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Note: Most tables and figures are in a separate Chartpack, available on request
The Group Health Community Health Needs Assessment (CHNA) was conducted as part of a requirement of the Affordable Care Act (ACA) that nonprofit hospitals conduct a needs assessment every three years. Group Health’s CHNA is focused on the city of Seattle—the service area for Group Health Hospital.

**Methods**

To conduct the assessment, the Center for Community Health and Evaluation (CCHE), part of Group Health Research Institute, gathered secondary data from a variety of local, state, and federal agencies, including Public Health–Seattle & King County, the Washington State Department of Health, and the U.S. Census Bureau. In addition, CCHE conducted key informant interviews with 23 individuals representing public health, city government, the healthcare safety net, cultural communities, schools, and health advocacy in Seattle and King County.

**Findings**

Key findings from the assessment include:

- **Health disparities.** In King County, life expectancy varies by race/ethnicity, and is lowest among blacks and American Indians/Alaska natives. Life expectancy in the downtown, central, Delridge, southeast, and northwest neighborhoods of Seattle is as much as 6½ years lower than in the most affluent neighborhoods.

- **Lack of health care access.** The slow national and local economy since 2008 has left many people in King County without employer-sponsored health insurance and many insecure about their financial wellbeing. Lack of health insurance leads many to defer preventive care or early intervention with chronic conditions. The geographic distribution of people foregoing health care because of cost and the rate of hospitalizations for complications of diabetes are highest in the at-risk neighborhoods of downtown, central and southeast Seattle, and Georgetown/South Park. Nearly half of key informants in south King County identified access to health care as the top health need for the populations they served.

- **Increasing risky behaviors among older teens.** Risky behaviors among youth increase as they get older. High school seniors are more likely than those in 10th grade—and 10th graders more likely than 8th graders—to smoke and drink alcohol. They are also less likely to eat recommended amounts of fruits and vegetables or to have dinner with their families.
• **Rise in obesity and physical inactivity.** While diabetes prevalence has remained stable, health factors related to diabetes—rates of obesity and physical inactivity—are steadily increasing. Obesity is most prevalent in north and southwest Seattle; those living in southeast Seattle have highest rates of physical inactivity.

• **Disparities in access to healthy food.** Residents of some south and north Seattle neighborhoods may have less opportunity to eat healthy foods. There are fewer farmers markets there, and part of the Delridge community in south Seattle is considered to be a food desert because it lacks convenient access to affordable, healthy foods.

• **Community assets to build on.** Community assets include a number of organizations addressing health outcomes of at-risk populations. Notable among these are other nonprofit hospitals, safety net clinics, school-based health centers, and the YMCA of Greater Seattle. In addition, there are numerous public health initiatives, such as the recent federal Community Transformation Grant awarded to Seattle Childrens and Public Health–Seattle & King County that addresses healthy eating, active living, and tobacco prevention in several south King County communities, including Georgetown/South Park.
1. INTRODUCTION

Group Health and the community it serves

Group Health is one of the nation’s leading nonprofit health systems, recognized for its consumer-governed cooperative origins and innovative solutions for improving care. Established in 1947, Group Health Cooperative, together with its subsidiaries Group Health Options, Inc. and KPS Health Plans, provides health coverage to more than 650,000 residents of Washington state and North Idaho. Group Health advances health in the community through its medical education, charitable foundation, and nationally recognized research institute.

More than 400,000 members receive care from Group Health Physicians medical group at Group Health Medical Centers located across the Puget Sound region and Spokane, as shown in Figure 1.1. In addition to 25 primary and specialty care clinics with pharmacy, lab, and radiology services, this group practice includes behavioral health clinics, occupational health services, home care and hospice programs, and optical and hearing aid retail locations. Adjacent to one facility, in central Seattle, is Group Health Hospital, with services that include inpatient maternity care, outpatient surgery, and a 24-hour urgent care center.

Defining the community

Group Health’s community needs assessment is focused on the city of Seattle—the service area for Group Health Hospital. The main service provided by the hospital is labor and delivery of newborns. About half the babies delivered at the hospital are born to Group Health members and the rest are patients served by community health centers. The service area was determined by looking at the catchment areas for the community health centers whose providers used the Group Health Hospital as their birthing facility. The northernmost clinic whose patients used the hospital was in northwest Seattle and the southernmost was in southeast Seattle.

Figure 1.1 shows the Seattle neighborhoods (corresponding to public health planning areas) and location of Group Health facilities.
Community demographics

The service area population in 2010 was 608,660. The age and racial/ethnic profile of the total population of the three counties is shown in Table 1.1. Around 15 percent of Seattle residents are under age 18, and 11 percent are 65 or older. Approximately a third of the population is nonwhite or Hispanic. Total population for each of the Seattle health planning areas is shown in Table 1.2

Table 1.1
Total population, age, and race/ethnicity, King County & Seattle, 2010

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Population</th>
<th>Age</th>
<th>Race/ethnicity</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Other/ two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>King Co.</td>
<td>1,942,600</td>
<td>21%</td>
<td>68%</td>
<td>11%</td>
<td>65%</td>
<td>9%</td>
<td>6%</td>
<td>14%</td>
<td>1%</td>
<td>1%</td>
<td>&lt;1%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Seattle</td>
<td>608,660</td>
<td>15%</td>
<td>74%</td>
<td>11%</td>
<td>66%</td>
<td>7%</td>
<td>8%</td>
<td>14%</td>
<td>1%</td>
<td>&lt;1%</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Table 1.2
Total population by health planning area, Seattle, 2010

<table>
<thead>
<tr>
<th>Area</th>
<th>Population</th>
<th>Area</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest Seattle</td>
<td>42,566</td>
<td>Capitol Hill/Eastlake</td>
<td>44,740</td>
</tr>
<tr>
<td>North Seattle</td>
<td>44,332</td>
<td>Downtown/First Hill</td>
<td>42,610</td>
</tr>
<tr>
<td>Ballard</td>
<td>51,822</td>
<td>Central Seattle</td>
<td>44,407</td>
</tr>
<tr>
<td>Fremont/Greenlake</td>
<td>50,863</td>
<td>West Seattle</td>
<td>52,689</td>
</tr>
<tr>
<td>Northeast Seattle</td>
<td>67,415</td>
<td>Delridge</td>
<td>30,296</td>
</tr>
<tr>
<td>Queen Anne/Magnolia</td>
<td>57,494</td>
<td>Beacon/G’town/SouthPark</td>
<td>39,242</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Southeast Seattle</td>
<td>40,305</td>
</tr>
</tbody>
</table>

Source: 2010 Census/Public Health–Seattle & King County

Like much of King County, some neighborhoods in Seattle have become increasingly racially and ethnically diverse—one ZIP code in south Seattle (98118) is said to be the most diverse in the U.S.¹ These areas have experienced a dramatic influx of immigrants and refugees from overseas, many of whom are poor and in relatively poor health. Figure 1.2 (see Chartpack) shows the percentage of population that is nonwhite by census tract.

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Needs assessment approach

A broad range of social, economic, and other environmental factors affect the health of individuals and communities. The conditions where people live, work, learn, and play—the social and environmental determinants of health—can have a profound influence on the choices they have in their daily lives that promote or inhibit health. The data presented in this assessment are organized by health outcome and determinant, in the County Health Rankings framework developed by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation, illustrated in Figure 1.3. The indicators selected for the assessment are consistent with both this framework and Healthy People 2020, the national agenda for improving the health of all Americans.

Methods

The Center for Community Health and Evaluation (CCHE), part of Group Health Research Institute, conducted the assessment. Based in Seattle, Washington, CCHE serves health organizations throughout the United States. Aided by an extensive network of long-term affiliations with individual experts, universities, and other health care institutions, CCHE has pioneered many of the techniques today considered standard in design and evaluation of community-based interventions, such as use of logic models, mix of quantitative and qualitative data collection and analysis, and innovative approaches to measuring the community environment.

For each indicator, CCHE gathered secondary data from a variety of local, state, and federal agencies, including Public Health–Seattle & King County, the Washington State Department of Health, and the U.S. Census Bureau.

The assessment includes both citywide and neighborhood-level data when available, in order to identify differences in health status that may not emerge at the city or county level and to highlight areas of

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2 http://www.countyhealthrankings.org/our-approach
3 http://www.healthypeople.gov/2020/about/DOHAbout.aspx
The greatest need within Seattle. Geographic information systems software (ArcGIS version 10) was used to create maps that display various indicators.

In addition, CCHE conducted key informant interviews with 23 individuals representing public health, city government, the healthcare safety net, cultural communities, schools, and health advocacy in King County. The findings were also informed by 10 key informant interviews conducted earlier as part of the needs assessment for Virginia Mason Medical Center, one of Group Health’s health care partners.

**Limitations**

Data on health behaviors are largely derived from the national Behavioral Risk Factor Surveillance System (BRFSS) survey and the Washington state Healthy Youth Survey, both of which are subject to the bias of self-reported information. The BRFSS questionnaire is administered in English or Spanish only; in an area as diverse as King County with pockets of linguistic isolation, certain cultural communities may be underrepresented in the sample. Individuals without telephones (landlines or cell phones) are not interviewed either.

Data for smaller geographic areas from the American Community survey can have large margins of error, even when aggregated for multiple years. Most health data by race/ethnicity combines Asian/Pacific Islander populations, which can obscure the health challenges faced by groups in King County such as native Hawaiians.

Descriptions of the physical environment can be particularly challenging to compare across geographic areas, and definitions of food and physical activity environments vary widely. For example, identification of food deserts—places that lack access to healthy food—is usually based on yellow-pages types of databases and may need verification with on the ground assessment in neighborhoods.

**Reporting results**

The Community Health Needs Assessment findings are organized according to the County Health Rankings framework. Each section includes background information and findings, and refers to tables and figures that are in a separate Chartpack, which is available on request. The indicators included in the assessment are listed below.
## Community health needs assessment indicators

<table>
<thead>
<tr>
<th>Health Determinant</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORTALITY</strong></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td>Leading cause of death</td>
</tr>
<tr>
<td></td>
<td>Life expectancy</td>
</tr>
<tr>
<td><strong>MORBIDITY</strong></td>
<td></td>
</tr>
<tr>
<td>Birth outcomes</td>
<td>Low birth weight</td>
</tr>
<tr>
<td></td>
<td>Preterm births</td>
</tr>
<tr>
<td>Health-related quality of life</td>
<td>Adults reporting fair or poor health</td>
</tr>
<tr>
<td></td>
<td>Adults: mean number of unhealthy days (physical &amp; mental)</td>
</tr>
<tr>
<td></td>
<td>% adults with depression</td>
</tr>
<tr>
<td></td>
<td>% youth feeling sad or hopeless</td>
</tr>
<tr>
<td></td>
<td>% youth seriously considering suicide</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>Diabetes prevalence</td>
</tr>
<tr>
<td><strong>HEALTH BEHAVIORS</strong></td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td>% adults who smoke cigarettes</td>
</tr>
<tr>
<td></td>
<td>% youth who smoke cigarettes</td>
</tr>
<tr>
<td>Diet &amp; exercise</td>
<td>% adults obese</td>
</tr>
<tr>
<td></td>
<td>% adults physically inactive</td>
</tr>
<tr>
<td></td>
<td>% youth obese</td>
</tr>
<tr>
<td></td>
<td>Youth fruit &amp; vegetable intake</td>
</tr>
<tr>
<td></td>
<td>Youth soda consumption</td>
</tr>
<tr>
<td>Alcohol</td>
<td>% adults reporting heavy or binge drinking</td>
</tr>
<tr>
<td></td>
<td>% youth reporting drinking in last 30 days</td>
</tr>
<tr>
<td>Sexual behavior</td>
<td>Teen birth rate</td>
</tr>
<tr>
<td></td>
<td>Teen sexual activity</td>
</tr>
<tr>
<td></td>
<td>Chlamydial infection rate</td>
</tr>
<tr>
<td></td>
<td>HIV incidence/prevalence</td>
</tr>
<tr>
<td><strong>CLINICAL CARE</strong></td>
<td></td>
</tr>
<tr>
<td>Access to care</td>
<td>% uninsured</td>
</tr>
<tr>
<td></td>
<td>% not seeking medical care because of cost</td>
</tr>
<tr>
<td></td>
<td>Health care safety net (FQHCs &amp; SBHCs)</td>
</tr>
<tr>
<td></td>
<td>% adults with no dental care</td>
</tr>
<tr>
<td>Quality of care</td>
<td>% adults receiving recommended colorectal cancer screening</td>
</tr>
<tr>
<td></td>
<td>% women receiving recommended breast cancer screening</td>
</tr>
<tr>
<td></td>
<td>% of diabetics receiving recommended screenings</td>
</tr>
<tr>
<td></td>
<td>Preventable hospitalizations for diabetes complications &amp; heart failure</td>
</tr>
<tr>
<td></td>
<td>% of kindergarteners receiving recommended vaccinations</td>
</tr>
<tr>
<td><strong>SOCIAL &amp; ECONOMIC FACTORS</strong></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>High school graduation rate</td>
</tr>
<tr>
<td></td>
<td>% adults with college degree</td>
</tr>
<tr>
<td>Income/employment</td>
<td>Median income</td>
</tr>
<tr>
<td></td>
<td>% enrollment in free &amp; reduced price school meals program</td>
</tr>
<tr>
<td></td>
<td>Unemployment rate</td>
</tr>
<tr>
<td>Family/social support</td>
<td>Linguistic isolation</td>
</tr>
<tr>
<td></td>
<td>Children in single parent households</td>
</tr>
<tr>
<td>Community safety</td>
<td>% youth who mostly or always eat dinner with their families</td>
</tr>
<tr>
<td></td>
<td>Crime rate</td>
</tr>
<tr>
<td></td>
<td>% of youth reporting feeling safe at school</td>
</tr>
<tr>
<td></td>
<td>% of youth reporting carrying weapons to school</td>
</tr>
<tr>
<td><strong>PHYSICAL ENVIRONMENT</strong></td>
<td></td>
</tr>
<tr>
<td>Environmental quality</td>
<td>Air quality</td>
</tr>
<tr>
<td></td>
<td>Airport noise</td>
</tr>
<tr>
<td>Built environment</td>
<td>Food deserts &amp; farmers’ markets</td>
</tr>
<tr>
<td></td>
<td>Physical activity environment</td>
</tr>
<tr>
<td></td>
<td>Transit routes</td>
</tr>
</tbody>
</table>
The ten leading causes of death account for around 85 percent of all deaths in King County. Half of these deaths are considered to be premature—before age 75—because of behaviors like smoking, poor diet, lack of physical activity, and substance abuse, as well as social and environmental factors. In the U.S., people with lower incomes are more likely to die prematurely than those with higher incomes. Life expectancy at birth is the number of years a newborn can expect to live if the current age-specific death rates stay the same for his or her life. In Washington state, life expectancy for men is 78.2 and for women is 82.5.

Indicators
- Leading cause of death
- Life expectancy

Findings
- The leading causes of death in Seattle are cancer and heart disease (Table 2-1).
- In King County the leading cause of death for children and adults under age 45 is unintentional injury. Cancer is the leading cause of death for adults age 45-64 and heart disease is the leading cause for those age 65 and older.
- In Seattle, life expectancy varies by neighborhood (Figure 2-1) and race/ethnicity.
- King County blacks and American Indians/Alaska natives having the lowest life expectancy (Figure 2-2).

Table 2-1
Leading cause of death, 2006-2010 (5-year average), Seattle, King County & Washington state (age-adjusted rate/100,000 population)

<table>
<thead>
<tr>
<th></th>
<th>Seattle</th>
<th>King County</th>
<th>WA State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cancer</td>
<td>156.5</td>
<td>159.2</td>
<td>174.7</td>
</tr>
<tr>
<td>2 Heart disease</td>
<td>138.4</td>
<td>138.2</td>
<td>160.3</td>
</tr>
<tr>
<td>3 Alzheimer’s disease</td>
<td>39.4</td>
<td>42.3</td>
<td>43.1</td>
</tr>
<tr>
<td>4 Stroke</td>
<td>36.0</td>
<td>36.6</td>
<td>40.4</td>
</tr>
<tr>
<td>5 Unintentional injury</td>
<td>34.4</td>
<td>31.7</td>
<td>39.4</td>
</tr>
<tr>
<td>6 Chronic lower respiratory disease</td>
<td>31.1</td>
<td>32.2</td>
<td>43.2</td>
</tr>
<tr>
<td>7 Diabetes</td>
<td>20.0</td>
<td>19.0</td>
<td>23.3</td>
</tr>
<tr>
<td>8 Suicide</td>
<td>11.5</td>
<td>10.8</td>
<td>13.0</td>
</tr>
<tr>
<td>9 Influenza &amp; pneumonia</td>
<td>10.6</td>
<td>10.1</td>
<td>11.0</td>
</tr>
<tr>
<td>10 Chronic liver disease &amp; cirrhosis</td>
<td>8.7</td>
<td>8.3</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Source: Public Health–Seattle & King County
3. MORBIDITY

a. Birth outcomes

Low birth weight is related to multiple health determinants, including access to health care, behaviors such as smoking, poor diet, and alcohol consumption, and environmental exposures. Infants born weighing less than 2,500 grams (around 5½ pounds) may be more likely to develop health conditions such as diabetes or have problems with cognitive development. Preterm birth (less than 37 weeks gestation) also can have long term consequences for health and is the leading cause of death in newborns.

**Indicators**
- Low birth weight births
- Preterm births

**Findings**
- Rates of low birth weight births were highest among black mothers\(^1\) and residents of downtown and southeast Seattle (Figure 3a-1).
- The proportion of births that were preterm was highest in southeast and northwest Seattle (Figure 3a-2).

\(^1\)Public Health–Seattle & King County; [http://www.kingcounty.gov/healthservices/health/data/indicators.aspx](http://www.kingcounty.gov/healthservices/health/data/indicators.aspx)
3. MORBIDITY

b. Health-related quality of life

Health-related quality of life is determined by self-reported measures of physical and mental health. It can reflect the impacts of chronic illness and disabilities as well as factors such as social support and socioeconomic status.

Indicators

- Percentage of adults reporting fair or poor health
- Average number of poor physical and mental health days per month for adults
- Percentage of adults reporting depression
- Percentage of youth reporting feeling sad or hopeless
- Percentage of youth reporting they had seriously considered suicide

Findings

- The percentage of adults reporting they were in fair or poor health was highest in south Seattle neighborhoods (Figure 3b-1).
- Residents of south Seattle communities reported the highest number of unhealthy days each month. Within King County, those with incomes under $15,000 reported five times as many unhealthy days as those with incomes above $75,000.¹
- Within King County, 6 percent of adults reported experiencing depression and 16 percent had been diagnosed with depression at some point by a health professional.²
- Around a quarter of King County youth in 8th, 10th, and 12th grades reported that they had felt sad or hopeless for two weeks in a row and approximately 15 percent had seriously considered suicide (Figure 3b-2). Within Seattle, youth in the southeast area reported the highest rates of depression and consideration of suicide (Figures 3b-3 and 3b-4).

¹Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/HealthOutcomesUnhealthyDays.aspx
²Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/HealthOutcomesDepression.aspx
3. MORBIDITY

c. Diabetes

Nationwide, it is estimated that nearly 26 million people have diabetes—including over a quarter with the condition undiagnosed—and that 79 million people are pre-diabetic, with blood glucose levels that increase the risk of developing diabetes. The prevalence of diabetes increases with age, and nearly 27 percent of those over age 65 have diabetes. Among racial and ethnic groups, diabetes prevalence is highest for blacks.¹

Diabetes is the seventh leading cause of death in King County and can lower life expectancy by 15 years. The prevalence of diabetes has risen with the rise in obesity rates, and children are increasingly affected by both obesity and diabetes. Local diabetes advocates who were interviewed observe that the public is generally unaware of the seriousness of the disease. They also note that people who are newly diagnosed are often overwhelmed and are confronted with misinformation or feel they are powerless to make positive changes to control the disease.

Indicators

• Prevalence of diabetes

Findings

• The percentage of King County adults with diagnosed diabetes increased from 6.2 percent in 2004 to 6.6 percent in 2009 (Figure 3c-1).

• In King County, diabetes prevalence decreases as income increases and is higher among American Indians/Alaska natives and blacks.²

• The percentage of adults in Seattle who have been diagnosed with diabetes is highest in neighborhoods in the north and southeast regions (figure 3c-2).


²Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/HealthOutcomesDiabetesPrevalence.aspx
4. HEALTH BEHAVIORS

a. Tobacco use

The proportion of the U.S. population that smokes cigarettes decreased from 25.3 percent in 1990 to 20.6 percent in 2009; the decline in smoking has leveled off since 2005. Tobacco use is the single most preventable cause of disease, disability, and premature death and is a key driver of health care costs.

Indicators

- Percentage of adults who smoke every day
- Percentage of youth who have smoked cigarettes in the past month

Findings

- In Seattle, the percentage of adults who report smoking every day is highest in the Capitol Hill/Eastlake, downtown/central, and southeast regions—exceeding the Healthy People 2020 target of 12 percent (Figure 4a-1). Within King County, American Indians/Alaska natives and blacks report the highest smoking rates.

- Among youth, smoking increases as age increases (Figure 4a-2). In Seattle, the percentage of 10th grade students reporting they smoked cigarettes within the past 30 days was highest in the Queen Anne/Magnolia area (Figure 4a-3).

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2Public Health–Seattle & King County; [http://www.kingcounty.gov/healthservices/health/data/indicators/RiskAdultSmokers.aspx](http://www.kingcounty.gov/healthservices/health/data/indicators/RiskAdultSmokers.aspx)
4. HEALTH BEHAVIORS

b. Diet and exercise

Obesity is epidemic in the U.S. and contributes to several leading causes of death, including heart disease, diabetes, stroke, and some cancers. Over half of Washington residents diagnosed with diabetes are obese. If present trends continue, by 2030 86 percent of adults will be overweight—with 51 percent obese—and nearly a third of all children will be overweight. Total health care costs attributable to obesity/overweight are predicted to double each decade.¹

Environmental, economic, and cultural conditions influence the health behaviors—diet and physical activity—that have contributed to the rise in obesity. Obesity rates are higher among low-income adults and children and among American Indians/Alaska native, black, and Hispanic individuals. Children living in disadvantaged King County neighborhoods are more likely to be obese.²

Most adults in the U.S. do not meet the Physical Activity Guidelines for Americans. In Washington state, the majority do not eat recommended servings of fruits and vegetables.³ The foods that are associated with healthful diets often cost more than unhealthy foods and are unaffordable for low income families.

Indicators

- Percentage of adults who are obese
- Percentage of adults who are physically inactive
- Percentage of youth who are obese
- Percentage of youth eating 5 or more servings of fruits and vegetables daily
- Percentage of youth drinking soda

¹Obesity. 2008 Oct;16(10):2323-30; http://pubmed.gov/18719634

A lot of our population correlates recreation with luxury. It’s something they don’t have time or money to do. Sometimes they don’t understand the connection between exercise and health.

– King County social service provider
4. HEALTH BEHAVIORS

b. Diet and exercise

Findings

- The percentage of adults who were obese in King County increased from 18.6 percent in 2004 to 22.3 percent in 2009—nearly a 20 percent increase (Figure 4b-1). Obesity rates are highest among American Indians/Alaska natives, blacks, and Hispanics and those with the lowest incomes, and in the West Seattle/Delridge and north Seattle/Shoreline regions (Figure 4b-2).

- In King County, approximately 8 percent of youth are obese (Table 4b-1, right), and rates are highest among Native Hawaiian/Pacific Islander, American Indian/Alaska native, Hispanic, and black adolescents.

- In Seattle, rates of adult physical inactivity are increasing and are highest in the southeast region (Figures 4b-3 and 4b-4).

- The percentage of students who report eating recommended amounts of fruits and vegetables daily is lowest for high school seniors in King County (Figure 4b-5).

- Approximately one-third of King County youth reported drinking at least one sugary soda the previous day (Figure 4b-6). Among 10th graders, soda consumption was highest in southeast Seattle (Figure 4b-7).

Table 4b-1

<table>
<thead>
<tr>
<th>Percentage of students obese, by grade, King County, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th grade</td>
</tr>
<tr>
<td>10th grade</td>
</tr>
<tr>
<td>12th grade</td>
</tr>
</tbody>
</table>

Source: Washington State Department of Health

[The kids] eat breakfast and lunch at school and then a high-carbohydrate, high-calorie meal for dinner. Exhausted parents don’t have the money or time to eat well and cook well.

– King County school provider

4Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/RiskAdultObese.aspx

5Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/RiskYouthObese.aspx
4. HEALTH BEHAVIORS

c. Alcohol

Excessive alcohol consumption is associated with multiple adverse health and social consequences and is related to several of the leading causes of death such as liver cirrhosis, cancer, and unintentional injuries; it is associated with increased healthcare costs, increased crime, and lower worker productivity.

Alcohol-impaired driving is a leading cause of motor vehicle fatalities. While the annual number of fatal collisions in Washington state has been steadily declining, the percentage of traffic fatalities related to alcohol impairment is comparatively high: in 2009, 206 of the 492 total traffic fatalities—42 percent —were caused by alcohol-impaired driving.¹

**Indicators**
- Percentage of adults reporting excessive drinking in past month
- Percentage of youth who have drunk alcohol in the past month

**Findings**
- The percentage of Seattle adults reporting excessive drinking is highest in the downtown/central and Ballard/Fremont/Greenlake neighborhoods—the highest rates in King County. (Figure 4c-1).
- Within King County, American Indians/Alaska natives and whites report the rates of excessive drinking, as do those with higher incomes.²
- Among youth, drinking increases as age increases (Figure 4c-2). In Seattle, the percentage of 10th grade students reporting they drank alcohol within the past 30 days was highest in the Ballard/Fremont/Greenlake and downtown/central areas (Figure 4c-3).


²Public Health–Seattle & King County; [http://www.kingcounty.gov/healthservices/health/data/indicators/RiskExcessiveDrinking.aspx](http://www.kingcounty.gov/healthservices/health/data/indicators/RiskExcessiveDrinking.aspx)
4. HEALTH BEHAVIORS

d. Sexual behavior

Sexual behavior is related to numerous health outcomes and overall community health. Teen pregnancy is associated with higher risks of sexually transmitted infections and can have long-term adverse outcomes for young mothers and their children. Rates of chlamydial infection—the most common sexually transmitted disease—have been increasing over the past 15 years and are much higher for women than men. HIV continues to be a major public health concern especially because some who are infected with HIV do not know they have the disease. HIV affects men more than women and is most commonly transmitted by men who have sex with other men.

Indicators

- Teen birth rate
- Teen sexual activity
- Chlamydial infection rate
- HIV incidence and prevalence

Findings

- Teen pregnancies have been steadily declining in King County (Table 4d-1). In Seattle, teen birth rates are above the King County average in the southeast, Delridge, and northwest Seattle neighborhoods. Tenth grade students in those areas were most likely to report having been sexually active (Figure 4d-1).

- Incidence of chlamydia has increased over the past decade, and appears to be leveling off in King County (Table 4d-2). In the Puget Sound region, 40 percent of sexually active young adult female patients were screened for chlamydia in primary care clinics (not including public health clinics) in 2011.

- By the end of 2011, 6,935 individuals in King County reported they were living with HIV, including AIDS. Nearly two-thirds of Washington residents living with HIV are King County residents, almost 80 percent of whom live in Seattle. Within the city, the highest annual incidence rates are in the downtown and central areas.

The idea of [pregnancy] as a choice is foreign. A [high school] senior in our program who is one of our best is going to have a baby soon and that’s totally normal and expected.

– King County social service provider

1Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators.aspx
2Puget Sound Health Alliance, Community Checkup; http://www.wacommunitycheckup.org
5. CLINICAL CARE

a. Access to care

Health insurance coverage is a key indicator of access to primary care—people without coverage are more likely to lack a health care home and are at increased risk for serious health conditions. Coverage rates vary by income: Low income adults are less likely to be insured and to have a regular source of care and are more likely to use the emergency room (ER) for non-emergency reasons. The uninsured have health conditions diagnosed and treated at a later stage and have higher mortality rates than those with coverage.

The recent economic recession has had a profound impact on families nationwide, including in Washington, because most Americans rely on employer-sponsored insurance and may go without needed care when they lose coverage. Many low-income Washington residents turn to federally qualified health centers (FQHCs) for basic health care. The Affordable Care Act will extend coverage to thousands of Washington residents; more than half will be eligible for Medicaid, which is expected to increase demand for primary care resources.

Access to dental care is a challenge as well, particularly for youth and adults. Over a quarter of Americans with private insurance are not covered for dental care. Because of funding cuts, many safety net providers have had to cut back on the dental services they provide. Among the uninsured in Washington, patients with dental disorders are the most frequent ER visitors. Budget cuts at the state level and reductions in inpatient psychiatric beds have led to increased use of emergency rooms for chronic mental health issues as well.

**Indicators**
- Percentage uninsured
- Percentage of adults who did not seek medical care because of cost
- Primary care resources for vulnerable populations
- Percentage of adults with no dental care in the past year

*While uninsurance is growing and employers are eliminating insurance and deductibles are so high, the underinsured is a category that is growing rapidly.*

– King County social service provider
5. CLINICAL CARE

a. Access to care

Findings

• In King County, insurance coverage rates declined between 2008 and 2010, when the percentage uninsured rose from 10.3 percent to 12.7 percent. In Seattle, residents of the downtown/central, southeast, and Delridge neighborhoods are most likely to be uninsured.²

• In King County, 10 percent of adults report unmet medical need—they did not seek medical care because of costs. Black, Hispanic and American Indian/Alaska Native residents were most likely to have unmet needs,³ as are those who live in downtown/central Seattle (Figure 5a-1).

• Overall, in the Puget Sound region there appears to be an adequate number of primary care physicians willing to treat patients covered by Medicaid, including those newly eligible.⁴

• All of Seattle’s neighborhoods are served by federally qualified health centers (FQHCs), plus one urban Indian health center. These facilities are designated as Health Professional Shortage Areas because they do not have sufficient capacity to meet primary care needs of the populations they serve, especially the uninsured (Figure 5a-2).

• School-based health centers (SBHCs) are recognized as one of the best ways to provide effective, efficient, and appropriate primary and mental health care services to adolescents. In Seattle there are 17 SBHCs in high schools and middle schools, funded by a city Families and Education levy (figure 5a-3).

• Nearly a quarter of King County adults report having had no dental care within the past year; Hispanics, blacks, and American Indians/Alaska natives are least likely to have visited a dental provider.⁵

• Health and social service providers who were interviewed report the need for mental health services is growing as resources are dwindling.

At [a new SBHC] the kids come for the first time and then get their families connected to [the FQHC] ... kids are accessing health care for the first time for anyone in their families

– King County health service provider

Dental care is so off the charts, it’s not even a remote reality ... some teens haven’t seen a dentist in 10 years.

Dental care is a huge need for adults in particular. Mental health care is another area that really comes out as a need.

– King County health & social service providers

²Public Health–Seattle & King County
³Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/AccessUnmetNeed.aspx
⁵Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/AccessDentalCare.aspx
According to the Institute of Medicine, good quality health care is safe, effective, patient-centered, timely, efficient and equitable. Both County Health Rankings and Healthy People 2020 identify several indicators of effectiveness and accessibility of primary care and chronic disease management programs, including screening for certain cancers, control of diabetes, preventable hospitalizations and childhood immunizations. It has been estimated that slightly over half of Americans receive recommended health care services. Across the U.S. there are significant disparities in access to quality preventive health care, with nonwhite and low income populations at a disadvantage.

**Indicators**
- Percentage of adults receiving colorectal cancer screening
- Percentage of women receiving breast cancer screening
- Percentage of diabetic patients receiving recommended screenings
- Preventable hospitalizations for complications of diabetes and congestive heart failure
- Percentage of children having recommended vaccinations when entering kindergarten

**Findings**
- Approximately 31 percent of King County adults over age 50 were not screened for colorectal cancer. Within Seattle, residents of the Beacon Hill/southeast, Queen Anne/Magnolia, and West Seattle/Delridge areas were less likely to receive recommended colorectal cancer screening.¹

- For its annual Community Checkup, the Puget Sound Health Alliance compiles information from health insurance claims records for around 70 percent of the insured residents of King, Kitsap, Pierce, Snohomish and Thurston counties (www.wacomunitycheckup.org). Among patients receiving care in private primary care settings, those covered by Medicaid appear to be less likely to receive recommended screenings than those covered by private insurance (Figure 5b-1). At least one service provider interviewed mentioned the need for better awareness among the medical community around diabetes screening.

- The rate of preventable hospitalizations can be used to assess the effectiveness and accessibility of primary health care. The Agency for Healthcare Research and Quality has defined a set of prevention quality indicators of hospital discharges for ambulatory sensitive conditions—those for which good outpatient care can prevent the need for hospitalization. Figures 5b-2 and 5b-3 show rates in Seattle of potentially preventable hospitalizations for complications of diabetes and congestive heart failure.

- Timely immunization of infants and children is a cornerstone of public health and protects children from vaccine-preventable diseases such as polio, measles and pertussis. In recent years, parental concerns about vaccine safety have resulted in delayed or skipped immunizations. Vaccination rates have increased since passage of a 2011 law requiring health care provider signatures for exemptions. Nonetheless, for the 2011-12 school year, the percentage of kindergarteners with complete vaccinations was below 75 percent in Seattle, with rates for individual schools (public and private) ranging from 33 percent to 100 percent.²

¹Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/AccessColonScreening.aspx
²Washington State Department of Health (unpublished data)
6. SOCIAL & ECONOMIC FACTORS

a. Education

Educational status is strongly related to health status. Educational attainment is associated with health knowledge and behaviors, employment and income, and social and psychological factors, including social support. People with lower levels of education are more likely to be in fair or poor health and to have lower life expectancy. Children with less educated parents are less likely to succeed in school. According to population health experts, “In King County, Washington, if 5 percent more people attended some college and 3 percent more had an income higher than twice the federal poverty level we could expect to save 548 lives, prevent 5,800 cases of diabetes, and eliminate $32.8 million in diabetes costs every year.”

Indicators
- High school graduation rate
- Percentage of adults with a college education

Findings
- In King County, American Indian/Alaska native, Hispanic, and Native Hawaiian/Pacific Islander students are least likely to graduate on time. High school graduation rates are lowest in schools located in the southeast, south central, and Delridge neighborhoods of Seattle (Figure 6a-1).

- Adults in those same neighborhoods are less likely to have a four-year college degree (figure 6a-2). In King County, Native Hawaiian/Pacific Islander, American Indian/Alaska native, and black adults have the lowest college graduation rates.

1Robert Wood Johnson Foundation & Virginia Commonwealth University, County Health Calculator; http://countyhealthcalculator.org/location/153033/
3Public Health–Seattle & King County; http://www.kingcounty.gov/healthservices/health/data/indicators/SocialNoBachelors.aspx
6. SOCIAL & ECONOMIC FACTORS

b. Income and employment

Individuals and families with lower incomes generally have poorer health and lower life expectancy compared to those with higher incomes. Social-emotional development and general health are worse for young children whose families have incomes below the federal poverty level; adults living in poverty also are in poorer health and have much higher rates of heart disease and diabetes. In King County, children from poor families are more likely to be obese than other children.

Individuals and families are feeling the effects of the recent economic downturn. Formerly middle-class residents now find themselves needing to take advantage of already overburdened health and social safety net services. Many forego needed health care because they are struggling with basic living costs.

Indicators

- Median income
- Unemployment rate
- Enrollment in school free and reduced price meals program

Findings

- According to federal estimates, the median family income in 2012 in the Seattle-Bellevue-Everett metropolitan area was $88,000, ranging from below $15,000 to over $200,000. The lowest income neighborhoods are located in south, central, and north Seattle (figure 6b-1).

- Enrollment in the federal free and reduced price school meals program is highest in high schools that serve students from lower income neighborhoods (figure 6b-2).

- While unemployment has declined from nearly 10 percent in fall 2010 in the Seattle metropolitan area, it is still higher than before the economic downturn—7.1 percent in May 2012 (figure 6b-3).

- For many households, the income needed for a living wage has increased as costs for basic necessities have risen; fewer than half of Washington job openings in 2010 paid a living wage for families with children. Income disparities in King County have grown, and those who earn the least have been losing ground over the past 30 years compared to those who earn the most.

2Communities Count: Social & Health Indictors Across King County; [http://www.communitiescount.org/](http://www.communitiescount.org/)

The number one thing for our populations is financial resources.

We have seen a spike in poverty—need for basic services like food, clothing, shelter ... our clients can’t pay utility bills or rent.

– King County health and social service providers
6. SOCIAL & ECONOMIC FACTORS

c. Family and social support

Social support, social networks, and involvement in community life can all have a positive impact on health. Lack of ability to speak English can contribute to social isolation; fluency in English facilitates communication with healthcare and other service providers and opens up opportunities for full participation in the community.

Family cohesion is related to youth health outcomes, including emotional stress, sexual behavior, and healthy weight. Eating meals together as a family can serve as a proxy measure for family connectedness and is associated with academic achievement and youth healthy behaviors.\(^1\)

**Indicators**

- Linguistic isolation
- Children in single-parent households
- Percent of youth who mostly or always eat dinner with their families

**Findings**

- Linguistic isolation—the proportion of residents that have trouble speaking English—is more pronounced in neighborhoods in southeast Seattle (figure 6c-1). High schools in those areas have higher enrollment in transitional bilingual programs for students not proficient in English (figure 6c-2).

- Approximately 25 percent of Seattle households with children under age 18 are headed by single-parents.\(^2\)

- The proportion of youth reporting they “mostly or always” eat dinner with their families declines as they get older and for tenth grade students is lowest in southeast Seattle (Figures 6c-3 and 6c-4).


\(^2\)U.S. Census Bureau; American Community Survey 3-year estimates 2009-2011
6. SOCIAL & ECONOMIC FACTORS

d. Community safety

The safety of a community—including perceptions of safety—is related to the health of its residents, ranging from exposure to violence to post-traumatic stress disorder. Many of the immigrants who have moved to Puget Sound from some of the world’s war zones have been traumatized by witnessing torture and living in refugee camps. Psychological stress—often a byproduct of poverty and living in stressful environments—may have cumulative effects on health resulting in such physiological symptoms as higher blood pressure and levels of cholesterol and HbA1c.\(^1\) Adverse experiences in early life, including those associated with poverty, deprivation, and violence, can cause “toxic stress” and have a lifelong and permanent impact on health. Black and Latino children and adolescents—especially those living in poverty—are more likely to witness violence, including assaults with guns.\(^2\)

Indicators
- Crime rate
- Percentage of youth reporting they feel safe at school
- Percentage of youth reporting carrying weapons to school

Findings
- Seattle has the third-highest overall crime rate—including violent crime and property crime—in King County.\(^3\) Figure 6d-1 shows neighborhoods with the highest rate of reported violent crimes. Note: the Seattle Police Department cautions against using crime statistics to make judgments about the safety of an area; crime rates can be linked to volumes of foot traffic, population density, and mix of homes, businesses, schools, and parks in an area.\(^4\)
- Most King County students report that they feel safe at school, and few report having carried a weapon to school (figure 6d-2).
- Tenth graders in southeast Seattle are least likely to report feeling safe at school and most likely to report carrying weapons to school (figures 6d-3 and 6d-4).

\(^1\) *Psychosom Med.* Sep 2011;73(7):572-579; [http://pubmed.gov/21862824](http://pubmed.gov/21862824)
7. PHYSICAL ENVIRONMENT

a. Environmental quality

Health status and longevity are affected by environmental quality. Poor air quality is associated with premature death and cancer and it can be especially harmful to children, the elderly and those with chronic health conditions; improvements in air quality are related to increases in life expectancy, especially in urban areas like King County.\(^1\) Other environmental factors that have an impact on health include water quality and traffic noise. Exposure to aircraft noise has been linked to a number of adverse health consequences, including hypertension and children’s reading comprehension\(^2\)

**Indicators**
- Air Quality Index
- Aircraft noise

**Findings**
- The Air Quality Index (AQI) measures toxic substances and particulate matter. In the Puget Sound region, air quality has been improving over the past two decades and was considered “good” nearly 90 percent of the time in 2010. AQI readings greater than 100 (“unhealthy for sensitive groups”) were related to particulate pollution; this occurred in King County on only one day in 2010.
- Seattle neighborhoods most affected by noise from Boeing Field and SeaTac Airport are Beacon Hill, Georgetown, and South Park (Figure 7a-1).

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\(^1\)Epidemiology. 2013;24:23-31, [http://pubmed.gov/23211349](http://pubmed.gov/23211349)


\(^3\)Puget Sound Clean Air Agency. 2010 Air Quality Data Summary; April 2012
7. PHYSICAL ENVIRONMENT

b. Built environment

Indicators

- Food deserts & farmers’ markets
- Physical activity environment
- Public transit routes

Findings

- The south Seattle neighborhoods of Delridge and South Park are considered to be food deserts—areas with high poverty rates and at least one-third of residents living more than a mile from a full-service grocery store. There are several farmers’ markets operating in Seattle, but few serve areas with poorer access to healthy foods. Most farmers’ markets can accept U.S. Department of Agriculture (USDA) Supplemental Nutrition Assistance Program Electronic Benefits Transfer (SNAP-EBT) payments (Figure 7b-1).

- Amenities that support physical activity, such as parks and trails, community centers and YMCAs, swimming pools, and bicycle facilities, are located throughout the city of Seattle. The network of streets with bicycle lanes or marked bicycle routes appears to be fairly disconnected (Figure 7b-2).

- Public transit routes are shown in Figure 7b-3. King County has intentionally designed transit services to serve transit-dependent communities. Nonetheless, several health and social service providers have noted that lack of access to public transit makes it difficult for residents of many King County communities to conveniently reach health services, jobs, grocery stores, and recreation resources. Metro Transit has discontinued the ride-free zone that had been in place in downtown Seattle since 1973; many community advocates believe this change will disproportionately affect the poor and homeless.

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1King County Executive Office, Equity and Social Justice Annual Report, Aug 2012.
Group Health

Community Health Implementation Strategy

Prepared by

Group Health Cooperative Public Policy
Overall approach

Group Health is one of the nation’s leading nonprofit health systems, recognized for its consumer-governed cooperative origins and innovative solutions for improving care. Established in 1947, Group Health Cooperative, together with its subsidiaries Group Health Options, Inc. and KPS Health Plans, provides health coverage to more than 650,000 residents of Washington State. Group Health advances health in the community through its medical education, wholly-owned charitable foundation (Group Health Foundation), and nationally recognized research institute.

More than 400,000 members receive care from the Group Health Physicians\(^1\) medical group and from Group Health Cooperative employed clinicians at Group Health Medical Centers located across the Puget Sound region and Spokane. In addition to 25 primary and specialty care clinics with pharmacy, lab, and radiology services, this group practice includes behavioral health clinics, occupational health services, home care and hospice programs, and optical and hearing aid retail locations. Group Health Central Hospital provides services that include inpatient maternity care, outpatient surgery, and a 24-hour urgent care center.

Pursuant to section 501(r) of the Internal Revenue Code and its associated regulations, every three years each hospital facility with nonprofit tax-exempt status is required to conduct a board approved Community Health Needs Assessment (CHNA)\(^2\) and develop an Implementation Strategy to address significant health needs outlined in the assessment.

To help meet these requirements, Group Health’s Center for Community Health Evaluation completed a CHNA which is focused on the city of Seattle—the service area for Group Health’s one state-licensed hospital facility.

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\(^1\) Group Health Cooperative contracts with Group Health Physicians (Group Health Permanente, P.C.) for medical services. Group Health Cooperative has no legal ownership with respect to Group Health Physicians.

\(^2\) Group Health Cooperative’s Implementation Strategy is based on Notice 2011-52 regarding section 501(r)(3) of the Internal Revenue Code and the subsequent Proposed Rule dated April 5, 2013, from the IRS and the Treasury Department. The proposed rule is applicable to CHNA and Implementation Strategies approved prior to October 5, 2013. Per Washington requirements it must be evidence-based, when available; or development and implementation of innovative programs and practices should be supported by evaluation measures."
The main service provided by the hospital is labor and delivery of newborns. About half the babies delivered at the hospital are born to Group Health members and the rest are patients served by community health centers. The service area was determined by looking at the catchment areas for the community health centers whose providers used the Group Health Hospital as their birthing facility. The Implementation Strategy is a companion plan that prioritizes significant health needs identified in the CHNA and outlines a multi-year approach for addressing these needs.

The Implementation Strategy will be carried out over a three-year period from 2013 through 2015. 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 and stakeholder and community input. By focusing on collaboration with partners on events, programs, and initiatives, and by ensuring that available resources align with community health and organizational goals, Group Health plans to have a sustainable impact on improving the health of the communities we serve.

Prioritization process

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. A list of potential significant health needs was compiled and sent to 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.

Criteria for identifying priorities:
- The severity and urgency of the health needs of the communities Group Health and specifically Group Health Hospital serve
- 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

Significant Health Needs

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 2013-2015. These priorities will guide the selection of activities, programs, sponsorships, and use of Group Health resources that will best address these health needs.
Health Needs that will not be addressed

Although the following health issues were identified in the CHNA, they will not be a focus area in Group Health’s implementation strategy. The health issues and reasons for the decision are listed below. Group Health will concentrate its available resources on a select few priorities where its expertise and knowledge will benefit the community in a unique way.

The following will not be addressed as part of Group Health’s Implementation Strategy:

- Injury prevention: Feedback Group Health received was to focus its limited resources on where it could be most effective and efficient. This is not one of those areas at this time.
- Tobacco cessation: There are other organizations in the community that are focused on this health need and are in a better position to provide this service.
- Mental health and substance abuse: While Group Health has a behavioral health unit, this was not considered expertise that it could leverage effectively.
- Oral health: This is not an area of expertise. Group Health Central Hospital does not provide oral health care.

Health needs that will be addressed

These focus areas are 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.

Focus areas will include:

1. Access to care for underserved populations
2. Promotion of physical activity, improved fitness, and healthy eating
3. Diabetes and cardiovascular disease prevention

Group Health’s model has historically emphasized and continues to emphasize health engagement, prevention and wellness, and proactive chronic illness management by providing a team-based and patient-centered approach to health care and value-based benefits.

Priority: Access to Care for underserved populations

Goals:

- Increase the number of adults under age 65 with health insurance coverage
- Increase the number of adults for whom cost is not a barrier to accessing health care
- Increase the number of adults and youth receiving sponsored care from Group Health
- Increase the number of youth receiving recommended preventive services
Objectives:
1. Promote enrollment and participation in the Health Benefit Exchange and Medicaid.
2. Create a more systematic approach to provide access to safety net organizations serving communities with the highest health needs and the least access.
3. Provide direct care for underserved patients.
4. Share clinical and organizational expertise with safety net organizations.

Partners in this work include:
Safety net organizations such as: Project Access, Within Reach, and Youthcare; school districts, school based health centers; Group Health Foundation; and the Washington State Community Transformation Grant Leadership Team

Priority: Promotion of physical activity, improved fitness, and healthy eating
Goals:
- Increase the number of healthy beverages purchased in Group Health facilities by 20 percent each year for the next three years
- Increase number of adults who are physically active
- Increase the number of adults and youth who bicycle or walk to work and school

Objectives:
1. Partner with state and employer efforts to develop employee wellness programs.
2. Collaborate with schools— particularly school-based health centers—to provide opportunities for youth to participate in health-promoting activities.
3. Participate in the King County Healthy Hospital Initiatives, including the commitment to increase healthy beverage purchases by 20 percent annually over baseline in all Group Health facilities each year for the next three years.
4. Support summer food options for youth from low-income families.

Partners in this work include:
Washington State Department of Health, local public health agencies, school districts, school-based health centers, Group Health Foundation, Within Reach, Group Health Research Institute and the Center for Community Health and Evaluation, Cascade Bicycle Club, King County Community Health Needs Collaborative, and the Washington State Community Transformation Grant Leadership Team

Priority: Diabetes and cardiovascular disease prevention
Goals:
- Decrease the number of adults who report diagnosis of diabetes or coronary heart disease
- Increase the number of diabetics receiving recommended services to manage their condition
- Decrease the number of preventable hospitalizations for heart failure and complications of diabetes

Objectives:
1. Collaborate with community and government partners to promote bicycling and walking as a form of exercise and transportation
2. Promote physical activity and fitness through program sponsorships
3. Collaborate with community organizations to support newly diagnosed diabetics with tools and information to manage their disease
4. Share clinical and organizational expertise, including research from the Group Health Research Institute, about the prevention, detection, and management of diabetes and cardiovascular disease, including best practices and evidence-based guidelines.

Partners in this work include:
Washington State Department of Health, YMCA/YWCA, local public health agencies, school districts, Group Health Foundation, Group Health Research Institute and the Center for Community Health and Evaluation, Cascade Bicycle Club, King County Community Health Needs Collaborative, and the Washington State Community Transformation Grant Leadership Team

Key outcomes

Though detectable changes in population health are difficult to achieve in the three-year timeline of the Implementation Strategy, Group Health will check these indicators annually. To frame this work, we will use a logic model approach to identify intermediate outcomes that are intended to lead to longer term community health impacts. This theory of change is a systematic way to describe the relationships among resources invested, specific activities, and expected results of the Implementation Strategy. Data sources for these key outcomes indicators are Public Health–Seattle & King County, Puget Sound Health Alliance, Washington State Department of Health, Puget Sound Regional Council.

Health indicators to monitor for each priority include:

**Access to care for underserved populations**
- Adults under age 65 with health insurance coverage
- Adults for whom cost is not a barrier to accessing health care
- Adults and youth receiving sponsored care from Group Health
- Youth receiving recommended preventive services

**Healthy eating, physical activity, and fitness**
- Youth fruit, vegetable, and sugary drinks consumption
- Youth meeting physical activity recommendations
- Adults who are physically active
- Adults and youth who bicycle or walk to work and school

**Diabetes and cardiovascular disease prevention**
- Adults who report diagnosis of diabetes or coronary heart disease
- Diabetics receiving recommended services to manage their condition
- Preventable hospitalizations for heart failure and complications of diabetes

**Critical partners**

Group Health is aware that it needs to continue to develop and collaborate with key community partners in the years ahead. There is power in numbers and in a community approach to addressing these needs. Group Health will be working with partners and other community assets to identify a coordinated approach that makes the most efficient and effective use of our community-facing resources.