered and unsheltered homeless persons, which allows us to estimate the number of people experiencing homelessness.

- Overall, there were 1,628 homeless persons counted in Pierce County.

- The top three zip codes where homeless were surveyed are 98405 (n=200, 28%), 98402 (n=151, 21%) and 98372 (n=58, 8%). This is primarily north of I-5 in the Central Tacoma and Hilltop areas and Puyallup/Sumner/Bonney Lake.

[5] *https://www.census.gov/newsroom/press-releases/2018/estimates-cities.html*

Description of the Community

Continued

Free and Reduced-Price Lunch

A free and reduced-price meal program is a federal program for students whose household income is less than or equal to 130% of the federal poverty limit (free) or between 130% and 185% of the federal poverty limit (reduced-price). This program helps to ensure that children have access to food with adequate nutritional value.

- In the Good Samaritan Hospital community, 39.6% of students in the 2016-2017 school year were eligible for free or reduced-price lunch.

- The rate of free and reduced-price lunch in the Good Samaritan Hospital community was lower than Pierce County (43.3%) and the state (42.3%).

Foster Care

Foster care placement and support services are both provided to children who need short term or temporary protection because they are abused, neglected or involved in family conflict. Foster care placement services are served exclusively out of home, while support services may be in the child's own home or outside of the home.

- Of the total 6,200 children who entered out-of-home care in Washington state in 2017, 1,009 were in Pierce County, making it the county with the highest number of children entering care.

- Within Pierce County, the rate of children living in out-of-home care was 7.4 per 1,000, which was 35% higher than the state rate of 5.5 kids per 1,000.[6]

[6]Placement and support services are both provided to children who need short-term or temporary protection because they are abused, neglected or involved in family conflict. Placement services are served exclusively out of home, while support services may be in their own home or out of home.

Description of the Community

Continued

Immigrants (Foreign-Born)

Immigrants are a sizable proportion of Washington's population, contributing to diverse community demographics. Estimates of the number of immigrants currently in the United States vary widely depending on their immigration status. Data collected as part of the U.S. Census helps estimate this number.

More than 20,000 foreign-born residents lived in the Good Samaritan Hospital community. Most were from Asia, Latin America or Europe.

Foreign-born Residents (%)

Good Samaritan Hospital Service Area, 2012-2016

Region of Birth	Count	Estimate	95% CI
Asia	8404	40.8%	(36.6%-45.1%)
Latin America^	5566	27.0%	(22.5%-31.6%)
Europe	4545	22.1%	(19.2%-24.9%)
Africa	896	4.4%	(3.4%-5.3%)
North America	709	3.4%	(2.2%-4.7%)
Oceania^^	458	2.2%	(1.3%-3.1%)
Total *	20578	6.9%	NA

** Percent of Total Population in Hospital Service Area*
Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, DP02 (foreign-born population excluding those born at sea)
^ Latin America includes Mexico, Central America and South America.
^^ Oceania is the southeast section of the Asia-Pacific region and includes 14 countries, the largest of which are Australia, Papua New Guinea and New Zealand.

Languages Spoken

English continued to be the most common language spoken by community members in the Good Samaritan Hospital community (n=252,492, 88.7%), followed by Spanish and an array of languages shown below.

Top Languages Spoken (%)

Good Samaritan Hospital Service Area, 2012-2016

Language	Estimate	95% CI
English	88.7%	(87.4%-89.9%)
Spanish	4.6%	(4.1%-5.2%)
Korean	0.9%	(0.8%-1.2%)
German	0.9%	(0.7%-1.1%)
Other Pacific Islands	0.7%	(0.5%-0.9%)
Russian	0.7%	(0.5%-0.9%)
Tagalog	0.6%	(0.4%-0.7%)
Mon-Khmer, Cambodian	0.4%	(0.3%-0.6%)
Other Indic Languages	0.3%	(0.1%-0.4%)
Vietnamese	0.3%	(0.1%-0.4%)

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, B16001

Description of the Community

Continued

Limited English Proficiency

While many individuals are multilingual (speak a language other than English), some report that they either do not speak English or speak English "less than very well." Among residents served by Good Samaritan Hospital, 4% speak English "less than very well." This is lower than Pierce County (6%) and Washington state (8%).

Speaks English "Less Than Very Well" by Primary Language Spoken (%)

Good Samaritan Hospital, 2012-2016

Language	Estimate
French Creole	100.0%
Arabic	75.0%
Thai	68.1%
Korean	60.3%
Vietnamese	56.4%
Laotian	50.6%
Portuguese	48.9%
Other West Germanic	48.7%
Chinese	46.2%
Other Slavic	43.6%

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, B16001

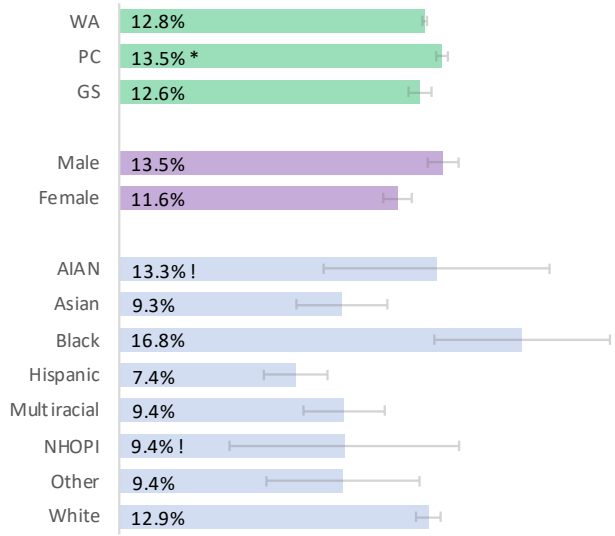
Disability

Disabilities can involve or relate to any of five functions: hearing, vision, cognition, ambulatory self-care and independence.

The percent of residents living with disabilities in the Good Samaritan Hospital community was comparable to the state. Males were more likely to be disabled than females. Black and White residents were more likely to be disabled than Asian, Hispanic and Multiracial residents.

Disabled (%)

Good Samaritan Hospital, 2012-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Source: U.S. Census Bureau, American Community Survey (ACS) 5-year estimates, S1810: Disability Characteristics

Leading Causes of Death

The leading causes of death in our community are important in planning future public health solutions. Life expectancy is another important indicator for the health of a community.

Chronic diseases such as heart disease, cancer and lower respiratory disease are the leading causes of death in the Good Samaritan Hospital community. The leading causes of hospitalization are due to diseases of the digestive and circulatory system, such as stroke and heart disease, and injuries.

Community members had a lower life expectancy (78.9 years) than Washington state residents (80.3 years). Native Hawaiian and Other Pacific Islanders had the lowest life expectancy (71.9 years), followed by American Indian/Alaska Native (77.3 years) and Black residents (76.5 years).

Diabetes in the Good Samaritan Hospital community was twice as common among Black residents (20.6%) as White residents (9.1%).

Lung, prostate and urinary cancers were higher in the Good Samaritan Hospital community compared to the state average. Black residents had higher rates of prostate cancer compared to Asian, Hispanic and White residents.

Leading Causes of Death

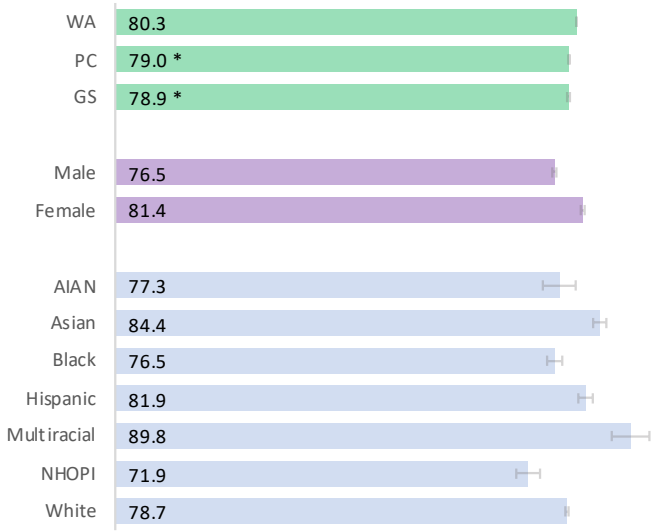
Continued

LIFE EXPECTANCY

Life expectancy – the average number of years a person at birth can expect to live, given current death rates – is a widely used measure of the overall health of a community. Life expectancy in the Good Samaritan Hospital community ranges from a high of 80.6 years (range of 79.3 to 82.0) in Eatonville to a low of 77.2 years (range of 76.1 to 78.2) in the Orting Valley.

Life Expectancy by Demographics

Good Samaritan Hospital Service Area, 2012-2016

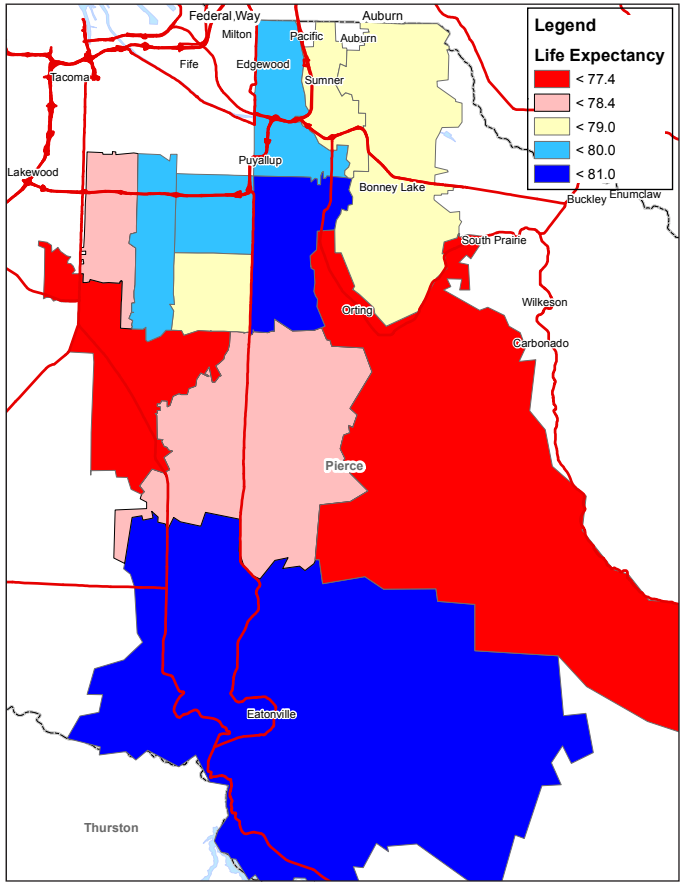


(*) value different from WA state
Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Females had a longer life expectancy than males. Multiracial and Asian residents had a higher life expectancy compared to other race/ethnicity groups.

Native Hawaiian or Other Pacific Islander residents had a lower life expectancy compared to all other race/ethnicity groups.

Life Expectancy



Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Leading Causes of Death

Continued

LEADING CAUSES OF DEATH

As people continue to live longer due to improvements on all fronts in healthcare, the leading causes of death are increasingly chronic (heart disease, cancer and chronic lower respiratory disease).

The two leading causes of death for male and female residents are cancer and heart disease. For males, the third leading cause of death is chronic lower respiratory disease. For females, it is Alzheimer's disease.

Top 10 Leading Causes of Death

Good Samaritan Hospital Service Area, 2012-2016

OVERALL	Rate*
Heart disease	172.34
Cancer	170.73
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	45.60
Stroke	43.54
Unintentional injuries	39.58
Alzheimer's disease	37.31
Diabetes	20.88
Suicide	16.71
Influenza and pneumonia	12.73
Chronic liver disease	11.29

**Age-adjusted death rate per 100,000 people*
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Top 10 Causes of Death (by gender)

Good Samaritan Hospital Service Area, 2012-2016

MALE	Rate*
Heart disease	221.76
Cancer	206.44
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	52.68
Unintentional injuries	50.38
Stroke	44.55
Diabetes	28.36
Alzheimer's disease	28.29
Suicide	24.78
Chronic liver disease	16.75
Influenza and pneumonia	15.93

FEMALE	Rate*
Cancer	145.45
Heart disease	132.01
Alzheimer's disease	42.63
Stroke	42.09
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	40.71
Unintentional injuries	28.92
Diabetes	15.06
Influenza and pneumonia	10.46
Suicide	9.23
High blood pressure	8.12

**Age-adjusted death rate per 100,000 people*
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Leading Causes of Death

Continued

LEADING CAUSES OF HOSPITALIZATIONS

Hospitalizations occur due to a wide array of health concerns. Understanding these hospitalizations is crucial to prioritizing how we allocate resources; what types of interventions are undertaken and where these interventions should be focused.

Males were more likely to be hospitalized due to circulatory system diseases, such as stroke and heart disease. Excluding pregnancy-related hospitalizations, females were more likely than males to be hospitalized due to diseases of the digestive system and urinary and reproductive systems.

Top 10 Leading Causes of Hospitialization

Good Samaritan Hospital service area, 2011-2015

MALE	Rate*
Diseases of circulatory system	1699.66
Diseases of digestive system	881.12
Injuries	774.12
Diseases of respiratory system	709.68
Infectious and parasitic diseases	580.99
Diseases of musculoskeletal system and connective tissue	580.10
Mental illness	382.90
Cancer	370.11
Diseases of urinary and reproductive system	350.38
Endocrine; nutritional; and metabolic diseases and immunity disorders	287.16

FEMALE	Rate*
Diseases of circulatory system	1280.97
Diseases of digestive system	982.48
Injuries	735.94
Diseases of respiratory system	690.51
Diseases of musculoskeletal system and connective tissue	654.34
Infectious and parasitic diseases	521.49
Diseases of urinary and reproductive system	497.15
Mental illness	430.41
Cancer	391.14
Endocrine; nutritional; and metabolic diseases and immunity disorders	343.69

**Age-adjusted rate per 100,000 people*
Source: Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS)

Leading Causes of Death

Continued

CHRONIC DISEASE

Chronic diseases and conditions - such as diabetes, cancer and heart disease - encompass many of the most common, costly and preventable health concerns in our communities.

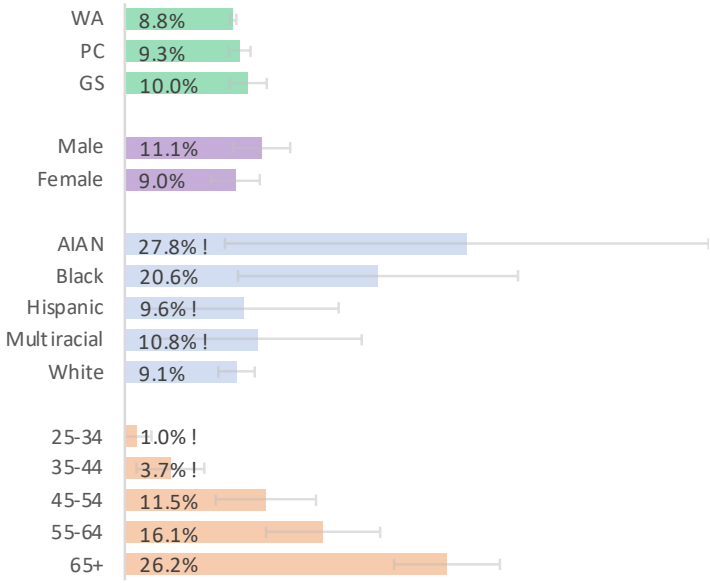
Diabetes – Adults

Diabetes among adults is self-reported as part of the Behavioral Risk Factor Surveillance System.

Diabetes among residents of the Good Samaritan Hospital community was about the same as the state. There are no differences by gender or race. The risk of diabetes increased with age.

Adults Who Have Diabetes (%)

Good Samaritan Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

Leading Causes of Death

Continued

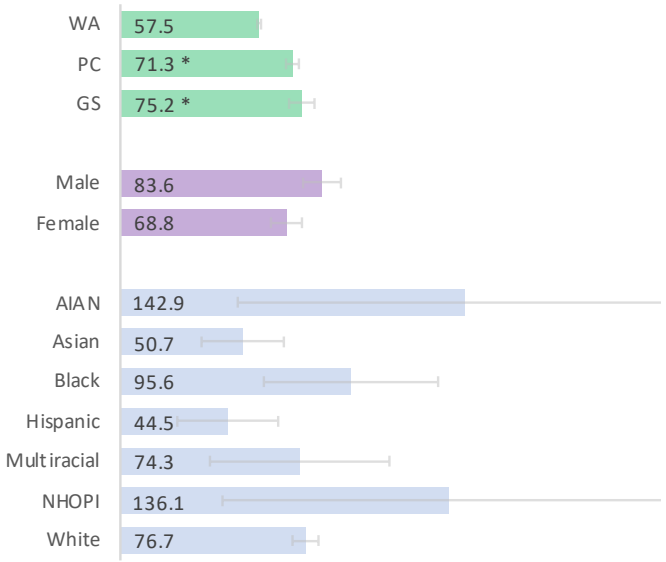
Lung Cancer

Then number of new cases, or the incidence, of lung cancer is available through the state cancer registry.

The incidence of lung cancer in Pierce County and the Good Samaritan Hospital community was higher than the state. Lung cancer did not vary by gender or race.

Lung Cancer Incidence

Good Samaritan Hospital Service Area, 2011-2015



(*) value different from WA state
Rate: New cancer cases per 100,000 residents
Source: Washington State Cancer Registry

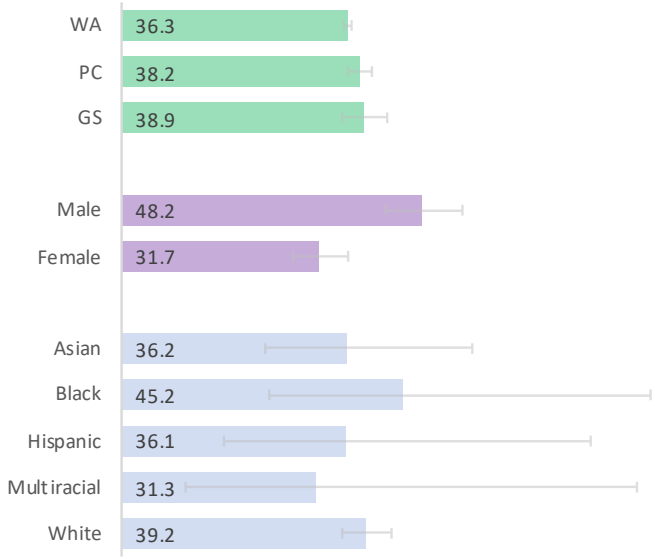
Colorectal Cancer

Cancer of the colon or rectum is a common cancer that, when detected early, can often be treated successfully.

The incidence of colorectal cancer among community residents was not different from the state average. The incidence of colorectal cancer was higher among males than females. There was no difference by race.

Colorectal Cancer Incidence

Good Samaritan Hospital Service Area, 2011-2015



Rate: New cancer cases per 100,000 residents
Source: Washington State Cancer Registry

Leading Causes of Death

Continued

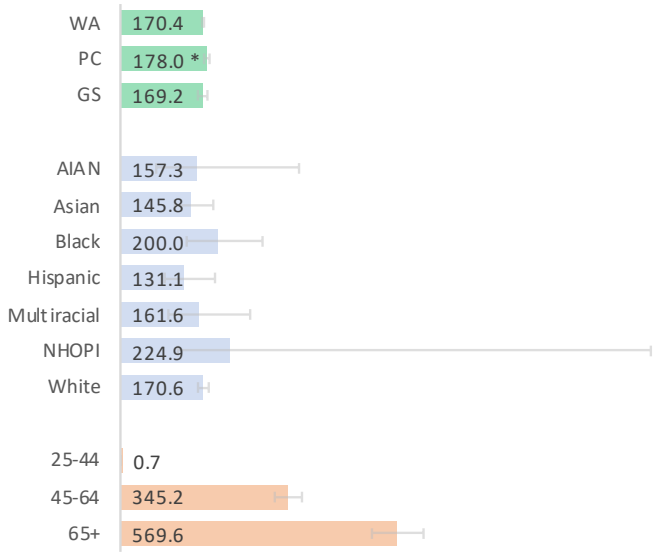
Breast Cancer

Cancer of the breast is a common cancer among females. Regular screening can detect this early and increase the chances of successful treatment.

The risk of breast cancer among women in this community was comparable to the state average. There was no difference by race. The risk increased with age.

Breast Cancer Incidence

Good Samaritan Hospital Service Area, 2011-2015



(*) value different from WA state
Rate: New cancer cases per 100,000 residents
Source: Washington State Cancer Registry

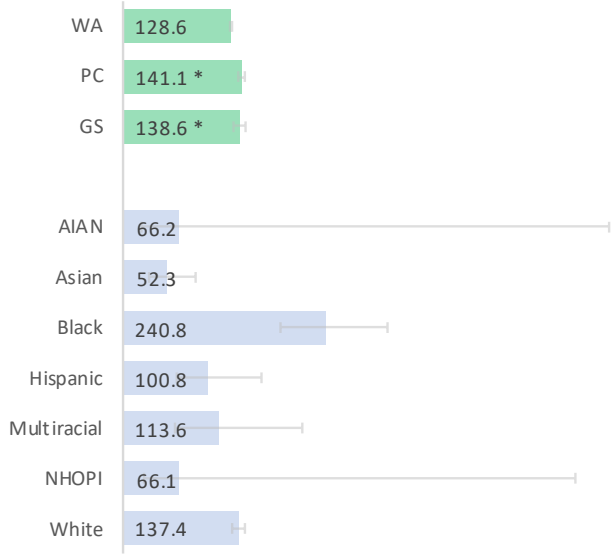
Prostate Cancer

Cancer of the prostate is a common cancer among males. Regular screening can help detect this early and increase the chances of successful treatment.

The risk of prostate cancer was higher in this community than the state. Asian, Hispanic and White residents had lower prostate cancer rates than Black residents.

Prostate Cancer Incidence

Good Samaritan Hospital Service Area, 2011-2015



(*) value different from WA state
Rate: New cancer cases per 100,000 people
Source: Washington State Cancer Registry

Leading Causes of Death

Continued

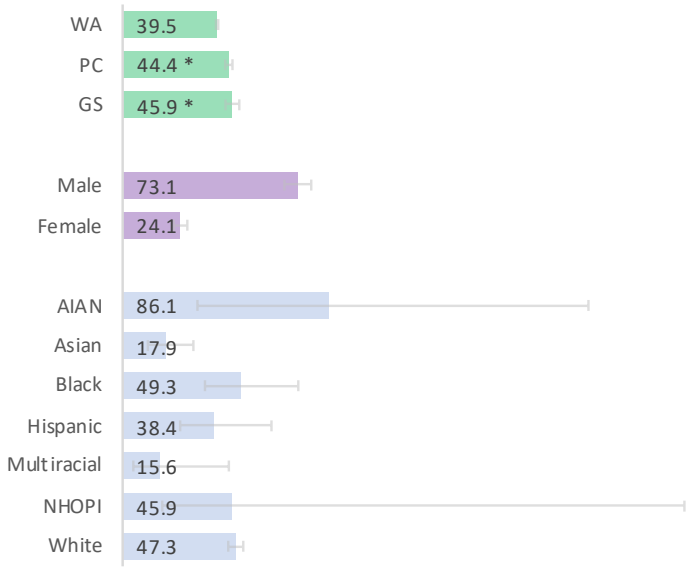
Urinary System Cancer

Urinary cancer, including the bladder and kidneys, is common and difficult to detect early, which makes treatment more challenging.

The risk of urinary system cancer was higher in this community than the state. Males had a higher risk for urinary system cancer compared to females. Asian residents have the had a lower urinary cancer rate compared to American Indian/Alaska Native, Black and White residents in this community.

Urinary System Cancer Incidence

Good Samaritan Hospital Service Area, 2006-2015



(*) value different from WA state
Rate: New cancer cases per 100,000 people
Source: Washington State Cancer Registry

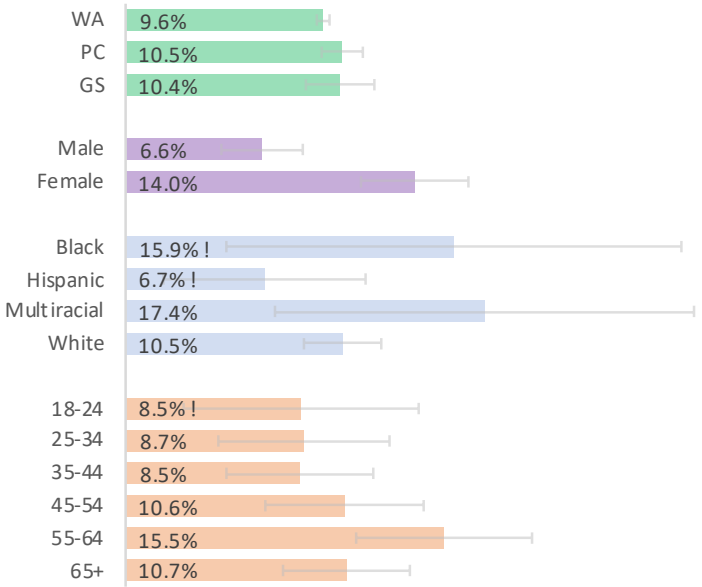
Asthma – Adults

Adults who report having ever been diagnosed with asthma by a health care provider are counted in the adult asthma rate.

There was no difference in adult asthma between this community and the state. Females were more likely than males to have asthma. There were no differences by age or race.

Adults Who Currently Have Asthma (%)

Good Samaritan Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

Leading Causes of Death

Continued

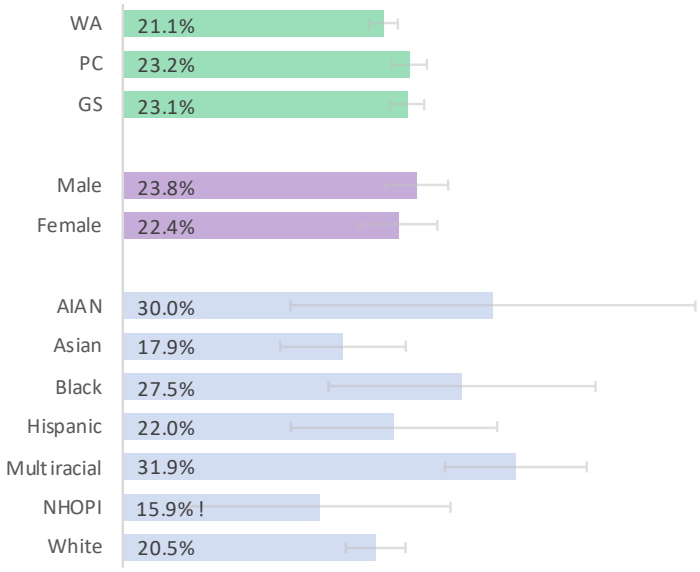
Asthma – Youth

Asthma affects people of all ages, but most often starts in childhood. Asthma among children in Washington is estimated using the Healthy Youth Survey, where students report if a doctor has ever diagnosed them with asthma.

Youth asthma in this community was similar to the state. There was no difference by gender. Asian and White youth were less likely than Multiracial youth to have asthma.

Youth Who Currently Have Asthma (%)

Good Samaritan Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

Leading Causes of Death

Continued

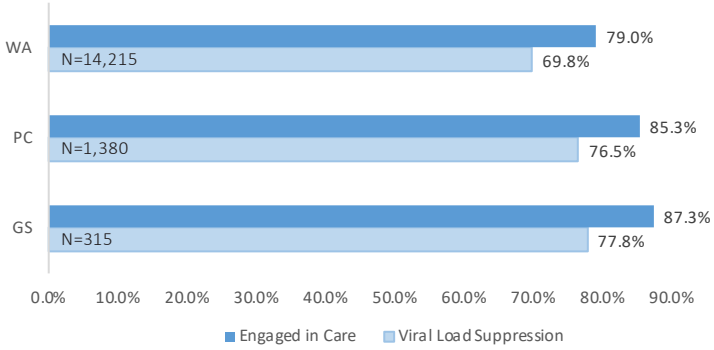
HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV has been a major public health concern for decades. In 2017, 39 individuals were newly diagnosed with HIV within the Good Samaritan Hospital community. The number of people living with HIV (PLWH) is still substantial. In the community, 315 residents were reported to be living with HIV.

Sometimes called the HIV treatment cascade, the continuum of care is a model of the sequential steps or stages of HIV medical care that people living with HIV go through, from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body). In the Good Samaritan Hospital community, 315 residents were living with HIV. 87.3% of these residents were engaged in any type of care, and 77.8% of these residents were living in viral suppression. This was higher than the state rates of 79.0% engaged in care and 69.8% living in viral suppression.

HIV Treatment Outcomes

Good Samaritan Hospital Service Area, 2017



Source: Washington State Department of Health, Enhanced HIV/AIDS Reporting System

Health Behaviors

A healthy and active lifestyle has been shown to have a profound impact on reducing the burden of chronic illness described in the previous section. A healthy diet and regular physical activity are protective factors promoting our health and well-being, while tobacco and alcohol use may lead to negative health outcomes.

In this community, obesity among adults was more common in the Good Samaritan Hospital community compared to the state average.

Youth obesity rates were about the same as the state average. Obesity rates were higher among Native Hawaiian or Other Pacific Islander and Multiracial youth compared to White youth in this community.

Males were less likely to consume a daily serving of fruits and vegetables compared to females. The percent of youth who consume sugar-sweetened beverages was higher in this community compared to state averages. Males were more likely than females to consume these beverages. Black youth had higher rates of consumption compared to White and Native Hawaiian or Other Pacific Islander youth.

The percentage of adults who smoke cigarettes was higher in this area compared to the state. Youth tobacco use in this community is was about the same as the state average. American Indian or Alaska Native youth had higher e-cigarette use compared to all other race/ethnicity groups.

OBESITY, PHYSICAL ACTIVITY AND NUTRITION

Many chronic diseases share the same root causes, such as high-calorie diets with low nutritional value and a lack of physical activity. Negative behaviors (risk factors) balanced with the positive behaviors (protective factors) over the life course of an individual have a profound role in the development of chronic disease.

Health Behaviors

Continued

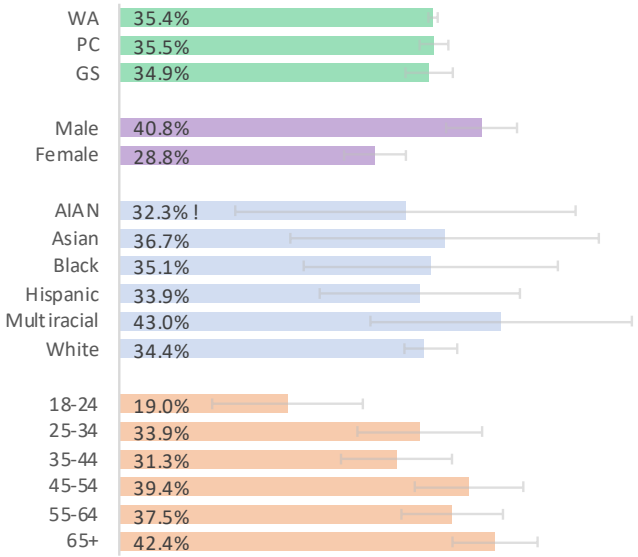
Overweight – Adults

Body Mass Index (BMI) is a measure of body fat based on height and weight. It is associated with a wide array of poor health outcomes. Adults are overweight if their BMI is greater than or equal to 25 but less than 30.

The percent of adults who are overweight in the Good Samaritan Hospital community was similar to the state. Males were more likely to be overweight than females. There were no differences by race/ethnicity.

Overweight Adults, 25≤BMI<30 (%)

Good Samaritan Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

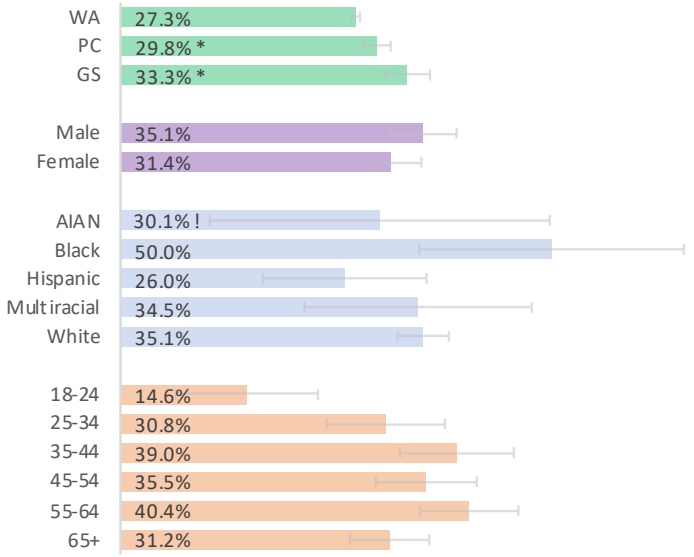
Obesity – Adults

Adults are classified as obese when their BMI is greater than or equal to 30. Individuals whose BMI is in this category are at a greater risk for heart disease and a host of other chronic diseases.

The risk of obesity in the community was higher than the state. There were no differences by gender or race. Young adults (18-24 years) are less likely than all other ages to be obese.

Adult Obesity (%)

Good Samaritan Hospital Service Area, 2012-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

Health Behaviors

Continued

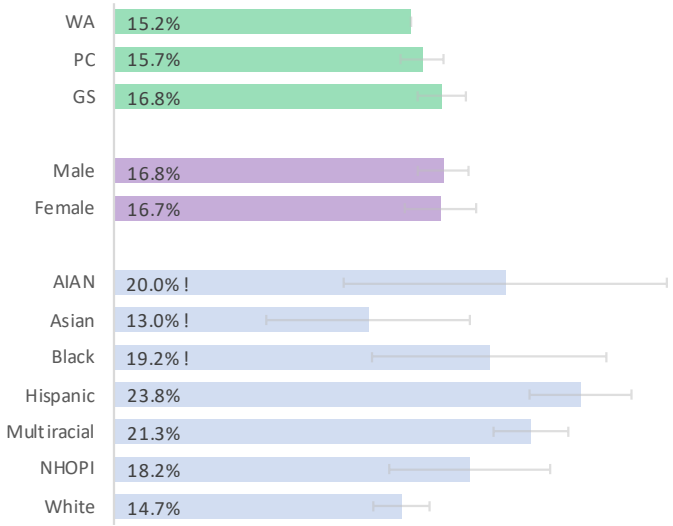
Overweight – Youth

BMI groups are determined using Healthy Youth Survey responses from public school students. "Overweight" includes students who are in the top 15% for BMI by age and gender, but not the top 5%, based on growth charts from the Centers for Disease Control and Prevention (CDC).

There was no difference in the percent of youth who are overweight between this community and the state average. Hispanic and Multiracial youth had higher overweight rates compared to White youth.

Overweight Youth (%)

Good Samaritan Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

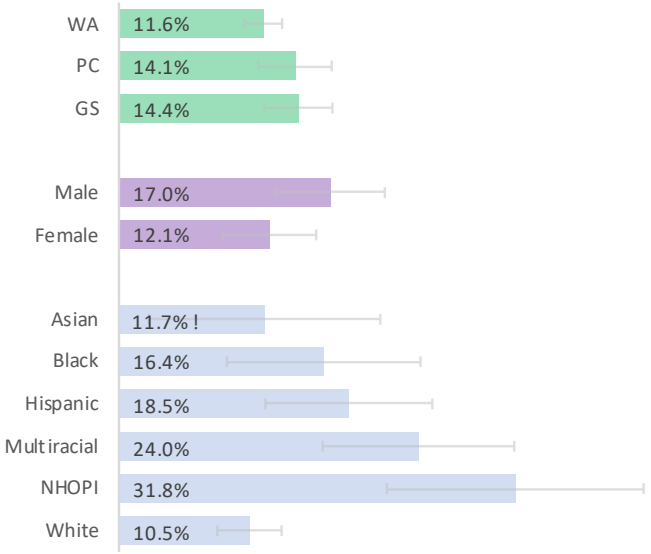
Obesity – Youth

Youth are classified as obese when they are in the top 5% for BMI by age and gender based on growth charts developed by the CDC.

Youth obesity rates in the community served by Good Samaritan Hospital were similar to the state. There was no difference by gender. Multiracial and Native Hawaiian or Pacific Islander youth were more likely to be obese than White youth.

Youth Obesity (%)

Good Samaritan Hospital Service Area, 2016



(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

Health Behaviors

Continued

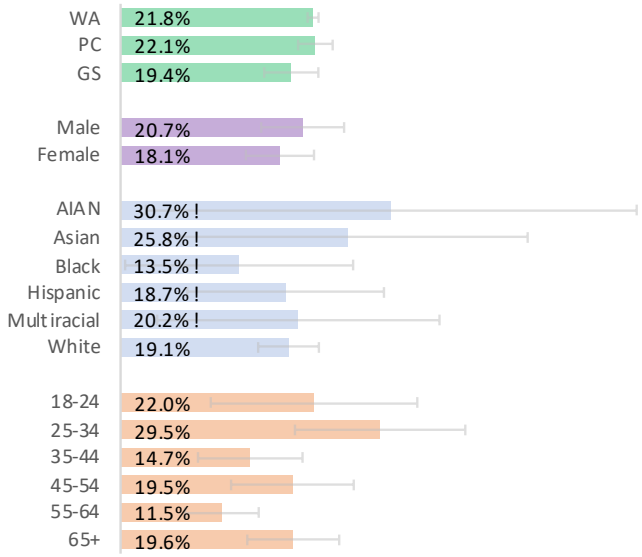
Physical Activity – Adults

Meeting recommended physical activity (PA) guidelines for aerobic exercise and strength conditioning helps reduce the burden of chronic disease.

There was no difference in the percent of adults meeting PA recommendations between the state and the community served by Good Samaritan Hospital. There were no differences by gender or race.

Met PA Recommendations (%)

Good Samaritan Hospital Service Area, 2011-2015 (odd years)



(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

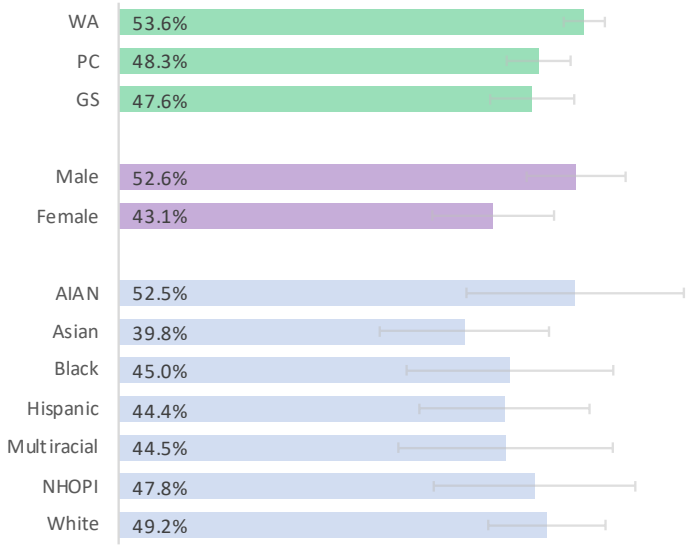
Physical Activity – Youth

Engaging in physical activity in youth is important for developing a healthy lifestyle as an adult.

There was no difference in the percent of youth engaging in one hour of activity for five days per week in this community compared to the state. There were no differences by gender or race.

One Hour of Activity Five Days/Week (%)

Good Samaritan Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Health Behaviors

Continued

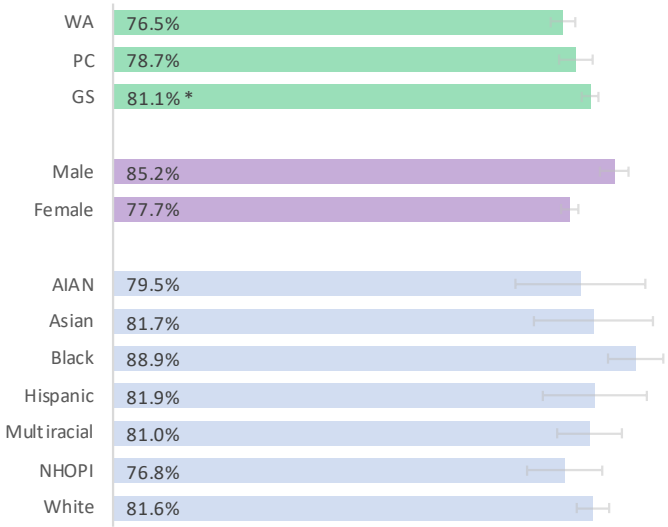
Sugar-Sweetened Beverages

The availability and consumption of sugar-sweetened beverages (SSB) by youth can lead to the development of unhealthy behaviors and chronic disease later in life.

The percent of youth who consume SSB was higher in this community than the state. Males were more likely than females to consume SSB. There was no difference by race.

SSB Consumption (%)

Good Samaritan Hospital Service Area, 2016



(*) value different from WA state
Source: Healthy Youth Survey (10th graders)

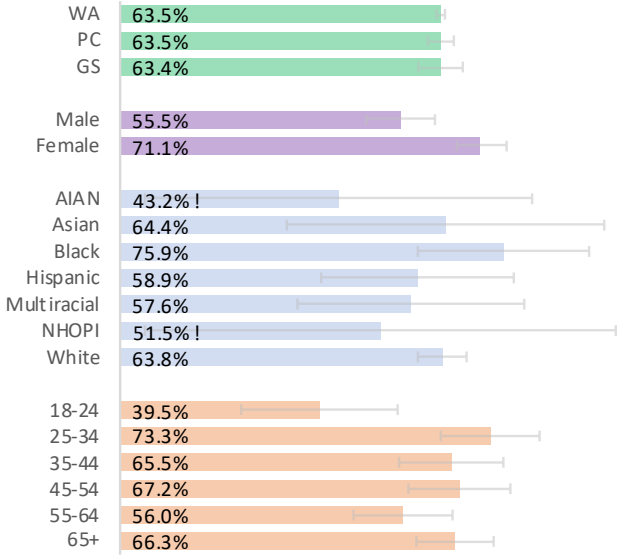
Fruit Consumption – Adults

Consuming at least one serving of fruit per day is self-reported as part of the Behavioral Risk Factor Surveillance System.

There was no difference between fruit consumption rates in this area compared to the state. Males were less likely than females to consume at least one daily fruit serving. There was no difference by race. Young adults (18-24 years) had a lower rate of eating at least one daily fruit serving than adults ages 25-54 years.

At Least One Daily Fruit Serving (%)

Good Samaritan Hospital Service Area, 2011-2015 (odd years)



(*) value different from WA state
(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Health Behaviors

Continued

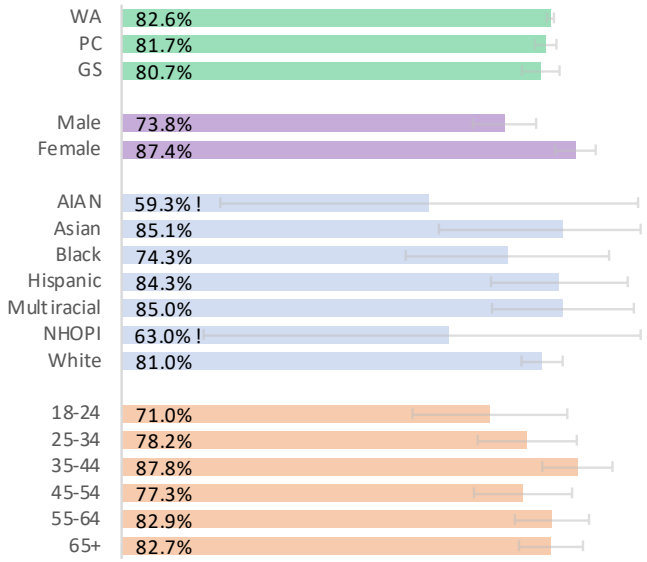
Vegetable Consumption – Adults

Consuming at least one serving of vegetables per day is self-reported as part of the Behavioral Risk Factor Surveillance System.

Vegetable consumption among adults in this community was comparable to the state average. Males were less likely than females to have one daily vegetable serving. There was no difference by age or race.

At Least One Daily Vegetable Serving (%)

Good Samaritan Hospital Service Area, 2011-2015 (odd years)



(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Health Behaviors

Continued

Tobacco

Tobacco use remains one of the most common risky behaviors in communities across the United States, despite a robust body of evidence that tobacco use increases the risk of heart disease, cancer and many other negative health outcomes. Despite a general trend of decreasing tobacco use nationwide, an increase in electronic cigarette availability, attempts to replace traditional cigarettes with electronic cigarettes and vaping product popularity among youth continue to be a concern.

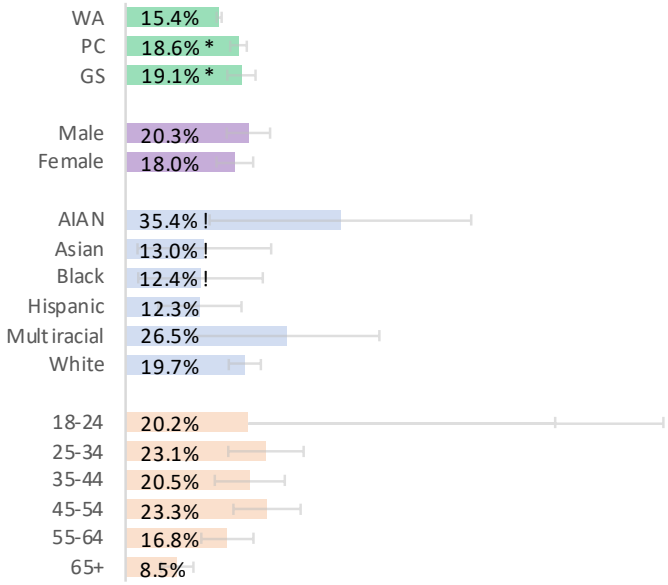
Current Cigarette Use – Adult

Current cigarette use among adults is estimated using responses from the Behavioral Risk Factor Surveillance System.

Cigarette smoking is higher among adults in the Good Samaritan Hospital community than the state. There was no difference by gender or race. Adults over 65 years were the least likely age group to currently use cigarettes.

Cigarette Use – Adults (%)

Good Samaritan Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%
(*) value different from WA state
Source: Behavioral Risk Factor Surveillance System

Health Behaviors

Continued

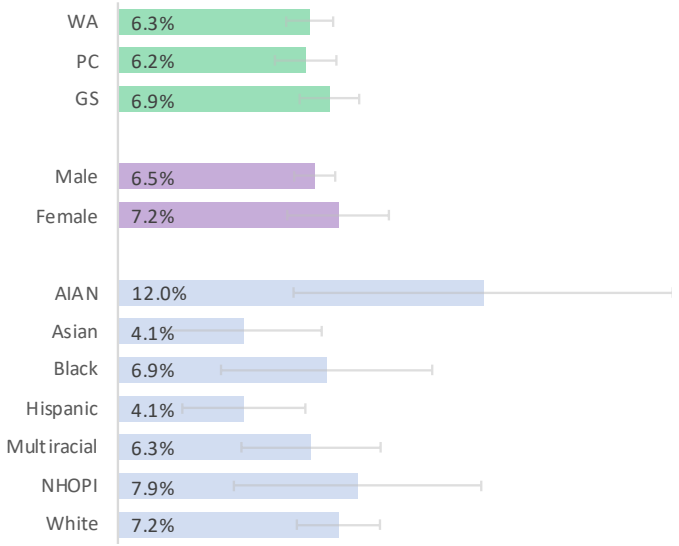
Current Cigarette Use – Youth

While the rate of tobacco use initiation has been declining nationwide, the issues of tobacco use among youth remain a concern. Preventing youth from forming a smoking habit reduces the risk of smoking into adulthood.

There was no difference in youth smoking between this community and the state. There was no difference between gender or race.

Cigarette Use, Past 30 Days (%)

Good Samaritan Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

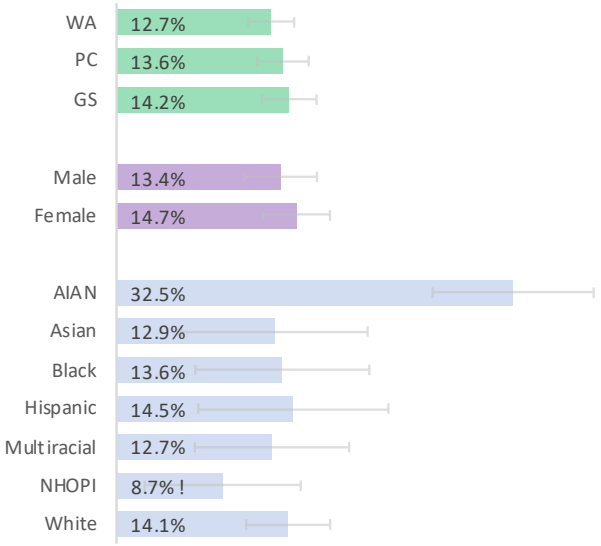
Current E-Cigarette Use – Youth

Although cigarette use has declined nationwide, a new public health concern is increasing e-cigarette use among youth. Long-term effects of e-cigarette use are unknown.

Youth e-cigarette use in this community was comparable to the state. There was no difference between genders. American Indian or Alaska Native youth had a higher rate of e-cigarette use compared to all other race/ethnicity groups.

E-Cigarette Use, Past 30 Days (%)

Good Samaritan Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

Health Behaviors

Continued

ASSETS & RESOURCES

Food banks, Farmer's Markets and other feeding programs sponsored by faith-based organizations are working to provide healthier food options to their customers.

Metro Parks Tacoma manages local parks, community centers and public places for physical activities. Some locations offer programs such as single-gender swim times and scholarships for children.

MultiCare Center for Health Equity and Wellness offers many community programs and services, including:

- corporate wellness
- health equity
- healthy cooking
- sports nutrition
- tobacco cessation
- weight management

MultiCare Community Partnership Fund is a funding source that supports activities for health improvement, economic well-being, education and other community determinants of health. The Fund contributes to not-for-profit organizations in the Puget Sound region.

Ready Set Go! 5210 is a community-based initiative in Pierce County to promote healthy lifestyle choices for children, youth and families.

SNAP-Ed (Supplemental Nutrition Assistance Program Education) is a federal grant program also referred to as **Basic Foods** or **Food Stamps**.

Washington State Tobacco Cessation Quitline offers free resources to help smokers quit smoking.

YMCA of Pierce and Kitsap Counties:

- ACT! Actively Changing Together is for children with a high BMI. Parents or caregivers participate with their child(ren) weekly, playing games and activities, learning how to make healthy meals and snacks as a family and receiving group support to make lifestyle changes at home.
- Diabetes Prevention Program provides a supportive environment where participants work together in small groups to learn about healthier eating and physical activity to reduce the risk of developing diabetes.

Social Connections

One-third of the U.S. population reports they have two or fewer people they can count on in times of need.[7] People with more and stronger social relationships live longer than those with fewer and weaker social relationships.[8]

Social connections help people receive more support and resources, stay independent and healthy and positively influence their mental health.

Neighborhoods reporting stronger belonging and trust have lower obesity, high blood pressure and diabetes rates.[9]

Residents in this community reported having people they could count on, and connectedness with their community members at similar rates as the rest of the state.

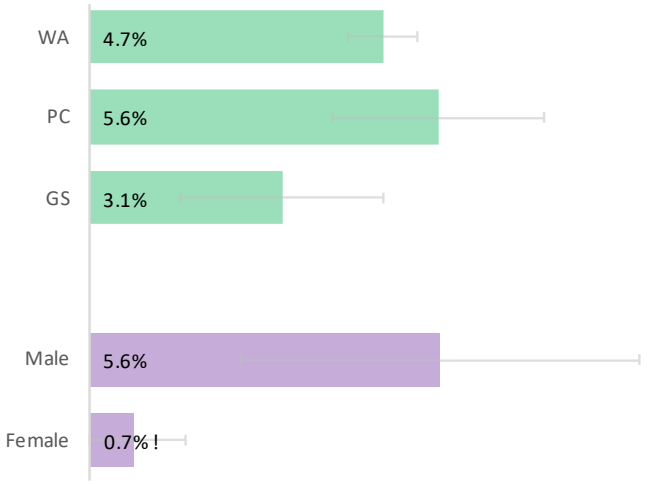
SOCIAL SUPPORT

Adults were asked about how many people they could count on for practical help, like help grocery shopping or providing a family member with care.

There was no difference in social support reported by community members when compared to the state average.

No Social Support (%)

Good Samaritan Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

[7] *Perissinotto CM, Stijacic Cenzer I, Covinsky KE. Loneliness in older persons: a predictor of functional decline and death. Arch Intern Med. 2012;172(14):1078–1083.*

[8] *Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010;7(7):*

[9] *Xia, N., & Li, H. (2018). Loneliness, Social Isolation, and Cardiovascular Health. Antioxidants & redox signaling, 28(9), 837-851.*

Social Connections

Continued

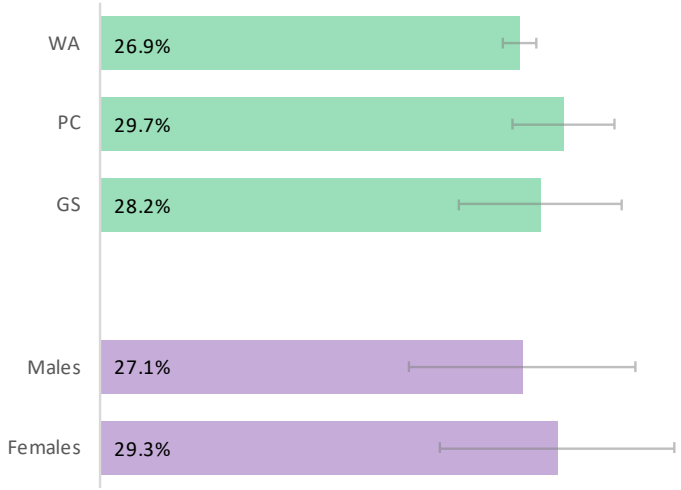
COMMUNITY RESILIENCE

Adults were asked about how often people in their community do favors for each other, such as helping shop, garden or watch their property. This connectedness can serve as a protective factor by promoting the resilience of individuals in that community.

There was no difference between this community and the state in terms of help from community members. There was no difference by gender.

Help from Community Members (%)

Good Samaritan Hospital Service Area, 2016



Source: Behavioral Risk Factor Surveillance System

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

Access to comprehensive, high-quality health care services is vital for building healthier communities. Factors limiting access to health care make it more difficult for people to reach full health and well-being potential. These barriers include inadequate insurance coverage, high costs of care and gaps in service availability. Addressing these barriers increases the likelihood of healthy and vibrant communities.

This section includes information about access to care, such as the percent of residents who have medical insurance or a usual primary care physician. The section also includes data on oral health care and preventive care services, such as vaccinations and cancer screening.

The community served by Good Samaritan Hospital generally had similar health insurance coverage rates as the state average. The percentage of people who did not see a doctor due to cost was higher in this community (15.9%) than the state (13.3%), with Hispanic residents (28.0%) having a higher rate compared to White residents (15.2%).

The percent of residents reporting not having a usual primary care provider ("medical home") was higher among Hispanic residents compared to White residents. Males had a higher rate compared to females.

Native Hawaiian or Other Pacific Islander and Hispanic 3rd graders had higher rates of childhood cavities than White 3rd graders. White youth were most likely to have a dental checkup in the past 12 months, while Native Hawaiian or Other Pacific Islanders were least likely.

Vaccination rates for children (and adolescents) in this area were comparable to the state but higher than Pierce County.

Adults aged 50-75 years met USPSTF[10] colorectal cancer screening guidelines at comparable rates to the state and county averages.

Good Samaritan Hospital community members had higher rates of potentially preventable hospitalizations overall and for several specific health conditions compared to the state average.

[10]*United States Preventive Services Task Force recommends screening for colorectal cancer (several different methods available) starting at age 50 and continuing until age 75.*

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

Continued

ACCESS TO CARE

The availability of insurance coverage can impact how likely somebody is to get important medical care. Insurance coverage also allows individuals to engage the health care system before conditions develop and reduce the cost of neglected health. Unfortunately, segments of our population continue to be uninsured and experience difficulty accessing care.

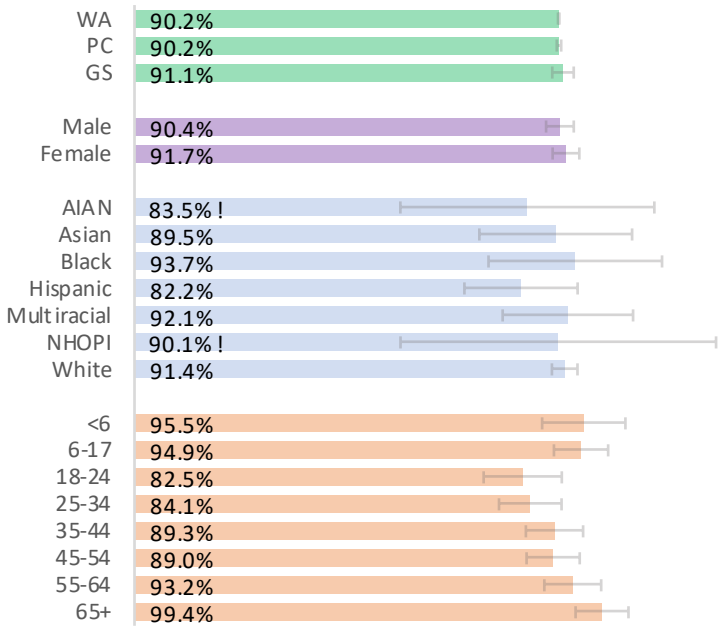
INSURANCE COVERAGE

The lack of health care access can be particularly burdensome for individuals who don't have adequate health insurance. Following the implementation of the Patient Protection & Affordable Care Act, the proportion of residents reporting no insurance decreased. Still, insurance coverage gaps exist.

There was no difference in the percent of residents with insurance coverage in this community compared to the state. There were no differences by gender, age or race.

Insurance Coverage (%)

Good Samaritan Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%
Source: U.S. Census, 2012-2016, 5-year estimates, American Community Survey, S2701

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

Continued

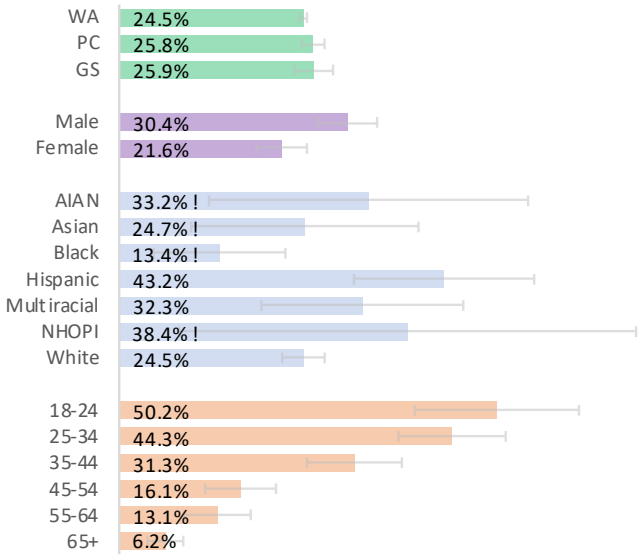
MEDICAL HOME - ADULTS

A medical home is defined in this report as having a primary care provider. The rate of individuals with a medical home is estimated as the percentage of people with a usual primary care source.

Residents served by Good Samaritan Hospital reported having a usual primary doctor at comparable rates to the state average. Males were less likely than females to have a medical home. Hispanic residents were less likely than White adults to have a medical home.

No Usual Primary Care Provider – Adults (%)

Good Samaritan Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

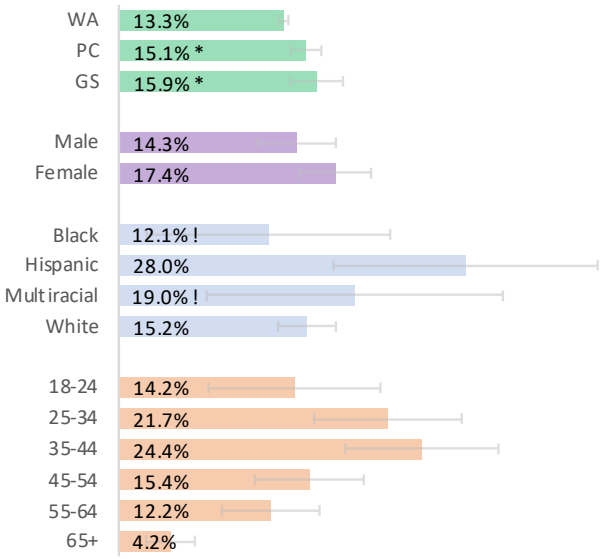
COST & HEALTH CARE ACCESS

When an individual needs health care, cost can often be a factor for whether they obtain care. Adults are asked if they needed to see a doctor but could not because of cost.

The percent of adults who did not obtain care due to cost in the past year was higher in the Good Samaritan Hospital community than the state. Hispanic residents had higher rates of not obtaining care than White residents.

Did Not See a Doctor Due to Cost (%)

Good Samaritan Hospital Service Area, 2012-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

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

Continued

ORAL HEALTH

Regular dental checkups have a crucial role in preventing childhood cavities, as well as reducing the risk of chronic diseases.

Childhood Cavities – The percent of children with cavities, untreated and treated, help us understand the burden of oral health conditions on our community.

Dental Checkups – Regular dental checkups for youth help to promote proper oral hygiene practices and address acute and chronic oral health conditions.

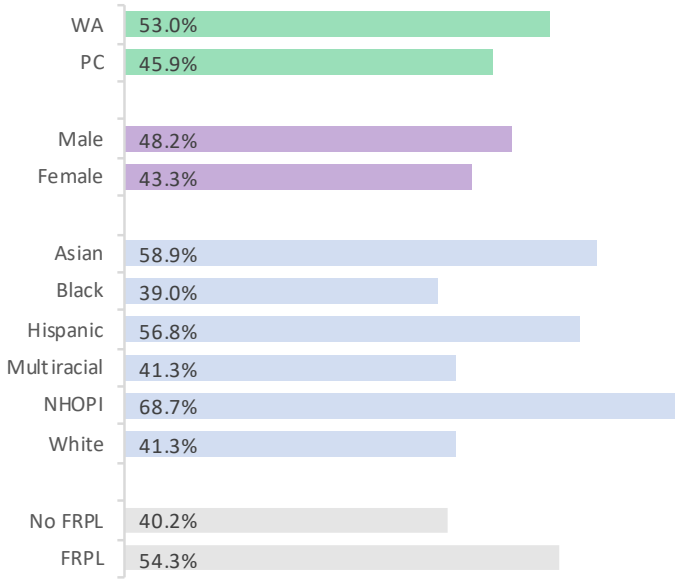
TOTAL CHILDHOOD CAVITIES

One of the most important indicators families can use to inform the quality of their diet and dental health care is the number of total childhood cavities. In Pierce County, 46% of 3rd graders had any history of cavities.

Native Hawaiian and Other Pacific Islander and Hispanic 3rd graders had higher rates of childhood cavities than White 3rd graders.

Total Childhood Cavities (%)

Pierce County, 2016



Source: SMILE Oral Health Survey (3rd grade)

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

Continued

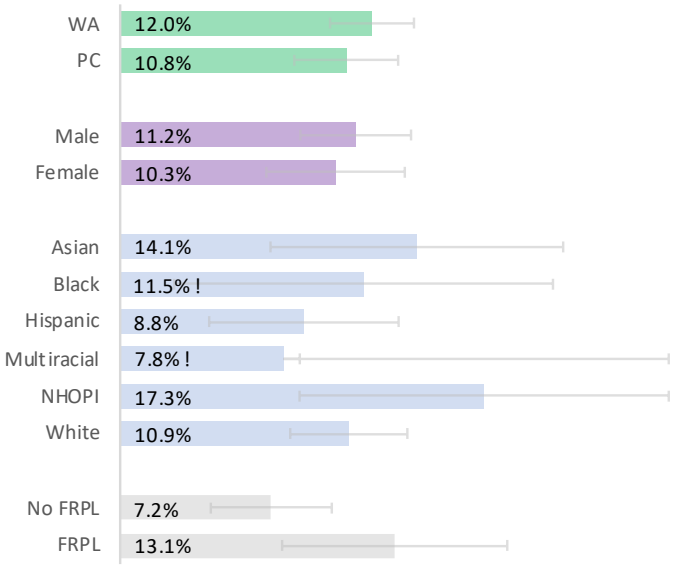
UNTREATED CHILDHOOD CAVITIES

Although childhood cavities are a warning sign for oral health concerns that may continue into adulthood, obtaining good dental care can help to minimize the continued damage of poor oral health. In Pierce County, 11% of 3rd graders had untreated cavities.

There were no differences by race/ethnicity, gender, or free and reduced-price lunch.

Untreated Childhood Cavities (%)

Pierce County, 2016



(!) relative standard error greater than 30%
Source: SMILE Oral Health Survey (3rd grade)

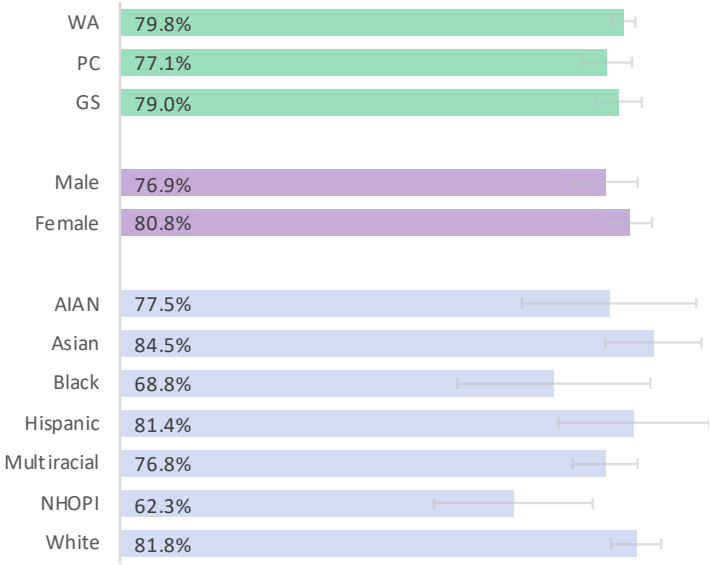
ROUTINE DENTAL CHECKUP – YOUTH

To prevent cavities and promote healthy dental hygiene practices, it is important to be routinely screened by a dental professional.

In the community served by Good Samaritan Hospital, the percent of youth who had a routine dental checkup in the past year was about the same as the state average. White and Asian youth were more likely to have a dental checkup in the past year compared to Native Hawaiian and Other Pacific Islander youth.

Routine Dental Checkup, Past Year (%)

Good Samaritan Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

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

Continued

CLINICAL PREVENTIVE SERVICES

Clinical services for disease prevention and detection reduce the burden of disease. One of the greatest public health successes of clinical preventive services - immunizations - reduced many infectious diseases worldwide and continues to do so. Understanding clinical preventive services in our community is key to maintaining a healthy community.

Vaccinations – The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance on effective control of vaccine-preventable diseases in the U.S. civilian population. In this report, vaccination rates are estimated using data from the Washington State Immunization Information System for 19-35 months and adolescents (15-17 years).

Colorectal Cancer Screening – The U.S. Preventive Services Task Force recommends colorectal cancer screening guidelines for adults age 50 to 75 years. This report shows the estimated percent of adults meeting these recommendations.

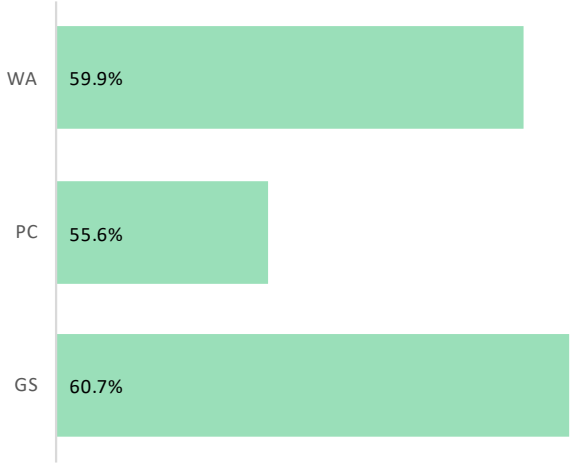
VACCINATIONS (19-35 MONTHS)

Obtaining the recommended vaccinations early in childhood, particularly for children between 19 and 35 months old, has been successful in reducing the burden of infectious disease among youth.

The vaccination rate for children between 19 and 35 months old in the Good Samaritan Hospital community was comparable to the state, but higher than the county.

Recommended Series Completed (%)

19-35 months, 4313314 HEDIS series



Source: Washington State Immunization Information System, December 2017

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

Continued

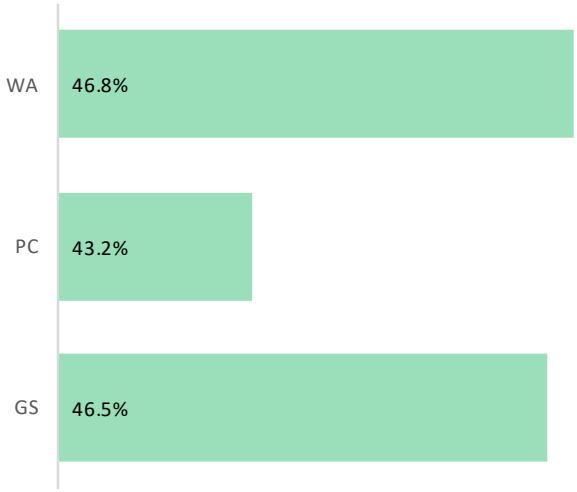
VACCINATIONS (15-17 YEARS)

Later in childhood, adolescents aged 15-17 years are recommended to have the HPV, Tdap and Meningococcal vaccines.

Adolescent HPV vaccination rates in this community were the same as the state, but higher than the county.

Received HPV Vaccination (%)

Adolescents, 15-17 years



Source: Washington State Immunization Information System, December 2017

[11] *United States Preventive Services Task Force*

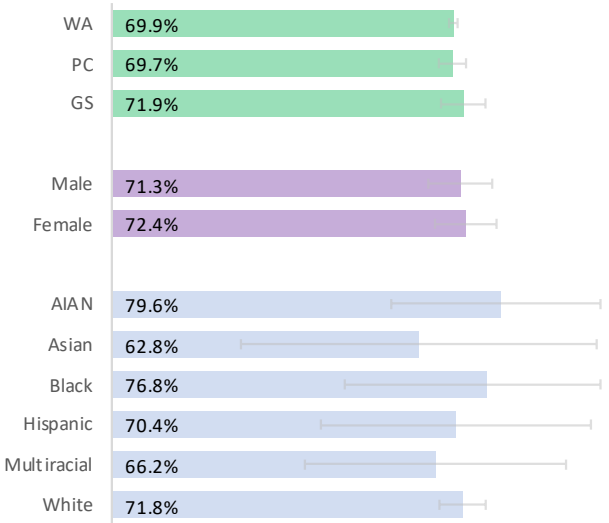
COLORECTAL CANCER SCREENING

Regular screening for colorectal cancer helps with early detection and successful treatment. Adults ages 50 to 75 should begin regular screening at age 50 and continue until age 75. Adults over 75 should consult with their doctor on continued screening.

There was no difference in the percent of adults meeting USPSTF[11] colorectal cancer screening guidelines between the state and this community. There were also no differences by gender or race.

Adults (50-75 yrs) Meeting Colorectal Cancer Screening Guidelines (%)

Good Samaritan Hospital Service Area, 2012-2016



Groups excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

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

Continued

PREVENTABLE HOSPITALIZATIONS

A preventable hospital stay is one that might have been avoided with better medical care outside of the hospital. For example, hospital stays for high blood pressure could be avoided with good medication management and monitoring by a primary care physician.

PREVENTION QUALITY INDICATORS (PQI)

The Prevention Quality Indicators are a set of measures derived from hospital discharge data to describe quality of care and highlight preventable hospitalizations. Early inpatient and good outpatient care can potentially prevent health complications and the need for these unnecessary hospitalizations. These indicators provide insight into the community health care system or services outside the hospital setting and can be used to help flag potential health care quality problems.

A lower score compared to the state shows better prevention of these issues in this community. Higher scores highlight chronic medical conditions that may not be managed well, barriers to access to health care services or opportunities to improve prevention among residents within the Good Samaritan Hospital community.

The four composite measures of PQI – Overall, Acute, Chronic and Diabetes – group individual PQI measures. Composite measures are used to understand the "big picture" of some preventable hospitalizations, while individual measures highlight important specific indicators.

The Good Samaritan Hospital community had higher rates of potentially preventable hospitalizations, overall and for acute, chronic and diabetes-related indicators, compared to the state average.

Composite and Individual PQI Scores

Composite	GS	PC	WA
Overall	1290.6	1117.9	873.3
Acute	413.7	348.8	312.4
Chronic	876.9	769.2	556.1
Diabetes	170.8	148.8	122.8

Individual	GS	PC	WA
Diabetes Short-Term Complications [C,D]	68.1	59.0	46.2
Diabetes Long-term Complications [C,D]	62.1	52.0	47.2
COPD or Asthma in Older Adults [C]	307.8	289.8	197.8
Hypertension [C]	43.1	38.6	16.3
Heart Failure [C]	459.3	394.0	279.2
Dehydration [A]	114.7	99.3	82.5
Bacterial Pneumonia [A]	193.3	158.5	150.4
Urinary Tract Infections [A]	105.7	91.0	84.3
Uncontrolled Diabetes [C,D]	30.6	28.6	20.9
Asthma in Younger Adults [C]	35.4	26.6	22.3
Lower-extremity amputations among diabetics [C,D]	17.0	14.7	15.7

A: Included in "Acute" composite measure
C: Included in "Chronic" composite measure
D: Included in "Diabetes" composite measure
Source: Comprehensive Hospitalization Abstract Reporting System, 2016

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

Continued

ASSETS & RESOURCES

Bates Dental Clinic provides low-cost preventive care and accepts Apple Health insurance for adults.

Carol Milgard Breast Center – a partnership of MultiCare and CHI Franciscan – provides comprehensive breast health services to all women in the community, regardless of financial circumstances.

Community Health Care (CHC) is a private, nonprofit organization that operates clinics throughout Pierce County that offer primary medical and dental care services to uninsured and low-income individuals.

Federally Qualified Health Centers (FQHCs) offer primary, preventive and supportive health services without regard to economic or insurance status.

Lindquist Dental Clinic for Children provides accessible, compassionate and effective dental care to children in need at local clinics, schools and dental outreach events.

Medical Teams International offers free or low-cost urgent dental care services through its Mobile Dental Program.

MHS Cancer Support Services help cancer patients feel strong, confident and comfortable throughout their cancer care journey.

Neighborhood Clinic provides free urgent medical care to patients who cannot afford or access health care.

Pierce College Dental Hygiene Clinic provides low-cost preventive care for low-income and uninsired families and seniors.

Potentially Preventable Hospitalizations Initiative is a pilot program led by a coalition of health service providers, including MultiCare Health System. Clinics in a six-zip code area are working to increase the number of residents who receive pneumonia and flu shots and who are screened for alcohol, tobacco and other drug use and for depression.

Project Access collaborates with Pierce County providers to deliver medical and dental care for uninsured and low-income individuals. Project Access also offers premium assistance for individuals on the health exchange.

Puyallup Tribal Health Authority provides medical and dental care to Puyallup tribe members and Pierce County residents who are enrolled members of other tribes.

Sea Mar Community Health Center, specializes in primary care medicine, including preventive health exams, urgent care visits, minor procedures, health education, follow-up care from hospital visits and referrals for other medical services.

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

Continued

Statewide Health Insurance Benefits Advisors (SHIBA) can help explain health care coverage options and rights; find affordable health care coverage; and evaluate and compare health insurance plans. Provides free, unbiased and confidential assistance with Medicare and health care choices.

Tacoma-Pierce County Health Department Family Support Centers assist families in finding resources and applying for DSHS benefits, including SNAP (food stamps), medical and dental benefits. In addition, the Family Support Centers connect families to low-cost and/or free resources in the community, including pregnancy, parenting and maternity support; infant case management; services for children with special needs; and services for behavioral health care needs.

Trinity Clinic serves Tacoma residents without insurance at Trinity Presbyterian Church.

Maternal and Child Health

Improving the well-being of mothers, infants and children determines the starting point of health for families in our community. Maximizing the potential of our community requires protecting and promoting the health of our future generations through positive behaviors, such as early and adequate prenatal care and breastfeeding.

In the community served by Good Samaritan Hospital, the infant mortality rate was about the same as Washington State.

Black infants were born at a low birth weight (12.1%) at more than twice the rate of White infants (5.1%).

The percent of women who do not receive adequate prenatal care is lower in this service area than Pierce County as a whole, and comparable to state averages. Native Hawaiian or Other Pacific Islander women had a higher rate of inadequate prenatal care (46.8%) compared to White women (27.3%).

PREGNANCY

Pregnancy is a complex and life-changing experience that lays the foundation for a community's future. Many factors impact the likelihood of poor pregnancy outcomes. Early and adequate prenatal care may prevent pregnancy-related complications, help mothers as they navigate a high-risk pregnancy or assist them in connecting to tobacco cessation resources.

Prenatal Care – Obtaining early and adequate prenatal care is important to ensure that mothers address any acute or chronic health conditions that may lead to poor pregnancy outcomes.

Maternal and Child Health

Continued

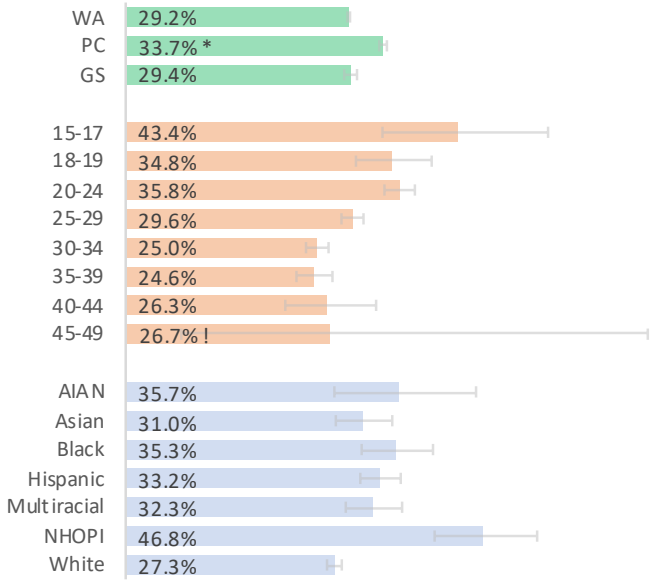
PRENATAL CARE

The adequacy of prenatal care is measured using Kotelchuck's Adequacy of Prenatal Care Utilization (APCU) index. Prenatal care is considered adequate based on when prenatal care is initiated (the earlier the better) and how many of the expected visits are completed.

There was no difference between this community and the state average. Inadequate prenatal care decreased with age. Native Hawaiian or Other Pacific Islander women had a higher rate of inadequate prenatal care compared to many other race/ethnicity groups.

Inadequate Prenatal Care (%)

Good Samaritan Hospital Service Area, 2012-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

Maternal and Child Health

Continued

INFANCY

The first year of life, or infancy, is an important time in child development.

Infant Mortality – The number of infant deaths per 1,000 live births is generated using birth certificate data and represents the infant mortality rate.

Low Birth Weight – A birthweight under 2500 grams is low birthweight, while very low birthweight is a birthweight under 1500 grams.

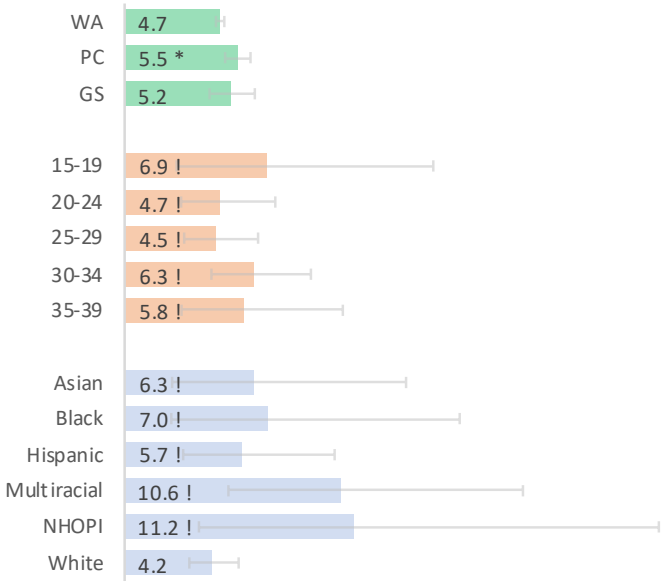
INFANT MORTALITY

Infant mortality refers to the child's death less than 365 days after birth. As prenatal care has improved, infant mortality has become less common, but disparities continue to exist.

Infant mortality rates within the Good Samaritan Hospital community were comparable to the state average. There was no difference by age or race.

Infant Mortality Rate

Good Samaritan Hospital Service Area, 2012-2016



IMR: Infant deaths per 1,000 live births
(*) value different from WA state
(!) relative standard error greater than 30%
Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

Maternal and Child Health

Continued

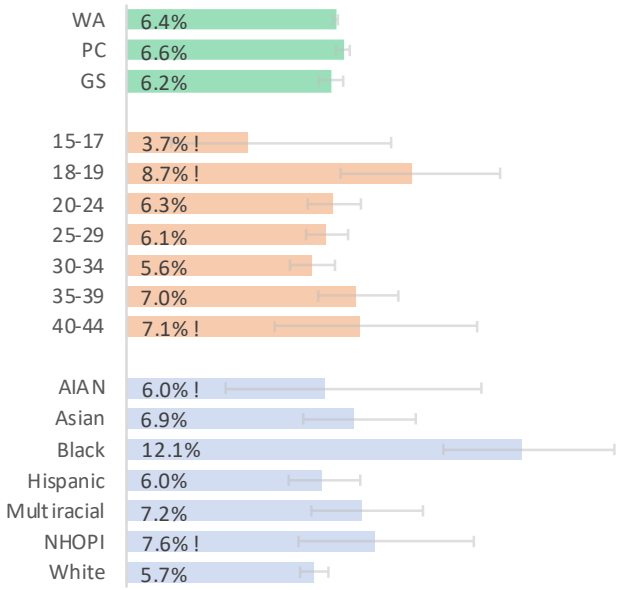
LOW BIRTH WEIGHT

The proportion of births with a low birthweight (less than 2500 grams) is an important risk factor for the well-being of newborns.

The percentage of low birth weight babies born in this community was similar to the state average. There was no difference by age. Black mothers had a higher rate of low birth weight babies compared to several other race/ethnicity groups — including double the rate of White mothers.

Low Birth Weight, ≤2500 grams (%)

Good Samaritan Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%
Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

Maternal and Child Health

Continued

ASSETS & RESOURCES

Black Infant Health educates pregnant black women and their families about pregnancy and infant health through a partnership with local African American churches, community groups and TPCHD.

Maternity Support Services (MSS) includes preventive health and education services for Medicaid enrolled pregnant women and their infants.

MHS Women Infant and Children Supplemental Nutrition Program (WIC) program helps pregnant women, new mothers and young children eat well, learn about nutrition and stay healthy.

Native American Women's Dialogue on Infant Mortality (NAWDIM) is a Native-led collective whose members are concerned about high rates of infant mortality in their communities.

Nurse-Family Partnership is a home visiting program available to support families through pregnancy and a child's second birthday.

Perinatal Collaborative of Pierce County (PCPC) is a local non-profit dedicated to improving the health of Pierce County mothers and infants. PCPC provides opportunities to learn about best practices in caring for mothers and infants in our community.

Period of PURPLE Crying is a curriculum that helps parents understand this time in their baby's life and is a promising strategy for reducing the risk of child abuse.

Postpartum Support International has two active support groups in Pierce County.

Pregnancy Aid is a Tacoma social service agency that provides immediate help to any woman and her family, including food, clothes, baby supplies and help with rent and utilities.

Results Washington is Governor Jay Inslee's statewide framework which calls for reducing birth outcome disparities.

Injury and Violence Prevention

Injuries and violence adversely affect everyone, regardless of background. Although they are preventable, injuries and violence are leading causes of death for many age and race groups. Those who survive these traumatic experiences may face life-long mental and physical problems.

In this section, information is included for intentional and unintentional injuries that have occurred among residents in the community served by Good Samaritan Hospital. Suicide rates are three times higher among males compared to females in this community, and more common among males. Homicide rates are higher in this community compared to state averages and more commonly occurring among males and Black residents, who died from homicides five times more often than White residents.

Unintentional injury deaths were higher among males and people over 65 (most likely due to falls). Unintentional injury hospitalizations (motor vehicle collisions, falls, or poisonings) were higher in this community than the state, and increased with age.

INTENTIONAL INJURIES

Injuries that are intentional, both fatal and non-fatal, are common in the communities that Good Samaritan Hospital serves. Intentional injuries are described as self-inflicted, assault and other. Hospitalizations and deaths for both suicide and homicide are often preventable.

Injury and Violence Prevention

Continued

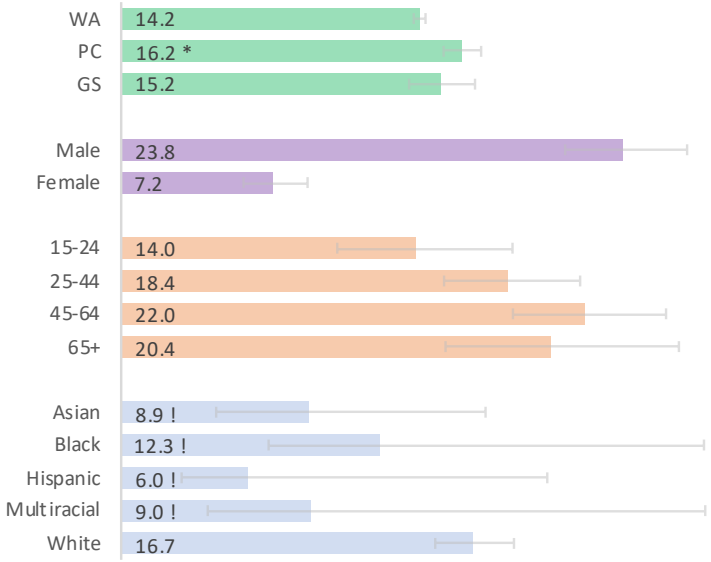
SUICIDE

Suicide is one of the leading causes of death. The rate of suicide is the number of deaths due to intentional self-harm per 100,000 people.

There was no difference in suicide rates between this community and the state. Males were more likely to commit suicide than females. There was no difference by age or race.

Suicides

Good Samaritan Hospital Service Area, 2007-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

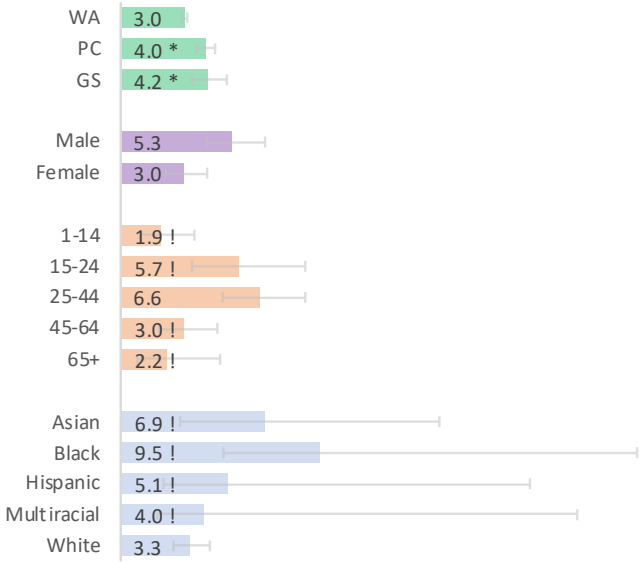
HOMICIDE

The rate of homicide is the number of deaths due to intentional harm by another person per 100,000 people.

Homicides were more common within the community served by Good Samaritan Hospital compared to state-wide numbers. Males had a higher homicide rate compared to females. The large margin of error makes it difficult to make comparisons among race/ethnicity groups.

Homicides

Good Samaritan Hospital Service Area, 2007-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Groups excluded due to sample size limitations
Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

Injury and Violence Prevention

Continued

INTENTIONAL INJURY HOSPITALIZATIONS

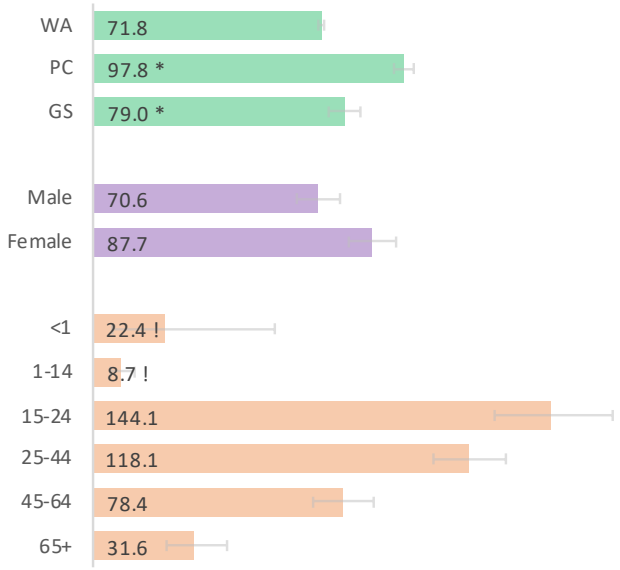
Intentional injuries are primarily self-inflicted or assault but can also fall into an "Other" category.[12] Hospitalization rates due to intentional injuries are generated using the same three categories.

Hospitalizations due to intentional injuries were more common in this community. Females were more likely than males to be hospitalized due to intentional injury. Youth 15-24 years had higher rates of intentional injury hospitalization than other age groups.

[12] *"Other" is an injury category used when the intent is known but it is not unintentional, self-harm or assault.*

Intentional Injury Hospitalizations

Good Samaritan Hospital Service Area, 2011-2015



(*) value different from WA state
(!) relative standard error greater than 30%
Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2015. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), August 2016.

Injury and Violence Prevention

Continued

UNINTENTIONAL INJURIES

Unintentional injuries are one of the leading causes of hospitalization and death nationwide. Typically, unintentional injuries are due to poisoning, motor vehicle crashes and falls.

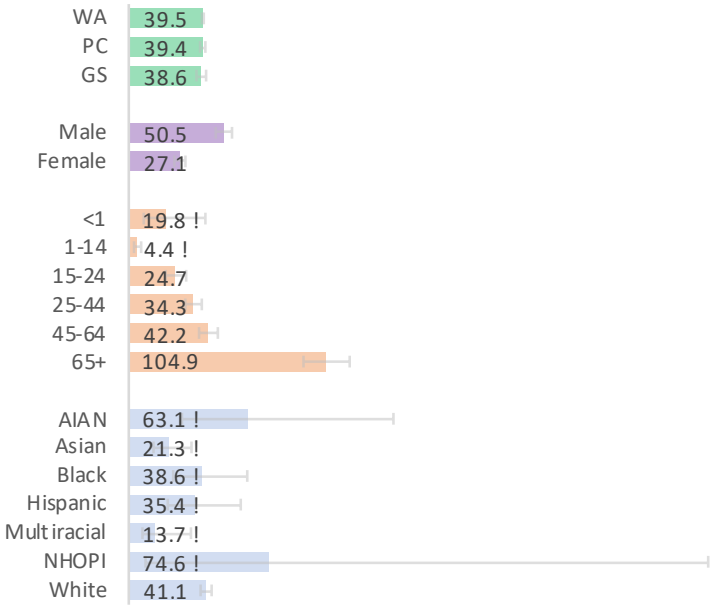
UNINTENTIONAL INJURY DEATHS

The rate of unintentional injury deaths is the number of unintentional deaths per 100,000 people, which is measured using death certificate data.

There was no difference between this community and the state. Males were more likely than females to die from unintentional injuries. Risk increased with age. There was no difference by race.

Unintentional Injury Deaths

Good Samaritan Hospital, 2012-2016



(!) relative standard error greater than 30%
Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

Injury and Violence Prevention

Continued

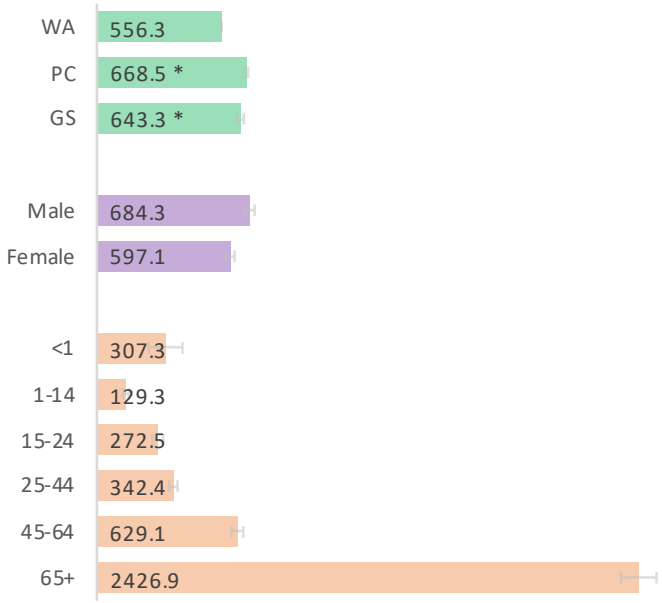
UNINTENTIONAL INJURY HOSPITALIZATIONS

Hospitalizations caused by unintentional injuries are reported as a rate per 100,000 people from hospital discharge data.

The rate of hospitalizations due to unintentional injuries was higher in this community compared to the state. Males had a higher rate than females, and the rate increased with age.

Hospitalizations (Unintentional Injury)

Good Samaritan Hospital Service Area, 2011-2015



(*) value different from WA state
Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2015. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), August 2016.

Injury and Violence Prevention

Continued

ASSETS & RESOURCES

Child Safety

Mary Bridge Center for Childhood Safety works to prevent unintentional childhood injury through health education, community partnerships and best practice prevention strategies. Examples include infant sleep guidelines, bicycle helmet use, fall prevention, car seat inspections and life jacket loans, free of charge.

Drugs & Alcohol

The Target Zero Task Force works to reduce traffic crashes and traffic-related injuries to zero by the year 2030.

Fall Prevention

Community and senior centers offer physical-activity programs, such as Silver Sneakers.

Stay Active & Independent for Life (SAIL) is a strength, balance and fitness program for adults 65 and older.

THINKFIRST is a national injury prevention foundation, including concussions and falls.

Neighborhood & Community Safety

Crime Prevention Through Environmental Design (CPTED) is a community based violence prevention approach through the lens of more livable neighborhoods.

Safe Streets Neighborhood Mobilization Programs support safety and violence prevention across the county.

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 an elevated risk for co-occurring disorders, including substance use disorder. A health care system committed to addressing behavioral health concerns alongside physical health concerns can help improve the lives of community members.

In this community the rate of serious mental illness was higher than the state average, with more than 5% of adults having experienced serious mental illness.

Youth were experiencing depression at about the same rate as the state, with females reporting depression at twice the rate of males.

Depression in adults in this community was about the same rate as the state average and higher among females compared to males.

MENTAL HEALTH

Depression, anxiety and substance use disorder are examples of how mental health presents itself in our communities. Like other health conditions, mental illness is treatable.

Serious Mental Illness – Mental illness among adults is classified as serious using the Behavioral Risk Factor Surveillance System and questions used to generate a score on the Kepler-6 psychological distress scale (determined by responses to survey questions about the frequency, over the past 30 days, of feeling nervous, hopeless, restless, worthless, that everything was an effort, and so depressed that nothing could cheer them up).

Depression – Depression among youth is generated using the Healthy Youth Survey, while depression among adults is estimated based on receiving a diagnosis of depression by a health care provider.

Behavioral Health

Continued

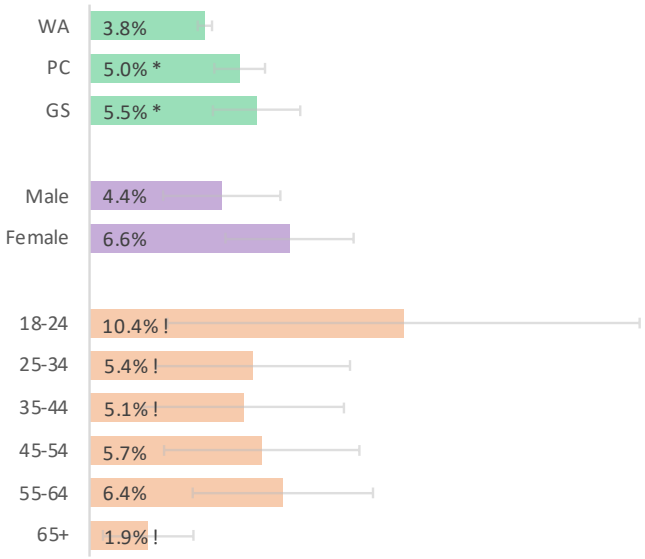
SERIOUS MENTAL ILLNESS

The percentage of adults with serious mental illness is estimated based on a Kepler-6 psychological distress scale score of 14 or higher.

5.5% of adult residents in the Good Samaritan Hospital community were living with serious mental illness, which was higher in than the state average. There was no difference by age or gender.

Serious Mental Illness – Adults (%)

Good Samaritan Hospital Service Area, 2012-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Race excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

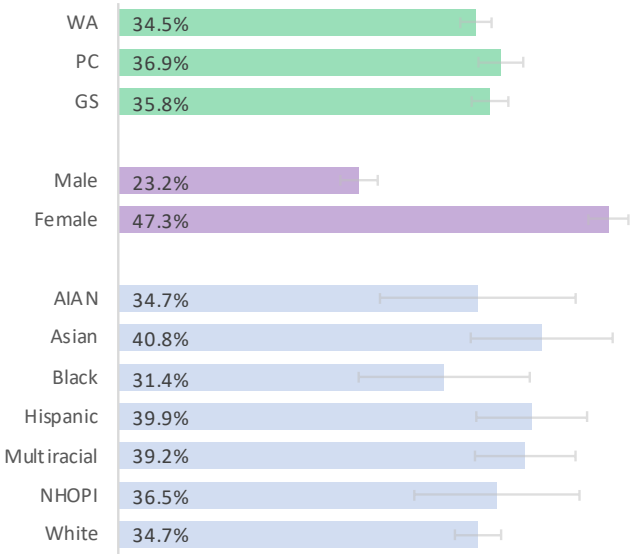
DEPRESSION – YOUTH

Youth are considered to have been depressed when they reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months.

There was no difference in youth depression between this community and the state. Females were about twice as likely as males to report youth depression. There are no difference by race.

Self-Reported Depression – Youth (%)

Good Samaritan Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

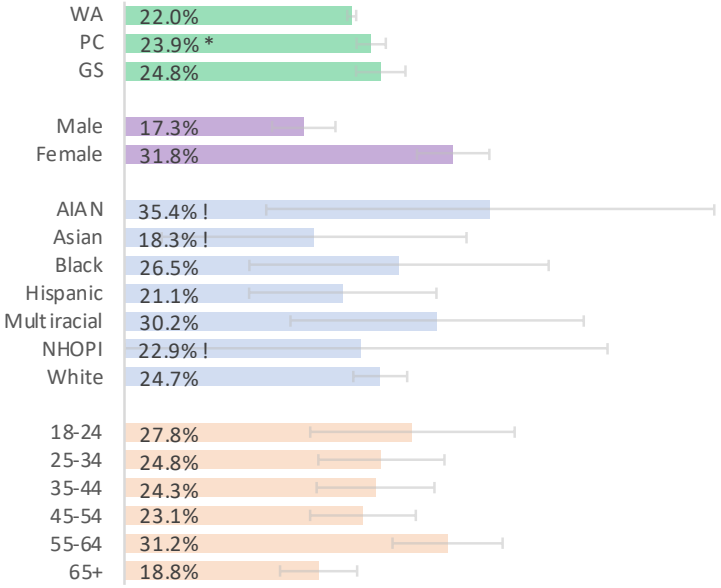
DEPRESSION – ADULTS

Depression diagnoses among adults are self-reported using the Behavioral Risk Factor Surveillance System.

Depression among adults in this community was comparable to the state. Females were more likely than males to be diagnosed with depression. There was no difference by race.

Depression Among Adults (%)

Good Samaritan Hospital, 2012-2016



(*) value different from WA state
(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Behavioral Health

Continued

SUBSTANCE ABUSE

The inappropriate use of mind-altering substances, legal and illegal, presents major challenges to a community. Substances of public health concern include, but are not limited to, alcohol, marijuana and opioids. This includes alcohol and marijuana use among youth and driving under the influence of either. Ensuring a coordinated and integrated system of care for with substance use disorders is essential.

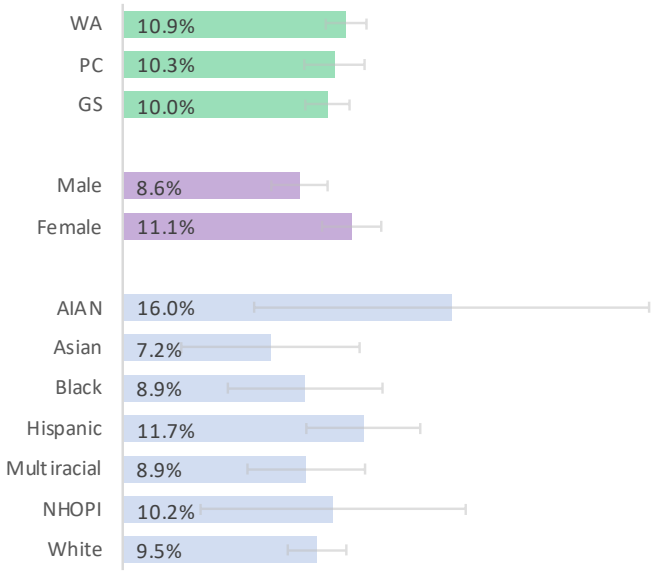
BINGE DRINKING – YOUTH

Binge drinking among youth is self-reported through the Healthy Youth Survey. Youth who reported consuming five or more drinks in a row in the past two weeks were considered to have engaged in binge drinking.

There was no difference in youth binge drinking rates between the state and this community. There was no difference by gender or race.

Binge Drinking Among Youth (%)

Good Samaritan Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

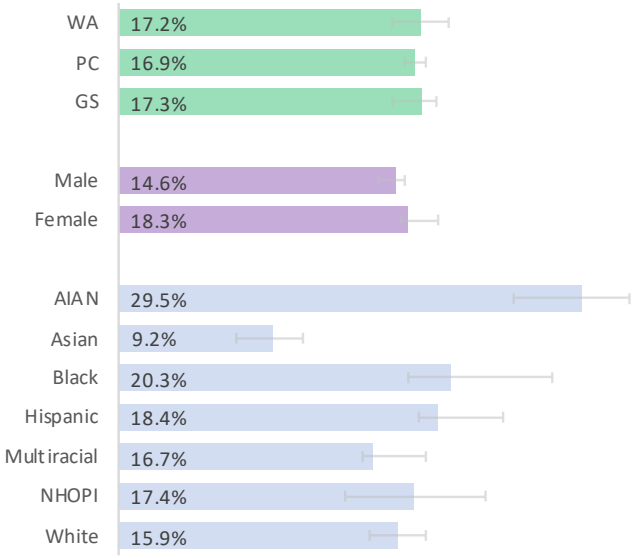
MARIJUANA USE – YOUTH

In Washington state marijuana use is legal for people 21 years and older. Marijuana use puts youth at greater risk for addiction and failing in school. Most teens who enter drug treatment programs report marijuana is the main drug they use.

The percent of youth who reported using marijuana is about the same as the state average. Asian youth in this community reported less marijuana use compared to other race and ethnicity groups. American Indian/ Alaska Native youth had higher use rates compared to Hispanic, Multiracial, White and Native Hawaiian and Other Pacific Islander youth.

Marijuana Use Among Youth (%)

Good Samaritan Hospital Service Area, 2016



(*) value different from WA state
Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

ASSETS & RESOURCES

211 Pierce County is a resource phone line operated by United Way of Pierce County and has a dedicated mental health navigator.

Catholic Community Services consists of 12 family centers across Western Washington providing an array of services, including counseling, case management, information and referral, chemical dependency services, mental health services and family support services to children, adults and families in need.

Children's Crisis Outreach Response System (CCORS) provides mobile crisis outreach and crisis stabilization services for children and youth up to age 18.

Comprehensive Life Resources provides behavioral health services, including outpatient and community support services to adults, children and families, services to homeless individuals, housing services, foster care and residential/inpatient services for children and adults.

The Crisis Solutions Center offers a therapeutic option when police and medics are called to intervene in a behavioral health care crisis. The program minimizes inappropriate use of jails and hospitals and provides rapid stabilization, treatment and referrals for up to 46 individuals.

Forefront is a research organization based at the University of Washington that trains health professionals to develop and sharpen their skills in the assessment, management and treatment of suicide risk.

Greater Lakes Mental Healthcare provides a full range of youth and adult mental health services.

Living Works has several suicide prevention programs and trainings in Pierce County.

Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

Metropolitan Development Council has a wide range of housing, health and mental health programs.

MultiCare Behavioral Health is the largest behavioral health organization in Pierce County, providing comprehensive expert treatment for children, adults and older adults who are struggling with a wide range of mental health conditions, as well as provide treatment, assistance and support for those working to overcome chemical dependence or substance abuse addictions.

Behavioral Health

Continued

NAMI Pierce County serves individuals, families and communities in Pierce County struggling with mental health.

Pierce County Alliance provides human services, specializing in substance abuse and mental health services for individuals, families and the community.

Pierce County Opioid Task Force is a partnership of several community leaders and members, health services providers and social service providers who work together to improve access to treatment for people with opioid use disorder and prevent the use of opioids among youth.

Tacoma Pierce County Health Department Family Support Centers offer many community-based services at six locations throughout Pierce County. They are a hub to help families find the resources to achieve their goals. Not all support centers have the same services. They are each designed to meet the needs of the community around it.

WA House Bill 2315 and other bills over the past several years require school staff, behavioral health care providers and other health care providers to participate in suicide prevention training as part of their licensure.

Supplement

QUANTITATIVE DATA SOURCES

The data sources included in the quantitative analysis range from those providing aggregate results for the populations of interest to those with raw data available for analysis where estimates were generated by TPCHD.

American Community Survey (ACS)

This mailed survey is an annual supplement to the 10-year Census. The ACS location of residence is based on census tracts, which are converted to zip code tabulation area (ZCTA) for analysis.

Agency for Healthcare Research and Quality (AHRQ)

Prevention Quality Indicators (PQIs) are a set of measures generated using hospital discharge data (CHARS) based on guidance from the AHRQ.

Behavioral Risk Factor Surveillance System (BRFSS)

This is the largest, continuously conducted telephone health survey in the world. The survey collects information on a vast array of health conditions, health-related behaviors and risk and protective factor about individual adults. In 2011, a new data weighting approach was implemented making data before 2011 unreliable for comparison to 2011+ data.

Comprehensive Hospitalization Abstract Reporting System (CHARS)

Hospital discharge data including records on inpatient and observation patient hospital stays.

Community Health Assessment Tool (CHAT)

This data source is a web application that allows authorized users to generate estimates for different geographies depending on the data source. Data from an array of data sources is used to generate estimates by zip code, county and state in this tool.

Washington State Department of Social and Human Services (DSHS)

Foster care placement services, foster care support services and Child Protective Services aggregate estimates at the county-level and school district-level were available using the online reporting system available through DSHS.

Supplement

Continued

Enhanced HIV/AIDS Reporting System (eHARS)

This disease reporting system was developed by the CDC and is managed by the Washington State Department of Health. It collects and stores HIV/AIDS case surveillance data. Reported case counts from these data are generated for each hospital service area upon request.

Health Resources and Services Administration (HRSA)

Health Professional Shortage Areas (HPSA) information was obtained through the HRSA Data Warehouse and Map Tool available online, including shapefiles of polygon and point data for HPSAs in mental, dental and primary care.

Healthy Youth Survey (HYS)

This school-based survey is administered in even number years statewide to grades 6, 8, 10 and 12. School districts overlapping the hospital service area, defined by zip code, were included in the analysis. 10th grader data is used to approximate each indicator for all 8th-12th grade youth.

Office of Superintendent of Public Instruction (OSPI)

The Washington State Office of Superintendent of Public Instruction provides data on graduation and free or reduced-price meal data through the Comprehensive Education Data and Research System (CEDARS), an online system that captures information regarding student graduation, transfers and drop-outs. The adjusted cohort method 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 subtracting students who transfer out of the school.

Point-in-Time Count (PIT)

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). Data was made available for this assessment by Pierce County; however, data for zip codes outside Pierce County were not available. Estimates were generated using data with a geographic identifier (city or zip code) within the hospital service area.

Supplement

Continued

SMILE Survey

During the 2014-2015 and 2015-2016 school years, the Washington State Department of Health's Oral Health Program conducted this assessment of the oral health status and treatment needs of children throughout the state. Data collected through this assessment allows for reliable estimates at the county level. Dental screenings were completed by licensed dental hygienists and one dentist, following the standardized protocol set by the Association of State and Territorial Dental Directors (ASTDD) for conducting Basic Screening Surveys.

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, father, pregnancy and child. The information is collected at hospitals and birth centers through forms completed by parents or medical staff, a review of medical charts or a combination of both. Midwives and family members who deliver the 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.

Death Certificate Data

Funeral directors collect information about the deceased person from an informant who is usually a family member or close personal friend of the deceased. A certifying physician, medical examiner or coroner generally provides cause of death information. Cause of death data is derived from underlying causes of death. 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.

Washington State Cancer Registry (WSCR)

The Washington State Cancer Registry (WSCR) monitors the incidence of cancer in the state to better understand, control and reduce the occurrence of cancer. In 1995, WSCR received funding through the Centers for Disease Control and Prevention's National Program of Central Cancer Registries. This program is designed to standardize data collection and provide information for cancer prevention and control programs. Estimates based on this data were obtained through the Washington State Department of Health's Community Health Assessment Tool (CHAT).

Supplement

Continued

Washington State Immunization Information System (WAIIS)

The Washington State Immunization Information System (WAIIS) is a lifetime registry that keeps track of immunization records for people of all ages. Estimates for each hospital service area were acquired from WAIIS. Immunization reports included data on 19-35 month olds, 13-17 year olds and 15-17 year olds.

Washington Tracking Network (WTN)

The Washington Tracking Network is a collection of environmental public health data. Estimates available through this resource are collected from an array of data sources and serve as a single location to see various measures affecting environmental public health.

Quantitative Methods

Estimates are generated for Washington, Pierce County and the hospital service area. In most cases we are using SAS 9.4. In some cases, estimates are provided from an external source. Estimates for sub-populations are also generated and maps are displayed when possible and appropriate. The following definitions help understand the contents of this report:

Rates: A rate is a standardized proportion (or ratio) expressed as the number of events (e.g. live births per year) that have occurred with respect to a standard population, within a defined time period (usually one year). Rates help compare disease risk between groups while controlling for differences in population size. The size of the standard population used can vary depending on whether the events are common or rare. For example, since HIV is a rare condition in Washington, HIV incidence rates are expressed as new cases per 100,000. **Crude rates** are rates calculated for a total population, while **age-specific rates** are calculated for specific age groups.

Age-Adjustment: All age-adjusted mortality and disease rates in this report are adjusted to the 2000 U.S. population. The risk of death and disease is affected primarily by age. As a population ages, its collective risk of death and disease increases. As a result, a population with a higher proportion of older residents will have higher crude death and disease rates. To control for differences in the age compositions of the communities being compared, death and certain specific disease rates are age-adjusted. This aids in making comparisons across populations.

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

Supplement

Continued

Confidence Intervals (CI): 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 an approach to determine if differences among groups are statistically significant. If the confidence interval of two different estimates do not overlap, we most often can conclude that the difference is statistically significant and not due to chance.

Standard Error (SE): Standard errors are used to determine significance between groups in the analysis. Unless noted, these are based on 95% confidence intervals, or an alpha of 0.05. Relative standard error (RSE) is used to determine what statistics are reported. If the RSE is greater than 30% and/or the sample size is too limited to have confidence in these estimates, then they are excluded. If the RSE is greater than 30%, but the estimates may still be reliable, then they are presented but with a "!" to draw attention to this concern.

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: Non-Hispanic White or Caucasian
- Black: Non-Hispanic Black or African-American
- Hispanic: Hispanic as a race
- Asian: Non-Hispanic Asian
- AIAN: Non-Hispanic American Indian/Alaska Native
- NHOPI: Non-Hispanic Native Hawaiian or Pacific Islander
- Multiracial: More than one race

For some indicators, these stratification levels may not have a sample size adequate to draw reliable conclusions about that population and are therefore excluded from this report. Groups are typically not combined due to concerns about over-generalizations made based on those results.

Supplement

Continued

Selection of Priority Health Needs

Key findings were identified as priority health needs using four criteria. A public health epidemiologist reviewed data from this CHNA and applied the following criteria:

1. When compared to Washington state, the hospital service area numbers are statistically significantly worse. 1 point

2. Existing estimates present a trend in the negative direction. 1 point

3. The measure is related to listed themes from community engagement activities. 1 point

4. There is an appearance of inequity by gender or by race. 2 points

All health indicators and themes are scored and ranked using the above criteria. Based on the results of the ranking, at least three and no more than six key findings are identified per CHNA report.