HSD Theory of Change

	Theory of Change Term	Definition & Action
	HSD Population Priority Population	All adults 18+ living in King County Adult relatives caring for children ages 18 and younger
	Desired Result	Promote Healthy Aging: All older adults experience stable health and can age in place.
	Indicator(s)	
	HSD Indicator(s)—REQUIRED	 % of adults (18+) reporting excellent/very good/good health
		 % of adults (18+) experiencing poverty
	Additional Indicator(s)	- % of <i>older</i> adults (60+) experiencing chronic health conditions
Racial Equity Population Accountability	Racial Disparity Indicator Data	 % of adults (18+) reporting excellent/very good/good health in King County¹: 69% of American Indian/Alaska Native People 92% of Asian People 84% of Black/African American People 83% of Hispanic/Latinx People 90% of Native Hawaiian/Pacific Islander People 91% of People who identify as Two or More Races 89% White People % of adults (18+) experiencing poverty in King County²: 42% of American Indian/Alaska Native People 16% of Asian People 33% of Hispanic/Latinx People 24% of Native Hawaiian/Pacific Islander People 20% of People who identify as Two or More Races 13% White People 13% White People

¹ Data produced by Public Health — Seattle & King County, Assessment, Policy Development & Evaluation, 12/5/2023. Original data source: Behavioral Health Risk Factor Surveillance System (BRFSS) (average: 2017-2021).

² U.S. Census Bureau American Community Survey (ACS), Public Use Microdata Sample, "Income < 200% of Federal Poverty Level", King County (average: 2017-2021).

		 % of <i>older</i> adults (60+) experiencing chronic health conditions in King County³: 83% of American Indian/Alaska Native People^ 50% of Asian People 76% of Black/African American People 72% of Hispanic/Latinx People 37% of Native Hawaiian/Pacific Islander People^ 76% of People who identify as Two or More Races 64% White People
	Focus Population	- American Indian/Alaska Native, Black/African American, and Hispanic/Latinx People
	Population-Level Racial Equity Goal(s)	 % of American Indian/Alaska Native, Black/African American, or Hispanic/Latinx adults reporting increase in excellent/very good/good health % of American Indian/Alaska Native, Black/African American, or Hispanic/Latinx adults experiencing less poverty
		 % of American Indian/Alaska Native, Black/African American, or Hispanic/Latinx older (60+) adults experiencing less chronic health conditions
		Kinship Navigator
	Strategies	 Ensure that caregivers access the Kinship Caregiver Support Program services, which provide assistance with urgent needs such as food, clothing, transportation, household items, school and youth activities, and one-time help with rent or utilities to prevent eviction or utility shut offs. Kinship Collaboration Coordinator
ıtability		 Leadership to ensure the recruitment and coordination of the Collaboration's membership groups, development of a network of kinship support groups and services to kinship caregivers.
no		Kinship Caregiver Support Program Services
program Accountability		• Ensure that supportive services are provided to diverse kinship caregivers age 55 and up who are caring for a family member's child.
		• Ensure that services are provided in a culturally appropriate manner with support groups and other activities tailored to fit the interests and needs of the focus population.

³ Data produced by Public Health — Seattle & King County, Assessment, Policy Development & Evaluation. Original data source: Behavioral Health Risk Factor Surveillance System (BRFSS) (average: 2016-2020).

[^] Interpret data with caution: sample size is very small, so data is imprecise.

		Quantity: - Number of unduplicated caregiver clients served (collected in GetCare) - - Number of access assistance contacts (collected in GetCare) - - Number of hours for case coordination (collected in GetCare) - Number of support group hours (collected in GetCare) - Number of supplemental services received (collected in GetCare) - Number of outreach activities completed (collected via survey) Quality: - - Number and percent of clients report good to excellent service (collected via survey) Impact: - - Number and percent of clients report positive impact because of service (collected via survey)
	Racial Equity Performance Measures	 Quantity: Number of unduplicated caregiver <i>focus population</i> clients served (collected in GetCare) Number of access assistance contacts made by <i>focus population</i> clients (collected in GetCare) Number of hours for case coordination for <i>focus population</i> clients (collected in GetCare) Number of support group hours for <i>focus population</i> clients (collected in GetCare) Number of support group hours for <i>focus population</i> clients (collected in GetCare) Number of supplemental services received by <i>focus population</i> (collected in GetCare) Number of outreach activities to <i>focus population</i> completed (collected via survey) Quality: Number and percent of <i>focus population</i> clients report good to excellent service (collected via survey)
		Impact: – Number and percent of <i>focus population</i> clients report positive impact because of service (collected via survey)