

2014-2015

Overlake Medical Center

Community Health Needs Assessment



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Executive Summary - Overview of Key Findings

This overview summarizes significant findings drawn from each section of the report. Complete data descriptions, findings and data sources follow in the full report.

Community Profile

Based on Census figures, in 2012 the population of the Overlake service area was 707,642.

Total Population

Geographic Area	2010	2012	Percent Change
Overlake Service Area	670,792	707,642	5.5%
King County	1,879,189	1,940,777	3.3%
Washington	6,561,297	6,738,714	2.7%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010 and 2008-2012

Population by Age

Children and youth, ages 0-17, make up close to one-fourth (24.1%) of the population; 6.9% are 18-24 years of age; 31% are 25-44, 27.3% are 40-64; and 10.7% of the population are seniors, 65 years of age and older. The area has higher rates of children under age 18, fewer young adults (18-24), and fewer seniors when compared to the county and the state.

Population by Age

Age Range	Overlake Service Area		King County		Washington	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	46,365	6.6%	120,618	6.2%	437,979	6.5%
Age 5-17	123,949	17.5%	292,793	15.1%	1,137,924	16.9%
Age 18-24	48,918	6.9%	178,612	9.2%	645,342	9.6%
Age 25-44	219,724	31.0%	616,005	31.7%	1,851,742	27.5%
Age 45-64	193,083	27.3%	519,481	26.8%	1,828,507	27.1%
Age 65+	75,603	10.7%	213,268	11.0%	837,220	12.4%
Total	707,642	100%	1,940,777	100%	6,738,714	100%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Race/Ethnicity

The majority population of the service area is comprised of Whites (68.2%). Asians make up 17.7% of the population, and Hispanic or Latinos are 6.8% of the population. The area has a larger percentage of Asians and smaller percentage of Black/African Americans and Hispanics/Latinos when compared to the county and the state.

Population by Race and Ethnicity

Race/Ethnicity	Overlake Service Area	King County	Washington
White	68.2%	64.8%	72.5%
Asian or Pacific Islander	17.7%	15.2%	7.7%
Hispanic or Latino	6.8%	8.8%	11.2%
Black or African American	2.8%	6.0%	3.4%
American Indian / Alaskan	0.3%	0.6%	1.2%
Other Race/Multiracial	4.2%	4.6%	4.0%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Unemployment

In the five-year period from 2007-2010 unemployment in Washington rose from 4.6% to 9.9% and in King County from 3.6% to 9.1%. With the improving economy, unemployment rates for 2012 were 8.2% for the state and 6.8% for the County.

Unemployment Rate, 2012 Annual Average

Geographic Area	2012
Seattle-Tacoma-Bellevue	7.4%
Seattle-Bellevue-Everett	7.1%
King County	6.8%
Washington State	8.2%

Source: U.S. Bureau of Labor Statistics, 2012

Poverty

In the Overlake service area, 6.4% of the population was living at or below 100% of the Federal Poverty Level (FPL) during the 5-year averaged period from 2008-2012, and 15.1% were considered low-income (living at or below 200% FPL). These are lower levels of poverty than seen at the state or county level.

Ratio of Income to Poverty Level, 2008-2012

Geographic Area	Below 100% Poverty		Below 200% Poverty	
	Number	Percent	Number	Percent
Overlake Service Area	45,259	6.4%	106,211	15.1%
King County	207,946	10.9%	444,378	23.2%
Washington	853,960	12.9%	1,936,140	29.3%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Households and Household Income

There are over 275,000 households in the Overlake service area, encompassing 35.0% of the King County households. The median household income for the service area is \$94,002, well ahead of the county's median household income of \$71,175.

Households and Median Household Income

Geographic Area	Households	Median Household Income
Overlake Service Area	278,469	\$94,002
King County	796,555	\$71,175

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Language

In the service area, English is the dominant language spoken in the home. In those homes where other languages are spoken, 9.9% do not speak English well. In the service area, 5.2% speak Spanish and 12.0% speak an Asian language.

Language Spoken at Home

Ability to Speak English, Population 5 Years and Over

Geographic Area	Speak Only English	Speak a Language Other than English	
		Speak English "Very Well"	Speak English Less Than "Very Well"
Overlake Service Area	74.2%	15.9%	9.9%
King County	74.6%	14.5%	10.9%
Washington	81.8%	10.3%	7.9%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Education

The population of the Overlake service area is highly educated; 60.7% hold a college degree, which exceeds county (54.1%) and state (41.1%) rates. Only 5.1% of the population, age 25 and over, have less than a high school degree.

Birth Indicators

In the 5-year period of 2006-2010, the average number of births in the cities / HRAs that make up the Overlake service area was 9,299 per year.

The birth indicators within the service area compare favorably to the Healthy People 2020 objectives:

- ◆ Among pregnant women, 96.2% obtain prenatal care as recommended in the first trimester.
- ◆ Low birth weight babies (less than 2500 g) are 6.5% of live births.
- ◆ The infant death rate is 3.1 per 1,000 live births.

Birth Indicators

	Overlake Service Area	Healthy People 2020 Objective
Early entry into prenatal care (1 st trimester)	96.2%	78.0%
Low birth weight infant (under 2500 grams)	6.5%	7.8%
Infant mortality rate (per 1,000 live births)	3.1	6.0

Source: Washington Department of Health, 2006-2010

Teen Births

Teen birth rates occurred at a five-year average rate of 5.2 per 1,000 girls between the ages of 15 and 17. This rate is close to half that of King County (9.6) and near a third the rate of the state (14.8 births per 1,000 girls 15 to 17).

Births to Teenage Mothers 15-17, Five-Year Average, 2006-2010

Geographic Area	Births to Teen Mothers 15-17	Rate per 1,000 Females
Bear Creek / Carnation / Duvall HRA	2.0	1.3
Bellevue HRA	9.4	4.1
Bothell / Woodinville HRA	4.0	6.1
Covington / Maple Valley HRA	4.6	3.4
Issaquah HRA	1.0	2.3
Kirkland / North Kirkland HRA	5.2	4.2
Mercer Island / Point Cities HRA	0.0	0.0
Newcastle / Four Creeks HRA	1.8	3.1
Redmond HRA	5.8	7.3
Renton / Fairwood HRA	33.6	14.9
Sammamish HRA	< 1.0	0.5
Snoqualmie / North Bend / Skykomish HRA	4.0	4.5
Overlake Service Area	72.2	5.2
King County	319.0	9.6
Washington	2,000.4	14.8

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Leading Causes of Death

When adjusted for age and averaged over five years, Overlake service area has a rate of death of 579.5 per 100,000 persons. This rate of death is lower than found in the county (604.6) and the state (716.4).

Cancer, heart disease and stroke are the three leading causes of death in the service area. The service area has lower rates of death per 100,000 persons for unintentional

injuries, diabetes, suicide, drugs and HIV/AIDS when compared to Healthy People 2020 objectives.

Rates of Death per 100,000 Persons, Age-Adjusted, Five-Year Average

Causes of Death	Overlake Service Area	Healthy People 2020 Objective
Cancer deaths	151.0	160.6
Heart disease deaths	125.7	100.8
Stroke deaths	35.0	33.8
Chronic lower respiratory	28.4	No Objective
Unintentional injury deaths	26.2	36.0
Diabetes deaths	13.0	65.8
Suicides	9.6	10.2
Drug related deaths	8.2	11.3
HIV/AIDS deaths	too low to calculate	1.6

Source: Washington State Department of Health, 2006-2010

Access to Health Care

Among the adult population, over 18, 8.6% are uninsured; among adults 18-64 years old, 13.3% are uninsured. 2.2% of children, ages 0-19, lack health insurance.

Insurance Coverage and Access to Care

	Overlake Service Area	Healthy People 2020 Objective
Adults, 18-64, health insurance rate	88.3%	100%
Children health insurance rate (0-17)	96.1%	100%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Barriers to Care

In the Overlake Service Area, 8% of adults did not seek medical care due to cost, and 19% of adults did not access dental care; those are lower than the county rates of 10% for medical care and 23% for dental care.

Barriers to Accessing Care

	Overlake Service Area	King County
Adults with unmet medical need due to cost	8%	10%
Adults who did not access dental care	19%	23%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Chronic Disease

Rates for adult diabetes are 5% and rates of adult asthma are 8% in the Overlake Service area. Among children, 6% have been diagnosed with asthma.

Chronic Disease Prevalence

	Overlake Service Area	King County
Adult diabetes	5%	6%
Childhood asthma	6%	6%
Adult Asthma	8%	8%

Source: Seattle & King County Public Health, Health Indicators, 2006-2010

King County has a lower incidence of colorectal cancer but a higher incidence of breast cancer than found in the state.

Colorectal and Breast Cancer Incidence, per 100,000 Persons Three-Year Average, 2009-2011

	King County	Washington
Colorectal cancer	37.2	39.4
Breast cancer	189.8	172.4

Source: Washington State Department of Health's Cancer Registry, 2009-2011

Communicable Disease

The rate of communicable diseases in King County is higher for TB and HIV/AIDS than found in King County. Rates for these diseases are lower in East King County.

Communicable Diseases, per 100,000 Persons, Five-Year Average

	East County *	King County	Washington
Tuberculosis	3.5	5.9	3.2
HIV/AIDS new diagnoses	5.3	15.5	7.9
HIV/AIDS prevalence	67.7	354.8	166.1

Source: * East County data from Seattle & King County Public Health, Health Indicators, 2006-2010 and HIV/AIDS Registry data, Prevention Division, Public Health - Seattle & King County, 2003-2007; King County and WA data from Washington State Department of Health; STD/TB Services, 2009-2013 and Washington State Department of Health HIV Surveillance Report, 2nd Edition, 2013

Health Behaviors

Among adults, 43% received flu shots and 71% of seniors received pneumonia vaccines. These rates are below recommended Healthy People 2020 objectives. 71% of adults received colorectal cancer screening and 84% of women obtained screening mammograms, rates above recommended Healthy People 2020 objectives.

Preventive Practices

	East King County	Healthy People 2010 Objective
Adult flu shot	43%	80%
Senior pneumonia vaccine	71%	90%
Adults 50+ colorectal cancer screening	71%	70.5%
Mammogram in the last 2 years	84%	81.1%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health; 2007-2011
Source for colorectal data: Seattle & King County Public Health, Health Indicators, 2008 and 2010

Smoking

Among adults in the Overlake Service Area, 10% smoke cigarettes. This rate of smoking is less than the Healthy People 2020 objective of 12%. Of youth in grades 8, 10, and 12, 7% had smoked one or more times in the last month.

Smoking

	Overlake Service Area	East King County	King County
Adult smoking	10%	N/A	11%
Youth smoking	N/A	7%	8%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health; 2007-2011
Youth data source: Seattle & King County Public Health, Health Indicators, 2010

Overweight and Obese

In the Overlake Service Area, over half the adult population (56%) is overweight or obese. Over one-third of the population (36%) is overweight and 20% is obese. 17% of East County youth in grades 8, 10 and 12 are overweight or obese (11% overweight, 6% obese).

Adult and Youth, Overweight and Obese

	Overlake Service Area	East King County	King County
Adult overweight	36%	N/A	35%
Adult obese	20%	N/A	21%
Youth overweight	N/A	11%	12%
Youth obese	N/A	6%	9%

Source: Seattle & King County Public Health, Health Indicators, 2007-2011

Social Issues

When asked to self-report on health status, 9% of adults in the Overlake Service Area indicated that they were in fair or poor health and 19% stated they had limited activity as a result of physical, mental or emotional problems. Frequent mental distress is defined as 14 or more bad mental health days in the last month. In the service area, 7% of the adult population experienced frequent mental distress. Excessive drinking or binge drinking was engaged in by 16% of adults over the previous year.

Health and Mental Health Indicators

	Overlake Service Area	King County
Fair or poor health	9%	10%
Activity limitation	19%	21%
Frequent mental distress	7%	8%
Excessive drinking	16%	19%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Crime

Crime statistics indicate that rates for violent crimes, property crimes, and larceny and theft are all higher in King County than at the state level.

Crime Rates, per 100,000 Persons

	King County	Washington
Violent crimes	344.6	289.4
Property crimes	3,973.2	3,541.2
Larceny and theft	2,636.9	2,354.9

Source: Washington Association of Sheriffs and Police Chiefs' Crime in Washington, 2011 Annual Report

School and Student Characteristics

The percentage of students eligible for the free and reduced price lunch program is 20.6% in the service area. 7.1% of children in area school districts are categorized as English Learners. The high school graduation rate in area schools is 89.5%.

School and Student Characteristics, 2012-2013

	Overlake Service Area	Washington
Free and reduced meal program	20.6%	45.2%
English learners	7.1%	9.0%
High school graduation rate	89.5%	77.2%

Source: Office of Superintendent of Public Instruction, Washington State, 2014

Community Stakeholder Interview Findings

Community Issues and Concerns

In May 2014, Overlake Medical Center conducted interviews with key stakeholders. Access to affordable housing and transportation barriers were the top community concerns expressed by the interview participants. Housing is an issue for the homeless, for seniors and for other low-income populations. Transportation was identified widely as a major barrier for people to accessing services and resources in the community (including health care) given that services are spread across a large, "sprawling" geographic area and costs associated with both public transportation and use of cars can be prohibitive.

Additional issues and concerns included:

- Ability of working poor to access the resources and services they need but do not qualify for due to their limited incomes. They are not a part of the safety net, but cannot afford services, and so are "falling through the cracks."
- Senior care and child care for financially strained families.
- Employment and education for lower-income populations.
- Language barriers and translation assistance needs for the many Asian and African immigrants who speak a myriad of languages and dialects. Culturally competent services are also much need to serve these communities.

- Lack of support services and resources, and lack of knowledge regarding existing services.
- Access to health care.
- Lack of awareness among many residents of the lower-income populations living within the community and their needs.
- Increasing cost of living that is not being matched by wage increases.
- Traffic and commute times, and a general “life-work balancing act.”

Health Concerns

The biggest health concerns were identified to include both access issues as well as specific health conditions. The access challenges will be described more fully below.

The health concerns identified included:

- Access to behavioral health services.
- Access to dental care, especially for low-income children.
- Nutrition, diabetes and obesity.
- Undiagnosed health issues among homeless.
- High levels of stress and associated mental health issues (e.g., depression, bullying, and suicide).
- Increase in substance abuse use among youth and young adults, including heroin use.
- Uptick in domestic violence and lack of safe housing and transitional housing for victims of domestic violence.
- Difficulty of aging “in place” (i.e., at home) due to financial and safety concerns.
- Increases in poverty levels that then affect health outcomes.
- Health issues associated with specific immigrant populations (e.g., Hepatitis B and liver cancer in the Asian population), and the need for targeted and culturally competent prevention strategies and treatment options.
- Difficulty for parents to maintain and manage immunization records.

Overlake Medical Center participated in a collaborative process for the Community Health Needs Assessment as part of the King County Hospitals for a Healthier Community (HHC). Interviews were conducted by Public Health-Seattle & King County staff between January and July of 2014 with stakeholder coalitions with broad representation. And an online survey was made available for individuals who were not interviewed but wished to provide input. The findings can be found in the King County Community Health Needs Assessment, available at:

www.kingcounty.gov/healthservices/health/data/kchhc.aspx

Introduction

Background and Purpose

Overlake Medical Center is a nonprofit regional medical center located in Bellevue, Washington that provides a full range of advanced medical services to the Puget Sound Region. Our mission is to provide medical excellence every day. Since opening in 1960, Overlake has grown to a 349-bed medical center distinguished for its cardiac, surgical, cancer and women's services.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals to conduct Community Health Needs Assessments every three years, and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A Community Health Needs Assessment 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.

Collaborative Process

Overlake Medical Center participated in a collaborative process for the Community Health Needs Assessment as part of the King County Hospitals for a Healthier Community (HHC). HHC is a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. The HHC members joined together to identify important health needs and assets in the communities they serve. This shared approach avoids duplication and focuses available resources on a community's most important health needs. We recognize that partnerships between hospitals, public health, community organizations and communities are key to successful strategies to address common health needs. The full report and list of assessment partners can be accessed at:

www.kingcounty.gov/healthservices/health/data/kchhc.aspx.

Service Area

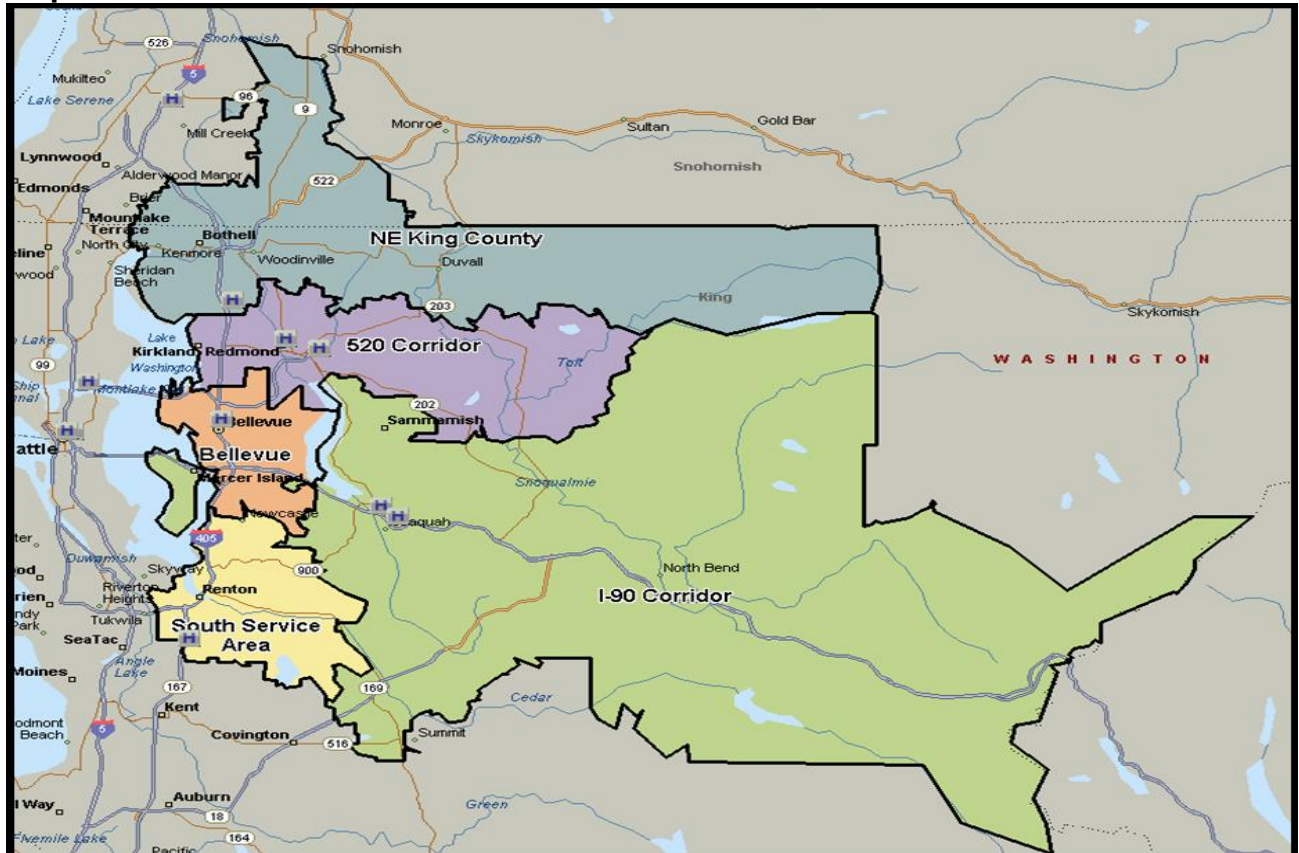
Overlake Medical Center is located at 1035 116th Ave NE, Bellevue, Washington, 98004. The primary service area for Overlake is divided into five regions:

- Bellevue
 - Bellevue
 - Medina
 - Mercer Island
- 520 Corridor
 - Carnation
 - Kirkland
 - Redmond
 - Sammamish

- I-90 Corridor
 - Fall City
 - Hobart
 - Issaquah
 - Maple Valley
 - North Bend
 - Preston
 - Snoqualmie
 - Snoqualmie Pass
 - Sammamish
- South Service Area
 - Renton
- Northeast King County
 - Bothell
 - Duvall
 - Kenmore
 - Kirkland
 - Woodinville

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 from zip codes that reflect 71% of patient admissions.

Map of the Overlake Medical Center Service Area



Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present a community profile, birth indicators, leading causes of death, access to care, chronic disease, communicable disease, health behaviors, social issues, and school and student characteristics. When available, these data sets are presented in the context of King County and Washington, framing the scope of an issue as it relates to the broader community.

Analyses were conducted at the most local level possible for the hospital primary service area, given the availability of the data. For example, many data sets are based on Health Reporting Areas (HRAs) and places/cities. Other data are only available by county or county regions. The report includes benchmark comparison data, comparing Overlake Medical Center community data findings with Healthy People 2020 objectives (Attachment 1).

Additional data for King County are available from the King County Community Health Needs Assessment www.kingcounty.gov/healthservices/health/data/kchhc.aspx.

Health Reporting Areas

For the purpose of creating City Health Reports, King County Public Health has divided the area into twenty-five Health Reporting Areas (HRAs) made up in some cases of smaller HRAs, grouped for statistical validity; those reports contained some of the data used for this report. Twelve of the twenty-five HRAs were determined to make up the Overlake Service Area.

Data from the Census Bureau's American Community Survey (ACS), which is also used extensively in this report, was then grouped to conform as closely as possible to the service area HRAs. For purposes of uniformity; however, not all of the cities / towns / place names used for the Public Health Department's City Health Reports' HRAs exist on ACS. The twelve City Health Report HRAs, and the cities that comprise them, and the twelve areas used with the ACS data and the cities that comprise them, are as follows:

Health Reporting Areas - HRA	Cities Within Each HRA
Bear Creek / Carnation / Duvall HRA	Bear Creek, Carnation, Duvall, Cottage Lake, Union Hill-Novelty Hill, Ames Lake, and Lake Marcel-Stillwater
Bellevue HRA	Bellevue
Bothell / Woodinville HRA	Bothell and Woodinville
Covington / Maple Valley HRA	Covington, Maple Valley, Hobart, and Shadow Lake

Issaquah HRA	Issaquah
Kirkland / North Kirkland HRA	Kirkland, North Kirkland, Kingsgate, Inglewood-Finn Hill
Mercer Island / Point Cities HRA	Mercer Island, Point Cities, Medina, Clyde Hill, Yarrow Point, and Hunts Point
Newcastle / Four Creeks HRA	Newcastle, Four Creeks, East Renton Highlands, and Mirrormont
Redmond HRA	Redmond
Renton / Fairwood HRA	Renton, Fairwood, Bryn-Mawr Skyway, and Maple Heights-Lake Desire
Sammamish HRA	Sammamish
Snoqualmie / North Bend / Skykomish HRA	Snoqualmie, North Bend, Skykomish, Klahanie, Riverbend, Tanner, and Baring

Source: Public Health – Seattle and King County

ACS Areas	Cities Within Each ACS Area
Carnation / Duvall / Cottage Lake area	Carnation / Duvall / Cottage Lake / Union Hill-Novely Hill / Ames Lake / Lake Marcel-Stillwater
Bellevue / Eastgate area	Bellevue city / Eastgate
Bothell / Woodinville area	Bothell / Woodinville / Kenmore
Maple Valley / Hobart area	Maple Valley / Hobart / Shadow Lake
Issaquah area	Issaquah
Kirkland area	Kirkland city / Kingsgate / Inglewood-Finn Hill
Mercer Island / Point Cities area	Mercer Island / Medina / Clyde Hill / Yarrow Point / Hunts Point / Beaux Arts Village
Newcastle area	Newcastle / East Renton Highlands / Mirrormont
Redmond area	Redmond
Renton / Fairwood area	Renton / Fairwood / Maple Heights-Lake Desire
Sammamish area	Sammamish
Snoqualmie / North Bend area	Snoqualmie City / & Pass / North Bend / Klahanie / Riverbend / Tanner / Fall City

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

Primary Data Collection

The Community Health Needs Assessment conducted with the King County Hospitals for a Healthier Community collaborative took into account input from people who represent the broad interests of the communities served by HHC hospitals and health systems. As noted in the King County Community Health Needs Assessment www.kingcounty.gov/healthservices/health/data/kchhc.aspx, three methods of gathering information on identified health needs and assets were used.

1. Interviews were conducted by Public Health-Seattle & King County staff between January and July of 2014 with stakeholder coalitions with broad representation. This method maximized the number and diversity of stakeholders who could provide input. Coalitions were identified that have expertise on identified health needs, have diverse membership, and have a regional or sub-regional focus. Stakeholders included those who represented the broad interests of the community, representatives of medically underserved, low-income and minority populations, and populations with chronic disease needs, as well as representatives from the local health department. Stakeholder groups included human service providers, community health centers, behavioral health providers, state, county, and local government staff, fire departments, law enforcement, advocacy organizations, hospital staff, groups focused on health disparities in communities of color, faith communities, labor, and managed care organizations. A total of 11 coalitions and 99 individual organizations or key informants provided information. The list of the stakeholder interview respondents from the King County Hospitals for a Healthier Community Collaborative can be found in Attachment 2.
2. An online survey was made available for those who were unable to attend the coalition meeting and wished to provide input in writing. Thirty-one individuals responded to the survey.
3. Recent reports on health needs were also reviewed for themes and relevant assets and resources.

In addition, Overlake Medical Center also conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Fifteen interviews were completed during April - May, 2014. Community stakeholders, identified by the hospital, were contacted and asked to participate in the needs assessment. Interview participants included leaders and representatives of medically underserved, low-income, and minority populations, as well as the local health department that has “current data or information relevant to the health needs of the community served by the hospital facility,” per IRS requirements. The interviews took into account input from a broad range of persons located in or serving its community including, health care consumers, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers and community health centers. The list of the stakeholder interview respondents from the Overlake Medical Center interviews can be found in Attachment 3.

Public Comment

In compliance with IRS regulations 501r for charitable hospitals, previous Overlake Medical Center Community Health Needs Assessments were made widely available to the public on the website www.overlakehospital.org/about-us/. Public comment was solicited on the assessment reports, however, to date, no written comments have been received.

Identification of Significant Health Needs

Collaborative Effort

A committee of representatives from Hospitals for a Healthier Community (HHC), facilitated by Public Health-Seattle & King County (PHSKC) staff, used a community health framework and population-based approach to identify significant health needs and develop criteria for indicators used to measure health needs. The group finalized the selection of indicators with feedback from public health and hospital staff. HHC and other representatives were subject matter experts who helped identify population-level health needs. The group reached consensus to focus particularly on:

- Access to care
- Preventable causes of death
- Maternal and child health
- Behavioral health
- Violence and injury prevention

Review of Primary and Secondary Data

Based on the results of the Overlake Medical Center primary and secondary data collection, significant health needs were identified. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health needs identified in the secondary data were measured against benchmark data, specifically county or state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem. The identified health needs included:

- Access to care
- Cancer
- Cardiovascular disease
- Dental health
- Mental health
- Overweight/obesity
- Preventive health care

Significant Health Needs

Combining the health needs from the HCC collaborative assessment and the Overlake Medical Center data collection, the following significant health needs were determined:

- Access to care
- Behavioral health/mental health
- Cancer
- Cardiovascular disease
- Dental care
- Maternal/child health
- Overweight/obesity (healthy eating/physical activity)
- Preventive health services
- Violence and injury prevention

Resources to Address Significant Needs

Community input was solicited to identify community resources available to address the significant health needs.

Significant Health Needs	Community Resources
<p>Access to Health Care Preventive Health Services Oral Health/Dental Care</p>	<ul style="list-style-type: none"> ■ Community Health Centers serve all residents regardless of ability to pay. Public Health Centers, tribal clinics, and school-based health centers also serve the health needs of the community. Several community health centers have opened new dental clinics in 2014 and plan to open additional clinics in 2015. ■ Project Access Northwest connects low-income and uninsured patients with specialty care and provides health literacy education. ■ The Pacific Hospital Preservation and Development Authority provides funding for programs that address access to care issues. ■ The Health Coalition for Children and Youth (HCCY) is a coalition of organizations in Washington that work to meet the health needs of children, including medical, dental, and mental health care. ■ The First Friday Forum is a coalition of community health centers, social service organizations, government agencies and hospitals that share information related to publicly-sponsored health care program eligibility, enrollment, and best practices. ■ The Edward Thomas House Medical Respite Care is a collaborative of several hospitals that works to reduce unnecessary hospitalizations by providing respite care for homeless individuals. ■ WithinReach connects families, online, in-person, or through a hotline, with whatever resources they may need, e.g. health care enrollment, food, etc. The WithinReach Immunization Program promotes immunization coverage through a variety of programs, including the Immunization Action Coalition of WA, which raises public awareness and provides education to groups ranging from health care providers to parents. ■ The VAX Northwest Immunity Community program is training parents to be immunization advocates in child care settings, pre-schools, and elementary schools. ■ Almost all pediatric providers are enrolled in the Vaccines for

	<p>Children Program, a federal program that provides vaccines at no cost to children who might otherwise not be vaccinated.</p> <ul style="list-style-type: none"> ■ Each year, PHSKC’s Immunization Program and the Washington State Department of Health visit 50% of clinics enrolled in the Vaccines for Children Program. They assess clinics for best immunization practices and provide education and recommendations to healthcare providers. ■ VAXNorthwest, which is a resource for parents to ensure that everyone can find accurate information about the value of vaccines. ■ The Department of Health’s Child Profile Health Promotion System helps to ensure that Washington’s kids get the preventive health care they need. They provide free educational resources to families, and tracks individual and population level immunization coverage. ■ A grassroots campaign led by Vashon Island resident Celina Yarkin has been lauded for working to improve vaccination coverage among the island’s children. ■ The Seattle and King County Access to Baby and Child Dentistry program connects low-income children, 0-5 years of age, with private dentists. ■ The Seattle-King County Dental Society provides donated dental services for low-income residents who do not qualify for Medicaid. ■ The SmileMobile is a mobile dental office serving low-income children. Services range from examinations and preventive care to fillings and minor oral surgery.
Behavioral Health/Mental Health	<ul style="list-style-type: none"> ■ Peer Bridger program at Navos and Harborview. ■ Community Health Centers provided mental health services. ■ Culturally specific providers including the Seattle Indian Health Board, the Muckleshoot Clinic, the Snoqualmie Nation Clinic, Sea Mar, Consejo, Seattle Counseling Service, Asian Counseling and Referral Service. ■ A progressive and supportive community; specific communities like Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ), which provide private funds to cover services. ■ The Mental Illness and Drug Dependency funds, which provide additional services for those who do not qualify for Medicaid. ■ Specialty courts (Domestic Violence Court, Drug Court, Mental Health Court, Family Treatment Court). ■ The Partnership Group of community behavioral health providers, which collaborates on policies and practices to promote integration and quality care. ■ School-based integrated health centers. ■ Plymouth Housing Group and DESC, providers of permanent, supportive housing to homeless people with chronic mental illness. ■ A new mobile crisis team and additional Program for Assertive Community Treatment (PACT) team will soon be available to help divert people from hospitals. ■ A new transitions program helps hospitals find placement solutions for psychiatric patients. ■ The Crisis Solutions Center, operated by the Downtown Emergency Services Center (DESC), offers an alternative to hospitalization.
Cancer	<ul style="list-style-type: none"> ■ A number of resources are available to provide prevention and treatment options, including: International Community Health Services, Sea Mar Community Health Centers, Eastgate Public Health Center, Senior Services of King County, American Cancer

	Society, and Angelcare.
Cardiovascular Disease	<ul style="list-style-type: none"> ■ A number of resources are available to provide prevention and treatment options, including International Community Health Services, Sea Mar Community Health Centers, Hopelink, Health Point, Bellevue Family YMCA, Eastgate Public Health Center, Senior Services of King County, and the American Heart Association.
Maternal/Child Health	<ul style="list-style-type: none"> ■ The Equal Start Community Coalition which brings together leaders of nearly 30 organizations to promote healthy mothers, families, and communities and seeks to reduce infant mortality. ■ The Native American Women's Dialogue on Infant Mortality (NAWDIM), a Native-led collective whose members are concerned about high rates of infant mortality in their communities. ■ Governor Inslee's statewide Results Washington framework which calls for reducing birth outcome disparities. ■ An objective of the Public Health Improvement Partnership, convened by the Washington State Department of Health, to prevent or reduce the impact of adverse childhood experiences, such as abuse and neglect. ■ Nurse Family Partnership and other home visiting and prenatal support programs including MOMs Plus program for high risk pregnant and parenting women. ■ The Period of PURPLE Crying curriculum, a new way to help parents understand this time in their baby's life, a promising strategy to reduce the risk of child abuse.
Overweight and Obesity Healthy Eating/Physical Activity	<ul style="list-style-type: none"> ■ Local parks, community centers, and pools offer public places for physical activities; some offer programs such as single-gender swim times and scholarships for children. ■ The Healthy King County Coalition aims to reduce health inequities by improving nutrition, increasing physical activity, and decreasing smoking rates and other tobacco use. ■ The CDC-funded Community Transformation Grant (CTG) is a multi-disciplinary partnership involving Seattle Children's, Public Health, the Healthy King County Coalition, schools, local governments, hospitals, low-income housing groups, and childcare and youth organizations. CTG's goal is to implement changes in communities so that healthy choices will be easier for children and families living in South King County and South Seattle. ■ The CDC-funded Partnership to Improve Community Health (PICH) will build on efforts to increase access to healthy foods and physical activity, and reduce exposure to unhealthy foods, beverages, and tobacco products. ■ Community and senior centers offer physical activity programs such as Silver Sneakers and EnhanceFitness. ■ Seven school districts (Auburn, Highline, Kent, Renton, Tukwila, Northshore, and Seattle) implemented new physical education programs. ■ Child care providers who care for 10,739 children in King County received training on actions they can take to improve physical activity at their sites. ■ The Fresh Bucks program enables shoppers who receive Basic Food assistance to double their money at farmers' markets. ■ The Women Infant and Children Supplemental Nutrition program helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. ■ Food banks and other feeding programs, sponsored by faith-

	<p>based organizations, are working to provide healthier options to their customers.</p>
<p>Violence and Injury Prevention</p>	<ul style="list-style-type: none"> ■ Forefront, a research organization based at the University of Washington, is training health professionals to develop and sharpen their skills in the assessment, management, and treatment of suicide risk. ■ House Bill 2315 and other bills passed over the past several years require school staff, behavioral health care providers, and other health care providers to participate in suicide prevention training as part of their licensure. ■ The Youth Suicide Prevention Program provides training for students and educators. ■ Children’s Crisis Outreach Response System (CCORS) provides mobile crisis outreach and crisis stabilization services for children ■ The Crisis Solutions Center offers a therapeutic option when police and medics are called to intervene in a behavioral health care crisis. The program minimizes inappropriate use of jails and hospitals and provides rapid stabilization, treatment, and referrals for up to 46 individuals. ■ The Target Zero Task Force, which focuses on reducing traffic crashes and traffic-related injuries to zero by the year 2030. ■ One Step Ahead is a fall-prevention program. ■ Harborview Injury Prevention and Research Center is an international leader in injury-prevention research that focuses on reducing the personal impact of trauma and broadening the effectiveness of injury prevention programs. ■ Community and senior centers offer physical activity programs such as Silver Sneakers and EnhanceFitness to improve balance and flexibility. ■ The Central EMS and Trauma Care Council, which promotes and supports a system of emergency medical and trauma care services in King County. ■ Safe Kids Washington (locally, Safe Kids Eastside, Safe Kids Seattle/South King County) implements evidence-based programs, such as car-seat checkups and safety workshops, to help prevent childhood injuries.

Priority Health Needs

The identified significant health needs were prioritized with input from the community. A survey was used to gather public input on the identified health needs. The survey link was posted on Overlake Medical Center’s Facebook page and sent electronically in an email blast. The survey was available from May 14 – 28, 2015. There were 471 respondents.

The following criteria were used to prioritize the health needs:

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

The survey scores for each identified health need were examined. 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 availability in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Behavioral health/mental health and overweight/obesity had the highest scores in the survey indicating severe impact in the community, a worsening of the issue over time and a shortage or absence available in the community to address these needs. These results are listed in the table below.

Significant Health Need	Severe Impact on the Community	Worsened over Time	Shortage or Absence of Resources in the Community
Access to health care	44.0%	11.6%	21.3%
Asthma	10.8%	10.3%	10.7%
Behavioral health/mental health	54.9%	42.1%	58.9%
Cancer	47.4%	13.4%	19.5%
Dental care	26.0%	16.7%	24.0%
Diabetes	33.8%	20.5%	22.0%
Heart disease	43.7%	12.9%	13.3%
Injuries	32.6%	9.0%	12.9%
Maternal/child health	32.6%	9.3%	15.1%
Nutrition/health eating	38.1%	20.2%	27.9%
Overweight and obesity	50.3%	33.5%	43.6%
Physical activity	35.9%	17.9%	29.1%
Prevention	32.7%	12.2%	19.5%
Suicide	42.2%	21.3%	50.2%
Tobacco use	35.4%	10.0%	24.2%

The survey respondents were also asked to rank order the health needs according to highest level of importance in the community. The total score for each health need

(possible score of 4) was divided by the total number of surveys for which data were provided, resulting in an overall average for each health need. The top five rated significant health needs identified on the community survey, in order of priority were: access to health care, cancer, preventive practices, heart disease, and behavioral health/mental health.

The calculations of the community survey resulted in the following prioritization of the significant health needs:

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Access to health care	3.76
Cancer	3.51
Prevention	3.50
Heart disease	3.48
Behavioral health/mental health	3.41
Maternal/child health	3.33
Dental care	3.33
Physical activity	3.32
Diabetes	3.28
Nutrition/health eating	3.27
Injuries	3.27
Overweight and obesity	3.27
Suicide	3.17
Tobacco use	2.87
Asthma	2.76

Priority Health Needs from Previous CHNA

In 2013-2014, Overlake Medical Center conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. These health needs were prioritized through a structured process using defined criteria. Application of the criteria resulted in the following prioritization of the significant health needs:

1. Access to care
2. Preventive care
3. Overweight and obesity
4. Cancer
5. Cardiovascular disease
6. Mental health
7. Dental health

In developing the hospital's Implementation Strategy associated with the 2013-2014 CHNA, Overlake Medical Center chose to address the following health needs through a commitment of community benefit programs and resources.

- Access to care and preventive health care
- Overweight and obesity
- Cancer
- Cardiovascular disease
- Mental health

Goals were established to indicate the expected changes in the health needs as a result of the programs and activities. Strategies to address the priority health needs were identified and impact measures were tracked.

The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 5.

Community Profile

Population

At the time of the 2010 Census, based on Health Reporting Areas (HRAs), the population of the Overlake service area was 732,650. Bellevue and the Renton/Fairwood area have the highest populations.

Total Population

Geographic Area	2010
Bear Creek / Carnation / Duvall HRA	64,641
Bellevue HRA	129,170
Bothell / Woodinville HRA	44,443
Covington / Maple Valley HRA	54,070
Issaquah HRA	29,769
Kirkland / North Kirkland HRA	81,181
Mercer Island / Point Cities HRA	30,047
Newcastle / Four Creeks HRA	28,270
Redmond HRA	53,616
Renton / Fairwood HRA	128,826
Sammamish HRA	45,453
Snoqualmie / North Bend / Skykomish HRA	43,164
Overlake Service Area	732,650
King County	1,931,249
Washington	6,724,540

Source: U.S. Census, 2010, per the City Health / HRA Profiles for 2012, Seattle & King County Public Health

An alternate data set based on the U.S. Census American Community Survey, has the population in 2008-2012 of the Overlake Medical Center service area as 707,642. The population grew in the service area by 5.5% from 2006-2010 to 2008-2012.

Total Population, 2006-2010 Compared to 2008-2012

Geographic Area	2010	2012	Percent Change
Overlake Service Area	670,792	707,642	5.5%
King County	1,879,189	1,940,777	3.3%
Washington	6,561,297	6,738,714	2.7%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010 and 2008-2012

Population by Age

Children and youth, ages 0-17, make up almost one-fourth (24.1%) of the population of the service area; 6.9% are 18-24 years of age; 31% are 25-44, 27.3% are 40-64; and 10.7% of the population are seniors, 65 years of age and older. The area has higher rates of children under age 18 and fewer seniors when compared to the county and the state. The Sammamish area has the highest percentage of youth under age 18 (33.6%) and Mercer Island / Point Cities area has the highest percentage of seniors (18.8%) within the service area.

Population by Age

Geographic Area	Age 0-4	Age 5-17	Age 18-24	Age 25-44	Age 45-64	Age 65+
Carnation / Duvall / Cottage Lake area	7.1	20.8	5.6	27.5	31.9	7.1
Bellevue / Eastgate area	5.7	17.0	6.6	31.8	25.9	13.0
Bothell / Woodinville area	6.6	17.2	6.6	29.8	28.6	11.2
Maple Valley / Hobart area	5.6	19.0	7.4	24.3	33.4	10.2
Issaquah area	8.5	13.7	4.6	35.6	24.0	13.3
Kirkland area	5.7	15.9	7.0	33.0	28.6	9.8
Mercer Island / Point Cities	4.4	24.0	4.3	17.7	30.8	18.8
Newcastle area	5.4	19.1	5.7	26.7	31.6	11.6
Redmond area	7.3	14.6	7.4	39.4	21.3	9.9
Renton / Fairwood area	5.7	17.3	7.5	29.3	29.9	10.3
Sammamish area	8.0	25.6	4.6	28.4	28.0	5.4
Snoqualmie / North Bend area	5.0	19.1	5.7	28.9	33.1	8.2
Overlake Service Area	6.6	17.5	6.9	31.0	27.3	10.7
King County	6.2	15.1	9.2	31.7	26.8	11.0
Washington	6.5	16.9	9.6	27.5	27.1	12.4

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Comparing the age of the population from the 2006-2010 to 2008-2012, there was a slight decrease in the percentage of children and youth, with most of the gains being in the population 65 and older.

Population of Service Area, by Age, Five-Year Comparison

Age Range	2006-2010	2008-2012
Age 0-4	6.8%	6.6%
Age 5-17	17.6%	17.5%
Age 18-24	7.3%	6.9%
Age 25-64	58.2%	58.3%
Age 65+	10.1%	10.7%
Total	100%	100%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010 and 2008-2012

Race/Ethnicity

The majority population of the service area is comprised of Whites (68.2%). Asians make up 17.4% of the population, and Hispanics or Latinos are 6.8%. The area has a larger percentage of Asians and smaller percentage of Black/African Americans and

Hispanics or Latinos when compared to the county and the state. The Renton / Fairwood area has the lowest percentage of Whites and the largest percentage of Blacks/African Americans (9.3%) and Hispanics or Latinos (9.3%). Bellevue has the highest percentage of Asians (27.5%).

Population by Race and Ethnicity

Geographic Area	White	Asian	Hispanic or Latino	Black/ African American	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Other
Carnation / Duvall / Cottage Lake area	84.3%	8.4%	3.7%	0.7%	0.2%	0.2%	2.6%
Bellevue / Eastgate area	59.3%	27.5%	6.2%	2.3%	0.2%	0.3%	4.1%
Bothell / Woodinville area	74.9%	11.0%	8.1%	1.0%	0.5%	0.5%	3.9%
Maple Valley / Hobart area	85.2%	3.8%	5.0%	2.1%	0.5%	0.2%	3.2%
Issaquah area	71.9%	16.4%	4.7%	1.3%	0.0%	0.0%	5.7%
Kirkland area	75.4%	11.9%	6.2%	1.9%	0.3%	0.2%	4.1%
Mercer Island / Point Cities	78.4%	14.0%	3.2%	0.5%	0.1%	0.5%	3.3%
Newcastle area	73.9%	13.6%	5.0%	1.5%	0.2%	0.3%	5.6%
Redmond area	60.4%	25.5%	7.2%	2.5%	0.6%	0.2%	3.6%
Renton / Fairwood area	50.5%	20.6%	12.4%	9.3%	0.6%	0.8%	5.8%
Sammamish area	71.5%	20.4%	3.2%	0.6%	0.3%	0.2%	3.8%
Snoqualmie / North Bend area	76.5%	11.7%	6.1%	1.1%	0.3%	0.0%	4.2%
Overlake Service Area	68.2%	17.4%	6.8%	2.8%	0.3%	0.3%	4.2%
King County	64.8%	14.5%	8.8%	6.0%	0.6%	0.7%	4.6%
Washington	72.5%	7.1%	11.2%	3.4%	1.2%	0.6%	4.0%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Unemployment

During the period of 2008-2012, unemployment in King County was at 7.3% and for Washington it was 8.9%. In the hospital service area the unemployment rate was 6.5%, lower than the county and state. The highest rates of unemployment in the service area were in the Renton/Fairwood area (8.2%). Mercer Island/Point Cities had the lowest unemployment in the area at 4.1%.

Employment Status for the Population 16 and Over, 2008-2012

Geographic Area	Civilian Labor Force	Unemployed	Unemployment Rate
Carnation / Duvall / Cottage Lake area	29,281	1,718	5.9%
Bellevue / Eastgate area	71,156	4,548	6.4%
Bothell / Woodinville area	36,237	2,494	6.9%
Maple Valley / Hobart area	16,826	1,106	6.6%
Issaquah area	17,140	1,075	6.3%
Kirkland area	52,450	3,728	7.1%
Mercer Island / Point Cities area	13,982	579	4.1%
Newcastle area	14,997	943	6.3%
Redmond area	31,241	1,807	5.8%
Renton / Fairwood area	66,949	5,476	8.2%
Sammamish area	22,912	1,057	4.6%
Snoqualmie / North Bend area	18,393	906	4.9%
Overlake Service Area	391,564	25,437	6.5%
King County	1,105,164	81,067	7.3%
Washington	3,459,542	309,049	8.9%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Income

The median household income in the Overlake service area is \$94,002. This is a higher median income than found in the county (\$71,175) or the state (\$59,374). The Sammamish and Mercer Island / Point Cities areas have median incomes higher than the service area in general. While the Renton / Fairwood area has the lowest median income in the service area (\$69,754), it still exceeds the median household income for the state.

Median Household Income

Geographic Area	Median Household Income	Ratio with Overlake Service Area Average
Carnation / Duvall / Cottage Lake area	\$123,789	1.32
Bellevue / Eastgate area	\$88,323	0.94
Bothell / Woodinville area	\$79,347	0.84
Maple Valley / Hobart area	\$97,191	1.03
Issaquah area	\$87,074	0.93
Kirkland area	\$86,409	0.92
Mercer Island / Point Cities area	\$139,651	1.49

Newcastle area	\$99,524	1.06
Redmond area	\$96,088	1.02
Renton / Fairwood area	\$69,754	0.74
Sammamish area	\$143,861	1.53
Snoqualmie / North Bend area	\$104,980	1.12
Overlake Service Area	\$94,002	1.00
King County	\$71,175	0.76
Washington	\$59,374	0.63

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Poverty

Poverty thresholds are used for calculating all official poverty population statistics and are updated each year by the Census Bureau. The American Community Survey five-year data used in this needs assessment reflect incomes from 2008-2012. From 2008-2012, the federal poverty threshold for one person ranged from \$10,991 to \$11,720, and for a family of four from \$21,834 in 2008 to \$23,283 in 2012.

In the Overlake service area, 6.4% of the population was living at or below 100% of the Federal Poverty Level (FPL). And 15.1% were considered low-income (living at or below 200% FPL). However, this overall rate masks the disparities in the population as viewed by community. The Renton / Fairwood area has the highest rates of poverty (10.6%) followed by Bothell / Woodinville (8.4%) and Bellevue / Eastgate (7.2%). However, even with these higher rates of poverty identified, the poverty rates in the Overlake service area are considerably lower than found in the county (10.9%) and state (12.9%). Almost one-fourth of the population in the Renton / Fairwood area (24.4%) is considered low-income, living at 200% of the FPL.

Ratio of Income to Poverty Level

Geographic Area	Below 100% Poverty		Below 200% Poverty	
	Number	Percent	Number	Percent
Carnation / Duvall / Cottage Lake area	1,459	2.6%	4,495	8.0%
Bellevue / Eastgate area	9,164	7.2%	21,295	16.6%
Bothell / Woodinville area	5,454	8.4%	11,578	17.8%
Maple Valley / Hobart area	1,436	4.6%	3,128	9.9%
Issaquah area	1,048	3.5%	3,838	12.7%
Kirkland area	5,530	6.4%	13,870	16.0%
Mercer Island / Point Cities area	895	2.9%	1,678	5.4%
Newcastle area	1,062	3.9%	3,115	11.4%
Redmond area	3,601	6.6%	7,895	14.6%

Renton / Fairwood area	12,102	10.6%	27,879	24.4%
Sammamish area	1,180	2.5%	2,901	6.3%
Snoqualmie / North Bend area	2,328	6.9%	4,539	13.4%
Overlake Service Area	45,259	6.4%	106,211	15.1%
King County	207,946	10.9%	444,378	23.2%
Washington	853,960	12.9%	1,936,140	29.3%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Families in Poverty

The Renton / Fairwood area has the largest percentage of families living in poverty (10.0% of families living with related children under the age of 18), while the Carnation / Duvall area has the lowest (1.6%).

Families Living in Poverty

Geographic Area	Percent
Carnation / Duvall / Cottage Lake area	1.6%
Bellevue / Eastgate area	6.9%
Bothell / Woodinville area	9.0%
Maple Valley / Hobart area	4.6%
Issaquah area	2.3%
Kirkland area	6.8%
Mercer Island / Point Cities area	2.3%
Newcastle area	3.7%
Redmond area	6.2%
Renton / Fairwood area	10.0%
Sammamish area	1.9%
Snoqualmie / North Bend area	8.5%
Overlake Service Area	6.1%
King County	10.5%
Washington	14.0%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Families where the female is the head of household (HOH) is defined as those with where a female maintains a household with related children under the age of 18 and no husband present. Fall City has the largest percentage of households with females HOH that are living in poverty (66.7% of all households headed by women with minor children are living in poverty).

Almost a third (28.6%) of all families in the county that have a female HOH, live in poverty, which is less than the state rate of 35.7%. Several area cities or Census Designate Places (CDPs), however, exceed the state rate: Woodinville, North Bend, Kingsgate, Eastgate, and Fall City.

Female HOH with Children Living in Poverty

Geographic Area	Female HOH with Children in Poverty
Newcastle city	6.9%
Union Hill-Novelty Hill CDP	7.3%
East Renton Highlands CDP	8.0%
Cottage Lake CDP	8.9%
Mercer Island city	9.1%
Issaquah city	13.1%
Maple Valley city	14.7%
Sammamish city	15.9%
Kirkland city	16.0%
Duvall city	17.2%
Klahanie CDP	19.8%
Inglewood-Finn Hill CDP	21.3%
Renton city	21.4%
Bellevue city	22.5%

Geographic Area	Female HOH with Children in Poverty
Fairwood CDP (King County)	22.8%
Snoqualmie city	23.7%
Medina city	25.5%
Carnation city	25.7%
King County	28.6%
Kenmore city	32.1%
Redmond city	32.5%
Bothell city	34.3%
Washington State	35.7%
Woodinville city	36.8%
North Bend city	40.9%
Kingsgate CDP	41.3%
Eastgate CDP	56.3%
Fall City CDP	66.7%

Source: U.S. Bureau of the Census, American Community Survey, 5-year average, 2008-2012

Housing

More than half of the housing units in the service area are owner-occupied. From 2006-2010 averaged, to 2008-2012 averaged, owner-occupied housing decreased slightly, from 64.2% to 63.4%; renter-occupied housing increased from 30.2% to 30.9%, and housing vacancies rose just slightly, while they remained the same for the county. Redmond has the lowest rate of home-ownership, with exactly half of all housing units lived in by owners. Bellevue/Eastgate follows, with 53.2% of their housing supply owner-occupied, and Renton with 56.2%. The Carnation / Duvall / Cottage Lake area has the highest rate of owner-occupied units, at 84.7%.

Housing Units

Geographic Area	Owner Occupied		Renter Occupied		Vacant	
	2010	2012	2010	2012	2010	2012
Carnation / Duvall / Cottage Lake	86.4%	84.7%	9.7%	10.5%	3.9%	4.8%
Bellevue / Eastgate area	55.0%	53.2%	38.7%	39.8%	6.3%	7.0%
Bothell / Woodinville area	64.3%	63.3%	31.5%	30.9%	4.2%	5.8%
Maple Valley / Hobart area	83.7%	82.3%	14.1%	13.6%	2.2%	4.1%
Issaquah area	59.4%	57.9%	33.3%	35.4%	7.2%	6.7%
Kirkland area	62.7%	61.9%	31.7%	32.8%	5.5%	5.3%
Mercer Island / Point Cities area	75.0%	72.1%	19.5%	19.8%	5.4%	8.1%
Newcastle area	80.1%	80.7%	14.4%	15.9%	5.5%	3.4%
Redmond area	49.0%	50.0%	43.6%	44.5%	7.4%	5.4%
Renton / Fairwood area	57.5%	56.2%	36.8%	38.6%	5.7%	5.2%
Sammamish area	84.5%	85.0%	10.5%	10.2%	5.0%	4.7%
Snoqualmie / North Bend area	70.6%	69.9%	22.9%	23.2%	6.5%	6.9%
Overlake Service Area	64.2%	63.4%	30.2%	30.9%	5.6%	5.8%
King County	56.1%	55.1%	37.5%	38.5%	6.4%	6.4%

Source: U.S. Bureau of the Census, American Community Survey, 2006-2010 and 2008-2012

Language

In the service area, English is the dominant language spoken in the home. In those homes where other languages are spoken, 9.9% do not speak English well.

Language Spoken at Home, Ability to Speak English, Population 5 Years and Over

Geographic Area	Speak Only English	Speak a Language Other than English	
		Speak English "Very Well"	Speak English Less Than "Very Well"
Carnation / Duvall / Cottage Lake area	85.0%	10.8%	4.2%
Bellevue / Eastgate area	62.3%	22.6%	15.1%
Bothell / Woodinville area	80.2%	11.2%	8.6%
Maple Valley / Hobart area	93.1%	5.3%	1.6%
Issaquah area	78.4%	13.4%	8.2%
Kirkland area	78.6%	14.0%	7.4%
Mercer Island / Point Cities area	81.6%	13.8%	4.6%
Newcastle area	83.8%	9.9%	6.3%
Redmond area	64.3%	24.9%	10.9%
Renton / Fairwood area	66.9%	16.8%	16.3%
Sammamish area	74.0%	19.5%	6.5%
Snoqualmie / North Bend area	83.3%	10.2%	6.3%

Overlake Service Area	74.2%	15.9%	9.9%
King County	74.6%	14.5%	10.9%
Washington	81.8%	10.3%	7.9%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

In the service area, 5.2% speak Spanish, a smaller percentage of Spanish speakers than found in the county or the state. In Bellevue / Eastgate, 2.5% of the population speaks Russian, while 2.5% of residents of Sammamish and 2.4% of Redmond speak Hindi. The service area holds a higher percentage of Russian and Hindi speakers than the state or county.

Language Spoken at Home for the Population 5 Years and Over

Geographic Area	English Only	Spanish	Russian	Hindi
Carnation / Duvall / Cottage Lake area	85.0%	2.8%	1.1%	0.5%
Bellevue / Eastgate area	62.3%	5.3%	2.5%	2.2%
Bothell / Woodinville area	80.2%	6.9%	0.6%	0.2%
Maple Valley / Hobart area	93.1%	2.6%	0.1%	0.0%
Issaquah area	78.4%	3.1%	1.0%	0.8%
Kirkland area	78.6%	4.8%	1.7%	0.9%
Mercer Island / Point Cities area	81.6%	2.1%	0.5%	0.8%
Newcastle area	83.8%	2.7%	1.2%	0.3%
Redmond area	64.3%	5.4%	1.9%	2.4%
Renton / Fairwood area	66.9%	9.7%	1.2%	0.5%
Sammamish area	74.0%	2.5%	1.7%	2.5%
Snoqualmie / North Bend area	83.3%	4.0%	0.4%	0.5%
Overlake Service Area	74.2%	5.2%	1.4%	1.1%
King County	74.6%	6.5%	1.0%	0.6%
Washington	81.8%	8.0%	0.9%	0.2%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

When compared to the county and the state, the Overlake service area has a higher percentage of households that speak Chinese (4.9%). In Bellevue / Eastgate, 19.1% of the households speak an Asian language.

Asian Language Spoken at Home for the Population 5 Years and Over

Geographic Area	Chinese	Korean	Japanese	Vietnamese	Other Asian
Carnation / Duvall / Cottage Lake area	1.8%	0.3%	0.6%	0.3%	2.9%
Bellevue / Eastgate area	9.4%	2.9%	1.4%	1.2%	4.2%
Bothell / Woodinville area	2.8%	0.9%	0.4%	0.7%	3.2%
Maple Valley / Hobart area	0.3%	0.1%	1.1%	0.1%	1.2%
Issaquah area	4.8%	1.0%	2.4%	0.4%	3.2%
Kirkland area	2.5%	1.1%	0.5%	0.9%	2.8%
Mercer Island / Point Cities area	4.8%	1.3%	1.3%	0.2%	1.0%
Newcastle area	3.2%	1.7%	1.8%	0.6%	1.4%
Redmond area	8.3%	0.9%	0.8%	0.6%	6.0%
Renton / Fairwood area	4.6%	0.4%	0.5%	3.7%	6.6%
Sammamish area	6.0%	0.6%	1.4%	0.2%	4.3%
Snoqualmie / North Bend area	3.6%	0.5%	1.5%	0.5%	1.9%
Overlake Service Area	4.9%	0.9%	1.3%	1.1%	3.8%
King County	3.4%	0.7%	1.1%	1.7%	3.9%
Washington	1.3%	0.4%	0.8%	0.9%	2.1%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Education

The population of the Overlake Medical Center service area is highly educated; 60.7% hold a college degree, which exceeds county (54.1%) and state (41.1%) rates. Only 5.1% of the population, age 25 and over, have less than a high school degree.

Educational Attainment, Percent of Population Age 25+

Geographic Area	Less Than 9 th Grade	9 th to 12 th Grade	HS Grad	Some College, No Degree	AA Degree	BS Degree	Graduate Degree
Carnation / Duvall / Cottage Lake area	0.5%	2.3%	11.6%	19.9%	8.0%	35.7%	22.0%
Bellevue / Eastgate area	2.3%	2.1%	11.0%	16.0%	7.1%	37.2%	24.3%
Bothell / Woodinville	2.6%	3.5%	17.4%	23.3%	8.1%	29.8%	15.4%
Maple Valley / Hobart	0.7%	3.0%	21.7%	27.9%	9.7%	26.4%	10.5%
Issaquah area	1.0%	2.1%	9.6%	19.6%	7.5%	36.6%	23.6%
Kirkland area	1.7%	2.7%	13.2%	21.5%	8.6%	34.1%	18.3%
Mercer Island / Point Cities area	0.5%	0.8%	5.6%	12.0%	4.6%	41.7%	34.8%

Newcastle area	1.7%	2.4%	16.4%	23.9%	8.9%	31.5%	15.1%
Redmond area	2.3%	2.4%	10.8%	17.2%	7.1%	34.4%	25.6%
Renton / Fairwood area	5.1%	6.0%	23.8%	24.0%	9.5%	22.9%	8.8%
Sammamish area	0.8%	0.8%	6.9%	14.2%	6.1%	43.4%	27.7%
Snoqualmie / North Bend area	1.5%	2.1%	13.7%	21.4%	9.8%	35.9%	15.5%
Overlake Service Area	2.2%	2.9%	14.2%	20.0%	8.0%	33.3%	19.4%
King County	3.6%	4.4%	17.0%	20.8%	8.1%	28.8%	17.2%
Washington	4.1%	5.9%	23.6%	25.3%	9.5%	20.2%	11.4%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Birth Indicators

Births

From 2006 to 2010, the average number of births in the Overlake Medical Center service area was 9,299, which equates to a rate of 13.2 per 1,000 persons. This rate is in line with the county rate of 13.1, and just under the state birth rate of 13.4. The highest rates of birth were seen in East Renton (17.6) and North Renton (17.5), followed by Issaquah (16.6) and Central Bellevue (16.4). The lowest rate of birth was Mercer Island / Point Cities with 6.6 births per 1,000 persons, followed by South Bellevue (8.2) and West Bellevue (9.3).

Total Births and Birth Rate, Five-Year Average, 2006-2010

Geographic Area	Number	Rate per 1,000 persons
Bear Creek / Carnation / Duvall	645.6	10.5
Bellevue-Central	569.6	16.4
Bellevue-NE	421.2	12.2
Bellevue-South	253.0	8.2
Bellevue-West	247.4	9.3
Bothell / Woodinville	432.0	13.5
Covington/Maple Valley	679.2	13.1
Issaquah	460.6	16.6
Kirkland	593.4	12.7
Kirkland North	456.0	13.5
Mercer Island / Point Cities	196.0	6.6
Newcastle / Four Creeks	303.8	11.1
Redmond	843.4	16.3
Renton-East	501.4	17.6
Renton-North	474.2	17.5
Renton-South	777.2	15.9
Fairwood	288.2	12.2
Sammamish area	542.6	12.4
Snoqualmie / North Bend / Skykomish	614.2	15.1
Overlake Service Area	9,299.0	13.2
King County	24,787.2	13.1
Washington	88,351.6	13.4

Source: Washington State Department of Health, 2006-2010

The majority of births (70.5%) were to Whites; 25.5% of births were to Asian/Pacific Islanders, and 10.9% of births were to Hispanics / Latinos. Only 2.8% were to Blacks / African Americans. This totals to more than 100% because Hispanics / Latinos can be of any race and have been included in their respective race groupings as well.

Births by Race/Ethnicity, 2006-2010

	Percent
White	70.5%
Asian/Pacific Islander	25.5%
Hispanic or Latino	10.9%
Black/African American	2.8%
Other	2.0%

Source: Washington Department of Health, 2014

Teen Births

Teen birth rates occurred at a five-year average rate of 5.2 per 1,000 teen females between the ages of 15 and 17. This rate is close to half that of King County (9.6) and close to a third the rate of the state (14.8 births per 1,000 teen females, ages 15 to 17).

There is great variation across areas, however. While the Mercer Island / Point Cities HRA saw zero births to females, ages 15 to 17 during the 5-year period from 2006 through 2010, the Renton / Fairwood HRA saw an average of 33.6 births annually to teen females between those ages. That is a rate of 14.9 births per 1,000 females in that age range, which puts the Renton/Fairwood HRA on a par with the state teen birth rate.

Births to Teenage Mothers, Ages 15-17, Five-Year Average, 2006-2010

Geographic Area	Births to Teen Mothers	Rate per 1,000 Females, Ages 15-17
Bear Creek / Carnation / Duvall HRA	2.0	1.3
Bellevue HRA	9.4	4.1
Bothell / Woodinville HRA	4.0	6.1
Covington / Maple Valley HRA	4.6	3.4
Issaquah HRA	1.0	2.3
Kirkland / North Kirkland HRA	5.2	4.2
Mercer Island / Point Cities HRA	0.0	0.0
Newcastle / Four Creeks HRA	1.8	3.1
Redmond HRA	5.8	7.3
Renton / Fairwood HRA	33.6	14.9
Sammamish HRA	< 1.0	0.5
Snoqualmie / North Bend / Skykomish HRA	4.0	4.5

Overlake Service Area	72.2	5.2
King County	319.0	9.6
Washington	2,000.4	14.8

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Prenatal Care

In the Overlake Medical Center service area, 3.8% of women who gave birth received prenatal care late (after the first trimester) or received no prenatal care. Every HRA in the service area has a better rate of accessing prenatal care than the County, with the exception of Bellevue and Renton/Fairwood HRAs, where 5.6% of births were to women who accessed prenatal care after the first trimester, or not at all.

Late Entry into Prenatal Care (After First Trimester), Five-Year Average, 2006-2010

Geographic Area	Births with Late Prenatal Care	Percent of Mothers who Gave Birth
Bear Creek / Carnation / Duvall HRA	16.4	3.1
Bellevue HRA	74.6	5.6
Bothell / Woodinville HRA	6	1.8
Covington / Maple Valley HRA	29.6	4.6
Issaquah HRA	15.4	3.8
Kirkland / North Kirkland HRA	25.4	3.1
Mercer Island / Point Cities HRA	4.4	2.7
Newcastle / Four Creeks HRA	10.8	3.8
Redmond HRA	25.8	3.7
Renton / Fairwood HRA	104	5.6
Sammamish HRA	14	3.0
Snoqualmie / North Bend / Skykomish HRA	24	4.1
Overlake Service Area	350.4	3.8
King County	4,464.6	5.2
Washington	17,973.2	5.9

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

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. The service area has a lower rate of low birth weight babies (6.5%) when compared to the county (6.7%). However, when examined by place, Bear Creek/ Carnation/ Duvall HRA and Renton/Fairwood HRA have the highest rates of low birth weight births (7.2%) in the service area.

The Healthy People 2020 objective for low birth weight infants is 7.8% of live births. The percentage of low birth weight infants in the Overlake service area favorably exceeds this benchmark.

Low Birth Weight (Under 2,500 g), Five-Year Average, 2006-2010

Geographic Area	Low Weight Births	Percent of Infants
Bear Creek / Carnation / Duvall HRA	46.6	7.2
Bellevue HRA	90.0	6.1
Bothell / Woodinville HRA	29.0	6.8
Covington / Maple Valley HRA	47.2	7.0
Issaquah HRA	29.2	6.5
Kirkland / North Kirkland HRA	64.2	6.1
Mercer Island / Point Cities HRA	9.0	4.6
Newcastle / Four Creeks HRA	19.0	6.1
Redmond HRA	55.4	6.6
Renton / Fairwood HRA	146.0	7.2
Sammamish HRA	32.2	6.0
Snoqualmie / North Bend / Skykomish HRA	40.2	6.3
Overlake Service Area	608.0	6.5
King County	1,644.2	6.7
Washington	5,608.6	6.4

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Infant Mortality

The infant mortality rate in the Overlake service area was 3.1 deaths per 1,000 live births. In comparison, the infant death rate in the county was 4.1 deaths per 1,000 live births. The infant death rate in the Overlake service area is less than the Healthy People 2020 objective of 6.0 infant deaths per 1,000 live births. (When examining data, it is important to use caution when reporting results derived from small numbers.)

Infant Mortality Rate, Five-Year Average, 2006-2010

Geographic Area	Infant Deaths	Rate per 1,000 Live Births
Bear Creek / Carnation / Duvall HRA	1.4	2.2
Bellevue HRA	3.8	2.6
Bothell / Woodinville HRA	< 1	1.9
Covington / Maple Valley HRA	1.8	2.7
Issaquah HRA	1.4	3.1
Kirkland / North Kirkland HRA	2.2	2.1
Mercer Island / Point Cities HRA	1.0	5.1
Newcastle / Four Creeks HRA	< 1	1.9
Redmond HRA	3.6	4.2
Renton / Fairwood HRA	8.6	4.2
Sammamish HRA	1.2	2.2
Snoqualmie / North Bend / Skykomish HRA	2.0	3.1
Overlake Service Area	28.6	3.1
King County	102.4	4.1
Washington	430.2	4.9

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends babies be fed only breast milk for the first six months of life. The CDC collects data on breastfeeding at the state level; data at the county and hospital level do not appear to be easily available for King County. While Washington State compares well to the nation on every rubric, they fall just short of the Healthy People 2020 breastfeeding-at-six-months goal, and do not yet meet the goals for exclusive breastfeeding for six months and for breastfeeding at one year of age.

Breastfeeding in Washington State

	Washington	U.S.	Healthy People 2020 Goal
Ever Breastfed	87.9%	76.5%	81.9%
Breastfed at 6 months	60.2%	49.0%	60.6%
Breastfed exclusively through 3 months	47.6%	37.7%	46.2%
Breastfed exclusively through 6 months	19.6%	16.4%	25.5%
Breastfed at one year	30.2%	27.0%	34.1%
Breastfed but received formula supplementation within the first 2 days of life	21.4%	24.2%	14.2%

Source: CDC Breastfeeding Report Card, 2013

Leading Causes of Death

Age-Adjusted Death Rate

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When adjusted for age, the death rate in the service area is 579.5 per 100,000 persons, lower than the county (638.1) or the state rate (716.4). The Snoqualmie / North Bend / Skykomish HRA has the highest rate of death in the service area (731.4 per 100,000 persons) and the Mercer Island / Point Cities HRA has the lowest rate of death (447.5 per 100,000 persons).

Age-Adjusted Death Rate, Five-Year Average, 2006-2010

Geographic Area	Average Number of Deaths	Rate per 100,000 Persons
Bear Creek / Carnation / Duvall HRA	224.6	591.9
Bellevue HRA	772.0	528.3
Bothell / Woodinville HRA	207.4	582.4
Covington / Maple Valley HRA	205.8	639.7
Issaquah HRA	196.2	557.6
Kirkland / North Kirkland HRA	403.8	575.2
Mercer Island / Point Cities HRA	219.8	447.5
Newcastle / Four Creeks HRA	132.2	600.6
Redmond HRA	244.6	494.9
Renton / Fairwood HRA	737.2	645.8
Sammamish HRA	95.2	497.0
Snoqualmie / North Bend / Skykomish HRA	183.0	731.4
Overlake Service Area	3,621.8	579.5
King County	11,675.6	638.1
Washington	47,545.4	716.4

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

The top three causes of death in the Overlake Medical Center service area are cancer, heart disease and stroke.

Death Rates for Selected Causes of Death, Five-Year Average, 2006-2010

	Overlake Service Area			King County			Washington		
	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted	Number	Crude Rate	Age-Adjusted
Breast Cancer	77.4	21.1	21.3	220.4	22.8	21.4	799.0	23.7	21.6
Colorectal Cancer	82.8	11.3	13.6	249.8	12.9	13.6	988.8	14.7	14.9
Other Cancer	792.2	108.1	116.1	2,383.6	123.9	124.2	9,784.6	145.5	138.2
Heart Disease	769.0	105.0	125.7	2,541.4	131.6	138.2	10,688.6	158.9	160.3
Stroke	215.8	29.5	35.0	659.8	34.2	36.6	2,654.0	39.5	40.4
Unintentional Injury	176.0	24.0	26.2	612.6	32.4	31.7	2,645.2	39.3	39.4
Diabetes	78.6	10.7	13.4	341.0	17.7	19.0	1,535.8	22.8	23.3
Pneumonia & Flu	76.0	10.4	12.7	186.0	9.9	9.8	3,605.0	11.0	10.7
Suicide	69.6	9.5	9.6	214.2	11.1	10.8	879.8	13.1	13.0
Drug Related	57.6	7.9	8.2	256.8	13.3	12.6	996.6	14.8	14.6
Alcohol Related	44.4	6.1	7.1	170.2	8.8	8.5	750.2	11.2	10.6
HIV/AIDS	NSV	NSV	NSV	45.0	2.3	2.2	92.6	1.4	1.4
Other Causes	1,182.4	161.4	N/A	3,794.8	196.5	N/A	12,125.2	180.3	N/A
Total Deaths	3,621.8	494.3	579.5	11,675.6	604.6	638.1	47,545.4	707.0	716.4

Source: Washington Department of Health, 2006-2010 N/A = data not available; NSV = Not Statistically Valid

Cancer Mortality

The cancer death rate in the service area for female breast cancer is 21.3 per 100,000 women. This rate is just slightly lower than the county (21.4 per 100,000 females) and the state rate (21.6 per 100,000 females). However, this rate is higher than the Healthy People 2020 objective of 20.6 deaths from breast cancer per 100,000 persons.

When examining the rate of death due to colorectal cancer, the age-adjusted, five-year average is 13.6 per 100,000 persons. This is better than the Healthy People 2020 objective of 14.5 deaths per 100,000 persons as a result of colorectal cancer.

The rate of death for all other cancers in the service area is 151.0 per 100,000 persons. This is less than the county and state rates of death by cancer, as well as the Healthy People 2020 objective of 160.6 per 100,000 persons for all cancers

Cancer Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average, 2006-2010

Geographic Area	Breast Cancer			Colorectal Cancer			All Cancer		
	#	Crude Rate	Age-Adjusted	#	Crude Rate	Age-Adjusted	#	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	5.8	18.5	20.9	6.4	9.9	13.8	74.2	114.8	162.7
Bellevue HRA	17.6	27.8	22.5	15.8	12.2	10.8	200.8	155.5	140.8
Bothell / Woodinville HRA	4.0	17.4	19.0	5.8	13.1	16.8	52.0	117.0	154.7
Covington / Maple Valley HRA	5.2	18.4	24.3	5.4	10.0	17.0	61.4	113.6	179.3
Issaquah HRA	4.0	25.1	22.6	4.0	13.4	13.3	44.2	148.5	142.9
Kirkland / North Kirkland HRA	8.2	19.9	18.2	9.6	11.8	13.1	104.4	128.6	144.3
Mercer Island / Point Cities HRA	5.4	35.3	20.3	4.6	15.3	9.5	59.2	197.0	126.7
Newcastle / Four Creeks HRA	4.4	30.9	32.2	4.0	14.1	19.3	42.0	148.6	167.3
Redmond HRA	4.8	18.7	19.0	5.0	9.3	10.8	50.8	94.7	115.5
Renton / Fairwood HRA	11.0	17.3	20.4	14.2	11.0	14.8	187.8	145.8	163.7
Sammamish HRA	3.8	16.6	NSV	3.8	8.4	NSV	29.2	64.2	121.2
Snoqualmie / North Bend / Skykomish HRA	3.2	15.7	NSV	4.2	9.7	14.9	46.4	107.5	186.5
Overlake Service Area	77.4	21.1	21.3	82.8	11.3	13.6	952.4	130.0	151.0
King County	220.4	22.8	21.4	249.8	12.9	13.6	2,863.8	148.3	159.2
Washington	799.0	23.7	21.6	988.8	14.7	14.9	11,572.4	172.1	174.7

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010
 NSV = Not Statistically Valid; too low of an incidence to be calculated with statistical validity

Heart Disease Mortality

The Overlake Medical Center service area has an age-adjusted, average five-year rate of death due to heart disease of 125.7 per 100,000 persons. The service area rate exceeds the Healthy People 2020 objective of 100.8 deaths per 100,000 persons. The Snoqualmie / North Bend / Skykomish HRA has the highest rate of death due to heart disease (176.9 per 100,000 persons) and Mercer Island / Point Cities HRA has the lowest rate of death as a result of heart disease (83.6 per 100,000 persons).

Heart Disease Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average

Geographic Area	Heart Disease		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	44.4	68.7	128.2
Bellevue HRA	173.4	134.2	115.8
Bothell / Woodinville HRA	48.4	108.9	131.0
Covington / Maple Valley HRA	43.6	80.6	142.1
Issaquah HRA	42.6	143.1	115.5
Kirkland / North Kirkland HRA	86.8	106.9	124.1
Mercer Island / Point Cities HRA	44.6	148.4	83.6
Newcastle / Four Creeks HRA	26.6	94.1	130.3
Redmond HRA	49.2	91.8	98.2
Renton / Fairwood HRA	146.8	114.0	130.6
Sammamish HRA	22.0	48.4	130.8
Snoqualmie / North Bend / Skykomish HRA	40.6	94.1	176.9
Overlake Service Area	769.0	105.0	125.7
King County	2,541.4	131.6	138.2
Washington	10,688.6	158.9	160.3

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Stroke Mortality

The Overlake service area has a lower rate of death by stroke (35.0 per 100,000 persons) than found in the county (36.6) and the state (40.4), but still exceeds the Healthy People 2020 objective (33.8). The Snoqualmie / North Bend / Skykomish HRA has the highest rates of death due to stroke in the service area (46.9) and Covington / Maple Valley HRA the lowest rate of death due to stroke (21.4 per 100,000 persons).

Stroke Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average

Geographic Area	Stroke		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	11.2	17.3	36.3
Bellevue HRA	46.4	35.9	31.5
Bothell / Woodinville HRA	11.8	26.6	32.8
Covington / Maple Valley HRA	5.8	10.7	21.4
Issaquah HRA	14.0	47.0	34.1
Kirkland / North Kirkland HRA	26.0	32.0	39.2
Mercer Island / Point Cities HRA	18.8	62.6	35.3
Newcastle / Four Creeks HRA	7.2	25.5	37.2
Redmond HRA	15.4	28.7	29.5
Renton / Fairwood HRA	45.6	35.4	41.8
Sammamish HRA	4.2	9.2	29.2
Snoqualmie / North Bend / Skykomish HRA	9.4	21.8	46.9
Overlake Service Area	215.8	29.5	35.0
King County	659.8	34.2	36.6
Washington	2,654.0	39.5	40.4

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Health, 2006-2010

Accidents and External Causes Mortality Rate

All communities in the service area have lower death rates as a result of accidents and external causes than the county (31.7 per 100,000 persons), the state (39.4 deaths per 100,000 persons), and the Healthy People 2020 objective (36.0 per 100,000 persons), with the exception of the Snoqualmie / North Bend / Skykomish HRA. This area has 51.4 average deaths due to accidents and external causes, per 100,000 persons, which is almost double the rate for the service area as a whole (26.2). Issaquah HRA has the lowest death rate (15.1 per 100,000 persons) from these causes.

Accidents and External Causes Age-Adjusted per 100,000 Persons, Five-Year Average

Geographic Area	Accidents and External Causes		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	13.2	20.4	27.9
Bellevue HRA	31.8	24.6	22.6
Bothell / Woodinville HRA	10.2	23.0	28.3
Covington / Maple Valley HRA	10.8	20.0	25.9
Issaquah HRA	5.0	16.8	15.1
Kirkland / North Kirkland HRA	20.0	24.6	26.6
Mercer Island / Point Cities HRA	6.8	22.6	17.7
Newcastle / Four Creeks HRA	6.8	24.1	24.4
Redmond HRA	11.0	20.5	21.9
Renton / Fairwood HRA	36.4	28.3	29.2
Sammamish HRA	6.2	13.6	18.5
Snoqualmie / North Bend / Skykomish HRA	17.8	41.2	51.4
Overlake Service Area	176.0	24.0	26.2
King County	612.6	32.4	31.7
Washington	2,645.2	39.3	39.4

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Diabetes Mortality

The age-adjusted, five-year average death rate for diabetes in the service area was 13.0 per 100,000 persons, which is lower than the county, the state, and the Healthy People 2020 objective of 65.8 per 100,000 persons. In the service area, Renton/Fairwood HRA has the highest rate of death from diabetes (19.4. per 100,000 persons) and Mercer Island/Point Cities HRA has the lowest rate of death due to diabetes (4.3 per 100,000 persons).

Diabetes Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average

Geographic Area	Diabetes		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	4.8	7.4	12.0
Bellevue HRA	17.0	13.2	11.9
Bothell / Woodinville HRA	4.0	9.0	11.2
Covington / Maple Valley HRA	4.0	7.4	11.6
Issaquah HRA	4.6	15.5	14.4
Kirkland / North Kirkland HRA	7.8	9.6	10.9
Mercer Island / Point Cities HRA	2.0	6.7	4.3

Newcastle / Four Creeks HRA	1.8	6.4	8.7
Redmond HRA	6.6	12.3	14.9
Renton / Fairwood HRA	22.8	17.7	19.4
Sammamish HRA	1.6	3.5	10.1
Snoqualmie / North Bend / Skykomish HRA	3.6	8.3	15.0
Overlake Service Area	80.6	11.0	13.0
King County	341.0	17.7	19.0
Washington	1,535.8	22.8	23.3

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

N/A = not available/was not one of the top 10 causes of death in the HRA

Suicide

The age-adjusted suicide rate in the Overlake Medical Center service area was 9.6 per 100,000 persons. This was lower than the county rate (10.8), the state rate (13.0), and the Healthy People 2020 objective (10.2 per 100,000 persons). Several of the Health Reporting Areas have rates above the HP2020 objective. Sammamish has the lowest rate of suicide in the area (3.9 per 100,000 persons) and Snoqualmie / North Bend / Skykomish the highest (14.9 per 100,000 persons).

Suicide Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average

Geographic Area	Suicide		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	4.4	6.8	7.3
Bellevue HRA	17.2	13.3	12.8
Bothell / Woodinville HRA	2.4	5.4	7.7
Covington / Maple Valley HRA	5.2	9.6	10.1
Issaquah HRA	2.6	8.7	8.2
Kirkland / North Kirkland HRA	8.2	10.1	9.4
Mercer Island / Point Cities HRA	2.4	8.0	6.9
Newcastle / Four Creeks HRA	3.0	10.6	10.5
Redmond HRA	3.8	7.1	7.1
Renton / Fairwood HRA	13.2	10.2	10.0
Sammamish HRA	1.6	3.5	3.9
Snoqualmie / North Bend / Skykomish HRA	5.6	13.0	14.9
Overlake Service Area	69.6	9.5	9.6
King County	214.2	11.1	10.8
Washington	879.8	13.1	13.0

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

NSV = "Not Statistically Valid"

Drug Dependence and Abuse

The rate of death due to drug use is 8.2 per 100,000 persons in the Overlake Medical Center service area. The Snoqualmie / North Bend / Skykomish HRA has a high drug-related rate of death at 16.3 per 100,000 persons, exceeding county (12.6) and state rates (14.6), and the Healthy People 2020 objective of 11.3 per 100,000 persons. At 11.9 per 100,000 persons, the Renton / Fairwood HRA death rate also exceeds the HP2020 objective.

Drug-Related Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average

Geographic Area	Drug Dependence and Abuse		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	4.4	6.8	6.7
Bellevue HRA	7.4	5.7	5.4
Bothell / Woodinville HRA	2.8	6.3	8.1
Covington / Maple Valley HRA	3.4	6.3	6.0
Issaquah HRA	2.0	6.7	6.6
Kirkland / North Kirkland HRA	7.0	8.6	8.0
Mercer Island / Point Cities HRA	1.0	3.3	3.8
Newcastle / Four Creeks HRA	3.2	11.3	11.0
Redmond HRA	3.0	5.6	5.9
Renton / Fairwood HRA	13.0	10.1	11.9
Sammamish HRA	3.2	7.0	7.6
Snoqualmie / North Bend / Skykomish HRA	7.2	16.7	16.3
Overlake Service Area	57.6	7.9	8.2
King County	256.8	13.3	12.6
Washington	996.6	14.8	14.6

Source: King County Community Health Indicators, 2006-2010 and Washington State Department of Health death data 2006-2010

Alcohol Dependence and Abuse

The rate of death in the service area due to alcohol use is 7.1 per 100,000 persons, which is lower than the rate of death found in the county (8.5) and state (10.6).

Alcohol-Related Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average

Geographic Area	Alcohol Dependence and Abuse		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	3.2	5.0	4.9
Bellevue HRA	7.6	5.9	5.4
Bothell / Woodinville HRA	2.8	6.3	7.8
Covington / Maple Valley HRA	3.4	6.3	7.9

Issaquah HRA	2.0	6.7	6.9
Kirkland / North Kirkland HRA	5.4	6.7	6.6
Mercer Island / Point Cities HRA	<1	N/A	NSV
Newcastle / Four Creeks HRA	2.2	7.8	6.0
Redmond HRA	2.0	3.7	4.4
Renton / Fairwood HRA	10.0	7.8	9.6
Sammamish HRA	<1	N/A	NSV
Snoqualmie / North Bend / Skykomish HRA	4.8	11.1	11.3
Overlake Service Area	44.4	6.1	7.1
King County	170.2	8.8	8.5
Washington	750.2	11.2	10.6

Source: King County Community Health Indicators, 2006-2010, and Washington State Department of Health, 2006-2010

N/A = Not available; NSV = Not Statistically Valid

HIV/AIDS Mortality

The numbers and rate of death due to HIV/AIDS are small; none of the service area HRAs could meet statistical validity requirements for an average annual count or an age-adjusted death rate. The county (2.2 per 100,000 persons) and state (1.4 per 100,000) rates are below the Healthy People 2020 objective (3.3 per 100,000 persons).

HIV/AIDS Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average

Geographic Area	HIV/AIDS		
	Number	Crude Rate	Age-Adjusted
King County	45.0	2.3	2.2
Washington	92.6	1.4	1.4

Source: King County Community Health Indicators, 2006-2010 and Washington State Health, 2006-2010

Access to Health Care

Health Insurance

Health insurance coverage is considered a key component to accessing health care. Among the adult population, 88.3% of the adult population in the Overlake Medical Center service area has health insurance, a higher rate than the county or the state. The large majority of residents have private health insurance (84.8%). The Renton / Fairwood area has the highest rates of uninsured (19.5%) in the area, while Sammamish has the fewest residents uninsured (3.6%).

Types of Health Insurance Coverage, Ages 18-64

Geographic Area	No health insurance coverage	Private and/or Public Health Coverage	Public health coverage	Private health coverage
Carnation / Duvall / Cottage Lake area	5.8%	94.2%	3.8%	92.6%
Bellevue / Eastgate area	13.1%	86.9%	5.6%	83.4%
Bothell / Woodinville area	13.7%	86.3%	6.0%	82.9%
Maple Valley / Hobart area	10.6%	89.4%	6.1%	86.5%
Issaquah area	8.8%	91.2%	4.0%	89.4%
Kirkland area	11.8%	88.2%	4.6%	85.1%
Mercer Island / Point Cities area	3.8%	96.2%	2.4%	95.5%
Newcastle area	7.7%	92.3%	5.8%	88.8%
Redmond area	10.1%	89.9%	4.9%	86.4%
Renton / Fairwood area	19.5%	80.5%	9.7%	73.4%
Sammamish area	3.6%	96.4%	2.3%	95.6%
Snoqualmie / North Bend area	10.0%	90.0%	4.7%	87.1%
Overlake Service Area	11.7%	88.3%	5.6%	84.8%
King County	15.5%	84.5%	8.2%	78.7%
Washington	18.6%	81.4%	12.1%	72.9%

Source: U.S. Bureau of the Census, American Community Survey, 2008-2012

Among children in the Overlake Medical Center service area, 3.9% are uninsured (96.1% insured), compared to 5.3% for King County (94.7% insured), and 6.5% who are uninsured (93.5% insured) in Washington state.

Uninsured Children, Ages 0-17

Geographic Area	Number	Percent
Carnation / Duvall / Cottage Lake area	15,724	3.2%
Bellevue / Eastgate area	26,467	4.3%
Bothell / Woodinville area	15,370	4.3%
Maple Valley / Hobart area	9,072	2.7%
Issaquah area	6,789	1.6%
Kirkland area	18,136	4.5%

Mercer Island / Point Cities area	8,013	1.5%
Newcastle area	6,743	3.4%
Redmond area	11,902	2.4%
Renton / Fairwood area	26,211	7.6%
Sammamish area	15,573	1.3%
Snoqualmie / North Bend area	10,283	3.5%
Overlake Service Area	170,283	3.9%
King County	21,972	5.3%
Washington	102,094	6.5%

Source: U.S. Bureau of the Census, American Community Survey 2008-2012

Barriers to Care

From 2007-2011, on average 8% of adults 18 and over in the service area could not see the doctor at least once in the previous year due to cost. This was lower than the county (10%) and state (13%) rates, but varied across the service area. 12% of residents in the Renton / Fairwood HRA indicated they had to skip seeing the doctor due to cost. This rate was lowest (5%) in Sammamish and Mercer Island / Point Cities HRAs.

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

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	6%
Bellevue HRA	8%
Bothell / Woodinville HRA	9%
Covington / Maple Valley HRA	10%
Issaquah HRA	7%
Kirkland / North Kirkland HRA	6%
Mercer Island / Point Cities HRA	5%
Newcastle / Four Creeks HRA	9%
Redmond HRA	8%
Renton / Fairwood HRA	12%
Sammamish HRA	5%
Snoqualmie / North Bend / Skykomish HRA	6%
Overlake Service Area	8%
King County	10%
Washington State	13%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Demographic factors related to increased rates of not accessing medical care included, low-income residents earning less than \$25,000 annually, Hispanic or Latino ethnicity, females, and young adults, ages 18-24.

Dental Care

Over a five-year period from 2007-2011, on average, 19% of adults in the Overlake Medical Center service area noted they did not access dental care in the past year. 23% of adults in King County, and 27% of Washington State adults did not obtain dental care.

Demographic factors related to increased rates of not accessing dental care included, low-income residents earning less than \$25,000 annually, Hispanic/Latino or African American ethnicity, males, and adults, ages 25-44.

Adults Who Did Not Access Dental Care, Five-Year Average

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	12%
Bellevue HRA	22%
Bothell / Woodinville HRA	18%
Covington / Maple Valley HRA	22%
Issaquah HRA	17%
Kirkland / North Kirkland HRA	23%
Mercer Island / Point Cities HRA	13%
Newcastle / Four Creeks HRA	21%
Redmond HRA	15%
Renton / Fairwood HRA	22%
Sammamish HRA	14%
Snoqualmie / North Bend / Skykomish HRA	22%
Overlake Service Area	19%
King County	23%
Washington State	27%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. There are a number of Section 330 funded grantees (Federally Qualified Health Centers – FQHCs) serving the Overlake Medical Center service area, including: Sea Mar Community Health Centers, HealthPoint Community Health Centers, International Community Health Services, Community Health Center of Snohomish, Neighborcare Health, and King County Public Health Centers. HealthPoint is the dominant FQHC for most of the service area. In North Bend, Issaquah, and Bellevue 98004 through 98008, Sea Mar is the dominant

provider, and for Mercer Island, International Community Health Services is the dominant FQHC provider.

Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)¹, 13.4% of the population in the community where Overlake Medical Center is located is categorized as low-income (200% of Federal Poverty Level) and 5.7% are at or below the Federal Poverty Level. Even with Section 330 funded Community Health Center providers in the area, there are a majority of low-income residents who are not served by a clinic provider. The FQHCs have a total of 30,355 patients in the service area, however, there remain 60,967 low-income residents, approximately 66.8% of the population at or below 200% FPL that are not served by a Section 330-funded grantee.

Low-Income Patients Served and Not Served by FQHCs

Patients served by Section 330 Grantees in Overlake Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
			Number	Percent
30,355	33.2%	4.4%	60,967	66.8%

Source: UDS Mapper, 2012

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)

Chronic Disease

Diabetes

The percent of adults, 18 and older, who reported being diagnosed with diabetes, was 5% in the Overlake Medical Center service area, which is lower than the 6% county and 7% state rates. The Covington / Maple Valley HRA has the highest self-reported rate of diabetes (8%), followed by Renton / Fairwood (7%). Issaquah HRA has the lowest self-reported rate of diagnosed diabetes (2%). The demographic characteristics of those with the highest rates of diabetes are Native Americans and African Americans, males, low-income, and age 65 and over.

Adult Diabetes Prevalence, Five-Year Average

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	5%
Bellevue HRA	5%
Bothell / Woodinville HRA	4%
Covington / Maple Valley HRA	8%
Issaquah HRA	2%
Kirkland / North Kirkland HRA	5%
Mercer Island / Point Cities HRA	4%
Newcastle / Four Creeks HRA	6%
Redmond HRA	6%
Renton / Fairwood HRA	7%
Sammamish HRA	4%
Snoqualmie / North Bend / Skykomish HRA	5%
Overlake Service Area	5%
King County	6%
Washington State	7%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Asthma

The percent of children, ages 0-17, with asthma is 6% in King County and East King County, which is lower than the 7% state rate. African Americans have the highest prevalence of childhood asthma.

Child (0-17) Asthma Prevalence, Five-Year Average

Geographic Area	Childhood Asthma
East County	6%
South County	6%
Seattle	4%
North County	7%
King County	6%
Washington State	7%

Source: Seattle & King County Public Health, Health Indicators 2006-2010, and CDC BRFSS

8% of adults in the Overlake Medical Center service area and in King County have asthma, which is less than the 9% state rate. Among adults with asthma, females, Native Americans, and low-income populations have the highest prevalence.

Adult Asthma Prevalence, Five-Year Average

Geographic Area	Adult Asthma
Bear Creek / Carnation / Duvall HRA	9%
Bellevue HRA	7%
Bothell / Woodinville HRA	6%
Covington / Maple Valley HRA	9%
Issaquah HRA	9%
Kirkland / North Kirkland HRA	8%
Mercer Island / Point Cities HRA	10%
Newcastle / Four Creeks HRA	10%
Redmond HRA	8%
Renton / Fairwood HRA	9%
Sammamish HRA	9%
Snoqualmie / North Bend / Skykomish HRA	5%
Overlake Service Area	8%
King County	8%
Washington State	9%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2006-2010

Asthma Hospitalization

Asthma hospitalizations in children (0-17), occurred at a rate of 129.7 per 100,000 persons in King County. The East King County rate of childhood asthma hospitalizations is 90.4 per 100,000 persons, which is lower than the King County rate.

Children who are 0-4 years old, male and at high levels of poverty, have the highest rates of asthma hospitalization.

Adults are hospitalized for asthma at much lower rates than children. Averaged over five years, adults in King County were hospitalized for asthma at a rate of 52.3 per 100,000 persons. In East King County, the adult asthma hospitalization rate is 31.5 per 100,000 persons. Senior adults, females, and those at high levels of poverty have the highest rates of asthma hospitalization.

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

Geographic Area	Childhood Asthma	Adult Asthma
East County	90.4	31.5
South County	108.7	65.7
Seattle	209.0	54.0
North County	144.3	48.1
King County	129.7	52.3

Source: Seattle & King County Public Health, Health Indicators, 2006-2010

Colorectal and Breast Cancer

The incidence of colorectal cancer, averaged over three years, is 37.2 per 100,000 persons for King County, which is lower than the state rate of 39.4 per 100,000 persons. Seniors, African Americans and males have higher rates of colorectal cancer.

In King County, breast cancer rates in women occur at a rate of 189.8 per 100,000 persons, which is higher than the state rate of 172.4 per 100,000 persons. White females and senior females have the highest rates of breast cancer.

**Colorectal and Breast Cancer Incidence, per 100,000 Persons
Three-Year Average, 2009-2011**

	King County	Washington
Colorectal cancer	37.2	39.4
Breast cancer	189.8	172.4

Source: Washington State Department of Health's Cancer Registry, 2009-2011

Communicable Disease

Tuberculosis

The rate of tuberculosis averaged from 2009 to 2013 is 5.9 per 100,000 persons in King County, which is higher than the state rate of 3.2 per 100,000 persons. King County has the highest rate of TB of all Washington State County.

From 2006 to 2010, East King County had a much lower rate of TB than South or North County, or Seattle, at 3.5 per 100,000 persons. However, while most of the HRAs in the service area saw, on average, one or fewer cases diagnosed per year, Renton HRA saw an average of 7.4 new cases per year, for a rate of 7.1 per 100,000 persons. Bellevue saw 6.4 new cases, for a rate of 6.9 per 100,000 persons. Males, Pacific Islanders, Asians, African Americans, and residents 65 and older suffer with higher rates of TB.

New Diagnoses of TB, per 100,000 Persons, Five-Year Average 2006-2010 and *2009-2013

Geographic Area	Tuberculosis	
	Number of New Diagnoses	Rate per 100,000 persons
East County	17.2	3.5
Bellevue HRA	6.4	6.9
Kirkland HRA	2.0	NSV
Redmond HRA	3.4	NSV
Renton HRA	7.4	7.1
Sammamish HRA	1.4	NSV
South County	50.8	7.4
Seattle	52.8	8.8
North County	6.2	5.2
King County*	114.4	5.9
Washington State*	217.8	3.2

Source: Seattle & King County Public Health, Health Indicators, 2006-2010 and Washington State Department of Health; STD/TB Services, 2009-2013
NSV = Not Statistically Valid

Sexually Transmitted Diseases

Chlamydia occurs at a rate of 370.4 per 100,000 persons in the Metropolitan Statistical Area (MSA) of Seattle-Tacoma-Bellevue, which is higher than the rate for King County in general (343.8) and Washington State (360.1). Chlamydia occurs at the highest rates among females, ages 20-24, and girls 15-19. The rate of Gonorrhea is 66.4 per 100,000 for the MSA, which is lower than the 78.0 per 100,000 persons in King County,

and higher than the state rate of 48.1 per 100,000 persons. Males, ages 20-24 have the highest rates of Gonorrhea.

Syphilis occurs at a rate of 7.1 per 100,000 persons in the Seattle/Tacoma/Bellevue MSA. King County had a rate of syphilis of 10.7 per 100,000 persons, which is more than double the state rate of 4.4 per 100,000 persons. Syphilis occurs at much higher rates among males and most frequently among males, ages 25-44. Genital herpes is also higher at the county level (37.9 per 100,000 persons) than the state (32.2 per 100,000 persons). It is diagnosed more often in women than in men, and most often in women 20-24 years of age.

Sexually Transmitted Diseases, per 100,000 Persons, 2012

	Seattle-Tacoma-Bellevue MSA*	King County	Washington
Chlamydia	370.4	345.6	360.1
Gonorrhea	66.4	78.0	48.1
Syphilis	7.1	10.7	4.4
Genital Herpes	N/A	37.9	32.2

Source: Washington State Department of Health; STD Services & Assessment Unit, 2012

** Data for MSA is from CDC STD Surveillance Report, 2012*

HIV/AIDS

HIV incidence is the number of persons newly diagnosed with HIV each year, including those also diagnosed with AIDS. The incidence rate of new HIV/AIDS diagnoses averaged over five years was 15.5 per 100,000 persons in King County. While the number of new and existing HIV/AIDS cases is highest among Whites, the highest rates of new diagnosis are typically among males, ages 25-44, non-Hispanic Blacks (particularly immigrants), and those living in poverty.

HIV prevalence is the number of persons who are seropositive for the human immunodeficiency virus per 100,000 persons. The rate of HIV/AIDS prevalence in King County is 354.8 per 100,000 persons, more than double the statewide rate. Males, ages 30-34 and non-Hispanic Blacks have the highest rates of HIV/AIDS prevalence.

More-recent data for subsections of King County has not been made available since 2007, but at the time the rates for East King County were much lower than those for King County as a whole, largely because the majority of new and existing HIV/AIDS cases are found in Seattle.

HIV/AIDS Incidence and Prevalence, per 100,000 Persons, Five-Year Average, 2003-2007 and *2008-2012

Geographic Area	New Diagnoses	Prevalence
East County	5.3	67.7
South County	3.3	34.1
Seattle	46.1	832.1
North County	8.0	71.3
King County*	15.5	354.8
Washington State*	7.9	166.1

Source: HIV/AIDS Registry data, Prevention Division, Public Health - Seattle & King County, 2003-2007, and Washington State Department of Health HIV Surveillance Report, 2nd Edition, 2013

Health Behaviors

Health screenings and immunizations are widely accepted methods to help identify and prevent disease.

Child Immunizations

The rate of childhood immunizations among children, ages 19-35 months is 72.0% in Western Washington (the CDC divided the state into two divisions; it has not polled King County separately since 2006), which is lower than the state rate.

Child Immunizations, Age 19-35 Months, 4:3:1:3:3:1, 2010

Geographic Area	Percent
Western WA (incl. King County)	72.0 %
Eastern WA	79.1 %
Washington State	73.7 %

Source: Centers for Disease Control, 2010 National Immunization Survey

The rate of school-required immunizations among Kindergarten-aged children is 84.2% in King County, which is lower than the state rate of 85.6%. More children are out of compliance (9.6%) than at the state level, though rates of exemption, and specifically exemption due to non-religious personal or philosophical beliefs, are similar.

Kindergarten Immunization Completion, 2012-2013 School Year

Geographic Area	Complete	Out of Compliance	Exempt	Exempt Due to Personal / Philosophical (non-religious) Beliefs
King County	84.2%	9.6%	4.7%	3.2%
Washington State	85.6%	7.8%	4.5%	3.1%

Source: Washington Department of Health, School Immunization Status Data Reports, 2012-2013

Flu Shots

It is recommended that all adults receive flu shots every year, particularly those at high risk of complications, such as the elderly. In the service area, 43% of adults got the flu shot, which is comparable to the 42% county rate but higher than the state rate of 38%. The highest rate of flu shot utilization was in the Mercer Island / Point Cities HRA, with 59% of all adults receiving them. Meanwhile, only 37% of Snoqualmie / North Bend / Skykomish HRA adult residents received the vaccine.

Reports on flu shots were only broken down by age, ethnicity and income at the county level. Women, Whites, Asians / Pacific Islanders, Native Americans, and upper-income residents obtained flu shots at higher rates than other segments of the population. Flu shot use also increased with age; 72% of seniors 65 and older in King County received

the flu shot. This is still lower, however, than the Healthy People objective of 80% of adults, and 90% of seniors 65 and older receive a flu shot.

Flu Shots, Adults 18+, Five-Year Average, 2007-2011

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	46%
Bellevue HRA	47%
Bothell / Woodinville HRA	44%
Covington / Maple Valley HRA	39%
Issaquah HRA	48%
Kirkland / North Kirkland HRA	38%
Mercer Island / Point Cities HRA	59%
Newcastle / Four Creeks HRA	42%
Redmond HRA	41%
Renton / Fairwood HRA	44%
Sammamish HRA	38%
Snoqualmie / North Bend / Skykomish HRA	37%
Overlake Service Area	43%
King County	42%
Washington	38%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Pneumonia Vaccination

The pneumonia vaccination rate among seniors in the service area is 71%, which is comparable to the county and state rates but well below the Healthy People 2020 objective of 90%. The Bear Creek / Carnation / Duvall HRA has a 60% vaccination rate, and the Snoqualmie / North Bend / Skykomish HRA has a 54% vaccination rate. With the highest rate (78% vaccination) found in the Bellevue HRA, no area HRA meets the HP2020 goal.

Pneumonia Vaccine, Adults 65+, Five-Year Average

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	60%
Bellevue HRA	78%
Bothell / Woodinville HRA	77%
Covington / Maple Valley HRA	64%
Issaquah HRA	72%
Kirkland / North Kirkland HRA	77%

Mercer Island / Point Cities HRA	75%
Newcastle / Four Creeks HRA	77%
Redmond HRA	65%
Renton / Fairwood HRA	69%
Sammamish HRA	75%
Snoqualmie / North Bend / Skykomish HRA	54%
Overlake Service Area	71%
King County	72%
Washington	71%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Mammograms

Women 50 to 74 years of age in the service area have had a mammogram in the past two years at a rate of 84%. This exceeds the county and state rates and the Healthy People 2020 objective of 81.1%. White women, and women ages 50-59 tend to obtain screening mammograms at rates higher than other segments of the female population. Asian women and low-income women have much lower rates of receiving mammograms.

Mammogram in Last Two Years, Women 50-74, Five-Year Average

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	86%
Bellevue HRA	87%
Bothell / Woodinville HRA	88%
Covington / Maple Valley HRA	79%
Issaquah HRA	74%
Kirkland / North Kirkland HRA	87%
Mercer Island / Point Cities HRA	88%
Newcastle / Four Creeks HRA	80%
Redmond HRA	87%
Renton / Fairwood HRA	78%
Sammamish HRA	96%
Snoqualmie / North Bend / Skykomish HRA	80%
Overlake Service Area	84%
King County	82%
Washington	80%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Colorectal Cancer Screening

In East King County, 71% of adults 50 years and older have been screened for colorectal cancer. This rate is just above the Healthy People 2020 objective of 70.5%. Hispanic/Latino and African Americans tend to get colorectal cancer screenings at a lower rate than other segments of the population, and screening rates rise with income.

Colorectal Cancer Screening, Adults 50-75, Two-Year Average

Geographic Area	Percent
East County	71 %
South County	63 %
Seattle	66 %
North County	61 %
King County	66 %
Washington	63 %

Source: Seattle & King County Public Health, Health Indicators, 2008 and 2010

Smoking

The percentage of adults in the service area who smoke cigarettes is 10%. Higher rates of smoking are seen in males, African Americans, Native Americans, residents ages 18-24, and those whose household incomes are below \$25,000 annually.

Adult Smokers, Five-Year Average, 2007-2011

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	9%
Bellevue HRA	9%
Bothell / Woodinville HRA	7%
Covington / Maple Valley HRA	16%
Issaquah HRA	12%
Kirkland / North Kirkland HRA	8%
Mercer Island / Point Cities HRA	4%
Newcastle / Four Creeks HRA	9%
Redmond HRA	7%
Renton / Fairwood HRA	13%
Sammamish HRA	6%
Snoqualmie / North Bend / Skykomish HRA	8%
Overlake Service Area	10%
King County	11%
Washington	16%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Youth Smoking

7% of school-aged youth in grades 8, 10 and 12 in East King County indicated they had smoked cigarettes one or more times in the past 30 days. The highest percentage of smoking occurred in 12th grade males.

Youth Smokers, Grades 8, 10, and 12, 2010

Geographic Area	Percent
East County	7%
South County	8%
Seattle	8%
North County	8%
King County	8%

Source: Seattle & King County Public Health, Health Indicators, 2010

Adults Overweight and Obese

In the service area, over half the adult population (56%) is overweight or obese, having a Body Mass Index (BMI) greater than or equal to 25. Over one-third of the population (36%) is overweight and 20% is obese (having a BMI of 30 or more). Males and adults, ages 45-64, and those with household incomes below \$35,000 per year, have the highest levels of obesity. Obesity is the highest in the Covington / Maple Valley HRA.

Adult Overweight and Obese, Five-Year Average, 2007-2011

Geographic Area	Overweight	Obese	Overweight and Obese
Bear Creek / Carnation / Duvall HRA	36%	21%	57%
Bellevue HRA	36%	16%	52%
Bothell / Woodinville HRA	35%	18%	53%
Covington / Maple Valley HRA	38%	27%	65%
Issaquah HRA	43%	11%	54%
Kirkland / North Kirkland HRA	33%	20%	53%
Mercer Island / Point Cities HRA	35%	10%	45%
Newcastle / Four Creeks HRA	35%	22%	57%
Redmond HRA	33%	17%	50%
Renton / Fairwood HRA	37%	25%	62%
Sammamish HRA	34%	18%	52%
Snoqualmie / North Bend / Skykomish HRA	39%	24%	63%
Overlake Service Area	36%	20%	56%
King County	35%	21%	56%
Washington	34%	27%	61%

Source: Seattle & King County Public Health, Health Indicators, 2007-2011

Youth Overweight and Obese

In East King County, 17% of youth in grades 8, 10 and 12 are overweight or obese (top 15% BMI for age and gender), with 6% considered obese (the top 5% of BMI for age and gender). These numbers are lower than for the rest of King County.

Rates of obesity are higher for boys (11%) than girls (6%), and particularly high for Native Hawaiian or Pacific Islander children (21%), Hispanic/Latino and Native American children (15%) and African Americans (13%), and lowest for Asians (6%) and White children (7%).

Youth Overweight, Grades 8, 10, 12, 2008

Geographic Area	Overweight	Obese	Overweight and Obese
East County	11%	6%	17%
South County	14%	11%	25%
Seattle	13%	9%	22%
North County	12%	7%	19%
King County	12%	9%	21%

Source: Seattle & King County Public Health, Health Indicators, 2010

Adults Physical Activity

The CDC recommendation for adult physical activity is moderate activity equal to or greater than 150 minutes in a week or vigorous activity equal to or greater than 75 minutes a week. In East King County, in the most-recent data available, 70.6% of adults met the physical activity recommendation. Younger adults and males had higher rates of physical activity, and the rate of physical activity increased with income. The lowest levels of physical activity in King County were seen in African Americans (63%), Hispanics/Latinos (61%) and Asians (60%).

Physical Activity, Adults, Five-Year Average

Geographic Area	Percent
East County	70.6%
South County	66.2%
Seattle	72.9%
North County	69.7%
King County	69.5%
Washington	68.4%

Source: Seattle & King County Public Health, Health Indicators, 2005-2009

The percentage of adults in the service area who are sedentary and do not participate in any leisure time physical activity is 14%. The highest rates of inactivity are seen in

Renton / Fairwood HRA, with 19% of residents engaging in no leisure-time physical activity; Mercer Island / Point Cities tend to be the most active, with only 6% of residents engaging in no physical activity. Seniors tend to be more sedentary, as do Hispanic / Latino residents. Leisure-time physical activity increases with income.

**Sedentary Adults: No Leisure Time Physical Activity
Five-Year Average, 2007-2011**

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	14%
Bellevue HRA	14%
Bothell / Woodinville HRA	14%
Covington / Maple Valley HRA	16%
Issaquah HRA	11%
Kirkland / North Kirkland HRA	14%
Mercer Island / Point Cities HRA	6%
Newcastle / Four Creeks HRA	11%
Redmond HRA	13%
Renton / Fairwood HRA	19%
Sammamish HRA	10%
Snoqualmie / North Bend / Skykomish HRA	12%
Overlake Service Area	14%
King County	15%
Washington	18%

Source: Seattle & King County Public Health, Health Indicators, 2007-2011

Youth Physical Activity

The CDC recommendation for youth physical activity is 60 minutes or more each day. 22% of East County youth in grades 8, 10, and 12 meet this activity recommendation, which is the same rate as for King County. Younger youth and males have higher rates of activity compared to other students, as do Native American and African American children. Hispanic / Latino children (20%) and Asian children (16%) are the least active.

Youth Physical Activity, Grades 8, 10, and 12, 2010

Geographic Area	Percent
East County	22%
South County	23%
Seattle	20%
North County	20%
King County	22%

Source: Seattle & King County Department of Public Health, Health Indicators 2010

Social Issues

Years of Healthy Life and Life Expectancy

Life expectancy in the Overlake Medical Center service area is 82.9 years, which is higher than the County (81.5 years) and the state (79.8). Life expectancy is the highest for residents of Mercer Island / Point Cities HRA, with 85.9 years, and lowest for residents of the Snoqualmie / North Bend / Skykomish HRA, with 79.6. Life expectancy in the county tends to be highest for Asians (86.1) and Hispanics/Latinos (85.5), as well as women, and rises with income.

Life Expectancy, Five-Year Average

	Life Expectancy
Bear Creek / Carnation / Duvall HRA	82.6
Bellevue HRA	84.1
Bothell / Woodinville HRA	83.1
Covington / Maple Valley HRA	81.5
Issaquah HRA	83.8
Kirkland / North Kirkland HRA	83.1
Mercer Island / Point Cities HRA	85.9
Newcastle / Four Creeks HRA	82.2
Redmond HRA	85.0
Renton / Fairwood HRA	81.2
Sammamish HRA	84.6
Snoqualmie / North Bend / Skykomish HRA	79.6
Overlake Service Area	82.9
King County	81.5
Washington State	79.8

Source: Seattle & King County Public Health, Health Indicators, 2006-2010

Years of healthy life are the number of years a newborn can expect to live with good or excellent health if current life expectancy and health rates stay the same for his/her entire life. For residents of East King County, years of healthy life are expected to be 77.5 years. The gap between this and life expectancy, are years of fair or poor health. The degree of poverty correlates highly with the number of years of ill health at the end of life.

Years of Healthy Life, Five-Year Average, 2005-2009

	Healthy Life	Life Expectancy
East County	77.5	83.8
South County	69.9	79.3
Seattle	73.8	82.4
North County	74.1	80.9
King County	73.3	81.5

Source: Seattle & King County Public Health, Health Indicators, 2005-2009

Fair or Poor Health

When asked to self-report on health status, 9% of adults in the service area indicated they were in fair or poor health. This is a rate lower than found in the county and the state. The highest rates of self-reported ill health were found in the Renton / Fairwood HRA (13%) and Newcastle / Four Creeks HRA (11%). At the county level, the highest levels of fair or poor health were reported by women, Native Americans and Hispanics / Latinos, and the poor: perceived or actual levels of ill health decreased progressively and sharply with rising income (36% for those with household incomes under \$15,000 to 5% for those earning \$75,000 or more per year).

Fair or Poor Health, Adults, Five-Year Average

	Percent
Bear Creek / Carnation / Duvall HRA	8%
Bellevue HRA	9%
Bothell / Woodinville HRA	8%
Covington / Maple Valley HRA	9%
Issaquah HRA	7%
Kirkland / North Kirkland HRA	8%
Mercer Island / Point Cities HRA	6%
Newcastle / Four Creeks HRA	11%
Redmond HRA	8%
Renton / Fairwood HRA	13%
Sammamish HRA	5%
Snoqualmie / North Bend / Skykomish HRA	7%
Overlake Service Area	9%
King County	10%
Washington	14%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Activity Limitation

Among adults in the hospital service area, 19% have limited activity as a result of physical, mental or emotional problems, with the highest rates found in the Mercer Island / Point Cities HRA.

At the county level, limited activity occurs more frequently among females (23%) than males (18%). Activity limitation rises with age: 10% among those 18-24 rising to 35% for those 65+. Activity limitation also rises with decreasing income: 16% among households earning \$75,000 or more, to 44% among those earning \$15,000 or less. Rates are also highest among Native Americans (28%), then among Whites (22%) and African-Americans (20%).

Activity Limitation, Adults, Five-Year Average

	Percent
Bear Creek / Carnation / Duvall HRA	19%
Bellevue HRA	18%
Bothell / Woodinville HRA	17%
Covington / Maple Valley HRA	20%
Issaquah HRA	22%
Kirkland / North Kirkland HRA	20%
Mercer Island / Point Cities HRA	23%
Newcastle / Four Creeks HRA	21%
Redmond HRA	17%
Renton / Fairwood HRA	21%
Sammamish HRA	16%
Snoqualmie / North Bend / Skykomish HRA	19%
Overlake Service Area	19%
King County	21%
Washington	24%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Physical or Mental Unhealthy Days

The average number of physical unhealthy days experienced by adults in the service area in the last 30 days was three days, and the average number of mentally unhealthy days was also three days. Females and adults, 45 and over, have higher numbers of unhealthy days, and there is a direct correlation with income (number of unhealthy days increases rapidly as income decreases).

Physical and Mental Health Unhealthy Days

Geographic Area	Average Number of Days in the Past 30	
	Mental Health Not Good	Physical Health Not Good
Bear Creek / Carnation / Duvall HRA	3	3
Bellevue HRA	2	3
Bothell / Woodinville HRA	3	3
Covington / Maple Valley HRA	3	3
Issaquah HRA	2	3
Kirkland / North Kirkland HRA	3	3
Mercer Island / Point Cities HRA	2	2
Newcastle / Four Creeks HRA	2	3
Redmond HRA	2	2
Renton / Fairwood HRA	3	3
Sammamish HRA	2	2
Snoqualmie / North Bend / Skykomish HRA	3	2
Overlake Service Area	3	3
King County	3	3
Washington	3	4

Source: WA State Dept. of Health, City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Frequent Mental Distress

Frequent mental distress is defined as 14 or more bad mental health days in the last month. In the service area, 7% of the adult population experienced frequent mental distress, with the highest rates found in the Bothell / Woodinville and Kirkland / North Kirkland HRAs. Young adults, females, and Native and African Americans experienced higher rates of mental distress compared to other segments of the population. Mental distress also correlates closely with income, rising steeply as income falls: 6% in households earning \$75,000 or more, and 24% in those earning \$15,000 or less.

Frequent Mental Distress

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	6%
Bellevue HRA	6%
Bothell / Woodinville HRA	10%
Covington / Maple Valley HRA	9%
Issaquah HRA	4%
Kirkland / North Kirkland HRA	10%

Mercer Island / Point Cities HRA	6%
Newcastle / Four Creeks HRA	8%
Redmond HRA	7%
Renton / Fairwood HRA	9%
Sammamish HRA	4%
Snoqualmie / North Bend / Skykomish HRA	6%
Overlake Service Area	7%
King County	8%
Washington	10%

Source: WA State Dept. of Health, per City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Adult Alcohol Use

Excessive drinking is defined as greater than 60 drinks per month for men and greater than 30 drinks a month for women, or binge drinking, which is five or more drinks on one occasion for men and four or more for women. In the hospital service area, 16% of adults engaged in excessive drinking over the past year, which is less than the county or state rate. The highest rates of excessive drinking are among males, 18-24 year olds, Native Americans and Whites.

Adult Alcohol Use

Geographic Area	Percent
Bear Creek / Carnation / Duvall HRA	20%
Bellevue HRA	14%
Bothell / Woodinville HRA	9%
Covington / Maple Valley HRA	19%
Issaquah HRA	16%
Kirkland / North Kirkland HRA	19%
Mercer Island / Point Cities HRA	15%
Newcastle / Four Creeks HRA	20%
Redmond HRA	13%
Renton / Fairwood HRA	16%
Sammamish HRA	17%
Snoqualmie / North Bend / Skykomish HRA	17%
Overlake Service Area	16%
King County	19%
Washington	17%

Source: WA State Dept. of Health, City Health / HRA Profiles for 2012, Seattle & King County Public Health, 2007-2011

Homelessness

As part of the Seattle/ King County Coalition on Homelessness's annual Unsheltered Homeless Count, 3,123 individuals were counted on the January 24, 2014's One Night Count. This represents a 14% increase over the number of homeless counted in 2013.

It is understood that there may be hundreds (if not thousands) more homeless individuals throughout Seattle and King County who were not counted on the night of the count either because they were hidden from volunteer counters, are living unsheltered in areas of the county not included in the count, or were temporarily homeless but staying with friends and family.

Unsheltered Homeless in King County, 2014

	Number	Percent
East Side	178	5.7 %
King County	3,123	100 %

Source: Seattle/King County Coalition on Homelessness, One Night Count, 2014

Crime

Washington State Sheriff and Police Departments are in the process of migrating from the Uniform Crime Reporting System to the National Incident Based Reporting System, which affected statistical reporting starting in 2012.

In 2011, the rates of violent crime, property crime and larceny-theft were all higher for King County than for the state. Data from 2009 suggest that rates are slightly lower for the service area than for King County.

Crime Rates per 100,000 Persons, 2011

Geographic Area	Violent Crimes		Property Crimes		Larceny-Theft	
	Number	Rate per 100,000 Persons	Number	Rate per 100,000 Persons	Number	Rate per 100,000 Persons
King County	6,776	344.6	78,116	3,973.2	51,843	2,636.9
Washington	19,568	289.4	239,428	3,541.2	159,218	2,354.9

Source: Washington Association of Sheriffs and Police Chiefs' Crime in Washington 2011 Annual Report

Domestic Violence

Domestic violence offenses in King County occur at a rate of 516.6 per 100,000 persons, which is lower than the state rate.

Domestic Violence Offences, 2011

Geographic Area	Number	Rate per 100,000 persons
King County	10,157	516.6
Washington State	36,826	544.7

Source: Washington Association of Sheriffs and Police Chiefs' Crime in Washington 2011 Annual Report

School and Student Characteristics

School districts in the Overlake Medical Center service area were examined for selected demographic and performance characteristics.

School Enrollment

School enrollment for area school districts totals 114,211 students.

Total Student Enrollment

School District	Total Enrollment
Bellevue School District	18,951
Issaquah School District	18,832
Lake Washington School District	26,361
Mercer Island School District	4,345
Northshore School District	20,652
Renton School District	15,237
Riverview School District	3,326
Skykomish School District	42
Snoqualmie Valley School District	6,465
Overlake Service Area	114,211
King County	259,298
Washington	1,035,758

Source: Office of Superintendent of Public Instruction, Washington State, 2013-2014

Student Race/ Ethnicity

The student population of the area district schools is primarily White (64.9%). Asians are the next most prevalent race (17.7%). Over 25% of the student population in Bellevue and East Renton are Asian. Hispanics comprise 8.3% of the student population. All other races total 9.1% of the student population. East Renton has the highest percentage of African American and Hispanic students.

Enrollment by Race/Ethnicity (1)

	Caucasian		Asian		Hispanic	
	Number	Percent	Number	Percent	Number	Percent
NE County	14,124	71.7%	2,373	12.0%	1,708	8.7%
520 Corridor	16,570	68.5%	4,024	16.6%	1,767	7.3%
Bellevue	12,033	55.4%	5,597	25.8%	1,664	7.7%
I-90 Corridor	23,309	76.4%	4,368	14.3%	1,532	5.0%
E Renton	4,934	34.7%	3,650	25.7%	2,516	17.7%
Riverview School District	2,770	85.8%	110	3.4%	246	7.6%
Overlake Service Area	73,740	64.9%	20,122	17.7%	9,433	8.3%
King County	140,997	54.4%	44,856	17.3%	32,349	12.5%
Washington	661,801	63.9%	82,079	7.9%	165,009	15.9%

Source: Office of Superintendent of Public Instruction, Washington State, 2009-2010

Enrollment by Race/Ethnicity (2)

	African American		Native American		Pacific Islander		Multiracial/Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
NE County	401	2.0%	157	0.8%	93	0.5%	851	4.3%
520 Corridor	579	2.4%	129	0.5%	74	0.3%	1,035	4.3%
Bellevue	579	2.7%	78	0.4%	11	0.1%	1,741	8.0%
I-90 Corridor	704	2.3%	229	0.8%	95	0.3%	272	0.9%
E Renton	2,894	20.4%	166	1.2%	10	0.1%	49	0.3%
Riverview School District	38	1.2%	50	1.5%	13	0.4%	0	0.0%
Overlake Service Area	5,195	4.6%	809	0.7%	296	0.3%	3,948	3.5%
King County	25,659	9.9%	3,749	1.4%	2,808	1.1%	8,880	3.4%
Washington	58,267	5.6%	26,058	2.5%	8,975	0.9%	33,569	3.2%

Source: Office of Superintendent of Public Instruction, Washington State, 2009-2010

Free and Reduced Price Lunch Program

The number of students eligible for the free and reduced price meal program is an indicator of the socioeconomic status of a school district's student population. The school districts in the service area present a mixed view. It is important to note, that while examining district totals provides an overview of the student population, this is an average among all the schools. Within each district there are a number of schools with higher and lower rates of eligible low-income children.

In the service area as a whole, 20.6% of students qualify for free or reduced price meals. In the Renton School District, 51.8% of all students qualify for this program, in the Skykomish School District it is 87.5%, while at Issaquah School District it's 9.9% and Mercer Island School District only 4.6%.

Free and Reduced Meal Program, 2013-2014

School District	Number	Percent
Bellevue School District	3,731	19.5%
Issaquah School District	1,829	9.9%
Lake Washington School District	3,351	14.2%
Mercer Island School District	141	4.6%
Northshore School District	3,377	16.6%
Renton School District	9,100	51.8%
Riverview School District	652	18.6%
Skykomish School District	28	87.5%
Snoqualmie Valley School District	968	14.5%
Overlake Service Area	23,177	20.6%
King County	99,880	36.4%
Washington	476,211	45.2%

Source: Office of Superintendent of Public Instruction, Washington State, 2014

English Learners

The percentage of students who are English Learners among the area school districts is 7.1%, less than the rate of English Learners in the state.

Transitional Bilingual, 2012-2013

School District	Number	Percent
Bellevue School District	1,917	10.0%
Issaquah School District	762	4.1%
Lake Washington School District	1,559	6.2%
Mercer Island School District	103	2.4%
Northshore School District	1,153	5.7%
Renton School District	2,214	14.9%
Riverview School District	78	2.4%
Skykomish School District	0	0.0%
Snoqualmie Valley School District	126	2.0%
Overlake Service Area	7,912	7.1%
Washington	94,176	9.0%

Source: Office of Superintendent of Public Instruction, Washington State, 2014

High School Graduation Rate

Among the schools in the service area, 89.5% of students eligible for graduation with their cohort (four years after starting high school) graduated. This is higher than the county and state graduation rates. Renton School District and Snoqualmie Valley School District, however, had much lower rates of graduation than the other districts in the service area.

High School Four-Year Cohort Graduation, 2012

Geographic Area	Graduates	Rate
Bellevue School District	1,357	91.8%
Issaquah School District	1,167	91.8%
Lake Washington School District	1,373	91.9%
Mercer Island School District	371	92.9%
Northshore School District	1,430	91.4%
Renton School District	810	77.9%
Riverview School District	197	90.5%
Skykomish School District	1	50.0%
Snoqualmie Valley School District	331	76.9%
Overlake Service Area	7,037	89.5%
King County	15,673	77.6%
Washington	60,475	77.2%

Source: Office of Superintendent of Public Instruction, Washington State, 2014

Key Stakeholder Interview Report

Introduction

Fifteen telephone interviews were conducted in April – May, 2014 for the Overlake Medical Center Community Health Needs Assessment. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the East King County area, who spoke to the issues and needs of the people they work with and serve. Attachment 2 lists the interview participants and their organizational affiliations.

Interview Topics

Interview participants were asked to share their perspectives on a number of topics, including:

- Biggest issues or concerns facing the community overall, and biggest health concerns.
- Challenges to accessing health care and mental health services and where people go for these services.
- Client experiences in obtaining insurance from the State’s Health Insurance Exchange.
- Barriers to accessing chronic disease prevention and treatment services.
- How people care for and manage their chronic diseases, including preventive measures employed and resources/services accessed.
- Recommendations for facilitating access to and use of screenings, immunizations and flu shots.
- Services and programs that are effectively addressing community health issues.
- Community’s strongest health care and social service assets.
- Other notes and comments.

Responses and trends relative to each of these topic areas are summarized below.

Community Issues and Concerns

Community Issues and Concerns Overall

Access to affordable housing and transportation barriers were the top community concerns expressed by the interview participants. Housing is an issue for seniors and for other low-income populations. Transportation was identified widely as a major barrier for people to accessing services and resources in the community (including health care) given that services are spread across a large, “sprawling” geographic area and costs associated with both public transportation and use of cars can be prohibitive.

Additional issues and concerns included:

- Ability of working poor to access the resources and services they need but do not qualify for due to their limited incomes. They are not a part of the safety net, but cannot afford services, and so are “falling through the cracks.”
- Senior care and child care for financially strained families.
- Employment and education for lower-income populations.
- Language barriers and translation assistance needs for the many Asian and African immigrants who speak a myriad of languages and dialects. Culturally competent services are also much need to serve these communities.
- Lack of support services and resources, and lack of knowledge regarding existing services.
- Access to health care.
- Lack of awareness among many residents of the lower-income populations living within the community and their needs.
- Increasing cost of living that is not being matched by wage increases.
- Traffic and commute times, and a general “life-work balancing act.”

Health Concerns

The biggest health concerns were identified to include both access issues as well as specific health conditions. The access challenges will be described more fully below.

The health concerns identified included:

- Access to behavioral health services.
- Access to dental care, especially for low-income children.
- Nutrition, diabetes and obesity.
- Undiagnosed health issues among homeless.
- High levels of stress and associated mental health issues (e.g., depression, bullying, and suicide).
- Increase in substance abuse use among youth and young adults, including heroin use.
- Uptick in domestic violence and lack of safe housing and transitional housing for victims of domestic violence.
- Difficulty of aging “in place” (i.e., at home) due to financial and safety concerns.
- Increases in poverty levels that then affect health outcomes.
- Health issues associated with specific immigrant populations (e.g., Hepatitis B and liver cancer in the Asian population), and the need for targeted and culturally competent prevention strategies and treatment options.
- Difficulty for parents to maintain and manage immunization records.

Access to Health Care and Mental Health Services

Barriers to Accessing Services

Interview respondents were asked about the problems and challenges people in the community face in accessing health care and mental health services. Numerous challenges to accessing mental health services were identified. The most frequently identified challenges to obtaining health care services were identified as transportation issues, language/cultural barriers and cost/coverage concerns.

1) Transportation

- People do not access preventive or routine care due to transportation barriers.
- Transportation is difficult in Bellevue as there are a lot of people and families with only one car or no car, and the bus service for getting around town is expensive and problematic. Maintaining a car and paying for gas can be prohibitively expensive.
- Services are spread out over a large geographic area in East King County, which also includes some rural areas that do not have the same resources as are found in the more urban areas.
- Bus service on the Eastside is limited. Bus routes are not at convenient times and it can take a long time to get to one's destination, as places are not located on straight paths. People sometimes do not live close to bus stops, which is particularly a problem for those with mobility problems or those using the bus with kids in tow.
- Transportation is difficult for older adults who cannot drive and have to rely on family members or public transportation for rides.
- Language barriers can prevent use of public transportation, especially for languages other than Spanish where there may be no one to help with translation.

2) Language/Culture

- Language barriers can create difficulty in accessing public transportation, as noted.
- Tremendous diversity of languages and cultures in East King County, including many Asian and African immigrants, that presents challenges as far as communication about available services and communication with health providers.
- Health is a sensitive topic and it can be difficult enough to communicate about health issues with a provider in one's native language – and even more so if an interpreter is involved. This difficulty in communicating is one factor that contributes to health disparities among ethnic populations.
- People need education in their own languages that focus on the value of preventive health services and where such services can be accessed.

- The area's many undocumented people are unable to access health coverage through the Affordable Care Act (ACA) or Medicaid. They will remain residually uninsured and will present at community health centers and emergency departments.

3) Cost/Coverage

- Health insurance, including options offered through the health care exchange, is still too expensive for many families. The high costs of premiums, deductibles and/or co-pays can be prohibitive. It is a challenge for people spending 50% or more of their income on housing to also afford health insurance. Many cannot afford it and are choosing to pay the penalty instead.
- A large portion of the population does not qualify for reduced-fee services, but cannot afford to pay for services. They must choose between rent, food and health insurance.
- Funding for health care services has been cut, creating more access problems.
- There are perceptions that medical services are only for people with money.
- Concern about going to the hospital and accruing charges.
- Undocumented are not eligible for health care coverage.
- Mothers with children were previously able to get health coverage through TANF, but this path has been greatly reduced.
- Many doctors not accepting seniors on Medicaid.

Additional barriers to accessing health care services were identified as:

- Shortage of primary care doctors and specialists. Primary care is being "propped up" by urgent care services, but this does not help people with chronic health conditions.
- Challenge to get whole family covered by health care insurance.
- Challenging culture change to develop a relationship with a Primary Care Physician (PCP) as a regular source of care, rather than using the ER.
- Lack of understanding of health care coverage/insurance.
- Wait times for appointments can be very long. This was noted particularly as a problem with VA services and also for new patients who do not have an established relationship with a primary care provider.
- No infrastructure for services for low-income families and homeless in Bellevue.
- Lack of weekend hours for affordable primary care services.

Mental Health Care

Interview participants discussed significant concerns about the difficulty in accessing mental health services, including both counseling services and psychiatric services. Barriers to these services were identified as:

- Capacity and resources are a huge problem
 - There are not enough counseling or psychiatric providers/services, particularly for low-income people (and even for those with insurance). There are a limited number of sliding scale counseling services and very few mental health clinics across the state, so families with children with urgent needs have to wait long times for appointments.
 - Unless there is a major crisis such as a suicide attempt, people have to wait a year for an appointment.
 - There are an insufficient number of psychiatric beds available in the community. One person stated that Washington State has the fewest number of acute beds in the country; it is ranked 50th of all states.
 - Many psychiatrists have closed panels and are not accepting new patients.
 - Much of mental health is managed by primary care providers, and there is a shortage of PCPs as well.
- Insurance does not provide sufficient coverage for mental health needs.
- Payment mechanisms are in silos, making referrals from health care to mental health services challenging – even within the same agency.
- School District does not have good list of mental health resources. Parents are given a list of services and expected to call around to find out what services are available, along with wait times and eligibility. A list of counseling and psychiatric services available for kids is sorely needed.
- Limited mental health resources available offer services that do offer continuity over time with clients.

Where People Access Care

Interviewees were asked where people go to access health care and mental health services. Health care services were identified to include:

- Hospitals, such as Overlake Medical Center, University of Washington, Virginia Mason, Group Health and Evergreen.
- Emergency departments, still often used by low-income/uninsured as a resource that will not require payment.
- Urgent care centers, used by many with coverage during evening or weekend hours when primary care provider offices are closed.
- The two Federally Qualified health Centers (FQHCs) in the area; i.e., Sea Mar Community Health Centers (serve a largely Latino population) and International Community Health Services (a new FQHC that will serve a primarily Asian population).

- Other low-cost clinics/health centers, including Health Point and the free clinic run by Rotarians at Hopelink.
- Eastgate Public Health, which provides well-child visits and immunizations.
- University of Washington – low-cost dental clinic for kids.

While many people probably do not access mental health services at all because of stigma, cost, or lack of knowledge regarding available services, some of the locations where people do access mental health services were identified as:

- Sound Mental Health (for adults)
- Youth Eastside Services (for youth)
- Consejo Mental Health
- Valley Cities
- Therapeutic Health Services (substance abuse services for adults, with branch on the Eastside)
- Sea Mar Community Health Center
- Asian Counseling and Referral Service (for youth, families, adults)
- YWCA – Issaquah and Redmond sites, and partnership with Encompass for children’s mental health services
- Private practitioners
- Crisis hotlines
- Referrals from NAMI

Experiences Accessing Coverage Through the State’s Health Insurance Exchange

Interview participants were asked if medically underserved, low-income, and minority populations had attempted to obtain health insurance coverage through the Exchange, and what their experiences had been. Mixed reviews were reported, with some interviewees saying they were unaware of any negative experiences and others reporting challenges with the process.

- The new Medicaid program is called Apple Health. Many people were switched automatically to this program from the previous Medicaid program (called Healthy Options), and many new eligibles (including many single adults) have gotten coverage.
- Outcomes were greatly improved when people were able to access health enrollment assistors who could provide education about the various insurance products and assist in navigating the enrollment process itself. This was noted as particularly important for people with language and cultural barriers. The availability of people with cultural and language capacity to provide this assistance will continue to be greatly needed in the future. Several agencies

were noted that provided this enrollment assistance, including In-Reach and the International Community Health Services.

Some of the challenges reported about the process of getting enrolled included:

- There was an expectation that people seeking coverage had an email address. The City of Bellevue partnered with the libraries to provide email addresses to those applying for coverage; however, education and access relative to utilization of Internet/email services is an ongoing need.
- The Exchange website had some problems initially, which created difficulty for people with an appointment to enroll and were then unable to because the system was down. Some people “got frustrated and gave up.”
- The system was confusing and difficult to navigate for many without assistance. Some populations were particularly in need of this assistance, such as youth aging out of the foster care system without support, immigrant populations and people speaking languages other than English.
- Enrollment was particularly difficult for people who were foreign-born, even if they had immigrated legally. One person said, “The system was designed to be easy for native born people.” Again, the importance of the enrollment assistors for helping immigrant and mixed families (i.e., including both immigrants and people born in the United States) to enroll was noted.
- Confusion was experienced by many working people who did not qualify for Medicaid about what they were expected to pay and what the benefit to their family would be.

Challenges reported for those who are newly insured were identified to include:

- Fear of using their coverage due to concerns about the high cost of co-pays and deductibles. People are viewing their coverage more as catastrophic coverage and not looking to use it for preventive or episodic care.
- Multi-lingual education will be needed for people about how to access their insurance.
- Internet access and education on how to access emails.

Access to Chronic Disease Prevention and Treatment Services

Barriers to Accessing Chronic Disease Prevention and Treatment Services

Several of the challenges raised relative to accessing primary care were reiterated relative to chronic disease prevention and treatment services, including transportation and language/culture barriers. It was noted that if these and other barriers prevent people from accessing primary care services, they will not get the prevention services and screenings that would help to identify chronic disease in early stages when they are

more easily managed. Additional barriers identified relative to chronic disease care included:

- Cost of medications. Sea Mar Community Health Centers noted they are opening a 340B pharmacy that will provide low-cost medications for people on Medicaid.
- Insurance coverage that includes low-cost preventive care. High deductibles or co-pays are barriers.
- Lack of knowledge or awareness about the importance of preventive care and that access has been created through new coverage. Related issues include:
 - Many people think they only need to access health care if they are sick, and many risk factors for chronic conditions are silent until they become emergent.
 - There are also many people who have “been in survival mode for so long or part of multi-generational poverty, who are unaware of what’s available to them or how to access these services.”
- Cut backs to services available through low-cost health clinics, with priority given to services for women and children, creating more barriers for men.
- Lack of affordable, healthy food for children and hunger among children that is not fully addressed by the free and reduced price lunch program and that is critical for healthy development. Related issues are environmental barriers such as inexpensive fast food versus the higher cost of healthy food, and the extent of marketing and advertising of unhealthy foods/sodas to children. Also there is new marketing aimed at making e-cigarettes look cool.

How People Manage Their Chronic Diseases

Interview participants were asked what people do to prevent their chronic diseases from getting worse or to keep complications from occurring; i.e., what preventive and management measures they make use of. Some respondents said many people do not act preventively, due to reasons such as health not being a top priority relative to rent and food, lack of knowledge, lack of “ownership” of their health condition, and willpower or discipline. Ownership and motivation were identified by several respondents as key to engaging in recommended behaviors that will help to manage chronic disease. Related ideas were that it’s important to assess what motivates a person (i.e., to not have to use medications or not be on insulin) and to educate people to understand that their behavior can affect the course of their disease process.

Other activities people engage in to prevent their chronic diseases from worsening were identified:

- Sleeping in a shelter versus on the street.
- Watch diet and eat healthier food.

- Exercise, though many barriers were also identified related to income (e.g., time if working several jobs, affording classes or a gym membership, safety of neighborhood) and age (i.e., can be difficult for seniors with mobility issues).
- Seek out alternative medicine options, such as acupuncture and naturopaths.

Services, Educational Programs and Materials Used to Care for Chronic Disease

Several resources were identified that are or can be used to help people care for themselves or learn more about their chronic diseases, including:

- Primary care doctor, for those with a regular source of care.
- Senior center.
- Hospital programs that offer education about chronic disease prevention and management, in cases where transportation is not a barrier.
- Quarterly publication sent by Overlake Medical Center to residences that includes a variety of educational pieces and resources.
- Internet, for those with Internet access.
- Educational materials offered to people with blood diseases and for blood donors.
- 211 resource information line.
- Community service organizations and libraries.
- Trusted community leaders and organizations, especially for immigrant families and those with language barriers.
- Bellevue School District website and school nurses.

Some initiatives underway to support healthy behaviors and chronic disease management were identified:

- Sea Mar Health Centers offer health educators who provide health education to patients in their primary language as much as possible and Chronic Care Coordinators to provide patient follow-up regarding compliance with medical visit recommendations as well as ongoing monitoring of health/disease indicators (e.g., blood sugar).
- Employee Wellness initiatives, such as that offered at the Puget Sound Blood Center, that provide software to employees to track their wellness activities and to encourage/promote health behaviors and wellness.
- YWCA Family Village in Redmond develops self-sufficiency plans with and for clients. While these tend to focus more on education, housing and employment, parent concerns for their children's health are also important.
- Hopelink has worked to provide more nutritional food through their food bank, but is unable to accommodate the many individualized food needs of clients.

- Bellevue Family YMCA offers a number of programs, including:
 - Working with obese patients through a CDC program to help facilitate behavior change and weight loss, to prevent diabetes.
 - ACT Program targets obese youth and families to reduce obesity with a 12-week family program that includes education, exercise and nutrition.
- Public Health environmental strategies that promote easy, healthy choices.

Recommendations to Improve Rates of Screenings, Immunizations and Flu Shots

The key recommendations for how to make it easier or encourage people to get health screenings, immunizations and flu shots (preventive services) were to: 1) provide education as to the value of these services, 2) provide them in easily accessible and trusted locations, and 3) provide them at low or no cost to people who do not have insurance. Many interview respondents stressed the importance of education for community members, as well as for the staff of organizations, which addresses both why these services are important and that they are safe. Related ideas included:

- If trained properly, organizations can impart this education to their clients.
- One interviewee recommended having doctors and hospitals offer this education, as “people trust doctors” and other health professionals.
- If children are educated about the value of preventive screenings at a young age, they will take more personal ownership for engaging in these activities throughout their lives, and will also encourage their parents and siblings to participate.
- Education for parents on the required childhood vaccinations is important.

The importance of making health screenings, flu shots and immunizations easily accessible at trusted organizations was noted by well over 50% of the interview participants. A recurring theme was that we cannot expect people to come to the hospital site for all these services, but rather, that there is great opportunity to partner with the city and with local organizations to offer these services out in the community. This this will help to reduce transportation barriers and facilitate use. Specific recommendations included:

- Address the access issues among vulnerable populations, including seniors (e.g., have appointment slots available to reduce wait times), families with young children and transportation barriers (e.g., bring the services to school sites or other places where people already go), and immigrant families with language barriers (e.g., provide multi-lingual and culturally competent services).
- Offer preventive services in partnership with community-based organizations that have relationships with clients, such as at homeless shelters, senior programs,

community-centers, faith organizations, apartment complexes, schools (especially the Title Schools), public libraries, food banks, community clinics, etc. Many of these organizations have built trust with specific vulnerable populations that are generally more hard-to-reach.

- Offer preventive services at special events and at ongoing community events, such as at the Back-to-School events, Crossroads Shopping Center, health fairs and farmer's markets.
- Create consistency of locations for these services, so people can expect them and rely on them.
- Offer incentives for participation.
- Make sure that community-based preventive services are well-advertised. Use television, pharmacists, emails, newsletters and schools to promote upcoming clinics.
- Work with the City of Bellevue's Special Events Committee to plan preventive service clinics in conjunction with these events.
- Overlake Medical Center staff can become a part of community networking/planning committees, to learn more about opportunities in the community that the hospital could link with, and also to share more about hospital plans and services.
- Services that are free or low-cost for the uninsured and offered in languages spoken by community members will reduce barriers to access.

Services that are Effectively Addressing Community Health Issues

Interview participants were asked to identify the community's strongest health care and/or social service assets as well as the services, programs and community efforts they think are effectively addressing community health issues in the area.

Strongest Community Health Care and Social Service Assets

The strongest health care and social service assets were identified to include:

- Overlake Medical Center. Comments included:
 - Overlake Medical Center has done a tremendous job of handling needs in the community.
 - Overlake Medical Center has an outstanding reputation for quality care and they have expanded a lot in the community.
 - Overlake Medical Center is one of only a few stand-alone hospitals in the area and it is good to have an independent hospital in the community. The hospital is "one of the strong pillars of healthcare in the community."
 - Overlake Medical Center offers screenings and education classes on a number of health issues, and supports a free half-day walk-in clinic.

- The hospital has done “impressive work on data-driven policies and programs.”
- Overlake Medical Center is a good community partner.
- Other area hospitals, which all provide good services and are looking to create impactful community partnerships, include Evergreen Hospital, Swedish, Virginia Mason, University of Washington, Providence System and Group Health.
- Many of the hospitals in King County have collaborated on a countywide Community Health Needs Assessment, which will offer a common impact frame and be helpful for recruiting involvement from other organizations.
- Good emergency response system in the area.
- Excellent base of physicians on the Eastside.
- Sea Mar Community Health Centers and other community clinics/health centers that serve the uninsured, homeless and other needy populations.
- Project Access, a program that brokers specialty care services for low-income and uninsured populations.
- High level of collaboration among a number of high quality social service organizations, including Hopelink, Youth Eastside Services, Friends of Youth, Senior Services of King County, Catholic Community Services and the YWCA.
- Other community service organizations, such as Community Center for Education Results, Lifespring, Jubilee Reach.
- State initiatives to improve health, including the Health Care Innovation Plan.
- Opportunities for outdoor recreation and health-promoting activities.

Other Community Programs that Impact Health

Other community programs, services and collaborative efforts that are making a difference in the community were identified.

Health and Mental Health Services

- Eastside Public Health, which offers well-child visits and immunizations.
- King County Department of Health, a good resource for immunizations and outbreaks.
- Jubilee Reach Dental Van, located near Lake Hills Elementary, offers preventive and emergency dental services to children at Bellevue School District.
- School-based health centers.
- Blood pressure checks offered at fire stations and senior centers.
- Well-baby programs that help families get off to a good start.
- Alzheimer’s Association.
- Eastside Pathways – a program in the Bellevue School District that promotes student achievement throughout their schooling, linked to basic needs as well as

mental health needs and includes a partnership with Youth Eastside Services to provide counselors in the schools

- Sea Mar Community Health Centers, an FQHC that provides health services to low-income and uninsured populations with outreach primarily to the Latino population.
- International Community Health Services, a new FQHC in Bellevue, provides health services to low-income and uninsured populations.
- Drug stores working with hemophiliacs directly, building relationships with them around care and treatment, including blood factors (i.e., components used in blood).
- Puget Sound Blood Center promotes in-home care (e.g., transfusions) for hemophiliacs and others with blood diseases, which is less stressful for the patient.
- Mental health services offered by Sound Mental Health and Valley Cities.
- Initiatives and partnerships led by King County Public Health and involving other partners (e.g., hospitals, community-based organizations), such as Communities Putting Prevention to Work and the Community Transformation Grant. These initiatives are working to address obesity, healthy eating, active living and tobacco cessation.
- Promotoras/Community Health Worker programs, with demonstrated success working on asthma.
- Focus on 0-5 age group to promote prevention and better lifelong health outcomes.
- Partnership programs offered through the Issaquah Schools Foundation
 - Pediatric dental clinic, a partnership with the University of Washington where appointments are set aside for cleaning and treatment for about 30 students that the University is able to fund through other sources.
 - Washington Institute of Technology Dental Hygiene program and Sealant Day, offered to kids and families.
 - Swedish Hospital is providing mental health counselors to each High School in the District for both counseling and inpatient services.

Social Services and Support Services

- Transportation provided by Eastside Friends of Seniors.
- YMCA.
- City of Bellevue Network on Aging.
- Eastside Human Services Forum, an organization that informs decision makers around issues of concern, such as housing and advocacy for homeless. The

Forum includes many of the area cities as well as social service organizations and faith communities.

- Kinderling Center works with families of the 0-3 age group with developmental delays, offering parenting classes and other services.
- Child Care Resources offers a number of services related to child care, including child care for homeless families and parent/teacher education.
- Consejo offers free interpreter services.
- Eastside Legal offers free legal consultation to YWCA Family Village – Redmond clients.
- Together Center in Redmond offers services and training for multicultural populations.
- Volunteer domestic violence services and housing offered by LifeWire (formerly Eastside Domestic Violence Program).
- Hopelink is the largest human service provider in the area, offering a food bank, transportation services and linkages to medical services.
- Chinese Information & Service Center.
- Homeless programs, including Congregations for the Homeless, The Sophia Way and Healthcare for the Homeless (Seattle-King County Public Health Department).
- Efforts to create access to healthy food for children and to end hunger, including work by the United Way of King County.

Comments/Other

At the close of the interview, participants were given an opportunity to share any final thoughts or comments. Opportunities for additional hospital involvement were also expressed, including ongoing communication with agencies and residents about hospital services and expansion plans and seizing opportunities to become a visible community partner and leader. One interviewee said that Overlake Medical Center is doing great work, but “the more that Overlake can provide leadership in East King County, the better!” Other comments included:

- Several significant needs/issues/priorities were raised or reiterated
 - Dental services for children.
 - Mental health services for children and adults.
 - Senior issues, including transportation needs, Aging in Place, and the growing need for long-term care as longevity increases.
- Coordination is needed among the many good agencies in the community addressing important issues such as housing and homelessness, hunger, child care, health care, etc. More cooperation is needed to achieve collective impact, despite the fact that there is competition for resources.

- Eastside has a NIMBY mentality (Not In My Backyard) relative to mental illness, poverty, substance abuse and homelessness. The affluence in the community masks these issues, and community residents do not fully recognize that these needs exist.
- More education is needed on the value of prevention as a way to keep costs down and prevent unnecessary emergency room visits.
- Concern about the distance and need for assistance for seniors and others with mobility issues to get from the new East Link Light Rail station to Overlake facilities.

Attachment 1. Benchmark Comparisons

Where data are available, health and social indicators in the Overlake service area are compared to the Healthy People 2020 objectives. The **bolded items** are indicators in the service area that do not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Service Area Data	Healthy People 2020 Objectives
Heart disease deaths 125.7 per 100,000	Heart disease deaths 100.8 per 100,000
Cancer deaths 151.0 per 100,000	Cancer deaths 160.6 per 100,000
Breast cancer deaths 21.3 per 100,000	Breast cancer deaths 20.6 per 100,000
Colorectal cancer deaths 13.6 per 100,000	Colorectal cancer deaths 14.5 per 100,000
Stroke deaths 35.0 per 100,000	Stroke deaths 33.8 per 100,000
Diabetes deaths 13.4 per 100,000	Diabetes deaths 65.8 per 100,000
Unintentional injury deaths 26.2 per 100,000	Unintentional injury deaths 36.0 per 100,000
Suicides 9.6 per 100,000	Suicides 10.2 per 100,000
Drug-related deaths 8.2 per 100,000 persons	Drug-related deaths 11.3 per 100,000 persons
HIV/AIDS deaths 0.5 per 100,000 persons	HIV/AIDS deaths 1.6 per 100,000 persons
Early prenatal care 96% of women	Early prenatal care 78% of women
Low birth weight infants 6.5% of live births	Low birth weight infants 7.8% of live births
Infant death rate 3.1 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Child health insurance rate 96.1%	Child health insurance rate 100%
Adult health insurance rate 88.3%	Adult health insurance rate 100%
Persons unable to obtain medical care 8%	Persons unable to obtain medical care 4.2%
Adult obese 20%	Adult obese 30.6%
Youth overweight or obese 21%	Youth overweight/obese (ages 2-19) 14.6%
Adults who are sedentary 14%	Adults who are sedentary 32.6%
Adults 50+ who receive colorectal cancer screening 66%	Adults 50+ who receive colorectal cancer screening 70.5%
Women who had a mammogram in the last two years 84%	Women who had a mammogram based on guidelines - 81.1%
Annual senior influenza vaccination 72%	Annual senior influenza vaccination 90%
Seniors who received pneumococcal vaccination 71%	Seniors who received pneumococcal vaccination 90%
Adults engaging in binge drinking 16%	Adults engaging in binge drinking 24.3%
Cigarette smoking by adults 10%	Cigarette smoking by adults 12%

Attachment 2. King County HCC Interviewees

Interviews were conducted with individuals belonging to the following coalitions, agencies, and organizations:

Those who represent the broad interests of the community

Eastside Human Services Forum

- Aging & Disability Services
- The Arc of King County
- City of Bellevue
- City of Kirkland
- City of Redmond
- Friends of Youth
- Hopelink
- Issaquah Human Services Commission
- Issaquah Sammamish Interfaith Coalition
- King County Council
- Kirkland City Council
- Overlake Medical Center
- Redmond City Council
- Youth Eastside Services
- YWCA Seattle-King-Snohomish

North Urban Human Services Alliance

- Center for Human Services
- City of Lake Forest Park
- City of Shoreline Human Services
- Hopelink
- Northshore/Shoreline Community Network
- Shoreline Community College

Seattle Human Services Coalition

South King Council of Human Services

King County Traffic Safety Task Force

- Burien Police Department
- Issaquah Police Department
- Kent Police Department
- King County Emergency Medical Services
- Kirkland Police Department
- Maple Valley Police Department
- Newcastle Police Department

- Redmond Police Department
- Renton Police Department
- Seatac Police Department

Safe Kids Seattle/South King County

- Feet First Pedestrian Safety Coalition
- Harborview Spine Center and Concussion Program

Safe Kids Eastside

- Brain Injury Alliance
- CarSafe Kids
- Duvall Fire Department
- Eastside Aid Community
- EvergreenHealth
- Nick of Time Foundation
- Olympic Physical Therapy

Central Region EMS & Trauma Care Council

- Airlift Northwest
- AMR Ambulance
- EvergreenHealth Emergency Department
- Falck Northwest Emergency Medical Services
- Group Health Emergency Department
- Harborview Medical Center Emergency Department
- Highline Medical Center Emergency Department
- Multicare Auburn Emergency Department
- Northwest Hospital Emergency Department
- Overlake Medical Center Emergency Department
- Public Health-Seattle & King County Emergency Medical Services
- Seattle Children’s Hospital Emergency Department
- Snoqualmie Valley Hospital Emergency Department
- St. Elizabeth Hospital Emergency Department
- St. Francis Emergency Department
- Tri-Med Ambulance
- Valley Medical Center Emergency Department
- Washington Ambulance Association
- Washington State Department of Health

Representatives of medically underserved, low-income and minority populations, and populations with chronic disease needs

Carol Allen, Coordinator, Access to Baby and Child Dentistry Program, Public Health-Seattle & King County

Behavioral Health Partnership Group

- Asian Counseling and Referral Services
- Catholic Community Services
- Community House Mental Health
- Community Psychiatric Clinic
- Consejo Counseling
- DESC
- EvergreenHealth
- Harborview Mental Health
- King County Mental Health Chemical Abuse and Dependency Services
- NAVOS
- Seattle Counseling Service
- Sound Mental Health
- Valley Cities Counseling
- YMCA

Country Doctor Community Health Center

SeaMar Community Health Center

Forefront

Equal Start Community Coalition

- Center for Multicultural Health
- Children's Alliance
- Infant Mortality
- Local Hazardous Waste Management
- Native American Women's Dialogue on
- Odessa Brown Children's Clinic
- Open Arms Perinatal Services
- YWCA

Health Coalition for Children and Youth

- Cedar River Group
- Childhood Obesity Prevention Coalition
- Children's Alliance
- Community Health Network of Washington
- Molina Healthcare
- Neighborhood House
- Northwest Health Law Advocates
- Odessa Brown Children's Clinic
- Partners for our Children
- Seattle Children's Hospital
- Service Employees International Union Healthcare 1199NW
- Washington Chapter, American Academy of Pediatrics

- Washington Dental Service Foundation
- Washington State Hospital Association
- WithinReach

Sallie Neillie, Executive Director, Project Access Northwest

Those with expertise in public health and representatives from the local health department

Alan Abe, Program Manager – Injury Prevention, King County Emergency Medical Services

Jennifer DeYoung, Health Reform Analyst, Public Health-Seattle & King County

Tony Gomez, RS, Manager, Violence and Injury Prevention, Public Health-Seattle & King County

Scott Neal, Tobacco Program Manager, Public Health-Seattle & King County

Lisa Podell, Interim Health Reform Analyst, Public Health-Seattle & King County

Whitney Taylor, Firearm Violence Prevention/Child Fatality Review Program Manager, Public Health-Seattle & King County

Crystal Tetrick, Parent Child Health Manager, Public Health-Seattle & King County

Sharon Toquinto, Prevention and Treatment Manager, Mental Health Chemical Abuse & Dependency Services Division, King County

Jim Vollendroff, Division Director, Mental Health Chemical Abuse & Dependency Services Division, King County

Attachment 3. Key Stakeholder Interviewees

Contact	Title	Organization
Robin Callahan	Executive Director	Issaquah Schools Foundation
Luis Congdon	Senior Director of Client Operations	The Sophia Way
Edward Crawford, Jr.	Volunteer	City of Bellevue, Network on Aging
Tana Graedel	Senior Director	Bellevue Family YMCA
Debra Grant	Client Services Director	Hopelink
Debbie Lacy	Coordinator	Eastside Human Services Forum
David Larsen	Director of Communications	Puget Sound Blood Center
Ramona Lawrence	Client Services Coordinator	Eastside Friends of Seniors (formerly Faith in Action)
Steve Marshall, MD	Emergency Department Medical Director	Overlake Medical Center
1) Mike McCormick-Huentelman 2) Alexandra O'Reilly 3) Bophary Du	1) Neighborhood Outreach Manager 2) Human Services Planner 3) Liaison for Bellevue Network on Aging	City of Bellevue
Sonja Reid	Lead Nurse	Bellevue School District
Marguerite Ro, Dr. Ph.	Chief, Policy, Community Partnerships and Communications Unit & Chief, Assessment, Policy Development and Evaluation Unit	King County Public Health Department
Mary Shaw	Director of Planning	United Way of King County
Douglas Spingelt	Vice President, Operations	Sea Mar Community Health Center
Gina Yarwood	Director	YWCA Family Village - Redmond

Attachment 4. Conduct of CHNA

The King County Community Health Needs Assessment was conducted by a committee of representatives from Hospitals for a Healthier Community (HHC), which was facilitated by Public Health-Seattle & King County (PHSKC) staff.

Participating Hospitals and Health Systems – Hospitals for a Healthier Community

EvergreenHealth

CHI Franciscan Health

St. Elizabeth Hospital

St. Francis Hospital

Highline Medical Center

Regional Hospital

Group Health Cooperative

MultiCare Health System

Auburn Medical Center

Navos

Overlake Medical Center

Seattle Cancer Care Alliance

Seattle Children’s Hospital

Snoqualmie Valley Hospital District

Swedish Medical Center

Ballard Campus

Cherry Hill Campus

First Hill Campus

Issaquah Campus

UW Medicine

Harborview Medical Center

Northwest Hospital & Medical Center

UW Medical Center

Valley Medical Center

Virginia Mason

Consultant

Melissa Biel of Biel Consulting, Inc. conducted the Overlake Medical Center Community Health Needs Assessment. She was joined by Deborah Silver, MS. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Biel and Ms. Silver have extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs.

www.bielconsulting.com

Attachment 5. Evaluation of Impact

Overlake Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2013-2014 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources.

- Access to care and preventive health care
- Overweight and obesity
- Cancer
- Cardiovascular disease
- Mental health
- Homelessness

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following tables outline the impact made on the selected significant health needs since the completion of the 2013-2014 CHNA.

Access to Care/Preventive Health Care

Priority Health Need: Access to Care and Preventive Health Care		
Goal	Programs/Strategies to Address Health Need	Impact
Increase access to health care for the medically underserved and improve community health through preventive practices.	Provide education to assist residents with accessing primary care through Healthy Outlook articles, community screenings and community lectures.	➤ Published articles in Healthy Outlook on preventive practices that were sent to service area residences.
	Offer screenings and lectures in Community and Cultural Centers in native languages of community residents in partnership with other community organizations.	➤ Implemented 7 screening events and 54 lectures related to preventive health measures.
	Offer classes on accessing health care in partnership with the International Community Health Services and Sea Mar Community Health Centers.	➤ Provided 6,290 screenings tests through 9 events and results counseling with a physician to 710 individuals.
	Offer free screenings, health education and physician consultations at the Active Senior Fair and the Eastside Vitality Health Fair.	➤ Provided BMI, Cardiac and Diabetic Risk Assessments for 1,454 individuals. ➤ Provided 6 lectures at the Redmond Senior Center for 84 Indian and Asian residents.

Priority Health Need: Access to Care and Preventive Health Care		
Goal	Programs/Strategies to Address Health Need	Impact
	Increase access to recommended vaccines and immunizations. <ul style="list-style-type: none"> ○ Provide stand-alone flu clinics in community centers, bus stations, high schools, Crossroads Mall, etc. (Dependent upon vaccine availability.) ○ Offer stand-alone pneumonia clinic in the Senior Health Clinic and senior centers. ○ Explore feasibility of TB Screening for minority populations in partnership with the Overlake pulmonology clinic. 	<ul style="list-style-type: none"> ➤ Developed and distributed a document at community events to outline the differences between primary care, urgent care and emergency care. ➤ Disseminated preventive screening guidelines for men and for women by age group. ➤ Offered pneumonia clinic in our Senior Health Clinic and sent specific promotion to the population encouraging screening. ➤ Implemented a smoke free campus policy for all Overlake properties. All Overlake facilities became smoke free March of 2015. ➤ Began offering smoking cessation classes. ➤ Increased availability and access to needed primary care and preventive care services. ➤ Primary care utilization has increased by 5.4% ➤ Office hours in Redmond and Downtown Bellevue were expanded to 7 am – 5:30 pm. ➤ Saturday clinic hours available in Issaquah from 8 am to 12 pm. ➤ Added 9 primary care providers in 4 clinics.
	Expand community partnerships with organizations like YMCA, Boys & Girls Club etc. to increase community health education and preventive screenings.	
	Implement free online Health Risk Assessment (HRA) with appropriate referral to a primary care physician based upon results.	
	Support efforts to decrease smoking. <ul style="list-style-type: none"> ○ Identify smoking cessation resources and offer cessation classes. ○ Explore implementing a policy to make Overlake a smoke free campus. 	
	Explore the addition of weekend hours to increase access to Overlake primary care practices.	

Overweight and Obesity

Priority Health Need: Overweight and Obesity		
Goal	Programs/Strategies to Address Health Need	Impact
Reduce overweight and obesity through healthy eating and physical activity.	Offer community education and support groups that focus on a healthy weight and healthy eating.	<ul style="list-style-type: none"> ➤ Increased knowledge about healthy food choices by offering community classes on healthy eating and nutrition. ➤ Provided 8 community lectures regarding nutrition and healthy eating, reaching 144 people. ➤ Provided BMI screening to 688 individuals. ➤ Improved healthy eating behaviors by providing individual counseling to 688
	Offer diabetes education through community resources (i.e. community centers, YMCA etc.).	
	Offer free weight loss surgery support group.	
	Explore outreach to local schools to focus on healthy eating and physical activity.	

Explore expanded partnerships with YMCA and Boys & Girls Club to offer family healthy lifestyle education.	<ul style="list-style-type: none"> ➤ persons who received BMI screening. ➤ Offered free weight loss surgery support group twice a month, reached an average of 6 persons per session. ➤ 160 people attended 28 weight loss seminars and webinars. ➤ Provided 18 classes on Hypnosis for Weight Loss classes for 96 persons. ➤ Expanded our relationship with each school district and Eastside Pathways to help expand education efforts. ➤ Continued partnership with the Eating Recovery Center on the Overlake campus. ➤ Healthy eating and physical activity Information, tips and tricks have been expanded on our website. Provided healthy recipes and nutrition focused articles in our quarterly Healthy Outlook magazine, which is provided to our service area residents.
Develop a partnership with the Eating Recovery Center on the Overlake campus to further support program participants.	
Increase community education regarding healthy eating and exercise through the Overlake website and implement strategies to drive the public to our website for information and tips.	

Cancer

Priority Health Need: Cancer		
Goal	Programs/Strategies to Address Health Need	Impact
Reduce impact of cancer on health and increase focus on prevention, treatment and support.	Offer free skin cancer screenings.	<ul style="list-style-type: none"> ➤ Increased the identification and treatment of cancer. ➤ Skin cancer screening for 327 individuals was provided at three screening events. ➤ Increased public awareness of cancer prevention. ➤ Provided 2 cancer prevention and healthy eating lectures for 76 people. ➤ Increased individuals' compliance with preventive cancer care recommendations. ➤ Overall primary care visits increased by 5.4%, which includes routine cancer screening. ➤ Implemented a smoke free campus policy. ➤ Provided smoking cessation classes. ➤ Offered free support groups for
	Offer free support groups in partnership with Gilda's Club of Seattle, including: <ul style="list-style-type: none"> ○ Breast Cancer Support ○ Grief and Loss Support ○ Caregiver Support ○ General Cancer Support 	
	Offer other free support programs through partnering with the American Cancer Society, including: <ul style="list-style-type: none"> ○ Reach to Recovery ○ Look Good...Feel Better ○ Road to Recovery ○ Patient Lodging 	
	Sponsor and support ACS Making Strides Against Breast Cancer.	
	Offer and expand promotion of Mammography Parties as a tool to encourage women to receive their annual mammograms.	
	Continue development of High Risk	

Priority Health Need: Cancer		
Goal	Programs/Strategies to Address Health Need	Impact
	Breast Cancer Assessment. Incorporate utilization into the Eastside Vitality Health Fair and other community screening events.	<p>breast cancer, grief and loss, caregiver support and general cancer support. Sessions for breast cancer and caregiver support were added to increase access for needed support and education.</p> <ul style="list-style-type: none"> ➤ Overlake Medical Center was the presenting sponsor for the American Cancer Society Making Strides against Breast Cancer event, which served to increase information on breast cancer prevention and treatment. Health and social service resources were made available to the community at the event. ➤ Offered Mammography Parties. ➤ Ongoing development of High Risk Breast Cancer Assessment and Lung Cancer Screening program. ➤ Offered a healthy eating for cancer prevention lecture. ➤ Supported the Colon Cancer ½ Marathon and spoke with 227 individuals about the importance of screening. ➤ Physician liaisons promoted importance of screening to primary care physician colleagues.
	Expand promotion of new lung cancer screening program.	
	Provide community education seminars regarding cancer prevention and screening.	
	Utilize physician liaisons to promote colorectal and lung cancer screening to primary care providers.	

Cardiovascular Disease

Priority Health Need: Cardiovascular Disease		
Goal	Programs/Strategies to Address Health Need	Impact
Reduce impact of cardiovascular disease on health and increase focus on prevention, treatment and awareness education.	Offer a variety of community education lectures and screenings on the topic of cardiovascular disease.	<ul style="list-style-type: none"> ➤ Increased the identification and treatment of heart disease and stroke. ➤ Provided 8 lectures and cardiac and stroke assessment to 1,562 people. ➤ Screened 110 individuals and 82 participants as part of lecture / educational seminar. ➤ Increased public awareness of cardiovascular disease prevention.
	Offer free cardiac screening, health education and physician consultation through Women and Heart cardiac screening event.	
	Sponsor the American Heart Association Heart and Stroke Walk.	
	Expand cardiovascular screenings into community and cultural centers.	

Priority Health Need: Cardiovascular Disease		
Goal	Programs/Strategies to Address Health Need	Impact
	Explore opportunities for a cardiac rehabilitation program with the Bellevue Club.	<ul style="list-style-type: none"> ➤ Supported events with the AHA including Heart & Stroke Walk and Heart Ball. ➤ Increased individuals' compliance with preventive heart and stroke care recommendations. ➤ 76% of individuals screened had not previously participated in these screening events.

Mental Health

Priority Health Need: Mental Health		
Goal	Programs/Strategies to Address Health Need	Impact
Increase access to mental health care resources and services.	Operate the Overlake Specialty School.	<ul style="list-style-type: none"> ➤ Improved positive behaviors in a learning environment for students who are behaviorally and emotionally challenged. ➤ Expanded the capacity of the Overlake Specialty School. Continued to see very positive results and outcomes. ➤ Increased awareness and treatment of mental health issues. ➤ Published articles in Healthy Outlooks on mental health issues and available resources. ➤ Provided 5 community and workplace lectures related to mental health issues. ➤ Added new mom support groups and continued supports groups for cancer, Alzheimer's disease, miscarriage. Ten (10) different support groups reached 1,344 people. ➤ Continued plans to integrate psychiatry into our Redmond Primary Care clinic.
	Offer community education lectures and explore options for webinars on topics such as: <ul style="list-style-type: none"> ○ Seasonal Affective Disorder (SAD) ○ Depression ○ Stress prevention and management ○ Work life balance 	
	Publish a Healthy Outlook article focusing on available resources for mental health.	
	Offer free support groups to include: <ul style="list-style-type: none"> ○ Balance After Baby: Mood Disorder Support Group ○ P.S. Support Group – Support for miscarriage, still birth or infant loss ○ After Baby Comes – new mom support ○ Alzheimer's Family Support Group 	
	Explore partnership with Bellevue School District and Lake Washington School District for psychiatric placements within the high schools.	
	Develop a strategic plan for Behavioral Health, including the potential of offering psychiatry services in the Overlake primary care practices.	

Homelessness

Priority Health Need: Homelessness		
Goal	Programs/Strategies to Address Health Need	Impact
Reduce the incidence of homelessness in the community.	Overlake will address the issues associated with homelessness by working with cities, counties, school districts, advocates and community based organizations on the Eastside Human Services Forum. Overlake Hospital participates in the Eastside Human Services Forum as a member of the Board and as a community partner. The Eastside Human Services Forum is a collaborative effort that focuses on issues of homelessness, shelters and rapid re-housing.	<ul style="list-style-type: none"> ➤ Increased awareness of the issue of homelessness and address the causes. ➤ Initiated work with the Eastside Human Services Forum (EHSF). Participated in a community wide meeting to discuss homelessness and livable wage. ➤ Supported an advocacy agenda that addresses issues of homelessness (i.e. affordable housing). ➤ Supported EHSF advocacy agenda and provided letters of support.

2015

Overlake Medical Center

Implementation Strategy



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Implementation Strategy

Introduction

Overlake Medical Center is a nonprofit regional medical center located in Bellevue, Washington that provides a full range of advanced medical services to the Puget Sound Region. In 2015, Overlake Medical Center (Overlake) conducted a Community Health Needs Assessment (CHNA) to comply with federal regulations guiding tax-exempt hospitals. The CHNA and Implementation Strategy are posted on the hospital website and can be accessed at <http://www.overlakehospital.org/about-us/>. Public comment on the CHNA and Implementation Strategy are encouraged and comments are used to inform and influence future work.

Overlake Medical Center participated in a collaborative process for the Community Health Needs Assessment as part of the King County Hospitals for a Healthier Community (HHC). HHC is a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. The HHC members joined together to identify important health needs and assets in the communities they serve. This shared approach avoids duplication and focuses available resources on a community's most important health needs.

The Community Health Needs Assessment incorporated demographic and health data for the communities served by the hospital. Targeted interviews were conducted with stakeholder coalitions. Coalitions were identified that have expertise on identified health needs, have diverse membership, and have a regional or sub-regional focus. Stakeholders included those who represented the broad interests of the community, representatives of medically underserved, low-income and minority populations, and populations with chronic disease needs, as well as representatives from the local health department. Stakeholder groups included human service providers, community health centers, behavioral health providers, state, county, and local government staff, fire departments, law enforcement, advocacy organizations, hospital staff, groups focused on health disparities in communities of color, faith communities, labor, and managed care organizations. An online survey was made available for those who were unable to attend the coalition meeting and wished to provide input in writing. Recent reports on health needs were also reviewed for themes and relevant assets and resources. Public comment was also solicited on the previous Community Health Needs Assessment.

Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. The needs were indicated by secondary data sources, stakeholder interviews and surveys. Each health need was confirmed by more than one indicator or data source (i.e., the

health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health needs identified in the secondary data were measured against benchmark data, specifically county or state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

Overlake Medical Center also participated on a committee of representatives from Hospitals for a Healthier Community (HHC), facilitated by Public Health-Seattle & King County (PHSKC) staff. This committee used a community health framework and population-based approach to identify significant health needs and develop criteria for indicators used to measure health needs. The group finalized the selection of indicators with feedback from public health and hospital staff. HHC and other representatives were subject matter experts who helped identify population-level health needs.

Combining the health needs from the HCC collaborative assessment and the Overlake Medical Center data collection, the following significant health needs were determined:

- Access to care
- Behavioral health and mental health
- Cancer
- Cardiovascular disease
- Dental care
- Maternal and child health
- Overweight and obesity (healthy eating and physical activity)
- Preventive health services
- Violence and injury prevention

Priority Health Needs

The identified significant health needs were prioritized with input from the community. A survey was used to gather public input on the identified health needs. The survey link was posted on Overlake Medical Center's Facebook page and sent electronically.

The following criteria were used to prioritize the health needs:

- Severity – the perceived impact of the health need on the community.
- Change over time – determination if the health need has improved, stayed the same or worsened.

- Resources – availability of resources in the community to address the health need.

The calculations of the community survey resulted in the following prioritization of the significant health needs:

1. Access to care
2. Cancer
3. Preventive care
4. Heart disease
5. Behavioral health and mental health
6. Maternal and child health
7. Dental care
8. Physical activity
9. Diabetes
10. Nutrition/healthy eating
11. Injuries
12. Overweight and obesity
13. Suicide
14. Tobacco use
15. Asthma

Addressing the Health Needs

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

- Access to care and preventive health care
- Cancer (to include smoking)
- Cardiovascular disease (to include smoking)
- Maternal and child health
- Mental Health (to include suicide)
- Overweight and obesity (to include healthy eating, physical activity and obesity-related diseases)

Goals have been established that indicate the anticipated impact on these health needs as a result of the resources the hospital will commit to meeting the health needs.

Strategies to address the priority health needs are identified and impact measures will be tracked.

Access to Care and Preventive Health Care

With a vision to provide exceptional quality and compassionate care to every life we touch, Overlake Medical Center is committed to improving health care access.

Goal

Increase access to health care for the medically underserved and improve community health through preventive practices.

Strategies

Overlake will commit the following resources to address this health need:

- Provide free health screenings at community events targeted at the uninsured.
- Provide free flu vaccines to the medically underserved.
- Communicate to service area residents how to access primary care services through established communication methods and social media.
- Provide financial assistance through both free and discounted care for health care services, consistent with Overlake's financial assistance policy.
- Explore the feasibility of establishing a primary care clinic in the underserved Eastside market.
- Reduce injuries and falls among seniors through exercise and balance classes.
- Explore the feasibility and impact of providing funding to area Federally Qualified Health Centers (FQHC) to expand primary care services for the uninsured.
- Partner with community groups and FQHCs to provide free health screenings at shelters and community centers.

Impact

The anticipated impact of these actions will be to:

- Increase availability and access to primary care and preventive care services.
- Provide financial assistance to qualified hospital patients.
- Reduce the percentage of residents who delay obtaining needed medical care.
- Increase individuals' compliance with preventive care recommendations.

Collaboration

To address access to health care and preventive health care practices, Overlake Medical Center plans to collaborate with:

- Boys & Girls Club of Bellevue
- Eastgate Public Health Center
- HopeLink
- International Community Health Services (ICHS)
- Sea Mar Community Health Centers
- YWCA

Cancer

Goal

Reduce impact of cancer on health and increase focus on prevention, treatment and support.

Strategies

Overlake will commit the following programs and resources to address this health need:

- Offer free skin cancer screenings.
- Provide funding support to community organizations to support cancer prevention and treatment.
- Provide education on cancer prevention and screening.
- In partnership with the American Cancer Society, provide free smoking “Quit Kits” in primary care, pulmonology, cardiology and oncology clinics to help individuals quit smoking.
- Provide support groups: Look Good, Feel Better; Breast Cancer; General Cancer; Caregiver Support; Bereavement Support.

Impact

The anticipated impact of these actions will be to:

- Increase the identification and treatment of cancer.
- Increase public awareness of cancer prevention.
- Increase individuals’ compliance with preventive cancer care recommendations.

Collaboration

To address cancer prevention and treatment, Overlake Medical Center plans to collaborate with:

- American Cancer Society
- Gilda’s Club of Seattle
- Team Survivor NW

Cardiovascular Disease

Goal

Reduce impact of cardiovascular disease on health and increase focus on prevention and treatment education.

Strategies

Overlake will commit the following programs and resources to address this health need:

- Offer a variety of community education lectures and screenings on the topic of cardiovascular disease.
- Provide free cardiac and stroke risk assessments.
- Provide funding to community organizations to support cardiovascular disease prevention and treatment.
- Offer stroke support group.

Impact

The anticipated impact of these actions will be to:

- Increase the identification and treatment of heart disease and stroke.
- Increase public awareness of cardiovascular disease prevention.
- Increase individuals' compliance with preventive heart and stroke care recommendations.

Collaboration

To address cardiovascular disease, Overlake Medical Center plans to collaborate with:

- American Heart Association
- Bellevue Fire Department
- Hope Heart Institute

Maternal and Child Health

Goal

Improve maternal and child health by increasing access to appropriate health care and supportive resources.

Strategies

Overlake will commit the following programs and resources to address this health need:

- Offer in-kind support to Eastside Pathways to increase their capacity to provide programs and services for children from cradle to career.
- Serve as the area Mother's Milk Donor Milk Depot, a controlled collection point where healthy, lactating women can donate surplus breast milk for premature babies in NICUs.
- Offer free community health education on childbirth and parenting topics in English and Spanish.
- Offer support groups for new mothers.
- Provide free car seat checks and safety classes.

Impact

The anticipated impact of these actions will be to:

- Increase availability and access to needed maternal and child health care services.
- Increase knowledge of appropriate care during pregnancy and in the post-partum period.
- Increase knowledge of appropriate parenting.

Collaboration

To address maternal and child health, Overlake Medical Center plans to collaborate with:

- Eastside Pathways
- Human Milk Banking Association for North America
- March of Dimes
- Mother's Milk Bank of Colorado

Mental Health

Goal

Increase access to mental health and behavioral health care resources and services.

Strategies

Overlake will commit the following programs and resources to address this health need:

- Operate the Overlake Specialty School an academic, year-round school serving the special needs of students in in grades one through 12. The mission of the school is to provide a caring educational community where students develop healthy relationships and intrinsic values. Overlake Specialty School utilizes a holistic, strength-based approach for positive behavior change that facilitates student reintegration to their home communities. This is a unique program coordinated with school districts, community service providers, families and others to meet the special needs of students. The school has seven classrooms:
 - Elementary School classroom serving students aged 8-12.
 - Middle School classroom serving students aged 11-14.
 - Junior High classroom serving students aged 13-16.
 - High School classrooms serving students aged 15-21. Two classrooms provide services for high school students with emotional and behavioral support needs, and one provides services for students who additionally benefit from a focus on functional life skills.
 - Autism classroom designed to meet the needs of students aged 8-13 with moderate autism.

The school is a Non-Public Agency approved through the Office of the Superintendent of Public Instruction. This credential allows us to contract directly with public schools to provide services to meet the individual needs of each student. Overlake Specialty School is committed to active partnerships with school districts, serving as an optional placement for districts for students who are behaviorally and emotionally challenged.

- Convene and lead community mental health leaders to identify and close the gaps related to mental health care and services.
- Host the mental health stakeholders' forum, convene quarterly meetings. Expand group to include specialty area representatives.
- Provide funding to community organizations to support mental health outreach and treatment.
- Publish and host an electronic resource database for mental health professionals.
- Provide community health education on mental health topics.
- Explore developing partnerships with community organizations to move toward a collective impact model.

- Provide funding and Board representation for LifeWire, a domestic violence prevention organization.

Impact

The anticipated impact of these actions will be to:

- Improve positive behaviors in a learning environment for students who are behaviorally and emotionally challenged.
- Increase awareness and treatment of mental health issues.

Collaboration

To address mental health and behavioral health, Overlake Medical Center plans to collaborate with:

- Bellevue College
- Cascade Behavioral Health
- Children’s Crisis Outreach Response System (CCORS)
- Consejo Counseling
- Eastgate Public Health Center
- Eastside Pathways
- Eating Recovery Center
- EvergreenHealth
- Fairfax Behavioral Health
- Group Health
- HERO House
- HopeLink
- International Community Health Services (ICHS)
- King County Mobile Health Program
- Lakeside Milam
- LifeWire
- NAMI
- Residence XII
- Sea Mar Community Health Centers
- Seattle Children’s Hospital
- Sound Mental Health
- UW Medicine – Valley Medical Center
- YMCA
- Youth Eastside Services

Overweight and Obesity

The focus on overweight and obesity includes activities and programs that address healthy eating, physical activity and prevention of obesity-related chronic diseases.

Goal

Reduce the impact of overweight and obesity on health and increase focus on healthy eating and physical activity, and chronic disease prevention, treatment and awareness education.

Strategies

Overlake will commit the following programs and resources to address this health need:

- Offer community education and support groups that focus on a healthy weight.
- Provide free BMI screening with provider counseling.
- Provide free glucose testing with provider counseling.
- Provide nutrition counseling at food banks to encourage healthy options.
- Offer free education classes throughout the community to include: Walk for Life, Yoga for Balance, Matter of Balance, and Diabetes Education Series.
- Communicate information to service area residents on healthy eating and physical activity through established communication methods and social media.
- Explore weight loss classes at community centers or other targeted locations for the underserved.
- Partner with Bellevue Life Spring's "Break Time Mealtime" program to increase healthy food options for students who are part of the free or reduced price lunch program. Overlake Medical Center's executive chef will work with LifeSpring staff to design health options menus. LifeSpring will access Overlake's bulk rate pricing for food purchases.

Impact

The anticipated impact of these actions will be to:

- Increase knowledge about healthy food choices, which will contribute to improved health.
- Improve healthy eating behaviors and increase physical activity.
- Increase access to preventive health screenings.

Collaboration

To address overweight and obesity, Overlake Medical Center plans to collaborate with:

- American Diabetes Association
- Bellevue Collection
- Bellevue LifeSpring
- Boys & Girls Club of Bellevue

- HopeLink
- Redmond Senior Center
- YMCA

Evaluation of Impact

Overlake will monitor and evaluate the programs and activities outlined above. Overlake Medical Center has implemented a system that tracks the implementation of the activities and documents the anticipated impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served, changes in health behaviors, and collaborative efforts to address health needs. The data are analyzed and findings reported to the Overlake Leadership Council and Board of Directors. Changes in programs are recommended based on data results.

An evaluation of the impact of the hospital's actions to address these significant health needs will be presented in the next scheduled Community Health Needs Assessment.

Other Health Needs

Taking existing hospital and community resources into consideration, Overlake will not dedicate charitable resources to the remaining health needs identified in the CHNA including: asthma and dental care. Overlake will concentrate on those health needs that we can most effectively address given our area of focus and expertise. Therefore, the hospital's charitable resources will be dedicated to the selected priority health needs.

The Board of Directors of Overlake Medical Center reviewed and approved this Implementation Strategy on November 11, 2015.