2025

# Community Health Needs Assesment

Wellfound Behavioral Health Hospital


Wellfound
Behavioral Health Hospital

*July 30, 2025*

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Wellfound
Behavioral Health Hospital



## COMMUNITY HEALTH NEEDS ASSESSMENT

### PURPOSE

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Wellfound Behavioral Health Hospital. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

### WELLFOUND COMMITMENT AND MISSION STATEMENT

Wellfound Behavioral Health Hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with the community health program activities is in keeping with its mission. To facilitate the development of a full continuum of integrated, high value, behavioral health services for the South Sound communities

### PIERCE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATION

Wellfound collaborated on a joint Community Health Needs Assessment with Multicare Health System and Virginia Mason Franciscan Health (VMFH). All partners contracted with Tacoma Pierce County Health Department to develop a CHNA that includes a mixture of health data, community input and resources that help guide hospitals and the wider community in addressing needs.

### DESCRIPTION OF COMMUNITY

This CHNA is a joint assessment and the whole of Pierce County was identified as the primary service area in this CHNA. Pierce County covers over 1,800 square miles and has over 946,000 residents.

Community Health Needs Assessments and Implementation Plan Strategies can be found at https://www.wellfound.org/who-we-are/mission-values/

A paper copy is also available upon request at the Wellfound Administration office.

# About WBHH

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## PRIORITY HEALTH NEEDS

The Pierce County Community Health Needs Assessment created priority health needs by integrating data with input from community organizations about assets, resources, and opportunities.

The priority health needs identified in the CHNA are:

- Mental Health
- Chronic Disease
- Access To Care

## EVALUATION OF IMPACT FROM 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

In its CHNA from 2022 - 2025, Wellfound Behavioral Health Hospital addressed five priority health needs, including:

- Drug-Related Deaths (adult)
- Insurance Coverage
- Hypertension
- Child Abuse & Neglect
- Intentional Injury Hospitalizations

*An impact evaluation is included at Appendix I.*

Wellfound invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments were received.

## ADOPTION OF CHNA

The Wellfound Behavioral Health Hospital CHNA was adopted by the Board of Directors on July 30, 2025.

# Acknowledgements

We would like to extend our deepest gratitude to the hospitals, healthcare systems, staff and community members who contributed to this Community Health Needs Assessment (CHNA). Their collective commitment to the health and well-being of Pierce County residents made this work possible. This includes the hospitals operated by Virginia Mason Franciscan Health (VMFH) and MultiCare Health System (MHS), as well as the jointly operated Wellfound Behavioral Health Hospital. Additionally, we are deeply grateful to the hospital staff and Health Department staff who provided their expertise, time and resources throughout the assessment process.

## HEALTH SYSTEM HOSPITALS IN PIERCE COUNTY

### VIRGINIA MASON FRANCISCAN HEALTH (VMFH)

St. Anthony Hospital, St. Clare Hospital, St. Joseph Medical Center

### MULTICARE HEALTH SYSTEM (MHS)

Tacoma General Hospital, Good Samaritan Hospital, MultiCare Mary Bridge Children's Hospital*, Allenmore Hospital

### JOINTLY OPERATED HOSPITALS

Wellfound Behavioral Health Hospital, Virginia Mason Franciscan Health Rehabilitation Hospital

**Mary Bridge Children's Hospital conducted a separate CHNA.*

**MultiCare Health System**
*Mary Quinlan Fabrizio, Assistant Vice President, Center for Health Equity and Wellness*

**Virginia Mason Franciscan Health**
*Doug Baxter-Jenkins, Region Director, Community Health*
*Stephanie Christensen, Community Integration Program Manager*

**Tacoma-Pierce County Health Department**
*Leah Ford, Community Health Program Manager*
*Ingrid Friberg, Senior Epidemiologist*
*Polina Naumova, Intern/Research Assistant (University of Washington, School of Public Health)*
*Connor Pomeroy, Epidemiologist*
*Julie Tergliafera, Program Analyst*
*Emily Turk, Senior Program Analyst*
*Stephanie Wood, Program Analyst*

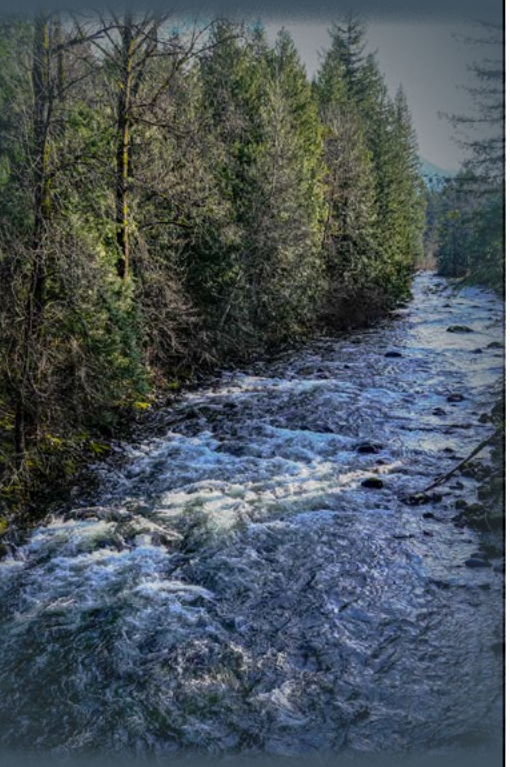
# Acknowledgements

## Continued

### WE ALSO THANK THE MANY COMMUNITY AND AGENCY PARTNERS THAT SUPPORTED COMMUNITY ENGAGEMENT AND KEY INFORMANT INTERVIEW ACTIVITIES:

*Echo Abernathy, Community Connections Coordinator, Bethel School District*
*Colette August, Tahoma Indian Center*
*Malcolm Clay, Care Coordinator, Coordinated Care Health*
*Tanisha Jumper, Chief Communications Officer, Tacoma Public Schools*
*Sally Kim, Senior Director, Community-Clinical Linkages, Elevate Health*
*Alicia Klein, Tacoma-Pierce County Health Department*
*Svetlana Khinotskaya, Tacoma-Pierce County Health Department*
*Claudia Miller, Director, Family & Community Partnerships, Franklin Pierce Schools*
*Aran Myracle, Oasis Youth Center*
*Celia Nevarez, Tacoma Rescue Mission*
*Jennie Schoeppe, Tacoma-Pierce County Health Department*
*Ivan Tudela, Pierce County Human Services, Aging & Disability Resources*
*Queena Tupou, Executive Director, Blue Zones Project*
*Naomi Wilson, Chief Transformation Officer, Child Care Aware*
*Tonia Hogan, Executive Director, Neighborhood Clinic*

# Executive Summary





MultiCare Health System (MHS) and Virginia Mason Franciscan Health (VMFH) in partnership with the Tacoma-Pierce County Health Department (TPCHD) executed a Community Health Needs Assessment (CHNA) to identify the current health challenges facing residents, as well as the strengths and assets that support health and wellbeing. This assessment integrates health indicator data with qualitative insights from the community, to provide a comprehensive understanding of health in Pierce County.

The process was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework, developed by the National Association of County and City Health Officials (NACCHO). This approach ensures that the assessment is not only data-driven but also informed by community voices.

Although the COVID-19 pandemic has faded from daily consciousness, its effects persist shaping health outcomes in ways that differ over time. Community input was critical to understanding the health of Pierce County. We conducted a systematic review of over 25 internal and external reports from partner organizations to understand what community organizations cared about. We also conducted eight key informant interviews to gather more nuanced ideas about the needs that community organizations see when they interface with community. We also went directly to the community. Members of priority populations were invited to participate in discussions on topics impacting their well-being and health. To ensure cultural relevance, a variety of engagement and data collection methods were utilized including creative arts expression and other inclusive approaches. We conducted four traditional focus group sessions with people from across Pierce County, representing different aspects of our community and gathered input from youth through a creative arts submission. Taken together, these data can help understand the needs of Pierce County residents.

This CHNA fulfills the requirements of Section 9007 of the Affordable Care Act and Washington state CHNA requirements. This report provides insights into:

- Demographics of the community.
- Life expectancy and leading causes of death.
- Chronic illnesses and health inequities.

MHS, VMFH, and TPCHD are committed to collaborating with community, recognizing that this CHNA is not just a tool for assessing health but ensures that investments and interventions are shaped by and responsive to the lived experiences and needs of Pierce County residents.

# Executive Summary

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## COMMITMENT TO HEALTH EQUITY

Throughout the CHNA process, Social Drivers of Health (SDOH) shaped community engagement efforts and helped illustrate the impact of neighborhood and community conditions on health outcomes. Factors such as income, education, housing, and transportation create both opportunities and barriers to health. Health should not be determined by race, zip code, income, gender identity, or any other social factor, reinforcing the need for equity-driven solutions.

Social drivers of health (SDOH): The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH refers to community-level factors. They are sometimes called "Social Determinants of Health." (Adapted from CDC Healthy People 2030)


In addition to the SDOH, we acknowledge the Indigenous Health Indicators (IHI) developed by the Swinomish Climate Change Initiative. These indicators represent community-scale, non-physical aspects of health that are integral to the health and well-being of Coast Salish peoples. It is included in this report to highlight that different cultures prioritize and define health in distinct ways.

# Executive Summary

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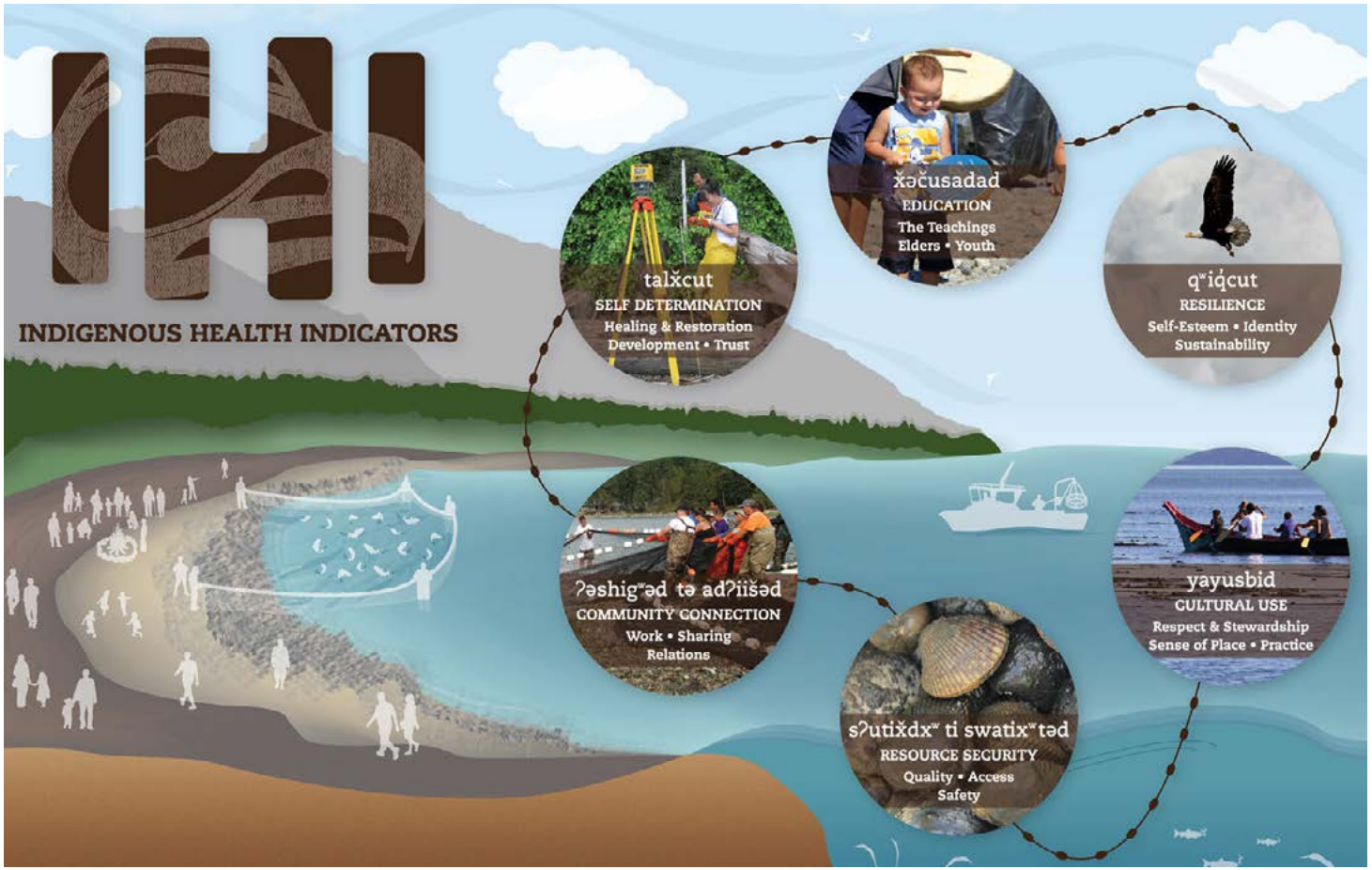


Source: Swinomish Climate Change Initiative https://www.swinomish-climate.com/community-environmental-health

# Executive Summary

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## PRIORITY HEALTH NEEDS

The process of identifying health priorities uses qualitative data—through community-identified needs and strengths—in addition to quantitative health indicators.

Priority health needs were identified using the methodology outlined in the Supplement ("Selection of Priority Health Needs"). A copy of the scoring rubric is located at the end of the document. Using this methodology and rubric, the following health needs were identified for MultiCare Health System and Virginia Mason Franciscan Health to address both individually and jointly. Each of these topics provides broad opportunity for collaboration and programmatic and investment expansion.

Three topics (domains) were identified as a part of the NACCHO Community Context Assessment (CCA) and provide an important context for understanding priority health needs and concerns. The three domains are Community Strengths and Assets, Built Environment, and Forces of Change. The systematic review of qualitative data and the community engagement activities used these domains to guide research questions and facilitation guides.

To be effective and equitable in addressing community priority health needs, we must understand the strengths that are present within the community. This provides organizations an opportunity to build upon and share the powerful assets that are already present with communities. The gaps and health needs are areas that might need additional support.

We used several pieces of information to prioritize the quantitative indicators, including trends, disparities, and being identified as critical themes both in the systematic review of qualitative data and in our community engagement activities. Once the highest-ranking quantitative indicators were identified, we took a broader view of the qualitative data with respect to community-identified needs and strengths that were truly critical and should be prioritized at this time.

## MENTAL HEALTH

### YOUTH

Youth depression, anxiety and drug use were highly ranked indicators. Qualitative data identified mental health support as being a critical need for young people while social connections are a source of their strength, especially when connected through community-based and culturally relevant activities. Young people expressed how concerned they are about climate change, and how connecting to nature and getting outside supports their mental health.

# Executive Summary

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## ADULT

Adult depression was a highly ranked indicator. Community members identified mental health support as being a critical need, while social connections are a source of strength, especially when connected to free, community-based and culturally relevant activities and events. Concerns about economic stability and climate anxiety greatly affect mental health burden. People shared how connection to nature and getting outside supports their mental health.

## POISONING[1] (OVERDOSE)

The number one cause of unintentional deaths is currently drug poisonings (overdose), predominantly substances like fentanyl and methamphetamine. It also includes alcohol and over-the-counter medications. Qualitative data identified mental health support as being a critical need for people while social connections are a source of strength, especially when connected to free, community-based and culturally relevant activities.

[1] *Poisoning refers to foreign substances including, but not limited to: illicit substances, prescription medications, over-the-counter drugs, cleaning products, or any other substance that may be ingested to induce a harmful reaction.*

## CHRONIC DISEASE

Chronic disease remains a key concern for community health. Community-identified priorities related to chronic disease include the need for access to affordable, healthy foods and environments that support active lifestyles. Economic stability and housing affordability were emphasized as significant determinants of health, often serving as barriers to accessing the resources needed to prevent and manage chronic conditions.

## OBESITY IN ADULTS

Obesity is a major indicator of chronic disease. Community members highlighted the need for affordable and accessible healthy food, especially foods traditional to one's community and land. Economic stability and housing affordability were identified as critical factors affecting access to nutritious food.

# Executive Summary

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### ASTHMA-RELATED EMERGENCY ROOM VISITS

Asthma is another key chronic disease indicator across all ages. Community members expressed deep concern about climate change and natural disasters, highlighting the importance of clean air, outdoor spaces, and connection to nature in supporting their health. Addressing environmental factors and improving access to care are critical in reducing asthma-related emergency room visits and supporting overall respiratory health.

## ACCESS TO CARE

Inadequate prenatal care, lack of insurance coverage, and inadequate transportation were identified as key barriers to accessing care. Community members emphasized not only the importance in accessing healthcare services but also the critical role of economic stability and housing affordability in *ensuring they can obtain and sustain the care* they need. Internet access was identified as a barrier to accessing care, and racial discrimination in healthcare settings was a common experience shared by community members.

Each of these topics provides for broad opportunity for collaboration, programmatic and investment expansion. As part of this assessment, MHS and VMFH are dedicated to strengthening alignment across organizations; exploring best practices to support community well-being; and fostering collective investment in data, programs, and policies that promote health for all Pierce County residents. Ongoing collaboration between public health, healthcare systems, behavioral health providers, and community organizations will be essential in developing effective, equity-driven strategies to address health challenges and create lasting impact.

# Introduction

Virginia Mason Franciscan Health (VMFH) and MultiCare Health System (MHS) contracted with the Tacoma-Pierce County Health Department (TPCHD) to conduct a comprehensive Community Health Needs Assessment (CHNA). The process included quantitative analyses of health indicator data, qualitative analyses of secondary assessment data, and primary qualitative data collection through community conversations, art-based inquiry, and key informant interviews with residents and community leaders in Pierce County. These efforts focused on representing several key population groups disproportionately affected by health disparities, ensuring a holistic and inclusive understanding of community needs and priorities.

Together, VMFH and MHS operate nine hospitals in Pierce County. Virginia Mason Franciscan Health includes four hospitals: St. Anthony Hospital, St. Clare Hospital, St. Joseph Medical Center, and Virginia Mason Franciscan Health Rehabilitation Hospital (a joint venture with Kindred Health). MultiCare Health System also has four hospitals: Tacoma General, Good Samaritan, Mary Bridge Children's, and Allenmore. Additionally, Wellfound Behavioral Health Hospital is a collaborative effort between both systems. Mary Bridge Children's Hospital conducted a separate needs assessment.

The purpose of this report is to describe health issues, what impacts those issues have on the community, and how these concerns may be addressed centering existing community strengths and assets. In addition, this report is intended to share the emerging health needs of Pierce County, including:

- What residents have to say about community strengths/assets and needs to achieve health and well-being.
- Health behaviors and health outcomes of residents.
- Priority health needs.

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

## METHODS

To develop this report, Tacoma-Pierce County Health Department gathered and analyzed a diverse range of data sources to describe a comprehensive overview of community health. These sources include:

- Existing qualitative data from community and agency partner assessments.
- Focus groups, community conversations, creative arts submissions, and key informant interviews.
- Selected health indicator data.

# Introduction

## Continued

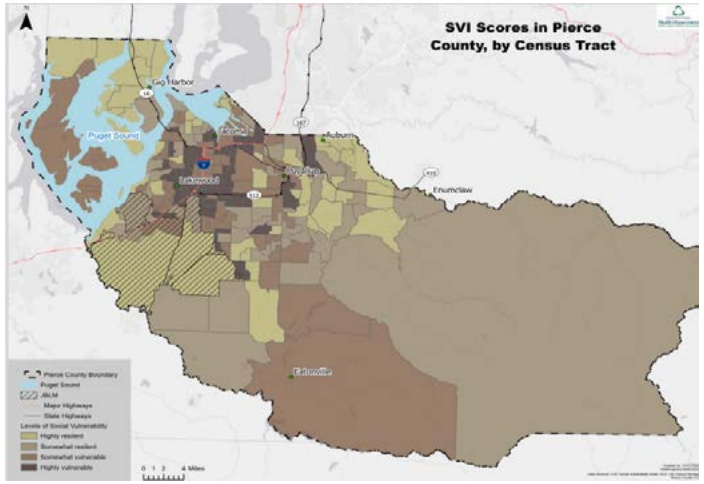
The report summarizes:

- Community characteristics.
- Life expectancy.
- Leading causes of death.
- Leading causes of hospitalizations.
- Levels of chronic illness.
- Access to care, use of preventive services, and oral health.
- Climate health.
- Maternal and child health.
- Injury and violence prevention.
- Behavioral health.

Select resources available to the community are at the end of each section. More details about the methods used to develop this report are in the Appendices.

## HEALTH EQUITY AND SOCIAL VULNERABILITY

Map 1. SVI Scores in Pierce County, by Census Tract




The conditions in which people live significantly impact their health and well-being. Those in wealthier neighborhoods generally experience better health outcomes than those in lower-income areas. Similarly, individuals facing racism and other forms of discrimination are more likely to experience poor health. According to the Centers for Disease Control and Prevention (CDC), health equity is achieved when everyone can reach their full health potential without being disadvantaged by social or economic factors. Achieving equity requires ongoing efforts to address historical and current injustices, remove barriers to health and healthcare, and eliminate preventable disparities.

# Introduction

## Continued

One way to assess social and economic advantage within communities is through socioeconomic position (SEP). The CDC's Social Vulnerability Index (SVI) helps measure a community's resilience to external stressors like natural disasters, disease outbreaks, and economic hardships.[2] More vulnerable communities often face greater challenges in protecting their health. Reducing social vulnerability strengthens communities and improves overall well-being.

Traditionally, social vulnerability has been assessed using individual factors such as income, education, race/ethnicity, and transportation access. However, VMFH and MultiCare have taken a broader approach, using SVI to examine disparities across geographic areas. The SVI combines 15 indicators—including these individual factors—into a single score at the census tract level. Lower scores indicate greater resilience, while higher scores signal higher vulnerability.[3]

Note: Social vulnerability does not measure individual health or personal resilience. Instead, it reflects the conditions in which a community lives and its ability to thrive, stay healthy, and respond to challenges.

By analyzing SVI, we can uncover disparities that may otherwise go unnoticed and identify areas that could benefit from targeted interventions. This report ranks all 172 Pierce County census tracts by SVI score, dividing them into four tiers. We then compare disease rates across these groups to better understand patterns of health inequity.

Table 1. Groups of Census Tracts Based on SVI Score

| Group Label | SVI Score |
|---|---|
| Highly resilient | 0.0 – 6.0 |
| Somewhat resilient | 6.0 – 7.7 |
| Somewhat vulnerable | 7.7 – 9.4 |
| Highly vulnerable | 9.4 or greater |

Due to data availability at the census-tract level, we were not able to use SVI for every indicator in this report. SVI was used for the following six indicators: disability, percent insured, inadequate prenatal care, low birthweight, and colorectal and breast cancer

[2] *https://www.atsdr.cdc.gov/placeandhealth/svi/index.html*
[3] *https://www.atsdr.cdc.gov/placeandhealth/svi/index.html*

# Community Identified Priorities



## Ongoing and meaningful community engagement plays a vital role in strengthening hospital and healthcare system efforts to address community health priorities and improve social outcomes.

The community engagement component of this needs assessment complements the quantitative data by providing critical context and a deeper understanding of the diverse needs of Pierce County residents. Recognizing the importance of centering the voices of historically underrepresented and marginalized populations, this process was intentionally designed to elevate perspectives from communities that have historically faced barriers to equitable access to care and outcomes. The qualitative portion of this assessment was conducted in two parts. The first part was a comprehensive systematic review of existing data, and the second part was conducted through direct community engagement with focus groups and key informant interviews.

## QUALITATIVE METHODS: DATA COLLECTION AND ANALYSIS

The Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Framework Community Context Assessment (CCA) was utilized to conduct the qualitative portion of this assessment. It includes three key areas: 1) Community Strengths & Assets, 2) Built Environment, and 3) Forces of Change.

| MAPP 2.0 CCA Area | Definition |
|---|---|
| Community Strengths & Assets | Gathers insights on the community's perceptions of health needs, concerns, and assets. It helps identify resources, community-driven solutions, and existing strengths that can be leveraged to improve health outcomes. |
| Built Environment | Examines the physical and social environments in which people live, work, go to school, and play, including the availability of resources like transportation, housing, green spaces, and the safety of these environments. The built environment plays a key role in shaping the health of communities and their residents. It helps assess how environmental factors impact health outcomes. |
| Forces of Change | The external factors and trends that could impact health and well-being in the future. These may include economic, political, social, technological, and environmental changes that impact health systems and community. By looking at these forces, the community can shift and adapt to changes proactively. |

*For a full breakdown of the MAPP 2.0 Process please see Appendix H.*

# Community Identified Priorities

Continued

Community voice (qualitative data) was collected in two phases:

1. A systematic review of existing data including county-wide community health assessments, and other sources of qualitative data.
2. Community engagement activities with prioritized populations

## PART 1: SYSTEMATIC REVIEW OF EXISTING DATA

We conducted a thorough review of existing qualitative data through publicly available assessments conducted by Pierce County community-based organizations and agencies, representing voices of residents from priority population groups in Pierce County. The 25 documents were coded through a rapid thematic analysis approach. Emerging themes from this review reflect community priorities since 2020 and during the COVID-19 pandemic response and recovery efforts.

The review was conducted to assess the following questions

- What are the health priorities for Pierce County communities as shared in assessments between 2020 and 2024?
- What strengths and assets have been identified in Pierce County communities in assessments conducted between 2020 and 2024?
- What gaps in services, resources, or opportunities were identified by Pierce County communities in assessments conducted between 2020 and 2024?

*For a detailed outline of the methods—including inclusion and exclusion criteria of literature—and a full list of reports reviewed please see Appendix A.*

## PART 2: COMMUNITY ENGAGEMENT ACTIVITIES

Community engagement activities (primary qualitative data collection) were conducted with Pierce County residents representing priority populations experiencing disproportionate health outcomes. We also talked to organizational and agency leaders, who provided unique insight into systemic inequities, challenges in accessing care, and emerging community priorities.

Four focus groups and one virtual creative arts submission were held with community members representing priority populations, which were identified based on health disparities seen in quantitative data, and gaps in representation in

# Community Identified Priorities

Continued

existing qualitative data (systematic review). Prioritized populations included:

- LGBTQIA+ young people (ages 14–24).
- Medicaid and Medicare recipients (including people with disabilities).
- American Indian and Alaska Native communities (including tribal and non-tribal affiliated indigenous communities).
- People experiencing homelessness/houselessness.
- Refugees/immigrants/asylum seekers.

Each focus group was approximately 60 minutes. Participants were promised confidentiality, provided informed consent for recording and note-taking, and incentivized with a $100 gift card for their expertise and time. Self-identified demographics were collected during the focus groups, via ESRI (Environmental Systems Research Institute) Survey123.

### Focus Group and Interview Questions:

- What factors in your community help promote good health?
  - » What about physical buildings and public spaces available in your community?
- What is the community doing to improve health outcomes?
  - » What solutions have the community identified to improve community health?
- What barriers keep you from being healthy?
- What has occurred recently that might affect your community, what might occur in the future?
  - » What forces are occurring locally, regionally, nationally, globally?

*For a full facilitation guide, please see Appendix B.*

As an alternative to focus groups, an activity was created for LGBTQIA+ young people to submit creative writing, painting, drawing, or other creative art as a reflection on our assessment questions.

### Creative Arts Submission Reflection Questions:

- What in your community supports your health and wellness?
- What makes it hard for you to be healthy?

*See Appendix C for all creative art submissions, Appendix D for the focus group demographic survey, Appendix F for the participant information form, and Appendix G for complete methodology.*

# Community Identified Priorities

Continued


## COMMUNITY ENGAGEMENT: KEY INFORMANT INTERVIEWS

As part of a comprehensive, equity-centered approach to community health assessment, key informant interviews were conducted with community leaders who represent or serve priority populations experiencing disproportionate health outcomes.

Interviews were conducted over 60 minutes, in a one-on-one format, taking place in person, virtually, over the phone, or via an online submission, based on participant preference. This flexible approach accommodated diverse needs and encouraged broader participation. Participants provided informed consent while being assured confidentiality to encourage candid responses.

For this assessment, eight interviews were conducted with Pierce County organizational leaders across eight sectors. Participants were selected based on their identity or service to priority populations, ensuring representation of those most impacted by health inequities. Selection criteria prioritized individuals with direct lived experience or those working closely with these communities, providing critical insights into systemic barriers and health disparities.

### QUALITATIVE DATA ANALYSIS

Notes and transcripts (when available) from the focus groups and interviews were analyzed by the facilitator and Health Department staff using the same deductive approach as the earlier systematic review, performing thematic analysis to identify emerging patterns or themes in textual data. Analysts used ATLAS.ti software to code notes and transcripts when available. Participants and community partner hosts were invited to review summary drafts of this

# Community Identified Priorities

Continued

report to ensure nothing was missed from their shared experiences. Their edits were incorporated into our final report.

Arts-based inquiry methods were used to analyze creative art submissions, along with the same deductive coding process used for focus groups. Oasis clients were invited to submit up to three art entries. Seven artists submitted a total of seven art works. Entries were one story-poem, five visual art (painting, collage, figurative and abstract, etc.), and one mixed medium.

*For full arts-based inquiry methods for qualitative analysis please see Appendix G.*

## RESULTS: COMMUNITY-IDENTIFIED PRIORITIES

### SYSTEMATIC REVIEW

Using a deductive approach to analysis, we tested the hypothesis that the 16 previously identified themes, which are outlined in the codebook (Appendix E), are still relevant community priorities within reports reviewed. The review was supportive of this hypothesis (with the exception of one theme "COVID Specific Care" which we found not relevant post-pandemic). Additional concepts emerged, which were added to the codebook.

### EMERGING THEMES

**Access to Community Resources** is vital for community members and their health. Resources can cover things such as information, services, activities, and parks. It can also describe the dynamic or unique physical setting of the neighborhood or community.

**Access to Care** refers to a community's ability to easily obtain medical and health services. Strategies include restructuring healthcare to increase access as well as improving social, economic, and environmental conditions of health (housing, employment).

**Celebrating Diversity** describes an environment where ethnic and cultural diversity is valued. All people are accepted, feel a sense of belonging, and everyone is respected for the value they bring.

**Culturally Grounded Information** centers the individual's cultural practices, values, and experiences. Within the public health and healthcare systems, a lack of culturally grounded information perpetuates distrust and inaccessibility.

**Early Child Development** refers to supporting the social, cognitive, emotional, and physical development of children from birth to three years old. Strategies include supporting the sustainability of high-quality childcare and education programs.

# Community Identified Priorities

## Continued

**Economic Stability** refers to having enough financial resources to afford basic needs. Strategies include employment resources and direct financial assistance.

**Education Access** describes the ability of schools to ensure high quality education and advancement for all students.

**Heathy Food (access and affordability)**—Food affordability describes whether people can buy healthy food without straining their income. Food accessibility refers to people's ability to easily access healthy food options. Lack of healthy food is related to numerous chronic diseases.

**Housing Affordability and Accessibility** is the ability to comfortably pay for housing within one's existing income. Community members shared the need for safe, reliable, and affordable housing. Specifically, there is a need for low-income housing and support for those who have become displaced or homeless as a result of gentrification and economic hardship.

**Healthy Community Planning & Built Environment** refers to community-led neighborhood planning processes focused on human-created surroundings. Strategies include green spaces, accessible food and accessible transportation options.

**Safety**—In community health, "safety" refers to the state where a community is protected from physical, psychological, and environmental hazards—allowing individuals to live without fear of harm or injury—and includes access to necessary resources and services to maintain well-being, encompassing aspects like crime prevention, access to quality healthcare, and a supportive social environment. Essentially, a community where people feel secure in their daily lives and have the ability to thrive.

**Social Connections** refers to a sense of belonging to others and to a neighborhood or community. Social connections can give you a support system and a sense of belonging and improve your mental health, physical health, longevity, and a community's ability to recover after emergencies.

**Transportation**—Accessing basic health needs and services can be challenging without good transportation. Community feedback around transportation improvements or "ways to get around" cover a variety of topics including physical road improvements (fix potholes, road repairs) to more accessible public transportation. Bringing services to those who are home-bound or experiencing homelessness has also been a common theme.

# Community Identified Priorities

## Continued

**Youth Activities** describes the community's desire to create more activities and programs that support youth development inside and outside school. Examples include organized youth sports, meditation, computer animation programs, psychological support, cultural & community events, and more libraries and parks within walking distance.

**Youth Behavioral Health**—Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.

The following three new themes emerged in the literature:

- **Environmental health or climate factors** were brought up a number of times in relation to transportation, the need to protect air and water quality, and a healthy environment for young people. Community members expressed a desire to connect to the environment and to participate in advocacy for environmental protection.
- **Civic engagement.** Community members mentioned that they were interested in increasing civic engagement and informing/educating others about the importance of civic engagement.
- **Structural Racism.** Structural racism was discussed widely as an important social determinant of health and barrier to accessing and receiving quality health care.

## COMMUNITY ENGAGEMENT ACTIVITIES

To ensure representation in community engagement activities from prioritized populations, focus group and creative arts submission participants completed a questionnaire with basic demographic questions.

### Demographics

| Race/Ethnicity (N=42) | # |
|---|---|
| American Indian/Alaskan Native | 6-10 |
| Asian/Asian American* | 1-5 |
| Black/African American | 1-5 |
| Hispanic/Latino | 1-5 |
| Middle Eastern/North African | 1-5 |
| Multi-Racial (Unspecified) | 1-5 |
| Native Hawaiian/Other Pacific Islander | 1-5 |
| White | 16-20 |
| I prefer not to answer | 1-5 |
| *Includes East, South, and Southeast Asian categories. | |
| **Gender Identity (N=42)** | |
| Agender/Bi-gender/Nonbinary | 1-5 |
| Man | 11-15 |
| Trans Man | 1-5 |
| Trans Woman | 1-5 |
| Woman | 16-20 |
| My gender is not listed | 1-5 |
| I prefer not to answer | 1-5 |
| **Age Group (N=42)** | |
| Under 18 | 1-5 |
| 18–24 | 1-5 |
| 25-34 | 6-10 |
| 35-44 | 6-10 |
| 45-54 | 6-10 |
| 55-64 | 1-5 |
| 65 + | 1-5 |

| Sexual Orientation (N=35)* | # |
|---|---|
| Asexual | 1-5 |
| Bisexual | 1-5 |
| Gay/Homosexual/Lesbian | 1-5 |
| Straight/Heterosexual | 26-30 |
| My sexual orientation is not listed | 1-5 |
| **Insurance Type (N=35)** | |
| A combination of Medicare and Medicaid | 6-10 |
| A Combination of a marketplace/private plan and Medicaid or Medicare | 1-5 |
| A marketplace plan/ private only | 1-5 |
| Medicare Only | 1-5 |
| Medicaid Only | 11-15 |
| Employer | 1-5 |
| Currently uninsured | 6-10 |
| I prefer not to answer | 1-5 |
| **Served in the United States Armed Forces or National Guard (N=35)**** | |
| No | 32 |
| Yes | 1-5 |
| I prefer to not answer. | 1-5 |

*Only adult focus group participants could answer the demographics questions in this column.

**The full question stated: Have you served on active duty in the United States Armed Forces (Army, Navy, Air Force, Coast Guard, Space Force) or in a National Guard/ military reserve unit?"

# Community Identified Priorities

Continued

Respondents had the option to select multiple racial, ethnic, and gender identities from a list. Rather than create a single group for "Multi-racial" or "Multi-gender" category, we choose to present each racial category if it was selected. As a result, individual respondents may be represented in more than one category. These questions were asked across both adult focus groups and the youth art project, with responses from both groups represented here.

## RESULTS: COMMUNITY VOICE

Community engagement activities revealed similar results to that of the systemic review, with additional insights shared by community members about **Strengths & Assets** that promote their health and well-being, **Health Needs**, and **Forces of Change** (e.g., political, social, environmental) that affect their overall health outcomes:

### Strengths & Assets

"We can all take responsibility to reach out to people instead of waiting for people to come to us. Social isolation has effects on both mental and physical health. Even if it's just making a 5-minute phone call or going to meet people at coffee shops."

–Aging & Disabilities Resources focus group participant

Across all community engagement activities social connections was emphasized as a key source of strength. **Social connection** was comprised of extending support for others that are struggling, through resource sharing by word of mouth and in-person assistance, and cultural events. Events such as potlucks, sports events, and different community events were mentioned in helping to build social connections. Participants expressed the importance of community gatherings as spaces of belonging.


*"Alone." Artist: Monty Goff*

Focus group and interview participants also emphasized the strength of communities and community organizations for **celebrating diversity.**

# Community Identified Priorities

## Continued

We heard that many of the senior centers provide activities and programs, one participant stated:

"[Some strengths are] the senior centers, Asian/Korean centers have good programs, they do dance, tai chi, games. Very effective way of getting people together. People can be together with people that speak a common language." Participants noted that diversity is their way of life, and not something that is considered optional. Organizational leaders in key informant interviews agreed that there are strong connections made through celebrating diversity. One interviewee shared, *"[There is] collaboration and intersectional solidarity among BIPOC communities during times of crises or community wide trauma."*

Throughout the community engagement **outdoor spaces** were mentioned as strengths and assets that contribute to both mental and physical health. Pierce County has a deep connection to nature, and people mentioned how important it is for them to go outside on a daily basis for their mental health and social connection. Participants especially found strength in accessing nature trails, parks, and other green spaces. Indigenous participants mentioned how much land sovereignty and stewardship is an indicator of health and what impact it truly has on the overall health of the community.

**Healthy food access** was a key strength emphasized by community members, and food banks are a great asset to help provide healthy food in the community all year round. Participants representing the Slavic community expressed how they feel empowered to cook at home and have access to organic food. They expressed food as a social connector that has the power to heal. Native American focus group participants emphasized how Indigenous food sovereignty[4] is vital to their mental and physical health and is rooted in healing practices.

> "Decolonizing western ideas of what food is. . . To our people, it comes back to the original message of what our people learned, and what sustained for thousands and thousands of years."
>
> – Tahoma Indian Center Focus Group Participant

Participants have noticed **collaboration** among health centers, clinics, organizations, and agencies in working together to address the needs of the community. They mentioned the effectiveness of the Federally Qualified Health Centers (FQHC) partnering with other health clinics to provide tailored experiences to

[4]*Food Sovereignty - The right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems.* https://usfoodsovereigntyalliance.org/what-is-food-sovereignty/#:~:text=%E2%80%9CFood%20sovereignty%20is%20the%20right,own%20food%20and%20agriculture%20systems.

# Community Identified Priorities

## Continued

the communities they serve. They also noticed the ongoing benefit the Community Health Workers (CHW) and other peer navigators bring to helping take care of health needs and sharing resources. One key informant interviewee noted as a strength: *"Many leaders of community-based organizations and those with lived experience are starting to be included at the table to address systemic, organizational, and community-wide gaps in health and social care."*

Community members emphasized strength in being able to take care of their own health. Both Slavic and Native American groups discussed how effective traditional medicine is, which included healthy food, time outdoors, herbal remedies, saunas/cold plunges, time together with community, cultural programming/events, and preventative care. They expressed power in **health autonomy** and how community-based organizations are vital to wellbeing, self-efficacy, and getting health needs met, in light of their frustrations with lack of culturally informed care in biomedical settings.

### Health Needs/Priorities

Participants reflected on **barriers to accessing care and resources**, including available and affordable transportation, lack of knowledge of existent community resources, the affordability of health care, and the lack of culturally informed care. They emphasized the need for CHWs and cultural navigators that promote resources and help people feel empowered to take care of their own health. Participants discussed the frustrations over not being able to reach providers and people to discuss concerns about their health. People understand that technology is moving forward, but they reflected upon whether it's advancing equitably.

> "Tech changed the game but is it equitable? When accessing test results, people are not understanding how to access it. AI is a problem, because it's harder to get to talk to an actual person. . . Navigating through the hoops to be able to get help is a barrier."
>
> – ADR Focus Group Participant

Frustrations around accessing 211 were discussed in multiple focus groups, and how there has not been good feedback from their peers in utilizing the service. People shared that if they do not have a phone or access to internet that it is hard to access the resources.

A theme surrounding **internet access** emerged as a barrier for community members. Access to the internet in rural areas is difficult and poses barriers to accessing health resources and social connections. In

# Community Identified Priorities

## Continued

addition to access, people shared technical assistance and digital literacy are needed to utilize the tools that many organizations are switching to.

(Internet Access/Affordability) *"Major barrier is no public transportation at all and very spotty internet. That is huge for everyone. There are areas that are horrible with DSL lines, and a real nightmare."*

*"Sometimes it's the cost, and others is the connection provider. People that are old, that have accessibility issues, for example people with tremors or other physical difficulties."*

**Accessibility to affordable food** is a key health need expressed by focus group and interview participants. Many people mentioned the need for green/garden spaces to grow their own foods, and Indigenous community members connected the need for healthy food with land sovereignty. They expressed how quality of food is deeply connected to health outcomes and noted how important it is to take care of the land that provides the food. One participant shared,

*"So like, how much more does healthcare cost if you don't have your own traditional foods, traditional medicines and access to that, right? How much did that cost you and your own health?"*

Communities expressed the need for **economic stability** through job training, technical skills certification, and other formal education. They recommended having workshops at different places across the county to meet people where they are at. In addition to training, participants discussed the need for equitable wages and humane work conditions that honor time off and provided benefits.

*"Never enough time." Artist: Ray Fitzpatrick.*

*"This piece is about the difficulties of managing your time and how that can be a barrier for taking care of your own health and wellness, when there's so much to do, work, school, college, socio personal relationships, self-care often comes up."*

# Community Identified Priorities

## Continued

There are large needs surrounding **transportation** that is affordable and accessible. Transportation poses barriers to medical care, obtaining food, and making social connections. Participants noted that accessible transportation is needed for people who are aging or have disabilities all over Pierce County, but especially in rural areas. When commutes are long it takes away from their time to focus on activities that have a positive effect on their health and prevents them from getting timely care. Participants experiencing homelessness discussed how transportation prevents them from getting to their jobs and accessing resources.

Community members expressed the need for stronger **mental health** support for both adults and children in Pierce County. Behavioral health services are crucial to combating the stigma surrounding mental health, improving access, and expanding preventative services. Participants shared they are facing anxiety, generational trauma, and societal pressures. Both Figure 3 and Figure 4 illustrate reflections on mental health by LGBTQIA+ youth, and strengths associated with social connections and nature. Organizational leaders commented on the needs for expansion of behavioral services and building them into the primary care due to the undeniable need for it in the community.

**Structural Racism** was discussed as a barrier to accessing resources, comprehensive care, and is an important social determinant of health. Participants shared experiences of discrimination in health care settings:

*"Public health is from a white model. They don't include our [native] ways as health. It (our ways) is just seen as 'extra' or 'that's a folk art or folk tradition', but it isn't. It's how we stay alive." – Indigenous focus group participant*

*"I don't even go to the doctor anymore because I feel like they dismiss what I'm telling them. Like, they don't take me seriously when I did go to the doctor".*

Participants expressed that **in-language and culturally relevant health information, and care** is important to providing comprehensive health services. One participant emphasized this need:

*"Therapy! Finding competent care that is culturally relevant …The hard part is finding culturally appropriate or competent care".*

An organizational leader expressed the following concerns of how structural racism shows up in the community through lack of funding:

*"Many of those who are most marginalized, and experience lower health outcomes are being pushed to this region due to the high cost of living in the city.*

# Community Identified Priorities

Continued

*Supporting Pierce County in a holistic manner requires not just resources but also adequate funding and tools to support newcomers and residents alike. The current trickle-down of resources simply isn't enough. As resources are spread thin, our communities receive the crumbs, when we truly need much more to thrive."*

There are many more experiences of structural racism and discrimination that community members discussed. These experiences spotlight how health is approached, the need for reflection within organizations that cater to all aspects of health, and action to correct and prevent the damage that has been done to marginalized communities.

**Environmental health and climate impact** is affecting people across the community. Focus groups included people ages 14 to 65+, and they all mentioned the concerns they have surrounding the environment. Some solutions were proposed to prioritize funding to prevent further damage and increase the response to natural disasters. Youth creative art submissions showed the importance of a safe and healthy environment and the need to protect Pierce County green space. The environment has a direct impact on health, and people noted the price that they pay from careless acts against the environment such as dumping of toxic wastes. Environmental health was discussed in relation to structural racism and discrimination. Indigenous community members highlighted the connections between historical trauma, environmental health and chronic disease, such as cancer.

*"M dawg in the tunnel". Artist: Billy M.*

*"A painting of my friend in a tunnel that's in one of the beautiful forests in the pacific northwest."*

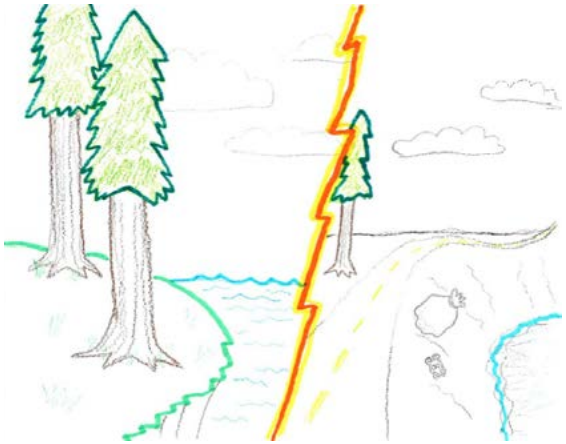
## FORCES OF CHANGE

The forces of change domain utilize a health equity lens to help identify what affects the community and how past, present and future forces contribute to structural inequities. The following forces of change were expressed as causing a particular burden on the mental health of focus group participants.

# Community Identified Priorities

## Continued

**Climate Change.** Participants living in rural spaces within Pierce County were experiencing climate anxiety related to an increase in pollution, wildfires, and wildfire smoke. One focus group member mentioned, *"It's hard to get out, because there is only one road for access. The wildfires and earthquakes bring worry."*



*"Our Outdoors" Artist: Tommy Griffith*

*" The benefits of walking outside yet the harm of pollution."*

The current **political climate and policy changes** were expressed commonly as a force of uncertain change, and participants expressed concerns on both the state and federal levels. Specifically, people expressed concern about policy related to immigration status, funding for programs that effect the aging populations, and affordable housing for everyone.

**Violence** was expressed as a social force of change by participants. Participants discussed various forms of violence including firearm, criminal activity, domestic violence, and sexual assault incidents among people who are experiencing homelessness. Lateral and bidirectional violence was referred to as a direct result of systems of oppression facing marginalized communities. Some violence has stemmed from discrimination, as a community member experiencing homelessness shared,

*"I've seen that happen just down the street. A guy was just walking, and this guy got rounded up, and he wasn't doing anything. That's against his rights. But he didn't know his rights. That's happening right now, just because people are homeless. This guy who wasn't doing anything wrong…he was innocent…Everyone in this room knows someone who has been killed".* Community members discussed the profound impact violence has on their mental and physical health.

"It's the trauma and all these other problems then we enact on each other within a community. So it's like the lateral violence within the community created by forces outside of the community. And there's a lot of harm within our community amongst each other. How do you fix that?"

– Focus Group Participant

# Community Identified Priorities

Continued



# Spotlight on Solutions from the Community

### RECOMMENDED BY COMMUNITY AND ORGANIZATIONAL LEADERS

**Improving Access to Preventive Care.** Preventive care, including health education, screenings, and early interventions, should be more accessible across the county. Expanding outreach programs in schools, workplaces, and underserved communities can help people address health issues before they become critical, ultimately reducing the frequency and high costs of emergency room visits and first responder calls. Accessibility efforts may include translating health education materials into the region's top languages and making them available for free or download. Screenings can be integrated into community events and fairs, as well as hosted at faith-based organizations and other trusted community spaces. Given the strong ties that Black, Indigenous, People of Color and non-English speaking community members often have with their faith-based organizations (temples, mosques, churches, etc.), these locations present valuable opportunities for outreach programs. Collaborating with faith-based organizations and community partners can help ensure preventive care reaches those who need it most.

- Broader access to preventative health services and screenings.
- More reimbursement for service providers to meet people in community rather than requiring visits to brick-and-mortar locations (e.g. care-a-van).

**Expanding Behavioral Health Services.** Mental health and substance use support must be a top priority. The demand for these services far exceeds availability, leaving many in crisis without timely care. Investing in training and hiring more mental health professionals, expanding crisis intervention services (e.g., HOPE program), and integrating behavioral health into primary care can help reduce stigma and improve access.

- Community members emphasized the importance of understanding cultural attitudes around pain management—what do people do when they experience physical pain?
- There is a need for education on alternative medicine, including practices rooted in cultural traditions such as herbal medicine or energy healing, as well as spaces for meditation or faith-based services as complementary options to traditional healthcare.
- Stigma around mental health remains a barrier, particularly among young people. At the Pacific

# Community Identified Priorities

Continued

Islander Community Association of WA 2024 Oceania event, youth highlighted messages like "real men don't cry" as harmful stereotypes that discourage help-seeking.

- How different cultures acknowledge and address mental health crises varies widely. More research is needed on how cultural assimilation impacts traditional beliefs around family, community, and togetherness.


https://www.unkitawa.org/first-foods-access-pantry

**Food insecurity continues to affect many families in Pierce County.** Expanding programs like "Food as Medicine" and VMFH food systems work, supporting food banks, and promoting urban agriculture initiatives could improve access to nutritious food. Partnerships with local farms and grocery stores can also create sustainable solutions.

**A focus on health equity** should be at the core of all these priorities. Ensuring that services are culturally responsive and accessible to historically marginalized communities, including rural areas and individuals with language barriers, is essential for creating lasting change.

**Transportation expansion.** Increase public transit routes between low-income areas and business districts to improve access to jobs, healthcare, and essential services.

**Job and Skills Trainings.** To support economic stability, expand job training and workforce development opportunities that rotate locations—bringing workshops, job fairs, and resources directly to communities. Increase initiatives like Collaboration for a Cause, ensuring they reach more areas across the county.

## QUANTITATIVE DATA

In this report, we present quantitative data to describe Pierce County residents, including the community, environment, health behaviors, and access to health care, among other topics. The quantitative portion of this report includes data gathered through the MAPP 2.0 Community Status Assessment which provides a structured approach to evaluating community health indicators and trends. Data sources range from the

# Community Identified Priorities

Continued

American Community Survey through Washington State Vital Records and many other sources in between. The supplement at the end of this report details the data sources and methods utilized

## A NOTE ABOUT QUANTITATIVE DATA

For this report, every effort was made to use the most recent data available. However, due to changes in methodology around the 2020 Census and calculation of population sizes, current rates may differ from previously published rates or figures. Additionally, due to changes in data availability, hospitalization estimates from 2022 onward may be different than those listed in previous reports/dashboards.

The COVID-19 pandemic lead to several data sources and/or surveys being delayed or modified. Various public health restrictions during that time most likely influenced health behaviors and mental health in unknown ways. As a result, data collected during 2020–2022 may not be representative of Pierce County before (2018–2020) or after (2023–onward) the pandemic.

In this report, statistical significance is evaluated based on whether confidence intervals between different geographies (Washington state vs. Pierce County, and demographic groups vs. Pierce County average) overlap. Estimates for many demographic subgroups (age, sex, race, and ethnicity) are based on relatively small numbers of people's responses. As a result, they have wide confidence intervals and a large relative standard error (RSE). Generally, an RSE greater than 30% indicates that the estimates are unreliable. Throughout this report, large (greater than 30%) RSE is marked with an "!". Any statistically significant differences are noted, but if the indicator has a large RSE, caution is advised.

Data availability varied across data sources and time period. Thus, the tables and graphs published in this report vary to include both 6-year (2018–2023) and 5-year (2019–2023) averages.

# Description of Community

## DEMOGRAPHIC CHARACTERISTICS

Understanding the demographic makeup of a community provides insights into potential future health challenges and helps identify current health disparities and needs. These characteristics offer valuable context for addressing population-specific health concerns and guiding interventions.

## RACE AND ETHNICITY

The county is primarily comprised of non-Hispanic White residents. In 2023, the Hispanic population represented 13% of the population, while the next largest racial group was people identifying as non-Hispanic Multiracial.

Since 2012, the Pierce County population has become more diverse, with the percentage of the population identifying as non-White continuously increasing across all age groups. The percentage of individuals identifying as non-White in 2023 was 25% larger than in 2012 (39.7% vs. 31.4%).

Although all age groups have seen an increase in the percentage of non-White individuals, it is particularly noticeable among the younger population. In 2023, the percentage of individuals aged less than 25 years who identified as being non-White made up over half of that age group (52.5%), while only approximately one-third (33.6%) identified as non-White among those over 25 years of age.

**Demographics (%)**
**Pierce County 2023**

| Total Population | Count | Percent |
|---|---|---|
| Pierce County | 946300 | |
| | | |
| **Race and Ethnicity** | **Count** | **Percent** |
| White – NH | 571039 | 60.3 |
| Black – NH | 67272 | 7.1 |
| AIAN – NH | 9484 | 1.0 |
| Asian – NH | 67668 | 7.2 |
| NHPI – NH | 19888 | 2.1 |
| Multiracial – NH | 85949 | 9.1 |
| Hispanic as Race | 125001 | 13.2 |
| | | |
| **Sex** | **Count** | **Percent** |
| Male | 471071 | 49.8 |
| Female | 475229 | 50.2 |
| | | |
| **Age (years)** | **Count** | **Percent** |
| Under 1 | 11082 | 1.2 |
| 1–4 | 45055 | 4.8 |
| 5–14 | 122231 | 12.9 |
| 15–24 | 123155 | 13.0 |
| 25–34 | 135968 | 14.4 |
| 35–44 | 134768 | 14.2 |
| 45–54 | 113217 | 12.0 |
| 55–64 | 111212 | 11.8 |
| 65–74 | 90594 | 9.6 |
| 75–84 | 44678 | 4.7 |
| 85+ | 14340 | 1.5 |

NH = Not Hispanic
Source: Washington State Office of Fiscal Management, Forecasting Division, 2025.

# Description of Community

Continued

## AGE AND SEX

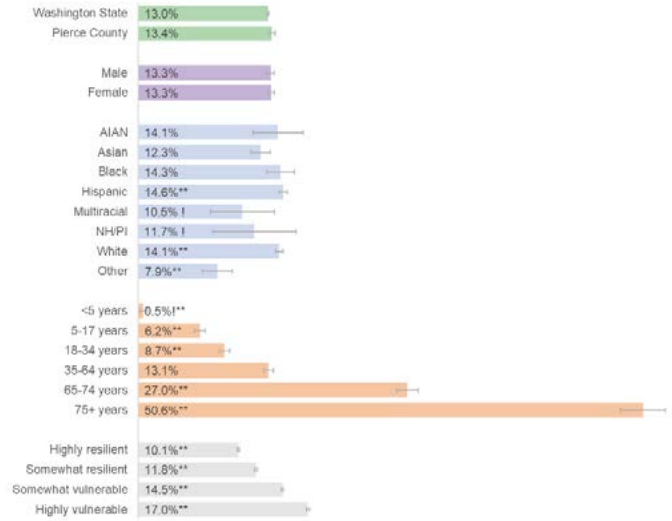
Since 2012, the average age of the population has continued to increase. From 2012 to 2023, the percentage of the population between 1–4 years of age went from 5.5% to 4.8% (corresponding to a relative decrease of 12.7%). In that same time frame (2012 to 2023), the proportion of the population between 65–74 years went from 6.6% to 9.6% (relative increase of 45.5%), with a 38.2% relative increase seen in individuals 75–84 years of age (3.4% in 2012, 4.7% in 2022). As of 2023, the ratio of male to female is about 1:1.

## DISABILITY PREVALENCE

Disabilities can encompass or relate to any of the following six functions: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.[5]

The prevalence of disability was not significantly different compared to the state. Within the county, no significant differences were seen among the different gender groups or race/ethnic categories. The prevalence of disability was highest among individuals who identified as Hispanic, and lowest among those identifying with more than one race. Disability significantly increased with increasing age categories. When we looked at social vulnerability across the census tracts in Pierce County, the prevalence of disability increased with increasing levels of social vulnerability.[6]

**Disability Prevalence (%)**
**Pierce County, 2018-2022**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: U.S. Census Bureau, American Community Survey (ACS) 5-year estimates, 2018–2022
CDC Social Vulnerability Index, 2022.

[5] *United States Census Bureau. "How Disability Data are Collected from The American Community Survey". Updated Oct. 8, 2021. Retrieved from: https://www.census.gov/topics/health/disability/guidance/data-collection-acs.html*

[6] *A lower social vulnerability score corresponds to greater resiliency in a community. To see which census tracts were assigned to which social vulnerability group, see Map 1 (page 15).*

# Description of Community

Continued

## SOCIOECONOMIC CHARACTERISTICS

The social and economic characteristics of a community, when viewed through a population lens, provide a critical foundation for public health stakeholders to understand available resources. Indicators such as on-time graduation rates, the percentage of residents facing food insecurity, students eligible for free and reduced lunches, those facing barriers to transportation, and limited language proficiencies are some examples of socioeconomic characteristics that must be considered in efforts to improve the health of our population.

## EDUCATIONAL ATTAINMENT

The high school graduation rate is an indicator critical to shaping the economic and social well-being of a community. It enables individuals to access better employment opportunities, higher incomes, and greater economic mobility which all contribute to reducing poverty and enhancing quality of life. Disparities in access to higher education persist. In Pierce County, the four-year average percentage of adults aged 25 and older who have earned at least a bachelor's degree (29.3%) is significantly lower than the state average (38.0%). Among different racial and ethnic groups, Native Hawaiian and Pacific Islander residents have the lowest attainment of a bachelor's degree (8.5%)—highlighting systemic barriers to educational success—while Asian residents have the highest (33.0%)—reflecting different experiences and opportunities.

Educational attainment is closely tied to income. Individuals with incomes at or above the poverty line (20.5%) were more likely to hold a bachelor's degree compared to those below the poverty line (14.4%).

## FOOD INSECURITY

Food insecurity is when people can't access the food they need to live their fullest lives.[7] Over the past few years, despite the government's best efforts (expanding the Supplemental Nutrition Assistance Program, increased financial aid), more people have experienced some level of food insecurity. Some of this increase may be due to inflation, wars overseas (affecting the food supply chain), and the ending of some additional COVID-19 pandemic funding. From 2022–2023, an average of 12.0% of adults in Pierce County reported that the food they bought always or sometimes didn't last, and they didn't have enough money to buy more. This was higher than the state 2-year average of 10.5%.

# Description of Community

Continued

## FREE AND REDUCED-PRICE LUNCH

A 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. During the 2023–2024 school year, 51.4% of students in Pierce County were eligible for free or reduced-price lunch. This was slightly lower than the state (52.5%).

## TRANSPORTATION COST BURDEN

For many households in the United States, transportation is one of the highest annual expenses. The ability to travel for work, access essential goods and supplies, or attend school is an important part of daily life. Research has shown that transportation costs often correlate inversely with income levels: individuals with higher incomes are more likely to own personal vehicles, while those with lower incomes often rely on public transportation or alternative modes of transit. A high transportation cost burden is defined as individuals who spend 25% or more of their income on transportation-related expenses, including auto, transit, and commuting time costs. From 2016–2020, Pierce County had a lower percentage of households experiencing high transportation cost burdens (7.4%) compared to the state (9.8%).[8]

## LIMITED ENGLISH PROFICIENCY

Many individuals in Pierce County are bilingual or multilingual and speak one or more languages in addition to English. Some report not speaking English or speaking it "less than very well." Among all individuals aged five years and older, 5.8% of people in Pierce County spoke English "less than very well," which is lower than the statewide (7.7%).

**Speaks English "less than very well" by primary language spoken (%)**
**Pierce County, 2018–2022**

| Language | Estimate | 95% CI |
|---|---|---|
| Spanish | 32.0% | (29.8% - 34.2%) |
| Other Indo-European Language | 35.0% | (31.1% - 39.0%) |
| Asian or Other Pacific Islander Language | 45.0% | (42.6% - 47.4%) |
| Other Language | 31.8% | (24.7% - 38.9%) |

Includes individuals aged 5 years and older.
Data Source: U.S. Census Bureau, American Community Survey (ACS) 5-year estimates, 2018–2022
CDC Social Vulnerability Index, 2022.

The data shows that among primary speakers of different languages, the highest proportion of

[7] *Feeding America. "Hunger in America". Available at: www.feedingamerica.org/hunger-in-america/food-insecurity*
[8] *Institute for Transportation and Developmental Policy. "The High Cost of Transportation in the United States". Published online Jan. 24, 2024. Available at: https://itdp.org/2024/01/24/high-cost-transportation-united-states/*

# Description of Community

## Continued

individuals who speak English "less than very well" were those who spoke an Asian or Other Pacific Islander language. The lowest proportion was among those who spoke languages classified as non-Indo-European and non-Asian or Other Pacific Islander (referred to as the "Other Languages" category).

# Life Expectancy, Death and Hospitalizations

Life expectancy, the average number of years a person can expect to live based on current death rates, is a key indicator of a population's overall health. It is influenced by both controllable factors, such as environment and human behavior, and uncontrollable factors, like genetics.

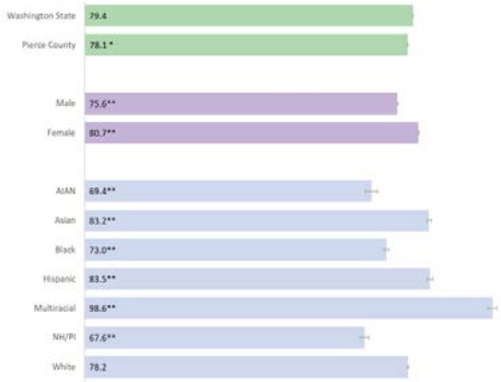
The leading causes of death and hospitalization have a direct impact on life expectancy. Understanding these factors helps identify areas for intervention, guiding public health strategies to improve health outcomes and reduce preventable deaths and hospitalizations.

## LIFE EXPECTANCY

As mentioned above, life expectancy refers to the average number of years a person can expect to live, based on current age-specific death rates. It serves as a tool for the evaluation of mortality, the relative growth or decline of a population, and for future planning.

In Pierce County, life expectancy was lower than the state average. Women in the county generally had a longer life expectancy than men. Among racial groups, individuals identifying as Multiracial had the highest life expectancy (98.6 years), while Native Hawaiian or Pacific Islander populations had the lowest life expectancy (67.6 years).

**Life expectancy (years)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Data Source: Washington State Department of Health, Center for Health Statistics, 1990–2023, Community Health Assessment Tool (CHAT), January 2025.

The higher-than-expected estimate for individuals identifying with more than one race may be partly due to the varying degree that individuals self-select into this category (Multiracial). As there are no clear inclusion criteria for being considered Multiracial, individuals may apply different criteria—even among themselves and at different points in time. As a result, this group is hard to define. Additionally, this group is often fairly small, which adds in problems surrounding low sample size, and corresponding wide confidence intervals.

# Life Expectancy, Death and Hospitalizations

Continued

## LEADING CAUSES OF DEATH

As healthcare continues to advance—resulting in longer lifespans—the leading causes of death have shifted toward chronic health conditions such as heart disease, cancer, and chronic lower respiratory disease.

Women had lower age-adjusted rates for most conditions compared to men, with Alzheimer's being an exception.

Among racial and ethnic groups, Native Hawaiian/Other Pacific Islanders experienced the highest age-adjusted rates for the leading causes of death, including heart disease, diabetes, cancer, cerebrovascular disease, and unintentional injury. COVID-19 impacted individuals across all genders and racial/ethnic groups. Women, Native Hawaiian/Pacific Islanders, and American Indian/Alaskan Natives had the highest mortality rates related to the virus, while those identifying as White or Multiracial had the lowest mortality rates.

### Top 10 Leading Causes of Death
**Pierce County, 2019–2023**

| OVERALL | County Rate* | Washington Rate* |
|---|---|---|
| Heart Disease | 209.4 | 187.4 |
| Cancer | 147.6 | 140.2 |
| Unintentional injury | 69.7 | 59.2 |
| Cerebrovascular Disease | 44.7 | 35.1 |
| Alzheimer's | 33.0 | 41.3 |
| Chronic Lower Respiratory | 31.8 | 29.8 |
| COVID-19 | 29.2 | 27.5 |
| Diabetes | 25.2 | 22.0 |
| Suicide and Intentional Self-Inflicted Means | 16.6 | 15.3 |
| Chronic Liver Disease | 13.9 | 14.0 |

*Age-adjusted death rate per 100,000 people, standard-ized to the U.S. 2000 standard population
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data 1990–2023, Community Health Assessment Tool (CHAT), January 2025.

### Top 10 Causes of Death in Pierce County (by gender)
**Pierce County, 2019–2023**

| MALE | Rate* |
|---|---|
| Heart Disease | 187.2 |
| Cancer | 171.4 |
| Unintentional injury | 94.6 |
| Cerebrovascular Disease | 44.8 |
| COVID-19 | 36.6 |
| Chronic Lower Respiratory | 33.3 |
| Diabetes | 30.9 |
| Suicide and Intentional Self-Inflicted Means | 26.6 |
| Alzheimer's | 26.1 |
| Chronic Liver Disease | 16.7 |
| **FEMALE** | **Rate*** |
| Cancer | 130.6 |
| Heart Disease | 112.1 |
| Unintentional injury | 45.6 |
| Cerebrovascular Disease | 43.7 |
| Alzheimer's | 37.7 |
| Chronic Lower Respiratory | 30.8 |
| COVID-19 | 23.3 |
| Diabetes | 20.5 |
| Chronic Liver Disease | 11.4 |
| Essential Hypertension | 11.3 |

**Age-adjusted death rate per 100,000 people, standardized to the U.S. 2000 standard population.
Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data 1990–2023. Community Health Assessment Tool (CHAT), January 2025

# Life Expectancy, Death and Hospitalizations

Continued

## Top 10 Causes of Death (by race and ethnicity)
### Pierce County, 2019–2023

| American Indian or Alaskan Native Rate* | Asian Rate* | Black Rate* | Hispanic/Latino as Race Rate* | Multiracial Rate* | Native Hawaiian or Pacific Islander Rate* | White Rate* |
|---|---|---|---|---|---|---|
| Heart Disease (234.3) | Cancer (117.0) | Heart Disease (192.0) | Cancer (96.5) | Cancer (61.2) | Heart Disease (316.8) | Cancer (152.3) |
| Cancer (177.9) | Heart Disease (87.5) | Cancer (172.8) | Heart Disease (81.1) | Heart Disease (48.7) | Cancer (266.2) | Heart Disease (149.9) |
| Unintentional injury (164.6) | Cerebrovascular Disease (43.7) | Unintentional injury (98.1) | Unintentional injury (53.1) | Unintentional injury (42.7) | COVID-19 (175.2) | Unintentional injury (70.9) |
| COVID-19 (44.5) | Unintentional injury (32.8) | Cerebrovascular Disease (73.1) | Cerebrovascular Disease (36.8) | Cerebrovascular Disease (17.4) | Diabetes (124.8) | Cerebrovascular Disease (42.9) |
| Alzheimer's (43.2) | Alzheimer's (28.6) | Diabetes (52.7) | COVID-19 (33.6) | Diabetes (10.5) | Cerebrovascular Disease (102.9) | Chronic Lower Respiratory (34.8) |
| Chronic Lower Respiratory (40.0) | COVID-19 (28.2) | Alzheimer's (37.7) | Diabetes (28.4) | Chronic Lower Respiratory (9.5) | Unintentional injury (66.2) | Alzheimer's (34.1) |
| Cerebrovascular Disease (39.8) | Diabetes (26.1) | COVID-19 (36.8) | Alzheimer's (22.7) | COVID-19 (9.5) | Chronic Lower Respiratory (38.0) | COVID-19 (27.6) |
| Chronic Liver Disease (37.6) | Essential Hypertension (13.3) | Chronic Lower Respiratory (32.5) | Chronic Liver Disease (17.0) | Alzheimer's (8.3) | Parkinson's (32.7) | Diabetes (22.6) |
| Suicide and Intentional Self-Inflicted Means (32.0) | Chronic Lower Respiratory (12.7) | Assault (26.3) | Chronic Lower Respiratory (13.0) | Suicide and Intentional Self-Inflicted Means (8.0) | Alzheimer's (32.3) | Suicide and Intentional Self-Inflicted Means (19.1) |
| Diabetes (28.9) | Suicide and Intentional Self-Inflicted Means (9.2) | Essential Hypertension (23.0) | Suicide and Intentional Self-Inflicted Means (12.2) | Chronic Liver Disease (5.3) | Nephritis (31.3) | Chronic Liver Disease (15.0) |

*Age-adjusted death rate per 100,000 people, standardized to the U.S. 2000 standard population
^ Rates are suppressed due to a count lower than 5
Source: Washington State Department of Health, Center for Health Statistics, 1990–2023, Community Health Assessment Tool (CHAT), January 2025

## ACCIDENTAL DEATHS

Accidental or unintentional deaths are caused by events such as motor vehicle accidents, unintentional poisonings, or falls. The rate of accidental deaths is calculated as the number of deaths resulting from unintentional injuries per 100,000 people.

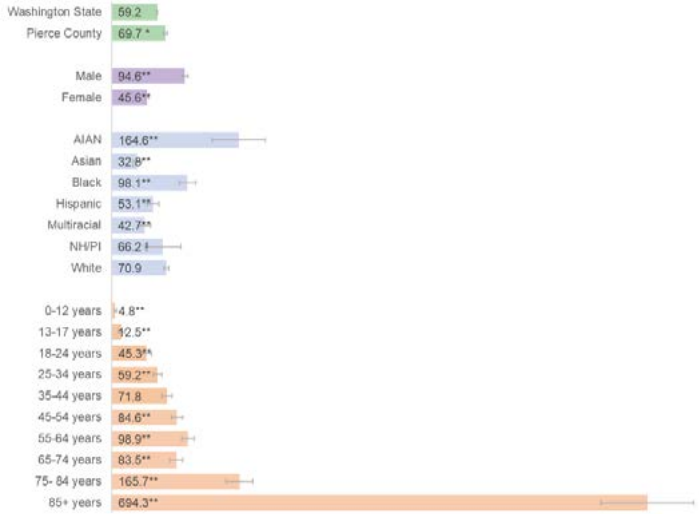
In Pierce County, the rate of unintentional injury deaths was significantly higher than the state average. Within the county, men were more likely than women to experience death from unintentional injuries. American Indian/Alaskan Native individuals had a notably higher likelihood of dying from unintentional injuries compared to other racial and ethnic groups.

# Life Expectancy, Death and Hospitalizations

Continued

The risk of accidental death generally increased with age, with older individuals experiencing higher rates, largely due to falls, though the 65–74 age group did not follow this trend.

## Accidental deaths per 100,000 people
### Pierce County, 2019–2023




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
All rates are per 100,000 individuals. Rates by age are age-specific rates
Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, Community Health Assessment Tool (CHAT), 1990–2023, January 2025.

## POISONING (OVERDOSE) DEATHS

Substance use—including the use of illicit drugs—poses significant personal, financial, and health risks. It can contribute to various health conditions, such as dental problems, chronic illnesses, and even certain types of cancers, in addition to increasing the risk of death.

In Pierce County, the rate of poisoning[9] deaths was notably higher than the state average. Men were more likely than women to die from drug-related causes. Individuals identifying as American Indian/ Alaska Native or Black faced significantly higher drug-related mortality rates compared to other racial and ethnic groups.

The highest rates of poisoning deaths were observed in individuals in late middle-age (45–64 years). The rate generally increased with age up to 65, before decreasing sharply, although individuals aged 85 and older did not follow this pattern.

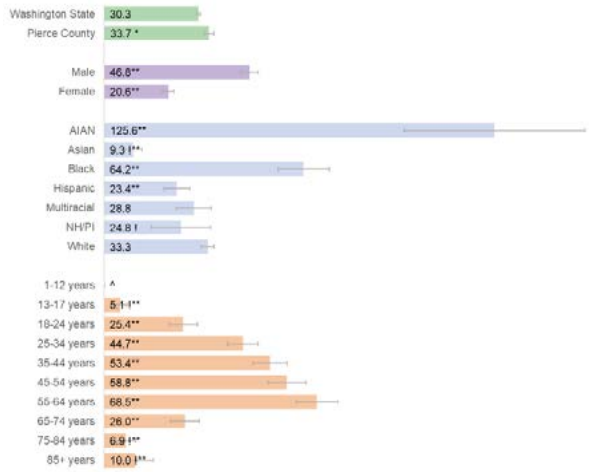
*[9]Poisoning refers to foreign substances including, but not limited to: illicit substances, prescription medications, over-the-counter drugs, cleaning products, or any other substance that may be ingested to induce a harmful reaction.*

# Life Expectancy, Death and Hospitalizations

Continued



## Poisoning (Overdose) Deaths per 100,000
### Pierce County, 2019–2023




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
All rates are per 100,000 individuals. Rates by age are age-specific rates.
Source: Washington State Department of Health, Center for Health Statistics (CHS), Death Certificate Data, 1990–2023, Community Health Assessment Tool (CHAT), January 2025.

## LEADING CAUSES OF HOSPITALIZATIONS

Hospitalizations can result from a variety of health concerns, and understanding these patterns is essential for effectively allocating resources, planning public health interventions, and identifying areas where focused efforts can improve health outcomes.

Septicemia (blood poisoning caused by bacterial infections, excluding childbirth-related cases) was the leading cause of hospitalization for both men and women. Men were more likely to be hospitalized for circulatory system diseases, while women were more frequently hospitalized due to mood disorders.

Among women, many hospitalizations were related to pregnancy; excluding these cases, the leading causes of hospitalization were often cardiovascular issues or chronic diseases, such as diabetes and osteoarthritis.

## Top 10 Leading Causes of Hospitalization
### Pierce County, 2018–2023

| OVERALL | Rate* |
|---|---|
| Non-labor Septicemia (blood poisoning) | 741.0 |
| Hypertension with complications and secondary hypertension | 367.4 |
| Other complications of birth; puerperium affecting management of mother | 226.2 |
| Mood disorders | 205.6 |
| Complication of device: implant or graft | 179.0 |
| Acute cerebrovascular disease (stroke) | 168.2 |
| Diabetes mellitus with complications | 167.7 |
| Cardiac dysrhythmias (Improper beating of the heart) | 137.1 |
| Acute myocardial infarction (heart attack) | 134.7 |
| Respiratory failure; insufficiency; arrest (adult) | 131.3 |

*Age-adjusted rate per 100,000 people, standardized to the U.S. 2000 standard population
Source: Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), 2018–2023

# Life Expectancy, Death and Hospitalizations

Continued

## Top 10 Leading Causes of Hospitalization (by gender)

### Pierce County, 2018–2023

| Male | Rate* |
|---|---|
| Non-labor Septicemia (blood poisoning) | 792.4 |
| Hypertension with complications and secondary hypertension (high blood pressure) | 430.8 |
| Complication of device; implant or graft | 219.5 |
| Diabetes mellitus with complications | 200.1 |
| Acute cerebrovascular disease (stroke) | 187.0 |
| Acute myocardial infarction (heart attack) | 185.2 |
| Alcohol-related disorders | 170.1 |
| Mood disorders | 163.4 |
| Cardiac dysrhythmias (Improper beating of the heart) | 155.9 |
| Respiratory failure; insufficiency; arrest (adult) | 130.2 |
| **Female** | **Rate*** |
| Non-Labor Septicemia (blood poisoning) | 699.7 |
| Other complications of birth; puerperium affecting management of mother | 463.5 |
| Hypertension with complications and secondary hypertension (high blood pressure) | 311.1 |
| Polyhydramnios and other problems of amniotic cavity | 290.0 |
| Hypertension complicating pregnancy; childbirth and the puerperium | 278.2 |
| Mood disorders | 250.0 |
| Prolonged pregnancy | 244.7 |
| Previous C-section | 233.4 |
| Other complications of pregnancy | 198.5 |
| Acute cerebrovascular disease (stroke) | 150.6 |
| **Female (non-pregnancy related)** | **Rate*** |
| Non-Labor Septicemia (blood poisoning) | 699.7 |
| Hypertension with complications and secondary hypertension (high blood pressure) | 311.1 |
| Mood disorders | 250.0 |
| Acute cerebrovascular disease (stroke) | 150.6 |
| Complication of device; implant or graft | 148.3 |
| Diabetes mellitus with complications | 138.9 |
| Respiratory failure; insufficiency; arrest (adult) | 132.6 |
| Osteoarthritis | 118.4 |
| Urinary tract infections | 129.1 |
| Cardiac dysrhythmias (Improper beating of the heart) | 119.9 |

*Age-adjusted rate per 100,000 people, standardized to the U.S. 2000 standard population

Source: Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), 2018–2023

# Chronic Disease

Chronic diseases and conditions—including diabetes, heart disease, asthma, and cancer—are among the most prevalent, costly, and preventable health concerns within our communities. Addressing these conditions is essential for improving long term health outcomes and reducing the burden on individuals, families, and healthcare systems.

## DIABETES—ADULTS

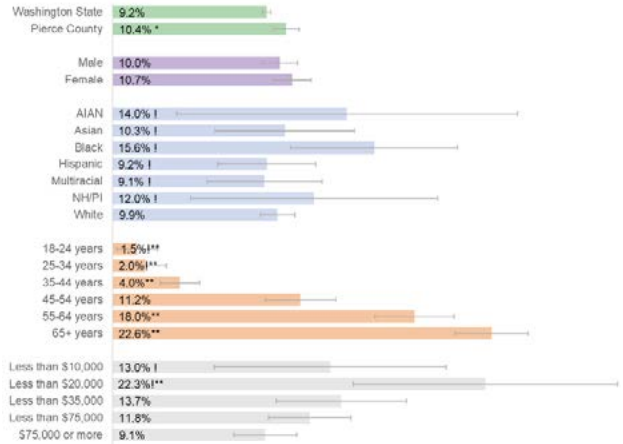
Diabetes prevalence is self-reported by adults as part of the Behavioral Risk Factor Surveillance System. In Pierce County, the prevalence of diagnosed diabetes has gradually increased over recent years, rising from 9.2% in 2012–2016 to 10.7% in 2018–2022. From 2019–2023, diabetes prevalence in Pierce County was significantly higher than the state average.

While women had a higher prevalence of diabetes than men, this difference was not statistically significant. The prevalence of diabetes is notably higher among individuals aged 45 and older, with those in this age group experiencing significantly higher rates of diabetes compared to individuals under the age of 45.

Individuals identifying as Black/African American had the highest prevalence of diabetes in Pierce County while those identifying with more than one race had the lowest prevalence. This highlights the health disparities within different racial and ethnic groups, emphasizing the need for targeted interventions to address these inequities. However, many estimates by race/ethnicity had concerns about sample size and wide confidence intervals.[10]

The prevalence of diabetes decreased as self-reported income increased. This trend underscores the relationship between socioeconomic factors and health outcomes, highlighting the importance of addressing income disparities to reduce the burden of diabetes in the community.

**Adults who have diabetes (%)**
**Pierce County, 2019–2023**



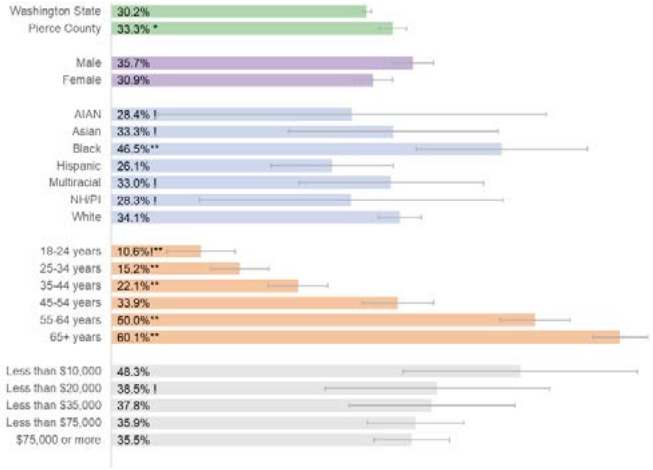

(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

*[10]See section "A Note about Quantitative Data" for a further discussion about limitations.*

## HYPERTENSION—ADULTS

Hypertension, or high blood pressure, is a common condition that can lead to severe health complications if left untreated. The prevalence of hypertension is self-reported as part of the Behavioral Risk Factor Surveillance System.

### Adults who have hypertension (%)
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

The prevalence of hypertension in Pierce County is significantly higher compared to the state (33.3% vs. 30.2% respectively). Men were more likely to report having hypertension than women. Individuals identifying as Black/African American were significantly more likely to have hypertension compared to those identifying as Hispanic. However, this should be treated with caution as many estimates by race/ethnicity had sample size concerns and wide confidence intervals.[11]

No significant differences were seen among different self-reported income levels. The risk of hypertension increases with increasing age.

## CARDIOVASCULAR DISEASE—ADULTS

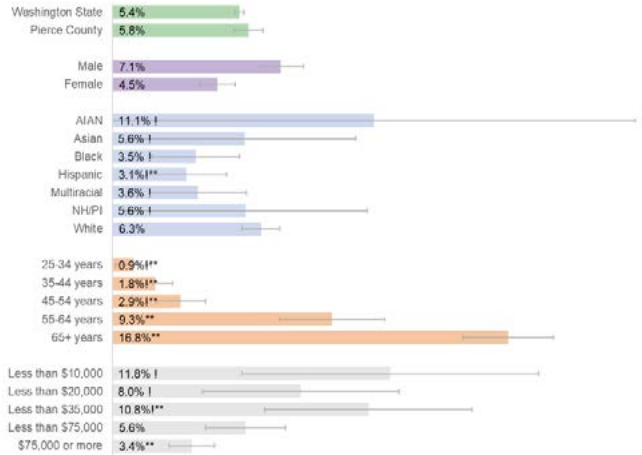
Cardiovascular disease, or heart disease, is self-reported as part of the Behavioral Risk Factor Surveillance System.

The prevalence of heart disease in Pierce County was higher compared to the state, though the difference was not statistically significant. Men were significantly more likely to report having heart disease compared to women, with men showing a statistically higher rate than women, though this difference did not reach statistical significance when compared to the Pierce County average.

Many race/ethnic groups had concerns about low sample sizes and wide confidence intervals.[12] Heart disease varies by race/ethnicity, with individuals

[11] *See section "A Note about Quantitative Data" for a further discussion about limitations.*
[12] *See section "A Note about Quantitative Data" for a further discussion about limitations.*

## Adults who have heart disease (%)
### Pierce County, 2019–2023




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

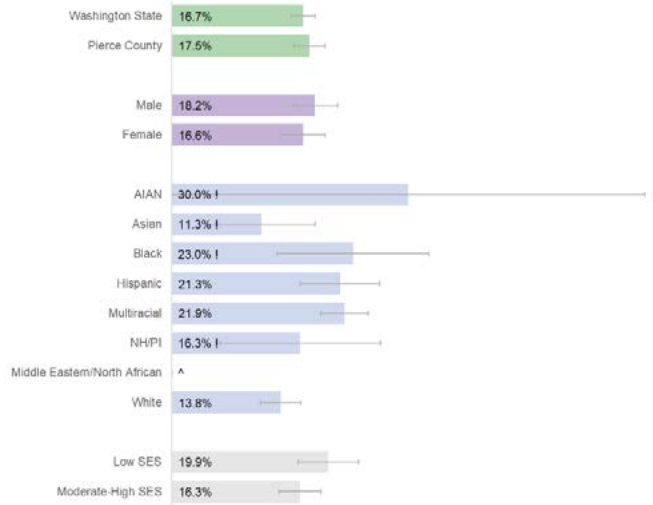
identifying as White being significantly more likely to report heart disease compared to those identifying as Black/African American or Hispanic. Asian residents were approximately 1.5 times more likely to have heart disease compared to those identifying as Black, Hispanic, or Multiracial, though the difference was not statistically significant.

The risk of heart disease increases with age. Additionally, heart disease prevalence generally decreases with higher self-reported income, with the exception of individuals reporting incomes under $35,000. However, because the data reflects prevalence, it's unclear whether this is a correlation (where those with heart disease may already have lower income) rather than a direct causation.

## ASTHMA—YOUTH

Asthma is a condition that can affect individuals of all ages, though it most commonly begins in childhood. The prevalence of asthma among youth in Washington is assessed through the Healthy Youth Survey, in which students self-report whether a doctor has ever diagnosed them with asthma.

## Asthma Prevalence—Youth (%)
### Pierce County, 2023




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Mothers Education was used as a proxy for socioeconomic status (SES). Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.
Source: 2023 Healthy Youth Survey (10th graders)

# Chronic Disease

Continued

The prevalence of asthma in Pierce County was not significantly higher than the state. No significant differences were seen by sex at birth. Youth who identified as having more than one race were significantly more likely to have been diagnosed with asthma compared to their Asian or White counterparts.

## CANCER

In the simplest terms, cancer is uncontrolled cell growth.[13] Cancer, a condition that often leads to tumors, can result from various factors such as age, environmental influences, genetic factors, and other unknown causes. As highlighted in the leading causes of death section, cancer remains one of the leading causes of death across all age groups and genders. The incidence—or the number of new cases—of various cancer types is tracked through the state cancer registry (WSCR).

The following sections focus on the incidence of two major types of cancer—colorectal and breast cancer.

### COLORECTAL CANCER

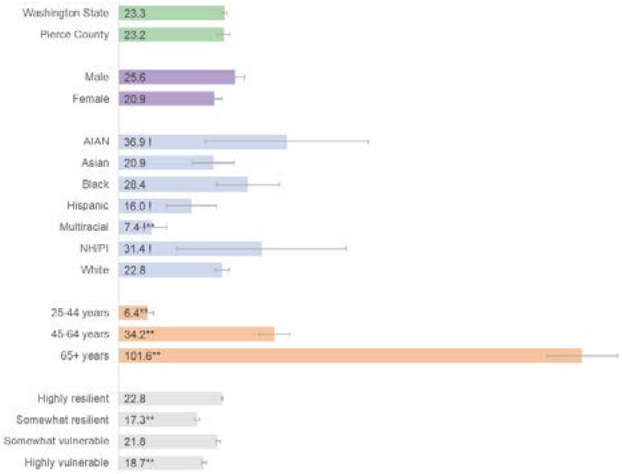
Colorectal cancer, affecting the lower end of the digestive tract, is one of the more common cancers. When detected early, it is often treatable and manageable.

[13]*National Cancer Institute. "What is Cancer?". Updated: 5 May 2021. Retrieved from: https://www.cancer.gov/about-cancer/understanding/what-is-cancer.*

The incidence of colorectal cancer in Pierce County was like the state overall. Men in the county were more likely to be diagnosed with colorectal cancer compared to women. As is typically observed, the incidence of colorectal cancer increased with age.

Individuals who identified as being American Indian/ Alaskan Native, Asian, Black/African American, or White were significantly more likely to have been diagnosed with colorectal cancer compared to individuals who identified with more than one race. This difference

**Colorectal Cancer Incidence**
**Pierce County, 2016–2020**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Cancer cases exclude in-situ cancers.
Rate: New cancer cases per 100,000 residents. Rates that are not age-specific are age-adjusted to the US 2000 standard population. Rates for age groups are age-specific rates.
Source: Washington State Cancer Registry, 2016–2020
CDC Social Vulnerability Index, 2022.

should be viewed with caution due to low sample sizes and wide confidence intervals.[14]

When we looked at social vulnerability across the census tracts in Pierce County, individuals living in tracts that were somewhat resilient were significantly less likely to be diagnosed with colorectal cancer compared to tracts in other SVI categories.[15]

## BREAST CANCER

Breast cancer is one of the most common cancers among females. Early detection through regular screenings can significantly improve the chances of successful treatment.

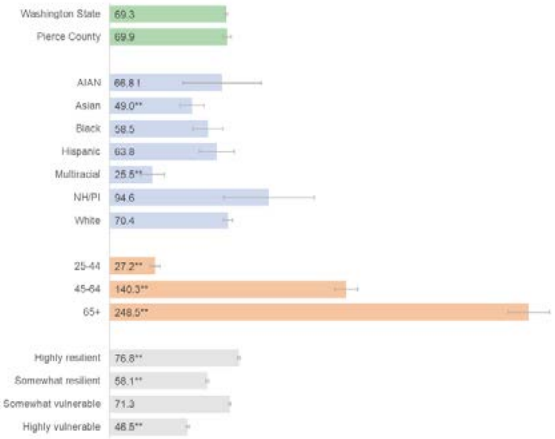
In Pierce County, the incidence of breast cancer did not differ significantly from the state. Individuals who identified as Multiracial were less likely to be diagnosed with breast cancer compared to individuals from other racial or ethnic backgrounds. Individuals identifying as White were more likely to be diagnosed with breast cancer than those identifying as Asian. Conversely, individuals identifying as Native Hawaiian/ Pacific Islander were more likely to be diagnosed with breast cancer compared to their Asian counterparts.

*[14]See section "A Note about Quantitative Data" for further discussion about limitations.*
*[15]A lower social vulnerability score corresponds to greater resiliency in a community. To see which census tracts were assigned to which social vulnerability group, see Map 1 (page 12).*
*[16]A lower social vulnerability score corresponds to greater resiliency in a community. To see which census tracts were assigned to which social vulnerability group, see Map 1 (page 12).*

As with many other health conditions, the risk of breast cancer increases with age.

When we looked at social vulnerability across the census tracts in Pierce County, the incidence of breast cancer was significantly lower among individuals living in highly vulnerable census tracts compared to those living in highly resilient tracts. It is unclear if this is due to individuals in highly vulnerable tracts being screened less often compared to those in more resilient tracts.[16] Individuals living in census tracts with higher resilience were less likely to be diagnosed with breast cancer compared to those in more vulnerable areas.

**Breast Cancer Incidence**
**Pierce County, 2016–2020**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Cancer cases excludes in-situ cancers.
Rate: New cancer cases per 100,000 residents. Rates that are not age-specific are age-adjusted to the US 2000 standard population. Rates for age groups are age-specific rates.
Source: Washington State Cancer Registry, 2016–2020
CDC Social Vulnerability Index, 2022.

# Health Behaviors

Engaging in a healthy and active lifestyle is a key factor in reducing the burden of chronic illnesses discussed earlier. Positive health behaviors—such as maintaining a nutritious diet and participating in regular physical activity—play a significant role in promoting overall health and well-being. These behaviors act as protective factors against many chronic conditions.

On the other hand, certain behaviors and environmental exposures can lead to negative health outcomes. Tobacco use, for example, is linked to various health issues, including respiratory problems, heart disease, and cancer. Additionally, exposure to harmful environmental factors such as lead, tobacco smoke, and certain pesticides and insecticides can contribute to adverse health effects.

By fostering healthy habits and reducing harmful exposures, we can improve public health outcomes and prevent the onset of many preventable diseases.

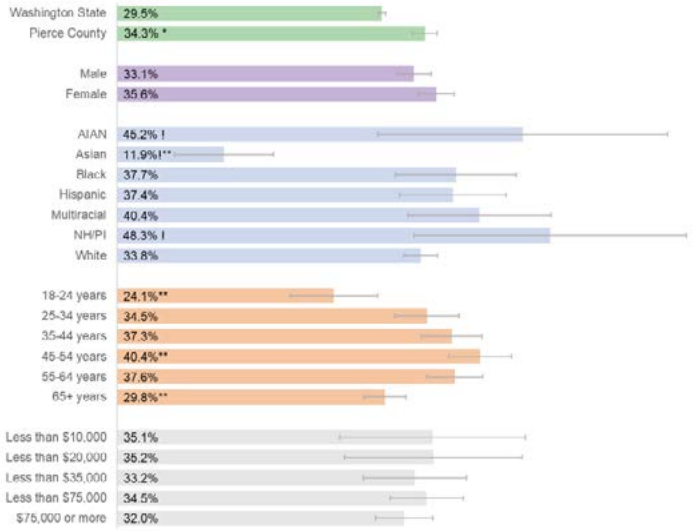
## OBESITY, PHYSICAL ACTIVITY, AND NUTRITION

Many of the chronic diseases discussed earlier share common underlying causes, such as diets high in calories and low in nutritional value, combined with a lack of physical activity. As society continues to become more sedentary and dependent on technology—as well as relying on convenient, processed food options—the prevalence of these chronic conditions is likely to rise. This trend emphasizes the need for public health initiatives focused on promoting healthier lifestyles, including better nutrition and increased physical activity, to help prevent the onset of these preventable diseases.

### OBESITY—ADULTS

Adults are classified as obese when their Body Mass Index (BMI) is greater than or equal to 30. Individuals in this category face a significantly higher risk for heart disease and other chronic conditions.

**Adult Obesity (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Groups excluded due to sample size limitations.
Source: Behavioral Risk Factor Surveillance System

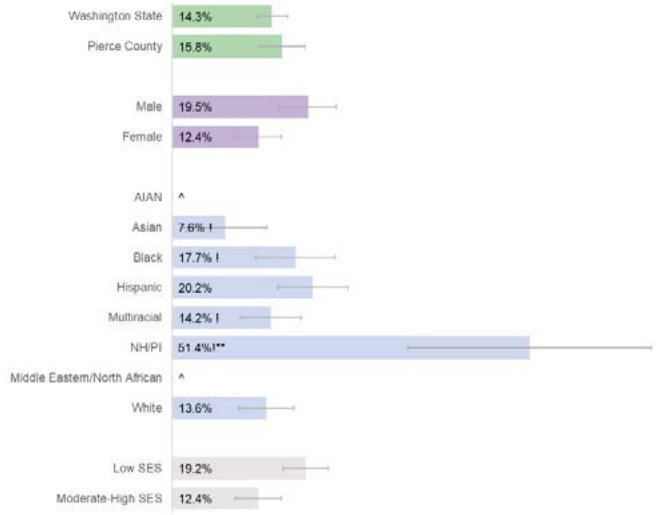
# Health Behaviors

Continued

In Pierce County, obesity rates among adults were significantly higher compared to the state. Within the county, Asians and individuals aged 18–24 were less likely to be obese compared to other races and age groups. No significant differences in obesity rates were observed across different income levels.

Obesity—Youth are classified as obese when their BMI is in the top 5% for their age and gender based on growth charts developed by the CDC.

**Youth Obesity (%)**
**Pierce County, 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Mothers Education was used as a proxy for SES. Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.
Source: 2023 Healthy Youth Survey (10th graders)

There were no significant differences in obesity rates between Pierce County youth and those across the state. However, within the county, youth who identified as Native Hawaiian/Pacific Islander or Hispanic were significantly more likely to be obese compared to youth from other race/ethnic groups. Hispanic youth were also significantly more likely to be obese compared to their Asian counterparts.

Youth with a lower socioeconomic status were significantly more likely to be obese compared to those with a moderate or high socioeconomic status

## PHYSICAL ACTIVITY—ADULTS

Meeting the recommended physical activity guidelines for aerobic and strength conditioning helps reduce the burden of chronic diseases associated with fitness. The U.S. Department of Health and Human Services recommends that adults engage in at least 150 minutes of moderate-intensity aerobic activity per week, along with two days of muscle-strengthening activities.

The percentage of adults meeting the recommended physical activity guidelines is measured through the Behavioral Risk Factor Surveillance Survey (BRFSS). In odd years, this survey assesses both aerobic and strength conditioning activities.

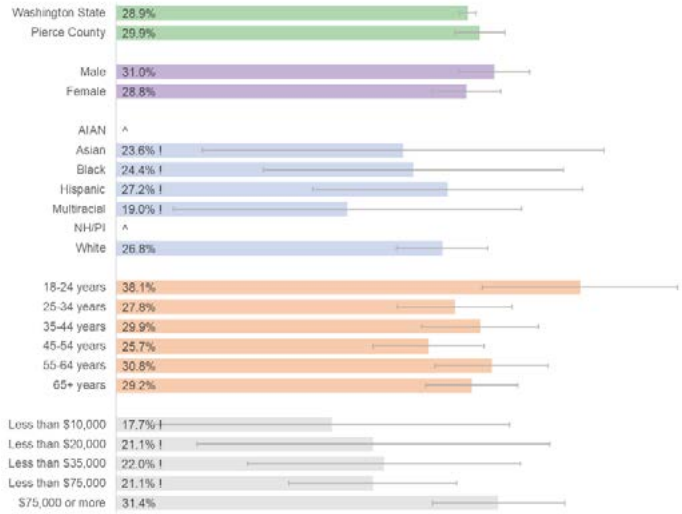
# Health Behaviors

Continued

## MEETING FULL PHYSICAL ACTIVITY RECOMMENDATIONS—ADULT (%)

In Pierce County, the percentage of adults meeting the physical activity recommendations was not significantly different from the state.

**Meeting Full Physical Activity Recommendations—Adult (%)**
**Pierce County 2019–2023 (odd years)**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Adults aged 45–54 were the least likely to meet the recommended physical activity levels compared to other age groups within Pierce County, but this difference was not significant. Adults earning $75,000 or more were more likely to meet the physical activity recommendations compared to other income levels, though the difference was not statistically significant. No significant differences were found based on race/ethnicity or gender.

## PHYSICAL ACTIVITY—YOUTH

Engaging in physical activity during childhood and adolescence is crucial for developing a healthy lifestyle that carries into adulthood. The U.S. Department of Health and Human Services recommends that children and adolescents be active for at least 60 minutes every day (including three days of muscle strengthening activities).[17] Meeting these recommendations can significantly contribute to overall health, reducing the risk of chronic diseases, and supporting mental, emotional, and social well-being. Regular physical activity during youth sets the foundation for maintaining an active lifestyle throughout life.

## MEETING FULL PHYSICAL ACTIVITY RECOMMENDATIONS—YOUTH (%)

The percentage of Pierce County youth meeting the physical activity recommendations was similar to the state average. Boys were significantly more likely to meet the physical activity guidelines compared to

[17] *U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, D.C.: U.S. Department of Health and Human Services, 2018.*

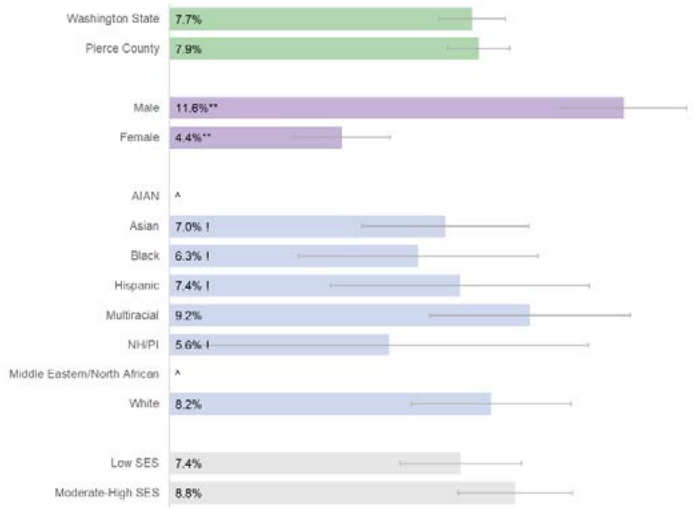
# Health Behaviors

Continued

girls. Youth who identified as being of more than one race were the most likely to meet physical activity recommendations, though this difference was not statistically significant.

Youth with a moderate or high socioeconomic status were more likely to meet the physical activity guidelines compared to those with lower socioeconomic status, but this difference was also not statistically significant.

**Meeting Full Physical Activity Recommendations—Youth (%)**
**Pierce County, 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Mothers Education was used as a proxy for SES. Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.
Source: 2023 Healthy Youth Survey (10th graders)

The disruption of organized youth activities during the COVID-19 pandemic likely caused significant fluctuations in the percentage of youth meeting the physical activity recommendations over the past five years. With many activities resuming by late 2022 and early 2023, it's reasonable to assume that many youth were able to reestablish or create new routines that supported regular physical activity. This resurgence in activity could positively impact physical health outcomes, contributing to an increase in the number of youth meeting the 60 minutes of daily physical activity recommended by health guidelines.

## TOBACCO

Tobacco use continues to be one of the most prevalent risky behaviors in communities across the United States, despite extensive research demonstrating its links to a range of serious health issues, including heart disease, cancer, respiratory conditions, and other negative outcomes. The addictive nature of nicotine, combined with social and environmental factors, makes tobacco use a persistent public health challenge. Efforts to reduce tobacco use, including public health campaigns, policy changes, and smoking cessation programs, remain critical in addressing these health risks and improving overall well-being in communities. Despite the general trend

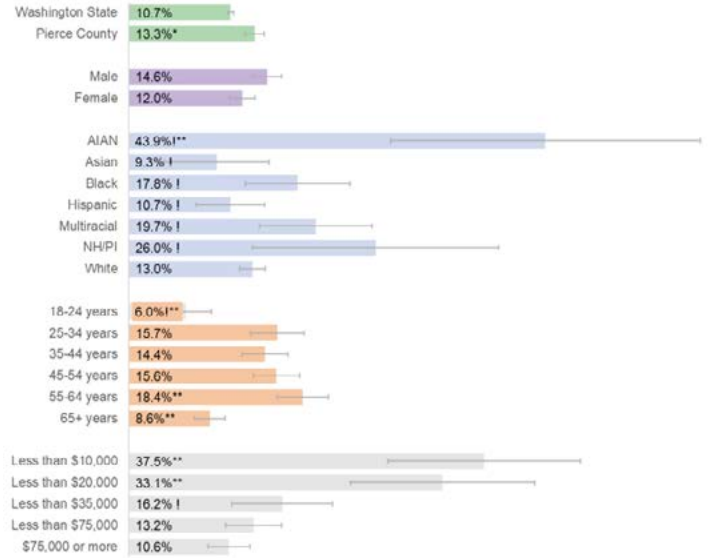
of decreasing tobacco use nationwide, the increase in electronic cigarette availability and the continued popularity of vaping products among youth remain significant concerns. These trends underscore the need for ongoing public health strategies to address the evolving nature of tobacco use, particularly among young people.

For the purposes of this report, e-cigarette use is synonymous with vaping.

## CURRENT CIGARETTE USE—ADULT

Current cigarette use among adults is estimated using responses from the Behavioral Risk Factor Surveillance System. Adults living in Pierce County were significantly more likely to be current smokers compared to the state. American Indian and Alaskan Natives were more likely to be current smokers compared to Asian, Black/African American, Hispanic, White residents or those who identified with more than one race. Young adults (18–24 years) and seniors (85+) were significantly less likely to be currently smoking compared to other age groups. The percent of current smokers decreased with the increasing income levels.

**Current Cigarette Use—Adults (%)**
**Pierce County, 2019–2023**



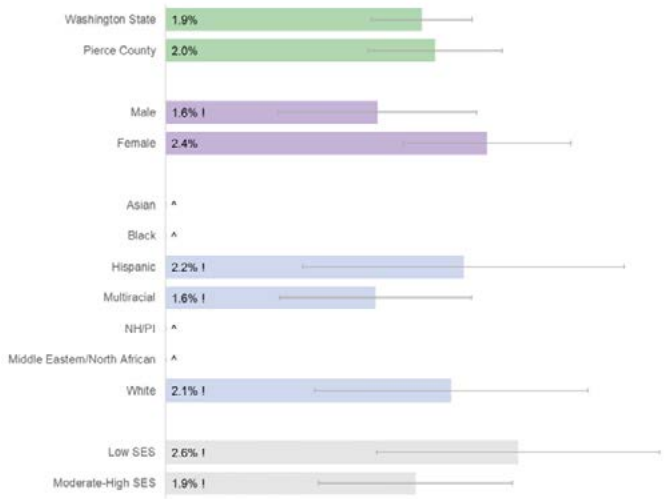

(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

## CURRENT CIGARETTE USE—YOUTH

While the rate of tobacco use initiation has been declining nationwide, the issue of tobacco use among youth remains a significant concern. Preventing youth from forming a smoking habit early on is critical to reducing the likelihood of them continuing to smoke into adulthood, thus decreasing the long-term health risks associated with tobacco use. In Pierce County, the percentage of youth who smoked cigarettes in the

past 30 days was not significantly different compared to the state average, suggesting that local efforts to reduce youth smoking may need to be strengthened or tailored to address specific community factors. Within the county, girls were more likely to report having smoked a cigarette compared to boys, though the difference was not significantly meaningful. There were too few responses to make any conclusions about race/ethnicity and cigarette use.

### Youth Cigarette use, past 30 days (%)
**Pierce County, 2023**

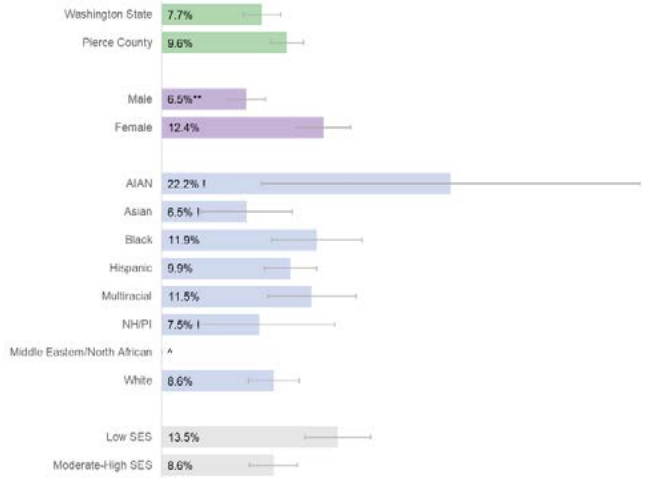



(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Mothers Education was used as a proxy for SES. Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.
Source: 2023 Healthy Youth Survey (10th graders)

## CURRENT E-CIGARETTE/VAPING USE—YOUTH

Although cigarette use has declined nationwide, a new public health concern is the increasing prevalence of electronic cigarette (e-cigarette) or vaping product use among youth. The long-term effects of using these products are still being studied, but preliminary data suggests it has several negative effects.[18,19]

### Youth E-Cigarette or Vaping Product use, past 30 days (%)
**Pierce County, 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Mothers Education was used as a proxy for SES. Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.
Source: 2023 Healthy Youth Survey (10th graders)

[18]*U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Centers for Disease Control and Prevention;2016. Accessed January 27, 2025.*
[19]*Centers for Disease Control and Prevention. "Health Effects of Vaping". Updated: May 15, 2024. Retrieved from https://www.cdc.gov/tobacco/e-cigarettes/health-effects.html.*

# Health Behaviors

## Continued

The percentage of Pierce County youth who used an e-cigarette in the past 30 days was not significantly different compared to the state average. However, within the county, girls were significantly more likely to have used an e-cigarette compared to boys. No significant differences in e-cigarette use were observed by race/ethnicity.

Youth from lower socioeconomic backgrounds were significantly more likely to have used an e-cigarette compared to their peers from moderate or high socioeconomic statuses. This disparity points to potential environmental, social, and economic factors that may influence tobacco and e-cigarette use.

The COVID-19 pandemic introduced significant stressors for youth, including disruptions to social life, changes in school routines, and financial or housing instability within families. These challenges may have led some students to experiment with cigarettes or other tobacco products who otherwise might not have.

At the same time, pandemic-related restrictions may have reduced youth access to e-cigarettes and vaping products due to supply chain disruptions, higher costs, increased parental oversight, or shifts in social activities. The overall impact of these opposing factors on youth tobacco use in Pierce County—and within specific subgroups—remains unclear.

# Social Connections

Approximately one-third of the United States population reports experiencing social isolation, defined as having two or fewer people they can rely on in times of need. Research shows that lacking strong social connections can have profound health implications—individuals with fewer than three strong connections face a 91% increased risk of mortality. Strong social ties are essential for overall well-being, contributing to mental, emotional, and physical health.[20]

Loneliness has a profound impact on health, significantly reducing life expectancy. Its effects are comparable to smoking 15 cigarettes per day and exceed the health risks associated with obesity.[21] Communities with stronger social bonds and higher levels of trust tend to experience lower rates of obesity, hypertension, and diabetes, highlighting the vital role that social connectedness plays in overall well-being.

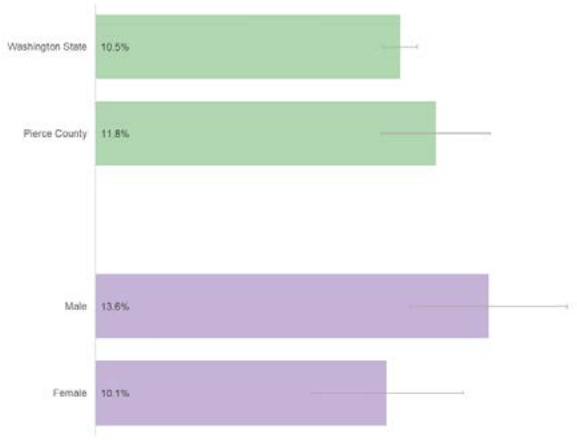
## SOCIAL AND EMOTIONAL SUPPORT

Adults were asked about whether they felt they received the social and emotional support that they needed.

Pierce County had a non-statistically significant higher percentage of adults who felt that they did not receive the social or emotional support that they need than in Washington state. Men were more likely to report having no social support compared to women, though the difference was not significant.

Differences were seen by race/ethnicity, age and income. However, most estimates had data reliability concerns, so no meaningful conclusions can be made.

**No social or emotional support (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Interpret results with caution due to sample size limitations.
Source: Behavioral Risk Factor Surveillance System

[20] *Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: A meta-analytic review. PLoS Med. 2010;7(7):e1000316. doi: 10.1371/journal.pmed.1000316*
[21] *Holt-Lunstad J, Robles TF, Sbarra DA. Advancing social connection as a public health priority in the United States. Am Psychol. 2017;72(6):517-530.*

# Social Connections

Continued

## COMMUNITY RESOURCES—HEALTH BEHAVIORS

American Cancer Society of Washington provides information on recommended screening guidelines, reducing cancer risk by making healthy choices like eating right, staying active, and not smoking.

MultiCare Tobacco Cessation Program offers a free, self-guided program to help with tobacco cessation.

Leaders in Women's Health provides access to mammogram screenings and health education, addressing health disparities particularly related to BIPOC individuals.

Parks Tacoma offers parks and programs, including scholarships for youth and adults.

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

Mary Bridge Children's Nutritional Services has information about nutritional services offered by Mary Bridge Children's Hospital.

The Women Infant and Children Supplemental Nutrition program helps pregnant women, new mothers, and young children eat well and learn about nutrition and how to stay healthy.

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

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

Physical Activity Guides and Senior Centers: Walking guides, and senior centers located in Pierce County, Federal Way, and Puyallup.

Virginia Mason Franciscan Outpatient Nutrition Education Center presents a variety of times and locations for diabetes support groups. See the website for details.

Virginia Mason Franciscan Health Talks shares activities intended to care for the mind, body, and spirit.

Washington 211 Resource Directory is a comprehensive database that connects individuals and families to essential health and social services, including housing assistance, food resources, mental health support, and more.

# Social Connections

## Continued

Resource Guide—PC2Online is a specialized guide providing information on services and support for individuals with disabilities and their families in Pierce County, including advocacy, education, and community resources.

Family and Professional Resources—Tacoma-Pierce County Health Department shares a collection of resources from the Tacoma-Pierce County Health Department aimed at supporting family health, with a focus on Black well-being.

Family Health—Tacoma-Pierce County Health Department is a comprehensive resource hub providing information and support for families in Pierce County. This includes services related to overall family well-being.

MultiCare Health Equity Speaker Series presents a series of discussions featuring experts and community leaders addressing health disparities, social determinants of health, and strategies to promote equity and inclusion in healthcare.

YMCA of Pierce and Kitsap Counties:

- Diabetes Prevention Program
- ACT! Actively Changing Together

# Access to Care, Use of Preventive Services & Oral Health

Wellfound Behavioral Health Hospital
Community Health
Needs Assessment
2025



Access to comprehensive, high-quality health care services is vital for building healthier communities. Factors limiting access to care make it more difficult to reach our full health and well-being potential. These barriers include inadequate insurance coverage, high costs of care, and gaps in service availability. Addressing these barriers increases the likelihood we continue to have a healthy and vibrant community.

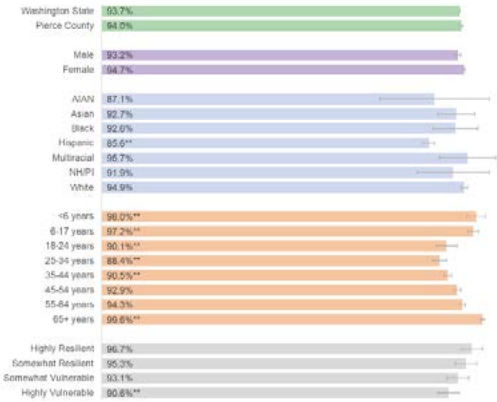
## ACCESS TO CARE

The availability of insurance coverage can be the difference between receiving adequate prenatal care or postponing it. Some benefits of adequate prenatal care include proper care for high-risk pregnancies, screening for health conditions in the infant, and identifying cancer. 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 have trouble accessing care.

## INSURANCE COVERAGE

The lack of access can be particularly burdensome for individuals without adequate health insurance. Since the implementation of the Patient Protection & Affordable Care Act, the proportion of residents reporting no insurance has decreased significantly. Insurance coverage gaps persist.

**Insurance Coverage (%)**
**Pierce County, 2018–2022**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: U.S. Census Bureau, American Community Survey (ACS) 5-year estimates, 2018–2022
CDC Social Vulnerability Index, 2022.

The percentage of the population covered by insurance in Pierce County was not significantly different from the state. Within the county, men were significantly less likely to be insured compared to women. Hispanics were significantly less likely to have insurance compared to individuals who identified as Asian, White, or more than one race. Insurance coverage was lowest among early to middle-aged adults (18–44 years).

# Access to Care, Use of Preventive Services & Oral Health

Continued

When examining social vulnerability across the census tracts in Pierce County, we found that the percentage of the population with health insurance decreased as social vulnerability increased. Those living in highly vulnerable census tracts were significantly less likely to have health insurance compared to individuals in more resilient areas.[22]

## COST & ACCESS TO CARE

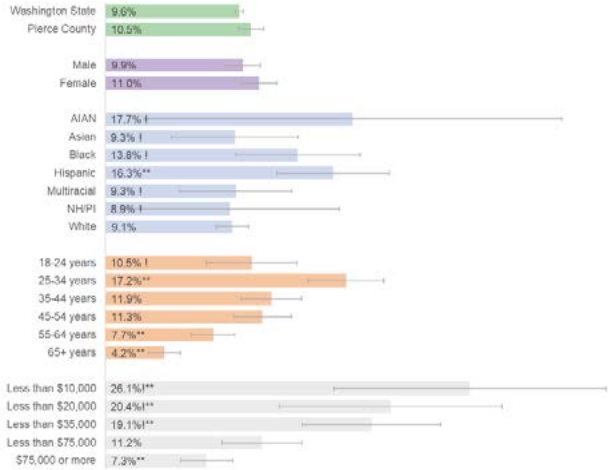
The ability to receive adequate care is often influenced by an individual's financial resources. The Behavioral Risk Factor Surveillance Survey asks adults if they needed to see a doctor but were unable to due to financial reasons.

The percentage of adults who did not see a doctor due to cost was not significantly different between Pierce County and the state. Within the county, women were more likely than men to report cost as a barrier to care, though the difference was not statistically significant.

Hispanic residents were significantly more likely to forgo medical care due to cost compared to White residents. However, data reliability concerns were noted for several race/ethnic groups (large RSE), so these results should be interpreted with caution.

[22] *A lower social vulnerability score corresponds to greater resiliency in a community. To see which census tracts were assigned to which social vulnerability group, see Map 1 (page 12).*

**Did not see a doctor due to cost (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

Individuals aged 25–34 were significantly more likely to have an unmet healthcare need due to cost compared to other age groups. In contrast, individuals aged 65+ were significantly less likely to have an unmet healthcare need due to cost.

The percentage of individuals who did not see a doctor due to cost increased as income decreased, highlighting the strong connection between financial stability and access to care.

# Access to Care, Use of Preventive Services & Oral Health

Continued

## ORAL HEALTH

Oral health is an often-overlooked component of a robust public health system. Regular dental checkups play a crucial role in preventing childhood caries (cavities) and can significantly reduce the risk of chronic diseases, such as heart disease and diabetes, that are linked to poor oral hygiene.

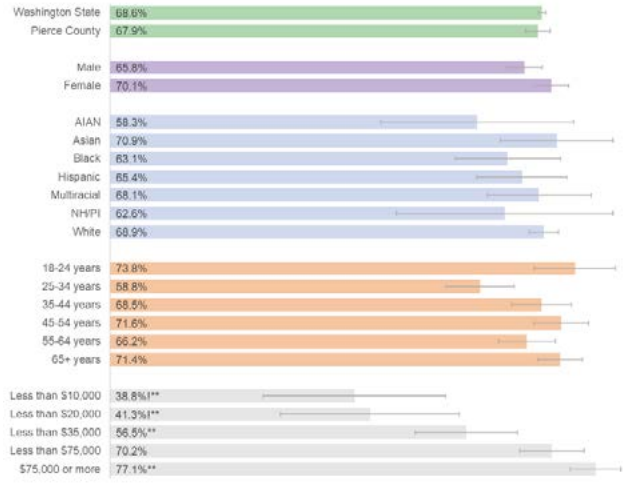
Dental checkups not only help promote proper oral hygiene practices but also provide an opportunity to identify and address acute and chronic oral health conditions before they become more serious. Early detection and treatment are key in maintaining overall health and well-being.

### ROUTINE DENTAL CHECKUP—ADULTS

To prevent cavities and promote healthy dental hygiene practices, routine screenings by a dental professional are essential.

In Pierce County, the percentage of adults who had a routine dental checkup in the past year was similar to the state average, with no significant differences observed by gender or race/ethnicity. However, adults aged 65 and older were significantly more likely to have had a routine dental checkup compared to those in the 25–34 age group.

**Routine dental checkup, past year (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
Source: Behavioral Risk Factor Surveillance System

Income also played a role in access to dental care, with individuals earning $75,000 or more per year significantly more likely to have had a routine dental checkup compared to those with lower incomes. Specifically, individuals earning $35,000 or less were statistically less likely to have had a dental checkup in the past year compared to the county average. This highlights the ongoing disparities in access to routine dental care based on income.

# Access to Care, Use of Preventive Services & Oral Health

Continued

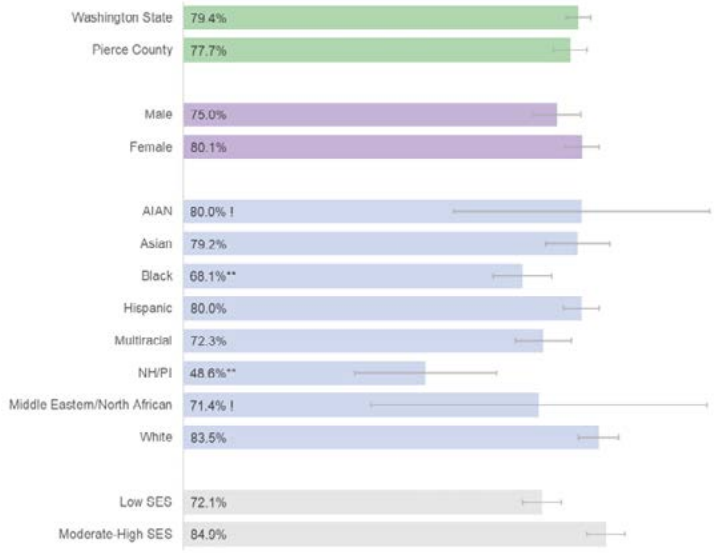
## ROUTINE DENTAL CHECKUP—YOUTH

Routine dental checkups are essential for preventing cavities and promoting healthy dental hygiene practices, particularly for youth.

In Pierce County, the percentage of youth who had a routine dental checkup in the past year was like the state average, with no significant differences observed by gender. Native Hawaiian/Pacific Islander youth were significantly less likely to have had a dental checkup compared to their Asian, White, or Multi-Racial peers. It's important to note that data reliability concerns (large RSE) for certain racial/ethnic groups mean these differences should be interpreted with caution.

The likelihood of having a routine dental checkup significantly increased with higher socioeconomic status, indicating that access to care is closely tied to income.

**Routine dental checkup, past year (%)**
**Pierce County, 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
Mothers Education was used as a proxy for SES. Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.
Source: 2023 Healthy Youth Survey (10th graders)

## CLINICAL PREVENTIVE SERVICES

Clinical preventive services, including screenings for diseases like colorectal, breast, and prostate cancer, play a vital role in disease prevention and detection. These services help reduce the prevalence of chronic conditions, ensuring individuals receive necessary care before a disease becomes severe. Immunizations are one of the greatest public health achievements, significantly reducing the burden of infectious diseases worldwide and continuing to protect public health.

Vaccinations are an essential component of these services. The Advisory Committee on Immunization Practices (ACIP) offers guidance on the effective control of vaccine-preventable diseases in the United States population. This report includes vaccination rates for children aged 19 to 35 months, with data

# Access to Care, Use of Preventive Services & Oral Health

Continued

drawn from the Washington State Immunization Information System (WAIIS). Understanding these rates is crucial for evaluating the health of our community and identifying areas where immunization efforts can be improved.

**Mammography (Breast Cancer Screening)**—Older guidelines (pre-2024) established by the U.S. Preventative Task Force recommended that women in their 40s talk with their doctor about starting to screen for breast cancer. In 2024, these recommendations changed to saying all women (starting at age 40) should be screened every other year for breast cancer.[23]

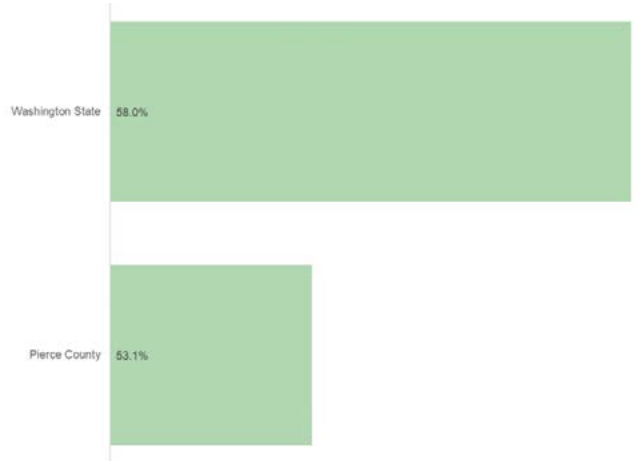
**Colorectal Cancer Screening**—2021 guidelines established by the U.S. Preventative Task Force recommended that adults ages 45 to 75 years begin regular screening at age 45 and continue until age 75. Adults over 75 years were advised to consult with their doctor on continued screening.[24]

## VACCINATIONS (19–35 MONTHS)

Obtaining the recommended vaccinations early in childhood, particularly for children between 19 and 35 months old, have been successful in reducing the burden of infectious disease among youth. One commonly used measure for vaccinations is the percentage of children who have received the 4313314 HEDIS series (4 diphtheria, tetanus, acellular pertussis, 3 polio, 1 measles, mumps, rubella, 3 hepatitis B, 3 Hemophilus influenza type B, one chicken pox, and 4 pneumococcal conjugate vaccine).[25]

The percentage of Pierce County children between 19 and 35 months old who had their recommended vaccinations was significantly lower compared to the state.

**Recommended early childhood vaccines completed (%)**
**19–35 months, 4313314 HEDIS series**




Source: Washington State Immunization Information System, 2023

[23] *United States Preventative Services Task Force." Final Recommendation Statement: Breast Cancer Screening". Apr. 30, 2024. Retrieved from: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening*
[24] *United States Preventative Service Task Force. "Final Recommendation Statement: Colorectal Cancer: Screening". May 18, 2021. Retrieved from: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening*
[25] *Washington State Department of Health. "Public Health Measures: Public Health Immunization Measures by County". Retrieved from: https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/ImmunizationDataDashboards/PublicHealthMeasures*

# Access to Care, Use of Preventive Services & Oral Health

Continued

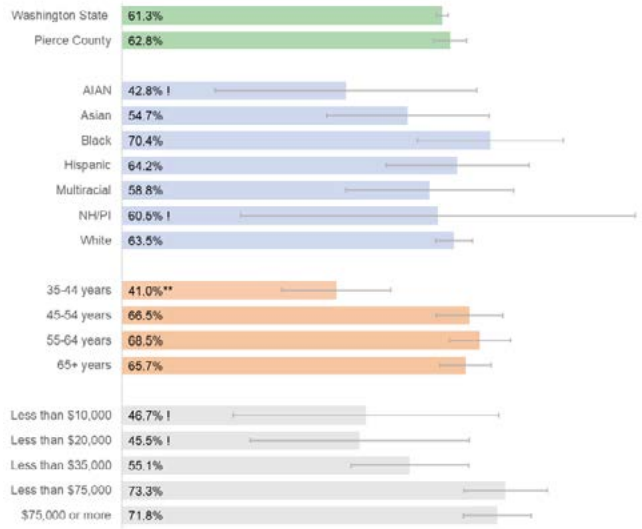
## BREAST CANCER SCREENING

Early screening for breast cancer can help detect abnormalities and other potential problems. A mammogram can show breast lumps (both normal and abnormal) before they can be physically felt. The latest recommendations (2024) are listed on the previous page (Clinical Preventive Services).

The percentage of Pierce County women aged 40+ who received a mammogram within the past two years was not significantly different compared to the state. Women who identified as American Indian/ Alaskan Native were the least likely to have had a mammogram within the past two years, but the difference was not statistically meaningful.

Women aged 35–44 years were significantly less likely to have had a mammogram within the past two years compared to their older counterparts (45+ years). No significant differences were seen by income.

**Mammography Within Past Two Years (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

## COLORECTAL CANCER SCREENING

Regular screening for colorectal cancer can help detect cancer early in its development. In turn, this can improve treatment outcomes and reduce mortality. The latest recommendations (2021) are listed at the beginning of this section (Clinical Preventive Services).

Pierce County residents were slightly less likely to be screened compared to the state, but the difference

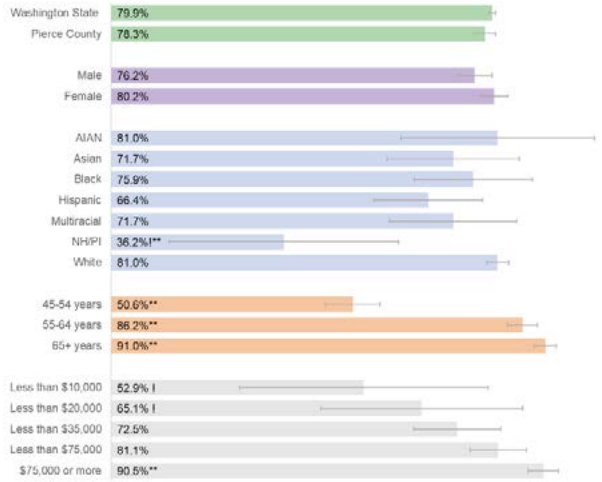
# Access to Care, Use of Preventive Services & Oral Health

Continued

was not statistically meaningful. Adults who identified as Hispanic were significantly less likely to be screened compared to those who identified as Black/African American or White. No significant differences were seen by gender.

Younger adults (45–54 years) were significantly less likely to be screened compared to their older counterparts (55+ years). Colorectal screening increased with increasing income, with individuals making $75,000 or more being significantly more likely to be screened compared to those making less.

**Adults (45–75 years) meeting colorectal cancer screening guidelines (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

## COMMUNITY RESOURCES—ACCESS TO CARE

Bates Dental Clinic provides low-cost preventive care and accepts Apple Health insurance for adults.

Carol Milgard Breast Center offers sustainable breast health services to all women in the Pierce County community.

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 offer primary, preventive and supportive health services without regard to economic or insurance status.

Lindquist Dental Clinic for Children provides accessible, compassionate, and effective dental care to Puget Sound children in need at local clinics, schools, and dental outreach events.

Mary Bridge Children's Immunization Clinic offers free vaccines for newborns and children up to age 19.

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

# Access to Care, Use of Preventive Services & Oral Health

Continued

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

Pierce College Dental Hygiene Clinic provides low-cost preventive care for low-income and uninsured families and seniors.

Pierce County SHIBA Info Page provides details about SHIBA from the Pierce County Government.

Potentially Preventable Hospitalizations Initiative is a pilot program led by a coalition of health service providers, including MultiCare Health System. Clinics 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 and 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.

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.

Statewide Health Insurance Benefits Advisors (SHIBA) can help explain health care coverage options and rights; find affordable health care coverage; and evaluate and compare health insurance plans. Provides free, unbiased and confidential assistance with Medicare and health care choices.

Family Support Centers assist families in finding resources and applying for Washington State Department of Social and Health Services benefits, including SNAP (food stamps), as well as medical and dental benefits. In addition, the 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

# Climate Health

Climate change is one of the largest emerging health threats, threatening ecosystems, countries, and human health. Several species[26] (golden toad, various frog species) have gone extinct due to climate change. Additionally, some ecosystems (Australian Great Barrier Reef) have faced irreparable damage due to climate change.

The World Health Organization estimates that climate change is expected to cause 250,000 additional deaths between 2030–2050 and cost several billion dollars per year by the end of this current decade.[27]

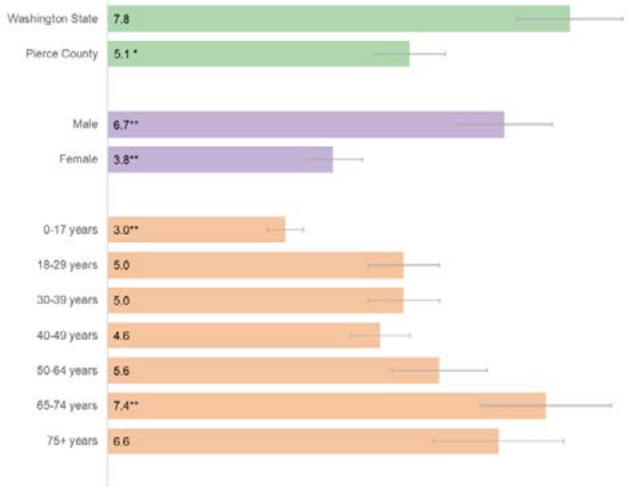
In this section, we describe three indicators—both the number of non-fatal heat- and cold-related emergency department visits, and the number of asthma-related emergency department visits. All rates are calculated as the number of visits out of 10,000 emergency department visits. An individual may be counted more than once if they have repeat visits that fall under a specific category.

## RATE OF HEAT-RELATED EMERGENCY DEPARTMENT VISITS

The rate of heat-related visits is measured through the Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE). It is a visit-based rate that broadly searches an individual medical record for signs of "heat stroke," "heat cramp," "heat stress" (including associated international classification of diseases (ICD) codes), or other similar terms.

The Pierce County rate of heat-related emergency department visits was significantly lower compared to the state. Men were significantly more likely to visit the emergency department due to heat-related illnesses

**Rate of Heat-Related Emergency Department Visits (per 10,000 Visits)**
**Pierce County, January 2021–December 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Rates are visit-based and are per 10,000 visits. An individual may be counted more than once if they have repeat visits.
Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), January 2021–December 2023.

[26] *International Fund for Animal Welfare. "18 animals that recently went extinct". Published December 12, 2023. Available at: https://www.ifaw.org/journal/18-animals-recently-extinct*
[27] *World Health Organization. "Climate change". Available at: https://www.who.int/health-topics/climate-change#tab=tab_1*

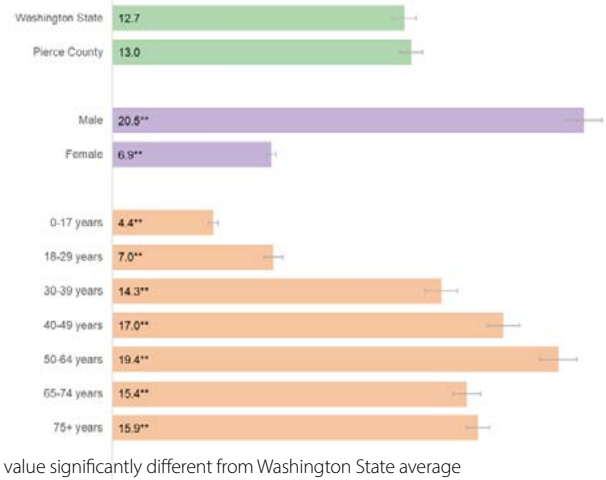
compared to women. Children were significantly less likely to visit the emergency department for heat-related reasons compared to other age groups. Older adults (65–74 years) had the highest rate of heat-related emergency department visits.

## RATE OF COLD-RELATED EMERGENCY DEPARTMENT VISITS

The rate of cold-related visits is measured through ESSENCE. It is a visit-based rate that broadly searches an individual medical record for signs of "frostbite," "hypothermia," "environmental exposure to cold" (including associated ICD codes), or other similar terms.

The Pierce County rate was not significantly higher compared to the state. Within the county, men were significantly more likely to visit the emergency department due to cold-related reasons compared to women. Generally, the rate of cold-related emergency department visits increased with increasing age (through age 64 years), then decreased among older adults (65+ years). Individuals aged 50–64 years had the highest rate of cold-related emergency department visits, while children (under 18 years) had the lowest.

**Rate of Cold-Related Emergency Department Visits (per 10,000 Visits)**
**Pierce County, January 2021–December 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Rates are visit-based and are per 10,000 visits. An individual may be counted more than once if they have repeat visits.
Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), January 2021–December 2023.

## RATE OF ASTHMA-RELATED EMERGENCY DEPARTMENT VISITS

The rate of asthma-related visits is measured through ESSENCE. It is a visit-based rate that broadly searches an individual medical record for signs of "asthma," "bronchospasm" (including associated ICD codes), or other similar terms.

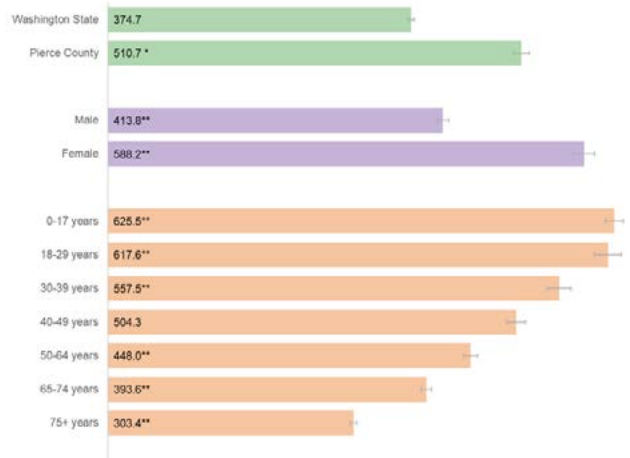
The Pierce County rate of asthma-related emergency department visits was significantly higher compared

# Climate Health

Continued

to the state. Women were significantly more likely to visit the emergency department for asthma-related reasons compared to men. Generally, the rate of asthma-related emergency department visits decreased with increasing age. Children (under 18 years) had approximately 2 times the rate of asthma-related emergency department visits compared to seniors (75+ years).

**Rate of Asthma-Related Emergency Department Visits (per 10,000 Visits)**
**Pierce County, January 2021–December 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Rates are visit-based and are per 10,000 visits. An individual may be counted more than once if they have repeat visits.
Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), January 2021–December 2023.

High rates of asthma-related emergency department visits not only reflect challenges in individual health management but also strain healthcare systems and community resources.

## COMMUNITY RESOURCES—CLIMATE HEALTH

Pierce Conservation District's Climate Resiliency Programs offer initiatives like the Climate Resiliency Grant Program, providing up to $4,000 for property owners facing disproportionate harm from climate-related wildfire risks, and free wildfire preparedness services.

Pierce County Climate Change Resilience Plan is a comprehensive plan outlining strategies to reduce greenhouse gas emissions by 45% below 2015 levels by 2030, focusing on areas such as buildings, transportation, waste, conservation, and education.

Tacoma Climate Action Plan is a plan developed by the City of Tacoma to address climate change, aiming to promote healthy, affordable housing, clean transportation, and green jobs, while reducing carbon pollution.

# Climate Health

## Continued

Tacoma-Pierce County Health Department offers tips and resources for managing extreme weather conditions.

Tacoma-Pierce County Health Department's Health Equity Initiatives focus on addressing health disparities exacerbated by climate change by committing to racial equity and justice and implementing policies that promote health equity.

Various cities (City of Bonney Lake, City of Tacoma, City of Gig Harbor, City of Puyallup) list shelters, food and clothing pantries that are open during extreme heat and cold weather events. Listings include both city-led and external community-partner led locations.

Washington 211 lists clothing resources and locations of shelters open for extreme weather.

# Maternal & Child Health

The health of those who identify as mothers, infants, and children serves as a crucial indicator of the overall health of our community. By supporting family health, we pave the way for a more equitable future for all. Promoting early prenatal care and human milk feeding not only nurtures families but also contributes to the well-being and resilience of future generations.

## PREGNANCY

Pregnancy is a period of significant physical, emotional, and social change, and a supportive relationship with healthcare providers is essential. This connection helps individuals navigate the complexities of pregnancy, ensuring they receive the necessary guidance and care. Early and consistent prenatal care helps prevent complications, supports those with high-risk pregnancies, and connects individuals with valuable resources, such as tobacco cessation and nutrition programs. This care offers continuous education, emotional support, and monitoring of fetal development, helping ensure the best start for both parent and child.

While our community works to improve maternal and child health, disparities persist, especially among Black, Hispanic, Native Hawaiian/Pacific Islander, and American Indian Alaska Native populations. Addressing these inequities is key to reducing preterm births, improving infant survival, and achieving health equity for all families.

Early and regular prenatal care is essential for addressing both acute and chronic health conditions that could affect pregnancy outcomes. It allows healthcare providers to regularly assess the health of both the pregnant individual and their baby, monitor fetal development, and address complications as they arise. Establishing open communication fosters trust and shared health goals, supporting healthier outcomes for both parent and child.

## PRENATAL CARE ADEQUACY

The adequacy of prenatal care is assessed using Kotelchuck's Adequacy of Prenatal Care Utilization index, which considers both the timing of prenatal care initiation (the earlier, the better) and the number of recommended visits completed.

In Pierce County, a significantly higher percentage of mothers reported inadequate prenatal care compared to the state. Within the county, women who identified as American Indian/Alaskan Native and Native Hawaiian/Pacific Islander were significantly more likely to experience inadequate prenatal care compared to women of other races. Hispanic mothers also had a significantly higher likelihood of inadequate prenatal care compared to their Asian counterparts.

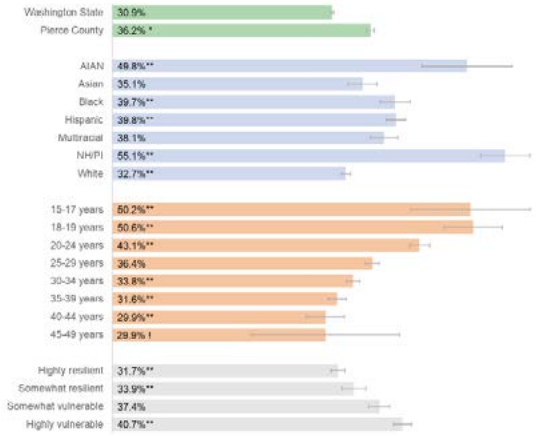
# Maternal & Child Health

Continued

White mothers were significantly less likely to report inadequate prenatal care than women from other racial groups (except for Asians).

The data also reveals that the likelihood of inadequate prenatal care decreases with age. Mothers under 20 years old were significantly more likely to have inadequate prenatal care compared to older age groups, while women aged 20–24 and 25–29 were also more likely to experience inadequate prenatal care compared to their older counterparts.

**Inadequate Prenatal Care (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2023, Community Health Assessment Tool (CHAT), January 2025. CDC Social Vulnerability Index, 2022.

Additionally, when examining social vulnerability across Pierce County's census tracts, the percentage of mothers receiving inadequate prenatal care rose with increasing social vulnerability. Mothers living in highly vulnerable census tracts were significantly more likely to experience inadequate prenatal care than those residing in less vulnerable areas.

Similarly, mothers living in somewhat vulnerable census tracts were significantly more likely to have inadequate prenatal care compared to mothers living in somewhat resilient or highly resilient census tracts.[28]

## INFANCY

The first year of life, or infancy, is an important time in child development. Infant mortality, including sudden infant death syndrome (SIDS), is a concern in all populations experiencing disparities, such as infants born to teenage parents or to certain race or ethnic groups.

**Infant Mortality**—The number of infant deaths per 1,000 live births is generated using birth certificate data and represents the infant mortality rate.

**Low Birthweight**—A birthweight under 2500 grams is low birthweight, while very low birthweight is a birthweight under 1500 grams.

[28] *A lower social vulnerability score corresponds to greater resiliency in a community. To see which census tracts were assigned to which social vulnerability group, see Map 1 (page 15).*

# Maternal & Child Health

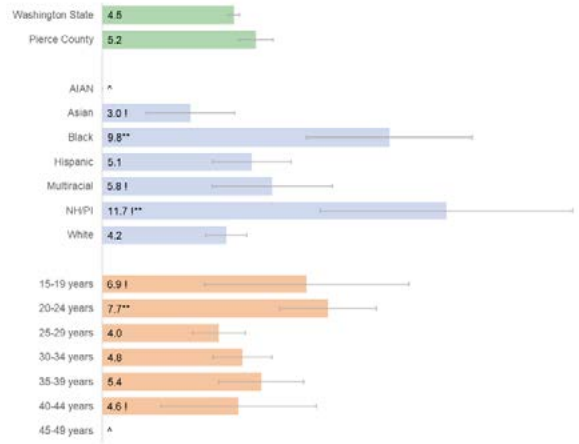
Continued

**Congenital Syphilis**—When a mother passes syphilis on to the newborn child.

## INFANT MORTALITY

Infant mortality refers to the death of a child within the first 365 days of life. While improvements in prenatal care and healthcare access have led to significant reductions in infant mortality rates, it remains a concern in many communities. Despite advancements, certain populations continue to experience higher rates of infant death.

### Infant Mortality Rate (IMR)
**Pierce County, 2019–2023**




IMR: Infant deaths per 1,000 live births
(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Age represents age of the mother.
Race/Ethnicity represent those of the mother.
Source: Washington State Department of Health, Center for Health Statistics (CHS), 1990–2023, Community Health Assessment Tool (CHAT), January 2025.

The rate of infant mortality in Pierce County was not significantly higher compared to the state. Within Pierce County, a few disparities were seen, although many racial/ethnic groups suffered from low sample sizes and wide confidence intervals.[29] Native Hawaiian/Pacific Islander and Black mothers had a significantly higher infant mortality rate compared to White, Hispanic, or Asian mothers.

Infants of mothers aged 20–24 had a significantly higher mortality rate than infants of mothers aged 25–34 years.

## LOW BIRTHWEIGHT

Low birthweight is a critical indicator of newborn health and well-being. In Pierce County, low birthweight is defined as the proportion of infants born weighing 2,500 grams (approximately 5.5 pounds) or less. This measure serves as a key risk factor for various health complications for the infant, including developmental delays, respiratory issues, and a higher likelihood of mortality.

The percentage of infants with a low birthweight in Pierce County was not significantly higher compared to the state. Within the county, Black mothers had a significantly higher percentage of births with a low birthweight compared to Asian, Hispanic,

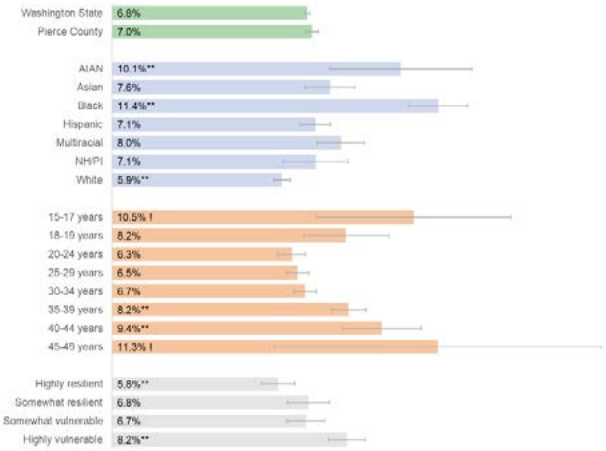
[29] *See section "A Note about Quantitative Data" for a further discussion about limitations.*

Native Hawaiian/Pacific Islander, White and those who identified with more than one race. American Indian/Alaskan Native mothers had a significantly higher percentage of births with a low birthweight compared to White mothers. Younger mothers (those under age 18), and older mothers (those aged 35–44) had a significantly higher percentage of births with a low birthweight compared to mothers between the ages of 20–34 years.

When we looked at social vulnerability across the census tracts in Pierce County, the percentage of babies born with a low birthweight increased with increasing social vulnerability.[30] The greatest disparity in infant mortality rates was observed between individuals living in somewhat vulnerable census tracts and those residing in highly vulnerable census tracts. Mothers in highly vulnerable areas were significantly more likely to experience infant mortality compared to those in less vulnerable neighborhoods.

[30]*A lower social vulnerability score corresponds to greater resiliency in a community. To see which census tracts were assigned to which social vulnerability group, see Map 1 (page 15).*

**Low Birthweight, ≤2500 grams (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%

## CONGENITAL SYPHILIS

Congenital syphilis occurs when a mother who is infected with syphilis passes it on to their newborn during pregnancy. According to the CDC, the number of infants born in 2022 with congenital syphilis was more than ten times the number of infants born with congenital syphilis in 2012.[31]

[31]*Centers for Disease Control and Prevention, 2023. "U.S. Syphilis Cases in Newborns Continue to Increase: A 10-Times Increase Over a Decade". Reviewed: November 7, 2023. Available at: https://www.cdc.gov/media/releases/2023/s1107-newborn-syphilis.html*

# Maternal & Child Health

Continued

The rate of congenital syphilis was significantly higher in Pierce County compared to the state. All cases of congenital syphilis occurred in infants under 1 year of age.

**Congenital Syphilis (per 100,000 infants)**
**Pierce County, 2019–2023**


(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts
Source: Washington State Department of Health, Infectious Disease, STD Services Section, PHIMS-STD, 1992–2023, Community Health Assessment Tool (CHAT), January 2025.

## COMMUNITY RESOURCES—MATERNAL AND CHILD HEALTH

Black Infant Health educates pregnant black women and their families about pregnancy and infant health through a partnership with local African American churches, community groups, and Tacoma-Pierce County Health Department.

Equal Start Community Coalition brings together leaders of nearly 30 organizations to address social determinants that lead to inequities in birth outcomes for African American, Native American, and Latino families.

La Leche League of Washington State provides support for breastfeeding families; there are many regional groups in Washington state. Most offer meetings virtually.

Maternity Support Services (MSS) includes preventive health and education services for Medicaid enrolled pregnant women and their infants.

Native American Women's Dialogue on Infant Mortality (NAWDIM) is a Native-led collective whose members are concerned about high rates of infant mortality in their communities.

Nurse-Family Partnership is a home visiting program available to support families through pregnancy and a child's second birthday.

Perinatal Collaborative of Pierce County (PCPC) is a local non-profit dedicated to improving the health of Pierce County mothers and infants. PCPC provides opportunities to learn about best practices in caring for mothers and infants in our community.

# Maternal & Child Health

Continued

Period of PURPLE Crying is a curriculum that helps parents understand this time in their baby's life and is a promising strategy for reducing the risk of child abuse.

Postpartum Support International has two active support groups in Pierce County.

Pregnancy Aid is a Tacoma social service agency that provides immediate help to any woman and her family, including food, clothes, baby supplies, and help with rent and utilities.

Public Health Improvement Partnership is convened by the Washington State Department of Health to prevent or reduce the impact of adverse childhood experiences, such as abuse and neglect.

Results Washington is former Governor Jay Inslee's statewide framework which calls for reducing birth outcome disparities.

Shades of Divinity provides birth support, education, and resources to BIPOC families and BIPOC birth workers primarily in Pierce County.

Women, Infants, and Children (WIC) provides support for pregnant women, nursing moms, and children under five to improve access to healthy foods, deliver health education and screening services, increase breastfeeding, and access to other health and social services.

# Injury & Violence Prevention


Injuries and violence have far-reaching impacts on both individuals and communities. On an individual level, those directly involved—whether as victims or perpetrators—suffer physical, emotional, and psychological harm. On a broader scale, friends and family of those involved may experience emotional distress and trauma. In the larger community, violence can instill a sense of fear and insecurity, affecting social cohesion and contributing to long-term societal harm. The ripple effects of violence can undermine trust, disrupt the sense of safety, and hinder overall community well-being.

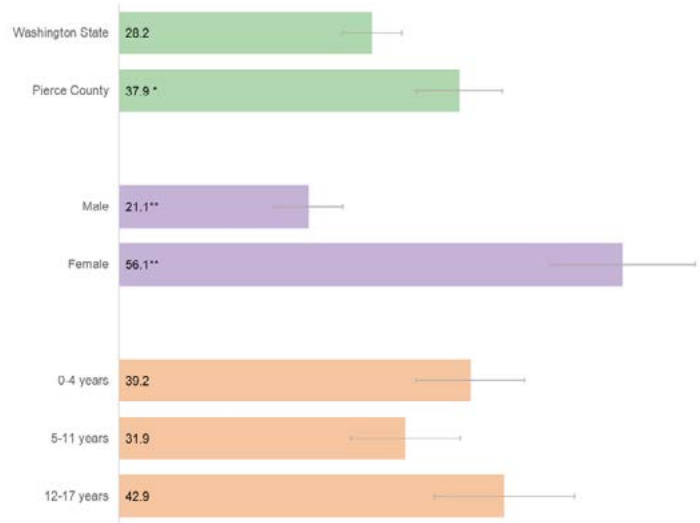
Injuries and violence are leading causes of death and disability at all levels of our society. In Pierce County, the percent of deaths due to any form of injury and violence increased from 8.6% in 2018 to 13.7% in 2023. We can prevent these events. Those who survive these traumatic experiences may face life-long mental and physical problems. Understanding the extent of this socioeconomic issue is critical to effective prevention.

## CHILD ABUSE AND NEGLECT

The rate of child abuse and neglect is measured through ESSENCE, which tracks emergency department and urgent care visits related to these issues, with the rate being calculated per 10,000 visits. Individuals may be counted more than once if they have repeated visits for related reasons.

Pierce County had a significantly higher rate of emergency department/urgent care visits for child abuse and neglect compared to the state average. Within the county, girls were disproportionately affected by this issue. No significant differences were observed based on the child's age.

### Child Abuse and Neglect per 10,000 Emergency Department/Urgent Care Visits
**Pierce County, January 2022–December 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
Rates based off those aged 0–17 years at time of visit.
Rates are visit-based and are per 10,000 visits. An individual may be counted more than once if they have repeat visits.
Source: National Syndromic Surveillance Program, Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), January 2022–December 2023

# Injury & Violence Prevention

Continued

It's crucial to recognize that child abuse and neglect are often underreported, and as a result, the numbers presented are likely an undercount. The pandemic and related lockdowns (from January 2022 to December 2023) may have further exacerbated underreporting, as social interactions were limited and potential interventions were reduced, potentially allowing cases of abuse and neglect to persist.

## INTENTIONAL INJURIES

Intentional injuries, whether self-inflicted (such as attempted suicides and suicide deaths) or caused by others (such as firearm-related injuries), are critical public health issues due to their preventable nature and the profound, long-lasting impact they can have on individuals and communities.

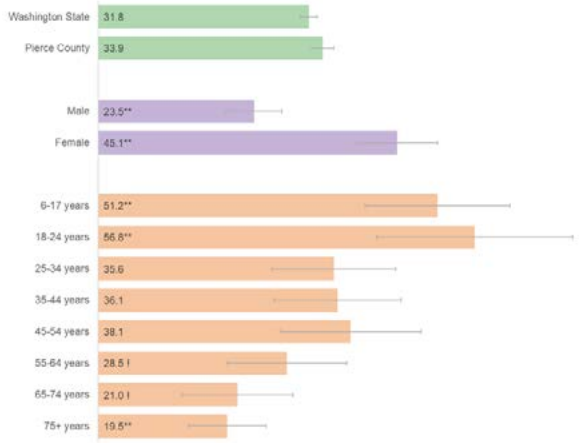
Assaults reported to police and homicides both saw an increase annually from 2018 to 2022, before experiencing a decline in 2023. Firearm-related assaults and mortality rates followed a similar trajectory, with early data from 2024 indicating further declines. Suicide mortality rates fluctuated notably from 2018 to 2023, with the highest rate of 19.5 per 100,000 occurring in 2019 and the lowest at 14.1 per 100,000 in 2021.

Syndromic surveillance data indicates that emergency department visits related to suicide or firearm assaults have stabilized since mid-to-late 2021. The majority of suicide-related visits are seen in individuals aged 18–44, with females representing a larger portion of these visits.

## HOSPITALIZATIONS (ATTEMPTED SUICIDE)

The attempted suicide hospitalization rate is expressed per 100,000 people and is based on specific diagnosis codes from the International Classification of Diseases, 10th Revision (ICD-10), to identify attempted suicide hospitalizations. The rate is age-adjusted to the U.S. 2000 standard population.

**Hospitalizations (attempted suicides)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987–2023. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), November 2024

# Injury & Violence Prevention

Continued

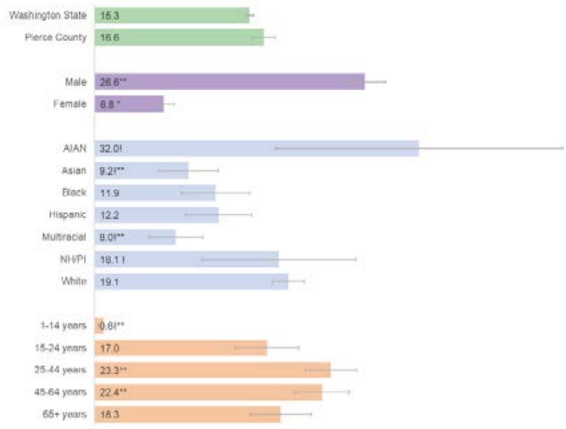
In Pierce County, the attempted suicide hospitalization rate was not significantly higher compared to the state. Women were significantly more likely to be hospitalized for suicide attempts than men. Individuals aged 18–24 years were significantly more likely to be hospitalized for suicide attempts compared to other age groups, while children and teenagers (aged 6–17 years) were significantly more likely to be hospitalized than individuals aged 25 and older. Overall, the rate of attempted suicide hospitalizations tended to decrease with age.

## SUICIDE

Suicide is one of the leading causes of death. The rate of suicide is the number of deaths that are caused by intentional, self-inflicted means per 100,000 people.

Pierce County did not have a significantly higher suicide rate compared to the state. Men are significantly more likely to commit suicide than women. Racial/ethnic data for suicides is often very small (if present at all), often leading to large relative standard errors (and unstable rates). With this in mind, American Indian and Alaskan Natives have the highest suicide rate, while individuals who identified with more than one race had the lowest.

**Suicides per 100,000 people**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Washington State Department of Health, Center for Health Statistics (CHS), 1990–2023, Community Health Assessment Tool (CHAT), January 2025.

## UNINTENTIONAL

Accidental injuries are one of the leading causes of hospitalization and death nationwide. Typically, the most common causes of unintentional injuries are poisonings, motor vehicle crashes and falls.

## FALL-RELATED HOSPITALIZATIONS

Hospitalizations caused by falls are reported as a rate per 100,000 people from hospital discharge data. It includes both nonfatal and fatal falls. Falls

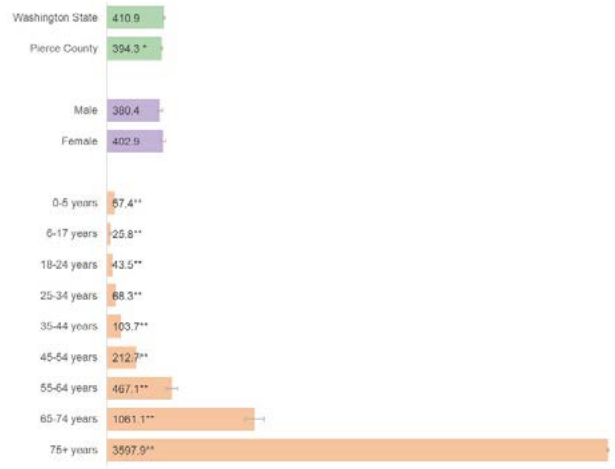
# Injury & Violence Prevention

Continued

are the second most common cause of injury related mortality.

The fall-related hospitalization rate for Pierce County was significantly lower compared to the state. Women were more likely to be hospitalized due to falls compared to men. Except for those aged 6–24, the rate of fall-related hospitalizations increased with increasing age.

**Hospitalizations (Fall-Related)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Rates by age are age specific.
Source: WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987–2023. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), November 2024.

## COMMUNITY RESOURCES—SAFETY

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

Mary Bridge Center for Childhood Safety works to prevent unintentional childhood injuries through comprehensive health education, robust community partnerships, and the implementation of best practice interventions.

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, including concussions and falls.

Harborview Injury Prevention and Research Center is an international leader in injury-prevention research that focuses on reducing the personal impact of trauma and broadening the effectiveness of injury-prevention programs.

Community and senior centers offer physical activity programs, such as Silver Sneakers.

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

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

# Behavioral Health

Mental health is essential to a person's well-being and ability to live a full and productive life. Individuals of all ages—including children and adolescents—with untreated mental health disorders are at an elevated risk for many unhealthy and unsafe behaviors and co-occurring disorders, including substance abuse and dependency.

In a typical year, 1 in 5 (20%) Americans nationally will experience mental illness.[32,33] According to National Alliance on Mental Illness, American Indian/Alaska Natives and Multiracial adults in the United States experience more mental illness (26.6% and 34.9%, respectively) despite representing less of the population. United States adults identifying as lesbian, gay, or bisexual also experience more mental illness compared to other adult populations in the United States (50.2%).[34]

In this report, estimates for youth anxiety and depression rely on information from 2023. As a result, they only reflect the period after most, if not all, COVID-19 pandemic restrictions were lifted.

[32]*Nami.org. 2021.* Mental Health By the Numbers | NAMI: National Alliance on Mental Illness. *[online] Available at: https://www.nami.org/mhstats [Accessed December 10, 2024].*
[33]*Adults with any mental illness were defined as having any mental, behavior, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and substance use disorders). Adults with any mental illness were defined as having serious mental illness if they had any mental behavioral or emotional disorder that substantially interfered with or limited one or more major life activities.*
[34]*Nami.org. 2021.* Mental Health By the Numbers | NAMI: National Alliance on Mental Illness. *[online] Available at https://www.nami.org/mhstats [Accessed September 8, 2021].*

On the other hand, the adult mental health estimates cover a timeframe that includes for the entire period before the pandemic started, during the pandemic and afterwards in 2023. As a result, these results likely reflect a combination of many different experiences of the mental health of Pierce County residents and should not be compared to the youth data directly.

## MENTAL HEALTH

The level of psychological well-being or an absence of mental illness—or mental health—affects how we think, feel, and act. Anxiety and depression are examples of how mental health presents itself in our communities.

**Anxiety**—Anxiety/nervousness/being on edge is measured through the Healthy Youth Survey. It is based on a self-report of youth who felt bothered by being nervous/anxious or on edge more than half the time in the previous two weeks.

**Depression**—Depression among youth is measured through the Healthy Youth Survey, while depression among adults is estimated through the Behavioral Risk Factor Surveillance System. Depression is identified through having a previous diagnosis of depression by a health care professional. Since different surveys, each with their own question wording, are used to measure depression among adults and youth, rates should not be directly compared among the two age groups.

# Behavioral Health

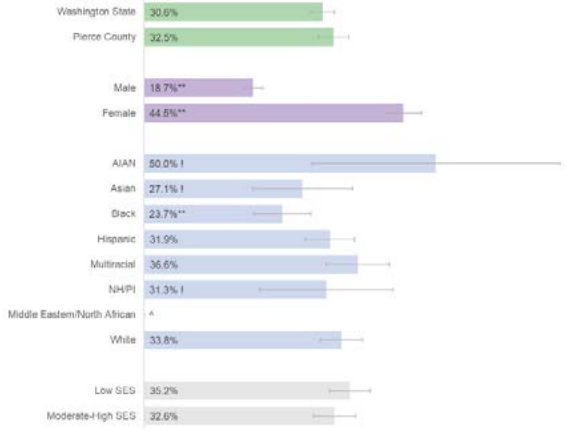
Continued

## ANXIETY—YOUTH

Youth are considered to have experienced anxiety if they reported feeling bothered by nervousness, being on edge, or feeling anxious more than half of the time in the past two weeks.

The percentage of youth experiencing anxiety in Pierce County was not significantly different from the state. Girls were significantly more likely than boys to report feeling bothered by nervousness, anxiety, or being on edge.

**Self-Reported Anxiety—Youth (%)**
**Pierce County, 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Mothers Education was used as a proxy for SES. Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.

While American Indian/Alaskan Native youth had the highest reported rate of anxiety, the difference compared to other racial and ethnic groups was not statistically significant. Black youth were significantly less likely to report feeling bothered by nervousness, anxiety, or being on edge compared to White youth or those identifying with multiple races.

No significant differences in anxiety rates were observed by socioeconomic status.

## DEPRESSION AMONG YOUTH

Youth are considered to have experienced depression if they reported feeling so sad or hopeless almost every day for at least two weeks in a row that they stopped engaging in some of their usual activities within the past 12 months.

The percentage of youth experiencing depression in Pierce County was not significantly different from the state. Girls were significantly more likely than boys to report depressive symptoms.

Hispanic youth and those identifying with more than one race were significantly more likely to report depression compared to Black youth. These results should be viewed with caution due to low sample sizes and wide confidence intervals.[35]

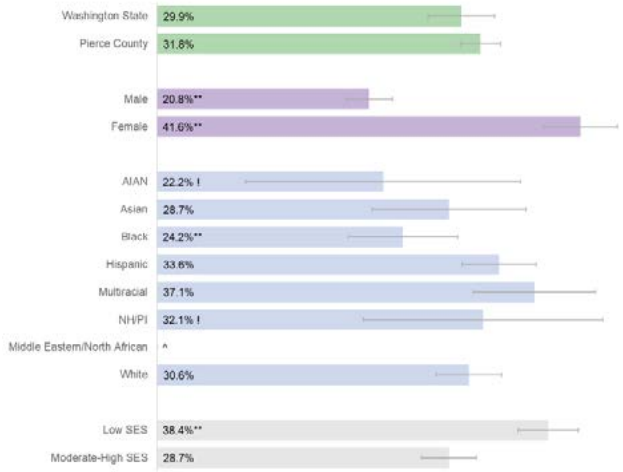
[35] *See section "A Note about Quantitative Data" for a further discussion about limitations.*

# Behavioral Health

Continued

Youth with a lower socioeconomic status were significantly more likely to be depressed compared to youth from a moderate/high socioeconomic status.

**Self-Reported Depression—Youth (%)**
**Pierce County, 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Race excluded due to sample size limitations
Source: 2023 Healthy Youth Survey (10th graders)

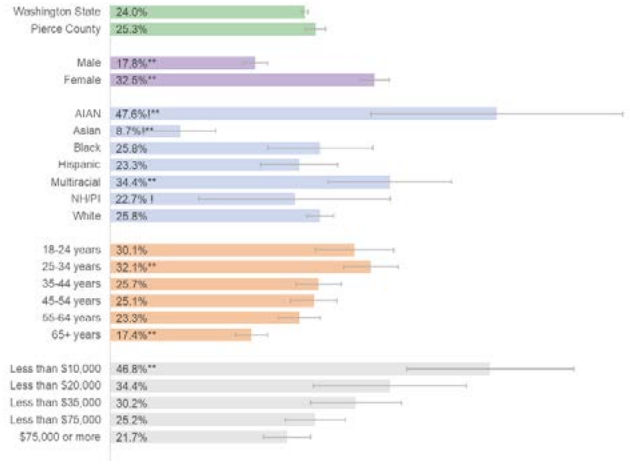
## DEPRESSION AMONG ADULTS

Adult depression diagnoses are self-reported through the Behavioral Risk Factor Surveillance System (BRFSS), which collects data on mental health conditions and other health-related behaviors. Rates for adults include a larger timeframe (2019–2023) than youth data (2023) and reflect different experiences (before/during/after pandemic vs. only after). Additionally, the questions are worded differently for adults, which could lead to different responses. As a result, adult estimates should not be directly compared to those for youth.

No significant differences were seen between Pierce County adults and the state. Women were significantly more likely to report being depressed compared to men.

Many race/ethnic groups had low sample sizes and wide confidence intervals, making results difficult to interpret.[36] Considering this, adults who identified as American Indian/Alaskan Native were significantly

**Diagnosed Depression—Adults (%)**
**Pierce County, 2019–2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(!) relative standard error greater than 30%
(^) data is suppressed due to low counts.
Source: Behavioral Risk Factor Surveillance System

[36] *See section "A Note about Quantitative Data" for a further discussion about limitations.*

# Behavioral Health

Continued

more likely to be depressed compared to those who identified as Asian, Hispanic, or White. Adults who identified as Asian were significantly less likely to be depressed than all other races, except those who identified as Native Hawaiian/Pacific Islander.

Generally, the prevalence of depression decreased with increasing age. Older adults (aged 65+ years) were significantly less likely to be depressed compared to their younger counterparts.

The prevalence of diagnosed depression declined as income levels increased.

## SUBSTANCE ABUSE AND DEPENDENCY

The misuse of mind-altering substances, both legal and illegal, poses significant challenges to a community. Substances of public health concern include alcohol, marijuana, and opioids, among others. Alcohol and marijuana use among youth or driving while under the influence of either are concerns of the public health system. Ensuring an adequate system to assist individuals dealing with substance abuse and dependency issues is key.

## ALCOHOL, MARIJUANA, PAINKILLER, OR OTHER ILLICIT DRUG USE

As noted, marijuana use increases the risk of addiction and academic struggles among youth, while alcohol poses similar risks. Both substances can act as gateways to other illicit drug use.

The percentage of Pierce County youth who reported consuming alcohol or using marijuana, painkillers, or other illicit drugs in the past 30 days was not significantly higher than the state average. Girls were significantly more likely to report doing one of the above activities compared to boys.

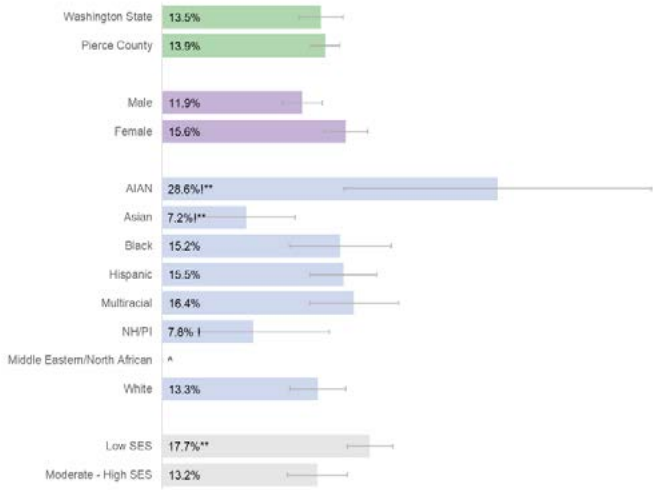
Due to small sample sizes and wide confidence intervals for many racial and ethnic groups, interpretation of results is challenging. Considering this, Asian youth in Pierce County reported significantly lower rates of alcohol consumption and marijuana, painkiller, or illicit drug use in the past 30 days compared to youth who identified as American Indian/Alaskan Native, Hispanic, or Multiracial. Additionally, American Indian/Alaskan Native youth had significantly higher substance use rates compared to their Native Hawaiian/Pacific Islander and Asian peers.

# Behavioral Health

Continued

Youth from lower socioeconomic backgrounds were more likely to report alcohol or drug use compared to those from higher socioeconomic backgrounds, though the difference was not statistically significant.

**Alcohol, Marijuana, Painkiller, or Other Illicit Drug Use—Past 30 days (%)**
**Pierce County, 2023**




(*) value significantly different from Washington State average
(**) value significantly different from Pierce County average
(^) data is suppressed due to low counts.
(!) relative standard error greater than 30%
Mothers Education was used as a proxy for SES. Low SES was defined as having a mother who had a high school diploma/GED or lower. High SES was defined as having a mother who had at least some college or technical training after high school.
Source: 2023 Healthy Youth Survey (10th graders)

## COMMUNITY RESOURCES—BEHAVIORAL HEALTH

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.

Children's Crisis Outreach Response System (CCORS) provides mobile crisis outreach and crisis stabilization services for children and youth up to age 18.

Gig Harbor Key Peninsula Suicide Prevention Coalition helps educate the community.

Living Works has several suicide preventions programs and training in Pierce County.

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

# Behavioral Health

## Continued

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

Seattle YMCA Crisis Support Page provides 24/7 support for youth (0–17) and unhoused youth/young adults (0–24 years).

The Crisis Solutions Center offers a therapeutic option when police and medics are called to intervene in a behavioral health care crisis. The program minimizes inappropriate use of jails and hospitals and provides rapid stabilization, treatment, and referrals for up to 46 individuals.

National Alliance on Mental Illness (NAMI) Pierce County serves individuals, families, and communities in Pierce County struggling with mental health.

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.

Family Support Partnership staffs Family Support Centers which offer many community-based services. They are hubs to help families find the resources to achieve their goals. Not all support centers have the same services. Each is designed to meet the needs of the community around it.

Greater Lakes Mental Healthcare provides a full range of mental health services.

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

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

Comprehensive Life Resources provides behavioral health services—including outpatient and community support services to adults, children, and families; services to homeless individuals; housing services; foster care; and residential/inpatient services for children and adults.

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.

# Behavioral Health

Continued

Our Sisters' House is a BIPOC centered/led advocacy organization that provides support to those experiencing domestic violence and similar violence. Serving the greater Tacoma area.

Multiple domestic violence emergency shelters (DAWN, LifeWire, YMCA Pierce County) exist around the Puget Sound region offering emergency shelter to those suffering or fleeing from domestic violence.

Secure Medicine Return provides information from the Tacoma-Pierce County Health Department about safely returning any unused medication.

Opioid Treatment Services provides information from the Tacoma-Pierce County Health Department about various services related to opioids.

# Supplement

## QUANTITATIVE DATA SOURCES

The quantitative analysis incorporated data from a variety of sources, including those that provide aggregate results for specific populations and those offering raw data, which allowed Tacoma-Pierce County Health Department to generate its own estimates.

### AMERICAN COMMUNITY SURVEY (ACS)

This mailed survey serves as an annual supplement to the 10-year Census. The ACS data determines residence based on census tracts, which are then converted into zip code tabulation areas (ZCTAs) for analysis.

### BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

This is the world's largest continuously conducted telephone health survey, gathering extensive data on health conditions, behaviors, and risk and protective factors among adults. In 2011, a new data-weighting methodology was introduced, making pre-2011 data unreliable for direct comparison with data from 2011 onward.

### COMPREHENSIVE HOSPITALIZATION ABSTRACT REPORTING SYSTEM (CHARS)

Hospital discharge data includes detailed records of inpatient and observation patient stays, providing valuable insights into hospital utilization, diagnoses, procedures, and patient outcomes.

### COMMUNITY HEALTH ASSESSMENT TOOL (CHAT)

This data source is a web application that allows authorized users to generate estimates for various geographies based on different data sources. It consolidates data from a range of sources to provide estimates at the zip code, county, and state levels.

### WASHINGTON STATE DEPARTMENT OF SOCIAL AND HUMAN SERVICES (DSHS)

Foster care placement services, foster care support services, and Child Protective Services (CPS) aggregate estimates at the county and school district levels which are accessible through the online reporting system provided by DSHS. This system allows for detailed, location-specific data on foster care and child protection services.

# Supplement

Continued

## HEALTHY YOUTH SURVEY (HYS)

This school-based survey is conducted biennially statewide for students in grades 6, 8, 10, and 12 in public schools, with this report focusing on 10th-grade data. Maternal education level serves as a proxy for socioeconomic status (SES). Low SES is defined as having a mother with a high school diploma or GED, while high SES is defined as having a mother with at least some college or technical training beyond high school.

## OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION (OSPI)

Washington Office of Superintendent of Public Instruction (OSPI) offers data on graduation rates and free or reduced-price meal eligibility through the Comprehensive Education Data and Research System (CEDARS). This online system captures information about student graduation, transfers, and drop-outs. The adjusted cohort method tracks a single group of students over four years, starting from their first year in 9th grade. The cohort is adjusted by adding students who transfer into the school and subtracting those who transfer out.

## CDC SOCIAL VULNERABILITY INDEX

The Social Vulnerability Index (SVI) was initially developed by the CDC to assist emergency responders in prioritizing communities for hazard preparedness and response. It uses 15 census-tract level variables to assess and rank communities across four key themes: socioeconomic status; household composition and disability; minority status and language; and housing type and transportation. These variables are then combined into a single overall score. For the purposes of this report, census tracts are categorized into one of four resilience levels: highly resilient, somewhat resilient, somewhat vulnerable, and highly vulnerable.

## BIRTH CERTIFICATE DATA

The birth certificate system in Washington state includes records for all births occurring within the state and nearly all births to state residents. Information is collected about the mother, father, pregnancy, and child through forms completed by parents or medical staff, as well as reviews of medical charts or a combination of both. In cases where midwives or family members deliver the baby, they are responsible for completing the birth certificate and gathering the necessary information from the parent or their records. Washington State Department of Health, Center for Health Statistics, compiles this data.

# Supplement

Continued

## UNITED STATES DEPARTMENT OF TRANSPORTATION EQUITABLE TRANSPORTATION COMMUNITY EXPLORER

This web application utilizes 2020 census tracts and data to highlight how certain communities are disproportionately impacted by the combined cost of transportation. It calculates a percentage based on the sum of a household's costs for auto (including purchasing and upkeep), travel time, and transit costs, divided by the average household income in that census tract. Data is accessible through the U.S. Department of Transportation Insecurity Analysis Tool.

## WASHINGTON STATE CANCER REGISTRY (WSCR)

Washington State Cancer Registry (WSCR) tracks cancer incidence in the state to enhance understanding, control, and reduce cancer occurrence. Established in 1995 with funding from the Centers for Disease Control and Prevention's National Program of Central Cancer Registries, the program aims to standardize data collection and support cancer prevention and control efforts. Estimates derived from this data were obtained through the Washington State Department of Health's Community Health Assessment Tool (CHAT).

## WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM (WSIIS)

Washington State Immunization Information System (WSIIS) is a lifetime registry that maintains immunization records for individuals of all ages. Estimates were gathered from WSIIS, with specific immunization reports focusing on children aged 19–35 months.

## WASHINGTON TRACKING NETWORK (WTN)

Washington Tracking Network is a comprehensive collection of environmental public health data. It aggregates estimates from various data sources, providing a centralized location for accessing measures that impact environmental public health.

## QUANTITATIVE METHODS

Estimates are generated for both Washington and Pierce County. In most instances, statistical software suite (SAS) 9.4 software is used for data analysis. However, in some cases, estimates are sourced externally. Sub-population estimates are also produced, and maps are included when relevant and suitable. The following definitions are provided to clarify 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 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.

**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:** Multiyear average estimates were used to increase sample sizes and to minimize widely fluctuating frequencies from year to year.

**Confidence Intervals (CI):** County 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.

# Supplement

## Continued

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

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 by a public health epidemiologist using the following criteria. For indicators coming from datasets that maintained the same methodology throughout the COVID-19 pandemic, four criteria were used.

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

However, some datasets changed methodologies/ guidelines during the COVID-19 pandemic, making trend analysis inadvisable. The indicators that were affected are: all of the indicators from the Healthy Youth Survey (methodology change); colorectal cancer screening guidelines (change in recommendations); and hospitalizations (change in data availability). These indicators were scored using three criteria (omitting the trend analysis portion). For both sets of criterion, gender and equity were more heavily weighted due to racism being a major driver for poor health outcomes.

The average of these criterion was calculated for each indicator. In the case of a tie, an observation to see if there was a clear trend from 2018 to most recent data

# Supplement

## Continued

was used. Value options ranged from 0 to 1.25 and were ranked in descending order.

From this list, we identified all indicators with a value of 1 or greater as clear priorities. Then, for any categories where the highest value was 0.75, we added those. This resulted in a total of 11 indicators across 6 categories as priorities. Five of the specific indicators which were prioritized were in a single group; no other group has more than two indicators.

- The selection of priority health needs was limited by several factors. These include:
- Selection of indicators. The inclusion and exclusion of certain indicators may bias the results toward a specific priority.
- Relevance to themes (domains) from community engagement activities. Due to the nature of the interview questions, relevance to some indicators may not be adequately captured.

Indicators may have more than one association (e.g., obesity has a chronic disease component and a behavioral health component). Secondary, tertiary, and quaternary associations were ignored.

As a result of these limitations, the identified priorities may not adequately capture all the needs of the community.

### PRIORITY HEALTH NEEDS—SCORING RUBRIC

| Priorities and Sub-Priorities | Indicators | Average |
|---|---|---|
| Behavioral Health | | |
| Poisoning Deaths | Poisoning Deaths | 1.25 |
| Depression in Adults | Depression—Adults | 1 |
| Anxiety—Youth | Anxiety—Youth | 1 |
| Depression—Youth | Depression—Youth | 1 |
| | Drug/Painkiller Use—Youth | 1 |
| | Cigarette Use—Adults | 0.75 |
| | Suicide | 0.75 |
| | Physical Activity Recommendations—Youth | 0.67 |
| | Attempted Suicide | 0.67 |
| | Social Support—Adults | 0.5 |
| | Physical Activity Recommendations—Adults | 0.25 |
| | E-Cigarette Use—Youth | 0.25 |
| | Cigarette Use—Youth | 0 |
| Accidents | | |
| Unintentional deaths | Unintentional Deaths | 1.25 |
| | Fall-Related Hospitalizations | 0.33 |
| Chronic Disease | | |
| Obesity—Adults | Obesity—Adults | 1 |
| | Disability | 0.75 |
| | Colorectal Cancer | 0.75 |
| | Asthma—Youth | 0.67 |
| | Cardiovascular Disease—Adults | 0.5 |
| | Hypertension—Adults | 0.5 |
| | Breast Cancer | 0.5 |
| | Obesity—Youth | 0.33 |
| | Diabetes—Adults | 0.25 |
| Maternal and Child Health | | |
| Inadequate Prenatal Care | Inadequate Prenatal Care | 1 |
| | Infant Mortality | 0.75 |
| | Low Birthweight | 0.75 |
| | Congenital Syphilis | 0.67 |
| Climate | | |
| Asthma Related ED Visits | Asthma-Related ED Visits | 1 |
| | Heat-Related ED Visits | 0.5 |
| | Cold-Related ED Visits | 0.5 |
| Access to Care | | |
| Insurance Coverage | Insurance coverage | 0.75 |
| Transportation Cost Burden | Transportation | 0.75 |
| | Unmet Healthcare Need Due to Cost | 0.5 |
| | Colorectal Screening Guideline | 0.33 |
| | Mammography Screening | 0.33 |
| | Dental Visits in Last Year—Youth | 0.33 |
| | Dental Visits in Last Year—Adults | 0.25 |
| | Vaccination | 0.25 |
| Violence | | |
| | Intentional Injury Hospitalizations | 0.67 |
| | Child Abuse and Neglect | 0.5 |
| Overall | | |
| | Life Expectancy | 1.25 |

# Appendix A: Reports Reviewed for the Systematic Review

## REPORTS REVIEWED FOR THE SYSTEMATIC REVIEW

| Report | Organization | Date of Report | Phase of the Systematic Review |
|---|---|---|---|
| Pierce County Community Health Improvement Plan | TPCHD | 2020 | Phase 1 |
| Community Health Assessment | TPCHD | 2019 | Phase 1 |
| Policies to Advance Health Equity | TPCHD and University of Washington, Department of Psychiatry and Behavioral Sciences | | Phase 1 |
| Pierce County Community Health Needs Assessment | TPCHD, Virginia Mason, MultiCare | 2022 | Phase 1 |
| Communities of Focus Report | TPCHD | 2022 | Phase 1 |
| Pierce County COVID 19 Health Equity Assessment | TPCHD | 2019 | Phase 1 |
| Resilient Pierce County Culminating Report | | 2020 | |
| Youth Focus Groups | TPCHD | 2020 | Phase 1 |
| Tacoma Metropolitan Development Council Community Needs Assessment | Metropolitan Development Council and Pierce County Human Services | 2024 | Phase 1 |
| Your Voice Your Power | TPCHD | 2023 | Phase 2 |
| Springbrook Food Access Survey | TPCHD | 2024 | Phase 2 |
| SSHA3P Middle Housing Grant Deliverables | South Sound Housing Affordability Partners (SSHA3P) | 2023 | Phase 2 |
| TPL Eastside and Hilltop Libraries Feasibility Study | City of Tacoma | 2022 | Phase 2 |
| Disrupting and Healing Trauma Associated with Youth Violence: Root Causes, Service Gaps, and Proven Strategies | Peace Point | 2023 | Phase 2 |
| Baby Lounge Post Survey | TPCHD | 2022-2024 | Phase 2 |
| Family Outcomes Data | TPCHD | 2024 | Phase 2 |
| Family Connects Outcomes | TPCHD | 2024 | Phase 2 |
| Youth Focus Groups | TPCHD | | Phase 2 |
| State of Play Tacoma | Metro Parks Tacoma & Aspen Institute | 2024 | Phase 2 |
| City of Tacoma Climate Action Plan 2030 | City of Tacoma | 2021 | Phase 2 |
| Metro Parks Tacoma Comprehensive Program Plan: Community Input | Metro Parks Tacoma | | Phase 2 |

# Appendix B: Focus Group Facilitator Guide

## FOCUS GROUP FACILITATOR GUIDE

**Guide was modified for key informant interviews*

Facilitator name: _____Notetaker: _____

*This is only a guide and can be modified. Only the consent statement and questions need to be asked exactly how they are worded. We encourage incorporating culture, arts, and other things that support a meaningful discussion.*

### Opening remarks/Group Agreements:

"Welcome. My name is [NAME, Pronounce] and I work for _____, I will be your moderator. We are here today to learn about strengths and resources in your community that contribute to your well-being, and also gaps in resources and barriers to your health and wellbeing. This information will guide us in creating Community Health Needs Assessment, which is used by the county and the hospital systems and will lead to setting priorities for the near future of the county and its partners.

Thank you for participating in this discussion. Our discussion will last about one hour. There are sticky notes and posters around the room if you prefer writing down your answers. Feel free to move about the room, etc.

### If virtual:

*This Zoom seems to work best if we all mute ourselves unless we are talking, so there is no background noise. Also please use the 'raise hand' function if you have a question or put your question directly into the chat box (for large groups especially).*

"There are no right or wrong answers to the questions I am about to ask. Please feel free to share your point of view even if it's different from what others have said. To show our respect to the group I ask that we be mindful to not interrupt each other.

"We're interested in hearing from all of you. So, if you've shared already, please give others a chance to speak first. If you aren't saying much, I may call on you. We just want to make sure we hear from all of you.

### *IF RECORDING CONVERSATION:

"We are recording the conversation today because we don't want to miss any of your comments and can't write fast enough to get them all down. We will be on a first name basis, and we won't use any names in our reports. Transcripts of this conversation will only be seen by (moderator and notetaker) and the recording will be deleted immediately after our summary is complete. What you share will be confidential and your participation in this group will not affect your participation in health department programs or from receiving any services. Is everyone ok with us recording this conversation?

"Are there any questions before we begin?"

# Appendix B: Focus Group Facilitator Guide

Continued

### QUESTIONS

**Strengths/ Assets:** We're trying to learn what strengths and resources the community has that supports health and well-being. These strengths could be physical or cultural, resources like job skills, education, to the arts or music, to ways you help in your family or community.

- What factors in your community help promote good health?
- What is the community doing to improve health outcomes? What solutions has the community identified to improve community health?

**Gaps question:** We are also trying to learn about what things prevent you from being healthy.

- What barriers keep you from being healthy?

**Forces of Change question:** The Forces of Change domain uses a health equity lens to identify forces that can affect the community and local public health system. It can focus on occurrences in the past, present, or future, including forces in the past that contribute to structural inequities. Trends to consider: social, economic, political, technological, environmental, scientific, legal, ethical, or other.

- What has occurred recently that might affect the community, what might occur in the future? What forces are occurring locally, regionally, nationally, globally?

## CLOSING

***(Synthesize any collective action items from the meeting – read aloud or send out notes after the meeting).***

"If you would like to be emailed a summary of today's session, and provide any feedback before we present the findings to the department, please provide your email on the clipboard."

"If questions come up after you leave, you can call or email the following contact Leah Ford."

# Appendix C: Creative Arts Submissions

"Space Oil". Artist: Sprout Armstrong

yes ze at least zey thinks ze are but are zey
the world says no ze should not exists but ze does should ze stay or should ze go what if zey where a mask then ze will exist right the little bird on the branch said to ze to the world you will only exist to blame but you can exist with us said a voice from a place called the trash

we are all not supposed to be gay said im gay i like men and i am a boy

hi ze i am trans fem and trans masc is my twin we are both not who our anatomy says we are

the bird said everyone in the trash outside of the box is alive but not in the box we are all together and if you want you can stay ze

ze said i am ze not she or he just ze and that's all right

"is Ze real". Artist: Moxie K.

Description: the barriers to getting my identity recognized and my hidden disabilities.

"friendship mummy". Artist: Kel Welsheimer

Description: A mummy with googly eyes reciting a poem about their support from friends.

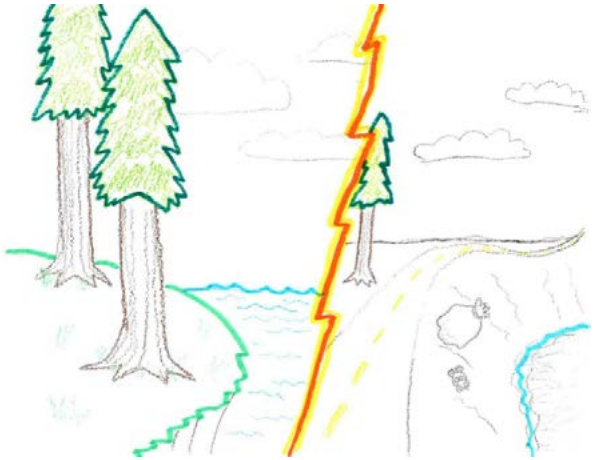
"M dawg in the tunnel". Artist: Billy M.

Description: A painting of my friend in a tunnel that's in one of the beautiful forests in the pacific northwest.

# Appendix C: Creative Arts Submissions

Continued


"Alone". Artist: Monty Goff



"Our outdoors". Artist: Tommy Griffith

Description: The benefits of walking outside yet the harm of pollution.

"Never enough time". Artist: Ray Fitzpatrick

Description: This piece is about the difficulties of managing your time and how that can be a barrier for taking care of your own health and wellness, when there's so much to do, work, school, college, socio personal relationships, self-care often comes last.

# Appendix D: Demographic Survey

## DEMOGRAPHIC SURVEY (FOCUS GROUPS)

Thank you for participating in Tacoma-Pierce County Health Department's focus group for our Community Health Needs Assessment. Your answers will help us protect and improve the health of everyone in Pierce County.

This survey will take less than 5 minutes to complete. Your participation is voluntary and anonymous. It won't affect your ability to receive services from the Health Department or other organizations.

Questions? Contact chip@tpchd.org.

What is your race and/or ethnicity? Select all that apply and enter any additional details in the space below.

- American Indian or Alaska Native
- Asian - East
- Asian - Southeast
- Asian - South
- Hispanic or Latino
- Black or African American
- Middle Eastern or North African
- Native Hawaiian/ Pacific Islander
- White or Caucasian
- My race/ethnicity is not listed: Fill in the blank
- I prefer not to answer

What is your gender?

- Agender/Bi-gender/Nonbinary
- Woman
- Man
- Trans Woman
- Trans Man
- My gender is not listed: Fill in the blank
- I prefer not to answer

What is your sexual orientation?

- Straight/Heterosexual
- Gay/Homosexual/Lesbian
- Bisexual
- Asexual
- My sexual orientation is not listed: Fill in the blank
- Don't know
- Prefer not to answer.

Please select your age group:

- Under 18
- 18-24 years old
- 25-34 years old
- 35-44 years old

# Appendix D: Demographic Survey

Continued

- 45-54 years old
- 55-64 years old
- 65+ years old
- I prefer not to answer.

Do any of the following disabilities or conditions apply to you?

- Developmental or intellectual disability (down syndrome, autism, ADHD, or other things like that)
- Learning disability (dyslexia, dyscalculia, or other things like that)
- Mental health condition (depression, anxiety, bipolar, schizophrenia, or other things like that)
- Mobility disability (use a wheelchair, walker, cane, prosthetic, or other things like that)
- Sensory disability (blindness, low-vision, deaf, hard-of-hearing, DeafBlind, or other things like that)
- Other health condition (HIV/AIDS, cancer, diabetes, epilepsy, or other things like that)
- I have another disability: fill in the blank
- None of the above
- I prefer not to answer.

What is your current health insurance coverage? (check all that apply)

- A plan through my employer
- A marketplace plan/ private
- Medicare
- Medicaid
- A combination of Medicare and Medicaid
- Currently uninsured
- I don't know.
- I prefer not to answer.

Military Have you served on active duty in the United States Armed Forces (Army, Navy, Air Force, Coast Guard, Space Force) or in a National Guard/ military reserve unit?

- Yes
- No
- I prefer not to answer.

What zip code do you mainly reside in?

- Fill in the blank
- I prefer not to answer.

# Appendix E: Codebook for Qualitative Analysis

## CODEBOOK FOR QUALITATIVE ANALYSIS (COMMUNITY CONTEXT ASSESSMENT)

*Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach.

| Code | Definition | Example(s) | Rationale |
|---|---|---|---|
| Social Connections | "A sense of belonging to others and to a neighborhood or community. Social connections can give you a support system and a sense of belonging and improve your:<br><br>Mental health.<br>Physical health.<br>Longevity.<br>Community's ability to recover after emergencies. " | "Need: "As an older family member, I haven't been able to see my grandkids and it hurts." –COVID-19 Listening session participant<br><br>Strength/Asset: "This is the heart of the community. I don't even know how else to describe it. It's the heart like you pass by, people wave at you, people speak to you. My kids love it here." – Stafford Elementary School Parent " | This fits best as social connections because the person is/is not feeling a sense of belonging with family and it's affecting their mental health positively/negatively. |
| Healthy Food: Affordability & Accessibility | "Food affordability describes whether people can buy healthy food without straining their income. Food accessibility refers to people's ability to easily access healthy food options. Lack of healthy food is related to numerous chronic diseases. | "Turn empty lots, closed parks, broken pools into community gardens, gathering places, places to learn and share stories. There is a [natural] place behind a bar where I go to feel calm and peace." – Lincoln High School student | This fits best in Healthy Food: Affordability & Accessibility because the person is suggesting a community garden as a food source need as well as a strength/asset where they go to feel better. |
| Transportation | "Accessing basic health needs and services can be challenging without good transportation. | | "Accessing basic health needs and services can be challenging without good transportation. Community |

# Appendix E: Codebook for Qualitative Analysis

Continued

| *Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach. | | | |
|---|---|---|---|
| **Code** | **Definition** | **Example(s)** | **Rationale** |
| | Community feedback around transportation improvements or "ways to get around" cover a variety of topics including physical road improvements (fix potholes, road repairs) to more accessible public transportation. Bringing services to those who are home-bound or experiencing homelessness has also been a common theme. | | feedback around transportation improvements or "ways to get around" cover a variety of topics including physical road improvements (fix potholes, road repairs) to more accessible public transportation. Bringing services to those who are home-bound or experiencing homelessness has also been a common theme. |
| Housing Affordability & Accessibility | Housing affordability and accessibility is the ability to comfortably pay for housing within one's existing income. Community members shared the need for safe, reliable and affordable housing. Specifically, there is a need for low-income housing and support for those who have become displaced or homeless as a result of gentrification and economic hardship. | "Concerned about housing. Still don't know what's going to happen. I've been able to pay my rent, but I'm concerned. As the (eviction) moratorium expires. Not sure what that looks like."– COVID-19 listening session participant | This fits best as (a need) for housing affordability & accessibility because the person is referencing an eviction policy that could positively or negatively affect their ability to keep secure housing, due to financial instability from COVID-19. |
| Safety | In community health, "safety" refers to the state where a community is protected from physical, psychological, and environmental hazards, allowing individuals to live without fear of harm or injury, and includes | ""The cops never came." (more police presence) – Stafford Elementary School Parent | In community health, "safety" refers to the state where a community is protected from physical, psychological, and environmental hazards, allowing individuals to live without fear of harm or injury, and includes access |

# Appendix E: Codebook for Qualitative Analysis

Continued

| *Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach. | | | |
|---|---|---|---|
| **Code** | **Definition** | **Example(s)** | **Rationale** |
| | access to necessary resources and services to maintain well-being, encompassing aspects like crime prevention, access to quality care, and a supportive social environment; essentially, a community where people feel secure in their daily lives and have the ability to thrive. | | to necessary resources and services to maintain well-being, encompassing aspects like crime prevention, access to quality care, and a supportive social environment; essentially, a community where people feel secure in their daily lives and have the ability to thrive. |
| Youth Activities | Describes the community's desire to create more activities and programs that support youth development inside and outside school. Examples include organized youth sports, meditation, computer animation programs, psychological support, cultural & community events, and more libraries and parks within walking distance. | ""There should be a place for kids to do other activities like building robots/STEM." – Stafford Listening Session Participant | Describes the community's desire to create more activities and programs that support youth development inside and outside school. Examples include organized youth sports, meditation, computer animation programs, psychological support, cultural & community events, and more libraries and parks within walking distance. |
| Access to Community Resources | Access to community resources is vital for community members and their health. Resources can cover things such as information, services, activities, and parks. It can also describe the dynamic or unique physical setting of the neighborhood or community. | "Easy access to resources that promote an active lifestyle – parks, trails and local gyms." – 2018 Community Health Needs Assessment | This example fits best in Access to Community Resources since the person is sharing how easy access to parks, trails and local gyms supports physical activity. |
| Celebrate Diversity | Describes an environment where ethnic and cultural | ""It's not necessary to leave the community to celebrate | Describes an environment where ethnic and cultural diversity is |

# Appendix E: Codebook for Qualitative Analysis

Continued

| *Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach. | | | |
|---|---|---|---|
| **Code** | **Definition** | **Example(s)** | **Rationale** |
| | diversity is valued. All people are accepted, feel a sense of belonging, and everyone is respected for the value they bring. | my ethnic background." - 2019 CHA Community Workshop participant | valued. All people are accepted, feel a sense of belonging, and everyone is respected for the value they bring. |
| Education Access | Describes the ability of schools to ensure high quality education and advancement for all students. Strategies include high school completion programs and ending zero tolerance school discipline policies. | (these were selected through the participatory policy making process so I don't have quotes from any assessments, please feel free to fill in some examples and I'll keep looking too) | |
| Early Child Development | policies support the social, cognitive, emotional, and physical development of children birth to three. Strategies include supporting the sustainability of high-quality childcare and education programs. | (these were selected through the participatory policy making process so I don't have quotes from any assessments, please feel free to fill in some examples and I'll keep looking too) | |
| Healthy Community Planning & Built Environment | refers to community-led neighborhood planning processes focused on human-created surroundings. Strategies include green spaces, accessible food and accessible transportation options. | (these were selected through the participatory policy making process so I don't have quotes from any assessments, please feel free to fill in some examples and I'll keep looking too) | |
| Access to care (physical and behavioral) | A community's ability to easily obtain medical and health services. Strategies include | Distrust in providers persists due to racism and trauma historically pervasive within | This fits best as a need for Access to care because it presents trust as a barrier to accessing healthcare, |

# Appendix E: Codebook for Qualitative Analysis

Continued

| *Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach. | | | |
|---|---|---|---|
| **Code** | **Definition** | **Example(s)** | **Rationale** |
| | restructuring healthcare to increase access as well as improving social, economic, and environmental conditions of health (housing, employment). | the healthcare system. Providers should concentrate on trust-building and the provision of culturally grounded information. | due to being historically excluded or marginalized within health systems. |
| Youth Behavioral Health | Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions. | "(Concerns about the) impact of technology on children's mental health with the increases of technology, children experience issues like social isolation, sleep problems and screen addiction." | This fits well under Youth Behavioral Health since parents are expressing a concern/need regarding their kids mental health and the potential negative affect of tech/screen addiction. |
| COVID-10 Specific Care | COVID-19 Specific Care refers to policies that decrease or eliminate the inequitable economic and health impacts of COVID-19 among racial and ethnic groups. | "Strengthen existing healthcare systems and COVID-19 vaccine access. | COVID-19 Specific Care refers to policies that decrease or eliminate the inequitable economic and health impacts of COVID-19 among racial and ethnic groups. |
| Economic Stability | refers to having enough financial resources to afford basic needs. Strategies include employment resources and direct financial assistance. | | |
| Culturally-Grounded Information | Culturally-grounded information centers the individual's cultural practices, values, and experiences. Within the public health and healthcare systems, a lack of culturally grounded | "I haven't heard anything specific saying, 'hey we realize that like historically medicine impacts you (people of color) differently.' I wish they would be more bold in saying that, because | This fits best under culturally-grounded information because the person is highlighting how receiving information acknowledging their experience (of historical medical violence) would negatively/positively affect their |

# Appendix E: Codebook for Qualitative Analysis

Continued

| *Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach. | | | |
|---|---|---|---|
| **Code** | **Definition** | **Example(s)** | **Rationale** |
| | information perpetuates distrust and inaccessibility. | I'm not really trusting the procedures.” | level of trust in public health/healthcare systems. |
| **Additional codes added** | | | |
| Environmental Health/ Climate Change | Clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities, and a preserved nature are all prerequisites for good health. “Climate” includes climate change impacts, climate-related stress, and attempts to address climate change (e.g. recycling or low emissions transportation). “Environment” includes ecology conservation and access to ecology education, green spaces, and environments that connect people to the land, waterways and ecosystems. It also includes diverse historic and cultural definitions of environments, ecosystems, etc. “Environmental justice” includes addressing policies, procedures and resources that address environment-related health equity and effects of inequitable | "Lack of public transit options in many places. Increased commute times contributes to CO12 emissions.", " Reducing GHG emissions by, for example, electrifying transportation, also reduces pollutants like particulate matter and ozone which disproportionately affect the health of low-income residents and BIPOC communities who often live closer to major roads." | The examples fit the definition because it shows how environmental health factors has an impact on communities and people, having safer environment provides better health outcomes. |

# Appendix E: Codebook for Qualitative Analysis

Continued

| *Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach. | | | |
|---|---|---|---|
| **Code** | **Definition** | **Example(s)** | **Rationale** |
| | effects of structural racism. This includes recognizing and respecting Native land sovereignty, stewardship, and leadership/power sharing. In these scenarios, structural racism and other health priorities would be included. | | |
| Civic Engagement | Participating in activities that improve one's community or address wider social issues. | "When asked what motivated them to participate in the participatory budgeting process, advisory group members named a range of benefits on both the individual and collective level. Most common motivator what the opportunity to empower their own community through arts and cultural events." | Community members participating in the community builds strength and expand assets throughout the community, provides mutual aid and peer to peer support. |
| Structural Racism | Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, | “Few people know that medical experimentation took place in the Marshall Islands. No one would expect people who were part of these experiments to have faith in medical providers | The first example reflects how the systemic and individual racism that has created a barrier to access health education, prevention and interventions that supports health and wellbeing. The participant has also self-identified structural |

# Appendix E: Codebook for Qualitative Analysis

Continued

| *Codes were generated from existing TPCHD (internal) assessments of common qualitative data themes 2018–2022 and applied to text using a deductive qualitative analysis approach. | | | |
|---|---|---|---|
| **Code** | **Definition** | **Example(s)** | **Rationale** |
| | health care and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values and distribution of resources. The domains of racism are: Land theft; Inequitable educational funding and spending; Voter suppression and disenfranchisement; Gentrification and displacement; Housing discrimination and disinvestment; Low wage jobs; Inequitable distribution of environmental pollutants; Exclusion from labor unions; Employment and wage discrimination; Inequitable immigration policies; Direct exclusion from government and social programs; Mass incarceration and Chattel slavery; Food apartheid; Racial segregation (residential, educational, occupational, etc.) | after this."<br><br>"…Since the inception of the 1st Treaty Council the Medicine Creek Treaty Tribes honorably agreed to the terms ...with the understanding that we as first peoples of these lands would continue to have access to our subsistence and ceremonial plants, fish, and animals. To this day the City of Tacoma continues to dishonor the Medicine Creek Treaty Tribes and Puyallup Tribes sovereignty every time it makes decisions that harms the social-ecological systems within the ceded areas of the Medicine Creek Treaty..." | racism as a primary cause to poor health for themself and for their community.<br><br>The second example demonstrates the intersectionality of impacts from structural racism.<br><br>Assets would include changes in policies and practices such as renegotiated treaties, institutional or individual cultural norms such as successful community engagement practices or increased hires of BIPOC providers, and BIPOC-defined self-protections such as cultural practices, social connections, relevant programming, civic engagement, etc. |

# Appendix F: Participant Information Form

## PARTICIPANT INFORMATION FORM—OASIS YOUTH CENTER

### Participant Information Form

***Creative arts partnership with Oasis Youth Center***

Tacoma-Pierce County Health Department
*Healthy People in Healthy Communities*

Tacoma-Pierce County Health Department has partnered with Oasis Youth Center to collect photos, art, and creative writing that reflects on questions about community health. We seek the perspectives of young people who identify as LGBTQIA+, as they often experience higher rates of negative mental health outcomes compared to their straight and/or cis-gender peers. Their input is crucial to help inform public health programs and services.

**Participation is voluntary**
You can contact us at any point to cancel your submission. All responses are confidential unless you choose to include your name in your artwork or writing. Participation will not affect any service or benefits children or their families receive from the Health Department. If you're under 13 years old, you need a parent or guardian's signature to participate. If you're 14 or older and don't have a guardian present, you may sign for yourself.

**Why we want your creative work**
We are conducting a Community Health Needs Assessment. We do these every 3 years in partnership with Virginia Mason Franciscan Health, MultiCare Health Systems, and community-based organizations. The report helps guide public health and hospital systems to better understand the health needs and priorities of community. It helps us identify community resources and strengths that can help support planning and services.

Creative writing, photos, and artwork offer a powerful way to express health needs, strengths, and assets. The report we share with our hospital partners must reflect the community's needs in ways that are meaningful and supportive to those involved.

**Your submission should help answer:**
- In your community, what supports your health and wellness?
- What makes it hard for you to be healthy?

**After you submit your creative work**
We will review your submission and will feature some creative work in the report we share with hospital partners and on our website. If we select your submission, we'll contact you to review and approve the final draft. You may choose to remain anonymous or have your name displayed in the report.

**Possible risks or discomforts**
While we will not ask about specific health-related questions, you are welcome to creatively express or share health concerns that may bring up strong feelings for you. Below, we've provided links to supportive health services and people you can reach out to if you need to talk to a trusted peer or adult during this project. Your well-being is important to us, and we want to ensure you have the support you need.

- Trevor Project—Info and support for LGBTQ people any hour of any day. Call **(866) 488-7386** or text **START** to **678678**.
- Pierce County Crisis Connections—24-hour crisis line. Includes confidential mental health, domestic violence, grief support, recovery, etc. **(800) 576-7764.**
- Suicide & crisis lifeline—Help for people in a suicidal crisis or emotional distress. Call **988**. Text: **741741**.
- TeenLink—A helpline for teens, by teens. Talk with teen volunteers, trained to talk about any issue. **(866) 833-6546** (6–10 p.m.)
- Tacoma Needle Exchange—Get harm reduction and overdose prevention supplies like Naloxone.

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# Appendix F: Participant Information Form

Continued

## Participant Information Form

***Creative arts partnership with Oasis Youth Center***

Tacoma-Pierce County Health Department
*Healthy People in Healthy Communities*

**Compensation**

We will give **$100 Amazon gift cards to the first 10 creative arts or writing submissions** we receive by Jan. 20, 2025. To be eligible, your submission must address the questions in the submission form and include all required info, including contact details. We will use your contact info solely to communicate about your gift card and let you know if we select your submission to be featured in our report.

Even if your submission is not among the first 10, we may still choose to include it in our report. In that case, you would also receive a $100 gift card.

**Questions or comments?**

Contact Leah Ford (she/her) at lford@tpchd.org or (253) 722-3506.

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*This section is required only if you are under 13 years of age. If you are 13 or older, your parent or guardian doesn't need to sign but please give this info to them.*

Printed name of minor _____

**Consent**

By signing below, I voluntarily consent for my child (under 13) to take part in this program. I understand they will be submitting creative writing, art, or photos in response to questions for a Community Health Needs Assessment that, if selected, may be included in a public report. I understand my child can withdraw their submission any time, without penalty. I have had a chance to ask questions.

_____ _____
Parent signature Date

_____ _____
Adolescent signature of assent Date

_____ _____
Signature of person conducting assent discussion Date

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# Appendix G: Methods of the Community Context Assessment

## DETAILED METHODS OF THE COMMUNITY CONTEXT ASSESSMENT (CCA)—QUALITATIVE DATA COLLECTION AND ANALYSIS

### PART 1: SYSTEMATIC REVIEW OF EXISTING DATA

We conducted a thorough review of existing qualitative data through publicly available assessments conducted by Pierce County community-based organizations and agencies, representing voices of residents from priority population groups in Pierce County. The 25 documents were coded using a deductive analysis approach. Emerging themes from this review reflect community priorities since 2020 and during the COVID-19 pandemic response and recovery efforts.

The review was conducted to assess the following questions:

- What are the health priorities for Pierce County communities as shared in assessments between 2020–2024?
- What strengths and assets have been identified in Pierce County communities in assessments conducted between 2020–2024?
- What gaps in services, resources, or opportunities were identified by Pierce County communities in assessments conducted between 2020–2024?

In Phase I of the systematic review, analysts used a deductive approach using a codebook of 16 identified themes *(see Appendix E)* based on a previous systematic review of literature between 2018–2022. In Phase II, analysts used an inductive reasoning approach to review literature both internal and external to Tacoma-Pierce County Health Department for years between 2020–2024 that addressed a specific community priority or health need. These reports may have asked specific questions about health topics, such as vaccine hesitancy, behavioral or mental health, access to care, and others.

| Inclusion Criteria for Phase I |
| --- |
| CHA, CHNAs, or other health assessments (published 2018–2024) that asked the following overarching questions:<br><br>1) What do you like about your community?<br>-Strengths/assets that support your health and well-being.<br>2) What needs to change in your community?<br>-Needs (health or other) to support health and well-being. |

| Exclusion Criteria for Phase II |
| --- |
| Health assessment reports that are focused on a specific health topic, that ask more detailed questions related to health issues or community priorities (e.g., access to care, food access, behavioral or mental health needs, etc.)<br><br>Exclude any reports we do not have permission to access (e.g., non-public reports) |

# Appendix G: Methods of the Community Context Assessment

Continued

Reports were searched using various sources such as:

- Search engines for broad exploration of relevant Pierce County community assessment reports.
- Partner and agency websites.
- Health Department website for published community health assessment and evaluation reports.
- Internal Health Department SharePoint Site for internal assessment and evaluation reports
- Word-of-Mouth recommendations to local reports from subject matter experts.

*See Appendix A for a full list of reports reviewed.*

| Inclusion Criteria for Phase I |
| --- |
| Focus groups, surveys, interviews, listening sessions, and any other forms of qualitative data collected, analyzed, and reported by TPCHD, or other Pierce County agencies or community-based organizations (between 2018–2024). |

| Exclusion Criteria for Phase II |
| --- |
| Incomplete or raw data that would need qualitative analysis (due to staff capacity).<br><br>Reports that only have quantitative data. |

## PART 2: COMMUNITY ENGAGEMENT ACTIVITIES

For direct community engagement we conducted focus groups and key informant interviews with Pierce County residents and community leaders representing priority populations experiencing disproportionate health outcomes. Key informant interviews provided a unique opportunity to gather insights from organizational and agency leaders and stakeholders with direct knowledge of systemic inequities, access to care challenges, and emerging community priorities. We also provided an alternative method of input through virtual creative art submissions, for youth to reflect on assessment questions.

Community-based subject matter experts were invited into a contractual agreement with the Health Department to codesign qualitative data collection tools, recruitment strategies, and help conduct activities, and in some cases, take part in data analysis activities. These community-based organizational leaders played an integral role in as cultural navigators and helped create safe spaces for participants to engage in assessment activities and express their ideas and lived experience. Community-based organizations were compensated $3,000 for their time and expertise advising the health department Assessment, Evaluation & Epidemiology (AEE) team.

# Appendix G: Methods of the Community Context Assessment

Continued

Four focus groups and one virtual creative arts submission were held, comprising Pierce County residents and based on gaps in representation identified by existing qualitative data/reports, previous Community Health Needs Assessment and recognized health disparities. Priority populations for community engagement activities included:

- LGBTQIA+ young people (age 14–24).
- Medicaid and Medicare recipients (including people with disabilities).
- American Indian and Alaska Native communities (including tribal and non-tribal affiliated indigenous communities).
- People experiencing homelessness/houselessness.
- Refugees/immigrants.

Participants were promised confidentiality, provided informed consent for recording and note-taking, and incentivized with a $100 gift card for their expertise and time spent in focus groups. Self-identified demographics were collected during the focus groups, via ESRI survey.

Focus Group and Interview Questions *(see Appendix B for full facilitation guide):*

- What factors in your community help promote good health?
- What about physical buildings and public spaces available in your community?
- What is the community doing to improve health outcomes?
  - » What solutions have the community identified to improve community health?
- What barriers keep you from being healthy?
- What has occurred recently that might affect your community, what might occur in the future?
  - » What forces are occurring locally, regionally, nationally, globally?

As an alternative to focus groups, an activity was created for LGBTQIA+ young people to submit creative writing, painting, drawing, or other creative art as a reflection on our assessment questions.

Creative Arts Submission Reflection Questions:

- What in your community supports your health and wellness?
- What makes it hard for you to be healthy?

Young people received a $100 Amazon e-gift card as incentive to participate and were recruited via a flyer distributed by Oasis Youth Center. Oasis staff dedicated a program night to support young people by providing art supplies and helped them navigate submission forms. A digital submission form was created using ESRI Survey123 software, where art in various file formats could be uploaded by the artist.

# Appendix G: Methods of the Community Context Assessment

Continued

Informed consent was gained using digital signature, and participant information forms were distributed for parent/guardian review (See Appendix F). Self-identified demographics were collected on the submission form. *(See Appendix C for all creative art submissions)*

**COMMUNITY ENGAGEMENT: KEY INFORMANT INTERVIEWS**

As part of a comprehensive, equity-centered approach to community health assessment, key informant interviews were conducted with community leaders who represent or serve priority populations experiencing disproportionate health outcomes. Aligned with the MAPP 2.0 framework, these interviews aimed to amplify community voices, strengthen cross-sector partnerships, and deepen understanding of the systemic factors influencing health and well-being. To ensure meaningful discussions, participants received the executive summary and key insights from the 2022 CHNA in advance.

Interviews were conducted in a one-on-one format, taking place in person, virtually, over the phone, or via an online submission, based on participant preference. This flexible approach accommodated diverse needs and encouraged broader participation.

For this assessment, eight interviews were conducted with Pierce County organizational leaders across eight sectors. Participants were selected based on their identity or service to priority populations, ensuring representation of those most impacted by health inequities. Selection criteria prioritized individuals with direct lived experience or those working closely with these communities, providing critical insights into systemic barriers and health disparities.

Interviews lasted approximately 60 minutes and participants provided informed consent while being assured confidentiality to encourage candid responses.

**COMMUNITY ENGAGEMENT: DATA ANALYSIS**

Notes and transcripts (when available) from the focus groups and interviews were analyzed by the facilitator and Health Department staff using the same deductive approach as the earlier systematic review, performing thematic analysis to identify emerging patterns or themes in textual data. Analysts used ATLAS.ti software to code notes and transcripts when available. Participants and community partner hosts were invited to review summary drafts of this report to ensure nothing was missed from their shared experiences. Their edits were incorporated into our final draft report.

# Appendix G: Methods of the Community Context Assessment

Continued

Arts-based inquiry methods were used to analyze creative art submissions, along with the same deductive coding process used for focus groups. Oasis clients were invited to submit up to three art entries. Seven artists submitted a total of seven art works. Entries were one story-poem, five visual art (painting, collage, figurative and abstract, etc.), and one mixed medium.

Art was sorted and reviewed by medium. AEE analysts and an Oasis staff member completed a selection analysis of submission forms to determine eligibility and number of works per medium. All entries were accepted for qualitative analysis. The table below describes the forms of analysis that were included. All analysts used a deductive approach and codebook consistent with focus groups and key informant interviews. A thematic analysis of art works and their descriptions followed all initial coding.

- **Form analysis:** Art works (visual and narrative) were analyzed as a group through a visual review of how the shapes, forms, composition, and color contribute to overall meaning.
- **Content analysis:** Art works and descriptions were analyzed separately from one another. Symbolic analysis was also explored. To reduce potential bias, three analysts and Oasis community partner reviewed visual art works without knowing titles. Analysts coded art by hand individually. The group then collectively reviewed each other's codes/rationales and observations while looking at each of the works. One analyst coded the narrative submissions and artist descriptions using ATLAS.ti.
- **Cross sectional analysis:** Reviewing all aspects of the art works and the previous analysis.

*Table 1. The analysis utilized in analyzing creative arts submissions.*

| | |
|---|---|
| **Form Analysis**. Art works (visual and narrative) were analyzed as a group through a visual review of how the shapes, forms, composition, color contribute to overall meaning. | **Content analysis**. Art works and descriptions were analyzed separately from one another. |
| **Symbolic Analysis.** To reduce potential bias, three analysts and Oasis community partner reviewed visual art works without knowing titles. Analysts coded art by hand individually. The group then collectively reviewed each other's codes/rationales and observations while looking at each of the works. One analyst coded the narrative submissions and artist descriptions using ATLAS.ti. | **Cross sectional analysis.** Reviewing all aspects of the art works and the previous analysis. |

# Appendix H: Mobilizing for Action through Planning & Partnerships

## MOBILIZING FOR ACTION THROUGH PLANNING & PARTNERSHIPS (MAPP) 2.0 PROCESS FOR ASSESSMENT

One of the key frameworks that has been utilized across local health jurisdictions has been the Mobilizing for Action through Planning & Partnerships (MAPP), created in 2001 and updated in 2013 to MAPP 2.0. MAPP 2.0 is a framework from the National Association of County & City Health Officials (NACCHO) and has been used across the nation at local and state levels. The updated framework is comprised of three parts: the Community Partner Assessment (Qualitative), the Community Status Assessment (Quantitative Portion), and the Community Context Assessment (Qualitative). In addition, it has a Power Primer section as an additional equity component that can be done at different times of the assessment.

| Assessment | Explanation |
|---|---|
| Community Partners Assessment (CPA) | Allows all the community partners involved to critically look at 1) their own individual systems, processes, and capacities and 2) their collective capacity as a network/across all community partners to address health inequities. |
| Community Status Assessment (CSA) | A quantitative assessment aimed at understanding the community's status. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. |
| Community Context Assessment (CCA) | The Community Context Assessment (CCA) is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems. |
| Power Primer | It explains why and how to address power dynamics, acknowledge societal power imbalances as a root cause of health inequities, and support building community power through MAPP. It is designed to align with each step of the MAPP 2.0 process. |

*Table 1. NACCHO's MAPP 2.0 Process.* [https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/MAPP-2.0-Launch-V3.pdf](https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/MAPP-2.0-Launch-V3.pdf)

# Appendix H: Mobilizing for Action through Planning & Partnerships

Continued

The figure below illustrates the foundations of MAPP 2.0 components to achieve equity. The framework focuses on key community engagement strategies such as building trust, ongoing relationships, flexibility, community power dynamics, and others that impact the community story and mobilizing efforts.


*NACCHO MAPP 2.0 Components to Achieve Equity. Pg 17. MAPP 2.0 Users Handbook*

For additional information please see the NACCHO website.

# Appendix I: 2022-2025 Evaluation of Impact



## WELLFOUND BEHAVIORAL HEALTH HOSPITAL

### COMMUNITY ASSESSMENT

Wellfound Behavioral Health Hospital (WBHH) engaged in multiple activities to conduct its community health improvement planning process. These included conducting a Community Health Needs Assessment with community input, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators. This evaluation of impact outlines many of the programs that WBHH supported, either through financial or in-kind support, and that addressed the health needs identified in the CHNA.

### SIGNIFICANT HEALTH NEEDS

From 2022 through 2025, WBHH focused on the following priority health needs:

- Drug-related Deaths (adult)
- Insurance Coverage
- Hypertension
- Child Abuse and Neglect
- Intentional Injury Hospitalizations

### STRATEGY BY HEALTH NEED

The tables below present strategies and program activities the medical center delivered to help address significant health needs identified in the CHNA report.

They are organized by health need and include statements of the strategies' impact and any collaboration with other organizations in our community.

# Appendix I: 2022-2025 Evaluation of Impact

Continued

## HEALTH NEED: DRUG-RELATED DEATHS

**NARCAN AVAILABILITY**

- Provided free naloxone rescue kits to qualified patients

## IMPACT

WBHH dispensed 35 Naloxone kits in 2024 and has already provided 38 kits as of June 2025. We continue to evaluate and distribute Naloxone to patients who meet established criteria. We were unable to track this data in 2023.

## COLLABORATION

WBHH collaborated with MultiCare Health System pharmacy and community partners during the last CHNA cycle..



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# Appendix I: 2022-2025 Evaluation of Impact

Continued

## HEALTH NEED: INSURANCE COVERAGE

### INSURANCE ENROLLMENT

- Enrolled qualified patients into Medicaid and other support programs.
- Made logistical changes to the financial navigator's workflow to create more bandwidth for screening patients and helping them enroll in Medicaid and other support programs

### FINANCIAL ASSISTANCE

- Continued to make access to charity care easy and accessible for all who qualify.

### PARTNERSHIP WITH EMS

- WBHH collaborated with EMS partners during the last CHNA cycle

## IMPACT

Since the last CHNA, published in 2022, the rate of adults without insurance in Pierce County has remained steady at 6%. The rate of adults reporting unmet needs due to cost decreased slightly from 11.6% to 10.5%

## PLANNED COLLABORATION

WBHH collaborated with Virginia Mason Franciscan Health, MultiCare Health System, Third Party Payers, and Community Emergency Medical Services during the last CHNA cycle.



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# Appendix I: 2022-2025 Evaluation of Impact

Continued

## HEALTH NEED: HYPERTENSION

### HYPERTENSION EDUCATION AND REFERRALS

- Patients were provided education by an interdisciplinary team prior to discharge for the successful management of hypertension and referred to a Primary Care Provider for ongoing management.

## IMPACT

Since the last CHNA, published in 2022, rates of hypertension have remained relatively steady at 25%.

## COLLABORATION

WBHH collaborated with Community Providers during the last CHNA cycle



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# Appendix I: 2022-2025 Evaluation of Impact

Continued

## HEALTH NEED: CHILD ABUSE AND NEGLECT

**CONNECTIONS TO ONGOING TRAUMA-INFORMED CARE**

- Patients are screened for Social Determinants of Health (SDOH), which includes safety for themselves and their loved ones. Patients who screen positive are connected to available community resources. All WBHH employees get an introduction to Trauma Informed Care at New Employee Orientation.

## IMPACT

Since the last CHNA, published in 2022, during the time period 2022 - 2023, the rate of ED and Urgent Care visits associated with child abuse and neglect decreased in Pierce County from 41.4 in 2021, to 37.9 per 10,000 visits.

## COLLABORATION

WBHH collaborated with Community Mental Health Providers during the last CHNA cycle

# Appendix I: 2022-2025 Evaluation of Impact

Continued

## HEALTH NEED: INTENTIONAL INJURIES HOSPITALIZATIONS

**SUICIDE PREVENTION**

- WBHH participated in the Tacoma Out of Darkness Walk and donated to the American Foundation for Suicide Prevention

## IMPACT

Since the last CHNA, published in 2022, the rate of suicide deaths per 100,000 people decreased from 19.5 to 16.6.

## COLLABORATION

WBHH collaborated with Community Agencies and Associations (United Way, Community Health Centers), Virginia Mason Franciscan Health, MultiCare Health System during the last CHNA cycle