ABOUT OUR COMMUNITY HEALTH ASSESSMENT

The Community Health Assessment (CHA) is critical to understand the strengths and challenges within our community. It identifies ways to partner with the community and helps guide our community benefit initiatives as well as our hospital and population health strategies. This CHA is completed in part to fulfill the Section 9007 requirement of the Affordable Care Act.

Methods

Seattle Children’s joined 11 other hospitals and health systems in the King County Hospitals for a Healthier Community collaborative, which identified communities’ strengths and greatest needs. Seattle Children’s tailored this join assessment to children and youth and gathered additional community input and epidemiological data for the WAMI region.

KEY FINDINGS FOR WAMI PEDIATRIC MENTAL & BEHAVIORAL HEALTH

What the Data Tells Us

- **Depression:** One in three 10th and 12th graders in Washington state experienced depressive feelings in 2018. The proportion of youth with depressive feelings has increased across King County, WA since 2016. Rates were higher than the county average for female and LGBT students, as well as those who live in the South King County Region and those who were Hispanic, Native Hawaiian/Pacific Islander, American Indian/Alaska Native and multiple-race.

- **Suicide:** Suicide is a serious public health problem among all age groups. Among youth it exacts an enormous toll due to the significant years of potential life lost. Youth suicidal ideation, attempt and completion are on the rise. Far more adolescents have suicidal thoughts or attempt suicide and survive than those who die by suicide. Alaska has the highest rate of teen suicide per capita in the nation and Montana is 4th. Suicide is the second leading cause of death in the state of Washington for youth 10-24 years old and the third leading cause of death nationally for adolescents. An average of 3 youth between the ages of 10 and 24 die by suicide each week in Washington state. Suicide with firearms was the leading cause of violence-related injury death among youth ages 13 to 19 in WAMI.

- **Anxiety:** 22 percent of Grade 8 students, 31 percent of Grade 10 students, and 33 percent of Grade 12 students reported experiencing high levels of anxiety in the past two weeks. This trend has increased since 2016 in WAMI.

- **Adverse Childhood Experiences (ACEs) are common:** A growing body of research has made it increasingly apparent that adverse childhood experiences are a critical pediatric health issue. ACEs are potentially traumatic experiences and events, ranging from abuse and neglect to living with an adult with a mental illness. They can have negative, lasting effects on health and well-being in childhood or later in life. However, more important than exposure to any specific event of this type is the accumulation of multiple adversities during childhood; the more adversity a child faces, the more likely they are to experience negative health effects. Montana and then Alaska had the highest percentage of youth experiencing 3 or more ACEs in a pediatric population in 2017.
2019 COMMUNITY HEALTH ASSESSMENT SUMMARY
Spotlight on Mental & Behavioral Health

What the Community Tells Us

Parents, caregivers, youth and community leaders shared many strengths:

- **Family resilience and strength** despite mental health challenges, poverty, racism and other barriers.
- **Strong sense of culture and tight-knit communities**, with gathering places such as community centers, and community and faith-based organizations.
- **Existing programs and culturally and linguistically appropriate resources** that support families and individuals. The Partnership Access Line (PAL) was specifically mentioned as a resource.
- **Community health centers**, including bilingual/bicultural and community based clinics that offer integrative care combined with key programs for families. Odessa Brown Children’s Clinic was highlighted as a trusted model.
- **Adult allies** are needed, desired, and participatory. Having access to a supportive adult promotes positive behaviors and improves mental health. One listening session participant shared “every kid is one caring adult away from being a success story.”

They also had the following shared concerns:

- **Poverty, racism and stigma were strongly emphasized as barriers** to improving child health and pediatric mental and behavioral health.
- **Access to health care is more than health insurance.** Lack of transportation, difficulty navigating the healthcare system and long wait times continue to be barriers to accessing care. Immigrants and refugees who are culturally isolated are particularly vulnerable. Community health workers and cultural navigators play a crucial role.
- **Hospitals should act as anchor institutions in addressing social, economic, and behavioral determinants of health.** Meeting children’s basic needs is critical to provide a foundation for life-long health. Needs include affordable housing, accessible transportation, public safety and living wages. Thriving families can help support thriving children.
- **Mental and behavioral health care is still an unmet need in our schools and communities.** Families want services more integrated with primary care and available to support early intervention and they want improved community mental health capacity in their own cities, villages or towns. Community members report a lack of access to specialized mental health care close to home, “We wanted to know what was wrong with our kids- to have clarity, and a diagnosis- we pursued and pursued and finally once we were seen and had a diagnosis it felt as if they said ‘here you go, here is your diagnosis’ but there was no support afterwards. I’d like for it not to take a year to be seen or for a diagnosis and then a true referral to a place that is helpful and will follow up.” Support for children and families needs to be available from an early age.