

Wellfound Behavioral Health Hospital Community Health Needs Assessment 2019



Contents

3	Acknowledgements
5	Executive Summary
7	Introduction
12	Community Engagement Results
22	Description of the Community
30	Behavioral Health
45	Leading Causes of Death
56	Health Behaviors
64	Access to Care
68	Injury and Violence Prevention
75	Supplement

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Community Workshop Sites

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Eatonville*

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Fife-Milton-Edgewood Food Bank, Fife*

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Continued

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Pierce County Accountable Communities of Health, Community Advisory Council

Bates Technical College

City of Tacoma

City of Lakewood

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Community Health Care

Eatonville Community Coalition

Exceptional Families Network

Foundation for Healthy Generations, Community Health Advocates

Graham Community Coalition

Korean Women's Association

Pacific Lutheran University

Pierce College

Pierce County

Pierce County Cities and Towns Association

Pierce County Human Services Department

Pierce County Community Health Workers Collaborative

Pierce County Library System

Pierce Transit

Rainbow Center

Tacoma-Pierce County Health Department, Black Infant Health program

Tacoma Pierce County League of Women Voters

University of Puget Sound

University of Washington Tacoma

Executive Summary



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Catholic Health Initiatives (CHI) Franciscan and MultiCare Health System (MultiCare) in collaboration with Tacoma-Pierce County Health Department (TPCHD) has conducted a Community Health Needs Assessment (CHNA) to identify key health issues based on current data. This CHNA includes the results of a comprehensive review of key health indicator data along with community input, to understand and address the needs of this specific community.

Within this report, the term “community” refers to residents who live in this hospital’s predefined service area.

This CHNA fulfills Section 9007 of the Affordable Care Act, as well as Washington state CHNA requirements and presents data on:

- **Demographics of the community**
- **Life expectancy and leading causes of death**
- **Chronic illness, including behavioral health**
- **Injury and violence**

Additionally, the CHNA process included asking community members about the health of their community, what they need in their neighborhoods to be healthy and what they think could be improved. These community engagement activities included ten community workshops with residents, ten interviews with local organizational leaders and an online community survey. MultiCare, CHI Franciscan and TPCHD pledge to engage community stakeholders throughout the CHNA process not simply as sources of input but as equal partners with shared accountability and investment in addressing health concerns.

COMMITMENT TO HEALTH EQUITY

Throughout the CHNA process, social determinants of health provided the framework for both the community engagement process and as a way to focus attention on the importance of neighborhood and community conditions. Income, education, housing and transportation create opportunities or barriers to health. Health should not be determined by zip code, income, race or any other factor. Healthy choices should be easy choices for everyone in Pierce County.

Executive Summary

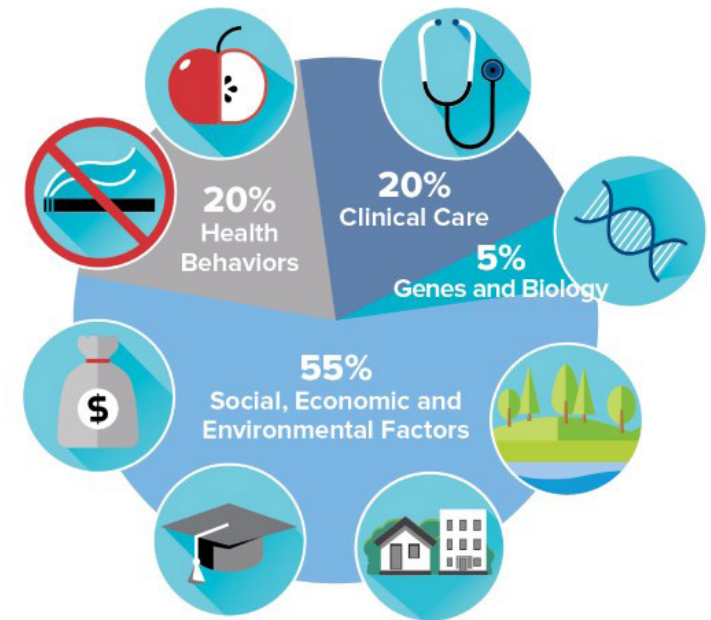
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PRIORITY HEALTH NEEDS

Based on results from this CHNA, priority health needs within CHI Franciscan Wellfound Behavioral Health Hospital's service area emerged. These priorities resulted from applying a prioritization process and criteria to the health indicator data and community engagement themes included in this report.¹

- **Suicide**
- **Drug and alcohol use**
- **Obesity**
- **Depression**
- **Unintentional injuries**
- **Access to health care**

What Makes Us Healthy?



Adapted from <http://www.cdc.gov/socialdeterminants/FAQ.html>

¹ For more information about the prioritization process and selection criteria, please see the Appendix.

Introduction



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

MultiCare Health System and CHI Franciscan contracted with the Tacoma-Pierce County Health Department to conduct a comprehensive Community Health Needs Assessment (CHNA). The process included quantitative analysis and qualitative interviews and focus groups with community leaders and residents of Pierce County representing many sectors and population groups, including low-income residents and others affected by health disparities.

ABOUT WELLFOUND BEHAVIORAL HEALTH

Wellfound Behavioral Health Hospital is a joint venture between CHI Franciscan and MultiCare Health System, as a collaborative response to the emerging behavioral health needs of Pierce County residents. The facility is a freestanding, two-story, behavioral health hospital with 120 inpatient beds. The hospital will provide voluntary and involuntary admissions with a focus on general adult psychiatric care, crisis stabilization and outpatient services.

This is the first CHNA for the Wellfound Behavioral Health Hospital. This report describes health issues, what impacts those issues and how concerns can be strategically addressed.

PURPOSE

The purpose of this report is to share the emerging health needs of the Wellfound Behavioral Health Hospital community, including:

- What residents have to say about health
- Health behaviors and health outcomes of residents
- Assets and resources

This report contains information that can be used to respond to an evolving community and new challenges.

Introduction

Continued

METHODS

To develop this report, an array of data sources was analyzed to describe the health of the Wellfound Behavioral Health Hospital community. These include:

- Selected health indicators collected through surveys, vital statistics records, hospital data sets and health registries
- Main themes emerging from community workshops attended by Pierce County residents, including those from the Wellfound Behavioral Health Hospital service area
- Results from the 2018 Pierce County Community Survey (online)
- Transcripts from interviews with stakeholders from different sectors, including the Wellfound Behavioral Health Hospital service area

CHNA partners intentionally engaged residents to have an active role in community engagement activities. For example, residents reviewed questions used for workshops and the online community survey. To ensure accuracy of the data, they also reviewed the summary of results from the interviews and workshops they participated in. Some residents were trained to conduct workshops in their own communities.

This report summarizes:

- 1. Community characteristics**
- 2. Life expectancy**
- 3. Leading causes of death**
- 4. Leading causes of hospitalizations**
- 5. Levels of chronic illness**
- 6. Access to health care, use of preventive services and oral health**
- 7. Injury and violence prevention**

Assets and resources available to the community are at the end of each section, as applicable.

More details about data sources and methods used to develop this report are in the Supplement.

Introduction

Continued

COMMUNITY WORKSHOPS

The purpose of the community workshops was to hear directly from residents. Ten community workshops were held throughout Pierce County and facilitated by trained community residents and Health Department staff.

Community residents were trained to facilitate workshops using a curriculum developed by Health Department staff in collaboration with Community Science (funded by the U.S. Department of Health and Human Services, Office of Minority Health). The training curriculum was tested with members of the East Tacoma Collaborative in 2017. Members of Pierce County Accountable Community of Health's Community Advisory Council and the Pierce County Community Health Worker Collaborative participated in the training and facilitated community workshops.

Health Department staff selected workshop locations from geographic areas with poorer health outcomes and readiness to work collectively to improve these outcomes. In addition, specific populations were invited to participate in the workshops based on their

geographic location and/or health outcomes. Those populations included:

- Residents who are housing insecure or who have lower household incomes
- Lesbian, gay, bisexual and transgender residents
- Black residents
- Native Hawaiian and Other Pacific Islander residents

Analysts considered literature on stakeholder selection produced by the Health Research and Educational Trust, in partnership with Hospitals in Pursuit of Excellence. The Health Department recruited participants and, in some cases, participants invited others to attend (i.e., snowball sampling method). Those who attended workshops were promised confidentiality and consented to participate by attending the workshop.

Data analysis of workshop notes was performed simultaneously by the workshop group facilitator and an analyst using coding to identify emergent themes. Analyses were then compared, and themes were mutually identified.

Introduction

Continued

KEY STAKEHOLDER INTERVIEWS

Ten interviews were conducted with 12 Pierce County organizational leaders across seven sectors (see selection criteria below). Interviews were approximately 60 minutes in length and conducted in person. Two interviews included multiple participants, though each interview was considered one unit of measurable data. When available, interviews were audio recorded with consent.

MultiCare and CHI Franciscan provided the Health Department with more than 30 names of suggested local leaders. Ten participants were selected based on the following criteria:

1. Represented key sectors of business, non-profit, education, transportation, health and human services, local government and law enforcement/first responders
2. Not interviewed for the last CHNA in 2015 (to avoid redundancy in data and to promote diversity)
3. Availability within the project timeline

Health Department staff then analyzed data using open and axial coding² to discover patterns and recurring themes across all interviews. NVivo qualitative data analysis software was used to organize data. If three or more interviews ($\geq 30\%$) contributed the same data point, the data point was considered an emerging theme.

2018 PIERCE COUNTY COMMUNITY SURVEY

The CHNA partners drafted, distributed and promoted the online 2018 Pierce County Community Survey via Survey Monkey®. The survey was available in English, Spanish and Korean.

Professional translation services were used to provide survey drafts in Korean and Spanish. The drafts were then shared with community members who speak Korean and Spanish natively to confirm contextual accuracy.

Survey links were distributed to multiple organizations throughout Pierce County. Participants completed the survey between March and August 2018.

²Open coding – usually performed first to generate categories or main themes in data and their properties; Axial coding –used to systematically develop categories and link them with subcategories.

Introduction

Continued

LIMITATIONS

For this report, community engagement data come from focus groups, interviews and surveys. While some survey results can be weighted to improve generalizability, focus group and interview results are not entirely generalizable, and limitations to the strength of the conclusions exist. For example, we were not able to conduct a community workshop with Native American/Alaska Native residents, even though we know they often have worse health outcomes; this population was also underrepresented in the online survey.

In addition, survey data often have issues arising from how, where and from whom the data were collected. For example, stratifying estimates by race sometimes cannot be done due to small sample sizes.

Health indicator data also come from a variety of sources, each with its own set of limitations. A description of the limitations for each data set can be found in the Supplement.

Due to space limitations, the list of assets in this report is not comprehensive. For a more thorough and continuously updated statewide database of health and human service information and referrals for the state, refer to <https://resourcehouse.info/win211/index>.

Community Engagement Results



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Three methods of community engagement were used to hear from Pierce County residents, including those in the Wellfound Behavioral Health Hospital service area: ten community workshops with residents, ten key stakeholder interviews and an online survey available in English, Spanish and Korean languages. Top findings across the three community engagement activities included several issues.³

Residents identified three community characteristics as vital to their health:

- Equitable access to community resources (information, services, activities, parks)
- Celebration of diversity
- People working together

Residents need the following for their neighborhood or community to be healthy:

- Affordable housing
- Access to healthy food
- Transportation
- Access to health care (emphasizing behavioral health services)

COMMUNITY WORKSHOPS

Community workshop participants shared their thoughts on what makes their community healthy, what they need in their neighborhoods to be healthier and what they think could be improved. Main findings for each question asked at the community workshops are shown below.

³Note: The results from community engagement activities reflect all of Pierce County and are not specific to this hospital service area.

Community Engagement Results

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

What do you think makes an “ideal” community or neighborhood?

■ Opportunities to give and receive social support.

Workshop participants talked about a community where people know and care for each other. Participants also valued communities where members care about and are engaged in neighborhood issues and where people often volunteer to help the neighborhood.

■ Diversity is valued.

Community members talked about all people being accepted in an ideal neighborhood. Everyone is respected based on the value they bring to the community. Community members also valued celebration of ethnic and cultural diversity and sharing of cultural knowledge and traditions.

■ Community resources.

Workshop participants sought reliable sources of community information. They also valued parks, other opportunities for physical activity and access to behavioral health services and support.

■ Organizations and groups willing to partner.

Workshop participants mentioned groups, coalitions and others who provide active leadership within their communities. They wanted regular feedback to help build consensus and questions answered in layman’s terms.

Social Support
Diversity is Valued
Community Resources
Willingness to Partner

“At least one person at your door in five minutes.”

“It’s not necessary to leave the community to celebrate my ethnic background.”

“Easy access to resources that promote an active lifestyle – parks, trails and local gyms.”

“Everyone is encouraged to be involved, power isn’t isolated to the very few. . . no one is excluded.”

Community Engagement Results

Continued

What needs to change about your community or neighborhood?

■ Safe sidewalks and trails.

Trails for biking and walking, ADA compliant sidewalks and trails and connections to schools and services were identified by workshop participants as needed infrastructure.

■ Buses that meet people where they live, learn, work and shop.

Community members wanted more public transportation, free bus passes for those who need it and more frequent bus stops.

■ Access to healthy food.

Grocery stores, education on healthy eating, cooking classes and farmers markets were desired assets for neighborhoods.

■ Opportunities for physical and social activities.

Community members identified a need for more parks, the sharing of cultural knowledge, opportunities for music, dance and drama and teen-friendly places.

Sidewalks/Trails
Buses/Bus Stops
Healthy Food
Activities

"Safe walking paths and sidewalks from schools to neighborhoods."

"Late bus for after-school activities."

"Affordable food is sometimes too far away, and stores offer inconsistent quality."

"Unless we have people to fellowship with, nothing else matters."

Community Engagement Results

Continued

KEY STAKEHOLDER INTERVIEWS

Main findings for each question asked during the ten interviews are listed below.

What are some noteworthy people, places and activities that you feel make your community healthy, safe and equitable?

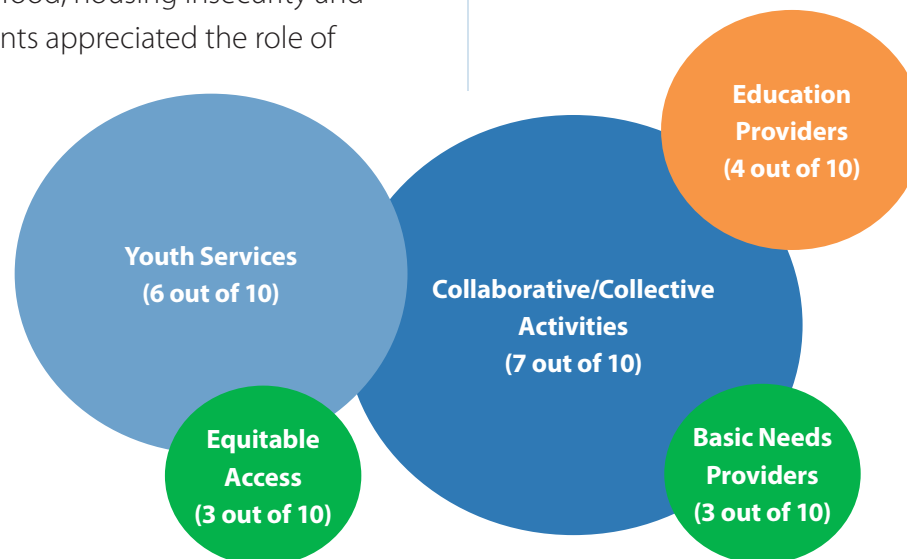
Participants cited the importance of people working together collaboratively to get things done, with an emphasis placed on activities started and run by community members.

Participants also mentioned activities that support youth and students. Specifically discussed were services addressing food, housing insecurity and education. Participants appreciated the role of

schools being on the “front lines” to help people feel healthy, safe and equitable. Examples included higher education institutions and high school programs that help make college more approachable to students, as well as public school districts that provide additional resources to improve civic engagement, health, safety and food access for their students.

Lastly, participants mentioned Pierce County organizations that use an equity approach to help make communities healthy. For example, some organizations are intentional about addressing accessibility, so that their services meet the needs of all they serve.

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.



Community Engagement Results

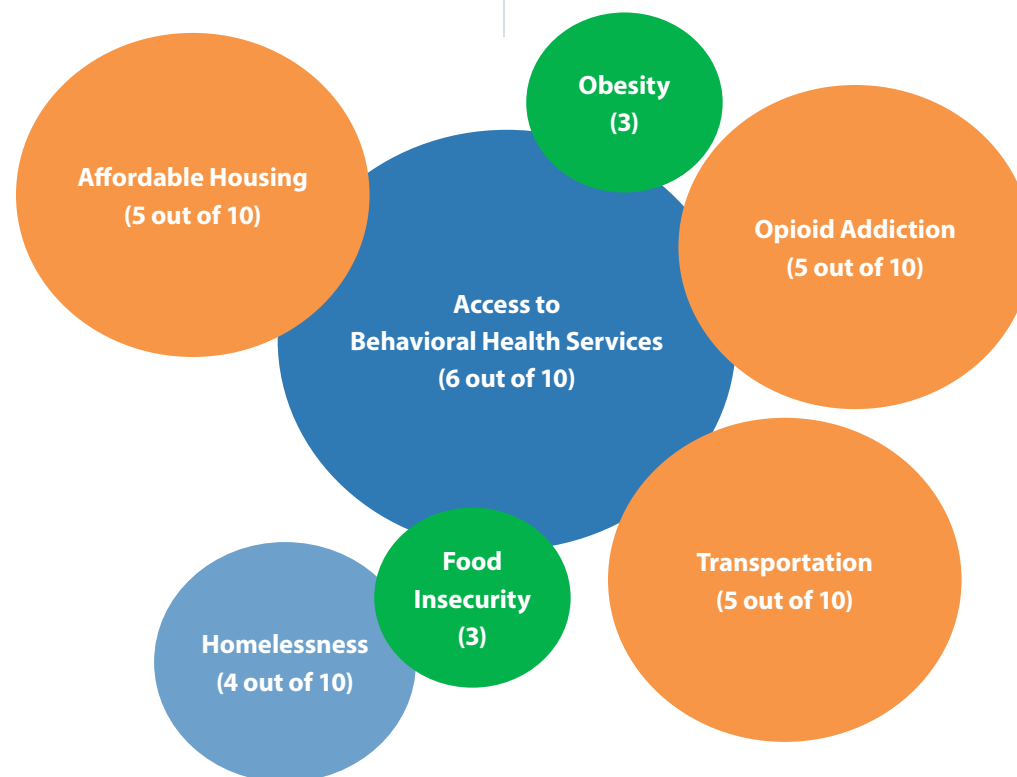
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What are some concerns you or your organization has/have about the conditions that impact the health of Pierce County residents right now?

Stakeholders named both social determinants of health (root causes of health, such as income and housing) and results of these poor conditions as the

issues they are most concerned about. Examples include the need for expanded access to medication assisted treatment for those experiencing opioid use disorder, availability of affordable housing and the impacts of gentrification and food insecurity faced by children and youth.

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.



Community Engagement Results

Continued

In your opinion, how can health care systems partner in addressing the issues you have identified?

Note: Text in parentheses indicates the number of interviews during which each theme was mentioned.

1. Mobile/satellite clinics (5 out of 10) – Participants emphasized medical outreach, such as more satellite clinics where low-income people live and gather, as well as the need for more providers. One participant suggested offering onsite nutrition counseling and health screening at local colleges.

“Our free clinic needs doctors... I’m afraid we’re going to lose the one medical center we have due to a doctor retiring.”

2. Creative Partnerships (4 out of 10) – Participants suggested hospitals build creative service partnerships to reach more people. For example:

- Pop-up blood pressure stations or vaccine services at the park or pool (in partnership with local parks and recreation departments).
- Food relief at bus stops, transit centers, or health care workers on buses (in partnership with Pierce Transit).
- Health services at local homeless encampments (in partnership with local government).
- Social services embedded in hospitals for discharge solutions, home care and case management (in partnership with Pierce County).

“It’s about convenience and how do we provide good access... that’s the key.” (to bringing services to those on the streets)

Community Engagement Results

Continued

3. Policy and Advocacy (5 out of 10) – Participants discussed the value of hospital systems acting to advocate for healthy policies and raising awareness of those issues. One participant suggested health care partners could use their authority to increase knowledge about firearm injury prevention. Another participant suggested hospitals lobby to see insurance premiums reduced and look into current laws around interest being charged upon hospital arrival (contributing to medical debt).

4. Community Outreach (5 out of 10) – Participants appreciated continued community engagement and investments. One participant suggested hospitals could best help communities by supporting and constructing housing. Another participant suggested focusing on improving social determinants of health—such as education and housing—to prevent unnecessary hospitalizations.

5. Improve Access to Care (5 out of 10) – Participants expressed the need to improve clinical care programs and provide additional resources to patients.

6. Education (3 out of 10) – Participants suggested continued and enhanced focus on youth and student development with health sciences education and job training.

“[Health care partners] could raise awareness of particular issues, like how ACES [Adverse Childhood Experiences] lead to health care expenditures.”

“The community gave tax dollars to build the new (behavioral health) hospital. It’s important that communities see that the hospital is helping them, and the money is being returned in the form of mental health care and continued community engagement.”

“Train ER staff to improve stigmatized treatment of substance abuse population.”

“Invest in health sciences education to create a more diverse population of providers to improve access to care.”

Community Engagement Results

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

COMMUNITY SURVEY

More than 1600 Pierce County residents responded to the community survey.⁴ Nearly two-thirds of those who participated selected safe neighborhoods and affordable housing as their most important community needs. Almost one-third of participants said access to health care services was one of the most important community needs. When asked about resources available to meet these needs, 62.9 percent of residents identified parks and outdoor spaces, 55.2 percent identified easily accessible grocery stores and markets, and 34.3 percent said safety resources such as street lighting and police presence.

Survey participants were also asked what is lacking to meet identified needs. From a list of what might be lacking, residents selected policies that address local needs (40.8%), accessible public transit (40.6%) and community resources that contribute to safety such as street lighting, police presence and neighborhood watches (37.8%). Residents also indicated that policies to protect air and water quality are needed.

Residents reported that the top issues facing children and youth include exposure to crime and violence (67.2% of participants), poverty (49.3% of participants) and lack of positive relationships (40.5% of participants).

Most Important Community Needs

Question	Responses	Percent
What are the three most important needs in your community?	1. Safe neighborhoods	61.1%
	2. Affordable housing	59.6%
	3. Access to health care services	30.8%
What resources are currently available in your community to help meet these needs?	1. Parks and places to enjoy the outdoors	62.9%
	2. Grocery stores and markets nearby	55.2%
	3. Resources that make neighborhoods safe (street lights, neighborhood watch, police presence, etc.)	34.3%
What is not available in your community to address these needs?	1. Local policies that address the needs of the community	40.8%
	2. Accessible public transit (buses, trains, light rail, etc.)	40.6%
	3. Resources that make neighborhoods safe (street lights, neighborhood watch, police presence, etc.)	37.8%
What are the top three issues facing children and youth in your community?	1. Exposure to crime or violence (including bullying)	67.2%
	2. Poverty	49.3%
	3. Lack of positive relationships	40.5%

⁴Community Survey respondents by language: English-1565, Korean-41, Spanish-14

Community Engagement Results

Continued

Most survey respondents said their community was healthy or somewhat healthy (78.9%) and were very or somewhat satisfied with their community (74.8%). Another 19.1% of respondents said their community was somewhat or very unhealthy, while 13.4% were very or somewhat unsatisfied with their community.

Social connections—that is, the number of support systems a person has in the community—contributes

to healthy people and places, so the survey also asked how connected people felt to their community. Most respondents (68.1%) said they felt very or somewhat connected to their community, while about one in six respondents said they either were neutral in their response (16.0%) or felt very or somewhat unconnected (15.9%).

Community Perceptions

Question	Responses				
How would you rate your community's overall health?	Very healthy 2.7%	Healthy 27.0%	Somewhat healthy 51.9%	Somewhat unhealthy 17.1%	Very unhealthy 2.0%

Question	Responses				
How satisfied are you with your community?	Very satisfied 28.8%	Somewhat satisfied 46.0%	Neutral 11.8%	Somewhat unsatisfied 10.4%	Very unsatisfied 3.0%

Question	Responses				
How connected do you feel to your community?	Very connected 22.5%	Somewhat connected 45.6%	Neutral 16.0%	Somewhat unconnected 10.5%	Very unconnected 5.4%

Community Engagement Results

Continued

The most common zip codes of survey participants included:

- 98405 and 98406 (Central & North Tacoma) each representing 6% of all respondents
- 98391 (Lake Tapps, Bonney Lake) representing 5% of all respondents
- 98404 (East Tacoma) representing 5% of all respondents
- 98407 (North Tacoma, Ruston) representing 5% of all respondents

While efforts were made to distribute the survey to a representative sample of Pierce County residents, survey participants were disproportionately White, female and between 30-60 years of age. Asian and Hispanic residents were underrepresented.

Demographics of Survey Respondents (n=1620)

	Percent
Gender	
Male	14.4%
Female	81.7%
Transgender male	0.2%
Transgender female	0.1%
Genderqueer – not exclusively male or female	0.6%
Choose not to answer	3.1%
Other	0.2%

Age	
18-29	8.5%
30-44	34.2%
45-59	34.5%
60+	22.8%

Hispanic/Latino	
Yes	6.0%
No	94.0%

Race	
American Indian or Alaska Native (AIAN)	1.3%
Asian	3.8%
Native Hawaiian or Pacific Islander (NHOP)	1.6%
Black or African American	5.3%
White	75.3%
Multiracial	5.3%
Choose not to answer	6.7%
Other	3.3%

Description of the Community



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

This section describes the community (Pierce County) served by Wellfound Behavioral Health Hospital using demographic and socioeconomic characteristics of residents within this hospital service area. This community included 844,490 residents, mostly White (67%), followed by Hispanic (10%), Asian (6%), Black (6%), and Multiracial (6%) with an increasing number of adults 55-74 years of age. Immigrants in Pierce County originated from Asia, Latin America (Mexico, Central America and South America) and Europe.

Pierce County residents experienced about the same rate of poverty as Washington state (12.7%), with variations in poverty in smaller geographic areas.

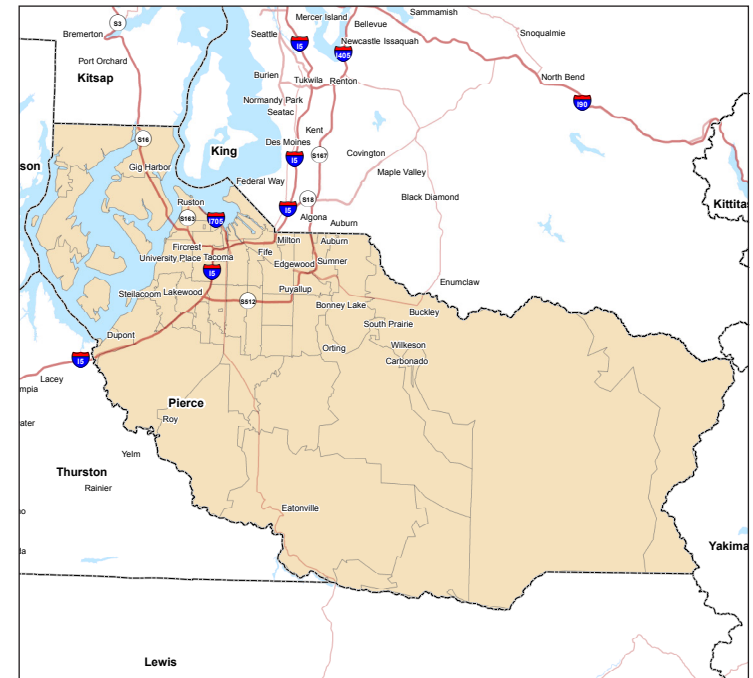
Poverty was most common among residents who are American Indian/Alaska Native (25%), Hispanic (24%), and among those who selected "other" for race/ethnicity (27%). These groups were more than twice as likely as White residents (11%) to experience poverty. Almost half (43.3%) of students last year were eligible for free or reduced-price lunch. This was about the same as the state average (42.3%).

The percentage of community members living with a disability (13.5%) was also higher than the state average (12.8%).

DEMOGRAPHIC CHARACTERISTICS

The characteristics of a community inform what health behaviors and outcomes may be future concerns or help us further understand existing populations health issues. The Wellfound Behavioral Health Hospital Service Area includes the entirety of Pierce County.

Wellfound Behavioral Health Hospital Service Area



Description of the Community

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Race and Ethnicity

The Wellfound Behavioral Health Hospital is increasing in diversity. Since 2005, the White population in this area has decreased by 5.7%, and the Hispanic population in this area has increased by 2.9%.

Age and Sex

Since 2007, the percent of the population in the 55-64 year and 65-74 year age groups increased by 2.6% and 3.2%, respectively. The proportion of males to females has remained at approximately 1:1.

Demographics (%)

Wellfound Behavioral Health Hospital Service Area, 2016

	Count	Percent
Race and Ethnicity		
White	570615	67.6%
Black	56960	6.7%
AIAN	9509	1.1%
Asian	53943	6.4%
NHOPI	12309	1.5%
Multiracial	53350	6.3%
Hispanic	87804	10.4%
All	844490	100.0%

Sex		
Male	423887	49.3%
Female	435513	50.7%

Age (years)		
Under 1	11995	1.4%
1-4	47938	5.6%
5-14	115754	13.5%
15-24	108888	12.7%
25-34	117140	13.6%
35-44	109851	12.8%
45-54	114446	13.3%
55-64	112966	13.1%
65-74	74921	8.7%
75-84	31772	3.7%
85+	13730	1.6%

Source: American Community Survey

Description of the Community

Continued

SOCIOECONOMIC CHARACTERISTICS

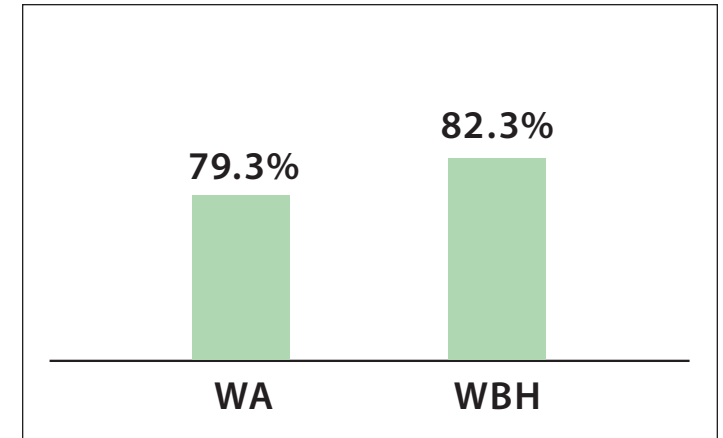
The social and economic characteristics of a community viewed through a population lens provide a foundation for public health stakeholders to understand available resources. Poverty, homelessness and the cost of housing are some examples of socioeconomic characteristics that must be considered as we attempt to improve the health of our population.

On-Time Graduation

The graduation rate helps describe the educational well-being of a community. A higher educational attainment empowers individuals to take advantage of employment opportunities and earn higher incomes, which helps to diminish the burden of poverty on a community.

The 2017 four-year graduation rate in this community was higher (82.3%) than the state of Washington (79.3%).

On-Time Graduation Rate



Source: Office of the Superintendent of Public Instruction (OSPI), 2016-2017

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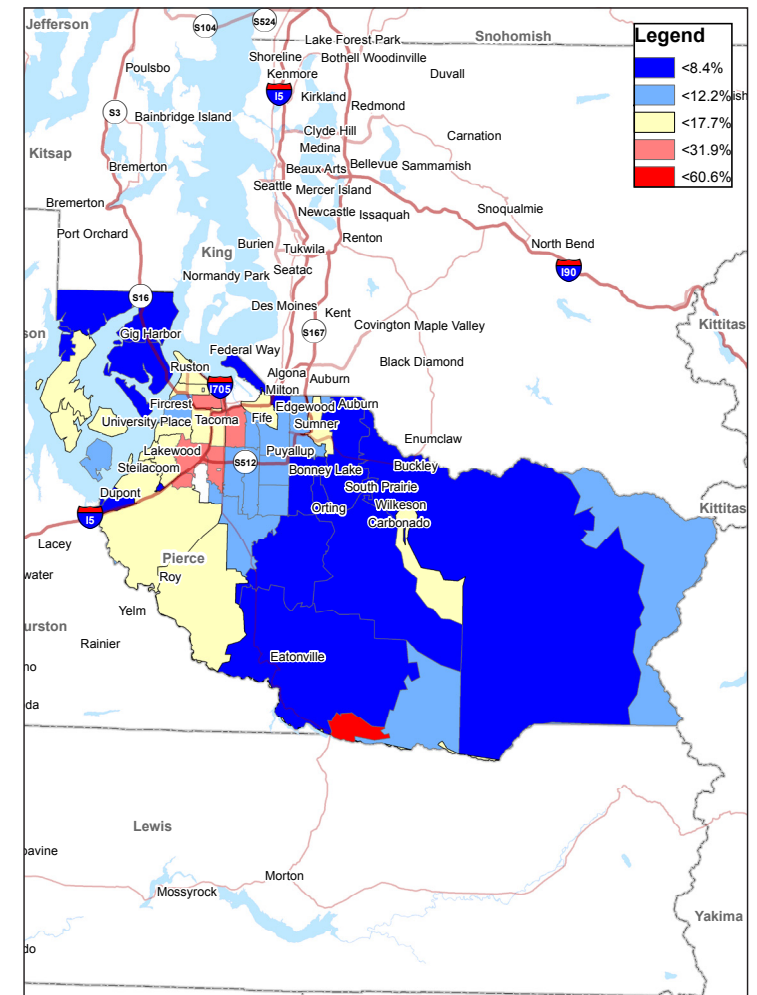
Poverty and Near Poverty

Poverty (household income less than 100% of the federal poverty limit) and near poverty (household income less than 200% of federal poverty limit) is a significant burden on households and communities, hindering access to resources promoting good health.

- Pierce County residents overall experienced about the same rate of poverty as Washington state (12.7%), with variations in poverty in smaller geographic areas.

Poverty by Zip Code

Wellfound Behavioral Health Hospital Service Area, 2016



Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS)
5-year estimates, S1701 & DP04

Description of the Community

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

High Housing Costs

In 2017, Seattle was one of the fastest growing U.S. cities driving up housing prices and displacing lower-income residents throughout the area, including in Tacoma.⁵ A housing cost greater than 30% of household income can be a particular hardship on individuals and families, especially as persistent poverty continues to be an issue amidst rising property costs. Housing costs are more frequently burdensome among renters.

Poverty and Housing Costs (%) Wellfound Behavioral Health Hospital Service Area, 2016

	Count	Percent
Poverty (<100% FPL) & Near Poverty (<200% FPL)		
Poverty	103562	13%
Near Poverty	237408	29%

Poverty – Racial Breakdown		
AIAN	2477	25%
Asian	6556	13%
Black	9304	17%
Hispanic	19454	24%
Multiracial	10033	17%
NHOPI	1782	16%
Other	6371	27%
White	67039	11%

Population with burdensome housing costs		
Renters	59755	52%
Owners w/ mortgage	46085	34%
Owners w/o mortgage	6948	14%

Homelessness

The City of Tacoma declared a state of public health emergency relating to homelessness in 2017. Tacoma joins other west coast cities in this emergency declaration, including Seattle, Portland and Los Angeles. The Homelessness Housing and Assistance Act requires each county in the state to conduct an annual Point in Time count of sheltered and unsheltered persons experiencing homelessness, resulting in an estimation. In 2017 there were 1,628 persons experiencing homelessness in this community. The top three zip codes where homeless were surveyed are 98405 (n=200, 28%), 98402 (n=151, 21%) and 98372 (n=58, 8%). This was primarily north of I-5 in the Central Tacoma and Hilltop areas and Puyallup/Sumner/Bonney Lake.

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS)
5-year estimates, S1701 & DP04

⁵<https://www.census.gov/newsroom/press-releases/2018/estimates-cities.html>

Description of the Community

Continued

Free and Reduced-Price Lunch

The free and reduced-price meal program is a federal program for students whose household income is less than or equal to 130% of the federal poverty limit (free) or between 130% and 185% of the federal poverty limit (reduced-price). This program helps to ensure that children have access to food with adequate nutritional value.

- In the Wellfound Behavioral Health Hospital community, 43.3% of students in the 2016-2017 school year were eligible for free or reduced-price lunch.
- The rate of free and reduced-price lunch in the Wellfound Behavioral Health Hospital community was similar to the state (42.3%).

Foster Care

Foster care placement and support services are both provided to children who need short term or temporary protection because they are abused, neglected or involved in family conflict. Foster care placement services are served exclusively out of home, while support services may be in the child's own home or outside of the home.

- 1,009 children from Pierce County of the 6,200 Washington State children entered out-of-home care in 2017. Pierce County had the highest number of children entering care in Washington State.
- Pierce County had a 35% higher rate of kids who entered foster care (7.4 per 1,000) compared to the state (5.5 per 1,000).⁶

⁶Placement and support services are both provided to children who need short-term or temporary protection because they are abused, neglected or involved in family conflict. Placement services are served exclusively out of home, while support services may be in their own home or out of home.

Description of the Community

Continued

Immigrants (Foreign-Born)

Immigrants are a sizable proportion of Washington's population, contributing to diverse communities. Estimates of the number of immigrants currently in the United States vary widely depending on their immigration status; however, data collected as part of the U.S. Census helps approximate this number.

Foreign-born Residents (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016

Region of Birth	Count	Estimate	95% CI
Asia	34729	43.8%	(42.7%-45.0%)
Latin America [^]	21532	27.2%	(25.8%-28.6%)
Europe	15527	19.6%	(18.3%-20.9%)
Africa	2841	3.6%	(2.9%-4.3%)
North America	2840	3.6%	(3.1%-4.0%)
Oceania ^{^^}	1771	2.2%	(1.8%-2.7%)
Total *	79240	9.2%	NA

* Percent of Total Population in Hospital Service Area

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS)
5-year estimates, DP02 (foreign-born population excluding those born at sea)

[^] Latin America includes Mexico, Central America and South America.

^{^^} Oceania is the southeast section of the Asia-Pacific region and includes 14 countries, the largest of which are Australia, Papua New Guinea and New Zealand.

Languages Spoken

English continues to be the most common language spoken by community members in the Wellfound Behavioral Health Hospital community (n=235,619, 71.0%), followed by Spanish and an array of languages shown below.

Top 10 Languages Spoken (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016

Language	Estimate	95% CI
English	81.1%	(81.0%-81.2%)
Spanish	8.4%	(8.3%-8.4%)
Chinese	1.4%	(1.3%-1.4%)
Vietnamese	0.9%	(0.9%-1.0%)
Russian	0.9%	(0.8%-0.9%)
Tagalog	0.9%	(0.8%-0.9%)
Korean	0.7%	(0.7%-0.8%)
African Language	0.6%	(0.6%-0.7%)
German	0.5%	(0.4%-0.5%)
Other Pacific Island	0.5%	(0.4%-0.5%)

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS)
5-year estimates, B16001

Description of the Community

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Limited English Proficiency

While many individuals are multilingual (speak a language other than English), some report that they either do not speak English or speak English “less than very well.” In the Wellfound Behavioral Health Hospital community, 5.6% speak English “less than very well” compared to 7.6% statewide.

■ Vietnamese, Arabic and Korean-speaking residents had the largest percent of residents who speak English “less than very well.”

Speaks English “Less Than Very Well” by Primary Language Spoken (%)

Wellfound Behavioral Health Hospital
Service Area, 2012-2016

Language	Estimate	95% CI
Vietnamese	67.5%	(57.6% - 77.4%)
Arabic	64.1%	(27.9% - 100%)
Korean	60.4%	(53.5% - 67.2%)
Thai	55.3%	(17.4% - 93.2%)
Other Slavic	43.5%	(30.4% - 56.7%)
Chinese	43.0%	(31.9% - 54.1%)
Russian	42.3%	(34.0% - 50.5%)
Japanese	41.4%	(32.5% - 50.3%)
Other Indo-European	37.7%	(18.8% - 56.5%)
Laotian	36.8%	(20.8% - 52.7%)

Data Source: U.S. Census Bureau, 2016 American Community Survey (ACS) 5-year estimates, B16001

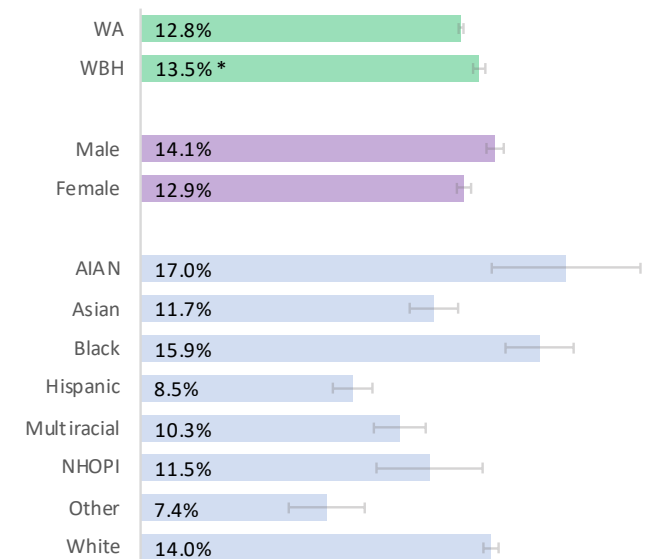
Disability

Disabilities can involve or relate to any of five functions: hearing, vision, cognition, ambulatory self-care and independence.

Disability rates were higher in this community than the state. More males than females were disabled. Disability was more common among American Indian/Alaska Native and Black residents compared to other race/ethnicity groups.

Disabled (%)

Wellfound Behavioral Health Hospital
Service Area, 2012-2016



(*) value different from WA state

Source: U.S. Census Bureau, American Community Survey (ACS) 5-year estimates, S1810: Disability Characteristics

Behavioral Health



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Behavioral Health includes both mental health and substance use disorders. Mental health is essential to a person's well-being and ability to live a full and productive life. People of all ages, including children and adolescents, with untreated mental health disorders are at an elevated risk for co-occurring disorders, including substance use disorder. Continuing to support a health care system committed to addressing these concerns can help improve the lives of those who experience mental health issues and substance use disorders and can strengthen our community.

As part of these efforts, Wellfound Behavioral Health Hospital was developed by partners MultiCare Health System and CHI-Franciscan, in direct response to the increasing mental health and substance abuse disorders (including opiate abuse) among Pierce County residents.

In the Wellfound Behavioral Health Hospital community, 5.0% of adults have experienced serious mental illness, which is higher than the Washington state average (3.8%).

Youth experienced depression at comparable rates to Washington state, while adults in this community experienced depression at higher rates compared to the state average. Females reported depression

at about twice the rate of males (among youth and adults). Multiracial youth had higher depression rates compared to White youth.

Youth in this community reported similar levels of suicidal ideation as the state average. Females were more likely than males to report suicidal ideation in the past year. Suicide ideation was more common among Multiracial youth. Youth in Pierce County reported receiving less education about suicide than state averages.

Youth bullying in Pierce County occurred at similar rates as the state. Female youth reported more frequently being a victim of bullying than male youth. American Indian/Alaska Native youth reported being a bullied more often than most other race/ethnicity groups.

Substance abuse reported by youth and adults in the Wellfound Behavioral Health Hospital community was comparable to state averages. Binge drinking occurred at higher rates by Hispanic and White adults, compared to Black adults. Marijuana use was highest among adults aged 18-24. Males and Multiracial adults were more likely to use marijuana compared to White adults. Black and American Indian/Alaska Native youth were more likely to consume marijuana than Asian youth.

Behavioral Health

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

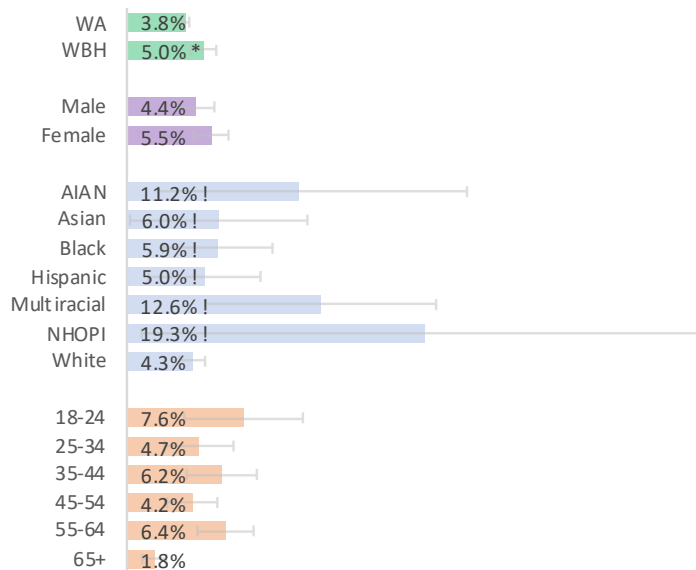
Serious Mental Illness

The percentage of adults with serious mental illness (SMI) is estimated based on a Kepler-6 (K-6) psychological distress scale score of 14 or higher.

SMI was more common in this community than the state. There were no differences by gender or race. Adults over 65 years were less likely to report SMI than all other age groups.

Serious Mental Illness – Adults (%)

Wellfound Behavioral Health Hospital
Service Area, 2012-2016



(*) value different from WA state

(!) relative standard error greater than 30%

Source: Behavioral Risk Factor Surveillance System

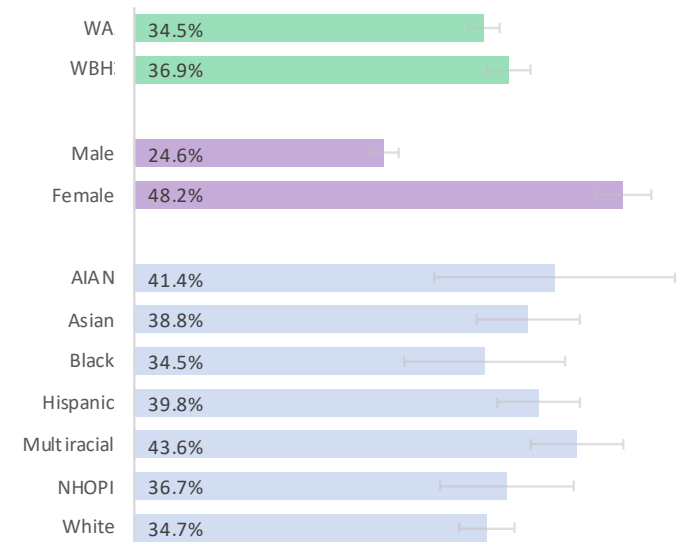
Depression – Youth

Youth are considered to have been depressed when they reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months.

Depression was about the same between this community and the state. Females were more likely than males to report depression. Multiracial youth reported higher rates of depression compared to White youth.

Depression – Youth (%)

Wellfound Behavioral Health Hospital
Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

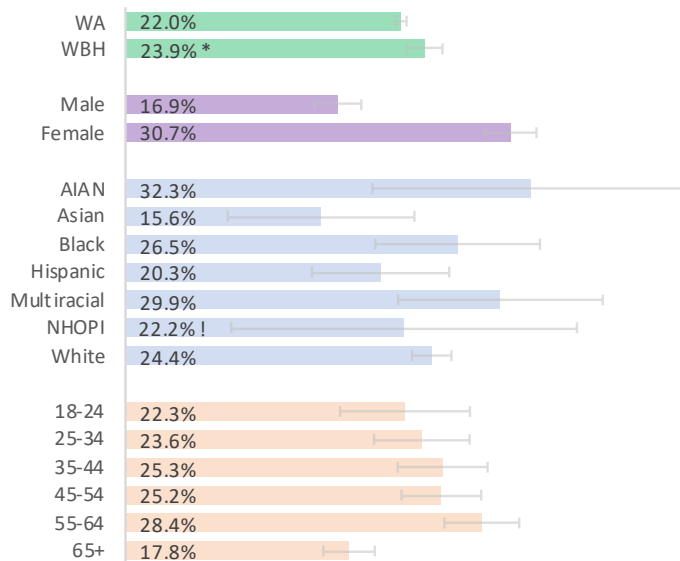
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Depression – Adults

Depression diagnoses among adults are self-reported through the Behavioral Risk Factor Surveillance System.

Adult depression was more common in the Wellfound Behavioral Health Hospital compared to the state. Females were more likely to report depression than males. There was no difference by race. Adults 65 years and above were less likely than most other age groups to have diagnosed depression.

Diagnosed Depression – Adults (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016



(*) value different from WA state

(!) relative standard error greater than 30%

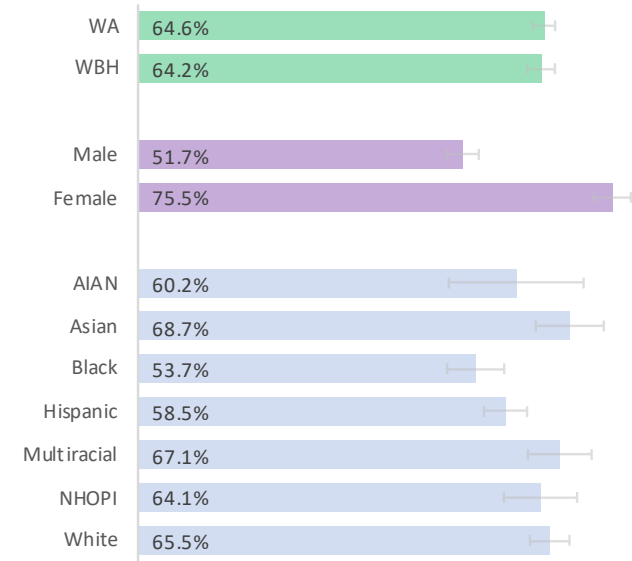
Source: Behavioral Risk Factor Surveillance System

Anxiety – Youth

Anxiety among youth is defined as feeling nervous, anxious or on edge for some days, most days or all days in the past two weeks as reported by the Healthy Youth Survey.

Youth anxiety was not different in this community compared to the state. Females were more likely to report anxiety than males. Black and Hispanic youth were less likely than Asian and White youth to report anxiety.

Anxiety Some To All Days – Youth (%) Wellfound Behavioral Health Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

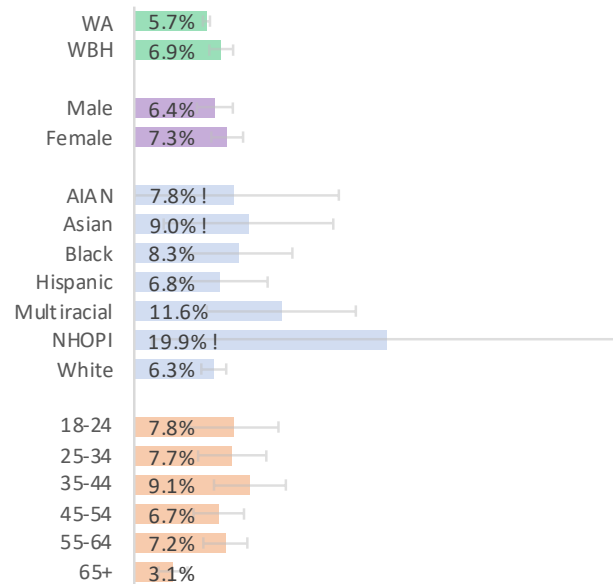
Anxiety – Adults

Anxiety on most or all days is estimated among adults through the Behavioral Risk Factor Surveillance System.

Anxiety among adults in this community was about the same as the state. There were no differences by race or gender. Adults 65 years and over reported lower levels of anxiety than all other age groups.

Anxiety – Adults (%)

Wellfound Behavioral Health Hospital
Service Area, 2012-2016



(!) relative standard error greater than 30%

Source: Behavioral Risk Factor Surveillance System

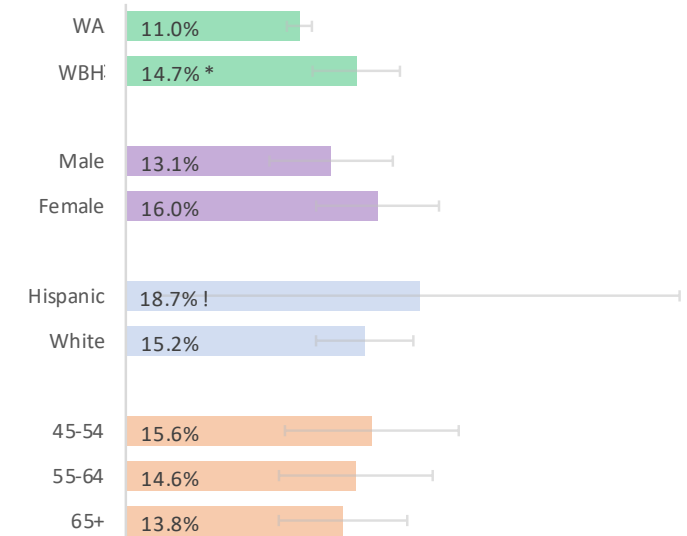
Confusion & Memory Loss

Adults 45+ years of age are asked about worsening confusion and memory loss in the past 12 months through the Behavioral Risk Factor Surveillance System.

Adults in this community reported more confusion and memory loss than the state. There were no differences by gender, race or age.

Confusion & Memory Loss (%)

Wellfound Behavioral Health Hospital
Service Area, 2016



(*) value different from WA state

(!) relative standard error greater than 30%

Race groups excluded due to limited sample size

Source: Behavioral Risk Factor Surveillance System

Behavioral Health

Continued

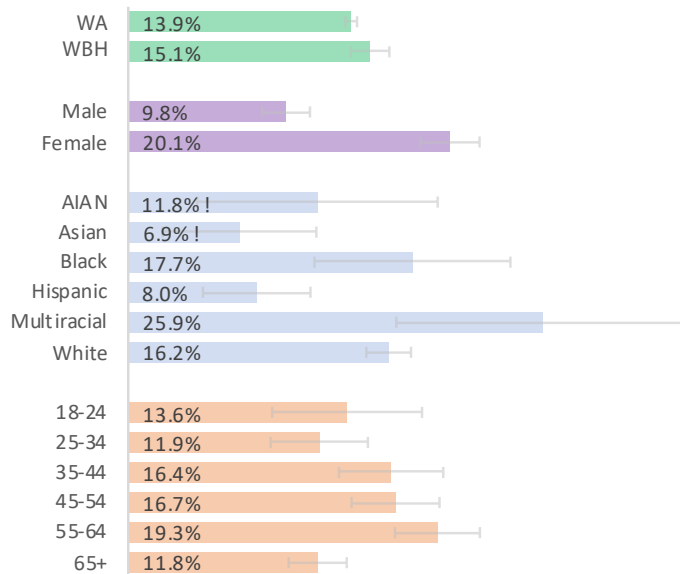
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Mental Health Medication

Adults report medication use for mental health conditions through the Behavioral Risk Factor Surveillance System.

There was no difference in self reported mental health medication use between this community and the state. Males were less likely to use mental health medication than females. Asian and Hispanic adults were less likely than White, Black and Multiracial adults to use mental health medications.

Mental Health Medication Use (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016



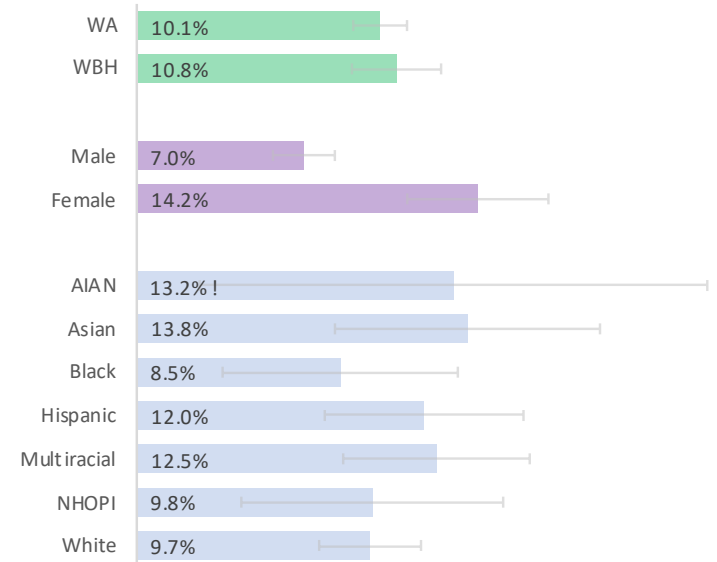
(!) relative standard error greater than 30%
NHOPI excluded due to limited sample size
Source: Behavioral Risk Factor Surveillance System

Suicide Attempts

The percentage of youth reporting suicide attempts in the past 12 months is measured by the Healthy Youth Survey.

There was no difference in the percent of youth reporting suicide attempts between this community and the state. Females were more likely to attempt suicide than males. There were no differences by race.

Suicidal Attempts In Past Year (%) Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

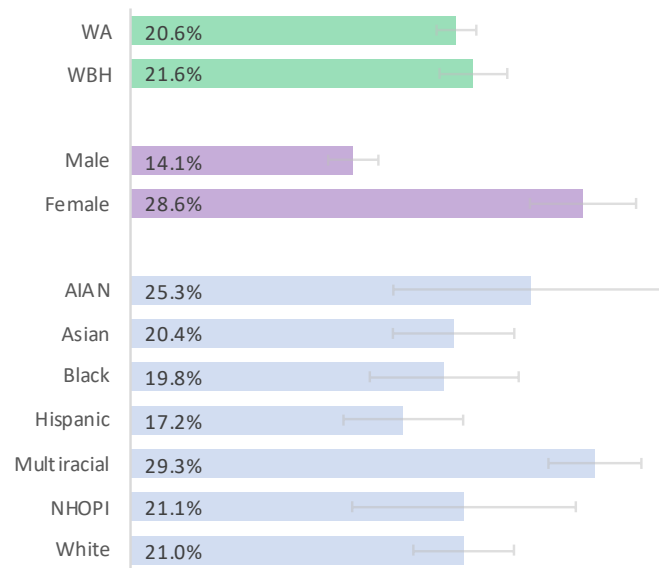
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Suicide Ideation

The percentage of youth reporting suicidal thoughts in the past 12 months is measured by the Healthy Youth Survey.

Youth in this community reported similar levels of suicidal ideation as the state. Females were more likely than males to report suicidal ideation in the past year. Multiracial youth were more likely than most race/ethnicity groups to have thoughts of suicide.

Suicidal Ideation In Past Year (%) Wellfound Behavioral Health Hospital Service Area, 2016



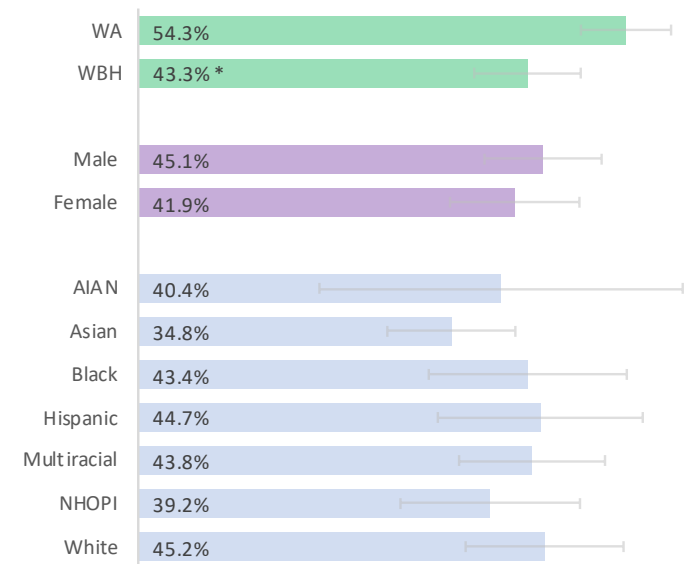
Source: Healthy Youth Survey (10th graders)

Suicide Education

The percentage of youth who have seen or heard information at school about the warning signs of suicide and how to get help for suicidal thoughts is estimated by the Healthy Youth Survey.

Youth in the Wellfound Behavioral Health Hospital community reported receiving less education about suicide than the state. There were no differences by gender or race/ethnicity groups.

Suicide Education (%) Wellfound Behavioral Health Hospital Service Area, 2016



(*) value different from WA state

Source: Healthy Youth Survey (10th graders)

Behavioral Health

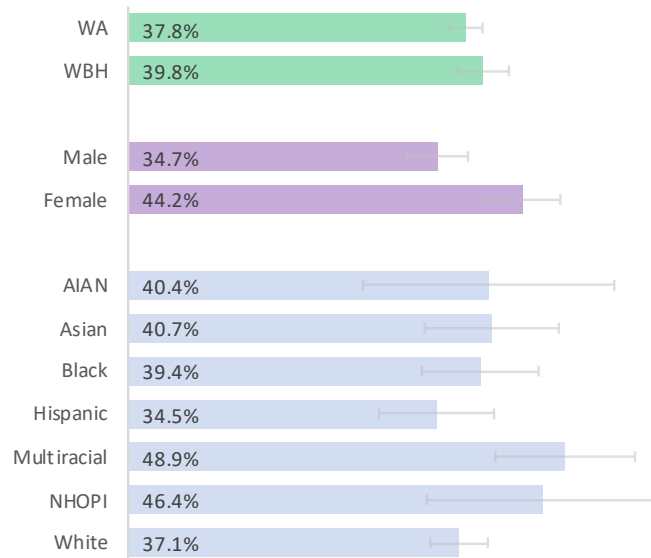
Continued

Verbally Abused Youth

The percent of youth who were verbally abused by an adult (sworn at, insulted or put down verbally) sometimes, often or very often is estimated using the Healthy Youth Survey.

There was no difference in the percent of youth who were verbally abused by adults between this community and the state. Females were more likely than males to be verbally abused. Multiracial youth were more likely than White youth to be verbally abused.

Verbally Abused - Youth (%) Wellfound Behavioral Health Hospital Service Area, 2011-2015



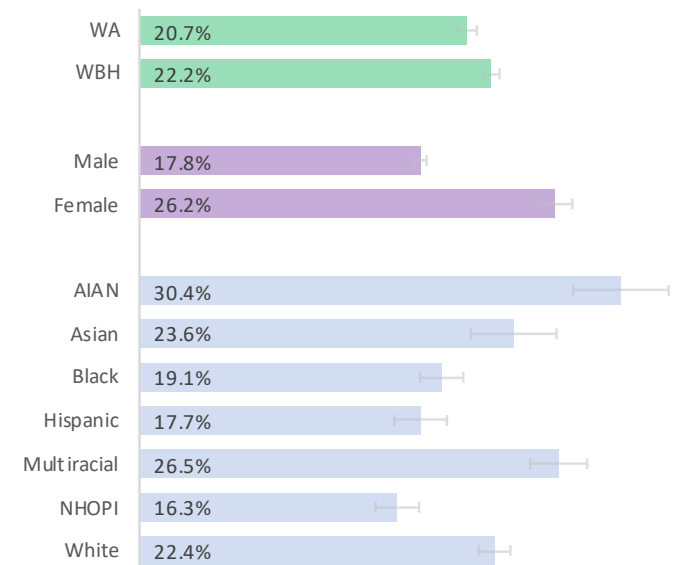
Source: Healthy Youth Survey (10th graders)

Youth Bullying

The percentage of youth being bullied in the past 12 months is measured by the Healthy Youth Survey.

Youth bullying in this community occurred at similar rates as the state. Female youth reported more frequently being a victim of bullying than male youth. American Indian/Alaska Native, Multiracial and White youth had higher rates of being bullied compared to several other race/ethnicity groups.

Bullied Youth in Past Year (%) Wellfound Behavioral Health Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

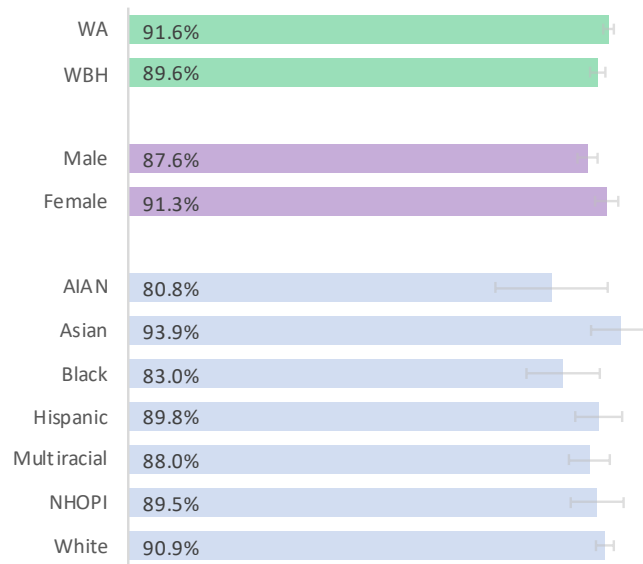
Social-Emotional Skills

One measure for healthy social-emotional development includes how well youth are able to understand how others feel and think. This is estimated in the Healthy Youth Survey.

There was no difference between this community and the state. There was no difference by race/ethnicity group.

Youth Understand How Others Feel and Think (%)

Wellfound Behavioral Health Hospital Service Area, 2011-2015



Source: Healthy Youth Survey (10th graders)

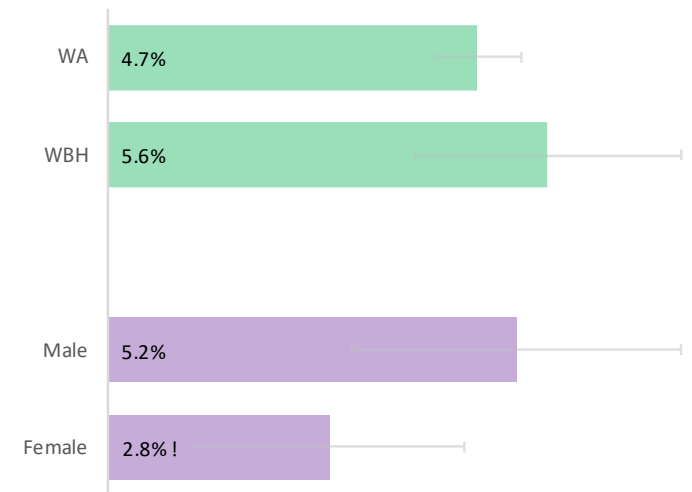
Social Support

Adults were asked about how many people they could count on if they asked for practical help, such as grocery shopping or caring for a family member.

There was no difference in the amount of social support reported between this community and the state. There was no difference among Wellfound Behavioral Health community residents by gender.

No Social Support (%)

Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Behavioral Health

Continued

Substance Use Disorder

The inappropriate use of substances, legal and illegal, presents major challenges to a community. Alcohol and drugs are well-known contributors to substance use disorders. Alcohol and marijuana use among youth, or driving while under the influence of either, are public health concerns.

The recent surge in opioid use and overdose deaths—both nationwide and in Pierce County—increased the need for behavioral health resources. Wellfound Behavioral Health Hospital was a combined response from MultiCare and CHI Franciscan to this surge in substance use.

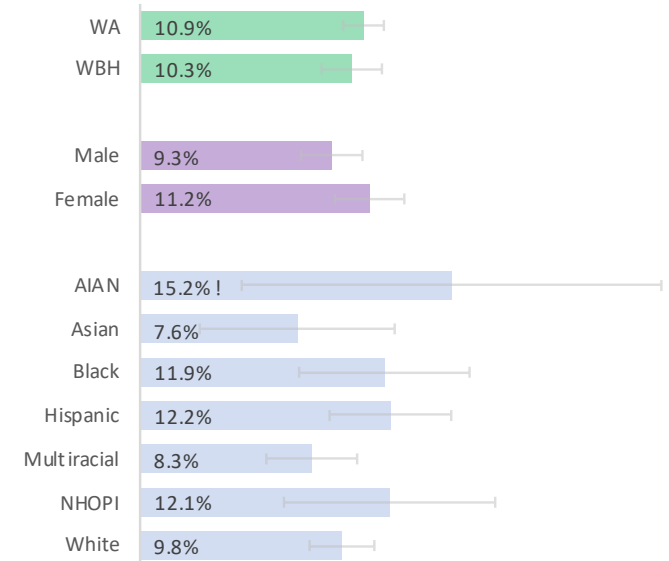
Ensuring an adequate system to assist individuals dealing with substance use disorders is key.

Binge Drinking – Youth

Binge drinking among youth is self-reported through the Healthy Youth Survey. Youth who reported consuming five or more drinks in a row in the past two weeks were considered to have engaged in binge drinking.

Youth binge drinking rates were not different between this community and the state. There were no differences in binge drinking by gender or race/ethnicity group among youth.

Binge Drinking Among Youth Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

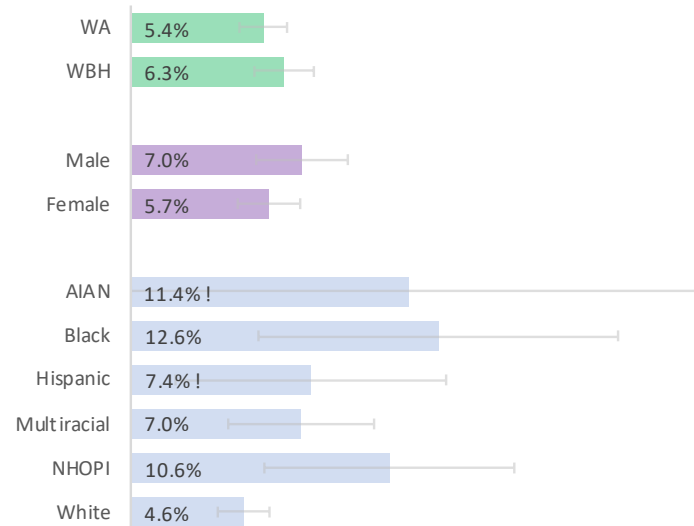
DUI Alcohol – Youth

Driving under the influence (DUI) of alcohol among youth is self-reported using the Healthy Youth Survey.

Driving after drinking alcohol reported by youth in this community was not different from the state. There were no differences by gender or race.

DUI Alcohol – Youth (%)

Wellfound Behavioral Health Hospital
Service Area, 2016



(!) relative standard error greater than 30%
Asian excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

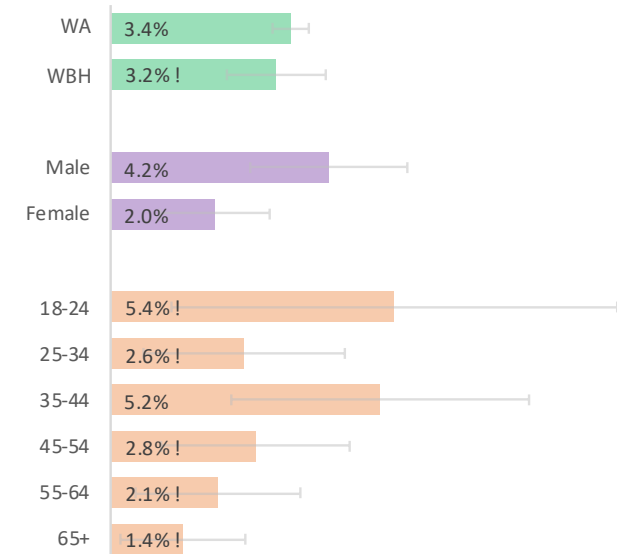
DUI Alcohol – Adults

Driving under the influence of alcohol among adults is self-reported using Behavioral Risk Factor Surveillance System.

There was no difference in adults who reported driving after drinking alcohol between this community and the state. There were no differences by gender or age. Race data were excluded due to small sample sizes.

DUI Alcohol – Adults (%)

Wellfound Behavioral Health Hospital
Service Area, 2016



(!) relative standard error greater than 30%
Race excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

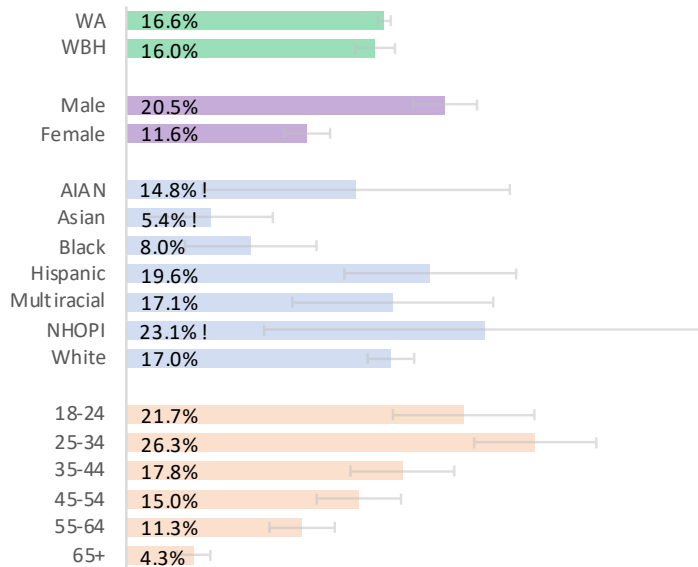
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Binge Drinking – Adults

Binge drinking among adults is self-reported through Behavioral Risk Factor Surveillance System.

There was no difference in binge drinking between this community and the state. Males were more likely than females to binge drink. White and Hispanic adults were more likely to report binge drinking than Black adults. Binge drinking was highest among adults ages 25-34 years.

Binge Drinking Among Adults Wellfound Behavioral Health Hospital Service Area, 2016



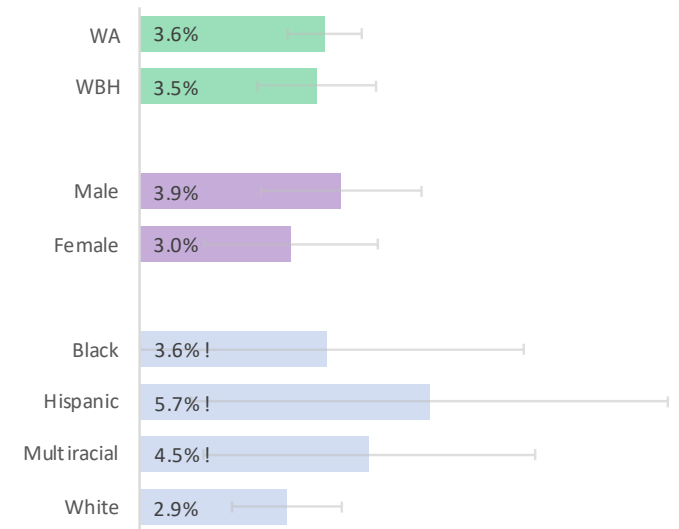
(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Opiate Use – Youth

Lifetime heroin use among youth is measured using the Healthy Youth Survey.

Lifetime heroin among youth use was not different between this community and the state. There were no differences by gender or race.

Lifetime Heroin Use – Youth Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%
Some races excluded due to sample size limitations
Source: Healthy Youth Survey (10th graders)

Behavioral Health

Continued

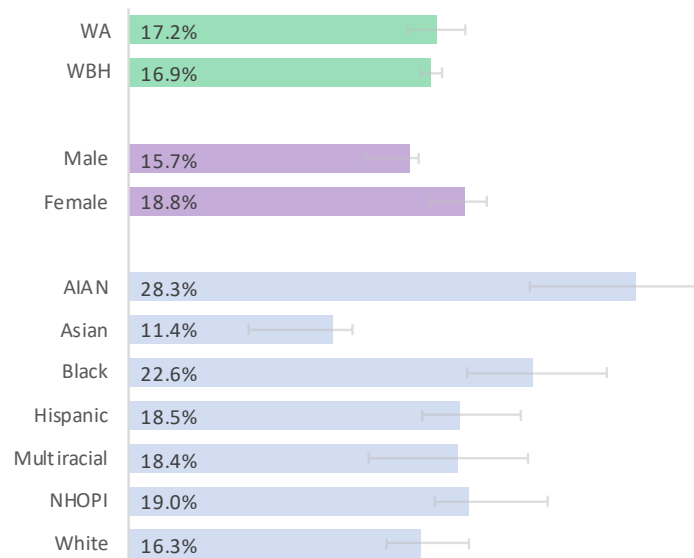
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Marijuana Use – Youth

Marijuana use among youth is measured using the Healthy Youth Survey.

There were no differences between this community and the state or within this community by gender. Asian youth were the least likely group race/ethnicity to report lifetime marijuana use. American Indian/ Alaska Native youth had higher rates of marijuana use compared to White youth.

Marijuana Use – Youth Wellfound Behavioral Health Hospital Service Area, 2016



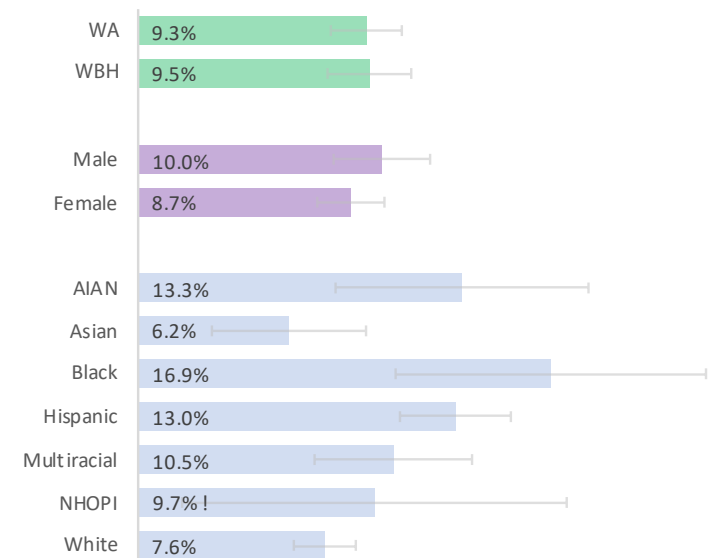
Source: Healthy Youth Survey (10th graders)

DUI Marijuana – Youth

Driving under the influence of marijuana among youth is self-reported using the Healthy Youth Survey.

There were no differences in the percent of youth who consume marijuana and drive when comparing this community to the state. Black and Hispanic youth were more likely than Asian and White youth to report consuming marijuana and driving.

DUI Marijuana Prevalence (%) Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

Behavioral Health

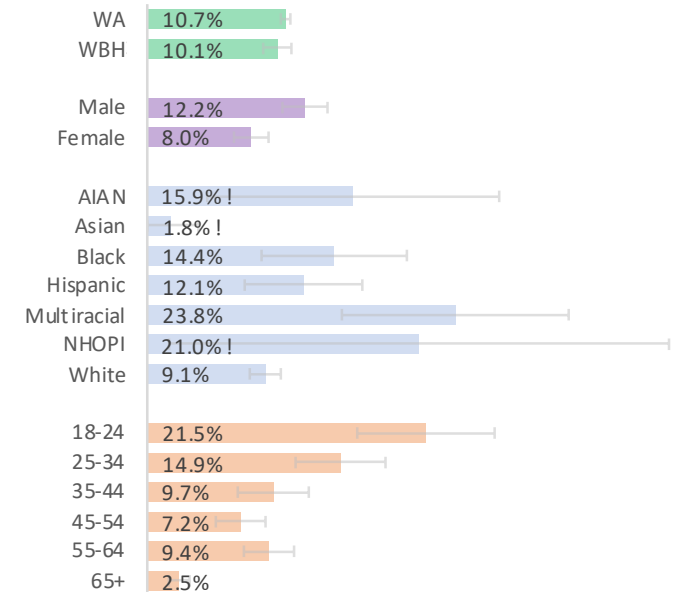
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Marijuana Use – Adults

Marijuana use in the past 30 days among adults is measured using the Behavioral Risk Factor Surveillance System.

The percentage of adults reporting current marijuana use in the Wellfound Behavioral Health Hospital community were not different from the state. Females were less likely to consume marijuana than males. Multiracial residents had higher rates of marijuana use compared to White residents. The highest rate of marijuana use was higher among adults ages 18-24 years compared to many older age groups.

Current Marijuana Use Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%

Source: Behavioral Risk Factor Surveillance System

Behavioral Health

Continued

ASSETS & RESOURCES

211 Pierce County has a dedicated mental health navigator.

Catholic Community Services consists of 12 family centers across Western Washington providing an array of services, including counseling, case management, information and referral, chemical dependency services, mental health services and family support services to children, adults and families in need.

Forefront is a research organization based at the University of Washington, trains health professionals to develop and sharpen their skills in the assessment, management and treatment of suicide risk.

Gig Harbor Key Peninsula Suicide Prevention Coalition helps educate the community about the signs of suicidal ideation and suicide prevention.

Gig Harbor Parks improves physical and psychological health, strengthening communities, and make their cities and neighborhoods more attractive places to live and work.

Greater Lakes Mental Healthcare provides a full range of mental health services for youth and adults.

Key Pen Parks is dedicated to serving their community and its citizens. They are deeply committed to the enhancement and preservation of their community's quality of life.

Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

Metro Parks Tacoma manages local parks, community centers, and public places for physical activities. Some locations offer programs such as single-gender swim times and scholarships for children.

Metropolitan Development Corporation has a wide range of housing, health and mental health programs.

MultiCare Behavioral Health is the largest behavioral health organization in Pierce County, providing comprehensive expert treatment for children, adults and older adults who are struggling with a wide range of mental health conditions, as well as provide treatment, assistance and support for those working to overcome chemical dependence or substance abuse addictions.

NAMI Pierce County serves individuals, families and communities in Pierce County struggling with mental health.

Behavioral Health

Continued

Olalla Recovery Centers treats all aspects of drug and alcohol addictions, including the needs of special populations through skilled inpatient and outpatient care and services.

Peninsula Metropolitan Park District (PenMet Parks) mission is to enhance the quality of life on the Gig Harbor Peninsula by providing park and recreational opportunities for all citizens.

Pierce County Alliance provides human services, specializing in substance abuse and mental health services for individuals, families and the community.

Pierce County Opioid Task Force is a partnership of several community leaders and members, health services providers and social service providers who work together to improve access to treatment for people with opioid use disorder and prevent the use of opioids among youth.

SafeTalk and ASIST are Suicide prevention programs available throughout Pierce County.

Tacoma Area Coalition for Individuals with Disabilities (TACID) works with individuals to assess needs, including behavioral health needs, TACID supports and connects individuals with community resources, including behavioral health services.

Tacoma Pierce County Health Department Family Support Centers offer many community-based services. They are a hub to help families find the resources to achieve their goals. Not all support centers have the same services. Each center is designed to meet the needs of the community around it.

WA **House Bill 2315** and other bills passed over the past several years require school staff, behavioral healthcare providers and other healthcare providers to participate in suicide prevention training as part of their licensure.

Leading Causes of Death



The leading causes of death in a community are important in planning future public health solutions. Life expectancy is another important indicator of the health of a community.

Chronic diseases such as heart disease, cancer and lower respiratory disease were the leading causes of death in the Wellfound Behavioral Health Hospital community. The leading causes of hospitalization were due to diseases of the digestive system, respiratory system and circulatory system, such as stroke and heart disease, and injuries.

The Wellfound Behavioral Health hospital community had a lower life expectancy (79.0 years) than Washington state (80.3 years). Native Hawaiian or Other Pacific Islanders had the lowest life expectancy (70.7 years) followed by American Indian/Alaska Native (73.8 years) and Black residents (75.2) revealing racial disparities. Multiracial residents had a higher life expectancy than all other race/ethnicity groups.

Diabetes rates in the community were twice as high among Black residents (16.9%) compared to White residents (8.7%).

Lung cancer and breast cancer rates were both higher among residents of the Wellfound Behavioral Health Hospital community compared to the state average rates. Lung cancer was higher among American Indian/Alaska Native residents compared to Asian residents. Breast cancer incidence was more common among Black, and Native Hawaiian or Other Pacific Islander residents compared to Asian residents.

Adult asthma rates were higher among Black residents (16.9%) compared to Hispanic residents (7.7%).

Leading Causes of Death

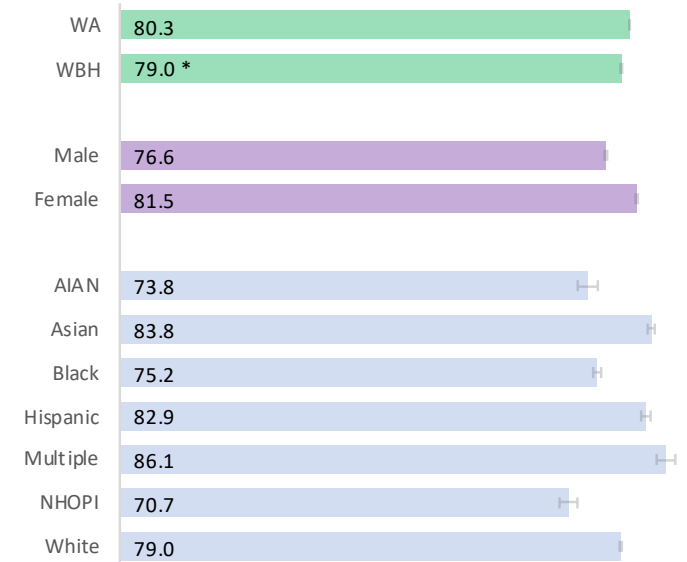
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LIFE EXPECTANCY

Life expectancy - the average number of years a person at birth can expect to live, given current death rates - is a widely used measure of the overall health of a population.

Life expectancy in the Wellfound Behavioral Health Hospital community ranged from a high of 90.8 years (range of 82.9 to 98.9) in Elbe to a low of 74.6 years (range of 71.8 to 77.4) in Lakewood's Woodbrook neighborhood. Females had a higher life expectancy than males. Black, American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander life expectancies were lower than Multiracial, Asian, Hispanic and White life expectancies.

Life Expectancy by Demographics Wellfound Behavioral Health Hospital Service Area, 2012-2016



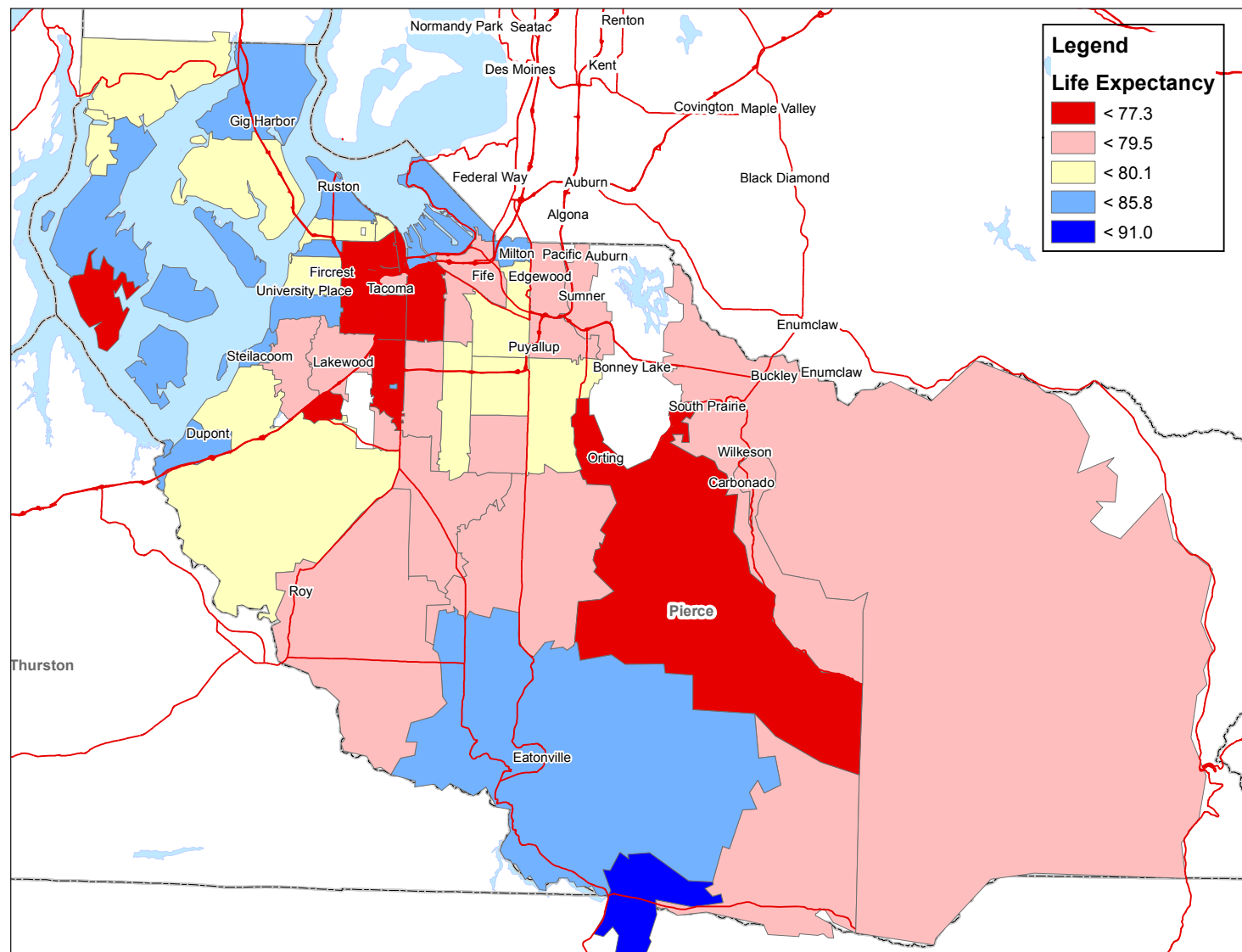
(*) value different from WA state

Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Leading Causes of Death

Continued

Life Expectancy By Zip Code



Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Leading Causes of Death

Continued

LEADING CAUSES OF DEATH

As people continue to live longer due to improvements on all fronts in healthcare, the leading causes of death are increasingly chronic (heart disease, cancer and lower respiratory disease). Diseases related to behavioral health issues include unintentional injuries, such as opioid use (5th leading cause of death), suicide (8th leading cause of death), and chronic liver disease (10th leading cause of death).

Top 10 Leading Causes of Death Wellfound Behavioral Health Hospital Service Area, 2012-2016

OVERALL	Rate*
Cancer	168.1
Heart disease	157.3
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	45.1
Alzheimer's disease	42.3
Unintentional injuries	40.5
Stroke	40.1
Diabetes	22.2
Suicide	17.7
Influenza and pneumonia	11.6
Chronic liver disease	11.1

**Age-adjusted death rate per 100,000 people*

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Leading Causes of Death

Continued

LEADING CAUSES OF DEATH BY GENDER

For both males and females, the top two causes of death were heart disease and cancer. For males, the third leading cause of death was unintentional injuries. For females, it was Alzheimer's disease.

Top 10 Causes of Death (by gender)

Wellfound Behavioral Health Hospital

Service Area, 2012-2016

MALE	Rate*
Heart disease	207.5
Cancer	197.9
Unintentional injuries	52.6
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	48.2
Stroke	41.2
Alzheimer's disease	35.4
Diabetes	28.1
Suicide	26.6
Chronic liver disease	16.2
Influenza and pneumonia	13.6

FEMALE	Rate*
Cancer	146.4
Heart disease	117.4
Alzheimer's disease	46.2
Chronic lower respiratory disease (i.e. asthma, emphysema, COPD)	43.1
Stroke	38.7
Unintentional injuries	28.9
Diabetes	17.6
Influenza and pneumonia	10.1
Suicide	9.3
Hypertension	7.9

*Age-adjusted death rate per 100,000 people

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2016, Community Health Assessment Tool (CHAT), October 2017.

Leading Causes of Death

Continued

LEADING CAUSES OF HOSPITALIZATIONS

Hospitalizations occur due to a wide array of health concerns.

Males were more likely than females to be hospitalized due to circulatory system diseases, such as stroke and heart disease. Excluding pregnancy-related hospitalizations, females were more likely than males to be hospitalized due to diseases of the urinary and reproductive systems.

Top 10 Leading Causes of Hospitalization Wellfound Behavioral Health Hospital Service Area, 2011-2015

MALE	Rate*
Diseases of the circulatory system	1614.3
Diseases of the digestive system	887.3
Injuries	806.4
Diseases of the respiratory system	756.3
Diseases of the musculoskeletal system and connective tissue	583.4
Infectious and parasitic diseases	555.8
Mental illness	426.2
Cancer	369.5
Diseases of the urinary and reproductive systems	346.6
Endocrine; nutritional; and metabolic diseases and immunity disorders	304.1

FEMALE	Rate*
Diseases of the circulatory system	1212.0
Diseases of the digestive system	948.4
Injuries	763.5
Diseases of the respiratory system	751.6
Diseases of the musculoskeletal system and connective tissue	657.9
Infectious and parasitic diseases	501.4
Diseases of the urinary and reproductive systems	501.1
Mental illness	476.1
Cancer	389.3
Endocrine; nutritional; and metabolic diseases and immunity disorders	356.1

*Age-adjusted rate per 100,000 people

Source: Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS)

Leading Causes of Death

Continued

CHRONIC DISEASE

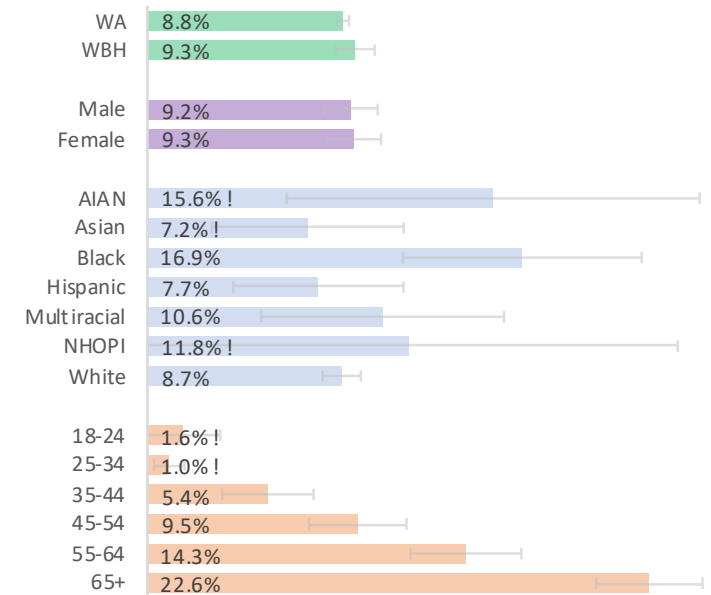
Chronic diseases and conditions – such as diabetes, cancer and heart disease – encompass many of the most common, costly and preventable health concerns in this community.

Diabetes – Adults

Diabetes among adults is self-reported as part of the Behavioral Risk Factor Surveillance System.

Diabetes rates in this community were not different from the state. Black residents had a higher rate than White residents.

Adults Who Have Diabetes (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%

NHOPI excluded due to sample size limitations

Source: Behavioral Risk Factor Surveillance System

Leading Causes of Death

Continued

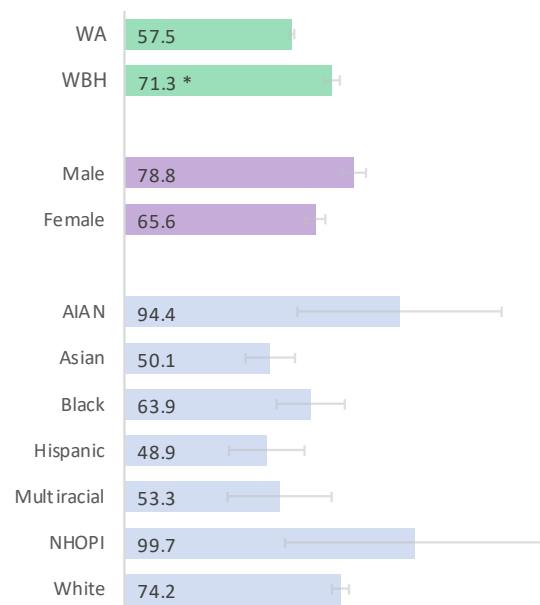
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Behavioral Health Hospital
Community Health
Needs Assessment
2019

Lung Cancer

The number of new cases, or the incidence, of lung cancer is available through the state cancer registry.

The incidence of lung cancer in this community was higher than the state. Lung cancer was more common among males compared to females. American Indian/Alaska Native residents had a higher lung cancer incidence compared to Asian residents.

Lung Cancer Incidence Wellfound Behavioral Health Hospital Service Area, 2011-2015



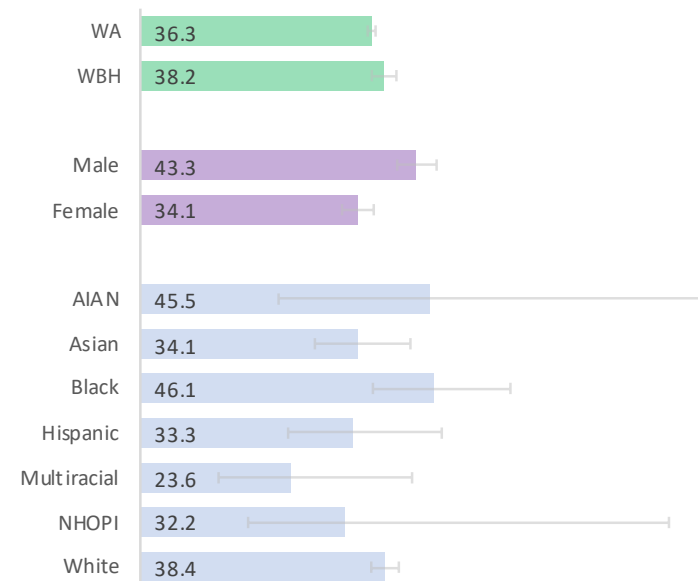
(*) value different from WA state
Rate: New cancer cases per 100,000 residents
Source: Washington State Cancer Registry

Colorectal Cancer

Cancer of the colon or rectum is a common cancer that, when detected early, can often be treated successfully.

Colorectal cancer incidence was similar in Pierce County compared to the state. Males had a higher colorectal cancer incidence than females. There were no differences by race/ethnicity group.

Colorectal Cancer Incidence Wellfound Behavioral Health Hospital Service Area, 2011-2015



Rate: New cancer cases per 100,000 residents
Source: Washington State Cancer Registry

Leading Causes of Death

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

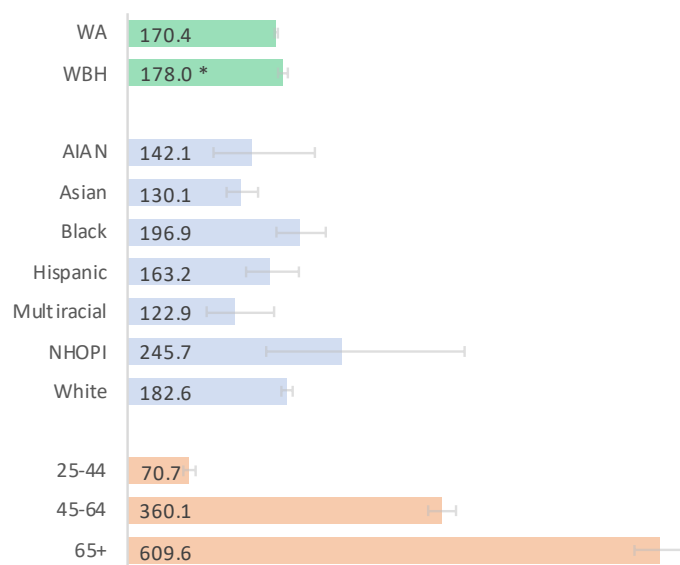
Breast Cancer

This cancer of the breast is a common cancer among females. Regular screening can detect this early and increase the chances of successful treatment.

Breast cancer was more common in this community than the state. Breast cancer was more common among Black, Native Hawaiian or Other Pacific Islander and White adults compared to Asian adults.

Breast Cancer Incidence

Wellfound Behavioral Health Hospital
Service Area, 2011-2015



(*) value different from WA state
Rate: New cancer cases per 100,000 residents
Source: Washington State Cancer Registry

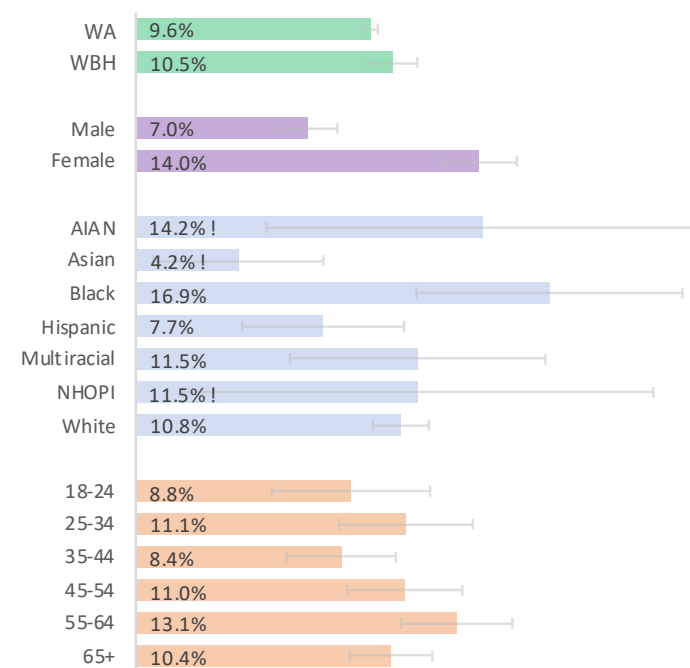
Asthma – Adults

Adults who report having ever been diagnosed with asthma by a health care provider are counted in the adult asthma rate.

Asthma rates in this community were not different than the state. Female were twice as likely to have asthma than males. Black adults had higher asthma rates compared to Hispanic adults.

Current Asthma – Adults (%)

Wellfound Behavioral Health Hospital
Service Area, 2012-2016



(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Leading Causes of Death

Continued

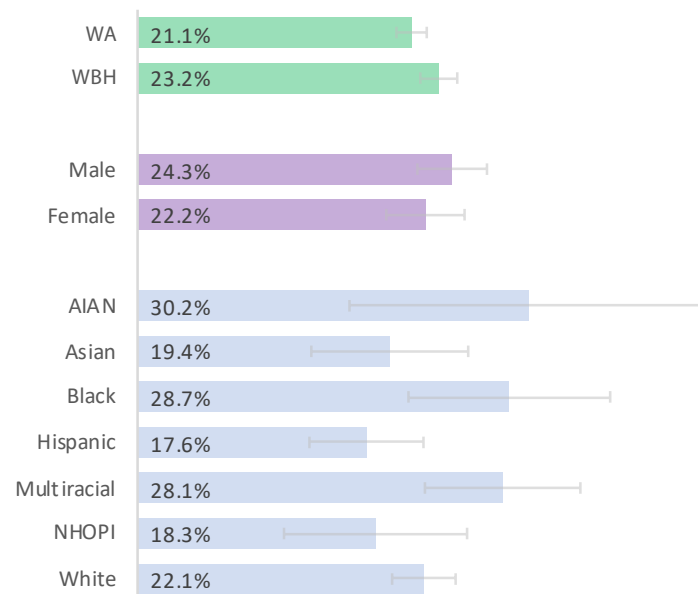
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Asthma – Youth

Asthma affects people of all ages, but most often starts in childhood. Asthma among children in Washington is estimated using the Healthy Youth Survey, where students report if a doctor had ever diagnosed them with asthma.

The youth asthma rate in this community was not different from the state. There were no differences by gender or race/ethnicity group.

Youth Who Currently Have Asthma (%) Wellfound Behavioral Health Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Leading Causes of Death

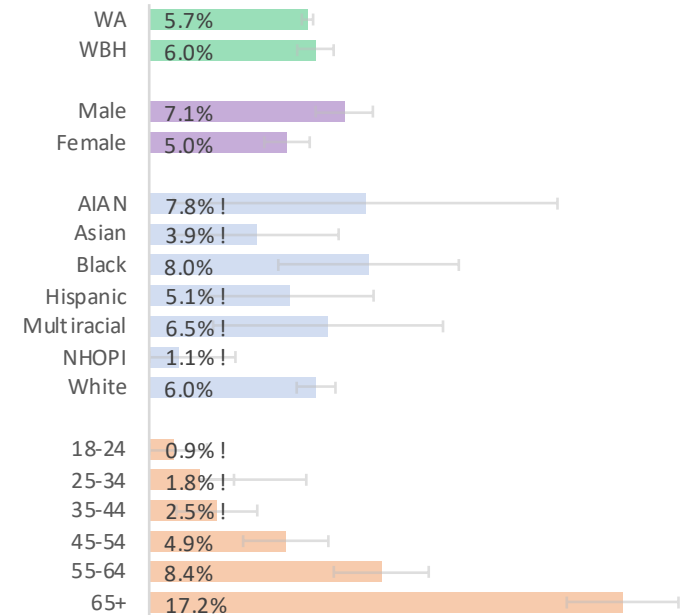
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Heart Disease Prevalence

Heart disease is one of the leading causes of hospitalizations and deaths in Pierce County. The Behavioral Risk Factor Surveillance System provides estimates of heart disease diagnoses among adults 18 years and older.

Heart disease rates in this community were not different than the state. Males were more likely to have heart disease than females.

Heart Disease Prevalence (%) Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%

Groups excluded if cell size less than 10

Source: Behavioral Risk Factor Surveillance System

Health Behaviors



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

A healthy and active lifestyle has been shown to have a profound impact on reducing the burden of chronic illness described in the previous section. A healthy diet and regular physical activity are protective factors promoting our health and well-being, while tobacco and alcohol use can lead to negative health outcomes.

Across the Wellfound Behavioral Health Hospital community, obesity among adults was more common compared to the state. Black adults were more likely to be obese than White or Asian adults.

Obesity among Native Hawaiian or Other Pacific Islander youth was three times higher than among White and Asian youth. Obesity among Multiracial youth was twice as high as White youth.

Females were more likely to avoid sugar-sweetened beverages than males. Black youth had higher rates of sugar-sweetened beverages compared to most other race/ethnicity groups.

The percentage of adults currently smoking was higher in this community compared to the state. The percent of Alaska Native/American Indian adults who smoked cigarettes (42.7%) was higher than many other race/ethnicity groups.

OBESITY, PHYSICAL ACTIVITY AND NUTRITION

Many chronic diseases discussed in the previous section share the same root causes, such as high-calorie diets with low nutritional value and a lack of physical activity. Negative behaviors (risk factors) balanced with the positive behaviors (protective factors) over the life course of an individual have a profound role in the development of chronic disease.

Health Behaviors

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

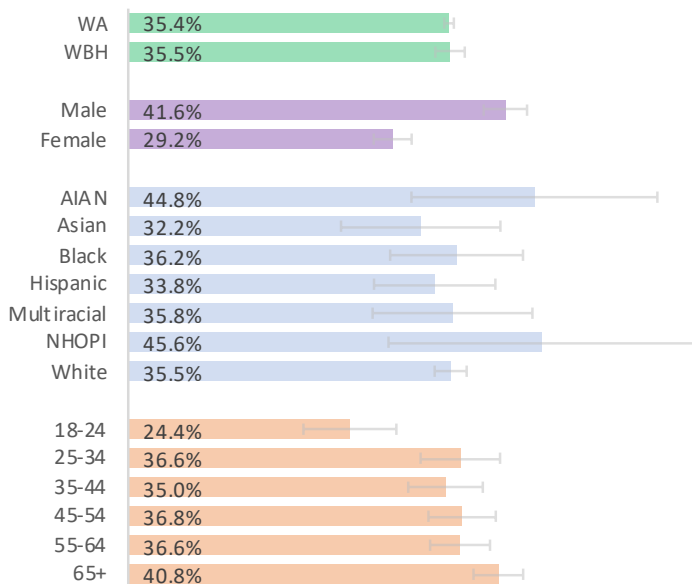
Overweight – Adults

Body Mass Index (BMI) is a measure of body fat based on height and weight. It is associated with a wide array of poor health outcomes. Adults are overweight if their BMI is greater than or equal to 25 but less than 30.

The percent of adults who are overweight was not different in this community compared to the state. Males were more likely to be overweight compared to females. There were no differences by race/ethnicity groups. Adults age 18-24 years had the lowest rate of overweight compared to other age groups.

Overweight Adults (%)

Wellfound Behavioral Health Hospital
Service Area, 2012-2016



Source: Behavioral Risk Factor Surveillance System

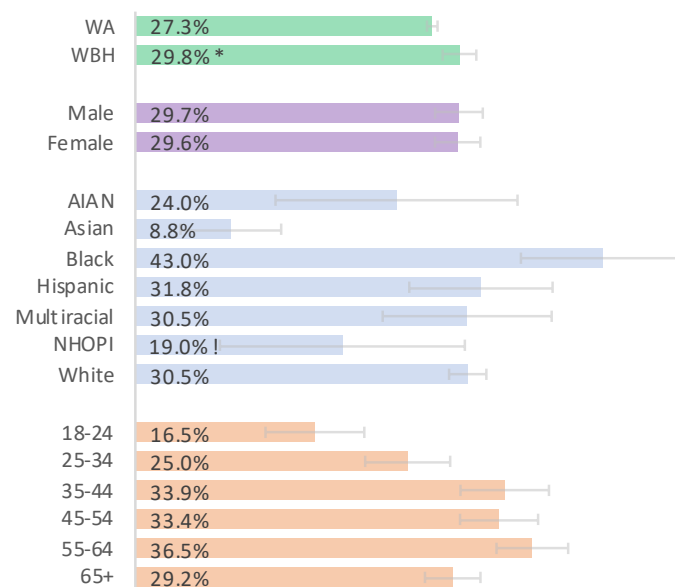
Obesity – Adults

Adults are classified as obese when their BMI is greater than or equal to 30. Individuals whose BMI is in this category are at a greater risk for heart disease and a host of other chronic diseases.

Obesity was more common in this community compared to the state. Black adults were more likely than White and Asian adults to be obese.

Adult Obesity (%)

Wellfound Behavioral Health Hospital
Service Area, 2012-2016



(*) value different from WA state

(!) relative standard error greater than 30%

Source: Behavioral Risk Factor Surveillance System

Health Behaviors

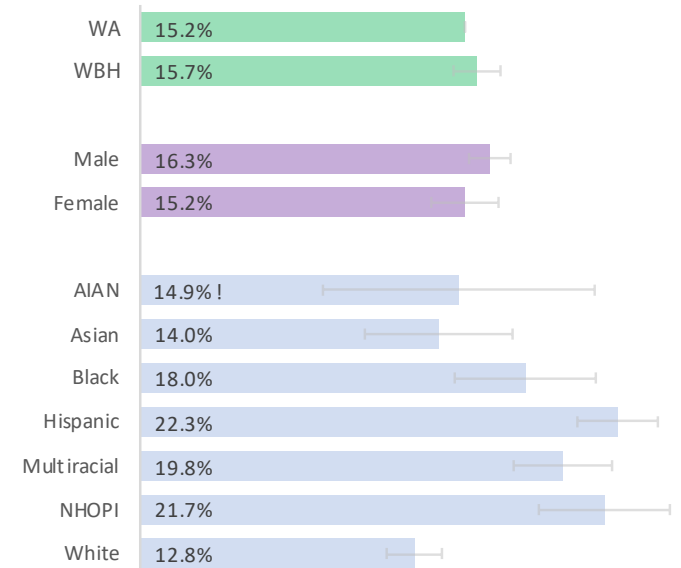
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Overweight – Youth

Youth BMI groups are determined using Healthy Youth Survey responses from public school students. “Overweight” includes students who are in the top 15% for BMI by age and gender, but not the top 5%, based on growth charts from the Centers for Disease Control and Prevention.

The percent of overweight youth in this community was not different than the state. Black, Hispanic, Multiracial and Native Hawaiian or Other Pacific Islander youth had higher overweight rates compared to White youth.

Overweight Youth (%) Wellfound Behavioral Health Hospital Service Area, 2016



(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

Health Behaviors

Continued

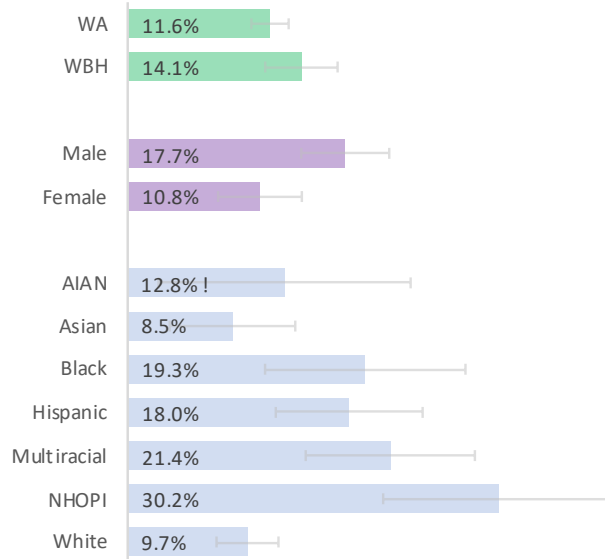
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Obesity – Youth

Youth are classified as obese when they are in the top 5% for body mass index by age and gender based on growth charts developed by the CDC. The percent of obese youth in this community is not different than the state.

Male youth were more likely than female youth to be obese. Asian and White youth were less likely than Native Hawaiian or Other Pacific Islander youth to be obese.

Youth Obesity (%) Wellfound Behavioral Health Hospital Service Area, 2016



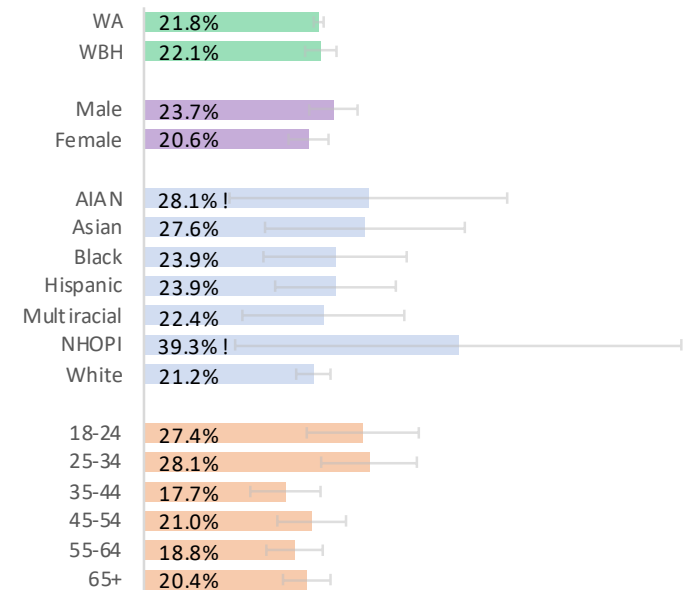
(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

Physical Activity – Adults

Meeting recommended physical activity (PA) guidelines for aerobic exercise and strength conditioning helps reduce the burden of chronic disease.

The percent of adults meeting physical activity recommendations was not different between this community and the state. There were no differences by gender, race or age.

Met PA Recommendations (%) Wellfound Behavioral Health Hospital Service Area, 2011-2015 (odd years)



(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Health Behaviors

Continued

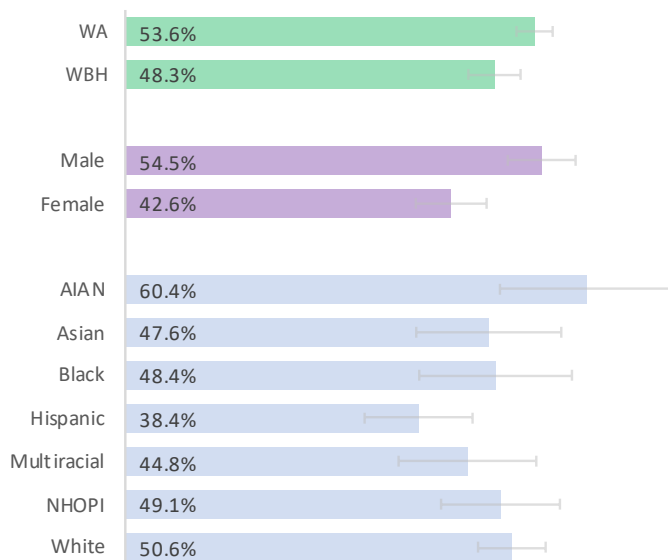
Physical Activity – Youth

Engaging in physical activity in youth is important for developing a healthy lifestyle as an adult. Physical activity reported among Pierce County youth was not different than the state.

Males were more likely to be physically active compared to females. There were no differences in physical activity by race.

One Hour of Activity Five Days/Week (%)

Wellfound Behavioral Health Hospital
Service Area, 2016



Source: Healthy Youth Survey (10th graders)

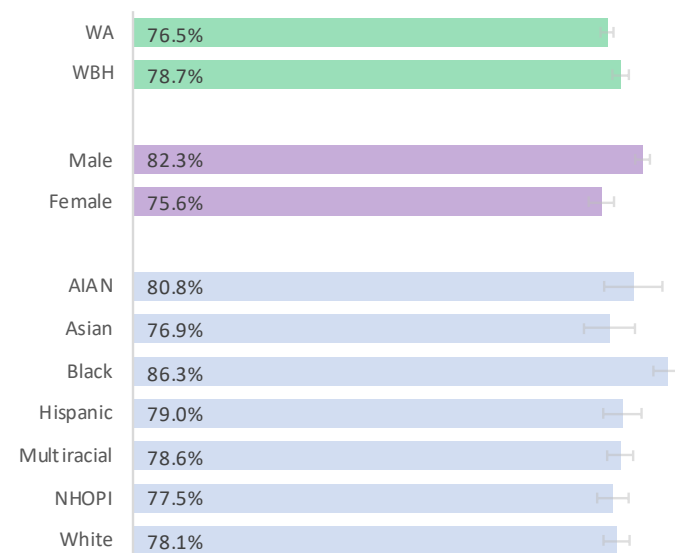
Sugar-Sweetened Beverages

The availability and consumption of sugar-sweetened beverages (SSB) by youth can lead to the development of unhealthy behaviors and chronic disease later in life. SSB consumption among youth in the Wellfound Behavioral Health Hospital community was not about the same as the state.

Males were more likely to consume SSB compared to females. Black youth had higher SSB consumption rates compared to most other race/ethnicity groups.

No SSB Consumption (%)

Wellfound Behavioral Health Hospital
Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Health Behaviors

Continued

Tobacco

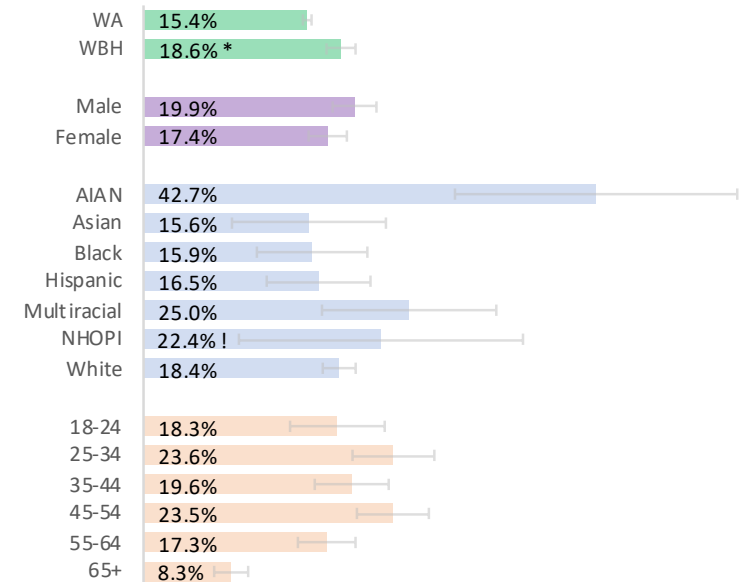
Tobacco use remains one of the most common risky behaviors in communities across the United States, despite a robust body of evidence that tobacco use increases the risk of heart disease, cancer and many other negative health outcomes. Despite a general trend of decreasing tobacco use nationwide, an increase in electronic cigarette availability, attempts to replace traditional cigarettes with electronic cigarettes and vaping product popularity among youth continue to be a concern.

Current Cigarette Use – Adult

Current cigarette use among adults is estimated using responses from the Behavioral Risk Factor Surveillance System. Current smoking was more common in this community compared to the state.

American Indian/Alaska Native adults had higher cigarette use compared to most other race/ethnicity groups.

Current Cigarette Use – Adults (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016



(*) value different from WA state

(!) relative standard error greater than 30%

Source: Behavioral Risk Factor Surveillance System

Health Behaviors

Continued

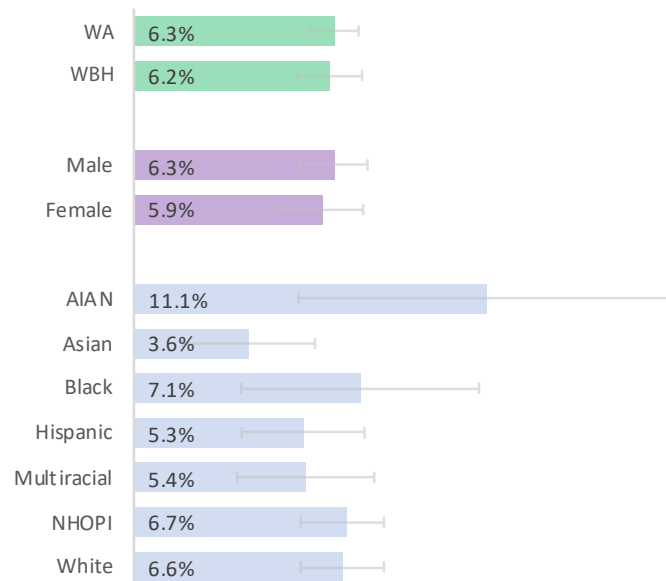
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Current Cigarette Use – Youth

While the rate of tobacco use initiation has been declining nationwide, tobacco use among youth remains a concern. Preventing youth from forming a smoking habit reduces the risk of smoking into adulthood.

Cigarette use among youth in the Wellfound Behavioral Health Hospital community was not different than the state. There were no differences by gender or race.

Cigarette use, past 30 days (%) Wellfound Behavioral Health Hospital Service Area, 2016



Source: Healthy Youth Survey (10th graders)

Health Behaviors

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

ASSETS & RESOURCES

CHI Franciscan Addiction and Recovery Support Groups offer multiple classes and groups available to address substance use, including Freedom from Tobacco Support Groups.

Food banks, Farmer's Markets and other feeding programs, sponsored by faith-based organizations, are working to provide food and healthy options to their customers.

Metro Parks Tacoma offer local parks, community centers and public places for physical activities. Some offer programs such as single-gender swim times and scholarships for children.

MHS Women Infant and Children Supplemental Nutrition Program (WIC) program helps pregnant women, new mothers and young children eat well, learn about nutrition and stay healthy.

MutiCare Center for Health Equity and Wellness offers many community programs and services, including:

- corporate wellness
- health equity
- healthy cooking
- sports nutrition
- tobacco cessation
- weight management

MultiCare Community Partnership Fund is a funding source that supports activities for health improvement, economic well-being, education and other community determinants of health. The Fund contributes to not-for-profit organizations in the Puget Sound region (Pierce, King, Thurston and Kitsap counties).

Ready Set Go! 5210 is a community-based initiative in Pierce County to promote healthy lifestyle choices for children, youth and families.

SNAP-Ed (Supplemental Nutrition Assistance Program Education) is a federal food assistance program also referred to as Basic Foods or Food Stamps.

Washington State Tobacco Cessation Quitline offers free resources to help smokers quit smoking.

YMCA of Pierce and Kitsap Counties:

- Diabetes Prevention Program provides a supportive environment where participants work together in small groups to learn about healthier eating and physical activity to reduce the risk of developing diabetes
- ACT! Actively Changing Together is for children with a high BMI. Parents or caregivers participate with their child(ren) weekly, playing games and activities, learning how to make healthy meals and snacks as a family and receiving group support to make lifestyle changes at home.

Access to Care



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

This section includes information about access to care such as percentages of residents who have medical insurance or a usual primary care provider.

The community served by Wellfound Behavioral Health Hospital had insurance coverage rates comparable to the state – with 25-34-year-olds having the lowest insurance rate compared to many other age groups. Hispanic residents in this community had lower insurance rates compared to many other race/ethnicity groups. The percentage of people who did not see a doctor due to cost was higher in this community (15.1%) than the state (13.3%), Hispanic residents having higher rates than White residents.

The percent of residents without a usual primary care provider (“medical home”) was higher among Hispanic residents compared to many other race/ethnicity groups.

Access to Care

Continued

ACCESS TO CARE

The availability of insurance coverage can impact how likely somebody is to get important medical care. Insurance coverage also allows individuals to engage the health care system before conditions develop and reduce the cost of neglected health. Unfortunately, segments of our population continue to be uninsured and experience difficulty accessing care.

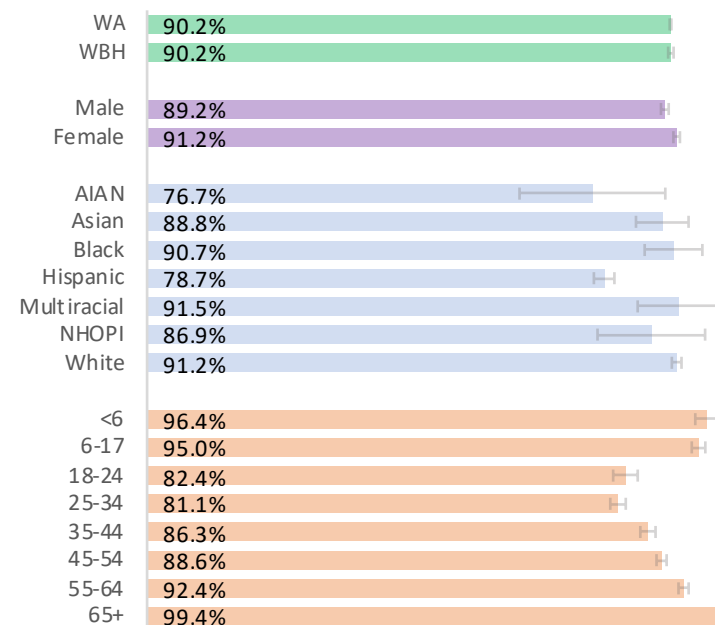
INSURANCE COVERAGE

The lack of health care access can be particularly burdensome for individuals who don't have adequate health insurance. Following the implementation of the Patient Protection & Affordable Care Act, the proportion of residents reporting no insurance decreased.

The percent of people with insurance coverage in the Wellfound Behavioral Health Hospital community was the same as the state. Females were more likely to be insured compared to males. Hispanic residents had the lowest health insurance rate compared to most other race/ethnicity groups.

Insurance Coverage (%)

Wellfound Behavioral Health Hospital Service Area, 2012-2016



Source: U.S. Census, 2012-2016, 5-year estimates,
American Community Survey, S2701

Access to Care

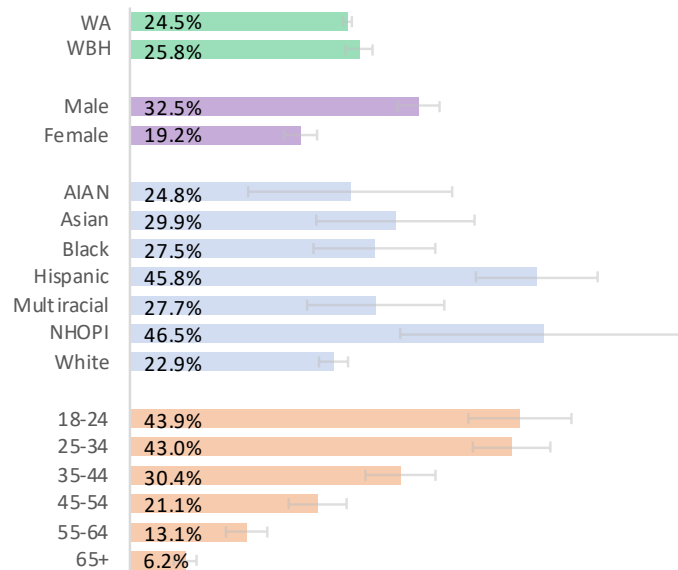
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MEDICAL HOME - ADULTS

A medical home is defined as having a primary care provider. The rate of individuals with a medical home is estimated as the percentage of people with a usual primary care provider.

The percent of adults with no medical home was about the same in this community as the state. Males were more likely than females to not have a medical home. White and Black adults were more likely than Native Hawaiian or Pacific Islander adults to have a medical home.

No Usual Primary Care Provider – Adults (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016



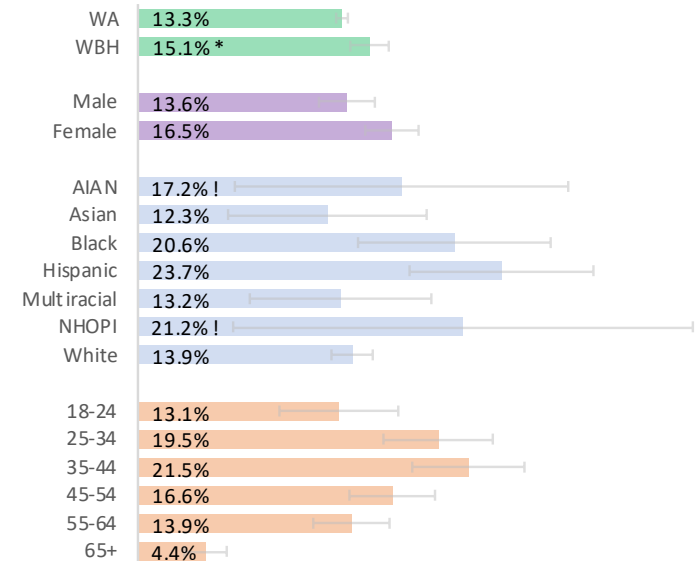
Source: Behavioral Risk Factor Surveillance System

COST & HEALTH CARE ACCESS

When an individual needs health care, cost can often be a factor for whether they obtain care. Adults are asked if they needed to see a doctor but could not because of cost.

The percent of adults who did not obtain care due to cost in the past year was higher in this community than the state and county. Female residents had higher rates of not obtaining care than male residents. Hispanic residents had higher rates of not obtaining care due to cost compared to White residents.

Did Not See a Doctor Due to Cost (%) Wellfound Behavioral Health Hospital Service Area, 2012-2016



(*) value different from WA state (!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Access to Care

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

ASSETS & RESOURCES

Cancer community navigators are available for local communities who are at high-risk for breast cancer and may not have access to screenings and care.

Community Health Care (CHC) is a private, nonprofit organization that operates clinics throughout Pierce County that offer primary medical and dental care services to uninsured and low-income individuals.

Federally Qualified Health Centers (FQHCs) offer primary, preventive and supportive health services, without regard to economic or insurance status.

Medical Teams International offers free or low-cost urgent dental care services through its Mobile Dental Program.

Neighborhood Clinic provides free urgent medical care to patients who cannot afford or access health care.

Potentially Preventable Hospitalizations Initiative is a pilot program led by a coalition of health service providers, including MultiCare Health System. Partners in a six zip code area are working to increase the number of residents who receive pneumonia and flu shots and who are screened for alcohol, tobacco and other drug use as well as for depression.

Project Access collaborates with providers to deliver medical and dental care for uninsured and low-income individuals. Project Access also offers premium assistance for individuals on the health exchange.

Puyallup Tribal Health Authority provides medical and dental care to Puyallup tribe members and Pierce County residents who are enrolled members of other tribes.

Sea Mar Community Health Center, specializes in primary care medicine, including preventive health exams, urgent care visits, minor procedures, health education, follow-up care from hospital visits and referrals for other medical services. In addition to these services, Sea Mar provides comprehensive health services for the entire family, including dental, behavioral health and preventive health services.

Tacoma-Pierce County Health Department Family Support Centers assist families in finding resources and applying for DSHS benefits, including SNAP (food stamps), medical and dental benefits. Family Support Centers connect families to low-cost and/or free resources in the community, including pregnancy, parenting and maternity support; infant case management; services for children with special needs; and services for behavioral health care needs.

Trinity Clinic serves Tacoma residents without insurance at Trinity Presbyterian Church.

Injury and Violence Prevention



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

Injuries and violence adversely affect everyone, regardless of background. Although they are preventable, injuries and violence are leading causes of death for many age and race groups. Those who survive these traumatic experiences may face life-long mental and physical problems.

This section includes information on intentional and unintentional injuries that have occurred among residents in the community served by Wellfound Behavioral Health Hospital.

Suicide rates were higher in this community compared to Washington state, and more common among males compared to females. White residents had higher suicide rates than Native Hawaiian or Other Pacific Islander residents.

Homicide rates were also higher in this area compared to state averages. Males were more likely than females to die of homicide. Black residents were nearly 5 times as likely to die of homicide than White residents.

Female youth had higher rates of sexual and physical abuse compared to male youth.

Unintentional injury deaths were higher among males, and people over age 65 (most likely due to falls). White residents in this community had higher unintentional injury death rates compared to Asian residents.

Hospitalizations caused by unintentional injuries (motor vehicle crashes, falls, or poisonings) were higher than the state average, more common among men, and increased with age. Males had higher rates of unintentional injury hospitalizations compared to females. People age 65 and older had more than three times the rate compared to younger age groups in this community.

INTENTIONAL INJURIES

Injuries that are intentional, both fatal and non-fatal, are common in the communities that the Wellfound Behavioral Health Hospital serves. Hospitalizations and deaths – suicide or homicide – are often preventable.

Intentional injuries are described as self-inflicted, assault and other.

Injury and Violence Prevention

Continued

Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

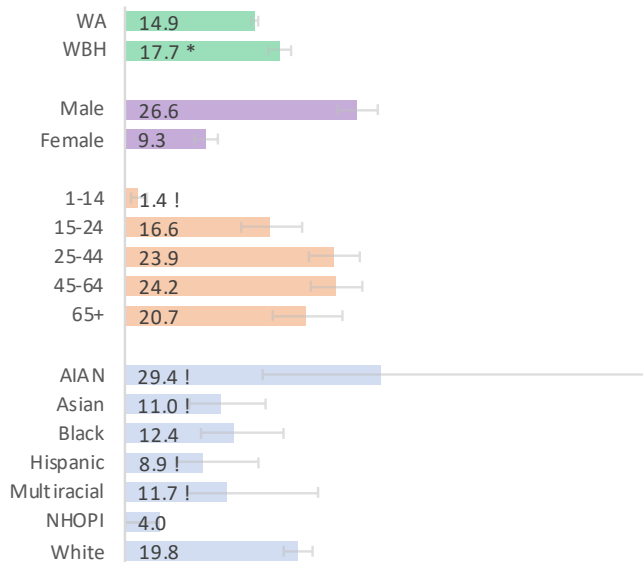
SUICIDE

Suicide is one of the leading causes of death. The rate of suicide is the number of deaths due to intentional self-harm per 100,000 people.

Suicide rates in this community were higher than the state. Males were almost three times more likely to die from suicide compared to females. White residents were more likely than Native Hawaiian or Other Pacific Islander residents to die from suicide.

Suicides

Wellfound Behavioral Health Hospital Service Area, 2012-2016



(*) value different from WA state (!) relative standard error greater than 30%
Excluded 0-1 years, no suicide deaths
Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

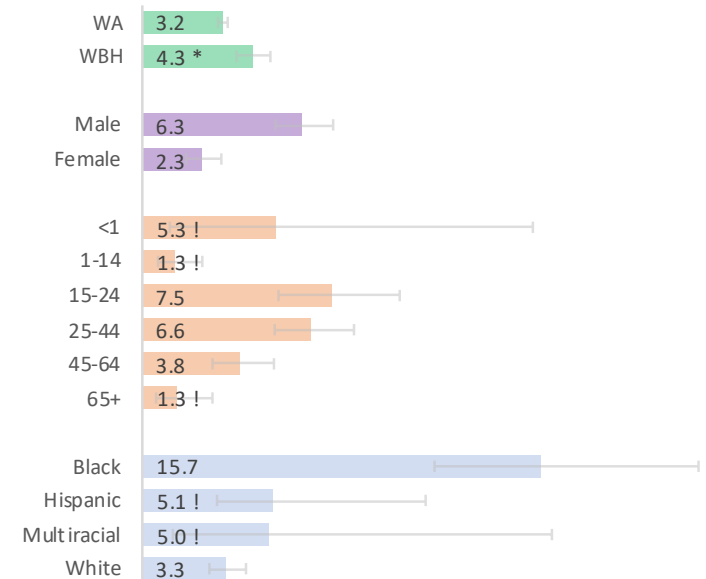
HOMICIDE

The rate of homicide is the number of deaths due to intentional harm by another person per 100,000 people.

Homicide was more common in this community than the state. Males were more likely than females to die of homicide. Black residents were nearly 5 times as likely to die of homicide than White residents.

Homicides

Wellfound Behavioral Health Hospital Service Area, 2012-2016



(*) value different from WA state (!) relative standard error greater than 30%
Groups with cell size less than 10 excluded
Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

Injury and Violence Prevention

Continued

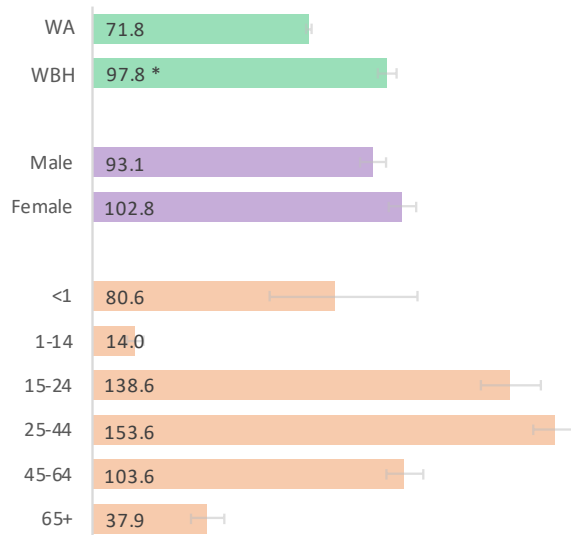
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

INTENTIONAL INJURY HOSPITALIZATIONS

Intentional injuries include self-inflicted, assault and other injuries per 100,000.⁷ Hospitalization rates due to intentional injuries are generated using the same three categories.

Residents of the Wellfound Behavioral Health Hospital community were hospitalized due to intentional injuries at higher rates than the state. Females were more likely than males, and people age 15-44 years were more likely than other ages to be hospitalized due to intentional injuries.

Intentional Injury Hospitalizations Wellfound Behavioral Health Hospital Service Area, 2011-2015



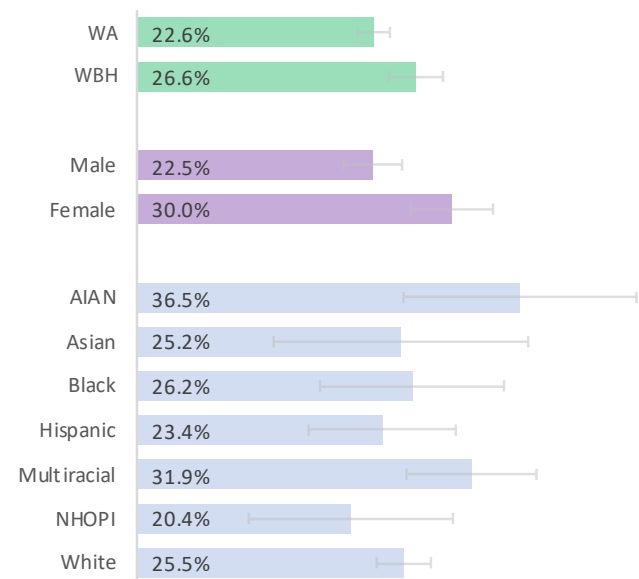
(*) value different from WA state
Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2015. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), August 2016.

PHYSICALLY ABUSED YOUTH

The percent of youth who are physically abused by an adult is estimated using the Healthy Youth Survey.

The percent of youth in this community who reported physical abuse was about the same as the state. Females were more likely than males to be physically abused. There was no difference in physical abuse rates by race.

Physically Abused (%) Wellfound Behavioral Health Hospital Service Area, 2011-2015



Source: Healthy Youth Survey (10th graders)

⁷“Other” is an injury intentionality that is used when the intent is known but it is not unintentional, self-harm or assault.

Injury and Violence Prevention

Continued

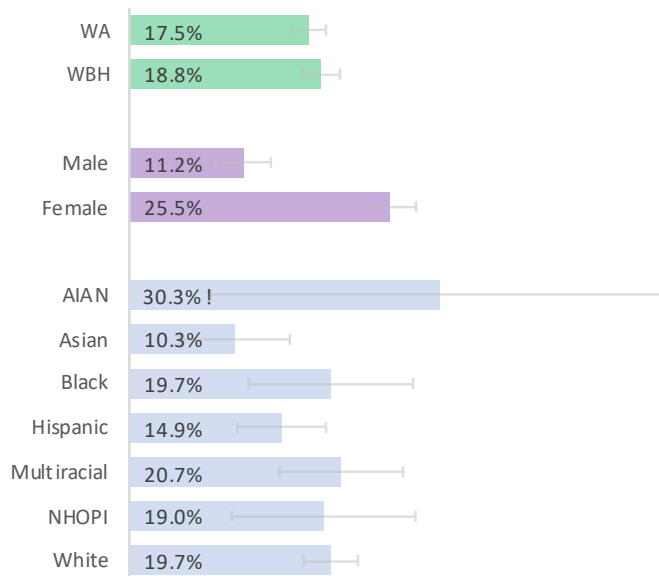
Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

SEXUALLY ABUSED YOUTH

The percent of youth who were sexually abused is estimated using the Healthy Youth Survey.

There was no difference between youth in this community and the state. Females were more likely to be sexually abused than males, and White youth were more likely to be sexually abused than Asian youth.

Sexually Abused (%) Wellfound Behavioral Health Hospital Service Area, 2011-2015



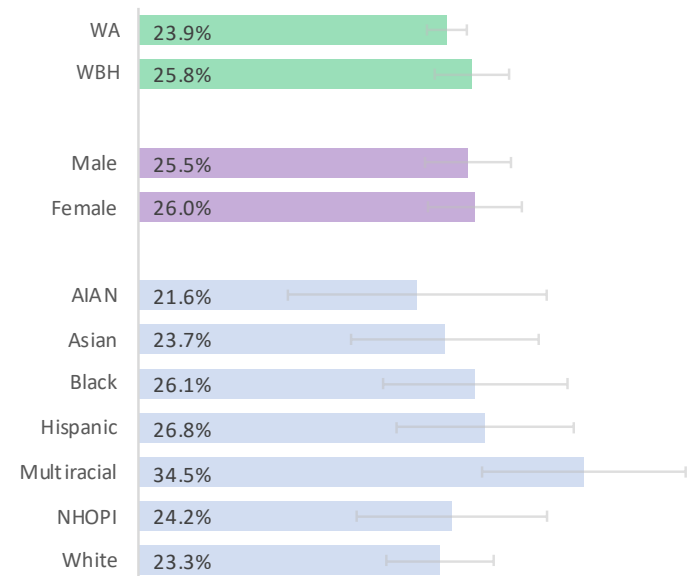
(!) relative standard error greater than 30%
Source: Healthy Youth Survey (10th graders)

WITNESSING PHYSICAL VIOLENCE

The percent of youth who witnessed physical violence in the past 12 months is estimated using the Healthy Youth Survey.

The percent of youth who witnessed physical violence in the Wellfound Behavioral Health Hospital community was not different than the state. There were no differences by gender or race.

Witnessed Physical Violence (%) Wellfound Behavioral Health Hospital Service Area, 2011-2015



Source: Healthy Youth Survey (10th graders)

Injury and Violence Prevention

Continued

UNINTENTIONAL INJURIES

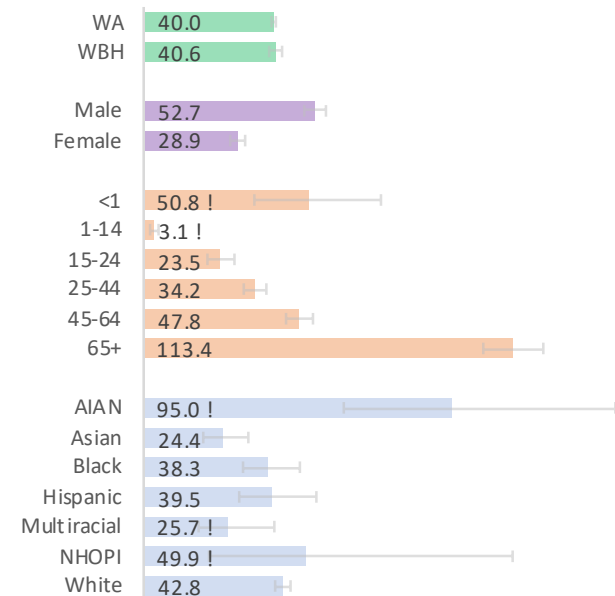
Unintentional injuries are one of the leading causes of hospitalization and death nationwide. Typically, unintentional injuries are due to poisonings (e.g., drug overdoses), motor vehicle crashes and falls.

UNINTENTIONAL INJURY DEATHS

The rate of unintentional injury deaths is the number of unintentional deaths per 100,000 people, which is measured using death certificate data.

Unintentional injury deaths occurred at similar rates in this community compared to the state. Males were more likely to die from unintentional injuries than females. White residents had higher death rates from unintentional injuries compared to Asian residents.

Unintentional Injury Deaths Wellfound Behavioral Health Hospital Service Area, 2012-2016



(!) relative standard error greater than 30%

Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2016, Community Health Assessment Tool (CHAT), June 2017.

Injury and Violence Prevention

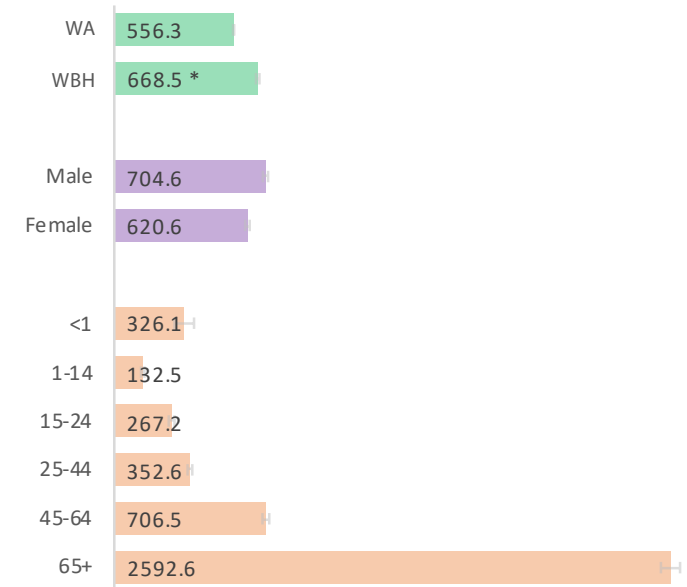
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UNINTENTIONAL INJURY HOSPITALIZATIONS

Hospitalizations caused by unintentional injuries are reported as a rate per 100,000 people from hospital discharge data.

Hospitalizations due to unintentional injuries were more common in the Wellfound Behavioral Health Hospital community than Washington state. Hospitalizations due to unintentional injuries were more common among males and with increasing age.

Unintentional Injury Hospitalizations Wellfound Behavioral Health Hospital Service Area, 2011-2015



(*) value different from WA state

Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2015. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), August 2016.

Injury and Violence Prevention

Continued

ASSETS & RESOURCES

Child Safety

Mary Bridge Center for Childhood Safety works to prevent unintentional childhood injury through health education, community partnerships and best practice prevention strategies. Examples include infant sleep guidelines to bicycle helmet use to fall prevention and car seat inspections and life jacket loans, free of charge.

Drugs & Alcohol

The Target Zero Task Force focuses on reducing traffic crashes and traffic-related injuries to zero by the year 2030.

Fall Prevention

Community and senior centers offer physical-activity programs specially designed for seniors such as Silver Sneakers.

Stay Active & Independent for Life (SAIL) is a strength, balance and fitness program for adults 65 and older.

THINKFIRST is a national injury prevention foundation, addressing conditions such as concussions and falls.

Neighborhood & Community Safety

City of Tacoma gang violence prevention initiatives provide youth and their families with a network of community resources to help prevent youth from being affiliated with gangs and to provide families and youth with resources to prevent and suppress gang violence in their communities.

Crime Prevention Through Environmental Design (CPTED) is a violence prevention approach through the lens of more livable neighborhoods.

Safe Streets Neighborhood Mobilization Programs support safety and violence prevention at the neighborhood level across the county.

Supplement



Wellfound
Behavioral Health Hospital
Community Health
Needs Assessment
2019

QUANTITATIVE DATA SOURCES

The data sources included in the quantitative analysis range from those providing aggregate results for the populations of interest to those with raw data available for analysis where estimates were generated by TPCHD.

American Community Survey (ACS)

This mailed survey is an annual supplement to the 10-year Census. The ACS location of residence is based on census tracts, which are converted to zip code tabulation area (ZCTA) for analysis.

Agency for Healthcare Research and Quality (AHRQ)

Prevention Quality Indicators (PQIs) are a set of measures generated using hospital discharge data (CHARS) based on guidance from the AHRQ.

Behavioral Risk Factor Surveillance System (BRFSS)

This is the largest, continuously conducted telephone health survey in the world. The survey collects information on a vast array of health conditions, health-related behaviors and risk and protective factor about individual adults. In 2011, a new data weighting approach was implemented making data before 2011 unreliable for comparison to 2011+ data.

Comprehensive Hospitalization Abstract Reporting System (CHARS)

This hospital discharge data set includes records on inpatient and observation patient hospital stays.

Community Health Assessment Tool (CHAT)

This data source is a web application that allows authorized users to generate estimates for different geographies depending on the data source. Data from an array of data sources is used to generate estimates by zip code, county and state in this tool.

Washington State Department of Social and Human Services (DSHS)

Foster care placement services, foster care support services and Child Protective Services aggregate estimates at the county-level and school district-level were available using the online reporting system available through DSHS.

Enhanced HIV/AIDS Reporting System (eHARS)

This disease reporting system was developed by the CDC and is managed by the Washington State Department of Health. It collects and stores HIV/AIDS case surveillance data.

Supplement

Continued

Healthy Youth Survey (HYS)

This school-based survey is administered in even number years statewide to grades 6, 8, 10 and 12. School districts overlapping the hospital service area, defined by zip code, were included in the analysis. 10th grade data is used to approximate each indicator for all 8th-12th grade youth.

Office of Superintendent of Public Instruction (OSPI)

The Washington State Office of Superintendent of Public Instruction provides data on graduation and free or reduced-price meal data through the Comprehensive Education Data and Research System (CEDARS), an online system that captures information regarding student graduation, transfers and drop-outs. The adjusted cohort method follows a single cohort of students for four years based on when they first entered 9th grade. The cohort is adjusted by adding in students who transfer into the school and subtracting students who transfer out of the school..

Point-in-Time Count (PIT)

The Homeless Housing and Assistance Act (ESSHB 2163-2005) requires each county to conduct an annual point-in-time count of sheltered and unsheltered homeless persons (RCW 43.185C.030) in accordance with the requirement of the U.S.

Department of Housing and Urban Development (HUD). Data was made available for this assessment by Pierce County; however, data for zip codes outside Pierce County were not available. Estimates were generated using data with a geographic identifier (city or zip code) within the hospital service area.

Birth Certificate Data

The birth certificate record system contains records on all births occurring in the state and nearly all births to residents of the state. Information is gathered about the mother, father, pregnancy and child. The information is collected at hospitals and birth centers through forms completed by parents or medical staff, a review of medical charts or a combination of both. Midwives and family members who deliver the baby complete the birth certificate and collect the information from a parent or from their records. Data are compiled by the Washington State Department of Health, Center for Health Statistics.

Death Certificate Data

Funeral directors collect information about the deceased person from an informant who is usually a family member or close personal friend of the deceased. A certifying physician, medical examiner or coroner generally provides cause of death information. Cause of death data is derived from underlying causes of death. For example, if a person dies of a complication

Supplement

Continued

or metastasis of breast cancer, breast cancer would be the underlying cause of death. Data are compiled by the Washington State Department of Health, Center for Health Statistics.

Washington State Cancer Registry (WSCR)

The Washington State Cancer Registry (WSCR) monitors the incidence of cancer in the state to better understand, control and reduce the occurrence of cancer. In 1995, WSCR received funding through the Centers for Disease Control and Prevention's National Program of Central Cancer Registries. This program is designed to standardize data collection and provide information for cancer prevention and control programs. Estimates based on this data were obtained through the Washington State Department of Health's Community Health Assessment Tool (CHAT).

Washington State Immunization Information System (WAIIS)

The Washington State Immunization Information System (WAIIS) is a lifetime registry that keeps track of immunization records for people of all ages. Estimates for each hospital service area were acquired from WAIIS. Immunization reports included data on 19-35 month olds, 13-17 year olds and 15-17 year olds.

Washington Tracking Network (WTN)

The Washington Tracking Network is a collection of environmental public health data. Estimates available through this resource are collected from an array of data sources and serve as a single location to see various measures affecting environmental public health.

Quantitative Methods

Estimates are generated for Washington, Pierce County and the hospital service area. In most cases we use SAS 9.4 software to analyze data. In some cases, estimates are provided from an external source. Estimates for sub-populations are also generated and maps are displayed when possible and appropriate. The following definitions help understand the contents of this report:

Rates: A rate is a standardized proportion (or ratio) expressed as the number of events (e.g. live births per year) that have occurred with respect to a standard population, within a defined time period (usually one year). Rates help compare disease risk between groups while controlling for differences in population size. The size of the standard population used can vary depending on whether the events are common or rare. For example, since HIV is a rare condition in Washington, HIV incidence rates are expressed as new cases per 100,000. **Crude rates** are rates calculated for a total population, while **age-specific rates** are calculated for specific age groups.

Supplement

Continued

Age-Adjustment: All age-adjusted mortality and disease rates in this report are adjusted to the 2000 U.S. population. The risk of death and disease is affected primarily by age. As a population ages, its collective risk of death and disease increases. As a result, a population with a higher proportion of older residents will have higher crude death and disease rates. To control for differences in the age compositions of the communities being compared, death and certain specific disease rates are age-adjusted. This aids in making comparisons across populations.

Averages: Multiple-year average estimates were used in order to increase sample sizes and to minimize widely fluctuating frequencies from year to year.

Confidence Intervals (CI): Hospital service area comparisons to Washington state and comparisons among subpopulations were calculated using 95% confidence intervals. Confidence intervals (error bars on the graphs) indicate the margin of error for the value estimated by describing an upper and lower limit of an estimate. Using confidence intervals is an approach to determine if differences among groups are statistically significant. If the confidence interval of two different estimates do not overlap, we most often can conclude that the difference is statistically significant and not due to chance.

Standard Error (SE): Standard errors are used to determine significance between groups in the analysis. Unless noted, these are based on 95% confidence intervals, or an alpha of 0.05. Relative standard error (RSE) is used to determine what statistics are reported. If the RSE is greater than 30% and/or the sample size is too limited to have confidence in these estimates, then they are excluded. If the RSE is greater than 30%, but the estimates may still be reliable, then they are presented but with a “!” to draw attention to this concern.

Stratification: Where possible (i.e., the population size or counts were adequate to determine significance and protect anonymity), we analyzed the indicators by race/ethnicity or gender. We used the following terms to describe race/ethnicity:

- NH: Non-Hispanic
- Asian: Non-Hispanic Asian
- AIAN: Non-Hispanic American Indian/Alaska Native
- Black: Non-Hispanic Black or African-American
- Hispanic: Hispanic as a race
- Multiracial: More than one race
- NHOPI: Non-Hispanic Native Hawaiian or Pacific Islander
- White: Non-Hispanic White or Caucasian

Supplement

Continued

For some indicators, these stratification levels may not have a sample size adequate to draw reliable conclusions about that population and are therefore excluded from this report. Groups are typically not combined due to concerns about over-generalizations made based on those results.

Selection of Priority Health Needs

Key findings were identified as priority health needs using four criteria. A public health epidemiologist reviewed data from each CHNA and applied the following criteria:

1. When compared to Washington state, the hospital service area numbers are statistically significantly worse (1 point).
2. Existing estimates present a trend in the negative direction (1 point).
3. The measure is related to listed themes from community engagement activities (1 point).
4. There is an appearance of inequity by gender or by race (2 points).

All health indicators and themes are scored and ranked using the above criteria. Based on the results of the ranking, at least three and no more than six key findings are identified per CHNA report.