

CHI Franciscan St. Anthony Hospital Community Health Needs Assessment 2019



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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 we unintentionally left any organizations or participants 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



CHI Franciscan
St. Anthony Hospital
Community Health
Needs Assessment
2019

CHI Franciscan (CHIF) in partnership with MultiCare Health System (MHS) and 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 the needs of this service area.

Within this report, the term “community” refers to residents who live, learn, work or play 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 & 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 stakeholders and an online community survey. CHI Franciscan, MultiCare and the Health Department engaged 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 Pierce County.

Executive Summary

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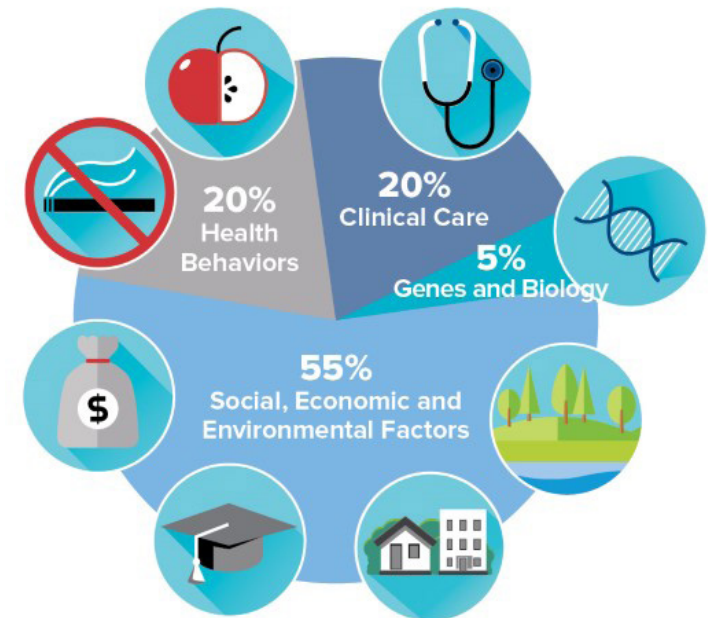
PRIORITY HEALTH NEEDS

Based on data from this CHNA, priority health needs among residents within the CHI Franciscan St. Anthony Hospital service area emerged. These priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes included in this report.¹

- **Obesity (adult and youth obesity, youth physical activity, use of sugar-sweetened beverages among youth, adult fruit and vegetable consumption)**
- **Access to health care (youth dental checkups, access to prenatal care)**
- **Mental health (suicide)**
- **Immunizations (HPV vaccine and early childhood vaccines)**

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



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 CHI FRANCISCAN

CHI Franciscan is a Catholic nonprofit health system based in Tacoma, Washington. With \$2.45 billion in total revenue and a team of more than 12,000 physicians, providers, nurses and staff, CHI Franciscan provides expert, compassionate medical care at 11 acute care hospitals and more than 200 primary and specialty care clinics throughout the greater Puget Sound. Started in 1891 by the Sisters of St. Francis of Philadelphia, today CHI Franciscan is one of the largest health systems in Washington state. CHI Franciscan’s mission is to create healthier communities, including caring for the poor and underserved. In fiscal year 2018, the organization provided \$190 million in community benefit—free, subsidized and reduced cost health care and programs.

CHI Franciscan has four hospitals in Pierce County, including St. Anthony Hospital, and operates Wellfound Behavioral Hospital as a unique joint venture with Multicare. This is the third CHNA developed for St. Anthony Hospital to describe health issues, what impacts those issues have on the community and how these concerns may be addressed.

PURPOSE

The purpose of this report is to share the emerging health needs of the St. Anthony 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 challenges in an evolving community.

Introduction

Continued

METHODS

To develop this report, an array of data sources was analyzed to describe the health of the community.

This is:

- Community workshops
- Community survey
- Key informant interviews
- Selected health indicators

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 transsexual 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

Continued

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.

CHI Franciscan and MultiCare 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 coding² to discover patterns and recurring themes across all interviews. NVivo qualitative data analysis software was used to organize data. If three or more interviews ($\geq 30\%$) 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.

²Open 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



CHI Franciscan
St. Anthony Hospital
Community Health
Needs Assessment
2019

Three methods of community engagement were used to hear from Pierce County residents, including those in the St. Anthony Hospital 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

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.

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

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..

■ **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.

■ **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.

■ **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.



**Social Support
Diversity is Valued
Community Resources
Willingness to Partner**

“At least one person at your door in five minutes.”

“It’s not necessary to leave the community to celebrate my ethnic background.”

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

“Everyone is encouraged to be involved, power isn’t isolated to the very few. . . no one is excluded.”

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.

■ **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.

■ **Access to healthy food.**

Grocery stores, education on healthy eating, cooking classes and farmers markets were desired assets for neighborhoods.

■ **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.



Sidewalks/Trails
Buses/Bus Stops
Healthy Food
Activities

“Safe walking paths and sidewalks from schools to neighborhoods.”

“Late bus for after-school activities.”

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

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

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?

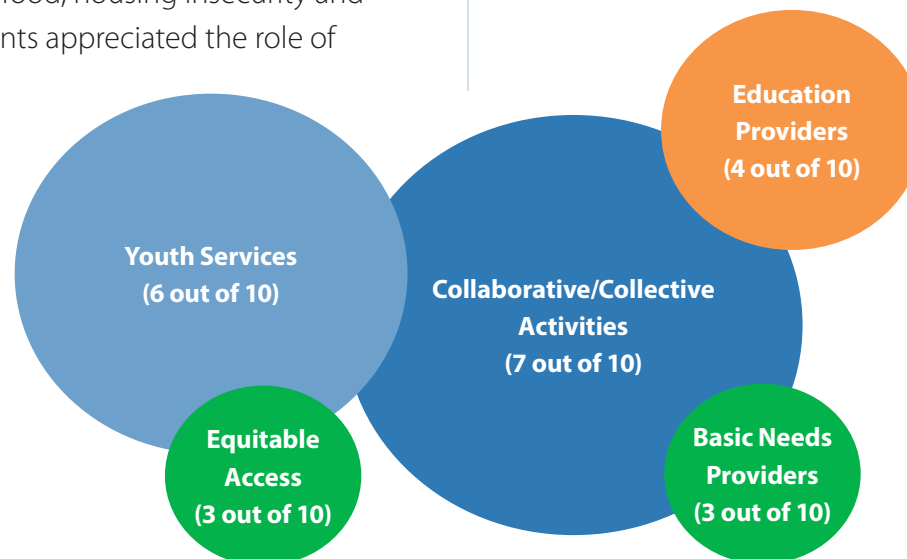
Participants cited the importance of people working together collaboratively to get things done, with an emphasis placed on activities started and run by community members.

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

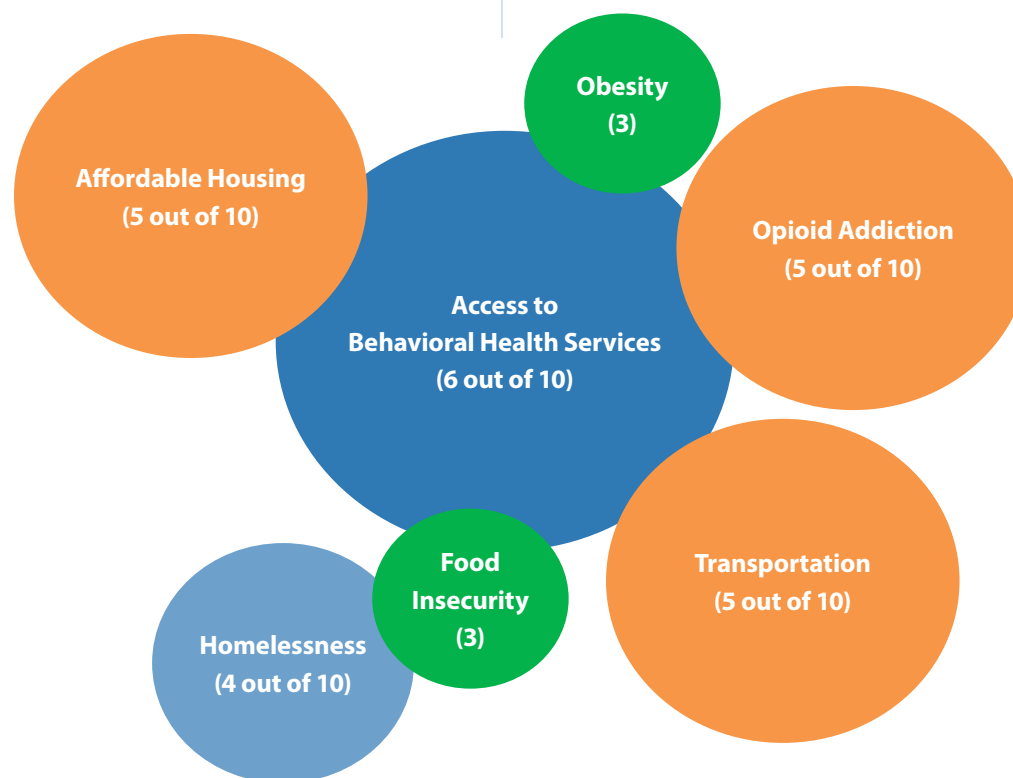
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What are some concerns you or your organization has/have about the conditions that impact the health of Pierce County residents right now?

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.



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.

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

- 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)

“Our free clinic needs doctors... I’m afraid we’re going to lose the one medical center we have due to a doctor retiring.”

“It’s about convenience and how do we provide good access... that’s the key.” (to bringing services to those on the streets)

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).

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.

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

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

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

“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.”

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

“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%

⁴Community 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 (NHOP)	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 St. Anthony Hospital community using demographic and socioeconomic characteristics of residents within this hospital service area. This community included 136,367 residents, mostly White (83%) Hispanic (6%) and Multiracial (5%) with an increasing number of adults aged 55-74 years old. Immigrants in the area originate from Asia, Europe and North America predominantly.

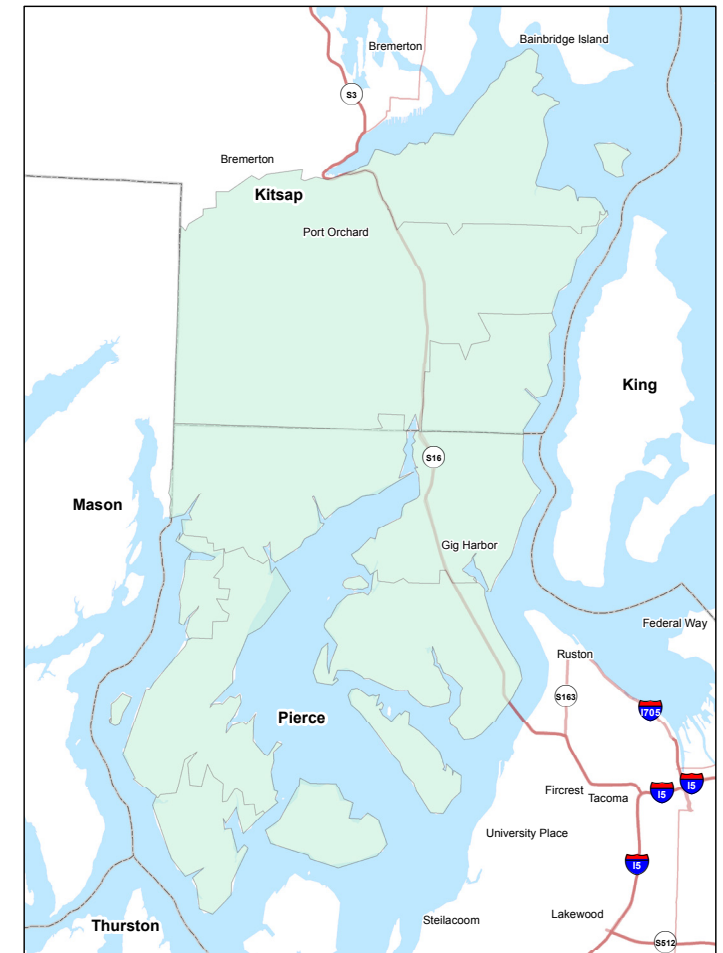
The poverty rate (10%) was lower than the state average (13%). Poverty was most common among residents who are American Indian or Alaska Native, Black and who self-identify as "other" race. These groups were twice as likely as White residents to experience poverty. 26.9% of students last year were eligible for free or reduced-price lunch. This was lower than the state (42.3%).

The percentage of community members living with a disability (15%) was higher than the state average (13%).

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.

St. Anthony Hospital Service Area



Description of the Community

Continued

Race and Ethnicity

The St. Anthony Hospital community has changed since 2005. Since 2005, the White population in this community has decreased by 3.2% and the Hispanic population in this community has increased by 1.4%.

Age and Sex

The proportion of adults 55 years and higher continues to increase. Since 2006, the proportion of 55-64 years and 65-74 years have increased by 3.8% and 5.3%, respectively. The ratio of male to female is about 1:1.

Demographics (%)

St. Anthony Hospital Service Area, 2016

	Count	Percent
Race and Ethnicity		
White	113741	83.4%
Black	2045	1.5%
AIAN	1212	0.9%
Asian	4392	3.2%
NHOPI	1132	0.8%
Multiracial	6237	4.6%
Hispanic	7608	5.6%
All	136367	100.0%

Sex		
Male	67344	49%
Female	69210	51%

Age (years)		
Under 1	1347	1%
1-4	5842	4%
5-14	16801	12%
15-24	13747	10%
25-34	13815	10%
35-44	15885	12%
45-54	19668	14%
55-64	23331	17%
65-74	16839	12%
75-84	6634	5%
85+	2645	2%

Source: Washington State Office of Financial Management, Forecasting Division

Description of the Community

Continued

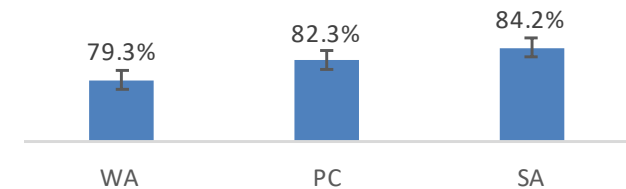
SOCIOECONOMIC CHARACTERISTICS

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%). The graduation rate in the St. Anthony Hospital community (84.2%) was also higher than the state.

On-Time Graduation Rate



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

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 significant burden on households and communities, hindering access to resources promoting good health.

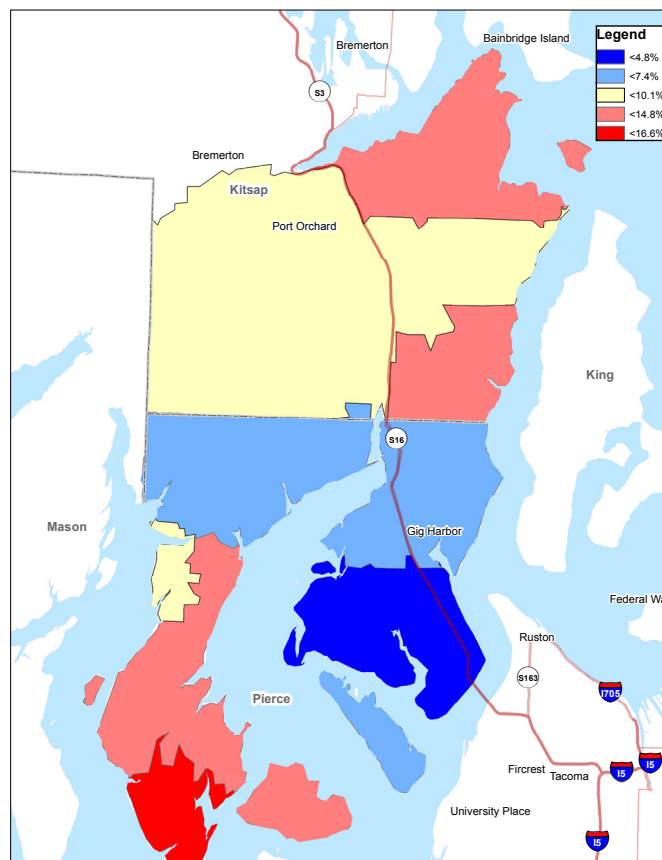
- In the St. Anthony Hospital community, 10% of residents were living in poverty, compared to 12.7% in Pierce County and 13% statewide.

Description of the Community

Continued

Poverty

St. Anthony Hospital Service Area, 2016



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

High Housing Costs

Seattle was one of the fastest growing U.S. cities in 2018, driving up housing prices and displacing lower-income residents throughout the area, including Tacoma⁵ and Pierce County. A housing cost greater than 30% of household income can be a hardship on individuals and families, especially as persistent poverty continues amidst rising property costs. Housing costs are typically more burdensome among renters.

Poverty and Housing Costs (%)

St. Anthony Hospital Service Area, 2016

	Count	Percent
Poverty (<100% FPL) & Near Poverty (<200% FPL)		
Poverty	12333	10%
Near Poverty	28941	23%

Poverty – Racial Breakdown		
AIAN	319	22%
Asian	326	9%
Black	373	23%
Hispanic	1107	17%
Multiracial	1042	17%
NHOPI	39	6%
Other	176	18%
White	10058	9%

Population with burdensome housing costs		
Renters	5790	55%
Owners w/ mortgage	8979	33%
Owners w/o mortgage	1114	11%

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

⁵<https://www.census.gov/newsroom/press-releases/2018/estimates-cities.html>

Description of the Community

Continued

Homelessness

In 2017 the City of Tacoma declared a state of public health emergency relating to homelessness. Tacoma joins other west coast cities in this emergency declaration, including Seattle, Portland and Los Angeles all of which declared in 2015. 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. The top three zip codes where homeless were surveyed in Pierce County were 98402, 98404, 98405 and 98387. This is primarily north of I-5 in the Central Tacoma and Hilltop areas and Puyallup/Sumner/Bonney Lake.

Free and Reduced-Price Lunch

The 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 St. Anthony Hospital community, 26.9% of students in the 2016-2017 school year were eligible.
- The rate of free and reduced-price lunch in the St. Anthony Hospital community was lower than Pierce County (43.3%) and the state (42.3%).

Description of the Community

Continued

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.

- 1,009 children from Pierce County of the 6,200 Washington State children entered out-of-home care in 2017. Pierce County has the highest number of children entering care in Washington State.
- Pierce County had a 35% higher rate of kids who entered foster care (7.4 per 1,000) compared to the state (5.5 per 1,000).⁶

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; however, data collected as part of the U.S. Census helps estimate this number.

⁶Placement 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.

Foreign-born Residents (%)

St. Anthony Hospital Service Area 2012-2016

Region of Birth	Count	Estimate	95% CI
Asia	2711	43%	(36%-50%)
Europe	1630	26%	(21%-31%)
North America	885	14%	(10%-18%)
Latin America [^]	785	13%	(9%-16%)
Oceania ^{^^}	172	3%	(1%-4%)
Africa	86	1%	(0%-3%)
Total *	6269	4.6%	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 continues to be the most common language in the hospital service area followed by Spanish and Tagalog.

Top Languages Spoken (%)

St. Anthony Hospital Service Area 2012-2016

Language	Estimate	95% CI
English	94%	(92%-96%)
Spanish	2%	(1%-3%)
Tagalog	1%	(0%-1%)

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”.

- In the community served by St. Anthony Hospital, 2% speak English “less than very well”.
- In comparison, 6% in Pierce County and 8% statewide report speaking English “less than very well.”

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

St. Anthony Hospital Service Area 2012-2016

Language	Estimate	95% CI
Korean	65%	(25%-100%)
Japanese	46%	(16%-76%)
Vietnamese	42%	(3%-81%)
Chinese	39%	(9%-68%)
Spanish	33%	(19%-46%)
Russian	31%	(3%-60%)

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

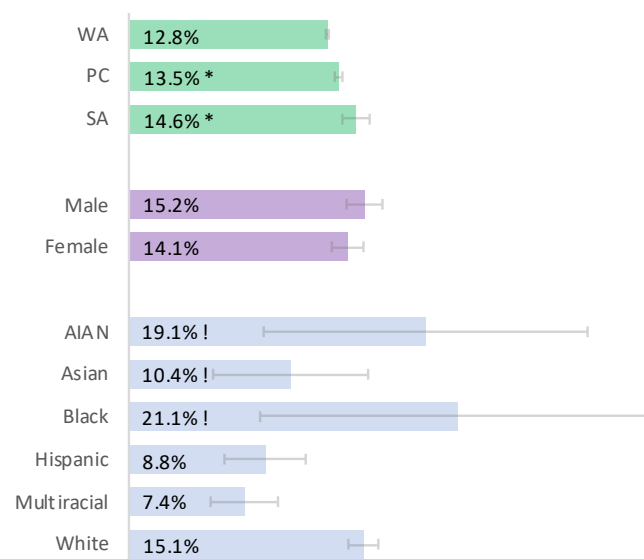
Disability

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

The rate of disability was higher in this community when compared to the state. White residents had higher disability rates compared to Multiracial and Hispanic residents.

Disabled (%)

St. Anthony Hospital Service Area 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 was another important indicator for the health of a community.

Chronic diseases such as cancer, heart disease, and Alzheimer's disease are the leading causes of death in the community served by St. Anthony. The leading causes of hospitalization are due to diseases of the circulatory system such as stroke and heart disease, diseases of the digestive system and injuries.

This population has about the same life expectancy (80.2 years) compared to the state average (80.3 years). Native Hawaiian/Pacific Islanders have the lowest life expectancy (74.3 years) followed by Black residents (76.8 years).

Prostate cancer and urinary cancer incidence are higher in this community compared to state averages.

Leading Causes of Death

Continued

LIFE EXPECTANCY

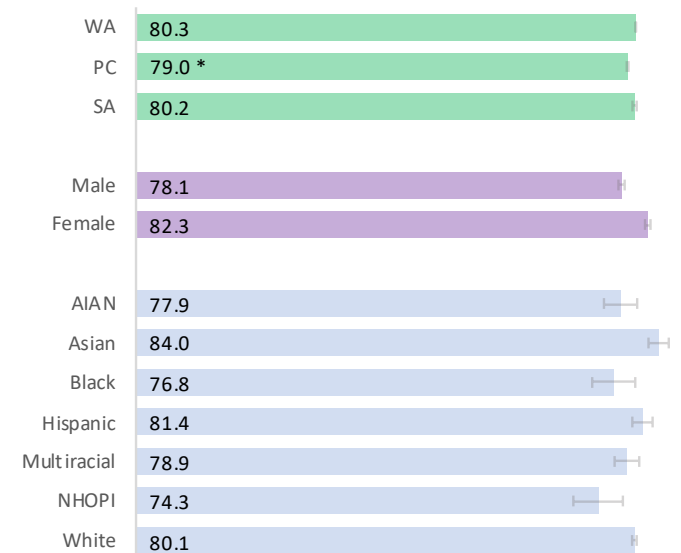
Life expectancy – the average number of years a person at birth can expect to live, given current death rates – is a widely used measure of the overall health of a population.

Life expectancy ranges from a high of 82.7 years (range of 81.7 to 83.8) in Gig Harbor to a low of 76.8 years (range of 70.6 to 83.0) in Longbranch.

In the community served by St. Anthony Hospital life expectancy was lowest among American Indian and Alaska Native, Black and Native Hawaiian or Pacific Island residents. These were lower than life expectancy for White and Asian residents. Overall, the St. Anthony Hospital community has the same life expectancy compared to the state average.

Life Expectancy (Years)

St. Anthony Hospital Service Area, 2012-2016



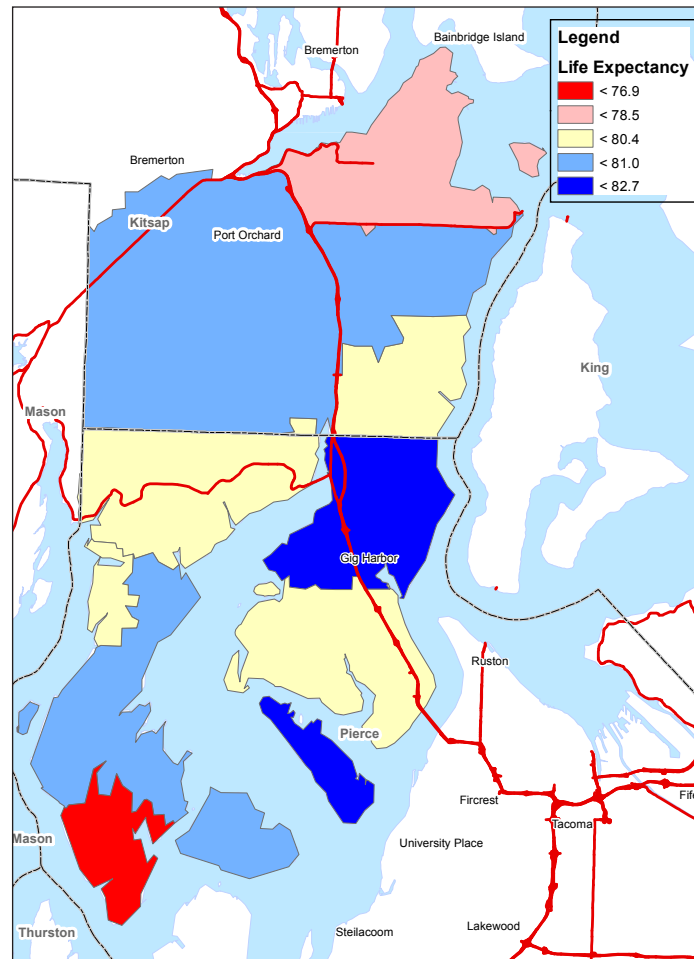
(*) value different from WA state

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

Leading Causes of Death

Continued

Life Expectancy St. Anthony Hospital Service Area



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

As people continue to live longer due to significant 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 both males and females were heart disease and cancer. For males, the third leading cause of death was unintentional injuries. For females, the third leading cause of death was Alzheimer's disease.

Top 10 Leading Causes of Death St. Anthony Hospital Service Area 2012-2016

OVERALL	Rate*
Cancer	160.57
Heart disease	135.28
Alzheimer's disease	58.20
Unintentional injuries	40.66
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	40.22
Stroke	34.45
Diabetes	18.03
Suicide	17.26
Infectious and parasitic disease	16.00
Parkinson's disease	12.83

*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

Top 10 Causes of Death (by gender) St. Anthony Hospital Service Area 2012-2016

MALE	Rate*
Cancer	183.69
Heart disease	173.81
Unintentional injuries	55.79
Alzheimer's disease	45.86
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	43.65
Stroke	33.02
Suicide	27.32
Diabetes	23.52
Parkinson's disease	19.72
Infectious and parasitic disease	17.53

FEMALE	Rate*
Cancer	141.23
Heart disease	103.17
Alzheimer's disease	67.29
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	38.45
Stroke	35.26
Unintentional injuries	26.58
Infectious and parasitic disease	14.64
Diabetes	13.46
Influenza and pneumonia	9.73
Parkinson's disease	7.66

*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 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 are more likely to be hospitalized due to circulatory system diseases, such as strokes and heart disease. Females are more likely than males to be hospitalized due to diseases of the reproductive and urinary systems.

Leading Causes of Death

Continued

Top 10 Leading Causes of Hospitalization

St. Anthony Hospital Service Area 2011-2015

MALE	Rate*
Diseases of circulatory system	1206.03
Diseases of digestive system	768.34
Injuries	647.01
Diseases of respiratory system	601.30
Diseases of musculoskeletal system and connective tissue	586.08
Infectious and parasitic diseases	455.64
Mental disorders	298.31
Cancer	292.00
Diseases of reproductive and urinary systems	279.29
Endocrine; nutritional; and metabolic diseases and immunity disorders	221.00

FEMALE	Rate*
Diseases of circulatory system	904.64
Diseases of digestive system	815.16
Injuries	667.96
Diseases of musculoskeletal system and connective tissue	616.64
Diseases of respiratory system	590.41
Infectious and parasitic diseases	464.05
Diseases of reproductive and urinary systems	429.22
Mental disorders	343.21
Cancer	302.03
Endocrine; nutritional; and metabolic diseases and immunity disorders	287.34

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

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

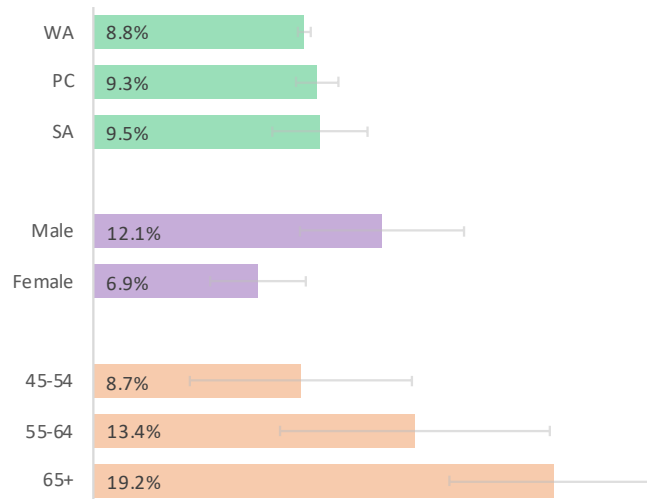
Diabetes diagnoses among adults was self-reported as part of the Behavioral Risk Factor Surveillance System.

There was no difference between the St. Anthony community and the state. Males had a higher rate of diabetes than females.

Leading Causes of Death

Continued

Adults Who Have Diabetes (%) St. Anthony Hospital Service Area 2012-2016



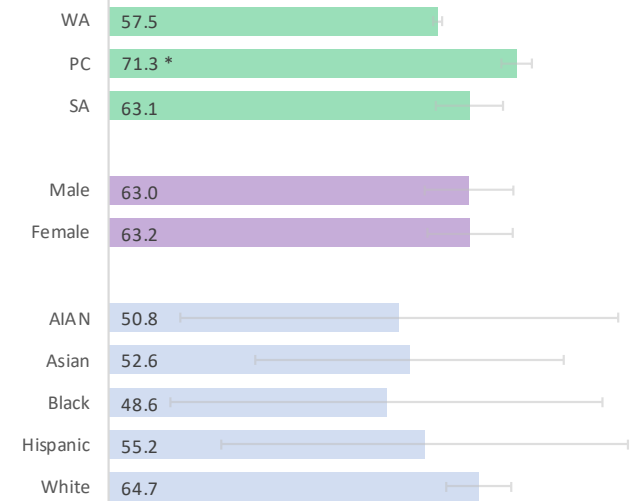
Race & some ages excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

Lung Cancer

The number of new cases, or the incidence, of lung cancer was available through the state cancer registry.

There were no differences between groups by gender or race/ethnicity group.

Lung Cancer Incidence St. Anthony Hospital Service Area 2011-2015



(*) value different from WA state
Rate: New cancer cases per 100,000 residents
Some races excluded due to sample size limitations
Source: Washington State Cancer Registry

Leading Causes of Death

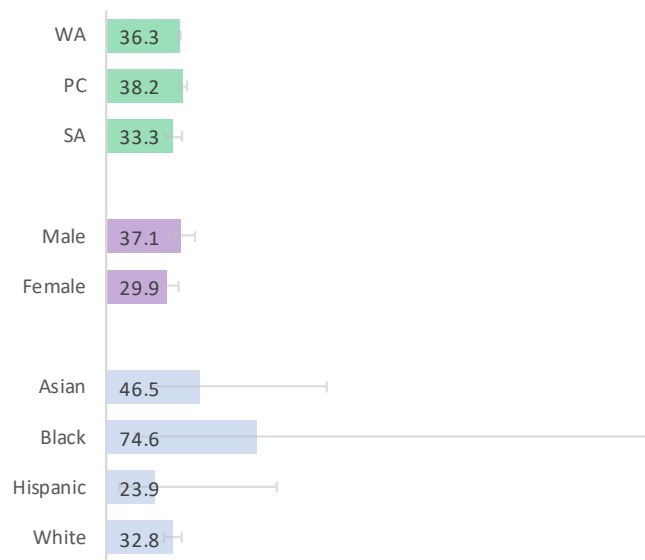
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Colorectal Cancer

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

There were no differences by gender or race/ethnicity groups in the St. Anthony community.

Colorectal Cancer Incidence St. Anthony Hospital Service Area 2011-2015



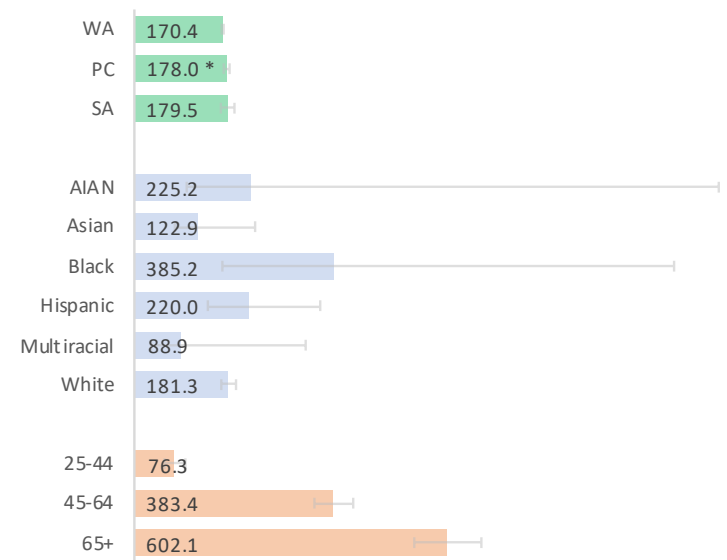
Rate: New cancer cases per 100,000 residents
Some races excluded due to sample size limitations
Source: Washington State Cancer Registry

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.

Breast cancer risk increases with age. There were no differences by race/ethnicity in the St. Anthony community.

Breast Cancer Incidence St. Anthony Hospital Service Area 2011-2015



(*) value different from WA state
Rate: New cancer cases per 100,000 residents
NHOP1 excluded due to sample size limitations
Source: Washington State Cancer Registry

Leading Causes of Death

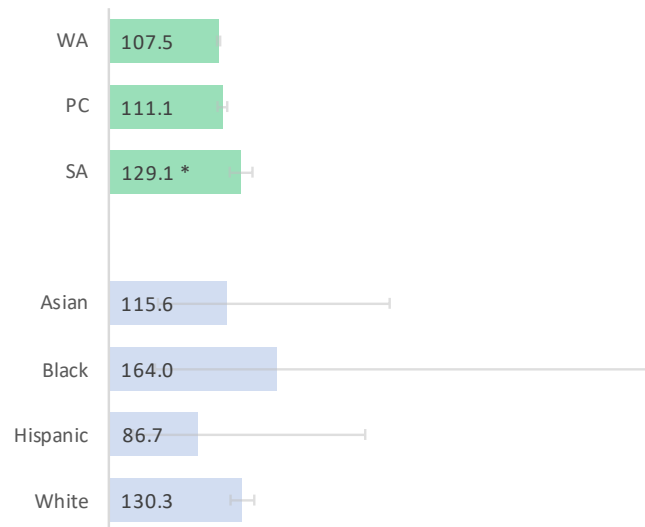
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Prostate Cancer

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

Prostate cancer incidence was higher in the St. Anthony community compared to the state. There were no differences by race/ethnicity group.

Prostate Cancer Incidence St. Anthony Hospital Service Area 2011-2015



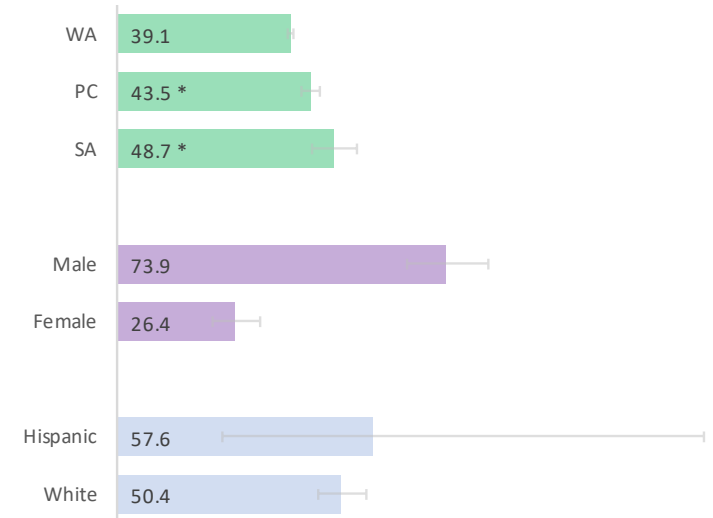
(*) value different from WA state
Rate: New cancer cases per 100,000 people
Some races excluded due to sample size limitations
Source: Washington State Cancer Registry

Urinary System Cancer

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

In the community served by St. Anthony Hospital, urinary system cancer incidence was higher than statewide averages. Males were more likely than females to have urinary system cancer.

Urinary System Cancer Incidence St. Anthony Hospital Service Area 2011-2015



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

Leading Causes of Death

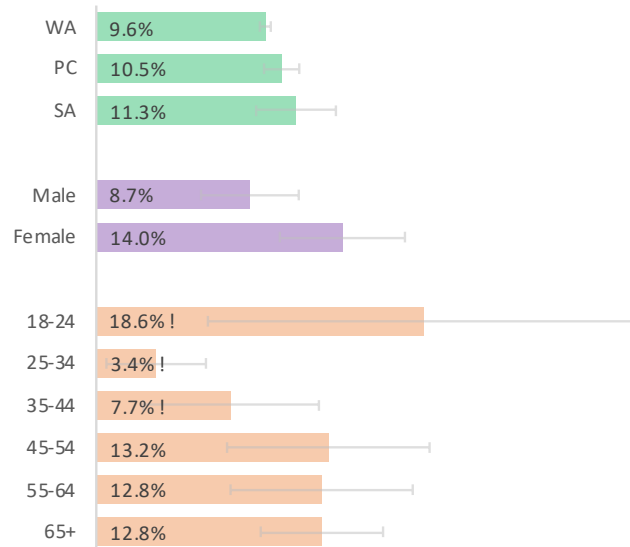
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Asthma – Adults

Asthma is measured by the proportion of adults reporting they have ever been diagnosed with asthma by a health care professional.

In the community served by St. Anthony Hospital, there was no difference in asthma among adults compared to the state. Adults 25-34 years old had a lower risk of asthma compared to other age groups.

Adults Who Currently Have Asthma (%) St. Anthony Hospital Service Area 2012-2016



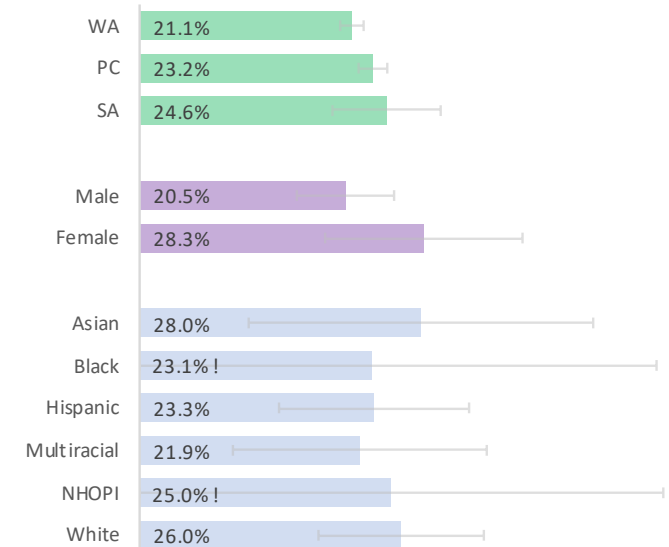
(!) relative standard error greater than 30%
 NHOPI excluded due to sample size limitations
 Source: Behavioral Risk Factor Surveillance System

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 had ever diagnosed them with asthma.

There were no differences when comparing youth asthma rates in the St. Anthony community to state averages. There were no differences by gender or race.

Youth Who Currently Have Asthma (%) St. Anthony Hospital Service Area 2016



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

Leading Causes of Death

Continued

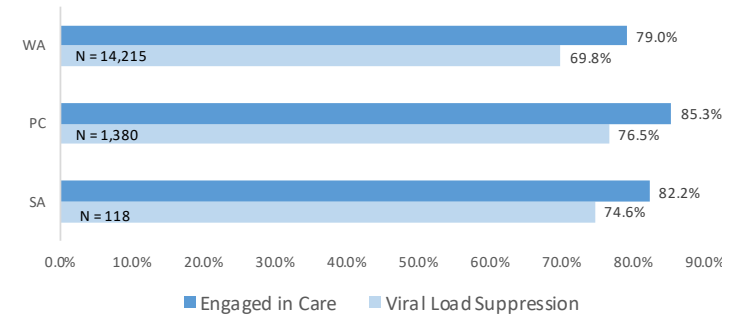
Human Immunodeficiency Virus (HIV)

HIV has been a major public health concern for decades. In 2017, fewer than 10 individuals were newly diagnosed with HIV within the hospital service area. The prevalence of people living with HIV (PLWH) is still substantial. In the community, 118 people are 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 St Anthony Hospital community, 118 residents are living with HIV. 82.2% of these residents are engaged in any type of care, and 74.6% of these residents are living in viral suppression.
- This was slightly higher than the state rates of 79.0% engaged in care and 69.8% living in viral suppression.

HIV Treatment Care Outcomes St. Anthony 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 use and a multitude of environmental exposures are some factors that may lead to negative health outcomes.

In the community served by St. Anthony Hospital, obesity among both adults and children was not different than state averages. In adults, obesity was more common in males and Multiracial residents.

The percentage of adult and youth who smoke cigarettes or e-cigarettes in this area are the same as county and state averages. Residents 25-34 years of age in the St. Anthony Community reported current cigarette use more frequently compared to residents age 55 and older.

OBESITY, PHYSICAL ACTIVITY AND NUTRITION

Many chronic diseases discussed in the previous section 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

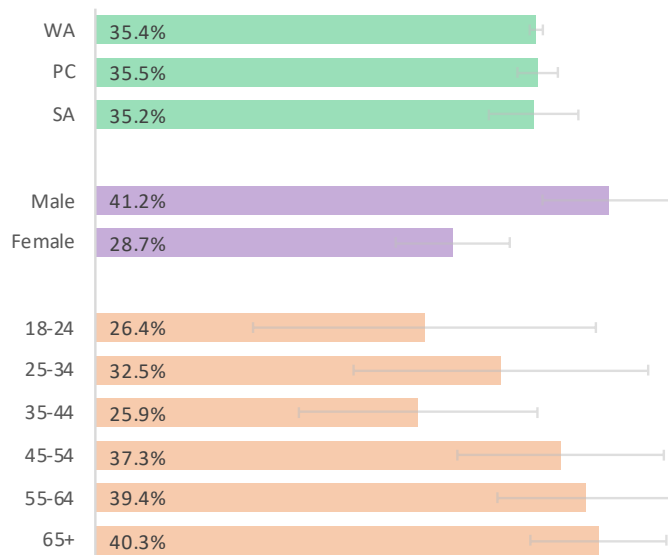
Overweight – Adults

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.

There were no notable differences in the rate of overweight adults in this community compared to the state. Males had a higher rate of overweight compared to females.

Overweight Adults (%)

St. Anthony Hospital Service Area 2012-2016



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

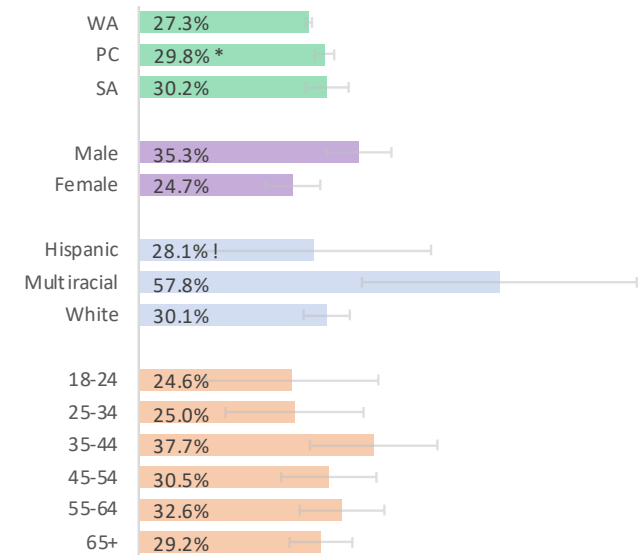
Obese – Adults

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 rate of adult obesity in the community served by St. Anthony Hospital was comparable to the state. Obesity among adults was higher among males compared to females and Multiracial residents compared to White residents.

Adult Obesity (%)

St. Anthony 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

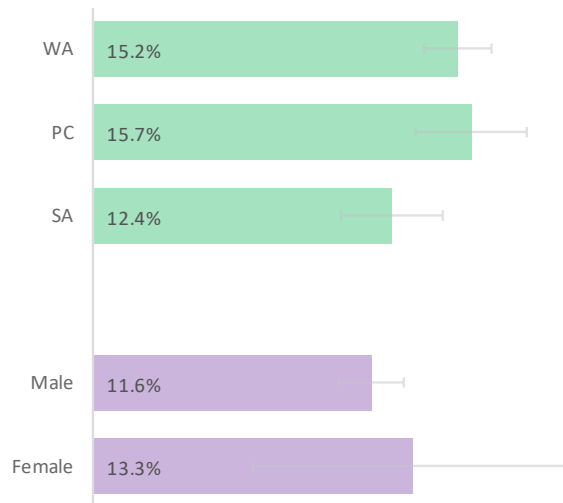
Overweight – Youth

Youth BMI groups are determined using Healthy Youth Survey responses. “Overweight” includes students who are in the top 15% for body mass index, but not the top 5%, based on growth charts from the Centers for Disease Control and Prevention.

In the community served by St Anthony there was no difference in the percent overweight youth between this community and the state.

Overweight Youth (%)

St. Anthony Hospital Service Area 2016



Race excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

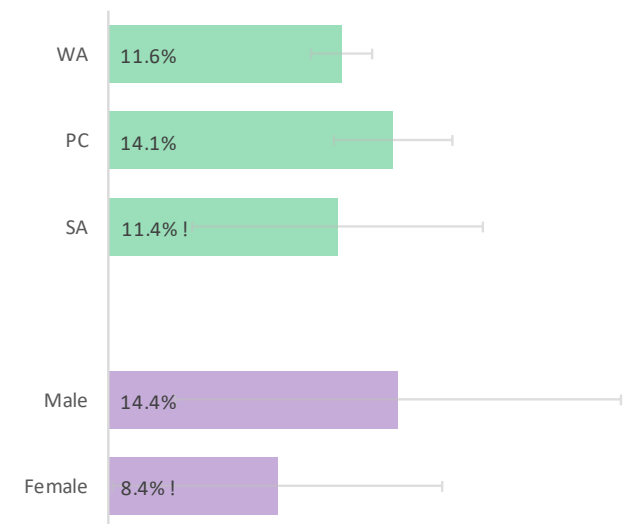
Obese – Youth

As mentioned in the previous section, 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.

There are no differences between the hospital community and the state. There was no difference by gender.

Youth Obesity (%)

St. Anthony Hospital Service Area 2016



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

Health Behaviors

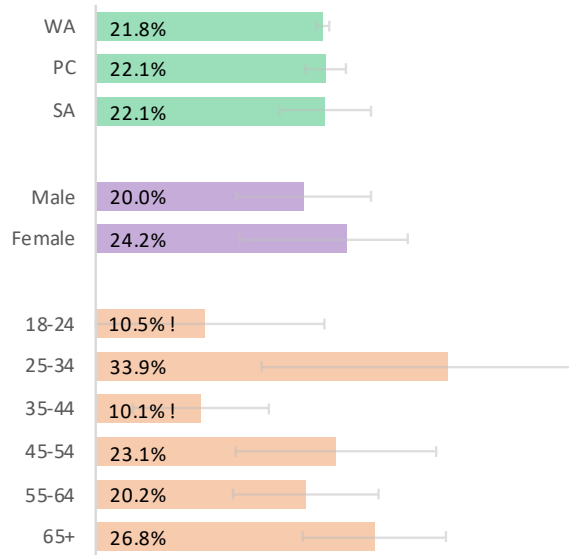
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Physical Activity – Adults

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

The percent of people who met PA recommendations in the St. Anthony community was similar to the state. Adults 35-44 years old met PA recommendations at a lower rate compared to residents 65 years and older.

Met PA Recommendations (%) St. Anthony Hospital Service Area 2011-2015 (odd years)



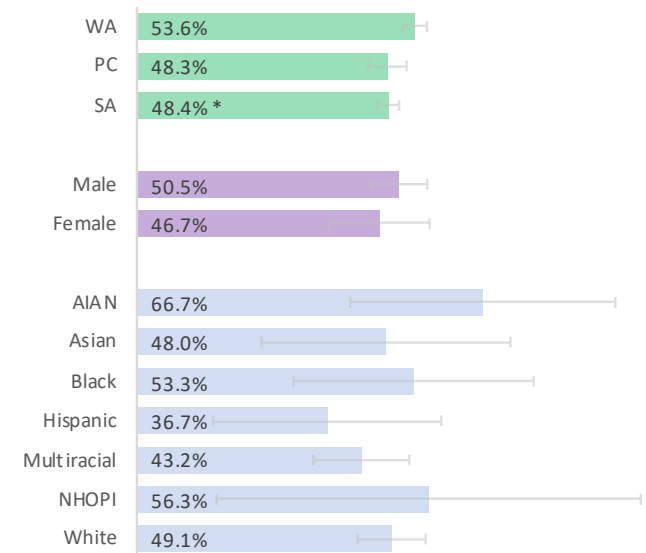
(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Physical Activity – Youth

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

The percent of youth engaging in at least an hour of physical activity 5 days per week was lower in this community compared to the state. There was no difference by gender or race.

One Hour of Activity Five Days/Week (%) St. Anthony Hospital Service Area 2016



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

Health Behaviors

Continued

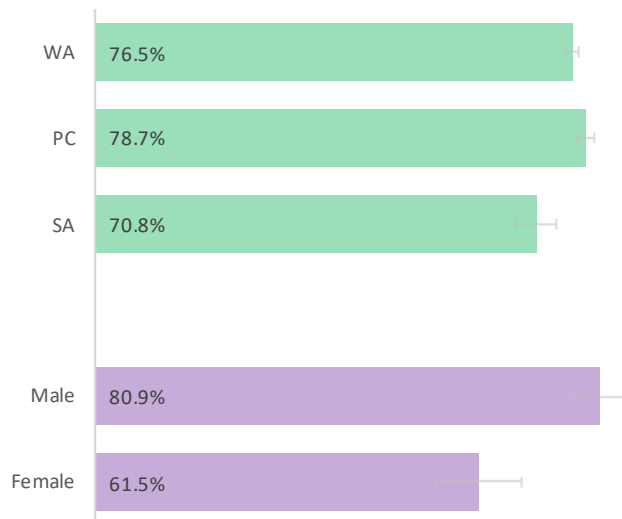
Sugar-Sweetened Beverages

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.

Males had a higher rate of SSB consumption compared to females. Race and ethnicity are excluded due to sample size limitations.

SSB Consumption (%)

St. Anthony Hospital Service Area 2016



Race excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

Scharf, R. and DeBoer, M. Sugar-sweetened beverages and children's health. Annual Rev. Public Health 2016. 37:273-93.

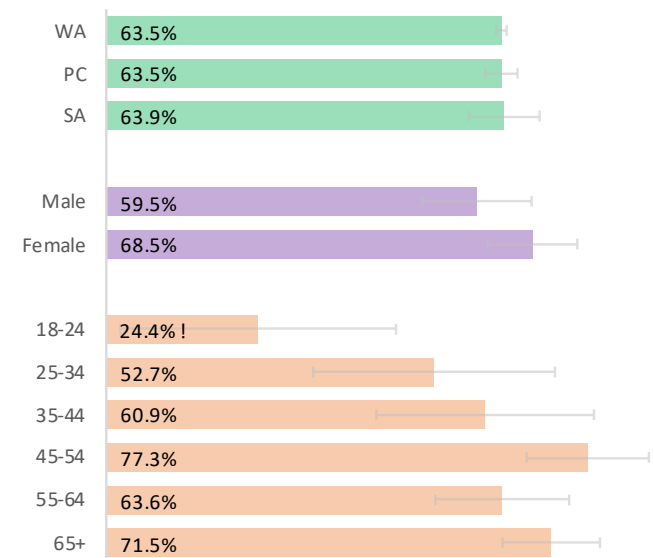
Fruit Consumption – Adults

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

Fruit consumption among adults in this community was about the same as the state average. There was no difference by gender.

At Least One Daily Fruit Serving (%)

St. Anthony Hospital Service Area 2011-2015 (odd years)



(!) relative standard error greater than 30%

Race excluded due to sample size limitations

Source: Behavioral Risk Factor Surveillance System

Health Behaviors

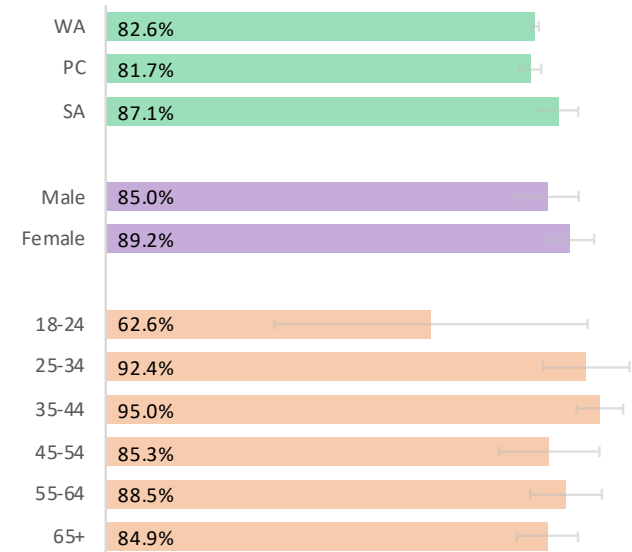
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Vegetable Consumption – Adults

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 about the same as the state. There was no difference by gender.

At Least One Daily Vegetable Serving (%) St. Anthony Hospital Service Area 2011-2015 (odd years)



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

Health Behaviors

Continued

Tobacco

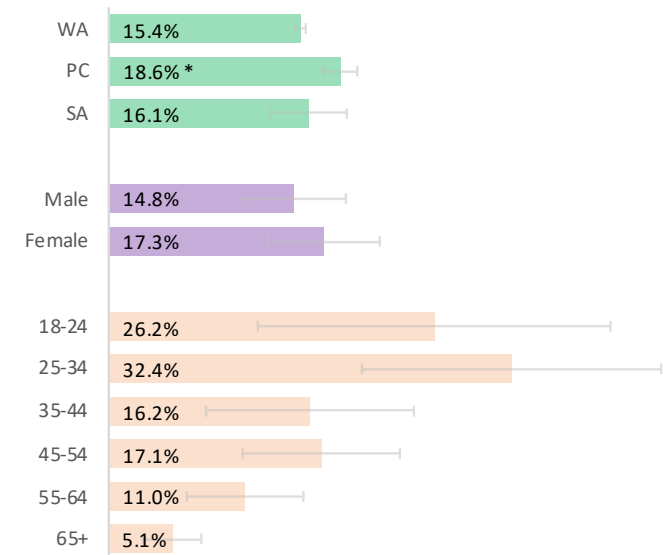
Tobacco use remains one of the most prevalent risky behaviors in communities across the United States, despite a robust body of evidence that tobacco use increases the risk of heart disease, cancer and many other negative health outcomes. Despite a general trend of decreasing tobacco use nationwide, an increase in electronic cigarette availability and 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.

This community had similar adult smoking rates as the state. Residents 25-34 years old in this service area report current cigarette use more frequently compared to residents age 55 and older. There was no difference by gender.

Current Cigarette Use – Adults (%) St. Anthony Hospital Service Area 2012-2016



(*) value different from WA state

Race excluded due to sample size limitations

Source: Behavioral Risk Factor Surveillance System

Health Behaviors

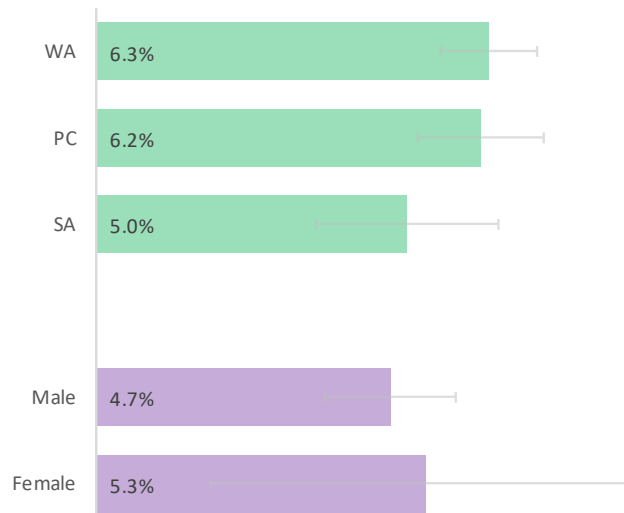
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Current Cigarette Use – Youth

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

Youth were smoking cigarettes in this community at comparable rates to the state. There was no difference by gender.

Cigarette Use, Past 30 Days (%) St. Anthony Hospital Service Area 2016



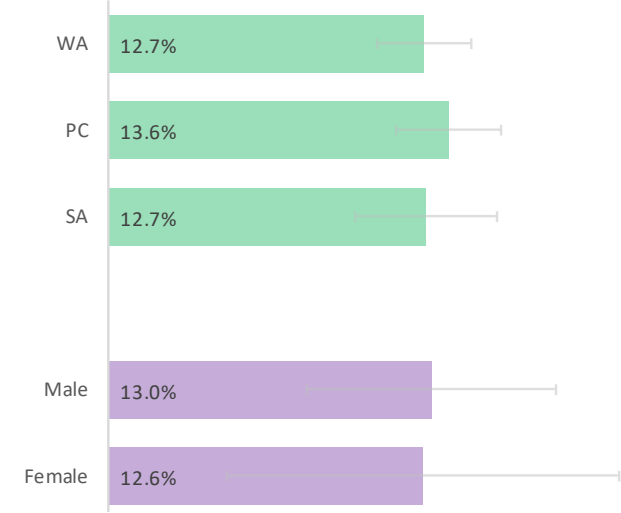
Race excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

Current E-Cigarette Use – Youth

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

E-cigarette use among youth in this service area was not different from the state. There was no difference by gender.

E-Cigarette Use, Past 30 Days (%) St. Anthony Hospital Service Area 2016



Race excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

Health Behaviors

Continued

ASSETS & RESOURCES

CHI Franciscan Addiction and Recovery Support Groups programs offer multiple classes available to address tobacco and substance use, including Freedom from Tobacco Support Groups.

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

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.

Peninsula Metropolitan Park District (PenMet Parks) mission is to enhance the quality of life on the Gig Harbor Peninsula by providing park and recreational opportunities for all citizens.

Gig Harbor Parks improves physical and psychological health, strengthening communities, and make their cities and neighborhoods more attractive places to live and work.

Key Pen Parks is dedicated to serving their community and its citizens. They are deeply committed to the enhancement and preservation of their community's quality of life.

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

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.

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

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

CHI Franciscan Outpatient Nutrition Education Center offers educational opportunities for the treatment of diabetes. Times and locations of diabetes support groups vary.

CHI Franciscan Talks are educational activities intended to care for the mind, body and spirit.

YMCA of Pierce and Kitsap Counties:

- Diabetes Prevention Program
- ACT! Actively Changing Together

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 the St. Anthony Hospital community reported having people they could count on and connectedness with their community members at similar rates as the rest of the county and state.

⁷Perissinotto 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.

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

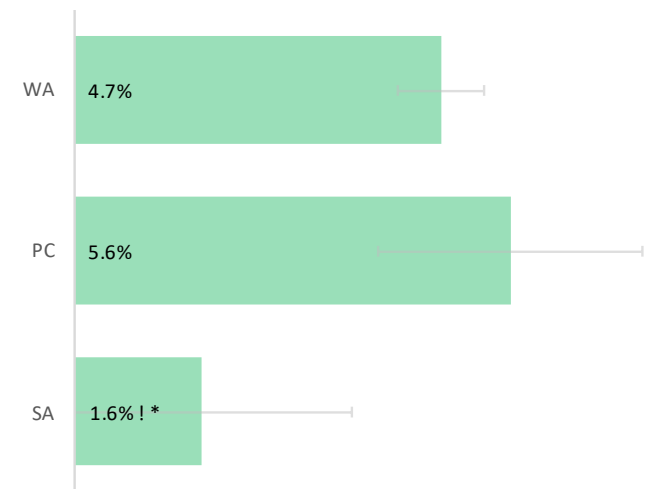
⁹Xia, N., & Li, H. (2018). Loneliness, Social Isolation, and Cardiovascular Health. *Antioxidants & redox signaling*, 28(9), 837-851.

SOCIAL SUPPORT

Adults were asked about how many people they could count on to come help them if they asked for practical help, such as grocery shopping or caring for a family member.

Because of the small sample size and large margin of error in the data, we can't identify differences between the St. Anthony Hospital community and other areas.

No Social Support (%) St. Anthony Hospital Service Area 2016



(!) relative standard error greater than 30%

(*) value different from WA state

Interpret these results with caution due to sample size

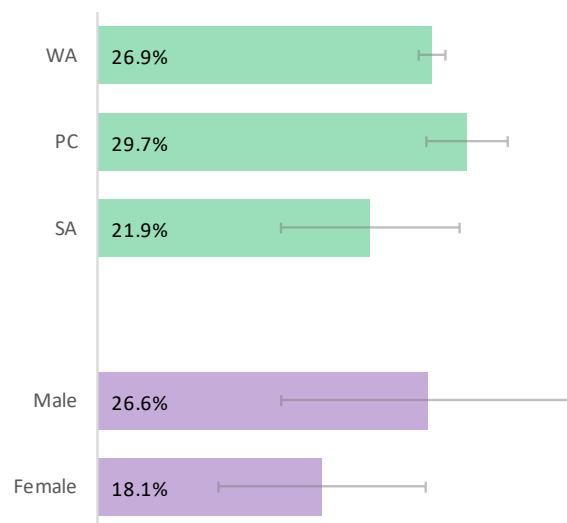
Source: Behavioral Risk Factor Surveillance System

COMMUNITY RESILIENCE

Adults were also 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.

The percent of adults reporting practical help available was similar to statewide reports. There was no difference by gender.

Limited Practical Help Available (%) St. Anthony Hospital Service Area 2016



Source: Behavioral Risk Factor Surveillance System

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



CHI Franciscan
St. Anthony Hospital
Community Health
Needs Assessment
2019

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

The community being served by St. Anthony Hospital generally had insurance coverage rates comparable to state and county rates.

Residents in this community were more likely to have a usual primary care provider (i.e. “medical home”) compared to county and state averages. The odds of not having a medical home decreased with age. Males have lower rates of having a usual primary care provider compared to females.

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

Children in the St. Anthony community obtained recommended vaccinations at higher rates than the state average. Recommended HPV vaccination rates among adolescents was lower in this community compared to the state.

Residents in this service area were more likely to meet recommended USPSTF¹⁰ colorectal cancer screening when compared to the state.

The St. Anthony Hospital community scored lower than the state almost all composite measures of Prevention Quality Indicators (PQI), showing better prevention of hospitalization.

¹⁰United States Preventive Services Task Force

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.

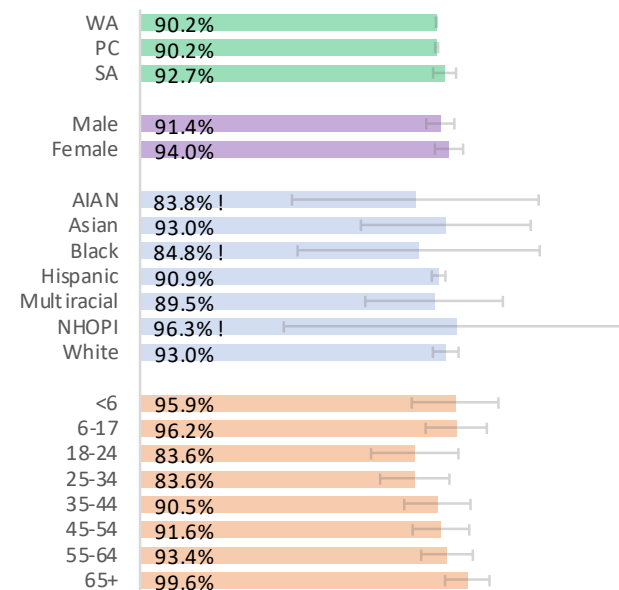
INSURANCE COVERAGE

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 people with insurance coverage between the community served by St. Anthony Hospital and the state. There were also no differences by gender, race or age.

Insurance Coverage (%)

St. Anthony 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

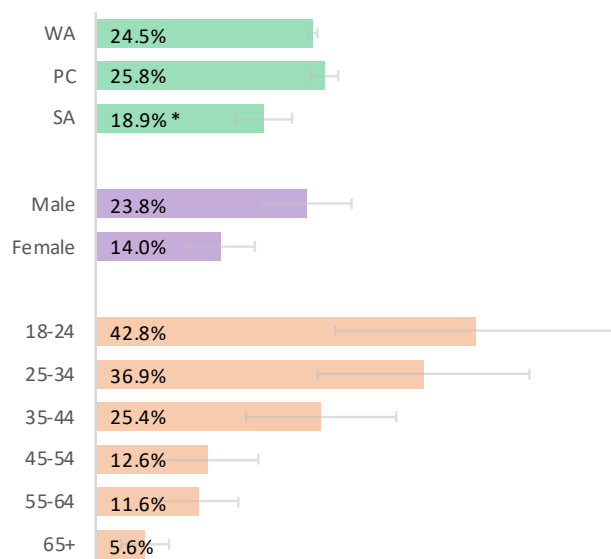
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MEDICAL HOME - ADULTS

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

St. Anthony hospital community residents were more likely to have a medical home than the state. The rate of not having a medical home decreased with increasing age. Males have a higher rate of no usual primary care provider compared to females.

No Usual Primary Care Provider – Adults (%) St. Anthony Hospital Service Area 2012-2016



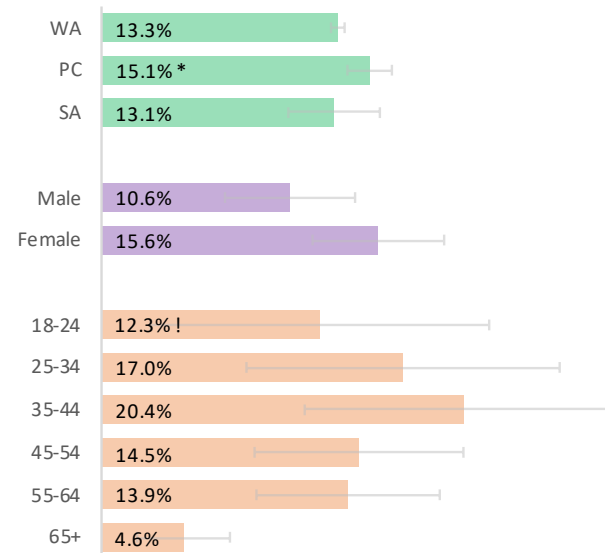
(*) value different from WA state
Source: Behavioral Risk Factor Surveillance System

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 the same in this community compared to the state. Female residents had higher rates compared to male residents, and residents ages 65 and older had lower rates of not obtaining care compared to younger age groups.

Did Not See a Doctor Due to Cost (%) St. Anthony Hospital Service Area 2012-2016



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

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

Continued

ORAL HEALTH

Oral health is an oft-overlooked component of a robust public health system. Regular dental checkups have a crucial role in preventing childhood cavities, as well as reducing the risk of chronic diseases.

Childhood Cavities – The rate of childhood 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.

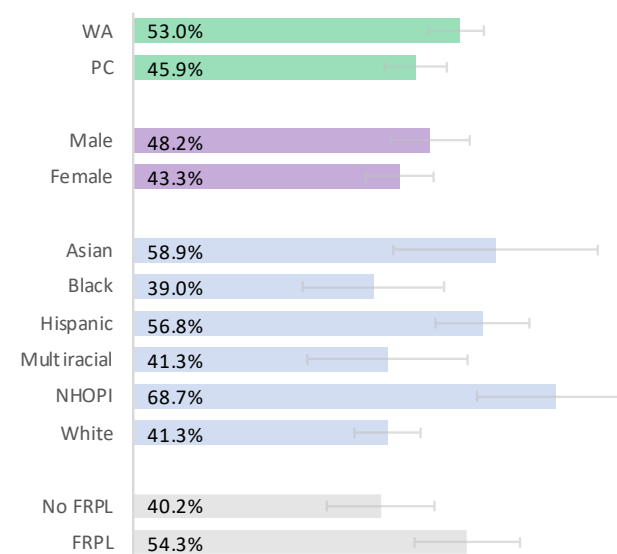
TOTAL CHILDHOOD CAVITIES

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, which was not different from the state.

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

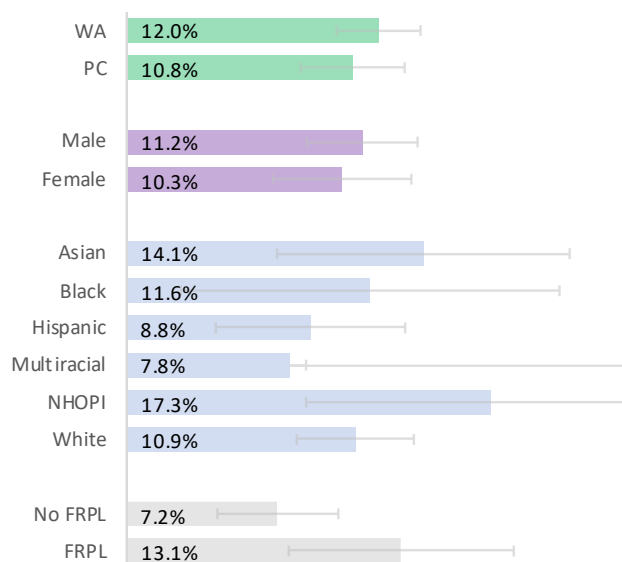
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UNTREATED CHILDHOOD CAVITIES

Although childhood cavities are a warning sign for oral health concerns that would continue into adulthood, obtaining adequate dental care can help to minimize the continued damage of poor oral health. In Pierce County, 11% of 3rd graders had untreated cavities, which was not different from the state.

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

Untreated Childhood Cavities (%) Pierce County, 2016



Source: SMILE Oral Health Survey (3rd grade)

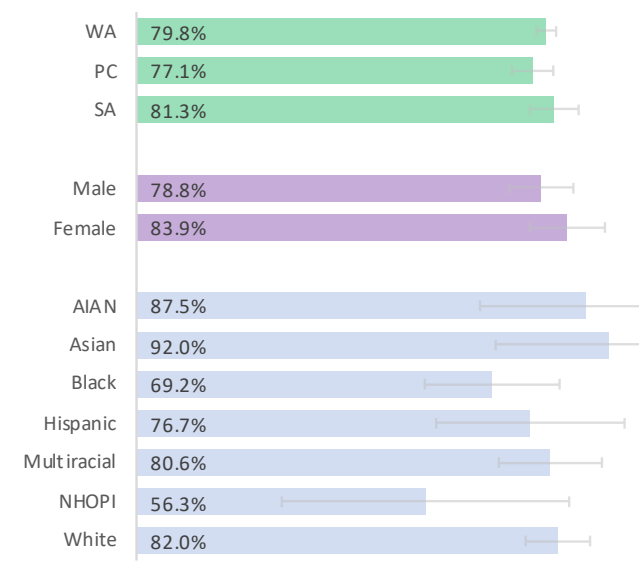
ROUTINE DENTAL CHECKUP – YOUTH

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 St. Anthony Hospital, the percent of youth who had a routine dental checkup in the past year was about the same as the state average.

There were no differences by gender or race/ethnicity groups.

Routine Dental Checkup, Past Year (%) St. Anthony 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 focused on disease prevention and detection - including colorectal, breast and prostate cancer screening - make important contributions to reducing the prevalence of disease. One of the greatest public health successes of clinical preventive services - immunizations - has reduced the burden of infectious disease 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 (WSIIS) 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.

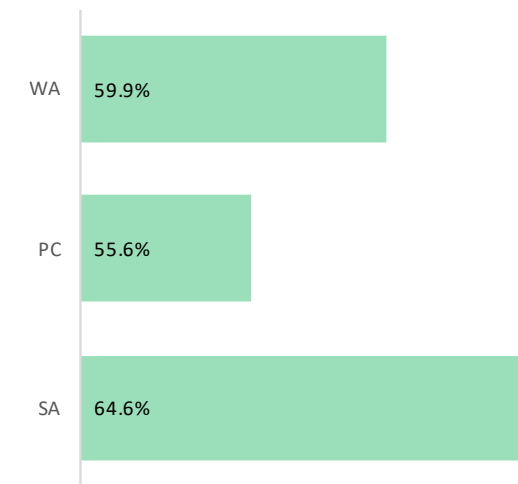
VACCINATIONS (19-35 MONTHS)

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

Children (19-35 months) in the community served by St. Anthony Hospital have obtained recommended vaccines at higher rates than the county and state averages.

Recommended Early Childhood Vaccines Completed (%)

19-35 Months, 4313314 HEDIS Series



Source: Washington State Immunization Information System

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

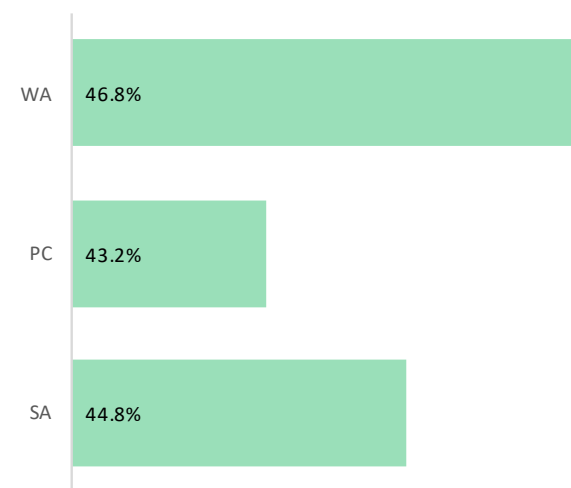
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VACCINATIONS (15-17 YEARS)

Later in childhood, adolescents aged 15-17 years are recommended to have the human papillomavirus (HPV) vaccine.

The percent of adolescents with the recommended HPV completed was lower in this service area than the state.

Recommended HPV Completed (%) Adolescents, 15-17 years



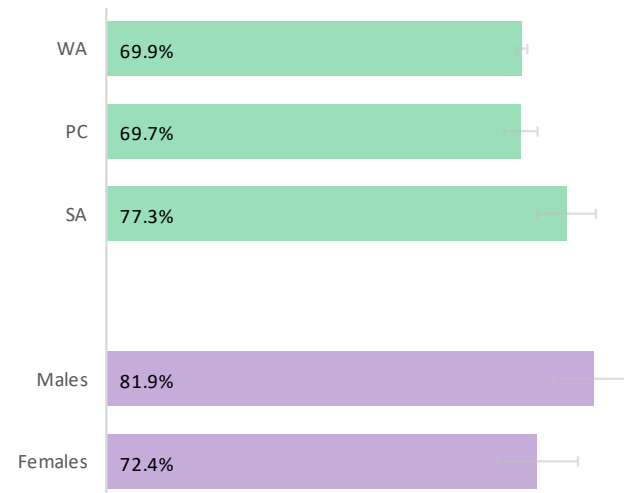
Source: Washington State Immunization Information System

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.

More than three out of four residents in this community met the recommended USPSTF colorectal cancer screening guidelines. Residents in this community were more likely to meet the guidelines when compared to the state. There was no difference by gender.

Adults (50-75 yrs) Meeting Colorectal Cancer Screening Guidelines (%) St. Anthony Hospital Service Area 2012-2016



Race 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. The Prevention Quality Indicator (PQI) scores below indicates better prevention of hospitalizations in the St. Anthony Hospital community compared to state and county scores.

PREVENTION QUALITY INDICATORS (PQI)

The Prevention Quality Indicators are a set of measures derived from hospital discharge data to describe quality of care. Early inpatient and good outpatient care can potentially prevent health complications and the need for hospitalization. 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 that need further investigation. A lower score compared to the state shows better prevention of these issues in this service area. A higher score highlights areas that may be important to address further.

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 indicators for how well we were doing at preventing those hospitalizations.

The St. Anthony Hospital community scored lower than the state in almost all composite measures of Prevention Quality Indicators (PQI). For the acute composite measure, the St. Anthony Hospital community was about the same as the state.

Composite and Individual PQI Scores

Composite	SA	PC	WA
Overall	845.1	1117.9	873.3
Acute	315.2	348.8	312.4
Chronic	529.9	769.2	556.1
Diabetes	93.9	148.8	122.8

Individual	SA	PC	WA
Diabetes Short-Term Complications ^{C,D}	32.5	59.0	46.2
Perforated Appendix	543.9	594.2	587.0
Diabetes Long-term Complications ^{C,D}	34.4	52.0	47.2
COPD or Asthma in Older Adults ^C	154.1	289.8	197.8
Hypertension ^C	23.2	38.6	16.3
Heart Failure ^C	299.4	394.0	279.2
Dehydration ^A	99.5	99.3	82.5
Bacterial Pneumonia ^A	155.3	158.5	150.4
Urinary Tract Infections ^A	60.4	91.0	84.3
Uncontrolled Diabetes ^{C,D}	20.5	28.6	20.9
Asthma in Younger Adults ^C	9.9	26.6	22.3
Lower-extremity amputations among diabetics ^{C,D}	12.1	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.

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

Project Access collaborates with 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.

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.

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. In addition to these services, Sea Mar provides comprehensive health services for the entire family, including dental, behavioral health and preventive health services.

Lindquist Dental Clinic for Children provides accessible, compassionate and effective dental care to Puget Sound 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.

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

Tacoma-Pierce County Health Department Family Support Centers assists families in finding resources and applying for DSHS benefits, including SNAP (food stamps), as well as 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.

Cancer community navigators are available for local communities who are at high-risk for breast cancer and may not have access to screenings and care.

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

Continued

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

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.

Maternal and Child Health



Improving the well-being of mothers, infants and children determines the starting point of health for families in our community. Protecting and promoting positive behaviors, such as early and adequate prenatal care and breastfeeding directly impacts the health of children in the St. Anthony Hospital community.

The percentage of women who received inadequate prenatal care in this community was higher than the state.

Women 18-24 years old, had higher rates of inadequate prenatal care compared to women age 30-34 years.

In this community, the rate of babies born with low birth weight (less than 5.5 lbs) was similar to the state average. The infant mortality rate in the St. Anthony Hospital community was also similar to the state average.

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.

PRENATAL CARE ADEQUACY

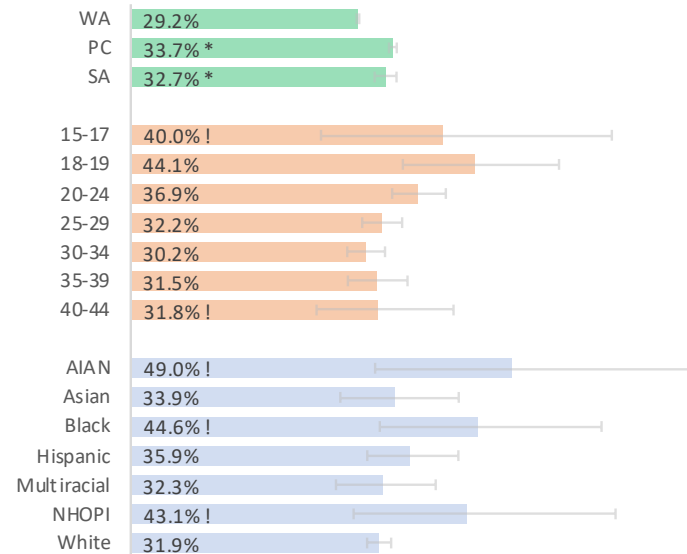
The adequacy of prenatal care is measured using Kotelchuck's Adequacy of Prenatal Care Utilization (APCU) index. Prenatal care is considered adequate based on when prenatal care is initiated (the earlier the better) and how many of the expected visits are completed.

The percent of women with inadequate prenatal care was higher in this community than the state. Women ages 18-24 years were more likely to have inadequate prenatal care compared to women 30-34 years old. There was no difference by race.

Maternal and Child Health

Continued

Inadequate Prenatal Care (%) St. Anthony Hospital Service Area 2007-2016



(*) value different from WA state

(!) relative standard error greater than 30%

Some races excluded due to sample size limitations

Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017

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 birth weight under 2500 grams is low birthweight, while very low birthweight is under 1500 grams.

Maternal and Child Health

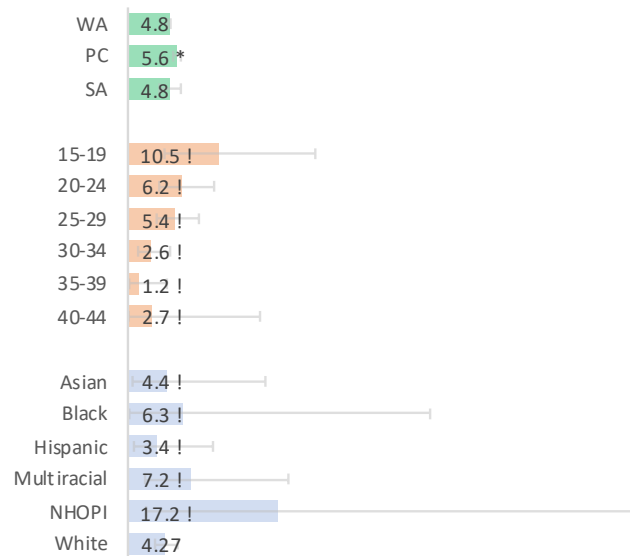
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INFANT MORTALITY

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.

The infant mortality rate in the community being served by St. Anthony Hospital was similar to the state. There was no difference by age or race.

Infant Mortality Rate (IMR) St. Anthony Hospital Service Area 2007-2016



IMR: Infant deaths per 1,000 live births

(*) value different from WA state

(!) relative standard error greater than 30%

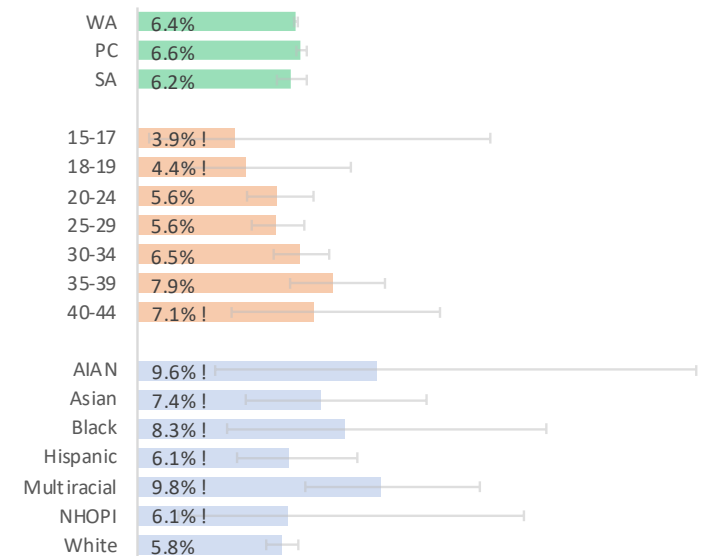
Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

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 percent of low birth weight births in this community was similar to the state. There was no difference by age or race/ethnicity group.

Low Birth Weight, ≤2500 Grams (%) St. Anthony Hospital Service Area 2007-2016



(!) 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

Nurse-Family Partnership is a home visiting program available to support families through pregnancy and a child's 2nd birthday.

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.

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.

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

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.

Equal Start Community Coalition brings together leaders of nearly 30 organizations to promote healthy mothers, families and communities with the goal of reducing infant mortality.

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

MOMs Plus is a program for high-risk pregnant and parenting women.

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.

Women, Infants and Children (WIC) Provides support for pregnant women, nursing moms and children under five to improve access to healthy foods, receive health education and screening services, increase breast feeding and access other health and social services.

Public Health Improvement Partnership is convened by the Washington State Department of Health to prevent or reduce the impact of adverse childhood experiences, such as abuse and neglect.

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.

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

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 occurred in the community. Suicide rates in the community served by St. Anthony Hospital were similar to Washington state averages. Males are more likely to commit suicide compared to females.

Homicides are less common in this area compared to state averages with no difference by age or gender.

The unintentional injury hospitalization rate was lower in this community compared to the state rate. Males were more likely than females to be hospitalized due to unintentional injuries.

Unintentional injury deaths (typically due to poisonings, motor vehicle crashes and falls) occurred at a higher rate among males than females and among people over 65 years old (likely due to falls) compared to younger age groups.

INTENTIONAL INJURIES

Injuries that are intentional, both fatal and non-fatal, are common in the communities that St Anthony Hospital serves. Hospitalizations and deaths - suicide or homicide – are often preventable.

Intentional injuries are described as self-inflicted, assault and other.

Injury and Violence Prevention

Continued

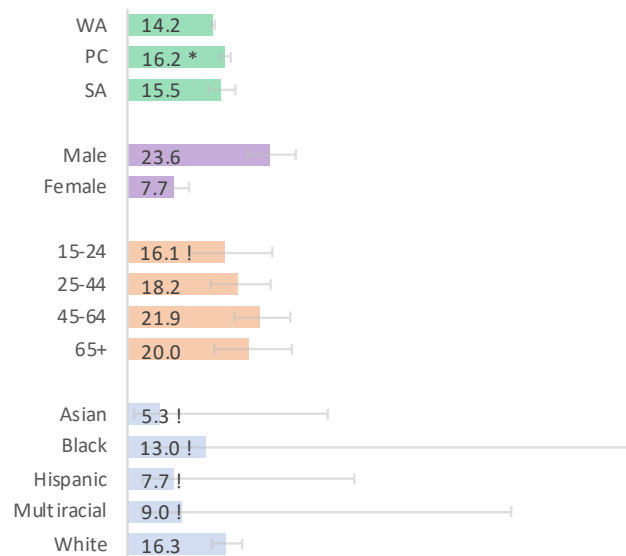
SUICIDE

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 rate between this community and the state. Males were more likely to commit suicide than females.

Suicides

St. Anthony 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.

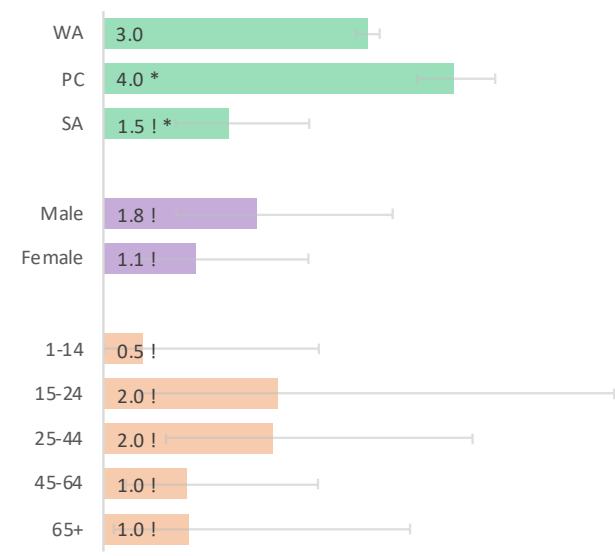
HOMICIDE

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

Homicides were less common than the state in this community. There was no difference by age or gender.

Homicides

St. Anthony Hospital Service Area 2007-2016



(*) value different from WA state
 (!) relative standard error greater than 30%
 Some 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

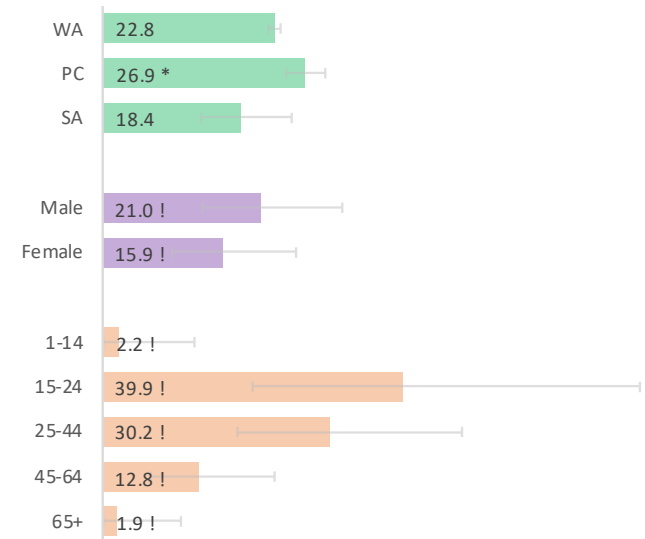
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INTENTIONAL INJURY HOSPITALIZATIONS

Intentional injuries are primarily self-inflicted or assault but can also fall into an “Other” category.¹¹ Hospitalization rates due to intentional injuries are generated using the same three categories.

Intentional injury hospitalization rates were similar between this community and the state. There were no differences by gender or age.

Hospitalizations (Intentional Injury) St. Anthony Hospital Service Area 2016-2017



(*) value different from WA state

(!) relative standard error greater than 30%

Some groups excluded due to sample size limitations

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.

¹¹ “Other” as an injury intentionality is used when it is known but does not fall into unintentional, self-harm or assault.

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 poisonings, motor vehicle crashes and falls.

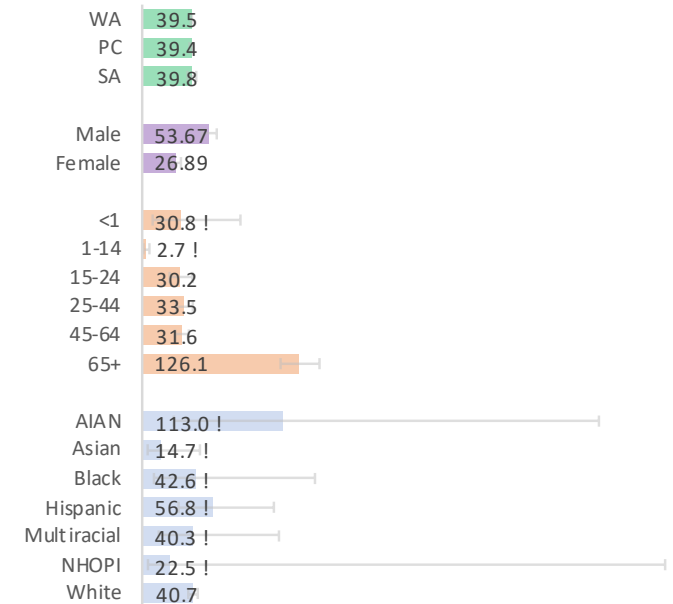
UNINTENTIONAL INJURY DEATHS

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

The unintentional injury death rate among males in this community was higher than the state. Males had higher rates than females. People age 65 and older had a higher unintentional injury death rate (most likely due to falls) compared to younger age groups. There was no difference by race.

Unintentional Injury Deaths

St. Anthony Hospital Service Area 2007-2016



(!) 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

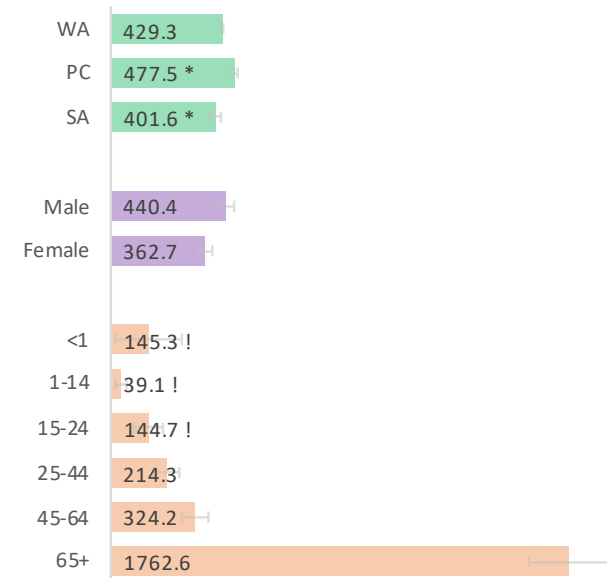
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UNINTENTIONAL INJURY HOSPITALIZATIONS

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

Unintentional injury hospitalizations were more common among males than females in this community. Overall this community had a lower rate of unintentional injury hospitalizations than the state. People age 65 and older had a higher rate of unintentional injury hospitalizations compared to younger age groups.

Hospitalizations (Unintentional Injury) St. Anthony Hospital Service Area 2016-2017



(*) 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

ASSETS & RESOURCES

Drugs & Alcohol

The Target Zero Task Force which focuses on reducing traffic crashes and traffic-related injuries to zero by the year 2030.

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 to bicycle helmet use to fall prevention and car seat inspections and life jacket loans, free of charge.

Fall Prevention

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.

Silver Sneakers is a physical activity program offered at community and senior centers specifically geared to help seniors stay active.

Neighborhood & Community Safety

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

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

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 disorders. A health care system committed to addressing behavioral health concerns alongside physical health concerns can help improve the lives of community members.

In the St. Anthony Hospital community 4.5% of adults had experienced serious mental illness, which was about the same as Washington state (3.8%).

Adults and youth had depression at about the same rates as Washington state. Females reported depression at a higher rate than males in both age groups.

MENTAL HEALTH

Depression, anxiety and substance abuse dependency 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 a previous diagnosis of depression by a health care professional.

Behavioral Health

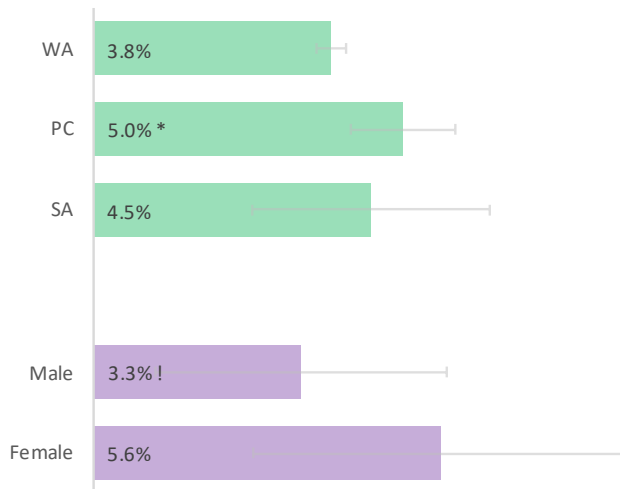
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SERIOUS MENTAL ILLNESS

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

The prevalence of SMI for this community was not different from the state. There was no difference by gender.

Serious Mental Illness – Adults (%) St. Anthony Hospital Service Area 2012-2016



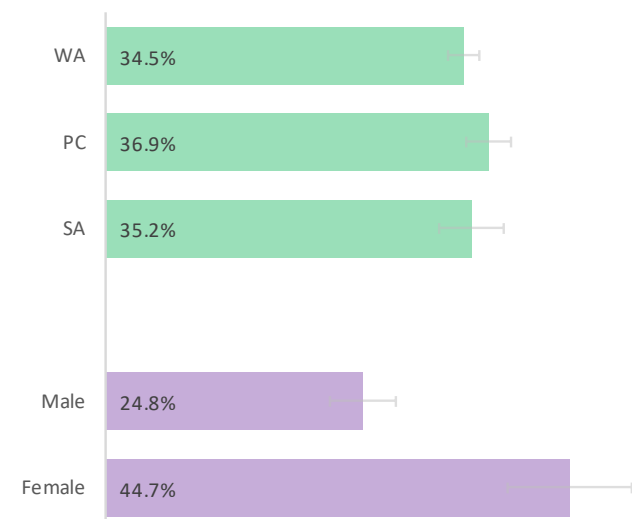
(*) value different from WA state
(!) relative standard error greater than 30%
Age and race excluded due to sample size limitations
Source: Behavioral Risk Factor Surveillance System

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.

The youth depression rate in this community was not different from the state. Female youth were more likely to report depression compared to male youth.

Self-Reported Depression – Youth (%) St. Anthony Hospital Service Area 2016



Race excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

Behavioral Health

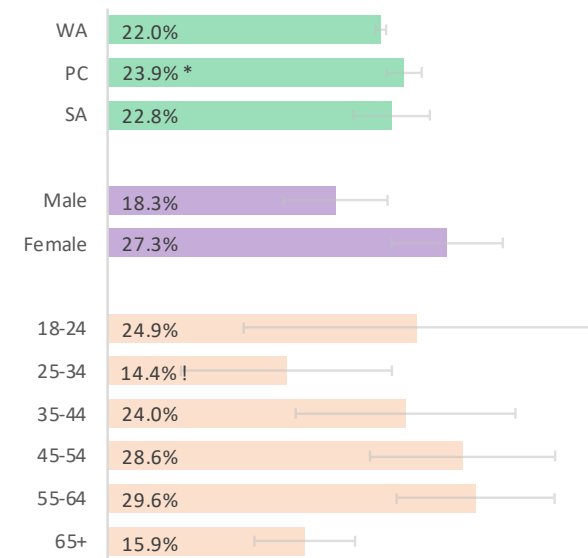
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DEPRESSION – ADULTS

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

The percent of adults with diagnosed depression in this community was not different than the state. Adult females in this community were more likely than adult males to report depression.

Diagnosed Depression Among Adults St. Anthony 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

Behavioral Health

Continued

SUBSTANCE USE DISORDER

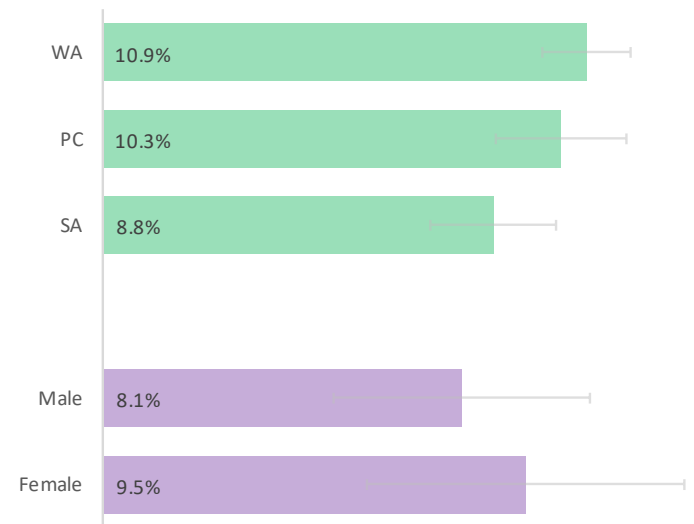
The inappropriate use of mind-altering substances, legal and illegal, presents major challenges to a community. Substances of public health concern include, but are not limited to, alcohol, marijuana and opioids. Alcohol and marijuana use among youth or driving while under the influence of either are public health concerns. Ensuring an adequate system to assist individuals dealing with substance use disorders is key.

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.

Binge drinking among youth in this community was not different from the state. There was no difference by gender.

Binge Drinking Among Youth St. Anthony Hospital Service Area 2016



*Race excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)*

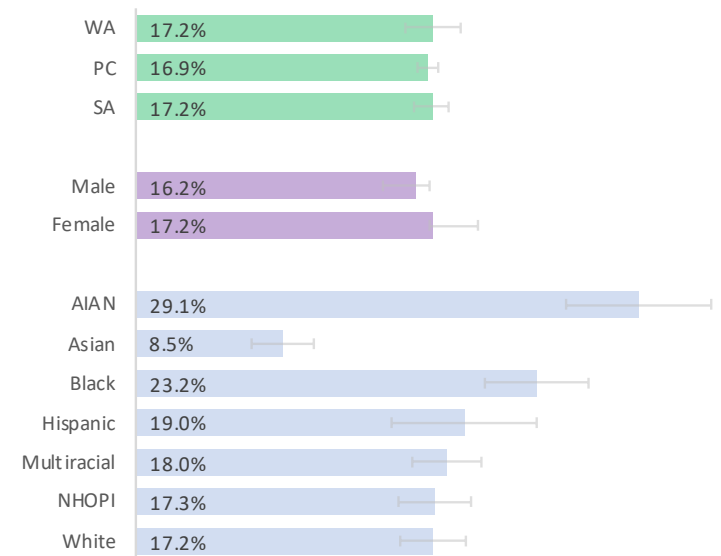
MARIJUANA USE – YOUTH

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.

Youth living in the St. Anthony Hospital community used marijuana at about the same rate as statewide youth.

American Indian/Alaska Native youth had higher rates compared to most other race/ethnicity groups. Black youth had higher rates compared to White, Multiracial and Native Hawaiian and Other Pacific Islander youth. Asian youth had lower rates compared to all other race/ethnicity groups.

Marijuana Use Among Youth St. Anthony Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

ASSETS & RESOURCES

Gig Harbor Key Peninsula Suicide Prevention Coalition helps educate the community through a collaborative and strategic prevention approach.

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

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

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

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

Olalla Recovery Centers treats all aspects of drug and alcohol addictions, including the needs of special populations through skilled inpatient and outpatient care and services.

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

211 Pierce County has a dedicated mental health navigator.

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.

Tacoma Pierce County Health Department Family Support Centers offer many community-based services. 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.

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

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

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

Behavioral Health

Continued

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.

Tacoma Area Coalition for Individuals with Disabilities (TACID) works with individuals to assess needs, including behavioral health needs, TACID supports and connects individuals with community resources, including behavioral health services.

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.

CHI Franciscan 2016-2019 Community Health Needs Assessment Evaluation of Impact



CHI Franciscan
St. Anthony Hospital
Community Health
Needs Assessment
2019

PIERCE COUNTY FACILITIES

St. Joseph Medical Center, St. Clare Hospital & St. Anthony Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

CHI Franciscan worked with Tacoma Pierce County Health Department (TPCHD) to prepare Community Health Needs Assessments for each of our Pierce County hospitals. TPCHD was the primary collector and reviewer of health indicator and demographic data. The Health Department, CHI Franciscan as well as MultiCare Health System, all participated in the community engagement and activities, which included nine community workshops, seven key informant interviews, and a survey of more than 700 residents and community partners, to further identify and prioritize the hospital service area's health needs.

Community Health Needs Assessments and Implementation Plan Strategies for all CHI Franciscan facilities can be found at www.chifranciscan.org/about-us/community-health-needs-assessment.html

CHI Franciscan 2016-2019 Community Health Needs Assessment Evaluation of Impact

PRIORITY HEALTH NEEDS

All three CHI Franciscan Pierce County facilities had individual priority health needs addressed in their Community Health Needs Assessments.

The priority health needs identified in the CHNAs were:

St. Joseph Medical Center

- Tobacco use among adults and youth
- Barriers to access to care
- Obesity among adults

St. Clare Hospital

- Tobacco use among adults and youth
- Barriers to access to care
- Obesity among youth
- Mental health distress among adults
- Infant mortality and lack of early and frequent prenatal care

St. Anthony Hospital

- Access to early and adequate prenatal care

Significant Health Needs Addressed

All priority health needs were addressed by CHI Franciscan hospitals in Pierce County.

Pierce County CHI Franciscan Hospitals

**St. Joseph Medical Center, St. Clare Hospital
and St. Anthony Hospital**

CHNA Implementation Plan: FY 2016-2019

Priority Area #1: Barriers to Access to Care

Goal: Increase access to quality care for the uninsured and under-insured.

ACTIVITIES

All Pierce County Facilities (St. Joseph, St. Clare, and St. Anthony)

- Provided financial and donated care to Pierce County Project Access for their Coordinate Care and Premium Assistance Programs through all Pierce County facilities. Provided CHI Franciscan executive staff time to serve on the Pierce County Project Access board of directors.
- Enrolled qualified patients into Medicaid and other support programs at all of our Pierce County hospitals.
- Provided CHI Franciscan executive staff time to serve on the board of the Pierce County Accountability of Health. Supported ACH activities that provide better care to patients enrolled in Medicaid.
- Provided support to patients who needed to remove transportation barriers to receiving care.
- All Pierce County facilities have a clothing closet to provide clean clothes for patients on discharge.
- Provided free naloxone rescue kits for charity care eligible patients.
- Provided coordination and financial support for the Catholic Community Services Caregiver Bridge Program to help post-hospitalized, vulnerable adults to access in-home caregivers until they receive long term support.
- Provided cell phones to patients who need them to communicate with their care team and receive services.
- Provided medication to patients as needed to patients who are eligible for charity care.
- Provided financial assistance for undocumented residents to access appropriate and safe residential care service while waiting for long term support.

St. Joseph Medical Center

- Provided financial support and donated supplies to Nativity House, a program of Catholic Community Services, to better serve homeless patients.
- Partnered on a complex care clinic to serve those with chronic disease who have several barriers to receiving care at traditional clinics.
- Provided donated medications to Neighborhood Clinic.

St. Anthony Hospital

- Supported the Key Free Clinic through donated lab work and board membership.

Priority Area #1: Barriers to Access to Care Continued

Goal: Increase access to quality care for the uninsured and under-insured.

Resources

CHI Franciscan resources committed to the success of the health improvement strategy

- Financial support
- Grants through Franciscan Foundation
- Donated lab work
- Donated medication
- Staff time to serve on board of directors and project committees

Partners

- Pierce County Project Access
- Conifer
- Key Free Clinic
- Neighborhood Clinic
- Skilled nursing facilities
- Catholic Community Services
- Nativity House
- Pierce County Accountable Community of Health

Community Indicators

Baseline measures and updated metrics from most current CHNA

27.6% of adults in the St Joseph service area did not have a primary care provider.

In the 2019 CHNA, 25.5% of adults in the St Joseph service area do not have a primary care provider.

80.9% of adults in the St Joseph service area had health insurance.

In the 2019 CHNA, 89.6% of adults in the St Joseph service area have health insurance.

20.2% of adults in the St Joseph service area had unmet health care needs due to cost.

In the 2019 CHNA, 15% of adults in the St Joseph service area had unmet health care needs due to cost.

76.4% of adults in the St Clare service area had health insurance.

In the 2019 CHNA, 88.1% of adults in the St Clare service area have health insurance.

32.5% of adults in the St Clare service area did not have a primary care provider.

In the 2019 CHNA, 28.6% of adults in the St Clare service area do not have a primary care provider.

22.9% of adults in the St Clare service area had unmet health care needs due to cost.

In the 2019 CHNA, 16.7% of adults in the St Clare service area had unmet health care needs due to cost.

Priority Area #2: Mental Health Distress Among Adults

Goal: Increase access and coordination to behavioral health services.

ANTICIPATED ACTIVITIES

All Pierce County Facilities (St. Joseph, St. Clare, and St. Anthony)

- Provided staff participation to the Pierce County High Utilizer Task Force.
- Trained CHI Franciscan staff and community members to deliver Mental Health First Aid and Youth Mental Health First Aid workshops.
- Provided WRAP (Wellness, Recover, and Action Plan) training to community members in Pierce County.
- Increased access to 2-1-1 support line for mental health services.
- Provided financial support to bring "Mental Health & High School Curriculum" to Pierce County school districts.
- Provided financial support and staff time to train community members around suicide prevention.
- Promoted NAMI supported programs through education to Faith Community Nurses and Health Ministers.
- Provided CHI Franciscan executive staff time to serve on the board of the Pierce County Accountability of Health. Supported ACH activities that provided better mental health care and support to patients enrolled in Medicaid.

St. Joseph Medical Center

- Expanded Peer Bridger services for patients discharging from the St. Joseph Inpatient Psychiatric Unit.

St. Clare Hospital

- Provided CHI Franciscan executive staff time to serve on the board of Greater Lakes Mental Health.
- Provided training and mental health screening tools to the CHI Franciscan staff at the Parkland and Lakewood WIC clinics.

St. Anthony Hospital

- Provided financial support and staff time to the Gig Harbor Key Peninsula Suicide Prevention Coalition.
- Provided in-kind space for community SafeTALK suicide prevention workshops.

Priority Area #2: Mental Health Distress Among Adults Continued

Goal: Increase access to quality care for the uninsured and under-insured.

Resources

CHI Franciscan resources committed to the success of the health improvement strategy

- Financial contributions
- CHI Franciscan staff time to sit on boards, coordinate meetings, and to deliver trainings
- Franciscan Foundation time to write and administer grants related to mental health
- Space for meetings
- In-kind printing supported

Community Indicators

Baseline measures and updated metrics from most current CHNA

17% of adults in the St. Clare service area experienced frequent mental distress.

Not measured in 2019 CHNA

32.3% of female adults in the St. Clare service area reported having depression.

In the 2019 CHNA, 32.5% of female adults in the St. Clare service area reported having depression.

40.1% of 10th graders in the St. Clare service area reported depressive feelings.

In the 2019 CHNA, 37.6% of 10th graders in the St. Clare service area reported depressive feelings.

Partners

- Greater Lakes Mental Health
- Gig Harbor Key Peninsula Suicide Prevention Coalition
- Living Works
- Mental Health First Aid
- School Districts
- RI International
- United Way of Pierce County
- National Alliance for Mental Illness
- Pierce County Accountable Community of Health

Priority Area #3: Infant Mortality & Lack of Early and Adequate Prenatal Care

Goal: Ensure expectant mothers and babies are ready to thrive.

ANTICIPATED ACTIVITIES

All Pierce County Facilities (St. Joseph, St. Clare, and St. Anthony)

- Provided financial support to and supported employee-giving to March of Dimes.
- Supported a community drop-off donor human milk depot program available to Pierce County residents through donated freezer space and staff support.
- Created an active partnership with and provided in-kind meeting space for Postpartum support International.
- Provided childbirth education, prenatal breastfeeding and prenatal newborn preparation education programs for Medicaid populations.
- Provided financial support and referrals to the Centering Pregnancy Program, which provides group prenatal care for vulnerable populations.
- Continued offering a volunteer doula program at St Joseph Medical Center to provide support for patients who cannot afford to hire doula. The St Joseph Family Birth Center serves as the birth center for the St Clare and St Anthony regions.
- Provided dedicated staff member to the Baby Friendly Hospital Initiative for increasing breastfeeding rates and success. Received the Baby Friendly Hospital designation from Baby Friendly USA.
- Subsidized breast pumps to clients in the Women, Infants & Child program, offered to low-income families in Pierce County.
- Provided financial support to the Breastfeeding Coalition of Pierce County.
- Supported Perinatal Collaborative of Pierce County through CHI Franciscan Executive staff time on board of directors and in-kind meeting space.
- Supported Prepares parenting program from the Catholic Archdiocese of Seattle.
- Provided meal vouchers for family members whose children are in the NICU.
- Convened a NICU Parent Advisory Council to better understand the needs of families.
- Provided car seats for families who might not otherwise afford them.

Priority Area #3: Infant Mortality & Lack of Early and Adequate Prenatal Care Continued

Goal: Ensure expectant mothers and babies are ready to thrive.

Resources

CHI Franciscan resources committed to the success of the health improvement strategy

- Financial support through direct donations, programs that are subsidized by CHI Franciscan Health and support of employee-giving campaigns
- Donated freezer space and in-kind meeting space
- In-kind printed materials.
- Subsidized services and supplies to Medicaid & WIC population
- Staff time to implement projects and executive time to serve on board of directors

Community Indicators

63.4% of expectant mothers in the St. Anthony service area received early and adequate prenatal care.

In the 2019 CHNA, 67.3% of expectant mothers in the St. Anthony service area receive early and adequate prenatal care.

The infant mortality rate in the St. Clare service area was 6.3 deaths per 1,000 births.

In the 2019 CHNA, the infant mortality rate in the St. Clare service area is 5.94 deaths per 1,000 births.

58.8% of expectant mothers in the St. Clare service area received early and adequate prenatal care.

In the 2019 CHNA, 62.6% of expectant mothers in the St. Clare service area receive early and adequate prenatal care.

Partners

- March of Dimes
- Northwest Milk Bank
- Port Partum International
- Centering for Pregnancy
- Washington State Vaccines for Children Program
- Baby Friendly USA
- St. Clare WIC program
- Pierce County Breastfeeding Coalition
- Perinatal Collaborative of Pierce County
- Archdiocese of Seattle
- Area Catholic parishes

Priority Area #4: Obesity

Goal: Improve the health of our communities by addressing both prevention of disease and active management of those with chronic health conditions.

ANTICIPATED ACTIVITIES

All Facilities (Highline, St. Joseph, St. Elizabeth, and Regional)

- Provided healthy living classes at a subsidized rate across the service region of all Pierce County facilities.
- Develop a healthy eating presentation for use in faith communities.
- Completed a 21-month quality assurance project examining blood pressure measuring practices and provided referral in faith communities.
- Provided training to faith community nurses and health ministers on blood pressure best practices.
- Created a blood pressure self-monitoring program in communities of faith through a partnership with local health, state and/or national organizations.
- Promoted and educated health ministry programs about diabetes prevention and refer to the Diabetes Prevention Program offered at local YMCAs.
- Create an interactive stroke awareness education toolkit for youth.

St. Clare Hospital

- Provided financial and staff support to the Lakewood Farmer's Market, including support for EBT and SNAP participants to receive fresh fruits and vegetables.
- Provided financial support and donated supplies to the Summerfest Triathlon.

Priority Area #4: Obesity Continued

Goal: Improve the health of our communities by addressing both prevention of disease and active management of those with chronic health conditions.

Resources

CHI Franciscan resources committed to the success of the health improvement strategy

- Financial support of subsidized healthy living classes
- Staff time
- In-kind printing

Community Indicators

30.6% of adults in the St. Joseph service area were obese.

In the 2019 CHNA, 31.2% of adults in the St. Joseph service area are obese.

30.6% of youth in the St. Clare service area were considered overweight or obese.

In the 2019 CHNA, 31.4% of youth in the St. Clare service area are considered overweight or obese.

Partners

- Area congregations
- Faith Community Nursing/ Health Ministries Northwest
- Tacoma Pierce County Health Department
- WA Department of Health
- YMCA of Pierce and Kitsap Counties

Priority Area #5: Tobacco Use

Goal: Provided tools and Supported to communities to remain safe and healthy.

ANTICIPATED ACTIVITIES

All Pierce County Facilities (St. Joseph, St. Clare, and St. Anthony)

- Provided free, weekly Freedom from Tobacco support groups at all Pierce County facilities that are open to anyone in the community.
- Provided tobacco cessation classes in the community or at workplaces on request.

Priority Area #5: Tobacco Use Continued

Goal: Provided tools and Supported to communities to remain safe and healthy.

Resources

CHI Franciscan resources committed to the success of the health improvement strategy

- In-kind space
- CHI Franciscan staff time

Community Indicators

Baseline measures and updated metrics from most current CHNA

20.3% of adults in the St. Joseph service area were current smokers.

In the 2019 CHNA, 18.2% of adults in the St. Joseph service area are current smokers.

23.5% of adults in the St. Clare service area were current smokers.

In the 2019 CHNA, 21.1% of adults in the St. Clare service area are current smokers.

10.3% of 10th graders in the St. Clare service area smoked.

In the 2019 CHNA, 6.4% of 10th graders in the St. Clare service area smoke.

Partners

- Local Business Community

CHI
Franciscan
2016-2019
Community
Health Needs
Assessment
Evaluation
of Impact

Continued

**SIGNIFICANT HEALTH NEEDS
NOT ADDRESSED**

There were no health needs not addressed by CHI Franciscan's Pierce County hospitals.



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.

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.

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).

Washington State Immunization Information System (WSIIS)

The Washington State Immunization Information System (WSIIS) is a lifetime registry that keeps track of immunization records for people of all ages. Estimates for each hospital service area were acquired from WSIIS. 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 use SAS 9.4 software to analyze data. 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
- Asian: Non-Hispanic Asian
- AIAN: Non-Hispanic American Indian/Alaska Native
- Black: Non-Hispanic Black or African-American
- Hispanic: Hispanic as a race
- Multiracial: More than one race
- NHOPi: Non-Hispanic Native Hawaiian or Pacific Islander
- White: Non-Hispanic White or Caucasian

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.

Selection of Priority Health Needs

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

1. When compared to Washington state, the hospital service area estimates 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 was 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.