



COMMUNITY HEALTH NEEDS ASSESSMENT 2018



OVERLAKE Hospital Medical Center



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INTRODUCTION

BACKGROUND AND PURPOSE

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

The passage of the Patient Protection and Affordable Care Act requires a tax-exempt hospital to conduct a Community Health Needs Assessment (CHNA) every three years, and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of residents in the service area.

SERVICE AREA

Overlake Medical Center (Overlake) is located at 1035 116th Ave NE, Bellevue, Washington, 98004. The service area for Overlake is divided into two markets - local and outlying - with the local market divided into five service areas (Bellevue, East, Issaquah/Sammamish, Redmond/Kirkland, and SW) and the outlying market divided into two service areas (North and South). The seven service areas and their associated 44 ZIP Codes and cities are as follows:

- Bellevue
 - Bellevue: 98004, 98005, 98006, 98007, 98008, 98009, 98015
 - Medina: 98039
- East
 - Carnation: 98014
 - Fall City: 98024
 - Hobart: 98025
 - North Bend: 98045
- Preston: 98050
- Snoqualmie: 98065
- Snoqualmie Pass: 98068
- Issaquah / Sammamish
 - Issaquah: 98027, 98029
 - Sammamish: 98074, 98075
- Redmond / Kirkland
 - Redmond: 98052, 98053, 98073
 - Kirkland: 98033, 98083
- SW
 - Mercer Island: 98040
 - Renton: 98056, 98059
- North
 - Bothell: 98011, 98012, 98021, 98041
 - Duvall: 98019
 - Kenmore: 98028
 - Kirkland: 98034
 - Mill Creek: 98082
 - Snohomish: 98296
 - Woodinville: 98072, 98077
- South
 - Black Diamond: 98010
 - Maple Valley: 98038
 - Ravensdale: 98051
 - Renton: 98055, 98057, 98058

Overlake Medical Center tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. The service area was determined based on the ZIP Codes that reflect a majority of patient admissions.

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 11 hospitals and/or health systems in King County and Public Health-Seattle & King County. The HHC vision is to participate in a collaborative approach that identifies community needs, assets, resources, and strategies toward assuring better health and health equity for all King County residents. This shared approach avoids

duplication and focuses available resources on a community's most important health needs. HHC recognizes 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/depts/health/data/community-health-indicators/king-county-hospitals-healthier-community.aspx.

PROJECT OVERSIGHT

The Community Health Needs Assessment process was overseen by:

Shari Einfalt
Project Manager
Strategic Initiatives and Interim Manager
Community Education & Outreach
Overlake Medical Center

CONSULTANT

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Community Health Needs Assessment. She was joined by Denise Flanagan, BA and Sevanne Sarkis, JD, MHA, MEd. Biel Consulting, Inc. has extensive experience conducting | Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com.

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. Where available, these data are presented in the context of King County and Washington, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing Overlake Medical Center community data findings with Healthy People 2020 objectives (Attachment 1).

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

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

Regions and Health Reporting Areas (HRAs) were created by King County Public Health to examine geographic patterns at a level below the county level. In addition, they created City Health Profiles for facilitating the reporting of certain data. There are four (4) regions in King County: North, East, South, and Seattle. North Region includes: Bothell, Cottage Lake,

Kenmore, Lake Forest Park, Shoreline, and Woodinville. East Region includes: Bellevue, Carnation, Duvall, Issaquah, Kirkland, Medina, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, and Skykomish. South region contains: Auburn, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Renton, Tukwila, SeaTac, White Center/Boulevard Park, and Vashon Island. While data from all four regions may be reported in some data tables, the hospital service area is primarily located in the East Region.

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

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

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

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

Source: Public Health - Seattle and King County

AMERICAN COMMUNITY SURVEY

American Community Survey data are gathered annually by the Census Bureau and supplement data gathered in the Decennial Census. Not all ZIP Codes are tracked by the Census Bureau, often because they are too new or too few people reside in them to pro-

tect individual privacy. This is the case with 7 of the 44 ZIP Codes that make up the medical center’s service area. The ZIP Codes and cities have been grouped to conform to the Overlake service area subdivisions.

	Service Area Subdivision	City	ZIP Code	
LOCAL MARKET	Bellevue (ZIP Codes 98009 and 98015 of Bellevue city are not available.)	Bellevue	98004 98005 98006 98007 98008	
		Medina	98039	
		Carnation Fall City North Bend Preston Snoqualmie Snoqualmie Pass	98014 98024 98045 98050 98065 98068	
	East (ZIP Code 98025 of Hobart is not available.)	Issaquah / Sammamish	Issaquah Sammamish	98027 98029 98074 98075
		Redmond / Kirkland (ZIP Codes 98083 of Kirkland and 98073 of Redmond are not available.)	Kirkland Redmond	98033 98052 98053
	Southwest	Mercer Island	98040	
		Renton	98056 98059	
	OUTLYING MARKET	North (ZIP Codes 98041 of Bothell and 98082 of Mill Creek / Bothell are not available.)	Bothell	98011 98012
			Duvall	98021
			Kenmore	98019
Kirkland			98028	
Snohomish			98034	
Woodinville			98296 98072	
South		Black Diamond	98077	
		Maple Valley	98010	
		Ravensdale	98038 98051 98055	
		Renton	98057 98058	

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

PRIMARY DATA COLLECTION

Overlake Medical Center conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the medical center. Fifteen interviews were completed in March and April, 2018. For the interviews, community stakeholders identified by Overlake were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health, or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the medical center.” Input was obtained from Public Health - Seattle & King County.

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

Interview questions focused on the following topics:

- Health issues in the community.
- Challenges and barriers relative to the identified health needs (i.e. what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?).
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community.

- Potential resources to address the identified health needs, such as services, programs and/or community efforts.
- Additional comments and concerns.

A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 2.

The King County Community Health Needs Assessment 2018/2019 conducted with the Healthier Community Collaborative included, as an addendum, a spotlight on the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities of King County.

The addendum examines the health disparities impacting this population.

Listening sessions were conducted with LGBTQ youth and young adults throughout the county and key informant interviews were conducted with thought leaders in the LGBTQ community. This information is available at: <https://www.kingcounty.gov/depts/health/data/community-health-indicators/king-county-hospitals-healthier-community.aspx>.

PUBLIC COMMENT

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

IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

REVIEW OF PRIMARY AND SECONDARY DATA

Significant health needs were identified and analyzed through a review of the secondary health data prior to the interviews. Health needs were identified using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators were measured against benchmark data (county rates, state rates and/or Healthy People 2020 objectives). Indicators related to the health needs that performed poorly against one or more of these benchmarks met the criterion to be considered.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community resources potentially available to address the needs.

SIGNIFICANT HEALTH NEEDS

The following significant health needs were determined:

- Access to Health Care
- Cancer
- Cardiovascular Disease

- Mental Health
- Overweight and Obesity
- Preventive Practices
- Senior Health
- Sexually Transmitted Infections

Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Through the interview process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

PRIORITY HEALTH NEEDS

Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the medical center should place on addressing the issue.

IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the

entire sample size. Among the interviewees, mental health and senior health had the highest scores for severe impact on the community. Mental health and access to health care had the highest rankings for worsened over time. Interviewees identified insufficient resources available for mental health, access to care and preventive practices.

Significant Health Needs Ranked by Importance Score

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to Health Care	50%	67%	60%
Cancer	29%	0%	20%
Cardiovascular Disease	29%	17%	20%
Mental Health	100%	86%	100%
Overweight and Obesity	29%	50%	40%
Preventive Practices	29%	33%	60%
Senior Health	72%	17%	40%
Sexually Transmitted Infections	0%	0%	25%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health

need. Among the interviewees, mental health, access to health care and senior health were ranked as the top priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental Health	4.00
Access to Health Care	3.75
Senior Health	3.60
Cardiovascular Disease	3.40
Preventive Practices	3.38
Overweight and Obesity	3.29
Cancer	3.00
Sexually Transmitted Infections	3.00

IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

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

REVIEW OF PROGRESS

In 2015, Overlake conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The medical center's Implementation

Strategy associated with the 2015 CHNA addressed access to care/preventive health care, mental health, cancer, cardiovascular disease, and overweight / obesity through a commitment of community benefit programs and resources.

The impact of the actions that Overlake Medical Center used to address these significant health needs can be found in Attachment 4.

COMMUNITY PROFILE

POPULATION

The population of the Overlake service area is 897,978.

Population, 5-Year Estimates, 2012-2016

	ZCTA*	Population
Bellevue	98004	33,124
Bellevue	98005	18,059
Bellevue	98006	37,819
Bellevue	98007	27,050
Bellevue	98008	24,763
Black Diamond	98010	5,143
Bothell	98011	31,674
Bothell	98012	58,206
Bothell	98021	29,885
Carnation	98014	6,946
Duvall	98019	11,272
Fall City	98024	6,220
Issaquah	98027	28,879
Issaquah	98029	26,486
Kenmore	98028	21,791
Kirkland	98033	37,629
Kirkland	98034	42,665
Maple Valley	98038	34,932
Medina	98039	3,169
Mercer Island	98040	24,467
North Bend	98045	14,484
Preston	98050	186
Ravensdale	98051	3,320
Redmond	98052	63,724
Redmond	98053	21,809
Renton	98055	22,906
Renton	98056	35,140
Renton	98057	12,963
Renton	98058	43,747
Renton	98059	37,217
Sammamish	98074	27,184
Sammamish	98075	23,413
Snohomish	98296	29,124
Snoqualmie	98065	14,642
Snoqualmie Pass	98068	256
Woodinville	98072	23,006
Woodinville	98077	14,678
Overlake Service Area		897,978
King County		2,079,550
Washington		7,073,146

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

*ZCTA = ZIP Code Tabulation Area

The service area population is shown grouped by the seven service area subdivisions. The population of the local market is 512,666 and of the outlying market is 385,312.

Population, 5-Year Estimates, 2012-2016

	Population
Bellevue	143,984
East	42,734
Issaquah / Sammamish	105,962
Redmond / Kirkland	123,162
Southwest	96,824
North	262,301
South	123,011
Overlake Service Area	897,978

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

The service area population grew by 5.5% from 2013 to 2016. This is higher than the state’s rate of growth (3.7%) over the time period.

Total Population, 2009-2013 Compared to 2012-2016

	2009-2013	2012-2016	Percent Change
Overlake Service Area	850,880	897,978	5.5%
King County	1,974,567	2,079,550	5.3%
Washington	6,819,579	7,073,146	3.7%

Source: U.S. Bureau of the Census, American Community Survey, 2009-2013 and 2012-2016, DP05. <http://factfinder.census.gov>

POPULATION BY AGE

Children and youth, ages 0-17, make up almost one-fourth (24%) of the population of the service area; 6.6% are 18-24 years of age; 30% are 25-44, 27.8% are 45-64; and 11.7% 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. Within the service area, the Issaquah/Sammamish area has the highest percentage of youth under age 18 (28%) and the Bellevue area has the highest percentage of seniors (14.4%).

Population by Age

	Age 0-4	Age 5-17	Age 18-24	Age 25-44	Age 45-64	Age 65+
Bellevue	5.7%	15.5%	6.8%	30.8%	26.8%	14.4%
East	7.7%	19.4%	4.8%	28.4%	31.0%	8.6%
Issaquah / Sammamish	6.4%	21.6%	5.1%	28.2%	29.3%	9.4%
Redmond / Kirkland	6.9%	15.6%	6.2%	34.3%	24.9%	12.0%
Southwest	6.3%	16.9%	6.7%	28.6%	28.1%	13.3%
North	6.7%	17.4%	7.3%	29.0%	28.4%	11.2%
South	7.1%	17.1%	6.8%	29.9%	27.9%	11.2%
Overlake Service Area	6.6%	17.4%	6.6%	30.0%	27.8%	11.7%
King County	6.1%	14.8%	8.7%	31.9%	26.4%	12.2%
Washington	6.3%	16.4%	9.4%	27.5%	26.4%	14.0%

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

Comparing the age of the population from 2009-2013 to 2012-2016, there was a slight decrease in every age

group with the exception of the population 65 and older, which increased from 10.8% to 11.7%.

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

	2009-2013	2012-2016
Age 0-4	6.7%	6.6%
Age 5-17	17.5%	17.4%
Age 18-24	6.7%	6.6%
Age 25-64	58.3%	57.8%
Age 65+	10.8%	11.7%
Total	100%	100%

Source: U.S. Bureau of the Census, American Community Survey, 2009-2013 and 2012-2016, DP05. <http://factfinder.census.gov>

RACE/ETHNICITY

The majority race/ethnicity in the service area is White/Caucasians (66.1%). Asians make up 19.3% of the population, and Hispanics or Latinos are 7%. The Southwest service area has the lowest percentage of Whites and

the largest percentage of Hispanics/Latinos (8.9%). The South service area has the largest percentage of Blacks/African Americans (7.6%). Bellevue has the highest percentage of Asians (32%).

Population by Race and Ethnicity

	White	Asian	Hispanic or Latino	Black/ African American	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Other Multi
Bellevue	53.9%	32.0%	6.8%	2.4%	0.2%	0.2%	4.5%
East	83.2%	5.8%	5.9%	1.0%	0.2%	0.1%	3.7%
Issaquah / Sammamish	68.7%	21.4%	4.9%	1.5%	0.0%	0.1%	3.5%
Redmond / Kirkland	64.7%	23.6%	6.5%	1.3%	0.2%	0.2%	3.5%
Southwest	60.6%	20.6%	8.9%	4.0%	0.3%	0.4%	5.1%
North	73.8%	13.1%	6.8%	1.5%	0.3%	0.2%	4.4%
South	61.4%	15.2%	8.7%	7.6%	0.4%	1.0%	5.7%
Overlake Service Area	66.1%	19.3%	7.0%	2.7%	0.3%	0.3%	4.4%
King County	62.2%	15.9%	9.3%	6.0%	0.5%	0.8%	5.2%
Washington	70.4%	7.7%	12.1%	3.5%	1.1%	0.6%	4.6%

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

EDUCATION

The population of the Overlake service area is highly educated; 63.1% hold a college degree, which exceeds county (57.2%) and state (43.4%) rates. Only 4.7% of

the population, age 25 and over, have less than a high school degree.

Educational Attainment, Percent of Population Age 25+

	Less Than 9th Grade	9th to 12th Grade	HS Grad	Some College, No Degree	AA Degree	BS Degree	Graduate Degree
Bellevue	2.6%	1.8%	10.2%	13.5%	6.9%	37.2%	27.7%
East	1.5%	3.8%	15.5%	22.7%	9.4%	32.3%	14.8%
Issaquah / Sammamish	1.2%	1.6%	8.6%	14.6%	7.1%	40.3%	26.7%
Redmond / Kirkland	1.5%	1.7%	8.2%	15.4%	6.7%	38.1%	28.3%
Southwest	3.0%	3.5%	16.2%	17.9%	7.4%	31.9%	20.2%
North	1.7%	2.9%	15.3%	21.0%	9.3%	33.0%	16.8%
South	2.6%	4.3%	22.6%	24.5%	10.5%	25.0%	10.5%
Overlake Service Area	2.0%	2.7%	13.8%	18.5%	8.3%	34.0%	20.8%
King County	3.4%	4.1%	16.0%	19.2%	8.2%	30.1%	18.9%
Washington	3.9%	5.5%	22.9%	24.3%	9.8%	21.3%	12.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

HIGH SCHOOL GRADUATION RATE

Among the schools in the service area, 88.9% 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 has a lower rate of graduation (74.8%) than the other districts in the service area. The Healthy People 2020 objective is an 87% graduation rate.

High School Four-Year Cohort Graduation, 2015-2016

	Graduates	Rate
Bellevue School District	1,386	89.5%
Issaquah School District	1,268	92.0%
Lake Washington School District	1,592	91.3%
Mercer Island School District	332	93.5%
Northshore School District	1,365	91.7%
Renton School District	809	74.8%
Riverview School District	219	90.5%
Skykomish School District	N/A	N/A
Snohomish School District	759	86.8%
Snoqualmie Valley School District	381	91.1%
Overlake Service Area	8,111	88.9%
King County	16,455	80.4%
Washington	64,126	79.1%

Source: Office of Superintendent of Public Instruction, Washington State, 2015-2016 <http://reportcard.ospi.k12.wa.us/summary.aspx>

LANGUAGE

In the service area English is the dominant language, spoken in the home by 73.5% of residents. In those homes where other languages are spoken, 35.2% do

not speak English well or 9.3% of the service area population. 15.9% of Bellevue’s population speaks English less than ‘Very Well’.

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

	Speaks Only English	Speak a Language Other than English	
		Speak English “Very Well”	Speak English Less Than “Very Well”
Bellevue	60.1%	24.0%	15.9%
East	88.4%	8.9%	2.7%
Issaquah / Sammamish	75.3%	18.0%	6.7%
Redmond / Kirkland	67.8%	23.0%	9.2%
Southwest	71.5%	17.1%	11.4%
North	79.1%	13.9%	7.0%
South	78.1%	12.4%	9.5%
Overlake Service Area	73.5%	17.2%	9.3%
King County	73.5%	16.0%	10.5%
Washington	81.0%	11.4%	7.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

In the service area, 5% speak Spanish at home, a smaller percentage than found in the county or the state. Russian is spoken by 1.4% of the service area population, including 2.2% of the population in the Bellevue area, and 2% of

the population in the Redmond / Kirkland area. Hindi is spoken by 3% of the Redmond / Kirkland area and 2.9% of Bellevue area residents. This is a higher percentage of Russian and Hindi speakers than the state or county.

Language Spoken at Home for the Population 5 Years and Over

	English Only	Spanish	Russian	Hindi
Bellevue	60.8%	5.4%	2.2%	2.9%
East	88.9%	3.7%	0.9%	0.4%
Issaquah / Sammamish	76.2%	3.2%	1.2%	2.0%
Redmond / Kirkland	68.1%	5.5%	2.0%	3.0%
Southwest	72.4%	6.5%	1.3%	0.9%
North	79.7%	4.6%	1.4%	0.5%
South	73.8%	5.4%	0.4%	0.6%
Overlake Service Area	74.1%	5.0%	1.4%	1.4%
King County	73.6%	6.7%	1.1%	0.8%
Washington	81.1%	8.4%	0.9%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 (2012-2016 data not available), B16001. <http://factfinder.census.gov>

Compared to the county and the state, the Overlake service area has a higher percentage of households that speak Chinese (4.3%), Korean (1.4%), Japanese

(0.9%), and Other Asian languages (2.7%). In Bellevue, 19.6% of the households speak an Asian language at home.

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

	Chinese	Korean	Japanese	Vietnamese	Other Asian
Bellevue	9.2%	3.3%	1.5%	1.1%	4.5%
East	0.8%	0.6%	0.5%	0.0%	0.7%
Issaquah / Sammamish	5.5%	1.3%	0.8%	0.4%	2.7%
Redmond / Kirkland	4.8%	0.6%	0.9%	0.3%	4.7%
Southwest	5.1%	0.7%	0.9%	3.5%	1.8%
North	2.4%	1.3%	0.6%	0.9%	1.9%
South	1.9%	0.7%	0.7%	2.4%	1.8%
Overlake Service Area	4.3%	1.4%	0.9%	1.3%	2.7%
King County	3.5%	1.1%	0.8%	1.7%	1.9%
Washington	1.4%	0.7%	0.4%	0.9%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 (2012-2016 data not available), B16001.

ENGLISH LEARNERS

The percentage of students who are English Learners among the area school districts is 9.4%, less than the rate of English Learners in the county or state. The

Renton School District has the highest percentage of Transitional Bilingual students at 17.8%.

Transitional Bilingual, 2016-2017

	Number	Percent
Bellevue School District	2,855	14.0%
Issaquah School District	1,363	6.6%
Lake Washington School District	2,963	10.1%
Mercer Island School District	160	3.5%
Northshore School District	1,715	7.8%
Renton School District	2,861	17.8%
Riverview School District	155	4.6%
Skykomish School District	0	0.0%
Snohomish School District	362	3.6%
Snoqualmie Valley School District	170	2.4%
Overlake Service Area	12,604	9.4%
King County	40,106	13.8%
Washington	124,663	11.3%

Source: Office of Superintendent of Public Instruction, Washington State, May 2017 <http://reportcard.ospi.k12.wa.us/summary.aspx>

SOCIAL AND ECONOMIC STATUS

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 2012-2016. From 2012-2016, the federal poverty threshold for one person ranged from \$11,170 to \$11,880, and for a family of four from \$23,050 in 2012 to \$24,300 in 2016.

In the Overlake service area, 6.5% of the population was living at or below 100% of the Federal Poverty

Level (FPL) and 14.7% were considered low-income (living at or below 200% FPL). These rates are better than county (10.7% 100% FPL and 23.1% 200% FPL) and state (12.7% 100% FPL and 29.3% 200% FPL) rates. However, this low overall rate of poverty masks the disparities in the population found within communities. The South service area has the highest rate of poverty (8.3%) followed by the Southwest (7.9%) and Bellevue (7.4%). One-fifth of the population in the South service area (20.4%) is considered low-income, living below 200% of the FPL.

Ratio of Income to Poverty Level

	Below 100% Poverty		Below 200% Poverty	
	Number	Percent	Number	Percent
Bellevue	10,553	7.4%	23,219	16.2%
East	2,086	4.9%	4,867	11.5%
Issaquah / Sammamish	4,120	3.9%	10,315	9.8%
Redmond / Kirkland	6,834	5.6%	14,485	11.8%
Southwest	7,628	7.9%	16,860	17.5%
North	16,369	6.3%	36,196	13.9%
South	10,163	8.3%	24,990	20.4%
Overlake Service Area	57,753	6.5%	130,932	14.7%
King County	219,317	10.7%	473,750	23.1%
Washington	883,256	12.7%	2,030,187	29.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

FAMILIES IN POVERTY

In the Overlake service area, 6.9% of families living with children under the age of 18 live in poverty. The South service area has the largest percentage of families liv-

ing in poverty (9.4%), while the Issaquah / Sammamish area has the lowest level of families in poverty (4.2%).

Families Living in Poverty

	Percent
Bellevue	8.2%
East	6.6%
Issaquah / Sammamish	4.2%
Redmond / Kirkland	4.8%
Southwest	8.6%
North	6.7%
South	9.4%
Overlake Service Area	6.9%
King County	12.6%
Washington	16.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

Families with a female head of household (HOH) are defined as those where a female maintains a household with related children under the age of 18 and no hus-

band present. While only 6.9% of service area families live in poverty (see above chart), over a quarter (26.7%) of area families with a female HOH are living in poverty.

Female HOH with Children Living in Poverty

	Number	Percent
Bellevue	671	29.2%
East	188	30.0%
Issaquah / Sammamish	407	26.4%
Redmond / Kirkland	274	16.5%
Southwest	498	24.7%
North	1,169	29.4%
South	641	27.8%
Overlake Service Area	3,848	26.7%
King County	11,357	29.5%
Washington	54,781	35.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02 & DP03. <http://factfinder.census.gov>

INCOME

The median household income in the service area is \$101,467. This is a higher median income than in the county (\$78,800) or the state (\$62,848). The Issaquah /

Sammamish area has a median income higher than the service area (\$127,659). The South service area has the lowest median income in the service area (\$76,797).

Median Household Income

	Median Household Income	Ratio with Service Area Average
Bellevue	\$103,811	1.02
East	\$109,663*	1.08*
Issaquah / Sammamish	\$127,659	1.26
Redmond / Kirkland	\$112,992	1.11
Southwest	\$97,157	0.96
North	\$96,055	0.95
South	\$76,797	0.76
Overlake Service Area	\$101,467	1.00
King County	\$78,800	0.78
Washington	\$62,848	0.62

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

*Median income for ZIP Code 98050 was not made available by ACS, possibly due to the small size - only 49 households. Data for these households was, therefore not included.

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. 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, 17.1% of students qualify for free and reduced-price meals. In the Renton School District, 49.8% of all students qualify for this program, in the Skykomish School District it is 81.6%. In the Mercer Island School District only 2.9% of all students qualify for a free or reduced price meal.

Free and Reduced Meal Program, May 2017

	Number	Percent
Bellevue School District	3,605	17.6%
Issaquah School District	1,658	8.1%
Lake Washington School District	3,300	11.3%
Mercer Island School District	129	2.9%
Northshore School District	3,063	13.9%
Renton School District	7,978	49.8%
Riverview School District	461	13.6%
Skykomish School District	40	81.6%
Snohomish School District	1,870	18.4%
Snoqualmie Valley School District	698	9.9%
Overlake Service Area	22,802	17.1%
King County	95,281	32.7%
Washington	473,309	42.9%

Source: Office of Superintendent of Public Instruction, Washington State, May 2017 <http://reportcard.ospi.k12.wa.us/summary.aspx>

UNEMPLOYMENT

In the hospital service area, the unemployment rate was 5%, lower than the county (5.5%) and state (6.8%). The highest rate of unemployment in the Overlake

service area was in the Southwest service area (5.2%). The Issaquah / Sammamish and East service areas had the lowest unemployment rate (4.4%).

Employment Status for the Population 16 and Over, 2012-2016

	Civilian Labor Force	Unemployed	Unemployment Rate
Bellevue	77,468	3,863	5.0%
East	23,434	1,024	4.4%
Issaquah / Sammamish	55,735	2,467	4.4%
Redmond / Kirkland	67,388	3,073	4.6%
Southwest	52,444	2,722	5.2%
North	144,893	7,315	5.0%
South	67,020	3,783	4.7%
Overlake Service Area	488,382	24,247	5.0%
King County	1,172,591	64,711	5.5%
Washington	3,576,013	244,692	6.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

HOUSING

64.3% of housing units in the service area are owner-occupied. Bellevue has the lowest rate of home-ownership, with only 53.8% of all existing housing units lived in by owners. Redmond / Kirkland follows, with 58.5% of

their housing supply owner-occupied. The Issaquah / Sammamish area has the highest rate of owner-occupied units (73.5%).

Housing Units

	Owner Occupied		Renter Occupied		Vacant	
	2011	2016	2011	2016	2011	2016
Bellevue	55.5%	53.8%	37.7%	38.9%	6.8%	7.2%
East	73.4%	71.9%	15.6%	18.1%	11.1%	10.1%
Issaquah / Sammamish	75.1%	73.5%	19.2%	22.7%	5.7%	3.9%
Redmond / Kirkland	59.7%	58.5%	33.5%	36.1%	6.7%	5.5%
Southwest	66.8%	64.5%	28.7%	31.7%	4.5%	3.9%
North	71.5%	69.5%	24.1%	25.9%	4.4%	4.5%
South	66.3%	62.5%	28.2%	31.8%	5.5%	5.7%
Overlake Service Area	66.3%	64.3%	27.9%	30.3%	5.8%	5.4%
King County	55.8%	54.0%	37.8%	40.3%	6.4%	5.7%
Washington State	58.6%	56.7%	32.4%	34.2%	9.1%	9.1%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. <http://factfinder.census.gov>

COMMUNITY INPUT

SOCIOECONOMIC STATUS

Community interviews provided insights on issues related to socioeconomic status and its impact on the health of community residents. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- The separation of classes is quite distinct in East King County. There is a growing population of upper-middle and middle-class. At the same time, there are people who are working minimum wage jobs and are barely able to get by. They eventually move out to South King County. This has been a trend over the last 4-5 years.
- Health literacy is a significant barrier to accessing health care and social services. For many immigrants, our system is very different from their countries of origin.
- Housing is a big issue. In South King County there is a clear, known need for housing and a majority of the funding goes there. As a result, it is hard to get recognition and funding in East King County. The levels of high socioeconomic residents mask the needs in the community.
- Negative impacts on health include: lack of education, income status, language barriers, culture and access to affordable health care.
- High deductibles for families and co-insurance are barriers to accessing health care.
- Approximately 11-12% of the undocumented persons in Washington State are Asian and Pacific Islanders. These residents have many unmet needs.
- Those who are struggling are lower middle-class families who don't have adequate insurance benefits, as well as people who don't qualify for Medicaid and don't have enough money to pay for regular health visits.
- In the Bellevue area, there are a lot of affluent immigrants who work in the tech industry. But at the same time, there are also many recent refugees who are in great need.

HOMELESSNESS

As part of the Seattle/ King County Continuum of Care's annual 2017 Point-in-Time Count, 11,643 individuals were reported as experiencing homelessness. 47% of this population, or 5,485 individuals, were unsheltered. Unsheltered homeless include those living outside, and in vehicles, tents, and abandoned buildings. Due

to significant changes in the 2017 count methodology, caution is advised in comparing with previous years' data. 2017 data established a new baseline for Seattle/ King County homelessness and, as a result, trends cannot be reported.

Homeless in King County, 2017

	Sheltered		Unsheltered	
	Number	Percent	Number	Percent
East County	347	6%	284	5%
Northeast County	47	1%	119	2%
Southeast County	36	1%	70	1%
Southwest County	915	15%	1,102	20%
North County	148	2%	53	1%
Seattle	4,665	76%	3,857	70%
King County	6,158	100%	5,485	100%

Source: All Home, Seattle/King County Continuum of Care, Count Us In, 2017. <http://allhomekc.org/king-county-point-in-time-pit-count/#reports>

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. Crime data is reported by agency, not by county or geographic area, and only for permanent residents, not visitors or transients. Some cities' data are not being individually reported at this time: Carnation PD, Kenmore PD, Maple Valley PD, Sammamish PD, Snoqualmie Tribal PD, Woodinville PD and the King County Sherriff's Office.

In 2016, the rate of violent crime (murder, forcible sex offences, robbery, and aggravated assault) was lower than the state rate, for all service area police departments for which data were made available, with the exception of the Renton Police Department. The property crime (larceny-theft and robbery, along with 10 other crimes) rate and the larceny-theft rate were higher for the aggregate of the police departments when compared to the state. Care should be taken when interpreting rates for individual police departments due to small population sizes in many of the service areas.

Crime Rates per 100,000 Persons, 2016

	Violent Crimes		Property Crimes		Larceny-Theft	
	Number	Rate per 100,000 Persons	Number	Rate per 100,000 Persons	Number	Rate per 100,000 Persons
Bellevue Police Department	161	115.5	5,373	3,854.4	3,385	2,428.3
Black Diamond Police Dept.	5	116.1	91	2,113.8	40	929.2
Bothell Police Department	45	102.3	1,555	3,535.7	912	2,073.7
Duvall Police Department	3	40.4	73	983.2	38	511.8
Issaquah Police Department	14	40.5	1,618	4,677.7	935	2,703.1
Kirkland Police Department	88	103.9	2,973	3,510.9	1,725	2,037.1
Medina Police Department	1	27.9	97	2,709.5	70	1,955.3
Mercer Island Police Dept.	5	21.1	953	4,027.9	602	2,544.4
North Bend Police Dept.	5	76.1	354	5,388.1	218	3,318.1
Redmond Police Department	73	120.5	2,895	4,780.4	1,539	2,541.3
Renton Police Department	326	321.8	8,598	8,487.7	3,853	3,803.6
Snoqualmie Police Dept.	3	22.9	264	2,013.7	136	1,037.4
Available Service Area Police Departments	729	139.3	24,844	4,748.8	13,453	2,571.5
Washington State	22,178	308.7	329,607	4,587.3	158,272	2,202.7

Source: Washington Association of Sheriffs and Police Chiefs' Crime in Washington 2016 Annual Report <http://www.waspc.org/statistics-reports>

DOMESTIC VIOLENCE

Domestic violence offenses in the reporting service area police departments occur at a rate of 234.0 per 100,000 persons, which is lower than the state rate of 725.9.

Domestic Violence Offences, 2016

	Total	Percentage with No Injuries	Total Rate per 100,000 persons
Bellevue Police Department	279	62.4%	200.1
Black Diamond Police Dept.	9	22.2%	209.1
Bothell Police Department	104	30.8%	236.5
Duvall Police Department	9	33.3%	121.2
Issaquah Police Department	79	40.5%	228.4
Kirkland Police Department	205	23.4%	242.1
Medina Police Department	4	25.0%	111.7
Mercer Island Police Dept.	13	46.2%	54.9
North Bend Police Department	23	0.0%	350.1
Redmond Police Department	130	36.9%	214.7
Renton Police Department	343	15.2%	338.6
Snoqualmie Police Dept.	26	0.0%	198.3
Available Service Area Police Departments	1,224	32.5%	234.0
Washington State	52,159	24.4%	725.9

Source: Washington Association of Sheriffs and Police Chiefs' Crime in Washington 2016 Annual Report <http://www.waspc.org/statistics-reports>

ACCESS TO HEALTH CARE

HEALTH INSURANCE

Health insurance coverage is considered a key component to accessing health care.

Among the adult population, 91.4% of the adult population 18 to 64 in the Overlake service area has health insurance. The large majority of residents have private health insurance (86.3%). (Please note that rates of

private insurance + public insurance do not match the 'private and/or public' coverage because some residents have both public and private insurance coverage.) The Southwest (11.8%) and South (11.7%) subdivisions of the Overlake service area have the highest rates of uninsured. The Issaquah/Sammamish subdivision has the lowest uninsured rate (4.5%).

Types of Health Insurance Coverage, Ages 18-64

	No health insurance coverage	Private and/or Public Health Coverage	Public health coverage	Private health coverage
Bellevue	9.8%	90.2%	6.3%	85.6%
East	6.8%	93.2%	8.0%	87.9%
Issaquah / Sammamish	4.5%	95.5%	4.7%	92.8%
Redmond / Kirkland	6.5%	93.5%	4.8%	90.4%
Southwest	11.8%	88.2%	8.8%	82.0%
North	8.3%	91.7%	7.3%	86.5%
South	11.7%	88.3%	10.5%	80.2%
Overlake Service Area	8.6%	91.4%	7.1%	86.3%
King County	11.2%	88.8%	11.0%	80.1%
Washington	13.9%	86.1%	16.2%	73.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

Among children in the hospital service area, 2.8% are uninsured (97.2% insured). The South region has

the highest rate of uninsured children (4.2%) in the service area.

Uninsured Children, Ages 0-17

	Number	Percent
Bellevue	705	2.3%
East	139	1.2%
Issaquah / Sammamish	682	2.3%
Redmond / Kirkland	593	2.1%
Southwest	701	3.1%
North	1,911	3.0%
South	1,258	4.2%
Overlake Service Area	5,989	2.8%
King County	13,628	3.1%
Washington	68,361	4.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

BARRIERS TO CARE

On average, 10% of adults, 18 and over, in the service area could not see the doctor due to cost in the previous year. 13% of residents in the Newcastle / Four

Creeks and Redmond areas indicated they did not see the doctor due to cost. This rate was lowest (4%) in the Mercer Island / Point Cities area.

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

	Percent
Bear Creek / Carnation / Duvall area	10%
Bellevue area	11%
Bothell / Woodinville area	6%
Covington / Maple Valley area	9%
Issaquah area	5%
Kirkland / North Kirkland area	10%
Mercer Island / Point Cities area	4%
Newcastle / Four Creeks area	13%
Redmond area	13%
Renton / Fairwood area	12%
Sammamish area	9%
Snoqualmie / North Bend / Skykomish area	10%
Overlake Service Area	10%
King County	14%
Washington State	15%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

ACCESS TO PRIMARY CARE COMMUNITY CLINICS

Community health centers 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 service area, including: Sea Mar Community Health Centers, HealthPoint, International Community Health Services, Community Health Center of Snohomish County, Neighborcare Health, Country Doctor Community Clinic, and Seattle/King County Public Health Department.

Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS),¹ 15.0% of the population in the community where Overlake is located is categorized as low-income (200% of Federal Poverty Level) and 6.7% 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 49,170 patients in the service area; however, there remain 83,304 low-income residents, approximately 62.9% 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
49,170	37.1%	5.6%	83,304	62.9%

Source: UDS Mapper, 2016. <https://www.udsmapper.org>

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)

DENTAL CARE

On average, 23% of adults in the Overlake service area noted they did not access dental care in the past year. Adults in the Bothell / Woodinville area had the highest

rate of not accessing dental care (29%) in the service area, followed by adults in the Renton / Fairwood area where 28% of adults did not access dental care.

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

	Percent
Bear Creek / Carnation / Duvall area	19%
Bellevue area	25%
Bothell / Woodinville area	29%
Covington / Maple Valley area	21%
Issaquah area	24%
Kirkland / North Kirkland area	25%
Mercer Island / Point Cities area	12%
Newcastle / Four Creeks area	22%
Redmond area	26%
Renton / Fairwood area	28%
Sammamish area	19%
Snoqualmie / North Bend / Skykomish area	19%
Overlake Service Area	23%
King County	29%
Washington State	33%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

COMMUNITY INPUT

ACCESS TO HEALTH CARE

Community interviews provided insights on issues related to access to health care and its impact on the health of community residents. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- Area immigrants are most familiar with a universal health care system. They are not familiar with our health care system and the need to purchase insurance.
- There are many low-income Latinos on the Eastside who are struggling. The struggle is compounded as there is not a community-based organization in East King County that is a trusted resource for the Latino community.
- For the homeless there is a fear of being judged by a health care provider, so many homeless don't seek care. Access to care for the homeless is also an issue.
- Transportation connects to affordability in this area. Living in the area has become less affordable so people move out and have to travel farther to access care. And there are not many timely public transit options.
- In outlying areas there is no transportation access.
- Accessing care can be cost prohibitive.
- There are not enough primary care practitioners.
- It can be difficult for immigrants and refugees to feel comfortable with their practitioner, even if they speak English. The health care provider may not understand their cultural, linguistic and health literacy needs.
- Many immigrants, whether they are here legally or not, fear accessing services because of real or perceived immigration issues.
- People don't have information in their native languages. There is a large and increasing population that doesn't speak English as their first language.
- People are misinformed and because language is a barrier, the information that is available may not be in their preferred language.
- Young people tend to not obtain health care because they perceive themselves to be immune from disease and the consequences of poor health choices.

BIRTH INDICATORS

BIRTHS

From 2011 to 2015, the average number of births in the Overlake service area was 9,269, which equates to a rate of 12.3 per 1,000 persons. This rate is lower than county (12.6) and state (12.7) birth rates. The highest rates of birth were seen in the Redmond HRA (16.9), and

Bellevue-Central (15.9). The lowest rates of birth were in the Mercer Island / Point Cities HRA (6.7 births per 1,000 persons), followed by Bellevue-South (8.2) and the Bear Creek / Carnation / Duvall HRA (8.8 births per 1,000 persons).

Total Births and Birth Rate, Five-Year Average, 2011-2015

	Number	Rate per 1,000 persons
Bear Creek / Carnation / Duvall HRA	587.6	8.8
Bellevue-Central HRA	575.0	15.9
Bellevue-NE HRA	459.2	13.1
Bellevue-South HRA	260.4	8.2
Bellevue-West HRA	347.6	11.4
Bothell / Woodinville HRA	427.4	12.7
Covington/Maple Valley HRA	626.6	11.1
Issaquah HRA	463.4	14.5
Kirkland HRA	680.4	14.0
Kirkland North HRA	455.4	13.3
Mercer Island / Point Cities HRA	202.4	6.7
Newcastle / Four Creeks HRA	291.0	10.2
Redmond HRA	942.2	16.9
Renton-East HRA	471.8	14.9
Renton-North HRA	437.0	14.3
Renton-South HRA	769.6	15.0
Fairwood HRA	266.8	10.8
Sammamish HRA	473.8	9.9
Snoqualmie / North Bend / Skykomish HRA	531.8	11.9
Overlake Service Area	9,269.4	12.3
King County	25,081.4	12.6
Washington	87,694.6	12.7

Source: Washington State Department of Health, Center of Health Statistics 2011-2015, per King County Public Health.
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

The majority of births in King County (78.1%) were to White mothers; 9.7% of births were to Asians, and 4.6% were to African Americans. Mothers who report being multi-racial gave birth to 4.4% of the babies

born. As of 2012, the state of Washington no longer tracks ethnicities, and so Hispanic / Latino is no longer a recorded designation.

Births by Mother's Race, King County, 2012-2016

	Percent
White	78.1%
Asian	9.7%
African American	4.6%
Multiple Race	4.4%
Native American	1.8%
Pacific Islander	1.3%

Source: Washington Department of Health, Health Statistics, 2012-2016.

<https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth/BirthTablesbyYear>

TEEN BIRTHS

In the Overlake service area, the rate of teen births (ages 15-17) was 3.2 per 1,000 females. This rate is almost half that of King County (6.3) and less than a third of the teen birth rate in the state (10.5 births per 1,000 teen females, ages 15 to 17).

Covington / Maple Valley had the lowest rate of teen births (1.2 births per 1,000 females ages 15 to 17) during the 5-year period from 2010 through 2014. In contrast, the Renton / Fairwood area had a teen birth rate of 9.4 (per 1,000 females 15 to 17 years of age).

Births to Teenage Mothers, Ages 15-17, Five-Year Average, 2010-2014

	Births to Teen Mothers	Rate per 1,000 Females, Ages 15-17
Bear Creek / Carnation / Duvall area	2.0	1.3
Bellevue area	5.0	2.1
Bothell / Woodinville area	1.0	1.5
Covington / Maple Valley area	1.8	1.2
Issaquah area	1.0	2.1
Kirkland / North Kirkland area	3.8	3.1
Mercer Island / Point Cities area	< 1	N/A
Newcastle / Four Creeks area	< 1	N/A
Redmond area	1.8	2.3
Renton / Fairwood area	17.4	9.4
Sammamish area	< 1	N/A
Snoqualmie / North Bend / Skykomish area	1.6	1.7
Overlake Service Area	35.4	3.2
King County	213.4	6.3
Washington	1,369.6	10.5

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.

<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

PRENATAL CARE

In the Overlake service area, 71.3% of women who gave birth received early and adequate prenatal care, defined as care beginning in the first trimester, and encompassing $\geq 80\%$ of their expected prenatal visits. The highest percentage of mothers receiving early and

adequate care was found in the Kirkland North HRA, with 78.1%; the lowest was in the Bellevue-Central HRA, where only 60.3% of expectant mothers received early and adequate prenatal care.

Early and Adequate Prenatal Care, Five-Year Average, 2011-2015

	Percent
Bear Creek / Carnation / Duvall HRA	75.1%
Bellevue-Central HRA	60.3%
Bellevue-NE HRA	65.4%
Bellevue-South HRA	67.5%
Bellevue-West HRA	63.6%
Bothell / Woodinville HRA	76.1%
Covington/Maple Valley HRA	73.0%
Issaquah HRA	77.0%
Kirkland HRA	74.6%
Kirkland North HRA	78.1%
Mercer Island / Point Cities HRA	76.9%
Newcastle / Four Creeks HRA	70.2%
Redmond HRA	70.9%
Renton-East HRA	70.3%
Renton-North HRA	66.1%
Renton-South HRA	67.4%
Fairwood HRA	70.0%
Sammamish HRA	76.2%
Snoqualmie / North Bend / Skykomish HRA	77.1%
Overlake Service Area	71.3%
King County	71.7%
Washington	70.2%

Source: Washington State Department of Health, Center of Health Statistics 2011-2015, per King County Public Health.
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

LOW BIRTH WEIGHT

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The service area has a lower rate of low birth weight babies (6.4%) when compared to the county (6.5%). However, when examined by place, the Bellevue (7.3%) and Renton / Fairwood

area (7.0%) have the highest rates of low-birth-weight births 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 falls favorably below this benchmark.

Low Birth Weight (Under 2,500 g), Five-Year Average, 2010-2014

	Low Weight Births	Percent
Bear Creek / Carnation / Duvall area	27.6	5.9%
Bellevue area	92.8	7.3%
Bothell / Woodinville area	20.8	6.2%
Covington / Maple Valley area	30.0	6.1%
Issaquah area	18.4	4.9%
Kirkland / North Kirkland area	53.4	6.0%
Mercer Island / Point Cities area	10.0	6.5%
Newcastle / Four Creeks area	12.4	5.6%
Redmond area	49.4	6.6%
Renton / Fairwood area	95.6	7.0%
Sammamish area	23.4	6.0%
Snoqualmie / North Bend / Skykomish area	22.8	5.5%
Overlake Service Area	456.6	6.4%
King County	1,617	6.5%
Washington	5,484	6.3%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

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 4.2 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, 2010-2014

	Infant Deaths	Rate per 1,000 Live Births
Bear Creek / Carnation / Duvall area	1.6	3.4
Bellevue area	4.0	3.1
Bothell / Woodinville area	< 1	N/A
Covington / Maple Valley area	2.0	4.0
Issaquah area	1.6	4.2
Kirkland / North Kirkland area	1.8	2.0
Mercer Island / Point Cities area	< 1	N/A
Newcastle / Four Creeks area	1.2	5.4
Redmond area	1.6	2.1
Renton / Fairwood area	5	3.7
Sammamish area	< 1	N/A
Snoqualmie / North Bend / Skykomish area	< 1	N/A
Overlake Service Area	18.8	3.1
King County	104.4	4.2
Washington	400.4	4.6

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014. <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

BREASTFEEDING

Breastfeeding provides considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies be fed only breast milk for the first six months of life. The CDC collects data on breastfeeding at the state level via landline and

cellphone sampling. Per the CDC, Washington State compares well to the nation and they met or exceeded the Healthy People 2020 objectives related to breastfeeding.

Breastfeeding in Washington State

	Washington	U.S.	Healthy People 2020 Objective
Ever Breastfed	87.4%	81.1%	81.9%
Breastfed at 6 months	63.7%	51.8%	60.6%
Breastfed exclusively through 3 months	51.7%	44.4%	46.2%
Breastfed exclusively through 6 months	28.0%	22.3%	25.5%
Breastfed at one year	39.4%	30.7%	34.1%
Breastfed but received formula supplementation within the first 2 days of life	13.7%	17.1%	14.2%

Source: CDC Breastfeeding Report Card, 2016. Data based on 2013 births. <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

The rate for initiating breastfeeding in King County is 96.4%, and for the HRAs associated with the service area, the rate is 97.2%. A higher rate of initiation does not necessarily indicate a higher incidence of either longer-term or exclusive breastfeeding.

The HRAs with the highest rates of breastfeeding initiation were Bellevue West, Redmond, and Sammamish, with a rate of 98.4% of all mothers in those HRAs initiating breastfeeding.

Breastfeeding Initiation by HRA, 5-Year Average, 2010-2014

	Annual Birth Count	Rate
Bear Creek / Carnation / Duvall HRA	552	97.4%
Bellevue-Central HRA	550	97.3%
Bellevue-NE HRA	433	97.5%
Bellevue-South HRA	249	97.6%
Bellevue-West HRA	323	98.4%
Bothell / Woodinville HRA	404	97.5%
Covington/Maple Valley HRA	577	95.7%
Issaquah HRA	451	96.3%
Kirkland HRA	652	98.3%
Kirkland North HRA	433	97.3%
Mercer Island / Point Cities HRA	192	98.3%
Newcastle / Four Creeks HRA	272	97.2%
Redmond HRA	904	98.4%
Renton-East HRA	447	96.4%
Renton-North HRA	419	95.9%
Renton-South HRA	720	95.6%
Fairwood HRA	253	96.6%
Sammamish HRA	463	98.4%
Snoqualmie / North Bend / Skykomish HRA	496	97.4%
Overlake Service Area	8,790	97.2%
King County	23,790	96.4%
Washington	80,369	93.4%

Source: Washington State Department of Health, Center of Health Statistics 2010-2014, per King County Public Health.
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

LEADING CAUSES OF DEATH

AGE-ADJUSTED DEATH RATES

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When adjusted for age, the death rate in

the service area was 534.1 per 100,000 persons, lower than the county (619.5) or state rates (687.0). The Renton-South HRA had the highest rate of death in the service area (731.2 per 100,000 persons) and the Mercer Island / Point Cities HRA had the lowest rate of death (438.9 per 100,000 persons).

Age-Adjusted Death Rate, Five-Year Average, 2011-2015

	Average Number of Deaths	Rate per 100,000 Persons
Bear Creek / Carnation / Duvall HRA	248.0	569.0
Bellevue-Central HRA	247.2	555.1
Bellevue-NE HRA	215.8	543.7
Bellevue-South HRA	162.6	533.5
Bellevue-West HRA	201.8	451.0
Bothell / Woodinville HRA	232.8	566.6
Covington/Maple Valley HRA	234.0	612.5
Issaquah HRA	233.6	565.0
Kirkland HRA	255.8	533.8
Kirkland North HRA	187.6	659.3
Mercer Island / Point Cities HRA	237.2	438.9
Newcastle / Four Creeks HRA	156.8	645.3
Redmond HRA	274.8	504.3
Renton-East HRA	147.0	617.1
Renton-North HRA	181.0	586.8
Renton-South HRA	389.4	731.2
Fairwood HRA	119.0	663.3
Sammamish HRA	117.4	519.1
Snoqualmie / North Bend / Skykomish HRA	169.6	613.7
Overlake Service Area	4,011.4	534.1
King County	12,408.6	619.5
Washington	51,405.2	687.0

Source: Seattle & King County Public Health, Community Health Indicators, 2011-2015.
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

LEADING CAUSES OF DEATH

The top three causes of death in the East region of King County are cancer, heart disease and Alzheimer's disease. The rate of death due to Alzheimer's disease

is higher in the East region of the county (44.6 per 100,000 individuals) than countywide (41.4).

Leading Causes of Death, Rates per 100,000 persons, Five-Year Average, 2012-2016

	East Region King County		King County		Washington	
	Number	Age-Adjusted	Number	Age-Adjusted	Number	Age-Adjusted
Cancer	689	133.0	2,941	147.8	12,658	157.0
Heart Disease	549	107.3	2,534	125.6	10,986	138.3
Alzheimer's Disease	225	44.6	832	41.4	3,489	44.9
Stroke	136	26.9	605	30.6	3,151	39.9
Unintentional Injury	126	24.3	654	31.7	3,188	42.5
Chronic Lower Respiratory Disease	109	22.7	571	29.8	2,693	34.4
Diabetes	63	12.4	370	18.5	1,805	22.5
Suicide	59	10.9	255	12.2	1,136	15.6
Chronic Liver Disease and Cirrhosis	37	6.3	210	9.5	1,021	12.4
Flu and Pneumonia	35	6.8	155	7.7	851	10.7
Total Deaths	2,734	534.1	12,409	619.4	54,513	692.3

Source: Death Certificate Data, WA State Dept. of Health, Center for Health Statistics, per Seattle and King County Public Health Department, <http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

CANCER MORTALITY

The rate of death for all cancers in the service area is 140.4 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 161.4 per 100,000 persons for all cancers.

The female breast cancer death rate in the service area is 19.0 per 100,000 women. This rate is just slightly lower than the county (20.2 per 100,000 females), the state

(20.1 per 100,000 females), and the Healthy People 2020 objective of 20.7 deaths from breast cancer per 100,000 women.

When examining the rate of death due to colorectal cancer, the age-adjusted, five-year average for the service area is 11.7 per 100,000 persons. This is a lower rate than the Healthy People 2020 objective of 14.5 deaths per 100,000 persons as a result of colorectal cancer.

Cancer Age-Adjusted Death Rate per 100,000 Persons, Five-Year Average, 2010-2014

	Breast Cancer		Colorectal Cancer		All Cancer	
	Number	Age-Adjusted	Number	Age-Adjusted	Number	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	6	16.1	6	13.0	78.6	161.8
Bellevue HRAs (all 4)	16	17.9	16	10.4	204.8	131.0
Bothell / Woodinville HRA	4	19.9	3	8.9	51.4	143.4
Covington / Maple Valley HRA	4	19.0	5	10.2	64.0	151.3
Issaquah HRA	3	14.9	4	10.5	47.4	133.4
Kirkland & North Kirkland HRAs	7	15.7	11	13.5	111.4	142.4
Mercer Island / Point Cities HRA	5	22.4	3	6.6	57.0	116.6
Newcastle / Four Creeks HRA	4	28.4	4	14.0	40.8	144.7
Redmond HRA	6	18.0	5	9.5	57.4	116.7
Renton HRAs (all 3) / Fairwood HRA *	13 / 4	21.4 / 31.8	16 / 3	14.7 / 11.4	163.6	153.8
Sammamish HRA	2	14.4 **	3	10.4	33.4	124.3
Snoqualmie / North Bend / Skykomish HRA	4	26.6	4	14.0	42.8	148.1
Overlake Service Area	78	19.0	83	11.7	952.6	140.4
King County	223	20.2	242	12.3	2,928	150.5
Washington	815	20.1	985	13.3	11,941	162.5

Source for Breast & Colorectal Cancer data: Death Certificate Data, WA State Dept. of Health, Center for Health Statistics, per Seattle and King County Public Health Department, <http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

* Data are presented by HRA. While the Renton HRAs have been combined, the Fairwood HRA data remain separated by a “/” mark.

Source for “All Cancer” data: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014. <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

* Data are presented by city area, and data for Renton and Fairwood HRAs have been combined in the source data.

** = Not Statistically Valid; too low of an incidence to be calculated with statistical validity

COMMUNITY INPUT

CANCER

Community interviews provided insights on issues related to cancer and its impact on the health of community residents. This information reflects the experiences and opinions of the key informant interviews. Following are their comments summarized and edited for clarity:

- There are not sufficient case management services or support groups for those with cancer.
- For many cultures, cancer is not discussed. There may be opportunities around increased awareness and prevention.
- People seek treatment after the cancer is in advanced stages. Therefore, we need more education about the importance of prevention and screenings.
- There are very few specialists who do oncology support for people who have medical coupons or nontraditional insurance.
- Even with full insurance coverage cancer treatment is expensive and people miss work to obtain treatment. A cancer diagnosis may cost a person his/her job.
- If someone is screened and cancer is found, there are not always available resources or funds to pay for their treatment. If people cannot pay for treatment they may choose to not be screened and risk a cancer diagnosis.

HEART DISEASE MORTALITY

The Overlake service area has an age-adjusted, average five-year rate of death due to heart disease of 115.7 per 100,000 persons. The service area rate exceeds the Healthy People 2020 objective of 103.4 deaths per 100,000 persons. The Covington / Maple

Valley area has the highest age-adjusted rate of death due to heart disease (133.1 per 100,000 persons) and the Mercer Island / Point Cities area has the lowest age-adjusted rate of death as a result of heart disease (79.9 per 100,000).

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

	Number	Heart Disease	
		Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall area	46.0	67.5	114.9
Bellevue area	167.0	123.0	101.4
Bothell / Woodinville area	48.2	141.1	113.1
Covington / Maple Valley area	48.0	83.7	133.1
Issaquah area	42.8	130.1	97.3
Kirkland / North Kirkland area	91.4	109.8	122.6
Mercer Island / Point Cities area	46.0	150.0	79.9
Newcastle / Four Creeks area	28.8	99.2	128.2
Redmond area	58.2	102.3	105.4
Renton / Fairwood area	138.6	119.5	128.0
Sammamish area	24.2	49.4	124.1
Snoqualmie / North Bend / Skykomish area	33.8	73.8	128.5
Overlake Service Area	773.0	104.6	115.7
King County	2,528	125.3	127.2
Washington	10,459	150.1	142.3

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.

<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

STROKE MORTALITY

In the Overlake service area, the rate of death by stroke is 29.0 per 100,000 persons. This is a lower rate than found in the county (31.4) and the state (35.5), and the Healthy People 2020 objective (34.8). The Renton / Fairwood area has the highest age-ad-

justed rate of death due to stroke in the service area (36.4) and the Covington / Maple Valley area has the lowest age-adjusted rate of death due to stroke (21.1 per 100,000 persons).

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

	Number	Stroke	
		Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall area	11.0	16.1	26.3
Bellevue area	47.2	34.8	28.6
Bothell / Woodinville area	12.8	37.5	30.6
Covington / Maple Valley area	7.2	12.6	21.1
Issaquah area	15.4	46.8	36.0
Kirkland / North Kirkland area	19.6	23.5	26.6
Mercer Island / Point Cities area	15.4	50.2	26.9
Newcastle / Four Creeks area	6.8	23.4	32.6
Redmond area	17.2	30.2	31.1
Renton / Fairwood area	38.0	32.8	36.4
Sammamish area	4.6	9.4	25.0
Snoqualmie / North Bend / Skykomish area	5.2	11.3	24.5
Overlake Service Area	200.4	27.1	29.0
King County	610	30.2	31.4
Washington	2,570	36.9	35.5

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.

<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

COMMUNITY INPUT

CARDIOVASCULAR DISEASE

Community interviews provided insights on issues related to cardiovascular disease (heart disease and stroke) and its impact on the health of community residents. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- Cardiac testing is very expensive and there is a fear of finding cardiovascular disease.
- The waitlist to see a specialist can be months. Few specialists accept coupons or uninsured patients.
- Cardiovascular problems may not be obvious and people do not understand the importance of getting proper screenings and well-care.
- A lot of the donated food in our food pantries is not heart healthy. The food has high levels of sugar, sodium and fat. Many people do not have a place to cook for themselves so they are limited in terms of what they can eat.
- Unhealthy food is more affordable. It is harder to budget and prepare healthier foods.

ACCIDENTS AND EXTERNAL CAUSES MORTALITY RATE

The age-adjusted death rate due to accidents and external causes in the service area was 24.6 per 100,000 persons. Newcastle / Four Creeks area has an average age-adjusted death rate due to accidents and external

causes of 36.6 per 100,000 persons, which is higher than the rate for the service area. The Sammamish area has the lowest death rate (15.2 per 100,000 persons) from these causes.

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

	Accidents and External Causes		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall area	13.8	20.2	28.1
Bellevue area	32.4	23.9	21.4
Bothell / Woodinville area	11.0	32.2	27.4
Covington / Maple Valley area	11.0	19.2	26.0
Issaquah area	9.6	29.2	25.5
Kirkland / North Kirkland area	18.8	22.6	23.5
Mercer Island / Point Cities area	8.8	28.7	21.0
Newcastle / Four Creeks area	9.4	32.4	36.6
Redmond area	11.0	19.3	21.5
Renton / Fairwood area	31.6	27.3	28.8
Sammamish area	5.0	10.2	15.2
Snoqualmie / North Bend / Skykomish area	9.2	20.1	23.8
Overlake Service Area	171.6	23.2	24.6
King County	625	31.0	30.7
Washington	2,742	39.4	38.4

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.

<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

CHRONIC LOWER RESPIRATORY DISEASE (CLRD) MORTALITY

The age-adjusted, five-year average death rate for Chronic Lower Respiratory Disease (CLRD) in the service area was 26.8 per 100,000 persons, which is lower than county (29.7) and state (40.8) rates. In the service area, the Snoqualmie / North Bend / Skykomish area has the highest rate of death from CLRD (40.9

per 100,000 persons). The Covington / Maple Valley, Renton / Fairwood, and Newcastle / Four Creeks areas also have high rates (37.6, 37.0, and 35.6 per 100,000 persons, respectively). The Mercer Island / Point Cities area has the lowest rate at 13.4 deaths per 100,000 persons, age-adjusted.

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

	Chronic Lower Respiratory Disease		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall area	9.6	14.1	23.4
Bellevue area	27.2	20.0	17.3
Bothell / Woodinville area	9.2	26.9	24.3
Covington / Maple Valley area	13.4	23.4	37.6
Issaquah area	9.4	28.6	22.4
Kirkland / North Kirkland area	20.2	24.3	28.7
Mercer Island / Point Cities area	7.4	24.1	13.4
Newcastle / Four Creeks area	8.2	28.2	35.6
Redmond area	10.0	17.6	21.2
Renton / Fairwood area	37.4	32.3	37.0
Sammamish area	3.6	7.3	18.6
Snoqualmie / North Bend / Skykomish area	9.6	21.0	40.9
Overlake Service Area	165.2	22.4	26.8
King County	558	27.8	29.7
Washington	2,915	42.3	40.8

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

DIABETES MORTALITY

The age-adjusted, five-year average death rate for diabetes in the service area was 15.0 per 100,000 persons, which is lower than county and the state rates. The Renton/Fairwood and Covington/Maple Valley areas

have the highest rate of death from diabetes (21.9 per 100,000 persons) and the Mercer Island/ Point Cities area has the lowest rate of death due to diabetes (8.4 per 100,000 persons).

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

	Number	Diabetes	
		Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall area	5.0	7.3	11.3
Bellevue area	15.8	11.6	10.2
Bothell / Woodinville area	5.0	14.6	11.5
Covington / Maple Valley area	8.2	14.3	21.9
Issaquah area	5.0	15.2	13.3
Kirkland / North Kirkland area	9.4	11.3	12.4
Mercer Island / Point Cities area	4.4	14.3	8.4
Newcastle / Four Creeks area	4.8	16.5	19.0
Redmond area	7.4	13.0	16.8
Renton / Fairwood area	22.6	19.5	21.9
Sammamish area	3.2	6.5	14.3
Snoqualmie / North Bend / Skykomish area	4.2	9.2	16.8
Overlake Service Area	95.0	12.9	15.0
King County	354	17.5	18.3
Washington	1,604	23.0	21.9

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.

<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

SUICIDE

The age-adjusted suicide rate in the Overlake service area was 10.7 per 100,000 persons. This is lower than the county rate (12.1) and the state rate (14.4), but higher than the Healthy People 2020 objective (10.2 per 100,000 persons). Covington / Maple Valley had the

lowest age-adjusted rate of suicide in the service area (8.3 per 100,000 persons) and Snoqualmie / North Bend / Skykomish had the highest rate of suicide in the service area (14.9 per 100,000 persons).

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

	Number	Suicide	
		Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall area	8.2	12.0	12.5
Bellevue area	14.2	10.5	10.2
Bothell / Woodinville area	4.0	11.7	12.2
Covington / Maple Valley area	4.6	8.0	8.3
Issaquah area	4.2	12.8	11.7
Kirkland / North Kirkland area	10.2	12.3	12.1
Mercer Island / Point Cities area	2.8	9.1	8.5
Newcastle / Four Creeks area	3.0	10.3	10.6
Redmond area	4.8	8.4	8.6
Renton / Fairwood area	10.8	9.3	9.5
Sammamish area	4.4	9.0	10.6
Snoqualmie / North Bend / Skykomish area	6.4	14.0	14.9
Overlake Service Area	64.0	8.7	10.7
King County	251	12.4	12.1
Washington	1,019	14.6	14.4

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014.
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

DRUG DEPENDENCE AND ABUSE

The age-adjusted rate of death due to drug use was 8.6 per 100,000 persons in the Overlake service area. Renton (12.1 per 100,000 persons) and Newcastle / Four

Creeks area (11.7 per 100,000) have higher drug-related rates of death. These rates are higher than the Healthy People 2020 objective of 11.3 per 100,000 persons.

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

	Drug Dependence and Abuse		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	6	8.8	10.4
Bellevue HRA	11	8.1	8.1
Bothell / Woodinville HRA	2 *	5.9 *	6.3 *
Covington / Maple Valley HRA	4	7.0	7.1
Issaquah HRA	3	9.1	10.0
Kirkland / North Kirkland HRA	8	9.6	9.5
Mercer Island / Point Cities HRA	1 *	3.3 *	4.5 *
Newcastle / Four Creeks HRA	3	10.3	11.7
Redmond HRA	5	8.8	8.3
Renton HRA	14	14.4	12.1
Fairwood HRA	1 *	5.3 *	4.8 *
Sammamish HRA	2 *	4.1 *	4.7 *
Snoqualmie / North Bend / Skykomish HRA	4	8.7	8.0
Overlake Service Area	64	8.7	8.6
King County	271	13.4	12.6
Washington	1,019	14.6	14.3

Source: Seattle & King County Public Health, Community Health Indicators, 2010-2014.

<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

* Not Statistically Valid due to sample size; interpret with caution.

ALCOHOL DEPENDENCE AND ABUSE

The age-adjusted rate of death in the service area due to alcohol use is 7.0 per 100,000 persons, which is lower than the rate of death found in the county (9.7) and state (12.1).

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

	Alcohol Dependence and Abuse		
	Number	Crude Rate	Age-Adjusted
Bear Creek / Carnation / Duvall HRA	4	5.9	4.6
Bellevue HRA	10	7.4	6.6
Bothell / Woodinville HRA	3	8.8	8.5
Covington / Maple Valley HRA	3	5.2	6.7
Issaquah HRA	2 *	6.1 *	5.3 *
Kirkland / North Kirkland HRA	8	9.6	8.2
Mercer Island / Point Cities HRA	1 *	3.3 *	3.7 *
Newcastle / Four Creeks HRA	4	13.8	11.8
Redmond HRA	3	5.3	5.9
Renton HRA	13	13.4	10.5
Fairwood HRA	2 *	10.6 *	6.3 *
Sammamish HRA	2 *	4.1 *	4.6 *
Snoqualmie / North Bend / Skykomish HRA	3	6.5	6.1
Overlake Service Area	51	7.8	7.0
King County	212	10.5	9.7
Washington	939	13.5	12.1

Source: Seattle & King County Public Health, Community Health Indicators, 2010-2014.

<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

* Not Statistically Valid due to sample size; interpret with caution.

CHRONIC DISEASES

ASTHMA

The percent of children, ages 0-17, with asthma is 6% in East County, South County and North King County.

African Americans (11%) and Asians (9%) have the highest prevalence of childhood asthma.

Children, Ages 0-17, with Asthma

	Percent
East County	6%
South County	6%
Seattle	8%
North County	6%
King County	7%
Washington State *	7%

Source: Seattle & King County Public Health, Community Health Indicators 2009-2013; * for WA State, 2009-2010 only.
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

ASTHMA HOSPITALIZATIONS

Asthma hospitalizations in children (0-17) occurred at a rate of 134.6 per 100,000 persons in King County. The East King County rate of childhood asthma hospitalizations is 92.6 per 100,000 persons, which is lower than the King County rate.

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 40.2 per 100,000 persons. In East King County, the adult asthma hospitalization rate was 24.4 per 100,000 persons, while the highest rates (52.6) were seen in South County.

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

	Childhood Asthma	Adult Asthma
East County	92.6	24.4
South County	114.9	52.6
Seattle	222.8	40.0
North County	162.2	37.9
King County	134.6	40.2
Washington	94.6	52.4

Source: Seattle & King County Public Health, Community Health Indicators, 2010-2014
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

9% of adults in the Overlake service area and in King County have asthma, which is less than the state rate of (10%). The

lowest rate of asthma was reported in Bellevue (6%), and the highest rate of adult asthma was in Issaquah (12%).

Adult Asthma Prevalence, Five-Year Average

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

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

DIABETES

6% of adults, 18 and older, in the hospital service area, reported being diagnosed with diabetes. The Covington / Maple Valley, Renton / Fairwood, and Snoqualmie /

North Bend / Skykomish areas have the highest self-reported rates of diabetes (9%). Sammamish has the lowest self-reported rate of diagnosed diabetes (3%).

Adult Diabetes Prevalence, Five-Year Average

	Percent
Bear Creek / Carnation / Duvall area	6%
Bellevue area	5%
Bothell / Woodinville area	5%
Covington / Maple Valley area	9%
Issaquah area	5%
Kirkland / North Kirkland area	5%
Mercer Island / Point Cities area	5%
Newcastle / Four Creeks area	8%
Redmond area	6%
Renton / Fairwood area	9%
Sammamish area	3%
Snoqualmie / North Bend / Skykomish area	9%
Overlake Service Area	6%
King County	7%
Washington State	9%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

COLORECTAL AND BREAST CANCER

The incidence of colorectal cancer, averaged over three years, is 35.0 per 100,000 persons for King County, which is lower than the state rate of 36.4 per 100,000 persons. American Indian/Alaskan Natives, African Americans and males have higher rates of colorectal cancer, and incidence increases with age.

In King County, breast cancer rates in women occur at a rate of 188.8 per 100,000 persons, which is higher than the state rate of 170.9 per 100,000 persons. Native Hawaiian / Pacific Islander, Black, and White females have the highest rates of breast cancer diagnosis, while Hispanic women have the lowest. Breast cancer incidence rises with age.

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

	King County*	Washington
Colorectal cancer	35.0	36.4
Breast cancer	188.8	170.9

Source: Washington State Department of Health's Cancer Registry, 2012-2014. <https://fortress.wa.gov/doh/wscr/WSCR/Query.mvc/Query>

*Cancer incidence data are available at the county level.

COMMUNICABLE DISEASES

TUBERCULOSIS

The rate of tuberculosis was 5.2 per 100,000 persons in King County, which is higher than the state rate of 2.9 per 100,000 persons. King County had more than half of all Washington State TB cases from 2012 to 2016.

For King County, for 2016, males (58% of cases), foreign-born (77% of cases), and residents 65 and older

(8.8 cases per 100,000 persons) suffer with higher rates of TB. More than half of all cases were diagnosed in foreign-born persons from just four countries: Vietnam (18% of total 2016 cases), Philippines (14%), India (10%) and Ethiopia (10%).

New Diagnoses of TB, per 100,000 Persons, Five-Year Average 2012-2016

	Tuberculosis	
	Number of New Diagnoses	Rate per 100,000 persons
King County*	104	5.2
Washington State	200	2.9

Source: Washington State Department of Health's TB Program, 2012-2016.

<https://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/TuberculosisDataandReports>.

TB demographic data for King County: Seattle and King County Public Health, 2016.

<http://www.kingcounty.gov/depts/health/communicable-diseases/tuberculosis/data.aspx>

* Incidence data are available at the county level.

SEXUALLY TRANSMITTED INFECTIONS

Rates of STIs in King County are continuing to rise. Chlamydia occurs at a rate of 416 cases per 100,000 persons in King County, which is higher than the rate for Washington (406) and represents a steady increase since 1992 when the rate was 251 cases per 100,000. While chlamydia continues to occur at the highest rates among females ages 20-24 (2,738 cases per 100,000), the rate for girls 15-19 continues to be high (1,874) but has been dropping since 2004, while rates for women 20-29 have been climbing. The rate for men has risen from 2011 (244 cases per 100,000) to 2015 (368) fueled

largely by an increase in the rate among men who have sex with men (MSM).

The rate of Gonorrhea is 145.4 per 100,000 for the county, which is an increase over previous years, and higher than the state rate of 101.6 per 100,000 persons. Early syphilis occurs at a rate of 21.6 per 100,000 persons in King County, which is more than double the state rate of 10.5 per 100,000 persons. Syphilis occurs at much higher rates among males.

Sexually Transmitted Diseases, Rate per 100,000 Persons, by year, 2011-2015

	King County*					Washington
	2011	2012	2013	2014	2015	2015
Chlamydia, all genders	335	352	351	377	416	406
Chlamydia, women	424	424	426	439	463	539
Chlamydia, men	244	281	275	315	368	273
Gonorrhea, all genders	72.4	79.7	91.0	111.9	145.4	101.6
Gonorrhea, women	40.4	33.9	41.0	58.3	77.5	79.2
Gonorrhea, men	104.6	125.9	141.3	165.8	213.4	123.9
Early Syphilis, all genders	19.1	17.6	16.7	14.3	21.6	10.5
Early Syphilis, women	0.5	0.6	1.1	1.3	0.7	1.3
Early Syphilis, men	37.8	34.8	32.4	27.4	42.6	19.6

Source: Seattle and King County Department of Public Health, STD Epidemiology, 2015 Annual Report.

<http://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/epidemiology/std-data-reports.aspx> ; and for Washington State data: the CDC's Atlas Plus query system: <https://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>

* Incidence data are available at the county level.

HIV/AIDS

HIV incidence is the number of persons newly diagnosed with HIV each year, including those also diagnosed with AIDS. This rate continues to drop in King County and Washington State, and is at its lowest level since 1998. The incidence of new HIV/AIDS diagnoses averaged over five years was 12.5 per 100,000 persons in King County.

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 336.1 per 100,000 persons, almost double the statewide rate of 172.6 per 100,000 persons.

Late diagnosis is defined as receiving a diagnosis of AIDS at the same time as being diagnosed as HIV-positive. 26% of persons with HIV/AIDS received a late diagnosis.

HIV/AIDS Incidence and Prevalence, per 100,000 Persons, Five-Year Average, 2012-2016, and Percentage of Late Diagnosis, 2011-2015

	New Diagnoses	Prevalence	Late Diagnosis
King County*	12.5	336.1	26%
Washington	6.1	172.6	25%

Source: Seattle & King County Department of Health, HIV/AIDS Epidemiology Report, 2017; <http://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/epidemiology.aspx>

* Incidence data are available at the county level.

COMMUNITY INPUT

SEXUALLY TRANSMITTED INFECTIONS

Community interviews provided insights on issues related to sexually transmitted infections and its impact on the health of community residents. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- Many cultures do not talk about sex and sexually transmitted infections. It's taboo. As a result, people do not have adequate information.
- Sexually transmitted infections and awareness continues to be a challenge because people believe it is no longer a concern. With health care advances, many people are not being careful and do not protect themselves.
- Sometimes there is a stigma associated with getting tested for an STI.
- There is a lack of education about how these infections are spread.
- Culture and language barriers complicate presenting the information people need.
- By state law, if you are 13 or older, you can make your own choices about sex and your body. School nurses are a resource for this student population.

PREVENTIVE PRACTICES

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

CHILDHOOD IMMUNIZATIONS

The rate of childhood immunizations among children aged 19-35 months is 76.2% in Washington State, which is higher than the national rate of 73.8%.

Child Immunizations, Age 19-35 Months, 4:3:1:3:3:1, 2016

	Percent
Washington State	76.2%
Nationwide	73.8%

Source: Centers for Disease Control, 2016 National Immunization Survey
<https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/index.html>

The rate of school-required immunizations among Kindergarten-aged children is 86.4% for the school districts in the Overlake service area, which is slightly higher than county (84.8%) and state (85%) rates. Fewer children are out of compliance (7.8%) than at the county (8.9%) or state level (8.2%), and rates of exemption, and specifically exemption due to non-re-

ligious personal or philosophical beliefs, are slightly lower, as well.

Data at the district level should be interpreted with caution, as some school districts have small enrollments (in particular, Skykomish had only 7 Kindergarten students enrolled for the 2016-2017 school year).

Kindergarten Immunization Completion, 2016-2017 School Year

	Complete	Out of Compliance	Exempt	Exempt Due to Personal / Philosophical (Nonreligious) Beliefs
Bellevue School District	80.6%	13.9%	4.2%	3.3%
Issaquah School District	93.8%	1.3%	3.5%	3.1%
Lake Washington School District	85.2%	9.2%	3.3%	2.5%
Mercer Island School District	84.8%	11.4%	2.9%	2.2%
Northshore School District	87.8%	6.0%	5.6%	5.0%
Renton School District	91.7%	2.2%	4.1%	2.5%
Riverview School District	79.6%	9.0%	10.6%	8.1%
Skykomish School District	71.4%	0.0%	0.0%	0.0%
Snoqualmie School District	78.9%	14.9%	5.3%	3.7%
Service Area	86.4%	7.8%	4.3%	3.4%
King County	84.8%	8.9%	4.4%	3.6%
Washington State	85.0%	8.2%	4.7%	3.6%

Source: Washington Department of Health, Office of Immunization and Child Profile, 2016-2017 via WA State Open Data Portal
<https://data.wa.gov/Health/Kindergarten-Immunization-Data-2016-17/kck7-yb2v>

FLU SHOTS

In the service area, 42% of adults got the flu shot, which is higher than the 40% county rate and the state rate of 33%. This does not meet the Healthy People objective of 70% of adults, 18 and older, receiving a flu

shot. The highest rate of flu shot utilization was in the Mercer Island / Point Cities area (54%). Only 38% of Snoqualmie / North Bend / Skykomish and Covington / Maple Valley adult residents received the flu vaccine.

Flu Shots, Adults 18+, Five-Year Average, 2010-2014

	Percent
Bear Creek / Carnation / Duvall area	45%
Bellevue area	39%
Bothell / Woodinville area	40%
Covington / Maple Valley area	38%
Issaquah area	44%
Kirkland / North Kirkland area	42%
Mercer Island / Point Cities area	54%
Newcastle / Four Creeks area	39%
Redmond area	39%
Renton / Fairwood area	46%
Sammamish area	42%
Snoqualmie / North Bend / Skykomish area	38%
Overlake Service Area	42%
King County	40%
Washington	33%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

PNEUMONIA VACCINATION

The pneumonia vaccination rate among seniors in the service area is 72%, which is comparable to the county (72%) and state (73%) rates but below the Healthy People 2020 objective of 90%. Sammamish had the

highest pneumonia vaccination rate in the service area (79%). Issaquah had a 65% pneumonia vaccination rate, and the Kirkland and Redmond areas had a 66% pneumonia vaccination rate.

Pneumonia Vaccine, Adults 65+, Five-Year Average

	Percent
Bear Creek / Carnation / Duvall area	74%
Bellevue area	71%
Bothell / Woodinville area	77%
Covington / Maple Valley area	76%
Issaquah area	65%
Kirkland / North Kirkland area	66%
Mercer Island / Point Cities area	77%
Newcastle / Four Creeks area	70%
Redmond area	66%
Renton / Fairwood area	74%
Sammamish area	79%
Snoqualmie / North Bend / Skykomish area	74%
Overlake Service Area	72%
King County	72%
Washington	73%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

MAMMOGRAMS

76% of women, 50 to 74 years of age, in the service area have had a mammogram in the past two years. This exceeds the county and state rates, but falls short of the Healthy People 2020 objective of 81.1%.

Sammamish (82%) and Issaquah (81%) have the highest rates of mammogram compliance. In the Bothell / Woodinville area only 69% of women receive recommended mammograms.

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

	Percent
Bear Creek / Carnation / Duvall area	72%
Bellevue area	77%
Bothell / Woodinville area	69%
Covington / Maple Valley area	73%
Issaquah area	81%
Kirkland / North Kirkland area	78%
Mercer Island / Point Cities area	78%
Newcastle / Four Creeks area	72%
Redmond area	73%
Renton / Fairwood area	74%
Sammamish area	82%
Snoqualmie / North Bend / Skykomish area	80%
Overlake Service Area	76%
King County	72%
Washington	71%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

CERVICAL CANCER SCREENINGS

80% of women, 21 to 65 years of age, in the service area have had a pap test in the past three years. This exceeds the county and state rates, but falls short of the Healthy People 2020 objective of 93.0%. Women

in the Renton / Fairwood area had the highest rate of pap tests (84%) and women in the Issaquah area had the lowest rate of compliance (65%).

Pap Test in Last Three Years, Women 21-65, Five-Year Average

	Percent
Bear Creek / Carnation / Duvall area	81%
Bellevue area	75%
Bothell / Woodinville area	82%
Covington / Maple Valley area	83%
Issaquah area	65%
Kirkland / North Kirkland area	80%
Mercer Island / Point Cities area	79%
Newcastle / Four Creeks area	77%
Redmond area	84%
Renton / Fairwood area	86%
Sammamish area	77%
Snoqualmie / North Bend / Skykomish area	77%
Overlake Service Area	80%
King County	78%
Washington	68%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

COLORECTAL CANCER SCREENING

In the Overlake service area, 65% of adults, 50 to 75 years of age, have been screened for colorectal cancer.

This rate is below the Healthy People 2020 objective of 70.5%.

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

	Percent
Bear Creek / Carnation / Duvall HRA	65%
Bellevue HRA	63%
Bothell / Woodinville HRA	85%*
Covington / Maple Valley HRA	59%
Issaquah HRA	73%
Kirkland / North Kirkland HRA	70%
Mercer Island / Point Cities HRA	76%
Newcastle / Four Creeks HRA	63%
Redmond HRA	50%
Renton HRA	69%
Fairwood HRA	71%
Sammamish HRA	63%
Snoqualmie / North Bend / Skykomish HRA	60%
Overlake Service Area	65%
King County	64%
Washington	65%

Source: Seattle & King County Public Health, Community Health Indicators, 2011-2014.
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

* Not Statistically Valid due to sample size; interpret with caution.

COMMUNITY INPUT

PREVENTIVE PRACTICES

Community interviews provided insights on issues related to preventive practices and the impact on the health of community residents. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- People are reactive, versus being proactive, in their health care practices. Often people won't put resources toward prevention.
- Our public health system is underfunded.
- Different approaches are needed. What works for one group won't work for another. To be effective with marginalized communities, we need to partner with community-based organizations that have a trusted relationship with the community.
- To promote prevention we should focus on health literacy, knowing how to navigate the health system, and removing the economic barriers to obtain screenings and services are important.
- Transportation, insurance, language barriers and finding practitioners that look and sound like you and know your cultural identity are all barriers to preventive care.
- Primary care practitioners cannot financially support themselves and their offices in the current health care environment. As a result, there is a shortage of primary care practitioners.
- There needs to be more investment in areas of prevention. Education needs to be accessible and convenient.
- Prevention is a better long-term investment, but it is not as fundable in our current health care system.
- Some areas of health are changing quickly, such as vaping. A lot of smoking prevention work has been successful. But we failed to recognize and respond to smoking behavior being quickly replaced with vaping. People assume that the preventive messages about cigarettes don't apply to vaping. We haven't caught up to that shift in our environment and schools.

HEALTH BEHAVIORS

FAIR OR POOR HEALTH

When asked to self-report on health status, 10% of adults in the service area indicated they were in fair or poor health. The highest rates of self-reported fair/

poor health (13%) were found in the Issaquah and Renton / Fairwood areas.

Fair or Poor Health, Adults, Five-Year Average

	Percent
Bear Creek / Carnation / Duvall area	7%
Bellevue area	12%
Bothell / Woodinville area	9%
Covington / Maple Valley area	9%
Issaquah area	13%
Kirkland / North Kirkland area	6%
Mercer Island / Point Cities area	9%
Newcastle / Four Creeks area	12%
Redmond area	8%
Renton / Fairwood area	13%
Sammamish area	5%
Snoqualmie / North Bend / Skykomish area	12%
Overlake Service Area	10%
King County	12%
Washington	16%

Source: BRFSS, by WA State Dept. of Health, Center for Health Statistics, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

YEARS OF HEALTHY LIFE AND LIFE EXPECTANCY

Life expectancy in the Overlake service area is 83.3 years, which is higher than the County (81.8 years) and the state (80.3 years). Life expectancy is the highest for residents of Mercer Island / Point Cities (85.8 years), and lowest for residents of Renton / Fairwood (81.2 years).

Life Expectancy, Five-Year Average

	Years of Life Expectancy
Bear Creek / Carnation / Duvall area	83.1
Bellevue area	84.5
Bothell / Woodinville area	83.4
Covington / Maple Valley area	82.0
Issaquah area	83.7
Kirkland / North Kirkland area	83.3
Mercer Island / Point Cities area	85.8
Newcastle / Four Creeks area	81.8
Redmond area	84.7
Renton / Fairwood area	81.2
Sammamish area	84.4
Snoqualmie / North Bend / Skykomish area	82.3
Overlake Service Area	83.3
King County	81.8
Washington State	80.3

Source: WA State Dept. of Health, Center for Health Statistics, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014
<http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

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 76.8 years. The gap between this and life expectancy are years of fair or poor health. Poverty correlates highly with the number of years of ill health at the end of life.

Years of Healthy Life, Five-Year Average, 2008-2012

	Healthy Life	Life Expectancy
East County	76.8	83.8
South County	70.7	80.1
Seattle	72.9	81.7
North County	74.5	80.1
King County	72.4	81.6

Source: WA State Dept. of Health, Center for Health Statistics, per Seattle & King County Public Health, Community Health Indicators, 2008-2012
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

ACTIVITY LIMITATION

Among adults in the hospital service area, 20% have limited activity as a result of physical, mental or emo-

tional problems, with the highest rate found in the Mercer Island / Point Cities area (24%).

Activity Limitation, Adults, Five-Year Average

	Percent
Bear Creek / Carnation / Duvall area	23%
Bellevue area	19%
Bothell / Woodinville area	20%
Covington / Maple Valley area	19%
Issaquah area	16%
Kirkland / North Kirkland area	22%
Mercer Island / Point Cities area	24%
Newcastle / Four Creeks area	23%
Redmond area	14%
Renton / Fairwood area	23%
Sammamish area	14%
Snoqualmie / North Bend / Skykomish area	22%
Overlake Service Area	20%
King County	22%
Washington	25%

Source: BRFSS, by WA State Dept. of Health, Center for Health Statistics, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

COMMUNITY INPUT

SENIOR HEALTH

Community interviews provided insights on issues related to senior health. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- Many seniors avoid care because of the cost and the way Medicare is structured. Often there are secondary costs and for people who do not have supplemental coverage, they do not access care because they feel they cannot afford the fees.
- Seniors may have to make a choice between paying for their rent or medications. Medicare doesn't sufficiently cover the cost of medications.
- Barriers become more pronounced as we age such as cultural and language barriers. People can become socially isolated.
- For persons whose mobility is impaired, access to care is even more difficult.
- We have a growing aging population and we do not have the needed geriatric specialists in our community.
- Isolation among older adults is common and loneliness and depression results.
- Underfunding and a lack of community resources impacts senior health. Caring for the elderly is very difficult and expensive.
- The key to better senior health is staying healthy earlier. Stay active, eat well and exercise with low impact activities. As people age, those who stay physically and mentally active do better.
- Reduced services for seniors are an issue.
- We don't put enough effort into aggressively treating people. We need most of our care when we are older.
- Seniors need advocacy and navigation assistance.

ADULTS OVERWEIGHT AND OBESE

In the service area over half the adult population (53%) is overweight or obese, having a Body Mass Index (BMI) greater than or equal to 25. Almost one-third of the population (32%) is overweight and 21% is obese (having a BMI of 30 or more). The rate of obesity compares favorably to the Healthy

People 2020 objective of less than 30.5% adults who are obese.

Obesity is the highest in the Covington / Maple Valley HRA, followed by the Snoqualmie / North Bend / Skykomish and Renton HRAs.

Adult Overweight and Obese, Five-Year Average, 2010-2014

	Overweight	Obese	Overweight and Obese
Bear Creek / Carnation / Duvall HRA	32%	22%	54%
Bellevue HRA	31%	15%	46%
Bothell / Woodinville HRA	32%	21%	53%
Covington / Maple Valley HRA	36%	31%	67%
Issaquah HRA	32%	22%	54%
Kirkland / North Kirkland HRA	32%	22%	54%
Mercer Island / Point Cities HRA	30%	12%	42%
Newcastle / Four Creeks HRA	38%	21%	59%
Redmond HRA	30%	16%	46%
Renton HRA	33%	25%	58%
Fairwood HRA	38%	23%	61%
Sammamish HRA	33%	15%	48%
Snoqualmie / North Bend / Skykomish HRA	27%	27%	54%
Overlake Service Area	32%	21%	53%
King County	33%	22%	55%
Washington	35%	27%	62%

Source: Behavioral Risk Factor Surveillance System (BRFSS), by Seattle & King County Public Health, Community Health Indicators, 2010-2014
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

YOUTH OVERWEIGHT AND OBESE

In East King County, 10% of youth in grades 8, 10 and 12 were overweight or obese (measured as the top 15%

BMI for age and gender), and 6% were considered obese (measured as the top 5% of BMI for age and gender).

Youth Overweight, Grades 8, 10, 12, 2012 and 2014, Two-Year Average

	Overweight	Obese	Overweight and Obese
East County	10%	6%	16%
South County	15%	12%	27%
Seattle	12%	7%	19%
North County	11%	6%	17%
King County	12%	8%	20%
Washington	14%	10%	24%

Source: Healthy Youth Survey, by Seattle & King County Public Health, Community Health Indicators, 2012 and 2014
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

ADULT PHYSICAL ACTIVITY

The CDC's '2-Level' 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, PLUS muscle-strength-

ening activities that are moderate or high-intensity and involve all major muscle groups, two or more days a week. In East King County, 24% of adults met both of these physical activity recommendations.

Physical Activity, Adults, 2011 and 2013 Two-Year Average

	Percent
East County	24%
South County	18%
Seattle	25%
North County	26%
King County	22%

Source: BRFSS, by Seattle & King County Public Health, Community Health Indicators, 2011 & 2013
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

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

Fairwood area (19%). Mercer Island / Point Cities and Sammamish tend to be the most active, with 9% of residents not engaging in physical activity.

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

	Percent
Bear Creek / Carnation / Duvall area	12%
Bellevue area	16%
Bothell / Woodinville area	11%
Covington / Maple Valley area	17%
Issaquah area	15%
Kirkland / North Kirkland area	12%
Mercer Island / Point Cities area	9%
Newcastle / Four Creeks area	14%
Redmond area	15%
Renton / Fairwood area	19%
Sammamish area	9%
Snoqualmie / North Bend / Skykomish area	11%
Overlake Service Area	14%
King County	16%
Washington	20%

Source: BRFSS, by WA State Dept. of Health, Center for Health Statistics, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

YOUTH PHYSICAL ACTIVITY

The CDC recommendation for youth is 60 minutes or more of physical activity each day. 23% of East

County youth in grades 8, 10, and 12 meet this activity recommendation.

Youth Physical Activity, Grades 8, 10, and 12, 2012 & 2014, Two-Year Average

	Percent
East County	23%
South County	21%
Seattle	19%
North County	23%
King County	22%
Washington	25%

Source: Healthy Youth Survey, by Seattle & King County Public Health, Community Health Indicators, 2012 & 2014
<http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

COMMUNITY INPUT

OVERWEIGHT AND OBESITY

Community interviews provided insights on issues related to overweight and obesity and the impact on the health of community residents. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- Contributing factors to youth obesity are the amount of time spent in front of their screens and the school district's reduction of PE requirements at all grade levels.
- For those on food stamps, the cheapest food isn't necessarily the healthiest food.
- Weight reduction programs are very expensive. Affordable access to fitness centers is also an issue. Exercise and movement are important to weight management, but options are reduced for people with limited incomes.
- In some of the poorer areas there are not enough fresh fruits and vegetables at the local market.
- Stress, anxiety and not having proper care causes obesity, diabetes, and hypertension.
- Obesity is connected to our collective lack of physical activity, whether it's due to a lack of time or that we have great parks but we have rain 10 months out of the year.
- We do not have electronic WIC coupons, so it can be embarrassing for people to use them at the store. And income levels have changed, so there are very few people who qualify now.
- People don't exercise. Everything we do is in an office setting and we are stationary. People aren't active.
- McDonald's is the cheapest way to feed a family of four; the ease and availability of unhealthy food is a serious issue.
- For persons dependent on public transportation, it is hard to go to the grocery store.

MENTAL HEALTH AND SUBSTANCE ABUSE

PHYSICAL OR MENTAL UNHEALTHY DAYS

The average number of mental and physical unhealthy days experienced by adults in the service area in the last 30 days was three days. Adults in the Renton / Fairwood area averaged 4 unhealthy days in the past month.

Physical and Mental Health Unhealthy Days, Average Number of Days in Past 30 Days

	Mental Health Not Good	Physical Health Not Good
Bear Creek / Carnation / Duvall area	3	3
Bellevue area	3	3
Bothell / Woodinville area	4	3
Covington / Maple Valley area	3	2
Issaquah area	2	3
Kirkland / North Kirkland area	2	3
Mercer Island / Point Cities area	3	3
Newcastle / Four Creeks area	3	3
Redmond area	3	2
Renton / Fairwood area	4	4
Sammamish area	3	2
Snoqualmie / North Bend / Skykomish area	3	3
Overlake Service Area	3	3
King County	4	3
Washington	4	4

Source: BRFSS, by WA State Dept. of Health, Center for Health Statistics, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

FREQUENT MENTAL DISTRESS

Frequent mental distress is defined as 14 or more bad mental health days in the last month. In the service area, 8% of the adult population experienced frequent

mental distress, with the highest rates found in the Bothell / Woodinville area (13%).

Frequent Mental Distress

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

Source: BRFSS, by WA State Dept. of Health, Center for Health Statistics, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

COMMUNITY INPUT

MENTAL HEALTH

Community interviews provided insights on issues related to mental health and its impact on the health of community residents. This information reflects the experiences and opinions of the key informants. Following are their comments summarized and edited for clarity:

- There is a lot of anxiety among students because of school expectations, and the need to succeed and compete to get into the best schools.
- People don't have enough opportunities to get therapy or access to extended coverage to obtain therapy and psychological help.
- Students experience societal pressure to perform in school. As well, youth have anxiety due to fears about family economics, immigration status and the increased focus from the federal administration. There is a lot of fear even for individuals who have work visas. They worry that they may be forced to leave.
- There are not enough providers to meet the mental health care needs.
- People need to know how to navigate the health care system. When they are in crisis and try to obtain care, they get the door shut on them because we don't understand them or they don't have the right insurance.
- The public transportation system doesn't help. If your mental health provider is in Bellevue and you live in Kirkland, it takes two buses and two hours.
- There is a lack of on-demand services to be able to talk to someone now. A person needs to get an appointment and help in two days, not a month.
- Attempted suicide in our school system cuts across socioeconomic lines.
- Behavioral health and mental health are not concepts that are understood the same way across cultures.
- It is difficult for people to acknowledge an issue because of stigma and fear.
- Many practitioners don't accept insurance and their hourly rates are such that most people cannot afford the care.
- When the parents are anxious the kids are anxious too. They worry about everything; we have become a society paralyzed by fear.
- We are one of the worst funded states in the nation. Our system for mental health is inexcusable but it will never be rectified. Like homelessness, it's a very challenging issue. We are a progressive state, but mental health is a big issue.
- When we need nurses, we know how to get more nurses. We need to consider behavioral health therapists having the same value. If we need nurses we open nursing schools, we go abroad to recruit, etc. Why don't do the same for therapists?
- We need mental health navigators. When someone is struggling with mental health or a parent is dealing with a problem kid, how do they get through the system? Having a navigator to help them is critical.

SMOKING

The percentage of adults, 18 and over, in the service area who smoke cigarettes is 11%. This rate of smoking is lower than the Healthy People 2020 objective of 12%.

The lowest rate of cigarette smoking in the service area was reported in Sammamish (5%) and the highest in Renton / Fairwood (16%).

Adult Smokers, Five-Year Average, 2010-2014

	Percent
Bear Creek / Carnation / Duvall area	13%
Bellevue area	10%
Bothell / Woodinville area	14%
Covington / Maple Valley area	11%
Issaquah area	9%
Kirkland / North Kirkland area	11%
Mercer Island / Point Cities area	6%
Newcastle / Four Creeks area	11%
Redmond area	8%
Renton / Fairwood area	16%
Sammamish area	5%
Snoqualmie / North Bend / Skykomish area	14%
Overlake Service Area	11%
King County	14%
Washington	17%

Source: WA State Dept. of Health, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

YOUTH SMOKING

6% of 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.

Youth Smokers, Grades 8, 10, and 12, 2012 & 2014, Two-Year Average

	Percent
East County	6%
South County	7%
Seattle	9%
North County	7%
King County	7%
Washington	8%

Source: Seattle & King County Public Health, Community Health Indicators, 2012 & 2014 <http://www.kingcounty.gov/depts/health/data/community-health-indicators.aspx>

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. In the service area, 18% of adults engaged in excessive drinking over the past year.

Adult Excessive Alcohol Use

	Percent
Bear Creek / Carnation / Duvall area	21%
Bellevue area	17%
Bothell / Woodinville area	14%
Covington / Maple Valley area	21%
Issaquah area	18%
Kirkland / North Kirkland area	22%
Mercer Island / Point Cities area	15%
Newcastle / Four Creeks area	15%
Redmond area	14%
Renton / Fairwood area	17%
Sammamish area	16%
Snoqualmie / North Bend / Skykomish area	20%
Overlake Service Area	18%
King County	22%
Washington	19%

Source: BRFSS, by WA State Dept. of Health, Center for Health Statistics, per City Health Profiles for 2016, Seattle & King County Public Health, 2010-2014 <http://www.kingcounty.gov/depts/health/data/city-health-profiles.aspx>

ATTACHMENT 1. BENCHMARK COMPARISONS

Where data were available, health and social indicators in the Overlake service area were compared to the Healthy People 2020 objectives. The **bolded items**

are indicators in the hospital service area that did not meet established benchmarks; non-bolded items met or exceeded benchmarks.

Health and social indicators in the Overlake service area compared to the Healthy People 2020 objectives

	Service Area Data	Healthy People 2020 Objectives
High school graduation rates	91.5%	87%
Heart disease deaths	115.7 per 100,000	103.4 per 100,000
Cancer deaths	140.4 per 100,000	161.4 per 100,000
Breast cancer deaths	19.0 per 100,000	20.7 per 100,000
Colorectal cancer deaths	11.7 per 100,000	14.5 per 100,000
Stroke deaths	29.0 per 100,000	34.8 per 100,000
Unintentional injury deaths	24.6 per 100,000	36.4 per 100,000
Suicides	10.7 per 100,000	10.2 per 100,000
Drug-related deaths	8.6 per 100,000 persons	11.3 per 100,000 persons
Early prenatal care	71% of women	78% of women
Low birth weight infants	6.4% of live births	7.8% of live births
Infant death rate	3.1 per 1,000 live births	6.0 per 1,000 live births
Child health insurance rate	97.2%	100%
Adult health insurance rate	91.4%	100%
Persons unable to obtain medical care	10%	4.2%
Adult obese	21%	30.5%
Teen obese	8%	14.5%
Adults who are sedentary	14%	32.6%
Adults 50-75 receiving colorectal cancer screening	65%	70.5%
Women 50-74: mammogram in the last two years	76%	81.1%
Adult women who have had a Pap smear	80%	93%
Annual adult influenza vaccination	42%	70%
Seniors who received pneumococcal vaccination	72%	90%
Cigarette smoking by adults	11%	12%

ATTACHMENT 2.

COMMUNITY INTERVIEWEES

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

Public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents from which community input was obtained

Name	Title	Organization
Alaric Bien	Senior Planner	City of Redmond
Cynthia Brown	Director of Emergency Services	The Sophia Way
Stephanie Cherrington	Executive Director	Eastside Pathways
Matt Gillingham	Director of Student Services	Lake Washington School District
Alma Gonzales	Coordinator	NISO Promotores, Eastside Pathways
Maureen Horgan	Clinic Manager	Area Manager, Eastgate Public Health Center, King County Public Health Department
Carrie Lang	Special Education Supervisor, Health Services	Bellevue School District
Daniel Lassiter	Community Service Supervisor	Bellevue Parks and Community Services Department
Marnie Maraldo	Coordinator	Eastside Health Services Forum
Sunshine Monastrial	Manager	International Community Health Services
Dr. Traci Pierce	Superintendent	Lake Washington School District
Aleksandra Poseukova	Senior Program Director	Bellevue Family YMCA
Dr. Eric Shipley	Emergency Department Medical Director	Overlake Medical Center
Patti Skelton-McGougan	Chief Executive Officer	Youth Eastside Services
Douglas Spinglet	Vice President, Medical Operations	Sea Mar Community Health Centers

ATTACHMENT 3.

COMMUNITY RESOURCES

Overlake Medical Center solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below.

This is not a comprehensive list of all available resources. For additional resources refer to King County 2-1-1 at <https://crisisclinic.org/find-help/2-1-1-resources-and-information/>.

Identified resources potentially available to address the significant health needs

Significant Health Needs	Community Resources
Access to Care	AARP, Access Metro, Asian Counseling and Referral Services, Center for Human Services, Chinese Information and Service Center, Country Doctor Community Health Centers, Eastgate Public Health Center, Eastside Easy Rider Collaborative, Eastside Health Services Forum, Eastside Pathways, Eastside Timebank, HealthPoint Health Centers, High Point: Seattle Housing Authority, Hopelink, Indian Association of Western Washington, International Community Health Services, Jewish Family Services, Jubilee Reach, Neighborcare Health, ORCA Lift Metro, School nurses, Seattle Indian Health Board, Sea Mar Community Health Centers, Sophia Way, Statewide Health Insurance Benefits Advisors (SHIBA) Medicare and Health Care Choices.
Cancer	American Cancer Association, Hepatitis B Coalition, Center for Human Services, Eastgate Public Health Center, HealthPoint Health Centers, Hopelink, International Community Health Services, King County Breast, Cervical and Colon Cancer Prevention, Neighborcare Health, Project Access Northwest, Seattle Cancer Care Alliance, Sea Mar Community Health Centers, YMCA Cancer Survivor Support Groups.
Cardiovascular Disease	American Heart Association, Country Doctor Community Health Centers, Eastgate Public Health Center, HealthPoint Health Centers, High Point: Seattle Housing Authority, International Community Health Services, Neighborcare Health, Seattle Parks and Recreation, Sea Mar Community Health Centers, Vials of Life, YMCA, YWCA.
Mental Health	Asian Counseling Referral Services, Chinese Information and Service Center, City of Bellevue Case Management Services, Consejo Counseling and Referral Service, Eastside Health Services Forum, Eastside Pathways, Eastside Services, Friends of Youth, HERO House, Integration of Knowledge and Resources for Occupational Needs, International Community Health Services, Mental Health Wellbeing Collaborative, National Alliance on Mental Illness, Sea Mar Community Health Centers, School Districts, Sophia Way, Sound Mental Health, Therapeutic Health Services, Valley Cities, Youth Eastside Services.
Overweight and Obesity	American Heart Association, Country Doctor Community Health Centers, Eastgate Public Health Center, HealthPoint Health Centers, International Community Health Services, Seattle Children's Obesity Program, Seattle Parks and Recreation, Sea Mar Community Health Centers, YMCA, YWCA.
Preventive Practices	Asian Counseling and Referral Services, Center for Human Services, Chinese Information and Service Center, Country Doctor Community Health Centers, Eastgate Public Health, High Point: Seattle Housing Authority, Hopelink, Indian Association of Western Washington, International Community Health Services, Jewish Family Services, Neighborcare Health, Seattle Indian Health Board, School Districts, Statewide Health Insurance Benefits Advisors (SHIBA) Medicare and Health Care Choices.
Senior Health	AARP, ACCESS Metro, Alzheimer's Association of Western Washington, Bellevue Fire and Police Department CARES (Citizen Advocates for Referral and Education Services) Program, Bellevue Network on Aging, Boys and Girls Clubs (use space during day for senior programs), Catholic Community Services, Community Living Connections, Country Doctor Community Health Centers, Eastgate Public Health Center, Eastside Easy Rider Collaborative (EERC), Eastside Legal Assistance, Eastside Neighbors Network, Eastside Timebank, East King County Resource Guide for Older Adults, Family Caregiver Alliance, Hopelink, International Community Health Services, King County Caregiver Support Network, Kirkland Senior Counsel, Legacy House, Meals on Wheels, Momentia Seattle, Neighborcare Health, North East Seattle Together (village), One Step Ahead Fall Prevention Program, ORCA Lift Metro, Parks and Recreation Centers, PNA Village, Providence ElderPlace Program, Retired Senior Volunteer Program (RSVP), Sea Mar Community Health Centers, Sound Generations, Statewide Health Insurance Benefits Advisors (SHIBA) Medicare and Health Care Choices, United Way, Vials of Life, Washington State Ombudsman Program, Washington State Senior Lobby, YMCA, YWCA.
Sexually Transmitted Infections	Country Doctor Community Health Centers, Eastgate Public Health Sexual Planning Program, Eastgate Public Health Flash Program, HealthPoint Health Centers, International Community Health Services, Neighborcare Health, Planned Parenthood, Public Health Teen Clinic, Sea Mar Community Health Centers, School Districts, Youth Eastside Services.

ATTACHMENT 4.

REVIEW OF PROGRESS

Overlake developed and approved an Implementation Strategy to address significant health needs identified in the 2015 Community Health Needs Assessment. The medical center addressed: access to care/preventive health care, cancer, cardiovascular disease, mental health and overweight /obesity through a commitment of community benefit programs and resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the significant health needs addressed since the completion of the 2015 CHNA.

ACCESS TO CARE AND PREVENTIVE HEALTH CARE

- Since 2015, Overlake Medical Clinics opened two primary and urgent care sites to provide access to all persons within our service area: Lake Hills (Bellevue) and Sammamish. We provide the following services in these new locations as well as existing locations in Redmond, Kirkland and Issaquah:
- Health screenings for blood pressure, cholesterol, vascular, skin cancer, and fall prevention evaluation. Annually, we reach over 1,500 community members at our “Active Senior Fair” and 2,500 residents at “Women and Heart” and “Eastside Vitality” screenings.
- We engaged in-person interpreters for screenings at our Bellevue - Lake Hills Primary Care and Urgent Care clinic as this location serves one of the most culturally diverse areas in our service area. In its first year of operation (2017), our health screening event served nearly 250 area residents and used several interpreters to assist patients with health screenings.
- Financial counseling was offered through our patient access department to assist persons to obtain financial assistance. Our hospital policy qualifies patients at the 400% income poverty level for financial assistance with medical expenses and annually disperses \$5M in charity care.
- Fall prevention and senior wellness programs were provided as part of our prevention program. Monthly, 200 seniors participate in our balance and walking programs.
- We participated in community partnerships for prevention programming. Our partners included the YMCA, Boys & Girls Club, Westminster Chapel, the Redmond Senior Center and other local social service organizations with 170 programs a year.

CANCER

- In 2017, Overlake Medical Center opened a new, patient-designed cancer center for screening, treatment and support of cancer patients on the Eastside.
- We provided seven educational programs by expert providers free to 350 participants.
- Free monthly support groups and classes through our partnership with Cancer Lifeline for 200 patients annually. Classes included art therapy, yoga, meditation and mindfulness.
- Free skin cancer screenings through our “Melanoma Monday” program, which annually screened 80 patients.
- Active participation of 200 persons in and sponsorship of the Seattle area “Making Strides” event of the local chapter of the American Cancer Society.
- Active participation of 75 people in and sponsorship of “Relay for Life” events, raising awareness of cancer prevention and celebrating survivorship.
- Active participation as a sponsor of the Mercer Island Half Marathon, which is organized to raise awareness for colon cancer screening in coordination with our gastroenterology physicians. Overlake provided education to 1,200 people and raised awareness of the importance of colon cancer screening.
- Pulmonologist-led education program conducted in an area school focused on the dangers

of smoking and vaping reached 50 children and thousands more through media coverage in print and local television during the “Great American Smokeout” November 2017.

CARDIOVASCULAR DISEASE

- Overlake is certified as an Arrhythmia Center of Excellence for the treatment of atrial fibrillation and a tertiary resource on the Eastside.
- A “Women and Heart” screening and educational program, drawing 150 women annually to free screenings for cardiovascular risk factors and another 75 women to a physician-led lecture.
- Participation in and sponsorship of programming by the local American Heart Association (AHA) chapter.
- Biannual education for 125 persons on stroke risk factors and what to do if someone is suspected of having a stroke.
- A monthly stroke support group that engaged 40 persons.
- A quarterly educational program called “Brain Attack” educated 250 community members annually on the signs of stroke and the treatment available to reduce the lasting disability of a stroke.
- Participation in the AHA’s “Heart Walk” as a sponsor and one of the largest participant teams in the Seattle area with 200 walkers.
- Provided education programs on the impact of diabetes on the heart and kidneys to 750 people annually.

MATERNAL AND CHILD HEALTH

- Annually, 1,200 expectant moms and their partners attended Overlake’s childbirth preparation series or related childcare classes. These classes are free and open to the public. Delivery at Overlake is not a requirement for participation.
- A mother’s milk depot, which collects approximately 18,000 ounces (about 150 gallons) of breast milk annually. This milk is distributed free of charge to women who are not able to breastfeed or cannot produce enough milk to meet their babies’ needs.

- Free birth preparation and newborn care classes to low-income moms, including those supported by DSHS and AppleCare.
- Free support groups for new moms, designed to provide parenting support and educational programming. The classes for moms with babies 0-3 months were attended by 300 moms.
- Free car seat installation instruction and checks provided by child safety experts. Annually 400 infant car seats were inspected and installed for safe use.
- Sponsorship of Eastside Pathways, providing educational support to low-income children from kindergarten to age 26; preparing every young adult for a career. Overlake’s sponsorship helps maintain 150 Head Start preschool openings in the Bellevue School District.
- Free educational programs and physical therapy consultations for 350 women annually, screening and treating women with pelvic disorders and those who have recently given birth.
- A partnership with Seattle Children’s provided space for an instructed and responsible babysitter program for the community, as well as classes for adolescents to better understand puberty and the challenges of maturing to adulthood. The classes were attended by 1,200 children annually.
- Participation in the March of Dimes “March for Babies” fundraising walk. The Overlake team raised sponsorship dollars and was one of the largest participant teams in the Seattle area with 120 walkers. Two of our NICU alumni lead our team in fundraising and spirit.

MENTAL HEALTH

- Overlake offers many services for the wellbeing of the community, including an innovative adult day program that provides treatment with little disruption to a patient’s work, school or family life.
- Year-round services for children and young adults through the Overlake Specialty School, a caring educational community for students age 5-21. Behavioral support, specialized education for students with autism and functional life skill instruction for older students

are all supported through the therapeutic environment of the school. The school supported area school districts as an optional placement for students with emotional and behavioral issues that impede their optimal learning. The school served 60 children and young adults.

- Sponsorship of Lifewire, a community organization for the prevention of domestic violence, survivor advocacy, homelessness and housing stability services, supporting 10,000 persons annually.
- Sponsorship of Youth Eastside Services, a community organization that provided counseling, substance abuse treatment and psychiatric services annually to 60,000 youth up to age 22.
- Active participation in and sponsorship of the National Alliance on Mental Illness' fundraising walk "NAMI Walks," 75 persons participated annually.

OVERWEIGHT AND OBESITY

- Free, twice weekly weight loss support group meetings and educational classes, including an online weight loss seminar, reaching 300 people annually.
- Free BMI and glucose screenings with counseling from a licensed provider to the community and area employer groups. Overlake provided free BMI screenings to 200 persons, glucose screenings to 2,100 persons and support groups for weight management to 150 people annually.
- Free educational classes and programs throughout the community, including "Walk for Life" (a nationally recognized mall walking program, 1,650 walkers annually) and yoga for balance to 750 persons annually.
- Promotion of healthy and vegetarian meal choices, including "Meatless Monday" in our cafeteria and cafés.
- Free seminars about healthy eating topics, including GERD and acid reflux to 450 persons annually and healthy cooking classes to 150 persons annually.

Implementation strategy on following pages.

Implementation Strategy*

2019-2021

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Implementation Strategy

Introduction

Overlake Medical Center is a nonprofit health system located in Bellevue, Washington that provides a full range of primary care and advanced medical services to the Puget Sound Region. Our mission is to provide *compassionate care for every life we touch*. Since opening in 1960, Overlake has grown to a 349-bed medical center distinguished for its compassionate and patient-centered care. In 2018, Overlake Medical Center (Overlake) conducted a Community Health Needs Assessment (CHNA) to comply with federal regulations guiding tax-exempt hospitals.

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

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

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

- Access to Healthcare
- Cancer
- Cardiovascular Disease
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Senior Health
- Sexually Transmitted Infections

Priority Health Needs

The identified significant health needs were prioritized with input from the community.

The following criteria were used to prioritize the health needs:

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

The process resulted in this priority ranking of the health needs:

1. Mental Health
2. Access to Healthcare
3. Senior Health
4. Cardiovascular Disease
5. Preventive Practices
6. Overweight and Obesity
7. Cancer
8. Sexually Transmitted Infections

Addressing the Health Needs

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

- Mental Health
 - Youth Suicide Prevention
 - Senior Dementia Prevention and Education
- Access to Healthcare
 - Address the Needs of our Culturally Diverse Service Area

- Overweight and Obesity
- Sexually Transmitted Diseases
- Cardiovascular Disease
 - Decrease Heart Disease and Death
- Preventive Healthcare
 - Cancer Screening
 - Senior Wellness
 - Prenatal Care
 - Flu and Pneumococcal Vaccines

Mental Health

Goal

Increase access to mental healthcare resources and services.

Strategies

- Implement an Overlake mental health community program to deliver a suicide prevention curriculum in conjunction with local schools and community mental health services.
- Expand access to early intervention and screening and other mental health services – especially to youth through our partnership with Youth Eastside Services.
- Develop a program to offer dementia and Alzheimer’s disease prevention education.
- Continue and expand caregiver support programs through collaboration with Aegis, SeaMar and YMCA.
- Provide supportive services for caregivers of persons with dementia.
- Support community organizations that provide mental health services.

Impact

The anticipated impact of these actions will be to:

- Reduce the incidence of adolescent suicide on the Eastside.
- Improve positive behaviors in a learning environment for students who are behaviorally and emotionally challenged.
- Increase awareness and treatment of mental health issues.

Access to Care

Goal

Increase access to healthcare for the medically underserved with a focus on the culturally diverse populations of the Eastside

Strategies

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

- Expand outreach activities with South Asian and Southeast Asian populations in partnership with community organizations.
- Provide financial assistance by offering free and discounted care for healthcare services, consistent with Overlake's financial assistance policy.
- Optimize outreach activities for healthy living.

Impact

The anticipated impact of these actions will be to:

- Increase availability and access to needed medical care services.
- Provide financial assistance to qualified patients.
- Reduce the percentage of residents who delay obtaining needed medical care.

Cardiovascular Disease

Goal

Decrease heart disease among vulnerable Eastside populations.

Strategies

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

- Implement education and outreach programs targeted to the South Asian population (identified with a higher relative risk).
- Continue to offer Overlake's Women and Heart symposium.
- Participate in and sponsor education programs with the American Heart Association.

Impact

The anticipated impact of these actions will be to:

- Increase availability and access to health education and prevention services to the South Asian community.
- Increase awareness of the risk of heart attack related to women.
- Reduce the incidence of heart attack and stroke in Overlake's service area population.

Preventive Healthcare

Goal

Increase access to clinical preventive services to reduce death, disability and disease.

Strategies

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

- Provide free flu and pneumococcal vaccines to the medically underserved.
- Offer senior wellness programs.
- Offer colorectal cancer screening targeted to the high risk members of the Southeast Asian community.
- Provide free disease prevention and awareness programs through partnerships with community organizations such as the American Cancer Society and the American Heart Association.
- Conduct education focused on smoking and vaping prevention among youth.

Impact

The anticipated impact of these actions will be to:

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

Planned Collaboration

Overlake is committed to fostering partnerships with community-based organizations.

To address the selected health needs, the hospital plans to collaborate with:

- American Cancer Society
- American Heart Association
- Boys & Girls Club
- Eastgate Public Health Center
- Eastside Pathways
- HopeLink
- International Community Health Services (ICHS)
- Lifewire
- March of Dimes
- National Alliance on Mental Illness (NAMI)
- School districts
- Sea Mar Community Health Centers
- Youth Eastside Services
- YWCA

Evaluation of Impact

Overlake will monitor and evaluate the programs and activities outlined above. We will track the implementation of the activities and document the anticipated impact. Our reporting process will include the collection and documentation of tracking measures, such as the number of number of people reached/served, changes in health behaviors, and collaborative efforts to address health needs. The data will be analyzed and findings reported to the Overlake Leadership Council and Board of Directors. Changes in programs will be recommended based on data results.

Other Health Needs

Overlake Hospital Medical Center has chosen not to actively address the remaining health needs of overweight and obesity and sexually transmitted infections as identified in the CHNA. Taking existing hospital and community resources into consideration, Overlake will concentrate on those health needs that we can most effectively address given our areas of focus and expertise. Therefore, the hospital's charitable resources will be placed on the selected priority health needs.

