Group Health Cooperative Implementation Strategy
2016–18
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**Mission: to improve people’s lives through better health**

Group Health advances health in the community through its medical education, wholly-owned charitable foundation (Group Health Foundation), and nationally recognized research institute.

Group Health is one of the nation’s leading nonprofit health systems, recognized for its innovative solutions for improving care. Established in 1947, Group Health Cooperative, together with its subsidiary Group Health Options, Inc. provides health coverage to more than 650,000 residents of Washington State.

Group Health, in conjunction with Group Health Physicians, is located across the Puget sound region and Spokane at 25 primary and specialty clinics. Group Health has labs, radiology, pharmacy, behavioral health, home health and hospice, and hearing and optical retail locations. Group Health operates an outpatient surgery center and 24-hour urgent care at Central Hospital.
The focus area for the 2016-2018 community health needs assessment is King County, the common community for all hospitals participating in the HHC collaborative. King County is the 13th most populous county in the United States. With an estimated 2013 population of 2 million and growing, King County is home to one-third of Washington State’s population.

King County includes Seattle and 38 other cities, plus unincorporated areas, rural areas, 19 school districts, and 12 hospitals and health systems. South Region has an estimated 704,000 residents, larger than Seattle (617,000), East Region (514,000) and North Region (122,000).

Children and teens represent 21% of the King County population, and 11% of the population are 65 or older. Almost one quarter (24%) of adults has a disability.
The Shifting King County Population

As King County’s population continues to grow, it is also experiencing dramatic demographic shifts: increasing diversity, increasing poverty, and large health inequities compared to other large counties in the U.S. Successive waves of immigrants and refugees from Asia, the Horn of Africa, Central America, and the former Soviet Union have transformed the population. Many of our foreign-born residents are refugees with complex needs. As they integrate into society, these new residents can face enormous challenges, including language barriers, isolation, past trauma, poverty, and disability.

King County, 1980
Population: 1,269,898

- White/non-Hispanic: 87%
- Asian/Pacific Islander: 5%
- Black/African American non-Hispanic: 4%
- Hispanic/Latino: 2%
- American Indian/Alaska Native: 1%
- Some other race: 1%

Data source: US Census Bureau, Census 1980, 2010
Percentages may not add up to 100% due to rounding

King County, 2010
Population: 1,931,249

- White/non-Hispanic: 65%
- Asian/non-Hispanic: 14%
- Hispanic/Latino: 9%
- Black/African American non-Hispanic: 6%
- Multiple race: 4%
- American Indian/Alaska Native/non-Hispanic: 1%
- Native Hawaiian/Pacific Islander/non-Hispanic: 1%
- Some other race: 0.2%

Population under age 18 King County, 2010
Population size: 413,502

- White/non-Hispanic: 53%
- Asian/non-Hispanic: 14%
- Hispanic/Latino: 14%
- Black/African American non-Hispanic: 8%
- Multiple race: 9%
- American Indian/Alaska Native/non-Hispanic: 1%
- Native Hawaiian/Pacific Islander/non-Hispanic: 1%
- Some other race: 0.4%
Students at area school districts speak dozens of different languages; the Tukwila School District has been dubbed “the most diverse school district in the nation.” More than 1 of every 3 residents—and almost half of children—is a person of color, and the diversification trend is expected to continue. The county’s fast-growing southern suburbs include several cities and school districts that are already “majority minority”—where people of color make up more than half the population. Approximately 170 languages are spoken in King County, and 1 of every 4 King County residents speaks a language other than English at home—more than twice the rate only 20 years ago. In addition to Spanish (the most frequently spoken language), Vietnamese, Russian, Chinese, Korean, Tagalog, and African languages (primarily Somali) are also common.

King County’s population over age 60 is increasing, and will continue to grow as baby boomers age (doubling from 1990 to 2020). Adults older than 60 will comprise 21 percent of the county’s total population by 2020, up from 16 percent in 2010. Since many health conditions increase with age, this has implications for increased burden on the healthcare system.

Increasing Poverty

Poverty continues to rise: almost 1 of every 5 residents—more than 500,000 adults and children—now live in or near poverty (below 200% of the Federal Poverty Level). As poverty shifts from inner-city Seattle to the margins of Seattle and suburban areas to the south, prevalence of chronic diseases and associated risk factors are increasing in those areas. This mirrors what is happening across the nation. For poverty in particular, looking at King County as a whole masks huge disparities. One indicator of poverty, eligibility for the Free or Reduced-Price Meal program, varied widely in the 2012-2013 school year—from 4% of students in Mercer Island to 79% in Tukwila. With the exception of the rural Skykomish school district, all districts with 50% or more students in the Free or Reduced-Price Meal programs were located in South King County.
The Group Health Board of Trustees, Member Leadership Advisory Groups in Western Washington and Spokane, the Health Equity and Access Team and Group Health executive leadership were invited to help shape the Group Health community benefit strategies in the 2016-2018 3-year period by responding to a survey and participating in discussion over the first few months of 2016. From the list of top health needs identified in the 2016-2018 CHNA, survey participants were asked to pick their top 3 priorities where they believed Group Health is in the best position to impact the need in the community. From there, participants recommended organizations as potential partners to address these needs and were given the opportunity to provide further feedback and overall recommendations for establishing implementation strategies for the next 3-year period.

The Implementation Strategy, approved by the Group Health Cooperative Board on May 25, 2016 along with the Community Health Needs Assessment (CHNA), will be carried out over a 3-year period from 2016 through 2018. During this time, Group Health will continue its coordinated approach and connection with community partners to maximize health improvement efforts. We will determine priorities based on community health needs and regulatory requirements where Group Health can have the most leverage. Through collaboration with partners on programs, initiatives and events, Group Health plans to have a sustainable impact on improving the health of the communities we serve.

King County Hospitals for a Healthier Community (HHC) is a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. The CHNA is an HHC collaborative product that fulfills Section 9007 of the Affordable Care Act. For this report, HHC members joined forces to identify important health needs and assets in the communities they serve. HHC members have also worked together to increase access to healthy foods and beverages in their facilities and to address access-to-care issues by assisting with enrollment of residents in free or low-cost health insurance.
King County Hospitals for a Healthier Community

Public Health - Seattle & King County
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UW Medical Center
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Public Health
Seattle & King County
Prioritizing Health Needs

The process for ranking the health needs identified through the CHNA was developed using national community benefit standards, review of health outcomes and determinants, and identification of organizational and community resources. The following list of potential significant health needs was compiled and sent to, and used in discussion with, a broad group of stakeholders who were asked to select priorities according to the criteria below, taking into account Group Health’s unique strengths in the community as an integrated delivery system with a highly regarded research institute that publishes public domain research.

- Uninsured and unmet medical needs
- Incomplete vaccinations
- Preventable hospitalizations
- Depression and mental illness
- Substance abuse and chemical dependency
- Infant mortality
- Prenatal care/low birthweight
- Heart disease, cancer, stroke
- Obesity, physical inactivity, unhealthy diet, high blood pressure, high blood cholesterol
- Tobacco use
- Suicide
- Homicide/assault
Criteria for identifying priorities:

• The severity and urgency of the health needs of the communities Group Health serves

• Areas where Group Health has the most leverage to make the biggest impact

• Stakeholders’ perception of the importance the community places on addressing the need

• Connection to Group Health’s mission, core values, and strategies

The significant health needs that will and will not be addressed are the result of the process described above which defines the priorities for Group Health in 2016-2018. These priorities will guide the selection of activities, programs, sponsorships, and use of Group Health financial resources, staff, clinical expertise and partnerships in the community that will best address these health needs.

The following health needs will be addressed:

1. Uninsured and unmet medical needs

2. Depression and mental illness

3. Obesity, physical inactivity, unhealthy eating, high blood pressure, high cholesterol, and chronic disease
Addressing these health indicators is entirely consistent with Group Health’s mission and nature as an integrated delivery system, aligning coverage and care to engage patients in their own health.

I. **Uninsured and unmet medical needs**

- **Goals:**
  - Increase the number of adults and children with health care coverage
  - Increase the number of adults and children in need receiving medical care

- **Objectives:**
  - Promote enrollment and participation in the Health Benefit Exchange and Medicaid
  - Ensure Group Health sponsored care program is structured to meet the needs of the uninsured and underserved population

- **Resources to address need:** Group Health community engagement financial contributions; Group Health Sponsored Care Program, Group Health delivery system, Group Health Physicians
I. **Uninsured and unmet medical needs, cont.**

- **Planned collaborations:** Washington State Health Benefit Exchange; safety net organizations such as Project Access, WithinReach, YouthCare; school districts, school-based health centers; federally qualified health centers (FQHC) such as Country Doctor, International Community Health Services, NeighborCare Health, HealthPoint, Sea Mar Community Health Centers

- **Key outcomes:**
  - Reduced barriers that impeded individual’s ability to seek and obtain health care
  - Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address access to healthcare
II. Depression and mental illness

- **Goal:** Increase expertise of community providers to address mental health needs

- **Objectives:**
  - Share suicide prevention and other behavioral health patient and provider education materials and protocols with community providers and mental health professionals
  - Support community forums about mental health
  - Support mental health programs in schools, particularly through the school-based health centers with which Group Health is affiliated
  - Support tele-health options for community providers
  - **Resources to address need:** Group Health community engagement financial contributions, medical consulting and technical support
II. **Depression and mental illness, cont.**

- **Planned collaborations:** Group Health Behavioral Health Services, Group Health Research Institute, Washington State Dept. of Health, county public health institutions, community centers, Washington State Hospital Association, Washington Health Alliance, National Alliance of Mental Illness, American Foundation for Suicide Prevention.

- **Key outcomes:**
  - Improved screening and identification of mental and behavioral needs among patients.
  - Improved capacity, readiness and effectiveness of community-based organizations, community leaders and residents to address mental and behavioral health needs.
III. Obesity, physical inactivity, unhealthy diet, high blood pressure, high blood cholesterol

- **Goals:**
  - Decrease the number of children and adults who are obese
  - Increase ability to self-manage chronic disease

- **Objectives:**
  - Support programs and initiatives designed to increase physical activity and access to healthy fruits and vegetables and healthy eating
  - Share clinical providers’ expertise and knowledge about chronic disease prevention and management
  - Support built environment initiatives such as bike, walk and transit options

- **Resources to address need:** Group Health community engagement financial contributions, medical volunteers and event support
III. Obesity, physical inactivity, unhealthy diet, high blood pressure, high blood cholesterol, cont.

- **Planned collaborations:** Washington State Dept. of Health, Accountable Communities of Health, Group Health Foundation, WithinReach, Group Health Research Institute, Cascade Bicycle Club, American Heart Association, American Cancer Society, Sound Generations, Eastside Greenway Alliance

- **Key Outcomes:**
  - Increased availability and access to healthy food (including fresh produce and safe drinking water) and physical activity
  - Improved patient assessment and care for chronic conditions (obesity, diabetes, and/or heart disease) and knowledge-sharing with the community by healthcare providers
  - Improved referrals and coordination between healthcare providers and community resources and programs
Although the following health issues were identified in the CHNA, they will not be a Group Health focus due to limited expertise, there are other organizations addressing the need, and/or Group Health resource constraints prevent effectively addressing the need.

- Homicide/assault
- Infant Mortality
- Prenatal care/low birthweight
- Tobacco use
- Heart disease, cancer, stroke
- Preventable hospitalization
- Substance abuse/chemical dependency