Seattle Children’s 2020-2022
Community Health Implementation Strategies
This report is provided in fulfillment of the requirement of IRS Notice 2011-52 addressing the Community Health Needs Assessment (CHNA) for charitable hospitals in section 501(f).

Adopted by the Seattle Children’s Board of Trustees on January 22, 2020 and posted on www.seattlechildrens.org on February 14, 2020 for public comment. Public comment on this report is encouraged and should be sent via email to:

communitybenefit@seattlechildrens.org

This copy of the Community Health Implementation Strategies (CHIS) is dated 2/14/2020. For the latest version along with all other related public documents please visit:

https://www.seattlechildrens.org/about/community-benefit/community-health-assessment/
Our Mission
We provide hope, care and cures to help every child live the healthiest and most fulfilling life possible.

Our Vision
Seattle Children’s will be an innovative leader in pediatric health and wellness through our unsurpassed quality, clinical care, relentless spirit of inquiry and compassion for children and their families.

Our founding promise to the community is as valid today as it was over a century ago. We will care for every child in our region, regardless of their family’s ability to pay.

We will:
- Practice the safest, most ethical and effective medical care possible.
- Promote healthy communities while reducing health disparities.
- Discover new treatments and cures through breakthrough research.
- Empower our team to reach their highest potential in a respectful work environment.
- Educate and inspire the next generation of faculty, staff and leaders.
- Build on a culture of philanthropy for patient care and research.

Introduction

In 1907, 23 women donated $20 each to hospital founder Anna Clise to create the Children’s Orthopedic Hospital (now Seattle Children’s). The death of Clise’s son from inflammatory rheumatism and a lack of specialized care for children prompted her to open the seven-bed facility for children with orthopedic disorders.

Although the vision of the hospital more than 100 years ago remains intact – to care for children regardless of race, religion, gender or a family’s ability to pay – much has changed since the hospital’s humble beginnings treating 13 patients its first year. Now, Seattle Children’s – a nonprofit organization consisting of Seattle Children’s Hospital, Seattle Children’s Research Institute and Seattle Children’s Foundation – had more than 323,000 patient visits in 2018 with families coming from throughout the Washington-Alaska-Montana-Idaho (WAMI) region as well as other national and international locations.

At Seattle Children’s, we are committed to helping every child live the healthiest and most fulfilling life possible. We deliver quality patient care, advance new discoveries and treatments through pediatric research, and serve as the pediatric and adolescent academic medical center for the largest region of any children’s hospital in the country. We also identify the needs and assets of the communities we serve and reach beyond our hospital and clinics to provide programs and services aimed at improving the health and safety of children and their families where they live.

Every three years, non-profit hospitals, such as Seattle Children’s, are required by the Patient Protection and Affordable Care Act (ACA) to conduct a Community Health Needs Assessment (CHNA) and then, as a result of the assessment, craft an implementation strategy to address the needs they identify. Each hospital’s implementation strategy must describe how the hospital plans to address the health need by describing the actions it intends to take and the anticipated impact of those actions over a three-year time period. Hospitals must also identify the resources they plan to commit as well as planned collaborations to address health needs.

In 2019, we completed our Community Health Assessment Report (CHA), which captured the complexities of childhood health in the region through quantitative data and input from family members, community stakeholders, leaders within Children’s, public health and community organizations. The results of the assessment helped us focus our efforts on the most urgent community health needs and develop our three-year Community Health & Benefit priority areas and resulting Community Health Implementation Strategies. This document outlines Seattle Children’s Community Health Implementation Strategies (CHIS) to address pediatric community health needs as determined by the 2019 Community Health Assessment as adopted by the Seattle Children’s Board of Trustees on May 22, 2019. As noted earlier, these Community Health Implementation Strategies were adopted by the Board on January 22, 2020.
Children’s Community Health Assessment & Prioritization

Seattle Children’s mission is to provide hope, care and cures to help every child lead their most healthy and fulfilling life possible. With values of compassion, collaboration, excellence, equity, integrity and innovation, we aim to improve pediatric health. Seattle Children’s Community Health Assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary data collection and secondary data collection. These quantitative components allow for trending and comparison to benchmark data at the local, state and national levels. Qualitative data input includes primary data gathered through listening sessions facilitated throughout the WAMI region. In service to this CHIS, input was also gathered between 2016 and 2019 from people representing the broad interests of the communities we serve through different methods. This included interviews with stakeholder coalitions and community leaders; listening groups with youth, parents, caregivers and experts on specific topics; and a review of recent reports on local health needs and strengths. To identify community concerns and assets, Seattle Children’s worked with pediatricians in their second year of residency who, as a part of their training, take a month-long rotation in the Community Health and Benefit division of the External Affairs and Guest Services Department at Seattle Children’s. These pediatricians spent time in the communities they traveled to; they interviewed stakeholders, hosted dinner meetings with parents and caregivers in those communities, visited organizations to learn about community assets, consulted recent community-based reports and pulled information from previous hospital community health assessments (CHAs) or local hospital community health needs assessments (CNHAs).

Between 2016 and 2019, these pediatricians, together with the Community Health and Benefit team, conducted 26 listening sessions across the WAMI region with parents and caregivers of children ages 0 to 21. We conducted all of our listening sessions in English and provided Spanish interpreters at three events, Somali interpreters at five events, Amharic interpreters at five events, Oromo interpreters at one event and Vietnamese interpreters at one event. Additionally, the residents visited eight communities that were urban, suburban or rural and frontier communities, including villages, to learn about community and pediatric health. They also interviewed 172 key informants many of whom hailed from the WAMI region.

On September 30, 2019, findings from the WAMI Pediatric Community Health Assessment (CHA) were published and codified the following initiatives that serve as Seattle Children’s priority areas from 2020-2022:
Significant Health Needs to Be Addressed in Children’s 2020-2022 Implementation Strategy

Children’s identified four priority child health needs from the Pediatric Community Health Needs Assessment based on internal and external prioritization input. Children’s Strategic Plan, re-launched in July of 2019, focuses on areas that enable Seattle Children’s to become what our mission inspires us to be. Our strategic plan builds upon the foundation of success that the 2016 strategic plan set in motion and our 2019/20 refresh of that plan focuses on optimizing impact for our patients and families and the communities we serve. Our 2020-2022 Community Benefit Priority Areas both complement and are integrated with the strategic plan. We aim to integrate our world-class expertise, clinical and research capabilities to deliver on our promise of Hope. Care. Cure. Again, to achieve this, Children’s is committed to addressing the significant health needs identified in the Community Health Assessment through programs, resources and collaboration targeting the areas of:

- Mental and Behavioral Health
- Healthy Lifestyles
- Suicide and Injury Prevention
- Economic Security
Please note: as depicted in the graphic of the Community Benefit Priority Areas on page 5, the issues identified by our Community Health Assessment are not discrete nor independent of each other.

**Resources to Address Priority Health Needs**

A diverse pool of resources and partnerships are needed to address community health needs listed below. Resources will continue to be identified and deployed as strategies and tactics are further developed and clarified.

- **Community Benefit:** In 2018, Children’s provided more than $231.6 million in benefits to the broader community. This includes uncompensated care through financial assistance and unreimbursed Medicaid, fulfilling our commitment to ensure that no child with a medical need is ever turned away due to a family’s inability to pay. Children’s provides additional community benefits annually through subsidized health services, health care education and training, research and community health investments.

- **Grants & Contracts:** Children’s collaborates with local, statewide and national partners and agencies to leverage grant support and resources to achieve community impact.

- **Foundation & Philanthropy:** Seattle Children’s Foundation connects donors to the organizational mission. Children’s capacity is extended by the generosity of donors who invest in the mission through our dedication to exceptional clinical care, research, education and advocacy.

- **Research:** The Seattle Children’s Research Institute (SCRI) is a foundational partner for community health improvement. One of SCRI’s aims is to focus on community health outcomes for children by applying a research lens to the child health priorities identified in the 2019 Community Health Assessment.

**Community Served**

The study area for the CHA is the geographic region that Seattle Children’s serves: the states of Washington, Alaska, Montana and Idaho (WAMI). For the purposes of the CHA, we defined our community as the children and youth in the WAMI region, with a deeper focus on Seattle, King County and Washington State.

The definition of our community is due, in part, to our patients’ origins in fiscal year 2018: 18% from Seattle; 33% from other locations in King County; 45% from other locations in Washington State; 3% from Alaska, Montana and Idaho; and 1% from outside the WAMI region. Since more than half of our patients and families reside in Seattle and King County and an additional 45% call Washington state home, the CHA focused more deeply on the status of pediatric health in those communities, but we also looked at pediatric health status of children, youth and young adults living in Alaska, Montana and Idaho.
The Community Health Implementation Strategies will be particularly focused on Washington State, Seattle and the Puget Sound region. We will also explore opportunities to learn from and collaborate with communities across WAMI.

**Implementation Strategy Plan Development Process**

To conduct the implementation planning process, Children’s Community Health & Benefit team identified subject matter experts within Children’s, public health and community-based organizations to engage in the planning process. In early 2019, numerous facilitated conversations were held with internal and external stakeholders to discuss the identified child health priorities, CHA findings and current initiatives addressing the health priority, and to brainstorm opportunities for the 2020-2022 Community Health Implementation Strategies (CHIS). Additional internal stakeholder meetings were held to identify key strategies and desired outcomes for the CHIS. Finally, drafts of the CHIS were shared with community stakeholders involved in implementation for feedback. Ongoing plan development will be fostered through annual plan revisions and updates to ensure that the CHIS reflects a collaborative process that builds on internal and external partner strengths.
Implementation Strategy Framework

Implementation and project management structure for the CHIS will be managed by the Community Health & Benefit (CH&B) team as a part of the Department of External Affairs and Guest Services at Seattle Children’s. This team will work to ensure and leverage alignment with other Community Health Implementation Strategies for hospitals in the region. Each identified health priority will have a Children’s lead and community engagement/implementation activities will be reported quarterly using a standardized reporting template.

For each identified child health priority, the following capacity infrastructure elements will be part of ongoing CHIS performance management discussions:

- **Partnerships**: stakeholder engagement with shared vision and common agenda
- **Communication and Engagement**: we will have regular and open communication, focused on building trust and deepening engagement with our workforce and the community we serve.
- **Equity, Diversity and Inclusion**: addressing the needs and building on the strengths of children and families from populations in the community that experience higher rates of poor health outcomes due to racial/ethnic disparities, poverty or other socioeconomic factors.
- **Data**: data collection focuses on measuring results and performance improvement. Our data is collected and reported with shared accountability, a focus on determinants of health and identified related advocacy efforts and opportunities.
- **Resource Support**: identified lead organization(s) with staff, resources and skills to convene and coordinate stakeholders.

In 2020, a key task of the CHIS will include establishing and defining the **Targets and Impact Measures** for the described key actions across each priority health area. This will require collaboration of both internal support and community engagement to determine the most meaningful ongoing collection and reporting format.

Integration with Strategic Planning

Community Health & Benefit’s role in the 2020-2022 CHIS is to ensure alignment of advocacy efforts, foster mutually beneficial partnerships and address infrastructure capacity needed to implement the CHIS to achieve optimal outcomes. In order to align and enhance community health improvement planning and activities, Children’s is committed to continued collaboration and coordination with state and local public health, community health stakeholders, other hospitals and health systems and children and families. Specifically pertaining to integration with the organization’s Strategic Plan, it should be noted that the Seattle Children’s Strategic Plan includes strategies that align and integrate with Community Health Implementation Strategies and tactics:

- **Tackling the biggest challenges in children’s health by impacting the most critical health need of our community**: **children’s mental health** which includes partnering with the community to improve the well-being of children and leading advocacy efforts and addressing determinants of health with the community.
- **Delivering hope for the most complex conditions**, including an integrated network of partnerships and operationalizing the clinically integrated network.
• **Connecting care closer to home**, by transforming our ecosystem of care to deliver care to children across the continuum.

• **Discovering the next era of cures**; discover and deliver the next generations of cures through research on pediatric diseases.

• **Embracing workforce as a strategic asset**, including developing and implementing an equity, diversity and inclusion strategy.

**Community Health Priority Areas and Implementation Strategies**

**Primary Priority Area: Mental and Behavioral Health**

**Background**

Mental and behavioral health issues are common in youth; one in six youth aged 6-17 are estimated to have a mental health condition, and half of all chronic mental health conditions begin before the age of 14.ii Suicide is the second leading cause of death for youth age 10 to 24.ii Given the prevalence, it is concerning that only half of youth with a mental health condition receive the care they need.iii

Washington, Alaska, Montana, and Idaho (WAMI) have some of the highest rates of suicide for adolescentsiv and consistently rank as the states with higher than average rates of mental illness and lower than average rates of access to carev. In Washington State, 40% of 10th grade students reported symptoms of depression, 55% reported being unable to stop or control their worrying, and 10% had attempted suicide within the past yearvi.

These statistics are congruent with the experiences reported by our community in listening sessions throughout the WAMI Region. In almost every conversation, participants raised concerns about stigma, the lack of mental health services, understanding, and resources. Often they discussed the specific lack of providers for youth with developmental disabilities, especially in rural areas.

Participants expressed concern that providers in all disciplines – including pediatricians, hospital providers, emergency department medical staff, educators, school staff, and law enforcement – lacked understanding of mental and behavioral health. They also discussed how challenging it is to navigate a mental health system lacking in resources and filled with hidden barriers, especially when there are few professionals who know how to navigate it.

In listening sessions, participants also discussed valuable community strengths and assets. They emphasized the value of parent support and parent to parent resources. They discussed how the passion, competence, and advocacy of a few dedicated individuals could sometimes “fill the gap” in a system lacking resources. Any collaboration, support with system navigation, or care coordination was identified by participants as valuable. They also talked about how helpful it is to have culturally and ethnically diverse mental health professionals and emphasized the need for more, especially professionals who could provide services in languages other than English. Parents and caregivers also discussed the value of community resources that supported healthy social and emotional development, while again emphasizing the need for more of those resources.
Finally, in communities across the WAMI Region, parents described their own efforts to advocate for their children; while they rarely praised themselves for these efforts, it is clear that one of the greatest community assets in mental and behavioral health is dedicated parents and caregivers who tirelessly advocate and navigate a complicated system for the mental wellbeing of their children and the children in their communities.

The increasing number of youth who need mental and behavioral health care, the dramatically increasing suicide rate among youth, and the dearth of pediatric mental and behavioral health resources in the WAMI Region should be cause for grave concern. While communities have attempted to mitigate these challenges with collaboration and education, this growing crisis necessitates immediate, coordinated intervention from many stakeholders.

As visualized in the Community Benefit Priority Areas graphic on page 5, considering improvements in mental and behavioral health necessitates intentional strategies that support stable housing for youth discharging from the hospital, healthy and reliable food to eat at home, and communities that are safe and supportive. For strategies related to healthy lifestyles, suicide and injury prevention, and economic security, please reference the sections for those priority areas in this document.

**Goal:**

Partner with our community to identify and implement innovative solutions for pediatric mental and behavioral health. Improve access so every child who needs mental and behavioral health care, resources, or support receives evidence-based care in a timely, culturally responsive, and linguistically accessible manner. Enhance education and raise awareness so every child and family receives and has access to resources for mental health and wellness as well as suicide prevention. Eliminate the stigma associated with mental and behavioral health.

<table>
<thead>
<tr>
<th>STRATEGY 1: Expand the capacity and continuum of mental and behavioral health services offered by Seattle Children’s and by the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KEY TACTICS</strong></td>
</tr>
<tr>
<td>Maintain the Partnership Access Line (PAL) and the Washington Mental Health Referral Services and secure ongoing and sustainable state funding for both programs.</td>
</tr>
<tr>
<td>Pilot a new state-funded PAL for Schools Program.</td>
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<tr>
<td>Advocate at the state and federal level for increased Medicaid reimbursement rates for pediatric mental and behavioral health services.</td>
</tr>
</tbody>
</table>

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10
| Support the legislative priorities of the statewide Child Behavioral Health Work Group. | Government Relations | • Attend the Child Behavioral Health Work Group meetings  
• Provide support when necessary and/or requested | • Results of Work Group priorities |
| Implement the Psychiatry and Behavioral Medicine Unit (PBMU) Community Advocacy, Resource and Engagement (CARE) Team to support patients and families as they return to community care following a PBMU Admission. | Psychiatry | • Hire team  
• Identify and create standards for patient care transition  
• Build and enhance community partnerships | • # of patients served by CARE Team  
• Reduce rapid readmission rate to PBMU  
• Increase rate of connection to outpatient services  
• Parent/caregiver satisfaction and family experience |
| Pilot a Behavioral Health Crisis Care Clinic to support youth and their families in crisis in maintaining safety and stability in their community. | Psychiatry | • Hire team  
• Identify and continue to improve measurement of patient health outcomes  
• Explore methods for increasing collaboration and partnership with community outpatient providers and schools | • # of patients receiving behavioral health crisis care clinic services  
• Improve patient health outcomes by reducing immediate Emergency Department Visits or Inpatient Psychiatric Admissions  
• Increase rate of connection to outpatient services for patients receiving Crisis Care Clinic services  
• Parent/caregiver satisfaction and family experience |
| Enhance partnerships with community based organizations to enhance programs and increase capacity. | Psychiatry External Affairs and Guest | • Establish new/maintain existing relationships and partnerships with organizations | • Increase # of programmatic sponsorships for organizations working in pediatric mental and behavioral health services to Medicare rates  
• WA State Legislature will require State Medicaid to reimburse for Intensive Outpatient and Partial Hospitalization Services for youth |
| Services-Community Benefit | who support pediatric mental and behavioral health. | behavioral health  
- # of families receiving information about community organizations and resources |  

**Enhance learning and educational collaboration between community healthcare, mental health care providers, and Seattle Children’s. Explore ways to disseminate information from SCH and share learnings as a community.**  
- Identified pilot programs for shared learning.  
- Explore ways to gather participant feedback  
- # of providers participating in educational collaboratives  
- participant experience and report of added value | Psychiatry  
- Conduct listening sessions or focus groups with communities who could share expertise  
- Increase in # of providers who deliver services in languages other than English |  

**Explore strategies to increase access to services in languages other than English.**  
- Established new/maintain existing relationships and partnerships with community organizations | Odessa Brown Children’s Clinic  
- # of parents attending groups  
- # of groups available  
- # of parent leaders trained |  

**Partner with community to provide parenting groups at the Odessa Brown Children’s Clinic (OBCC).**  
- Establish new/maintain existing relationships and partnerships with community organizations | Odessa Brown Children’s Clinic  
- # of students served by programs  
- New services or programs offered |  

**Expand OBCC’s school-based services with an emphasis on elementary schools as well as an emphasis on behavioral health.**  
- Identify additional services to provide in schools | Odessa Brown Children’s Clinic  
- # of patients served through tele-health  
- Patient and family experience with tele-health services |  

**At OBCC, explore promising models in tele-health that are implementable and relevant for OBCC and the community they serve; identify strategies and partnerships in order to increase access to tele-health interventions.**  
- Research tele-health models and interventions  
- Consider pilots/trials that adapt models to community | Odessa Brown Children’s Clinic  
- # of patients and families served by navigators  
- # of people reporting a stronger connection to community resources  
- Increase in workforce capacity  
- Patient and family experience associated with navigator role |  

**At OBCC, explore ways to expand the role of workforce who can support families in navigating multiple systems including concrete needs as well as mental and behavioral health care.**  
- Identify unmet needs  
- Build workforce capacity or community partnerships  
- Test systems such as EPIC Social Care | Odessa Brown Children’s Clinic  
- # of patients and families served by navigators  
- # of people reporting a stronger connection to community resources  
- Increase in workforce capacity  
- Patient and family experience associated with navigator role |  

**Maintain and consider methods for expanding the parent peer co-led mindfulness parent skills group at OBCC.**  
- Apply for additional funding  
- Train additional parent co-leaders from varying cultural backgrounds  
- # of parents attending groups  
- # of groups available  
- # of parent leaders trained  
- Increased use of**
**STRATEGY 2:** Educate and raise awareness of mental and behavioral health to increase child wellness, family skills, and to eliminate stigma.

<table>
<thead>
<tr>
<th>KEY TACTICS</th>
<th>CATEGORY</th>
<th>KEY MILESTONES</th>
<th>TARGETS &amp; IMPACT MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer Youth Mental Health First Aid Classes through a partnership between</td>
<td></td>
<td>• Identify outcome metrics and evaluation plan.</td>
<td>• # of courses offered (at least 12 in 2020)</td>
</tr>
<tr>
<td>King County, Chad’s Legacy Project, and Seattle Children’s. Explore</td>
<td></td>
<td>• Identify ways to expand course offerings (via Train the Trainer model or seeking more funding).</td>
<td>• # of attendees</td>
</tr>
<tr>
<td>expanding program to offer courses more frequently and increase access for</td>
<td></td>
<td>• Identify ways to increase access specifically for adults who interact with youth at high-risk.</td>
<td>• # of instructors in King County</td>
</tr>
<tr>
<td>adults interacting with at-risk and/or trauma exposed youth populations.</td>
<td>Psychiatry</td>
<td></td>
<td>• # of instructors in Snohomish, Skagit, and Whatcom Counties</td>
</tr>
<tr>
<td>PAL will continue to host educational conferences for primary care</td>
<td></td>
<td>• Host 4 conferences</td>
<td></td>
</tr>
<tr>
<td>providers in Washington and Alaska at rotating regional locations. In</td>
<td>Psychiatry</td>
<td>• Trial tele-health at an event in Alaska</td>
<td>• # attendees via tele-health platform</td>
</tr>
<tr>
<td>Alaska, consider trialing a tele-video option for the conference.</td>
<td></td>
<td></td>
<td>• Participant experience when using tele-health platform</td>
</tr>
<tr>
<td>Conduct research on methods of mental health problem detection and</td>
<td>Research and Psychiatry</td>
<td>• Identify measures that are evidence based</td>
<td>• # of studies</td>
</tr>
<tr>
<td>treatment that are more efficient, culturally applicable, and readily</td>
<td></td>
<td>• Identify culturally applicable measures</td>
<td>• Results of studies implemented</td>
</tr>
<tr>
<td>disseminated.</td>
<td></td>
<td></td>
<td>• Integration of learnings into current practice</td>
</tr>
<tr>
<td>Expand current mental health educational resources for schools, children,</td>
<td></td>
<td>• Develop a plan outlining ways to provide and disseminate community education.</td>
<td>• # of attendees at events (TBD)</td>
</tr>
<tr>
<td>families, and community, in partnership with those schools, individuals,</td>
<td></td>
<td>• Identify ways to maximize the use of SCH resources (such as .org, blogs, and/or video series).</td>
<td>• # of views of web-based content</td>
</tr>
<tr>
<td>and communities. Emphasize partnership with populations at high-risk and/</td>
<td>Psychiatry</td>
<td>• Identify potential school and community partners.</td>
<td>• # of partnerships</td>
</tr>
<tr>
<td>or trauma exposed, including youth in foster care, LGBTQ youth, youth and</td>
<td></td>
<td>• Assess current state of mental health educational resources</td>
<td>• # of new education resources</td>
</tr>
<tr>
<td>families where English is not their primary language, youth of color, and</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>indigenous youth.</td>
<td></td>
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<tr>
<td>KEY TACTICS</td>
<td>CATEGORY</td>
<td>KEY MILESTONES</td>
<td>TARGETS &amp; IMPACT MEASURES</td>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td>Partner with local media outlets and local youth initiatives to increase</td>
<td>Psychiatry</td>
<td>• Discuss partnership with local radio station</td>
<td>• # of ads</td>
</tr>
<tr>
<td>mental health awareness, reduce stigma, and build community resilience.</td>
<td></td>
<td>• Outline events to involve media</td>
<td>• Reach of ads</td>
</tr>
<tr>
<td>As part of our ongoing partnership with Forefront and SMART Center, enhance</td>
<td>Psychiatry</td>
<td>• Engage youth in development and implementation</td>
<td>• # of youth involved and type of involvement</td>
</tr>
<tr>
<td>outreach to schools to provide education and raise awareness.</td>
<td></td>
<td></td>
<td>• # of event partnerships</td>
</tr>
<tr>
<td>Potential partners: Chad’s Legacy Project, King County, Nathan Hale Radio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Station, Forefront Suicide Prevention, UW SMART Center, Seattle Children’s</td>
<td></td>
<td></td>
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<tr>
<td>Marketing and Communications Department, Community Health and Benefit.</td>
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**STRATEGY 3: Expand efforts to integrate mental and behavioral health care and wellness with physical health care and wellness.**

<table>
<thead>
<tr>
<th>KEY TACTICS</th>
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<th>KEY MILESTONES</th>
<th>TARGETS &amp; IMPACT MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to expand efforts to integrate mental and behavioral health care</td>
<td>Odessa Brown Children’s Clinic</td>
<td>• Explore ways to expand integrated care into additional specialties (i.e.</td>
<td>• # of services using integrated model</td>
</tr>
<tr>
<td>with primary care at OBCC, including building space for fully integrated</td>
<td></td>
<td>Nutrition Program)</td>
<td>• # of patients served in integrated care settings</td>
</tr>
<tr>
<td>care. At OBCC, continue providing integrated care in specialty care, such</td>
<td></td>
<td></td>
<td>• Patient and family feedback re: integrated care experience</td>
</tr>
<tr>
<td>as in the sickle cell program, and enhance integrated care in additional</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>specialties, such as the nutrition program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote programs and education to support positive parenting relationships</td>
<td>External Affairs and Guest</td>
<td>• Train residents and other care providers in Promoting First Relationships</td>
<td>• # providers trained</td>
</tr>
<tr>
<td>and family/caregiver wellness. Promote and continue to integrate the</td>
<td>Services-Community Benefit</td>
<td>(PFR)</td>
<td>• # of programs available and/or trainings offered</td>
</tr>
<tr>
<td>infant/child mental health curriculum, Promoting First Relationships, with</td>
<td></td>
<td>• Program implementation</td>
<td>• # of articles available</td>
</tr>
<tr>
<td>medical residents, preceptors, and others.</td>
<td></td>
<td>• Articles in Seattle Children’s education resources</td>
<td>• # views on educational</td>
</tr>
</tbody>
</table>

|
| Integrate mental and behavioral wellness into all appropriate community health wellness events where Seattle Children’s is attending or hosting. | External Affairs and Guest Services-Community Benefit | • Conduct a current state landscape of all community health wellness events  
• Incorporate mental and behavioral health into all appropriate events | • # of interactions at community health events  
• # of community events  
• New resources developed |
|---|---|---|---|
| At OBCC, pilot and explore a program around Behavioral Dentistry to improve the behavioral health care experience of patients receiving dental care. | Odessa Brown Children’s Clinic | • Program pilot developed  
• Pilot launched | • # of patients served by program  
• Patient and family experience feedback regarding behavioral dentistry services |

**Potential partners:** Seattle Children’s: Odessa Brown Children’s Clinic (OBCC), Marketing and Communications Department, Residency Program, Protection Advocacy and Outreach Team.

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### STRATEGY 4: Develop and support a diverse mental and behavioral health workforce at Seattle Children’s and in the community that reflects the communities they serve.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Advocate at the state level for scholarships and loan-forgiveness for students and professionals seeking mental and behavioral health careers.</td>
<td>Government Relations</td>
<td>• Participate in state legislative sessions and/or workgroups to discuss supports for students and professionals seeking mental and behavioral health careers</td>
<td>• Increased # of scholarships and loan-forgiveness opportunities for students pursuing MBH careers</td>
</tr>
</tbody>
</table>
| Support the legislative priorities of the Workforce Subcommittee of the statewide Child Behavioral Health Work Group. | Government Relations | • Attend the Child Behavioral Health Work Group meetings  
• Provide support when necessary and/or requested | • Results of Work Group priorities |
| Identify additional ways to recruit and retain culturally and linguistically diverse mental and behavioral health workforce, with an emphasis on workforce who can provide services in languages other than English. | Workforce Planning, Diversity and Inclusion Psychiatry | • Identify and articulate new pilot programs and/or tactics to recruit and retain workforce  
• Identify programs that will increase the number of people entering the mental and behavioral health workforce  
• Identify target metric for turnover in existing workforce and subsequent action steps (which may include strategies for reducing turnover) | • Increase cultural and linguistic diversity of Seattle Children’s Mental and Behavioral Health (MBH) workforce over baseline  
• Increased diversity of student cohorts for psychology, mental health, social work, and psychiatry programs |

Other Priority Area: Suicide and Injury Prevention

**Background**

Suicide and injury are attributed to a variety of factors – many of which are preventable. Across the United States, suicide, homicide and unintentional injuries are leading causes of death among youth ages 0 to 19, while injury and poisoning are top causes of hospitalization across all age ranges (0 to age 24). vii Throughout the WAMI region suicide by firearm, drowning, poisoning and motor vehicle crashes are leading causes of death and injury among adolescents. Washington State hospitals reported over 4,000 unintentional injury hospitalizations in 2016 and 2017. Suicide, motor vehicle collisions, unintentional poisoning, assault and unintentional drowning were the leadings causes of death in children and youth ages 0 to 24 in Washington State from 2013 to 2017.

Average rates of suicide in WAMI states have consistently surpassed the United States average, and have been trending upwards since 2016.viii Suicide is among the top 2 leading causes of death for people ages 15 to 34 in WAMI states. Suicide by firearm is most lethal. In Washington State, firearm deaths among youth age 10 to 24 continue to increase and 75% of deaths are suicides.ix Between 2008 and 2018, there were 812 firearm related deaths in Washington.x Children are more likely to die by firearm in a home than in any other place.xi Proper use of firearm storage devices, provider counseling and policies are all evidence based strategies to reduce risk.

Poisoning deaths include unintentional and intentional exposures resulting from improper use of pharmaceutical drugs (prescribed or over-the-counter medications), illicit drugs, marijuana and alcohol. Prescription drug misuse and abuse is of growing concern across the United States. In 2014, there were more deaths due to overdose than motor vehicle crashes. Most teens who abuse prescription medications access them from friends or relatives. From 2013 to 2017, there were 339 unintentional poisoning deaths for adolescents ages 15 to 24 in Washington State. Medication disposal stations, child resistant caps and proper storage of medications are all strategies that help protect children and teens.

Drownings can occur unexpectedly while swimming, boating or playing in or near water. Each year an average 25 children and youth under the age of 24 die due to drowning in Washington State. Most occur in lakes or rivers. Swim lessons, lifeguards, supervision, four sided pool fencing, designated swim areas and proper use of life jackets are evidence-based interventions to prevent unintentional drownings.xii Child safety seats greatly reduce the risk of death in passenger cars, yet child-restraint systems are often used incorrectly. Distracted driving is a key issue for teens. Bicycle-
related injuries are most common among children and adolescents (5 to 19 years) and send more children to emergency departments than any other recreational activity. When worn consistently and correctly, helmets provide the best protection against head and brain injury, yet less than half of children regularly wear a bike helmet. Factors such as limited economic resources or little formal education may decrease individual likelihood to use safety devices (i.e., bike helmets, firearm locking devices, and life jackets) due to lack of money. Abusive head trauma (AHT) causes serious injury and death to infants; supporting positive parenting skills and public engagement and education campaigns are recommended to reduce risk.

Most suicides and unintentional injuries are preventable. Injury deaths, hospitalizations and emergency department visits vary according to a several factors including living area, geography, socioeconomic status, environmental factors, race, ethnicity, and gender. WAMI communities express the need for education and resources to keep kids safe, as well as adequate suicide crisis and prevention resources. The Centers for Disease Control and Prevention (CDC) recommends a comprehensive suicide prevention approach that occurs at all levels of society – individual, family, community levels, and social environments. Education and awareness, as well as policy and system change are foundational to adolescent suicide and injury prevention. Restricting access to harmful products and increasing access to protective safety devices are effective strategies for suicide and injury prevention. Families across the WAMI region recognize a need for starting or improving injury prevention programs, and desire age-appropriate materials to help keep their children safe.

Goal:
Reduce preventable childhood injury and death, and help every child live the healthiest and most fulfilling life possible through equitable community and hospital-wide approaches.
<table>
<thead>
<tr>
<th>KEY TACTICS</th>
<th>CATEGORY</th>
<th>KEY MILESTONES</th>
<th>TARGETS &amp; IMPACT MEASURES</th>
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<tr>
<td>Increase safety devices (i.e., firearm lockboxes, life jackets, medication lockboxes, bike helmets and car seats) distribution to families.</td>
<td>External Affairs &amp; Guest Services Community Benefit</td>
<td>Safe firearm storage giveaway events in communities.</td>
<td>Reach to highest risk areas based on suicide and firearm fatality data across WAMI. Long-term behavior change (i.e., sustained use post-events). Smaller community settings. 3 events annually. # of devices distributed</td>
</tr>
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<td>External Affairs &amp; Guest Services Community Benefit Marketing &amp; Communications Odessa Brown Children's Clinic</td>
<td>5 safety device options in hospital-based distribution program: (1) life jacket (2) helmet (3) firearm lockbox (4) medication lockbox* (5) car seat OBCC car seat education and distribution Increased reach of internal firearm storage device distribution to regional clinics.</td>
<td># of devices distributed Short term behavior change intention Long term behavior change outcomes # of departments/regional clinics providing education and distributing devices to families</td>
</tr>
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<td>Marketing &amp; Communications External Affairs &amp; Guest Services Community Benefit</td>
<td>Support Kohl's Bike and Water Safety Program distribution and outreach events across Washington. Low-cost life jacket sales (Seattle Parks and Rec). Community Kohl’s grant life jacket giveaways. Promote community life jacket loaner programs. Bike helmet fitting and giveaway events</td>
<td># of community events attended [within a lower SES zip code or low income housing institution] # of bike helmets fit and distributed # of low-cost life jackets fit and sold # of life jackets fit and distributed at giveaway events # of families reached # of loaner board sites</td>
</tr>
<tr>
<td>Foster collaboration of pediatric suicide and injury prevention initiatives across the WAMI region.</td>
<td>External Affairs &amp; Guest Services Community Benefit</td>
<td>Establish new/maintain existing relationships and partnerships with teams who support suicide and injury prevention.</td>
<td># of partnerships # of consults</td>
</tr>
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</table>

**Potential partners:** Harborview Injury Prevention and Research Center, Safe Kids Coalitions, Prevention Wins, Parks Departments, Washington Department of Health, Public Health Seattle King County, Kohl’s Cares, local hospitals, Lock it UP, Public Health, Denise Louie Education Center, Head Start, Seattle Children’s Community Health and Benefit, Marketing and Communications, Odessa Brown Children’s Clinic, Prevention Wins, Psychiatry and Behavioral Medicine Dept., Diversity and Inclusion Networks, Rehab Therapies, Pharmacy, Social Work, Adolescent Medicine, Emergency Department.
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</table>
| Pilot a hospital-based medication storage distribution and disposal program to prevent adolescent substance (i.e., opioids, recreational and illicit drugs) misuse. | External Affairs & Guest Services | • Develop and disseminate patient family, provider and community facing education for adolescent substance misuse prevention and safe medication storage and disposal practices.  
• Support training of medical providers and social workers.  
• Incorporate safe medication storage education into Child Profile mailings.  
• Community awareness and education.  
• Disposal option for Seattle Children's patient families. | • # of educational materials developed  
• # of families reached (e.g., mailings distributed)  
• # of events attended  
• # of locking devices distributed  
• Short team behavior change intention  
• Long term behavior change outcomes  
• Increase patient and provider education and resources for safe medication storage that are easily accessible  
• New disposal option  
• Knowledge, self-efficacy, behavior change |
| Develop and disseminate suicide prevention and mental health promotion educational resources. | External Affairs & Guest Services | • Develop and disseminate suicide prevention/mental health promotion resources online and in the community.  
• Suicide prevention educational campaign development.  
• Development of culturally tailored educational resources. | • # of educational materials and resources developed  
• # of people reached  
• # of impressions  
• Knowledge, self-efficacy, behavior change |
| Support child passenger safety awareness and education. | Marketing & Communications | • Community health fair education.  
• Community facing education materials  
• Car seat check events  
• OBCC child passenger safety education | • # of families served (education)  
• # of events  
• # of educational handouts distributed  
• Knowledge, self-efficacy, behavior change |
| Promote and disseminate water safety awareness and education. | External Affairs & Guest Services | • Community Kohl’s summer safety educational campaign.  
• Collaboration with internal and community partners to develop and disseminate educational messages.  
• Provider training and communication.  
• Focus on young children and teens. | • # of PSAs run  
• # of modalities  
• # of people reached  
• Knowledge, self-efficacy, behavior change |
| Expand reach of abusive head trauma prevention. | Protection, Advocacy & Outreach Marketing & Communications | • Public health and community education and awareness to promote Period of PURPLE Crying, and/or other programs within the general public.  
• Provider and public health training | • # of people reached  
• Knowledge, self-efficacy, behavior change |
| Support sports injury prevention. | Sports Medicine (Athletic Training Program) | • Appropriately prepare children for activities to prevent repeat or new sports injuries.  
• Provide education about sports safety.  
• Promote Return to Learn (RTL) guidelines | • # of children reached  
• Knowledge, self-efficacy, behavior change |
STRATEGY 3: Collaborate with diverse, under-resourced, and high-risk populations to foster equity in suicide and injury prevention education.

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</table>
| Evaluate youth associated suicide and injury to inform prevention and early intervention initiatives. | External Affairs & Guest Services Community Benefit | • Literature review and recommendations based on research findings.  
• Identify evidence based programs specifically for under resourced, culturally and linguistically diverse communities. | • Completed evaluation |
| Develop better understanding of evidence based strategies around displayed health behaviors on social media sites, and consider new ways to provide prevention and intervention programs using social media. | External Affairs & Guest Services Community Benefit | • Assess evidence based strategies and document potential ways to provide prevention and intervention programs using social media for at least 1 suicide and injury prevention category. | |
| Foster collaboration with Seattle Children's Inclusion Networks to inform education and communications. | External Affairs & Guest Services Community Benefit Workforce Planning, Diversity & inclusion | • Regular contact and collaboration with Inclusion Networks to inform patient and community education materials and delivery. | • # of collaborative projects  
• # of resources created or reviewed and updated for culturally and linguistically diverse families |
| Integrate trauma-informed approaches into suicide and injury prevention initiatives. | Psychiatry & Behavioral Medicine Center for Diversity and Health Equity External Affairs & Guest Services Community Benefit | • Build capacity in community health and hospital services to use trauma informed approaches.  
• Trial a trauma informed component to hospital distribution of safety devices. | • 1 workgroup trained in trauma informed care.  
• Trauma informed approach systemically included in hospital safety device distribution.  
• Advocate for error prevention tool(s) and organizational values-based behaviors resources specific to trauma informed approaches. |
<p>| Conduct evaluation of lifejacket distribution to under resourced communities | External Affairs &amp; Guest Services Community Benefit | • Regular contact and collaboration with Inclusion Networks to inform patient and community education materials and delivery. | • Completed evaluation |</p>
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| Be intentionally inclusive of inviting network (i.e., Firearm Tragedy Prevention Network, Drowning Prevention Network) speakers and attendees. | External Affairs and Guest Services, Community Benefit | • Invite speakers and attendees from diverse backgrounds and experiences to attend and participate in FTPN meetings. | • Increased diversity of speakers/content  
• Increased diversity of attendees |
| **STRATEGY 4: Support evidence-based pediatric suicide and injury prevention efforts through community partnerships.** | | | |
| Maintain leadership position for WA State Firearm Tragedy Prevention Network (FTPN). | External Affairs & Guest Services, Community Benefit | • Coordinate and facilitate 2 meetings per year. | • # of meetings  
• # of meeting attendees  
• Location of meetings |
| Maintain leadership role with WA State Drowning Prevention Network (DPN). | External Affairs & Guest Services, Community Benefit | • Serve on planning team for one educational program a year and ongoing communication | • # of educational programs  
• # of communications |
| Identify opportunities to engage communities via task forces, coalitions, (e.g., Safe Kids Coalitions) work groups, events, etc. annually. | External Affairs & Guest Services, Community Benefit | • Quarterly community engagement (e.g., program updates, learning and outreach opportunities) | • # of communications |
| Support hospital suicide screening initiative(s). | External Affairs & Guest Services, Community Benefit | • Sustained standard process for suicide risk screening and assessment for triage to resource across the organization (Zero Suicide Initiative Pathway)  
• Expansion to ambulatory clinics | • # of kids presenting for a medical reason who screen positive and get resources for next steps |
| Provide education and consult for policies that promote safer swim areas, surveillance, life jacket use, and swim lessons. | External Affairs & Guest Services, Community Benefit | • Inform policies that promote water safety and drowning prevention. | • # of consults |
| Promote life jacket loaner programs. | External Affairs & Guest Services, Community Benefit | • Update list and sign and make available. | • Annual updates |
Other Priority Area: Healthy Lifestyles: Healthy Eating, Safe and Active Living and Food Security

Background
In 2019, about one in three children and adolescents in United States were either obese or overweight. The state of Washington’s childhood obesity rate is similar to the national average. About 12% to 14% of high school students in Washington are obese and about 14% to 16% are overweight. In King County, 9% of high school students are obese and 21% are considered overweight and the obesity rate among youth of color is twice that of white youth. Good nutrition, particularly in the first three years of life, is important for establishing a good foundation that has implications for a child’s future physical and mental health. In addition, physical activity is essential for a healthy childhood. Regular physical activity has beneficial effects on weight, muscular strength, cardiorespiratory fitness, bone mass, blood pressure, anxiety, stress, and self-esteem. It is recommend that children and adolescents participate in at least 60 minutes of physical activity most days of the week, preferably daily and only 43% of Washington children were physically active at recommended levels last year. During listening sessions with families, this was reiterated. A parent from Bethel shared, “We need a place for little kids, in particular people with low to be able to access somewhere to bring kids to get them out and moving. Pretty tricky aside from the McDonald’s Playground which doesn’t cut it.” Although there is no one simple solution to reverse youth obesity, Seattle Children’s can increase focus on healthy lifestyles through policies that promote access to healthy foods, decrease access to unhealthy foods like sugary drinks, and support opportunities for physical activity such as safe routes to school, active transportation and investing in the built environment. Unfortunately, food insecurity is an obstacle that threatens that critical foundation. In the United States, 15.3 million children under 18 live in households that are unable to consistently access enough nutritious food. In Washington state, 1 in 5 kids live in a household that struggles to put food on the table and 1 in 7 Washingtonians relies on food stamps. Half of all people on Supplemental Nutrition Assistance Program (SNAP), also known as food stamps, are kids. While SNAP provides families with electronic benefits they can use like a debit card to purchase breads, cereals, fruits, vegetables, meat, and dairy products from approved stores, the average SNAP benefit averages $1.40 per person per meal. Food availability, food access and food utilization impact health. During our listening sessions, families in Washington, Alaska, Montana and Idaho told us that some of them do not have sufficient resources to purchase food or nutritious food and are forced to make choices between other basic needs, like housing, and food. Some families described their immediate neighborhoods where a grocery store was not within a 10-mile radius and the corner stores where they sometimes shop do not sell what they consider healthy food. These same families share with us that they do not have sufficient incomes or resources in order to obtain food and utilize food banks when they are available in the area. Families shared many concerns about nutrition and access to healthy affordable foods; a Yakima, Washington mother of six shared, “You can go stand in line at the food bank and bring your whole family with you – and you know they don’t stand in line well – and you can get some of the most unhealthy
food in town: day old donuts and white bread.” A parent from Missoula, Montana shared, “Fruit stands and farmers markets are just expensive. When you try to eat healthy it is a little bit more expensive, but it is worth it. Some of our local schools offer breakfast and lunch and our churches back up schools to provide better food, but not all the time, and certainly not year-round.” All however, shared that their communities are strong, bonded and resilient, even in the face of hardship. A Walla Walla, Washington father shared, “There are so many people trying to make a difference in this community to make it a better place for children and their families.” That sentiment was almost universally shared, no matter what city, town or village we visited and spent time alongside.

Goal:
We will develop and support programs, partnerships and policies to prevent, assess and treat children that help them achieve healthy growth, focusing on addressing inequities and disparities.

<table>
<thead>
<tr>
<th>STRATEGY 1: Expand community environmental supports for healthy eating, physical activity, and food security through community partnerships and programs.</th>
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<tr>
<td><strong>KEY TACTICS</strong></td>
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| Increase access to healthy affordable foods and support healthy food access efforts (e.g. Fresh Bucks or SNAP Market Match) in King County. | External Affairs and Guest Services Department, Nutrition Services Department, Public Health-Seattle King County, Department, KC REACH grant partners, community partners | • Identify new sites for Fresh Bucks implementation  
• Promote Fresh Bucks in communities  
• Support farm stands and farmers markets in areas where food retail is scarce | • #ofElectronicBenefit Transfers for Fresh Bucks/SNAP Market Match transactions  
• #ofFreshBucks/ SNAP Market Match customers  
• # of farmer’s markets, farm stands and grocery stores participating  
• # of Fresh Bucks/ SNAP Market Match trainings  
• # of farm stands, farmers markets and grocery stores that accept WIC and food stamps as payment  
• Increase the # of servings of fruits and vegetables consumed by children in the region |
| Increase healthy eating and nutrition education for the pediatric population in the region. | External Affairs and Guest Services Department, Odessa Brown Children’s Clinic, Nutrition Services Department, community partners, Marketing & Communications | • Expand community partnerships for family physical activity opportunities (e.g. YMCA)  
• Expand the actively changing together (ACT!) evidence based curriculum as taught by the YMCA/YWCA around healthy eating and healthy, family-involved meal preparation  
• Continued | • # of children participating  
• # of YMCA staff trained  
• # of trainings  
• # of primary care physicians referring to ACT!  
• # of family prepared meals reported |
| Identify food insecurity and improve access to healthy, affordable foods among children in our region. | External Affairs and Guest Services Department, Odessa Brown Children's Clinic, Nutrition Services Department, Information Technology, community partners. | - Utilize Electronic Health Record (EHR) food insecurity data to improve healthy food access efforts.  
- Increase equitable access to locally grown food.  
- Assess the current status of food insecurity screening and increase the number of clinics that screen for food insecurity.  
- Establish procedures to refer families to resources.  
- Train providers to effectively screen for food insecurity.  
- Maintain the food pantry on site at Seattle Children's main campus.  
- Continue research, assessment and evaluation around food insecurity and health outcomes. | - Develop referral to food security resources via EHR through EPIC conversion.  
- # of patients screened for food insecurity.  
- # of patients referred to Food Security Program and Within Reach.  
- Insure family advisors vision for food security programming is community-led and secure that it is through feedback surveys.  
- Increase the # of food insecurity screenings taking place clinically.  
- Increase the # of referrals to Within Reach for application assistance to public assistance programs.  
- Increase the # of providers and clinics that screen for food insecurity. |
|---|---|---|---|
| Aim to eliminate inequities in childhood physical activity and nutrition outcomes among racial/ethnic minorities and socioeconomically disadvantaged populations through innovative behavioral interventions and policies in school and community settings. | Seattle Children’s Research Institute, Odessa Brown Children’s Clinic, community partners | - Continue walking school bus and bike train research studies.  
- Examine hunger among children with chronic illness.  
- Continue built environment and policy studies.  
- Continue SHIFT study and publish outcomes. | - # of families enrolled in weight management treatment available to more families using a peer-to-peer model.  
- # of enrollees in the family-based behavioral treatment programs at SCRI in in community programs. |

**Potential partners:** Childhood Obesity Prevention Coalition, Washington Chapter American Academy of Pediatrics, American Cancer Society, Children’s Alliance, Healthy King County Coalition, Cascade Bicycle Club, Forterra, Foundation for Healthy Generations, Healthy Food American Seattle King County Public Health Department, Transportation Choices, WithinReach, YMCA-Greater Seattle, City of Seattle and other parks departments, libraries. Seattle Children’s: Research Institute, Children’s Health, Behavior and Development Unit, Community Health and Benefit, Odessa Brown Children’s Clinic.
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<tr>
<td>Policy, System and Environmental changes in King County.</td>
<td>External Affairs and Guest Services Department, Nutrition Services Department</td>
<td>• Increased access to healthy food</td>
<td>• Increased # of policies to improve school food environments without resulting in increased food waste</td>
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<td>• Behavior Change: improved dietary quality</td>
<td>• # of initiatives to increase the affordability of healthier food and beverages in food retail environments, particularly corner or quick stop stores</td>
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<td>• Policy, system environment change strategies to improve healthier food and beverage choices in food retail settings (i.e., grocery stores and restaurants)</td>
<td>• Changes in policy such as the sugar sweetened beverage tax in the City of Seattle continuing to fund obesity prevention programming for children</td>
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<td>• Retain level of community health programming as funded by local obesity prevention efforts</td>
<td>• Advocacy at the state level for capital improvements in schools such as water bottle filling stations or upgrades to cooking or playground equipment</td>
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<tr>
<td>Advocate for capital improvements in the WA state budget for schools to increase health and safety.</td>
<td>External Affairs Department, Childhood Obesity Prevention Coalition</td>
<td>• Additional water bottle filling stations added at schools in WA state</td>
<td>• # of additional water bottle refill stations in schools in Washington</td>
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<td>• Upgrades to playground equipment or increases to PE or recess times that don't impact instructional time</td>
<td>• # of playground upgrades at schools in Washington</td>
</tr>
<tr>
<td>Invest in culturally and community tailored programs (e.g. healthy eating, cooking, and nutrition) to promote food affordability as well as cooking and eating at home.</td>
<td>External Affairs, Odessa Brown Children’s Clinics</td>
<td>• Promote programs and services that result in a healthier lifestyle</td>
<td>• # of cooking demonstrations held</td>
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<td>• Expand the role of OBCC programming by collaborating with community organizations or increasing enrollment</td>
<td>• # of 75210 curriculum and demonstrations given</td>
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<td>• Expand Seattle Children’s Garden Project to include more patients, their families and children from the surrounding community</td>
<td>• #of classes given that involve community garden(s)</td>
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<td>• Enroll participants in the <a href="https://www.finifoodsecurity.org/">Food Insecurity Nutrition Incentives (FINI)</a> project by increasing their purchases of fruits and vegetables via FreshBucks Rx or SNAP Market Match</td>
<td>• # of participants enrolled in FINI project</td>
</tr>
<tr>
<td>Implement or sustain evidence based initiatives to increase the number of safe places to play, engage in physical activity and help promote healthy growth.</td>
<td>External Affairs and Guest Services-Community Benefit, COPC, OBCC, SCRI-CHBD</td>
<td>• Expand the Actively Changing Together (ACT!) evidence based curriculum developed by Seattle Children’s and the YMCA</td>
<td>• # of studies conducted and published on physical activity and the built environment</td>
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<td>• Conduct research and evaluations related to healthy growth and neighborhood environments that impact physical activity and eating behaviors</td>
<td>• # of afterschool partnerships</td>
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<td>• Establish a structure for community-based research and evaluations between the</td>
<td>• # of built environments improved in under-resourced areas of King County</td>
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### Other Priority Area: Economic Security

**Background:**

Almost one third of young children in the United States live in poverty or near poverty and one in three U.S. children spend one year or more living in a household that is below the poverty line before their 18th birthday. Fourteen percent of Washington children live in households under the poverty threshold (a family of four with an annual income of $24,399 or less). The poverty level is set by the U.S. Department of Health and Human Services and is the same for a family in Seattle as it is for a family in Wapato. Children experiencing poverty are more likely to enter school behind their peers, score lower on achievement tests, work less and earn less as adults, and have worse health outcomes. This pattern is especially clear for the poorest and youngest children and those who remain in poverty a long time during childhood. There is strong evidence linking income and health that suggests that policies promoting economic equity may have broad health effects. We know that income influences health through various clinical, behavioral, social and environmental
Neighborhoods with high rates of poverty, often disproportionately communities of color, are more likely to have high concentrations of retail outlets that specialize in alcohol, tobacco, and fast foods, a relative absence of stores that sell fresh produce at reasonable prices, a lack of open space, limited public transportation, lack of affordable housing or housing stock that is adjacent to freeways, ports and/or other sources of toxic exposures and socially segregated housing resulting from years of historic disinvestment and structural and institutional racism. While the broad relationship between wealth, place and health is known, in this CHIS, Seattle Children’s explores how we can leverage our assets (human, intellectual, and economic) as resources to benefit the communities we serve. Economic security is the condition of having stable income or other resources to support a standard of living in an ongoing manner, but no one measure fully captures the complexities of economic security and the measure of poverty often will rise and fall with changes in the cost of living—a fluctuation many of the communities we serve have experienced in recent years. In feedback from families we heard how economic security is a mosaic of health, education, income, housing, transportation, wealth, climate impacts and employment, among other opportunity structures. Families shared how they face financial challenges that are exacerbated by expensive and complex medical care. Families from around the region shared the following:

- “It’s a matter you didn’t think of. Middle class home where economics isn’t an issue, you have great jobs, benefits, but all of a sudden there’s copays, deductibles. On paper you ask for WIC or food stamps they’ll laugh you out, but now collection agencies are ringing. You try to keep financially stable with an avalanche of medical bills.”
  “His prescription is $1,000 per day. Show me someone who can afford this.”
- “We lost a job while we were in Seattle. If I go back to work, do we lose Medicaid? We want to get married, but don’t because we don’t want to lose Medicaid.”
- “My family has lived in the Central District of Seattle for generations. But I can’t afford it now; I just don’t make enough money to afford to live here—it isn’t just the houses, it is the cost of my bus pass, plus the cost of my medicines, plus then the cost of food. I have moved south because it is less expensive—but don’t get me wrong, it is still expensive, just not ‘Seattle’ expensive.”
Goal:
In partnership with our community, Seattle Children’s will leverage our assets to address upstream determinants of health.

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<tr>
<th>STRATEGY 1: Become an anchor institution through place-based work and investments locally and regionally.</th>
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<td><strong>KEY TACTICS</strong></td>
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| WORKFORCE: Hire local, diverse workforce from under-resourced communities in our region. | Workforce Planning, Diversity and Inclusion, Human Resources, Talent Acquisition, External Affairs and Guest Services-Community Benefit | • Increase over baseline number of diverse hires from localities in region with highest health inequities  
• Retention of said workforce via inclusive workplace practices with a focus on data baseline around diversity & turnover  
• Map employees home locales over areas of largest health inequities  
• Develop local and inclusive hiring goals (including internal ladders for promotion) with a focus on diversity hires that reflect our patient population and concentrate on the economically disadvantaged areas of our region  
• Youth career development programming | • Reduced turnover  
• Pipeline for high-needs jobs via youth career development program(s)  
• Reduced expenses in recruitment  
• Demonstrated higher wages for residents in under-resourced areas of our region |
| PURCHASING: Contract for services and supplies from local vendors that are small, and diverse, meaning women-owned or people-of-color (POC) owned. | Strategic Sourcing, Supply Chain, Sustainability | • Increase amount of local vendors  
• Increase amount of diverse vendors  
• Increase spend with King County minority and/or women-owned vendors | • Reduce barriers reported from local and diverse vendors  
• Review procurement spend data to decrease costs, increase local and diverse spend and improve supplier relationships over baseline |
| CONSTRUCTION: Construct new buildings with a minimum level of diverse (small, local POC owned) contractors required with every bid. | Facilities, Strategic Sourcing, Sustainability | • 10% of total construction dollars on new capital projects dedicated to diverse subcontractors and vendors | • # of regional diverse vendors and small vendors hired and retained on capital projects |

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<th>KEY TACTICS</th>
<th>CATEGORY</th>
<th>KEY MILESTONES</th>
<th>TARGETS &amp; IMPACT MEASURES</th>
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| Develop and maintain local housing supports.                              | External Affairs & Guest Services, Housing Solutions for Hope Guild, Social Work              | • Provide short-term rent, mortgage, or other housing assistance for qualifying families with support from the Housing Solutions for Hope Guild.  
  • Partner with Transplant House to increase the inventory of long-term patient lodging.  
  • Continue and embolden our assistance for long-term housing supports via partnerships with Mercy Housing, Cedar Crossing and Popsicle Place shelter. | • Measure: number of rents or mortgages subsidized.  
  • # of partnerships to support families with housing/lodging after discharge.  
  • Establish metrics for discharge planning around housing.  
  • Establish baseline for housing insecure or homeless discharges.                                                                                                                                                                                                                               |
| Further develop and support the Medical Legal Partnership.                 | Protection, Advocacy & Outreach, Odessa Brown Children’s Clinic                             | • Cross-train medical providers and social workers to work collaboratively with legal teams and identify health-harming social conditions  
  • Provide legal services to treat individual patients’ health-harming social conditions, with services ranging from triage and consultations to direct representation  
  • Transform clinic practices and institutional policies to better respond to patients’ health-harming social conditions  
  • Prevent health-harming social conditions broadly by detecting patterns and improving policies and regulations that have an impact on population health | • # of income supports (public benefits, food stamps, health insurance)  
  • # of housing, habitability and utilities assistance  
  • # of cases re: Education access, special education benefits  
  • # of Legal (immigration) status referrals  
  • # of cases re: Personal safety and family stability  
  • # of state or local policy changes                                                                                                                                                                                                                                           |
| Support Odessa Brown Children’s Clinic (OBCC) redevelopment.              | OBCC, Facilities                                                                               | • Move care closer to home resulting from gentrification and displacement in order to relieve the burden (economic and other) of accessing care | • On time and on budget opening of Odessa Brown Children’s Clinic, South location.                                                                                                                                                                                                                                          |
| Partner with Medicaid Transportation supports and the Community Resource Team to assist families and remove barriers to accessing care. | External Affairs & Guest Services, Hopelink desk                                             | • Assure that each patient has a ride to and from services and appointments, coordinating with Medicaid to subsidize the cost of said transportation  
  • Measure and address transportation delays  
  • Measure and address transportation errors (patient to wrong location)  
  • Assure wait time goals of 30 minutes or less are met across all Seattle Children's sites  
  • Community Resource Team to we assist families with resources in their community | • # of on time and correct location transports to families.  
  • # of Medicaid rides coordinated  
  • # of CRT referrals (e.g. number of families registered for EBT/Food Stamps, child care subsidies, ORCA lift passes, utility discounts and free cell phones).  
  • # of families assisted by Community Resource Team                                                                                                                                                                                                                                           |
| Increase Seattle                                                          | Building and                                                                                  | • Reduce energy use and waste | • Energy usage reduction over baseline                                                                                                                                                                                                                                                                                                                                             |
| Children's sustainable practices and climate action plan. | Engineering, Facilities, Transportation, Anesthesia, Nutrition Services Sustainability | stream across all sites • Reduce single occupant workforce commute trips • Transition vehicle fleet to more electric or natural gas burning vehicles versus conventional fuel consumption of gasoline and diesel • Reduce anesthesia gas waste • Reduce meat purchasing within local purchasing agreements | • Commute Trip reductions over baseline • Metric reduction of use of anesthesia gas over baseline • Commitment to the “Cool food” pledge |


**Other Significant Health Issues not identified as Priorities within the Implementation Strategy**

The four child and adolescent health priority areas were selected based upon the scope and severity of the problem and our institution’s and the community’s readiness and ability to impact change. As noted above, key informants from Children’s and community partners worked together to evaluate and identify child health priorities and determined that an investment of time and resources into the four specific priorities, in collaboration with public health and community stakeholders, will increase the impact and outcomes for children.

The 2019 Pediatric Community Health Assessment identified many overall areas of opportunity as significant child health issues. The other health topics that were noted as significant, but not identified as a priority within this Implementation Strategy, include the areas of pediatric health that are listed as our sustaining community health improvement areas: Access to Care and Care Coordination, Adolescent Health, Programs and Services for Children with Special Needs, and Family Education and Resources. Also noted as areas for health improvement are violence; neurological conditions; tobacco, alcohol and other drug usage; vaccine hesitancy; injury due to falls; sexually exploited minors as well as vision, hearing and speech conditions.

Our priorities are based upon:

- importance to the community,
- the magnitude of the problem,
- the severity of the problem,
- the need among our region’s under-resourced populations,
- clear disparities and/or inequities being identified,
- community capacity to act on the issue,
- the availability of our hospital and community resources,
- alignment with our hospital mission, and
- existing interventions that already focus on the issue/what our resources could impact.
Reasons for not addressing other health needs that were not identified as the four top priorities are, but not limited to:

- resource constraints;
- other facilities or organizations in the community that are addressing the need;
- and communities identified the need but classified as a lower priority need given other community challenges, assets and desires.

Seattle Children’s takes an active role in addressing the other significant child health issues by providing direct services and supporting community education and programming. Children’s is active in addressing many community-wide initiatives and child health priorities and has deep and programmatic ties to local organizations to help us fulfill our mission. A sample but no means exhaustive list of our partners integral to meeting community health needs include:

- Atlantic Street Center
- Boys and Girls Club
- Cascade Bicycle Club
- Chad’s Legacy Project
- Children’s Alliance and the Health Coalition of Children & Youth
- Children’s Village
- City of Seattle Parks and Recreation and Aquatics
- Center for Children and Youth Justice
- Center for MultiCultural Health and the Healthy King County Coalition
- Denise Louie Early Education Center
- El Centro de la Raza
- Forefront
- Foundation for Healthy Generations and the Childhood Obesity Prevention Coalition
- Harborview Injury and Prevention Research Center
- HAN-Healthcare Anchor Network
- HealthierHere
- Hopelink
- International Rescue Committee
- Mercy Housing
- Mockingbird Society
- Northwest Harvest
- Office of the Superintendent for Public Instruction
- Prevention WINS
- Public Health Seattle and King County
- REWA-Refugee Women’s Alliance
- Ronald McDonald House
- Safe Kids
- Safe Homes, Suicide Aware
- Seattle Indian Health Board
- SMART Center
- Solid Ground
- State of Washington, Department of Health and Department of Children, Youth and Families
- Somali Health Board
- Southcentral Foundation
- University District Food Bank
- University of Washington
- U Power
- Washington Chapter, American Academy of Pediatrics
- Within Reach
- YWCA

A summary of both CHIS and efforts across other significant health priorities will be collected and reported annually in our Community Benefit Report.
**Implementation Strategy Approval**

On May 22, 2019, the Board of Trustees, which includes representatives from throughout the community, met to discuss the Community Health Assessment and adopt the Community Benefit priorities. On January 22, 2020, the Board of Trustees met again and adopted this CHIS.

- Children’s Board of Trustees Approval: May 22, 2019.
- Children’s Board of Trustees Adoption: January 22, 2020.

The Community Health Improvement Strategies are a part of Seattle Children’s mission to provide hope, care and cures to help every child live the healthiest and most fulfilling life possible. For more information about Seattle Children’s community engagement vision, our mission and activities, and to see future supplements to this document as they are posted, visit [seattlechildrens.org](http://seattlechildrens.org)

We welcome input from everyone. If you have questions of concerns please contact us via email: [communitybenefit@seattlechildrens.org](mailto:communitybenefit@seattlechildrens.org)
Endnotes


xix Ibid.


xxi Ibid.


Ibid.


To Learn More

To read our Community Health Implementation Strategies in their entirety or to learn more about our community health programs and services, please visit our website at:

www.seattlechildrens.org/about/community-benefit/community-health-assessment/