

# Goal #4: Health Care to Be as Physically and Mentally Fit as Possible

## Why is this Goal Area Important?

Bellevue's economic health and well-being depends on the physical and mental health of its residents. Over the years, health care's rising cost, language barriers, transportation issues, and cultural competency have been obstacles for some residents to obtain the quality of health care they need. Since the passage of the Patient Protection and Affordable Health Care Act (also known as the Affordable Care Act or ACA) in 2010, some of the barriers to accessing health insurance are being addressed for much of the population of uninsured adults 19-64 years old.

## What's Working?

- The King County Mental Illness and Drug Dependency (MIDD) Sales Tax revenue continues to fund a number of mental health and substance abuse programs countywide, increasing services to vulnerable populations and has shown excellent outcomes which are generating savings by diverting patients from more expensive alternatives such as incarceration, use of hospital emergency departments, and in-patient hospitalizations. In East King County, one program funded is HERO House, a club house model of employment and support for people with chronic mental illness.
- With the passage of the Affordable Care Act, more than 90% of the state's population has health insurance coverage.

identify a community's general health.

Health risk factors are behaviors and characteristics that make people more likely to develop disease. Awareness of these risk factors may enable people to make healthy choices about their activities, habits, and diets. Some risk factors, like hypertension and high cholesterol, are also chronic conditions that should be monitored by a healthcare provider, and if treated, may be able to be prevented or reversed. The prevalence of coronary heart disease, diabetes, and asthma among adults are also presented in Figure 1. There are nine of the most common health indicators with comparison data at the city, county and state level. Overall, Bellevue rates lower on the majority of the indicators compared to King County and Washington State.

For information regarding specific terms (e.g. prevalence), please see Appendix E.

**FIGURE 1. Health Risk Factors (2009-2013 Averages) shown in percent.**

Health Risk Factors	Bellevue	King County	Washington State*
Obese	17.6	21.8	26
Excessive drinking	15.3	21.2	18
Diabetes	4.9	6.7	7
Current smoker	9.5	13.5	16
Did not participate in any physical activity	18	16.6	18
Heart Disease	3.5	4.3	5
High blood pressure	23	25.2	27
Asthma	6.7	8.9	9
High blood cholesterol	41.1	43.5	38

Source: Public Health/Seattle&King County City Health Profile Dec. 2014  
 \* Source: Public Health/Seattle&King County City Health Profile Dec. 2012

## Snapshot of Health Indicators

- Public Health Seattle/King County and the Washington State Department of Health track a number of indicators that help to

## Medical Care and Coverage

- Until the passage of the ACA, there were primarily two public programs that pro-

vided health insurance coverage services to eligible individuals in Washington State: Medicaid, (federal and state), and Basic Health (state). Together, these programs (in addition to smaller programs like Apple Health for Kids) helped to ensure that many low-income individuals received care. Medicare, the federal healthcare program for adults age 65 and older is not

“I make too much for Medicaid, and I can’t afford medical insurance.”  
*Community Conversation, Congregations for the Homeless Men’s Shelter Resident*

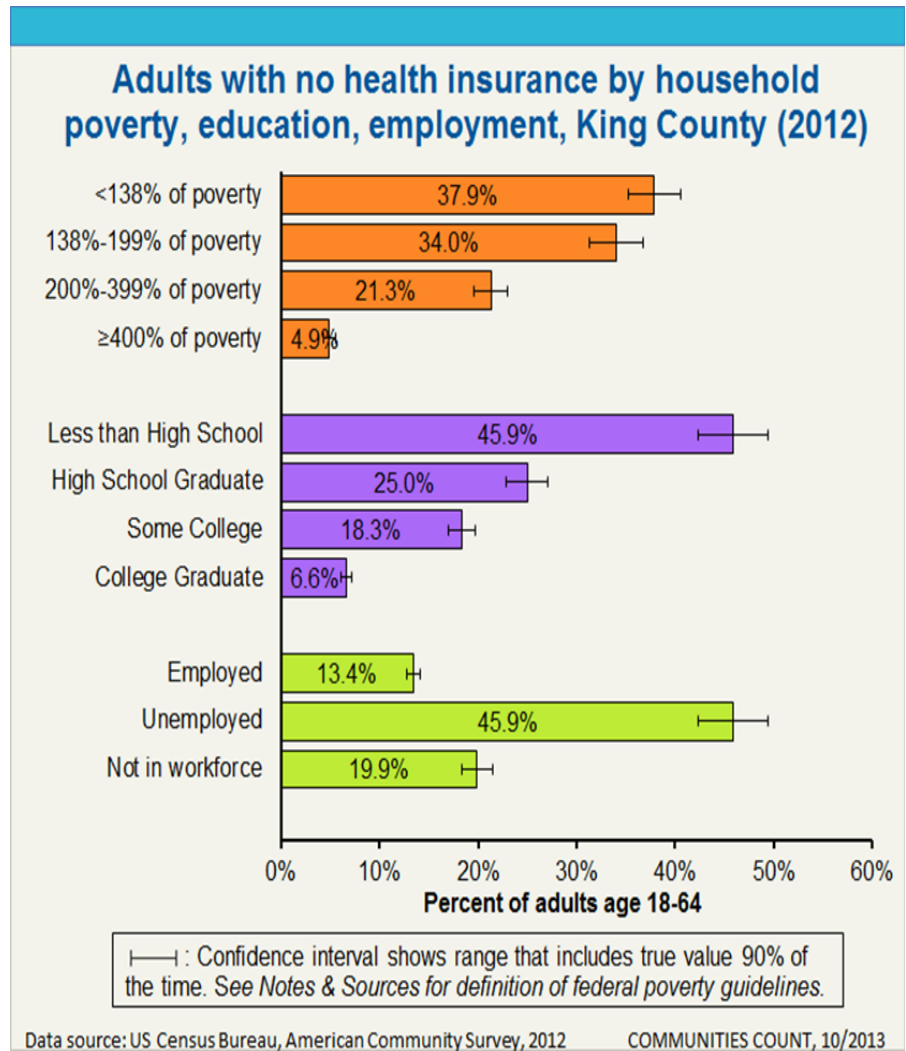
limited to people with low incomes. For a basic overview of these programs, please see Appendix E. However, beginning in October 2013 people who are uninsured age 19-64 whose incomes are too high in the past to qualify for Medicaid have the opportunity to enroll in Medicaid due to expanded income guidelines (up to 138% of the federal poverty level compared to 100% of the federal poverty level) or in a subsidized health plan by accessing the new online marketplace, Washington Healthplanfinder (<http://wahealthplanfinder.org>). Individuals, families and small businesses in Washington can compare and enroll in health care plans or expanded Medicaid. Undocumented immigrants are not eligible for any health insurance under the ACA guidelines,<sup>1</sup> so there will still be a great need for health care for this population.

## Prevalence

- Insurance: As of July 2015, nearly 1.8 million people are enrolled in Medicaid programs,

including 549,000 in Medicaid expansion. This compares with under 1.2 million people enrolled in Medicaid in 2012. About 416,000 King County residents are enrolled in Medicaid programs, including 141,000 in Medicaid expansion.<sup>2</sup>

- No Insurance: Of the entire population of Bellevue, just under 10% were uninsured in 2013.<sup>3</sup> According to Public Health Seattle King County, 13% of adults age 18-64 in Bellevue were uninsured, compared with 16% across the county.<sup>4</sup> Analyses by the State Office of Financial Management suggests that, since Medicaid expansion and the start of the Exchange in 2014, uninsured rates have dropped statewide from 14% of the population to 8%.<sup>5</sup>
- 5.1% of children under 18, about 21,000, in King County did not have health insur-



**FIGURE 2. Adults with no health insurance. Obtained via Communities Count website.**

ance.<sup>6</sup> Under the State's Apple Health for Kids Program, children whose families earn up to 200% of the federal poverty level (FPL) will continue to get health insurance at no cost. Children in households with incomes between 200% and 300% of FPL will remain eligible for low-cost health insurance; children in families with incomes up to 400% of FPL may be eligible for subsidies through the Washington Healthplanfinder.

## Disparities in Health, Care and Coverage

- Lack of health insurance was related to household poverty, education, race/ethnicity and gender in King County. As Figure 2 shows, adults with incomes under 200% of FPL were more likely to be uninsured. Almost half of the non-elderly Hispanic adults had no health insurance; in addition more than 1 in 4 Blacks and more than 1 in 5 American Indian/Alaska Native adults did not have health insurance.<sup>7</sup>
- Significant racial disparities exist with regard to certain health outcomes and indicators. African-American infant mortality rates in King County are 7 per 100,000 compared to 3.4 per 100,000 for Whites.<sup>8</sup> As another example, the life expectancy at birth for American Indian/Alaska Natives in King County is almost five years less than Whites, and almost 10 years less than Asians.<sup>9</sup>
- According to King County, Frequent Mental Distress (FMD) was much more common in low-income respondents. Twenty four percent of those with household incomes below \$15,000 per year experienced FMD, almost three times higher than the rate of people in households earning \$50,000 or more per year as shown in Figure 3. Seven percent of Bellevue adults experience

frequent mental distress (compared to 10% countywide). Low economic status and high rates of mental health problems are closely linked. Frequent mental distress is higher among those with low incomes, Native Americans, Blacks and Hispanics.<sup>10</sup>

- For many, language barriers create major access problems. According to the City's demographer, the number of people who speak a language other than English at home has grown to nearly 50,000 in 2011-2013 or 40 percent of the population. In the 2014-2015 school year, Bellevue School district counted 87 different languages being spoken at home by their students.<sup>11</sup>
- Limited English proficient individuals are at greater risk for experiencing adverse events (e.g., surgical infections, line infections, etc.) and medical errors due to language barriers.<sup>12</sup> Research has shown that

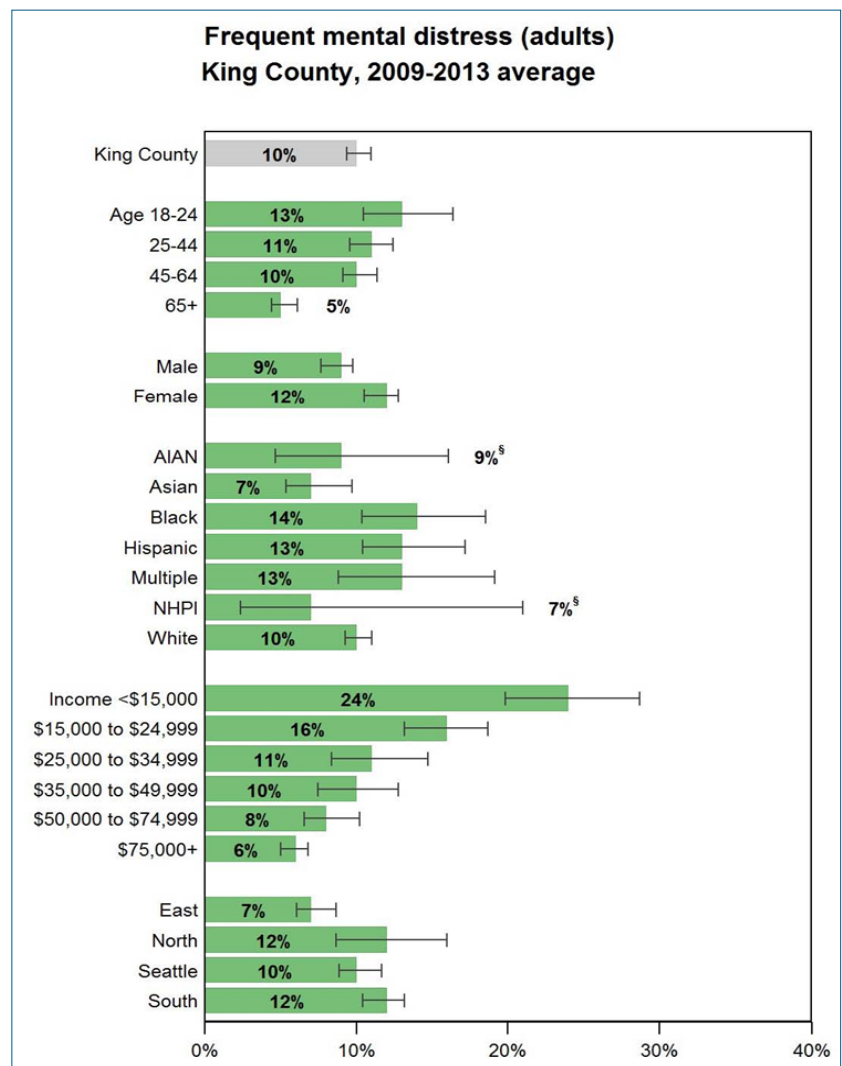


FIGURE 3. Frequent Mental Distress (from King County).

“individuals with limited English proficiency are more likely to experience difficulty accessing medical care, compared to their English-proficient counterparts”.<sup>13</sup>

## Service Trends

### Access to Care

- When people are uninsured, they typically use the emergency department (ED) of a local hospital for healthcare, which is extremely expensive. Many patients cannot pay these bills, so they apply for what is called “charity care” from the hospital, which may pay for a portion of their bills (from 20% to 100%). Washington State is one of only a few states with a law governing charity care. The law was enacted in 1990 with the support of Washington’s hospitals. Other states with charity care laws have usually developed mechanisms to fund the care provided. In Washington, however, there is no charity care pool to reimburse hospitals for their costs and hospitals must find ways to cover their expenses, often through philanthropy, but these costs are otherwise categorized as uncompensated care. According to a 2014 report by the State Insurance Commissioner, “the amount of uncompensated care has reached an all-time high of \$1.01 billion a year. This figure has escalated rapidly in recent years, as providers have absorbed at least 10.4 percent in additional uncompensated care since 2010”.<sup>14</sup>
- Another indicator of lack of access to healthcare is unmet medical needs, that is, the need was not met due to cost. In the East Region, on average between 2009-2013 9% of residents report they could not take care of their medical needs, compared to 16% of South Region and 10% of North Region. The percent increase from 2006-2010 to 2009-2013 was 50% for the East Region, compared to 33% and 25% for South and North, respectively. In Bellevue, 10% of residents overall reported not being able to take care of their medical needs due to cost. In King County, the percentage was 14% and in Washington State, 16%.<sup>15</sup>

## Care for Bellevue Residents

- HealthPoint serves low-income adults, children and youth, many of who are homeless or in transitional housing. In 2014, HealthPoint reported having provided medical care to about 1,900 Bellevue residents (about a 58% increase over the figure reported for 2012). HealthPoint’s facilities in Redmond and Bothell annually serve more than 18,500 clients. Since the expansion of Medicaid and other insurance coverage in 2014 under the Affordable Care Act, HealthPoint reports a drop in uninsured patients – decreasing from 31% in 2014 to 22% in 2015. While health care reform has helped thousands of people access health care coverage, there are still thousands of Eastside families and individuals who remain uninsured. For example, undocumented immigrants are ineligible for Medicaid and aren’t allowed to buy insurance on the state’s health insurance exchange. Immigrants in the five-year wait period are not eligible for Medicaid or other public assistance. Low-income households with income above 138% federal poverty level (FPL, the income limit to qualify for Medicaid) but still lower than 200% FPL. These households often cannot afford the coverage offered through the state’s insurance exchange. The exchange offers cost-sharing and tax credits that do lower the cost of insurance, but the costs of premiums, co-pays and co-insurance are difficult to meet.<sup>16</sup>

“People we see need durable medical equipment like walkers and wheelchairs. The cost of these items new is greater than many can afford. Doctors need to give them a referral to have them paid by Medicaid or Medicare, but some people are housebound and they can’t find a doctor that does house calls.”

*Community Conversation, Bellevue Fire Cares*

- The Eastgate Public Health Center also provides services for children, youth and families, many of them Bellevue residents. Programs and services include Child and Family Health, Dental, immunizations, family planning, and a teen walk-in clinic

for homeless youth and young adults. Eastgate offers free or low-cost care. If payment is requested, fees are based on income and family size; staff also assist clients with insurance applications and accepts the health plans available on the Exchange, Medicaid, and Medicare. In 2014, Eastgate served 1,888 women for Maternity Support Services, 4,996 for Family Health, 1,520 for Family Planning and 3,546 for the Women Infant and Children Program (WIC).<sup>17</sup>

- International Community Health Services (ICHS) is a Federally Qualified Health Center (FQHC) that provides health services, including dental and behavioral health, to underserved populations in King County. Their services are open to all races and ethnicities, but they have cultural and linguistic expertise in the Asian, Native Hawaiian and the Pacific Islander communities. In 2014 ICHS opened a clinic in the Crossroads neighborhood in Bellevue that includes dental services. Once at full capacity, ICHS expects to serve 11,000 patients therein annually, with more than 8,000 being residents of Bellevue. With this new primary care site, ICHS' growth has been faster than they predicted. ICHS staff notes that continued funding for In Person Assistance is needed especially for community members who are limited English proficient, as well as for the population with minimal digital literacy or access to internet.<sup>18</sup>
  - SeaMar Community Health Centers is an FQHC that provides medical, dental and behavioral health services that are open to all races and ethnicities, but they have cultural and linguistic expertise in the Latino community. In the Bellevue clinic, the focus is medical and behavioral health. Clients are typically at or below 200% of the FPL. In 2014, SeaMar served about 4,000 individuals in their Bellevue clinic, about half of which were Bellevue residents.<sup>19</sup>
- respondents rated *lack of affordable medical insurance* as a major/moderate community problem, a decrease from 2013 (41%). Thirty-five percent of survey respondents rated *lack of affordable medical care* as a major/moderate community problem, also decreased from 2013 (40%).
  - In the phone/online survey, *not being able to pay for insurance* remained a problem for 8% of households, in contrast to 15% in 2013. *Not being able to pay for doctor bills* was a problem for 10% of households, in contrast to 14% in 2013.
  - Respondents with incomes of less than \$25,000 are more likely to rate *not being able to pay for medical insurances* as a major/moderate problem in their household compared to those with incomes of \$75,000 or greater. Respondents who were most likely to rate *not being able to pay for doctor bills* as a major/moderate household problem also fell into this category, as well as respondents under age 35.
  - Of survey respondents who found help for their problems, 31% sought help with medical issues, insurance or bills (greater than 18% in 2013). Of those indicating they or someone in their household had sought help for at least one major/moderate problems, 33% could not find help with medical issues, including bills or medical insurance coverage, higher than 2013 (18%).
  - Among consumers of human services who responded to a survey in 2015 29% rated *not being able to pay for doctor bills* as a major/moderate problem. Many respondents (19%) rated *not being able to pay for or get medical insurance* as a major/moderate problem for their household. Both ratings were lower than those from the 2013 consumer survey.
  - Providers of human services stated in an online survey that 27% of their clients report health care as one of the services they need but for which they cannot find a resource.

## Community Perceptions

- Affordability of medical care and medical insurance was a significant community and household concern for phone/online survey respondents. Thirty-five percent of survey

## Dental Care Prevalence

- A 2011 report from the Washington State Hospital Association says, “Patients come to the ER for pain relief from cavities, broken teeth, and abscessed roots. Usually the only treatment that can be provided is a painkiller and a referral to a community dental clinic.” Five percent of uninsured visits to the ER are for dental problems. The report also noted that there is a shortage of dentists who will take Medicaid patients, due to low reimbursement. Over 90% of dental patients in the ER are adults.<sup>20</sup>
- On average from 2008-2012, East King County residents were more likely to have a dental checkup in the last year than those living in South King County or Seattle; 27% countywide did not have a dental checkup in the last year, compared to 21% of East King County residents. In Bellevue, 22% did not have a checkup in the last year.<sup>21</sup>
- Poor oral health of children has been linked to diabetes, heart disease, and other long-term health problems. East King County school-age youth were more likely to have a dental checkup in the last year than those living in South King County or Seattle; 18% countywide did not have a dental checkup in the last year, compared to 13% of East King County youth.<sup>22</sup> Further, the 2010 King County Smile Survey showed that the rate of 40% of King County school children have evidence of tooth decay. Those eligible for the free or reduced price lunch program and those who spoke a language other than English at home showed evidence of tooth decay more frequently than the rest of the county.<sup>23</sup>

## Service Trends Accessing Care

- Even if a family is informed about the importance of preventive dental care, accessing such services can be very difficult for low-income families. The Affordable Care Act does not require dental care for adults, though plans can be found for children in the Washington Health Plan Finder.

## Dental Services in Bellevue for Low-Income People

- The Eastgate Public Health Center runs a dental clinic for low-income people served through WIC (Women, Infants and Children, a federal nutrition program for pregnant women and children) and served nearly 3,600 women and children and homeless youth in 2014. Medical Teams International provides a dental van once a month at Jubilee REACH at no cost to adults who are low-income and have no dental insurance. To receive this service, the adults must have been enrolled in Jubilee REACH programs and have a child attending the Bellevue School District.
- Low-income Bellevue children can receive dental services from four private clinics participating in the Access to Baby and Child Dentistry (ABCD) program and Eastgate Public Health.<sup>24</sup> In addition, ABCD provides dental services to children ages birth through five who are on Medicaid. Low-income households can also be served through other clinics such as International Community Health Services, HealthPoint, and SeaMar Community Health Center.
- HealthPoint, a community health center serving East King County residents, identifies dental services as a growing need, especially for children and the uninsured. HealthPoint’s dental center in Redmond has seen a decreased percentage of uninsured patients since the Affordable Care Act took effect in January 2014; however, the uninsured rate in East King County remains high. The percentage of uninsured patients seen at HealthPoint’s Redmond location is almost twice as high as it is at their North and South King County locations. More than half of the patients served at HealthPoint’s Redmond dental center (56%) live below the federal poverty level (\$24,250 for a family of four) and 98% are low-income households living on less than 200% of the federal poverty level.

## Community Perceptions

- Thirty-two percent of phone/online survey respondents cited *lack of affordable dental care* as a major or moderate community prob-

lem; down from 34% in 2013. In 2015 11% of respondents identified this issue as a major or moderate household problem, down from 14% in 2013. In both cases, it remained a top tier problem in 2015. Respondents whose annual income was less than \$25,000 more frequently reported that inability to pay for dental bills was a major or moderate problem compared to those whose income was above \$75,000 (43% vs. 25%).

- About 46% of consumer survey respondents reported that *not being able to pay for dentist bills* was a major or moderate problem in their households.
- In the provider survey, 54% of respondents reported that dental care is one of the services that their clients report they need but cannot find a resource in the community.
- Providers note that even with the presence of community health centers on the Eastside, sometimes copays can be unaffordable for some clients. Often, then people may wait until a problem is severe before seeking treatment. In addition, there are often complex procedures that may not be covered by some mobile dental services.

## Prescription Drugs, Hearing Aids and Eye Care

- Medicaid and Medicare provide prescription drug coverage, though with some limitations. For example, Medicare Part D, which began in 2006, requires that members enroll separately in a program for prescription drugs. In 2007, the standard benefit included an initial \$265 deductible. After meeting the deductible the beneficiaries paid 25% of the cost of covered Part D prescription drugs, up to an initial coverage limit of \$2,400. Once the initial coverage limit was reached, beneficiaries were subject to another deductible, known as the “Donut Hole,” or “Coverage Gap,” in which they paid the full costs of drugs. However, beginning in 2014, the ACA provides coverage for this gap by discounting covered brand name drugs and other benefits. The gap will be completely closed by 2020.
- According to the National Institute on Deafness and Other Communication Dis-

orders, about 15% of American adults (37.5 million) aged 18 and over report some trouble hearing. About 13% of people aged 12 and older has hearing loss in both ears.<sup>25</sup> Hearing aids for people with hearing loss are not covered under Medicare<sup>26</sup> or Medicaid<sup>27</sup>, and are not covered through the Affordable Care Act.<sup>28</sup>

- Another gap for people with low-incomes is coverage for prescription eye glasses. Medicaid covers some eye surgeries and vision screenings, but not eye glasses. Medicare enrollees can purchase a Medigap policy that may cover eye glasses but this is not covered in the general policy. The ACA does not required vision coverage, though qualified health plans should include pediatric vision services.<sup>29</sup>

## Substance Abuse Prevalence

- Heroin use and related deaths have increased significantly across Washington in the past decade, especially among people younger than 30. Younger people are finding it easier to obtain heroin than prescription opiates, attributed by researchers to new rules that make it harder to get pharmaceutical opiates because of better prescription tracking.<sup>30</sup> According to the University of Washington Alcohol and Drug Abuse Institute, heroin-related deaths in King County increased 58% from 2013 to 2014, and was involved in about half of the county’s drug-related deaths in 2014. Treatment admissions for heroin are up 101% from 2010 to 2014.<sup>31</sup>

“We are seeing more people who are professionals with jobs now among the people we arrest for using heroin.”

*Key informant Interview, Bellevue Police Detective*

- Other trends in King County substance abuse include a decrease in the presence of Spice and “bath salts” detected in law enforcement evidence. The largest numbers of calls to the Recovery Help Line most frequently reported drug is heroin, methamphetamines, and prescription pain pills.<sup>32</sup>

- In the Bellevue School District area, 8.52 out of every 100 deaths are attributed to drug or alcohol related causes. This is lower than 12.2 statewide rate; 12.89 for Seattle; 12.57 for Snoqualmie Valley; 9.96 for Issaquah; and 9.43 for Lake Washington. Similarly, the number of adults receiving state-funded alcohol or drug treatment is lower in Bellevue (3.37 per 1,000 adults) compared to the rest of the State (12.98 per 1,000 adults).<sup>33</sup>
- During the time period 2009-2013, Bellevue had a lower smoking rate (9%) for adults compared to 14% countywide.<sup>34</sup> Bellevue has slightly lower rates of binge drinking (14%) as compared to the county (20%) for the 2009-2013 period. Among adults in King County, men and people ages 18-24 are more likely to binge drink.<sup>35</sup>
- The rates of East King County teens who have smoked cigarettes in the past 30 days (8%) are slightly lower than Washington State rate (9%). The rate of teens who have engaged in binge drinking in the last 14 days in East King County (15%) is the rate in Seattle, and higher than the rate in North King County (13%) and South King County (14%).<sup>36</sup>
- East King County is below the rest of the county and the state in teen rates for current marijuana use for students in grades 8, 10, and 12. Fifteen percent of East King County teens used marijuana or hashish in the preceding 30 days, versus 17% countywide (22% in Seattle).<sup>37</sup>
- Youth Eastside Services staff also report a large increase in the use of heroin among teens.<sup>39</sup>

## Access to Treatment

- The King County Substance Abuse Prevention and Treatment Annual Report (2014) indicates that 8,184 adult and 1,233 youth outpatient admissions in 2013. There were 3,481 detoxification center admissions. For adults, the largest proportion of those admissions (48%) were related to alcohol. For youth, the largest proportion was for marijuana (83%).<sup>40</sup>
- Staff from the City of Bellevue Probation Division report that one of the most frequently needed services for their clients is court-ordered chemical dependency assessment and treatment, urinalysis assessments as well as domestic violence perpetrator programs. Many of their clients do not qualify by income for ADATSA services though they cannot afford the cost of the services. Mental health assessment and counseling are also difficult to find as well in regard to eligibility and cost of services. In addition to Probation services, staff stated that their clients have many needs related to transportation, ranging from a need for bus tickets to get to probation meetings or court hearings to regaining their licenses after suspensions for Driving Under the Influence (DUI) with a "License Support Program". Another need is for employment for ex-offenders.

## Service Trends

### Client Profile

- Therapeutic Health Services (THS) provides chemical dependency and mental health services. The agency reports that "there are not enough treatment opportunities to meet the societal demand. The Bellevue location serves clients from various areas as far north as Snohomish County to as far south as Federal Way. The State of Washington along with King and Snohomish Counties recognize the need for additional treatment services. These entities are working with local cities and service providers to increase access to treatment services."<sup>38</sup>

"We need a mental health support group for hoarders; this is a growing problem in the community."

*Community Conversation, City of Bellevue Neighborhood Outreach Staff*

## Community Perceptions

- About 26% of 2015 phone/online survey respondents reported drug problems and 19% reported alcohol problems as major/moderate problem areas in the community.
- The Bellevue Police Department says that, heroin abuse is at epidemic levels [as reflected in the statistics above]. As a member



of the Eastside Narcotics Task Force, targeting heroin dealers is still a high priority for the Department.<sup>41</sup>

## Mental Health Prevalence

- About 20% of adults in the US experience mental illness each year. About 4% of all adults experiences a *serious* mental illness annually. About a fifth of youth age 13 to 18 experiences a serious mental disorder.<sup>42</sup>
- In East King County, 7% of East King County adults had 14 or more days with poor mental health over the preceding 30 days (2009-13 average). This is in contrast to 12% in North and South King County and 10% countywide.<sup>43</sup> Twenty percent of adults countywide report that they have no emotional support, compared to 17% in East King County.<sup>44</sup> About 24% of East King County teens report having no adult to talk to about something important, compared to 28% countywide.<sup>45</sup>
- According to *Communities Count: Social and Health Indicators across King County*, residents of East King County had the lowest level of stress reported. Countywide, their data shows that some of the groups who experienced higher stress levels overall include: people of color, people whose primary language is not English, people with incomes less than \$65,000, people with less than a college degree, and people age 18-24.<sup>46</sup>
- There were 11.5 suicides per 100,000 deaths in King County (2008-12 average). This is compared to 10.1 suicides per 100,000 in East King County. That figure is 11.6 in Bellevue.<sup>47</sup>
- In Washington's 9th Congressional District, there are some 40,000 veterans,<sup>48</sup> about 7,500 of whom live in Bellevue.<sup>49</sup>
- Research suggests that between 10% and 18% of veterans of Operation Enduring Freedom and Operation Iraqi Freedom may have post-traumatic stress disorder (PTSD). Between 3% and 25% may develop depression. According to the US Veterans Administration (VA), through 2009 there were one million veterans who returned from opera-

tions in Iraq and Afghanistan. Of those, about 220,000 sought VA services and were diagnosed with mental health problems.<sup>50</sup>

"There seems to be more mentally ill people in the community, including isolated older adults who are depressed."

*Community Conversation, City of Bellevue Code Enforcement Staff*

## Service Trends

- Youth Eastside Services report a higher demand than usual for mental services for youth. They are seeing a trend with youth presenting with co-occurring mental health and substance abuse issues. (Note: For more information about this topic, see School Age Children and Youth in this report.)
- National Alliance for Mental Illness, (NAMI), provides support groups and classes for consumers and their families, as well as community education through monthly forums to dispel the stigma and discrimination of mental illness. Signature classes such as Family to Family help provide problem solving and coping skills, information on medications for mental disorders, review of various diagnoses, basics about the brain, a go to crisis file and finding resources for recovery to sustain continual advocacy and support. In East King County, staff reports that the Family to Family classes (12 weeks with each class at 2.5 hrs. long) consistently has an average of 30 people on the wait list. Last year it was more than 100 and currently at 84 as of mid-July. They have increased the number of classes they offer each year to meet the need, from 2 to 5 classes.<sup>51</sup>
- Crisis Clinic provides a 24-Hour Crisis Line. In 2014, the 24-Hour Crisis Line responded to 8,800 calls from Bellevue residents, a 22% increase from 2012.<sup>52</sup>
- In 2012, the King County Regional Support Network provided crisis stabilization services 2,947 people. In 2014, that figure was 6,176. The County attributes this to the launch and expansion of their mobile crisis team and crisis diversion facility.<sup>53</sup>

## Access to Publicly Funded Mental Health Care

- In 2007 the King County Council voted to enact a one-tenth of one percent sales tax to fund the Mental Illness and Drug Dependency (MIDD) program whose goal is to prevent and reduce chronic homelessness, involvement with criminal justice and emergency medical systems while promoting recovery for people with mental illness or chemical dependency. The programs that are funded range from mental health and substance abuse services for older adults in clinics countywide as well as survivors of domestic violence in East King County, to Crisis Intervention Team Training (CIT) for first responders. About 6,300 East King County residents received MIDD funded services between October 1, 2012 and September 30, 2013, about 16% of the total number served countywide.<sup>54</sup>
- The King County RSN provided mental health services to over 49,000 people in 2014. This is 13% more than were served in 2012. Of the 42,000 clients served through outpatient care, about 30% were children; over 56% were adults; and 14% were older adults. About 23% presented with co-occurring disorders and 10% were homeless.<sup>55</sup>

## Community Perceptions

- About 27% of phone/online survey respondents rated *mental illness or emotional problems* as a major/moderate community problem in 2015, an increase from 2013 (27%) but the same as 2011. This area was also a first tier concern of phone/online survey respondents in their households with 17% of respondents noting it as a major/moderate problem (up from 15% in 2013 but down from 20% in 2011).
  - Of those survey respondents who sought help for their problems, 43% were seeking help for mental health counseling. Help-seekers were only less likely to receive help from a mental health therapist than a family member or friend or neighbor (46% vs. 61%). Of the respondents who indicated that they or someone in their household had sought help, 19% could not find help for mental health counseling.
- Nearly 20% of consumer survey respondents said that *having a lot of anxiety, stress or depression which interferes with your daily life* was a major/moderate problem in their household, a decrease from 32% in 2013.
  - Over half of the providers responding to a question in an online survey reported that mental health care was a service that families needed but could not get. It was the second most frequently mentioned, after housing.
  - Youth service providers like Friends of Youth and Youth Eastside Services note that they are seeing increasing numbers of youth with co-occurring disorders. In addition, more youth are attempting suicide and engaging in self-harm, such as cutting.

## Implications for Action

- A 2015 study projects that, through 2024, spending on health care will increase annually by about 5.8%, greater than projected growth in Gross Domestic Product (4.7%). This may be a result of an aging population and the growth in the number of those who now have health insurance, among other factors.<sup>56</sup>
- Under the health care plans made available after the Affordable Care Act, many vulnerable people now have coverage who were uninsured before ACA. However, coverage does not automatically translate into positive health outcomes. Help-seeking behaviors, a lack of understanding of how to navigate health care settings, attitudes toward prevention, traditional beliefs regarding science, and even the need for patients to build trust in the medical profession, are just a few of the phenomena that can impact health outcomes even after one is insured. This presents a challenge both for health care systems to pivot such that they can affect attitudes and beliefs among the newly insured, as well as for the newly insured to adopt new beliefs and behaviors.
- Community education around co-occurring disorders and self-medication is still needed, both to combat the stigma around mental illness, but also to address the often artificial perception that mental illness and addiction do not impact each other.

Substance abuse among adults and youth continues to affect individuals and families, and the rise in heroin use has been particularly startling. Continued community education about the risks, and better understanding about the causes, need to be part of the community dialogue to address this increase. Fundamentally, however, the stigma attached to substance abuse must be met with education for community members who may not understand or grasp that the social fabric of the Eastside is just as vulnerable to substance abuse as any other part of the county.

## Endnotes

1. National Immigration Law Center (2014). Immigrants and the Affordable Care Act. Retrieved from <http://www.nilc.org/immigrantshcr.html>.
2. Washington State Health Care Authority (2015). People enrolled by county. Retrieved from <http://www.hca.wa.gov/medicaid/reports/Documents/peoplebycounty.xls>.
3. US Census (2013). 2009-2013 American Community Survey Five Year Estimates [Bellevue] retrieved from [http://factfinder.census.gov/bkmk/table/1.0/en/ACS/13\\_5YR/DP03/1600000US5305210](http://factfinder.census.gov/bkmk/table/1.0/en/ACS/13_5YR/DP03/1600000US5305210).
4. Public Health Seattle King County (2014). King County Health Profile. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/CityProfiles.aspx>.
5. Washington State Health Care Authority (2014). Premium Assistance and the Federal Basic Health Program Option: Considerations for Washington State. Retrieved from [http://www.hca.wa.gov/documents\\_legislative/PremiumAssistanceAndFederalBasicHealthOption.pdf](http://www.hca.wa.gov/documents_legislative/PremiumAssistanceAndFederalBasicHealthOption.pdf).
6. Communities Count – King County (2012). Health Insurance: Summary & Data Highlights. Retrieved from <http://www.communitiescount.org/index.php?page=health-insurance>.
7. Communities Count – King County (2012). Health Insurance: Summary & Data Highlights. Retrieved from <http://www.communitiescount.org/index.php?page=health-insurance>.
8. King County (2015). Community Needs Assessment. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>.
9. King County (2008-12). Life expectancy at birth. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/LifeExpectancy/LifeExpectancy.ashx>.
10. King County (2014). Frequent mental distress. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/BehavioralHealth/FreqMentalDistressAdults.ashx>.
11. City of Bellevue (2015). The Changing Face of Bellevue [Presentation by the Dept. of Planning and Community Development to the Parks Board], 1/13/15.
12. US Agency for Healthcare Research and Quality (2012). Improving Patient Safety Systems for Patients with Limited English Proficiency. Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/lepguide/lepguide.pdf>.
13. Shi, L., Lebrun, L., and Tsai, J. (2009). The influence of limited English proficiency on access to care. Retrieved from [http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications\\_PDFs/2009\\_EH.pdf](http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications_PDFs/2009_EH.pdf).
14. Washington State Office of the Insurance Commissioner (2014). The state of the uninsured and underinsured. Retrieved from <http://www.insurance.wa.gov/about-oic/commissioner-reports/documents/state-of-the-uninsured.pdf>.
15. King County (2014). Unmet medical needs. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>.
16. B. Church (HealthPoint), Personal communication, 7/13/15.
17. Public Health Seattle-King County (2015). Personal Communication. (Robin Lawrence).
18. International Community Health Services (2015). Application for City of Bellevue CDBG.
19. SeaMar Community Health Center (2015). Share1app Annual Demographics and Outcomes Report – 2014.
20. Washington State Hospital Association. (2011). Potentially Avoidable ER Use in

- Washington State. Retrieved from <http://www.wsha.org/files/127/ERRReport2.pdf>
21. King County (2014). No dental checkup in last year (adults). Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/AccessoCare/NoDentCheckupInLastYearAdults.ashx>.
  22. King County (2014). No dental checkup in the last year (school age). Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/AccessoCare/NoDentCheckupLastYearSchAgeYth.ashx>.
  23. King County (2015). Childhood cavities. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/AccessoCare/ChildhoodCavities.ashx>.
  24. King County Access to Baby and Child Dentistry (2015) Pediatric Dentists. Retrieved from <http://www.kingcounty.gov/healthservices/health/child/%7e/media/health/publichealth/documents/oralhealth/Pediatric-Dental-Providers.ashx>.
  25. Quick Statistics (2015). National Institute on Deafness and Other Communication Disorders. Retrieved from <http://www.nidcd.nih.gov/health/statistics/pages/quick.aspx>.
  26. AARP (2014). Paying for your hearing aid. Retrieved from <http://www.aarp.org/health/conditions-treatments/info-05-2011/paying-for-hearing-aids.html>.
  27. Hearing Loss Association of America (2015). Medicaid Regulations. Retrieved from <http://www.hearingloss.org/content/medicaid-regulations>.
  28. Hearing Loss Association of America (2015). Affordable Care Act. Retrieved from <http://www.hearingloss.org/content/affordable-care-act>.
  29. US Centers for Medicare and Medicaid Services. Vision or Vision Coverage. Retrieved from <https://www.healthcare.gov/glossary/vision-or-vision-coverage/>.
  30. Banta-Green, C., et al. (2013). Recent heroin trends across Washington State. Retrieved from <http://adai.uw.edu/pubs/InfoBrief28s/ADAI-IB-2013-02.pdf>
  31. Banta-Green, C. et al. (2015). Drug Abuse Trends in the Seattle-King County Area: 2014. Retrieved from [http://adai.washington.edu/pubs/cewg/Drug%20Trends\\_2014\\_final.pdf](http://adai.washington.edu/pubs/cewg/Drug%20Trends_2014_final.pdf).
  32. Banta-Green, C. et al. (2015). Drug Abuse Trends in the Seattle-King County Area: 2014. Retrieved from [http://adai.washington.edu/pubs/cewg/Drug%20Trends\\_2014\\_final.pdf](http://adai.washington.edu/pubs/cewg/Drug%20Trends_2014_final.pdf).
  33. Washington State Dept. of Social and Health Services (2014). Community Drug and Alcohol Data for Prevention Planning. Retrieved from <https://www.dshs.wa.gov/sites/default/files/SESA/rda/updates/research-4.53-40.pdf>.
  34. King County (2014). Cigarette smoking (adults). Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/prevention/CigaretteSmokingAdults.ashx>.
  35. King County (2015). Binge drinking (adults). Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/BehavioralHealth/BingeDrinking.ashx>.
  36. King County (2014). Binge drinking (school age). Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/BehavioralHealth/BingeDrinkingSchAgeYth.ashx>.
  37. King County (2015). Marijuana use (school age). Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/BehavioralHealth/MarijUseSchAgeYth.ashx>.
  38. Therapeutic Health Services (2015). Share1app Annual Demographics 2014.
  39. Youth Eastside Services (2014). Share1app Application – 2015-16.
  40. King County (2014). Substance Abuse and Treatment Annual Report. Retrieved from [http://www.kingcounty.gov/~media/health/substanceAbuse/documents/150120\\_2013\\_SAPT\\_x\\_AnnualRpt.ashx?la=en](http://www.kingcounty.gov/~media/health/substanceAbuse/documents/150120_2013_SAPT_x_AnnualRpt.ashx?la=en).
  41. W. Bryant (Bellevue Police Department), Personal communication, 7/16/15.
  42. National Alliance on Mental Illness (2015). Mental Health by the Numbers. Retrieved

- from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>.
43. King County (2014). Frequent mental distress. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/BehavioralHealth/FreqMentalDistressAdults.ashx>.
  44. King County (2015). No emotional support. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/BehavioralHealth/NoEmotionalSupport.ashx>.
  45. King County (2015). No adult to talk to. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/BehavioralHealth/NoAdultToTalkToAboutSomethingImportantSchAgeYth.ashx>.
  46. Communities Count (2011). Stress. Retrieved from Residents of East Region reported less stress than those in other regions and in King County overall.
  47. King County (2015). Suicide deaths. Retrieved from <http://www.kingcounty.gov/healthservices/health/data/%7e/media/health/publichealth/documents/indicators/InjuryViolence/SuicideDthAllAges.ashx>.
  48. National Center for Veterans Analysis and Statistics (2015). Veteran Population. Retrieved from [http://www.va.gov/vetdata/Veteran\\_Population.asp](http://www.va.gov/vetdata/Veteran_Population.asp).
  49. U.S. Bureau of the Census (2015). Quick Facts [Bellevue]. Retrieved from <http://quickfacts.census.gov/qfd/states/53/5305210.html>.
  50. National Center for PTSD. Mental Health Effects of Serving in Afghanistan and Iraq. Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/reintegration/overview-mental-health-effects.asp>.
  51. National Alliance for Mental Illness (2015). Personal Communication (Nina Weaver).
  52. Crisis Clinic (2015). Share1app Quarter 4 Service Unit Report.
  53. King County (2015). King County RSN Mental Health Report Card. Retrieved from [http://www.kingcounty.gov/~media/health/mentalHealth/reportsAndPlans/150603\\_2014\\_Mental\\_Health\\_Year\\_End\\_Report\\_Card.ashx?la=en](http://www.kingcounty.gov/~media/health/mentalHealth/reportsAndPlans/150603_2014_Mental_Health_Year_End_Report_Card.ashx?la=en).
  54. King County (2015). Personal Communication (Lisa Kimmerly).
  55. King County (2015). King County RSN Mental Health Report Card. Retrieved from [http://www.kingcounty.gov/~media/health/mentalHealth/reportsAndPlans/150603\\_2014\\_Mental\\_Health\\_Year\\_End\\_Report\\_Card.ashx?la=en](http://www.kingcounty.gov/~media/health/mentalHealth/reportsAndPlans/150603_2014_Mental_Health_Year_End_Report_Card.ashx?la=en).
  56. Health Affairs (2015). National Health Expenditure Projections 2014-24. Retrieved from <http://content.healthaffairs.org/content/early/2015/07/15/hlthaff.2015.0600.full.html>.