



MultiCare 
Mary Bridge 
Children's

Mary Bridge Children's Community Health Needs Assessment 2025

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Community Health Needs Assessment 2025



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MultiCare 
Mary Bridge 
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Executive Summary

Overview & Identified Priorities
Identified Priorities & Contributing Factors



Executive Summary

Overview & Identified Priorities



Community Health Needs Assessment

The 2025 Mary Bridge Children's Community Health Needs Assessment (CHNA) is an analysis of health issues affecting children and youth in its service area. The assessment's conclusions are based on the review of qualitative and quantitative data to identify community needs and guide a three-year implementation plan.

Methodology and Community Profile

The assessment defined the Mary Bridge Children's service area (primary and secondary hospital defined 2025 service area) using a **data-driven approach that includes 138 zip codes and 33 school districts across four counties: Pierce, King, Thurston, and Kitsap**. Only a portion of South King County is included, based on patient discharge data, referral patterns, and consultation with public health partners. This ensures that the service area reflects where children and families actually seek care, particularly medically underserved communities.

Population: The service area includes **1.96 million residents in the designated zip codes**. Children and youth from birth up to 18 represent **~440,000 (20–24%)** of the population.

The total of the 4 county populations exceed the service area, in which a weighted representation was used to incorporate county-level data based on service area overlap and populations.

Weighted Representation: Because the service area does not cover all of King County, findings were **weighted by the % of child population in the service area** to ensure accuracy.

% of Service Area Child Population (Birth up to 18):

Pierce County: 47.9%

King County: 25.7%

Thurston County: 13.9%

Kitsap County: 12.4%

Diversity: The region is racially and ethnically diverse, with Pierce County identified as the most diverse county in the service area.

The methodology combined **quantitative data** from public health statistics, U.S. Census data, and internal hospital records with **qualitative insights** from interviews, listening sessions, and surveys. Analysis was conducted at the zip code, school district, and county levels to highlight both hyper-local needs and regional trends.

Executive Summary

Overview & Identified Priorities



Identified Priorities

The assessment identified four significant health priorities based on statistical analysis and community input.

- 1. Behavioral Health.** A youth mental health crisis was identified as a primary concern. Children are experiencing rising rates of depression, anxiety, and trauma. Data from 2022-2024 shows intentional self-harm is a top diagnosis for female inpatients at Mary Bridge. In Kitsap, Pierce, and Thurston counties, over 31% of 8th, 10th, and 12th graders reported feeling sad or hopeless, exceeding the state average of 29.2%. Over 17% of students in these counties had seriously considered suicide, compared to the 15% state average. Community input highlighted a need for culturally responsive mental health services, noting long wait times and a lack of provider diversity.

Youth substance use is another concern. In Pierce and Kitsap counties, 9.2% of youth reported alcohol use in the past 30 days, above the service area average of 8.2%. Marijuana use was highest in Kitsap (9.6%) and Pierce (9.5%) counties. Pierce County also had the highest rate of e-cigarette use at 9.4%, above the state average of 7.8%.

- 2. Access to Care.** Disparities in healthcare access were identified as a significant barrier for families. These barriers include lack of insurance, transportation difficulties, language differences, and long wait times for specialty care. The supply of pediatricians in Kitsap, Pierce, and Thurston counties is below state and national averages. Data indicates that youth in Pierce County have the highest rates of delayed preventive health check-ups (13.3% for 12-24 months and 5.8% for 24+ months). A need for culturally responsive and trustworthy care was also noted. Community input revealed that families, particularly from marginalized groups, feel misunderstood or disrespected in healthcare settings. A shortage of bilingual staff and a lack of workforce diversity contribute to distrust and create barriers to care.

Families of Children and Youth with Special Health Care Needs (CYSHN) face challenges navigating fragmented healthcare, education, and community resource systems. Key informants noted a lack of care coordinators and social workers. Pierce and Thurston counties have the highest rates of youth limited by a long-term health condition (6.5%), exceeding the state average of 5.7%. Community members also requested holistic wraparound support, including housing, mental health services, and assistance for families with medically complex children.

Executive Summary

Overview & Identified Priorities



- 3. Maternal and Child Health.** Preterm births and low birth weight are persistent concerns, with notable racial disparities. In Pierce County, the low birthweight rate for Black infants is 12%, compared to 6% for white infants. The county's preterm birth rate is 9.7%, higher than the state average of 8.4%. Child mortality rates are also higher in Pierce, Kitsap, and Thurston counties (50 per 100,000) compared to King County (40 per 100,000). Promoting safety and injury prevention is also a priority. Support for new parents and caregivers was identified as a need. Pierce and Kitsap counties have higher percentages of children living in single-parent households (20.5% and 20.1%) than the state average (19.1%).

Preventable injuries are a leading cause of death and disability among children. Pierce County has higher injury death and firearm fatality rates than King County. Community members expressed concerns about unsafe neighborhood conditions and bullying, reported by up to 3.9% of youth in Kitsap County. Support for new parents and caregivers was identified as a need. Pierce and Kitsap counties have higher percentages of children living in single-parent households (20.5% and 20.1%) than the state average (19.1%).

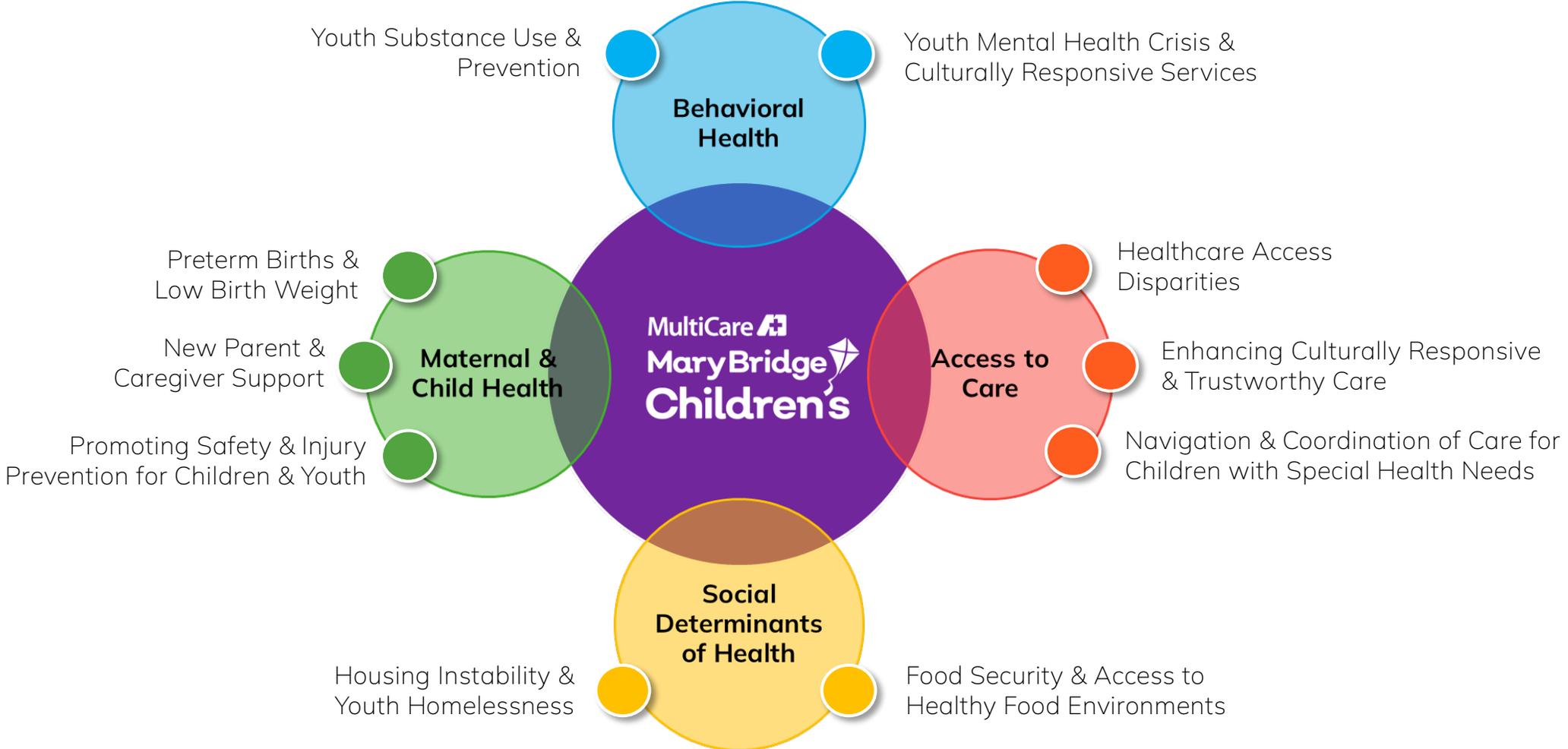
- 4. Social Determinants of Health.** Housing instability was identified as a direct influence on child health. In Pierce County, 6.7% of youth reported being extremely worried about their family's ability to afford housing. Several school districts in the service area have student homelessness rates between 6% and 11%, which is above the state average of 3.9%. Food security is another challenge. In Pierce County, 34% of survey respondents indicated very low food security. A high percentage of students in the county rely on free or reduced-price school lunch (43%). Youth in Pierce County also report the highest level of worry about not having enough food. These factors contribute to health outcomes like obesity, with Pierce County having the highest rates of overweight (15.7%) and obese (10.7%) youth.

Implementation and Conclusion

The findings from this assessment will form the basis of a three-year Community Health Implementation Plan (CHIP). This plan will outline strategies, initiatives, and community partnerships for Mary Bridge Children's to address the four identified health priorities. The objective is to use this data to improve health outcomes for children and families throughout the service area.

Executive Summary

Identified Priorities & Contributing Factors





Introduction

Purpose of CHNA

Defining the Community



Introduction

Purpose of the CHNA



Assessment Process

This Community Health Needs Assessment (CHNA) serves two fundamental purposes for Mary Bridge Children's. It's a reflection of its mission-driven commitment to the community and a fulfillment of its federal regulatory requirements.

A Commitment to the Community

For Mary Bridge Children's, the CHNA is more than a regulatory requirement; it is a vital part of an enduring commitment to the children and families it serves. This commitment is realized through a continuous cycle of listening to community voices, analyzing health data and collaborating with local partners to develop and implement sustainable health solutions. This sustained dialogue allows Mary Bridge Children's to build on past insights, monitor progress, and adapt strategies as community needs evolve.

Ultimately, this process ensures that hospital strategy, investments, and partnerships are directly responsive to the community's immediate challenges and long-term health disparities. The goal is to create a lasting impact on the health and wellbeing of every child and family in the community.

Fulfilling a Federal Requirement

This assessment also fulfills the requirements for tax-exempt hospitals as mandated by Section 501(r)(3) of the Internal Revenue Code. These federal regulations require Mary Bridge Children's to:

-  Conduct a CHNA every three years.
-  Adopt an implementation strategy to address the health needs identified in the assessment.
-  Incorporate input from community representatives, including those with public health expertise.
-  Make the CHNA report widely available to the public.

Community Health Needs Assessments and Implementation Plan Strategies for all MultiCare facilities can be found at <https://www.multicare.org/about/community/needs-assessment/>.

A paper copy will be made available at main hospital reception front desk. Written comments on this CHNA report can be submitted to healthequity@multicare.org.

Introduction

Defining the Community



Mary Bridge Children's service area is a large and dynamic region encompassing 138 zip codes within 4 counties. The following key points define the demographic and socioeconomic landscape that provides the context for this health needs assessment.

Demographic Profile

-  **Population Size and Distribution:** The Service area is home to over 1.96 million residents. The population is concentrated in Pierce County, which accounts for almost half of the defined population. The population is nearly evenly split between males and females.
-  **Children and Youth:** A significant portion of the community consists of children and youth. Individuals from birth up to 18 make up between 20% and 24% of the population across the four-county area.
-  **Racial and Ethnic Diversity:** The region is racially and ethnically diverse. Pierce County stands out as the most diverse county in the service area, with higher proportions of residents who identify as Black, Hispanic, and Multiracial compared to the other counties.



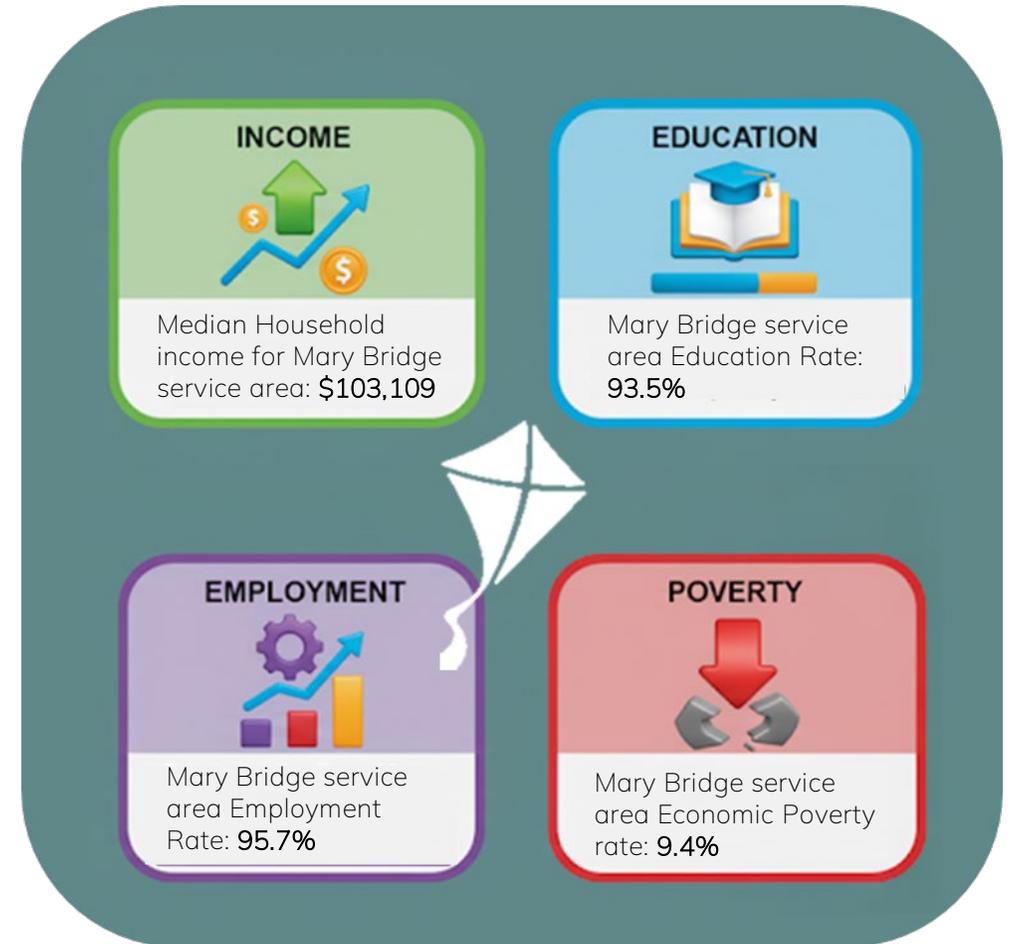
Introduction

Defining the Community



Socioeconomic Profile

-  **Income and Earnings:** Median household income for the service area is \$103,109, which is above the Washington State median. A gender income disparity exists with males earning an average of \$77,841 compared to \$63,444 for females.
-  **Educational Attainment:** The high school graduation rate varies across the service area, with a weighted average of 93.5% from 2019-2023, higher than the Washington State average of 92.2%. This rate varies by location, ranging from a high of 95.3% in Kitsap County to a low of 92.5% in Pierce County, indicating disparities in educational outcomes.
-  **Employment:** The employment rate for residents over age 16+ is 95.7%, a figure that is Higher than both state and national averages. Pierce County experiences the lowest employment rate in the service area at 95.3%.
-  **Poverty:** A key indicator of economic vulnerability is the poverty rate. The weighted service area economic poverty rate is 9.4% (2023), below state average, but increasing faster than state trends year over year.





Methodology & Approach

Assessment Process
Defining the Service Area
Community Engagement
Data Collection
Integration & Compliance



Methodology & Approach

Assessment Process

Assessment Process

inHealth Strategies conducted the 2025 MultiCare Mary Bridge Children's Hospital Community Health Needs Assessment (CHNA) using a mixed-methods research design. The methodology was developed to satisfy federal requirements for tax-exempt hospitals and to inform strategic planning for current and future facilities. Guided by community engagement and data analysis, this assessment aligns our community benefit activities with both regulatory standards and our forward-looking vision. This approach is rooted in a foundational commitment to compassionate, equitable care, demonstrated through programs such as charity care and financial assistance.

Recognizing that a child's health reflects the overall wellbeing of a community, this six-month assessment was tailored specifically for a pediatric hospital. We combined quantitative and qualitative data to understand how factors like family stability, education, and safety impact health. The methodology consisted of four clear phases: 1. Defining the community and engaging stakeholders, 2. Collecting and analyzing data, 3. Prioritizing health needs, and 4. Utilizing findings to inform hospital strategy.



Strategic Stakeholder Engagement & Community Definition

This CHNA was built on strong stakeholder engagement to ensure it authentically reflected the community's diverse experiences. The process began with a clear, data-driven definition of the Mary Bridge Children's Hospital service area.

To set these geographic boundaries, we analyzed patient discharge data, mapped regional care referral patterns, and consulted with public health officials. This method guaranteed that medically underserved areas and populations facing health disparities were included, a key requirement for IRS compliance.

Methodology & Approach

Defining the Service Area



CHNA analysis used a 3-level data strategy

To understand the needs of the community, we used an integrated, multi-level approach to quantitative data analysis. This included the following:

Hyper-Local Insights (138 Zip Codes)

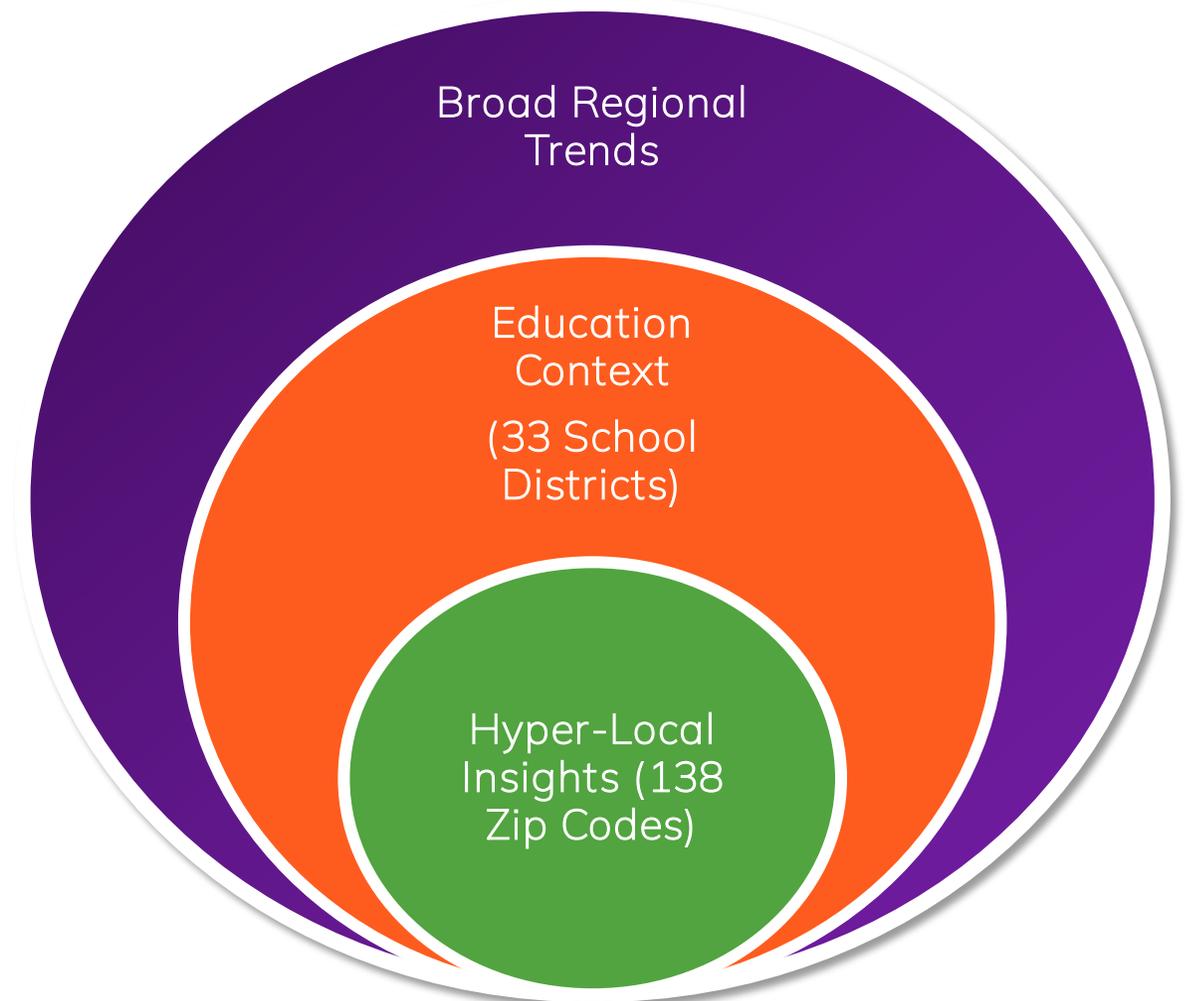
We examined health and socioeconomic factors to provide a granular, street-level view of challenges and resources affecting children where they live. This analysis incorporated the CDC's Social Vulnerability Index (SVI) to highlight neighborhoods facing greater social and economic barriers. The findings reflect the primary and secondary service areas of Mary Bridge Children's Hospital as of 2025.

Educational Context (33 School Districts)

We mapped zip code data to 33 school districts to analyze the relationship between children's educational environments and their health outcomes.

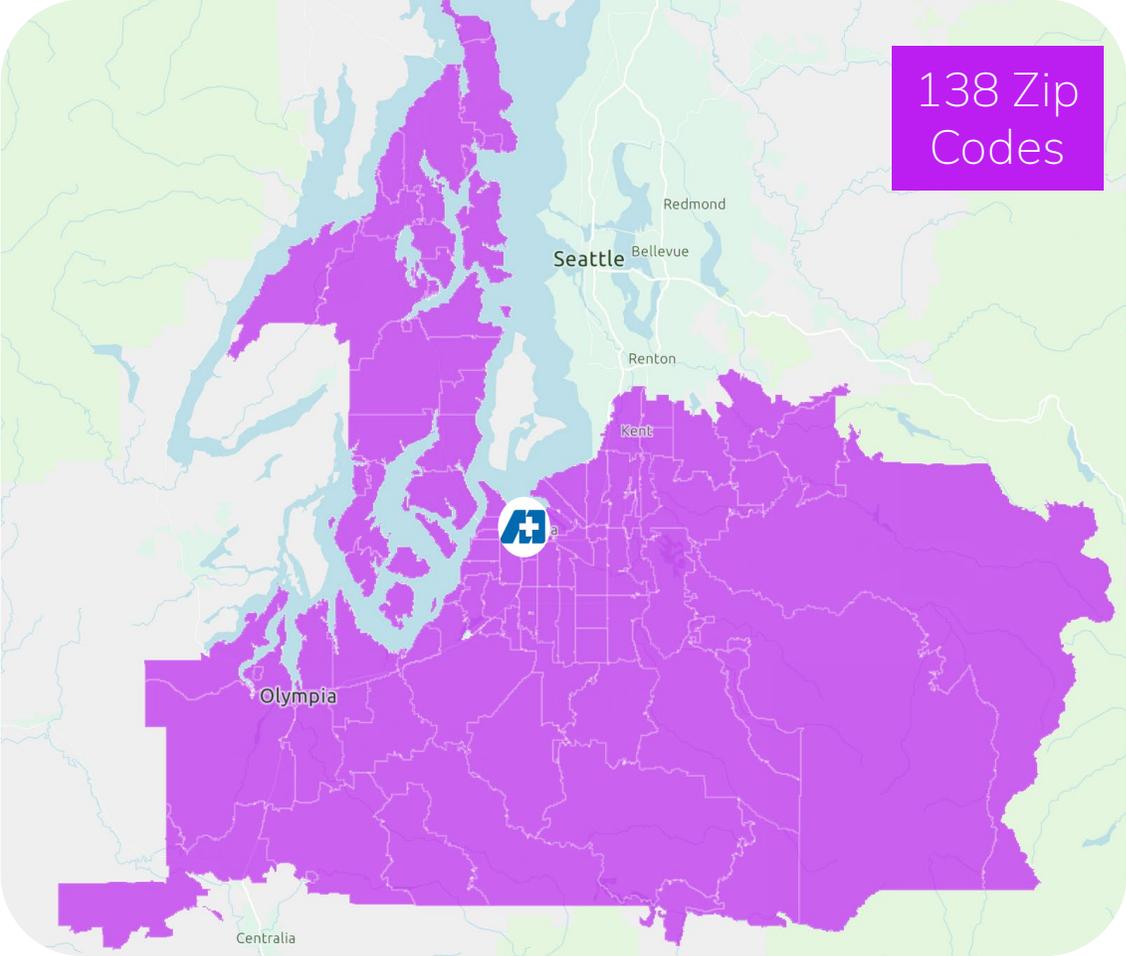
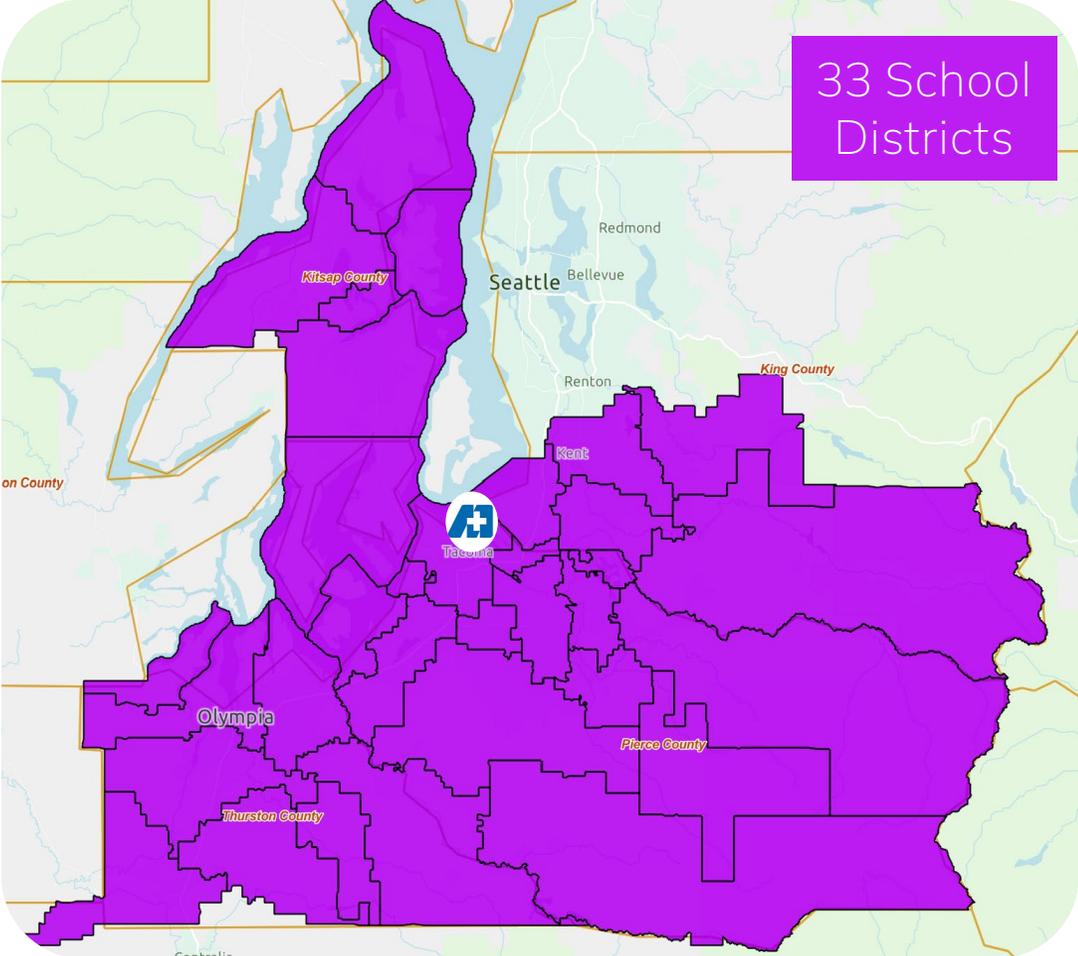
Broad Regional Trends (4 Counties)

We analyzed trends across Pierce, King, Thurston, and Kitsap to capture the big picture. Insights were weighted and adjusted for local characteristics to ensure accuracy and provide a truly representative regional view.



Methodology & Approach

Defining the Service Area



Methodology & Approach

Defining the Service Area

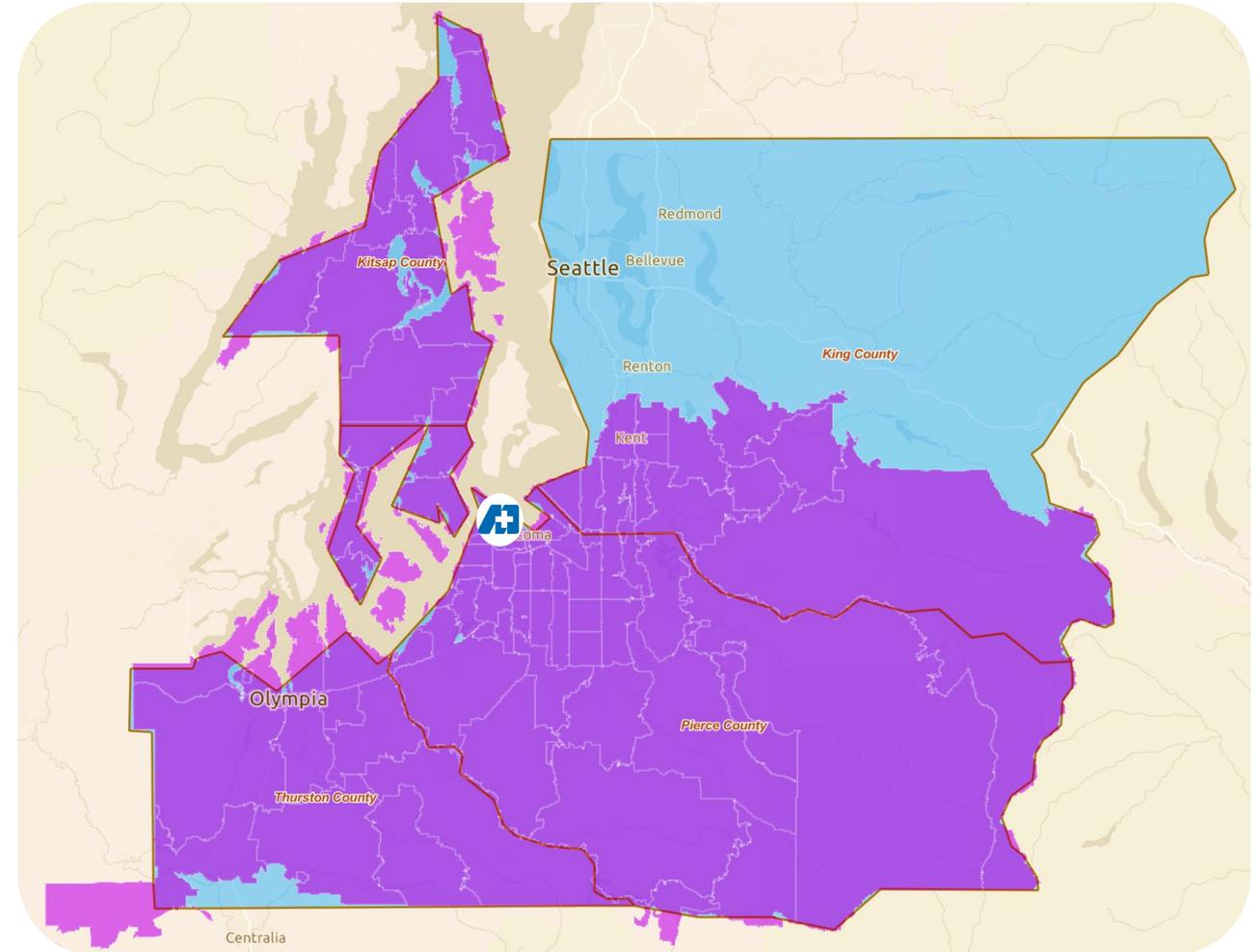


The analysis incorporated additional data at the county level for Pierce, King, Thurston, and Kitsap. This step served to address gaps that existed within the zip code and school district level datasets.

The data then underwent a weighting process using **child population figures**. This calculation aligns the model with the scale of service needs. The influence of any region on the final results corresponds to its number of children. *Pierce County: 47.9%, King County: 25.7%, Thurston County: 13.9%, Kitsap County: 12.4%*, a total pediatric population of roughly 440,000.

To prevent statistical distortion in areas where service coverage is incomplete, such as King County, this methodology provides a more accurate geographic representation.

County-level information provides a superior foundation for this type of study. Zip code areas are drawn based on postal routes, not geographic divisions. County lines are boundaries for administration, offering a stable basis for analysis.



Methodology & Approach

Community Engagement

Once the community was defined, the next step was to engage a wide range of stakeholders. This was achieved through both a formal advisory committee and broad community outreach.

The CHNA advisory committee provided strategic oversight and included key leaders from MultiCare and Mary Bridge, as well as from the new hospital planning team. To complement the committee's work, we actively sought input from the wider community, particularly from groups representing vulnerable populations, fulfilling the requirement to consult on community health needs.

Comprehensive Mixed-Methods Data Collection & Analysis

To get a complete picture of community health, this assessment used a mixed-methods approach. We combined quantitative data with qualitative insights to cross-validate findings and gain a deeper understanding of the community's needs.

Quantitative Data Collection & Analysis

The quantitative analysis began by gathering data from trusted local, state, and national sources. We used the U.S. Census Bureau's American Community Survey (ACS) to build demographic and socioeconomic profiles of the service area. Key pediatric health indicators were collected from sources including the Washington State Department of Health, Robert Wood Johnsons County Health Rankings and the Washington State Healthy Youth Survey.

To identify current care gaps and support planning for the new hospital, we analyzed anonymous internal data from Mary Bridge, focusing on trends in emergency department use, inpatient admissions, and ambulatory care sensitive conditions.

Health disparities were analyzed at the census-tract level using Geographic Information Systems (GIS) mapping. Pediatric health indicators were overlaid with social determinant indices, with emphasis on the Child Opportunity Index (COI) and the Social Vulnerability Index (SVI). This child-centered analytic approach allowed us to identify neighborhoods where children face the greatest structural barriers, informing more precise resource allocation and focused interventions.



Methodology & Approach

Community Engagement



To complement the quantitative data, we conducted qualitative research to better understand the community's lived experiences. This included 25 interviews, two listening sessions, and a survey of area providers and school nurses. Interview participants represented key stakeholders such as public health officials, pediatricians, and nonprofit leaders.

The listening sessions, held in May 2025, engaged both caregivers and youth. At the Multicultural Family Child Hope Center, 19 adults provided diverse caregiver perspectives, while the Red Barn Youth Center convened 11 youth and 2 adults to capture direct adolescent perspectives on health, safety, and access. Additional findings from the Pierce County CHNA were integrated into the analysis, as Pierce County is part of the Mary Bridge service area.

A thematic analysis of these qualitative inputs provided critical insights into the community's primary concerns and directly informed the assessment's findings.

Systematic, Criteria-Based Prioritization of Health Needs

The final phase involved a structured process to prioritize the significant health needs identified from our data.

First, a complete inventory of all health needs was compiled. Then, the advisory committee adopted a set of weighted criteria to evaluate and rank each need. The five criteria were:

1. **Magnitude of the Problem:** The scale and prevalence of the health issue.
2. **Severity of the Problem:** The level of disability, morbidity, mortality, and impact on quality of life.
3. **Disparity and Equity:** The extent to which the issue disproportionately affects vulnerable or underserved populations.
4. **Feasibility of Impact:** The evidence-based potential for Mary Bridge Children's Hospital and its partners to make a meaningful, measurable difference.
5. **Strategic Alignment:** The consistency of addressing the need with the hospital's core mission, the MultiCare system's strategic objectives, and, specifically, the service line and program development plans for the new hospital facility.

Methodology & Approach

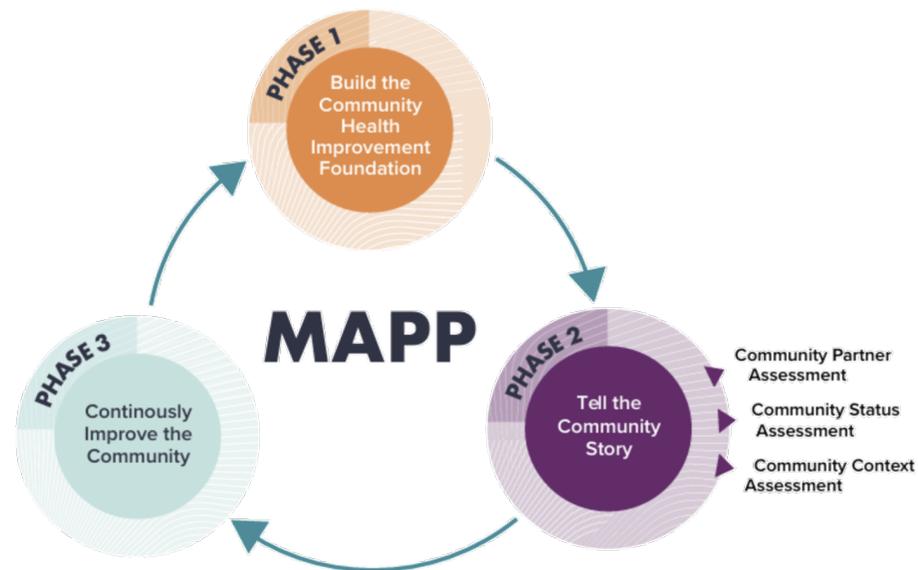
Community Engagement



Understanding Health Challenges

MultiCare Health System (MHS) conducted a Community Health Needs Assessment (CHNA) to better understand the health challenges and strengths across Pierce County.

This process followed the MAPP 2.0 Framework, developed by the National Association of County and City Health Officials (NACCHO), and emphasized equity, representation, and community voice.



CHNA Planning Committee

Mary Quinlan Fabrizio (MultiCare Health System)
Chelsey Lindahl (MultiCare Health System)

Community Engagement Included

- Key Informant Interviews: 14 Completed
- Surveys: 53 Responses from Nurses and Providers
- Listening Sessions: Multicultural Child & Family Hope Center and Red Barn Youth Center, Oasis Youth Center (Pierce County CHNA)

Community-Based Partners Included

- Perinatal Collaborative of Pierce County/Tacoma Pierce County Health Department
- YMCA of Pierce and Kitsap
- City of Tacoma (specifically, the Center for Strategic Priorities)
- Asia Pacific Cultural Center
- Lindquist Dental Clinic for Children
- Step by Step Family Support
- Farm 12 Social Enterprises
- Washington's Child Passenger Safety Program at the Bonney Lake Police Department
- Bates Technical College
- Blue Zones Project, Parkland Spanaway
- Multicultural Child and Family Hope Center
- Washington State Department of Health
- Shades of Divinity
- Nourish Pierce County Food Banks
- First Five Fundamentals
- Coleman and Associates
- Oasis Youth Center

Methodology & Approach

Community Engagement



Community Engagement was an essential component of the 2025 CHNA process. Input was sought from members of the community, organizational leaders, providers, and youth to ensure that the needs identified reflect both quantitative data and lived experiences across the Mary Bridge service area.

Key Informant Interviews

Interviews were conducted with leaders across business, non-profit, education, transportation, health and human services, local government, and first responders. **Interviewees were selected based on established criteria:** (1) individuals identifying as people of color or representing marginalized populations; (2) representation across multiple community sectors; (3) minimal duplication with 2022 CHNA interviewees to ensure fresh perspectives; and (4) availability within the project timeline.

Confirmed interviews included representatives from organizations such as Bates Technical College's Childcare Program, Being the Village, Blue Zones Pierce County, Bonney Lake Police Department, City of Tacoma, Lindquist Dental, Nourish Pierce County, Perinatal Collaborative of Pierce County, Shades of Divinity, Step by Step, YMCA of Pierce/Kitsap, and the Multicultural Child and Family Hope Center. This group collectively represented voices from education, public safety, maternal and child health, food security, oral health, and culturally specific organizations.

Surveys

Anonymous surveys were distributed to a broad base of school nurses, school district staff, and healthcare providers.

- **Schools & Districts:** 136 school contacts were invited across 20 public school districts, as well as three private schools, two tribal schools (Chief Leschi, Muckleshoot), and one charter school. Thirty individuals completed the survey, providing perspective on child health concerns and barriers from the educational setting.
- **Providers:** The survey was also sent to Mary Bridge-affiliated practices and partner groups including Pediatrics Northwest, Woodcreek Pediatrics, Harbor Pediatrics, Answers Counseling, social work teams, care coordinators, and the Mary Bridge Regional Board. Twenty providers responded, highlighting system-level barriers and pediatric health needs.
- **Additional responses:** Three community nurses or providers not directly affiliated with these institutions also responded.

In total, **53 surveys were completed** across education and provider networks.

Methodology & Approach

Community Engagement



Listening Sessions

Two listening sessions were conducted in May 2025. Nineteen adults participated at the Multicultural Child and Family Hope Center, providing feedback on child and family needs in immigrant and BIPOC communities. Eleven youth and two adults participated in a session at the Red Barn Youth Center, adding perspective from adolescents on behavioral health, safety, and community resources. Additional findings were incorporated from a Pierce County CHNA process that ran concurrently, ensuring the voices of families in the broader service area were represented.

Inclusivity of Marginalized Populations

A core aim of this CHNA was to ensure the perspectives of historically marginalized and underserved populations were elevated. Key informant interviews, surveys, and listening sessions were intentionally designed to capture these voices.

- **Communities of Color and Immigrant/Refugee Families:**

Partners such as the Multicultural Child and Family Hope Center, Being the Village, and Shades of Divinity highlighted issues of language access, cultural competency, and mistrust of healthcare systems, especially around preventive care and immunizations.

- **Tribal Communities:** Input from Chief Leschi Schools and Muckleshoot Tribal School reinforced challenges with transportation, consistent pediatric care, and mental health supports for Native youth.
- **Low-Income Families:** Nourish Pierce County and Step by Step underscored food insecurity, housing instability, and perinatal health barriers, as well as difficulty affording prescriptions.
- **Youth Voice:** The Red Barn Youth Center session allowed youth to share concerns about behavioral health, substance use, and safe community spaces, echoing quantitative data on anxiety and depression.
- **Rural Communities:** Partners in East Pierce and other rural areas pointed to transportation barriers, limited sidewalks, and fewer local providers, particularly for families without reliable vehicles.
- **Providers Serving Underserved Populations:** School nurses, pediatricians, and social workers noted that many families delay preventive care due to cost, long waits, or lack of understanding of its importance.

Methodology & Approach

Data Collection



Data Gaps and Limitations

This assessment is limited by several data availability and collection factors. **Zip code-level data was not always available for the most recent years**, restricting the ability to capture emerging trends at the neighborhood level. While county-level and school district data provided valuable insights, some finer geographic variation may not be fully reflected.

Certain datasets also lacked **disaggregation by race, ethnicity, or other demographic characteristics**, limiting the ability to fully document disparities across different populations. Where possible, proxy measures (e.g., Social Vulnerability Index, Child Opportunity Index) were used to highlight inequities, but more granular data would strengthen future assessments.

Qualitative feedback represents a subset of community voices. While deliberate efforts were made to include marginalized populations, youth, providers, and community leaders, it is possible that some perspectives were not captured. Responses were also limited by the availability of stakeholders within the project timeline and by the anonymous nature of survey participation, which makes it difficult to attribute feedback to specific organizations or geographic areas.

For **key informant interviews**, participants were selected based on specific criteria to promote diversity and inclusivity:

- Individuals identifying as people of color or representing/working on behalf of marginalized populations.
- Representation from key sectors of business, non-profit, education, transportation, health and human services, local government, and law enforcement/first responders.
- Efforts to minimize interviewees who participated in the 2022 CHNA to avoid redundancy and ensure new voices.
- Availability within the project timeline.

These criteria helped to ensure that a wide range of experiences were reflected, though the number of interviews conducted still represents a **sample of perspectives rather than the full spectrum of community experience**.

Future assessments will seek to address these limitations through **expanded data partnerships, improved access to disaggregated data**, and a broader outreach strategy that includes additional listening sessions, surveys, and key informant interviews across underrepresented groups.

Methodology & Approach

Integration & Compliance

Integration with Strategic & Compliance Frameworks

This CHNA is designed to be a practical tool for action, not just a static report. Its findings are directly integrated into the hospital's operational and financial planning. The prioritized needs and implementation strategy guide the annual community benefit priorities, ensuring that resources are allocated based on data and the community's most pressing needs.

For compliance, the entire process is documented to meet IRS Section 501(r) regulations. This includes keeping engagement records, making the report public on the hospital's website, and having the implementation strategy formally adopted by hospital leadership. The results will be reported on IRS Form 990, Schedule H, making the CHNA an integral part of a repeating three-year cycle of assessment and action that helps the hospital fulfill its mission.



ENGAGE OUR COMMUNITY

Community Benefits Advisory Committees shape our community engagement approach
Conduct the Community Survey



COLLABORATE WITH YOU

Conduct interviews and focus groups



LEARN THROUGH LISTENING

Hear directly from residents at Community Listening Sessions



SHARE INFORMATION & PRIORITIZE STRATEGIES

Share findings and prioritized strategies to address the Community's identified health and social needs.



FOSTER HEALTHIER COMMUNITIES

Implement the strategies identified in the CHNA to improve community health.





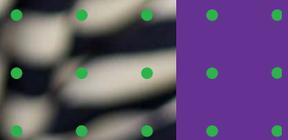
Community Profile & Health Needs

Demographic Profile

Health Status Data

Social & Economic Factors

Stakeholder Input



Community Profile & Health Needs

Demographic Profile



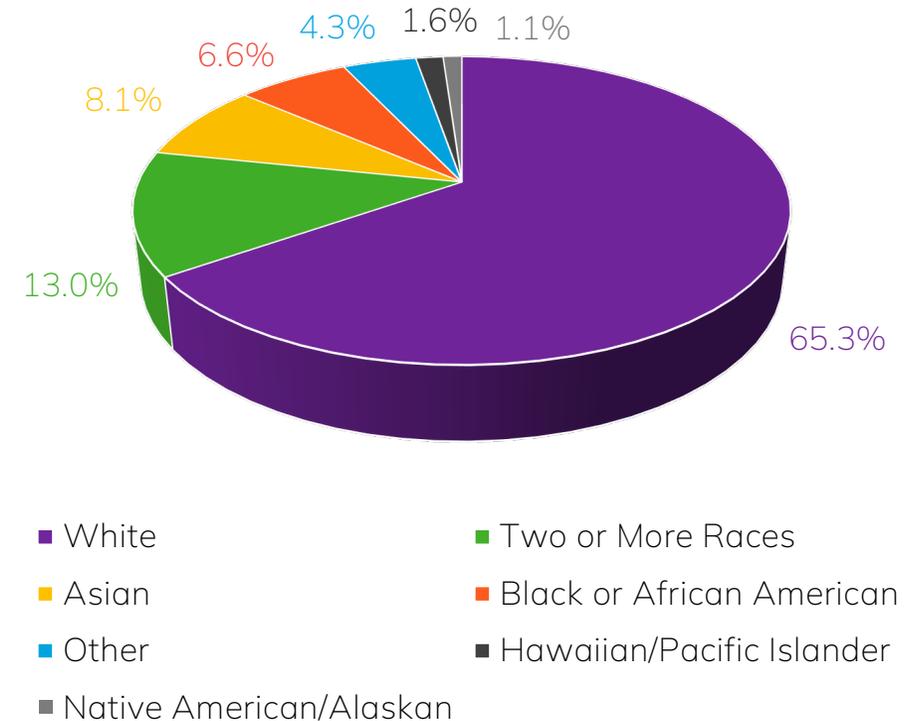
Community Composition

Mary Bridge Children's Hospital service area is home to a diverse and growing pediatric population. In 2024, children from birth up to 18 made up between 20% and 24% of the population across Pierce, King, Kitsap, and Thurston counties, demonstrating the importance of pediatric health services in shaping community wellbeing. Racial and ethnic composition varies significantly. Across the service area 65.3% of residents identify as White, 13.0% identify as two or more races, 8.1% as Asian, 6.6% as Black or African American – additionally, 12.5% of the population is Hispanic or Latino.

Diversity is Not Evenly Distributed

Pierce County has higher proportions of Black, Hispanic, and multiracial residents than neighboring counties, while King County has the largest share of Asian residents (19.9%). Kitsap and Thurston counties remain less diverse overall, with around 75% of residents identifying as White (one race). Demographic patterns make culturally responsive health strategies tailored to the unique composition of each community important. They underscore the need for equity-focused approaches to pediatric care, as health disparities are often aligned with demographic differences.

Service Area 2024 Race Breakdown



Community Profile & Health Needs

Demographic Profile



Understanding the Population

The table outlines 2024 demographic data for the defined service area, as well as the counties, representing a combined population of around 1.96 million people, with a diverse demographic profile across the regions.

Given that the Mary Bridge Service Area only includes a portion of South King County, for additional data to be incorporated, it underwent a weighting process using child population figures. This calculation aligns the model with the scale of service needs. The influence of any region on the final results corresponds to its number of children. *Pierce County: 47.9%, King County: 25.7%, Thurston County: 13.9%, Kitsap County: 12.4%*, a total pediatric population of roughly 440,000.

**The Service Area Birth up to 18 Population represents the number of children ages 0-17 that make up the defined Mary Bridge Service Area within the 138 zip codes. As a result, the total population of all 4 counties exceeds 1.96 million, due to only part of King County being included in the analysis.*

| 2024 Population | Mary Bridge Service Area | Pierce County | King County* | Thurston County | Kitsap County |
|-------------------------------------|--------------------------|---------------|--------------|-----------------|---------------|
| Total | 1.96 million | 916,052 | 2,274,423 | 294,708 | 276,228 |
| Male | 50.3% | 50.2% | 50.7% | 49.2% | 51.4% |
| Female | 49.7% | 49.8% | 49.3% | 50.8% | 48.6% |
| White | 65.3% | 66.0% | 56.8% | 74.3% | 76.5% |
| Black | 6.6% | 7.2% | 6.5% | 3.3% | 2.6% |
| AIAN | 1.1% | 1.1% | 0.6% | 1.1% | 1.0% |
| Asian | 8.1% | 6.5% | 19.9% | 5.8% | 4.8% |
| NHPI | 1.6% | 1.5% | 0.8% | 1.0% | 0.9% |
| Other | 4.3% | 3.7% | 4.8% | 2.3% | 2.6% |
| Multiracial | 13.0% | 14.1% | 10.6% | 12.0% | 11.5% |
| Hispanic | 12.5% | 12.6% | 10.8% | 10.0% | 9.0% |
| Birth up to 18 | 22.7% | 23.2% | 19.8% | 21.0% | 19.9% |
| Service Area Birth up to 18* | ~440,000 | 211,833 | 113,171 | 61,423 | 53,419 |

Community Profile & Health Needs

Health Status Data



Health Status Overview

Health status data provides a snapshot of the overall wellbeing of children and families across the Mary Bridge service area. These measures include **mortality rates, chronic conditions, maternal and infant health outcomes, and behavioral health indicators**. By comparing local data to state and national benchmarks, we can identify both progress and persistent gaps.

Patterns across the region reveal that **health outcomes are not evenly distributed**. Some counties, particularly Pierce and Kitsap, show **higher rates of infant and child mortality, behavioral health crises, and chronic disease**, while King County trends closer to state averages but experiences deep internal disparities by race and income. These findings emphasize that improving health requires not only clinical care, but also targeted strategies that address inequities in access and outcomes.

Several consistent patterns emerge across counties:

- **Maternal & Infant Health:** Rates of infant mortality, preterm birth, and low birth weight remain above the state average in parts of the service area, particularly Pierce and King Counties. Teen birth rates are higher in Pierce, creating additional risks for both mothers and infants.
- **Behavioral Health:** Depression, anxiety, and self-harm among youth have risen sharply. Limited outpatient resources mean that emergency departments are often used for behavioral health needs that could be addressed in community settings.
- **Access to Care:** Families face delays and disruptions in accessing care. ED data show high utilization for conditions like asthma, respiratory illness, and abdominal pain—issues that could often be managed through timely primary or specialty care.
- **Chronic & Preventable Conditions:** Asthma, obesity, and diabetes remain among the most common health concerns, with higher prevalence in lower-income and racially diverse communities.
- **Injury & Safety:** Injuries such as concussions, musculoskeletal accidents, and violence-related harm are frequent causes of ED visits, underscoring the importance of prevention and safe environments for children.

These findings highlight not just the prevalence of health conditions, but also the inequities that drive them.

Community Profile & Health Needs

Health Status Data



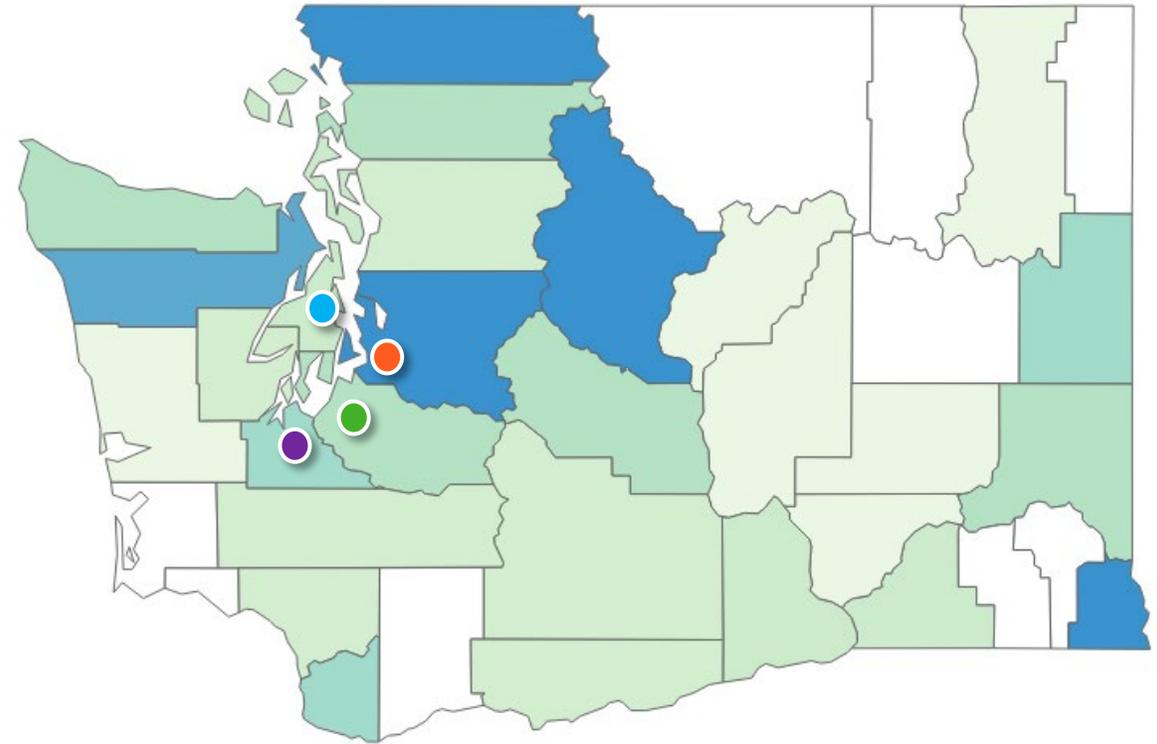
Pediatric Supply and Community Health

Pediatricians are fundamental to community health, providing essential preventative care that fosters healthy development and reduces the long-term burden of disease. In the Mary Bridge service area, which serves nearly 1.96 million residents (440k children) across King, Pierce, Thurston, and Kitsap counties, consistent access to pediatric care is key for the health of its youngest members.

A shortage of these specialized providers creates significant health challenges. Deficits lead to delayed diagnoses, missed immunizations, and increased reliance on emergency departments for primary care, ultimately resulting in poorer long-term health outcomes for the entire population.

| County | Pediatric Supply (per 100k) | Comparison to WA/USA |
|-----------------|-----------------------------|----------------------|
| Kitsap County | 42.9 | Below |
| King County | 139.1 | Above |
| Pierce County | 57.1 | Below |
| Thurston County | 61.9 | Slightly Below |

Pediatric Supply: Pediatricians per 100,000 Children in Washington State is 73.1 and Nationally is 77.8



Source: 2024 The American Board of Pediatrics (APB)

Community Profile & Health Needs

Health Status Data



Mary Bridge Admissions by Diagnosis Group, 2022-2024

| Rank by Volume | Female Top 10 | Male Top 10 |
|----------------|---------------------------------------------------|---------------------------------------------------|
| 1 | Bronchitis and Other Upper Respiratory Infections | Bronchitis and Other Upper Respiratory Infections |
| 2 | Pneumonia Including Aspiration Pneumonia | Acute Respiratory Failure |
| 3 | Acute Respiratory Failure | Unspecified and Other Cancers |
| 4 | Epilepsy and Seizure Disorders | Pneumonia Including Aspiration Pneumonia |
| 5 | Intentional Self-Harm | Diabetes Mellitus |
| 6 | Unspecified and Other Cancers | Epilepsy and Seizure Disorders |
| 7 | Diabetes Mellitus | Asthma |
| 8 | Neonatal Conditions - Other | Appendicitis |
| 9 | Asthma | Neonatal Conditions - Other |
| 10 | Appendicitis | Neonate with Respiratory Condition |

Mary Bridge Emergency Visits by Diagnosis Group, 2022-2024

| Rank by Volume | Female Top 10 | Male Top 10 |
|----------------|---------------------------------------------------|---------------------------------------------------|
| 1 | Bronchitis and Other Upper Respiratory Infections | Bronchitis and Other Upper Respiratory Infections |
| 2 | Other Infectious and Parasitic Diseases | Other Infectious and Parasitic Diseases |
| 3 | Nausea and Vomiting | Open or Superficial Wounds |
| 4 | Abdominal Pain | Nausea and Vomiting |
| 5 | Open or Superficial Wounds | Acute Otitis Media and Sinusitis |
| 6 | Acute Otitis Media and Sinusitis | Asthma |
| 7 | Intentional Self-Harm | Concussion and Unspecified Head Injury |
| 8 | Other Gastrointestinal Diagnosis | Abdominal Pain |
| 9 | Urinary Tract Infection | Tonsillitis and Infectious Airway Obstruction |
| 10 | Concussion and Unspecified Head Injury | Musculoskeletal Injury - Hand/Wrist/Forearm |

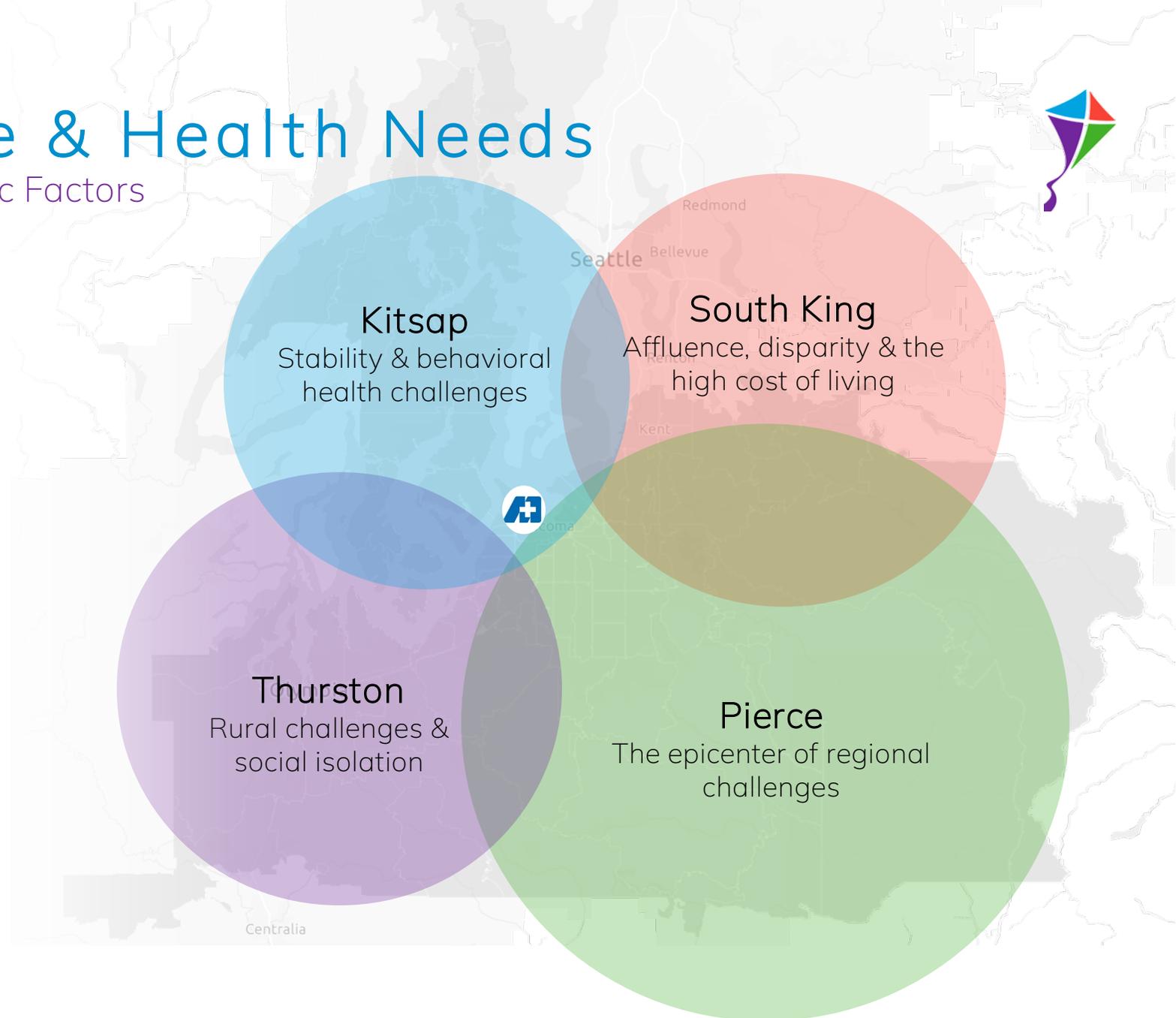
Community Profile & Health Needs

Health Status Data / Social & Economic Factors



Understanding Local Needs Across a Diverse Region

The Mary Bridge Children's service area encompasses a wide range of social, economic, and geographic landscapes. From rural isolation in **Thurston** County to behavioral health challenges in **Kitsap**, extreme cost-of-living pressures in **South King**, and concentrated disparities in **Pierce**, tailored solutions are essential to address each community's unique needs.



Community Profile & Health Needs

Health Status Data / Social & Economic Factors



| Key Challenge | Pierce County | King County | Kitsap County | Thurston County |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| | "Epicenter of Regional Challenge" | "Affluence, Disparity, & High Cost" | "Stability & Behavioral Health" | "Rural Challenges & Social Isolation" |
| Economic Profile | Highest child poverty rate; concentrated economic hardship. | Highest median income, but cost of living creates hidden strain and deepens inequality. | Stable, middle-income profile with a strong military and government employment base. | Lowest median income; higher rates of unemployment compared to neighbors. |
| Education System <i># of SBHCs (School-Based Health Centers)</i> | Chronically underfunded schools in key urban areas. <i>SBHCs: 5</i> | Well-funded overall, but significant resource disparities exist between school districts. <i>SBHCs (South King): 7</i> | Relatively stable and high-performing school funding and outcomes. <i>SBHCs: 11</i> | Lowest school funding per pupil in the region, impacting rural schools most. <i>SBHCs: 0</i> |
| Health & Wellness | Worst regional outcomes in life expectancy, violence, and mental health access. | Best health outcomes on average, but significant health disparities mirror racial and economic segregation. | High rates of behavioral health issues (substance abuse, suicide) and challenges for disconnected youth. | High levels of mental distress and loneliness, compounded by geographic barriers to care. |
| Housing Landscape | High rates of housing instability and lower homeownership. | Highest home prices in the state create a severe affordability crisis for most families. | Highest homeownership rate in the region but rising prices are a concern. | More affordable, but limited housing stock and infrastructure in rural areas. |
| Key Demographics | Largest child population (48% of total); racially and ethnically diverse. | Largest overall population; a major urban center with diverse, segregated communities. | An aging population is shifting focus away from children's needs. | Most rural county, with many families living in geographically isolated areas. |

Community Profile & Health Needs

Social & Economic Factors



The **Social Vulnerability Index (SVI)** by census tract is a CDC measure that identifies communities most vulnerable to external stresses on human health, such as natural disasters, disease outbreaks, or economic downturns. It uses U.S. Census data across four themes—socioeconomic status, household composition, minority status/language, and housing/ transportation—to help target public health resources and support equitable planning.

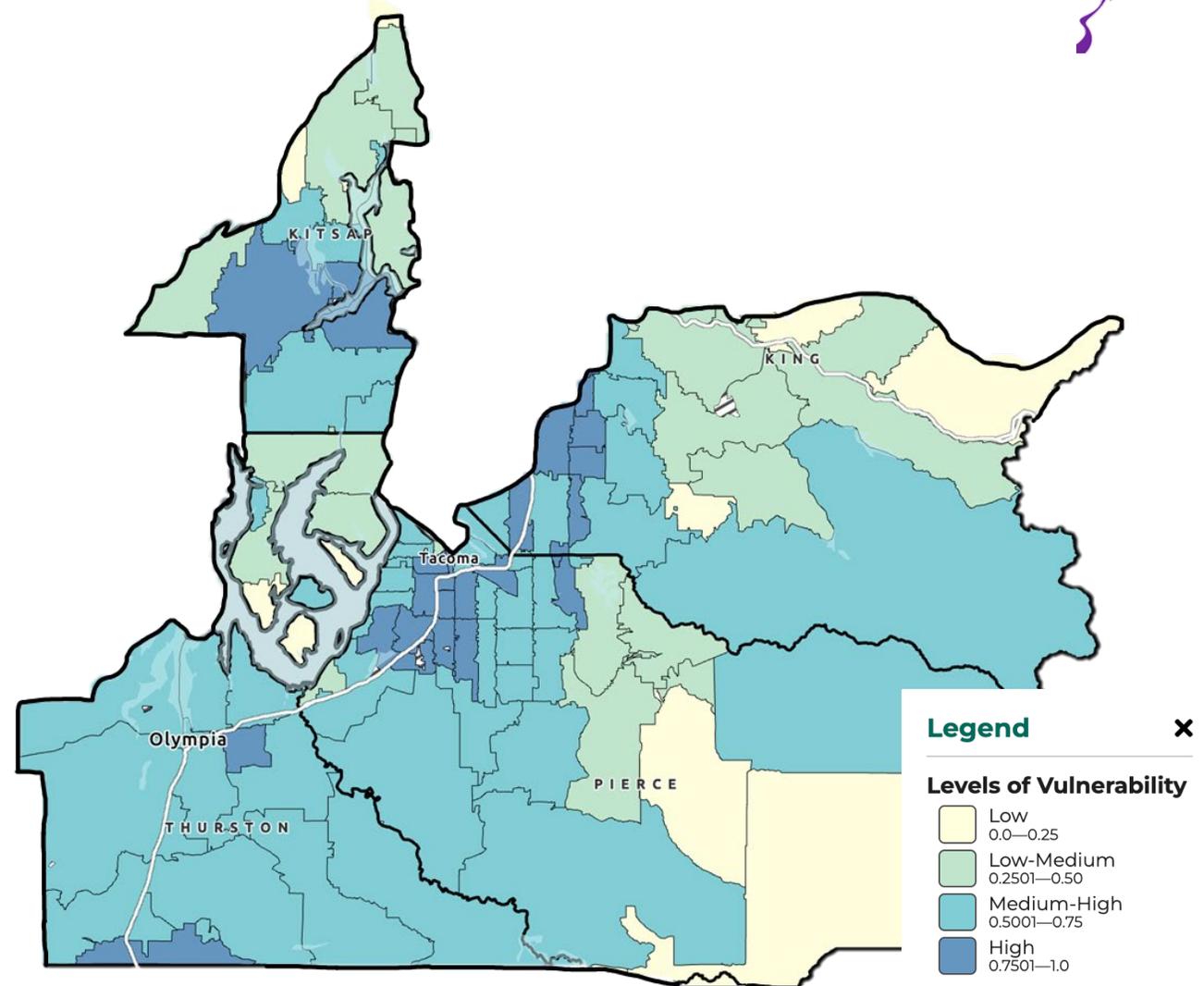
Pierce County: Higher and more widespread vulnerability, with Tacoma and nearby areas at medium-high to high levels.

King County: Overall low to low-medium vulnerability, though South Seattle and South King show concentrated pockets of higher vulnerability.

Thurston County: Mostly low to medium vulnerability; Olympia falls in the low-medium range, while rural areas show more elevated risk.

Kitsap County: Predominantly low to low-medium vulnerability, with a few medium-high clusters in central/southern areas.

In summary, **Pierce County** shows the highest concentration of social vulnerability, while **King**, **Kitsap**, and **Thurston** display more mixed or moderate levels with localized pockets of need.



Source: Social Vulnerability Index, 2022

Community Profile & Health Needs

Social & Economic Factors

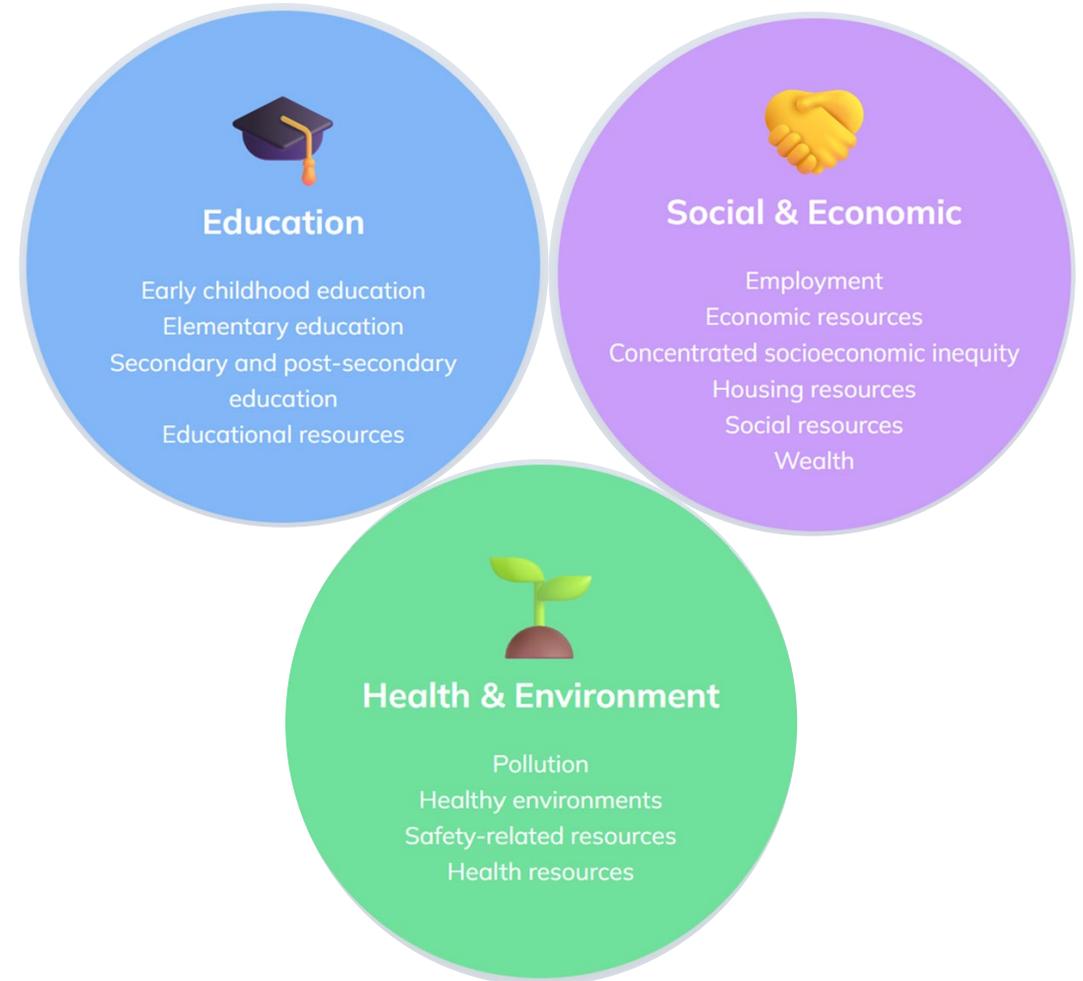


Understanding the Child Opportunity Index

First released in 2014 by Brandeis University, the Child Opportunity Index (COI) measures neighborhood conditions impacting child development. It was created to reveal stark inequities and guide policies and investments that help all children thrive. The Child Opportunity Index measures and maps the quality of neighborhood resources and conditions that help children thrive.

The most recent release of data is a composite score based on 14 sub-domains across three main domains: Education (e.g., school quality, early childhood education access), Health and Environment (e.g., green space, air quality, access to healthy food), and Social and Economic factors (e.g., poverty rates, employment, housing).

Each zip code, neighborhood, or census tract, is assigned a nationally-normed score from 1 to 100, representing its percentile rank compared to all other neighborhoods in the United States. There is also a state-normed score comparing to all other areas in Washington, for a more localized view of the data.



Community Profile & Health Needs

Social & Economic Factors



Child Opportunity Index by Region

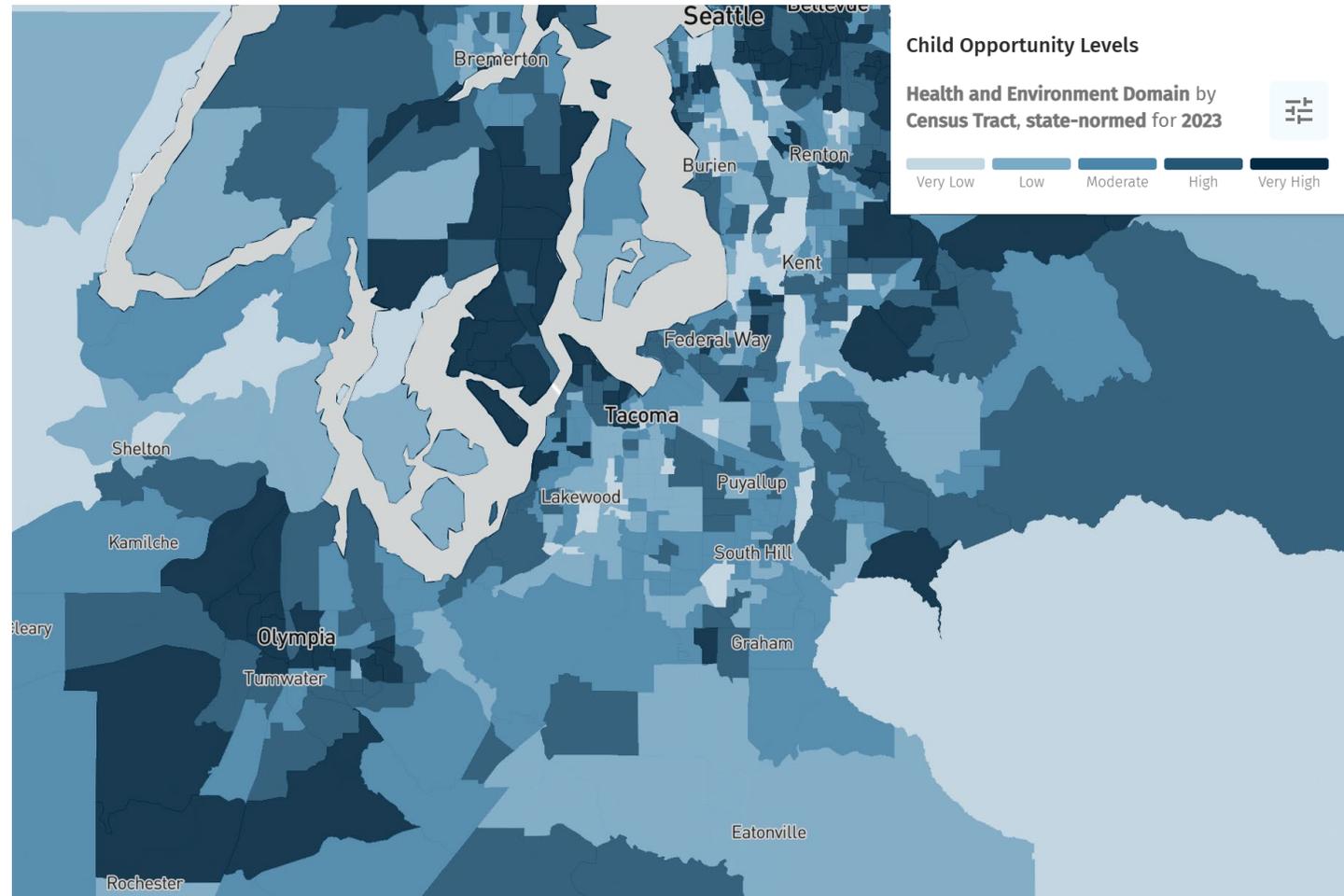
“The Child Opportunity Index highlights how conditions for children vary widely across the Mary Bridge service area. While some counties rank among the highest in the state, others face persistent barriers tied to poverty, education, and access to resources. The county-level profiles below illustrate these differences in opportunity and their implications for child health.

Pierce County: Has a low COI, making it the epicenter of regional challenges. The county faces concentrated poverty, underfunded schools, and limited opportunity.

King County: Demonstrates a very high COI, reflecting affluence. Yet disparities remain, with strong resources overshadowed by high costs and segregation.

Thurston County: Shows a high COI, though rural communities face social isolation. The county benefits from a strong environment but struggles with limited funding and gaps.

Kitsap County: Reflects a moderate COI, with overall stability. Behavioral health needs remain significant, and while the environment is strong, education access lags.



Source: Brandeis University, Child Opportunity Index (2023)

Community Profile & Health Needs

Social & Economic Factors

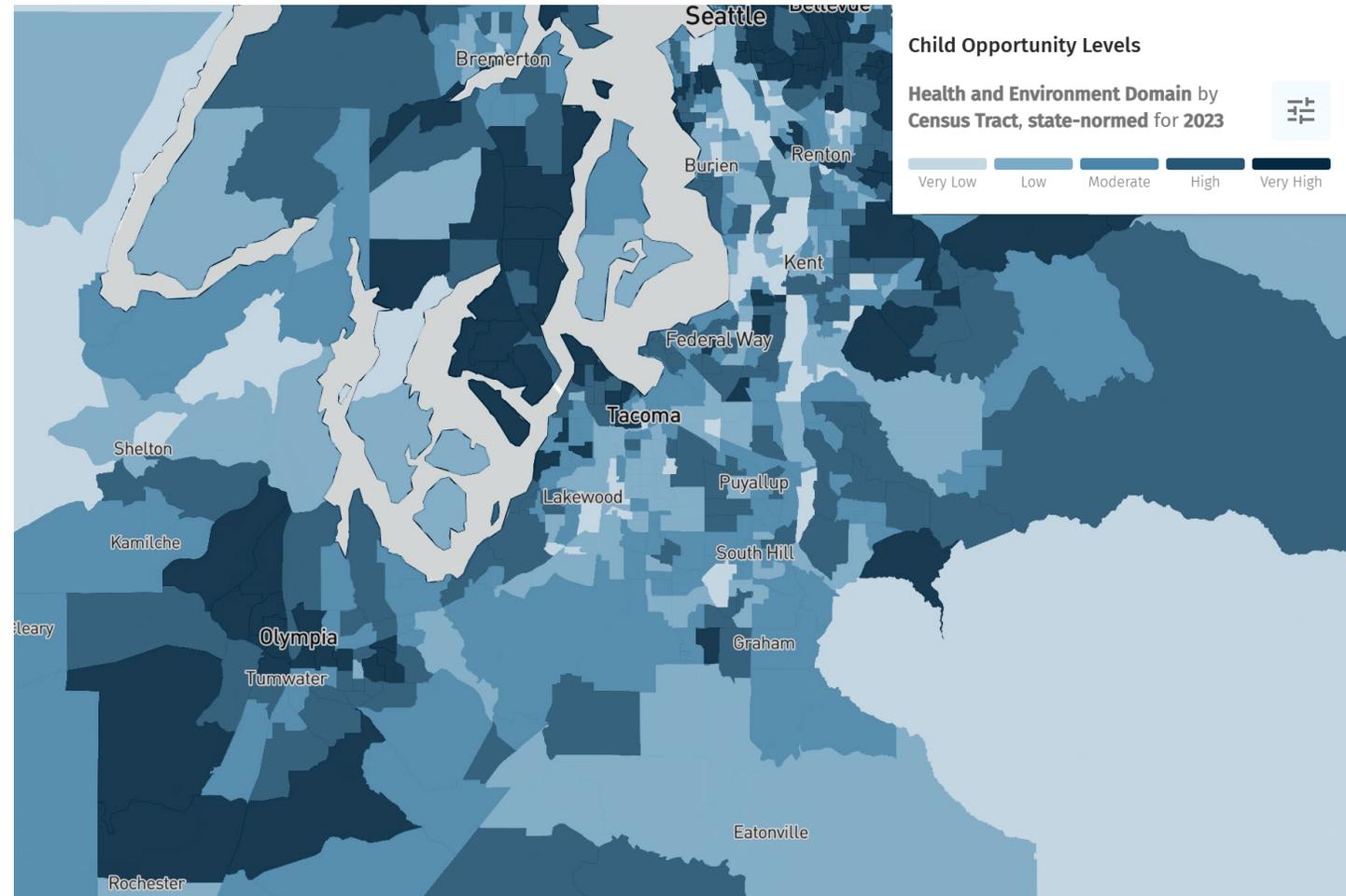


Opportunity for Children

A Child Opportunity Index (COI) score of 50 represents the national median. Communities scoring above 50 provide more child-supportive resources than the average U.S. neighborhood, while those below provide fewer.

Pierce County ranks in the **Low tier overall**, signaling significant inequities compared to other Washington counties. The **education domain is weak**, with low scores for early childhood, secondary, and postsecondary education. Social and economic indicators lag, reflecting concentrated inequity and limited opportunities. Health and environment measures are stronger but still trail the state's top performers. Pierce's children face some of the greatest opportunity gaps in Washington, making it a clear priority for intervention.

King County consistently ranks in the **Very High tier** compared to other Washington counties. Children benefit from strong education systems, abundant health and environmental resources, and robust economic opportunity. While some areas may be at or slightly above the national average, a significant portion of South King County offers children fewer opportunities and resources compared to the U.S. median.



Source: Brandeis University, Child Opportunity Index (2023)

Community Profile & Health Needs

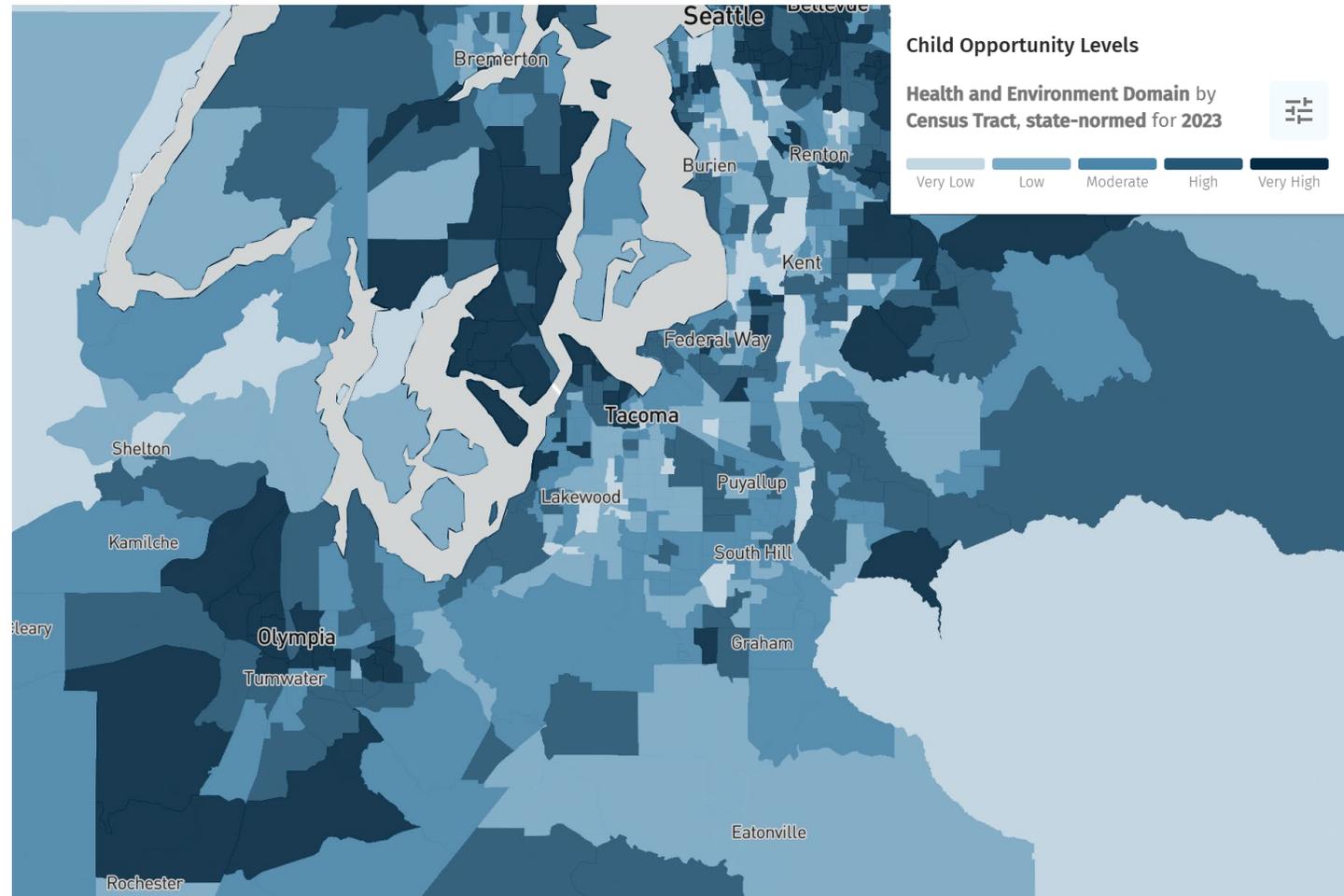
Social & Economic Factors



Opportunity for Children (Continued)

Thurston County falls into the **High tier overall**, ranking above Kitsap and Pierce but below King. The county excels in the **health and environment domain**, scoring **Very High** compared to other Washington counties. However, educational and social/economic indicators remain more moderate, particularly in secondary education and wealth. Overall, Thurston provides a strong environment for children, but **targeted efforts in education and family economic stability could help close remaining gaps.**

Kitsap County falls into the **Moderate tier overall**, performing better than Pierce but below King and Thurston. The county's strengths lie in the **health and environment domain**, where children benefit from clean air, safe outdoor environments, and relatively strong health resources. However, educational opportunities and economic resources rank lower compared to many other Washington counties. Kitsap's profile points to a community with solid environmental conditions but **room for improvement in education and economic supports for families.**



Source: Brandeis University, Child Opportunity Index (2023)

Community Profile & Health Needs

Stakeholder Input



| Priority Topic | Qualitative Findings |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental & Emotional Health | <ul style="list-style-type: none">○ Emphasized need for accessible and responsive mental health support, including crisis hotlines and parental resources.○ Concerns raised about impact of screen time, anxiety, depression, and access to school-based mental health staff. |
| Safe & Supportive Environments | <ul style="list-style-type: none">○ Stakeholders identified the importance of safe, clean, and supportive environments for children.○ Specific concerns included neighborhood hazards (e.g., broken glass, drug paraphernalia) and the need for safer school routes (crosswalks, sidewalks, traffic enforcement). |
| Access to Care & Resources | <ul style="list-style-type: none">○ Barriers included insurance-related challenges, long wait times, and difficulty navigating complex healthcare systems.○ Limited public transportation in rural areas was highlighted as a barrier to accessing care and programs. |
| Community Spaces & Activities | <ul style="list-style-type: none">○ Families expressed the need for low-cost, indoor/outdoor play areas and safe gathering spaces.○ Youth emphasized expanded opportunities for recreation, after-school programs, and summer activities. |
| Schools & Education | <ul style="list-style-type: none">○ Parents reported challenges in securing accommodations for children with special needs and cited gaps in nursing and psychological support in schools.○ Youth described feeling unsupported by teachers and policies perceived as overly strict around minor health issues. |
| Equity & Wraparound Supports | <ul style="list-style-type: none">○ Participants emphasized importance of culturally responsive care, representation in healthcare and education, and improved language access.○ Families requested holistic wraparound supports for caregivers, including housing, mental health, postpartum services, and assistance for families with medically complex children. |

Community Profile & Health Needs

Stakeholder Input



Quantitative Survey of Area Nurses and Practitioners

A survey of 53 Mary Bridge area nurses and practitioners revealed that the accessibility of care is a more significant concern than any single diagnosis. Although clinicians identified behavioral health issues, asthma, and obesity as major problems, their most frequently cited concern was the basic ability for patients to access primary and specialty care. The survey gathered their input through the following questions.

1. Please indicate the primary population you serve or represent.
2. What are the 3 biggest ongoing health concerns for children in our communities?
3. What 3 things would be most helpful to improve the health concerns of children in our communities?
4. What are the 3 most significant barriers impacting the ability to provide services for children in our communities?
5. For the population you serve or represent, what are the top 3 barriers impacting access to health-related services?
6. Do you have any additional thoughts or suggestions on how the Mary Bridge Children's can improve health outcomes and reduce disparities in your community?

In Summary

To summarize the survey responses, the experience of a family seeking care is often marked by friction and frustration. The journey has barriers long before a doctor is seen. Financially, high co-pays and deductibles mean that for many, seeking care is a calculation. Logistically, the system demands families conform to its structure, with inconvenient hours, transportation gaps, and a lack of childcare, creating a web of obstacles. For diverse populations, this is compounded by a need for language access and a system that may not feel culturally competent or welcoming, leading to fear and mistrust. As one response indicated, a key barrier is simply not knowing how to begin or being "afraid to go," suggesting the healthcare system itself feels intimidating.

The survey reflects internal, systemic pressures. Providers and community organizations report that their ability to serve children is hampered by a series of resource deficits, including inadequate funding, limited staff, and a critical need for more specialists and bilingual personnel. Respondents recognized the gap in cultural competency, acknowledging a disconnect between their services and the community's varied populations. High no-show rates are likely a symptom of the transportation and childcare barriers that families identified, creating a cycle of systemic strain and patient hardship.

Community Profile & Health Needs

Stakeholder Input

Oasis Youth Center, Pierce County

As a part of the 2025 Pierce County CHNA, Oasis Youth Center invited LGBTQIA+ youth to submit artwork reflecting their mental health experiences. This project used creative expression to elevate youth voices often left out of traditional health assessments.

- “Never Enough Time” captures the pressure of juggling school, work, and relationships – highlighting how time constraints impact self-care and mental health.
- “You Are Not Alone” conveys feelings of isolation and the importance of connection, support, and being seen.

“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.” - Participant



“Never Enough Time”
by Ray Fitzpatrick



“You Are Not Alone”
by Monty Goff



Community Profile & Health Needs

Stakeholder Input

Multicultural Family Child Hope Center

In a listening session at the Multicultural Family Child Hope Center in May 2025, families shared their hopes, challenges, and resilience. While facing barriers, they also highlighted community strengths like trusted programs, strong parent networks, food/diaper banks, and school clinics.

Key Themes:

- **Cultural Representation:** Diverse, culturally competent providers; reduce bias & fear of CPS.
- **Access to Care:** Long waits, insurance barriers, lack of primary care.
- **Mental Health:** Screen time strain, parental stress, limited behavioral health access.
- **Nutrition & Food Access:** Food deserts, high prices, poor transit, need for education.
- **Collaboration Gaps:** Weak links between healthcare, schools, and community supports.
- **Parent/Caregiver Support:** Housing, postpartum, navigation, wraparound services vital.

Red Barn Youth Center

In a May 2025 listening session at the Red Barn Youth Center, participants discussed youth safety, mental health, and community spaces. While they identified significant challenges, they also highlighted community strengths like the Library, the YMCA, and strong rural community ties.

Key Themes:

- **Safety & Accessibility:** Safer transit to school, sidewalks, crosswalks, closer bus stops.
- **Mental & Emotional Health:** Limited access, slow response times, need for supportive systems.
- **Community Spaces:** More parks, recreational areas, summer programs, safe gathering places.
- **Supportive Schools:** Desire for compassionate teachers, flexibility, and inclusivity for all students.
- **Health & Cleanliness:** Address trash, broken glass, drug paraphernalia through clean-up efforts.



Prioritization of Needs

Identifying Significant Health Needs

Behavioral Health

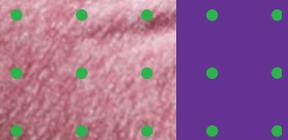
Access to Care

Maternal & Child Health

Social Determinants of Health

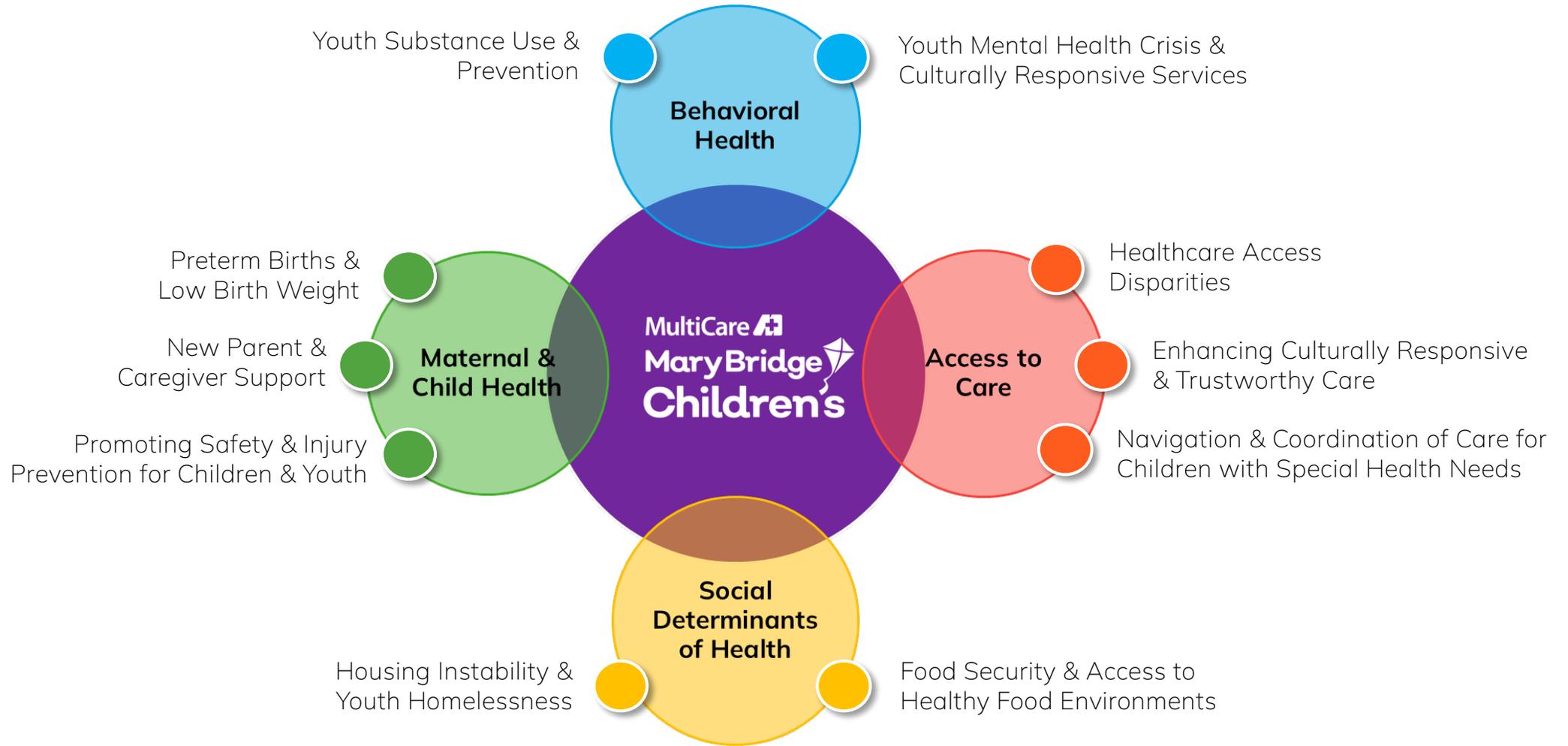
Children & Youth with Special Health Needs (CYSHN)

Conclusion: Priority Needs



Prioritization of Needs

Identifying Significant Health Needs



Prioritization of Needs

Identifying Significant Health Needs



| Priority | Magnitude | Severity | Disparity & Equity | Feasibility of Impact | Strategic Alignment | Total (out of 25) |
|--------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------|
| Behavioral Health | 5 – Most frequently cited concern (77% of survey respondents; top youth HYS indicators) | 5 – High impact on morbidity, suicide risk, ED visits | 5 – Strong disparities among BIPOC youth, LGBTQ+ youth, and low-income families | 4 – Hospital has programs & partnerships, though workforce shortage is a barrier | 5 – Aligns with Mary Bridge pediatrics, MultiCare mental health expansion | 24 |
| Access to Care | 4 – High concern (44% cited); provider shortages & subspecialty deserts | 4 – Leads to delayed treatment, chronic conditions worsening | 5 – Disproportionate impact on rural, low-income, and immigrant populations | 3 – Some leverage via expanded clinics/telehealth, but structural barriers persist | 5 – Central to Mary Bridge's mission & system strategy (new facility) | 21 |
| Maternal & Child Health | 3 – Important but narrower population focus | 4 – Severe consequences (low birth weight, infant mortality, preterm birth) | 4 – Disparities pronounced for Black and Hispanic mothers/infants | 4 – Evidence-based interventions (prenatal care, lactation, education) effective | 4 – Strategically aligned with Mary Bridge perinatal/peds integration | 19 |
| Social Determinants of Health (SDOH) | 4 – Broad magnitude (housing, food insecurity, poverty) | 3 – Indirect but significant morbidity/mortality effects | 5 – Core driver of inequities; Pierce especially disadvantaged (Low COI) | 3 – Hospital influence limited, but partnership potential strong | 4 – Aligns with MultiCare equity strategy, community partnerships | 19 |

Behavioral Health

Youth Mental Health Crisis



About Youth Mental Health Crisis

Children and youth are facing a mental health crisis, with rising rates of depression, anxiety, and self-harm creating an urgent need for services. Families, schools, and providers struggle to keep pace with this demand, particularly for care that is responsive to the cultural experiences of diverse populations.

When young people cannot find support that feels relevant or trustworthy, they are less likely to seek care, which deepens inequities. Building a system that recognizes cultural identity, language, and community values is critical. Expanding early intervention, school-based supports, and culturally responsive care models strengthens protective factors, reduces stigma, and helps youth thrive.

Ultimately, addressing this crisis requires more than just adding services; it requires creating systems of care that truly reflect and honor the diverse communities they serve.

Qualitative Findings

Key informants voiced concerns, pointing to a dramatic rise in behavioral health needs, especially among BIPOC youth. Services remain limited, with long wait times and a continued overreliance on emergency departments for non-urgent mental health needs.

At the Multicultural Family Child Hope Center, participants highlighted screen time and isolation as mental health challenges, echoing broader survey findings. At the Red Barn Youth Center, adolescents emphasized delays in accessing crisis lines (like 988), feeling unsupported at school, and wanting more mental health resources and youth-friendly spaces to reduce isolation.

Interviewees described screen time, isolation, and lack of social connection as compounding factors, with one noting it's *“been really nice to see more schools banning phones to help kids reconnect.”* Access is further strained by language barriers, lack of provider diversity, and stigma, particularly for immigrant families. A strong call was made for culturally responsive care, more diverse providers, and community-based solutions like the Community Health Worker model. One leader put it plainly: *“It’s not one-size-fits-all. If we want to reach these kids, we need to be in relationship with their communities.”*

Behavioral Health

Youth Mental Health Crisis



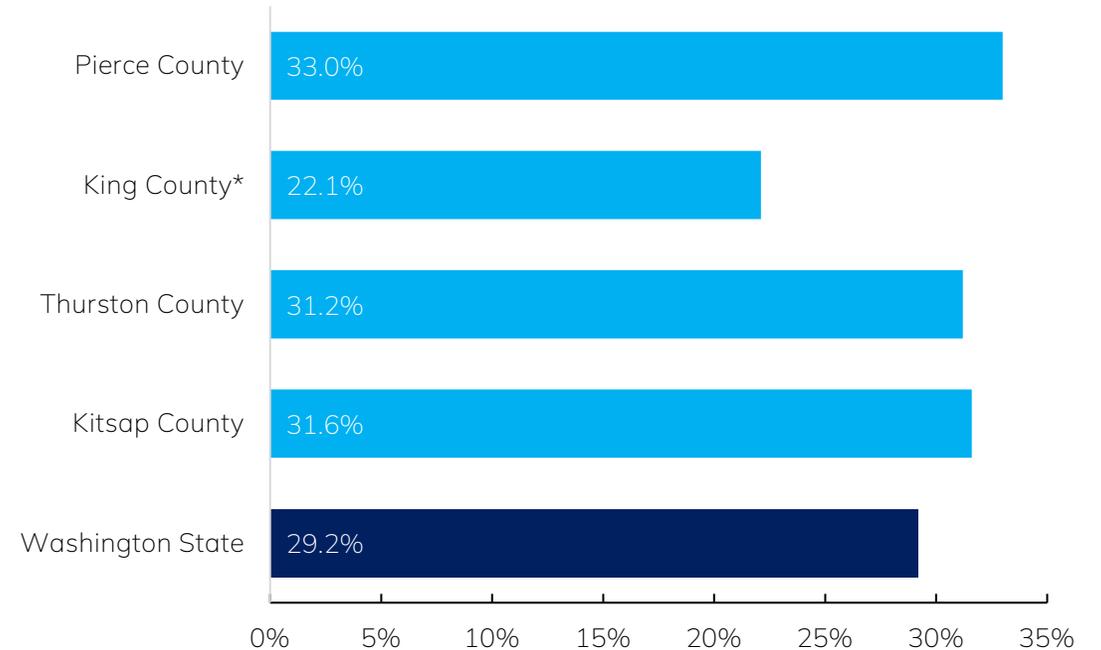
Youth Mental Health Crisis & Culturally Responsive Services

An escalating youth mental health crisis is evident across the service area. From 2022 to 2024, **intentional self-harm ranked** as the **5th and 7th** most common inpatient and emergency department diagnosis among females from birth to 18 **at Mary Bridge Children's Hospital**. Population-level data from the 2023 Healthy Youth Survey show that 31.6% of Kitsap, 33.0% of Pierce, and 31.2% of Thurston County students in grades 8, 10, and 12 reported persistent sadness or hopelessness, exceeding the Washington State average of 29.2%. King County reported a lower rate of 22.1%, highlighting disparities across counties. Suicidal ideation followed a similar pattern: 17.6% of Kitsap, 17.3% of Pierce, and 17.1% of Thurston students reported seriously considering suicide in the past year, compared to 15.0% statewide.

Support systems for youth also show concerning gaps. In the service area, 11.4% of youth reported not having a trusted adult to turn to when feeling sad or hopeless, nearly mirroring the state average of 11.8%. Pierce County had the highest rate at 12.1%, while King County reported the lowest at 10.2%. Taken together, these indicators show that youth mental health needs in the Mary Bridge service area consistently meet or exceed state levels, with Pierce, Kitsap, and Thurston facing the most acute challenges.

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

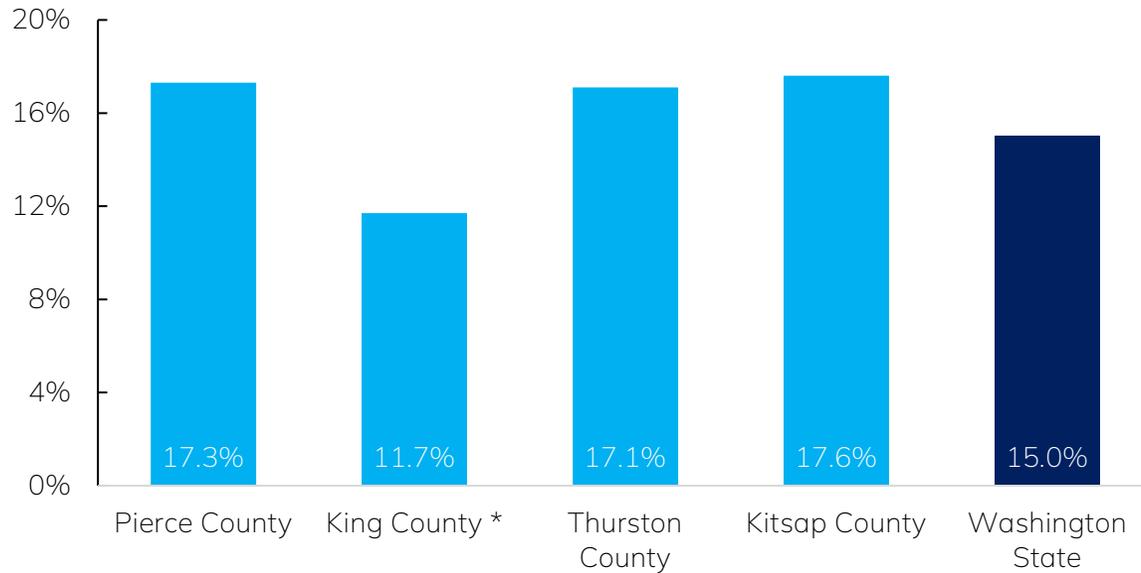
Behavioral Health

Youth Mental Health Crisis



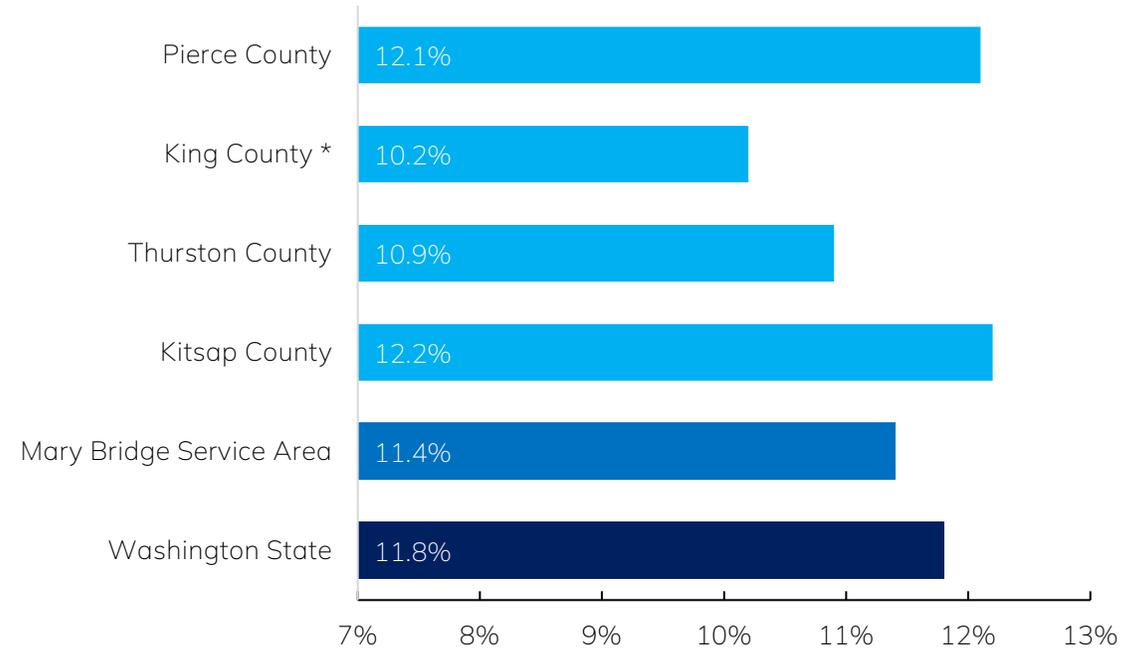
Answered "Yes" to During the Past 12 months did you ever seriously consider attempting Suicide?

HYS 2023 (8th, 10th, and 12th Graders)



When you feel sad or hopeless, are there adults that you can turn to for help?

HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

Behavioral Health

Youth Substance Use & Prevention



About Youth Substance Use & Prevention

Substance use among youth continues to pose serious risks to health, safety, and lifelong wellbeing. Early exposure to alcohol, nicotine, or drugs can alter brain development, increase the likelihood of addiction, and negatively affect academic and social outcomes. Risk factors often intersect with experiences of stress, trauma, family instability, and peer influence, while protective factors such as supportive adults, safe environments, and opportunities for positive activities play a powerful role in prevention.

Effective strategies must go beyond education alone, combining community-based approaches, culturally relevant prevention campaigns, and youth-driven solutions that empower young people to make healthy choices. Prevention also requires strong collaboration across families, schools, healthcare systems, and community organizations.

By addressing the root causes of substance use and investing in prevention early, communities can build resilience and ensure that young people have the resources, environments, and relationships that support a healthy, substance-free future.

Qualitative Findings

Substance use is a visible and growing concern in neighborhoods, with families and youth reporting exposure to discarded needles and drug activity near schools and bus stops. Parents also named fentanyl as a major safety threat. Concerns are rising around the normalization and easy access to these substances, alongside a lack of sustainable, youth-centered prevention programs. One gap noted was the absence of initiatives “by the students, for the students,” particularly in areas like Parkland and Spanaway.

Survey responses from nurses, school staff, and providers echoed these concerns, identifying substance use disorder—often linked with behavioral health, violence, and gang involvement—as a top health issue. Respondents emphasized the need for **school-based prevention programs, more accessible drug and alcohol services, and stronger connections between behavioral health and substance use treatment.** Barriers include insurance gaps, high costs, transportation challenges, provider shortages, and cultural competency issues, which discourage families from seeking timely care. Listening session participants confirmed these barriers: families at the Multicultural Center described **drug activity in public spaces**, while Red Barn youth shared fears of **drug paraphernalia at bus stops and parks.** Across all voices, there was a clear call for **safer community environments and youth-led prevention strategies.**

Behavioral Health

Youth Substance Use & Prevention

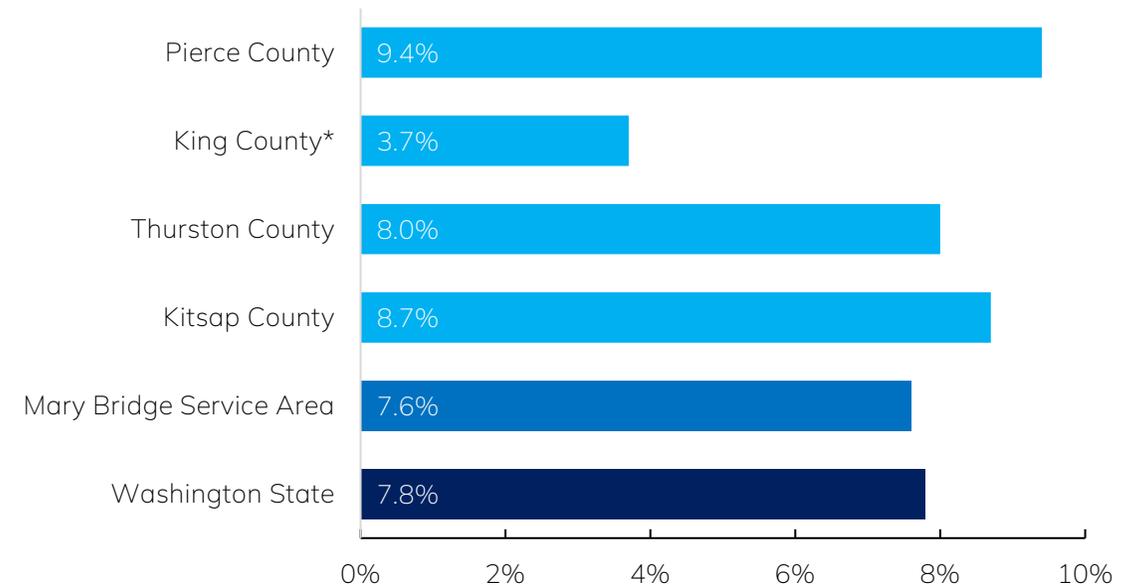


Youth Substance Use & Prevention

Substance use patterns among adolescents reinforce the need for prevention efforts. In 2023, **8.2% of students across the service area reported alcohol use in the past 30 days**, compared to **9.0% statewide**. County variation is significant: Kitsap and Pierce each reported **9.2%**, Thurston 8.8%, while King was notably lower at 5.4%. Marijuana use is highest in Kitsap (9.6%) and Pierce (9.5%), well above King (3.9%) and slightly above the state average of 8.1%. In total, **7.9% of students across the service area reported marijuana use**, reflecting a pattern above the state's urban core but consistent with rural and suburban areas.

E-cigarette use presents another concern. **7.6% of students in the Mary Bridge service area reported use within the past 30 days**, slightly below the state average of 7.8%. However, county-level differences are sharp: Pierce reported the highest use at **9.4%**, followed by Kitsap at 8.7% and Thurston at 8.0%. King County again reported the lowest rate at 3.7%. These findings indicate that while overall service area averages track closely to state benchmarks, specific counties, particularly Pierce and Kitsap, experience higher rates of alcohol, marijuana, and vaping use, underscoring the need for geographically targeted prevention and intervention strategies.

Students Reporting Electronic Cigarette (e-cig, device pen, or vape pen) Use (Once or More in Past 30 Days)
HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

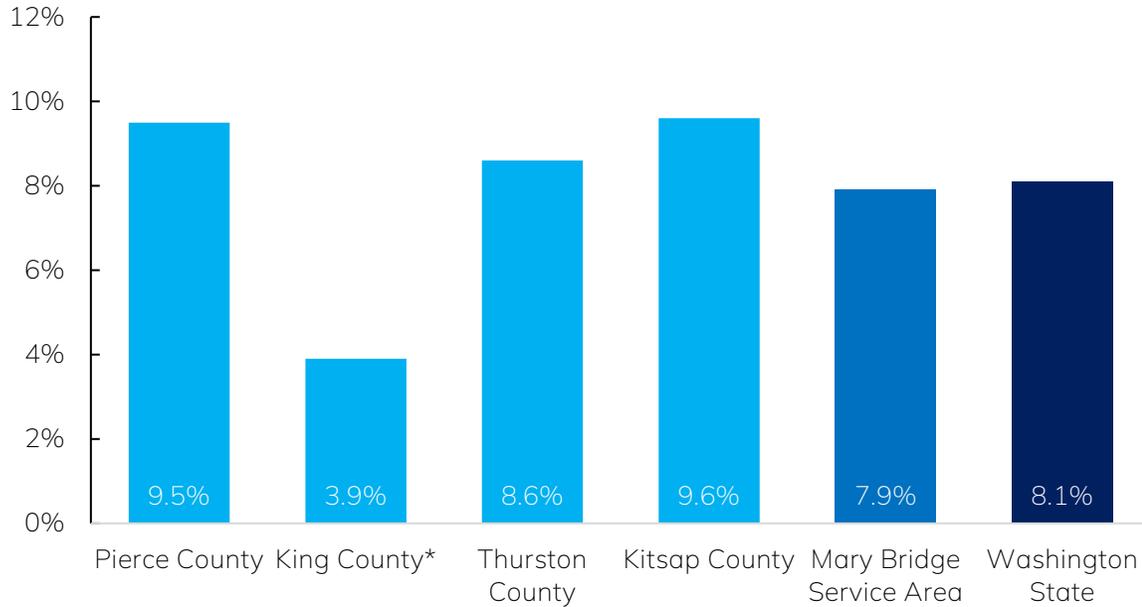
Behavioral Health

Youth Substance Use & Prevention



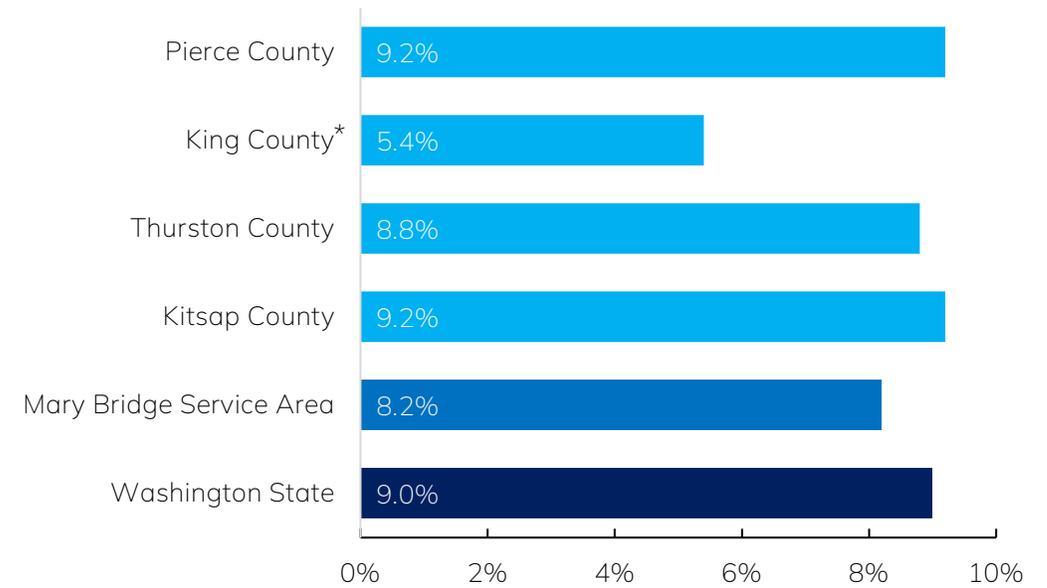
Students Reporting Marijuana or Hashish Use (Once or More in Past 30 Days)

HYS 2023 (8th, 10th, and 12th Graders)



Students Reporting Alcohol Use (Once or More in Past 30 Days)

HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

Access to Care

Healthcare Access Disparities



About Healthcare Access Disparities

Disparities in healthcare access remain a significant challenge for families across the Service Area. Many children face barriers like lack of insurance, transportation issues, language differences, and long wait times for specialty care. These obstacles often lead to delayed or missed preventive care, allowing urgent needs to escalate and creating lasting consequences for a child's health and development.

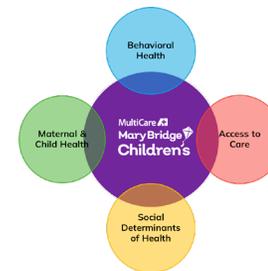
Addressing these disparities requires more than just expanding insurance coverage. It is essential to build stronger connections to community resources, improve care coordination, and ensure services are available when and where families need them. Reducing these barriers will ensure all children have an equitable chance to receive the right care at the right time and reach their full potential.

Qualitative Findings

Key informants across the region emphasized that access issues go far beyond geography. Families often struggle to find specialty care, behavioral health services, and developmental support like OT and PT. Long waits, high provider turnover, and a shortage of culturally responsive care contribute to ongoing disparities, especially for BIPOC, immigrant, and rural communities. Transportation challenges, fear of large bills, and distrust of a “whitewashed” medical system further widen the gap.

One interviewee noted: “Families face so many priorities that preventive care falls to the bottom—until it becomes a crisis.” There is strong support for community-rooted solutions: more mobile and school-based clinics, investment in community health workers, longer clinic hours, and expanded partnerships with trusted organizations. Equity-focused strategies, such as hiring diverse providers, funding BIPOC-led groups, and involving families in program design, are seen as essential steps toward lasting change.

Survey responses highlighted additional barriers, including **misunderstandings about insurance eligibility, limited interpreter access, and inconvenient clinic hours**. Families often delayed or skipped preventive care because they either didn’t know how to access services or believed they weren’t eligible. Listening sessions added context: parents at the Multicultural Center described being “**outsourced**” to Medicaid-accepting clinics, long wait times, and difficulty navigating guardianship issues, while Red Barn youth noted restrictive school health policies (such as rules limiting inhalers or OTC medicine use) that complicate access to care. Together, these findings show the need for **expanded, culturally competent services that reduce wait times and make care easier to navigate**.



Access to Care

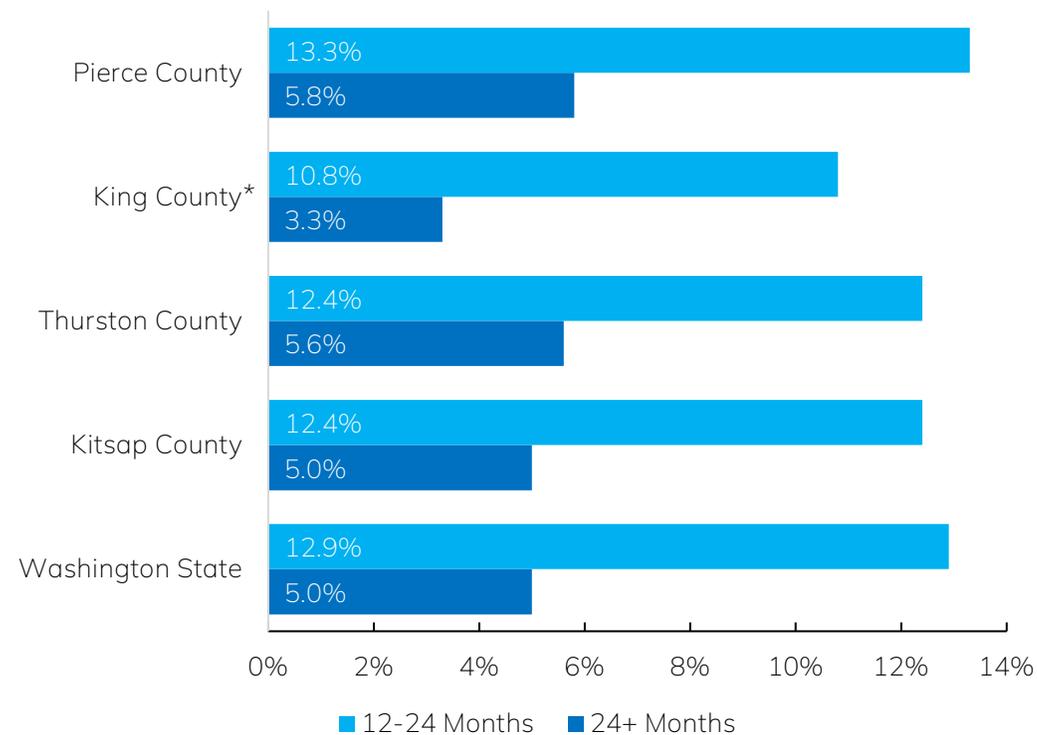
Healthcare Access Disparities

Children and families across the Mary Bridge service area experience measurable barriers to accessing timely care. **Preventive care gaps** are particularly concerning. In Pierce County, 13.3% of children had gone 12-24 months without a preventive health check-up, the highest in the region and well above King County's 10.8% and the state average of 12.9%. Pierce also led with 5.8% of children going 24+ months since their last check-up, compared to King's 3.3%.

Insurance coverage presents another challenge. Although uninsured rates for youth ages 0–19 are relatively low, they vary across the service area: 2.9% in Pierce, 2.6% in Thurston, 2.4% in King, and 3.2% in Kitsap, compared to 3.0% statewide. These averages mask the fact that many children are underinsured or rely on Apple Health (Medicaid), where provider acceptance and continuity of care are limited. Families on Apple Health reported difficulties securing pediatric and specialty appointments, particularly in Pierce and Thurston.

Respiratory conditions also highlight disparities in access. **Asthma and other respiratory illnesses are among the leading causes of pediatric emergency department visits**, with higher prevalence reported in Pierce County. Families and school staff noted challenges managing these conditions due to limited availability of pediatric specialists, long wait times for follow-up care, and barriers to affordable medications. For children with chronic respiratory issues, inconsistent access to primary and specialty care often results in avoidable ED utilization and missed opportunities for prevention.

Time Since Last Preventive Health Check-up
HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

Access to Care

Healthcare Access Disparities



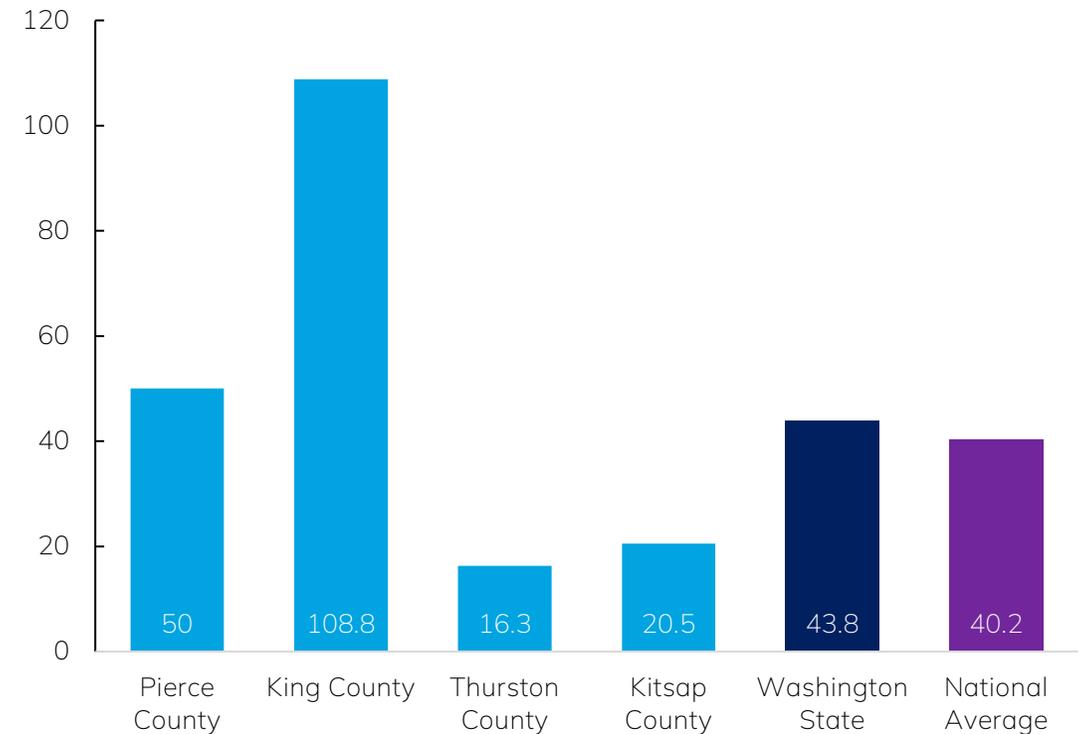
Provider supply is a critical driver of access disparities. Pediatrician availability falls below state and national benchmarks across most of the service area. The Washington State average is **73.1 pediatricians per 100,000 children**, and the national average is **77.8**. Kitsap (42.9), Pierce (57.1), and Thurston (61.9) all fall short of these standards, while King far exceeds them at **139.1**. This imbalance contributes to longer wait times and limited specialty access in Pierce, Kitsap, and Thurston, while King maintains more robust pediatric resources.

Pediatric subspecialty supply is highly uneven across the region. **King County has 108.8 subspecialists per 100,000 children**, more than twice the Washington State average (43.8) and nearly three times the national average (40.2). **Pierce County (50 per 100,000)** sits just above state and national benchmarks but far below King, while **Kitsap (20.5) and Thurston (16.3)** fall well under both, reflecting severe shortages.

Many specialties are concentrated in King—such as cardiology, hematology/oncology, gastroenterology, pulmonology, and endocrinology—while Pierce has limited capacity in areas like neonatology and critical care. Kitsap and Thurston are effectively pediatric specialty deserts. As a result, families outside King must often travel long distances, face extended wait times, or encounter transportation challenges, consistent with survey feedback about limited local access and overburdened providers.

Subspecialty Pediatricians per 100,000

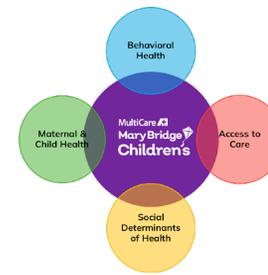
American Board of Pediatrics



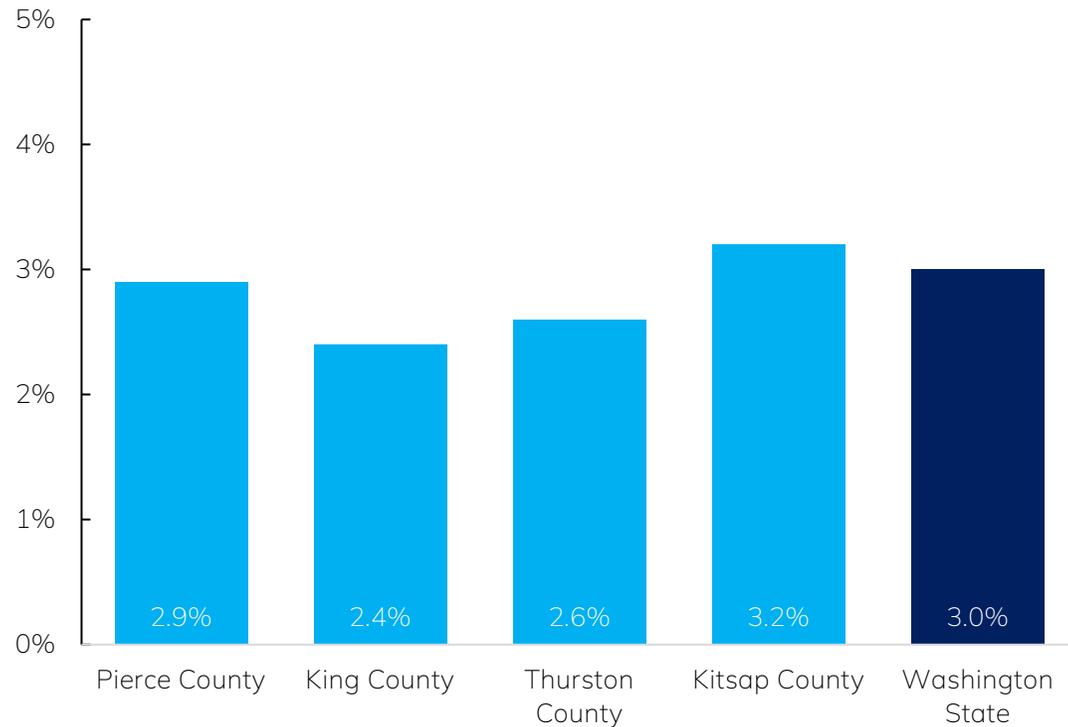
Source: The American Board of Pediatrics (APB) 2024

Access to Care

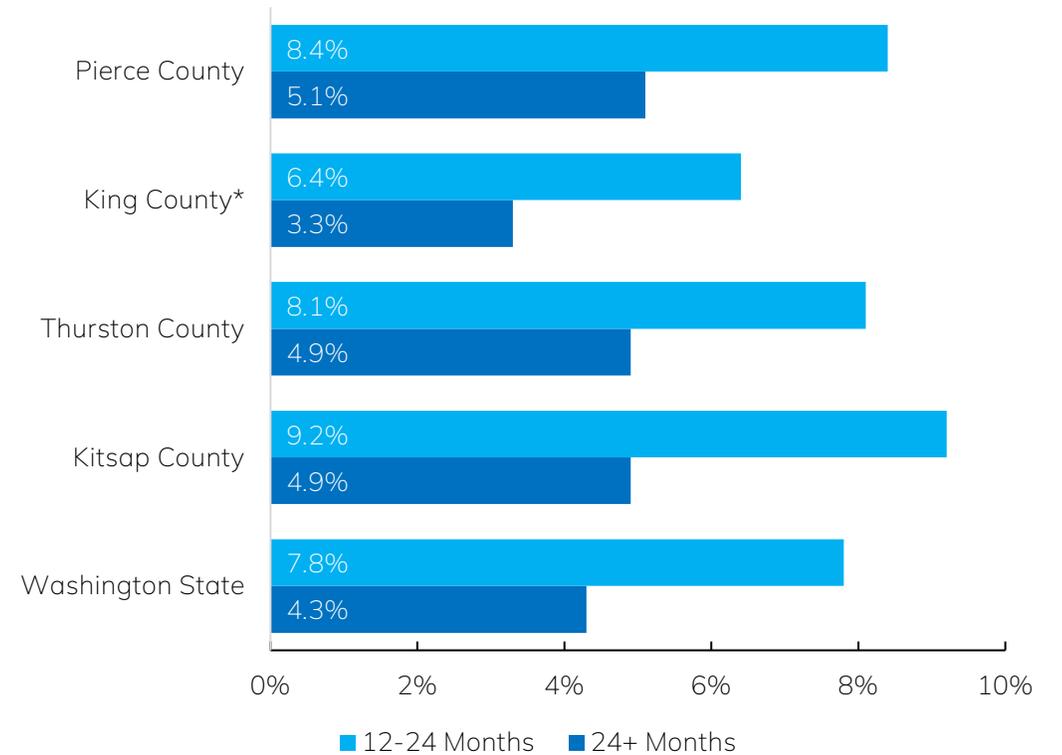
Healthcare Access Disparities



Uninsured Population 0-19 Years
ACS 2023 5 Year Estimate



Time Since Last Dental Visit
HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

Access to Care

Culturally Responsive & Trustworthy Care

About Enhancing Culturally Responsive & Trustworthy Care

High-quality healthcare is built on trust, yet many caregivers from historically marginalized groups report feeling overlooked, misunderstood, or disrespected in healthcare settings. Culturally responsive care is the solution, but it goes far beyond translation services. It requires workforce diversity, training in cultural humility, community engagement, and genuine efforts to create safe spaces where every family's values are honored.

By investing in these practices, healthcare organizations can reduce disparities, strengthen patient-provider relationships, and improve health outcomes. When families feel respected and understood, they are more likely to engage in care and view the healthcare system as an ally.

Qualitative Findings

Key informants emphasized that **families want to see providers who look like them** and understand their **cultural norms**. A shortage of **bilingual staff** and inconsistent access to **translation services** deepen these barriers. One interviewee noted that even basic misunderstandings, like mistaking a **cultural birthmark for abuse**, can lead to damaging consequences.

This climate of **fear and distrust** has real health impacts, particularly for Black, Latinx, and tribal children who already face worse health outcomes.

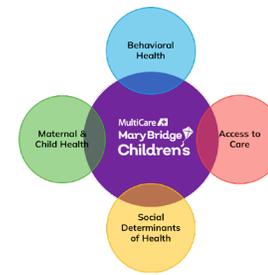
Community voices urge health systems like Mary Bridge to build trust by **hiring more diverse providers** and investing in **community health workers**. True equity, they note, goes beyond good intentions: it requires shared power, long-term investment in diverse leadership, and a deep commitment to listening, learning, and structural change.

Surveys and listening sessions echoed these calls. Families described **limited interpreter access** (often only English and Spanish), **judgment based on insurance type**, and **fear of cultural misunderstandings** when seeking care. Parents at the Multicultural Family Child Hope Center emphasized the need for **culturally responsive, non-judgmental care** and shared fears of **racial bias or CPS involvement**. Caregivers at the Multicultural Center also noted **racial bias in schools and health settings**, while youth at Red Barn emphasized the importance of **trustworthy, compassionate adults** in both school and health systems. These perspectives highlight that representation and respect in care are inseparable from access.



Access to Care

Culturally Responsive & Trustworthy Care



Access disparities are compounded by systemic inequities in care delivery. Survey and stakeholder data highlight that families from immigrant, refugee, and BIPOC communities experience disproportionate barriers. These are not always captured in coverage or provider ratios, but they manifest in measurable distrust and avoidance of care.

For example, immunization compliance data from the 2023–24 school year show that several districts in the service area have thousands of students “out of compliance.” Clover Park reported **1,549 out-of-compliance students (13.4% of enrollment)**, while Kent had **2,754 (10.5%)**. By contrast, Puyallup reported just **449 (1.8%)** out of compliance, suggesting wide variability in both compliance and system-level outreach.

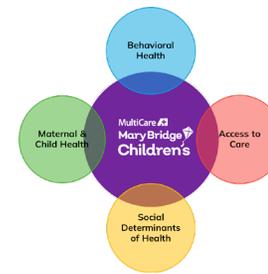
A shortage of bilingual providers and inconsistent translation services worsens care disparities. Cultural misinterpretations, such as mistaking traditional birthmarks for abuse, can create mistrust that leads to lower engagement in preventive care and immunizations among specific racial and ethnic groups. Data on single-parent households also points to higher vulnerability in certain areas. Rates in Pierce (20.5%) and Kitsap (20.1%) counties are above the state average of 19.1%, suggesting a greater need for care coordination.

Students K-12 Vaccination Out-of-Compliance, 2025

| Area/District | # of Students | % | Area/District | # of Students | % |
|-------------------------|---------------|-------------|-------------------|---------------|------|
| Eatonville | 337 | 16.8% | Griffin | 23 | 4.4% |
| Steilacoom Hist. | 495 | 16.7% | Tahoma | 377 | 4.1% |
| North Kitsap | 762 | 13.7% | Fife | 141 | 3.6% |
| Clover Park | 1,549 | 13.4% | Rochester | 66 | 3.1% |
| Enumclaw | 567 | 12.7% | Franklin Pierce | 220 | 3.1% |
| Bremerton | 641 | 12.7% | Tumwater | 190 | 3.0% |
| Rainier | 114 | 11.7% | Peninsula | 273 | 2.9% |
| Kent | 2,754 | 10.5% | Tacoma | 908 | 2.8% |
| Federal Way | 2,542 | 9.6% | Auburn | 498 | 2.7% |
| Olympia | 933 | 9.0% | Central Kitsap | 301 | 2.6% |
| White River | 389 | 8.0% | Sumner | 261 | 2.5% |
| Washington State | 65,323 | 5.8% | Bainbridge Island | 83 | 2.2% |
| Service Area | 16,389 | 5.8% | Puyallup | 449 | 1.8% |
| University Place | 329 | 5.3% | South Kitsap | 164 | 1.7% |
| North Thurston | 822 | 5.2% | Tenino | 13 | 1.1% |
| Orting | 140 | 5.0% | Bethel | 7 | 1.0% |
| Pierce County | 5,498 | 4.6% | Yelm | 41 | 0.7% |

Access to Care

Navigation & Coordination of Care for CYSHN



About Navigation & Coordination of Care for Children & Youth with Special Health Needs (CYSHN)

Families of children and youth with special health needs often must navigate a complex and fragmented system of healthcare, educational supports, and community resources. This journey can be overwhelming, requiring significant time, financial resources, and advocacy to ensure their child's needs are met.

Without effective care coordination, families may experience gaps, duplications, or delays that compromise health and wellbeing. Strengthening navigation and coordination helps reduce these burdens, ensuring families receive seamless, comprehensive support. Care coordination services, family-centered approaches, and cross-sector collaboration are critical to aligning medical, developmental, and social services.

When families have access to coordinated care, children with special health needs are better positioned to thrive, and caregivers experience less stress and greater confidence in navigating complex systems.

Qualitative Findings

Key informants described a fragmented system that leaves families of children with special health needs struggling to coordinate care.

Long waits for specialists, frequent provider turnover, and gaps in primary care make it difficult to maintain consistent treatment. Families often face multiple disconnected systems, each with its own requirements, creating stress and missed opportunities for early intervention.

Survey respondents added that **school nurses are often left to manage daily care without consistent communication from providers**, and families reported high costs for medications and supplies. For immigrant and refugee families, **language barriers and cultural misunderstandings** made navigation even more challenging.

Listening sessions reinforced these concerns. Parents at the Multicultural Family Child Hope Center called for **more home-based supports, stronger case management, and better collaboration between schools and healthcare providers**. Many described feeling left on their own to advocate for services with little guidance.

Taken together, these perspectives show that children with special health needs require **coordinated, culturally competent systems of care**. Without stronger communication, navigation support, and trusted community-based guidance, families are left isolated and children risk falling through the cracks.

Access to Care

Navigation & Coordination of Care for CYSHN

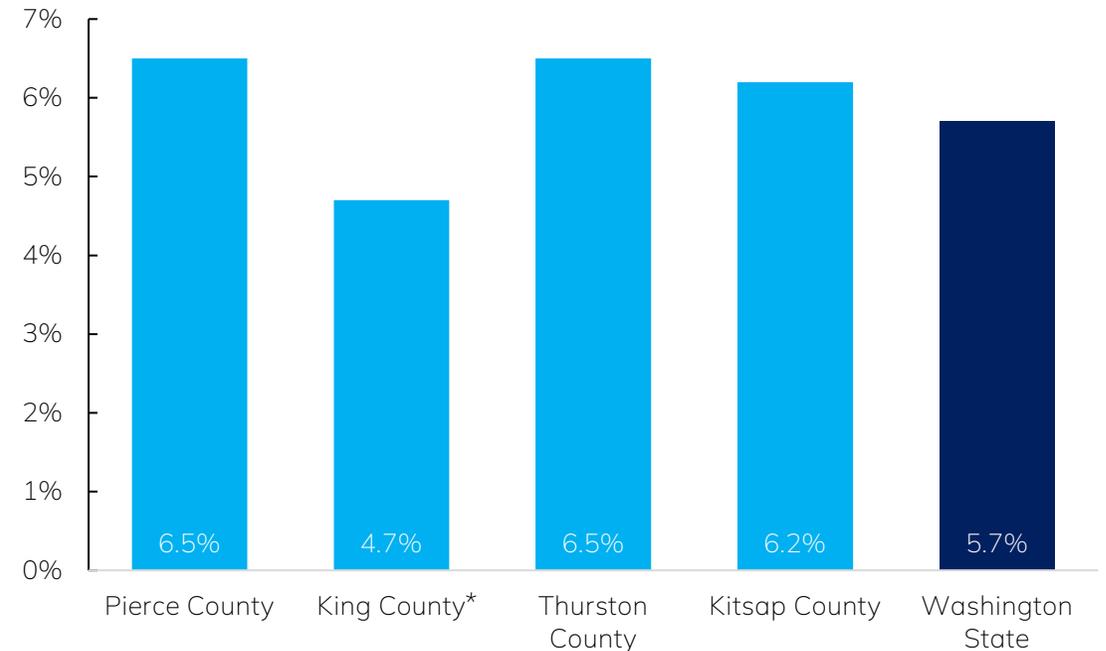


Children and youth with special health needs represent a growing portion of the service area's pediatric population, and data show clear regional disparities in the prevalence of long-term conditions. According to the 2023 Healthy Youth Survey, **6.5% of youth in Pierce and Thurston counties reported being limited by a long-term health condition lasting six months or more**, exceeding the Washington State average of **5.7%**. Kitsap County reported **6.2%**, also above average, while King County was lowest at **4.7%**. These findings suggest higher care coordination needs in Pierce, Thurston, and Kitsap counties relative to King.

The education system also reflects this increased demand. Students with disabilities make up **16.2% of students in the Mary Bridge service area**, a rate that rises to **17.2% in Tacoma School District** and **20.8% in North Thurston Public Schools**. These figures outpace the state average and highlight the need for stronger integration of health, education, and social supports. Without robust care coordination, families often face fragmented services, inconsistent access to therapies, and long wait times for specialists.

Students Limited by Long-Term Health Condition (6+ Months)

HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

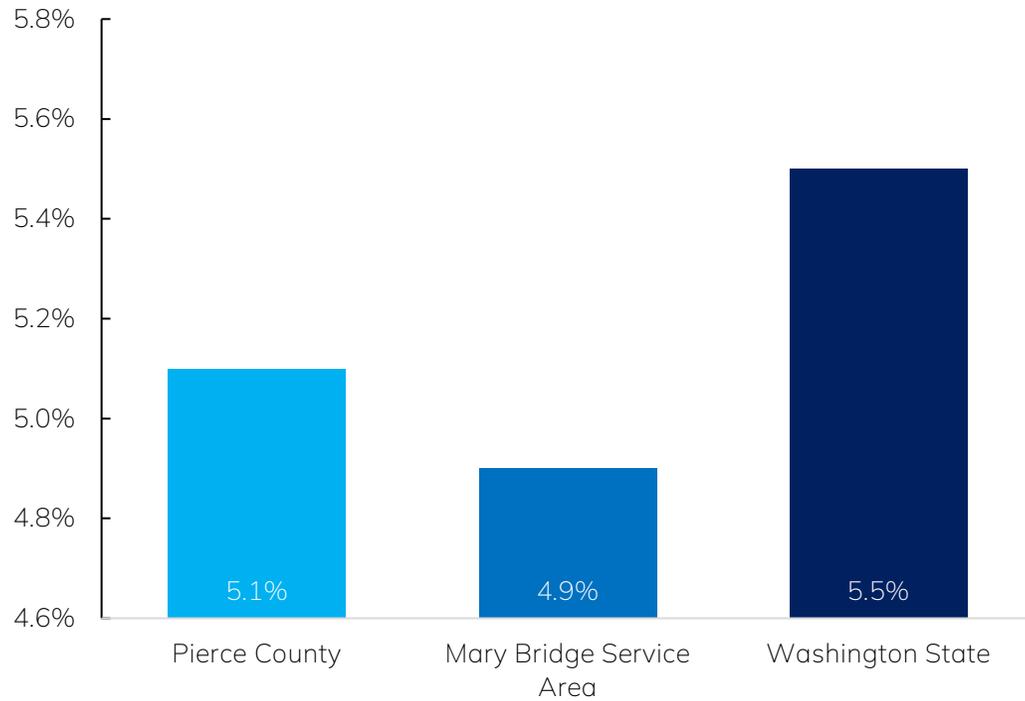
Access to Care

Navigation & Coordination of Care for CYSHN



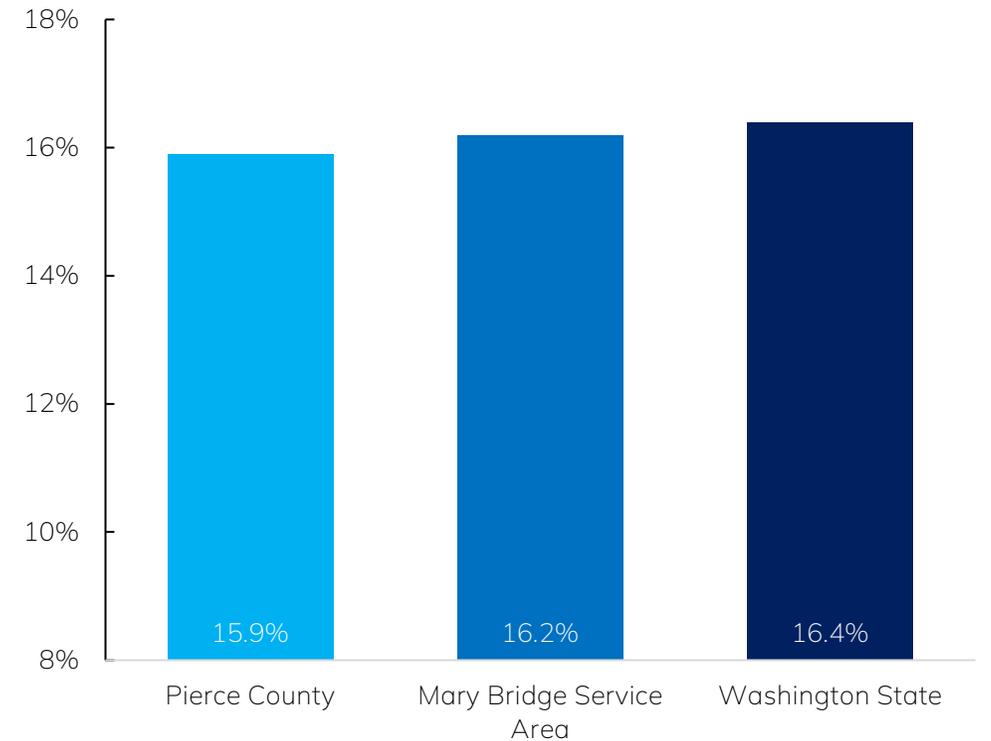
Percent of Students Receiving Section 504 Accommodations

Enrollment Report Card, 2025



Percentage of Students with a Disability

Enrollment Report Card, 2025



Maternal & Child Health

Preterm Births & Low Birth Weight

About Preterm Births and Low Birth Weight

Healthy births lay the foundation for lifelong health, yet preterm birth and low birth weight remain persistent concerns in maternal and child health. Babies born too early or too small face higher risks of health complications, developmental delays, and long-term chronic conditions. These outcomes are often tied not only to medical risk factors but also to broader inequities in prenatal care, maternal health, and social determinants such as housing, stress, and nutrition.

Supporting healthy pregnancies requires a comprehensive approach that addresses both clinical and social needs. Early access to prenatal care, supportive services for expectant parents, and interventions that reduce maternal stress and enhance wellbeing are key strategies. Reducing preterm birth and low birth weight improves not only immediate infant health outcomes but also long-term trajectories for children, while helping families feel supported through one of the most important life stages.

Qualitative Findings

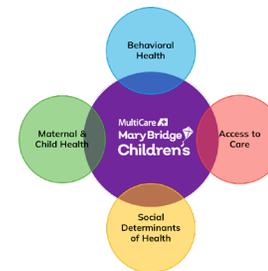
Key informants described **deep-rooted systemic issues** that create disparities in maternal and infant health, particularly for **BIPOC, immigrant, and refugee families**. Families in areas such as Parkland and Spanaway face **long travel times** for care, while a shortage of **doulas, lactation support, and bilingual providers** leaves many without critical guidance during pregnancy and postpartum.

These challenges are compounded by **poverty, housing instability, language barriers, and fear of cultural judgment or CPS involvement**, which leads to **delayed prenatal care and eroded trust**. Families also reported difficulties with **insurance navigation**, with some referred to providers who ultimately did not accept their coverage, creating further delays in essential care. Survey respondents reinforced these concerns, citing **limited access to lactation support, home-based infant phototherapy, and perinatal education**. They also highlighted how **food insecurity and unstable housing** directly undermine maternal and infant health, as parents often prioritize meeting basic needs over scheduling preventive care.

Listening session participants added that parents valued programs like **Triple P and Stepping Stones** but wanted **broader access to culturally safe, community-based parenting resources**. They also pointed to **racial bias in health and education systems**, which increases stress and mistrust for families of color during pregnancy and postpartum.

Community voices underscore that preterm birth and low birth weight are not only medical outcomes but also reflections of **systemic inequities**—including barriers to consistent prenatal care, culturally responsive supports, and wraparound services for families.





Maternal & Child Health

Preterm Births & Low Birth Weight

Child health outcomes across the Mary Bridge service area show persistent disparities compared to state benchmarks. **Child mortality rates** are elevated in Pierce, Thurston, and Kitsap Counties, each reporting **50 deaths per 100,000 children**, higher than the **Washington State rate of 40**. **Infant mortality** in the service area averages **5 per 1,000 births**, slightly above the state average of 4.

Teen birth rates also highlight geographic differences. Pierce County reports the highest rate at **13 per 1,000 females ages 15–19**, contributing to a service area average of **11 per 1,000**, just below the state average of 12. Thurston and Kitsap Counties also report higher-than-expected rates, while King County remains notably lower at 6 per 1,000.

These findings point to **ongoing challenges in maternal and child health** across the service area, with some counties experiencing significantly worse outcomes than others. The data underscores the importance of addressing inequities that contribute to **preterm birth, low birth weight, and infant and child mortality**, particularly in communities with higher poverty rates, transportation barriers, and limited access to prenatal and pediatric care.

| 2024 Population Service Area Weighting | Child Mortality (per 100k) | Infant Mortality (per 1k) | Teen Births Females 15-19 (per 1k) |
|----------------------------------------------|----------------------------------|---------------------------------|------------------------------------------|
| Pierce County 47.9% | 50 | 5 | 13 |
| King County 25.7% | 40 | 5 | 6 |
| Thurston County 13.9% | 50 | 4 | 11 |
| Kitsap County 12.4% | 50 | 4 | 12 |
| Service Area Weighted Average | 47 | 5 | 11 |
| Washington State | 40 | 4 | 12 |

Maternal & Child Health

Preterm Births & Low Birth Weight



Low birth weight (<2,500 grams) is a persistent concern across the service area, with Pierce and King Counties reporting the highest prevalence at **6.9%**, above both the state average of **6.7%** and the service area rate of **6.8%**. Thurston and Kitsap Counties report slightly lower rates at **6.5%**, though the burden remains significant.

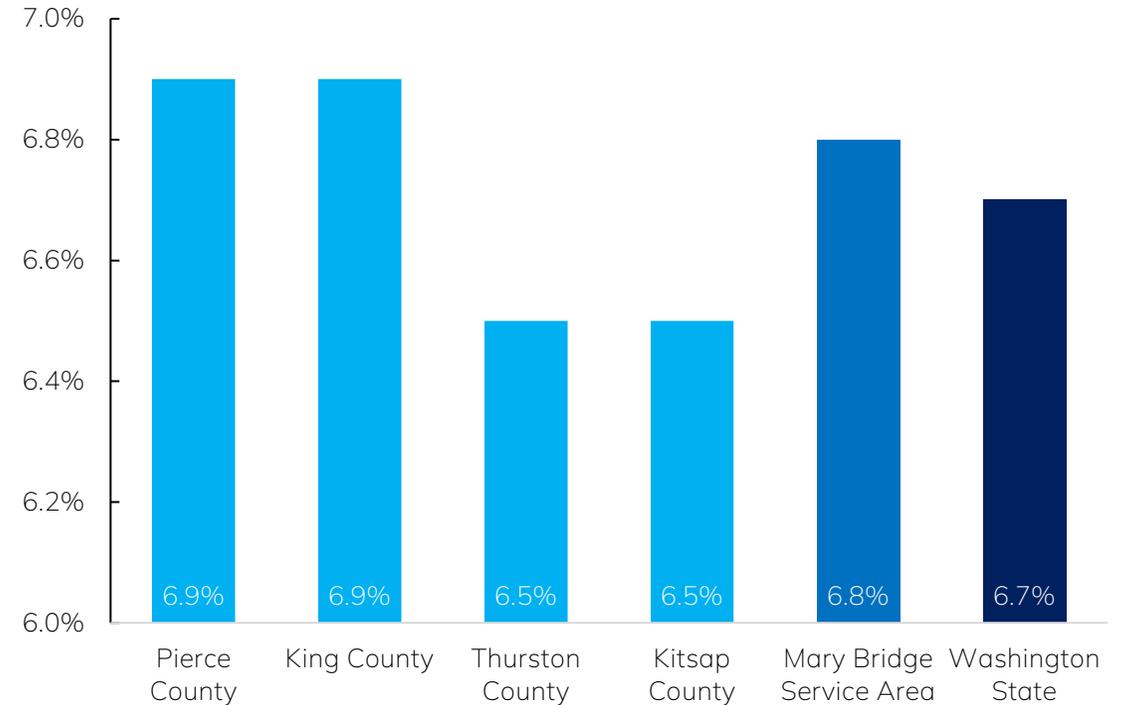
When examined by race and ethnicity, the disparities become even more striking. **Black infants experience the highest prevalence**, with rates approaching or exceeding **10%–12%** across counties—nearly double the rates among White infants. **AIAN, Asian, Hispanic, NHPI, and multiracial infants** also consistently report low birth weight above the state benchmark in at least three of the four counties.*

These outcomes correlate with other indicators of maternal and child health. The **infant mortality rate** in the service area is **5 per 1,000 births**, higher than the state average of 4, and counties with higher rates of low birth weight also report higher infant and child mortality. In addition, **teen birth rates**—highest in Pierce County at 13 per 1,000—are closely linked to increased risk for both preterm birth and low birth weight.

These indicators reveal persistent inequities in birth outcomes, with higher risks in counties facing poverty, limited prenatal access, and greater social stressors. Racial and ethnic disparities compound these challenges, reinforcing maternal & child health as a critical area of need.

*Full detail on these disparities is provided in **Appendix A.3**.

Percentage of live births with low birth weight (< 2,500 grams)
2025 County Health Rankings



Maternal & Child Health

New Parent & Caregiver Support



About New Parent & Caregiver Support

The transition to parenthood is a profound and often challenging experience, particularly for families without strong support systems. New parents and caregivers frequently encounter financial pressures, sleep deprivation, social isolation, and uncertainty in navigating child development milestones. Without adequate resources, these challenges can lead to stress that affects both caregivers' health and children's development.

Supporting parents means investing in a continuum of resources, from home visiting programs and lactation support to peer networks and culturally tailored parenting education. These supports provide not only practical guidance but also reassurance and connection, helping caregivers build confidence and resilience. When parents feel supported, children are more likely to grow up in safe, nurturing environments that promote healthy development. Strengthening caregiver supports is an investment in both family wellbeing and long-term community health.

Qualitative Findings

Key informants described deep-rooted systemic issues that create disparities in maternal and infant health, particularly for BIPOC, immigrant, and refugee communities. Families in areas like Parkland and Spanaway face long travel times, while a shortage of doulas, lactation support, and diverse, bilingual providers leaves many without critical guidance. These challenges are compounded by poverty, housing instability, language barriers, and fear of cultural judgment or CPS involvement, which leads to delayed care and eroded trust.

Survey responses reinforced these themes, highlighting **gaps in prenatal access, lack of postpartum supports, and difficulty navigating referrals that don't accept certain insurance**. Families also reported unmet needs around **lactation and infant phototherapy supports**. Listening sessions added that parents valued community programs like **Triple P and Stepping Stones**, but wanted broader access to culturally safe, community-based parenting resources. Caregivers also noted that **parental stress from food and housing insecurity directly impacts children's health**. Collectively, these findings point to the need for **holistic, family-centered strategies** that address maternal and infant health in the context of broader social supports.

Maternal & Child Health

New Parent & Caregiver Support

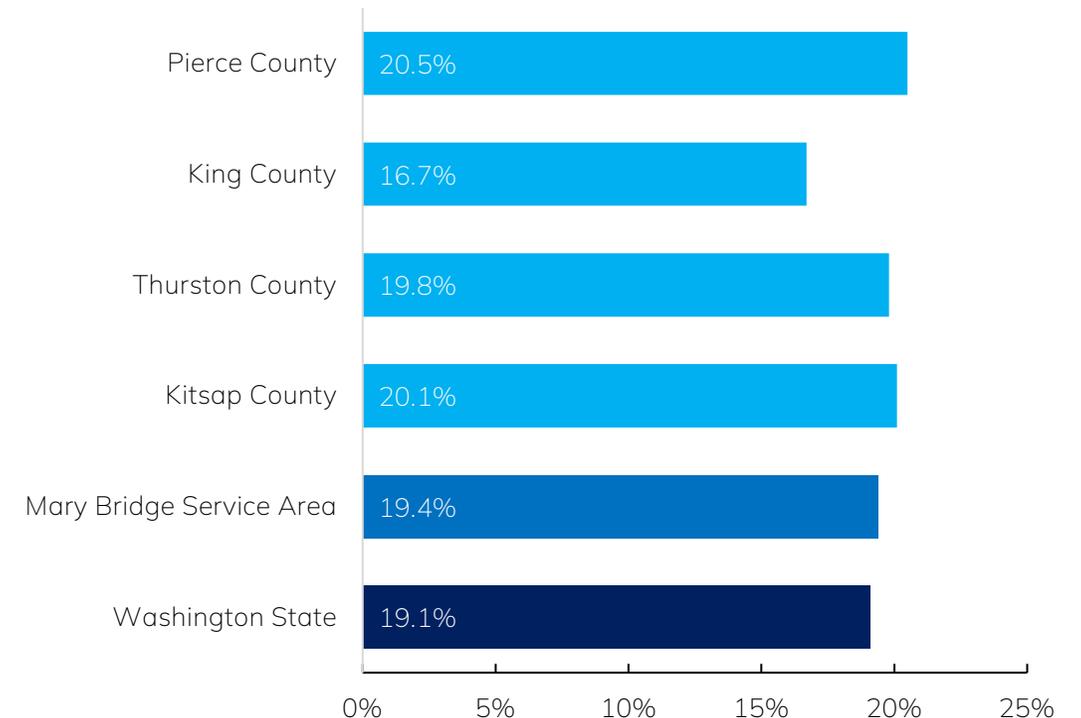


Data highlights the social and economic stressors shaping family health. In the Mary Bridge service area, **pre-pregnancy obesity affects 28.5% of women**, a factor strongly linked to complications during pregnancy and adverse birth outcomes. While breastfeeding initiation is high (**95.5%** of mothers across the service area), continued support is needed to maintain these positive practices, especially in communities with limited access to lactation consultants or peer support networks.

Family structure and household stability also influence maternal and child health outcomes. Rates of children living in single-parent households are highest in Pierce (**20.5%**) and Kitsap (**20.1%**), both above the Washington State average (**19.1%**) and well above King (**16.7%**). These differences matter, as single-parent households often report higher levels of stress, economic hardship, and barriers to consistent health care. Combined with geographic challenges to accessing timely prenatal service, such as Pierce's lower rate of timely prenatal care (**69.8%**) compared to King (**79.9%**), these quantitative findings underscore that many families enter pregnancy and early caregiving with compounded risk factors.

Percent of Children in Single-Parent Households

2025 County Health Rankings



Maternal & Child Health

Safety & Injury Prevention for Children & Youth

About Promoting Safety & Injury Prevention for Children & Youth

Preventable injuries remain a leading cause of death and disability among children and adolescents. The risks are diverse, ranging from household accidents and sports injuries to traffic incidents and unsafe environments. Prevention efforts must be tailored to the unique developmental needs of different age groups, from toddlers exploring their environment to teens engaging in higher-risk activities.

Promoting a culture of safety requires efforts on multiple fronts, including family education, school-based programs, safer environmental design, and supportive public policies. By equipping families, schools, and communities with the right tools for injury prevention, we can reduce avoidable harm and ensure all children and adolescents have the opportunity to grow up healthy and safe.

Qualitative Findings

Key informants emphasized that safety concerns extend beyond the clinic and into children's daily environments. Families in medically fragile households described added risks during **power outages, wildfires, and other emergencies.**

Parents noted receiving **conflicting or incomplete guidance on injury prevention**, such as car seat use or window safety, which creates confusion and leaves gaps in protection.

Survey responses identified **violence, bullying, and gang activity** as ongoing threats to youth safety. School staff also noted that prevention education and resources are inconsistent, particularly in under-resourced schools.

Listening sessions provided vivid examples. Parents at the Multicultural Center raised **gun violence, drug use in public spaces, and lack of safe indoor play areas** as daily barriers to raising healthy children. Red Barn youth described feeling unsafe walking to and from school due to **absent sidewalks, poorly lit bus stops, and exposure to trash and needles in their neighborhoods.**

While programs like the Safe Kids Coalition and Mary Bridge's car seat and crib distribution efforts were praised, families stressed that these initiatives require **sustained investment and outreach.** The feedback makes clear that children's health cannot be separated from their safety — without safe homes, schools, and neighborhoods, prevention and clinical care alone will not be enough.



Maternal & Child Health

Safety & Injury Prevention for Children & Youth



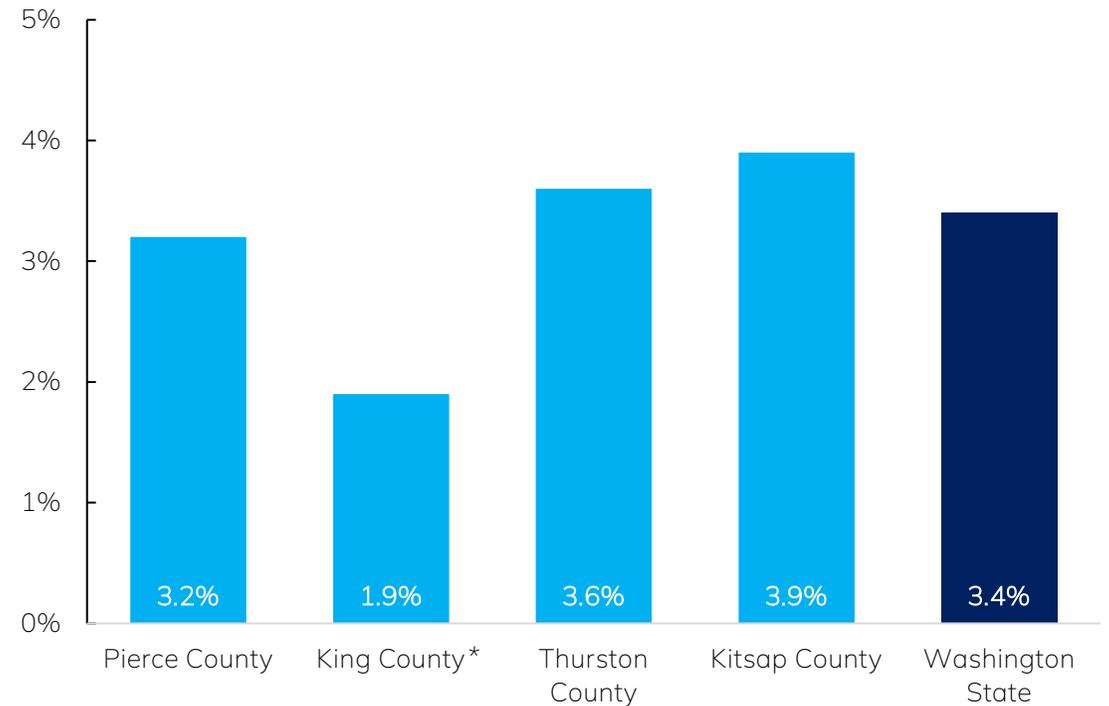
Preventable injuries remain a leading cause of pediatric mortality and morbidity, and the Mary Bridge service area shows higher-than-average injury risks compared to the state. The regional **injury death rate is 80 per 100,000 youth**, slightly above the Washington State average of 79. Firearm fatalities are **12 per 100,000**, matching the state average but masking higher burdens in Pierce County, where the rate rises to **14 per 100,000**.

Survey data also show concerning levels of youth violence and unsafe environments. In Pierce County, **10.4% of youth reported being in a physical fight in the past year**, with **1.8% experiencing six or more fights**, among the highest rates in the region. Bullying is another persistent issue: up to **3.9% of Kitsap County youth reported being bullied several times a week**, compared to the state average of 3.4%. Environmental safety also emerged in community input, with youth describing hazards such as broken glass, drug paraphernalia, and unsafe walking routes near schools.

These quantitative indicators highlight an urgent need of stronger systemwide prevention strategies to reduce avoidable injuries and ensure safe environments for all children.

Students Reporting Being Bullied Several Times a Week

HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

Maternal & Child Health

Safety & Injury Prevention for Children & Youth



Emergency Department (ED) data from 2022–2024 highlight the impact of preventable injuries on pediatric health. **Open or superficial wounds consistently ranked among the top five diagnoses for both male and female patients**, while **concussion and head injuries also appeared in the top 10 for both groups**. Males were more likely to present with **external injuries**, including wounds, concussions, and musculoskeletal trauma such as hand, wrist, or forearm injuries. In contrast, females were more likely to present with **intentional self-harm**, which ranked as the **7th most common diagnosis among girls** during this period.

These findings underscore the need for a **two-pronged approach to injury prevention**. On one side, efforts should focus on reducing unintentional injuries through safer play and recreation environments, sports safety, and family education on household injury risks. On the other, there is a growing need for behavioral health interventions that address self-harm, particularly among adolescent girls. Together, this data reinforces community feedback emphasizing the importance of **violence prevention, safe recreation spaces, and stronger mental health supports** as part of a comprehensive injury prevention and safety strategy.

Mary Bridge Children's Hospital ED Visits by Diagnosis Group, 2022-2024

| Volume Rank | Female Top 10 | Male Top 10 |
|-------------|---------------------------------------------------|----------------------------------------------------|
| 1 | Bronchitis and Other Upper Respiratory Infections | Bronchitis and Other Upper Respiratory Infections |
| 2 | Other Infectious and Parasitic Diseases | Other Infectious and Parasitic Diseases |
| 3 | Nausea and Vomiting | Open or Superficial Wounds |
| 4 | Abdominal Pain | Nausea and Vomiting |
| 5 | Open or Superficial Wounds | Acute Otitis Media and Sinusitis |
| 6 | Acute Otitis Media and Sinusitis | Asthma |
| 7 | Intentional Self-Harm | Concussion and Unspecified Head Injury |
| 8 | Other Gastrointestinal Diagnosis | Abdominal Pain |
| 9 | Urinary Tract Infection | Tonsillitis and Infectious Airway Obstruction |
| 10 | Concussion and Unspecified Head Injury | Musculoskeletal Injury - Hand/Wrist/Forearm |

Social Determinants of Health

Housing Instability & Youth Homelessness



About Housing Instability & Youth Homelessness

Stable housing is a cornerstone of a child's health, development, and educational success. For many families, however, housing insecurity or homelessness disrupts safety, stability, and access to consistent care. The effects ripple across every aspect of wellbeing, from increased illness and injury to challenges with mental health and learning. Youth experiencing homelessness are particularly vulnerable, often navigating these challenges without stable adult support.

Addressing housing instability requires both immediate relief and long-term solutions like affordable housing, supportive services, and community partnerships. By ensuring stable, safe housing, communities provide children and youth with the foundation they need to thrive in school, maintain their health, and build hopeful futures.

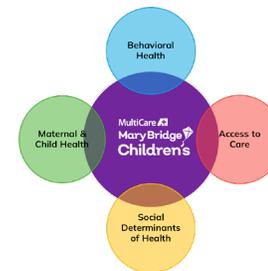
Qualitative Findings

Key informants consistently identified **housing instability and youth homelessness** as major barriers to child health. Frequent moves, overcrowding, and temporary arrangements disrupt continuity of care and make preventive services difficult to maintain.

Families under housing stress often prioritize basic needs like food, electricity, and transportation over medical visits, while children experience increased anxiety, missed school, and poor health outcomes.

Survey respondents reinforced that **students experiencing homelessness under McKinney-Vento status** frequently fall behind on preventive care and chronic disease management. Providers noted that unstable housing often coincides with lapses in insurance, pushing families to rely on emergency rooms for basic needs. Listening sessions deepened these findings. Parents at the Multicultural Family Child Hope Center described **referrals to providers that would not accept their insurance, long waits for services**, and the feeling of being turned away despite clear need. Youth at the Red Barn highlighted **unsafe bus stops, absent sidewalks, and exposure to trash or needles** in their neighborhoods, which compounded the stress of already unstable living conditions.

These perspectives underscore that housing instability and youth homelessness are not only social challenges but **fundamental health equity issues**. Without stable, safe, and affordable housing, families cannot sustain preventive care, and children remain at higher risk for poor outcomes and unsafe environments.



Social Determinants of Health

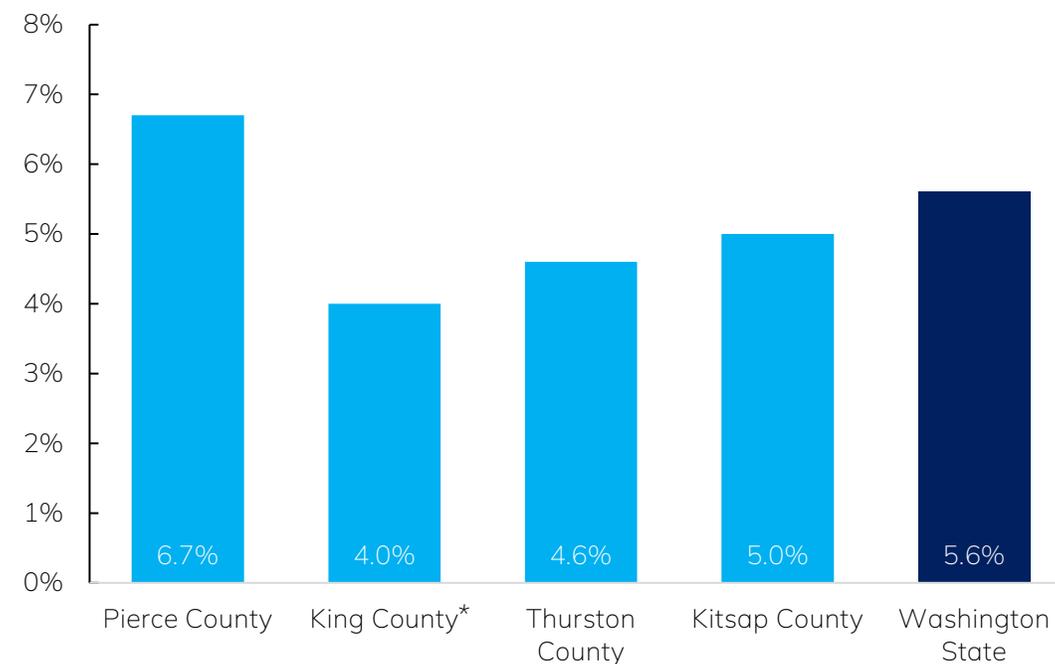
Housing Instability & Youth Homelessness

Housing instability is a measurable and persistent challenge across the Mary Bridge service area. According to the 2023 Healthy Youth Survey, **6.7% of Pierce County youth reported being extremely worried about their family's ability to afford housing**, the highest proportion among the four counties and well above King County at **4.0%**. Thurston youth reported **4.6%**, and Kitsap **5.0%**. These rates exceed the Washington State benchmark of **5.6%**.

Homelessness among students is also a significant concern. Several school districts in the service area report student homelessness rates between **6% and 11%**, far above the statewide average of **3.9%**. Districts such as Clover Park and Tacoma have among the highest levels of reported housing instability, directly affecting school engagement, academic performance, and health outcomes. Census tract-level Social Vulnerability Index (SVI) data confirm these patterns, showing that certain zip codes within Pierce County (e.g., 98405 at **38.4% housing cost-burdened households**) face severe affordability pressures compared to both regional and statewide averages.

Students Extremely Worried About Family Being Unable to Afford Rent or Housing

HYS 2023 (8th, 10th, and 12th Graders)



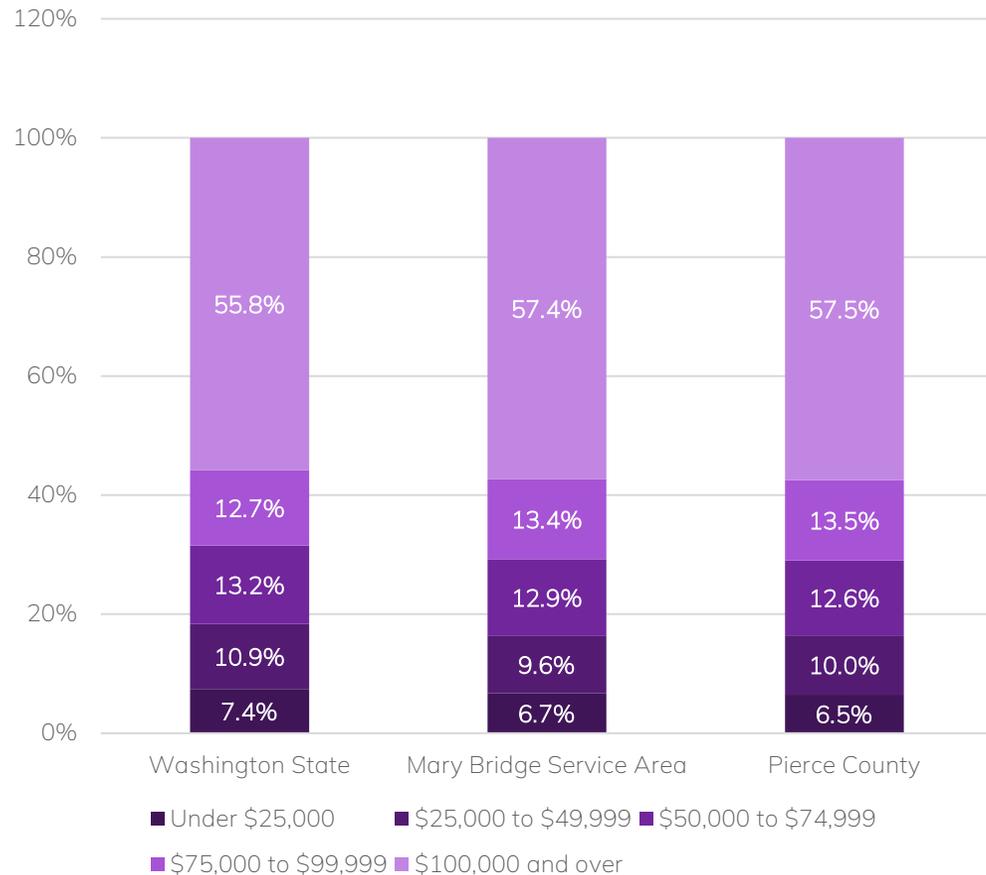
*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

Social Determinants of Health

Housing Instability & Youth Homelessness



Total Population Household Income



Homelessness by School District, 2025

| Area/District | # of Students | % | Area/District | # of Students | % |
|----------------------|---------------|-------------|-------------------|---------------|------|
| Federal Way | 2,390 | 10.7% | Kent | 631 | 2.5% |
| Tacoma | 2,173 | 7.5% | Sumner | 266 | 2.4% |
| Franklin Pierce | 501 | 6.9% | Peninsula | 197 | 2.2% |
| North Thurston | 946 | 6.2% | Orting | 62 | 2.2% |
| Bethel | 922 | 4.3% | South Kitsap | 196 | 2.1% |
| Clover Park | 527 | 4.2% | White River | 94 | 2.1% |
| Bremerton | 187 | 4.2% | Auburn | 377 | 2.1% |
| Tenino | 54 | 4.2% | Olympia | 202 | 2.0% |
| Pierce County | 5,689 | 4.1% | Rochester | 42 | 1.9% |
| Service Area | 11,870 | 4.0% | Eatonville | 38 | 1.8% |
| State Total | 43,542 | 3.9% | North Kitsap | 89 | 1.7% |
| Fife | 153 | 3.8% | Rainier | 16 | 1.6% |
| Central Kitsap | 421 | 3.8% | University Place | 72 | 1.3% |
| Enumclaw | 149 | 3.3% | Tahoma | 85 | 0.9% |
| Tumwater | 206 | 3.2% | Griffin | 4 | 0.7% |
| Yelm | 166 | 2.9% | Bainbridge Island | 20 | 0.6% |
| Puyallup | 665 | 2.9% | Steilacoom Hist. | 14 | 0.5% |

Social Determinants of Health

Food Security & Access to Healthy Food Environments



About Food Security & Access to Healthy Food Environments

Nutrition is fundamental to a child's health and development, yet many families face barriers to affordable, healthy food. This food insecurity can lead to hunger, poor diet quality, and household stress. The problem is often environmental; when families live in areas with limited healthy, affordable options, children face higher risks of chronic disease and developmental challenges.

Addressing food security requires creating environments that support healthy eating long-term. Solutions like community food partnerships, school meal programs, and mobile markets can expand access. When families have reliable access to nutritious food, children are better able to thrive academically, emotionally, and physically, building a strong foundation for lifelong health.

Qualitative Findings

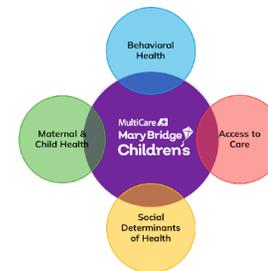
Key informants described **food insecurity** not just as hunger, but as a daily barrier to dignity and stability. Families struggling with poverty or homelessness often prioritize rent or utilities over groceries, and many rely on low-cost, processed foods due to limited budgets and time.

Parents noted that “kids are eating what’s fast—not what’s good—because their parents are working two jobs.” Youth also shared that they often take on the responsibility of feeding siblings without the resources to prepare healthy meals.

Surveys reinforced the scale of this issue, with school staff and providers linking poor nutrition to rising obesity and chronic disease among children. They also emphasized gaps in nutrition education and the need for culturally relevant supports.

Listening sessions deepened these concerns. Families at the Multicultural Family Child Hope Center pointed to **food deserts, high grocery prices, and poor transportation** as barriers to accessing healthy food. Red Barn youth asked for **local access to fresh produce, summer meal programs, and safe community spaces for eating and gathering**, while also noting the impact of trash and unsafe environments near food outlets.

Taken together, these findings highlight that food insecurity is not simply a lack of food, but a lack of **healthy, affordable, and culturally appropriate nutrition options**. Without reliable access to nutritious food, families cannot focus on other health needs, and children's long-term wellbeing is compromised.



Social Determinants of Health

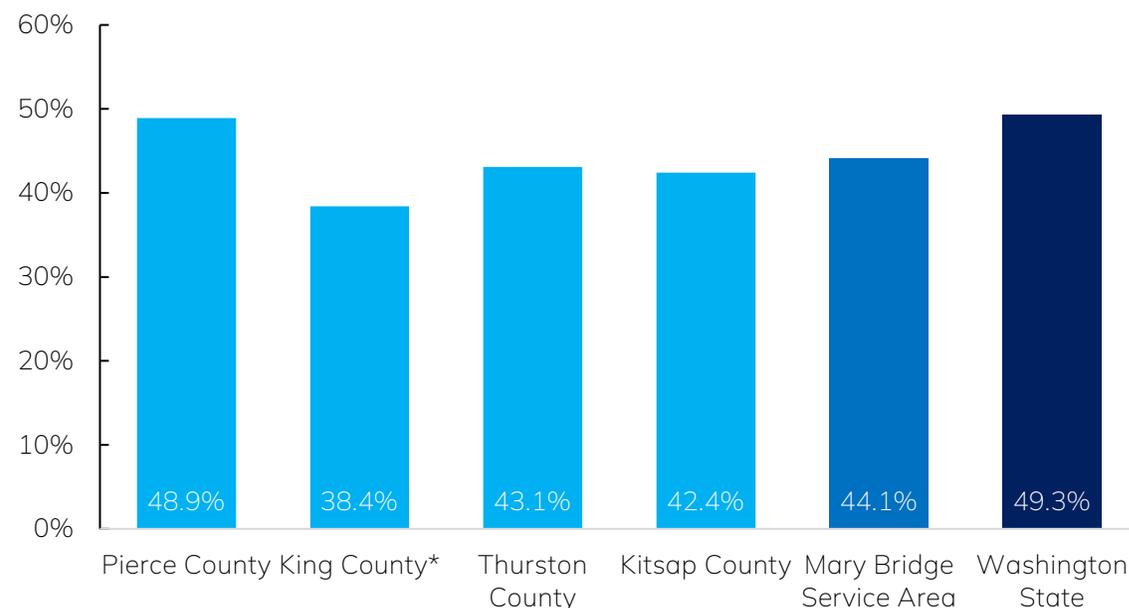
Food Security & Access to Healthy Food Environments

Food insecurity compounds the impact of housing instability, creating layered risks for children and families. In Pierce County, **34% of surveyed families reported very low food security**, and an additional **22%** reported low food security, meaning more than half of respondents experienced some level of food instability. Among youth, **7.6% of 8th graders and 4.0% of 12th graders in Pierce County reported being extremely worried about not having enough food**, the highest rates in the service area and well above the statewide average of **3–4%** at most grade levels.

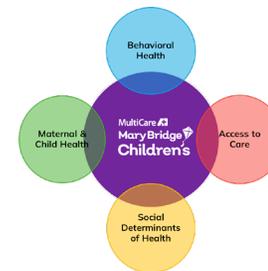
Free and reduced-price lunch eligibility further illustrates disparities. In 2023, **43% of students in Pierce County reported receiving free or reduced-price lunch**, compared to **33.8% across the full-service area and 39.5% statewide**. High reliance on school meal programs indicates that many families rely on institutional supports to meet basic nutritional needs. These patterns are reflected in health outcomes: Pierce County reports the highest levels of overweight youth (**15.7%**) and obese youth (**10.7%**) compared to other counties in the service area. Adult obesity is also higher in Pierce (**36%**) and Thurston (**34%**) than the Washington State average of **32%**, reinforcing the intergenerational nature of food access challenges.

Responded "yes" to receiving free or reduced lunches at school

HYS 2023 (8th, 10th, and 12th Graders)



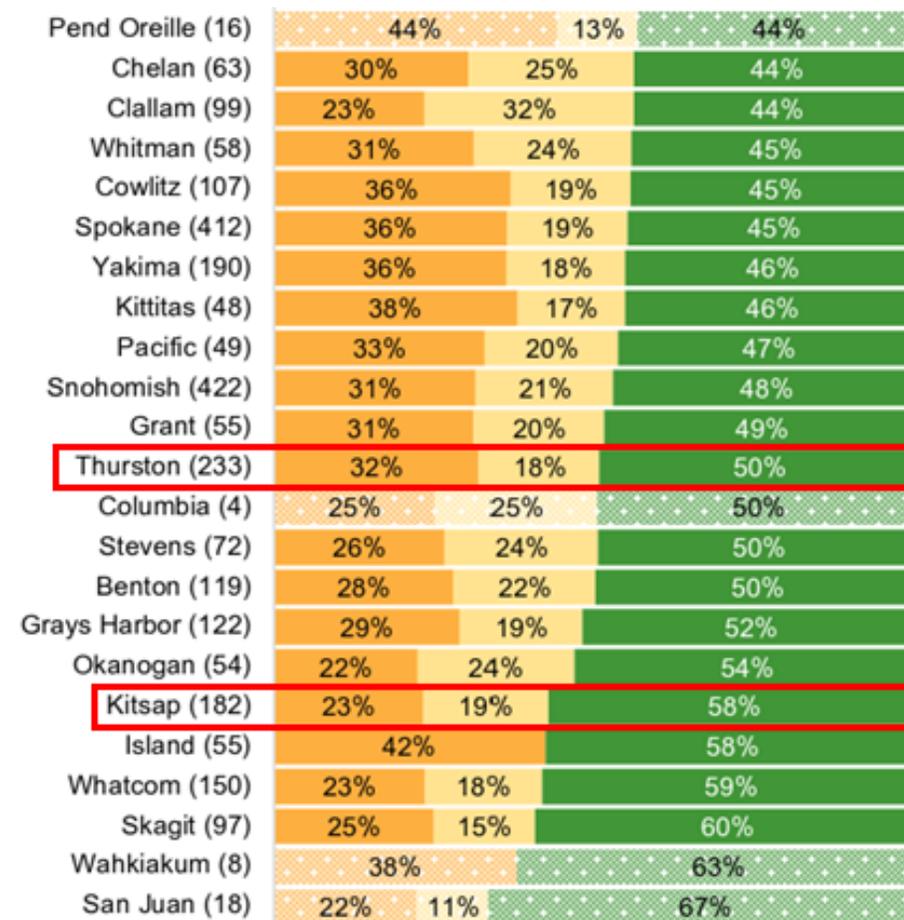
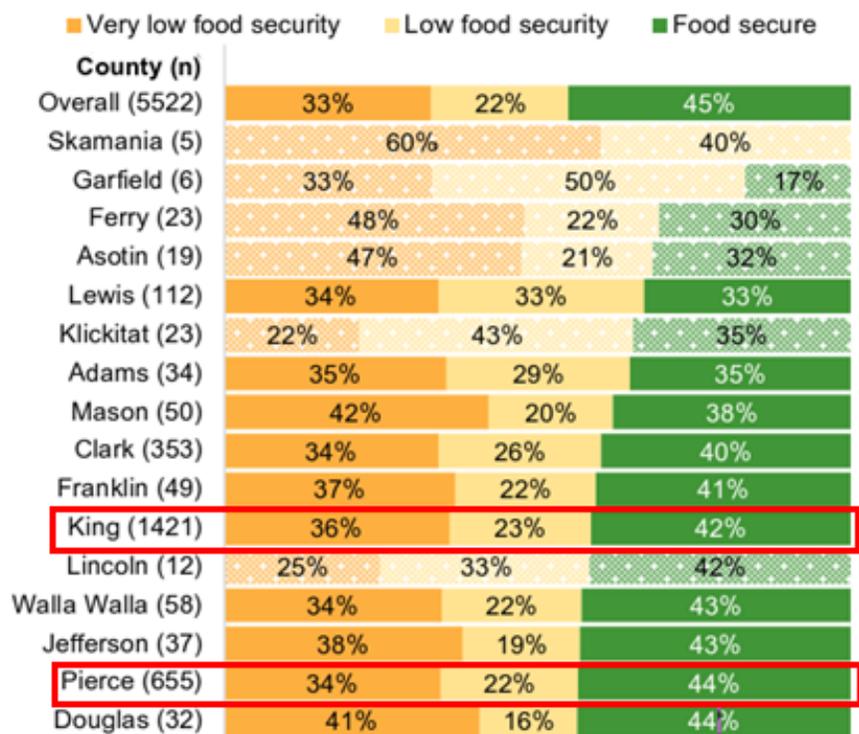
*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.



Social Determinants of Health

Food Security & Access to Healthy Food Environments

In counties with at least 30 survey responses, food insecurity by county ranged from 40% to 67% (Figure 5).



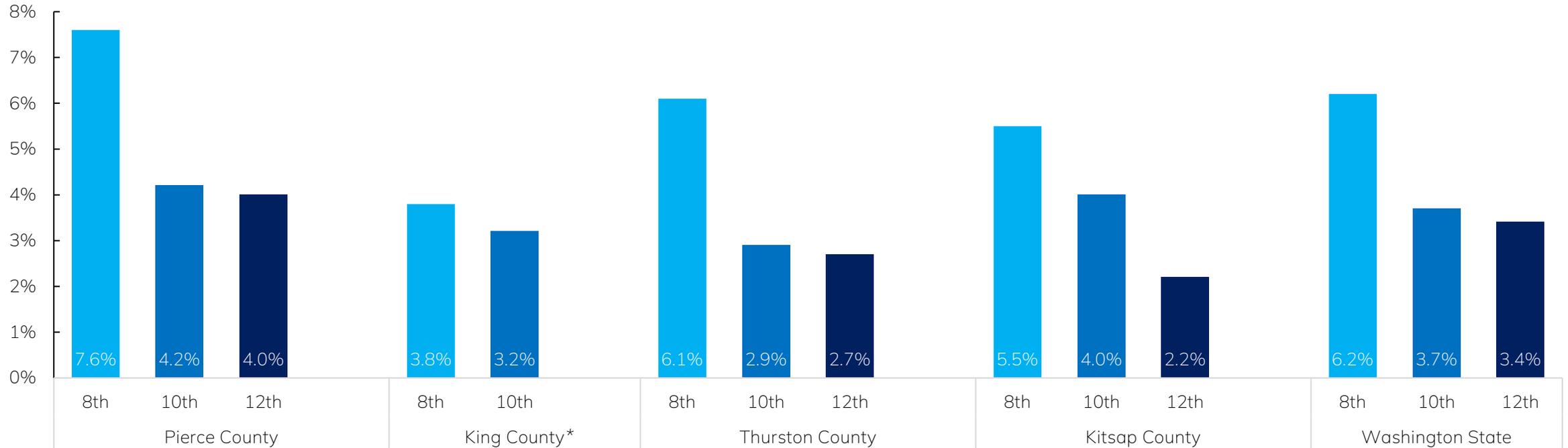
Source: foodsystems.uw.edu 2025

Social Determinants of Health

Food Security & Access to Healthy Food Environments



Students Reported Extremely Worried on Not Having Enough Food to Eat
HYS 2023 (8th, 10th, and 12th Graders)



*King County HYS Data only includes 8th and 10th Graders due to 12th Grader data not being available for 2023.

Conclusion: Priority Findings

Priorities



The findings of this Community Health Needs Assessment highlight a set of interconnected priorities that reflect both the lived experiences of families and the quantitative evidence across the Mary Bridge service area. **Behavioral health** stands out as the most pressing need, with widespread prevalence, severe consequences for children and adolescents, and strong alignment with Mary Bridge’s mission and system strategy. Families, youth, and providers consistently emphasized the urgent need for more accessible and timely behavioral health services.

Access to care also surfaced as a fundamental challenge. Subspecialty shortages, long wait times, and uneven geographic distribution of pediatric services create barriers for families, particularly those in Kitsap, Thurston, and Pierce Counties. These access issues reinforce survey findings on affordability, transportation, and the difficulty families face in navigating care. The needs of **children and youth with special health needs (CYSHN)** are closely tied to these barriers, as families struggle with care coordination, provider shortages, and equitable access to specialized services. Though the CYSHN population is smaller, the complexity and severity of needs demand sustained attention within access-focused strategies.

Maternal and child health and the broader **social determinants of health** remain critical drivers of equity. Birth outcomes, food insecurity, housing instability, and economic hardship disproportionately impact low-income families and communities of color, shaping the trajectory of child health across the region. Within this domain, **injury prevention and safety** also emerged as a priority, with families and youth pointing to unsafe neighborhoods, environmental hazards, and preventable injuries as ongoing threats to children’s health and wellbeing.

These priorities affirm Mary Bridge Children’s Hospital’s commitment to advancing child health through prevention, access, equity, and integrated care. They also provide a roadmap for MultiCare and its partners to focus resources where they can have the greatest impact, ensuring that every child, regardless of geography, background, or circumstance, can reach their full potential.





MultiCare 
Mary Bridge 
Children's

Impact & Implementation

Community Resources
Prior CHNA Impact Report
New CHNA Implementation Plan



Community Resources

Four Accountable Communities of Health Organizations Support the Mary Bridge Service Area



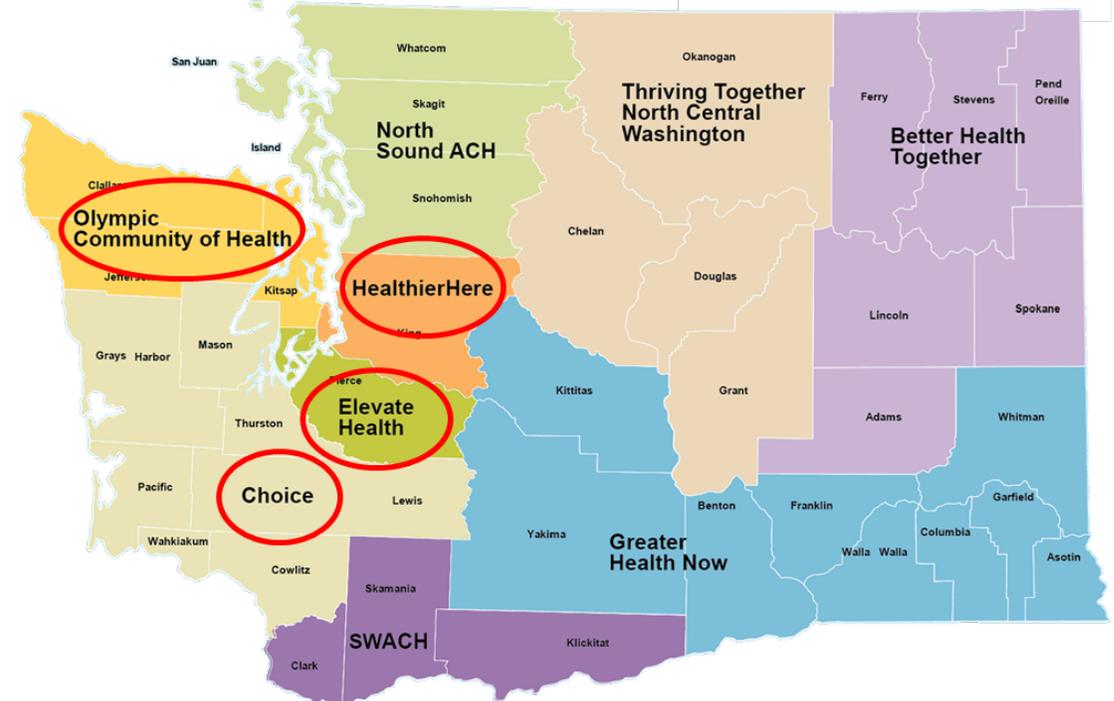
The Mary Bridge service area is supported by 4 Accountable Communities of Health (ACHs), each uniquely focused on improving health outcomes and equity across Washington. These organizations form a network of community partnerships, resources, and innovations driving healthier futures.

Elevate Health (Pierce County) Leads efforts to improve Medicaid outcomes and advance health equity for underserved populations.

Healthier Here (King County) unites a cross-sector network to address long-standing disparities. By pooling resources and partnerships, they are tackling systemic barriers and creating sustainable improvements in community health.

CHOICE (Thurston & Central Western WA) brings healthcare providers and Tribal leaders together to fund community-driven solutions. This collaboration empowers local voices and ensures that health initiatives are shaped by the people they serve.

Olympic Community of Health (Kitsap & Olympic Region) builds bridges across sectors, communities, and Tribes. Their focus on person-centered solutions makes health initiatives responsive, collaborative, and regionally tailored.



Existing Outreach

MultiCare's Established Role in Improving Community Health



| Program/Initiative Name | Primary Focus Area | Key Activities/Partnerships | Community Impact/Benefit |
|--------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mobile Immunization Clinics | Preventative Care, Access to Care | Providing trusted and safe vaccines in underserved communities | Increased vaccine access; improved community health |
| Center for Childhood Safety | Injury Prevention | Health education and best practice interventions to reduce unintentional injuries including safe infant sleep, car seat safety, water safety, falls prevention, and safe firearm storage | Reduced preventable injuries and fatalities for children |
| Bessler Center | Maternal and Infant Health, Illness Prevention, School Participation | Engage partners. Accelerate existing initiatives. Innovate for new solutions to complex challenges. Generate sustainable funding. Advocate for legislative and policy change | Increasing access to early pregnancy care; improved illness prevention for vulnerable communities; school nurse education and support of school-based health centers |
| MultiCare Academy for Students in Healthcare (M.A.S.H.) Camp | Workforce Development | Providing high school students with firsthand healthcare experience. Hands-on exploration for high school students to learn about and experience clinical and non-clinic careers in healthcare | Cultivates future healthcare workforce; promotes career options in healthcare |

Existing Outreach Continued

MultiCare's Established Role in Improving Community Health



| Program/Initiative Name | Primary Focus Area | Key Activities/Partnerships | Community Impact/Benefit |
|----------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Pediatric Wellness | Health Promotion, Chronic Disease Prevention | Nutrition and feeding education to help children (ages 6 months – 18 years) grow into competent eaters and develop healthy behaviors | Promotes healthy habits from early childhood through adolescence; support physical wellness, obesity prevention, and food access |
| Kids Mental Health Pierce County | Behavioral Health | Coalition building, coordination of services, community education | Increased agency collaboration, access to care and knowledge of resources |
| BRIDGES | Behavioral Health | Support for grieving children via group support and Camp Erin | Children and their families are better prepared to cope with grief |
| Parenting Partnership | Violence Prevention, Behavioral Health, Children with Special Health Care Needs | Home visits and support groups for medically fragile children | Improved parental knowledge and supportive behaviors |
| Mary Bridge WIC | Maternal/Child Health | Food access for low-income pregnant women and children through age 5 | Improved birth outcomes, healthy weight, increased nutritional status |

Prior CHNA Impact Report

2022/2023 Impact



Impact Report Introduction

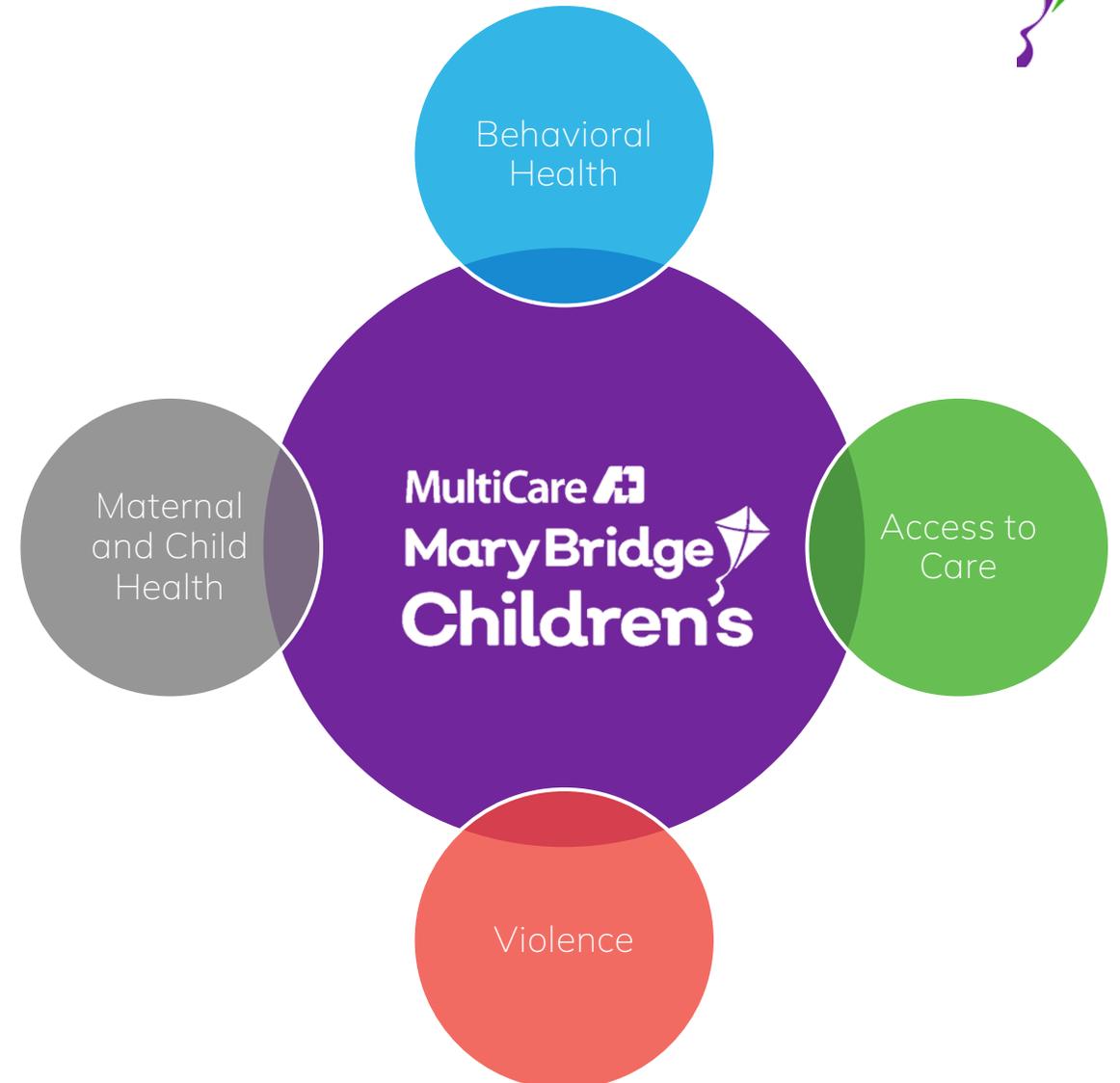
This section provides an evaluation of the impact of actions taken since the last Community Health Needs Assessment (CHNA) to address identified community health priorities. As required by the Affordable Care Act (ACA) and IRS regulations (Section 501(r)), this evaluation summarizes significant health needs previously identified, the strategies implemented, and the results achieved.

From 2022 through 2025, the Mary Bridge Children's Hospital CHNA implementation strategies focused on the following priority health needs:

- Access to Care
- Behavioral health
- Maternal and Child Health
- Violence

Metrics were established for each priority area, and data was tracked over the three-year implementation period. While MultiCare's community benefit strategies play a part in addressing community health needs, it is important to acknowledge that many factors, including other initiatives, organizations, and policies, impact overall community health outcomes.

Source: Health Youth Survey



Prior CHNA Impact Report

2022/2023 Impact



Focus 1: Access to Care

For communities to become healthier, everyone must have access to comprehensive, high-quality health care services. Reaching our highest level of health and well-being, however, is more difficult due to obstacles that restrict access to healthcare. These obstacles include a lack of proper insurance coverage, expensive healthcare, and service availability gaps. By removing these obstacles, we have a better chance of maintaining our community's vitality and health. According to Mary Bridge Children's Hospital in the previous CHNA, 73.9% of 10th-grade students reported having a dental checkup in the past year (2018 data). To address those needs, MultiCare expanded dental outreach with partners including the Acora Foundation, Medical Teams International and Lindquist Dental Care for Children through community based dental resource days.

Impact: Routine dental care has improved among Pierce County youth. In 2018, 73.9% of 10th-grade students reported having a dental checkup in the past year (as cited in the 2022 CHNA). By 2023, this figure had risen to 77.7%. (Source: *Healthy Youth Survey, 2018 and 2023*).

Focus 2: Behavioral Health

Behavioral health is essential to a person's well-being and ability to live a full and productive life. Unfortunately, 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. From 2022 to 2025, Mary Bridge Children's Hospital addressed Behavioral Health by seeking to increase access to behavioral health services. One way that Mary Bridge Children's Hospital accomplished this goal was adding a behavioral health social worker to the emergency department who participated in community multidisciplinary team meetings for complex and boarding patients in MBED, providing care coordination, behavioral management strategies, service navigation, and transition/discharge planning as well as supported community events and trainings to provide psychoeducation on the behavioral health care continuum and accessing crisis resources.

Impact: In Pierce County, 41.9% of 10th graders in 2018 reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. By 2023, this rate had declined to 31.8%. (Source: *Healthy Youth Survey, 2018 and 2023*).

Prior CHNA Impact Report

2022/2023 Impact



Focus 3: Maternal and Child Health

The well-being of mothers, infants, and children is critical to having healthy families. To the fullest extent possible, our community must safeguard and promote the health of the next generation by encouraging healthy habits like breastfeeding and receiving early and sufficient prenatal care. The percentage of mothers in this service area who had inadequate prenatal care was significantly higher compared to the state. Within the Mary Bridge Children's Hospital service area, women who identified as American Indian/Alaskan Native and Native Hawaiian or Other Pacific Islanders had the highest percentage of inadequate care. Overall, thirty one percent of mothers living in the Mary Bridge Children's Hospital service area reported having inadequate pre-natal care in 2022. One way that Mary Bridge partnered with community was to connect more pregnant people to WIC through pop-up clinics hosted at library sites as well as local YMCA. This effort expanded maternal and child access to WIC to more families through community where transportation and resources are a challenge.

Impact: Infant mortality rates (IMR) per 1,000 live births in the 2022 defined Mary Bridge service area improved from 4.6 to 4.2, while the Washington State rate remained steady at 4.5. Notable gains were seen among Black infants, declining from 9.8 to 7.3, and multiracial infants from 7.5 to 4.1. *(Source: Tacoma-Pierce County Health Department).*

Focus 4: Violence

Regardless of one's upbringing, violence has a negative impact on everyone. At all societal levels, violence affects individuals physical, social, and mental wellbeing. Those who make it through these horrific encounters may endure physical and emotional issues that last a lifetime. Effective prevention depends on having a clear understanding of the scope of this socioeconomic problem. According to the Mary Bridge Children's Hospital 2022 CHNA, twenty seven percent of youth witnessed violence. Mary Bridge Children's addressed child abuse prevention and intervention by maintaining the Pierce County Child Abuse Investigation Protocol and offering multidisciplinary team reviews, training and therapeutic services through the Pierce County Children's Advocacy Center (CAC). Further, the CAC and the Mary Bridge Center for Childhood Safety partnered with the Tacoma Police Department on gun giveback events which were developed in response to an uptick in youth violence in the city.

Impact: Suicide rates per 100,000 people decreased slightly in the 2022 defined Mary Bridge service area, from 2.8 to 2.7, with an even greater decline in Pierce County (from 3.1 to 2.3). The largest improvements were observed among females, multiracial, Hispanic, and Black populations. Additionally, unintentional injury deaths showed no overall improvement across the service area, though declines were recorded among American Indian/Alaska Native, Asian, and multiracial populations. *(Source: Tacoma-Pierce County Health Department).*

New CHNA Implementation Plan

2025/2026 CHIP



As part of the Community Health Needs Assessment (CHNA) process, each hospital will develop a Community Health Implementation Plan (CHIP) to ensure that identified priorities translate into actionable strategies. These strategies will include clear objectives, measurable outcomes, and cross-sector partnerships that address the most pressing community health concerns. The CHIP serves as a framework for aligning resources, guiding program development, and reinforcing MultiCare's long-standing commitment to improving the health and well-being of children, families, and communities.

While the prior CHNA and CHIP were prepared and released simultaneously, this cycle reflects a deliberate shift in process. By utilizing additional time between the completion of the CHNA and the finalization of the CHIP, we are strengthening opportunities for collaboration, dialogue, and alignment. This enables deeper engagement with community stakeholders, hospital leaders, and system-level decision makers, resulting in a stronger connection between community health priorities and the strategic direction MultiCare hospitals. In this way, the CHIP is not simply an operational document, but a strategic blueprint that ties community health priorities to long-term organizational goals.

The CHIP will be formally presented for approval and adoption by the Board of Directors no later than May 15th, 2026, in compliance with federal CMS and IRS requirements.

An essential component is the development of a robust data visualization and reporting strategy. This approach translates complex community health data into accessible, dynamic tools that enable internal monitoring of progress in real time. By integrating quantitative indicators with qualitative community insights, these tools allow hospitals and the broader MultiCare system to track performance against stated goals, identify emerging trends, and make timely, data-informed adjustments to implementation strategies.

Importantly, this work will extend across the entire MultiCare system. The intent is not only to strengthen the link between CHNA priorities and hospital-level planning, but also to create a unified framework that connects community health improvement efforts with system-wide strategic initiatives. **This alignment ensures that the lessons learned in one community can inform action in others, while also promoting consistency in measurement, accountability, and impact reporting across the system.**

The CHNA, CHIP, and data visualization strategy create a continuous cycle of assessment, planning, action, and evaluation. This cycle enables MultiCare hospitals to remain responsive to evolving needs while also advancing long-term system goals. By building a process that is collaborative, transparent, and data-driven, MultiCare is positioning itself to more effectively demonstrate measurable impact for communities.



Approval & Adoption



Approval & Adoption

Mary Bridge Children's Hospital



Mary Bridge Children's Hospital, a part of MultiCare Health System, has undertaken this Community Health Needs Assessment (CHNA) to better understand the most significant health challenges and opportunities facing children and families in our region. This assessment represents an important continuation of our commitment to improving community health, advancing health equity, and ensuring that every child has the opportunity to flourish.

The CHNA process reflects the integration of local and national data sources, pediatric health indicators, and social determinants of health with the lived experiences of families, providers, and community leaders. Through focus groups, key informant interviews, surveys, and collaborative analysis, the CHNA provides a comprehensive picture of the current state of child health in our service area. By engaging directly with the voices of those most impacted, Mary Bridge Children's ensures that this assessment is both evidence-based and community-driven.

This CHNA fulfills federal requirements under the Affordable Care Act and Washington State standards, while also serving as a roadmap for future strategy within MultiCare. The findings and priorities identified here will inform how Mary Bridge Children's aligns resources, develops innovative partnerships, and strengthens programs that meet the unique needs of our pediatric population.

The Board of Directors of Mary Bridge Children's Hospital, together with leadership across MultiCare Health System, has formally reviewed and acknowledges this Community Health Needs Assessment as the official CHNA for the hospital. In doing so, the Board affirms its responsibility to ensure that identified community health needs guide organizational planning, program design, and investment decisions over the next three years.

This acknowledgement reflects more than compliance with state and federal requirements. It affirms a shared vision: to create healthier communities through a commitment to children's health, equity, and family well-being. The Board recognizes that meaningful progress requires sustained collaboration across public health, education, social services, and health care delivery partners.

By endorsing this CHNA, the Mary Bridge Board and MultiCare leadership signal their dedication to turning assessment into action. This document will serve as a framework for measurable improvement in the identified priority areas (Behavioral Health, Access to Care, Maternal and Child Health, and Social Determinants of Health), transparent reporting, and continued accountability to the communities we serve.

Approved by the Mary Bridge Children's Hospital Board of Directors
Date: September 24th, 2025

Appendices

- A.1 Qualitative Data Collection
- A.2 Sources
- A.3 Additional Data



A.1 Qualitative Data Collection

Key-Informant Interview Questions



Background Information

1. Please state your name, title, and organization as you would like them included in the report.
2. Which geographies does your organization primarily serve?
3. Which pediatric populations do your organization primarily serve?
4. What are the greatest strengths of the community your organization serves?

Community Health Needs and Priorities

5. Please identify and discuss specific unmet health-related needs in your community for the children and families you serve. These needs can be related to specific health conditions, as well as social determinants or drivers of health.
6. What are the three biggest ongoing health concerns for children in our community?
7. Thinking about the community needs you just prioritized, how do hazards like wildfires, smoke, power outages, or other extreme weather events affect these needs?

Current Programs and Opportunities

8. Please identify one or two community health initiatives or programs that are working well for children in the population you serve to help overcome their challenges and barriers.

9. How well do you feel Mary Bridge Children's collaborates with community organizations to address health needs? (only if time allows)

Barriers and Strategies

10. What are the three most significant barriers impacting the ability to provide services for children in our communities?
11. For the population you serve or represent, what are the top three barriers impacting access to health-related services?
12. How can Mary Bridge Children's be more involved in addressing broader social issues (e.g., housing, nutrition, education) that influence community health? (only if time allows)

Final Thoughts

13. What 3 things would be most helpful to improve the health concerns of children in our communities?
14. What are the most important characteristics of a healthy community for children?
15. Do you have any additional thoughts or suggestions on how Mary Bridge Children's can improve pediatric health outcomes and reduce disparities in your community?

A.1 Qualitative Data Collection

Mary Bridge Community Health Needs Assessment Survey



1. Please indicate the primary population you serve or represent.

- Mary Bridge Children's patients
- Public school students
- Community members

2. What are the 3 biggest ongoing health concerns for children in our communities?

- Access to primary healthcare
- Access to specialty care
- Access to birth control
- Access to immunizations
- Asthma/breathing problems
- Binge drinking
- Cancer
- Child health & wellness
- Diabetes
- Disability
- Healthy Environment
- Behavioral health, including depression & anxiety
- Obesity prevention
- Oral Healthcare
- Smoking/tobacco use
- Substance use disorder
- Suicide
- Violence
- Other

3. What 3 things would be most helpful to improve the health concerns of children in our communities?

- Access to healthy foods
- Access to primary care
- Access to developmental therapies
- Affordable housing
- Breastfeeding support
- Caregiver support
- Childcare
- Domestic violence prevention
- Drug/alcohol services
- Employment opportunities
- Health insurance enrollment
- Home healthcare services
- Immigrant support services
- Behavioral health services
- Oral healthcare
- Physical activity
- Nutrition and feeding
- Safe places to walk/play
- Smoking and tobacco cessation services
- Transportation
- Violence, bullying, gang prevention
- Other

A.1 Qualitative Data Collection

Mary Bridge Community Health Needs Assessment Survey



4. What are the 3 most significant barriers impacting the ability to provide services for children in our communities?

- Cultural competency issues
- High no-show rate
- Inadequate insurance
- Lack of funding to provide services
- Need for bilingual staff
- Need for specialists
- Limited space and/or equipment
- Limited staff resources
- Patient cannot afford prescription medications
- Patient non-compliance
- Staff time constraints
- Other

5. For the population you serve or represent, what are the top 3 barriers impacting access to health-related services?

- There are no issues
- Cannot afford services
- Co-pay/deductible too high
- Cultural/religious beliefs
- Language access
- Don't know how to access services
- Don't like/afraid to go

- Don't understand need to see a provider
- Inconvenient hours
- Transportation
- Childcare
- Physical accessibility (for those with disabilities or mobility challenges)

6. Do you have any additional thoughts or suggestions on how the Mary Bridge Children's can improve health outcomes and reduce disparities in your community?

- Free response

A.2 Sources

Community Health Needs Assessment



The demographic and economic profile relies on data from the *U.S. Census Bureau's American Community Survey (ACS) 5-Year Estimates, 2019–2023*, which provides population, socioeconomic, educational attainment, health insurance, and economic indicators. Population counts were cross-referenced with the *U.S. Census Bureau Annual County and ZCTA Population Estimates, 2023*.

Educational indicators, including enrollment, disability status, 504 plans, military-connected students, and low-income enrollment, were obtained from the *Washington State Office of Superintendent of Public Instruction (OSPI) School Report Card system, 2024–2025*. Vaccination compliance data for kindergarten, 7th grade, and K–12 students were sourced from the *Washington State Department of Health's School Immunization Status Reports, 2023–2024*.

Social and environmental vulnerability measures were drawn from the *CDC Social Vulnerability Index (SVI), 2022*. Opportunity data were included from the *Child Opportunity Index 3.0, 2023* (Brandeis University, diversitydatakids.org), covering 14 subdomains across education, health and environment, and social and economic domains. Adult health behaviors and chronic disease prevalence were derived from the *CDC PLACES: Local Data for Better Health, 2022* (modeled from BRFSS). Additional contextual information on food insecurity was provided by the *University of Washington Food Security and Food Assistance in the Wake of COVID-19 Survey, 2024*.

Emergency department and inpatient utilization data were provided directly by *Mary Bridge Children's Hospital (2022–2024)*, including diagnosis groupings and trends.

Vital statistics, including infant mortality, child mortality, low birth weight, preterm birth, and teen birth rates, were obtained from the *Washington State Department of Health, Center for Health Statistics, Vital Records and Statistics, 2022–2024*. National and state comparative data were drawn from the *Centers for Disease Control and Prevention, National Vital Statistics System (NVSS)*.

Youth behavioral health and risk factor data were included from the *Washington State Healthy Youth Survey, 2023*, conducted by the Washington State Department of Health and OSPI. County-level measures were incorporated from the *University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2025*. Pediatric subspecialist supply was documented through the *American Board of Pediatrics, State and County Distribution of U.S.-Based Pediatric Subspecialists, 2024*.

Additional context on social and environment data, as well as disparities in Washington State was incorporated from the *National Institute on Minority Health and Health Disparities (NIMHD), HDPulse: Health Disparities & Minority Health Data Portal Socio-Demographics Tables*, accessed in 2025 (data from 2019-2023).

A.2 Sources

Community Health Needs Assessment



Additional socioeconomic context was drawn from publicly available county- and state-level datasets. *Pierce County Government's Economic Indicators Portal* provided recent data on poverty rates by county in Washington State, offering a local perspective on economic hardship and its distribution across the region. Broader demographic context was supplemented using the *National Institute on Minority Health and Health Disparities (NIMHD) HDPulse Data Portal*, which supplies disaggregated tables on educational attainment by age and sex for Washington State. These sources were used to enrich the understanding of how socioeconomic inequities influence child and family health in the service area.

Community perspectives were integrated through a multi-method qualitative data collection process. **Key informant interviews** were conducted between March and April 2025 with 14 leaders representing diverse sectors, including business, non-profit, education, transportation, health and human services, local government, and law enforcement/first responders. Participants were selected based on criteria emphasizing representation of marginalized populations, diversity of sectors, and a focus on reducing duplication with those interviewed in the 2022 CHNA where possible.

Surveys were distributed to school districts (136 contacts across 20+ districts and private/tribal/charter schools), healthcare providers, and community nurses. A total of **53 survey responses** were collected anonymously between March and May 2025.

Respondents included public school nurses, healthcare providers across pediatric practices and social work, and community health staff.

Listening sessions were hosted with families and youth in May 2025. One session at the *Multicultural Family Child Hope Center* engaged 19 adults representing diverse caregiver perspectives. A second session at the *Red Barn Youth Center* engaged 11 youth and 2 adults to capture direct adolescent perspectives on health, safety, and access. Additional listening session findings from the *Pierce County CHNA* were integrated, as Pierce County is part of the Mary Bridge service area.

Together, these qualitative sources provided essential insights on lived experience, cultural responsiveness, access barriers, community strengths, and emerging health needs.

Frameworks & Collaboratives

The assessment framework was guided by the *National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Framework*. Regional health improvement collaboratives—*HealthierHere*, *Elevate Health*, *Cascade Pacific Action Alliance/Community Health Network of Washington*, and *Olympic Community of Health*—provided contextual alignment with ongoing local health initiatives.

A.3 Additional Data

ABP Subspecialty Supply



Pediatrician Count

Pediatricians per 100,000

| Subspecialty Certification | Pediatrician Count | | | | | | Pediatricians per 100,000 | | | | | |
|-----------------------------------------|--------------------|-------------|-----------------|---------------|------------------|------------------|---------------------------|--------------|-----------------|---------------|------------------|------------------|
| | Pierce County | King County | Thurston County | Kitsap County | Washington State | National Average | Pierce County | King County | Thurston County | Kitsap County | Washington State | National Average |
| Adolescent Medicine* | 4 | 15 | 1 | 1 | 31 | 777 | 1.9 | 3.4 | 1.6 | 1.9 | 1.9 | 1.1 |
| Child Abuse Pediatrics | 1 | 5 | 0 | 0 | 6 | 6 | 0.5 | 1.1 | 0 | 0 | 0.4 | 0.4 |
| Developmental-Behavioral | 7 | 6 | 1 | 2 | 19 | 717 | 3.3 | 1.4 | 1.6 | 3.7 | 1.2 | 1 |
| Hospice and Palliative Medicine** | 1 | 9 | 0 | 0 | 13 | 388 | 0.5 | 2.1 | 0 | 0 | 0.8 | 0.5 |
| Medical Toxicology** | 0 | 2 | 0 | 0 | 2 | 33 | 0 | 0.5 | 0 | 0 | 0.1 | 0 |
| Neonatal-Perinatal Medicine | 11 | 56 | 1 | 0 | 92 | 5,515 | 5.2 | 12.9 | 1.6 | 0 | 5.6 | 7.5 |
| Pediatric Cardiology | 11 | 49 | 0 | 1 | 72 | 2,960 | 5.2 | 11.3 | 0 | 1.9 | 4.4 | 4 |
| Pediatric Critical Care Medicine | 15 | 4.4 | 2 | 0 | 70 | 2,986 | 7.1 | 10.1 | 3.3 | 0 | 4.2 | 4.1 |
| Pediatric Emergency Medicine* | 18 | 47 | 0 | 2 | 84 | 3,241 | 8.5 | 10.8 | 0 | 3.7 | 5.1 | 4.4 |
| Pediatric Endocrinology | 7 | 20 | 0 | 0 | 34 | 1,593 | 3.3 | 4.6 | 0 | 0 | 2.1 | 2.2 |
| Pediatric Gastroenterology | 7 | 26 | 1 | 0 | 37 | 1,952 | 3.3 | 6 | 1.6 | 0 | 2.2 | 2.7 |
| Pediatric Hematology-Oncology | 7 | 58 | 0 | 1 | 78 | 2,796 | 3.3 | 13.3 | 0 | 1.9 | 4.7 | 3.8 |
| Pediatric Hospital Medicine | 6 | 45 | 3 | 2 | 70 | 2,516 | 2.8 | 10.3 | 4.9 | 3.7 | 4.2 | 3.4 |
| Pediatric Infectious Diseases | 5 | 25 | 0 | 0 | 31 | 1,322 | 2.4 | 5.7 | 0 | 0 | 1.9 | 1.8 |
| Pediatric Nephrology | 1 | 24 | 0 | 0 | 28 | 763 | 0.5 | 5.5 | 0 | 0 | 1.7 | 1 |
| Pediatric Pulmonology | 2 | 25 | 2 | 0 | 31 | 1,129 | 0.9 | 5.7 | 3.3 | 0 | 1.9 | 1.5 |
| Pediatric Rheumatology | 2 | 17 | 0 | 1 | 20 | 479 | 0.9 | 3.9 | 0 | 1.9 | 1.2 | 0.7 |
| Sleep Medicine** | 1 | 6 | 1 | 0 | 9 | 364 | 0.5 | 1.4 | 1.6 | 0 | 0.5 | 0.5 |
| Sports Medicine** | 2 | 10 | 0 | 1 | 15 | 381 | 0.9 | 2.3 | 0 | 1.9 | 0 | 0.5 |
| Transplant Hepatology | 0 | 4 | 0 | 0 | 4 | 145 | 0 | 0.9 | 0 | 0 | 0.2 | 0.2 |
| Combined: All ABP Subspecialties | 106 | 473 | 10 | 11 | 722 | 29,493 | 50 | 108.8 | 16.3 | 20.5 | 43.8 | 40.2 |

A.3 Additional Data

Obesity

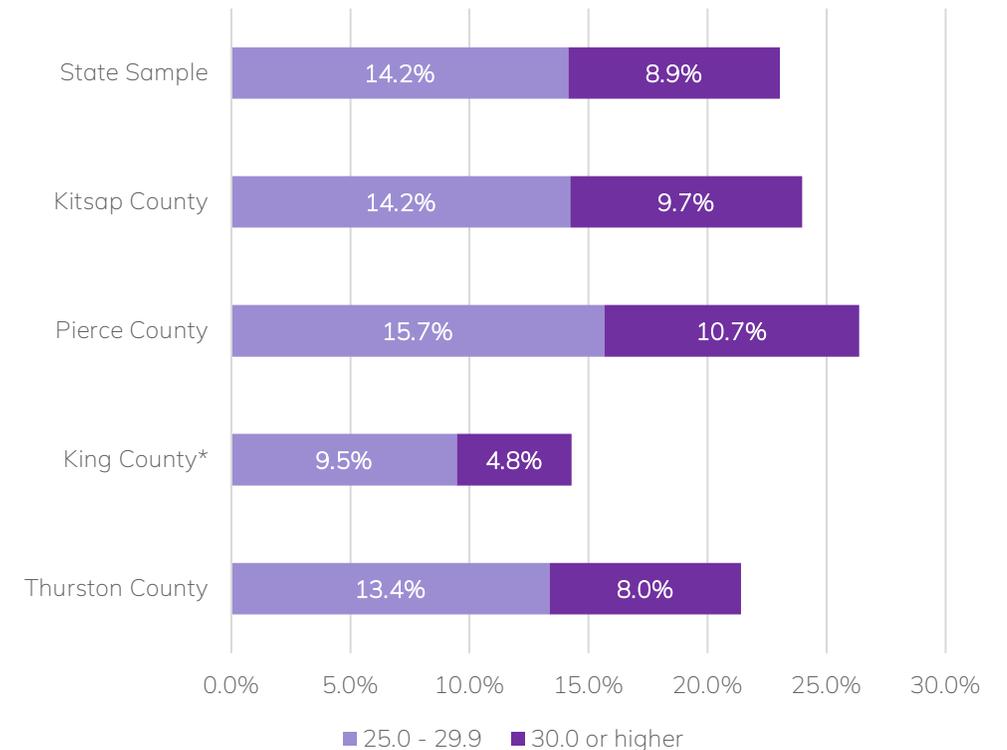


Obesity continues to be a significant concern for both children and adults across the Mary Bridge service area. Among youth, **Pierce County reports the highest prevalence**, with **15.7% of 8th, 10th, and 12th graders classified as overweight** and an additional **10.7% classified as obese**. Kitsap County follows closely, while **Thurston County reports lower rates (13.4% overweight, 8.0% obese)**. **King County's rates are the lowest** in the region, though its data reflect only 8th and 10th graders. Compared to the **state sample (14.2% overweight and 8.9% obese)**, Pierce County youth face a disproportionate burden.

Adult obesity mirrors these patterns. **Pierce and Thurston counties show the highest adult obesity rates (36% and 34%, respectively)**, both above the **Washington State average of 32%**. These findings point to a continuum where high rates of childhood obesity in certain counties align with elevated adult rates, suggesting intergenerational and systemic challenges in nutrition, physical activity, and access to healthy food.

Families and providers highlighted obesity in surveys and listening sessions as linked to **behavioral health stressors, food insecurity, and limited access to safe, affordable places for physical activity**. Youth participants emphasized the prevalence of **processed and fast foods** in their diets, while parents noted the challenge of balancing multiple jobs with time for meal preparation and physical activity.

Overweight or Obese
(8th, 10th, and 12th Grades)



*King County only includes 8th and 10th Graders. 12th Grade not available.
Source: Healthy Youth Survey

A.3 Additional Data

Behavioral Risk Factor Surveillance System (BRFSS)



Adult health and social factors in the service area show important differences compared to Washington State overall, with direct implications for children’s health and stability. **Adults in the service area report worse health outcomes and greater social needs** than the state average across most measures.

Caregiver mental health and disability rates are higher, which can disrupt caregiving and increase the likelihood of **adverse childhood experiences (ACEs)**, leading to greater risk for behavioral, developmental, or health concerns among children.

Social risk factors such as food insecurity, housing instability, and limited transportation are consistently more prevalent in the service area than statewide. These challenges undermine children’s developmental stability and contribute to higher reliance on hospital-based care.

Patterns in **physical health** also show concern: adults in the region report higher rates of obesity and smoking, exposing children to greater health risks within their households. While **preventive engagement** among adults is on par or only slightly lower than the state, opportunities are often missed for integrated care that could better support both children and caregivers.

| Domain | Trend in Service Area vs WA | Effect on Children |
|-----------------------|-----------------------------------------------|-----------------------------------------------------------------|
| Mental Health | Slightly worse than WA | Disrupts caregiving, increases risk of ACEs |
| Social Needs | Consistently worse (housing, food, transport) | Undermines developmental stability, increases hospital reliance |
| Physical Health | Worse for obesity, smoking | Higher exposure to risk factors at home |
| Preventive Engagement | On par or slightly lower | Missed care coordination, limited child/caregiver system use |

A.3 Additional Data

County Health Rankings



| Indicator | Pierce County 47.9% | King County 25.7% | Thurston County 13.9% | Kitsap County 12.4% | Service Area Weighted Average | Washington State | United States |
|------------------------------------------|------------------------|----------------------|--------------------------|------------------------|-------------------------------------|------------------|---------------|
| Health Outcomes | | | | | | | |
| Life Expectancy (Years) | 77.4 | 81.1 | 78.3 | 79.5 | 77.9 | 78.8 | 77.1 |
| Premature Age-Adjusted Mortality | 390 | 270 | 350 | 310 | 341 | 340 | 410 |
| Child Mortality (per 100k) | 50 | 40 | 50 | 50 | 47 | 40 | 50 |
| Infant Mortality (per 1k) | 5 | 5 | 4 | 4 | 4.7 | 4 | 6 |
| Behavioral Health | | | | | | | |
| Frequent Mental Distress | 18% | 14% | 18% | 17% | 16.7% | 17% | 16% |
| Suicides (per 100k) | 17 | 12 | 15 | 17 | 15.3 | 15 | 14 |
| Drug Overdose Deaths (per 100k) | 34 | 31 | 30 | 21 | 30.8 | 29 | 31 |
| Youth-Related Risks | | | | | | | |
| Adult Obesity | 36% | 23% | 34% | 31% | 31.5% | 32% | 34% |
| Teen Births (per 1k females 15-19) | 13 | 6 | 11 | 12 | 10.7 | 12 | 16 |
| Disconnected Youth | 8% | 5% | 9% | 9% | 7.4% | 7% | 7% |
| Socio-Economic Factors | | | | | | | |
| Children Eligible for Free/Reduced Lunch | 48.9% | 38.4% | 43.1% | 42.4% | 44.1% | 49.3% | 55% |
| School Funding Adequacy | \$5,625 | \$6,404 | \$5,488 | \$6,723 | \$5,882 | \$4,354 | \$1,411 |
| School Segregation (Index) | 0.07 | 0.12 | 0.04 | 0.05 | 0.08 | 0.18 | 0.24 |
| Homicides (per 100k) | 5 | 3 | 4 | 2 | 4.0 | 4 | 7 |

A.3 Additional Data

Educational Attainment



High school educational attainment is a strong predictor of long-term health and economic opportunity. Across the service area, **the majority of residents ages 25 and older have completed high school**, but disparities remain when disaggregated by race and ethnicity. Overall attainment ranges from **92.5% in Pierce County** to **95.3% in Kitsap County**, slightly above or comparable to the **Washington State average of 92.2%**. White residents consistently report the highest completion rates (94–97%), with Kitsap and King Counties slightly above the state average.

By contrast, **Hispanic/Latino residents report the lowest rates of high school completion**, with just **76.4% in King County** and **79.5% in Pierce County**, compared to 72.0% statewide. While rates are somewhat higher in Thurston (86.0%) and Kitsap (87.2%), disparities remain pronounced relative to White residents. **American Indian/Alaska Native (AIAN)** populations also show lower attainment in Pierce (83.9%) and King (84.4%), though their rates in Thurston (86.3%) and Kitsap (89.0%) are closer to state averages.

Asian populations display variation across counties, from a low of **84.5% in Thurston** to over **91% in King and Kitsap**, showing geographic differences in opportunity. **Black residents** in most counties meet or exceed the state average (90.7%), with particularly high attainment in Kitsap (97.7%). These findings show that while **overall attainment levels are high**, **racial and ethnic disparities persist**, particularly for Hispanic/Latino and AIAN populations.

Educational Attainment – High School Graduate or Higher

| Race/Ethnicity | Pierce County | King County | Thurston County | Kitsap County | Washington State |
|-------------------------------------------|---------------|-------------|-----------------|---------------|------------------|
| White | 94.3% | 97.1% | 96.0% | 96.3% | 94.9% |
| Black | 92.7% | 89.3% | 91.4% | 97.7% | 90.7% |
| Asian | 86.1% | 91.7% | 84.5% | 91.6% | 90.5% |
| American Indian or Alaska Native | 83.9% | 84.4% | 86.3% | 89.0% | 83.1% |
| Native Hawaiian or other Pacific Islander | 87.0% | 85.6% | 94.6% | 88.6% | 87.6% |
| Multiple Races | 90.9% | 91.5% | 94.1% | 92.5% | 87.4% |
| Hispanic/Latino | 79.5% | 76.4% | 86.0% | 87.2% | 72.0% |
| Total | 92.5% | 93.8% | 94.5% | 95.3% | 92.2% |

Source: American Community Survey, 2019-2023 (5-year Summary)

A.3 Additional Data

Healthy Youth Survey



Suicidal ideation among adolescents is a critical marker of behavioral health risk. Data from the Healthy Youth Survey show that **15% of Washington State 8th, 10th, and 12th graders** reported seriously considering attempting suicide in the past 12 months. Across the Mary Bridge service area, rates are higher in most counties. **Pierce (17.3%), Thurston (17.1%), and Kitsap (17.6%)** all exceed the state average, while King (11.7%) is below.

- **AIAN youth** show the highest rates - **Pierce: 24.1% and Kitsap: 21.6%**.
- **Asian youth** report elevated rates in Pierce (17.2%) and Kitsap (18.3%), compared with lower rates in King (10.9%).
- **Black youth** also face high rates across the service area, from **15.2% in King to 18.2% in Kitsap**.
- **Hispanic youth** report above-average suicidal ideation in Pierce (16.0%) and Kitsap (17.0%).
- **White youth** are not exempt, with rates near or above the state average in Pierce (18.9%) and Kitsap (18.9%).

These findings underscore that **suicidal ideation is not limited to one demographic group**; rather, it is a widespread challenge, with particularly severe impacts among **AIAN, Asian, Black, and Hispanic youth** in multiple counties. With three of four counties in the service area reporting rates above the state average, the data highlight the urgency of **accessible behavioral health services, culturally responsive prevention, and crisis intervention supports** for youth.

During the past 12 months, did you ever seriously consider attempting suicide? Answer: Yes

| Race / Ethnicity | Pierce County | King County* | Thurston County | Kitsap County |
|-------------------------------------------|---------------|--------------|-----------------|---------------|
| American Indian or Alaska Native (AIAN) | 24.1% | 6.0% | 12.9% | 21.6% |
| Asian | 17.2% | 10.9% | 10.0% | 18.3% |
| Black or African-American | 17.7% | 15.2% | 11.4% | 18.2% |
| Hispanic | 16.0% | 13.0% | 8.6% | 17.0% |
| Middle Eastern or North African | N/A | 5.9% | N/A | N/A |
| Native Hawaiian or other Pacific Islander | 19.6% | 10.2% | 5.0% | 11.5% |
| Other | 16.9% | 12.1% | 10.0% | 16.8% |
| White | 18.9% | 12.6% | 11.0% | 18.9% |
| Total (State: 15.0%) | 17.3% | 11.7% | 17.1% | 17.6% |

*King County HYS Data only includes 8th and 10th Graders

A.3 Additional Data

Healthy Youth Survey



Data from the Healthy Youth Survey show that a significant share of 8th, 10th, and 12th graders across the service area report having no adult they can turn to for help when feeling sad or hopeless.

Statewide, 11.8% of youth answered “no” to this question.

In the Mary Bridge service area, rates are similar but vary by county and race/ethnicity. Pierce (12.1%) and Kitsap (12.2%) exceed the statewide average, while King (10.2%) and Thurston (10.9%) fall slightly below.

The disparities become more evident when disaggregated:

- **Black students** in Pierce (15.6%) and King (14.7%) report the highest rates, well above the statewide average.
- **Hispanic students** also report elevated rates across all counties (13.8–14.6%).
- **Asian students** face higher rates in Pierce, Thurston, and Kitsap (14.1–14.4%) compared with 10.5% in King.
- By contrast, **White students** report lower levels (7.9–11.8%), generally near or below the state benchmark.

These findings highlight racial and ethnic disparities in protective supports. In at least three of the four counties, Hispanic, Asian, and Black youth are more likely than White peers to lack a trusted adult, increasing vulnerability to depression, self-harm, and poor academic outcomes. This underscores the need for culturally responsive behavioral health supports, stronger school-based connections, and community engagement.

When you feel sad or hopeless, are there adults that you can turn to for help? Answer: No

| Race / Ethnicity | Pierce County | King County* | Thurston County | Kitsap County |
|-------------------------------------------|---------------|--------------|-----------------|---------------|
| American Indian or Alaska Native | 10.2% | N/A | 11.9% | N/A |
| Asian or Asian American | 14.4% | 10.5% | 14.1% | 14.4% |
| Black or African-American | 15.6% | 14.7% | 9.7% | 7.6% |
| Hispanic | 14.6% | 13.9% | 13.8% | 14.6% |
| Native Hawaiian or other Pacific Islander | 10.9% | N/A | 5.6% | N/A |
| Other | 13.2% | 12.8% | 14.3% | 11.6% |
| White | 10.7% | 7.9% | 9.8% | 11.8% |
| Total (State: 11.8%) | 12.1% | 10.2% | 10.9% | 12.2% |

*King County HYS Data only includes 8th and 10th Graders

A.3 Additional Data

Language Spoken at Home



Language diversity varies widely across the Mary Bridge service area, shaping both cultural identity and access to services. According to the American Community Survey (2019–2023), **15.8% of Pierce County residents** age 5 and older speak a language other than English at home, compared to **30.1% in King County**, **12.3% in Thurston**, and **8.8% in Kitsap**. The Washington State average is **21.0%**.

Spanish is the most common non-English language, spoken in **6.5% of Pierce households** and **7.0% of King households**, compared to lower shares in Thurston (4.7%) and Kitsap (3.4%). **Asian and Pacific Island languages** make up the second largest group, especially prominent in King County (**12.8%**) but also present in Pierce (5.4%) and Thurston (4.7%). Smaller proportions of households speak **Indo-European languages** or **other languages**, though these remain important for local service planning.

These data highlight how language diversity is concentrated in **King and Pierce Counties**, while Kitsap and Thurston are more linguistically homogenous. For healthcare access, this means that **translation and interpreter services are especially critical in Pierce and King Counties**, where one in six to one in three households primarily speak a non-English language. Across all counties, the need for culturally and linguistically responsive care is clear, particularly for **Spanish-speaking, Asian, and Pacific Islander communities**.

Language Spoken at Home (Population 5+)
American Community Survey, 2019-2023 (5-year Summary)

| Language | Pierce County | King County | Thurston County | Kitsap County | Washington State |
|---------------------------------------------------------|---------------|-------------|-----------------|---------------|------------------|
| English | 84.2% | 69.9% | 87.7% | 91.2% | 79.0% |
| Language other than English <i>(breakdown below)</i> | 15.8% | 30.1% | 12.3% | 8.8% | 21.0% |
| <i>Spanish</i> | 6.5% | 7.0% | 4.7% | 3.4% | 9.0% |
| <i>Asian and Pacific Island Languages</i> | 5.4% | 12.8% | 4.7% | 3.6% | 6.3% |
| <i>Other Indo-European Languages</i> | 3.0% | 7.4% | 2.3% | 1.4% | 4.2% |
| <i>Other Languages</i> | 0.9% | 2.9% | 0.5% | 0.4% | 1.4% |

A.3 Additional Data

Low Birth Weight



The rate of low birth weight (<2,500 grams) in the Mary Bridge service area is **6.8%**, slightly above the **Washington State average of 6.7%**. However, when the data are disaggregated by race and ethnicity, clear disparities emerge across all four counties. **Black infants experience the highest burden**, with low birth weight rates ranging from **9.6% in King County to 12.2% in Kitsap County**—nearly double the rates for White infants. Similarly, **American Indian/Alaska Native (AIAN)** births exceed the state average in three of the four counties, peaking at **10.0% in King County**. **Asian infants** also show elevated rates, between **7.7% and 9.0%**, consistently higher than the state benchmark.

Hispanic infants experience low birth weight above the state average in **Pierce (6.9%), Thurston (7.2%), and Kitsap (7.5%) Counties**, while infants of **multiple races** are above average in Pierce, King, and Kitsap. Native Hawaiian/Pacific Islander (NHPI) infants also exceed the state rate in three of the four counties, particularly **8.6% in Thurston**. In contrast, **White infants consistently report the lowest prevalence** across all counties, ranging from 5.6% to 5.8%, well below both the service area and state averages.

These findings underscore that **racial and ethnic disparities in birth outcomes are persistent and structural**. Nearly every minority group faces higher-than-average rates of low birth weight across most counties, illustrating how inequities in prenatal care access, maternal health, and broader social determinants of health contribute to disproportionate risks for communities of color.

Low Birth Weight (<2,500 grams)

| Race / Ethnicity | Pierce County | King County | Thurston County | Kitsap County |
|-------------------------------------------|---------------|-------------|-----------------|---------------|
| American Indian or Alaska Native | 9.1% | 10.0% | 6.0% | 7.0% |
| Asian | 7.7% | 8.3% | 8.5% | 9.0% |
| Black | 11.7% | 9.6% | 10.8% | 12.2% |
| Hispanic | 6.9% | 6.7% | 7.2% | 7.5% |
| Multiple Races | 8.3% | 7.3% | 6.4% | 8.0% |
| Native Hawaiian or other Pacific Islander | 7.8% | 6.9% | 8.6% | 6.6% |
| White | 5.8% | 5.6% | 5.8% | 5.6% |
| All | 6.9% | 6.9% | 6.5% | 6.5% |

Source: RWJ County Health Rankings



MultiCare 
Mary Bridge 
Children's

Mary Bridge Children's Community Health Needs Assessment 2025

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-
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