<table>
<thead>
<tr>
<th>Topic</th>
<th>Population Impacted</th>
<th>Variation</th>
<th>Must have one of these four</th>
<th>Must have</th>
<th>Must have</th>
<th>Proven Impact Strategy</th>
<th>Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual cardiac screening</td>
<td>416,225 ppl</td>
<td>25-35% wasteful</td>
<td>Risks with screening</td>
<td>$76.3 million</td>
<td>Gap by coverage</td>
<td>Guidelines exist</td>
<td>Washington Health Alliance (WHOA)</td>
</tr>
</tbody>
</table>
| Asthma                                     | ~600,000 ppl (1/12 people) | Source: DOH  
- WHA Asthma medication ratio  
  - Commercial: 71%  
  - Medicaid: 49%  
- WHA Hospitalization COPD/asthma rate  
  - Commercial: 41.2/100,000  
  - Medicaid: 168/100,000 | 5,000 hospitalizations 100 deaths annually | Source: DOH | AIAN asthma rates double | Source: DOH | Self-management skills | Home visit models | Source: DOH | Washington Health Alliance (WHOA) |
| Co-occurring substance abuse and mental health | ~250,000 ppl | Source: SAMHSA  
- Variation in accessibility of treatment, especially in integrated intervention  
- Having a dual diagnosis increases severity, prevalence of early mortality + morbidity  
- Huge impact on quality of life, productivity  
- Differences by race in diagnosis and treatment | Validated screening tools  
Best treatment for dual diagnosis is integrated intervention | Source: NAMI | National Survey on Drug Use and Health Alcohol and Drug Abuse Institute, UW |
| Adverse Childhood Experiences (ACEs)       | ~61% of adults had experienced at least one type of ACE, 1 in 6 reported experienced four + | Variation in pediatric screening  
- Associated with multiple chronic diseases  
- Economic and social costs to families, communities, and society billions + annually  
- Women and several racial/ethnic minority groups at greater risk for 4 + ACEs | Foster resilience – CDC lists interventions | here | Behavioral Risk Factor Surveillance System (BRFSS) |