Executive Summary

This *State Health Assessment* provides an overall picture of the health and well-being of Washingtonians as we begin work on our next *State Health Improvement Plan*. We view this document as a key resource for public health to function as a *Chief Health Strategist*[1]—that is, to provide data and identify key health issues, to convene leaders across multiple sectors, and to strategize with leaders on prevention efforts, policy development, and communication to promote the health of Washingtonians.

Like other states, Washington's population is changing in dynamic ways:

- Our population is increasing overall, with most of the projected increase due to migration into the state. This population increase, currently centered along the I-5 corridor, will present new challenges for transportation and housing, both of which impact health and well-being.
- Our state is becoming more racially and ethnically diverse, highlighting the need to focus on health equity, and increasing the demand for linguistically and culturally appropriate health services.
- A greater proportion of our population is older. By 2030, more than 1 in 5 Washingtonians will be 65 or older, with even higher proportions in rural areas of the state. This demographic shift and the greater complexity of health conditions among older people will present increased demands on the workforce and economy as well as health and social services.

We need to consider these changes and their impacts as we work to align our prevention and improvement strategies with partners across the state—those working in Accountable Communities of Health[2], tribes, local health jurisdictions, our healthcare delivery system, state, local and community organization staff and policy makers.

When we consider the overall health of Washington State residents, we look to summary measures like life expectancy and the leading causes and preventability of deaths and illnesses. While life expectancy in Washington is quite good (at 80 years), we see large differences by race and ethnicity. The life expectancy of an American Indian or Alaska Native (AIAN) baby or a Native Hawaiian or Pacific Islander (NHOPI) baby born in Washington in 2015 was 73 years, a full 12 years less than the 85-year life expectancy of an Asian baby born in the same year.

Currently 30% of Washington's population identify as people of color

1 in 5

Washingtonians will be 65 or older by 2030

The 10 leading causes of death in Washington—conditions which impact life expectancy and health disparities—are overrepresented by chronic conditions:

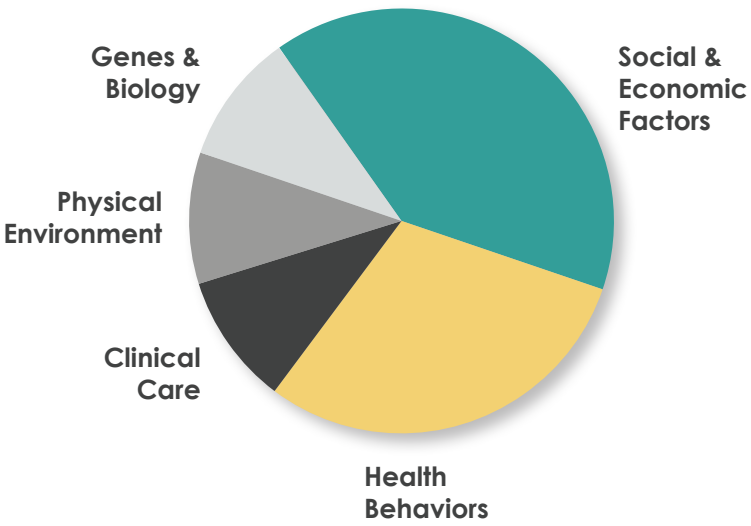
- Cancer
- Heart disease
- Alzheimer's Disease
- Unintentional Injury
- Chronic Lower Respiratory Disease
- Stroke
- Diabetes Mellitus
- Suicide
- Liver Disease
- Influenza and Pneumonia

In addition to chronic conditions, other preventable leading causes like unintentional injury and suicide are associated with high years of potential life lost. Because of this, many preventable chronic conditions, injuries and suicides contribute to disproportionate premature mortality among AIAN, NHOPI and blacks.

We used the determinants of health to frame the *State Health Assessment*, and highlight important trends with impacts across health issues and conditions. Climate change is a critical environmental influence on health. Predicted increased temperatures, decreased snowpack and intensified severe weather events may impact morbidity and infrastructure, and exacerbate existing health disparities. The built environment—our transportation systems, land use and community design—presents opportunities to modify our environment to make physical activity more accessible, reduce pollutants, foster well-being and reduce injuries.

Social and economic conditions, referred to as the social determinants of health, include poverty, education, affordable housing, and other factors like public safety, jobs, policies, and institutions that impact social engagement. Many adverse social determinants disproportionately impact communities of color and in some instances rural communities, thereby impacting quality of life, health behaviors and health outcomes. Poverty can lead to poorer access to healthcare services, poorer quality housing and toxic stress, while less education is associated with lower life expectancy and less access to higher paying jobs. Unaffordable housing limits income available for other necessities, and creates stress. By impacting the conditions in which we live, work, play and worship, social determinants of health operate as risk and protective factors across the life span, leading us on poorer or healthier life trajectories. In this way, they influence both the development of and the persistence of health disparities, and need to be kept in mind and addressed as we work collaboratively to align prevention strategies.

Determinants of Health



Source: Association of State and Territorial Health Officials *Determinants of Health* model based on frameworks developed by: Tarlov AR. Ann NY Acad Sci 1999; 896:281-93; and Kindig D, Asada Y, Booske B. JAMA 2008; 299(17): 2081-2083.

To identify specific health issues for focus, we reviewed a wide variety of state and national sources and solicited feedback from stakeholders with whom we partner. We met with six partner/stakeholder groups to identify key issues the state should address to promote health and well-being. From an extensive list, we asked participants to select what they saw as their top 10 health issues, and invited them to add any issues we had missed. We ranked the issues within each stakeholder group, as well as across all six groups. For this report, we developed a data section on each of the top 10 issues identified by one or more stakeholder groups, along with three sections on additional key issues for the Department of Health.

In total, we developed sections on each of 27 key issues, organized into health outcomes, health behaviors, healthcare access and preventive care, physical and built environment, and social determinants of health. Each section has background information; data trends; variation by county; disparities by gender; age; race and ethnicity; income and education; and a summary of efforts across the state addressing the health issue.

The data show that, with few exceptions, Washington has similar or better health outcomes, similar or lower risk factor prevalence, and similar or higher protective factor prevalence compared to the United States. We observe some encouraging trends—decreases in heart disease deaths, HIV incidence, and infant mortality, as well as in binge use. Health insurance coverage has increased as have child immunizations. We also note some areas of concern. Our suicide rate is higher than the U.S. and has increased over the last several years. Homelessness has also been increasing. And obesity among youth is slowly increasing. The data also uncover important health disparities. Across the majority of indicators, American Indians and Alaska Natives are reported to experience worse health than other racial and ethnic groups. This disparity exists across the lifespan from conditions impacting infants to those affecting young adults and older populations. Blacks and Hispanics also experience poorer health compared to whites across several indicators. We also observe a gradient across education and income, where those with the lowest education or lowest income experience worse health than those with more education or income.

We combined the top 10 issues across the stakeholder groups into a more focused list of eight priority health issues for the state, laying the foundation for our next *State Health Improvement Plan*. These priority health issues are:

- Child Immunization
- Diabetes
- Drug and Alcohol Abuse
- Healthcare Access
- Healthy Weight with a focus on Healthy Eating and Active Living
- Housing and Homelessness
- Mental Health
- Tobacco Use

Our assessment raised a number of issues to consider as we work on the *State Health Improvement Plan* and aligning efforts. To be effective, we need additional data, including emergency room, outpatient and health behavior data, data on children, and on specific health issues. We also need more granular data geographically and on population subgroups—Asian subpopulations; tribes; Lesbian, Gay, Bisexual, Transgender or Queer people; and people with disabilities. We also need a state health assessment that is continuous, and can systematically leverage the important work conducted for community needs assessments, community health needs assessments, tribal health assessments and issue-specific assessments to more readily identify gaps across the state and better align our interventions.

It will take committed leadership to address our priority health issues and the longstanding disparities in health. Our state values collaboration; partnerships are numerous, and marshalling our efforts and resources to truly make a difference will require us to develop a shared vision and framework to move forward together.