Appendix 1: Healthy Communities and Community Health Needs

Tacoma Mall Neighborhood Subarea Plan
Prepared by the Tacoma-Pierce County Health Department
with Data Support from State Department of Health
03/07/16

INTRODUCTION

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (World Health Organization Constitution). Public health promotes and protects the health of people and the communities where they live, learn, work and play (American Public Health Association). Public health connects us all.

HEALTHY COMMUNITIES

American Public Health Association (APHA) defines a healthy community as one that:

- Meets everyone's basic needs such as safe, affordable and accessible food, water, housing education, health care and places to play;
- Provides supportive levels of economic and social development through living wage, safe and healthy job opportunities, a thriving economy and healthy development of children and adolescents;
- Promotes quality and sustainability of the environment through tobacco and smoke-free spaces, clean air, soil and water, green and open spaces and sustainable energy use; and
- Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention.
To create healthy communities, APHA promotes programs and strategies that address the social and psychological, economic, environmental and factors that influence community health. Community planners are key partners in making healthy community policies, strategies and programs happen.

COMMUNITY HEALTH NEEDS

Health starts where we live, learn, work and play. Humans interact with the environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities (Healthy People 2020). Health disparities are preventable and unnatural burdens among populations in terms of disease, and other challenges.

Unfortunately, not all places are created equal when root causes of health are being considered. Some neighborhoods, being called home to certain segments of populations whose health is more at-risk than others, often lack services, amenities or facilities for residents to enjoy a healthy and active lifestyle. Tacoma Mall neighborhood is one of those areas with higher health risks than other neighborhoods of Tacoma or Pierce County.

Socio-Economic Factors Affecting Health

Health is tied to income, education, race and other socio-economic factors. Data analyzed by Health Department’s Office of Assessment, Planning, and Improvement (2015) revealed that:

- People living in a neighborhood with 6% more poverty can expect to live for one less year.
- People making less than $25K annually are 2.5 times as likely to have diabetes as those making more than $75K.
- Black infants die at a rate twice higher than white infants.
- 35% of people without a high school education experience poor mental health compared to only 9% of people with college degrees.

Table 1 includes demographic data from the American Community Survey (2009-2013) showing that people living in the Tacoma Mall area, comprising census block groups 0626002 and 0629001, are exposed to higher health risks than the rest of Tacoma, the County and the State:

- A higher poverty level (30.7% of people living below federal poverty level, compared to 18% Tacoma and 13.4% statewide).
- A lower median household income ($43,292 compared to $61,250 in Tacoma and $59,470 in WA State).
• More children under 5 years old (9.5% compared to 7.1% in Tacoma and 6.5% in WA State).

• More African American (13.7% compared to 10.7% in Tacoma and 3.6% in WA State), and two or more races (11.2% compared to 8% in Tacoma and 4.8% in WA State).

• More people with Hispanic origin (22.4% compared to 10.8% in Tacoma and 11.5% in Washington State).
### Table 1: Selected Demographics Pertaining to Public Health†

<table>
<thead>
<tr>
<th>Selected Characteristics</th>
<th>Tacoma Mall Area‡</th>
<th>Tacoma</th>
<th>Pierce County</th>
<th>Washington State</th>
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<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>4496</td>
<td>200890</td>
<td>805434</td>
<td>6819579</td>
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<tr>
<td>Under 5 years</td>
<td>427</td>
<td>14280</td>
<td>56168</td>
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<td>5 to 17 years</td>
<td>665</td>
<td>31532</td>
<td>140572</td>
<td>1143366</td>
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<td>75 years and over</td>
<td>56</td>
<td>11201</td>
<td>37729</td>
<td>378297</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2072</td>
<td>98265</td>
<td>399076</td>
<td>3401539</td>
</tr>
<tr>
<td>Female</td>
<td>2424</td>
<td>102625</td>
<td>406358</td>
<td>3418040</td>
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<tr>
<td><strong>Race and Hispanic or Latino Origin</strong></td>
<td></td>
<td></td>
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<tr>
<td>White alone</td>
<td>2955</td>
<td>133422</td>
<td>608434</td>
<td>5350938</td>
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<tr>
<td>Black or African American alone</td>
<td>618</td>
<td>21505</td>
<td>54596</td>
<td>245041</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>87</td>
<td>2720</td>
<td>9315</td>
<td>94194</td>
</tr>
<tr>
<td>Asian alone</td>
<td>178</td>
<td>16854</td>
<td>47745</td>
<td>498941</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>0</td>
<td>2720</td>
<td>10885</td>
<td>40695</td>
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<tr>
<td>Some other race alone</td>
<td>153</td>
<td>7667</td>
<td>20577</td>
<td>265299</td>
</tr>
<tr>
<td>Two or more races</td>
<td>505</td>
<td>16002</td>
<td>54190</td>
<td>324471</td>
</tr>
<tr>
<td>Hispanic or Latino origin (of any race)</td>
<td>1006</td>
<td>21796</td>
<td>75964</td>
<td>783693</td>
</tr>
<tr>
<td><strong>Poverty Status</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income (dollars)*</td>
<td>43,292</td>
<td>61,250</td>
<td>59,204</td>
<td>59,470</td>
</tr>
<tr>
<td>People living below 100% of the federal poverty level in the last 12 months</td>
<td>1377</td>
<td>35120</td>
<td>97870</td>
<td>893211</td>
</tr>
</tbody>
</table>

†Data Source: U.S. Census Bureau, 2009-2013 American Community Survey
‡Tacoma Mall Area is comprised of census block groups 0626002 & 0629001
* For Tacoma Mall Area Median household incomes for 0626002 & 0629001 were averaged
**Health Behavioral Risks**

Scientific research concluded that personal health behaviors played a major role in both premature and chronic disease morbidity and mortality ([US Centers for Disease Control and Prevention](https://www.cdc.gov)). Based on the information on adult health behaviors and preventive practices related to several leading causes of death collected by State Department of Health’s Behavioral Risk Factor Surveillance System, the Greater Tacoma Mall area (zip code 98409) has several chronic disease rates substantially higher than Pierce County or the State, including:

- Asthma (25% compared to 22% in Tacoma and 15% statewide).
- Diabetes (23% compared to 15% in Tacoma and 7% statewide).
- Poor mental health (19% compared 10% statewide, but lower than 23% in Tacoma).

**Table 2: Prevalence of Health Risks†**

<table>
<thead>
<tr>
<th></th>
<th>Greater Tacoma Mall Area*</th>
<th>Tacoma**</th>
<th>Pierce County</th>
<th>Washington State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity (adults)</td>
<td>33.0%</td>
<td>49.5%</td>
<td>28.9%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Coronary heart disease (adults)</td>
<td>NR‡</td>
<td>5.4%</td>
<td>3.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Asthma (adults)</td>
<td>25.0%</td>
<td>21.9%</td>
<td>15.4%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Diabetes (adults)</td>
<td>22.9%</td>
<td>14.9%</td>
<td>8.2%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Poor mental health days (adults)</td>
<td>19.1%</td>
<td>23.3%</td>
<td>11.0%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Motor Vehicle Mortality‡ (per 100,000 population)</td>
<td>7.4</td>
<td>7.4</td>
<td>6.0</td>
<td>7.0</td>
</tr>
</tbody>
</table>


*Greater Tacoma Mall Area is defined as zip code 98409
*For purposes on analysis Tacoma is defined as being comprised of zip codes whose centroids fall within the city limits: 98402, 89403, 98404, 89405, 98406, 98407, 98408, 98409, 98416, 98418, 98421, 98422, 98465

‡Estimate unreliable, relative standard error greater than 30%
Besides poor air quality of this area surrounded by I-5, Tacoma way, South Tacoma Way, the railroad, and industrial land uses, Department of Health’s WA State Tracking Network (https://fortress.wa.gov/doh/wtn/WTNIBL/) also shows that lead exposure risk in this general area is exceptionally high (ranked 9 out of a 10-point scale, with 10 being the highest risk).

**Mortality Rates**

Besides motor-vehicle mortality (see Table 2 above), all-cause mortality is significantly higher in this area (1,103 per 100,000 population) than the rest of the City (803 per 100,000), County (766 per 100,000) and the State (699 per 100,000). Those living in this area will likely live eight years less (life expectancy at birth is 71.2) than other Tacomans (79).

Among the seven leading causes of death, those living in this area experience a higher rate of mortality caused by:

- Cardiovascular disease (close to 290 per 100,000 compared to 222 per 100,000 city-wide and 192 per 100,000 statewide).
- Chronic lower respiratory diseases (close to 103 per 100,000 compared to 49 per 100,000 citywide 41 per 100,000 per 100,000 statewide).
- Alzheimer’s disease (close to 129 per 100,000 compared to 52 per 100,000 citywide and 45 per 100,000 statewide).
- Diabetes (close to 70 per 100,000 compared to 33 per 100,000 citywide and 22 per 100,000 statewide).
- Accidents (close to 49 per 100,000 compared to 40 per 100,000 citywide and 38 per 100,000 statewide).
Table 3: Mortality Rates per 100,000 Population (Age-Adjusted)

<table>
<thead>
<tr>
<th></th>
<th>Greater Tacoma Mall Area*</th>
<th>Tacoma**</th>
<th>Pierce County</th>
<th>Washington State</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cause Mortality</td>
<td>1102.9</td>
<td>803.4</td>
<td>765.8</td>
<td>699.4</td>
</tr>
<tr>
<td>Life Expectancy at birth</td>
<td>71.2‡</td>
<td>79.0</td>
<td>78.4</td>
<td>80.13</td>
</tr>
<tr>
<td>Based on the Seven Leading Causes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major cardiovascular disease</td>
<td>289.9</td>
<td>221.5</td>
<td>216.2</td>
<td>191.7</td>
</tr>
<tr>
<td>Malignant Neoplasm (cancer)</td>
<td>163.4</td>
<td>179.7</td>
<td>176.8</td>
<td>160.7</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>102.5</td>
<td>48.6</td>
<td>47.3</td>
<td>40.7</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>128.8</td>
<td>52.4</td>
<td>49.1</td>
<td>44.8</td>
</tr>
<tr>
<td>Accidents</td>
<td>49.1</td>
<td>40.4</td>
<td>37</td>
<td>38.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>70.2</td>
<td>32.9</td>
<td>22.6</td>
<td>21.9</td>
</tr>
<tr>
<td>Intentional self-harm (suicide)</td>
<td>NR</td>
<td>13.8</td>
<td>16.1</td>
<td>14.1</td>
</tr>
</tbody>
</table>

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†Because more specific information was available census block groups 0626002 & 0629001 were used instead of zip code for this statistic

Neighborhood Livability Needs Assessment

The health of the community is best achieved when the aspirations of those who work, live and play in the same neighborhood are collaboratively articulated and realized. To help identify livability needs in support of healthier lifestyles and complete neighborhood design, the Health Department has employed non-traditional means of community outreach, by door-belling individual homes, townhouses and apartment units, and local businesses, to invite local residents and workers to join in a series of community conversations. Close to 50 people attended three meetings in July and August 2015.

Three conveniently-located community conversations were conducted to understand local livability needs, concerns and aspirations:

- **Vintage at Tacoma** on July 8, 2015 (targeting senior populations 55 and older).
• **Madison School Complex** on Aug 4 (targeting young and middle-aged residents, households with children, and working adults).

• **Westmall Terrace Apartments** on Aug 6, 2015 (targeting young and middle-aged adults, apartment residents, and day workers).

The following five major themes reflect what community members identified:

- **Neighborhood safety** – Partly attributed to the high tenant turnover, limited places for youth to go, and limited access to needed resources.

- **Parking, speeding and traffic** – This safety issue is exacerbated as a result of poor signage (speed, children, disabled, etc.) in the community. This is a safety and injury threat to children playing in or near the streets, in lack of parks facilities. The current limited number and the poor condition of on-street parking have challenged property and human safety.
• Walkability and alternative transportation – Disjointed, incomplete, poorly maintained, non ADA- compliant and the lack of sidewalks make walking and navigating with strollers and mobility assistance devices very difficult. While shuttle services provide great support, the overall level of bus service was inadequate to connect with employment centers.

• Parks and public amenities for youth and children – There’s a lack of safe places for children and youth to recreate. The Lincoln Heights area west of S. Steeles St., which creates a barrier to safely access Lincoln Heights Park, has no play structure or amenities for children. The lack of appropriate places for youth and young adults to gather and recreate has created multiple problems in the community.

• Access to healthy food – Besides Marlene’s (which participants felt unaffordable to most local residents), there’s no easy access to affordable healthy food options where people can walk, bike or bus to. There are no food banks or other food sources within reasonable walking distance.

Other concerns include property encroachment, lack of neighborhood cohesion given gated areas, compatibility between various types of housing, and fast turn-over of apartment residents.

Performance

Outcome 1: Health-in-All-Policies in place for the Tacoma Mall Subarea Plan to address health equity, community needs, and aspirations.

The health of the Mall area starts with ensuring health is addressed upfront by promoting health-in-all-policies in the Tacoma Mall Subarea Plan. Tacoma-Pierce County Health Department would like to see issues and aspirations identified by the local communities are fully addressed. Here are some policy examples for consideration:
• Improve neighborhood safety—Work with local community organizations, such as Safe Streets and local churches, property managers and local law enforcement, to explore public safety measures.
• Traffic calming and mobility improvements—Consider traffic calming strategies; add signs; improve infrastructure for mobility, such as complete streets or sidewalks; connect sidewalks with essential public services; and improve on-street parking.
• Work with Pierce Transit to improve bus level of service to connect people from home to work.
• Create active places for youth and young adults—Work with Metro Parks, Boys and Girls Club, churches, or the private sector to create recreation facilities in this area, such as swimming pool, basketball court, skate park (suggested site off of Tyler St. to cap “contaminated soil”); partner with public and non-profit agencies to bring in role models for youth.
• Increase affordable food access—Incentivize the provision of a full-service grocery store in the area, food banks, an all-season farmer’s market; better management and care of the community garden.
• Maintain affordability—Ensure sufficient affordable and adequate housing for families of different incomes; consider housing diversification and intensification, such as cluster housing and other mission-middle housing; and ensure no net loss of affordable units upon full development; etc.
• Strengthen place-making—Create vibrant public spaces for people to gather; involve the community to create pieces of public arts to foster a sense of neighborhood identity; make public sidewalks a place-making opportunity; preserve historic and cultural assets to connect people with place.
• Create complete neighborhoods by adding needed facilities and services—Provide personal/ neighborhood services, parks and amenities within reasonable walking distance, such as medical clinics, community services, salons, coffee shops, playgrounds, trails, dog parks and street trees; ensure equitable and convenient access to alternative transportation and parks and amenities in all quadrants of the area.

Outcome 2: Health equity impacts considered as part the EIS.

• Assess long-term public health (social, environmental and economic) impacts of land-use scenarios, including risks and benefits. (Reference: TPCHD (July 2013). Guide to Integrate Health into SEPA Review.)
• Address and mitigate the probable impact of involuntary displacement of current residents and local businesses as the result of gentrification.

Outcome 3: Local community capacity strengthened to sustain continuous engagement during plan development and to champion future plan implementation.

Here are some proposed strategies:

• Build community capacity to ensure continuous engagement and grassroots empowerment throughout the planning process.
• Work with Safe Streets, the Neighborhood Council, or other local community organizations to identify key local leaders to serve as the bridge between City Hall and the local residents.
• Expand the stakeholders’ committee to include:
  ➢ Key local residents representing various quadrants of the Mall
  ➢ Law enforcement
  ➢ Support agencies, such as local churches and medical services
  ➢ Food systems (Food Banks, Food co-op, grocery stores)
  ➢ Boys and Girls Clubs
  ➢ Safe Streets
• Engage the wider community to further discuss naming opportunities for distinct neighborhoods within the Mall area. Consider the history and heritage of the area to provide a continuous sense of identity and place.
• Transition the local stakeholder group into a “community-led coalition” to champion future implementation of the adopted subarea plan, including fund raising, event organization, and community project identification and implementation.
• Continue to work closely with the Health Department to address the social determinants of health.
• Partner closely with City’s Office of Equity and Human Rights to address the determinants of equity.