



HEALTH COMMISSION
SERVING SOUTH SNOHOMISH COUNTY

2022 Community Health Needs Assessment



ACKNOWLEDGEMENTS

The Board of Commissioners would like to express our gratitude to the more than 583 residents of our community who participated in the survey that was the foundation for this report. The community's participation was vital and valuable. We are also grateful for community partners who provided feedback and support on the survey design, initial findings, and summary reports. We appreciate our partners and staff who participated in the assessment and contributed to the preparation of this report.

Community Partners

- Communities of Color Coalition (C3)
- Homage
- Jean Kim Foundation – Hygiene Center
- Korean Community Service Center (KCSC)
- Latino Educational Training Institute (LETI)
- Project Girl
- Refugee and Immigrant Services Northwest
- UTSAV
- Washington West African Center (WWAC)
- Edmonds Waterfront Center

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About Verdant Health Commission

About Verdant Health Commission

Verdant Health Commission, also known as Public Hospital District No. 2, Snohomish County, is a public entity that works to support the health and wellbeing of the residents of our service district. Through grant funding, community education, and partnerships, we advocate for all people in the South Snohomish County community to have access to basic health resources that contribute to their well-being and address the underlying causes of poor health. We have a long history as a public resource working to improve the health of our residents by leading with compassion, working collaboratively, and focusing on health equity.

Our Mission

To improve the health and well-being of our whole community.

Our History

Public Hospital District No.2, Snohomish County formed in 1962. We operated what was then called Stevens Hospital until 2010, when we entered into a long-term lease agreement with Swedish Health Services. At that time, our Board of Commissioners created the Verdant Health Commission to invest in community health program that support our residents. From 2011 through 2022, this investment totaled more than \$70 million.

Our Vision

To be a sustaining public resource improving the health and well-being of South Snohomish County, collaboratively and creatively working to meet the needs of our whole community.





Purpose of Community Health Needs Assessment

Verdant Health Commission undertook a Community Health Needs Assessment (CHNA) to better understand how our community defines health, what barriers and opportunities exist in the community, and identify meaningful solutions that we can support. CHNAs help the Verdant Health Commission understand the community's health needs and develop strategies to meet them, in collaboration with our community partners. The CHNA will be used to achieve the following:



Inform our Board of Commissioners as they set strategic priorities for 2023-2026.



To describe the health status of our community, assess the social determinants of health, and identify key community assets and resources.



To align program and funding priorities in response to what the community says they need.



To develop programs and classes that are valuable to our community.



To listen to and better understand our changing community.



Community Health Needs Assessment Timeline

November 2021

Initial Planning and Design

April 2022

Survey Questions
Finalized and Translated

May 2022

Community Perspectives
Survey Launched

June 2022

Combined Analysis of
Qualitative and
Quantitative Data

July 2022

Initial findings reviewed
by key partners

August 2022

Findings shared with
Board of Commissioners
for Strategic Planning

September 2022

Community Health Needs
Assessment Published

October 2022

Verdant Strategic
Plan for 2023-2026
Published

Methodology

The Community Perspectives Survey used a mixed methods approach to data review and analysis. The process used three primary data sources:

Community Perspectives Survey: The Community Perspectives Survey was a qualitative systematic review that engaged a diverse group of community members to define what it means to live a healthy life, perceptions of the current state of health for themselves, their families, and communities, and identify the solutions they see as being most impactful.

A 7-question survey was made available in 18 languages. Surveys were completed through the following methods:

- **A total of 300 community members participated** using an online survey link was available for any resident to complete the survey in the language of their choosing. Hard copies were mailed upon request and provided at events.
- **An additional 173 responses** were facilitated by 9 local community partners that Verdant contracted to directly facilitate the survey among specific groups.
- **110 community members** participated in a Community Ranking Exercise.

Peer Analysis and Policy Review: Verdant staff reviewed 14 peer CHNAS and other national, state, and local studies on key issues and policies related to issues identified.

Quantitative Data Review: Review of existing health, demographic, and social determinants data sources, with a focus on data specific to the Verdant Service Area.



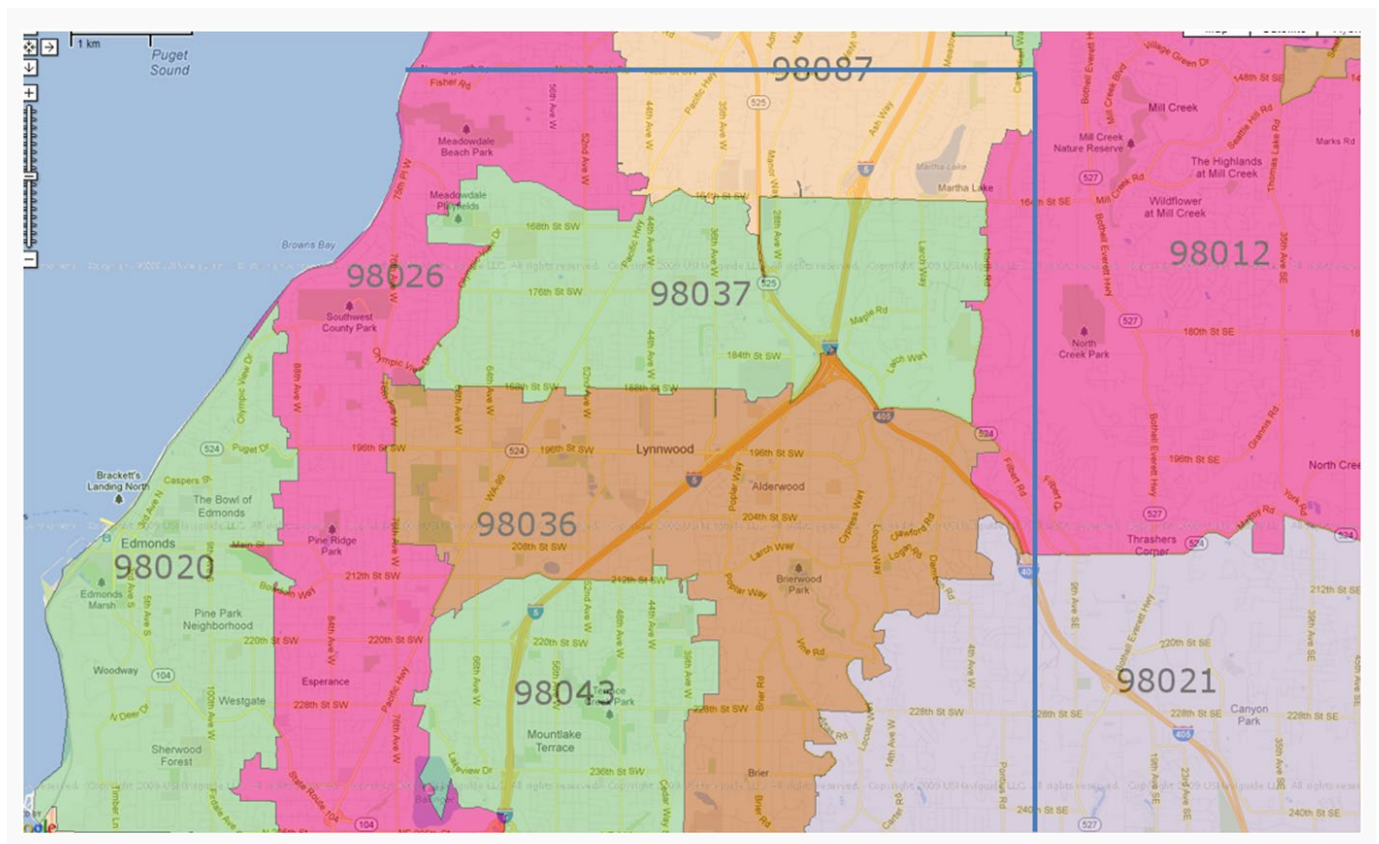
The Community We Serve

Our Service Area

Our hospital district boundaries include the cities of Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway, and portions of Bothell unincorporated Snohomish County. Verdant's boundaries are like the Edmonds School District. Our Service Area includes the following zip codes:



Edmonds/ Woodway	Lynnwood	Brier	Bothell	Mountlake Terrace
98020	98087*	98036	98012*	98043
98026*	98037		98021*	



Description of Our Community

The Verdant Service Area is experiencing rapid change and growth. Verdant's Service Area is considered part of the Seattle Metropolitan Area by the U.S. Bureau of Labor Statistics, the U.S. Department of Housing and Urban Development, and other national, state, regional, and local entities. It is grouped in regions such as North Puget Sound (along with King County) and Seattle-Bellevue-Tacoma Metro Area.

Specific zip codes in Verdant's Service Area have much higher percentages of residents over 65 years-old, specifically the City of Edmonds and Woodway, whereas the Lynnwood population has higher percentages of children and young adults.

Indicator	98012 Bothell NE	98020 Edmonds/ Woodway	98021 Bothell SE	98026 Edmonds NE	98036 Brier/ Lynnwood	98037 Lynnwood South	98043 Mountlake Terrace	98087 Lynnwood North
% of population under 18	26.3%	17.0%	26%	19.2%	21.5%	19.7%	18.9%	24.3%
% of population 65+	10.5%	27.5%	12.4%	16.6%	13.9%	14.4%	13.5%	7.8%

As a community, we are also growing in racial and ethnic diversity comparing the 2010 and 2020 census data.

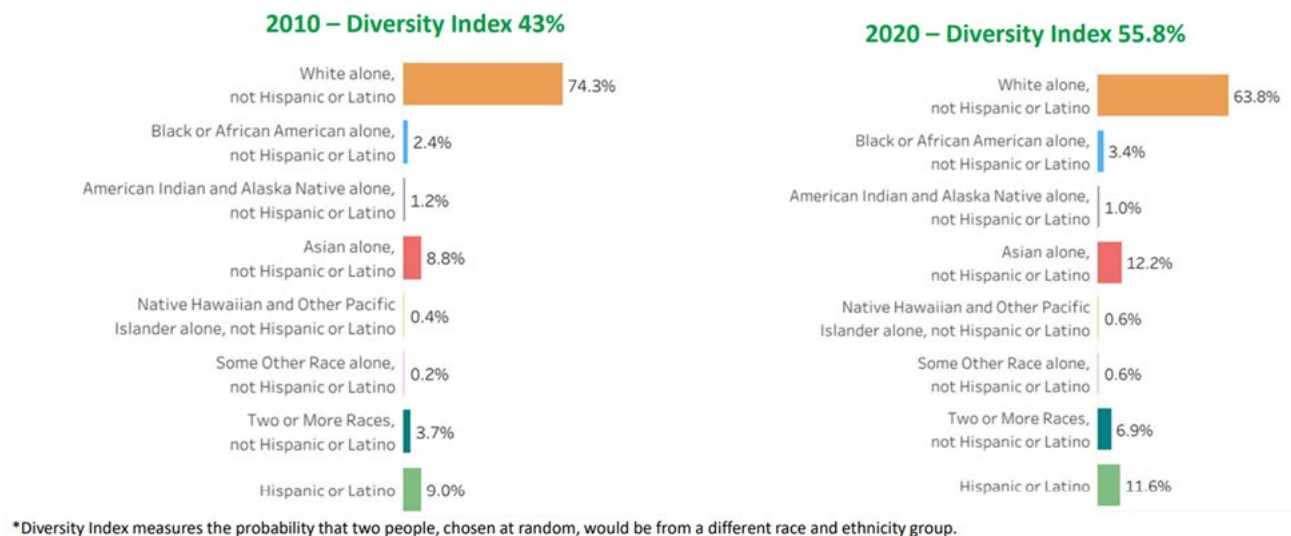


Figure 2 U.S. Census Bureau Diversity Index

The hospital district service area closely aligns with the boundaries of the Edmonds School District, which has been consistently reporting increased student diversity each year. In the 2021-22 school year, 13.4% identified as Asian, 7.6% as Black/African American, 22.8% as Hispanic/Latino, 11% as two or more races, 1.3% identified as American Indian and Alaskan Native, Native Hawaiian or Other Pacific Islander, and Some other race, and 43.9% as White.

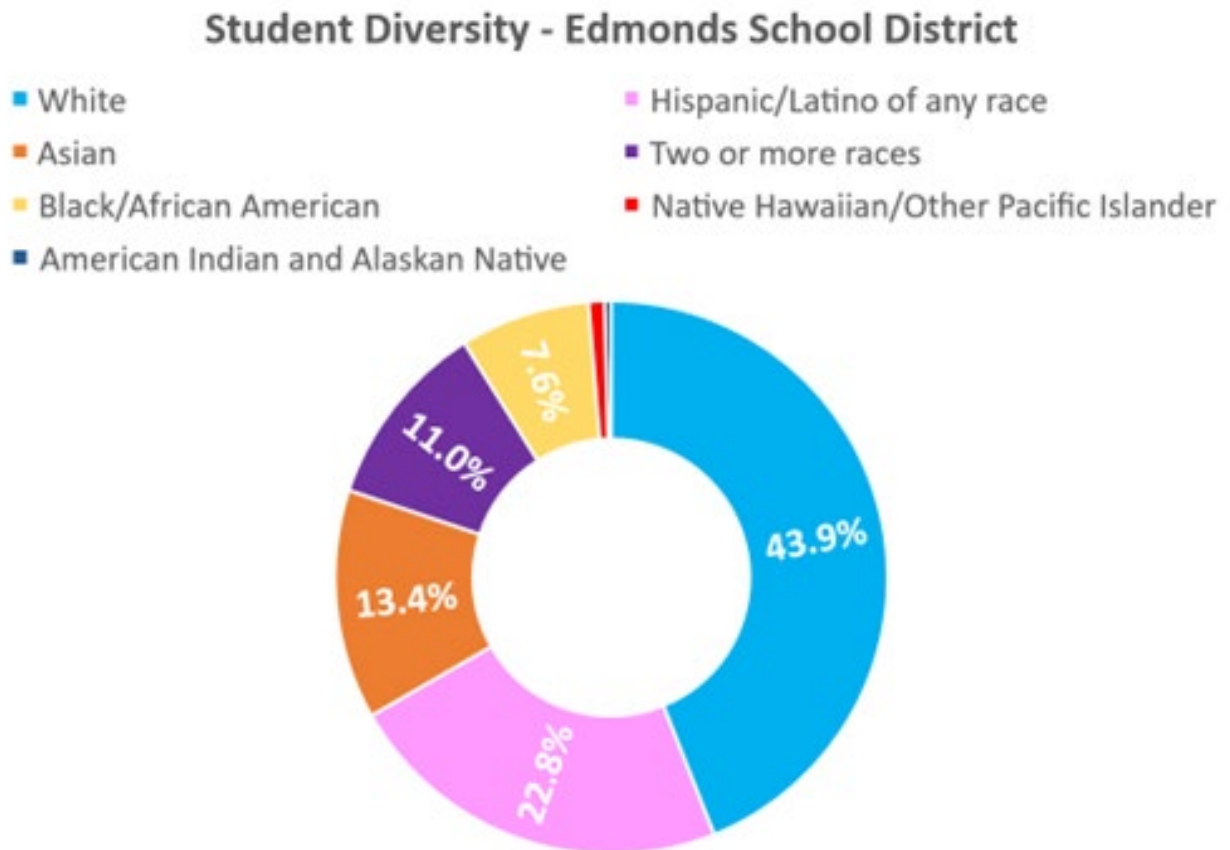


Figure 3 Edmonds School District - Student Diversity (2021)

This growing diversity is also reflected in languages spoken in the Verdant Service Area, with 29% of residents speaking a language other than English at home. Approximately 24% of the population in the Verdant Service Area is foreign-born. Approximately 11% of the non-institutionalized population in our service area has a disability, and 19% of people with disabilities in the Verdant Service Area are under age 64. The experiences of residents in the Verdant Service Area are highly varied, and there are pervasive health disparities based on age, race, disability, income, and geographic location.

Key Findings

As the result of our Community Health Needs Assessment, Verdant Health Commission identified the following health outcomes and social determinants of health as priorities:

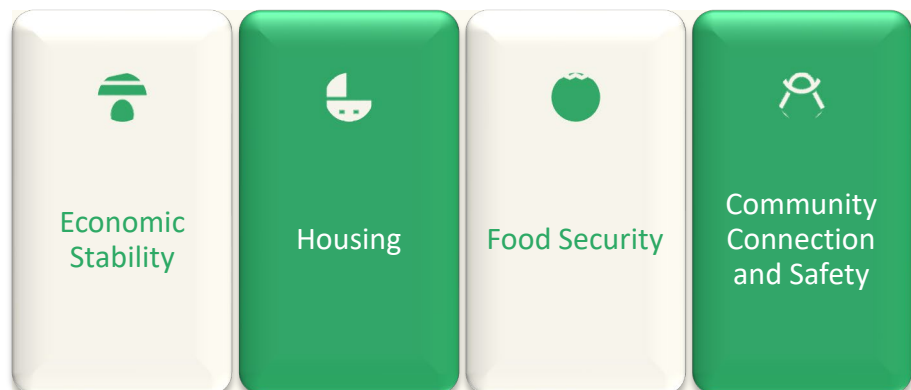


A foundational finding in the Community Health Needs Assessment was significant disparities in health outcomes and healthcare access based on inequities of income, race, age, and geographic location. The importance of this finding is supported by the data demonstrating rapid change and growth of our community. There is a need for health equity initiatives that are aligned with the specific needs of specific groups that experience specific barriers to achieving health.

Health Outcomes were linked to barriers of affordability, quality, and other social determinants. Among specific health issues identified, Mental Health was top priority. People defined mental health in both clinical and non-clinical terms, highlighting the need for clinical behavioral health services in combination with community-based and culturally appropriate supports.

The Social Determinants of Health are defined by the US Department of Health and Human Services as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life

outcomes and risks.” The top social determinants highlighted include: Economic Stability, Housing, Food Security, and Community Connection and Safety.



Health Disparities

Significant disparities and inequities in community health and access to healthcare was a foundational finding in the Community Health Needs Assessment. The quantitative and qualitative data showed significant barriers to health equity in the Verdant Service Area. For the purposes of the CHNA, Verdant used the Robert Wood Johnson Foundation definition of health equity, which states:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Health equity ensures that resources are allocated based on each person’s circumstances, to ensure everyone can reach an equal outcome. Barriers to health equity evidenced in the CHNA included: inequities due to wealth disparities, racism, language barriers, immigration status, age (especially seniors and youth), disability, and insurance coverage for specific services, namely mental healthcare, dental, hearing, and vision. Many people experience compounding inequities due to racism, ableism, sexism, and other forms of marginalization. These issues identified within the Community Perspectives Survey were supported by the quantitative data analyzed for the Verdant Service Area which highlighted specific disparities. the health of our residents by leading with compassion, working collaboratively, and focusing on health equity.



Health Disparities Based on Race and Ethnicity

Significant disparities in health outcomes based on a person's neighborhood and income level. Within the Verdant Service Area there are significant disparities of health outcomes by neighborhood (census tract), illustrated both by the Area Deprivation Index and CDC's Life Expectancy visualization. Income disparity impacts a person's ability to access available health services. People with lower incomes face additional barriers to accessing healthcare, often having to choose between financial priorities, and unable to consistently prioritize health.

Significant disparities in health outcomes based on a person's race and ethnicity.

While the Verdant Service Area generally has high performance on health outcomes when compared to state averages, there are specific populations that show statistically significant disparities in those outcomes. The Washington State Health Equity Scorecard and the County Health Rankings for Snohomish show significant disparities across health outcomes based on race/ethnicity, with the American Indian and Alaskan Native and Black communities experiencing the greatest disparities and inequities across healthcare, housing, and income. As stated by Dr. Lisa Cooper of The Johns Hopkins Center for Health Equity, "Health equity is about more than individuals or individual behavior; it's also about the history and context of places and systems." As such, it is critical for local health interventions and policies to take into account the history, context, systems, and discrimination that contribute to disparities in health outcomes.

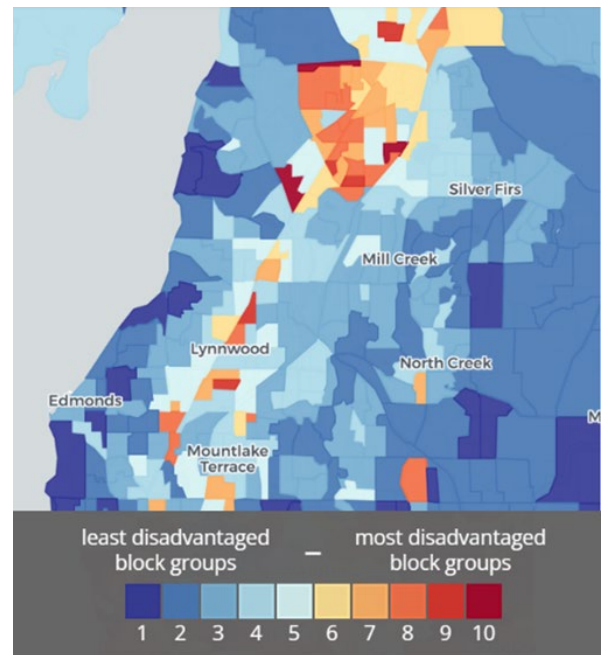


Figure A map of the region from the Area Deprivation Index Neighborhood Atlas



Community members largely defined health in three ways

1. Having a holistic/balanced lifestyle in which your physical, mental, and social/relational needs are met;
2. The ability to meet basic needs of shelter, food, bills, and a fair wage;
3. The absence of or proper management of chronic health issues. Healthcare, housing, basic needs, and healthy food were all described as unaffordable. If people could not meet those needs, they faced barriers in achieving their definition of health.

Community members raised serious concerns about healthcare access and quality. Healthcare Access was largely defined by affordability. Affordability was not just an issue of whether a person is insured or uninsured. Many who were insured indicated they could not afford their deductibles, prescriptions, copays, or out-of-pocket maximums. Respondents who were insured, underinsured, and uninsured indicated that they needed more affordable healthcare options to be healthy. Some residents indicated that they could afford healthcare and had high quality access but recognized that many in their community did not have that same access due to inequities. Issues of affordability are magnified even further by the rising cost of living in the Verdant Service Area, which leaves individuals with fewer resources for health-related expenses.

“Exorbitant healthcare fees [are] pushing many to choose even death over treatment that would leave family members with bills hanging over their heads.”

– Resident in Verdant Service Area





The other key issue identified was **Healthcare Quality**. Issues of quality fell into four primary categories:

Healthcare Quality was defined as:

- Appropriate workforce
- Preventative Care
- Coordination and Navigation support
- Affordable treatment for chronic diseases.

• **Workforce Issues:** There were many complaints about long wait time for appointments, lack of qualified doctors/nurses, and in-network providers. People wanted to see more choice within healthcare and shorter waiting times for appointments.

• **Preventative Care:** People felt that healthcare quality was directly linked to preventative care. People felt that this was critical to overall health, and often a barrier. While they might be able to access care for specific health issues, overall quality of preventative care was low. Particularly, people wanted to minimize risk factors for chronic diseases.

• **Coordination/Navigation:** People indicated that navigating the healthcare and insurance can feel very complex. Support, especially for specific groups such as seniors and non-English speakers, is needed to ensure healthcare quality and access.

Chronic Disease: Quality of healthcare was also defined by accessibility to treatments for chronic disease, including cost of prescription drugs.

Health Information: There was a stated need by many people in the community for continued and improved access to updated health information, including preventative education, healthy eating, cooking for specific health conditions, and information on how to access and navigate health systems and health insurance.

COVID-19 was still a significant concern within our community. People were concerned not only about illness, but the impacts of isolation on our overall mental, physical, and community wellbeing.

Mental health was the top specific health need identified within the Community Perspectives Survey. It was the highest ranked issue through the Community Ranking Exercise. Within Mental Health, there were four primary areas that were highlighted within the community response.

Mental Wellbeing: People indicated that having mental wellbeing was critical for overall health. Many people who indicated that they considered themselves healthy highlighted having overall mental health, healthy coping skills, reduced stress, and balance of body, mind, and spirit.

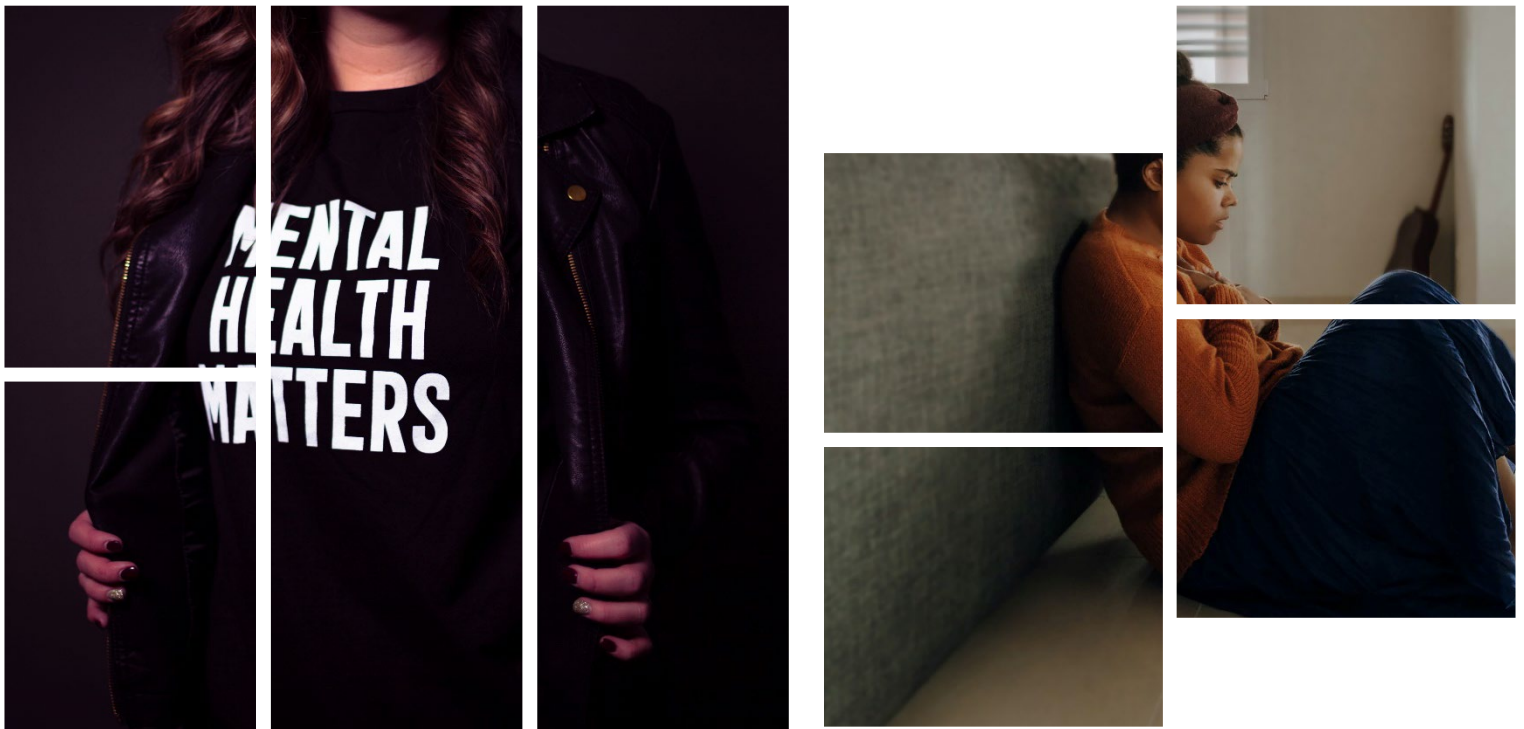
Mental Stress: Our community reported widespread feelings of stress, isolation, depression, and anxiety. Isolation due to the pandemic has only exacerbated these challenges and led to many people adopting negative coping strategies.

Mental Health Treatment: Treatment for mental health was described as a key need in the community. The community wanted to see more options for treating mental health issues, not limited to only treatment of mental illness, but also development of healthy coping strategies and overall psychosocial wellbeing. People indicated that they don't know who to call when experiencing a mental health crisis, and don't know what options are available. Affordability of these services and insurance coverage of these services were also identified as challenges.

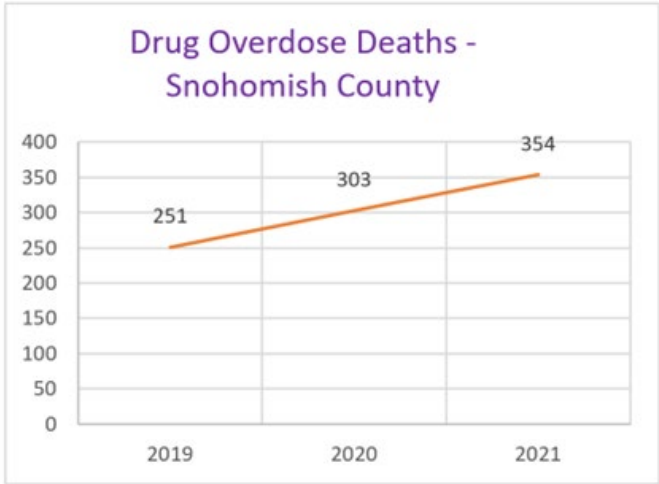
Culturally and linguistically appropriate care: One issue that came out very clearly was the need for more diverse mental health interventions, both clinical and nonclinical. Issues of stigma were raised, as well as culturally and linguistically appropriate care. While this need was highlighted under healthcare, people indicated that for mental health, it was even more important to them to have access to culturally and linguistically appropriate supports. As stated by a Verdant Resident,

"I'm a therapist and access to mental health care is abysmal right now, while trauma and mental health complications are increasing."

– Community Perspectives Survey Respondent



Substance Use: This issue came up in both positive and negative ways. For some people, they defined health as being able to abstain from substance use and live a sober life. Most respondents indicated concerns about perceived increase of substance use in the community, including overdose deaths.



Mental Health Issues Among Youth: The Healthy Youth Survey from Edmonds School District revealed alarming numbers of students who report feeling nervous or anxious in the last two weeks (74% of 12th graders), and 19% of 12th graders reported considering suicide, with 13% of them making a suicide plan. Snohomish County ranks #1 for Opioid deaths in Washington State. There was a 74% increase in Opioid deaths from January 2020 to January 2021 in Washington State, and Snohomish County rates are also steadily increasing.



Social Determinants of Health

Economic Stability Overview

Financial stability was seen as key indicator of overall health. People indicated that if they were unable to meet basic needs, it was impossible to prioritize one's health. People who are working long hours, and without livable wages, find it challenging to prioritize healthy living. People in our service area are feeling the pressure of inflation and the rising costs of goods and services. Again, there are disparities in poverty rates and income by race and zip code in the Verdant Service Area, which are detailed in the report. Seniors noted feeling especially squeezed by inflation, as the cost of living is increasing, but their social security income is fixed. The rising cost of goods and services is well-documented, and it is clear from the Community Perspectives Survey, that this is being felt in our community. When asked what people needed to be healthy, people said the following:

"Trying to convince people to lower the prices"

- "Food stamps ...another 15% rent increase makes my income 100% rent consumed."
- "Money to help pay bills and put decent food on the table. Social Security Disability payments are now way below minimum wage and puts us at below poverty level – yet we do not qualify for food stamps."

Median Income and Living Wages in Verdant's Service Area have not grown in proportion to the increased cost of living. There is an increasing divide in terms of wealth and income disparity, with approximately 34% of residents living at extremely low and very low-income levels, and over 25% living well above the Area Median Income. These disparities create vast inequities in the Verdant Service Area. Specific communities face greater disparities in economic stability. People of color in our service area live below the poverty level at a higher rate compared to White people. Systemic racism leads to inequities in economic opportunities, wage discrimination, and systemic barriers to building wealth and equity for people of color.



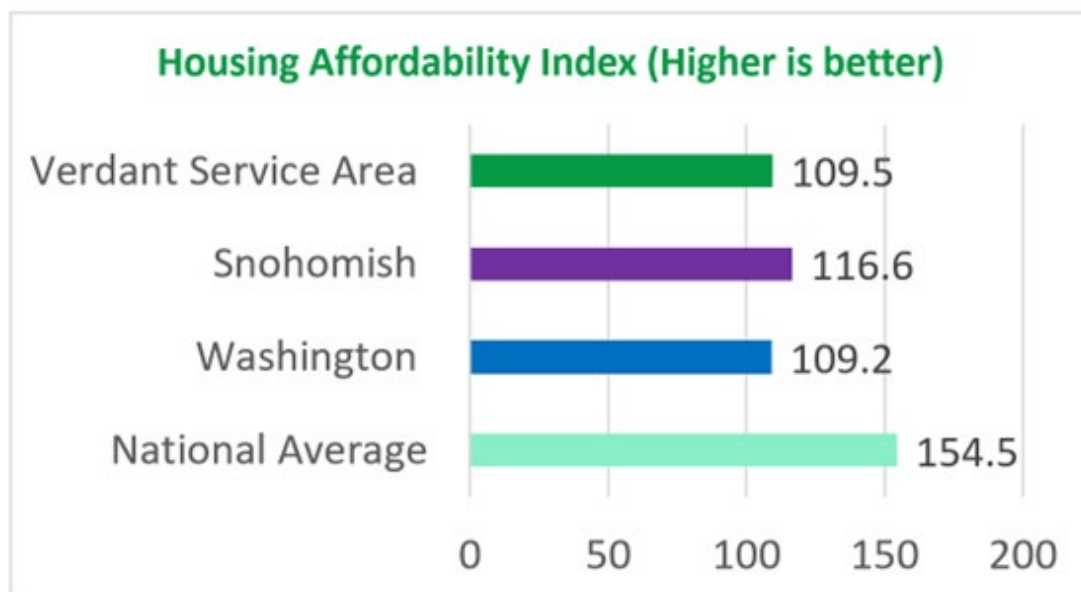
“The utter lack of affordable housing options and the steadily rising rent costs are pushing more and more people out of housing and into homelessness.”

Our community views housing as a critical part of overall health and wellbeing. Without secure, safe, and affordable housing, people indicate they are unable to prioritize other health needs. In the words of one survey participant, “Without safety of a home or a roof over your head, one cannot prioritize other

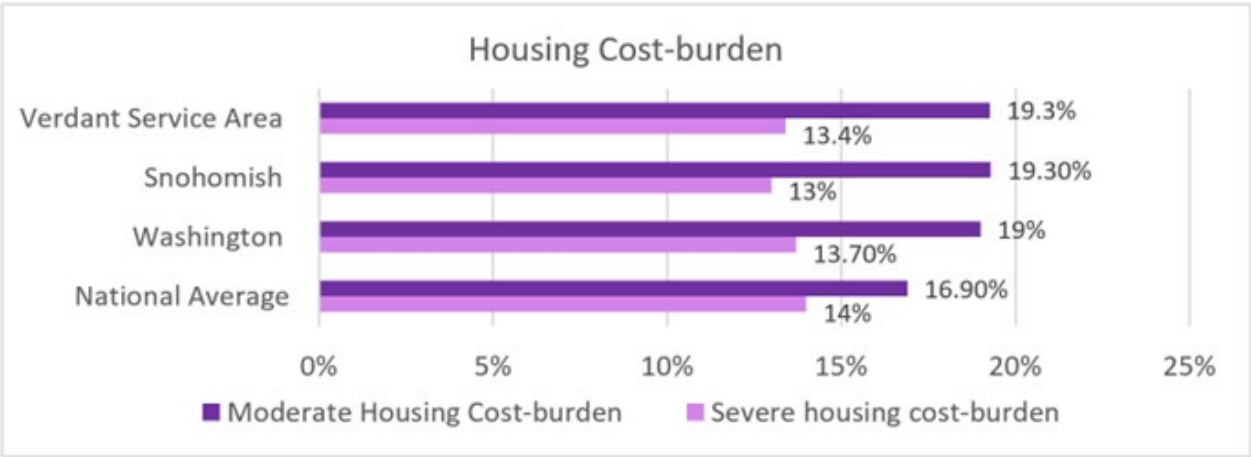
health needs.” People indicated that the lack of affordable housing, largely attributed to rising rent and home costs, was the most concerning issue. The quantitative data for the Verdant Service Area confirms that the cost of housing in our area has not only significantly increased, but also at a rate that is statistically significant when compared to other areas in Western Washington. People indicated wide disparities in housing, with wealth disparity identified as a root cause of housing problems, as housing costs are rapidly increasing. “The lack of affordable housing. Healthy living takes money. Without affordable housing, people can’t access healthy food or medical care.

Housing Affordability

These perspectives of community members are further supported by the quantitative data for the Verdant Service Area. The cost of housing in South Snohomish County has risen dramatically. The Housing Affordability Index, which measures whether or not a typical family earns enough income to qualify for a mortgage loan on a typical home at the national and regional levels based on the most recent median sale price and median family income. The Verdant Service Area’s Housing Affordability Index scores worse than Snohomish County and the National Average.



For Snohomish County, the inflation-adjusted median sale price has increased from \$682,000 in 2021, to \$750,000 in 2022 (an increase of \$68,000). In comparison, the median income in the last 20 years (2000-2020), has only increased by \$6,786. Rent costs are likewise increasing at alarming rates. Vacancy Rates in Snohomish County were at 1.9%, which is lower than the Washington State (3.8%) rental vacancy rate, and much lower than the national average (9.7%). Rent has increased 53% from 2000 to 2021, while income has only increased by 9%. **Housing is a crisis in our service area, as reflected in both the quantitative and qualitative data.**



Housing Disparities

The data also indicated that there are significant racial disparities in access to housing. In Washington State, Black residents own homes at a rate of 34%, in contrast to 66% of White residents, in Verdant Service areas, the numbers were similar with 41% home ownership rate amount Black residents, 48.2% among Hispanic residents, and 66.5% of White residents. Further detail on home ownership is provided in the full report. People of color, and most prominently Black and Indigenous People of Color, are more likely to report racial discrimination when trying to rent or buy a home, and Black and Hispanic residents face significantly higher eviction rates when compared to White residents. As stated in the report Systematic Inequality, “The racial wealth gap is NOT the result of inadvisable financial choices by people of color. Rather, the racial wealth gap was created by policies, programs, and institutional practices.” These policies, programs, and institutional practices continue to impede equitable access to opportunities for people of color in the Verdant Service Area.

People Experiencing Homelessness

“Staying indoors. Shelter first, water, and then food when you are homeless. Your goals have to be rearranged when you are homeless.”

The Verdant Community Perspectives Survey also highlighted the need to address the needs of community members experiencing homelessness. It was the highest need identified under housing within the survey. Homelessness Point-in-Time Counts have likewise increased at a rapid rate in Snohomish County and regionally, increasing 43% from 2015-2022. Perspectives from community members experiencing homelessness highlighted the need for stable shelter, as it is hard to prioritize other health needs when unsheltered.



Food Security

Issues related to food access and nutritious food came up frequently in the Community Perspectives Survey. Community members indicated that health depended on access to nutritious food. **Access to nutritious food was increasingly a challenge due to the rising costs of food.** They also highlighted the need for culturally appropriate food for specific populations. Food Insecurity has increased dramatically during the COVID-19 pandemic. According to a Northwestern University study, “Approximately 40% of the increase in food bank usage comes from individuals experiencing food insecurity for the first time”, with higher rates of food insecurity among Black and Hispanic communities.

The quantitative data also demonstrated that specific zip codes in the Verdant Service Area had higher rates of food insecurity. Verdant is experiencing exponential increase in voucher request from partners and food banks in the service area have also expressed exponential increased demand for services. Data also demonstrates that deeply embedded structural inequities contribute to vast inequities and racialized access to food.



A Safe and Connected Community

Key themes were identified to issues raised by community members that were about safety, security, harm and preparedness. The themes identified were:

- **Violence:** different forms of violence was mentioned in responses like gun violence, domestic violence, and racial violence, e.g., “Safety from gun violence. We have not yet been affected, but it is beginning to seem inevitable.”
- **Discrimination:** This was one of the top ranked issues in response to priority needs related to safety. Racism and hate crimes were frequently mentioned, e.g., “I, as an Asian, have been discouraged to go for a walk due to Asians being attacked.”
- **Crime:** Many responses stated the need to lower the rates of crime and theft, e.g., “Mental health-Stress of increasing criminal activity in my city, which now no longer feels as safe as it used to”.
- **Home and community environment:** Frequent responses were regarding safe spaces for work and play, pedestrian safety, and environmentally safe neighborhoods. E.g., “It is really not safe to walk the streets and parks in Lynnwood.”

Key identified needs for safety were: 1) Safe environment at home, work, playgrounds, parks; and 2) Road safety infrastructure for pedestrians and drivers; 3) Clean and green spaces; 4) Reduction in crime and violence, especially towards people of color and people who are unhoused; 5) Education, services, and resources on safety and preparedness available for community members.

Connected to this theme of safety, was the need for people to feel safe in their community through meaningful relationships. Residents expressed a profound sense of isolation and disconnection as the result of the COVID-19 pandemic. Residents want opportunities to build meaningful relationship with neighbors but are often unsure of how to build those relationships. The need for community-led initiatives that focus on building connections was an expressed need across people of different ages.



Other Community Factors

Neighborhood and Built Environment

There were numerous responses that fit within the umbrella of “Neighborhood and Built Environment.” The issues raised here were varied, and included the following:

- **Walkability:** People identified the need for improved walkability, specifically sidewalks, to ensure that people can walk safely. People also highlighted the need for accessibility of sidewalks and other walking infrastructure.
- **Good Governance:** People highlighted the need for good governance, especially related to policies and officials building trust in the community. This was also linked to perceptions of safety.
- **Community Infrastructure:** People highlighted the need for indoor/outdoor spaces for people to be able to gather together, exercise, and enjoy nature. Green spaces, affordable exercise opportunities, and parks are valued by the community.
- **Transportation:** People highlighted the need for affordable and accessible transit, as people felt it was difficult to access services with current transit options.
- **Clean Environment:** Environmental concerns were raised, with people raising concerns about pollution, improper waste management, access to green spaces, and climate change.





Needs of Specific Groups

Within the survey, we identified specific groups that were mentioned as having specific needs related to health. Specific groups that were named in the survey are included in the table below. Verdant acknowledges that this list is not comprehensive, but only includes group specifically identified in the survey data:

Asian Community	Latinx (Latino/Latina)	Persons living with disabilities	Survivors of Domestic Violence
Black and Indigenous People of Color (BIPOC)	Persons experiencing grief/loss	Persons who speak a language other than English	Veterans
Caregivers/Parents	People experiencing homelessness	Refugees	Women
Immigrants	Persons identifying as LGBTQIA+	Seniors	Youth

Community Assets

Residents identified community assets 189 times in the survey, with 100 distinct named assets in the community providing valued support. Community infrastructure such as community gardens, walking trails, arts programs, health fairs, vaccine clinics, community groups, and culturally relevant programs were all mentioned as assets. The Community Perspectives Survey offered hope for a community that wants to see all members enabled to access the services they need. Our community members envision a place where barriers to health are removed, and people can get the help they need. They also expressed desire for a community that affirms the dignity of all our neighbors and takes care of the most vulnerable. In the words of one resident, “I have and choose to maintain hope for myself and my community. Even if things aren't going well, I will always choose to get back up again and keep moving towards hope.”






Conclusion

“The Verdant Board of Commissioners is grateful for the community members who participated in this project and for the opportunity to review the needs of our community as we transition out of the COVID-19 Pandemic. This report provides Commissioners with valuable information to inform our decision making, ” said Dr. Jim Distelhorst, board president and retired physician. Verdant appreciates the engagement of community members in informing this report, which will guide our strategic priorities for the coming years. While the health challenges of our community are immense, we value our collaboration with a diverse group of community partners to improve the health and wellbeing of the residents of South Snohomish County.

Next Steps

The full report with accompanying resources can be accessed on the Verdant website and is intended to be available for all community members and organizations to view and utilize. The Verdant Board of Commissioners will reference the relevant findings of the analysis to inform their strategic planning and future funding and programming decisions.

Public presentations of the report findings and anticipated Verdant Strategic Plan will be offered in Fall 2022. The complete report and background information are available on Verdant's website.

-  [Community Health Needs Assessment 2022.pptx](#)
-  [Resource List for Community Health Needs Assessment.docx](#)
-  [Overview of CHNA Methodology .docx](#)





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