



2024 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. Tax-exempt hospitals are required 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 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 or 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 December 2023 and January 2024. 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 prioritize health needs.

Priority Health Needs

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

Report Adoption, Availability and Comments

This CHNA report was adopted by the Overlake Medical Center Strategy Board of Directors in June 2024.

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 Joy Campbell at joy.campbell@overlakehospital.org.

INTRODUCTION

Background and Purpose

For more than six decades, Overlake Medical Center & Clinics has offered a full range of advanced medical services to the Puget Sound’s evolving and diverse community. The nonprofit healthcare system includes a 349-bed hospital and a growing network of primary, urgent and specialty care clinics.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and adopt an Implementation Strategy 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	ZIP Code
Local Service Area	Bellevue (ZIP Codes 98009 and 98015 of Bellevue city are not available.)	Bellevue	98004 98005 98006 98007 98008
		Medina	98039
	East (ZIP Code 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 (ZIP Codes 98083 of Kirkland and 98073 of Redmond are not available.)	Kirkland	98033
		Redmond	98052 98053
	Southwest	Mercer Island	98040
		Newcastle	98056
Renton		98059	

Outlying Service Area	North (ZIP Codes 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

Project Oversight

The Community Health Needs Assessment process was overseen by:

Joy Campbell

Community Engagement Manager

Overlake Hospital Medical Center

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 28 years of experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. 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.

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 2030 objectives. 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. There are four (4) regions in King County: North, East, South, and Seattle. The North Region includes Bothell, Cottage Lake, Kenmore, Lake Forest Park, Shoreline, and Woodinville. The East Region includes Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, and Skykomish. The 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.

Prior to 2021, King County Public Health had created 48 Health Reporting Areas (HRAs), which were utilized in creating the 2016-2020 City Health Profiles utilized in this report. For the 2017-2021 community health indicators also used in this report, King County switched to 61 HRAs, utilizing 2020 U.S. Census data. For both time periods, where possible, neighborhoods were defined within large cities (for example, 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 2016-2020 HRAs coincide with the Overlake service area, while twenty-one of the sixty-one 2017-2020 HRAs coincide.

While the boundaries of the HRAs for the 2016-2020 and 2017-2021 date ranges are not identical, the crosswalk suggests some areas of overlap for the service area HRAs.

Crosswalk of 2017-2021 Community Health Indicator and 2016-2020 City Health Profile HRAs

Community Health Indicator HRAs (2017-2021)		City Health Profile HRAs (2016-2020)
Bear Creek/Greater Sammamish HRA		Bear Creek/Carnation/Duvall HRA
Duvall/Carnation/Skykomish/NE King County HRA		
Bellevue-Central HRA		Bellevue-Central HRA
Bellevue-NE HRA		Bellevue-NE HRA
Bellevue-South HRA		Bellevue-South HRA
Bellevue-West HRA		Bellevue-West HRA
Bothell/Woodinville HRA		Bothell/Woodinville HRA
Covington HRA		Covington/Maple Valley HRA
East Highlands/Hobart/Greater Maple Valley HRA		
Maple Valley HRA		
Issaquah HRA		Issaquah HRA
Kirkland North HRA		North Kirkland HRA
Kirkland South HRA		Kirkland HRA
Mercer Island/Point Cities HRA		Mercer Island/Point Cities HRA
Newcastle/Four Creeks HRA		Newcastle/Four Creeks HRA
Redmond North HRA		Redmond HRA
Redmond South HRA		
Renton North HRA		Renton-East HRA
		Renton-North HRA
Renton South HRA		Renton-South HRA
Sammamish HRA		Sammamish HRA
Snoqualmie/North Bend HRA		Snoqualmie/North Bend/Skykomish HRA

Source: Public Health – Seattle and King County

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 December 2023 and January 2024. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included stakeholders concerned with health and wellbeing in King County who spoke about issues and needs in the communities served by the hospital.

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 was given. Interview participants and their organizational affiliations are listed in Attachment 2. Attachment 3 provides a summary of stakeholder interview responses.

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. During the interviews, participants were asked to share their perspectives on the issues, challenges, and barriers relative to the identified health needs (i.e., What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts.

The significant health needs discussed in the interviews were:

1. Access to care
2. Chronic disease
3. Healthy eating and active living
4. Housing and Homelessness
5. Mental health
6. Preventive practices (health education, screenings, vaccines)
7. Sexually transmitted infections
8. Substance use

Attachment 4 provides stakeholder-identified community resources to address the significant health needs.

Finally, interview participants were asked to share information on any other health or social issues not included in the survey as well as additional comments. Responses and trends relative to all the interview questions are summarized in the 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 community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on significant needs. The following criteria were used to prioritize the significant 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 (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified 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 respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Access to care, housing and homelessness, and mental health had the highest scores for severe and very severe impact on the community. Housing and homelessness, mental health, and access to care were the top needs that had worsened over time. Mental health, housing and homelessness, access to care had the highest scores for 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	100%	70%	80%
Chronic disease	50%	30%	50%
Healthy eating and active living	30%	30%	40%
Housing and homelessness	90%	90%	90%
Mental health	90%	90%	100%
Preventive practices	50%	40%	40%
Sexually transmitted infections	10%	10%	10%
Substance use	70%	60%	60%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant 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 significant need. Access to care, mental health, chronic disease, preventive practices and substance use were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Access to health care	3.90
Mental health	3.70
Chronic disease	3.60
Preventive practices	3.60
Substance use	3.60
Housing and homelessness	3.50
Healthy eating and active living	3.10
Sexually transmitted infections	3.00

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

COMMUNITY DEMOGRAPHICS

Population

The population of the Overlake service area is 977,461. From 2016 to 2021, the population increased by 8.9%.

Total Population and Change in Population

	Overlake Service Area	King County	Washington
Total population	977,461	2,240,876	7,617,364
Change in population, 2016-2021	8.9%	7.8%	7.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2017-2021, DP05. <http://data.census.gov>

The hospital service area population is 50.2% male and 49.8% female.

Population, by Gender

	Overlake Service Area	King County	Washington
Male	50.2%	50.5%	50.3%
Female	49.8%	49.5%	49.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

Children and youth, ages 0-19, make up 25.2% of the population, 62.0% are adults, ages 20-64, and 12.8% of the population are senior adults, ages 65 and older. The service area population has a higher percentage of children and youth, and adults, ages 45-64, and a lower percentage of young adults, ages 20-24, and senior adults than the county or state.

Population, by Age

	Overlake Service Area		King County		Washington	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	59,455	6.1%	125,112	5.6%	449,543	5.9%
Age 5-19	187,013	19.1%	375,468	16.8%	1,411,057	18.5%
Age 20-24	43,237	4.4%	131,553	5.9%	478,112	6.3%
Age 25-44	303,801	31.1%	752,905	33.6%	2,196,256	28.8%
Age 45-64	258,824	26.5%	561,286	25.0%	1,904,624	25.0%
Age 65-84	109,009	11.2%	256,413	11.4%	1,046,925	13.7%
Age 85+	16,122	1.6%	38,139	1.7%	130,847	1.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

When the service area is examined by community, Sammamish 98074 has the highest percentage of children and youth (33.1%). Snoqualmie Pass (10.3%) has the lowest percentage of children and youth in the service area.

Fall City has the highest percentage of senior adults in the area (20.6%). Sammamish 98074 has the lowest percentage of senior adults (7.4%).

Population, by Youth, Ages 0-19, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 - 19	Senior Adults, Ages 65 and Older
Bellevue	98004	38,632	19.0%	13.7%
Bellevue	98005	21,603	23.9%	12.2%
Bellevue	98006	39,595	25.7%	14.9%
Bellevue	98007	28,576	21.8%	11.5%
Bellevue	98008	26,091	22.4%	19.6%
Black Diamond	98010	5,963	22.3%	13.2%
Bothell	98011	27,396	24.9%	13.8%
Bothell	98021	34,359	28.9%	11.9%
Carnation	98014	7,736	23.2%	17.3%
Duvall	98019	11,290	29.4%	7.7%
Fall City	98024	5,503	22.2%	20.6%
Issaquah	98027	27,808	21.8%	14.4%
Issaquah	98029	31,480	26.6%	9.6%
Kenmore	98028	23,556	22.9%	16.1%
Kirkland	98033	39,726	22.8%	14.1%
Kirkland	98034	52,841	21.5%	13.2%
Maple Valley	98038	37,624	31.8%	10.6%
Medina	98039	2,928	28.8%	18.9%
Mercer Island	98040	25,506	25.5%	19.8%
Mill Creek	98012	75,045	28.1%	10.0%
Newcastle	98056	36,950	21.4%	13.3%
North Bend	98045	15,611	26.0%	12.1%
Ravensdale	98051	4,272	23.5%	13.0%
Redmond	98052	75,765	24.9%	10.5%
Redmond	98053	22,857	26.3%	19.9%
Renton	98055	24,668	23.0%	12.1%
Renton	98057	12,351	16.0%	13.8%
Renton	98058	42,366	24.8%	13.7%
Renton	98059	41,076	27.4%	12.7%
Sammamish	98074	30,370	33.1%	7.4%
Sammamish	98075	25,762	30.9%	8.4%
Snohomish	98296	27,032	25.9%	10.8%
Snoqualmie	98065	15,779	32.4%	8.7%
Snoqualmie Pass	98068	551	10.3%	19.2%
Woodinville	98072	24,931	23.7%	15.4%
Woodinville	98077	13,862	24.4%	16.2%
Overlake Service Area		977,461	25.2%	12.8%
King County		2,240,876	22.3%	13.1%
Washington		7,617,364	24.4%	15.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov/>

Race and Ethnicity

The majority population in the service area identifies as White or Caucasian residents (59.7%), with 23.6% of the population are Asian residents, 7.7% of the population are Hispanic or Latino residents, 5.6% of individuals identify as multiracial (two-or-more races) and 2.6% of the population are Black or African American residents. American Indian residents or Alaskan Native residents are 0.3% of the population, Native Hawaiian residents or Pacific Islander residents are 0.2% of the population, and those who identify with a race and ethnicity not listed represent 0.5% of the population.

Race and Ethnicity

	Overlake Service Area	King County	Washington
White	59.7%	57.1%	66.5%
Asian	23.6%	18.7%	8.9%
Hispanic or Latino	7.7%	10.0%	13.2%
Multiracial	5.6%	6.3%	5.8%
Black or African American	2.6%	6.3%	3.7%
American Indian or AK Native	0.3%	0.4%	0.9%
Native HI or Pacific Islander	0.2%	0.7%	0.6%
Some other race	0.5%	0.5%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov/>

Bellevue has the highest percentage of Asian residents (37.6%). The Southwest service area has the highest percentage of Hispanic or Latino residents (11%) and Black or African American residents (5.3%). The East service area has the highest percentage of White residents (80.8%).

Race and Ethnicity, by Subset Service Areas

	White	Asian	Hispanic or Latino	Black or African American
Bellevue	47.0%	37.6%	7.4%	2.5%
East	80.8%	6.4%	7.4%	0.5%
Issaquah/Sammamish	59.1%	28.4%	5.1%	1.5%
Redmond/Kirkland	57.4%	29.5%	6.0%	1.6%
Southwest	49.6%	24.7%	11.0%	5.3%
North	66.5%	17.5%	7.9%	1.6%
South	61.9%	15.4%	9.6%	4.7%
Overlake Service Area	59.7%	23.6%	7.7%	2.6%
King County	57.1%	18.7%	10.0%	6.3%
Washington	66.5%	8.9%	13.2%	3.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov/>

Language

In the service area, 69.3% of the population, 5 years and older, speak only English in the home. 14.7% speak an Asian or Pacific Islander language, 9.4% speak an Indo-European language, and 5.1% speak Spanish in the home.

Language Spoken at Home for the Population 5 Years and Older

	Overlake Service Area	King County	Washington
Population, 5 years and older	636,429	1,504,459	5,713,611
English only	69.3%	71.1%	79.7%
Speaks Asian or Pacific Islander language	14.7%	12.3%	6.2%
Speaks Indo-European language	9.4%	7.2%	4.1%
Speaks Spanish	5.1%	6.6%	8.7%
Speaks other language	1.5%	2.8%	1.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov/>

The highest percentage of Asian language speakers within the service area is in the Bellevue region (38.6%). Bellevue also has the highest percentage of Indo-European languages spoken at home (21.5%). The Southwest region has the highest percentage of Spanish speakers (8.9%) in the service area.

Language Spoken at Home, by Subset Service Area

	English	Asian or Pacific Islander	Indo European	Spanish
Bellevue	56.7%	38.6%	21.5%	7.9%
East	88.5%	3.8%	4.4%	5.2%
Issaquah/Sammamish	67.3%	17.2%	10.8%	3.1%
Redmond/Kirkland	63.3%	17.5%	13.0%	3.6%
Southwest	65.8%	17.5%	6.3%	8.9%
North	73.7%	10.2%	9.1%	5.6%
South	77.9%	10.9%	4.4%	5.2%
Overlake Service Area	69.3%	14.7%	9.4%	5.1%
King County	71.1%	12.3%	7.2%	6.6%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov/>

Among area school districts, the percentage of students classified as English Language Learners ranges from 2.5% in the Skykomish School District (40 enrolled students), to 23% in the Renton School District. The percentage of bilingual students in the Bellevue and Renton districts is higher than the state rate (13.5%).

English Language Learner Students, by School District

	Percent
Bellevue School District	16.5%
Issaquah School District	7.3%
Lake Washington School District	11.7%
Mercer Island School District	3.7%
Northshore School District	9.5%
Renton School District	23.0%
Riverview School District	6.9%

Skykomish School District	2.5%
Snohomish School District	5.9%
Snoqualmie Valley School District	3.9%
King County*	16.7%
Washington	13.5%

Source: Office of Superintendent of Public Instruction, Washington State Report Card and *Report Card Enrollment Dataset, 2022-2023.
<http://reportcard.ospi.k12.wa.us/>

Veteran Status

In the service area, 5.1% of the civilian population, 18 years and older, are veterans.

Veteran Status

	Percent
Bellevue	4.1%
East	7.7%
Issaquah/Sammamish	4.1%
Redmond/Kirkland	3.6%
Southwest	5.2%
North	5.3%
South	7.1%
Overlake Service Area	5.1%
King County	5.1%
Washington	8.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

Citizenship

In the Overlake service area, 26.8% of the population is foreign-born. Of the foreign-born, 54.7% 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	26.8%	24.2%	14.7%
Of foreign born, not a U.S. citizen	54.7%	52.9%	51.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

SOCIAL DETERMINANTS OF HEALTH

Social and Economic Factors Ranking

The County Health Rankings rank 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 first among Washington counties, according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 39)
King County	1

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

Unemployment

The unemployment rate in the service area, averaged over 5 years, was 3.9%. This is lower than the King County (4.6%) and the state unemployment rates (5.1%). The highest rate of unemployment was found in the South region of the service area (4.4%), and the lowest unemployment rate was in the East region (2.7%).

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Bellevue	84,547	3,344	4.0%
East	25,412	697	2.7%
Issaquah/Sammamish	61,946	1,957	3.2%
Redmond/Kirkland	74,672	2,853	3.8%
Southwest	47,678	1,674	3.5%
North	162,025	7,001	4.3%
South	77,674	3,437	4.4%
Overlake Service Area	533,954	20,963	3.9%
King County	1,287,877	59,379	4.6%
Washington	3,899,915	198,259	5.1%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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 2021, the Federal Poverty Level (FPL) was set at an annual income of \$13,788 for one person and \$27,479 for a family of four.

Among the residents in the service area, 5.5% are at or below 100% of the federal poverty level (FPL) and 11.7% are at 200% of FPL or below. The highest rates of poverty in the service area are found in the Bellevue (6.8%), South (6.4%), and Southwest (6.3%) regions. The highest rates of low-income residents are found in the Southwest (15.5%), South (14.4%), and Bellevue (12.4%) regions.

Poverty Levels, <100% FPL and <200% FPL, by Subset Service Area

	<100% FPL	<200% FPL
Bellevue	6.8%	12.4%
East	3.9%	8.4%
Issaquah/Sammamish	4.5%	7.4%
Redmond/Kirkland	5.6%	10.5%
Southwest	6.3%	15.5%
North	4.8%	11.5%
South	6.4%	14.4%
Overlake Service Area	5.5%	11.7%
King County	8.4%	17.9%
Washington	10.0%	23.6%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1701. <http://data.census.gov/>

When examined by sub-category, the Bellevue region has the highest rate of poverty among children (7.7%), followed by the Southwest (7.5%) and South (7.1%) regions. The Bellevue (7.6%) and South (6.7%) regions have the highest rate of poverty among senior adults. In the Issaquah/Sammamish region, a third of households (35.4%) 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, Senior Adults, Ages 65 and Older, and Female HoH

	Children	Senior Adults	Female HoH with Children*
Bellevue	7.7%	7.6%	23.8%
East	4.5%	4.5%	11.3%
Issaquah/Sammamish	6.0%	3.9%	35.4%
Redmond/Kirkland	4.0%	5.9%	16.2%
Southwest	7.5%	4.2%	19.7%
North	4.0%	5.6%	20.1%
South	7.1%	6.7%	21.3%
Overlake Service Area	5.6%	5.8%	21.5%
King County	9.6%	8.2%	25.1%
Washington	12.4%	7.6%	29.3%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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, 60.5% of the 38 students enrolled in October, 2022-2023 school year were eligible for the free and reduced-price meal program. 58.7% of Renton School District students were eligible for the free and reduced-price meal program.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Children	
	2019-2020	2022-2023
Bellevue School District	15.7%	18.1%
Issaquah School District	8.0%	11.0%
Lake Washington School District	10.4%	10.3%
Mercer Island School District	2.6%	4.1%
Northshore School District	11.4%	15.0%
Renton School District	45.3%	58.7%
Riverview School District	11.8%	16.3%
Skykomish School District	92.2%	60.5%
Snohomish School District	18.8%	19.3%
Snoqualmie Valley School District	8.5%	13.9%
King County	31.5%	37.2%
Washington	43.3%	52.0%

Source: Office of Superintendent of Public Instruction, Washington State, Child Nutrition Program Reports, 2019-2020 & 2022-2023.

<https://www.k12.wa.us/data-reporting/reporting/child-nutrition-program-reports>

Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 368,787 households and 386,856 housing units. Over the last five years, the population grew by 8.9%, and the number of households increased by 8.5%. Owner-occupied households increased by 6.4% while renter-households increased by 12.8% from their 2016 levels. Housing units grew by 7.7%, and vacant units decreased by 6.9%, to 4.7% of overall housing stock.

Households and Housing Units, and Percent Change, Overlake Service Area

	2016		2021		Percent Change
	Number	Percent	Number	Percent	
Housing units	359,363		386,856		7.7%
Vacant	19,415	5.4%	18,069	4.7%	- 6.9%
Households	339,948		368,787		8.5%
Owner occ.	231,005	68.0%	245,871	66.7%	6.4%
Renter occ.	108,943	32.0%	122,916	33.3%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2017-2021, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area was \$135,835, and ranged from \$106,303 in the South region to \$169,271 in the Issaquah/Sammamish region.

Median Household Income

	Households	Median Household Income*
Bellevue	62,696	\$148,470
East	16,017	\$138,804
Issaquah/Sammamish	41,708	\$169,271
Redmond/Kirkland	55,412	\$151,018
Southwest	33,558	\$113,676
North	107,104	\$128,479
South	52,292	\$106,303
Overlake Service Area	368,787	\$135,835
King County	902,308	\$106,326
Washington	2,931,841	\$82,400

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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.” 29.2% of owner and renter occupied households in the service area spend 30% or more of their income on housing. This is lower than county (33.7%) and state (32.3%) 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 (31.7%) and Southwest (36.8%) regions.

Households that Spend 30% or More of Income on Housing

	Percent
Bellevue	28.4%
East	28.1%
Issaquah/Sammamish	24.7%
Redmond/Kirkland	27.1%
Southwest	36.8%
North	29.1%
South	31.7%
Overlake Service Area	29.2%
King County	33.7%
Washington	32.3%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP04. <http://data.census.gov/>

Households by Type

When households are examined by type, the service area has 30.1% of family households with children under 18 years old. This is higher than the county and state rates. In the service area, 2.9% of households are households with a female as head of household and children, and 7.6% are senior adults living alone. Senior adults living alone may be isolated and lack support.

Households, by Type

	Total Households	Family Households with Children, under Age 18	Female Head of Household with own Children, under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Overlake Service Area	368,787	30.1%	2.9%	7.6%
King County	902,308	22.2%	3.2%	8.6%
Washington	2,931,841	22.4%	3.9%	10.2%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov/>

Homelessness

A point-in-time (PIT) count of homeless people is conducted annually in every county in the state, with unsheltered counts conducted at least every two years. These counts take place during the last 10 days of January, weather permitting. For the 2023 PIT Count, the Seattle and King County Continuum-of-Care (CoC) opted out of the unsheltered count.

The 2019 point-in-time count estimated 11,199 homeless individuals in King County. By 2022 this number had risen to 13,368. The percentage of persons experiencing homelessness in King County who were sheltered fell to 42.5%.

A person is defined as chronically homeless if they have a defined disability and have been homeless for at least 12 months, or on at least four separate occasions in the last three years. From 2019 to 2022 the percentage of persons experiencing homelessness considered to be chronically homeless also rose, from 19.8% to 35.2% of the total, while the percentage who were unsheltered rose to 62.8% of the total chronically homeless. There were also increases in the percentage of persons experiencing homelessness considered severely mentally ill or suffering from chronic substance abuse, and unaccompanied minors, in Seattle and King County. The percentage of homeless veterans fell slightly and the percentage of persons experiencing homelessness who were children of parenting youth (parents ages 18 to 24) remained stable.

Homeless Point-in-Time Count, 2019 and 2023

	Seattle and King County CoC		Washington	
	2019	2022	2019	2022
Total persons experiencing homelessness	11,199	13,368	21,577	25,211
Sheltered	53.3%	42.5%	55.7%	49.8%
Emergency shelter	68.1%	72.9%	69.7%	76.8%
Transitional housing	31.9%	27.1%	30.3%	23.2%
Unsheltered	46.7%	57.5%	44.3%	50.2%
Chronically homeless	19.8%	35.2%	22.6%	33.5%
Unsheltered	40.7%	62.8%	57.6%	59.9%
Chronic substance abuse	12.8%	31.4%	14.1%	26.4%
Severely mentally ill	18.8%	30.9%	22.1%	28.3%
Veterans	7.4%	6.4%	7.3%	6.2%
Unaccompanied minors	0.7%	3.4%	1.1%	2.1%
Children of parenting youth	0.9%	0.7%	1.0%	0.9%

Source: U.S. Department of Housing and Urban Development (HUD), CoC Homeless Populations and Subpopulations Reports, 2019 & 2022
<https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

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:

- From a medical perspective, we are seeing a lot of families who have not accessed immunizations for their children to be in school. It is a challenge to get them the services.
- We have expensive housing stock. We do have limited amounts of lower income housing. It is very difficult in our society to provide housing for all. There are a lot of obstacles, money attitudes, zoning issues and the expense.
- If we could muster the political will, we can build affordable housing. We just leveraged 2.5 acres of nonprofit land and added 280 units of housing for those earning 30-60% of area median income. We need more landowners to use some of their land toward affordable housing rather than just saying there is nothing we can do.
- We see a lot of couples that are experiencing homelessness who don't have a shelter option. We have shelters for women, for me, and women with families. It seems to be an easy to fix issue. This county declared a public health crisis, but we still have 11,000 people living on the street. During the pandemic we figured out how to house them immediately. They aren't going to get better on the street.
- We are seeing more people who are homeless or housing insecure than ever before.
- For K-12 students, anyone who doesn't have a consistent place to sleep, who is residing with another person or family, living in a car, or on the street, is unhoused. Kids need access to a consistent place to sleep, do homework, and have family time. When a primary wage earner loses their job, we see a quick change from not being in crisis to being in crisis and that may end up with being homeless.
- When a child becomes homeless, we see sporadic attendance rates. As a school we must provide transportation to students' last schools of record. Even if they move to a new district that is 40-50 miles away, we are required to transport them to our school. That means they are very far away from their families, and they are on the road for hours each day. Doing homework and participating in after-school activities is impacted, as are peer relationships due to proximity and ability. We are also seeing trauma experienced

around food insecurity. Or watching their parents' mental health struggles. If they are not visiting the pediatrician, their health indicators go unchecked. This impacts a child and their academics, and they end up behind their peers and it impacts their social peer relationships.

- One of our staff members has previously experienced homelessness. She said that people don't understand when you live with a housing organization, you become comfortable in those spaces and then when you are moved to another housing organization, you can lose the network you created among other homeless individuals, social workers, care providers, etc. That creates gaps in your recovery and support systems.
- We live in a state where the largest county remains extremely unaffordable for families starting out for seniors, for individuals who are single income females, and those who have lost their employment. For the second-generation immigrant, even with employment, they often can't afford housing with daily wage work. They have longer commute times and less time with their children.
- We have several shelters. All are at capacity and turning people away. All offer case management and mental health support. The challenge is in our community the 211 coordinated entry access to shelters is broken. When you call the number, you are prioritized, with the most vulnerable populations receiving shelter first. So, for a family that just can't afford rent or aren't the most critically ill, they will never get into that system.
- What you see on our streets is inhumane. It is a crisis. People are living in tents on the street. When we ring the alarm bell about the crisis of families living in their cars because they can't afford to live here, these are not drug addicts. It is better to prevent homelessness. Once they have an eviction, it is like a felony, you can't get a rental again. Prevention is everything.
- The cities who are known for being affluent, policing is used to reduce the amount of unhoused people who live in these areas. Budget cuts are coming at the federal and local level. King County is having conversations now about subsidizing health programs and how do we address all these economic cuts. It is a huge issue for us.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 4.1% of adults, ages 25 and older, lack a high school diploma. 59.7% of area adults have a Bachelor's degree, or higher, which is higher than the county and state rates.

Education Levels, Population Ages 25 Years and Older

	Overlake Service Area	King County	Washington
Population 25 years and older	687,756	1,608,743	5,278,652
Less than 9 th grade	2.0%	3.3%	3.5%
9 th to 12 th grade, no diploma	2.1%	3.1%	4.6%
High school graduate	12.4%	14.8%	21.8%
Some college, no degree	15.9%	16.9%	22.7%
Associate degree	7.9%	7.9%	10.2%
Bachelor's degree	34.9%	31.9%	23.1%
Graduate/professional degree	24.8%	22.1%	14.2%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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 (83% graduation rate) and Snohomish (88.7%) School Districts do not meet this objective.

High School Graduation Rates

	Percent
Bellevue School District	93.6%
Issaquah School District	96.9%
Lake Washington School District	94.4%
Mercer Island School District	92.3%
Northshore School District	96.1%
Renton School District	83.0%
Riverview School District	91.8%
Skykomish School District	N/A
Snohomish School District	88.7%
Snoqualmie Valley School District	96.3%
King County*	90.2%
Washington	82.3%

Source: Office of Superintendent of Public Instruction, Washington State Report Card and *Report Card Enrollment Dataset, 2021-2022. <http://reportcard.ospi.k12.wa.us/> N/A = Skykomish School District has only 40 students enrolled in all grades; data suppressed for privacy.

Preschool Enrollment

56.1% of children, ages 3 and 4, are enrolled in preschool in the service area, which is higher than state (42.7%) and county (51.8%) rates. The enrollment rates range from 40.5% in the Southwest region of the service area, to 65.2% in the Redmond/Kirkland region.

Enrolled in Preschool, Children, Ages 3 and 4

	Children, Ages 3 and 4	Percent Enrolled
Bellevue	4,000	59.4%
East	1,579	56.6%
Issaquah/Sammamish	2,822	62.7%
Redmond/Kirkland	4,138	65.2%
Southwest	2,044	40.5%
North	8,525	57.2%
South	3,912	43.8%
Overlake Service Area	27,020	56.1%
King County	52,610	51.8%
Washington	191,349	42.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1401. <http://data.census.gov/>

Reading to Children

King County adults with children, ages 6 months to 5 years, in their care were asked whether the children were read, sung, or told stories to daily by family members, during the previous week. 66.2% of South County adults, and 80.3% of North 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, Sung To, or Told Stories Daily by a Parent or Family Member

	Percent
East County	74.9%
North County	80.3%
Seattle	81.7%
South County	66.2%
King County	73.6%

Source: Best Starts for Kids Health Survey (BSKHS), 2019 & 2021 combined, via King County Department of Community and Human Services. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Crime and Violence

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

The rate of crimes against persons rose from 2019 to 2022 in King County, Bellevue, Mercer Island, Newcastle, and Woodinville. The rates of crimes against persons reported were lower in all service area police departments than in the county. The highest rate was in the Renton Police Department, with 8.9 crimes against persons per 1,000 residents.

Property crime rates increased from 2019 to 2022 in the county and all area cities for which data were available, with the exception of Bothell, Duvall, and Medina. In Issaquah, North Bend, and Renton, property crime rates were higher than the county rate.

Crimes Against Persons and Property, Crime Rates per 1,000 Persons

	Crimes Against Persons				Crimes Against Property			
	Number		Rate		Number		Rate	
	2019	2022	2019	2022	2019	2022	2019	2022
Bellevue Police Dept.	970	1,190	6.7	7.7	5,470	7,103	37.6	46.2
Black Diamond Police	34	28	7.5	4.6	57	105	12.6	17.1
Bothell Police Dept.	303	243	6.5	5.0	1,498	1,426	32.0	29.1
Carnation Police Dept.	12	7	5.4	3.2	14	37	6.3	17.1
Duvall Police Dept.	25	28	3.2	3.4	73	75	9.3	9.0
Issaquah Police Dept.	200	166	5.3	4.1	1,690	2,365	45.0	57.8
Kenmore Police Dept.	108	91	4.6	3.8	342	440	14.7	18.3

King County Sherriff's Office	2,229	2,196	9.0	8.8	5,498	5,780	22.1	23.3
Kirkland Police Dept.	577	567	6.5	6.1	3,109	3,672	35.0	39.2
Maple Valley Police Dept.	119	96	4.5	3.3	425	665	16.2	23.0
Medina Police Dept.	4	4	1.1	1.2	118	70	32.2	20.7
Mercer Island Police	35	78	1.4	3.0	665	805	27.2	31.2
Newcastle Police Dept.	29	56	2.3	4.1	262	387	21.0	28.5
North Bend Police	60	59	8.6	7.5	303	507	43.5	64.1
Redmond Police Dept.	357	392	5.4	5.2	2,806	3,741	42.6	49.7
Renton Police Dept.	921	958	8.8	8.9	6,219	7,295	59.4	67.9
Sammamish Police Dept.	145	181	2.3	2.7	592	853	9.2	12.5
Snoqualmie Police Dept.	68	49	5.0	3.4	300	499	21.9	34.4
Woodinville Police Dept.	69	90	5.6	6.7	347	693	28.0	51.5
King County	28,784	31,833	12.8	13.6	110,054	136,851	48.8	58.3
Washington	102,335	110,704	13.6	14.1	316,792	402,099	42.1	51.2

Source: Washington State Statistical Analysis Center, a division of the WA State Office of Financial Management, NIBRS Excel dataset, accessed October 11, 2023. <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 18.9% of King County youth. Rates rise with grade level, are lowest among boys and highest among non-binary students, statistically lower among White residents 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

	All Youth	LGB-Identifying Youth
East County	17.5%	28.6%
North County	20.0%	31.8%
Seattle	17.6%	26.9%
South County	20.1%	33.7%
King County	18.9%	30.5%

Source: Healthy Youth Survey (HYS), 2018 & 2021 averaged, via King County Department of Community and Human Services. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

HEALTH CARE ACCESS

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 95.9% of the population in the service area has health insurance. The Issaquah/Sammamish region has the highest health insurance rate (97.7%), and the South (94.9%) and Southwest (93.5%) regions have the lowest rates of health insurance coverage. 98.1% of children, ages 18 and younger, have health insurance coverage. The Redmond/Kirkland region has the highest health insurance rate among children (98.6%), and the East region has the lowest percentage of children with health insurance (96.2%). Among adults, ages 19-64, 94.5% in the service area have health insurance. The Issaquah/Sammamish region has the highest insurance rate (97.4%), and the Southwest (90.6%) and South (92.8%) regions have the lowest insurance rates among adults. Most of the service area subgroups met the Healthy People 2030 objective of 92.4% health insurance coverage, with the exception of adults in the Southwest region (90.6%).

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

	Total Population	Children, Under 19	Adults, Ages 19-64
Bellevue	95.8%	98.4%	94.2%
East	96.2%	96.2%	95.7%
Issaquah/Sammamish	97.7%	98.2%	97.4%
Redmond/Kirkland	96.9%	98.6%	95.9%
Southwest	93.5%	97.5%	90.6%
North	96.0%	98.2%	94.6%
South	94.9%	97.6%	92.8%
Overlake Service Area	95.9%	98.1%	94.5%
King County	94.6%	97.8%	92.7%
Washington	93.6%	97.1%	90.9%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov/>

Medical Assistance Programs

In King County, 489,816 individuals were enrolled in Washington medical assistance programs. The highest percentage of enrollment was in the Medicaid CN Expansion program and Apple Health for Kids.

Medicaid Program Enrollment

	King County	Washington
AEM Expansion Adults	0.03%	0.02%
Apple Health for Kids	37.7%	41.4%
Elderly persons	6.6%	4.8%
Family (TANF) Medical	N/A	0.001%
Family Planning	0.3%	0.2%
Former Foster Care Adults	0.1%	0.1%
Medicaid CN Caretaker Adults	6.5%	6.9%

Medicaid CN Expansion Adults	38.4%	35.5%
Other Federal/State Programs	N/A	0.001%
Partial Duals	2.9%	3.1%
Persons with disabilities	5.8%	6.6%
Pregnant Women's Coverage	1.6%	1.4%
Total	489,816	2,164,370

Source: Washington State Health Care Authority, July 2023. <https://www.hca.wa.gov/about-hca/data-and-reports/apple-health-medicaid-and-managed-care-reports> N/A = Fewer than 11 individuals, and so the number is suppressed for privacy reasons.

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. 19.3% of adults in East King County do not have a usual primary care provider. Having no primary care provider ranged from 11.6% in the Bear Creek/Greater Sammamish Health Reporting Area (HRA) to 30.5% in the South Redmond HRA.

No Usual Primary Care Provider

	Percent
Bear Creek/Greater Sammamish HRA	11.6%
Bellevue-Central HRA	27.3%
Bellevue-NE HRA	28.9%
Bellevue-South HRA	16.5%
Bellevue-West HRA	21.6%
Bothell/Woodinville HRA	15.1%
Covington HRA	15.9%
Duvall/Carnation/Skykomish/NE King County HRA	17.5%
East Highlands/Hobart/Greater Maple Valley HRA	17.7%
Issaquah HRA	20.0%
Kirkland North HRA	16.1%
Kirkland South HRA	21.4%
Maple Valley HRA	16.2%
Mercer Island/Point Cities HRA	16.3%
Newcastle/Four Creeks HRA	15.5%
Redmond North HRA	19.2%
Redmond South HRA	30.5%
Renton-North HRA	26.2%
Renton-South HRA	18.0%
Sammamish HRA	13.3%
Snoqualmie/North Bend HRA	20.8%
East County	19.3%
King County	23.1%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021.
<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Unmet Medical Need

5.6% of adults in East King County reported an unmet medical need because of not being able to afford care. Rates in area cities ranged from 2.9% in the Sammamish HRA to 10.3% in the South Renton HRA. The Healthy People 2030 objective is for no more than 5.9% of the population to have an unmet medical need.

Unmet Medical Need Due to Cost, Adults, 5-Year Average

	Percent
Bear Creek/Greater Sammamish HRA	*3.4%
Bellevue-Central HRA	*6.1%
Bellevue-NE HRA	7.7%
Bellevue-South HRA	*6.5%
Bellevue-West HRA	*9.5%
Bothell/Woodinville HRA	6.7%
Covington HRA	*5.5%
Duvall/Carnation/Skykomish/NE King County HRA	*7.4%
East Highlands/Hobart/Greater Maple Valley HRA	*5.5%
Issaquah HRA	*4.3%
Kirkland North HRA	*7.5%
Kirkland South HRA	*4.7%
Maple Valley HRA	*6.8%
Mercer Island/Point Cities HRA	*4.5%
Newcastle/Four Creeks HRA	*10.2%
Redmond North HRA	*6.0%
Redmond South HRA	*3.8%
Renton-North HRA	8.7%
Renton-South HRA	10.3%
Sammamish HRA	*2.9%
Snoqualmie/North Bend HRA	*6.0%
East County	5.6%
King County	9.5%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021. *Statistically unstable due to small sample size; interpret with caution.

<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Primary Care Physicians

The ratio of the population to primary care physicians in King County is 833:1.

Primary Care Physicians, Number and Ratio

	King County	Washington
Number of primary care physicians	2,729	6,496
Ratio of population to primary care physicians	833:1	1,184:1

Source: County Health Rankings, 2020. <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 service area and information from the Uniform Data System (UDS)¹, 11.7% of the population in the service area are low-income (200% of Federal Poverty Level) and 5.3% of the population are living in poverty. There are several 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 low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 46,105 patients in the service area, which equates to 40.8% penetration among low-income patients and 4.8% penetration among the total population. From 2019-2021, the Community Health Center providers had 4,809 fewer patients for a 9.5% decrease in patients served by Community Health Centers in the service area. There are 66,962 low-income residents, 59.2% of the population at or below 200% FPL, who 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
113,067	46,105	40.8%	4.8%	66,962	59.2%

Source: UDS Mapper, 2021, 2016-2020 population numbers. <http://www.udsmapper.org>

Dental Care

Among East King County adults, 21.4% did not access dental care in the prior year. Service area HRAs ranged from a low of 13.4% in the Snoqualmie/North Bend HRA to 32.6% of Central Bellevue HRA adults who had not accessed dental care in the previous 12 months.

¹ 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)

Did Not Access Dental Care Prior Year, Adults

	Percent
Bear Creek/Greater Sammamish HRA	18.8%
Bellevue-Central HRA	32.6%
Bellevue-NE HRA	26.9%
Bellevue-South HRA	21.8%
Bellevue-West HRA	14.7%
Bothell/Woodinville HRA	27.0%
Covington HRA	20.8%
Duvall/Carnation/Skykomish/NE King County HRA	28.2%
East Highlands/Hobart/Greater Maple Valley HRA	30.3%
Issaquah HRA	26.6%
Kirkland North HRA	17.3%
Kirkland South HRA	18.4%
Maple Valley HRA	22.4%
Mercer Island/Point Cities HRA	23.2%
Newcastle/Four Creeks HRA	19.9%
Redmond North HRA	17.5%
Redmond South HRA	25.9%
Renton-North HRA	29.4%
Renton-South HRA	35.2%
Sammamish HRA	15.2%
Snoqualmie/North Bend HRA	*13.4%
East County	21.4%
King County	27.8%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2016, 2018 & 2020, averaged.

<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx> *Statistically unstable due to small sample size; interpret with caution.

The ratio of residents to dentists in King County is 881:1.

Dentists, Number and Ratio

	King County	Washington
Number of dentists	2,556	6,587
Ratio of population to dentists	881:1	1,175:1

Source: County Health Rankings, 2021 <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 180:1.

Mental Health Providers, Number and Ratio

	King County	Washington
Number of mental health providers	12,531	35,920
Ratio of population to mental health providers	180:1	215:1

Source: County Health Rankings, 2022. <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:

- Primary care has been severely impacted and it is difficult to get an appointment.
- This year, online scheduling issues were resolved with Overlake. That is great. Online scheduling makes things so much easier.
- Access to care issues can be financial or by choice, and for some it may be cultural or religious.
- One issue we hear about is a lack of long-term care support and senior living for our aging adult population. That will be a continuing issue for the city.
- We have an FQHC in our community. People understand that they provide care regardless of ability to pay. But there are people who are afraid they will go into debt, and they can't afford health care. We need more education about community clinics and the wide range of health coverage that is available.
- Getting people in for services is the biggest issue. That barrier may be due to their own decision, or because of their financial status. There may be misinformation at play.
- Many health care organizations don't accept Medicaid or those without insurance. We have two new housing projects a mile away from us and we don't imagine many of the renters will have insurance. But we don't have the capacity to take on 500 new patients. We can barely take care of our current patients. It is a financial issue to take on patients who don't have insurance. If they don't get care, they will end up in the ED.
- We need more opportunities for people to seek support for their mental health conditions, whether that is a chronic issue they live with, or something acute that just came up.
- Cost, transportation, language barriers, information, and knowledge about what is out there and services that are available.
- Inability to go to the doctor because of the cost. People don't know where to go. And a lot of people are afraid of medical institutions and practitioners.

BIRTH CHARACTERISTICS

Births

In 2022, the number of births in King County was 23,012. The number of births in the county has decreased annually.

Total Births

	2018	2019	2020	2021	2022
King County	24,337	24,090	23,638	23,390	23,012
Washington	86,046	84,918	83,101	83,899	83,314

Source: Washington State Department of Health, Vital Statistics, 2018-2022.

<https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/county-all-births-dashboard>

Among birth mothers in King County, 41.6% were White residents, 24.3% were Asian residents, 14.5% were Hispanic or Latina residents, and 9.2% were Black or African American residents. 4.6% of birth mothers were multiracial (where >1 race was listed), 1.7% of birth mothers were Pacific-Islander residents, and 0.4% of birth mothers were American Indian or Alaskan Native residents.

Births, by Mother's Race and Ethnicity

	King County	Washington
White, non-Hispanic	41.6%	53.5%
Asian, non-Hispanic	24.3%	11.1%
Hispanic or Latina	14.5%	20.4%
Black or African American, non-Hispanic	9.2%	4.8%
Multi-racial, non-Hispanic	4.6%	4.8%
Pacific-Islander, non-Hispanic	1.7%	1.6%
American Indian or Alaskan Native, non-Hispanic	0.4%	1.1%

Source: Washington State Department of Health, Vital Statistics, 2022. Where race of mother was known. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/county-all-births-dashboard>

Teen Birth Rate

Teen births occurred in King County at a rate of 11 per 1,000 live births (or 1.1% of total births). This rate is lower than the statewide teen birth rate (20.3 per 1,000 live births, or 2.0%).

Births to Teenage Mothers, Ages 15 to19, Rate per 1,000 Live Births

	Births to Teen Mothers	Total Live Births	Rate
King County	252	23,012	11.0
Washington	1,694	83,314	20.3

Source: Washington State Department of Health, Vital Statistics, 2022. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/county-all-births-dashboard>

The rate of births among females, ages 15 to 17, in King County is 2.4 births per 1,000 teen girls, while in East County the rate is 0.8 births per 1,000 teen girls, ages 15 to 17.

Births to Teenage Mothers, Ages 15-17, Rate per 1,000 Females, 5-Year Average

	Rate
East County	0.8
North County	*0.8
Seattle	1.9
South County	4.0
King County	2.4

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2017-2021, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx> *=Statistically unstable due to small sample size; interpret with caution.

Prenatal Care

70.3% 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. The rates of prenatal care were lowest in Central Bellevue, where 57.3% of pregnant mothers received early and adequate care.

Early and Adequate Prenatal Care, 5-Year Average

	Percent
Bear Creek/Greater Sammamish HRA	73.6%
Bellevue-Central HRA	57.3%
Bellevue-NE HRA	62.2%
Bellevue-South HRA	63.3%
Bellevue-West HRA	61.5%
Bothell/Woodinville HRA	76.6%
Covington HRA	74.3%
Duvall/Carnation/Skykomish/NE King County HRA	69.2%
East Highlands/Hobart/Greater Maple Valley HRA	70.8%
Issaquah HRA	69.9%
Kirkland North HRA	76.5%
Kirkland South HRA	72.2%
Maple Valley HRA	73.5%
Mercer Island/Point Cities HRA	69.0%
Newcastle/Four Creeks HRA	66.6%
Redmond North HRA	68.6%
Redmond South HRA	67.3%
Renton-North HRA	68.6%
Renton-South HRA	68.7%

Sammamish HRA	70.5%
Snoqualmie/North Bend HRA	71.2%
East County	67.8%
King County	70.3%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2017-2021, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-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 6.8%. The percentage of low-birth-weight babies in area cities and neighborhoods ranges from 4.8% in the Mercer Island/Point Cities HRA to 8.1% in the Covington HRA.

Low Birth Weight (Under 2,500 grams), 5-Year Average

	Percent
Bear Creek/Greater Sammamish HRA	6.7%
Bellevue-Central HRA	7.1%
Bellevue-NE HRA	7.1%
Bellevue-South HRA	6.3%
Bellevue-West HRA	7.5%
Bothell/Woodinville HRA	5.4%
Covington HRA	8.1%
Duvall/Carnation/Skykomish/NE King County HRA	5.1%
East Highlands/Hobart/Greater Maple Valley HRA	7.4%
Issaquah HRA	6.3%
Kirkland North HRA	5.5%
Kirkland South HRA	6.9%
Maple Valley HRA	5.9%
Mercer Island/Point Cities HRA	4.8%
Newcastle/Four Creeks HRA	6.7%
Redmond North HRA	7.2%
Redmond South HRA	7.9%
Renton-North HRA	7.0%
Renton-South HRA	7.8%
Sammamish HRA	6.5%
Snoqualmie/North Bend HRA	5.9%
East County	6.6%
King County	6.8%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2017-2021, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Preterm Births

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability. 9.3% of births in King County were preterm births. All area Health Reporting Areas were below the county rate, with the exceptions of the South Renton HRA (10.7%) and the Covington HRA, where 10.8% of births were before 37 weeks of gestation.

Preterm Births, Babies Born Before 37 Weeks of Gestation

	Percent
Bear Creek/Greater Sammamish HRA	8.5%
Bellevue-Central HRA	7.3%
Bellevue-NE HRA	8.0%
Bellevue-South HRA	8.1%
Bellevue-West HRA	7.8%
Bothell/Woodinville HRA	7.2%
Covington HRA	10.8%
Duvall/Carnation/Skykomish/NE King County HRA	7.9%
East Highlands/Hobart/Greater Maple Valley HRA	9.2%
Issaquah HRA	7.8%
Kirkland North HRA	7.9%
Kirkland South HRA	7.7%
Maple Valley HRA	8.7%
Mercer Island/Point Cities HRA	7.6%
Newcastle/Four Creeks HRA	7.7%
Redmond North HRA	8.5%
Redmond South HRA	8.8%
Renton-North HRA	9.6%
Renton-South HRA	10.7%
Sammamish HRA	8.0%
Snoqualmie/North Bend HRA	7.4%
East County	7.9%
King County	9.3%

Source: WA State Dept. of Health, Center for Health Statistics, Birth Certificates 2017-2021, via Public Health - Seattle & King County; Community Health Indicators <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Maternal Smoking During Pregnancy

Among pregnant women, 98.3% 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 objective was met by all area HRAs.

No Smoking during Pregnancy

	Percent
Bear Creek/Greater Sammamish HRA	99.2%
Bellevue-Central HRA	99.5%
Bellevue-NE HRA	99.0%
Bellevue-South HRA	N/A
Bellevue-West HRA	N/A
Bothell/Woodinville HRA	98.8%
Covington HRA	97.7%
Duvall/Carnation/Skykomish/NE King County HRA	98.3%
East Highlands/Hobart/Greater Maple Valley HRA	97.9%
Issaquah HRA	N/A
Kirkland North HRA	98.7%
Kirkland South HRA	99.4%
Maple Valley HRA	98.8%
Mercer Island/Point Cities HRA	N/A
Newcastle/Four Creeks HRA	99.0%
Redmond North HRA	98.9%
Redmond South HRA	N/A
Renton-North HRA	98.7%
Renton-South HRA	98.3%
Sammamish HRA	99.6%
Snoqualmie/North Bend HRA	98.8%
East County	99.2%
King County	98.3%

Source: WA State Dept. of Health, Birth Certificates 2017-2021, Public Health - Seattle & King County; <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx> N/A= suppressed due to privacy concerns and/or statistical reliability, due to small sample size

Infant Mortality

The infant mortality rate is defined as deaths of infants under 1 year of age. The infant mortality rate in King County, from 2017 to 2021, was 4.0 deaths per 1,000 live births. The infant death rate in East County was 2.7 deaths per 1,000 live births, better than the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births, 5-Year Average

	Rate
Renton-North HRA	3.6
Renton-South HRA	4.5
East County	2.7
King County	4.0

Source: WA State Dept. of Health, Center for Health Statistics, Linked Birth/Death Certificate Data, 2017-2021, via Public Health - Seattle & King County; Community Health Indicators. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-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, 96.4% of infants in King County were breastfed at some point prior to discharge from the hospital. The lowest rate of breastfeeding initiation among service area HRAs was reported in the Covington HRA (96%).

Infants Breastfed at Some Point Prior to Discharge

	Percent
Bear Creek/Greater Sammamish HRA	98.3%
Bellevue-Central HRA	98.0%
Bellevue-NE HRA	97.5%
Bellevue-South HRA	97.6%
Bellevue-West HRA	97.7%
Bothell/Woodinville HRA	98.3%
Covington HRA	96.0%
Duvall/Carnation/Skykomish/NE King County HRA	97.3%
East Highlands/Hobart/Greater Maple Valley HRA	97.2%
Issaquah HRA	98.4%
Kirkland North HRA	98.1%
Kirkland South HRA	98.1%
Maple Valley HRA	97.3%
Mercer Island/Point Cities HRA	98.0%
Newcastle/Four Creeks HRA	97.0%
Redmond North HRA	97.9%
Redmond South HRA	98.1%
Renton-North HRA	97.3%
Renton-South HRA	96.8%
Sammamish HRA	98.1%

Snoqualmie/North Bend HRA	97.4%
East County	97.9%
King County	96.4%

Source: Washington State Department of Health, Center for Health Statistics, Birth Certificates, 2017-2021. Via Public Health – Seattle & King County <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

LEADING CAUSES OF DEATH

Life Expectancy

Life expectancy in area HRAs ranges from 78.6 years in the Covington HRA, 78.8 years in the East Highlands/Hobart/Greater Maple Valley HRA to 87.0 years in the Mercer Island/Point Cities HRA. The life expectancy for King County is 81.6 years.

Life Expectancy at Birth

	Number of Years
Bear Creek/Greater Sammamish HRA	82.9
Bellevue-Central HRA	83.9
Bellevue-NE HRA	83.6
Bellevue-South HRA	83.7
Bellevue-West HRA	86.6
Bothell/Woodinville HRA	83.1
Covington HRA	78.6
Duvall/Carnation/Skykomish/NE King County HRA	80.5
East Highlands/Hobart/Greater Maple Valley HRA	78.8
Issaquah HRA	82.4
Kirkland North HRA	80.7
Kirkland South HRA	83.3
Maple Valley HRA	82.1
Mercer Island/Point Cities HRA	87.0
Newcastle/Four Creeks HRA	80.7
Redmond North HRA	86.5
Redmond South HRA	84.4
Renton-North HRA	81.7
Renton-South HRA	79.2
Sammamish HRA	83.4
Snoqualmie/North Bend HRA	81.6

East County	83.8
King County	81.6

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate data, 2017-2021. Via Public Health – Seattle & King County <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

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 125.3 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 122.5 per 100,000 persons.

In addition to cancer and heart disease, unintentional injury, Alzheimer’s disease, and COVID-19 were in the top five causes of death in King County. Rates of death in King County for the top causes of death are all lower than 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	15,033	657.3	641.8	68,749	885.1	757.4
All cancers	2,988	130.6	125.3	13,551	174.5	142.6
Heart disease	2,879	125.9	122.5	12,788	164.6	139.0
Unintentional injury	1,215	53.1	50.3	5,120	65.9	61.7
Alzheimer’s disease	918	40.1	41.7	3,645	46.9	41.8
COVID-19	729	31.9	30.3	5,450	70.2	58.9
Stroke	672	29.4	29.2	3,194	41.1	35.3
Diabetes	486	21.3	20.6	2,238	28.8	23.7
Chronic Lower Respiratory Disease	375	16.4	15.9	2,642	34.0	27.8
Chronic liver disease and cirrhosis	330	14.4	13.0	1,409	18.1	15.6
Suicide	292	12.8	12.0	1,227	15.8	15.2
Pneumonia and flu	105	4.6	4.5	496	6.4	5.5

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2021. All Deaths - County and State Dashboards. Accessed September 8, 2023.

<https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/death/county-all-deaths-dashboard>

With COVID-19 excluded as a cause of death (data were not available), the top two leading causes of death in the Health Reporting Areas (HRAs) were cancer and heart disease. In addition, Alzheimer’s disease, stroke, 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, the rate of death averaged across the listed HRAs is similar to the county rate, except for Alzheimer’s disease (which is higher for the service area), and

accidents and diabetes (which are lower). The East Renton and Covington/Maple Valley HRAs have the highest area rates of cancer deaths. The Covington/Maple Valley HRA has the highest rates of heart disease and unintentional injury deaths, and the East Renton HRA has the highest rate of CLRD deaths. The North Kirkland HRA has the highest rates of Alzheimer’s disease and stroke deaths.

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

	Cancer	Heart Disease	Alzheimer’s Disease	Stroke	Unintentional Injury	Chronic Lower Respiratory Disease
Bear Creek/Carnation/Duvall HRA	154.1	143.3	50.9	34.6	30.5	23.8
Bellevue-Central HRA	128.2	118.0	61.1	30.6	26.4	16.1
Bellevue-NE HRA	116.6	112.8	75.7	34.7	21.8	10.5
Bellevue-South HRA	121.2	112.1	76.9	40.3	23.6	15.8
Bellevue-West HRA	99.4	82.4	25.0	21.8	20.6	11.0
Bothell/Woodinville HRA	136.8	116.8	51.7	28.9	22.2	22.8
Covington/Maple Valley HRA	175.0	159.1	51.3	41.5	42.3	25.7
Issaquah HRA	142.3	101.9	57.4	32.5	34.4	18.5
Kirkland HRA	125.2	127.4	55.5	26.2	28.5	17.0
Kirkland North HRA	149.7	147.2	101.6	48.1	29.9	24.1
Mercer Island/Point Cities HRA	96.5	76.1	33.5	18.6	17.0	7.5
Newcastle/Four Creeks HRA	151.8	154.2	76.1	39.8	38.4	32.0
Redmond HRA	119.4	100.4	44.4	20.9	22.1	12.9
Renton-East HRA	175.1	117.3	55.0	37.4	24.1	34.7
Renton-North HRA	132.3	139.4	36.6	23.4	35.6	28.0
Renton-South HRA	148.7	154.9	36.9	32.2	37.6	31.0
Sammamish HRA	119.1	111.0	96.3	33.4	20.0	22.1
Snoqualmie/North Bend/Skykomish HRA	164.1	149.1	44.3	35.0	28.8	28.6
King County	137.1	128.9	46.9	32.8	37.6	23.6
Washington	143.8	134.2	43.3	34.9	44.6	34.2

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate data, 2016-2020, Community Health Assessment Tool (CHAT), October 2021. Via Public Health – Seattle & King County, City Health Profiles. *Weighted Average of the listed HRAs, excepting N/A, using 2020 population estimate within the City Health Profiles. <https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx>

The South Renton HRA had the highest rate of deaths from diabetes mellitus. The Covington/Maple Valley HRA had the highest rate of death from suicide. The Newcastle/Four Creeks HRA had the highest rate of death from flu and pneumonia. Rates of death from liver disease are highest in the South Renton HRA. A comparison of

rates should be undertaken with caution, as rates may have been based on relatively few deaths or small area populations.

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

	Diabetes Mellitus	Suicide	Pneumonia and Flu	Chronic Liver Disease/Cirrhosis	Homicide	HIV/AIDS
Bear Creek/Carnation/Duvall HRA	16.7	12.3	6.0	5.0	N/A	N/A
Bellevue-Central HRA	17.5	9.4	9.5	9.2	N/A	0.0
Bellevue-NE HRA	11.7	11.3	7.9	N/A	N/A	N/A
Bellevue-South HRA	8.9	8.0	N/A	4.6	N/A	N/A
Bellevue-West HRA	6.6	13.5	8.3	6.2	N/A	0.0
Bothell/Woodinville HRA	14.2	13.0	6.1	10.2	N/A	N/A
Covington/Maple Valley HRA	14.6	18.8	9.9	10.5	3.2	N/A
Issaquah HRA	12.5	12.5	9.5	N/A	0.0	0.0
Kirkland HRA	10.7	10.0	8.7	9.6	N/A	0.0
Kirkland North HRA	15.0	8.9	9.1	12.1	N/A	0.0
Mercer Island/Point Cities HRA	3.8	15.0	3.4	N/A	N/A	0.0
Newcastle/Four Creeks HRA	21.7	14.6	16.7	6.1	N/A	0.0
Redmond HRA	12.8	10.1	7.6	6.3	N/A	N/A
Renton-East HRA	14.8	11.2	11.8	7.5	N/A	N/A
Renton-North HRA	29.9	15.0	8.9	8.6	N/A	N/A
Renton-South HRA	33.9	11.2	10.7	12.7	5.9	N/A
Sammamish HRA	13.1	8.0	N/A	6.1	N/A	0.0
Snoqualmie/North Bend/Skykomish HRA	15.1	12.5	15.7	10.0	N/A	N/A
King County	19.0	12.3	10.0	10.5	3.3	1.0
Washington	21.0	15.9	10.3	12.0	3.6	0.7

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate data, 2016-2020, Community Health Assessment Tool (CHAT), October 2021. Via Public Health – Seattle & King County, City Health Profiles. *Weighted Average of the listed HRAs, excepting N/A, using 2020 population estimate within the City Health Profiles. <https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx> N/A = suppressed due to privacy and statistical validity considerations when the number of deaths was below 11 for the five-year period.

Cancer Mortality

The mortality rate for female breast cancer in King County was 16.4 per 100,000 women, while the rate for prostate cancer deaths was 19.0 per 100,000 men. Mortality from both types of cancer was lower for King County than for the state.

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

	Female Breast Cancer			Prostate Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
King County	216	19.0	16.4	179	15.5	19.0
Washington	923	23.8	18.6	802	20.6	19.8

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2021. All Deaths - County and State Dashboards. Accessed Sept. 8, 2023. <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/death/county-all-deaths-dashboard>

The rate of colorectal cancer deaths in King County was 12.3 per 100,000 persons, and the rate of lung cancer mortality was 23.3 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, per 100,000 Persons

	Colorectal Cancer			Lung Cancer		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
King County	282	12.3	11.6	532	23.3	22.3
Washington	1,135	14.6	12.2	2,755	35.5	28.3

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2021. All Deaths - County and State Dashboards. Accessed Sept. 8, 2023. <https://doh.wa.gov/data-statistical-reports/washington-tracking-network-wtn/death/county-all-deaths-dashboard>

HIV/AIDS-Related Deaths

The death rate from HIV/AIDS-related causes in King County was 1.0 death per 100,000 persons.

HIV/AIDS-Related Death Rates, per 100,000 Persons, Age-Adjusted, 5-Year Average

	Rate
King County	1.0
Washington	0.7

Source: Public Health - Seattle & King County; Prevention Division; HIV/AIDS Registry Data, 2016-2020, via Community Health Assessment Tool (CHAT) on 2021 City Health Profiles. N/A = suppressed due to too few cases, for privacy and statistical reliability.

<https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx>

Drug and Alcohol-Related Deaths

Deaths from acute drug and/or alcohol poisoning have been rising in King County, from 274 deaths in 2012 to 1,001 deaths in 2022. This has largely been driven by a rise in deaths from fentanyl overdoses, and secondarily to methamphetamine overdoses.

The rate of drug overdose deaths in King County in 2022 was 44.3 deaths per 100,000 persons, and drug overdoses involving opioids were 30.6 per 100,000 persons. These do not meet the Healthy People 2030 targets of 20.7 drug-overdose deaths per 100,000 persons, with 13.1 per 100,000 persons involving opioids.

Acute Drug or Alcohol Poisoning Deaths

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
King County	274	318	326	324	342	369	403	422	508	709	1,001

Source: Public Health - Seattle & King County; Prevention Division; King County Fatal Overdose Dashboard <https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/overdose-prevention-response/data-dashboards>

Overdose deaths in King County in 2022 involving fentanyl increased more than 1,000% from 2018 (from 63 to 714 deaths), while those involving methamphetamine more than doubled (from 153 to 533 deaths). Deaths involving cocaine also increased, while those involving heroin decreased. Many deaths from drugs involved multiple substances. Deaths involving a combination of opioids and stimulants significantly increased as well, from 31.8% in 2018 to 53.1% in 2022.

Fatal Overdoses, by Type of Substance, in King County

	Number	Percent
Opioids alone	273	27.3%
Opioids plus stimulants	531	53.1%
Stimulants	161	16.1%
• Fentanyl	714	71.4%
• Methamphetamine	533	53.3%
• Cocaine	250	25.0%
• Rx opioids	124	12.4%
• Benzodiazepine	95	9.5%
Heroin	92	9.2%
Alcohol alone	Suppressed	0.1%
Other drugs (no opioids or stimulants)	35	3.5%
Total	1,001	100%

Source: Public Health - Seattle & King County; Prevention Division; King County Fatal Overdose Dashboard. Suppressed = due to privacy concerns. <https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/overdose-prevention-response/data-dashboards>

Death rates were highest in the Seattle region and lowest in the Northeast region.

Drug and Alcohol Death Rates, Age-Adjusted, per 100,000 Persons, by Location

	Number	Rate
North Renton HRA	17	23.0
North Kirkland HRA	10	24.5
Central Bellevue HRA	13	32.5
South Renton HRA	18	38.8
Northeast Region	18	8.2
Eastside Region	42	15.0
Southeast Region	29	15.9
Kirkland-Shoreline Region	54	22.2
Kent-Des Moines Region	67	33.7

Burien-Renton Region	112	40.2
Auburn-Federal Way Region	93	40.6
North Seattle Region	170	51.4
South Seattle Region	111	52.2
Central Seattle Region	271	98.2
King County	1,001	39.8

Source: Public Health - Seattle & King County; Prevention Division; King County Fatal Overdose Dashboard <https://kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/overdose-prevention-response/data-dashboards>

Despite representing only 0.4% of King County's population, American Indian or Alaskan Native residents had the highest death rate from drugs and alcohol (324.6 deaths per 100,000 persons), followed by non-Hispanic (NH) Black residents (95.5 deaths per 100,000 persons). Hispanic residents (43 deaths per 100,000 persons), NH multiracial residents (42.3 deaths per 100,000 persons) and NH White residents (40.0 deaths per 100,000 persons) were more likely to die from drugs and alcohol than were NH Asian residents (6.9 deaths per 100,000 persons).

Drug and Alcohol Death Rates, Age-Adjusted, per 100,000 Persons, by Race

	Number	Rate
Asian, non-Hispanic	36	6.9
White, non-Hispanic	563	40.0
Multiracial, non-Hispanic	51	42.3
Hispanic	96	43.0
Black, non-Hispanic	163	95.5
American Indian or Alaskan Native	42	324.6
King County, all races	1,001	39.8

Source: Public Health - Seattle & King County; Prevention Division; 2021 Overdose Death Report, 2020-2021 combined.

<https://www.kingcounty.gov/depts/health/-/media/depts/health/medical-examiner/documents/2018-overdose-death-report.ashx>

COVID-19

According to the King County Department of Health, the county rate of confirmed or probable cases of COVID-19, from the beginning of the pandemic, was 249.6 per 1,000 persons, as of September 19, 2023. The overall rate for the service area (minus three ZIP Codes for which data is not available) was 217.2 cases per 1,000 persons. All rates should be interpreted with caution as they are based on relatively low numbers and populations.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of September 19, 2023

	ZIP Code	Confirmed or Probable Cases		Deaths	
		Number	Rate	Number	Rate
Bellevue	98004	7,909	227.8	45	1.3
Bellevue	98005	4,416	224.3	11	0.6
Bellevue	98006	8,708	216.2	33	0.8
Bellevue	98007	7,313	252.3	43	1.5
Bellevue	98008	5,967	228.9	45	1.7
Black Diamond	98010	1,798	326.2	Suppressed	1.5
Bothell	98011	5,836	212.8	40	1.5
Bothell	98021	N/A	N/A	N/A	N/A

Carnation	98014	1,183	149.7	Suppressed	0.5
Duvall	98019	1,983	163.8	Suppressed	0.3
Fall City	98024	858	152.5	Suppressed	0.4
Issaquah	98027	6,254	220.6	68	2.4
Issaquah	98029	5,640	188.1	44	1.5
Kenmore	98028	4,599	197.8	31	1.3
Kirkland	98033	8,134	209.4	38	1.0
Kirkland	98034	10,602	206.8	113	2.2
Maple Valley	98038	9,850	280.8	38	1.1
Medina	98039	596	184.1	Suppressed	0.3
Mercer Island	98040	5,212	213.0	32	1.3
Mill Creek	98012	N/A	N/A	N/A	N/A
Newcastle	98056	9,925	265.1	45	1.2
North Bend	98045	3,079	199.5	32	2.1
Ravensdale	98051	968	249.4	Suppressed	2.1
Redmond	98052	13,464	192.7	98	1.4
Redmond	98053	3,516	158.3	20	0.9
Renton	98055	7,130	296.6	58	2.4
Renton	98057	3,910	251.6	39	2.5
Renton	98058	11,146	253.5	66	1.5
Renton	98059	9,774	255.1	36	0.9
Sammamish	98074	4,761	163.8	20	0.7
Sammamish	98075	4,651	189.3	18	0.7
Snohomish	98296	N/A	N/A	N/A	N/A
Snoqualmie	98065	3,092	198.1	12	0.8
Snoqualmie Pass	98068	Suppressed	664.7	Suppressed	66.5
Woodinville	98072	4,273	174.0	24	1.0
Woodinville	98077	1,917	134.1	Suppressed	0.3
Overlake Service Area		178,474	217.2	1,082	1.3
King County		561,961	249.6	3,593	1.6

Source: King County Department of Health, Counts by ZIP Code Download, Updated Sept. 20, 2023 with data through Sept. 19, 2023. N/A = Data not available. Suppressed = due to privacy concerns. <https://kingcounty.gov/en/legacy/depts/health/covid-19/data/download.aspx>

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 (11.3%). In area HRAs, responses ranged from 5.2% of the adults in the North Redmond HRA to 17.1% of the Covington HRA were experiencing fair or poor health.

Fair or Poor Health, Adults, 5-Year Average

	Percent
Bear Creek/Greater Sammamish HRA	*9.8%
Bellevue-Central HRA	9.9%
Bellevue-NE HRA	13.5%
Bellevue-South HRA	*10.0%
Bellevue-West HRA	*8.6%
Bothell/Woodinville HRA	8.0%
Covington HRA	17.1%
Duvall/Carnation/Skykomish/NE King County HRA	10.5%
East Highlands/Hobart/Greater Maple Valley HRA	*10.7%
Issaquah HRA	*9.0%
Kirkland North HRA	*9.2%
Kirkland South HRA	5.6%
Maple Valley HRA	*12.1%
Mercer Island/Point Cities HRA	*6.9%
Newcastle/Four Creeks HRA	12.9%
Redmond North HRA	*5.2%
Redmond South HRA	5.5%
Renton-North HRA	13.4%
Renton-South HRA	16.4%
Sammamish HRA	8.5%
Snoqualmie/North Bend HRA	*14.8%
East County	9.0%
King County	11.3%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Diabetes

The rate of diabetes diagnosed in King County was 7%. Rates in service area HRAs ranged from 2.4% in the North Redmond HRA to 14% in the Covington HRA. Rates should be interpreted with caution, as they may be unstable, due to relatively small numbers of interviews.

Diabetes Prevalence, Age-Adjusted, Adults

	Percent
Bear Creek/Greater Sammamish HRA	5.3%
Bellevue-Central HRA	*4.3%
Bellevue-NE HRA	7.0%
Bellevue-South HRA	*5.3%
Bellevue-West HRA	*4.5%
Bothell/Woodinville HRA	7.2%
Covington HRA	*14.0%
Duvall/Carnation/Skykomish/NE King County HRA	*6.9%
East Highlands/Hobart/Greater Maple Valley HRA	*9.0%
Issaquah HRA	*6.0%
Kirkland North HRA	*11.6%
Kirkland South HRA	*5.1%
Maple Valley HRA	*6.3%
Mercer Island/Point Cities HRA	*4.8%
Newcastle/Four Creeks HRA	11.6%
Redmond North HRA	*2.4%
Redmond South HRA	*3.6%
Renton-North HRA	11.1%
Renton-South HRA	*7.5%
Sammamish HRA	6.6%
Snoqualmie/North Bend HRA	*10.6%
East County	6.2%
King County	7.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Heart Attack and Stroke

4.1% of King County adults reported being told by a health professional that they had a heart attack (Myocardial Infarction). Area HRA rates ranged from 1.7% adults in the South Redmond HRA to 9.4% of adults in the Covington HRA reporting heart attacks.

Heart Attack Prevalence, Adults

	Percent
Bear Creek/Greater Sammamish HRA	4.3%
Bellevue-Central HRA	*4.0%
Bellevue-NE HRA	*6.6%
Bellevue-South HRA	*3.0%
Bellevue-West HRA	*3.3%
Bothell/Woodinville HRA	*5.1%
Covington HRA	*9.4%
Duvall/Carnation/Skykomish/NE King County HRA	*6.4%
East Highlands/Hobart/Greater Maple Valley HRA	*2.0%
Issaquah HRA	*4.4%
Kirkland North HRA	*6.0%
Kirkland South HRA	*2.9%
Maple Valley HRA	*2.1%
Mercer Island/Point Cities HRA	*6.4%
Newcastle/Four Creeks HRA	*4.8%
Redmond North HRA	*2.4%
Redmond South HRA	*1.7%
Renton-North HRA	5.0%
Renton-South HRA	*3.9%
Sammamish HRA	*2.3%
Snoqualmie/North Bend HRA	*3.7%
East County	4.0%
King County	4.1%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

1.6% of East King County adults reported being told by a health professional they had a stroke, compared to 2.2% of adults in King County. Area HRA rates ranged from zero adults in the Newcastle/Four Creeks HRA reporting strokes to 4.1% of adults in the Mercer Island/Point Cities HRA.

Stroke Prevalence

	Percent
Bear Creek/Greater Sammamish HRA	*0.8%
Bellevue-Central HRA	*2.5%
Bellevue-NE HRA	*0.6%
Bellevue-South HRA	*3.7%
Bellevue-West HRA	*2.3%

Bothell/Woodinville HRA	*1.7%
Covington HRA	*0.8%
Duvall/Carnation/Skykomish/NE King County HRA	*2.8%
East Highlands/Hobart/Greater Maple Valley HRA	*1.2%
Issaquah HRA	*0.9%
Kirkland North HRA	*1.7%
Kirkland South HRA	*2.6%
Maple Valley HRA	*1.2%
Mercer Island/Point Cities HRA	*4.1%
Newcastle/Four Creeks HRA	*0.0%
Redmond North HRA	*0.6%
Redmond South HRA	*0.4%
Renton-North HRA	*1.4%
Renton-South HRA	*3.3%
Sammamish HRA	*0.4%
Snoqualmie/North Bend HRA	*3.7%
East County	1.6%
King County	2.2%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

High Cholesterol

High blood cholesterol is a co-morbidity factor for diabetes and heart disease and adults are recommended to get their cholesterol checked at least every five years. 14.2% of King County adults have not been screened for high cholesterol. The lack of adequate screening in area HRAs ranges from 4.6% reported by South Kirkland HRA adults to 18.4% of adults in the South Renton HRA.

Not Screened for High Cholesterol in Prior Five Years

	Percent
Bear Creek/Greater Sammamish HRA	*11.7%
Bellevue-Central HRA	13.0%
Bellevue-NE HRA	15.3%
Bellevue-South HRA	*11.4%
Bellevue-West HRA	*6.6%
Bothell/Woodinville HRA	*10.1%
Covington HRA	*6.3%
Duvall/Carnation/Skykomish/NE King County HRA	12.8%
East Highlands/Hobart/Greater Maple Valley HRA	*16.2%

Issaquah HRA	*7.6%
Kirkland North HRA	*11.8%
Kirkland South HRA	*4.6%
Maple Valley HRA	*12.9%
Mercer Island/Point Cities HRA	*8.0%
Newcastle/Four Creeks HRA	*12.4%
Redmond North HRA	*11.7%
Redmond South HRA	*15.5%
Renton-North HRA	12.5%
Renton-South HRA	18.4%
Sammamish HRA	*11.6%
Snoqualmie/North Bend HRA	*4.8%
East County	10.8%
King County	14.2%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017, 2019 & 2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

High Blood Pressure

High blood pressure (hypertension) is a co-morbidity factor for diabetes and heart disease. The reported rate of high blood pressure in East King County is 24%. In area HRAs it ranges from 13.5% reported by South Redmond HRA adults to 32.7% of adults in the Covington HRA.

High Blood Pressure Prevalence

	Percent
Bear Creek/Greater Sammamish HRA	23.8%
Bellevue-Central HRA	23.6%
Bellevue-NE HRA	27.0%
Bellevue-South HRA	25.9%
Bellevue-West HRA	20.9%
Bothell/Woodinville HRA	20.9%
Covington HRA	32.7%
Duvall/Carnation/Skykomish/NE King County HRA	31.3%
East Highlands/Hobart/Greater Maple Valley HRA	22.7%
Issaquah HRA	28.7%
Kirkland North HRA	27.9%
Kirkland South HRA	21.8%
Maple Valley HRA	30.7%
Mercer Island/Point Cities HRA	22.2%
Newcastle/Four Creeks HRA	28.7%

Redmond North HRA	17.8%
Redmond South HRA	13.5%
Renton-North HRA	30.5%
Renton-South HRA	29.3%
Sammamish HRA	23.2%
Snoqualmie/North Bend HRA	25.9%
East County	24.0%
King County	25.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017, 2019 & 2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Cancer

In King County, the age-adjusted cancer incidence rate is 536.7 per 100,000 persons, which is higher than the state rate of 482.2 per 100,000 persons. The highest incidence rates are for breast and prostate cancer.

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

	King County	Washington
All sites	536.7	482.2
Breast (female)	189.6	163.3
Prostate	120.1	98.5
Lung and Bronchus	47.1	49.4
Leukemia	15.4	14.3
Cervix	5.7	6.6

Source: Washington State Department of Health, Washington State Cancer Registry, 2016-2020. <https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

Asthma

The reported rate of adult asthma in East King County is 8.1%, and rates in the Health Reporting Areas ranged from 3.7% in the West Bellevue HRA to 17.1% in the Covington HRA.

Asthma Prevalence, Adults

	Percent
Bear Creek/Greater Sammamish HRA	7.2%
Bellevue-Central HRA	*6.7%
Bellevue-NE HRA	*6.5%
Bellevue-South HRA	*4.0%
Bellevue-West HRA	*3.7%
Bothell/Woodinville HRA	13.5%
Covington HRA	*17.1%
Duvall/Carnation/Skykomish/NE King County HRA	*7.5%
East Highlands/Hobart/Greater Maple Valley HRA	*10.2%
Issaquah HRA	*7.2%
Kirkland North HRA	16.3%

Kirkland South HRA	9.7%
Maple Valley HRA	*14.6%
Mercer Island/Point Cities HRA	*6.1%
Newcastle/Four Creeks HRA	11.6%
Redmond North HRA	*8.2%
Redmond South HRA	*5.9%
Renton-North HRA	4.9%
Renton-South HRA	9.1%
Sammamish HRA	8.8%
Snoqualmie/North Bend HRA	*11.4%
East County	8.1%
King County	9.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021.

<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx> *Statistically unstable due to small sample size; interpret with caution.

5% of children in East County who are receiving Medicaid health care coverage have been diagnosed with asthma, compared to 5.6% in King County.

Asthma Prevalence, Among Children, Ages 0-17, with Medicaid Coverage

	Percent
East County	5.0%
King County	5.6%

Source: Public Health - Seattle & King County; Medicaid Claims Data, WA State Health Care Authority, 2022.

<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Asthma hospitalization in children under age 18, occurred at a rate of 23.7 hospitalizations per 100,000 children in East County, which is lower than the 38.2 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 16.2 hospitalizations per 100,000 persons. East County had a rate of 10.7 hospitalizations for asthma per 100,000 adults during that same time period.

Asthma Hospitalization Rates, per 100,000 Persons, 5-Year Average

	Childhood Asthma	Adult Asthma
East County	23.7	10.7
King County	38.2	16.2

Source: Public Health - Seattle & King County; WA Office of Hospital and Patient Data Systems, Comprehensive Hospital Abstract Reporting System (CHARS), 2017-2021. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Tuberculosis

Tuberculosis rates in King County rose slightly from 2018 to 2022. The rate of TB in 2022 was 4.8 cases per 100,000 persons, which is higher than the statewide rate of 3.2 cases per 100,000 persons.

Tuberculosis Rate, per 100,000 Persons

	2018		2022	
	Number	Crude Rate	Number	Crude Rate
King County	94	4.3	111	4.8
Washington	190	2.6	251	3.2

Source: Washington State Department of Health, Tuberculosis Program Report: Tuberculosis Cases Statewide by Year, 2022. <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/tuberculosis-tb/data-reports>

Disability

In the service area, 8.3% of the non-institutionalized civilian population identified as having a disability. In King County, 9.7% had a disability, while the rate of disability in the state was 12.7%.

Population with a Disability, 5-Year Average

	Percent
Overlake Service Area	8.3%
King County	9.7%
Washington	12.7%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1810. <http://data.census.gov>

Community Input – Chronic Disease

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

- Trying to manage chronic diseases and getting in for an appointment twice a year with a provider can be challenging. Drug shortages and the high cost of drugs is also an issue. An issue with pharmaceuticals is that they aren't always used by patients who have actual health needs. Making sure the drugs are reserved for those that need it vs. someone who wants it is an issue. Like those on Ozempic for weight loss.
- You have access to care issues and then you have the discipline of following through with your doctor's orders. And then there are some people who will simply not obtain care.
- Hispanics have higher rates of diabetes and heart issues.
- Diagnosing chronic conditions and getting people into therapy and being monitored is a challenge. Especially with minority communities. A lot of it comes down to getting people to understand what diseases are and their impact. Getting people educated, tested, and started on treatment is key to helping people to get better.
- Diabetes requires a lot of teaching, management, and visits. There can be a lot of medications and sometimes it is complicated. Preventive care is not high on their list of priorities when they are just trying to survive.
- Mental health issues can be chronic conditions. Often people will think that they feel better and can stop taking their medications or doing their protocols and then they experience a relapse of their condition.

- The causes of many chronic conditions are sedentary lifestyles. People who move from warm countries to a cold and wet climate must learn how to maintain an active lifestyle as well as getting nutritious foods that are economically sustainable.
- The burden of immigration is rarely talked about. Moving to a new culture causes anxiety and stress, and there are pollutants. The impact of these factors can be high incidents of cancer rates. Also, there can be a genetic predisposition among South Asians for cardiac disease.
- With immigrants you see changes in their dietary structure. You also see them struggle with employment, or maybe they are a single income household. And then there are concerns about health care access and insurance. Many of our seniors are not citizens and they do not have Medicare.
- People are living longer, and we are seeing more chronic diseases that would not have impacted them before. And now they often have more than one chronic condition.

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, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

In King County, 28.1% of 8th graders, 20.8% of 10th graders and 21.4% of 12th grade students are overweight or obese.

Overweight and Obese, Students Grades 8, 10 and 12

	8 th Grade		10 th Grade		12 th Grade	
	Overweight	Obese	Overweight	Obese	Overweight	Obese
King County	15.1%	13.0%	11.2%	9.6%	12.1%	9.3%
Washington	15.8%	16.8%	14.5%	15.8%	14.8%	15.2%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

In King County, 21.1% of adults are obese and 34% are overweight. Rates of obesity in service area cities ranged from 14.4% in Issaquah to 37% in the East Highlands/Hobart/Greater Maple Valley HRA. Combined rates of overweight and obesity are lowest in the South Bellevue HRA (46.4%) and highest in the East Highlands/Hobart/Greater Maple Valley HRA (70.6%).

Overweight and Obesity, Adults, 5-Year Averages

	Overweight	Obese	Combined
Bear Creek/Greater Sammamish HRA	39.0%	18.7%	57.7%
Bellevue-Central HRA	32.3%	17.3%	49.6%
Bellevue-NE HRA	32.1%	16.1%	48.2%
Bellevue-South HRA	31.6%	14.8%	46.4%
Bellevue-West HRA	31.9%	17.6%	49.5%
Bothell/Woodinville HRA	36.6%	25.8%	62.4%
Covington HRA	36.8%	25.1%	61.9%
Duvall/Carnation/Skykomish/NE King County HRA	35.4%	22.6%	58.0%

East Highlands/Hobart/Greater Maple Valley HRA	33.6%	37.0%	70.6%
Issaquah HRA	36.1%	14.4%	50.5%
Kirkland North HRA	24.9%	32.3%	57.2%
Kirkland South HRA	35.5%	18.9%	54.4%
Maple Valley HRA	36.8%	22.3%	59.1%
Mercer Island/Point Cities HRA	33.9%	15.5%	49.4%
Newcastle/Four Creeks HRA	30.8%	32.7%	63.5%
Redmond North HRA	38.0%	18.3%	56.3%
Redmond South HRA	37.5%	16.3%	53.8%
Renton-North HRA	36.4%	16.7%	53.1%
Renton-South HRA	37.8%	28.7%	66.5%
Sammamish HRA	31.9%	15.2%	47.1%
Snoqualmie/North Bend HRA	41.5%	22.0%	63.5%
East County	34.0%	18.8%	52.8%
King County	34.0%	21.1%	55.1%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021.

<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

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, 73.4% of adults do not meet these recommendations. In area HRAs, rates ranged from 63.7% in the Bear Creek/Greater Sammamish HRA to 84.8% in the Maple Valley HRA.

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

	Percent
Bear Creek/Greater Sammamish HRA	63.7%
Bellevue-Central HRA	72.9%
Bellevue-NE HRA	83.9%
Bellevue-South HRA	77.5%
Bellevue-West HRA	81.0%
Bothell/Woodinville HRA	70.3%
Covington HRA	71.7%
Duvall/Carnation/Skykomish/NE King County HRA	67.3%
East Highlands/Hobart/Greater Maple Valley HRA	68.9%
Issaquah HRA	73.2%
Kirkland North HRA	77.8%
Kirkland South HRA	70.0%
Maple Valley HRA	84.8%

Mercer Island/Point Cities HRA	65.4%
Newcastle/Four Creeks HRA	80.2%
Redmond North HRA	73.4%
Redmond South HRA	70.0%
Renton-North HRA	78.1%
Renton-South HRA	74.5%
Sammamish HRA	73.8%
Snoqualmie/North Bend HRA	73.8%
East County	73.4%
King County	74.1%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2015, 2017 & 2019.
<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

14.8% of adults in King County were sedentary and did not participate in any leisure-time physical activity in the previous month, while in East County, 12.5% of adults did not. Rates of sedentary adults in area HRAs ranged from 7.1% in the East Highlands/Hobart/Greater Maple Valley HRA, to 28.5% in the Covington HRA.

Sedentary Adults, 5-Year Average

	Percent
Bear Creek/Greater Sammamish HRA	15.4%
Bellevue-Central HRA	11.4%
Bellevue-NE HRA	17.4%
Bellevue-South HRA	*13.4%
Bellevue-West HRA	11.8%
Bothell/Woodinville HRA	10.8%
Covington HRA	28.5%
Duvall/Carnation/Skykomish/NE King County HRA	12.2%
East Highlands/Hobart/Greater Maple Valley HRA	*7.1%
Issaquah HRA	11.0%
Kirkland North HRA	17.2%
Kirkland South HRA	14.2%
Maple Valley HRA	17.0%
Mercer Island/Point Cities HRA	*7.5%
Newcastle/Four Creeks HRA	*9.1%
Redmond North HRA	11.6%
Redmond South HRA	11.8%
Renton-North HRA	21.9%
Renton-South HRA	26.4%
Sammamish HRA	9.3%

Snoqualmie/North Bend HRA	*12.5%
East County	12.5%
King County	14.8%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021.
<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

The CDC recommendation for youth physical activity is 60 minutes or more each day. Among King County youth, 81.9% of 12th grade students did not meet this activity recommendation. Rates of inadequate physical activity rise with grade level.

Inadequate Physical Activity, Students Grades 6, 8, 10 and 12

	6 th Grade	8 th Grade	10 th Grade	12 th Grade
King County	77.8%	77.8%	81.0%	81.9%
Washington	76.4%	80.2%	81.5%	84.0%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 98% of King County residents live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities

	Percent
King County	98%
Washington	86%

Source: County Health Rankings, 2023 ranking, utilizing 2020 and 2022 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 5 in Hobart and 6 in Snoqualmie Pass to 47 in Black Diamond.

Walkability

	Walk Score
Bellevue	41
Black Diamond	47
Bothell	29
Carnation	67
Duvall	77
Fall City	55
Hobart	5
Issaquah	31
Kenmore	28
Kirkland	51
Maple Valley	24
Medina	20
Mercer Island	33
Mill Creek	29
Newcastle	67
North Bend	74
Preston	20
Ravensdale	14
Redmond	33
Renton	40
Sammamish	13
Snoqualmie	71
Snoqualmie Pass	6
Woodinville	73

Source: [WalkScore.com](https://www.walkscore.com/), 2023

Soda Consumption

In King County, 2% of 10th graders drink sugar-sweetened beverages daily at school.

Daily Sweetened Drink Consumption at School, 10th Grade Youth

	2006	2008	2010	2012	2014	2018	2021
King County	18%	16%	12%	10%	4%	2%	2%
Washington	22%	19%	15%	13%	4%	3%	3%

Source: Washington State Healthy Youth Survey, 2006-2021. <https://www.askhys.net/SurveyResults/DataByLocation>

Fruit and Vegetable Consumption

In King County, 75.4% of 10th graders do not eat the recommended minimum of five servings of fruits and vegetables daily. This shows some improvement, after a continuing increase in the number of children not meeting the recommendations from 2008 through 2018.

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

	2006	2008	2012	2014	2016	2018	2021
King County	74%	70%	73%	76%	78%	81.0%	75.4%
Washington	75%	75%	76%	78%	80%	82.5%	76.7%

Source: Washington State Healthy Youth Survey, 2006-2021. <https://www.askhys.net/SurveyResults/DataByLocation>

Community Input – Healthy Eating and Active Living

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

- We have a vibrant nutritious services team for our school lunches.
- It is so easy to have an unhealthy diet. As a society we are too sedentary.
- There are certain parts of Bellevue where it can take longer than 15 minutes to reach an organic farm to plate restaurant or grocery store and a park. Access to greenways and open spaces has been an issue in certain neighborhoods that are predominately people of color. That is a huge health issue. We have a lot of food deserts and park deserts in certain parts of the city. But they are accessible via mass transit in most areas.
- Access to healthy foods, parks, and transportation, and being mobile for seniors are key issues that are coming up and being discussed at a community level. A key portion of wellbeing is community engagement and a sense of belonging, trusting others, feeling you can shape the future of the community, and have a voice in the community.
- There could be a lot more education and cooking around healthy eating.
- As a society we have become used to quick and easy food. It is difficult to pay for healthier food because it is more expensive. And the costs are competing with housing dollars. If you cannot afford a place to live, or you must go further away to get good food, then you need a car or reliable transportation.
- Grocery shopping is so expensive now. The barrier is cost for someone who makes minimum wage. To pay rent, medications and get food that is healthy, when nonhealthy food is cheaper is a hard sell. The population we care for does not have time for a healthy hike because they are trying to figure out how to survive and do not have time to take time off from work. And they may be undocumented, so they want to stay off the radar. I don't know of a lot of programs that focus on healthy eating and active living. We have WIC, but that is only for a specific population. Sometimes we have Farmers' Market coupons, but that is not a sustainable source for low income populations.
- We have seen a greater trend toward inactivity among youth. Parent education is an important key factor. There needs to be more community focus if we want kids moving more and eating better. We are seeing increased childhood obesity and Type 2 diabetes among kids is increasing dramatically.
- There is an overlap with healthy eating and active living and mental wellbeing.
- There is a lot of stigma and shame around body image. As an immigrant, you want to assimilate. Dark skin may not be considered as beautiful, and there is a need to be acknowledged as beautiful and what does beauty mean? This is an issue around accessing food and exercise.
- It is cheaper to get a happy meal vs preparing meals fresh at home. Food insecurity is a real issue. We have three schools with free meals for all because of the percentage of low-income students. When it reaches 60%, it is free meals for all. There is a perception that we are all wealthy in this community but there is disparity between high income and low income, and it has increased dramatically over the last decade.
- If you live in an area where you do not feel safe leaving your home, that impacts you physically and mentally. And that contributes to mental health and isolation and feeling like you don't belong.

- Challenges can be language barriers and multicultural issues. And sometimes people are afraid to talk to someone in the medical field.

Youth Sexual Behaviors

In King County, over one-third of 12th graders (37.1%) have had sex. 71.7% of 8th graders and 44.8% of 12th 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		
	8 th Grade	10 th Grade	12 th Grade	8 th Grade	10 th Grade	12 th Grade
King County	4.1%	13.9%	37.1%	71.7%	41.1%	44.8%
Washington	3.3%	10.5%	32.2%	64.5%	42.1%	49.1%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

Sexually Transmitted Infections

Chlamydia was diagnosed in 2021 at a rate of 327.9 cases per 100,000 persons in King County, and the rate of gonorrhea was 188.5 cases per 100,000 persons. Primary and Secondary syphilis was diagnosed at a rate of 26.3 cases per 100,000 persons in King County. Rates of diagnosed gonorrhea and syphilis are higher in King County than in the state. There was a reduction in chlamydia and gonorrhea rates in King County and Washington from 2019 to 2021. Based on 2022 data in those geographic regions where it is available, this may represent - at least in part - a lack of diagnoses due to COVID-19 health care avoidance, rather than being entirely attributable to a reduction in rates. Rates of syphilis, however, have continued to rise.

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

	King County		Washington	
	2019	2021	2019	2021
Chlamydia	518.7	327.9	498.8	390.8
Gonorrhea	211.4	188.5	157.0	142.9
Syphilis (primary and secondary)	15.5	26.3	11.0	19.2

Source: Washington State Department of Health, Communicable Disease Annual Report, 2021. <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/annual-cd-surveillance-reports>

HIV

The King County rate of newly diagnosed HIV cases in 2021 was 8.1 cases per 100,000 persons.

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

	2017	2018	2019	2020	2021	2021 Rate
King County	178	226	189	167	182	8.1
Washington	376	399	406	357	406	5.3

Source: Public Health - Seattle & King County, HIV/AIDS Epidemiology Report and Community Profile, 2022. <https://kingcounty.gov/en/-/media/depts/health/communicable-diseases/documents/hivstd/2022-hiv-aids-epidemiology-annual-report.ashx>

The incidence of HIV (annual new cases) in King County from 2017 to 2021, averaged, was 8.5 cases per 100,000 persons. The prevalence of HIV (those living with HIV regardless of when they might have been diagnosed or infected) was 319 cases per 100,000 persons. Approximately 60% of those living with HIV live in Seattle, 30% live in South County, 3% live in North County, and 7% live in East King County.

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

	5-Year Average Incidence Rate 2017-2021	2021 Prevalence	
		Number	Rate
King County	8.5	7,211	319.0
Washington	5.2	14,517	189.6

Source: Public Health - Seattle & King County, HIV/AIDS Epidemiology Report and Community Profile, 2022. <https://kingcounty.gov/en/-/media/depts/health/communicable-diseases/documents/hivstd/2022-hiv-aids-epidemiology-annual-report.ashx>

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:

- We need more language access services. More education and support for our community health providers to support awareness about sexual health education and using the proper tools for protection.
- It is relatively stable in this community. But if you look at the Seattle area, there is a huge explosion of cases, especially with syphilis.
- A lot of schools have teen health centers, so that is a hub for STI information. They do a great job of educating and protecting and treating STIs. The barrier is the stigma people will attach to that type of care in the community.
- We struggle with obstetric care for uninsured and underinsured or those who have language barriers. For instance, when you are trying to figure out how to survive, doctor appointments aren't high on your list, nor is the importance of prenatal care.
- There can be a stigma to accessing resources. When we don't see people like us in Planned Parenthood and Public Health, you don't want to step inside to access resources.

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, 12.9% of the adult population experienced frequent mental distress. Service area HRAs had rates of frequent

mental distress ranging from 4.8% in the Central and South Bellevue HRAs to 15.5% of adults in the Snoqualmie/North Bend HRA.

Frequent Mental Distress, Adults, 5-Year Average

	Percent
Bear Creek/Greater Sammamish HRA	13.4%
Bellevue-Central HRA	*5.2%
Bellevue-NE HRA	13.9%
Bellevue-South HRA	*5.2%
Bellevue-West HRA	9.8%
Bothell/Woodinville HRA	9.9%
Covington HRA	*13.7%
Duvall/Carnation/Skykomish/NE King County HRA	10.3%
East Highlands/Hobart/Greater Maple Valley HRA	*9.0%
Issaquah HRA	14.0%
Kirkland North HRA	*8.5%
Kirkland South HRA	12.1%
Maple Valley HRA	17.6%
Mercer Island/Point Cities HRA	*11.3%
Newcastle/Four Creeks HRA	*12.1%
Redmond North HRA	*9.1%
Redmond South HRA	10.2%
Renton-North HRA	9.1%
Renton-South HRA	15.6%
Sammamish HRA	11.8%
Snoqualmie/North Bend HRA	*15.5%
East County	10.9%
King County	12.9%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Youth Mental Health

Among 10th grade youth, 35.2% 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'.

Depression, Past 12 Months, 10th Grade Students

	Percent
King County	35.2%
Washington	38.1%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

19.2% of 10th graders in King County said they had considered suicide in the past year, while 6.1% said they had attempted suicide in the past year.

Considered and Attempted Suicide, Past 12 Months, 10th Grade Students

	Considered Suicide	Attempted Suicide
King County	19.2%	6.1%
Washington	19.6%	8.2%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

Feeling unsafe on dates (formerly referred to as ‘intimate partner violence’) begins to be a concern for youth beginning in at least 8th grade and rising by grade level. 3.8% 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 5.6% of 10th graders and 7.2% 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	5.0%	5.6%
LGB-identifying youth	8.3%	10.2%

Source: Healthy Youth Survey (HYS), 2018 & 2021, via King County Department of Community and Human Services. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Health care professionals play an important role in the wellbeing of all LGBTQ youth, who may have 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://cdn.kingcounty.gov/-/media/depts/health/data/documents/CHNA-LGBTQ-Community-Spotlight.ashx>.

Key insights from the report noted 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 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 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:

- Continued access to mental health visits and support is an issue. Most often we can get someone an immediate assessment but obtaining the follow-up care that is needed is lacking for ongoing therapy and medication management.
- The biggest issue with mental health is knowing where to start. What are your options? Evergreen used to manage a nurse hotline. Anyone in the state could call a nurse and get help. It just closed this month. Permanently. They do not have the funds to support it any longer.
- People of all income levels can have mental health issues. The need in the school district is substantial but they have made good strides, but there is much more to do.
- Certain parts of the city are more isolated from community centers and parks. We know there aren't enough community centers for cross cultural or multicultural interaction. Bellevue is immensely diverse, and it is a minority majority city. We always need more relationship building and interaction among our residents.
- Partners who are providing mental health in the community are experiencing a staffing crisis. It is very challenging work and it is not the most highly paid work for social workers or case managers.
- The biggest barrier is the stigma of mental health. So many people say I don't have that problem. It is not an issue for me.
- With the shelter system, there are people with significant mental health issues who may also have substance use issues. When something happens, we have to call for help, they get stabilized in a hospital, then they are discharged to the street with no further follow-up care for those without housing and mental health care. They may get a prescription to see a therapist, but they are just trying to find a place to sleep. There are not a lot of options if you don't have insurance, or you travel around trying to find a place to sleep.
- There are not a lot of options for mental health for children. We are seeing more depression and anxiety, even in younger children and there is no one to refer them to. Pediatricians will see them and may call psychiatric hotlines, but they need more consistency of care. We also don't have community providers to refer to for higher levels of care for adults. We do what we can, but people aren't getting psychiatric care, which is what they need. And for those who are uninsured, there is nowhere to send them.
- Obtaining case management support for students that require mental health services is difficult. Wait times for new patients is extensive.
- With our younger population, they are more aware of mental health conditions and aware of others' needs. That has helped to destigmatize mental health. But that stigma is still prevalent in older generations. They are still resistant to talk about it. We see that with many immigrants. They may have issues with their mental health, but their family members are not open to discussing it or being their advocate to get resources and support.
- The biggest issue is access to providers. There are not enough of them in the community. We need to create lower barriers to engage people into the profession of behavioral health. We need to make it easier to pursue and more affordable. We hear it is a cumbersome process to become a licensed mental health counselor. We need more spaces for people to be able to work through their crisis and to be able to rely on someone while they navigate the mental health space.
- Access to housing, rent support, and other social services are important to help someone on their mental health journey. Telehealth has been great; it has helped fill the gaps. But some people tune out and they don't find connections in virtual support groups. We need to have more in-person opportunities. But overall telehealth has been great in creating more access in the mental health space.
- Among seniors there is an assumption when you have anxiety and depression that it will resolve itself. Taking medications is taking shame outside of the family, so people will not access resources that are provided.

- Access to a professional is a huge barrier, especially for those who are low income. Also, there is stigma in some cultures, and we see six month waiting lists. When you have a crisis, you need access immediately. What happens is these individuals end up in the ED. The same thing happens when people can't afford their health care. If you can't afford healthcare, you end up in the ED.
- Some communities of color do not trust the mental health system and there is a broad sense of mistrust with the system. We hear from a lot of youth that mental health is taboo. People don't want to experience shame in accessing services. People are looking at language and implicit bias and other things that impact serving people of color in crisis.
- It is a growing concern in the EMS system. We are seeing more people suffering from mental health issues and there are not a lot of resources out there. We started seeing a big increase in about 2019. We have seen a threefold increase of individuals being served since that time. The pandemic increased it even more. The influx of drugs is one issue, another is the economy, people are suffering. We see seniors who are alone and don't have access to resources. Our staff are experiencing more mental health issues from PTSD, the number of hours they work, and what they see in the field. Resources for first responders are insufficient.

SUBSTANCE USE

Cigarette Smoking

In King County, 9.3% of adults reported being current smokers. In East County, 5.6% of adults smoke cigarettes. Rates in the service area cities ranged from 0.5% in the West Bellevue HRA to 22.3% in the Maple Valley HRA. The Healthy People 2030 objective for cigarette smoking among adults is 6.1%.

Cigarette Smoking, Adults, 5-Year Average

	Percent
Bear Creek/Greater Sammamish HRA	*7.8%
Bellevue-Central HRA	*5.8%
Bellevue-NE HRA	*8.2%
Bellevue-South HRA	*4.7%
Bellevue-West HRA	*0.5%
Bothell/Woodinville HRA	*5.0%
Covington HRA	*8.2%
Duvall/Carnation/Skykomish/NE King County HRA	9.7%
East Highlands/Hobart/Greater Maple Valley HRA	*5.8%
Issaquah HRA	*3.3%
Kirkland North HRA	*7.3%
Kirkland South HRA	*4.1%
Maple Valley HRA	22.3%
Mercer Island/Point Cities HRA	*5.2%
Newcastle/Four Creeks HRA	*5.2%
Redmond North HRA	*6.0%
Redmond South HRA	*5.5%
Renton-North HRA	9.8%
Renton-South HRA	9.7%
Sammamish HRA	*4.3%
Snoqualmie/North Bend HRA	*7.8%
East County	5.6%
King County	9.3%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2021. *Statistically unstable due to small sample size; interpret with caution. <https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Vapor products are now the most common nicotine product used by youth. 1.8% of 10th grade youth in King County smoked cigarettes in the prior 30 days, 0.4% used smokeless tobacco in the prior 30 days, and 6.4% had used vapor products.

Tobacco Use, Past 30 Days, 10th Grade Students

	Smokes Cigarettes	Used Smokeless Tobacco	Used Vapor Products
King County	1.8%	0.4%	6.4%
Washington	1.9%	0.6%	7.6%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

27.8% of King County 10th graders who reported vaping in the past 30 days, weren't always sure what substance they had vaped. 51.9% said they had vaped a nicotine product, 41.8% said they had vaped a THC (marijuana) product, 7.6% said that they had vaped a product with both nicotine and THC, and 3.8% stated it was a flavor-only product, with no nicotine or THC. Respondents were able to choose all responses that applied, so totals are greater than 100%.

Reported Substance "Vaped" Among Current Users, Past 30 Days, 10th Grade Students

	Nicotine	THC (Marijuana)	Product with both Nicotine and THC	Flavor Only (No Nicotine or THC)	Substance Not Known
King County	51.9%	41.8%	7.6%	3.8%	27.8%
Washington	52.6%	38.1%	10.3%	3.1%	30.9%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

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, 18.2% in King County reported having engaged in binge drinking in the previous 30 days. Rates ranged from 9.1% in the Central Bellevue HRA to 24.3% in the North Renton HRA.

Binge Drinking, Past 30 Days, Adults, 5-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	18.1%
Bellevue-Central HRA	9.1%
Bellevue-NE HRA	13.9%
Bellevue-South HRA	12.0%
Bellevue-West HRA	13.4%
Bothell/Woodinville HRA	14.9%
Covington/Maple Valley HRA	13.2%
Issaquah HRA	18.0%
Kirkland HRA	18.4%
Kirkland North HRA	12.7%

Mercer Island/Point Cities HRA	23.5%
Newcastle/Four Creeks HRA	23.7%
Redmond HRA	10.7%
Renton-East HRA	10.7%
Renton-North HRA	24.3%
Renton-South HRA	17.3%
Sammamish HRA	14.4%
Snoqualmie/North Bend/Skykomish HRA	11.9%
HRA Weighted Average	15.3%
King County	18.2%
Washington	15.2%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2016-2020.
<https://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

Alcohol use among youth increased by age. 26.9% of 12th grade youth in King County had consumed alcohol at some time in the past month. Consumption of alcohol was seen in 9.8% of 10th graders, 3% of 8th graders and 1.8% of 6th graders.

Alcohol Use in Past 30 Days, Youth

	6 th Grade	8 th Grade	10 th Grade	12 th Grade
King County	1.8%	3.0%	9.8%	26.9%
Washington	2.2%	3.6%	8.4%	20.0%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

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. King County 12th grade girls were more likely to have binge drunk in the past two weeks (17.5%) than boys (13.2%).

Binge Drinking in Past Two Weeks, Youth

	10 th Grade	12 th Grade
King County	6.1%	15.2%
Washington	5.5%	12.4%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

Marijuana Use

11.7% of East King County adults said they had used marijuana during the prior month. Rates in service area cities ranged from 5.9% in the Northeast Bellevue HRA to 23.3% in the Maple Valley HRA and 23.6% in the Issaquah HRA.

Marijuana Use, Past 30 Days, Adults

	Percent
Bear Creek/Greater Sammamish HRA	*6.9%
Bellevue-Central HRA	15.9%
Bellevue-NE HRA	*5.9%
Bellevue-South HRA	*7.3%
Bellevue-West HRA	*11.0%
Bothell/Woodinville HRA	14.4%
Covington HRA	*16.1%
Duvall/Carnation/Skykomish/NE King County HRA	17.7%
East Highlands/Hobart/Greater Maple Valley HRA	*11.6%
Issaquah HRA	23.6%
Kirkland North HRA	*11.7%
Kirkland South HRA	12.8%
Maple Valley HRA	23.3%
Mercer Island/Point Cities HRA	*11.0%
Newcastle/Four Creeks HRA	*9.3%
Redmond North HRA	17.2%
Redmond South HRA	*9.9%
Renton-North HRA	17.2%
Renton-South HRA	*9.9%
Sammamish HRA	8.5%
Snoqualmie/North Bend HRA	*11.0%
East County	11.7%
King County	18.9%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2017-2019 & 2021.

<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

17.5% of the 12th grade youth, and 7.3% of the 10th grade youth in King County indicated marijuana use in the past 30 days. The rate for 12th graders is higher than the state rate.

Marijuana Use in Past 30 Days, Youth

	10 th Grade	12 th Grade
King County	7.3%	17.5%
Washington	7.2%	15.9%

Source: Washington State Healthy Youth Survey, 2021. <https://www.askhys.net/SurveyResults/DataByLocation>

Community Input – Substance Use

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

- It is present in our district, but I don't see it as a large problem. We have Narcan available at all our secondary school sites. We see that vaping continues to be a big issue with our middle school aged children.
- We are lucky we don't have the same intensity in number and usage on the east side of the lake as we do on the west side of the lake. It is certainly all around us. The presence of illegal drugs and the ease of obtaining them is dramatic.
- We are seeing more overdoses from fentanyl. It is increasing in severity and the strength of drugs that people are taking are causing more overdoses.
- The biggest issue is trying to help people get off the drugs and safely transition them to therapies, so they don't use anymore.
- When people are ready for treatment, there needs to be a bed available right away. We don't have a lot of case management to get people to stay on track to get that care. We say that it is a disease, but there is still stigma. It is hard to get past that.
- Working with students around substance use issues. I don't think it has increased, but it hasn't decreased either. We have had many overdoses but revived them with Narcan. We have seen an increased incidence of staff coming to work high or intoxicated. There has been an increase in the number of families we have to escort off campus, call the police, students that report their parents aren't well and we have to call child services. That has increased post pandemic.
- There are nuances around substance use that exist and barriers, stigma, and taboo around being open and authentic with your children and accessing resources.
- We see middle school youth who are using illegal substances. It is still a problem, but not a priority issue. People are more concerned about food, housing, and equitable resources.
- It is a growing issue. We have seen the number of overdoses grow substantially. Once we administer Narcan they usually don't want any assistance after that. The number of deaths from overdoses has increased. It has doubled in the past three years.

PREVENTIVE PRACTICES

Flu Vaccines

67.8% of senior adults in King County received a flu shot. This does not meet the Healthy People 2030 objective for 70% of all adults, 18 and older, including senior adults, to receive a flu shot. Rates of senior adults obtaining flu shots, in area HRAs for which rates were available, ranged from 51% in the Issaquah HRA to 85.9% in the Snoqualmie/North Bend/Skykomish HRA.

Adults, ages 18 to 64, received flu shots at lower levels than senior adults. 43.3% of King County adults received a flu shot. Non-senior adults receiving flu shots in area HRAs ranged from 36.4% in the NE Bellevue HRA to 53.4% in the Sammamish HRA.

Flu Shots, Past 12 Months, Senior Adults and Adults, 5-Year Average

	Senior Adults, Ages 65 and Older	Adults, Ages 18-64
Bear Creek/Carnation/Duvall HRA	70.0%	39.5%
Bellevue-Central HRA	72.8%	44.1%
Bellevue-NE HRA	66.4%	36.4%
Bellevue-South HRA	73.5%	45.2%
Bellevue-West HRA	68.3%	37.6%
Bothell/Woodinville HRA	58.3%	44.8%
Covington/Maple Valley HRA	68.9%	41.5%
Issaquah HRA	51.0%	47.8%
Kirkland HRA	70.2%	38.9%
Kirkland North HRA	68.3%	41.1%
Mercer Island/Point Cities HRA	73.0%	46.5%
Newcastle/Four Creeks HRA	68.6%	52.6%
Redmond HRA	63.1%	45.9%
Renton-East HRA	77.1%	41.1%
Renton-North HRA	N/A	47.4%
Renton-South HRA	66.4%	44.5%
Sammamish HRA	61.5%	53.4%
Snoqualmie/North Bend/Skykomish HRA	77.4%	49.4%
King County	67.8%	43.3%
Washington	64.3%	39.0%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2016-2020. N/A = Data suppressed due to too few cases to protect confidentiality and/or report reliable rates. <https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx>

COVID-19 Vaccines

Compliance with CDC recommendations for vaccinations against COVID-19 includes receiving boosters as they become available. The bivalent booster was recommended for those ages 12 and older beginning in August of 2022, and for children, ages 5 to 11, beginning in October of 2022, and for children younger than 5 beginning December 2022. A newer booster was released in September 2023, which replaced the bivalent booster.

Compliance with COVID-19 vaccine recommendations in King County generally rises with age, and has been highest among Asian residents, followed by American Indian or Alaska Native residents and Native Hawaiian or Pacific Islander residents, and lowest among Black or African American residents and Hispanic or Latino residents of the county. While most county residents, ages 35 and older, have completed a primary series of vaccinations against the virus, only 33.9% of the county's population had received the bivalent booster a year after its release.

COVID-19 Vaccinations, by Series Type, and Age or Race and Ethnicity, King County

	Completed Primary Series	Received 1+ Original Booster	Received Bivalent Booster
Ages 0 to 4 years	24%	0%	7%
Ages 5 to 11 years	52%	17%	20%
Ages 12 to 17 years	75%	36%	25%
Ages 18 to 34 years	77%	41%	21%
Ages 35 to 49 years	94%	61%	35%
Ages 50 to 64 years	>95%	71%	44%
Ages 65 and older	>95%	>95%	74%
Asian	>95%	63%	37%
American Indian or Alaska Native	>95%	60%	37%
Native Hawaiian or Pacific Islander	>95%	58%	29%
White	78%	54%	37%
Black or African American	77%	35%	19%
Hispanic or Latino	77%	36%	18%
Total Population	85.0%	53.5%	33.9%

Source: Public Health - Seattle & King County; COVID-19 Vaccination Dashboard, updated September 27, 2023.

<https://kingcounty.gov/en/legacy/depts/health/covid-19/data/vaccination.aspx>

In the East County region, adults, ages 35 to 49, are up to date at a lower rate (32%) than the county average for this age range (35%). In the Bellevue/Issaquah/Mercer Island region, senior adults, ages 65 and older, are up to date at a lower rate (68%) behind the countywide average for that age group (74%). Also in the East County region, White residents are less likely to be up to date with their COVID-19 vaccinations (32%) than the countywide average (37%).

COVID-19 Vaccinations, by Selected Regions, and Age or Race and Ethnicity

	Bellevue, Issaquah & Mercer Island	Kirkland, Redmond, Bothell & Woodinville	East King County	King County
Ages 0 to 4 years	15%	17%	14%	15%
Ages 5 to 11 years	25%	31%	23%	21%
Ages 12 to 17 years	33%	32%	33%	25%
Ages 18 to 34 years	24%	21%	25%	21%
Ages 35 to 49 years	34%	40%	32%	35%
Ages 50 to 64 years	49%	45%	48%	44%
Ages 65 and older	68%	73%	90%	74%
Asian	44%	44%	49%	38%
American Indian or Alaska Native	42%	45%	39%	37%
White	36%	35%	32%	37%
Native Hawaiian or Pacific Islander	46%	41%	58%	29%
Black or African American	26%	24%	34%	20%
Hispanic or Latino	20%	18%	25%	19%
Total Population	38%	37%	38%	35%

Source: Public Health - Seattle & King County; COVID-19 Vaccination Dashboard, updated September 27, 2023.

<https://kingcounty.gov/en/legacy/depts/health/covid-19/data/vaccination.aspx>

Pneumonia Vaccines

In King County, 77.3% of senior residents reported having received the pneumonia vaccine. Rates in area HRAs ranged from 61.6% in the Bear Creek/Carnation/Duvall HRA to 91.1% in the Mercer Island/Point Cities HRA and 91.5% in the Newcastle/Four Creeks HRA.

Pneumonia Vaccine, Adults 65 and Older, 5-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	61.6%
Bellevue-Central HRA	70.5%
Bellevue-NE HRA	84.2%
Bellevue-South HRA	74.3%
Bellevue-West HRA	89.0%
Bothell/Woodinville HRA	62.2%
Covington/Maple Valley HRA	73.9%
Issaquah HRA	74.0%
Kirkland HRA	75.6%

Kirkland North HRA	75.8%
Mercer Island/Point Cities HRA	91.1%
Newcastle/Four Creeks HRA	91.5%
Redmond HRA	81.4%
Renton-East HRA	79.7%
Renton-North HRA	N/A
Renton-South HRA	79.2%
Sammamish HRA	70.9%
Snoqualmie/North Bend/Skykomish HRA	63.2%
King County	77.3%
Washington	76.7%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2016-2020. N/A = Data suppressed due to too few responses to protect confidentiality and/or report reliable rates. <https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx>

Immunization of Children

Among area school districts, rates of up-to-date vaccinations among children entering Kindergarten ranged from 85.3% in the Bellevue School District to 98% in the Mercer Island School District.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2022-2023 School Year

	Percent
Bellevue School District	85.3%
Issaquah School District	93.8%
Lake Washington School District	94.2%
Mercer Island School District	98.0%
Northshore School District	92.3%
Renton School District	91.5%
Riverview School District	92.1%
Skykomish School District	N/A
Snohomish School District	88.9%
Snoqualmie Valley School District	94.6%
King County	88.2%
Washington	87.6%

Source: Washington State School Immunization Dashboard, 2022-2023 School Year. N/A = suppressed due to fewer than 10 children enrolled, for privacy concerns. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization/dashboard>

Mammograms

The Healthy People 2030 objective for mammograms is for 80.3% 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 (18.4%) meets the objective. In area HRAs, the population of women who did not have a mammogram ranged from 13.3% of women in the target age group in the South Bellevue HRA to 29.9% in the Covington/Maple Valley HRA.

No Mammogram Past Two Years, Women, Ages 50-74, 4-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	26.1%
Bellevue-Central HRA	N/A
Bellevue-NE HRA	N/A
Bellevue-South HRA	13.3%
Bellevue-West HRA	N/A
Bothell/Woodinville HRA	N/A
Covington/Maple Valley HRA	29.9%
Issaquah HRA	N/A
Kirkland HRA	N/A
Kirkland North HRA	N/A
Mercer Island/Point Cities HRA	N/A
Newcastle/Four Creeks HRA	N/A
Redmond HRA	N/A
Renton-East HRA	N/A
Renton-North HRA	N/A
Renton-South HRA	N/A
Sammamish HRA	N/A
Snoqualmie/North Bend/Skykomish HRA	N/A
East County**	18.4%
King County	23.8%
Washington	24.5%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2016, 2018 & 2020. N/A = Data suppressed due to too few responses to protect confidentiality and/or report reliable rates. <https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx> and **<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Pap Smears

The Healthy People 2030 objective is for 79.2% 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 (22.2%) and East County (22.9%) do not meet this objective. Data is available for eight of the area HRAs. Of these, six HRAs do not meet the Healthy People 2030 objective, with the highest rates of non-compliance found in the Newcastle/Four Creeks (26.1%), Redmond (26.2%) and Sammamish (26.9%) HRAs.

No Pap Test Past Three Years, Women, Ages 21-65, 4-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	19.5%
Bellevue-Central HRA	N/A
Bellevue-NE HRA	N/A
Bellevue-South HRA	15.7%
Bellevue-West HRA	N/A
Bothell/Woodinville HRA	N/A
Covington/Maple Valley HRA	12.0%

Issaquah HRA	N/A
Kirkland HRA	18.9%
Kirkland North HRA	N/A
Mercer Island/Point Cities HRA	N/A
Newcastle/Four Creeks HRA	26.1%
Redmond HRA	26.2%
Renton-East HRA	N/A
Renton-North HRA	N/A
Renton-South HRA	N/A
Sammamish HRA	26.9%
Snoqualmie/North Bend/Skykomish HRA	N/A
East County**	22.9%
King County	22.2%
Washington	23.9%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2016, 2018 & 2020. N/A = Data suppressed due to too few responses to protect confidentiality and/or report reliable rates. <https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx> and **<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% 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). 74.4% of East County residents, ages 50-75, met the colorectal cancer screening guidelines. Area HRA compliance rates, among those HRAs for which values are available, ranged from 41.5% in the East Renton HRA to 88% in the Mercer Island/Point Cities HRA.

Screening for Colorectal Cancer, Adults, Ages 50-75, 4-Year Average

	Percent
Bear Creek/Carnation/Duvall HRA	72.3%
Bellevue-Central HRA	79.4%
Bellevue-NE HRA	78.0%
Bellevue-South HRA	76.1%
Bellevue-West HRA	N/A
Bothell/Woodinville HRA	77.5%
Covington/Maple Valley HRA	71.3%
Issaquah HRA	N/A
Kirkland HRA	76.2%
Kirkland North HRA	54.4%
Mercer Island/Point Cities HRA	88.0%
Newcastle/Four Creeks HRA	78.6%
Redmond HRA	83.3%
Renton-East HRA	41.5%

Renton-North HRA	N/A
Renton-South HRA	72.5%
Sammamish HRA	78.9%
Snoqualmie/North Bend/Skykomish HRA	68.6%
East County**	74.4%
King County	71.7%
Washington	72.4%

Source: Public Health - Seattle & King County; Behavioral Risk Factor Surveillance System, 2016, 2018 & 2020. N/A = Data suppressed due to too few responses to protect confidentiality and/or report reliable rates. <https://kingcounty.gov/en/legacy/depts/health/data/city-health-profiles.aspx> and **<https://kingcounty.gov/en/legacy/depts/health/data/community-health-indicators.aspx>

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 is a challenge to get vaccines. We have high immunization rates, but it takes 2 to 3 months to get a medical appointment for their vaccines. Also, Public Health is working on it, but access to immunization translation resources is a huge need. We have families coming from different parts of the world and it is hard to transcribe their medical records.
- The issue with vaccines this year had to do with supplies. There were backorders or delays in supplies reaching our providers so they could administer vaccines in a timely manner.
- There could be more funding for community partners and nonprofits that really support black and Hispanic communities. There is a lack of funding and a need for more organizations to support our more diverse communities. For example, there has been a huge influx of Ukrainian and Brazilian people. I don't know if there is enough language access and health care that is culturally responsive to those communities.
- The biggest issue we must deal with is misinformation. Even before COVID, there was information out there that vaccines caused cancer and autism, or they were a way for the government to track you. With the internet and social media, it is exceedingly easy to pass information that is untrue very quickly. Once it is picked up on, it is very hard to turn the train around.
- We have Spanish speaking interpreters. But for all the other languages needed for our immigrants and refugees, we need more interpreters. We can use interpreter lines, but we don't make a connection with the person when we do that. We need to build relationships, trust and mutually understanding cultures. For instance, Argentina and Mexico and Spain are all very different culturally even though they share the same language.
- Our immigrant populations that are coming here is already in crisis. We have an emerging Brazilian Portuguese speaking population.
- More preventive care keeps calls to 911 down. If people are healthier, the chance they call the medics is lower. It keeps our response rates down.

REPORT OF PROGRESS

Overlake developed and approved an Implementation Strategy to address significant health needs identified in the FY21 Community Health Needs Assessment. The hospital committed community benefit efforts that addressed access to care, cancer, housing and homelessness, mental health, and substance use through a commitment of community benefit programs and charitable resources. Activities and programs that highlight Overlake's work in the community are detailed below.

Access to Care Response to Need

Financial Aid

Overlake provided financial assistance for uninsured and underinsured residents, following the Financial Assistance Policy. To address health care access issues, the hospital also offered information and enrollment assistance in low-cost insurance programs.

Community Education and Outreach

The hospital presented health education sessions available to area residents free of charge. The educational sessions focused on topics including Medicare enrollment, mental health, women's health, stroke care, advance care planning, diabetes, nutrition, weight loss, senior yoga, pregnancy and infant care, safety training, and CPR.

Overlake participated in community events and health fairs. Hospital speakers focused on health and wellness topics. Biometric screenings were provided to the public. Flu vouchers were distributed.

First aid training and first aid kits were provided to community groups. Overlake partnered with Seattle Children's to provide free car seat checks.

Clinical Volunteers

Overlake filled volunteer positions at local free health clinics with qualified providers.

Healthy Outlook

Healthy Outlook is an e-newsletter that is available to the community. Information is provided on women's health, heart health, nutrition, and healthy lifestyles.

Support Groups

Support groups provided emotional support and important educational information for individuals, their families, and caregivers. Support groups included Stroke Support Group, Grief Support Group, Aphasia Support Group, Teen Resilience & Thriving Support Group, Balance After Baby Support Group.

Community Support

Overlake provided funds and in-kind services to other nonprofit organizations that address access to care and preventive practices in the community.

Cancer Response to Need

Community Education and Outreach

The hospital presented cancer-related educational sessions. Overlake participated in community events and health fairs that promoted cancer screenings.

Cancer Lifeline

A support group provided emotional support and important educational information for people with cancer, their families, and caregivers.

Overlake Cancer Center

The Overlake Cancer Center improved cancer detection by increasing public awareness and adherence to cancer prevention and early detection recommendations and increased the identification and treatment of cancer.

Community Support

Overlake provided funds and in-kind services to other nonprofit organizations that address cancer prevention and treatment in the community.

Housing and Homelessness Response to Need

Community Support

Overlake provided funds and in-kind services to other nonprofit organizations that address housing and homelessness in the community. CEO Mike Marsh held a board seat with a community partnership dedicated to the exploration of services to consolidate resources to address housing and homelessness.

Mental Health and Substance Use Response to Need

Community Education and Outreach

The hospital presented health education sessions that included Mental Health First Aid, opioid crisis, fentanyl, youth mental health, and QPR Suicide Prevention.

Support Groups

Support groups provided emotional support and important educational information for individuals, their families, and caregivers. Support groups included Teen Resilience Support Group, NAMI Eastside, and Path of Grief Support Group.

Community Support

Overlake provided funds and in-kind services to schools and other nonprofit organizations that address mental health and substance use in the community.

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.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	83.0% - 96.9%	90.7%
Child health insurance rate	98.1%	92.4%
Adult health insurance rate	94.5%	92.4%
Unable to obtain medical care	2.9% - 10.3%	5.9%
Cancer deaths	138.9	122.7 per 100,000 persons
Colon/rectum cancer deaths	11.6	8.9 per 100,000 persons
Lung cancer deaths	22.3	25.1 per 100,000 persons
Female breast cancer deaths	16.4	15.3 per 100,000 persons
Prostate cancer deaths	19.0	16.9 per 100,000 persons
Stroke deaths	32.7	33.4 per 100,000 persons
Unintentional injury deaths	29.9	43.2 per 100,000 persons
Suicides	12.1	12.8 per 100,000 persons
Liver disease deaths	8.2	10.9 per 100,000 persons
Drug-overdose deaths	44.3	20.7 per 100,000 persons
Overdose deaths involving opioids	30.6	13.1 per 100,000 persons
Homicides	3.3	5.5 per 100,000 persons
Early and adequate prenatal care	67.8%	80.5%
Infant death rate	2.7 - 4.5	5.0 per 1,000 live births
Adult obese, ages 18+	14.4% - 32.7%	36.0% of adults ages 20+
Teens obese, grades 8 to 12	9.3% - 13%	15.5% of children and teens ages 2 to 19
Adults engaging in binge drinking	9.1% - 24.3%	25.4%
Cigarette smoking by adults	0.5% - 22.3%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	77.1%	79.2%
Mammograms, ages 50-74, screened in the past 2 years	70.1% - 86.7%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	41.5% - 88.0%	68.3%
Annual adult influenza vaccination	43.5%	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
Cynthia Brown	Area Manager	Public Health Seattle & King County
Justin Chan	DEI Community Outreach and Engagement Administrator	City Manager's Office, City of Bellevue
Kalika A. Curry	Executive Director	Eastside Pathways
Jennifer Fischer	Executive Director	Bellevue LifeSpring
Dr. Jon Holmen	Superintendent	Lake Washington School District
Edward Leonard, MD	Infectious Diseases	Overlake Medical Center and Clinics
Kim Duncan Martin	Executive Director	Medic One Foundation
Marc Oommen	Executive Director	NAMI
Shelly O'Rourke, MSN, RN	Health Services Manager	Lake Washington School District
Alicia K. Quaco	Interim President	Eastside Health Network (EHN)
Kim Sarnecki	Chief Executive Officer	Together Center
David Schooler	Chairman of the Board	Sterling Realty
Lalita Uppala	Executive Director	Indian American Community Services

Attachment 3: Community Stakeholder Interview Responses

Each interview began by asking participants to name the most significant health issues or needs in the community. Responses included:

- The school district is doing great, they have a great partnership, but it is maxed out, so we need more mental health support. We also keep hearing it is difficult to get an appointment with a Primary Care Provider. It is quicker to get seen at the ED. Immunizations for schools are delayed for about three months as well.
- Access to care has been an issue this year. Because of access to care issues, we are seeing high ED utilization and urgent care utilization. Staffing has been an issue with hospitals. Even for an established patient, it takes about two months to see a primary care doctor.
- We have a need to care for those who cannot afford it. Related to that is mental health, drug use and related crimes.
- Finding housing and basic needs. For a certain number of individuals, it is becoming unaffordable to live here and the rent is becoming too high. That is a big issue when it comes to living in the neighborhood and having access to support and health care. Other issues include transportation and getting to a health care provider.
- We are seeing a lot of people who are facing eviction or are already unhoused or housing insecure.
- Mental health, all various types like anxiety, stress, drug addiction. And basic needs like food, gas, essentials like cleaning supplies, shampoo, deodorant, tampons.
- Access to community support like nursing services, patient services, and pharmacy services.
- Recently we have seen issues revolving around persons who are homeless and injection drug use.
- We are seeing more patients with infectious diseases.
- For those who are experiencing homelessness, there are issues and health needs that come up because of living on the street.
- Refugees and immigrant populations who don't speak English need services.
- There are family planning needs, reproductive health care, for those who do not have insurance.
- We are seeing an increasing, continued need for moderate to severe and acute mental health issues, that play out in our schools each day. Anxiety, depression, and social anxiety can cause students to not be able to participate in school or afterschool programming. Also, we are seeing caretakers who can't take care of their children in the way they should and can't participate.
- A concern is continual access to food resources. We are a high-income community, but we also have some severe poverty. There are students who can go for weekends or school breaks without food.
- Isolation from the pandemic.
- Heart disease, diabetes, cancer, and mental health.
- Affordable housing and food insecurity. The cost of living overall. We also have a high number of unaccompanied youths in our schools. They don't have a legal guardian in their lives, they are living independently. They are particularly vulnerable of being taken advantage in the workplace, human trafficking, involvement in gangs, etc. A lot of them are immigrants from Guatemala.
- We hear from our youth about increased suicidal ideation and isolation from Covid. Also, there is not enough support with reintegration back into schools, academic rigor and the social environment. There was trauma with Covid and the loss of family members.
- Transportation has come up as an issue.
- There has been a lot of talk about school closures and ACES displacement, whether that be locally or among refugee and asylum seekers. Displacement is a big theme around health. Isolation comes up too.

Interview participants were asked what factors or conditions contribute to those health issues (e.g., social, racial, cultural, structural, behavioral, environmental) Their responses included:

- It is the number of students or the volume of students needing mental health services. We saw a huge spike after the pandemic.
- We have a lot of people moving to our area. We are seeing quite a few immigrants and refugees.
- The cost and supply of housing for people who cannot afford housing. How we treat mental illness has something to do with it as well. Insurance plays a role too. Some people may be reluctant to obtain care, which can make it worse. And mental health issues can exacerbate other health issues. I also hear we have a nursing shortage that can impact care at multiple levels.
- Rent and housing is getting expensive and there is a lack of housing in general. With inflation and housing becoming so unaffordable in general, these are all issues.
- Since Covid, we have seen a 200% increase in the number of people seeking support. It is a combination of a few factors. The housing crisis really makes things challenging in our region. There are high paying tech jobs and very low paying service jobs, and there are not a lot of positions for people in the middle. Mental health concerns have added stress in people's lives. Being housing insecure, the associated stress is detrimental to overall health.
- Homelessness and having financial stability. Certain minority populations are having issues with health care access and outcomes.
- Being uninsured, not speaking English, and not enough interpretive services.
- Most prevalent are economic factors. There are community resources for families that are living in poverty who don't always know about them or access them consistently. Maybe it is the hours they work, not knowing how health care is provided, language barriers, access to written language other than English, or the location of services.
- On the east side, we don't have the best community transport system so navigating around the community with public transportation can be very difficult.
- The pandemic had a huge impact on people. They did not have as much opportunity for connection and those that did, did so mostly online. We see a lot of reliance on our virtual resources, which is great, it increases accessibility, but there is a huge need for people who are not the type to participate online.
- We are seeing people experiencing a lot of stress with the economy, prices have gone up for housing, food, and people are not able to make ends meet.
- The cost of living is a huge contributing factor. Lack of affordable housing, and the impacts of the pandemic on the mental health of students and families.
- People cannot afford insurance or out of pocket costs to see doctors. So, medics are responding to people in their home for issues that could be resolved by going to the doctor. We are seeing an aging population; people are living longer and that has health impacts.

Who or what groups in the community are most affected by these issues (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Our immigrant families, those coming from other countries. Also, we have an increase in our homeless population, and we are having difficulty getting services for them as well.
- Anyone who has an urgent need to see a provider.
- Those who cannot afford care, which can include the uninsured and underinsured. Those who have illegal substance use problems.

- Black and Hispanic communities. We have data that show that about 30% of them are cost burdened compared to white and Asian communities.
- A lot of folks we are seeing are immigrants and people of color. We have language barriers and people trying to navigate a system that is hard to navigate even if English is your first language.
- Non-English speakers and those experiencing homelessness.
- Students and families living in poverty and our recent immigrants. We have families that were living in subpar conditions before they came here. Their situation has improved, but not enough that they can thrive. Race plays a factor in access to community health care. I can't speak to the degree of racism as a factor in our community, but I know it is an issue.
- People of color are still underserved by behavioral health services. There is a barrier to getting treatment. There is a lack of providers who reflect their lived experiences.
- For mental health, it is our youth and young adults and new mothers, seniors, those with cardiac disease over age 40. We are seeing a higher incidence of cardiac issues in those who are aging.
- The Latino community.
- There is a study that shows the cost to the taxpayer for every student that doesn't graduate from high school is \$1 million. We want them to stay in school and break that cycle of poverty. If they don't graduate, the impacts on society as well as themselves is significant. You can't make a living wage and that means you must rely on governmental support to succeed and thrive and live.
- The environment of racism is a key here. People are constantly dealing with racism. We see this as early as kindergarten. At that age you are already sharing parental stress with the child and struggling to maintain your own ethnicity and code switching. A low sense of belonging impacts mental health and economic mobility issues.
- Low income and elderly seniors.

Attachment 4: 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/>.

Significant Needs	Community Resources
Access to care	211, ACRS: Aging Services for Older Adults, CISC: Chinese Information and Service Center, Eastside Pathways, HealthPoint Health Centers, IACS: Indian American Community Services, ICHS: International Community Health Services, Kin On, Muslim Association of Puget Sound, NUHSA: North Urban Human Services Alliance, Public Health – Seattle & King County, Sea Mar Community Health Centers, SHIBA: Statewide Health Insurance Benefits Advisors
Chronic disease	American Cancer Association, American Diabetes Association, American Heart Association, Bellevue LifeSpring, Center for Human Services, Fred Hutchison Cancer Center, HealthPoint Health Centers, ICHS: International Community Health Services, King County Breast, Cervical and Colon Health Program, Project Access Northwest, Public Health – Seattle & King County, Sea Mar Community Health Centers, Seattle Cancer Care Alliance
Healthy eating and active living	American Heart Association, Boys and Girls Club, Jubilee REACH, Rainier Athletics, Seattle Parks and Recreation, YMCA
Housing and homelessness	ARCH: A Regional Coalition for Housing, Bellevue Family Connections Center, Bellevue LifeSpring, Friends of Youth, Hopelink, Imagine House, IACS: Indian American Community Services, IKRON: Integration of Knowledge and Resources for Occupational Needs, Lifewire, New Bethlehem Place, Nourishing Networks, Porchlight, St. Vincent de Paul, Salvation Army, Sophia Way, Together Center, Union Gospel Mission, YWCA
Mental health	988 emergency line, ACRS: Asian Counseling Referral Services, CARES: Community Assistance Response Team, Center for Human Services, CISC: Chinese Information and Service Center, Community Health Centers, Consejo Counseling and Referral Service, Crisis Connections, Friends of Youth, The Garage: A Teen Cafe, IACS: Indian American Community Services, ICHS: International Community Health Services, IKRON: Integration of Knowledge and Resources for Occupational Needs, NAMI, OSPI: Open Doors Youth Reengagement, Sound Health, THS Therapeutic Health Services, Youth Eastside Services (YES).
Preventive practices	CISC: Chinese Information and Service Center, Eastside Pathways, HealthPoint Health Centers, IACS: Indian American Community Services, ICHS: International Community Health Services, Public Health – Seattle & King County, Sea Mar Community Health Centers
Sexually transmitted infections	Healthpoint, Public Health – Seattle & King County, Sea Mar Community Health Centers

Substance use	Asian Counseling Referral Services, CARES: Community Assistance Response Team, Crisis Connections, Friends of Youth, Fairfax Behavioral Health, IKRON: Integration of Knowledge and Resources for Occupational Needs, Sound Health, THS Therapeutic Health Services, Youth Eastside Services (YES)
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OVERLAKE
MEDICAL CENTER & CLINICS

overlakehospital.org

1035 116th Ave NE, Bellevue, WA 98004

425.688.5000

overlakehospital.org/CommunityBenefit

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