



**2021 COMMUNITY  
HEALTH NEEDS  
ASSESSMENT**

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# Executive Summary

Overlake Medical Center is a nonprofit health system located in Bellevue, Washington that provides a full range of primary care and advanced medical services to the Puget Sound Region. The passage of the federal Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. The purpose of this CHNA is to identify unmet health needs in the service area, provide information to select priorities for action and target geographical areas, and serve as the basis for community benefit programs.

## COMMUNITY DEFINITION

Overlake Medical Center (Overlake) is located at 1035 116th Ave NE, Bellevue, Washington, 98004. The service area for Overlake is divided into two markets - local and outlying - with the local market divided into five service areas (Bellevue, East, Issaquah/Sammamish, Redmond/Kirkland, and SW) and the outlying market divided into two service areas (North and South). The seven service areas include 26 cities/communities and an associated 44 ZIP Codes. The service area was determined from ZIP Codes that reflect a majority of patient admissions.

## ASSESSMENT PROCESS AND METHODS

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were obtained through interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Thirteen (13) interviews were completed in November and December, 2020. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

## PRIORITY HEALTH NEEDS

The community stakeholders prioritized the health needs according to highest level of importance in the community. COVID-19, access to health care, mental health, preventive practices and, substance use were ranked as the top five priority needs in the service area.

**Calculations from community stakeholders resulted in the following prioritization of the significant health needs:**

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
COVID-19	4.00
Access to health care	3.92
Mental health	3.92
Preventive practices	3.83
Substance use	3.75
Housing and homelessness	3.31
Cancer	3.27
Sexually transmitted infections	3.00
Overweight and obesity	2.73

## REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHNA report was adopted by the Overlake Medical Center Board of Directors in June 2021.

This report is widely available to the public on the hospital's web site at: <https://www.overlakehospital.org/about/community-benefit>. Written comments on this report can be submitted to Stephanie Hamrick at [stephanie.hamrick@overlakehospital.org](mailto:stephanie.hamrick@overlakehospital.org).

# Introduction

## BACKGROUND AND PURPOSE

Overlake Medical Center is a nonprofit health system located in Bellevue, Washington that provides a full range of primary care and advanced medical services to the Puget Sound Region. Our mission is to provide compassionate care for every life we touch. Since opening in 1960, Overlake has grown to a 349-bed medical center distinguished for its compassionate and patient-centered care.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary

data collection and secondary data analysis that focus on the health and social needs of the service area.

## SERVICE AREA

Overlake Medical Center (Overlake) is located at 1035 116th Ave NE, Bellevue, Washington, 98004. Overlake tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. The service area was determined based on the ZIP Codes that reflect a majority of patient admissions.

The service area for Overlake is divided into two markets - local and outlying - with the local market divided into five service areas (Bellevue, East, Issaquah/Sammamish, Redmond/Kirkland, and SW) and the outlying market divided into two service areas (North and South). The seven service areas and their associated 44 ZIP Codes and cities follow:

### Overlake Medical Center Service Area

Service Area Subdivision		City	Zipcode
Local Service Area	Bellevue (Zipcodes 98009 and 98015 of Bellevue city are not available)	Bellevue	98004, 98005, 98006, 98007, 98008
		Medina	98039
	East (Zipcodes 98025 of Hobart is not available)	Carnation	98014
		Fall City	98024
		North Bend	98045
		Preston	98050
		Snoqualmie	98065
		Snoqualmie Pass	98068
	Issaquah/Sammamish	Issaquah	98027, 98029
		Sammamish	98074, 98075
	Redmond/Kirkland (Zipcodes 98083 of Kirkland and 98073 of Redmond are not available)	Kirkland	98033
		Redmond	98052, 98053
	Southwest	Mercer Island	98040
		Newcastle	98056
		Renton	98059

Service Area Subdivision		City	Zipcode
Outlying Service Area	North (Zipcodes 98041 of Bothell and 98082 of Mill Creek/Bothell are not available)	Bothell	98011, 98021
		Duvall	98019
		Kenmore	98028
		Kirkland	98034
		Mill Creek	98012
		Snohomish	98296
		Woodinville	98072, 98077
	South	Black Diamond	98010
		Maple Valley	98038
		Ravensdale	98051
		Renton	98055, 98057, 98058

Source: U.S. Bureau of the Census, American Community Survey

### CONSULTANT

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. [www.bielconsulting.com](http://www.bielconsulting.com).

# Data Collection Methodology

## SECONDARY DATA COLLECTION

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of King County and Washington, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing Overlake community data findings with Healthy People 2030 objectives (Attachment 1).

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 and Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People objectives with service area data.

## REGIONS, HEALTH REPORTING AREAS (HRAS), AND CITY HEALTH PROFILES

Data analyses were conducted at the most local level possible for Overlake's primary service area, given the availability of the data. In some cases, data were only available at the county level.

Regions and Health Reporting Areas (HRAs) were created by King County Public Health to examine geographic patterns at a level below the county level. In addition, they created City Health Profiles for facilitating the reporting of certain data. There are four (4) regions in King County: North, East, South, and Seattle. North Region includes: Bothell, Cottage Lake, Kenmore, Lake Forest Park, Shoreline, and Woodinville. East Region includes: Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, and Skykomish. South region contains: Auburn, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Renton, Tukwila, SeaTac, White Center/ Boulevard Park, and Vashon Island. While data from all four regions may be reported in some data tables, the hospital service area is primarily located in the East Region.

King County Public Health created 48 Health Reporting Areas (HRAs) to more closely coincide with city boundaries. Where possible, neighborhoods are defined within large cities (i.e., Bellevue-Central, Bellevue-NE, Bellevue-South and Bellevue-West are four separate HRAs) and unincorporated areas of King County are delineated. For confidentiality and data reliability, some areas were combined. Eighteen of the forty-eight HRAs coincide with the Overlake service area.

For the purpose of creating City Health Profiles, King County Public Health divided the area into twenty-six cities or areas. These areas are comprised, in some cases, of smaller HRAs, grouped for statistical validity and local geographical understandings of what areas make up a particular city. Twelve of the twenty-six cities/areas coincide with the hospital service area.

## Crosswalk of 19 HRAs, 12 City Health Profile Areas, and Cities within Report Areas

Health Reporting Areas (HRAs)	City Health Profile Areas	Cities Within Each City Report Area, per 2012 reports
Bear Creek/Carnation/Duvall HRA	Bear Creek/Carnation/Duvall area	Bear Creek, Carnation, Duvall, Cottage Lake, Union Hill-Novelty Hill, Ames Lake, & Lake Marcel-Stillwater
Bellevue-Central HRA	Bellevue Area	Bellevue
Bellevue-NE HRA		
Bellevue-South HRA		
Bellevue-West HRA		
Bothell/Woodinville HRA	Bothell/Woodinville Area	Bothell and Woodinville
Covington/Maple Valley HRA	Covington/Maple Valley Area	Covington, Maple Valley, Hobart and Shadow Lake
Issaquah HRA	Issaquah Area	Issaquah
Kirkland HRA	Kirkland/North Kirkland Area	Kirkland, North Kirkland, Kingsgate, Inglewood-Finn Hill
North Kirkland HRA		
Mercer Island/Point Cities HRA	Mercer Island/Point Cities Area	Mercer Island, Point Cities, Medina, Clyde Hill, Yarrow Point and Hunts Point
Newcastle/Four Creeks HRA	Newcastle/Four Creeks Area	Newcastle, Four Creeks, East Renton Highlands and Mirrormont
Redmond HRA	Redmond Area	Redmond
Renton-East HRA	Renton Area	Renton and Bryn-Mawr Skyway (Fairwood and Maple Heights-Lake Desire moved to Fairwood HRA for 2016 & '19 City Reports)
Renton-North HRA		
Renton-South HRA		
Sammamish HRA	Sammamish Area	Sammamish
Snoqualmie/North Bend/Skykomish HRA	Snoqualmie/North Bend/Skykomish Area	Snoqualmie, North Bend, Skykomish, Klahanie, Riverbend, Tanner and Baring

### AMERICAN COMMUNITY SURVEY

American Community Survey data are gathered annually by the Census Bureau and supplement data gathered in the Decennial Census. Not all ZIP Codes are tracked by the Census Bureau, often because they are too new or too few people reside in them to protect individual privacy. This is the case with 7 of the 44 ZIP Codes that make up Overlake's service area. The ZIP Codes and cities have been grouped to conform to the Overlake service area subdivisions.

### PRIMARY DATA COLLECTION

Overlake conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Thirteen (13) interviews were completed in November and December, 2020. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interviewees included individuals who are

leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." Several attempts were made to connect with representatives from Public Health – Seattle & King County, but due to competing priorities related to COVID-19, they were not able to participate in the stakeholder interviews.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations.



Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews. These data were then used to help guide the interviews. The needs assessment interviews were structured to obtain greater depth of information and build on the secondary data review. During the interviews, participants were asked to identify the major health issues in the community and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. The interviews focused on these significant health needs:

1. Access to health care
2. Cancer
3. COVID-19
4. Housing and homelessness
5. Mental health
6. Overweight and obesity
7. Preventive practices
8. Sexually transmitted infections
9. Substance use and misuse

Interview participants were also asked to share information on any other health or social issues not included in the interview as well as any additional comments. Responses and trends relative to the interview questions are summarized in the following report.

## PUBLIC COMMENT

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.overlakehospital.org/about/community-benefit>. To date, no comments have been received.

# Prioritization of Significant Health Needs

The identified significant health needs were prioritized with input from the community. Interviews with community stakeholders and a community survey were used to gather input on the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. Additionally, the link to the prioritization survey was made available to community residents. The stakeholders were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. COVID-19, mental health and substance use had the highest scores for severe impact on the community in the survey. COVID-19, housing and homelessness and mental health had the highest rankings for worsened over time. Housing and homelessness, mental health and COVID-19 were rated highest on insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	53.9%	20.0%	60.0%
Cancer	18.2%	12.5%	12.5%
COVID-19	91.7%	88.9%	70.0%
Housing and homelessness	58.3%	80.0%	90.0%
Mental health	91.7%	80.0%	80.0%
Overweight and obesity	9.1%	11.1%	22.2%
Preventive practices	50.0%	20.0%	20.0%
Sexually transmitted infections	0%	0%	11.1%
Substance use	72.8%	62.5%	66.7%

The interviewees and community residents were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each health need. COVID-19, access to health care, mental health, preventive practices and, substance use were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs:

<b>Significant Health Needs</b>	<b>Priority Ranking (Total Possible Score of 4)</b>
COVID-19	4.00
Access to health care	3.92
Mental health	3.92
Preventive practices	3.83
Substance use	3.75
Housing and homelessness	3.31
Cancer	3.27
Sexually transmitted infections	3.00
Overweight and obesity	2.73

Community input on these health needs is detailed throughout the CHNA report.

## **RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS**

Community stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

## **REVIEW OF PROGRESS**

In 2018, Overlake conducted the previous CHNA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2018 CHNA addressed: access to care, cardiovascular disease, mental health and preventive practices through a commitment of community benefit programs and resources. The impact of the actions that Overlake used to address these significant health needs can be found in Attachment 4.

# Community Demographics

## POPULATION

The population of the Overlake service area is 934,576. From 2013 to 2018, the population increased by 9.8%.

### Total Population and Change in Population

	Overlake Service Area	King County	Washington
Total Population	934,576	2,163,257	7,294,336
Change in Population, 2013-2018	9.8%	9.6%	7.0%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 & 2014-2018, DP05. <http://data.census.gov>

The hospital service area population is 50.1% female and 49.9% male.

### Population by Gender

	Overlake Service Area	King County	Washington
Male	49.9%	50.1%	50.0%
Female	50.1%	49.9%	50.0%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP05. <http://data.census.gov>

Children and youth, ages 0-19, make up 25.4% of the population, 62.3% are adults, ages 20-64, and 12.3% of the population are seniors, ages 65 and over. The service area population has a higher percentage of children and youth, and adults, ages 45-64, than in the county or state.

### Population by Age

	Overlake Service Area		King County		Washington	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	59,687	6.4%	128,652	5.9%	453,008	6.2%
Age 5-19	177,633	19.0%	363,843	16.8%	1,354,225	18.6%
Age 20-24	42,493	4.5%	133,287	6.2%	485,160	6.7%
Age 25-44	284,761	30.5%	705,534	32.6%	2,042,551	28.0%
Age 45-64	255,057	27.3%	557,332	25.8%	1,885,893	25.9%
Age 65+	114,945	12.3%	274,609	12.7%	1,073,499	14.7%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP05. <http://data.census.gov>

When the service area is examined by community, Snoqualmie has the highest percentage of children and youth (34.2%). Snoqualmie Pass (10.2%) has the lowest percentage of children and youth in the service area.

The percent of the service area population, ages 65 years and older, is 12.3%, which is lower than the state rate of 14.7%. Mercer Island has the highest percentage of seniors in the area (20.4%). Preston, with a total population of 552 individuals, reports no seniors.

## Population by Youth, Ages 0-19, and Seniors, Age 65+

	Zipcode	Total Population	Youth, Ages 0-19	Seniors, Ages 65+
Bellevue	98004	35,034	19.1%	15.5%
Bellevue	98005	18,765	21.8%	13.9%
Bellevue	98006	37,769	25.4%	14.8%
Bellevue	98007	29,174	20.6%	9.8%
Bellevue	98008	25,539	24.1%	17.7%
Black Diamond	98010	5,485	24.6%	12.6%
Bothell	98011	33,109	24.1%	13.3%
Bothell	98021	30,753	25.1%	11.9%
Carnation	98014	6,911	18.8%	15.2%
Duvall	98019	11,811	29.1%	6.7%
Fall City	98024	6,658	27.3%	15.0%
Issaquah	98027	30,250	24.8%	13.6%
Issaquah	98029	28,727	28.1%	10.3%
Kenmore	98028	22,516	24.1%	13.8%
Kirkland	98033	39,075	22.8%	13.2%
Kirkland	98034	43,119	21.7%	13.0%
Maple Valley	98038	35,568	32.2%	9.8%
Medina	98039	3,260	28.6%	19.2%
Mercer Island	98040	25,492	25.4%	20.4%
Mill Creek	98012	64,417	27.3%	10.8%
Newcastle	98056	35,373	21.4%	10.5%
North Bend	98045	14,795	25.7%	9.9%
Preston	98050	552	18.5%	0.0%
Ravensdale	98051	4,333	25.2%	11.7%
Redmond	98052	67,779	24.7%	10.6%
Redmond	98053	22,175	26.5%	19.5%
Renton	98055	24,231	21.7%	11.8%
Renton	98057	13,362	23.8%	9.9%
Renton	98058	43,523	24.7%	13.5%
Renton	98059	38,362	26.6%	12.2%
Sammamish	98074	28,395	32.9%	6.3%
Sammamish	98075	23,587	31.2%	8.8%
Snohomish	98296	30,373	28.4%	10.2%
Snoqualmie	98065	15,548	34.2%	7.9%
Snoqualmie Pass	98068	392	10.2%	15.3%
Woodinville	98072	24,213	25.3%	14.0%
Woodinville	98077	14,151	28.9%	11.2%
Overlake Service Area		934,576	25.4%	12.3%
King County		2,163,257	22.8%	12.7%
Washington		7,294,336	24.8%	14.7%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05. <http://data.census.gov/>

## RACE/ETHNICITY

The majority population in the service area identifies as White/Caucasian (63.9%), with 20.9% of the population identifying as Asian, 7.2% of the population is Hispanic/Latino, 4.6% of individuals identify as multiracial (two-or-more races) and 2.6% of the population is Black/African American. Native Hawaiian/Pacific Islanders are 0.4%, American Indian/Alaskan Natives are 0.2% of the population, and those who are of a race/ethnicity not listed represent 0.2% of the population.

### Race/Ethnicity

	Overlake Service Area	King County	Washington
White	63.9%	60.4%	69.1%
Asian	20.9%	17.0%	8.3%
Hispanic or Latino	7.2%	9.6%	12.5%
Multiracial	4.6%	5.3%	4.7%
Black/African American	2.6%	6.1%	3.6%
Native HI/Pacific Islander	0.4%	0.8%	0.6%
American Indian/AK Native	0.2%	0.5%	1.1%
Some other race	0.2%	0.2%	0.2%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP05. <http://data.census.gov/>

When race/ethnicity is examined by areas, the Bellevue area (34.5%) has the highest percentage of Asians. The Southwest service area (9.6%) and South service area (8.7%) have the highest percentage of Hispanics/Latinos. The South service area has the highest percentage of Blacks/African Americans (6.8%). The East service area has by-far the highest percentage of Whites (82.4%).

### Race/Ethnicity by Subset Service Areas

	White	Asian	Hispanic Latino	Black
Bellevue	50.9%	34.5%	6.7%	2.6%
East	82.4%	5.9%	6.5%	1.0%
Issaquah/Sammamish	64.0%	24.4%	6.0%	1.5%
Redmond/Kirkland	61.4%	26.3%	6.5%	1.3%
Southwest	58.4%	22.5%	9.6%	3.7%
North	71.8%	14.7%	6.9%	1.4%
South	62.2%	14.2%	8.7%	6.8%
Overlake Service Area	63.9%	20.9%	7.2%	2.6%
King County	60.4%	17.0%	9.6%	6.1%
Washington	69.1%	8.3%	12.5%	3.6%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP05. <http://data.census.gov/>

## LANGUAGE

In the service area, 71.9% of the population 5 years and older speak only English in the home. 13.2% speak an Asian/Pacific Islander language, 4.9% speak Spanish, and 8.7% speak an Indo-European language other than Spanish in the home.

### Language Spoken at Home for the Population, 5 Years and Over

	Overlake Service Area	King County	Washington
Population, 5 years and older	874,889	2,034,605	6,841,328
English only	71.9%	72.8%	80.6%
Speaks Asian or Pacific Islander language	13.2%	11.6%	5.9%
Speaks non-Spanish Indo-European language	8.7%	6.6%	3.9%
Speaks Spanish	4.9%	6.5%	8.5%
Speaks other language	1.2%	2.4%	1.1%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP02. <http://data.census.gov/>

The highest percentage of Asian language speakers, within the service area, is in the Bellevue region (23.2%). The Redmond/Kirkland area (13.2%) has the highest percentage of Indo-European languages spoken at home. The Southwest region (7%) has the highest percentage of Spanish speakers in the service area.

### Language Spoken at Home by Subset Service Area

	English	Asian/Pacific Islander	Non-Spanish Indo European	Spanish
Bellevue	59.0%	23.2%	11.4%	4.9%
East	88.9%	3.2%	3.9%	3.9%
Issaquah/Sammamish	71.1%	13.8%	10.1%	4.0%
Redmond/Kirkland	65.0%	14.9%	13.2%	4.8%
Southwest	69.6%	15.9%	6.3%	7.0%
North	77.7%	8.9%	7.9%	4.6%
South	78.2%	9.7%	5.1%	5.4%
Overlake Service Area	71.9%	13.2%	8.7%	4.9%
King County	72.8%	11.6%	6.6%	6.5%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov/>

Among area school districts, the percentage of students classified as English Language Learners ranges from 0% in the Skykomish School District (with 58 enrolled students) and 3.3% in the Snoqualmie Valley School District, to 17.7% in the Renton School District. The percentage of bilingual students in area school districts, with the exception of Bellevue and Renton districts, are all lower than the state (11.7%).

## English Language Learner Students by School District

	Percent
Bellevue School District	14.2%
Issaquah School District	6.6%
Lake Washington School District	10.4%
Mercer Island School District	3.8%
Northshore School District	8.1%
Renton School District	17.7%
Riverview School District	5.1%
Skykomish School District	0.0%
Snohomish School District	4.2%
Snoqualmie Valley School District	3.3%
King County	10.1%
Washington	11.7%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2019-2020. <http://reportcard.ospi.k12.wa.us/>

## VETERAN STATUS

In the service area, 6% of the civilian population, 18 years and older, are veterans. This is similar to the county rate (6.1%) and lower than the statewide rate (9.6%).

### Veteran Status

	Percent
Bellevue	4.9%
East	7.5%
Issaquah/Sammamish	4.6%
Redmond/Kirkland	5.1%
Southwest	6.9%
North	6.5%
South	7.5%
Overlake Service Area	6.0%
King County	6.1%
Washington	9.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

## CITIZENSHIP

In the Overlake service area, 24.3% of the population is foreign-born, which is slightly higher than county (22.5%) and much higher than the statewide (14%) rate. Of the foreign-born, 53.5% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

### Foreign-Born Residents and Citizenship

	Overlake Service Area	King County	Washington
Foreign born	24.3%	22.5%	14.0%
Of foreign born, not a U.S. citizen	53.5%	52.3%	52.6%



# Social Determinants of Health

## SOCIAL AND ECONOMIC FACTORS RANKING

County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Washington's 39 counties are ranked according to social and economic factors with 1 being the county with the best factors to 39 for the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. King County is ranked second among Washington counties, according to social and economic factors.

### Social and Economic Factors Ranking

	County Ranking (out of 39)
King County	2

Source: County Health Rankings, 2020 <http://www.countyhealthrankings.org>

## UNEMPLOYMENT

The unemployment rate in the Overlake service area, averaged over 5 years, was 4%. This is lower than King County's (4.5%) and the state's unemployment rates (5.3%). The highest rate of unemployment was found in the South region of the service area (4.9%), and the lowest (3.5%) in East region.

### Employment Status for the Population, 16 and Over

	Civilian Labor Force	Unemployed	Unemployment Rate
Bellevue	80,521	3,186	4.0%
East	25,111	869	3.5%
Issaquah/Sammamish	58,339	2,096	3.6%
Redmond/Kirkland	70,882	2,520	3.6%
Southwest	54,604	2,377	4.4%
North	151,519	5,842	3.9%
South	69,511	3,388	4.9%
Overlake Service Area	510,487	20,278	4.0%
King County	1,231,992	55,432	4.5%
Washington	3,712,186	198,330	5.3%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP03. <http://data.census.gov/>

## POVERTY

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2018, the federal poverty level (FPL) for one person was \$12,784 and for a family of four \$25,465.

Among the residents in the service area, 5.8% are at or below 100% of the federal poverty level (FPL) and 13% are at 200% of FPL or below. These rates of poverty and low-income, and those of each service area region, are lower than found in the state and county. The highest rates of poverty in the service area are found in the South (7.9%), Bellevue (6.7%) and Southwest (6.2%) regions. The highest service area rates of low-income residents are also found in the South (18.4%), Southwest (15%) and Bellevue (14.5%) regions.

## Ratio of Income to Poverty Level, by Subset Service Area (<100% FPL and <200% FPL)

	<100% FPL	<200% FPL
Bellevue	6.7%	14.5%
East	4.4%	10.1%
Issaquah/Sammamish	4.3%	9.2%
Redmond/Kirkland	5.1%	10.6%
Southwest	6.2%	15.0%
North	5.1%	12.0%
South	7.9%	18.4%
Overlake Service Area	5.8%	13.0%
King County	9.5%	20.7%
Washington	11.5%	26.9%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S1701. <http://data.census.gov/>

When examined by sub-category, the South region has the highest rate of poverty among children (10.2%), and the Bellevue (6.9%) and Issaquah/Sammamish (6.8%) regions have the highest rate of poverty among seniors, followed by the South region (6.2%). In the South region, almost a third of households (30.2%) with a female head-of-household (HoH), living with her own children, under the age of 18, live in poverty.

## Poverty Levels of Children, under Age 18; Seniors, Ages 65+; and Female HoH

	Children	Seniors	Female HoH with Children*
Bellevue	6.4%	6.9%	26.8%
East	6.1%	3.8%	14.4%
Issaquah/Sammamish	5.2%	6.8%	22.5%
Redmond/Kirkland	4.0%	5.6%	20.5%
Southwest	6.0%	5.5%	18.3%
North	5.3%	5.3%	24.4%
South	10.2%	6.2%	30.2%
Overlake Service Area	6.1%	5.9%	24.0%
King County	11.3%	8.4%	27.1%
Washington	14.6%	7.7%	32.6%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, S1701 & \*S1702. <http://data.census.gov/>

## FREE AND REDUCED-PRICE MEALS

The percentage of students eligible for the free and reduced-price meal program is one indicator of socioeconomic status. In the Skykomish School District, 92.2% of the 51 students enrolled in the 2019-2020 school year were eligible for the free and reduced-price meal program. 45.3% of Renton School District students were eligible for the free and reduced-price meal program. These are higher than the state rate of 43.3%. The remaining area school districts' rates of student eligibility are below the county (31.5%) and state rates (43.3%).

## Free and Reduced-Price Meals Eligibility

	Percent Eligible Children	
	2015-2016	2019-2020
Bellevue School District	18.0%	15.7%
Issaquah School District	7.2%	8.0%
Lake Washington School District	13.0%	10.4%
Mercer Island School District	4.0%	2.6%
Northshore School District	13.9%	11.4%
Renton School District	52.4%	45.3%
Riverview School District	16.8%	11.8%
Skykomish School District	100.0%	92.2%
Snohomish School District	21.6%	18.8%
Snoqualmie Valley School District	12.7%	8.5%
King County	<b>34.3%</b>	<b>31.5%</b>
Washington	<b>44.4%</b>	<b>43.3%</b>

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2015-2016 & 2019-2020. <https://www.k12.wa.us/data-reporting/reporting/child-nutrition-program-reports>

## HOUSEHOLDS

In the Overlake service area, there are 353,575 households and 373,978 housing units. Over the last five years, the population grew by 9.8%, the number of households grew at a rate of 7.9%, housing units grew at a rate of 7.7%, and vacant units increased by 5%. Owner-occupied housing increased by 6% and renters increased by 12.1%.

### Households and Housing Units, and Percent Change

	Overlake Service Area			King County		
	2013	2018	Percent Change	2013	2018	Percent Change
Households	327,712	353,575	7.9%	802,606	865,627	7.9%
Housing units	347,135	373,978	7.7%	856,720	917,904	7.1%
Owner occ.	226,428	240,011	6.0%	466,964	494,443	5.9%
Renter occ.	101,284	113,564	12.1%	335,642	371,184	10.6%
Vacant	19,423	20,403	5.0%	54,114	52,277	(-3.4%)

Source: U.S. Census Bureau, American Community Survey, 2009-2013 & 2014-2018, DP04. <http://data.census.gov/>

The weighted average of the median household income in the area is \$113,691, and ranges from \$85,523 in the South region of the service area to \$139,192 in the Issaquah/Sammamish region.

### Median Household Income

	Households	Median Household Income*
Bellevue	59,721	\$118,052
East	15,867	\$120,787
Issaquah/Sammamish	40,037	\$139,192
Redmond/Kirkland	51,331	\$126,269
Southwest	37,556	\$106,952
North	101,895	\$108,945
South	47,168	\$85,523
Overlake Service Area	353,575	\$113,691
King County	865,627	\$89,418
Washington	2,800,423	\$70,116

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP03. <http://data.census.gov/> \*weighted average of the medians, except for King County and Washington figures

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 29.4% of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is lower than county (33.9%) and state (33%) rates. The regions of the service area with the highest percentage of households spending 30% or more of their income on housing are the South (34.3%) and Southwest (32.4%) areas.

### Households that Spend 30% or More of Income on Housing

	Percent
Bellevue	30.4%
East	27.4%
Issaquah/Sammamish	26.5%
Redmond/Kirkland	26.2%
Southwest	32.4%
North	28.6%
South	34.3%
Overlake Service Area	29.4%
King County	33.9%
Washington	33.0%

Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates DP04. <http://data.census.gov/>

## HOUSEHOLDS BY TYPE

When households are examined by type, the Overlake service area has over one-third (34.2%) of family households with children under 18 years old; this is higher than the county and state rates. In the service area, 3.9% of households are households with a female as head of household and children, and 7.4% are seniors living alone, which are lower than county and state rates.

### Households by Type

	Total Households	Family Households with Children under age 18	Female Head of Household with own Children under age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Overlake Service Area	353,575	34.2%	3.9%	7.4%
King County	865,627	27.0%	4.3%	8.8%
Washington	2,800,423	27.9%	5.4%	10.0%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP02. <http://data.census.gov/>

## HOMELESSNESS

A point-in-time count of homeless people is conducted annually in every county in the state. The 2019 point-in-time count estimated 11,199 homeless individuals in King County. 53.3% of the homeless in King County are sheltered, and 19.8% are considered to be chronically homeless. Over the past four years, the homeless population has risen statewide and in King County. The proportion of homeless who are unsheltered and the percentage who are considered chronically homeless have risen.

### Homeless Point-in-Time Count, 2015 and 2019

	King County		Washington	
	2015	2019	2015	2019
Total Homeless	10,122	11,199	19,418	21,621
Sheltered	62.4%	53.3%	63.3%	55.6%
Unsheltered	37.6%	46.7%	36.7%	44.4%
Chronically homeless	8.0%	19.8%	11.6%	13.1%

Source: Washington Department of Commerce, Annual Point in Time Count, 2015 & 2019. [www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/](http://www.commerce.wa.gov/serving-communities/homelessness/annual-point-time-count/)

## COMMUNITY INPUT – HOUSING AND HOMELESSNESS

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments edited for clarity:

- I worry what will happen if the eviction moratorium isn't extended to next year. The need is enormous for rental assistance. Right now, a person cannot be evicted, but the deadline is looming. There is a concern that more people will be entering the homeless system if there are widespread evictions in the community.
- With homelessness we are working very closely on social distancing and the need for more space for people in general. The shelters are getting really taxed on how to keep people there safely. It used to be 20 people in a room, now it is 10. We are finding ways to use hotels and other spaces, but it is still a concern and a barrier to house as many people as we used to in the past.
- Rents are very high in the community we live in, which pushes families to find different places to live. With the pandemic, so many people have lost their jobs and can no longer afford to pay rent here. Their legal status is a big obstacle. They can't get governmental help or incentives with federal money to cover their expenses. So, they end up living with someone else, or in another family household or they move to another city that is more affordable. Many people in the community are front line workers, and their pay has been reduced with the pandemic. Because of their legal status, they can't access unemployment or receive incentives, so they are left out.
- Systemwide we have a patchwork of resources in our region that makes it challenging to see progress with affordable housing and homeless housing.
- For those who are transitioning between homeless and housing, they cannot pay their utilities.
- A lack of affordable housing impacts health and the cost of living is high.
- Challenges for the homeless population are access to a safe place to sleep. A lot of people are doubled up. There is a lot of anxiety and insecurity where they might continue to live, so there are mental health issues and not having access to primary care.
- Homelessness has gotten worse in the pandemic. There has been some reprieve with the moratorium assistance with mortgage and rental payments, but funds have dried up without federal help. People are really struggling to make ends meet. If people are still housed, they have had to make very difficult decisions. They have had to prioritize to survive.
- We work with families around basic needs and homeless prevention. There is definitely more of a hidden population in the eastside, where there is family homelessness occurring. There are not a lot of resources. It is a hidden population that is not so hidden. We are in a park and they are there. Any place where there are woods and scrubs, they are there.
- The school has a fund that allows the district to provide services to homeless kids. One of the hardest things with homeless kids is they need to self-identify, and there is so much shame in that. We can pay for a cab to pick them up every day to bring them to school. There are services like that but so many families, the shame barrier is too high. There are obvious barriers like immigration and language, but the shame barrier is so high they don't want to identify they are living in a car or living on a couch.

## EDUCATIONAL ATTAINMENT

Educational attainment is a key driver of health. In the hospital service area, 4.4% of adults, 25 and over, lack a high school diploma, which is lower than county and state rates. 65.2% of area adults have a college degree, which is higher than the county and state rates.

### Education Levels, Population 25 Years and Older

	Overlake Service Area	King County	Washington
Population 25 years and older	654,763	1,537,475	5,001,943
Less than 9th grade	2.0%	3.3%	3.7%
9th to 12th grade, no diploma	2.4%	3.7%	5.1%
High school graduate	13.2%	15.2%	22.2%
Some college, no degree	17.2%	18.2%	23.7%
Associate's degree	8.1%	8.1%	10.0%
Bachelor's degree	34.4%	31.0%	22.1%
Graduate/professional degree	22.6%	20.4%	13.2%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP02. <http://data.census.gov/>

## HIGH SCHOOL GRADUATION RATES

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Of area school districts, Renton (81.9% graduation rate), Riverview (87.6%) and Snohomish (88.6%) School Districts do not meet this objective.

### High School Graduation Rates

	Percent
Bellevue School District	93.3%
Issaquah School District	92.0%
Lake Washington School District	93.1%
Mercer Island School District	92.9%
Northshore School District	93.7%
Renton School District	81.9%
Riverview School District	87.6%
Skykomish School District	N/A
Snohomish School District	88.6%
Snoqualmie Valley School District	94.2%
King County	82.7%
Washington	80.9%

Source: Office of Superintendent of Public Instruction, Washington State Report Card, 2018-2019. <http://reportcard.ospi.k12.wa.us/> N/A = Skykomish School District has only 58 students enrolled in all grades; data suppressed for privacy.

## PRESCHOOL ENROLLMENT

58.9% of 3 and 4-year-olds are enrolled in preschool in the service area, which is higher than state (43.1%) and county (52.9%) rates. The enrollment rates range from 43.7% in the South and 49.8% in the Southwest regions of the service area to 66.1% in the Redmond/Kirkland and 66% in the Bellevue regions.

### Children, 3 and 4 Years of Age, Enrolled in Preschool

	Population, Ages 3 and 4	Percent Enrolled
Bellevue	3,423	66.0%
East	1,250	59.1%
Issaquah/Sammamish	3,173	61.0%
Redmond/Kirkland	3,922	66.1%
Southwest	2,222	49.8%
North	7,774	60.5%
South	3,334	43.7%
Overlake Service Area	25,098	58.9%
King County	53,081	52.9%
Washington	187,638	43.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S1401. <http://data.census.gov/>

## READING TO CHILDREN

King County adults with children in their care, ages 6 months to 5 years, were asked whether the children were read, sung, or told stories to daily by family members, during the previous week. 64.6% of South County adults, and 71.2% of East County adults interviewed responded “yes” to this question. In general, percentages increase with rising family incomes and respondents’ level of education.

### Children Who Were Read to Daily by a Parent or Family Member

	Percent
East County	71.2%
North County	76.7%
Seattle	81.6%
South County	64.6%
King County	71.7%

Source: Best Starts for Kids Health Survey (BSKHS), 2017 & 2019 combined, via King County Department of Community and Human Services. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## CRIME AND VIOLENCE

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. Person crimes include homicide, rape, assault, kidnapping, human trafficking and violating restraining orders. Property crimes include arson, burglary, robbery, theft, counterfeiting and extortion.

Person crime rates decreased from 2015 to 2018 in King County, Black Diamond, and Redmond. Several area police departments did not exist as separate entities in 2015 or did not submit reports and, therefore, trends cannot be observed for them. The rates of person crimes reported were lower in all service area police departments than in the county.



Property crime rates decreased from 2015 to 2018 in the state, county and all area cities for which data were available, with the exception of Duvall, Issaquah, Kirkland and Snoqualmie. In Issaquah and Renton, property crime rates were higher than the county rate.

### Person Crimes Rates and Property Crime Rates, per 1,000 Persons

	Person Crimes				Property Crimes			
	Number		Rate		Number		Rate	
	2015	2018	2015	2018	2015	2018	2015	2018
Bellevue Police Dept.	864	1,004	6.4	7.1	5,343	5,325	39.6	37.4
Black Diamond Police	20	11	4.8	2.5	89	21	21.2	4.8
Bothell Police Dept.	312	346	7.3	7.6	1,543	1,515	36.2	33.5
Carnation Police Dept.	N/A	6	N/A	2.8	N/A	7	N/A	3.2
Duvall Police Dept.	15	18	2.0	2.4	73	89	9.9	11.6
Issaquah Police Dept.	146	228	4.4	6.1	1,616	2,098	48.5	56.5
Kenmore Police Dept.	N/A	46	N/A	2.0	N/A	152	N/A	6.6
King County Sherriff's Office	N/A	832	N/A	3.4	N/A	2,208	N/A	8.9
Kirkland Police Dept.	590	673	7.1	7.7	2,947	3,151	35.3	36.1
Maple Valley	N/A	45	N/A	1.8	N/A	191	N/A	7.6
Medina Police Dept.	7	13	2.0	3.5	96	79	27.4	21.6
Mercer Island Police	36	47	1.5	1.9	942	825	40.1	34.0
Newcastle Police Dept.	N/A	13	N/A	1.0	N/A	117	N/A	9.4
North Bend Police	58	63	9.0	9.2	353	274	54.5	40.1
Redmond Police Dept.	296	290	5.0	4.5	2,875	2,735	48.6	42.7
Renton Police Dept.	970	1,081	9.9	10.4	8,598	7,444	87.3	71.5
Sammamish Police	N/A	46	N/A	0.7	N/A	242	N/A	3.8
Snoqualmie Police	44	62	3.4	4.6	264	283	20.5	21.0
<b>King County</b>	<b>22,666</b>	<b>27,951</b>	<b>14.6</b>	<b>12.6</b>	<b>107,549</b>	<b>112,904</b>	<b>69.2</b>	<b>50.9</b>
<b>Washington State</b>	<b>67,539</b>	<b>103,493</b>	<b>14.0</b>	<b>14.0</b>	<b>257,356</b>	<b>330,494</b>	<b>53.2</b>	<b>44.7</b>

Source: Washington State Statistical Analysis Center, a division of the WA State Office of Financial Management, NIBRS Excel dataset, accessed August 13, 2020. <https://sac.ofm.wa.gov/data>

Physical abuse (being pushed, slapped, hit, kicked or punched hard enough to leave a mark, bruise or injury) was reported by 20.8% of King County youth surveyed. Rates are similar by age and gender, statistically lower among Whites than other racial or ethnic groups, and statistically higher among LGB-identifying youth compared to all youth.

### Abused by an Adult, Ever, 8th, 10th, and 12th Grade Students

	East County	King County
All youth	19.5%	20.8%
LGB-identifying youth	32.5%	34.8%

Source: Healthy Youth Survey (HYS), 2016 & 2018, via King County Department of Community and Human Services. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

# Health Care Access

## HEALTH INSURANCE COVERAGE

Health insurance coverage is considered a key component to ensure access to health care. 95.7% of the population in the Overlake service area has health insurance. The East and Issaquah/Sammamish regions of the service area have the highest health insurance rates (97.4%), and the South (94.1%) and Southwest (94.3%) regions have the lowest rate of health insurance. 98.1% of children, ages 18 and younger, have health insurance coverage in the service area. The East region has the highest health insurance rate among children (99.4%), and the South has the lowest percentage of children with health insurance (97.2%), followed by the North region (97.7%). Among adults, ages 19-64, 94% in the service area have health insurance. The Issaquah/Sammamish region has the highest insurance rates (96.8%), and the Southwest (91.6%) and South (91.9%) regions have the lowest insurance rates among adults, ages 19-64. Most of the Service Area subgroups met the Healthy People 2030 goal of 92.1% coverage, with the exception of adults in the South (91.9%) and Southwest (91.6%) service areas.

### Health Insurance, Total Population, Children under 19, and Adults, Ages 19-64

	Total Population	Children, Under 19	Adults, Ages 19-64
Bellevue	95.0%	98.3%	93.0%
East	97.4%	99.4%	96.1%
Issaquah/Sammamish	97.4%	98.5%	96.8%
Redmond/Kirkland	96.8%	98.6%	95.8%
Southwest	94.3%	98.4%	91.6%
North	95.7%	97.7%	94.3%
South	94.1%	97.2%	91.9%
Overlake Service Area	95.7%	98.1%	94.0%
King County	94.3%	97.8%	92.2%
Washington	93.2%	96.9%	90.3%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, DP03. <http://data.census.gov/>

## MEDICAL ASSISTANCE PROGRAMS

In King County, 395,002 individuals were enrolled in Washington medical assistance programs. The highest percentage of enrollment was in the Apple Health for Kids program, followed by Medicaid CN Expansion.

## Medicaid Program Enrollment

	King County	Washington
AEM Expansion Adults	0.04%	0.03%
Apple Health for Kids	40.5%	43.7%
Elderly persons	6.7%	4.4%
Family (TANF) Medical	0.001%	0.003%
Family Planning	0.9%	0.7%
Former Foster Care Adults	0.1%	0.1%
Foster Care	1.2%	1.7%
Medicaid CN Caretaker	5.9%	6.6%
Medicaid CN Expansion	32.7%	30.4%
Other Federal Programs	0.0020%	0.0004%
Partial Duals	3.2%	3.4%
Persons with disabilities	7.8%	8.1%
Pregnant Women's Coverage	1.0%	0.9%
<b>Total</b>	<b>395,002</b>	<b>1,807,563</b>

Source: Washington State Health Care Authority, May 2019. [www.hca.wa.gov/about-hca/apple-health-medicaid-reports](http://www.hca.wa.gov/about-hca/apple-health-medicaid-reports)

## REGULAR SOURCE OF CARE

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 22% of adults in East King County do not have a usual primary care provider. At a local level, having no primary care provider ranged from 15% in the Mercer Island/Point Cities area to 27% in the Redmond area.

### No Usual Primary Care Provider

	Percent
Bear Creek/Carnation/Duvall area	19.0%
Bellevue area	24.9%
Bothell/Woodinville area	22.0%
Covington/Maple Valley area	21.0%
Issaquah area	17.0%
Kirkland city area	19.8%
Mercer Island/Point Cities area	15.0%
Newcastle/Four Creeks area	21.0%
Redmond area	27.0%
Renton area	22.9%
Sammamish area	19.0%
Snoqualmie/North Bend/Skykomish area	21.0%
East County**	22%
King County	26.0%
Washington	25.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## UNMET MEDICAL NEED

10% of adults in East King County reported an unmet medical need as a result of not being able to afford care. This was a lower rate than the state rate (14.2%). Rates in area cities ranged from a low of 3% in the Mercer Island/Point Cities area to a high of 13% in the Renton area. The Healthy People 2030 objective is 3.3% of the population.

### Adults with Unmet Medical Need Due to Cost, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall area	11.0%
Bellevue area	10.9%
Bothell/Woodinville area	6.0%
Covington/Maple Valley area	10.0%
Issaquah area	4.0%
Kirkland city area	9.7%
Mercer Island/Point Cities area	3.0%
Newcastle/Four Creeks area	11.0%
Redmond area	12.0%
Renton area	13.0%
Sammamish area	9.0%
Snoqualmie/North Bend/Skykomish area	10.0%
East County**	10%
King County	13.0%
Washington	14.2%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## PRIMARY CARE PHYSICIANS

The ratio of the population to primary care physicians in King County is 830:1.

### Primary Care Physicians, Number and Ratio

	King County	Washington
Number of primary care physicians	2,641	6,258
Ratio of population to primary care physicians	830:1	1,180:1

Source: County Health Rankings, 2017. <http://www.countyhealthrankings.org>

## ACCESS TO PRIMARY CARE COMMUNITY HEALTH CENTERS

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Overlake service area and information from the Uniform Data System (UDS)<sup>1</sup>, 13.0% of the population in the service area is low-income (200% of Federal Poverty Level) and 6.0% of the population are living in poverty. There are a number of Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Community Health Center of Snohomish County, Country Doctor Community Clinic, Healthpoint, International Community Health Services, Neighborcare Health, Sea-Mar Community Health Center, and Seattle-King County Public Health Department.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 51,728 patients in the service area, which equates to 42.9% penetration among low-income patients and 5.5% penetration among the total population. From 2016-2018, the Community Health Center providers added 2,568 patients for a 5.2% increase in patients served by Community Health Centers in the service area. However, there remain 68,886 low-income residents, 57.1% of the population at or below 200% FPL, which are not served by an FQHC.

### Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees in Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
120,614	51,728	42.9%	5.5%	68,886	57.1%

Source: UDS Mapper, 2018, 2014-2018 population numbers. <http://www.udsmapper.org>

### DENTAL CARE

Among King County adults, 30% did not access dental care in the prior year. All service area regions are below that percentage, with the exception of 30% in Redmond and 32.3% of Renton area adults who had not accessed dental care in the previous 12 months.

### Adults Who Did Not Access Dental Care Prior Year

	Percent
Bear Creek/Carnation/Duvall area	17.0%
Bellevue area	24.4%
Bothell/Woodinville area	28.0%
Covington/Maple Valley area	18.0%
Issaquah area	22.0%
Kirkland city area	24.5%
Mercer Island/Point Cities area	10.0%
Newcastle/Four Creeks area	23.0%
Redmond area	30.0%
Renton area	32.3%
Sammamish area	15.0%
Snoqualmie/North Bend/Skykomish area	17.0%
East County**	22%
King County	30.0%
Washington	32.7%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2012 & 2014-2015, averaged. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

<sup>1</sup> The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

The ratio of residents to dentists in King County is 940:1.

### Dentists, Number and Ratio

	King County	Washington
Number of dentists	2,378	6,148
Ratio of population to dentists	940:1	1,230:1

Source: County Health Rankings, 2018 <http://www.countyhealthrankings.org>

### MENTAL HEALTH PROVIDERS

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In King County, the ratio of residents to mental health providers is 230:1.

### Mental Health Providers, Number and Ratio

	King County	Washington
Number of mental health providers	9,529	28,071
Ratio of population to mental health providers	230:1	270:1

Source: County Health Rankings, 2019. <http://www.countyhealthrankings.org>

## COMMUNITY INPUT – ACCESS TO HEALTH CARE

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- Even though telehealth is available, there is still lack of access to technology. It is the digital divide. It is a barrier. If you can't afford internet access you can't get your health care treatment.
- There are religious and cultural concerns from some immigrant communities. They would prefer a provider who is of their culture and speaks their language and is even the same gender.
- Transportation – it is challenging to get to an appointment or services if you don't have your own vehicle.
- Because of COVID job losses, one of the things we are going to see is people without employer-provided insurance. This will hit our state and providers very hard and we will have a lot more uninsured clients and many will not be able to qualify for Medicaid. They will be in a gray area, because it is hard for them to qualify for very high subsidies.
- ED volume is down 20% locally and nationally. Urgent care use is down 25%. So, there is plenty of capacity in the system right now. Staying away is detrimental to your health. There are campaigns out there that inform patients they should seek medical care. They will suffer more severe consequences by delaying care. Health maintenance or acute health needs shouldn't be delayed.
- An issue is the Hispanic community does not have access to insurance or health care.
- The Hispanic population historically lacks access, and recent immigrant populations struggle to find access and connect with health care. There is a segment of our population who does not have primary care providers. They use urgent care, defer care or don't access care for most of their needs.
- Many youth and young adults don't get access to the services they need because of systemic barriers caused by adults in the system. Organizations are not working together, and there are organizations with policies that create barriers and those who work in silos.
- For the immigrant population, they may not have access to health care, and especially the undocumented do not have access to health care. They deal with health-related needs we are not even aware of because they do not make it to the hospital or our health system.
- There is a very small percentage of Medicaid clients who know they have free transportation for their medical appointments. That is one barrier to health care, transportation and having an accompanying person.
- Language and trust are big barriers to accessing health care.
- We have a school-based health center in Highland Middle School in partnership with International Community Health Services. Prior to COVID, we were trying to expand how we use the center to support families beyond the campus. The biggest challenge is kids need to sign up for the center to be their medical home and it is paperwork heavy.
- Virtual visits are available only if you have access to the internet and a device. Based on communities we serve; we know this is not always the case. Sometimes, the issue is easier to discuss in person vs. virtually. To know you have to leave your house and be exposed to go to the doctor's office puts people under more stress.

# Birth Characteristics

## BIRTHS

In 2018, the number of births in King County was 24,337. The number of births has decreased annually.

### Total Births

	2014	2015	2016	2017	2018
King County	25,348	25,487	26,011	25,274	24,337
Washington	88,561	89,000	90,489	87,508	86,046

Source: Washington State Department of Health, Vital Statistics, 2014-2018. <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/BirthDashboards>

The race/ethnicity of mothers in King County was primarily White (47.1%), followed by Asian (22.9%), Hispanic/Latina (13.1%) and Black/African-American (9.3%).

### Births by Mother's Race/Ethnicity

	White	Hispanic/Latina	Asian	Black/ African American	Multi-Racial (>1 race given)
King County	47.1%	13.1%	22.9%	9.3%	4.0%
Washington	57.5%	18.6%	10.3%	4.8%	4.4%

Source: Washington State Department of Health, Vital Statistics, 2018. Where race of mother was known. <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/BirthDashboards>

## TEEN BIRTH RATE

In 2018, teen births occurred in King County at a rate of 15 per 1,000 live births (or 1.5% of total births). This rate is lower than the statewide teen birth rate (31.2 per 1,000 live births, or 3.1%).

### Births to Teenage Mothers, Ages 15 to 19

	Births to Teen Mothers	Live Births	Rate per 1,000 Live Births
King County	380	25,348	15.0
Washington	2,760	88,561	31.2

Source: Washington State Department of Health, Vital Statistics, 2018. <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/BirthDashboards>



The rate of births among females, ages 15 to 17, in King County is 3.3 births per 1,000 teen girls, while in East County the rate is 0.9 births per 1,000 teen girls, ages 15 to 17.

### Births to Teenage Mothers, 15-17 Years Old, Five-Year Average

	Rate per 1,000 Females
East County	0.9
North County	* 0.9
Seattle	2.9
South County	5.4
King County	3.3

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2014-2018, via Public Health - Seattle & King County; Community Health Indicators. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> \*=Statistically unstable due to small sample size; interpret with caution.

### PRENATAL CARE

72.2% of pregnant women in King County entered prenatal care on-time – during the first trimester – and attended at least 80% of their recommended prenatal visits. This does not meet the Healthy People 2030 objective of 80.5% of women receiving early and adequate prenatal care. No service area Health Reporting Area met the objective; rates of prenatal care were lowest in Central Bellevue, where 59.2% of pregnant mothers received early and adequate care.

### Early and Adequate Prenatal Care, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	75.4%
Bellevue-Central HRA	59.2%
Bellevue-NE HRA	64.3%
Bellevue-South HRA	62.7%
Bellevue-West HRA	61.1%
Bothell/Woodinville HRA	75.8%
Covington/Maple Valley HRA	75.1%
Issaquah HRA	76.2%
Kirkland HRA	75.3%
Kirkland North HRA	79.1%
Mercer Island/Point Cities HRA	72.6%
Newcastle/Four Creeks HRA	70.6%
Redmond HRA	70.3%
Renton-East HRA	71.3%
Renton-North HRA	66.9%
Renton-South HRA	67.2%
Sammamish HRA	76.5%
Snoqualmie/North Bend/Skykomish HRA	78.0%
East County	71.2%
King County	72.2%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2014-2018, via Public Health - Seattle & King County; Community Health Indicators. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## LOW BIRTH WEIGHT

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low birth weight babies in King County is 6.7%, which was lower than the Healthy People 2020 objective of 7.8% of births being low birth weight; however, this objective has been eliminated from the Healthy People 2030's list of goals. The percentage of low-birth-weight babies in area cities and neighborhoods ranges from 5.2% in the Snoqualmie/North Bend/Skykomish HRA to 8.2% in South Renton. South Renton and West Bellevue (7.9%) did not meet the HP2020 objective.

### Low Birth Weight (Under 2,500 grams), Five-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	5.9%
Bellevue-Central HRA	6.6%
Bellevue-NE HRA	7.3%
Bellevue-South HRA	5.7%
Bellevue-West HRA	7.9%
Bothell/Woodinville HRA	5.8%
Covington/Maple Valley HRA	6.5%
Issaquah HRA	6.3%
Kirkland HRA	5.8%
Kirkland North HRA	5.6%
Mercer Island/Point Cities HRA	5.7%
Newcastle/Four Creeks HRA	7.2%
Redmond HRA	6.8%
Renton-East HRA	6.6%
Renton-North HRA	7.1%
Renton-South HRA	8.2%
Sammamish HRA	6.5%
Snoqualmie/North Bend/Skykomish HRA	5.2%
East County	6.3%
King County	6.7%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2014-2018, via Public Health - Seattle & King County; Community Health Indicators. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## PRETERM BIRTHS

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. 8.9% of births in King County were preterm births, and West Bellevue and East Renton HRA's matched that rate; all other area Health Reporting Areas were below the county rate, with the exception of the South Renton HRA, where 11.5% of births were before 37 weeks of gestation.

### Preterm Births, Babies Born Before 37 Weeks of Gestation

	Percent
Bear Creek/Carnation/Duvall HRA	7.3%
Bellevue-Central HRA	7.1%
Bellevue-NE HRA	8.3%
Bellevue-South HRA	7.9%
Bellevue-West HRA	8.9%
Bothell/Woodinville HRA	7.1%
Covington/Maple Valley HRA	8.6%
Issaquah HRA	7.0%
Kirkland HRA	7.7%
Kirkland North HRA	7.7%
Mercer Island/Point Cities HRA	6.7%
Newcastle/Four Creeks HRA	8.2%
Redmond HRA	8.2%
Renton-East HRA	8.9%
Renton-North HRA	8.8%
Renton-South HRA	11.5%
Sammamish HRA	7.6%
Snoqualmie/North Bend/Skykomish HRA	6.7%
East County	7.6%
King County	8.9%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2014-2018, via Public Health - Seattle & King County; Community Health Indicators <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## MATERNAL SMOKING DURING PREGNANCY

Among pregnant women, 97.4% in King County did not smoke during pregnancy. This rate meets the Healthy People 2030 objective of 95.7% of women abstaining from cigarette smoking during pregnancy. This goal (lowered from the prior, Healthy People 2020, goal of 98.6%) was met by all area HRA's.

### No Smoking during Pregnancy

	Percent
Bear Creek/Carnation/Duvall HRA	98.7%
Bellevue-Central HRA	98.9%
Bellevue-NE HRA	99.1%
Bellevue-South HRA	99.2%
Bellevue-West HRA	N/A
Bothell/Woodinville HRA	98.6%
Covington/Maple Valley HRA	96.5%
Issaquah HRA	99.4%
Kirkland HRA	99.0%
Kirkland North HRA	98.7%
Mercer Island/Point Cities HRA	N/A
Newcastle/Four Creeks HRA	98.1%
Redmond HRA	99.3%
Renton-East HRA	98.3%
Renton-North HRA	97.0%
Renton-South HRA	96.8%
Sammamish HRA	99.5%
Snoqualmie/North Bend/Skykomish HRA	96.9%
East County	98.9%
King County	97.4

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2014-2018, via Public Health - Seattle & King County; Community Health Indicators <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> N/A=data suppressed due to privacy concerns and/or statistical reliability, due to small sample size

## INFANT MORTALITY

The infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in King County, from 2013 to 2017, was 3.9 deaths per 1,000 live births. The infant death rate in East County was 2.4 deaths per 1,000 live births, better than the Healthy People 2030 objective of 5.0 deaths per 1,000 live births. No service area HRA saw rates above the Healthy People 2030 objective; the highest rate was in Mercer Island/Point Cities HRA (4.8 deaths per 1,000 live births).

### Infant Mortality Rate

	Rate per 1,000 Live Births
Bear Creek/Carnation/Duvall HRA	1.6
Bellevue-Central HRA	2.5
Bellevue-NE HRA	N/A
Bellevue-South HRA	N/A
Bellevue-West HRA	4.1
Bothell/Woodinville HRA	2.2
Covington/Maple Valley HRA	4.0
Issaquah HRA	N/A
Kirkland HRA	2.3
Kirkland North HRA	2.1
Mercer Island/Point Cities HRA	4.8
Newcastle/Four Creeks HRA	N/A
Redmond HRA	1.5
Renton-East HRA	3.5
Renton-North HRA	3.3
Renton-South HRA	4.3
Sammamish HRA	3.8
Snoqualmie/North Bend/Skykomish HRA	2.5
East County	2.4
King County	3.9

Source: WA State Dept. of Health, Center for Health Statistics, Linked Birth/Death Certificate Data, 2013-2017, via Public Health - Seattle & King County; Community Health Indicators. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> N/A=data suppressed due to privacy concerns and/or statistical reliability, due to small sample size.

## BREASTFEEDING INITIATION

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. According to data from birth certificates, 97% of infants in King County were breastfed at some point prior to discharge from the hospital. The lowest rates of breastfeeding initiation among service area HRA's were reported in North Renton (96.8%) and South Renton (96.9%).

### Infants Breastfed at Some Point Prior to Discharge

	Percent
Bear Creek/Carnation/Duvall HRA	98.1%
Bellevue-Central HRA	97.7%
Bellevue-NE HRA	97.3%
Bellevue-South HRA	97.7%
Bellevue-West HRA	98.0%
Bothell/Woodinville HRA	98.2%
Covington/Maple Valley HRA	97.0%
Issaquah HRA	98.8%
Kirkland HRA	98.6%
Kirkland North HRA	98.1%
Mercer Island/Point Cities HRA	98.3%
Newcastle/Four Creeks HRA	97.2%
Redmond HRA	98.4%
Renton-East HRA	97.5%
Renton-North HRA	96.8%
Renton-South HRA	96.9%
Sammamish HRA	98.4%
Snoqualmie/North Bend/Skykomish HRA	97.5%
East County	98.1%
King County	97.0%

Source: Washington State Department of Health, Center for Health Statistics, Birth Certificates, 2014-2018. Via Public Health – Seattle & King County <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

# Mortality/Leading Causes of Death

## LIFE EXPECTANCY AT BIRTH

Life expectancy in area HRAs ranges from 80.1 years in South Renton to 86.2 years in Mercer Island/Point Cities and 86.1 in West Bellevue. The life expectancy for King County is 81.7 years, while for the East County region it is 83.9 years.

### Life Expectancy at Birth

	Number of Years
Bear Creek/Carnation/Duvall HRA	82.9
Bellevue-Central HRA	83.3
Bellevue-NE HRA	83.6
Bellevue-South HRA	83.8
Bellevue-West HRA	86.1
Bothell/Woodinville HRA	82.8
Covington/Maple Valley HRA	81.5
Issaquah HRA	83.3
Kirkland HRA	83.5
Kirkland North HRA	81.5
Mercer Island/Point Cities HRA	86.2
Newcastle/Four Creeks HRA	82.1
Redmond HRA	84.8
Renton-East HRA	81.7
Renton-North HRA	82.6
Renton-South HRA	80.1
Sammamish HRA	83.8
Snoqualmie/North Bend/Skykomish HRA	81.8
East County	83.9
King County	81.7

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate data, 2013-2017. Via Public Health - Seattle & King County <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## MORTALITY RATES

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in King County of 6.2 per 1,000 persons is less than the state rate of 6.8 per 1,000 persons. Most area HRAs have lower mortality rates than the county, with the exceptions of North Kirkland (7.4 deaths per 1,000 persons), South Renton (7.0 deaths), Newcastle/Four Creeks (6.8 deaths), Covington/Maple Valley (6.7 deaths), Snoqualmie/North Bend/Skykomish (6.5 deaths) and East Renton (6.3 deaths per 1,000 residents). The lowest age-adjusted death rate in the service area is 3.9 deaths per 1,000 persons, found in the Mercer Island/Point Cities HRA.

### Mortality Rates, per 1,000 Persons

	Deaths	Crude Rate	Age-Adjusted Rate
Bear Creek/Carnation/Duvall HRA	1,334	3.8	6.1
Bellevue-Central HRA	1,250	6.6	5.6
Bellevue-NE HRA	1,092	6.0	5.6
Bellevue-South HRA	805	4.9	5.3
Bellevue-West HRA	1,015	6.2	4.4
Bothell/Woodinville HRA	1,278	7.1	5.9
Covington/Maple Valley HRA	1,312	4.5	6.7
Issaquah HRA	1,266	7.3	5.8
Kirkland HRA	1,339	5.3	5.5
Kirkland North HRA	1,045	5.9	7.4
Mercer Island/Point Cities HRA	1,102	7.0	3.9
Newcastle/Four Creeks HRA	830	5.6	6.8
Redmond HRA	1,421	4.7	5.0
Renton-East HRA	781	4.7	6.3
Renton-North HRA	934	5.9	5.9
Renton-South HRA	2,003	7.4	7.0
Sammamish HRA	625	2.5	5.7
Snoqualmie/North Bend/ Skykomish HRA	898	3.8	6.5
<b>King County</b>	<b>64,790</b>	<b>6.2</b>	<b>6.2</b>
<b>Washington</b>	<b>275,220</b>	<b>7.7</b>	<b>6.8</b>

Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, September 2020 utilizing Death Certificate Data from 2014-2018. \* Weighted Average of the listed HRAs, using 2014-2018 population estimates.



## LEADING CAUSES OF DEATH

The top two leading causes of death in King County are cancer and heart disease. The cancer death rate in King County is 139.3 per 100,000 persons, which is lower than the state rate (144.5 per 100,000 persons). This does not meet the Healthy People 2030 objective for cancer mortality of 122.7 per 100,000 persons.

The heart disease mortality rate in King County is 124.5 per 100,000 persons, which is lower than the state rate (134.5 per 100,000 persons). Comparisons cannot be made with the Healthy People 2030 objectives, as the objectives are measured differently than reported in Washington state reports.

In addition to cancer and heart disease, Alzheimer's disease, unintentional injury and stroke are in the top five causes of death in King County. Deaths due to Alzheimer's Disease (47.9 per 100,000 persons) and deaths due to Parkinson's disease (9.6 per 100,000 persons) are the only rates of death in King County that exceeded state rates.

### Mortality Rates, per 100,000 Persons, Crude and Age-Adjusted

	King County			Washington		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
All causes	13,179	601.7	619.3	56,913	766.2	664.5
All Cancers	3,015	137.7	139.3	12,786	172.1	144.5
Heart Disease	2,649	120.9	124.5	11,652	156.9	134.5
Alzheimer's disease	963	44.0	47.9	3,753	50.5	44.8
Unintentional injury	817	37.3	36.2	3,416	46.0	42.8
Stroke	628	28.7	30.8	2,893	40.4	33.9
Chronic Lower Respiratory Disease	493	22.5	23.3	3,000	38.9	34.3
Diabetes	389	17.8	18.2	1,780	24.0	20.3
Suicide	303	13.8	13.3	1,254	16.9	16.2
Parkinson's disease	189	8.6	9.6	713	13.3	8.6
Pneumonia and flu	202	9.2	9.5	930	12.5	10.8
Chronic liver disease and cirrhosis	219	10.0	9.2	988	9.6	11.3

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2018 Community Health Assessment Tool (CHAT), October 2019. Accessed August 2020. <http://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/MortalityDashboard>

The top two leading causes of death in Health Reporting Areas (HRAs) are major cardiovascular disease (heart disease and stroke) and cancer. In addition, Alzheimer's disease, unintentional injury deaths (accidents), chronic lower respiratory disease (CLRD), and/or diabetes mellitus are the top causes of death in the area HRAs. For these causes of death, with the exception of Alzheimer's disease, the rate of death averaged across the listed HRAs is lower than the county rate. North Kirkland has the highest area rates of cardiovascular and Alzheimer's deaths, while Snoqualmie/North Bend/Skykomish has the highest rate of cancer deaths, Covington/Maple Valley the highest rate of unintended injury deaths, East Renton the highest rate of CLRD deaths and South Renton the highest rate of deaths from diabetes mellitus.

### Mortality Rates, per 100,000 Persons, Age-Adjusted, Top Six Causes

	Major Cardiovascular Diseases	Cancer	Alzheimer's Disease	Accidents	CLRD	Diabetes Melitus
Bear Creek/ Carnation/ Duvall HRA	162.4	156.5	49.5	30.6	25.5	16.4
Bellevue-Central HRA	149.3	126.7	60.7	29.9	18.0	14.9
Bellevue-NE HRA	140.4	121.2	90.1	17.0	12.1	14.9
Bellevue-South HRA	151.1	111.1	71.9	26.2	21.7	11.7
Bellevue-West HRA	110.2	116.4	28.3	23.2	15.1	5.7
Bothell/Woodinville HRA	153.4	138.4	56.9	27.2	28.8	14.7
Covington/Maple Valley HRA	194.2	172.6	44.8	36.2	27.5	14.2
Issaquah HRA	147.6	146.8	51.1	29.2	18.1	10.1
Kirkland HRA	151.7	136.4	51.9	26.2	21.1	9.3
Kirkland North HRA	206.1	155.8	101.0	26.9	30.1	18.1
Mercer Island/Point Cities HRA	106.2	96.9	28.2	22.2	10.1	5.4
Newcastle/Four Creeks HRA	176.1	150.2	77.3	33.5	28.6	20.4
Redmond HRA	131.4	123.0	52.8	26.2	15.1	14.9
Renton-East HRA	170.5	163.3	50.6	20.7	36.3	17.9
Renton-North HRA	162.7	130.7	33.5	32.8	27.6	28.5
Renton-South HRA	200.7	145.2	35.0	31.2	31.6	33.2
Sammamish HRA	145.9	116.8	84.0	22.5	29.7	14.5
Snoqualmie/North Bend/Skykomish HRA	187.2	178.3	32.2	24.8	32.4	11.7
HRA weighted average*	159.6	140.4	54.7	27.4	24.1	15.6
King County	171.6	140.6	45.6	34.9	25.9	18.7
Washington	186.3	151.0	44.4	42.1	37.4	21.2

Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, September 2020 utilizing Death Certificate Data from 2014-2018. \* Weighted Average of the listed HRAs, using 2014-2018 population estimates.

Covington/Maple Valley has a high rate of suicide, and Snoqualmie/North Bend/Skykomish has the highest rate of death from flu and pneumonia, followed closely by Newcastle/Four Creeks. Rates of death from liver disease are highest in North Renton, and deaths from Parkinson’s disease are highest in Bear Creek/Carnation/Duvall. Rates of death from pneumonitis are highest in East Renton, followed closely by NE Bellevue, and kidney disease deaths are highest in South Renton. Comparison of rates should be undertaken with caution, as rates may have been based on as few as four deaths per year in certain HRAs.

### Mortality Rates, per 100,000 Persons, Age-Adjusted, Additional Causes

	Suicide	Flu and Pneumonia	Chronic Liver Disease	Parkinson’s Disease	Pneumonitis	Kidney Disease
Bear Creek/ Carnation/ Duvall HRA	12.1	3.2	5.8	17.9	8.7	2.9
Bellevue-Central HRA	13.0	8.1	7.8	7.7	9.7	8.0
Bellevue-NE HRA	11.4	6.5	6.4	11.2	13.4	6.0
Bellevue-South HRA	8.3	9.2	2.4	6.3	8.9	5.7
Bellevue-West HRA	14.7	7.5	7.7	8.2	6.1	5.2
Bothell/Woodinville HRA	11.9	6.4	6.2	13.3	7.5	4.2
Covington/Maple Valley HRA	17.0	10.9	5.3	13.3	9.0	5.2
Issaquah HRA	13.5	10.5	2.4	9.8	4.0	5.5
Kirkland HRA	10.0	8.6	6.9	9.9	8.5	3.6
Kirkland North HRA	11.3	13.9	8.2	14.2	9.1	4.5
Mercer Island/Point Cities HRA	11.3	4.0	3.0	8.9	7.1	3.1
Newcastle/Four Creeks HRA	7.0	15.0	7.8	7.7	6.9	3.4
Redmond HRA	8.5	6.5	5.8	10.2	7.1	1.9
Renton-East HRA	11.5	9.8	9.1	8.3	13.6	3.8
Renton-North HRA	15.4	8.3	12.6	4.2	6.0	8.1
Renton-South HRA	10.3	11.3	10.5	8.8	9.2	12.1
Sammamish HRA	5.3	8.3	3.7	8.6	2.6	4.2
Snoqualmie/North Bend/Skykomish HRA	15.4	15.7	8.5	9.9	6.0	4.1
HRA weighted average*	11.5	8.9	6.6	10.4	7.9	5.0
King County	12.1	9.9	9.6	9.3	7.7	5.8
Washington	15.8	10.7	11.5	8.6	7.1	5.6

Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, September 2020 utilizing Death Certificate Data from 2014-2018. \*Weighted Average of the listed HRAs, using 2014-2018 population estimates.

Homicide was the 14th leading cause of death in the state and county. The highest rate of homicides in the service area was recorded in South Renton (6.7 homicides per 100,000 persons).

### Homicide Rate, per 100,000 Persons, Age-Adjusted

	Rate
Bear Creek/Carnation/Duvall HRA	0.6
Bellevue-Central HRA	0.0
Bellevue-NE HRA	0.4
Bellevue-South HRA	0.0
Bellevue-West HRA	2.2
Bothell/Woodinville HRA	1.8
Covington/Maple Valley HRA	2.4
Issaquah HRA	0.0
Kirkland HRA	0.9
Kirkland North HRA	0.0
Mercer Island/Point Cities HRA	0.0
Newcastle/Four Creeks HRA	0.5
Redmond HRA	1.3
Renton-East HRA	3.7
Renton-North HRA	0.7
Renton-South HRA	6.7
Sammamish HRA	1.5
Snoqualmie/North Bend/Skykomish HRA	0.8
HRA weighted average*	3.5
King County	3.0
Washington	3.4

Source: Data prepared and provided by Public Health - Seattle & King County; Assessment, Policy Development & Evaluation Unit, September 2020 utilizing Death Certificate Data from 2014-2018. \* Weighted Average of the listed HRAs, using 2014-2018 population estimates.

### CANCER MORTALITY

The mortality rate for female breast cancer in King County was 17.8 per 100,000 women, while the rate for prostate cancer deaths was 20.2 per 100,000 men. The rate for prostate cancer deaths is slightly higher for King County than for the state (19.9 per 100,000 men).

### Cancer Death Rates, Crude and Age-Adjusted Death Rates, per 100,000 Persons

	Female Breast Cancer			Prostate Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
King County	221	20.2	17.8	169	15.4	20.2
Washington	913	24.5	19.5	749	20.2	19.9

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2018 Community Health Assessment Tool (CHAT), October 2019. Accessed August 2020. <http://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/MortalityDashboard>

The rate of colorectal cancer deaths in King County was 11.1 per 100,000 persons, and the rate of lung cancer mortality was 26.9 per 100,000 persons. Mortality from both types of cancer was lower for the county than for the state.

### Cancer Death Rates, Crude and Age-Adjusted Death Rates, per 100,000 Persons

	Colorectal Cancer			Lung Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
King County	245	11.2	11.1	576	26.3	26.9
Washington	1,024	13.8	11.7	2,770	37.3	30.9

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2018 Community Health Assessment Tool (CHAT), October 2019. Accessed August 2020. <http://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/MortalityDashboard>

### HIV/AIDS-RELATED DEATHS

The death rate from HIV/AIDS-related causes was 1.4 deaths per 100,000 persons in the county and 0.3 deaths per 100,000 persons in East County.

### HIV/AIDS-Related Death Rates, per 100,000 Persons, Five-Year Average

	Rate
East County	0.3
King County	1.4
Washington	0.9

Source: Public Health - Seattle & King County; Prevention Division; HIV/AIDS Registry Data, 2011-2015. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

### DRUG AND ALCOHOL-RELATED DEATHS

Deaths from acute drug and/or alcohol poisoning have been rising in King County, from 247 deaths in 2011 to 415 deaths in 2018.

### Deaths Caused by Acute Drug or Alcohol Poisoning

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
King County	271	267	260	247	278	316	327	331	345	382	415

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report <https://www.kingcounty.gov/depts/health/~media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx>

Overdose deaths in King County in 2018 involving Fentanyl almost doubled from 2017 (from 33 to 65 deaths), while those involving methamphetamine increased by 19%. Deaths involving heroin and prescription opioids remained stable. Since 2009, methamphetamine deaths have risen sharply, from 4.2 to 10.1 deaths per 100,000 persons. The numbers in the chart below cannot be totaled because 77% of deaths due to drugs or alcohol in 2018 involved multiple substances. Deaths involving a combination of opioids and stimulants has significantly increased as well, from 17% in 2009 to 32% in 2018.

The rate of drug overdose in King County in 2018 was 18.8 per 100,000 persons, and drug overdoses involving opioids were 12.8 per 100,000 persons (calculated from the below chart, using 2014-2018 ACS population for the county). These meet the Healthy People 2030 targets of 20.7 drug-overdose deaths, with 13.1 involving opioids. However, with rising numbers, public health officials will need to work not to exceed those objectives.

### Fatal Overdoses, by Type of Substance, in King County, 2018

	Number	Percent
<b>Opioids</b>	277	66.7%
Heroin	156	37.6%
Prescription Opioids	100	24.1%
Fentanyl	65	15.7%
<b>Stimulants</b>	221	53.3%
Methamphetamine	163	39.3%
Cocaine	86	20.7%
<b>Alcohol</b>	92	22.2%
Alcohol Alone	9	2.2%
<b>Non-euphoric drugs alone</b>	6	1.4%
<b>Other medications alone</b>	31	7.5%
<b>Total</b>	<b>415</b>	<b>100%</b>

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report <https://www.kingcounty.gov/depts/health/~media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx>

In 2017 and 2018 combined, deaths tended to be highest among men (67% of deaths), persons between the ages of 30 to 59 (27% of all deaths were among those ages 50-59), and were significantly higher among the homeless – 16% of all deaths, despite representing less than 1% of the population. Death rates were highest in the West of the county, and lowest in the East.

### Drug and Alcohol Death Rates, per 100,000 Residents, by Location

	Number	Rate
<b>Bellevue</b>	30	10.5
<b>Renton</b>	36	14.7
<b>SeaTac/Tukwila</b>	32	32.8
<b>Seattle</b>	389	26.9
<b>King County</b>	<b>798</b>	<b>18.4</b>

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report <https://www.kingcounty.gov/depts/health/~media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx>

Despite representing only 0.6% of King County's population, American Indian/Alaskan Native residents had the highest death rate from drugs and alcohol (99.4 deaths per 100,000 persons). Non-Hispanic (NH) Blacks (29.1 deaths per 100,000) and NH Whites (23.9 deaths per 100,000) were more likely to die from drugs and alcohol than were NH Asians (4.5 deaths per 100,000 persons) and Hispanics (4.3 deaths per 100,000 persons).

### Drug and Alcohol Death Rates, per 100,000 County Residents, by Race

	Number	Rate
Hispanic	19	4.3
Asian, non-Hispanic	33	4.5
White, non-Hispanic	627	23.9
Black, non-Hispanic	81	29.1
American Indian/Alaskan Native	27	99.4
King County, all races	798	18.4

Source: Public Health - Seattle & King County; Prevention Division; 2018 Overdose Death Report, 2017-2018 combined. <https://www.kingcounty.gov/depts/health/~media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx>

### COVID-19

In King County, 109,529 probable or confirmed cases of the Coronavirus, known as COVID-19, were reported as of May 28th, 2021. This represents a rate of 5,063.2 cases per 100,000 persons in King County. This is lower than the statewide rate of 5,975.2 probable or confirmed cases per 100,000 persons. As of the same date, 1,577 persons have died in the county due to COVID-19 complications, a rate of 72.9 deaths per 100,000 persons. This is higher than the statewide rate of 79 deaths per 100,000 persons.

### COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of May 28th, 2021

	King County		Washington	
	Number	Rate	Number	Rate
Confirmed and probable cases	109,529	5,063.2	435,849	5,975.2
Deaths	1,577	72.9	5,765	79.0

Source: Washington State Department of Health, Updated December 13th, 2020. Population from ACS 2014-2018. <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/DataDashboard>

According to the King County Department of Health, the county rate of confirmed or probable cases of COVID-19 was 4,925.6 per 100,000 persons, as of May 30, 2021. Among area cities, rates ranged from 2,172.0 cases per 100,000 persons in Sammamish to 6,276 cases per 100,000 persons in Renton. The rate of death per 100,000 persons in King County was 71.5 deaths, with rates in area cities ranging from zero deaths in Fall City, Medina, and Ravensdale, to 244.1 deaths per 100,000 persons in North Bend, 138.3 deaths per 100,000 persons in Issaquah and 100.2 deaths per 100,000 persons in Redmond. These rates should be interpreted with caution as they are based on low numbers and low populations.

**COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of May 30, 2021**

	Confirmed Cases		Deaths	
	Number	Rate	Number	Rate
Bellevue	4,436	3,053.0	65	44.7
Black Diamond	201	4,442.0	1	22.1
Bothell	1,034	3,619.2	15	52.5
Carnation	95	4,279.3	1	45.0
Duvall	276	3,520.4	1	12.8
Fall City	61	2,637.3	0	0.0
Issaquah	1,205	3,205.6	52	138.3
Kenmore	752	3,224.7	11	47.2
Kirkland	3,043	3,421.4	72	81.0
Maple Valley	1,343	5,129.9	5	19.1
Medina	82	2,527.0	0	0.0
Mercer Island	596	2,435.6	8	32.7
Newcastle	341	2,739.0	3	24.1
North Bend	414	5,944.0	17	244.1
Ravensdale	84	4,484.8	0	0.0
Redmond	1,741	2,643.5	66	100.2
Renton	6,571	6,276.0	68	64.9
Sammamish	1,399	2,172.0	15	23.3
Snoqualmie	470	3,438.2	2	14.6
Woodinville	474	3,819.5	4	32.2
<b>King County</b>	<b>109,658</b>	<b>4925.6</b>	<b>1,592</b>	<b>71.5</b>

Source: King County Department of Health, Updated December 13th, 2020. <https://kingcounty.gov/depts/health/covid-19/data/daily-summary.aspx>.



## COMMUNITY INPUT – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- A lack of technology is a huge issue. It keeps people isolated from the rest of the world. They need information and resources in their own languages. Cultural and language issues are not even being addressed right now.
- What we hear most is a concern for children with depression. They don't want to get out of bed, they don't want to be at home, and they don't want to interact with the family.
- There is fatigue in the population with COVID-19. Unfortunately, there is a portion of the population who believes this is a hoax or a joke, so the wide range of beliefs in the population is one of the challenges.
- With COVID, we are hearing about more behavioral health issues and we've had an increase in domestic violence.
- COVID has elevated a distrust of the health system. There are so many here in our community who are undocumented, and people don't realize the level of distrust people have. There may be language barriers and people cannot navigate the system, or they don't have someone to help them navigate the system.
- In the remote learning environment, so many kids are struggling with isolation and accessibility and socioeconomic factors. Some parents have money to support other resources, but others do not have that luxury.
- COVID-19 positive diagnoses and exposures are having social effects. People are out of work or they lost their jobs because of being in quarantine. It is impacting a lot of families in our community. Families have to stay home and they can't work because they have to watch their children. Kids are home alone, or they are being watched by siblings.
- The COVID pandemic is impacting people's confidence and comfort in accessing preventive and routine care. People fear they might be compromised in going to a clinic or hospital in person. It is not just a health care issue, there are serious economic, mental and social impacts as well. And mental health needs have skyrocketed with isolation, furloughs, layoffs, and not getting needed support.
- We are seeing COVID spread in our community based on a number of factors. People are losing jobs and, as a result, have lost health care insurance. There is lot of fear that prevents people going to the grocery store, so they do not as much access to fresh food. People are supporting their families with donated food. And behavioral issues are exacerbating issues, young people are hanging out and attending parties and families are gathering with each other.
- We've seen an eight-fold increase in need for financial assistance. Living arrangements are unstable. Also, there is an increased need for healthy and nutritious food at a time when we can provide less fresh and nutritious produce compared to pre-COVID.
- There are not a lot of shelters and there are barriers to get into a shelter. People are living paycheck to paycheck and they come to get meals at our day center. A lot of resources are closed right now. Consequently, we are always falling short because the need is so great.

# Chronic Disease

## FAIR OR POOR HEALTH

When asked to self-report on health status, 9% of adults in East King County indicated they were in fair or poor health. This was lower than the county rate (12%). In area HRAs, responses ranged from 6.9% of the adults in the North Kirkland HRAs to 15.3% of North Renton HRAs.

### Fair or Poor Health, Adults, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	8.4%
Bellevue-Central HRA	7.6%
Bellevue-NE HRA	7.7%
Bellevue-South HRA	9.4%
Bellevue-West HRA	*8.7%
Bothell/Woodinville HRA	11.7%
Covington/Maple Valley HRA	10.3%
Issaquah HRA	*12.3%
Kirkland HRA	8.1%
Kirkland North HRA	6.9%
Mercer Island/Point Cities HRA	*11.0%
Newcastle/Four Creeks HRA	13.4%
Redmond HRA	8.8%
Renton-East HRA	13.6%
Renton-North HRA	15.3%
Renton-South HRA	13.3%
Sammamish HRA	10.0%
Snoqualmie/North Bend/Skykomish HRA	11.3%
East County**	9.0%
King County	12.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2014-2018. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> \*Statistically unstable due to small sample size; interpret with caution.

## DIABETES

Rates of diabetes diagnosed in the two area cities, for which data were available, were 6.5% among Bellevue residents and 8.2% in Renton. Seattle's rate, for comparison, was 7.3% of residents reporting a diabetes diagnosis.

### Adult Diabetes Prevalence, Age-Adjusted

	Percent
Bellevue	6.5%
Renton	8.2%
Seattle	7.3%

Source: CDC 500 Cities Project, from the Behavioral Risk Factor Surveillance System - BRFSS, 2017. <https://chronicdata.cdc.gov/health-area/500-cities>

## HEART DISEASE AND STROKE

3.8% of Bellevue and 4.6% of Renton adults reported being told by a health professional they have coronary heart disease, compared to 4.2% in Seattle. 2.1% of Bellevue and 2.7% of Renton adults reported being told by a health professional they have had a stroke, compared to 2.4% of Seattle adults.

### Adult Cardiovascular Disease and Stroke Prevalence, Age-Adjusted

	Coronary Heart Disease	Stroke
Bellevue	3.8%	2.1%
Renton	4.6%	2.7%
Seattle	4.2%	2.4%

Source: CDC 500 Cities Project, from the Behavioral Risk Factor Surveillance System - BRFSS, 2017. <https://chronicdata.cdc.gov/health-area/500-cities>

4.2% of King County adults reported having cardiovascular disease or having had a heart attack (Myocardial Infarction) compared to 5.1% statewide.

### Adult Cardiovascular Disease or Heart Attack, Five-Year Average

	Percent
King County	4.2%
Washington	5.1%

Source: Washington State Department of Health, Community Health Assessment Tool, Behavioral Risk Factor Surveillance System (BRFSS), 2013-2017. <https://fortress.wa.gov/doh/brfss/#!/table>

## HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The reported rates of high blood pressure and high cholesterol in the two area cities, for which data are available, are higher in Renton, where 25.4% of adults have high blood pressure and 26.5% have high cholesterol than in Bellevue, where 22% reported high BP and 25.5% high cholesterol.

### High Blood Pressure and High Cholesterol, Age-Adjusted

	High Blood Pressure	High Cholesterol
Bellevue	22.0%	25.5%
Renton	25.4%	26.5%
Seattle	23.9%	25.9%

Source: CDC 500 Cities Project, from the Behavioral Risk Factor Surveillance System - BRFSS, 2017. <https://chronicdata.cdc.gov/health-area/500-cities>

## CANCER

In King County, the age-adjusted cancer incidence rate is 526.5 per 100,000 persons, which is higher than the state rate of 499.0 per 100,000 persons. Though incidence of breast, prostate and leukemia cancers is higher for King County than the state, mortality from each of the five listed cancers is lower at the county than the state level.

### Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	King County	Washington
All sites	526.5	499.0
Breast (female)	186.6	167.7
Prostate	111.0	98.4
Lung and Bronchus	48.3	54.4
Leukemia	15.1	14.7
Cervix	6.5	6.8

Source: Washington State Department of Health, Washington State Cancer Registry, 2013-2017. <https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

## COMMUNITY INPUT – CANCER

Stakeholder interviews identified the following issues, challenges and barriers related to cancer. Following are their comments edited for clarity:

- Delays in cancer diagnoses are a profound impact of COVID.
- People have to make a decision between paying the mortgage or paying for cancer related bills. It impacts the entire family.
- People are anxious about going into a hospital right now: they have to get into the car and enter a building, and get in an elevator. There is a risk associated with getting treatment.
- Cancer is one of the top reasons for people dying in our country and our region.
- We hear people feel more alone now compared to what their treatment would be like pre-COVID.

## ASTHMA

The reported rate of adult asthma in East King County is 7.7%, and rates in the hospital's Health Reporting Areas ranged from 2.1% in the Central Bellevue HRA to 13.5% in the Bothell/Woodinville HRA.

### Adult Asthma Prevalence

	Percent
Bellevue-West HRA	*3.0%
Bothell/Woodinville HRA	13.5%
Covington/Maple Valley HRA	7.8%
Issaquah HRA	11.7%
Kirkland HRA	9.5%
Kirkland North HRA	7.6%
Mercer Island/Point Cities HRA	7.5%
Newcastle/Four Creeks HRA	12.4%
Redmond HRA	9.3%
Renton-East HRA	7.5%
Renton-North HRA	*10.3%
Renton-South HRA	*7.7%
Sammamish HRA	6.8%
Snoqualmie/North Bend/Skykomish HRA	*5.9%
East County	7.7%
King County	8.7%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2014-2018. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> \*Statistically unstable due to small sample size; interpret with caution.

5% of children in East County have been diagnosed with asthma, while 6% of children in King County have been diagnosed with asthma.

### Childhood Asthma Prevalence

	Percent
East County	5%
King County	6%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2012-2014 & 2016, averaged. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

Asthma hospitalization in children, under age 18, occurs at a rate of 90.8 per 100,000 children in East County, which is lower than the 131.0 hospitalizations per 100,000 children in King County.

Adults are hospitalized for asthma at lower rates than children. Averaged over five years, adults in King County were hospitalized for asthma at a rate of 38.8 per 100,000 persons. East County had a rate of 25.1 per 100,000 adults hospitalized for asthma per year during that same time period.

## Asthma Hospitalization Rates, per 100,000 Persons, Five-Year Average

	Childhood Asthma	Adult Asthma
East County	90.8	25.1
King County	131.0	38.8

Source: Public Health - Seattle & King County; WA Office of Hospital and Patient Data Systems, Comprehensive Hospital Abstract Reporting System (CHARS), 2011-2015. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## TUBERCULOSIS

Tuberculosis rates in King County fell slightly from 2014 to 2017, continuing a downward trend. The rate of TB in 2017, in King County, was 4.6 per 100,000 persons, which is higher than the statewide rate of 2.8 per 100,000 persons.

### Tuberculosis Rate, per 100,000 Persons

	2014		2017	
	Number	Crude Rate	Number	Crude Rate
King County	99	4.9	98	4.6
Washington	193	2.8	207	2.8

Source: Washington State Department of Health Communicable Disease Report, 2017. <https://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport2017.pdf>

## DISABILITY

In the service area, 10.3% of the non-institutionalized civilian population identified as having a disability. In King County, 9.6% had a disability, while the rate of disability in the state was 12.8%.

### Population with a Disability, Five-Year Average

	Percent
Overlake Service Area	8.1%
King County	9.5%
Washington	12.7%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, S1810. <http://data.census.gov>

# Health Behaviors

## HEALTH BEHAVIORS RANKING

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. Washington's 39 counties are ranked from 1 (healthiest) to 39 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 1 puts King County at the top of Washington counties for healthy behaviors.

### Health Behaviors Ranking

	County Ranking (out of 39)
King County	1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

## OVERWEIGHT AND OBESITY

In King County, 20% of 8th graders, 23% of 10th graders and 26% of 12 grade students are overweight or obese; these rates are lower than the state.

### Youth Overweight and Obese, Grades 8, 10 and 12

	8th Grade		10th Grade		12th Grade	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
King County	12%	8%	12%	11%	13%	13%
Washington State	14%	12%	15%	14%	15%	17%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

Almost a quarter of adults in King County (21.5%) are obese and 34.5% are overweight; rates are lower in East County. Rates of obesity in service area cities ranged from 14% in Sammamish to 29.5% in the Covington/Maple Valley HRA. Combined rates of overweight and obesity are lowest in the West Bellevue HRA (42.5%) and highest in Covington/Maple Valley's HRA (67.1%).

## Adult Overweight and Obesity, Five-Year Averages

	Overweight	Obese	Combined*
Bear Creek/Carnation/ Duvall HRA	34.5%	20.5%	55.0%
Bellevue-Central HRA	35.1%	14.2%	49.3%
Bellevue-NE HRA	35.9%	15.2%	51.1%
Bellevue-South HRA	28.9%	16.9%	45.8%
Bellevue-West HRA	26.8%	15.7%	42.5%
Bothell/Woodinville HRA	34.2%	23.2%	57.4%
Covington/Maple Valley HRA	37.6%	29.5%	67.1%
Issaquah HRA	30.3%	21.6%	51.9%
Kirkland HRA	28.4%	21.5%	49.9%
Kirkland North HRA	27.9%	20.0%	47.9%
Mercer Island/Point Cities HRA	34.0%	15.0%	49.0%
Newcastle/Four Creeks HRA	33.9%	22.8%	56.7%
Redmond HRA	33.2%	22.6%	55.8%
Renton-East HRA	34.5%	25.9%	60.4%
Renton-North HRA	38.4%	21.4%	59.8%
Renton-South HRA	37.0%	28.0%	65.0%
Sammamish HRA	33.1%	14.0%	47.1%
Snoqualmie/North Bend/ Skykomish HRA	35.5%	27.0%	62.5%
East County	32.2%	19.2%	51.4%
King County	34.5%	21.5%	56.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2014-2018. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## COMMUNITY INPUT – OVERWEIGHT AND OBESITY

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments edited for clarity:

- We are concerned about people who aren't able to have access to fresh food. Some food banks are doing a great job, but the food they distribute is not necessarily super healthy for some diets.
- Many people are asking for nutritionists, so it is a big concern with families right now with everyone at home. Mostly there are concerns about helping kids with their eating habits.
- Because of COVID, there is less opportunity to harvest fresh food at farms with volunteers. Usually there are thousands of volunteers. This year, it is a much smaller group harvesting fresh produce, so that impacts people's lives.
- We offer programs to youth who are at risk of becoming obese. Youth are not getting as much activity as they used to. People have been isolated for so long, they need a space that encourages them to take their health into their own hands. We are seeing more people who say, I've been in isolation so long, I need some help.
- The stigma and pressure to be skinny can be notable. We are seeing a trend with grants that provide nutritional support, it is trending toward grocery gift cards vs paying for set meals.



## PHYSICAL ACTIVITY

The CDC recommendation for adult physical activity is 30 minutes of moderate activity five times a week or 20 minutes of vigorous activity three times a week, and strength training exercises that work all major muscle groups at least 2 times per week. In East County, 74% of adults do not meet these recommendations, while in area cities rates ranged from 65% in Bothell/Woodinville to 82.9% in the Renton area.

### Physical Activity Recommendations Not Met, Adults 18 and Older

	Percent
Bear Creek/Carnation/Duvall area	70.0%
Bellevue area	78.5%
Bothell/Woodinville area	65.0%
Covington/Maple Valley area	75.0%
Issaquah area	67.0%
Kirkland city area	73.8%
Mercer Island/Point Cities area	69.0%
Newcastle/Four Creeks area	74.0%
Redmond area	77.0%
Renton area	82.9%
Sammamish area	75.0%
Snoqualmie/North Bend/Skykomish area	73.0%
East County**	74%
King County	76.0%
Washington	77.3%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2013, 2015 & 2017. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

16% of adults in King County were sedentary and did not participate in any leisure-time physical activity in the previous month. This is a lower rate of sedentary adults than the statewide reported rate of 19.6%, and East County is lower still, with 13% not participating in physical activity in the prior month. Rates among area cities ranged from 8% in Sammamish and 9% in Mercer Island/Point Cities, to 21.4% of Renton area adults being sedentary.

## Sedentary Adults, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall area	11.0%
Bellevue area	16.2%
Bothell/Woodinville area	13.0%
Covington/Maple Valley area	13.0%
Issaquah area	16.0%
Kirkland city area	12.3%
Mercer Island/Point Cities area	9.0%
Newcastle/Four Creeks area	16.0%
Redmond area	14.0%
Renton area	21.4%
Sammamish area	8.0%
Snoqualmie/North Bend/Skykomish area	13.0%
East County**	13.0%
King County	16.0%
Washington	19.6%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

20.6% of adults in King County and 18.5% of adults in East County limited their activities due to poor mental or physical health.

## Limited Activity Due to Poor Health, Adults

	Percent
Bear Creek/Carnation/Duvall HRA	20.0%
Bellevue-Central HRA	19.8%
Bellevue-NE HRA	15.8%
Bellevue-South HRA	21.5%
Bellevue-West HRA	12.2%
Bothell/Woodinville HRA	22.0%
Covington/Maple Valley HRA	19.5%
Issaquah HRA	16.7%
Kirkland HRA	19.6%
Kirkland North HRA	20.8%
Mercer Island/Point Cities HRA	17.8%
Newcastle/Four Creeks HRA	20.5%
Redmond HRA	15.8%
Renton-East HRA	20.6%
Renton-North HRA	24.9%
Renton-South HRA	22.9%
Sammamish HRA	14.7%
Snoqualmie/North Bend/Skykomish HRA	26.1%
East County	18.5%
King County	20.6%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2012-2016. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

The CDC recommendation for youth physical activity is 60 minutes or more each day. Among King County youth, 84% of 12th grade students did not meeting this activity recommendation, compared to 79% statewide.

### Youth Inadequate Physical Activity, Grades 6, 8, 10 and 12

	6th Grade	8th Grade	10th Grade	12th Grade
King County	74%	76%	82%	84%
Washington State	73%	72%	78%	79%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

### EXERCISE OPPORTUNITIES

Proximity to exercise opportunities can increase physical activity in a community. 97% of King County residents live in close proximity to exercise opportunities, which is higher than the state rate of 86%.

### Adequate Access to Exercise Opportunities, 2010 and 2019 Combined

	Percent
King County	97%
Washington	86%

Source: County Health Rankings, 2020 ranking, utilizing 2010 and 2019 combined data. <http://www.countyhealthrankings.org>

### COMMUNITY WALKABILITY

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

- 0-24: Car Dependent (Almost all errands require a car)
- 25-49: Car Dependent (A few amenities within walking distance)
- 50-69: Somewhat Walkable (Some amenities within walking distance)
- 70-89: Very Walkable (Most errands can be accomplished on foot)
- 90-100: Walker’s Paradise (Daily errands do not require a car)

Based on this scoring method, most communities in the service area are classified as “Car Dependent”, from a low of 3 in Snoqualmie Pass to 48 in Kirkland. Six communities may be Somewhat Walkable: Snoqualmie, Carnation, Newcastle and Woodinville, or Very Walkable: North Bend and Duvall; however, these scores are based on a single location within these communities.

## Walkability

	Walk Score
Black Diamond	35
Bothell	29
Carnation	66
Duvall	77
Fall City	44
Hobart	10
Issaquah	30
Kenmore	28
Kirkland	48
Maple Valley	22
Medina	12
Mercer Island	31
Mill Creek	28
Newcastle	66
North Bend	73
Preston	26
Ravensdale	15
Redmond	31
Renton	38
Sammamish	13
Snoqualmie	65
Snoqualmie Pass	3
Woodinville	66

Source: WalkScore.com, 2020

## SODA CONSUMPTION

In King County, 2% of 10th graders drink sugar-sweetened beverages daily at school. This shows a steep decline from previous years as school policies have shifted to ban sugary drinks in schools.

### Daily Sweetened Drink Consumption at School, 10th Grade Youth

	2006	2008	2010	2012	2014	2018
King County	18%	16%	12%	10%	4%	2%
Washington	22%	19%	15%	13%	4%	3%

Source: Washington State Healthy Youth Survey, 2006-2018. <http://www.askhys.net/FactSheets>

## FRUIT AND VEGETABLE CONSUPTION

In King County, 81% of 10th graders do not eat the recommended minimum of five servings of fruits and vegetables daily. This shows a continuing increase in the number of children not meeting the recommendations since 2008.

### Eat Fewer than Five Servings of Fruits and Vegetables Daily, 10th Grade Youth

	2006	2008	2012	2014	2016	2018
King County	74%	70%	73%	76%	78%	81%
Washington	75%	75%	76%	78%	80%	83%

Source: Washington State Healthy Youth Survey, 2006-2018. <http://www.askhys.net/FactSheets>

## YOUTH SEXUAL BEHAVIORS

In King County, almost one-third of 10th graders (30%) have had sex. This rate is higher than the state rate (26%). 41% of 10th graders in King County did not use a condom during their last sexual encounters.

### Sexual Behaviors, Youth

	Has had Sex		Did Not Use a Condom During Last Sexual Encounter	
	8th Grade	10th Grade	8th Grade	10th Grade
King County	9%	30%	50%	41%
Washington	9%	26%	49%	45%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

## SEXUALLY TRANSMITTED INFECTIONS

Chlamydia occurs at a rate of 478.3 per 100,000 persons in King County and the rate of gonorrhea is 202.3 per 100,000 persons. Primary and Secondary syphilis occurs at a rate of 18.1 per 100,000 persons in King County. Rates of the listed STIs are higher in King County than the state, and have been rising annually.

### Sexually Transmitted Infections (STI) Rates, per 100,000 Persons

	King County	Washington
Chlamydia	478.3	467.9
Gonorrhea	202.3	151.0
Syphilis (primary & secondary)	18.1	10.9

Source: Washington State Department of Health Communicable Disease Report, 2018. <https://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport2018.pdf>

## HIV

The number of newly-diagnosed HIV cases fell from 2014 to 2016 in King County, before rising in 2017 and 2018. The King County rate of newly-diagnosed HIV cases rose from 10.2 per 100,000 persons in 2017, to 10.5 cases per 100,000 persons in 2018.

### Newly Diagnosed HIV Cases, Annual Count and Rate, per 100,000 Persons

	2014	2015	2016	2017	2018	2018 Rate
King County	273	236	217	220	229	10.5
Washington	448	461	438	445	402	5.4

Source: Washington State Department of Health HIV Surveillance Report, 2019. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-030-WAHIVSurveillanceReport2019.pdf>

The incidence of HIV (annual new cases) in King County from 2013 to 2016, averaged, was 11.9 cases per 100,000 persons, while in East County it was 4.2 cases per 100,000 persons. The prevalence of HIV (those living with HIV regardless of when they might have been diagnosed or infected) was 323 cases per 100,000 persons in the county and 78 cases per 100,000 persons in East County.

### HIV/AIDS Incidence Rate, per 100,000 Persons and Prevalence

	4-Year Average Incidence Rate, 2013-2016	2016 Prevalence
East County	4.2	78
King County	11.9	323

Source: Public Health - Seattle & King County; Prevention Division; HIV/AIDS Registry Data, 2013-2016 & 2016. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## COMMUNITY INPUT – SEXUALLY TRANSMITTED INFECTIONS

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections (STIs). Following are their comments edited for clarity:

- For STIs, there is a lack of access to clinics. In our schools we have a person who comes from Public Health to give health education including STI and date violence. But they don't have access through the schools right now.
- Reliable information is needed. These are difficult topics to discuss with language barriers and cultural restrictions.
- It is very interesting, a lot of women who are sex workers are not working as much with COVID. There is less use of condoms, and no one is asking for dental dams and lubricant. Pre-COVID, we couldn't keep them in stock; it has slowed down.

# Mental Health

## FREQUENT MENTAL DISTRESS

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In King County, 10% of the adult population experienced frequent mental distress, while in the East County the rate was 8%. Service area cities had rates ranging from 7% in Covington/Maple Valley and Issaquah to 10.7% of adults in Renton.

### Frequent Mental Distress, Adults, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall area	9.0%
Bellevue area	7.3%
Bothell/Woodinville area	10.0%
Covington/Maple Valley area	7.0%
Issaquah area	7.0%
Kirkland city area	8.1%
Mercer Island/Point Cities area	8.0%
Newcastle/Four Creeks area	8.0%
Redmond area	8.0%
Renton area	10.7%
Sammamish area	8.0%
Snoqualmie/North Bend/Skykomish area	10.0%
East County**	8%
King County	10.0%
Washington	11.4%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

## YOUTH MENTAL HEALTH

Among 10th grade youth, 36% in King County had experienced depression in the previous year, described as ‘feeling so sad or hopeless for two weeks or more that they had stopped doing their usual activities’. This represents a continued increase in youth depression over the previous 10-year timespan.

### Youth Depression, Past 12 Months, 10th Grade

	Percent
King County	36%
Washington	40%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

20% of 10th graders in King County said they had considered suicide in the past year, while 9% said they had attempted suicide in the past year. These numbers represent a continued increase in suicidal ideation and attempts over prior years.

### Youth Considered and Attempted Suicide, Past 12 Months, 10th Grade

	Considered Suicide	Attempted Suicide
King County	20%	9%
Washington	23%	10%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

Feeling unsafe on dates (formerly referred to as ‘intimate partner violence’) begins to be a concern for youth beginning in at least 8th grade, rising by grade level. 4.1% of county 8th graders said ‘someone they were dating or going out with had limited their activities, threatened them, or made them feel unsafe in any other way’ in the past 12 months, while 6.8% of 10th graders and 8.5% of 12th graders indicated they had experienced intimate partner violence. Levels are lower in East County than in King County. Levels are higher among LGB-identifying youth compared to all youth.

### Feeling Unsafe on Dates, in the Past 12 Months, 8th, 10th, and 12th Grade Students

	East County	King County
All youth	5.7%	6.6%
LGB-identifying youth	12.4%	15.1%

Source: Healthy Youth Survey (HYS), 2016 & 2018, via King County Department of Community and Human Services. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

Health care professionals play an important role in the wellbeing of all LGBTQ youth, who may have particular difficulty discussing their health needs in front of their parents or guardians, who may not be supportive; correct use of pronouns and chosen names by health care professionals is also important, and impacts trust levels with Transgender youth. While data from the Healthy Youth Survey cannot be broken down by self-reported sexuality or gender-non-conforming youth on the askhys.net website, a special report was created utilizing this data in addition to listening sessions and interviews with youth and key informants as part of the King County CHNA 2018/2019. This “LGBTQ Community Spotlight” may be found at [https://kingcounty.gov/depts/health/data/community-health-indicators/~/\\_media/depts/health/data/documents/CHNA-LGBTQ-Community-Spotlight.ashx](https://kingcounty.gov/depts/health/data/community-health-indicators/~/_media/depts/health/data/documents/CHNA-LGBTQ-Community-Spotlight.ashx).

Key insights were that youth are more likely than adults to identify as LGB (5.5% of adults do, while 11.3% of King County public school 8th 10th and 12th graders do, with an additional 7% responding ‘not sure’). LGB-identifying youth are more likely to feel depressed, use cigarettes and abuse alcohol and drugs, be sedentary and/or obese, be victims of bullying and violence, be subject to homelessness, and have higher rates of suicide, particularly Transgender youth. All of these issues can be compounded by racial oppressions, and many can carry over into adulthood and have long-term health consequences. Access to hormone therapy or puberty blockers is also of particular concern to Transgender youth, and also carries long-term consequences.



## COMMUNITY INPUT – MENTAL HEALTH

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- Many adolescents are stressed, depressed and anxious.
- Refugees may have less access to mental health providers because of language or cultural issues. In Bellevue we have the advantage of great providers who are culturally specific but there is still a need for more.
- Parents don't know how to keep the kids busy at home and pay the bills and feed them. For many people, the only meal kids received was when they were going to school. The financial stress is huge with parents and children see the struggles as well. Many people don't have access to technology, so they are not communicating with the exterior world, and those that do, it is in English and that makes it a big challenge, a barrier to the exterior world. So many of our community parents didn't even finish high school, so it is difficult to help their kids with academics.
- Issues include insurance limitations, COVID, stigma, and an increase of mental health issues and suicides in general in King County for youth and adults.
- With COVID-19 and access to telehealth, I hear conflicting information. I hear telehealth is better and it provides more access for people and on the other end, I hear it limits access even more. So potential barriers could be the access issue. And funding is always an issue. In Washington state we have issues with funding for mental health.
- Multigenerational trauma is impacting mental health. Challenges include not enough resources for mental health or substance use treatment.
- From a mental health standpoint, essential workers are fatigued and at the end of their ropes.
- Our youth are extremely isolated. Older adults, that population, they are missing so much interaction as well.
- We have seen an increase in anxiety in kids of all age groups. It presents in difficulty doing schoolwork and decreased attendance. Because they are so anxious, they have trouble leaving the home, and anxiety outside the school feeds anxieties in the school too. We see a fair amount of eating disorders in the high school population. Also, we've seen an increase in substance use including vaping and marijuana as a way to manage anxiety. We also have students with depression, and we are always on the lookout for students with suicidal ideation or self-harm, but the biggest issue is anxiety.
- One thing that is a positive, is the increased availability of virtual visits. Behavioral health has been a service that is very adaptable to virtual and telephone services.
- Kids do not have the ability to self-advocate, and to reach out for help when it gets hard.
- Accessibility and resources for mental health have been defunded in a lot of places. For persons on Medicaid, it takes a lot of time and jumping through hoops to access services. When people are in crisis, they are not able to deal with the system.
- Isolation and mental health are big issues because of job losses and people are caring for their children. There is a socioeconomic divide. Some families have access to survive and work from home. Others have to stay at home and manage children, education, and some people don't have that ability.

# Substance Use and Misuse

## CIGARETTE SMOKING

In King County, 11% of adults report being current smokers. This is lower than the 14.7% rate reported by adults statewide. Rates in the service area cities range from 3% in the Mercer Island/Point Cities area and 4% in Sammamish to 15.4% in Renton.

### Adult Cigarette Smoking, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall area	5.0%
Bellevue area	8.4%
Bothell/Woodinville area	6.0%
Covington/Maple Valley area	9.0%
Issaquah area	11.0%
Kirkland city area	8.3%
Mercer Island/Point Cities area	3.0%
Newcastle/Four Creeks area	10.0%
Redmond area	7.0%
Renton area	15.4%
Sammamish area	4.0%
Snoqualmie/North Bend/Skykomish area	14.0%
East County**	8%
King County	11.0%
Washington	14.7%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2013-2017. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

Vapor products are now the most common nicotine product used by youth. 4% of 10th grade youth in King County smoked cigarettes in the prior 30 days, 2% used smokeless tobacco in the prior 30 days, and 16% had used vapor products.

### Youth Tobacco Use, Past 30 Days, Grade 10

	Smokes Cigarettes	Used Smokless Tobacco	Used Vapor Products
King County	4%	2%	16%
Washington	5%	2%	21%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

9% of King County 10th graders, who reported vaping in the past 30 days, weren't sure what substance they had vaped. 63% said it was a nicotine product, 20% said it was a THC (marijuana) product, and 31% stated it was a flavor-only product, with no nicotine or THC.

### Reported Substance “Vaped” Among Current Users, Past 30 Days, Grade 10

	Nicotine	THC (Marijuana)	Flavor Only (No Nicotine or THC)	Substance Not Known
King County	63%	20%	31%	9%
Washington	56%	21%	33%	10%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

## ALCOHOL USE

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 17% in the East County area reported having engaged in binge drinking in the previous 30 days. Rates ranged from 12% in the Redmond and Newcastle/Four Creeks areas to 20.1% in Kirkland and 20% in Covington/Maple Valley.

### Binge Drinking, Past 30 Days, Adults, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall area	18.0%
Bellevue area	17.6%
Bothell/Woodinville area	14.0%
Covington/Maple Valley area	20.0%
Issaquah area	16.0%
Kirkland city area	20.1%
Mercer Island/Point Cities area	13.0%
Newcastle/Four Creeks area	12.0%
Redmond area	12.0%
Renton area	16.4%
Sammamish area	16.0%
Snoqualmie/North Bend/Skykomish area	18.0%
East County**	17%
King County	20.0%
Washington	16.9%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2011-2015. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

Not unexpectedly, alcohol use among youth increased by age. 26% of 12th grade youth in King County had consumed alcohol at some time in the past month. Consumption of alcohol was seen in 17% of 10th graders, 7% of 8th graders and 2% of 6th graders. These rates are lower for King County than for the state.

### Alcohol Use in Past 30 Days, Youth

	6th Grade	8th Grade	10th Grade	12th Grade
King County	2%	7%	17%	26%
Washington	2%	8%	18%	28%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

Among youth, binge drinking rates rose from 10th to 12th grade; 9% of 10th graders and 14% of 12th graders in King County had engaged in binge drinking in the previous two weeks.

### Binge Drinking in Past Two Weeks, Youth

	10th Grade	12th Grade
King County	9%	14%
Washington	10%	15%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

## DRUG USE

11% of East King County adults said they had used marijuana during the prior month. Rates in service area cities ranged from 7% in the Bothell/Woodinville, Issaquah and Redmond areas to 14% in the Newcastle/Four Creeks and Snoqualmie/North Bend/Skykomish areas.

### Marijuana Use, Past 30 Days, Adults, Five-Year Average

	Percent
Bear Creek/Carnation/Duvall area	12.0%
Bellevue area	10.0%
Bothell/Woodinville area	7.0%
Covington/Maple Valley area	9.0%
Issaquah area	7.0%
Kirkland city area	11.3%
Mercer Island/Point Cities area	11.0%
Newcastle/Four Creeks area	14.0%
Redmond area	7.0%
Renton area	12.3%
Sammamish area	12.0%
Snoqualmie/North Bend/Skykomish area	14.0%
East County**	11%
King County	14.0%
Washington	12.2%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2013-2017. <https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx> and \*\*<http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

19% of the 12th grade youth, and 14% of the 10th grade youth in King County indicated current use of marijuana in the past 30 days. These rates are lower than state rates.

### Marijuana Use in Past 30 Days, Youth

	10th Grade	12th Grade
King County	14%	19%
Washington	18%	26%

Source: Washington State Healthy Youth Survey, 2018. <http://www.askhys.net/FactSheets>

## COMMUNITY INPUT – SUBSTANCE USE AND MISUSE

Stakeholder interviews identified the following issues, challenges and barriers related to substance use and misuse. Following are their comments edited for clarity:

- Opioid overdoses are increasing. Substance use and misuse are increasing with COVID along with anxiety and depression.
- When people are on medication assisted treatment (MAT), there is an access issue in being able to pick up methadone. Someone might take a bus to get their dose and you can't get a bus now. Transportation issues play into this as well because people don't view buses as very safe right now.
- Substance use with youth is a growing concern. Isolation may cause an increase in alcohol and substance use to cope with depression and anxiety.
- Vaping is an urgent topic. We've seen an increase in the past three years with vaping. And it is not just nicotine, but also marijuana. It is really crosscut with gender, race, and socioeconomics. There is no one group of kids that is doing it; it is everyone, it is rampant.
- Tobacco is bad for you, that message resonates with kids, but no one understands that vaping is connected.
- One of the biggest challenges is the legalization of pot in the state. There used to be diversion contracts, and youth were placed into agencies, but the county has taken that away after legalization.
- There is too much access. We hear how many parents will purchase alcohol for their kids.

# Preventive Practices

## FLU AND PNEUMONIA VACCINES

64.9% of seniors in King County received a flu shot, which is less than the Healthy People 2030 objective for 70% of all adults, 18 and older, including seniors, to receive a flu shot. Area rates of seniors obtaining flu shots ranged from 51.3% in the Snoqualmie/North Bend/Skykomish HRA and 53.7% in the Sammamish HRA to 75% in the Mercer Island/Point Cities HRA.

Adults, ages 18 to 64, received flu shots at lower levels than seniors. 40% of King County adults received a flu shot. Non-senior adults receiving flu shots in area HRAs ranged from 31.6% in the East Renton HRA to 54.5% in the Sammamish HRA.

### Flu Shots, Past 12 Months, Seniors and Adults, Five-Year Average

	Seniors, Age 65+	Adults, Ages 18-64
Bear Creek/Carnation/Duvall HRA	61.9%	37.5%
Bellevue-Central HRA	69.2%	35.6%
Bellevue-NE HRA	58.9%	34.9%
Bellevue-South HRA	68.4%	39.3%
Bellevue-West HRA	60.5%	37.7%
Bothell/Woodinville HRA	62.9%	42.6%
Covington/Maple Valley HRA	64.8%	41.2%
Issaquah HRA	63.8%	38.6%
Kirkland HRA	67.8%	39.4%
Kirkland North HRA	71.9%	36.3%
Mercer Island/Point Cities HRA	75.0%	52.6%
Newcastle/Four Creeks HRA	66.3%	49.7%
Redmond HRA	62.1%	41.5%
Renton-East HRA	72.9%	31.6%
Renton-North HRA	74.5%	51.2%
Renton-South HRA	55.8%	47.5%
Sammamish HRA	53.7%	54.5%
Snoqualmie/North Bend/Skykomish HRA	51.3%	45.6%
East County	64.1%	40.7%
King County	64.9%	40.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2014-2018. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>

The Healthy People 2020 objective was for 90% of seniors to have a pneumonia vaccine; this objective has been removed from the list of Healthy People 2030 goals. In East King County, 73.3% of senior residents reported having received the pneumonia vaccine. Rates in area cities range from 53.5% in the Kirkland HRA to 84.6% in the Mercer Island/Point Cities HRA.

### **Pneumonia Vaccine, Adults 65 and Older, Five-Year Average**

	<b>Percent</b>
Bear Creek/Carnation/Duvall HRA	75.4%
Bellevue-Central HRA	79.2%
Bellevue-NE HRA	72.1%
Bellevue-South HRA	67.4%
Bellevue-West HRA	77.6%
Bothell/Woodinville HRA	76.2%
Covington/Maple Valley HRA	76.4%
Issaquah HRA	74.2%
Kirkland HRA	53.5%
Kirkland North HRA	69.3%
Mercer Island/Point Cities HRA	84.6%
Newcastle/Four Creeks HRA	71.8%
Redmond HRA	71.6%
Renton-East HRA	N/A
Renton-North HRA	77.1%
Renton-South HRA	75.4%
Sammamish HRA	77.8%
Snoqualmie/North Bend/Skykomish HRA	76.9%
<b>East County</b>	<b>73.3%</b>
<b>King County</b>	<b>74.8%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2012-2016. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> N/A = Data suppressed due to too few cases to protect confidentiality and/or report reliable rates.

## IMMUNIZATION OF CHILDREN

Among area school districts, Issaquah School District had the highest rate of up-to-date vaccinations among children entering Kindergarten (93.9%) and Skykomish School District had the lowest rate of up-to-date vaccinations among children entering Kindergarten (71.4%); however, this rate was based on only seven kindergartners and so should be interpreted with caution.

### Up-to-Date Immunization Rates of Children Entering Kindergarten

	Percent
Bellevue School District	80.6%
Issaquah School District	93.9%
Lake Washington School District	85.2%
Mercer Island School District	84.8%
Northshore School District	88.4%
Renton School District	91.7%
Riverview School District	79.6%
Skykomish School District	71.4%
Snohomish School District	84.8%
Snoqualmie Valley School District	78.9%
King County	84.8%
Washington	85.0%

Source: State of Washington, Open Data Portal, 2016-2017. <https://data.wa.gov/>



## MAMMOGRAMS

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have had a mammogram in the past two years. This translates to a maximum of 22.9% who lack screening. East County (17.7%) meets the goal. Area HRAs, for which data are available, range from 10.5% of women in the target age group in Bothell/Woodinville's HRA missing their mammogram to 29.2% in the Snoqualmie/North Bend/Skykomish HRA.

### No Mammogram Past Two Years, Women Ages 50-74, Four-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	20.3%
Bellevue-Central HRA	N/A
Bellevue-NE HRA	*19.0%
Bellevue-South HRA	*19.7%
Bellevue-West HRA	N/A
Bothell/Woodinville HRA	*10.5%
Covington/Maple Valley HRA	24.5%
Issaquah HRA	N/A
Kirkland HRA	*11.4%
Kirkland North HRA	*12.4%
Mercer Island/Point Cities HRA	*14.2%
Newcastle/Four Creeks HRA	*17.4%
Redmond HRA	*13.3%
Renton-East HRA	*27.3%
Renton-North HRA	N/A
Renton-South HRA	16.7%
Sammamish HRA	*14.3%
Snoqualmie/North Bend/Skykomish HRA	29.2%
East County	17.7%
King County	23.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2014-2016 & 2018, averaged. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> \*Statistically unstable due to small sample size; interpret with caution. N/A=data suppressed due to privacy concerns and/or statistical reliability, due to small sample size.

## PAP SMEARS

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. This equates to a maximum of 15.7% of women who lack screening. King County (18.9%) and the East County (17.7%) do not meet this goal. Among area HRAs, for which data are available, six HRAs do not meet the HP2030 goal, with the highest rates of non-compliance found in the Sammamish HRA (27.2%) and Snoqualmie/North Bend/Skykomish HRA (26%).

### No Pap Test Past 3 Years, Women Ages 21-65, Four-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	15.2%
Bellevue-Central HRA	*20.6%
Bellevue-NE HRA	*21.5%
Bellevue-South HRA	*17.6%
Bellevue-West HRA	N/A
Bothell/Woodinville HRA	*9.9%
Covington/Maple Valley HRA	*8.8%
Issaquah HRA	N/A
Kirkland HRA	*13.3%
Kirkland North HRA	13.7%
Mercer Island/Point Cities HRA	*10.5%
Newcastle/Four Creeks HRA	*15.6%
Redmond HRA	15.4%
Renton-East HRA	*19.0%
Renton-North HRA	N/A
Renton-South HRA	*15.4%
Sammamish HRA	*27.2%
Snoqualmie/North Bend/Skykomish HRA	26.0%
East County	17.7%
King County	18.9%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2014-2016 & 2018, averaged. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> \*Statistically unstable due to small sample size; interpret with caution. N/A=data suppressed due to privacy concerns and/or statistical reliability, due to small sample size.

## COLORECTAL CANCER SCREENING

The Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 71.3% of East County residents, ages 50-75, met the colorectal cancer screening guidelines. Area HRA compliance rates ranged from 54.2% in the Snoqualmie/North Bend/Skykomish HRA to 83.6% in the West Bellevue HRA and 81.5% in the Mercer Island/Point Cities HRA.

### Screening for Colorectal Cancer, Adults Ages 50-75, Four-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	70.4%
Bellevue-Central HRA	67.7%
Bellevue-NE HRA	65.0%
Bellevue-South HRA	74.6%
Bellevue-West HRA	*83.6%
Bothell/Woodinville HRA	80.8%
Covington/Maple Valley HRA	67.8%
Issaquah HRA	74.3%
Kirkland HRA	66.8%
Kirkland North HRA	78.9%
Mercer Island/Point Cities HRA	81.5%
Newcastle/Four Creeks HRA	77.3%
Redmond HRA	74.6%
Renton-East HRA	64.7%
Renton-North HRA	73.7%
Renton-South HRA	72.0%
Sammamish HRA	64.2%
Snoqualmie/North Bend/Skykomish HRA	54.2%
<b>East County</b>	<b>71.3%</b>
<b>King County</b>	<b>70.8%</b>

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2014-2016 & 2018, averaged. <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx> \*Statistically unstable due to small sample size; interpret with caution.

## COMMUNITY INPUT – PREVENTIVE PRACTICES

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- It has been more difficult for people to obtain screenings and vaccinations, especially with the stay-at-home order. People choose to not go to the dentist or their primary care provider for routine preventive checks. That will have a negative impact down the road.
- Among Indian and South East Asian populations, there is a stigma associated with women or with parents from older generations who don't want to add burden to the family. They choose not to go and take care of their health because of the extra expenses.
- People are avoiding getting preventive care because they are afraid of contagions.
- The biggest challenges are Medicaid and getting patients to follow-up on their care and diagnoses.
- Many immunization rates are going down because people are afraid to go to the doctor's office and doctors' offices weren't vaccinating. It has gotten better recently, but people are still scared to go to the doctor.
- Prevention is often a lower priority for individuals who are facing a variety of challenges. They may use the ED more frequently rather than focus on preventive practices.
- Families don't always know, especially recent immigrant families, that a well child check is part of the standard of care and is covered by insurance every year.
- Access to eyeglasses can be a barrier because vision care is not always insured.
- Most kids who have chronic conditions are getting seen. But they do not go for care until there is an issue that impacts them and they are missing school.

## ATTACHMENT 1:

# Benchmark Comparisons

Where data were available, Overlake's health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	<b>81.9%</b> - 94.2%	90.7%
Child health insurance rate	98.1%	92.1%
Adult health insurance rate	94.0%	92.1%
Unable to obtain medical care	<b>3%</b> - <b>13%</b>	3.3%
<b>Cancer deaths</b>	<b>140.4</b>	122.7 per 100,000 persons
<b>Colon/rectum cancer deaths</b>	<b>11.1</b>	8.9 per 100,000 persons
Drug-overdose deaths	18.8	20.7 per 100,000 persons
Overdose deaths involving opioids	12.8	13.1 per 100,000 persons
<b>Lung cancer deaths</b>	<b>26.9</b>	25.1 per 100,000 persons
<b>Female breast cancer deaths</b>	<b>17.8</b>	15.3 per 100,000 persons
<b>Prostate cancer deaths</b>	<b>20.2</b>	16.9 per 100,000 persons
Stroke deaths	30.8	33.4 per 100,000 persons
Unintentional injury deaths	27.4	43.2 per 100,000 persons
Suicides	11.5	12.8 per 100,000 persons
Liver disease deaths	6.6	10.9 per 100,000 persons
Homicides	3.5	5.5 per 100,000 persons
<b>Early and adequate prenatal care</b>	<b>71.2%</b>	80.5%
Infant death rate	1.5 - 4.8	5.0 per 1,000 live births
Adult obese, ages 20+	14% - 31.0%	36.0%
Teens obese, ages 12-17	8% - 13%	15.5% of children and teens
ages 2 to 19		
Adults engaging in binge drinking	12% - 20.1%	25.4%
<b>Cigarette smoking by adults</b>	<b>3%</b> - <b>15.4%</b>	5.0%
Pap smears, ages 21-65, screened in the past 3 years	85%	84.3%
<b>Mammograms, ages 50-74, screened in the past 2 years</b>	<b>69.0%</b> - 89.0%	77.1%
<b>Colorectal cancer screenings, ages 50-75, screened per guidelines</b>	<b>55.0%</b> - 82.0%	74.4%
<b>Annual adult influenza vaccination</b>	<b>39%</b>	70.0%

## ATTACHMENT 2:

# Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Alisa Chatinsky	Executive Director	The Sophia Way
Stephanie Cherrington	Executive Director	Eastside Pathways
Dietra Clayton	Director of Client Services	The Sophia Way
David Downing	Chief Executive Director	Youth Eastside Services
Alma Gonzalez	Coordinator	Niso Promotores
Valerie Korock	Corporate Relations	Issaquah Schools Foundation
Carrie Lang, MSN, RN	Special Education Supervisor, Health Services	Bellevue School District
Sunshine Monastrial	Planning, Development and Evaluation Manager	International Community Health Services
Monica Negrila	Human Services Coordinator	City of Issaquah
Alex O'Reilly, MSW	Human Services Manager	City of Bellevue
Eric Shipley, MD	Emergency Department Director	Overlake Medical Center
Heather Siegal-Sawma	Associate Executive Director	YMCA
Lauren Thomas	Chief Executive Director	Hopelink

Attempts were made to connect with representatives from Public Health – Seattle & King County, but due to competing priorities related to COVID-19, they were not able to participate in the stakeholder interviews.

## ATTACHMENT 3:

# Resources to Address Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to King County 211 at <https://www.crisisconnections.org/king-county-2-1-1/>.

Health Need	Community Resources
Access to health care	Chinese Information and Service Center Collaborative Action Network Eastside Pathways HealthierHere: Working Together to Create a Future Where Everyone Thrives HealthPoint Health Centers Hopelink 211 System Indian Association of Western Washington International Community Health Services Niso Promotores Sea Mar Community Health Centers The Sophia Way
Cancer	Bellevue Life Spring Center for Human Services HealthPoint Health Centers International Community Health Services King County Breast, Cervical and Colon Cancer Prevention Project Access Northwest Sea Mar Community Health Centers Seattle Cancer Care Alliance YMCA Cancer Survivor Support Groups
COVID-19	Eastside Pathways Hopelink Indian Association of Western Washington Muslim Community Resource Center Niso Promotores Renewal Foodbank
Housing and homelessness	Bellevue Family Connections Center Bellevue Life Spring Friends of Youth Hopelink Imagine House Kinderling Seattle Lifewire Niso Promotores

Health Need	Community Resources
Mental health	Asian Counseling Referral Services Chinese Information and Service Center Consejo Counseling and Referral Service IKRON International Community Health Services Sound Mental Health The Garage The Sophia Way YMCA Youth Eastside Services (YES)
Overweight and obesity	American Heart Association HealthPoint Health Centers International Community Health Services Sea Mar Community Health Centers Seattle Children's Obesity Program Seattle Parks and Recreation
Preventive practices	Asian Counseling and Referral Services Chinese Information and Service Center Hopelink IKRON Indian Association of Western Washington International Community Health Services Jewish Family Services School Districts The Garage YMCA
Sexually transmitted infections	Eastgate Public Health Flash Program Eastgate Public Health Sexual Planning Program HealthPoint Health Centers International Community Health Services Planned Parenthood Public Health Teen Clinic Sea Mar Community Health Centers Social Impact Center at the YMCA Youth Eastside Services
Substance use and misuse	Friends of Youth IKRON Youth Eastside Services (YES)



## ATTACHMENT 4:

# Report of Progress

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Overlake developed and approved an Implementation Strategy to address significant health needs identified in the 2018 Community Health Needs Assessment. The hospital addressed: access to care, cardiovascular disease, mental and preventive care through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2018 CHNA.

### ACCESS TO CARE

- Expanded outreach activities with South Asian and Southeast Asian populations in partnership with community organizations.
  - Established partnerships with the India Association of Washington (IAWW), Asian Counseling Referral Service (ACRS), Chinese Information Service Center (CISC) and Muslim Community Service Center (MCRC) to provide sponsorships, ongoing health and wellness education
- Overlake provided financial assistance by offering free and discounted care for health care services, consistent with Overlake's financial assistance policy. Since 2018 Overlake has annually dispersed \$6M in charity care.
- Optimized outreach activities for healthy living.
  - Participated in community partnerships for prevention programming. Partners included the Together Center. At the Together Center we hosted a flu vaccination clinic and offered education on Alzheimer's Mental Health/Suicide Awareness, Sepsis, Stroke, Fall Prevention, Stop The Bleed, and Nutrition.
  - Attended wellness and health fairs in conjunction with the City of Bellevue, REI, Puget Sound Energy, PACCAR and Clark Nuber to provide health screenings for blood pressure, cholesterol, and skin cancer.

### CARDIOVASCULAR DISEASE

- Implemented education and outreach programs to address the South Asian
  - Population on the Eastside identified as high risk.
    - Delivered heart health presentations to the IAWW senior community.
- Continued to offer the Eastside Women's symposium, which addressed risk of heart attack and stroke.
- Participated in and sponsored education programs with the American Heart Association.

## MENTAL HEALTH

- Implemented an Overlake mental health community program to deliver a suicide prevention curriculum in conjunction with local schools and community mental health services.
  - Pre-COVID an Overlake Mental Health Conference featured Overlake and community partner presentations to 125 participants.
  - Post-COVID we collaborated with National Alliance on Mental Illness (NAMI) to offer weekly virtual sessions on various topics related to mental and behavioral health.
- Expanded access to early intervention and screening and other mental health services:
  - Funded/sponsored mental and behavioral health programs at the Issaquah, Lake Washington and Bellevue Schools Foundations.
- Developed a program to offer dementia and Alzheimer's disease prevention education.
  - Collaborated with the Alzheimer's Association of Western Washington and offered programs at the YMCA, IAWW and Together Center.
- Expanded caregiver support programs through collaboration with Aegis, Sea Mar and the YMCA.
  - Worked with Aegis to offer palliative care presentations to family members
  - Initiated Healthy Aging event planning with the YMCA of Greater Seattle.
- Supported community organizations that provided mental health services.

## PREVENTIVE HEALTH CARE

- Provided free flu and pneumococcal vaccines to the medically underserved.
- Offered senior wellness program.
  - Prior to COVID-19, fall prevention and senior wellness programs were provided as part of our prevention program. Monthly, 200 active older adults participated in our balance and walking programs.
  - Post COVID-19, we continued to offer the yoga for balance program virtually and had over 100 participants.
- Offered colorectal cancer screening targeted to the high-risk members of the Southeast Asian community.
  - Joined a collaboration with Sea Mar and the American Cancer Society to deliver colorectal screening home test kits to underserved residents on the Eastside.
- Provided free disease prevention and awareness programs through partnerships with community organizations such as the American Cancer Society and the American Heart Association.
- Conducted education focused on smoking and vaping prevention among youth.

# **Implementation Plan**

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## Introduction

Overlake Medical Center & Clinics (Overlake) is a nonprofit health system located in Bellevue, Washington, which provides a full range of primary care and advanced medical services to the Puget Sound region. Our mission is *Compassionate care for every life we touch*.

Since opening in 1960, Overlake has grown to a 349-bed medical center distinguished for its compassionate and patient-centered care. In 2021, Overlake conducted a Community Health Needs Assessment (CHNA) to comply with federal regulations guiding tax-exempt hospitals.

Overlake participated in a collaborative process as part of the King County Hospitals for a Healthier Community (HHC). HHC is a collaborative of all 11 hospitals and/or health systems in King County and Public Health — Seattle & King County. The HHC members joined together to identify important health needs and assets in the communities they serve. HHC recognizes that partnerships between hospitals, public health, community organizations and communities are keys to successful strategies to address common health needs.

The Overlake CHNA incorporated demographic and health data for the communities served by the health system. Targeted interviews were conducted to gather information and opinions from persons who represented the broad interests of the community. Stakeholders included representatives of the medically underserved, low income and minority populations, as well as representatives from the health department.

Significant health needs were identified through primary and secondary data gathered for the CHNA. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem); or the seriousness of the problem (impact at individual, family, and community levels). Primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

## The following significant health needs were determined:

- Access to Healthcare
- Cancer
- COVID-19 (replaced Cardiovascular Disease)
- Housing and Homelessness (new)
- Mental Health and Substance Use and Misuse
- Overweight/Obesity
- Preventive Practices

## Priority Health Needs

The identified significant health needs were prioritized with input from the community. The following criteria were used to prioritize the health needs:

- **Severity** – the perceived impact of the health need on the community.
- **Change over time** – determination if the health need has improved, stayed the same or worsened.
- **Resources** – availability of resources in the community to address the health need.

This process resulted in the following priority ranking of the health needs:

- Access to Care
- Cancer Prevention
- Housing/Homelessness
- Mental Health/Substance Use and Misuse

## Addressing the Health Needs

Overlake will address the following health needs through a commitment of community benefit programs and resources.

## Priority Health Need: Access to Healthcare

*Goal:* Increase access to healthcare for the medically underserved, with a focus on the culturally diverse population of the Eastside.

*Strategy:* Support health access with outreach activities in partnership with community organizations.

*Tactic:* Connect with community-based organizations to promote wellness to the culturally diverse residents of the Eastside.

*Tactic:* Formalize outreach with mobile food bank programs to offer health information to underserved/underinsured populations.

*Tactic:* Partner with Overlake providers to provide medical care to underserved/underinsured in partnership with volunteer-based clinics.

*Strategy:* Emphasize culturally appropriate outreach for healthy living.

*Tactic:* Explore opportunities to address racism as a social justice and public health issue to support the most vulnerable.

*Tactic:* Cooperate with advocate groups for racial equity and LGBTQIA+ health and wellness.

## Priority Health Need: Cancer Prevention

*Goal:* Increase focus on early detection, prevention, and treatment education.

*Strategy:* Offer health education and outreach focused on cancer prevention and treatment.

*Tactic:* Increase cancer screening rates to Eastside residents with a focus on Black, Indigenous and People of Color (BIPOC) communities.

*Tactic:* Continue to provide patient education, resources and events to promote awareness and screening. Improve cancer detection by increasing public awareness and adherence to cancer prevention and early detection recommendations. Increase the identification and treatment of cancer.

*Tactic:* Increase awareness and availability of cancer support resources for existing patients in collaboration with Overlake Cancer Center and Seattle Cancer Care Alliance.

## **Priority Health Need: Housing/Homelessness**

*Goal:* Improve health for those in transition.

*Strategy:* Engage in collaborative strategies to serve unsheltered residents of East King County.

*Tactic:* Collaborate with local housing agencies and shelters to increase resources for persons at risk of homelessness and persons who are homeless.

*Tactic:* Advocate for housing funding initiatives at state and federal levels.

## **Priority Health Need: Mental Health & Substance Use/Misuse**

*Goal:* Increase access to mental health and substance use services for Eastside residents.

*Strategy:* Direct resources to serve mental health programs.

*Tactic:* Increase availability of mental health and substance use services in community settings through collaboration with community partners and to improve coordination among providers and resources.

*Tactic:* Support LGB-identifying youth who are more likely to feel depressed, use cigarettes and abuse alcohol and drugs, which can carry on into adulthood and lead to long-term health consequences by supporting advocacy and local initiatives that address this community.

## **Resource Commitments**

Overlake will commit both financial and in-kind resources throughout 2022-2024 to ensure effective implementation of planned activities to meet identified goals. Resources may include specific programs and services offered by the hospital, staff time devoted to collaboration with local non-profit organizations to advance collective work, charitable contributions and volunteerism.

# Evaluation of Objectives

Throughout the implementation phase, specific metrics will be tracked to document progress toward meeting goals and objectives and adjusted as needed. Community engagement manager will monitor population-level metrics and system metrics by implementing community benefit inventory reporting software (CBISA) that will support more comprehensive measurement of Overlake's impact on the community we serve.

## Planned collaborations

- Aegis
- Alzheimer's Association of Western Washington
- American Cancer Society
- American Heart Association
- Asian Counseling Referral Service
- Boys & Girls Club
- Chinese Information Service Center
- City of Bellevue
- Eastside Human Services Forum
- Eastgate Public Health Center
- Eastside Pathways
- HopeLink
- India Association of Washington
- International Community Health Services (ICHS)
- Lifewire
- March of Dimes
- Muslim Community Service Center
- National Alliance on Mental Illness (NAMI)
- School districts
- Sea Mar Community Health Centers
- Together Center
- Youth Eastside Services



- YMCA of Greater Seattle
- YWCA
- Eastside for All
- Eastside Change Coalition
- The Root of Us

## Other Health Needs

Taking existing hospital and community resources into consideration, Overlake will concentrate on those health needs that we can most effectively address given our areas of focus and expertise. Therefore, the hospital's charitable resources will be placed on the selected priority health needs.

## Conclusion

Overlake will work diligently to address the identified needs prioritized in the process. For questions regarding this plan or implementation progress, please contact:

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Copies of this plan can be downloaded from our website:

[Overlake Community Health Needs Assessment 2021.pdf \(overlakehospital.org\)](#)

