2025 Community Health Assessment

Executive Summary

Tacoma-Pierce County Health Department | Published August 2026

Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

Message from the Director

Pierce County is home to a remarkable and diverse community. It's shaped by resilience, aspiration, and an unwavering commitment to one another's well-being. The 2025 Community Health Assessment (CHA) reflects that. It's a data-informed look at our county's health, grounded in the voices of the people and organizations who live and work here.

At Tacoma-Pierce County Health Department, our mission is to protect and improve the health of all people and places in Pierce County. Our vision is simple and ambitious: Healthy people in healthy communities. We believe we can achieve that vision. This CHA is one of our most important steps toward making it a reality.

Public health is essential for all of us. Every day, the dedicated work of our staff and community partners ensures residents can enjoy a healthy meal, drink clean water, breathe healthy air, and live free from preventable diseases. That work happens all around us—often quietly—and it makes a difference. The CHA is our chance to gather data on that progress, look for gaps, and recommit to our mission.

What gives me the greatest hope is that the people behind this process were determined to incorporate a range of community voices. We engaged more than 100 representatives from 83 organizations spanning:

- Government.
- Healthcare.
- Education.
- Social services.
- Faith communities.
- Grassroots organizations grounded in the neighborhoods they serve.

The community partners' participation is a powerful reminder that Pierce County does not lack for compassion, commitment, or creativity. We are a county full of people who care, and who are already doing the work to ensure we realize our priorities.

The findings will serve as the foundation for our 2025–2030 Community Health Improvement Plan (CHIP). It will translate cross-cutting priorities into targeted, equity-centered strategies for collective action. This is where listening becomes learning, and learning becomes leading.

I am deeply grateful to every partner, community member, and staff member who contributed time, knowledge, and trust to this process. Your voices are represented throughout these pages, and your commitment gives me confidence that the path ahead, however challenging, is one we will walk together.

With gratitude and hope,

Chantell Harmon Reed, MS-HCM, Doula, FACHE
Director of Public Health, Tacoma-Pierce County Health Department

Executive Summary

About Tacoma-Pierce County Health Department

We operate through an interlocal partnership between Pierce County and City of Tacoma. This enables us to address public health issues that require coordinated responses across municipal boundaries.

We ground our work in the core public health functions: assessment, policy development, and assurance. Through surveillance, community engagement, and data analysis, we:

- Identify priority health issues.
- Support evidence-informed decision-making.
- Work with partners to improve population health.

We convene partners and elevate community voices to support shared understanding and coordinated action. The Community Health Assessment (CHA) is one of our foundational tools.

Health equity

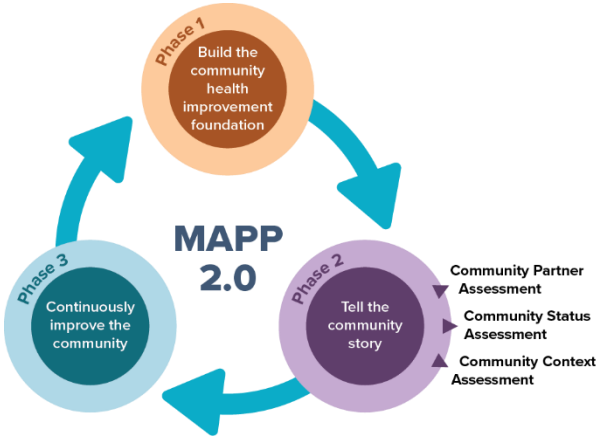
Health equity is the CHA's guiding principle. Health outcomes in Pierce County are not evenly distributed. Disparities across race, ethnicity, income, geography, and ability aren't the result of individual choice. They stem from long-standing structural and systemic inequities.

This assessment recognizes some conditions shape health more than medical care alone, including:

- Housing stability.
- Access to transportation.
- Environmental exposures.
- Economic opportunity.
- Access to culturally responsive services.

The CHA centers these upstream drivers by blending quantitative data with community knowledge and lived experience.

We used the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework to prioritize shared leadership, community participation, and accountability. We embedded equity in the way we chose data, elevated community voice, and used findings to inform action.



Findings

The 2025 CHA identifies the most pressing health and well-being challenges in Pierce County and the structural barriers that drive them. Drawing on community voices, quantitative health data, and organizational insights, this assessment reveals five recurring issues that require coordinated action. Residents continue to face significant challenges related to:

- Housing stability and affordability.
- Behavioral health access and stigma.
- Transportation and mobility.
- Digital access.
- Sustainability of community organizations that carry out equity-focused work.

These challenges appear consistently across our data sources and reflect long-standing structural barriers that shape opportunity and well-being in Pierce County. They represent both the complexity of health inequities in our region and the foundation for transformative collective action.

This CHA informs the 2025–2030 Community Health Improvement Plan (CHIP) and reflects the collective wisdom, experiences, and concerns of Pierce County residents and organizations that serve them. These issues appear across data sources and reflect long-standing structural barriers that influence opportunity and well-being.

The data we analyzed for this report points to several health issues that demand coordinated, equity-centered action.

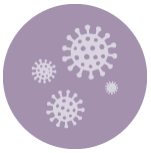
Health concerns

These nine health concerns reveal where inequities are most stark and where we most need coordinated action. Many reflect the structural barriers and social determinants of health (SDOHs) we identified. They expose significant disparities across Pierce County populations.

Life expectancy—Lower life expectancy and elevated years of potential life lost signal downstream effects of inadequate prenatal care, poor mental health, housing instability, and preventable deaths. Drug poisoning—usually involving fentanyl or methamphetamine—is a leading cause of unintentional death.

Chronic disease—Obesity and asthma, like many chronic diseases, reflect the cumulative impact of poverty, food insecurity, transportation barriers, and limited access to opportunities for physical activity.

Adult depression—Depression, like many other behavioral health conditions, calls for expanded behavioral health services and community-based support. They must be culturally relevant, linguistically appropriate, and accessible.



Infectious disease—Chlamydia and gonorrhea rates remain higher in Pierce County than statewide, despite recent declines. Disparities are clear. They point to a need for direct, equitable access to prevention, screening, and testing, as well as treatment and supportive services.

Discrimination—Discrimination in healthcare, housing, food access, and everyday life compounds existing inequities. It also reflects structural barriers embedded in institutional policies and power structures.

Homelessness—Housing instability creates cascading barriers to health, including limited access to routine medical care, chronic disease management, and mental health support.

Tobacco—Smoking effects ripple throughout our communities. They affect healthy births, chronic disease burden, and overall survival.

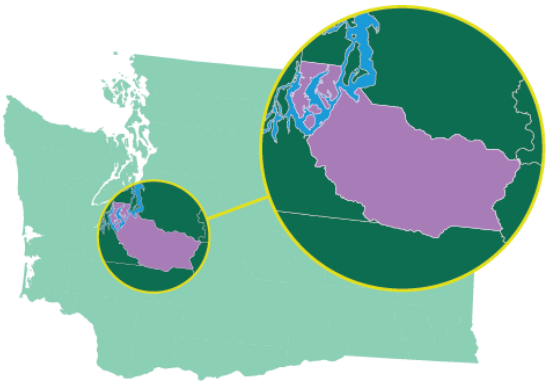
Pregnancy and childbirth—Many families lack adequate prenatal care. Improving access would support healthy childbirth, help prevent adverse birth outcomes, and set children on a path toward long-term health and success in life.

Youth substance use and mental health—A substantial minority of youth report mental health challenges and substance use. Social connection and access to mental health care are critical to addressing these concerns.

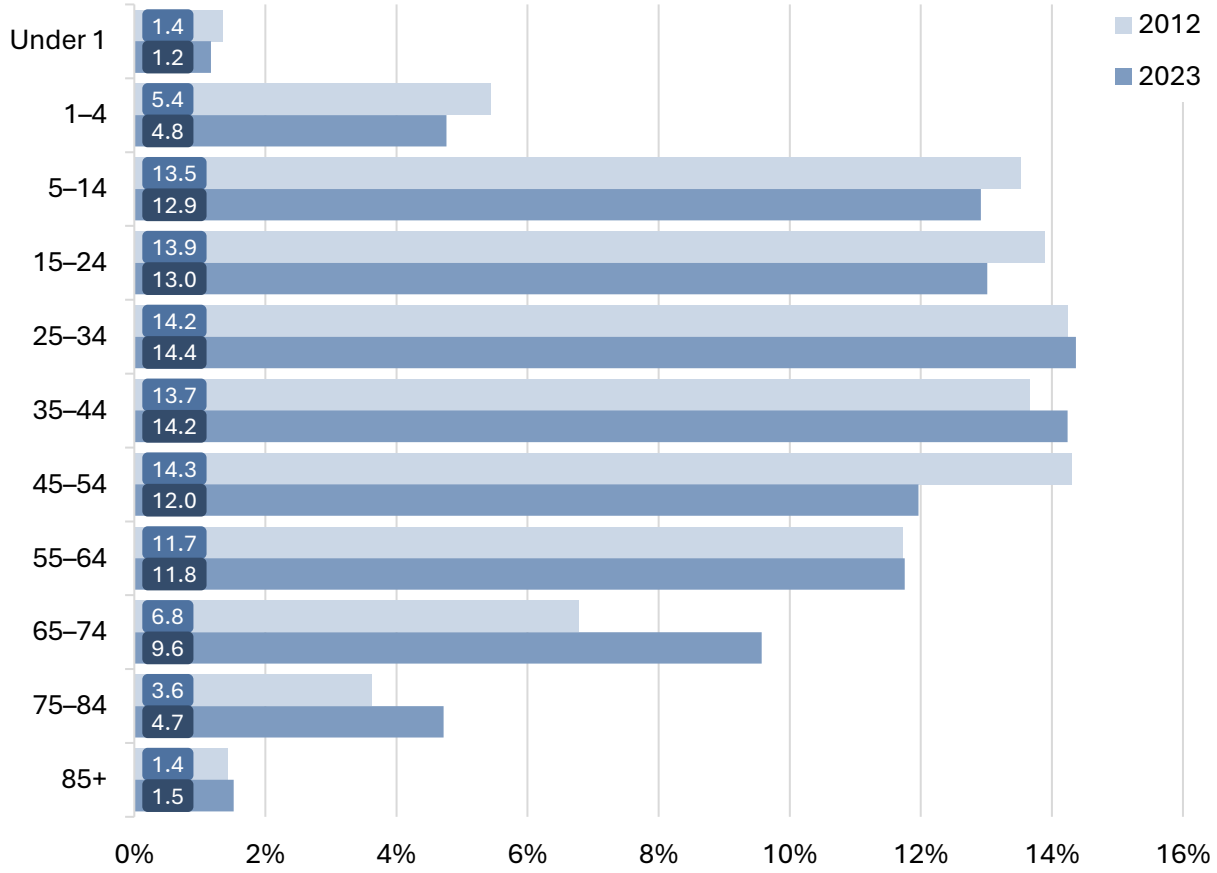
Who lives in Pierce County?

Demographics

In 2023, an estimated 946,300 people lived in Pierce County.[1] That's a 15% increase since 2012. While average age rose over this period from about 37 to 39 years, it masks big differences by age group. The number of Pierce County children younger than 5 years grew slightly, while residents 65 and older increased by about 55%.



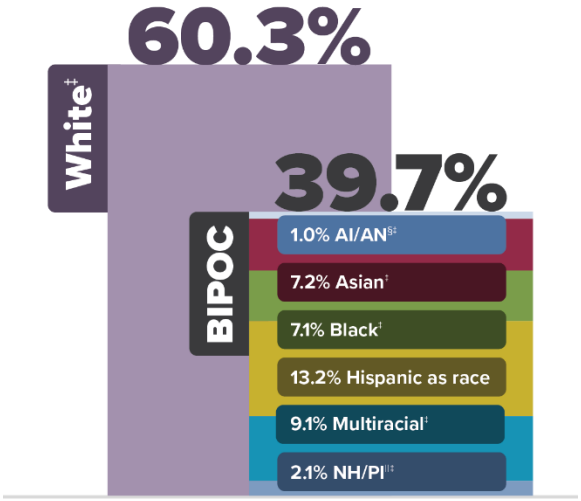
Population by age group (years), Pierce County, 2023



Source: Washington State Office of Fiscal Management (OFM).

[1] Washington State Office of Financial Management. (2023). "April 1 Official Population Estimates," accessed January 2025. ofm.wa.gov/data-research/population-demographics/estimates

Population by race/ethnicity, Pierce County, 2023



§ *American Indian/Alaska Native*
‡ *Non-Hispanic*
‖ *Native Hawaiian/Pacific Islander*
Source: OFM.

Race/ethnicity

Our population has become more diverse since 2012. Nearly 40% of residents now identify as Black, Indigenous, or person of color (BIPOC). This shift is more pronounced in young people. Among people younger than 25, 52.5% identify as BIPOC. For people 25 or older, it's about one-third.

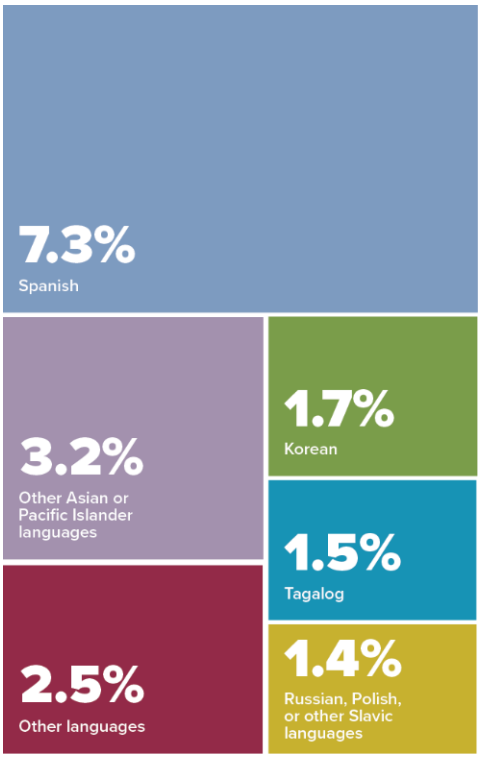
Language

Linguistic diversity reflects this population trend. After English, the most common languages spoken at home were Spanish (7.3%), Korean (1.7%), and Tagalog (1.5%). Another 3.2% of households spoke other Asian and Pacific Islander languages, and 1.4% speak Russian, Polish, or other Slavic languages.

Why language access matters

Language access is a critical component of health equity. Every Pierce County community should have access to essential health services. That's why we offer multilingual services, qualified interpretation, and culturally and linguistically responsive communication.

Most common non-English languages spoken at home, Pierce County, 2023

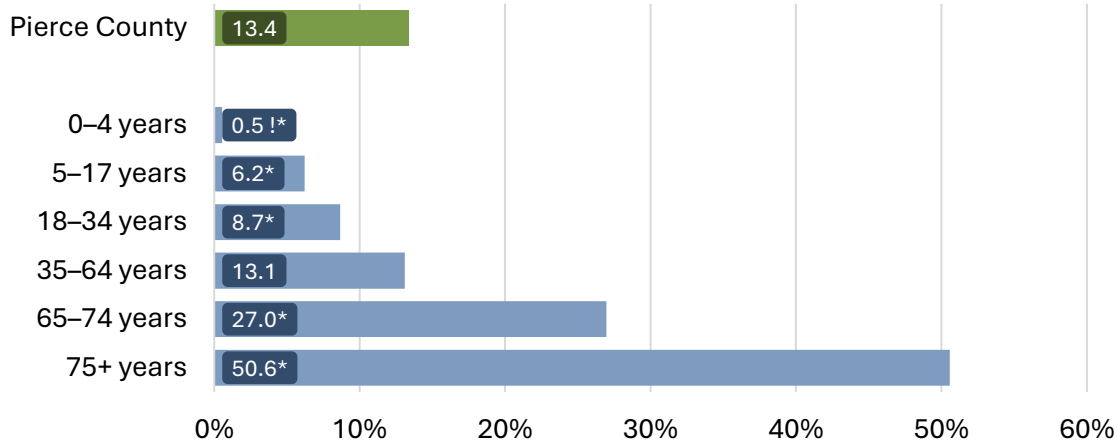


Source: OFM.

Disability

More than 1 in 10 residents live with a disability. The likelihood significantly increases with age.

Disability prevalence, Pierce County, 2018–2022



* *Statistically significant difference from overall Pierce County*
! *Interpret with caution; RSE >30%*
Source: USCB, ACS.

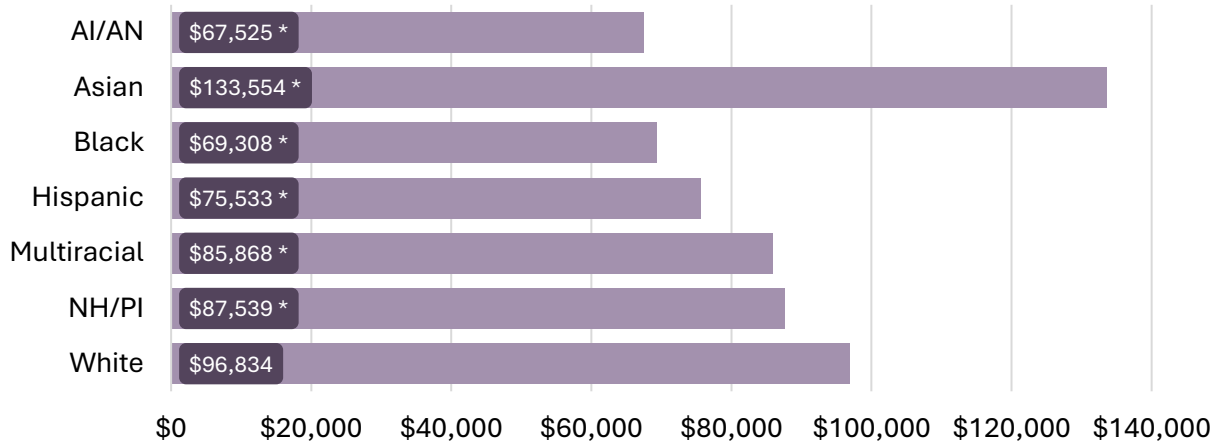
Socioeconomic status

Socioeconomic status (SES) is a key driver of health outcomes. It's primarily determined by your income, education, and occupation. They shape you and your family's access to resources and opportunities, including those that directly affect your health.

Income

From 2019 to 2023, the median household income in Pierce County was about $96,000. That's slightly higher than the state's median of $94,952. Individual income varied considerably by gender. The median income for men was $68,466, compared to $51,943 for women. Differences by race/ethnicity were even more pronounced. The median income for Asian residents was more than $133,000, while half of AI/AN residents earned less than $67,525.

Median income, Pierce County, 2019–2023

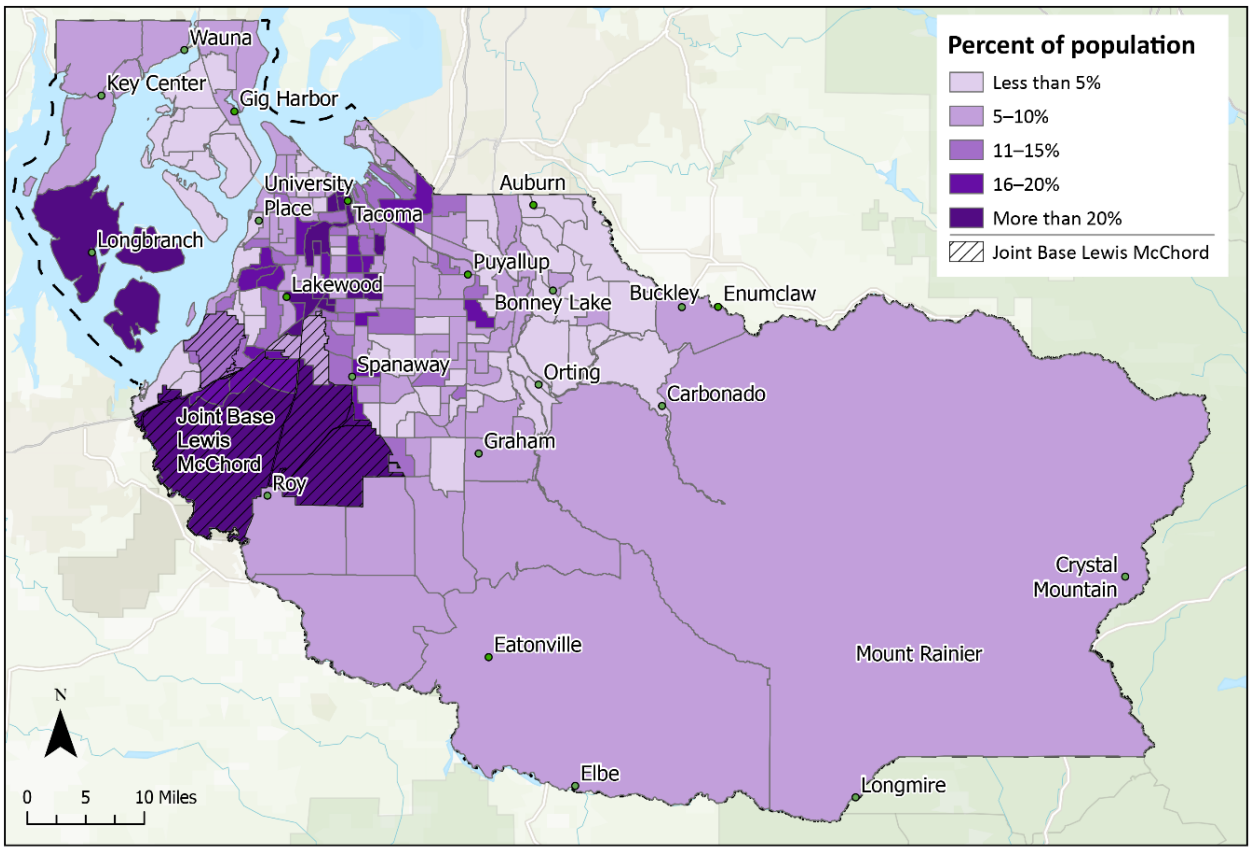


** Statistically significant difference from overall Pierce County*
Source: USCB, ACS.

Poverty

SES is a well-established determinant of health. Poverty in particular limits people's ability to meet their basic needs. The share of Pierce County residents living below 100% of the federal poverty level declined from 10.4% in 2015–2019 to 8.9% in 2019–2023. That's significantly below Washington's rate of 9.9%. Women are more likely to live in poverty than men. Black and NH/PI residents face significantly higher rates of poverty than Pierce County overall. Poverty exists throughout Pierce County, though its impact is not evenly distributed.

Percent of population below federal poverty limit, Pierce County, 2019–2023



Data sources: U.S. Census Bureau (2019–2023), Pierce County Geographic Information System (GIS). Created on July 13, 2026. All Tacoma-Pierce County Health Department data is expressly provided "as is" and "with all faults." The Health Department makes no warranty of any kind, express or implied, concerning this information, including but not limited to any warranties of merchantability or fitness for any purpose. The Health Department assumes no responsibility or legal liability concerning the data's accuracy, reliability, completeness, timeliness, or usefulness.

Unemployment

U.S. Census Bureau's (USCB's) American Community Survey (ACS) measures the employment rate among adults 16 or older who are employed or actively looking for work. About 5% of Pierce County residents 16 or older are unemployed, a rate comparable to the state estimate. Unemployment rates are similar for Pierce County women and men. By race/ethnicity, Black (7.5%) and multiracial (6.8%) residents have significantly higher rates of unemployment than the county overall, while Asian residents have a significantly lower rate (3.9%).

Education

In 2019–2022, 29.3% of Pierce County adults 25 years or older held at least a bachelor's degree, significantly below the state average of 38%. Education level widely varies among race/ethnicity groups. NH/PI residents have the lowest rate of bachelor's degree attainment (8.5%), while Asian residents have the highest (33%). These patterns are closely tied to income. Adults with incomes at or above the poverty level are more than twice as likely to hold a bachelor's degree (30.7%) as those with incomes below the poverty level (14.4%).

Food insecurity

Food insecurity—the inability to consistently access enough food—has a measurable impact on health and quality of life. From 2022 to 2023, an average of 12% of Pierce County adults reported the food they bought did not always last and they lacked the resources to buy more. This rate was higher than the two-year state average of 10.5%. During the 2023–2024 school year, 51.4% of students in Pierce County were eligible for free or reduced-price lunches, which is slightly lower than the state (52.5%).

Food access indicators, Pierce County, 2022–2024

Indicator	Pierce County	Washington
Food insecurity	12.0%	10.5%
Eligible for free or reduced-price lunch	51.4%	52.5%

Source: BRFSS; Office of the Superintendent of Public Instruction (OSPI).

Key inequities and disparities

Adult health outcomes

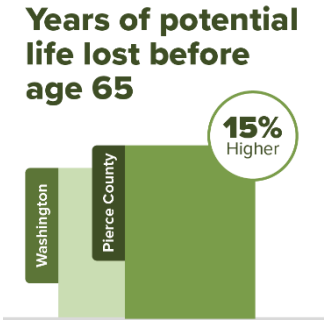
This section summarizes how Pierce County adults fare across multiple health indicators including mortality, chronic conditions, behavioral health, and infectious disease. It highlights where outcomes diverge from state benchmarks and where they fall unevenly across demographic groups.

Life expectancy

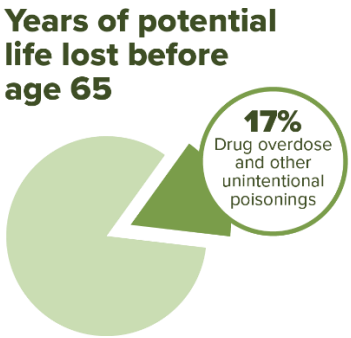
Key findings

Pierce County's **life expectancy** of 78.1 years falls below Washington's average of 79.4 years.

Premature death reduces overall life expectancy and can be measured through **years of potential life lost** (YPLL) before age 65. The YPLL rate is about 15% higher in Pierce County (4,600 per 100,000 people) than Washington (4,000 per 100,000 people).



Drug overdose and other unintentional poisonings make up 17% of Pierce County's years of potential life lost.



Disparities

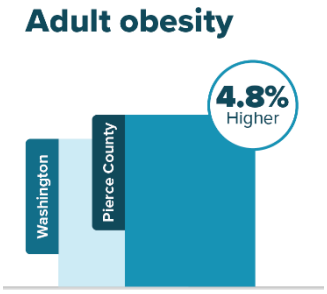
AI/AN **Black** **NH/PI**	Highest rates of years of potential life lost and lowest life expectancy among Pierce County race/ethnicity groups.
Men	Shorter life expectancy and higher rates of unintentional deaths than women.
AI/AN **Black**	Highest rates of drug-related deaths among Pierce County race/ethnicity groups.
Age 55–64	Most common age for drug-related deaths.
Age 75+	Most common age for deaths from unintentional falls.

Chronic disease

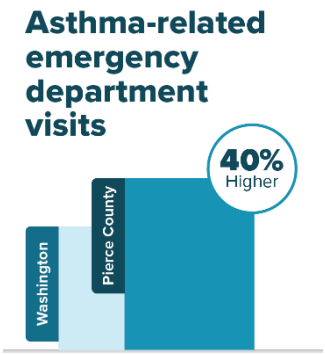
Key findings

Obesity is defined as having a body mass index (BMI) of 30 or higher based on self-reported height and weight. Although BMI is commonly used for population-level surveillance, it provides an indirect measure of adiposity (body fat) and may not accurately reflect differences in body composition across people and populations.

Pierce County residents are significantly more likely to be **obese** (34.3%) than residents statewide (29.5%).



Emergency department (ED) visits for **asthma** occur at a rate nearly 40% higher in Pierce County (520.7 per 10,000 visits) than Washington (374.7 per 10,000 visits).



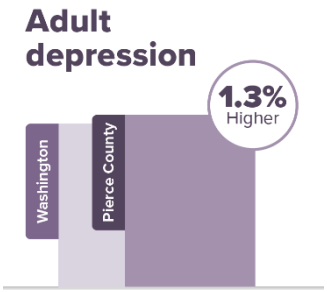
Disparities

Age 45–54	Most common age for obesity. People 24 or younger are least likely to be obese.
Women	Significantly more likely to experience asthma-related ED visits than men. As age increases, the likelihood of asthma-related ED visits decreases.

Adult depression

Key findings

About 25.3% of Pierce County adults report being diagnosed with **depression**. That's similar to the 24% reported statewide.



Reported depression diagnoses become less common with increasing age and household income. This highlights important social and economic inequities and protective factors in mental health outcomes.

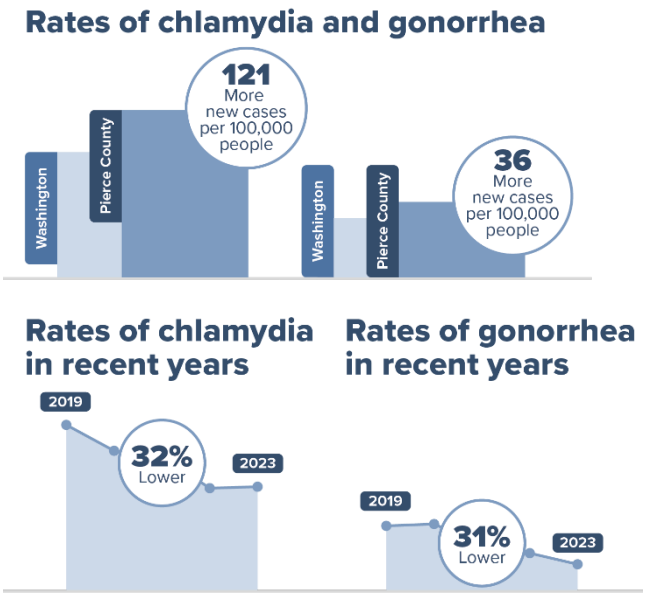
Disparities

AI/AN **Multiracial**	Report substantially higher rates of depression (47.6% and 34.4% respectively) than other Pierce County race/ethnicity groups. Asian residents report the lowest rates (8.7%).
Women	Significantly more likely to report being diagnosed with depression (32.5%) than men (17.8%).

Infectious disease

Key findings

Rates of chlamydia and gonorrhea in Pierce County remain higher than Washington overall, despite having declined by more than 30% in recent years. The trend mirrors state patterns.



Persistently elevated rates may reflect barriers to healthcare access, delays in testing and treatment, and ongoing stigma around STIs.

Disparities

Black	Experience disproportionately high rates of STIs.
Men **Black**	More likely to be living with HIV.

Social determinants of health

Health is shaped far more by the conditions in which you are born, grow, live, work, and age than by medical care. These SDOH include:

- Education.
- Healthcare.
- Financial stability.
- Environment.
- Social context.

These aren't distributed evenly across populations and account for the majority of the differences in health outcomes between groups. Medical care is estimated to account for only about 20% of a population's health outcomes. The rest comes from:

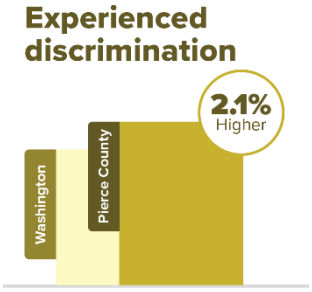
- Health behaviors (30%).
- Social and economic factors (40%).
- Physical environment (10%).

This helps explain why health is not distributed equally across Pierce County. Differences in life expectancy, chronic disease, and other outcomes often track with underlying social and economic conditions. Understanding these determinants is essential to interpreting the disparities discussed here. It will help us identify where policy and community-level action can most effectively improve population health.

Discrimination

Key findings

In Pierce County, 12.3% of respondents said they **experienced discrimination** sometimes, often, or always. That's a significantly higher percentage than the statewide figure of 10.2%.



Disparities

Black	Most likely to report experiencing discrimination (but a small number of respondents produced wide confidence intervals).
Hispanic **Multiracial**	Significantly more likely to report discrimination than Pierce County residents overall or white non-Hispanic residents.
Age **Income**	Rate declined as income and age increased.

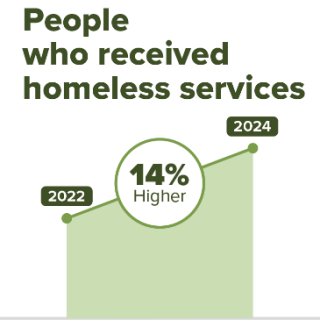
Homelessness

Key findings

Pierce County Human Services' Pierce County Homeless Crisis Response System is a network of services for people who:

- Are experiencing homelessness.
- Are at risk of experiencing homelessness.
- Experienced homelessness in the past.

In 2024, the system served 21,418 people. Of those, 9,772 were currently homeless. That was a 14% increase over 2022 and the highest number served in any recent year.



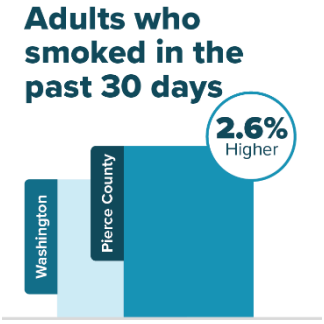
Disparities

Women	Slightly more likely (50.9%) to receive services than men (46.9%).
Men	Slightly more likely (52.7%) to be currently homeless than women (45.1%).
AI/AN **Black** **NH/PI**	Highest rates of homelessness.
Asian **White**	Lowest rates of homelessness.

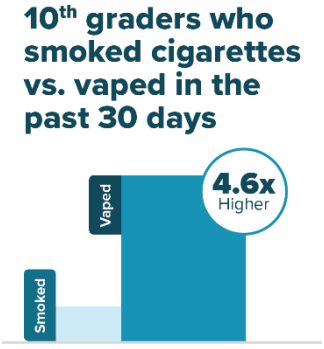
Tobacco

Key findings

In Pierce County, 13.3% of adults **smoked cigarettes** in the past 30 days. That was significantly more than the statewide figure of 10.7%.



Among 10th graders, cigarette smoking was far lower. The 2% who reported **smoking cigarettes** in the past 30 days was not significantly different from the state's 1.9%. Vaping was more common among youth. In Pierce County, 9.6% of 10th graders reporting **vaping**, again not notably different than statewide.



Tobacco use is a major contributor to premature death, including from chronic lower respiratory disease.

Disparities

Age 18–24 **Age 65+**	Significantly less likely to smoke than other age groups.
Age 55–64	Highest smoking rate.
Youth	More likely to vape than smoke cigarettes.
Income	Current smoking decreased as income level increased.

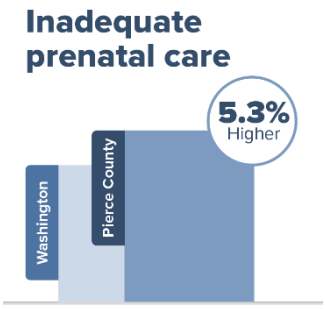
Child and youth health

Child and adolescent health spans from birth through age 18. This period is marked by immense change, growth, and development. Youth are the future and their experiences today will shape the well-being of our community tomorrow.

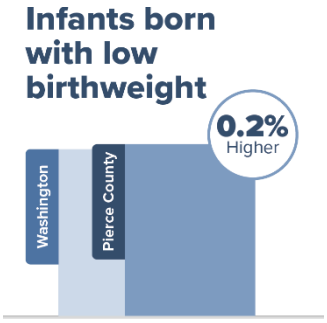
Pregnancy and childbirth

Key findings

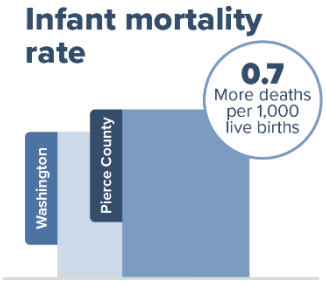
In Pierce County, 26.2% of pregnant people receive **inadequate prenatal care**, compared to 20.9% in Washington.



Seven percent of babies are born with **low birth weight**, similar to the state average.



The county's **infant mortality** rate is 5.2 deaths per 1,000 live births, compared to 4.5 per 1,000 statewide.



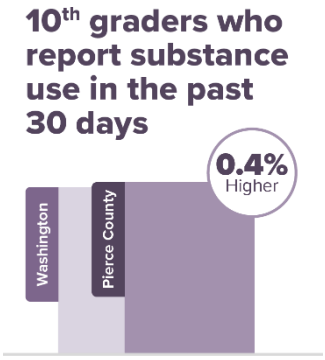
Disparities

Age 20 or younger **Age 35+**	Greatest risk of having a low birth weight baby.
AI/AN **Black** **NH/PI**	High rates of inadequate prenatal care, low birth weight, and infant mortality.
Live in a highly vulnerable community	More likely to receive inadequate prenatal care (40.7%) and have a low birth weight baby (8.2%).

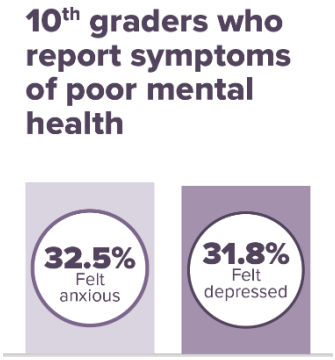
Youth Substance Use and Mental Health

Key findings

Among Pierce County 10th graders, 13.9% report using alcohol, marijuana, painkillers, or other illicit drugs in the past 30 days.



Nearly a third report symptoms of poor mental health: 32.5% report feeling anxious and 31.8% report feeling depressed.



Disparities

Race/ethnicity	Substance use varies sharply by race and ethnicity among 10th graders.
AI/AN	Most likely to report anxiety. Most likely to report using alcohol, marijuana, painkillers, or other illicit drugs (28.8%). Asian youth reported the lowest rates (7.2%).
Multiracial	Most likely to report depression.
Females	Twice as likely as males to report anxiety or depression.
Low income	More likely to report anxiety or depression. Higher rates of substance use (17.7%) than moderate- or high-income youth (13.2%).

Next steps: Community Health Improvement Plan

These priorities provide a clear foundation for the next phase of this work: the development of the CHIP. It will translate these needs into actionable strategies, measurable outcomes, and shared commitments across sectors.

Meaningful progress will require sustained collaboration among:

- Public health.
- Healthcare.
- Human services.
- Education.
- Housing.
- Economic development.
- Community-based organizations.

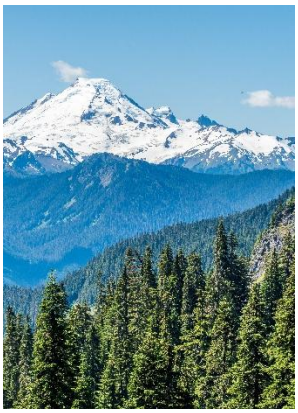
It will demand accountability to equity principles and a willingness to shift power, resources, and decision-making toward the communities most impacted by inequities. We must commit to working together to address the challenges we face and use our community resources to find solutions.

The CHA is not the end. Rather, it is the beginning of a call to action grounded in community voice and evidence. Data alone is not enough, but we can use it to drive meaningful action. We must invest in people, communities, and organizations that are already doing the daily work to ensure residents are healthy and that we're serving those most impacted by inequities. This assessment offers a well-rounded snapshot of the collective status of Pierce County. By aligning community insights and epidemiologic data with strategic planning and cross-sector partnership through the CHIP process, we have a foundation to build a healthier future where everyone thrives.

Find the complete 2025 Community Health Assessment at **tpchd.org/2025cha**.

Acknowledgements

Land and labor



We acknowledge Pierce County is located on the ancestral and contemporary lands of the Coast Salish peoples, including the Puyallup, Muckleshoot, Nisqually, and Squaxin Island Tribes. We honor Tribal sovereignty and the ongoing leadership of Tribal Nations in protecting community health, culture, and the environment. We also acknowledge Urban Indigenous people and Native community members who live in Pierce County and who may not be enrolled in a federally recognized Tribe. That includes those whose connections to land, culture, and community were disrupted by colonization, forced relocation, and exclusionary federal policies.

We acknowledge the labor of Black, Indigenous, immigrant, and working-class communities whose work built and sustains Pierce County. Too often, that work was under conditions shaped by structural racism and inequitable access to opportunity. The conditions described in the CHA reflect this history and highlight the role of partnership, accountability, and sustained investment in community-led solutions.

Partners

This Community Health Assessment (CHA) was made possible through the leadership, partnership, and generosity of many community-based organizations, public agencies, and people across Pierce County. We are grateful to all who contributed their time, expertise, lived experience, and trust.

We extend our sincere thanks to the following community and agency partners. They supported community engagement, facilitated focus groups, contributed art and storytelling, and reviewed and affirmed our findings.

- Bethel School District, Community Connections.
- Tahoma Indian Center.
- Coordinated Care.
- Tacoma Public Schools.
- Elevate Health.
- Franklin Pierce Schools.
- Oasis Youth Center.
- Tacoma Rescue Mission.
- Pierce County Human Services, Aging and Disability Resources.
- Blue Zones Project.
- Child Care Aware.
- Neighborhood Clinic.

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