2022 Community Health Needs Assessment










Kaiser Permanente Washington

License number: HAC.FS.00000020

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 27, 2022

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CONTENTS

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Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Washington conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Washington has identified the following significant health needs, in priority order:

1. Access to care
2. Mental & behavioral health
3. Housing
4. Structural racism
5. Income & employment
6. Food insecurity

To address those needs, Kaiser Permanente Washington has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at https://www.kp.org/chna.

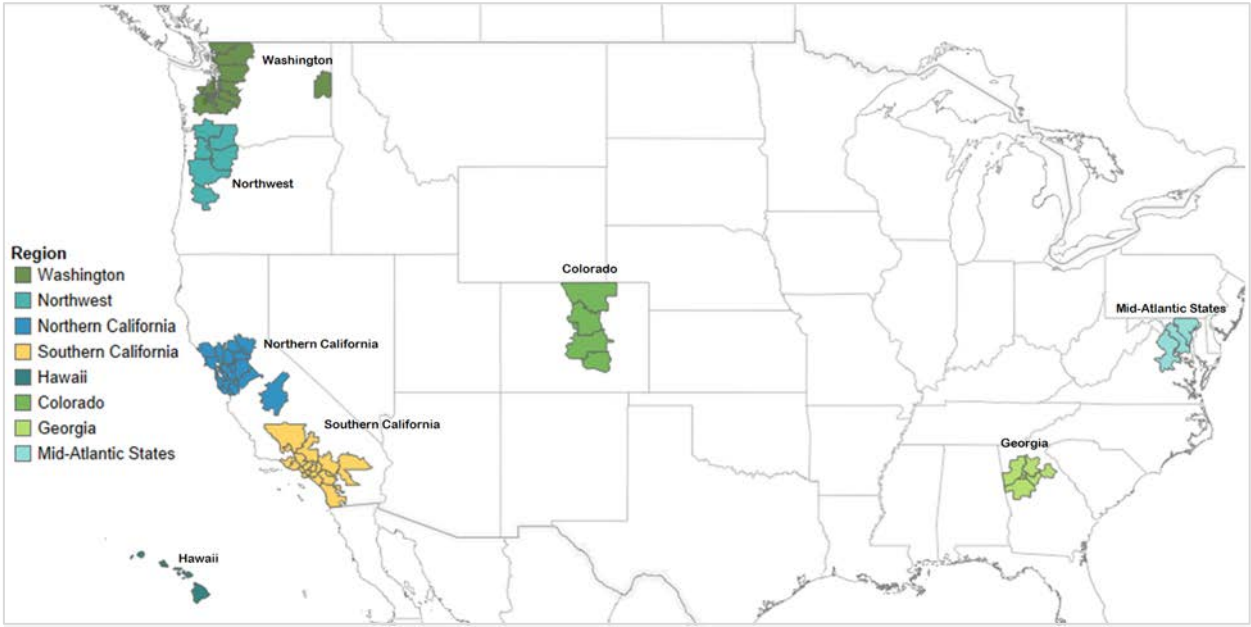
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals, and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

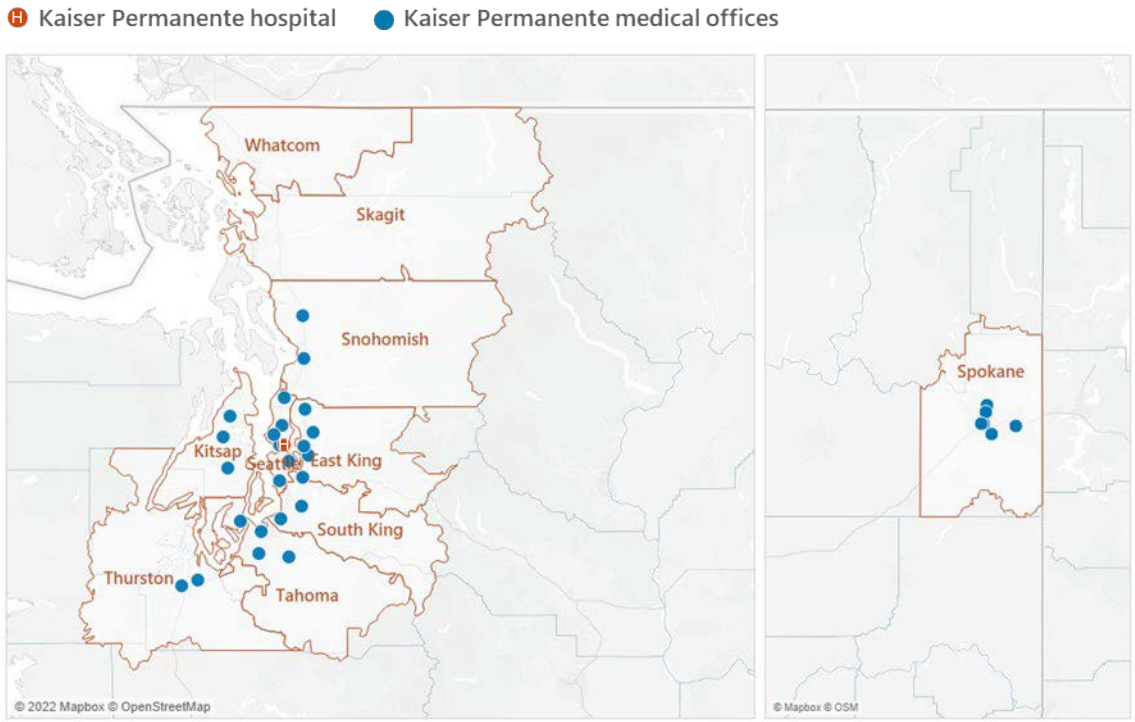
Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

The Kaiser Permanente Washington 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served as those individuals residing within its service area. The Kaiser Permanente Washington service area includes all residents in a defined geographic area surrounding its medical facilities and does not exclude low-income or underserved populations.

Washington region and service areas



Washington region demographic profile

Total population:	5,581,917
American Indian/Alaska Native	1.0%
Asian	12.1%
Black	5.0%
Hispanic	10.2%
Multiracial	4.9%
Native Hawaiian/other Pacific Islander	0.9%
Other race/ethnicity	0.2%
White	65.8%
Under age 18	21.4%
Age 65 and over	14.3%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data shows that Latinx, Black/African American, and indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

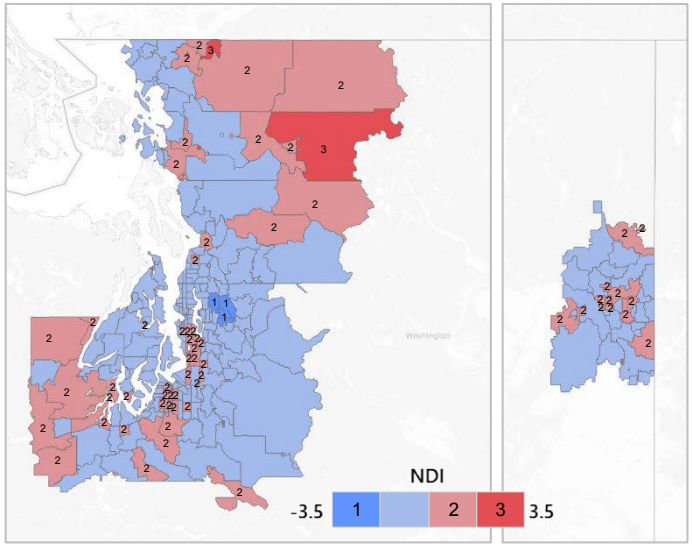
Neighborhood disparities in the Washington region

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

The map on the left shows the NDI for ZIP codes in the Washington region. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

WASHINGTON REGION

Neighborhood Deprivation Index



People of color

Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals

King County Hospitals for a Healthier Community: Evergreen Health, MultiCare, Navos, Overlake Medical Center & Clinics, Seattle Cancer Care Alliance, Seattle Children’s, Swedish, UW Medicine, Virginia Mason Franciscan Health

Other organizations

Public Health–Seattle & King County, Washington State Hospital Association

Consultants who were involved in completing the CHNA

The Center for Community Health and Evaluation (CCHE) provided support with secondary and primary data collection, data analysis, and the writing of this report. CCHE designs and evaluates health-related programs and initiatives throughout the United States and brings experience conducting tailored needs assessments and engaging stakeholders. CCHE is part of Kaiser Permanente Washington Health Research Institute

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente’s innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health data platform, and in some cases other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Washington Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners’ primary data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area’s previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas’ most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Washington had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Washington staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Washington has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, https://www.kp.org/chna.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Washington region

Before beginning the prioritization process Kaiser Permanente Washington Community Health chose a set of criteria to use in prioritizing the list of health needs:

- Severity and magnitude of need: Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- Community priority: The community prioritizes the issue over other issues
- Clear disparities or inequities: Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20% worse than national and/or state benchmarks. Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Washington Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

Description of prioritized significant health needs in the Washington region

1. Access to care: Access to quality, culturally responsive health care remains a critical health need in the Washington region. Even though uninsurance rates overall are back to pre-COVID-19 pandemic levels, there are racial/ethnic and geographic disparities in coverage. Concern about cost is a common reason for not seeking health care, and transportation is a barrier to access for people forced to move farther away from services because of high housing costs. Communities of color often do not seek care because of mistrust of the health system, in part because of past discrimination. Health care quality varies across the state, and patients covered by Medicaid receive preventive care services at lower rates than those with private insurance. Primary care workforce capacity is a key concern, with significant shortages of nurses across the state; there are high levels of pandemic-related provider burnout, particularly in the safety net and in schools.

2. Mental & behavioral health: Mental and behavioral health is a top concern in Washington region communities, one issue being the lack of adequate culturally appropriate mental health resources. Access to mental health care for communities of color remains a challenge, in part because of stigma related to seeking care and in part because behavioral health issues may be under-diagnosed; behavioral health intake systems can be difficult to navigate and not designed for different cultures and different ways of thinking about mental health. Suicide rates in most Washington region counties are higher than state and national averages, particularly among American Indian/Alaska Native and Native Hawaiian people, and 20 percent of students in grades 10 and 12 report having seriously considered suicide. As people were forced to stay home during the COVID-19 pandemic, families experienced high levels of stress, especially if they lost wages. Nearly half of 6th graders, and a third of students in higher grades, said they had worried about parents or guardians losing jobs or not being able to afford housing costs because of the pandemic. Coupled with behavioral health workforce burnout, the current state was described by one nonprofit leader as “a mental health tsunami.”

3. Housing: The challenge of housing affordability will continue to be one of the most pressing health-related needs everywhere in the Washington region. As housing costs increase in the Puget Sound area, people are forced to move farther and farther away from where health and social services are located, causing the affordability crisis to trickle out even to smaller cities east of the Cascade mountains like Spokane, where house prices increased the most between 2020 and 2022 — "a domino effect across our state." Many neighborhoods in south King County and the Tacoma area are considered to have high housing precarity, i.e., the risk of losing housing is high due to displacement or eviction, especially for communities of color. Homelessness is on the rise and is seen as both a result and a cause of mental and behavioral health challenges, and there is an urgent shortage of supportive housing for people with behavioral health needs.

4. Structural racism: The consistent disinvestment in communities of color and the way systems are set up to benefit some people and not others underlie all other health concerns. The COVID-19 pandemic and Black Lives Matter movement have revealed how oppression shows up in different forms in Washington, from disproportionate arrests of people of color to the devastating impact of the pandemic on the Native Hawaiian/Pacific Islander community. Home ownership is comparatively low in areas that were "redlined" in Seattle, Tacoma, and Spokane in the 1930s, and many of these same neighborhoods are today at greater risk of exposure to lead and air pollution. Power imbalances endure, including in rapidly diversifying communities where decision making bodies are not necessarily reflective of the communities they serve. As one nonprofit leader said, "The root is racism. We need to be intentional and explicit about naming it."

5. Income & employment: There are disparities in economic security across the Washington region. Poverty rates are higher in urban cores as well as more isolated rural areas. Income also varies considerably — for example, median household income of Black and American Indian/Alaska Native residents of King County is around half that of white and Asian residents. Unemployment, which had soared in spring 2020 because of the COVID-19 pandemic, was nearly back to pre-pandemic levels as the economy opened back up. However, there have been complex issues for people re-entering the workforce, including need for child care, the desire to explore new career pathways, and for employers, vaccine mandates that had an impact on hiring. The high cost of living in the region remains a challenge, with disruptions in schooling for children in families having to move often as they seek affordable housing.

6. Food insecurity: Before the COVID-19 pandemic, around 10 percent of Washington state households were considered food insecure; by July 2021 the proportion had more than doubled. Many families rely on school meals programs to ensure their children are not hungry; when classes were virtual only, schools had to pivot to alternative methods of supplying food and not all children were reached. As school resumed in person in fall of 2021, around a quarter of Washington students in grades 8, 10, and 12 (and more than 40 percent of 6th graders) were worried about not having enough food to eat as a result of the pandemic. Food banks experienced unprecedented demand at the beginning of the pandemic, and many did not have the capacity to serve increased community needs; a number of nonprofit organizations that had never done so before began providing food to directly to individuals and families as well as supplementing local food distribution networks.

Health need profiles

Detailed descriptions of the significant health needs in the Washington region follow.

Health need profile: Access to care

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Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

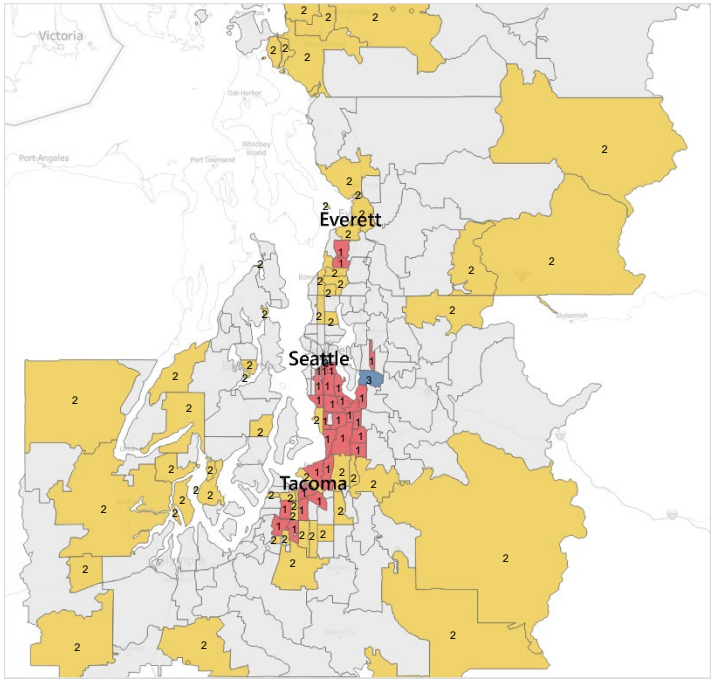
Health care coverage

Before the COVID-19 pandemic, rates of uninsurance in the Kaiser Permanente Washington region were lower than both national and state averages — 5.6 percent for the period 2015-2019. In May 2020, as many people lost their job during mandatory lockdowns, nearly 19 percent of Washington state adults under age 65 — and 58 percent of newly unemployed workers — were uninsured. Since then, coverage rates have returned to pre-pandemic levels, and those who are unemployed are more likely to have Medicaid coverage than they were previously.[1]

Nonetheless, there are disparities in insurance coverage across the Washington region. For example, in the central Puget Sound area, urban neighborhoods where more than half of residents are from communities of color have lower coverage rates. People living in rural areas also are more likely to be uninsured and have lower access to care in general.

PERCENT UNINSURED, 2015-2019

Areas shaded red (1) are ZIP codes with uninsurance rates higher than the Washington region average (i.e., higher need) and where more than half the population is people of color



Source: [Kaiser Permanente Community Health Data Platform]

[1]Washington State Office of Financial Management, Estimated impact of COVID-19 on Washington state's health coverage, July 9, 2021

Health care quality

According to the Washington Health Alliance, even when clear evidence-based guidelines have been in place for many years, the quality of care delivered varies greatly across the state. There are differences in preventive care based on source of insurance coverage. For example, breast cancer screening rates for medical group patients in 2020 ranged from 63 to 70 percent for those with private insurance and only 42 to 50 percent for those with Medicaid coverage.[2]

PREVENTIVE CARE SERVICES BY INSURANCE TYPE
Washington state, 2020

	Private	Medicaid
Well child visits (first 15 months)	69%	49%
Adolescent well-care visits	31%	25%
Timeliness of prenatal care	30%	36%
Breast cancer screening	66%	47%
Cervical cancer screening	65%	49%
Colon cancer screening	62%	41%

Source: Washington Health Alliance, 2022 Community Checkup

Workforce capacity

All key informants said that access to care remains a critical health need. According to several, primary care workforce capacity is a significant concern, worsened by the COVID-19 pandemic, with critical shortages of nurses, partly because of bottlenecks in nursing training programs. Many health care providers had to pivot to COVID-19 testing and vaccination, and there is a considerable degree of burnout, especially in the safety net and in schools. It is also expected there will be effects in other health outcomes with the access limitations from the pandemic. Shortage of dental providers (particularly hygienists) was also mentioned.

> The health care workforce is strained in a way that it's never been before. If it were up to me, I would declare a state of emergency in the safety net.
>
> – Health care leader

Community concerns

Concern for cost is one of the most common reasons for not seeking health care, according to respondents of a community survey conducted in King County. Key reasons cited for making health care easier and better were having clinics open during evenings and weekends and having transportation to get to appointments. [3]

Limited public transportation is a challenge for people forced to move farther away from services because of high housing costs. According to informants, lack of transportation is an issue particularly for communities of color, including refugees. As systems like King County Metro expand light rail and rapid transit, they are reducing local routes that low income communities rely on — "the stops a bus makes are a lifeline."

> The vulnerable populations that community health centers have historically served and continue to serve have always had difficulty accessing care, whether because of transportation or discrimination or lack of resources or understanding.
>
> – Health care leader

King County survey respondents noted that a barrier for those with limited English proficiency was lack of health care staff who speak their language. Half of the key informants cited the importance of a culturally reflective and competent health care workforce. Several mentioned mistrust by communities of color of the health care system, in part due to past discrimination. They stressed that access to health care means people feel safe and listened to, including sensitivity to intersectional identifies.

> Access means people belong and feel safe, physically, emotionally, spiritually.
>
> – Public health leader

[2]Washington Health Alliance, 2022 Community Checkup, Highlight: Variation in Health Care Quality. Reporting by some medical groups in 2020 was limited by the COVID-19 pandemic.

[3]Center for Multicultural Health and Healthier Here, Consumer Voice Listening Project, 2020

Health need profile: Mental & behavioral health

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Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

"We knew a mental health tsunami was coming."

This quote from a public health leader reflects a concern cited consistently among the key informants who were interviewed: Mental and behavioral health is a top concern in Washington region communities. Mental health workforce capacity was repeatedly mentioned, especially the lack of adequate culturally appropriate resources. During the first year and a half of the COVID-19 pandemic, the switch to behavioral health virtual visits was seen in many ways as a "good news story," one reason being that no-show rates for appointments declined significantly. Virtual visits gave providers a better sense of patients' lived experience and family dynamics, though one informant mentioned the potential for feelings of isolation to be exacerbated by virtual-only care.

As people were forced to stay home with the pandemic, families experienced high levels of stress, especially if they lost wages. Informants mentioned increases in domestic violence related to stay-at-home orders — "there weren't tools given to families to process trauma when forced to stay home all the time."

Loss of employment also led to increases in unhealthy substance use. At the same time, physical locations for assisting those struggling with or affected by use of opioids or other substances were shuttered by the pandemic and getting them up and running again has proven difficult.

Access to mental health care for communities of color remains a challenge, in part because of stigma and in part because behavioral health issues are under-diagnosed. One informant noted that behavioral health intake systems are difficult to navigate and not designed for different cultures and different ways of thinking about mental health. Young people of color in particular could benefit from supportive adults who reflect their cultures; as one informant pointed out, "Who needs services the most? Black and brown boys. Who provides it? White women."

Along with high levels of pandemic-related burnout, behavioral health providers struggle to make a living wage in their profession, especially after making significant investments in obtaining an advanced degree. More than one informant mentioned harnessing the experience people gained dealing with family trauma during the pandemic to build a paraprofessional mental health workforce that reflects community cultures and values while providing a pathway to a living wage career.

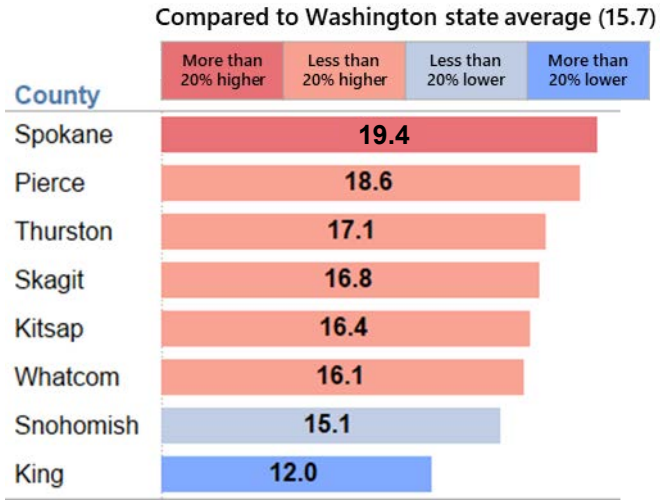
> The resilience that helps us endure to get to the other side of the pandemic can only go so far. How do we provide innovative approaches to mental health services?
>
> – Nonprofit leader

Suicide: A leading cause of death

Suicide is one of the 10 leading causes of death in Washington, and the second leading cause for youth and young adults. Around half of the 1,200 suicides in Washington in 2020 involved firearms. Suicide rates are highest among American Indian/Alaska Native, Pacific Islander, and white Washington residents, and rates are more than three times higher for men than for women.[1]

In the Washington region, suicide rates are consistently highest in Spokane, Pierce, and Thurston counties. Key informants said there were rising numbers of suicides directly related to the pandemic.

SUICIDE DEATHS PER 100,000 POPULATION WASHINGTON REGION COUNTIES, 2014–2018



Source: Kaiser Permanente Community Health Data Platform

[1]Washington State Department of Health: Death data
[2]Public Health–Seattle & King County, Community Health Indicators; 2016 & 2018 Healthy Youth Survey of students in grades 8, 10, and 12
[3]2021 Healthy Youth Survey

Mental health concerns of youth

Before the pandemic, King County American Indian/Alaska Native, Hispanic, and Native Hawaiian/Pacific Islander middle- and high school students reported significantly higher than average levels of depression. Over half of students identifying as LGBTQ reported feeling depressed, double the proportion of students who identified as heterosexual.[2]

With the return to largely in-person school in fall 2021, over a third to nearly half of students across the state in grades 8, 10, and 12 reported having felt sad or hopeless in the past year. Large majorities in those grades had experienced anxiety or uncontrollable worry — higher levels than when the survey was last administered in 2018.

Key informants noted that the implications of the pandemic on kids are yet to be seen, and that the stress of parents being out of work increased overall family stress. Nearly half of 6th graders, and a third of students in the higher grades, said they had worried about parents or guardians losing jobs or not being able to afford housing costs because of the pandemic.[3]

STUDENT MENTAL HEALTH, WASHINGTON STATE, 2021

Responses to questions related to mental health as part of a survey administered to public school students in fall 2021

STUDENTS REPORTING:	8th grade	10th grade	12th grade
Feeling sad or hopeless for 2 or more weeks	35%	38%	45%
Feeling nervous, anxious, or on edge	62%	69%	74%
Not being able to stop or control worrying	50%	56%	63%
Having seriously considered attempting suicide	19%	20%	20%
Hearing or seeing information at school about suicide warning signs and how to get help	39%	47%	43%

Source: Healthy Youth Survey

Twenty percent of Washington high school students said they had seriously considered suicide. At the same time, less than half reported having been aware of information at school about suicide warning signs and how to get help for themselves or someone they knew.

> Suicide often comes up in conversations around young folks, a reality people are trying to address.
>
> – Nonprofit leader

Health need profile: Housing

Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

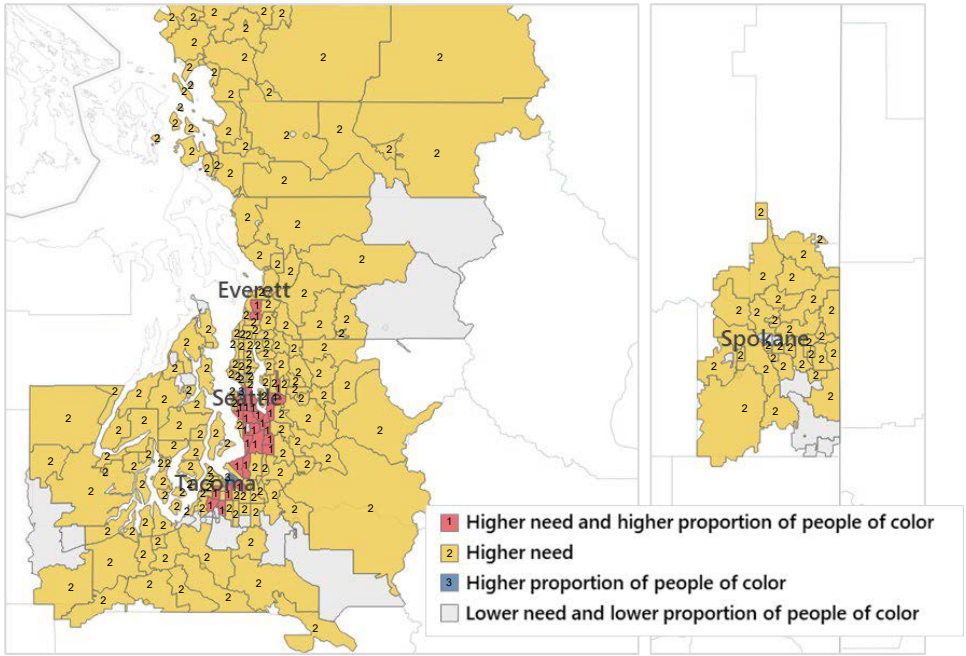
Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Housing affordability

The challenge of housing affordability was top of mind for most key informants. They note that housing will continue to be one of the most pressing health-related needs everywhere. In January 2022, the price of a typical single-family residence in the Seattle metropolitan area was nearly $750,000, and prices of homes have increased 40–49 percent in the past two years in Washington region urban areas.[1] As housing costs increase in the Puget Sound area, people are forced to move farther and farther away from where health and social services are located, causing the affordability crisis to trickle out even to smaller cities like Spokane — "a domino effect across our state."

HOUSING AFFORDABILITY INDEX, 2015-2019

Housing costs are high across the Washington region. ZIP codes shaded yellow (2) are places with low housing affordability, i.e., where residents have a lower than average ability to purchase a home ("higher need"); those shaded red (1) are places with low housing affordability and where more than half of the population is people of



Source: *Kaiser Permanente Community Health Data Platform*

[1]Zillow Research. Among six metropolitan areas in the Washington region, home prices were highest in Seattle but increased the most in Spokane between 2020 and 2022.

I feel like housing is the thing we hear everywhere we go in the state, no matter where we go, every single place we've been to. The housing affordability situation is just as bad as before the pandemic.

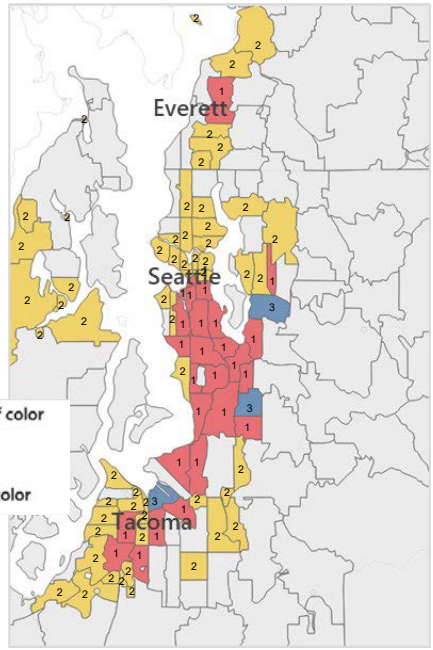
– Nonprofit leader

Housing insecurity

Many neighborhoods in south King County and the Tacoma area are considered to have high "housing precarity" — i.e., the risk of losing housing is high due to displacement or eviction. Communities of color — where levels of home ownership are lower — are at particular risk.[2] Even before the COVID-19 pandemic, Black residents of western Washington counties were much more likely to face eviction than other groups.[3]

PERCENT OF POPULATION THAT OWNS A HOME, 2015-2019

Areas shaded red (1) are ZIP codes with home ownership rates lower than the national average (i.e., higher need) and where more than half the population is people of color



Source: Kaiser Permanente Community Health Data Platform

Homelessness

In 2021, 178 people in Seattle died while experiencing homelessness — the most ever.[4] According to key informants, homelessness is on the rise and is seen as both a result and a cause of mental and behavioral health challenges.

Transitional shelter such as tiny house villages with 24-hour security provides safety from crime for those experiencing homelessness.[5] Nonetheless, informants say there is a critical shortage of supportive housing for people with mental and behavioral health needs. Youth and young adults not living with their families face unique barriers to accessing stable housing, particularly if they have a criminal record.

In the pandemic, think of how mental health has taken a hit for those of us who are housed. Then think about what it would be like when you have to think about where you will sleep, where you will be warm and safe, where you'll have a bathroom. That all takes a toll on your health.

– Nonprofit leader

One informant mentioned risks to children in families that cycle in and out of homelessness, including the trauma of moving schools and having to enter shelters "even for a day." Another pointed out the health challenges of living unsheltered, including the difficulty of accessing services, getting physical activity, and using transit to travel to appointments when people have to carry all of their belongings with them.

A concern that was brought up was that as pandemic-related eviction moratoriums expire, landlords would make rentals prohibitively expensive for tenants because they feared they wouldn't be paid rent. A key barrier to creating more affordable housing, according to one informant, is city zoning polices that limit building dense, multi-family units.

Housing affordability drives housing insecurity, which drives homelessness. It's a moral catastrophe for all of us to allow it to continue.

– Nonprofit leader

[2] *Seattle Times*, July 14, 2021; Urban Displacement Project Housing Precarity Risk Model
[3] The state of evictions: Results from the University of Washington Evictions Project, 2020
[4] KUOW, December 22, 2021
[5] Seattle Times, April 10, 2022; KUOW, April 15, 2022

Health need profile: Income & employment

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies

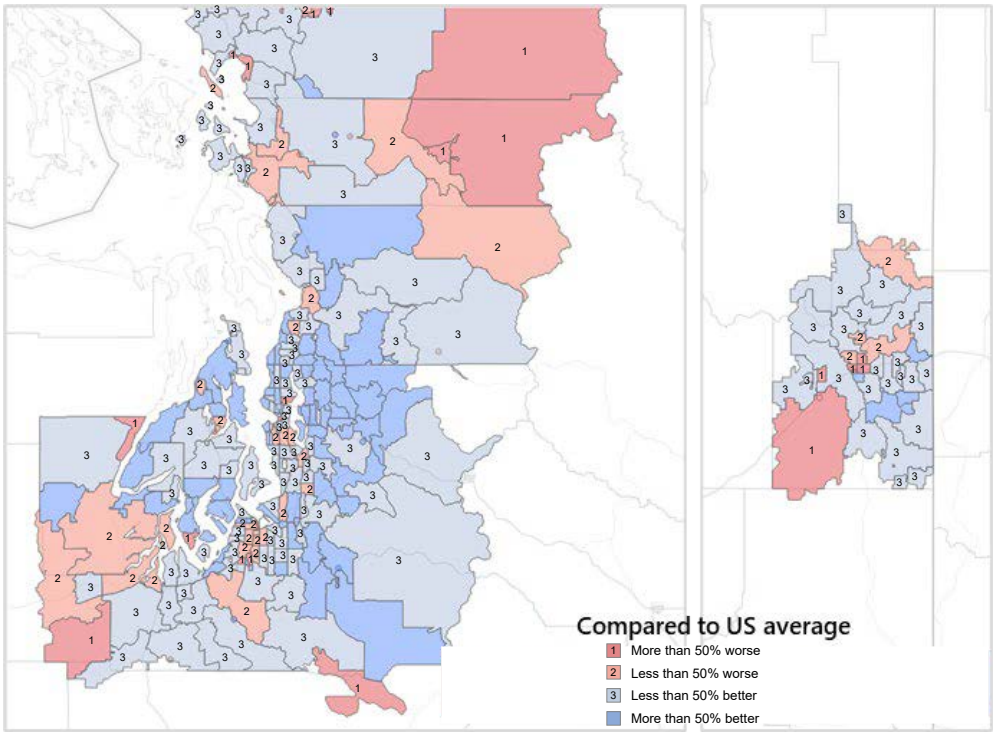
Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Income and poverty

There are disparities in economic security across the Washington region. Poverty rates are higher in urban cores as well as more isolated rural areas. Income also varies considerably across the region. For example, 2015–2019 median household income in the central Puget Sound area ranged from under $50,000 in some Tacoma neighborhoods with a majority population of people of color to over $175,000 in suburbs east of Seattle that have a majority white population. In King County, median household income for Black and American Indian/Alaska Native residents is around half that of white and Asian residents.[1]

POVERTY RATE, 2015-2019

Percent of households with income below the federal poverty level



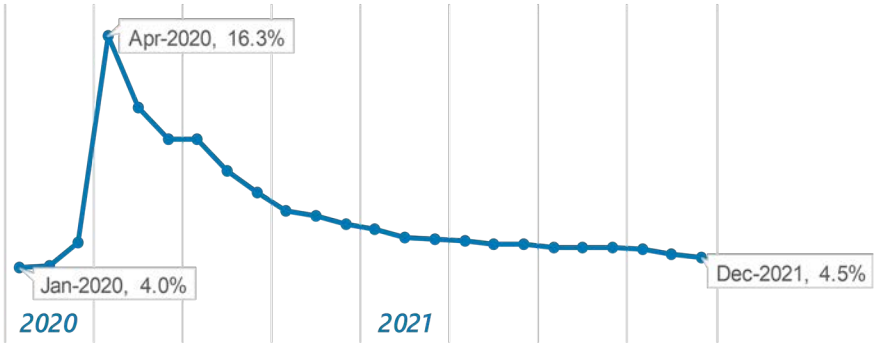
Source: Kaiser Permanente Community Health Data Platform

[1]Public Health–Seattle & King County, Community Health Indicators

Employment

Unemployment in Washington state soared in spring 2020 with closure of nonessential businesses and stay-at-home orders at the start of the COVID-19 pandemic. As the economy reopened, unemployment declined and was nearly at pre-pandemic levels by December 2021.

SEASONALLY ADJUSTED UNEMPLOYMENT RATE WASHINGTON STATE, 2020–2021



Source: Washington State Employment Security Department

According to key informants, there have been complex issues for people re-entering the workforce: need for child care, the desire to explore new career pathways, and for employers, vaccine mandates that had an impact on hiring. Many people experiencing homelessness were holding down jobs in sectors that lacked adequate protections, such as retail and food service. In addition, there are barriers for young adults seeking jobs that provide a living wage, particularly if they have a criminal record.

One positive development during the pandemic, notably in the Tacoma-area, was that smaller scale Black entrepreneurs were able to switch to e-commerce and grow their businesses, with nonprofit sector support to access financing and diversify marketing.

Community challenges

The high cost of living is a big challenge in our area and is tied to housing and food insecurity. The COVID-19 pandemic has had a huge impact on the economic security and resiliency of individuals and families. Families having to move often due to economic insecurity means their children change schools frequently — "it's difficult to pick up where a kid is in their education."

> There's a dark side to our prosperity — more and more people are being left behind.
>
> – Nonprofit leader

During the pandemic, many were forced out of the labor market. Some people did not qualify for benefits because of prior year income, and benefits may have expired for those who did qualify. At the same time, according to some key informants, there seemed to be a reluctance to access systems of support.

> Most of the jobs unfilled are low wage. Most people who can work want to work and want to be paid a good wage, as they should be.
>
> – Nonprofit leader

One informant noted that even in the same county, there can be large urban/rural disparities in economic security and educational outcomes. Another stressed that lack of jobs isn't so much an issue as the ability to accumulate assets, whether individually — a home — or collectively as a community, such as an affordable housing project or a business incubator.

Health need profile: Structural racism

Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state, and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities.

Discriminatory policies such as "redlining" policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

Community perceptions of racism in the Washington region

Racism underlies all other health concerns, according to key informants who were interviewed. They described this as the consistent disinvestment in communities of color and the way systems are set up to benefit some people but not others. According to one from an organization that engages communities throughout the state, "what people say to us first is how they've experienced racism in their communities."

Another noted that a by-product of anti-Asian hate associated with the COVID-19 pandemic and the growth of the Black Lives Matter movement after the 2020 police killing of George Floyd is the opportunity to see how oppression shows up in different forms and how different community members are left behind. Examples of these inequities in Washington state are shown below.

POLICING DISPARITIES

People of color in Washington are more likely to be arrested than white people, and American Indian/Alaska Native, Pacific Islander, and Black Washingtonians are disproportionately killed by police use of force

POLICE DEPARTMENT	Percent of Population	Percent of people arrested 2013-2020
SEATTLE		
Black	6%	34%
White	64%	50%
TACOMA		
Black	9%	34%
White	58%	49%
SPOKANE		
American Indian/Alaska Native	2%	6%
Black	2%	10%
White	81%	76%

Source: Mapping Police Violence; Police Scorecard

COVID-19 MORTALITY

From January 2020–April 2022, COVID death rates for Native Hawaiian/Pacific Islander populations in the state were more than five times higher than those for white and Asian populations

RACE/ETHNICITY	Age-adjusted rate per 100,000 population
Native Hawaiian/Pacific Islander	798.6
American Indian/Alaska Native	397.3
Hispanic	354.5
Black	236.4
Multiracial	161.5
White	144.5
Asian	138.5

Source: Washington State Department of Health

> The root is racism. We need to be intentional and explicit about naming it.
>
> – Nonprofit leader

Infectious disease takes advantage of vulnerabilities, and one of the vulnerabilities that we've learned about through the pandemic is racism and discrimination. Those are drivers of poorer health outcomes and it's incumbent upon us to address them.

– Health care leader

Perspectives on power imbalances

According to key informants, the first year of the pandemic made visible to white collar workers the experience of others in terms of lack of access to health care and goods and services, which has increased awareness among those who make decisions. However, in many communities, members of decision making bodies such as school boards and county commissions are not necessarily reflective of the communities they serve. Leaders of diversifying suburban communities that formerly had majority white populations are not always prepared to meet needs — "they're learning by doing, but unfortunately at the expense of people living there."

One of most effective strategies is investing in communities to participate in the process: sharing power and decision making. We need more of investing in communities to be part of the solution.

– Public health leader

Legacy of racist policies

The Home Owners' Loan Corporation (HOLC), a federal agency, created color-coded maps of metropolitan areas across the U.S., with the "safest" neighborhoods for banks to issue mortgages colored green and the "riskiest" colored red. The ratings in Seattle, Tacoma, and Spokane were often related to the proportion of people of color, particularly Black people, that lived in or were likely to move to an area but were also based on physical characteristics such as transportation infrastructure or condition of housing.

Home ownership today is comparatively low in areas that were "redlined" in Seattle in 1936, especially in southeast Seattle neighborhoods where most of the population is from communities of color, and parts of which also had the lowest two HOLC ratings. Because of prevalence of older housing stock, people living in many of these areas are at greater risk of exposure to lead.[1]

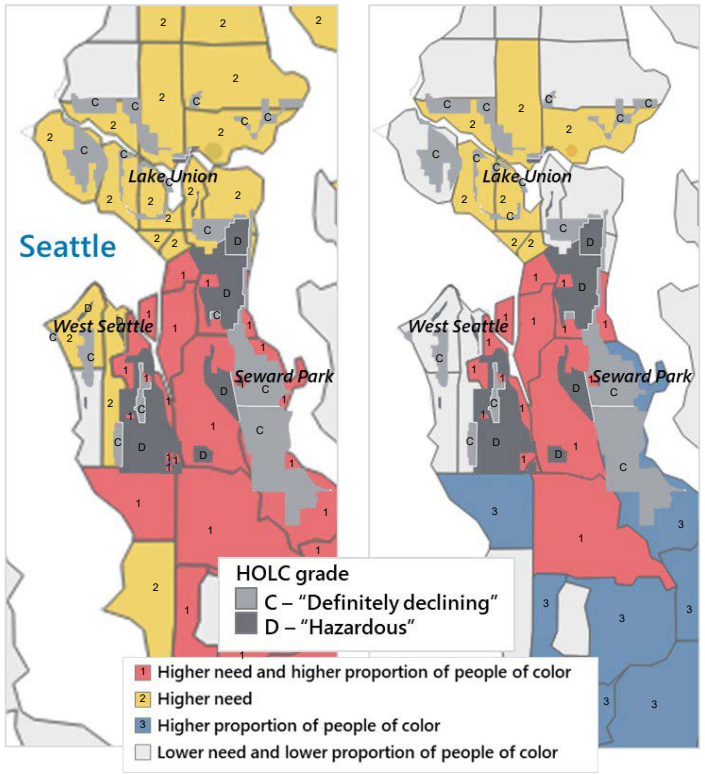
Having a lower HOLC grade also has been associated with greater exposure to air pollution now.[2] As shown on the map, Seattle neighborhoods with a higher population of color and higher levels of particulate matter are among those that had "hazardous" HOLC ratings.

DISPARITIES ASSOCIATED WITH HISTORIC REDLINING

Grey-shaded overlays in the maps below are the Seattle neighborhoods with the two lowest HOLC ratings (C and D) in 1936; areas with lower than average home ownership and higher than average PM2.5 concentration are considered "higher need"

PERCENT OF POPULATION THAT OWNS A HOME, 2015-19

ESTIMATED PARTICULATE MATTER 2.5 CONCENTRATION, 2018



Source: Kaiser Permanente Community Health Data Platform; Mapping Inequality

Racial justice and environmental justice should be included in conversations about health and well-being.

– Nonprofit leader

[1]Washington Tracking Network

[2]*Environ Sci Technol Lett* 2022, 9(4):345–350

Kaiser Permanente Washington

Health need profile: Food insecurity

Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Hispanic households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

Food insecurity in the Washington region

Before the COVID-19 pandemic, around 10 percent of Washington state households were considered food insecure — i.e., there was not consistent access to enough food for every person in the household to live an active, healthy life. By July 2021, the proportion that were food insecure had risen to 27 percent.[1] In King County, Black and Hispanic residents are most likely to experience food insecurity.[2]

Residents of over 475,000 Washington households were enrolled in the federal Supplemental Nutrition Assistance Program (SNAP) at the beginning of the pandemic. Enrollment peaked in June of 2020, then declined to nearly pre-pandemic levels as people were able to go back to work. Within the Washington region, SNAP enrollment rates are highest in southeast Seattle and south King County, the cities of Everett, Tacoma, and Spokane, and in more remote rural areas.

Many families rely on school meals programs to ensure their children are not hungry. With pandemic-related closures, schools had to pivot to alternative methods of supplying food to families, and not all children were reached when classes became virtual only.

As classes resumed in person in fall of 2021, around a quarter of students in grades 8, 10, and 12 (and more than 40 percent of 6th graders) were at least a little worried about not having enough food to eat as a result of the COVID-19 pandemic.[3]

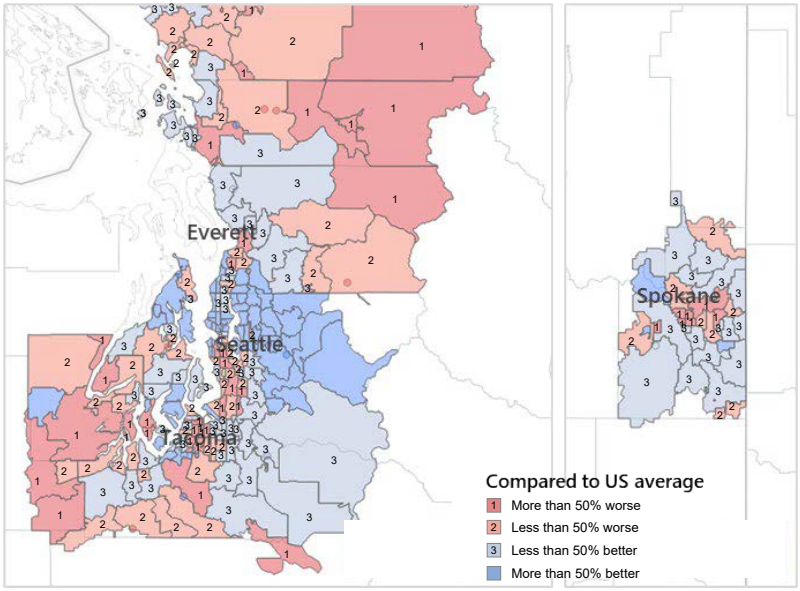
> We tie a lot to school. It's a great concept, but you can't put all the eggs in that basket. Where are the supports when you don't have that access?
>
> – Nonprofit leader

Food banks experienced unprecedented demand at the beginning of the pandemic, and many did not have the capacity to serve increased community needs, including adequate refrigeration and other basic infrastructure. A number of nonprofit organizations that had never done so before began providing food to directly to individuals and families as well as supplementing local food distribution networks. In some areas a "shadow system" was set up to provide food access to those who were fearful of government systems or who did not qualify for federal programs because of documentation status or because they did not meet income thresholds.

> CBOs have been moving heaven and earth to provide fresh food.
>
> – Nonprofit leader

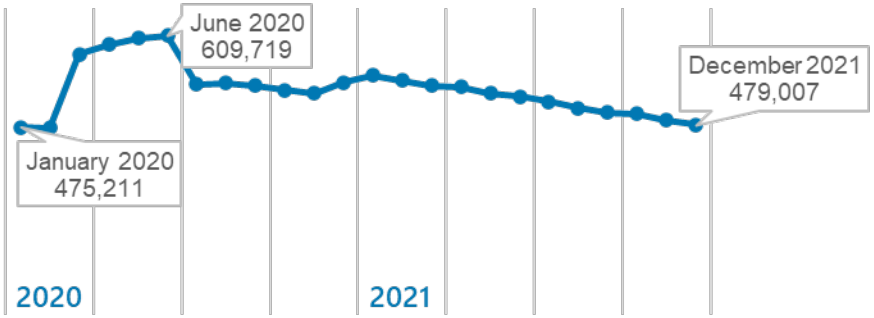
SNAP ENROLLMENT

PERCENT OF HOUSEHOLDS, WASHINGTON REGION, 2015-2019



Source: Kaiser Permanente Community Health Data Platform

NUMBER OF HOUSEHOLDS, WASHINGTON STATE, 2020–2021



Source: Washington State Department of Social & Health Services

Access to healthy food

There are several neighborhoods in south King County, the Tacoma area, and Spokane where incomes are lower and many people without a vehicle live more than a half mile from the nearest supermarket.[4] Even when there are supermarkets nearby, quality can vary considerably, according to one informant, with grocery chains offering different foods in wealthier areas with a predominantly white population.

> There are plenty of [supermarkets] in Tacoma, but the one in Hilltop has food that is not presentable to be consumed. The one in the north end of Tacoma has great produce — a simple 10-minute drive can make a big difference.
>
> – Nonprofit leader

[1]Feeding America; Washington State Food Security Survey #2

[2]Public Health–Seattle & King County, Community Health Indicators

[3]2021 Healthy Youth Survey

[4]U.S. Department of Agriculture, Food Access Research Atlas

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Washington region includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Washington 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including charitable health coverage, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Washington's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at https://www.kp.org/chna.

Kaiser Permanente Washington 2019 Implementation Strategy priority health needs

1. Economic security
2. Mental health
3. Access to care
4. Equitable access to healthy food and physical activity

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Washington Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Washington addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

One example of a key accomplishment in response to our 2019 IS includes the Washington School Based Health Alliance (WASBHA), which was awarded $382,261 over three years to advocate at the state and federal levels for school-based health center (SBHC) funding and support. The award was used to build capacity and a community of practice by providing resources and technical assistance, hosting webinars, state conferences, and networking opportunities, and providing school-based health news to over 700 SBHC stakeholders throughout Washington. Eighteen new SBHCs were launched in this time period, which increased access to health care for 15,772 students. The WASBHA developed a *Guidance for Washington School-Based Health Centers for 2020-2021 School Reopening* toolkit and staffed a state-level work group to raise awareness, build new relationships, and develop support for a cohesive SBHC legislative strategy going forward.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Additionally, in light of rising rates of food insecurity, Kaiser Permanente Washington provided a total of $235,799 to 15 school districts to equitably adapt and sustain school meal program distribution in the 2020-21 school year and summer of 2021.The funding reached 71,151 students, families and staff in communities facing high levels of food insecurity. Many of the districts were able to develop innovations to meet evolving community needs. For example, Franklin Pierce School District operates an onsite farm, and with Kaiser Permanente Washington funding, retrofitted a trailer with refrigeration capacity to deliver produce via a free mobile farmers market in apartment complexes identified as USDA food deserts. In addition to delivering school meals directly to students, the mobile market was expected to remove transportation and cost barriers to accessing fresh produce for 1,000 students and their families.

Kaiser Permanente Washington 2019 IS priority health needs and strategies

Economic security

During 2020-2021, 27 grants were awarded to community organizations, for a total investment of $3,572,452 to address economic security in the Washington region.

Examples and outcomes of most impactful strategies

Advancing equity in King County's workforce development system

OneAmerica was awarded $85,000 to provide workforce development resources in King County marginalized communities. The project was expected to provide 5,000 lower-income immigrants and refugees and those with limited English proficiency with tools and resources they need to improve their employment prospects, raise their wages, and support their families.

Health via Learning

Arivva Center for Arts & Technology was awarded $94,000 to implement visual arts programs for high school students and job training for young adults in the Parkland area of Pierce County. Over 100 students were reached with after-school mentoring and the first career training cohort was approved by the State of Washington.

RN certification and employment for foreign-educated nurses

Community Credit Lab was awarded $99,999 to support foreign educated nurses in becoming registered nurses in the U.S. The project reached 50 individuals with no-interest loans for training at Highline College, as well as assistance with job placement and building credit.

Mental health

During 2020-2021, 14 grants were awarded to community organizations, for a total investment of $4,375,969 to address mental health in the Washington region.

Examples and outcomes of most impactful strategies

Addressing mental health conditions among youth and young adults

NAMI Washington was awarded $86,419 to expand "Addressing Mental Health Conditions Among Youth and Young Adults" to Spokane and south King counties. The project reached 578 youth, young adults, educators, and parents with mental health education and support.

Trauma-informed community approach

Kitsap Strong was awarded $393,952 over two years to increase the capacity of schools and community organizations to implement trauma-informed care practices. The project is expected to build the capacity of 190 school leaders and community providers to integrate trauma-informed policies and practices into their worksites.

Scaling youth suicide prevention in Washington state

The University of Washington Foundation was awarded $96,158 to implement Forefront in the Schools, a comprehensive suicide prevention program that helps create an environment of awareness and openness in three school communities in the Highline, Tukwila and Muckleshoot school districts. The project expands on efforts that reached over 1,119 teachers, parents, and students in evidence-based suicide prevention and mental health and supported each school to update crisis response prevention plans.

Access to care

Care and coverage: Kaiser Permanente Washington ensures health access by serving those most in need of health care through Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	28,408	31,637	$37,454,806	$35,037,969
Medical Financial Assistance	17,044	16,981	$21,868,487	$23,002,615
Total care & coverage	45,452	48,618	$59,323,293	$58,040,584

Other access to care strategies: During 2020-2021, 21 grants were awarded to community organizations, for a total investment of $3,928,152 to address access to care in the Washington region.

Examples and outcomes of most impactful other strategies

Project Access

Pierce County Project Access was awarded $200,000 over two years to match providers with persons with lower incomes in need of health care. The program is expected to enroll an additional 250 patients so they can receive care provided by a volunteer network of over 700 medical providers.

Connect2 Community Network

Healthier Here was awarded $99,500 to expand the Connect2 Community Network of clinical and community organizations. Forty-nine organizations are expected to enhance technology to participate in King County's unified Community Information Exchange® to help residents access food, housing, legal, and other social services.

School-based health care

The Washington School Based Health Alliance was awarded $293,000 over two years to expand and improve school-based health care in Washington state. The program is expected to reach 50,000 K-12 students by improving existing school-based health center (SBHC) services and expanding SBHCs to reach more students, including through telehealth.

Equitable access to healthy food and physical activity

During 2020-2021, 8 grants were awarded to community organizations, for a total investment of $2,393,203 to address equitable access to healthy food and physical activity in the Washington region.

Examples and outcomes of most impactful strategies

Green schoolyards

The Trust for Public Land was awarded $1,500,000 for a multi-year project to create green spaces at schools in southeast Tacoma park-poor neighborhoods. The project is expected to reduce Tacoma's park access gap by 27 percent, with 38,000 residents living within a 10-minute walk of the green schoolyard sites.

Increasing capacity to provide healthy food

Kitsap Harvest was awarded $15,000 to expand its capacity to store fresh produce that is distributed at community sites. The project increased the cold storage area from 60 sq. ft. to over 400 sq. ft. and provided a place for volunteers to sort and pack food that served 3,000 individuals experiencing food insecurity.

Food security for south King County families

FareStart was awarded $95,000 to provide healthy prepared meals in partnership with the Renton Innovation Zone Partnership. The program distributes 480 meals weekly to families in south King County experiencing food insecurity.

Appendix

A. Secondary data sources
B. Community input
C. Community resources
D. Leading causes of death

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

	Source	Dates
1.	American Community Survey	2015 - 2019
2.	Behavioral Risk Factor Surveillance System	2020
3.	CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4.	Center for Medicare & Medicaid Services	2018
5.	CMS National Provider Identification	2019
6.	Dept of Education ED Facts & state data sources	Varies
7.	EPA National Air Toxics Assessment	2014
8.	EPA Smart Location Mapping	2013
9.	Esri Business Analyst	2020
10.	Esri Demographics	2020
11.	FBI Uniform Crime Reports	2014 - 2018
12.	Feeding America	2018
13.	FEMA National Risk Index	2020
14.	Harvard University Project (UCDA)	2018
15.	HRSA Area Resource File	2019
16.	HUD Policy Development and Research	2020
17.	National Center for Chronic Disease Prevention and Health Promotion	2018
18.	National Center for Education Statistics	2017 - 2018
19.	National Center for Health Statistics	2018
20.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21.	NCHS National Vital Statistics System	2015 - 2019
22.	NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23.	NCI State Cancer Profiles	2013 - 2017
24.	NCI United States Cancer Statistics	2013 - 2017
25.	NHTSA Fatality Analysis Reporting System	2014 - 2018
26.	US Geological Survey; National Land Cover Database	2016
27.	USDA Food Environment Atlas	2016

Additional secondary data sources

	Source	Dates
1.	Mapping Inequality	1936
2.	Mapping Police Violence	2021
3.	Police Scorecard	2020
4.	Public Health–Seattle & King County, Community Health Indicators	2015-2019
5.	USDA Food Access Research Atlas	2019
6.	Washington Health Alliance	2020
7.	Washington State Department of Health: Death data	2020
8.	Washington State Department of Social and Health Services	2021
9.	Washington State Employment Security Department	2022
10.	Washington State Healthy Youth Survey	2021
11.	Washington State Office of Financial Management	2021
12.	Washington Tracking Network	2013-2017
13.	Zillow Research	2022

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Tacoma–Pierce County Health Department	1	Public health	Representative	6/1/2021
2	Key informant interview	Tacoma Urban League	3	Black/African American community, minority business owners & entrepreneurs	Leader, representative, member	9/23/2021
3	Key informant interview	Washington Primary Care Association	1	Medically underserved, safety net organization patients, providers & staff	Leader	9/29/2021
4	Key informant interview	Washington State Department of Health	1	Public health, medically underserved, communities of color	Leader	9/24/2021
5	Key informant interview	United Way of King County	1	Persons with lower income, persons experiencing housing and food insecurity, school-age youth	Leader	9/22/2021
6	Key informant interview	Workforce Snohomish	1	Persons with lower income, dislocated workers, English language learners	Leader	9/28/2021
7	Key informant interview	Washington State Office of the Superintendent of Public Instruction	1	Vulnerable children and youth, public school students, teachers & staff	Leader	10/4/2021
8	Key informant interview	Community Solutions	1	Persons experiencing homelessness or housing insecurity	Leader	9/30/2021
9	Key informant interview	Asian Counseling & Referral Services	1	Asian and Pacific Islander communities, immigrants and refugees, medically underserved	Leader	9/17/2021
10	Key informant interview	Team Child	1	Youth and young adults in criminal justice system	Leader	9/23/2021
11	Key informant interview	Group Health Foundation	1	Philanthropy, communities of color, tribal nations, rural populations	Leader	10/11/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	United Way of King County	United Way of King County is committed to racial equity. Programs are focused on three areas: fighting homelessness, helping students graduate, and breaking the cycle of poverty. https://www.uwkc.org/
Access to care	Within Reach	WithinReach works across all counties in Washington state building pathways to make it easier for families to navigate the state's complex health and social service systems and connect with the resources they need to be healthy and safe. http://www.withinreachwa.org/
	Safety net organizations	There are 14 Federally Qualified Health Centers, including two Urban Indian Health Clinics, that serve the community at multiple sites in the Kaiser Permanente Washington region. https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs
	Washington School-Based Health Alliance	The mission of the Washington School-Based Health Alliance is to advance and advocate for school-based health care to ensure the health and academic success of children and youth statewide. https://wasbha.org/
Mental & behavioral health	Forefront	Forefront Suicide Prevention is dedicated to preventing suicide through advocacy, education and systemic change. Its mission is to empower individuals and communities to take sustainable action to prevent suicide, champion systemic change, and restore hope. http://www.intheforefront.org/
	Association of Washington School Principals	AWSP supports school principals in Washington state by providing professional learning opportunities, mentoring, coaching and legal guidance, advocacy with the State Legislature and other education associations, and regular communication to assure all schools have culture of hope, systems to support that culture, and collaborative learning and leadership among students and adults. https://awsp.org/inside-awsp/strategic-plan
	WA Therapy Fund Foundation	The WA Therapy Fund Foundation seeks to grant free therapeutic services to those within the Black community who are in need and suffering from racial trauma, anxiety, depression, and other ailments due to systemic oppression, economic sufferings, and intergenerational trauma that has not been addressed in the past. The fund also aims to support the tuition costs of Black clinicians who will serve this community. https://therapyfundfoundation.org/
Income & employment	United Way of Pierce County	United Way works from the heart to unite caring people to tackle our community's toughest challenges. By addressing the interconnected issues affecting children and families in the community, United Way of Pierce County ensures that families are stronger, individuals gain stability and kids are more successful. https://www.uwpc.org/
	Arivva – Pierce Center for Arts & Technology	Arivva's mission is to transform Pierce County by connecting high school students and adults-in-transition to the opportunities and environment they need to build a better future for themselves, their families, and our community. https://arivva.org/

Identified need	Resource provider name	Summary description
Housing	Building Changes	Building Changes advances equitable responses to homelessness in Washington state, with a focus on children, youth, and families and the systems that serve them. https://buildingchanges.org/
Structural racism	Tacoma Urban League	The mission of the Tacoma Urban League is to assist African Americans and other underserved urban residents in the achievement of social equality and economic independence. https://thetacomaurbanleague.org/
	The Tubman Center for Health and Freedom	The Tubman Center for Health & Freedom is a community organization committed to the principles of healing and people's liberation from systems that make us unwell. The Center works to advance health justice, culturally appropriate care, and integrative medicine. The Center is designing an innovative community health clinic that specializes in meeting the needs of marginalized communities in Seattle's Puget Sound region. https://www.tubmanhealth.org
Food insecurity	United Way of King County	United Way of King County's Fuel Your Future Campaign transforms schools and communities by leveraging federal nutrition programs to reduce childhood hunger. https://www.uwkc.org/
	Urban Food Systems Pact	The Urban Food Systems Pact (UFSP) is a Black- and women-led collective of Community Members, Faith-Based Leaders, Black and Brown Farmers, Community Based Organizations and the Renton School District who are working to build a just and equitable local food distribution system within the Skyway Community. https://skwayufsp.org
	School and community-based child nutrition programs	School and after-school/summer meal programs are evidence-based strategies to source foundational nutrition for food insecure children, which in turn strengthens equitable health and education outcomes. https://www.k12.wa.us/policy-funding/child-nutrition/school-meals

Appendix D. Leading causes of death, Washington region counties, 2020

Age adjusted rate per 100,000 population

	King	Kitsap	Pierce	Skagit	Snohomish	Spokane	Thurston	Whatcom	Washington state
Cancer	128.7	110.6	140.9	142.1	128.4	146.9	137.1	134.6	135.7
Heart disease	131.4	102.5	143.3	133.7	113.8	138.4	118.3	97.7	131.3
Accidents	41.4	38.7	61.7	68.5	56.9	66.9	45.8	41.0	51.4
Alzheimer's disease	46.8	29.3	32.6	32.9	34.6	65.5	49.0	49.4	41.7
Stroke	31.6	31.0	40.0	39.5	31.8	36.5	37.7	30.3	33.9
Liver disease	12.5	15.5	13.7	11.0	13.0	17.8	12.1	13.1	14.1
Chronic lung disease	21.1	25.9	31.9	25.0	27.7	41.4	27.8	26.0	28.9
Diabetes	20.6	16.7	26.7	16.3	24.4	22.0	22.8	25.1	22.2
Suicide	10.9	20.0	16.6	14.9	14.1	18.3	20.0	11.5	15.4
Flu & pneumonia	9.0	8.2	10.4	10.5	6.6	10.9	7.5	9.9	8.5

Source: Washington State Department of Health

At the time this report was completed, the Department of Health had not added COVID-19 deaths to its dashboard of leading causes of death. According to the Centers for Disease Control and Prevention, COVID-19 was the third leading cause of death in the U.S. in 2020 and 2021.