# Community Health Needs Assessment

**REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE**

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INTRODUCTION

Regional Hospital for Respiratory and Complex Care (Regional) is a 40 bed long-term acute care hospital (LTACH) located in Tukwila, Washington. The hospital admits complex respiratory, wound and trauma patients from hospitals throughout the Northwest. About two-thirds of the patients admitted to Regional have acute respiratory failure and the focus of treatment is weaning from the ventilator. Another 10% of patients are admitted with non-healing surgical wounds. In addition to these principal diagnoses, many patients have multiple co-morbidities including but not limited to morbid obesity, diabetes, COPD, and high blood pressure. Patients requiring LTACH level care often have chronic critical illness, characterized by the necessity of extended mechanical ventilator support. The figure to the right depicts common chronic co-morbidities and acute critical illnesses that many patients have leading up to their LTACH hospitalization.

![Figure 1: Critical Chronic Care](image)

The core medical team consists of a Critical Care Medical Director and a team of highly trained critical care Registered Nurses, as well as physical, occupational and respiratory therapists. Regional’s multidimensional mission is to provide patient-centered, clinically excellent care to patients and their families. The vision of Regional is to “be the regional choice for long-term acute care hospitalization and extended critical care management”.

This Community Needs Health Assessment (CHNA) was prepared in partnership with the Pierce and Seattle-King County Health Departments along with multiple community organizations, many of whom rely daily on Regional’s expertise.

The final page of this report includes Regional’s Implementation Plan.
STUDY

Defined Study Area
Regional is located in the city of Tukwila, situated in the Southwest region of King County, Washington. As one of only two specialty hospitals providing long-term acute care in the entirety of Washington State, Regional serves patients from throughout the Northwest, but a majority (78.8% in 2012) reside in Pierce and King Counties. As a result, these two Counties represent Regional’s primary Service Area and are the focus of this CHNA. The Service Area, depicted in Figure 2, has a current combined population of more than 2,800,000 people. The population is expected to exceed three million people by 2018. Over that timeframe, the population of residents 65 years and older is estimated to grow by 25%, while those under 65 are projected to grow by only 3.7%. The average age of Regional’s patients is 61.2 years old. Given the age of Regional’s patient population the rapid growth in the elderly population is of particular interest.

Overview of Assessment Methods
Regional partnered with the King and Pierce County Public Health Departments, as well as key referral hospitals in the two Counties and the King County Division of Aging and Disability Services to complete the CHNA process. The following organizations actively participated in the process, weighing in on the data findings and providing insight on the needs of the community.

- Valley Medical Center
- Public Health- Seattle & King County
- King County Division of Aging and Disability Services
- Franciscan Health System
- MultiCare Health System
- Evergreen Medical Center
- Harborview Medical Center
- Swedish Medical Center
- Pierce County Health Department

1 Given the average age of our patients and our specialty program focus, we did not focus our CHNA on issues of newborn, children and adolescents.
Data was compiled and analyzed from a multitude of sources to create a comprehensive understanding of the Service Area's health status and health care needs. Demographics, health behaviors, mortality, and access to health care were among the many health status indicators that were examined. Specific data sources included, but were not limited to the following:

- The Behavioral Risk Factor Surveillance Survey (BRFSS) tool conducted by the State of Washington on behalf of the Centers for Disease Control and Prevention (CDC) that tracks health status and behaviors in community
- Public Health-Seattle & King County and Pierce County Health Department- health status and outcome data + Leading causes of death
- 2010 US Census and the American Community Survey (ACS)- demographic data
- Other hospital and organization CHNA reports- supplementary health status and community needs data

FINDINGS

**Demographics**

Demographic factors have a strong effect on health status. Regional's two county Service Area is more diverse than Washington State in total, as shown in Figure 3.

![Figure 3: Service Area Diversity](source)
Health Status

Data on the leading causes of death in an area can provide insight to the health status of the population. A high rate of deaths due to preventable causes may indicate heightened disease burden or an unmet need for health services to treat certain conditions. As seen in Table 1, the top two causes of death in the counties that comprise Regional’s Service Area are cancer and heart disease. While these rankings are the same as Washington State, the age-adjusted rates are higher in Pierce County.

Table 1
Rank Order of Leading Causes of Death in Pierce and King Counties and Washington State

<table>
<thead>
<tr>
<th>Pierce County</th>
<th>King County</th>
<th>WA State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
</tr>
<tr>
<td>185.8</td>
<td>159.2</td>
<td>166.9</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>186.5</td>
<td>138.2</td>
<td>145.2</td>
</tr>
<tr>
<td>Chronic Lower</td>
<td>Alzheimer’s Disease</td>
<td></td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td></td>
<td>COPD</td>
</tr>
<tr>
<td>53.1</td>
<td>42.3</td>
<td>447</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>Stroke</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>48.0</td>
<td>36.6</td>
<td>44.0</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>Unintentional Injury</td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td></td>
<td>31.7</td>
</tr>
<tr>
<td>-3.4</td>
<td></td>
<td>Stroke</td>
</tr>
</tbody>
</table>

Rates per 100,000. Age-adjusted to 2000 US Census Population

Access

Health insurance coverage is an important determinant of access to health care services for residents. Recent data suggests that an estimated 14% of people living in King County and an estimated 15% of people living in Pierce County under the age of 65 have no health insurance. People without coverage may delay seeking treatment or may avoid care altogether because of the burden of medical bills.

Significant disparities exist within King County, as show in Figure 4. The rate of residents living without coverage ranges from 2 to 32%, with some of the highest rates in the communities surrounding Regional.
## Behavioral Risk Factors

The table below depicts a number of behavioral risk factors for King and Pierce counties, compared to Washington State and the Nation. Pierce County has higher rates of obesity, diabetes, and smoking than either King County or Washington State, and these three conditions are representative of the patients cared for at Regional.

### Table 2: Select Service Area Health Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Pierce County</th>
<th>King County</th>
<th>Washington State</th>
<th>National Benchmark*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obesity</td>
<td>Percent of adults that report a BMI ≥ 30</td>
<td>31%</td>
<td>22%</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>Adult Smoking</td>
<td>Percent of adults reporting they are currently smoking</td>
<td>18%</td>
<td>12%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Percent of adults reporting they have been told that they have diabetes</td>
<td>9.9%</td>
<td>5.8%</td>
<td>7.7%</td>
<td>N/A</td>
</tr>
<tr>
<td>Poor Physical Health Days</td>
<td>Avg. # of physically unhealthy days reported in past 30 days (age-adjusted)</td>
<td>3.9</td>
<td>3.0</td>
<td>3.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Heavy drinking</td>
<td>More than 1/2 drinks a day every day for 30 days</td>
<td>16%</td>
<td>19%</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>Fruits and Vegetable Consumption</td>
<td>Percent of adults reporting that they consume 5 or more servings of fruits and vegetables daily.</td>
<td>23.8%**</td>
<td>26.8%</td>
<td>25.0%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: County Health Rankings, Pierce and King Counties Area, 2013 Color Coding: Red=Worse than WA State, Green=Better than WA State

*90th percentile (only 10% are better)

**2005-2009 Behavioral Risks of Pierce County Adults, Office of Community Assessment, Tacoma-Pierce County Health Department, Tacoma, WA July 2010

Tobacco remains the leading cause of preventable death in the United States, and is a significant risk factor for the population of patients served by Regional. There are significant disparities within King County when it comes to rates of smoking as shown in Figure 5. Rates of smoking in King County range from 2% to 22%. An estimated 18% of adults smoke in Pierce County compared to 12% in King County and 16% in Washington State.

![Figure 5: Obesity and Smoking](image_url)

Source: Seattle & King County Public Health
Collaborative CHNA Key Findings

In addition to analyzing traditional secondary data sources, Regional reviewed published CHNAs from providers in King and Pierce to learn what these Hospitals had identified as priority needs and to understand the resources available to address these needs.

The available CHNA’s from both Pierce and King Counties highlight the significant health needs and disparities in the community and key findings include:

PIERCE COUNTY

Collectively, the two largest hospital systems in Pierce County (Franciscan Health System and MultiCare), along with the Pierce County Health Department conducted a single CHNA process. Pierce County findings include:

☐ Smoking, obesity and diabetes are more prevalent in Pierce County than in the rest of Western Washington State.
   ☐ Smoking rates: 18.5% in service area vs. 14.7% in comparison area
   ☐ Obesity rates: 28.9% of adults obese vs. 25.7% in comparison area
   ☐ Diabetes: 9.6% of service area vs. 7.3% in comparison area

☐ Death rate from cardiovascular disease is 30% higher in Pierce County than in the rest of Western Washington.
   ☐ While life expectancy is improving in Pierce County, it has not improved as rapidly as in the rest of Western Washington State.
      ☐ Adults age 18-64 have increasing death rates (1.3%/year).
      ☐ Chronic conditions and injuries are the leading causes of death.

☐ There are no significant differences in mental health in the service area compared to the rest of Western Washington.

The three broad directions identified by the joint Pierce County Community group that would most impact community health include:

☐ Providing access to quality health care for all.

☐ Reducing preventable chronic conditions like obesity-related diseases such as diabetes.

☐ Meeting the needs of special populations, particularly military families and the homeless.
KING COUNTY

The Washington State Hospital Association (WSHA) and the Seattle/King County Health Department convened a process in King County that has brought together hospitals, including Regional, to share their CHNA findings and to develop County-level priorities. King County findings include:

- On most community health indicators, King County as a whole fares better than the State.
- That said, 1 in 6 King County residents between the ages of 18-64 is currently uninsured.
- Significant disparities do exist among regions within King County — and the area in which Regional is physically located experiences some of the greatest disparities in health status.
  - Residents of South King County are more likely than other residents of King County to smoke and they have substantially higher rates of diseases such as diabetes, high blood pressure, and high cholesterol.
- South King County also fares worse in terms of socio-economic indicators including having lower rates of educational attainment, lower income and higher rates of uninsured. Residents of South King are more likely to be foreign-born and speak a language other than English.

King County’s hospitals and the Seattle/King County Health Department aligned to form the “King County Hospitals for a Healthier Community.” Initial strategies include:

- Access: Enrolling County residents in health insurance. 100,000+ residents may be eligible for subsidized health coverage through the Health Benefits Exchange.
- Obesity and Diabetes: 100% adoption of the Health Care Without Harm’s “Healthy Food in Health Care Pledge” to increase access to healthy food and beverages inside their facilities.
CONCLUSION & IMPLEMENTATION PLAN

This CHNA demonstrates that there are significant needs in Regional's Service Area in terms of health status, health behaviors and access to health services. Health disparities exist in both Pierce and South King Counties. There are a number of existing programs and newly formed initiatives targeted at addressing these disparities. Regional's board has identified Access and Reducing the Burden of Chronic Health Conditions as an immediate focus area. As such, the board has determined that joining and actively supporting these initiatives as a sponsor of the King County Hospitals for a Healthier Community (HCC) collaborative will best support our Service Area. Regional looks forward to actively sponsoring the collaborative and bringing their unique perspective as a specialty hospital dedicated to improving the lives of their patients and the community they serve.

Seattle & King County have joined forces to identify the greatest needs of the communities they serve and develop plans to address them. Working together they can leverage their expertise and resources to address the most critical health needs in our county. A shared approach to community benefits can avoid duplication and focus available resources on a community's most important health needs.

King County Hospitals for a Healthier Community, Press Release: September 2013