RWJF Culture of Health
Sentinel Community Snapshot:

Tacoma, Washington
Table of Contents

Introduction 1

Challenges to Good Health 2

POORER AREAS SUFFER CRIME AND VIOLENCE

LACKING MENTAL HEALTH TREATMENT

FACING ENVIRONMENTAL POLLUTION

Whole-Community Approach 4

Cross-Sector Initiatives 4

RESIDENT COALITION ADDRESSES CRIME

MENTAL HEALTH SERVICES FACE SETBACK

BLOCKING THREAT OF POLLUTION

Community-Driven Health Planning 5

About This Report
The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

Tacoma, Washington, is a midsized port city located along the Pacific Northwest’s Puget Sound, just 34 miles south of Seattle. With a population of 201,794, Tacoma is Pierce County’s largest city and is the county seat, representing roughly 25 percent of its population. The majority of Tacoma’s population is white (61%), with roughly equal percentages of black (10%), Hispanic (11%), and (9%) Asian residents.

The city of Tacoma also overlaps with the Puyallup (pew-ALL-up) Tribe of Indians reservation. Although American Indians comprise only 1.2 percent of Tacoma’s population, the Puyallup Tribe is the county’s sixth largest employer, expending over $461 million in 2013 alone, and committing $1 million to the MultiCare Health System in 2015.

Military and industrial jobs have been at the forefront of Tacoma’s economy for the past 100 years. Paper manufacturing and copper smelting historically provided employment for blue-collar workers. But in recent years these industrial jobs have faded from the economic landscape, making way for a growing number of jobs with local public schools and health care systems. Joint Base Lewis-McChord, a military installation for Army and Air Force personnel, began as an Army National Guard camp in 1902. It currently employs about one-quarter of Tacoma’s residents.

Tacoma grapples with multiple challenges to health and well-being, including residents who have not benefited from the relatively stable job market, unsafe neighborhoods, environmental pollution, and insufficient capacity to meet its citizens’ mental health needs. Hispanic and black residents who live in Tacoma’s downtown neighborhoods have lower levels of educational attainment and income and higher rates of unemployment and poverty. In addition, some downtown neighborhoods are plagued...
by gang violence and crime. At the same time, the city must contend with lead and arsenic that is leaking into the environment from defunct smelting operations. Finally, Tacoma’s documented mental health services needs are unmet, and the availability of these services is decreasing.

Despite these challenges, Tacoma has a history of cross-sector collaborations and civic engagement that provides hope for a brighter future. Earlier efforts to make Tacoma a healthy and safe community faced overwhelming barriers. However, a comprehensive planning effort now underway has engaged city residents; highlighted the city’s most pressing problems; and targeted those problems with concentrated action. This targeted approach and the city’s demonstrated capacity for collective action have the potential to make Tacoma a healthier and safer city.

Challenges to Good Health

Tacoma’s relatively stable job market and its six institutions of higher learning have not benefited all residents. Compared with residents of Washington State, Tacoma residents are less educated (Figure 1). Hispanic and black residents of Tacoma are less likely than their white counterparts to have achieved a bachelor’s degree or higher (Figure 2). These two groups also have a lower median income than white residents (Figure 3).¹

Consistent with disparities in educational attainment, the median income in Tacoma ($51,269) is lower than that of the county ($59,711) or state ($60,294). This disparity is most notable among black, Asian, and Hispanic residents (Figure 3). Similarly, the unemployment rate is higher in Tacoma (11%) than in Washington State (9%).¹ Poverty rates in Tacoma among all residents (18%) and among children (26%) exceed rates in Pierce County (13% and 17%, respectively) and Washington State (16% and 23%, respectively).¹

POORER AREAS SUFFER CRIME AND VIOLENCE

Historically, many of the same neighborhoods where Tacoma’s poorest residents lived were also rife with gang violence and related crime, with its roots in the 1970s. At that time, gangs (predominantly the Los Angeles-based Crips) established their turf in the Hilltop neighborhood of central Tacoma. The gangs established drug markets, and in-fighting between new and established gangs resulted in violence, along with skirmishes between gang members and local authorities. Violence erupted in 1989, when local off-duty U.S. Army Rangers and gang members exchanged more than 300 rounds of gunfire on city streets. Although there were no deaths, this event, the “Ash Street Shootout,”² was covered by the national media and served as a tipping point for residents who wanted their community back.³ Gang violence, property crime, and violent crime have somewhat abated since the 1989 shootout,³⁴ although gang activity continues today, and relationships between many local residents and authorities remain tense. The root causes underlying gang recruitment—economic and educational
inequity and a legacy of established gangs in the community—continue today, resulting in ongoing tension between residents and city authority.

Despite reductions in violence over the past several decades, residents still identified crime and gun violence as major issues of concern in the city’s 2013 Community Health Assessment. Their fears are not without merit, as the rate of violent crimes in Tacoma (792 per 100,000) is more than three times the rate in Washington State (285 per 100,000); the burglary rate in Tacoma (1,524 per 100,000) is approximately three times higher than the state rate (543 per 100,000); and robbery and property crime rates in Tacoma (249 and 6,201 per 100,000, respectively) are roughly double state rates (102 and 3,706 per 100,000, respectively).*

**Lacking Mental Health Treatment**

Many Tacoma residents struggle with mental health challenges, but the city lacks the capacity to treat them all. Between 2010 and 2012, roughly 6 percent of people in the region encompassing Tacoma (including Pierce County and nearby Kitsap County) reported experiencing a serious mental health issue in the last year, and 21 percent reported some mental illness, and about 5 percent had thought seriously about committing suicide.* However, between 2006 and 2010, the region lost two inpatient facilities for mental health care. After being cited for health and safety violations, Puget Sound Behavioral Health inpatient psychiatric hospital shuttered its doors in 2006, and Puget Sound Hospital, with 30 inpatient psychiatric beds, closed in 2010. In 2014, Pierce County was considered a health provider shortage area for community mental health care delivery (i.e., outpatient mental health services). Not surprisingly, residents highlighted access to mental health care as their highest priority need in a 2013 Community Health Assessment, and it is now considered the top health priority for Pierce County in the Community Health Improvement Plan.**

**Facing Environmental Pollution**

Tacoma’s extensive park and recreation system, framed by picturesque views of Mount Rainier and the Puget Sound, stands in contrast to the environmental contamination threatening the health of its residents. The Tacoma area, an industrial center for more than 100 years, is now home to two Superfund sites, designated by the Environmental Protection Agency (EPA) as a national priority for contaminant and toxic waste removal. Environmental analysts found lead and arsenic in ground soil and water in and around the former Asarco Copper Smelter site, American Surplus Sales Co. site, and the Tacoma Municipal Landfill. The two Superfund sites are in the Commencement Bay area, with 2.5 acres in Tacoma and 16 acres in the surrounding community. Direct contact with these polluted soil and water toxins can pose human health risks, including harmful effects on the eyes, skin, liver, and respiratory and central nervous systems.**

EPA began coordinating with local entities in 1981 to clean up the contaminants and is currently working with the Washington State Department of Ecology to remove contaminated soil and to extract and treat groundwater at the two sites. In 2013, the Department of Ecology found that 26 percent of sampled yards in Tacoma contained high levels of lead and arsenic and qualified for a soil clean-up program.** Clean-up efforts continue, but contamination levels remain high enough to keep the Commencement Bay site on EPA’s National Priority List for clean-up because of its potential health risks to Tacoma residents. To date, no evaluation studies have been conducted to quantify the health impact of widespread contaminants in Tacoma.** In our description of cross-sector initiatives below, we describe in greater detail Tacoma’s current efforts to address crime, mental health, and environmental pollution.
Whole-Community Approach

Today, the city of Tacoma is deeply committed to efforts that will improve the health and well-being of its residents. Led by the city of Tacoma and Tacoma-Pierce County Health Department, multiple partner organizations are working with residents to identify community health needs and priorities, examine health disparities, and implement actions to address identified needs and reduce disparities. Though these efforts have been ongoing for less than a decade, the relationships between community leaders and local organizations appear strong and are consistent with historical collaborations focused on addressing issues such as gang violence.

In December 2013, the city of Tacoma began a nine-month series of events, meetings, and online forums to foster community engagement and include local residents in the assessment of their community health needs. More than 2,000 residents and more than 20 organizational partners created Tacoma 2025, a strategic plan to guide community resource allocation decisions.15

These city-led efforts are complemented by Tacoma–Pierce County Health Department efforts. In 2012,4 the county and its key partners—MultiCare and CHI Franciscan Health Systems, and the University of Washington Tacoma—convened 150 organizational partners and 250 residents and asked them to identify and prioritize the health concerns of their community. This group concluded that poor mental health, access to quality health care and preventive services, and chronic disease prevention were the community’s most pressing problems. These findings shaped the corresponding Community Health Improvement Plan (CHIP), which lists mental health; access to quality health care and preventive services; and chronic disease as the top three priorities in Tacoma. Disseminated in May 2014, the plan describes a vision for a healthier community that focuses on increasing health equity; improving civic engagement among those living in marginalized communities; recognizing and focusing on social determinants of health; expanding partnerships; and increasing the use of evidence-based practices.

The comprehensive assessments led by the city and the county have recently been augmented by a health equity assessment. Led by the Tacoma–Pierce County Health Department, this assessment focused on geographic areas of the city where residents face difficulties accessing health care and behavioral health care; have a high prevalence of chronic health conditions and obesity; and lack access to healthy foods.19 The communities with the greatest needs were in the Downtown, Hilltop, South Tacoma, and Eastside districts. The health department is working directly with these communities and local organizations to craft solutions to the challenges they face.

Cross-Sector Initiatives

Tacoma has historically relied on organizational partnerships and citizen engagement to confront threats to safety and wellness. Beginning in the 1980s, this community approach successfully focused on solutions to crime and violence; mental health disorders; and environmental pollution—and these priorities remain today.

RESIDENT COALITION ADDRESSES CRIME

The “Ash Street Shootout” was a turning point in the community’s approach to crime and violence. In the wake of this event, more than 2,500 residents and leaders from the business, municipal, and nonprofit sectors created Safe Streets, an initiative to improve neighborhood safety and reach youth at risk for gang recruitment. Local residents formed the Hilltop Action Coalition, a nonprofit organization with eight participating neighborhood councils working together to combat crime and address housing, environmental, and health concerns. Many efforts have been successful: Over the last 25 years, violent crime in Tacoma has decreased 50 percent, and property crime has decreased more than 30 percent.17,18 Although these decreases are a success story, violent crime remains higher in Tacoma than in the surrounding areas.

Youth involvement in gangs and violence began to rise several years ago, particularly in five central downtown neighborhoods.3 The city began efforts to stem this re-emerging problem in 2011, when it conducted a gang assessment. The assessment examined the extent of gang crime and violence in Tacoma, and sought to better understand neighborhoods and residents most impacted by the activity. Findings indicate that gangs disproportionately affect five neighborhoods in central Tacoma and that middle school-aged youth are at greatest risk for recruitment. The 2012 Tacoma Gang Reduction Project, which focuses on reducing youth initiation into gangs, was Tacoma’s response to this assessment. In 2015, the project received a $240,953 grant from the Washington State Office of Juvenile Justice & Delinquency Prevention to advance ongoing outreach efforts.28 Tacoma’s approach to gang warfare in the 1980s and its resurgence in the 21st century is characterized by leadership that prioritizes citizen participation in crafting solutions to issues that threaten the health and safety of its residents.21

MENTAL HEALTH SERVICES FACE SETBACK

Tacoma’s unmet needs for mental health disorder prevention and treatment were acknowledged in its 2013 community health assessment, but efforts to address these needs were already underway. In December 2012, the city commissioned the Tacoma-Pierce County Health Department to conduct a mental health and chemical dependency assessment as part of the city’s tax ordinance planning process.39 The Tacoma City Council unanimously passed a 0.1% increase in the sales tax to support wider access to substance abuse and mental health treatment programs and services, including therapeutic court programs and case management.25,26 Since its creation, this tax has provided $5.27 million for program funding in Tacoma. In December 2016, the Pierce County Council rejected the sales tax, which would have generated $10 million for mental health in 2017.24

BLOCKING THREAT OF POLLUTION

Because they live near a designated Superfund site, Tacoma residents are well aware of its potential threats to their health, and
they responded quickly when faced with potentially more industrial pollution. In 2014, Northwest Innovation Works, a China-based company collaborating with petroleum company BP, announced plans to build a methanol conversion plant in a local “brownfield” (the waterfront Superfund site that was formerly home to the Asarco copper smelter).25, 27 Local plant supporters argued that the plant would bring jobs and money into the community, whereas residents and nonprofits strongly opposing the plant countered that the additional pollution threat posed by the plant was inconsistent with the high value they place on parks and recreation. Championed by local organizations (Citizens for Healthy Bay, Save Tacoma Water, and Redline Tacoma) with more than 30 diverse partners, local residents voiced concerns over the long-term negative environmental risk the methanol plant posed to the city. The port commissioners eventually withdrew any support from this controversial China-backed investment, and the plant’s land lease with the port ended in 2016.29, 30, 31

Community-Driven Health Planning

Tacoma has a long history of engaging residents and multisector partners to find solutions to community problems. Additional surveillance, data and information gathering, and analysis will examine some of the ways in which stakeholders are working to create a healthier, more equitable community; the impact of new and ongoing initiatives to address priority health concerns; and whether gaps are emerging in priority areas. The following questions remain:

• In what ways is the city of Tacoma addressing economic disparities throughout the county?

• What impact has Tacoma’s Community Health Improvement Plan had on improving the health of all residents? Which goals have been reached? Which goals have been re-evaluated?

• How has the city of Tacoma used information from the health equity assessment to inform activity planning?

• To what extent have efforts by local residents and nonprofit organizations been successful in reducing the influence of gangs in Tacoma?

• In what ways is Tacoma addressing health inequity throughout the county, and specifically among low-income residents?

• In what ways have recent initiatives addressed the top priorities listed in the CHIP (mental health, access to health care, and chronic disease prevention)?

• How can the success stories for smaller community-driven initiatives be scaled up to address other drivers of health and well-being?

• To what extent are other coalitions and collaborations addressing the social, structural, and economic drivers being leveraged to consider their role in health and well-being? What are key facilitators and barriers to initiating or maintaining those linkages?