

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. Several key physical health indicators improved over the last decade, but there are many indicators that jeopardize Bellevue residents' future health. Health care's rising cost, language barriers, transportation issues, and cultural competency are obstacles for some residents to obtain the quality of health care they need. In the current economic downturn, more people are losing their jobs and their employer-sponsored health insurance. The problem is exacerbated by Washington Basic Health Plan's potential elimination, reduced county funding, and diminishing private philanthropy to community health organizations. Bellevue residents' health is essential to a strong, growing and vibrant community.

come children. However, increased premiums for this program may price some families out of the market.

Snapshot of Health Indicators

- Agencies like Public Health of Seattle/King County and the Washington State Department of Health track a number of indicators that help to identify a community's general health. Below are eight of the most common health indicators with comparison data at the city, county and state level. For information regarding specific terms (e.g. prevalence), please see Appendix F.

Community Health Indicator Snapshot				
	Bellevue	King County	Washington State	Rate per
Overweight/Obese Rate***	51	55.3	61.9	1000
Adolescent Pregnancy Rate*	N/A	26.3	28.6	1000
Diabetes Prevalence**	4.1	5.4	6.9	1000
Infant Mortality*	2.7	4.4	4.8	1000
HIV/AIDS Prevalence*	116.5	295.5	332.1	100000
Heart Disease Mortality*	N/A	142.2	166.2	100000
Cancer Incidence**	N/A	525.1	532.7^	100000
Asthma Prevalence*	7.1	8.4	9.3	1000
*2003-2007 Average				
**2004-2008 Average				
***2005-2009 Average				
Source: Public Health Seattle/King County Community Health Indicators				
^Source: Washington State Cancer Registry				

What's Working?

- The King County Mental Illness and Drug Dependency (MIDD) Sales Tax revenue funded a number of new programs county-wide, increasing services to vulnerable populations and potentially generating savings by diverting patients from more expensive treatments down the line.
- With the expansion of the State Children's Health Insurance Program, Washington State will be able to cover more low-in-

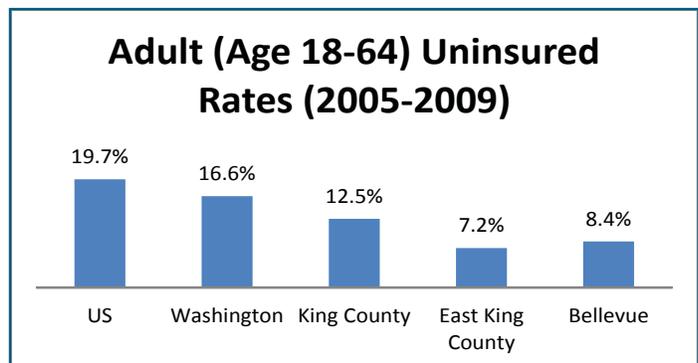
Medical Care and Coverage

- There are primarily three public programs that help to provide health insurance coverage services to eligible individuals in Washington State: Medicare, Medicaid (both federal), and Basic Health (state). Together, these programs (in addition to smaller programs like Apple Health for Kids and Disability Lifeline) help to ensure that low-income individuals receive care. For a basic overview of these programs, please see Appendix F.

- Although health care coverage is an important component of accessing care, even individuals with health insurance cannot do so because of a cost barrier. Between 2004 and 2008, on average, 7.3% of East King County residents' medical needs went unmet due to cost. Although this compares favorably to both the county and state rate and 7% of Bellevue residents (10.9% and 12.1%, respectively), it still demonstrates accessibility as an issue for individuals seeking care. Additionally, this data may not be representative for two reasons: First, the data come from a random telephone survey of King County adults, which may not necessarily be representative. Second, these trends are averaged over the entire time period, which saw both robust economic expansion and the recent recession, meaning that short-term turnarounds are difficult to detect.¹

Prevalence

- Insurance: As of July 2007, 214,234 people in King County were enrolled in Medicare, the most recent county-level data available. In June 2009, the Washington Basic Health Plan (BHP) provided coverage to 117,804 Washingtonians, with 26,696 of those residing in King County including 1,531 Bellevue residents. In 2011, only 35,000 people in the State received BHP coverage.
- Funding for Washington State Basic Health Plan was again significantly reduced in the 2011 State Legislative session. As a result, the Statewide wait list jumped from 49,538 in June 2009 to 151,000 in December 2011. In King County, there are 38,972 on the wait list.²
- No Insurance: In 2011, 14.5% of working age adults (19-64) in Washington was uninsured.³ Though this is low compared to the national average (22% in 2010, the latest data available), it is still concerning given insurance's impact on quality of life.⁴ In 2010, 12.7% of King County adults did not have health insurance. Recent trends suggest that the percent of adults without health insurance has been increasing, given the economy.⁵
- More than 4% of children under 17 in King County did not have health insurance in 2008, the most recent year for which data is available.⁶ Between 2005 and 2009, nearly 40% of King County adults making less than \$15,000 per year lacked health insurance.⁷ Countywide, about 10% of Whites, 20% of African Americans, and more than 40% of Hispanics had no health insurance in 2009.⁸ In Bellevue, approximately 8.4% of adults lacked health insurance coverage for that same year.⁹
- Many low-income families qualify for Medicaid and youth are eligible for state children's health insurance, and those with higher incomes are more likely to have employer-provided insurance. There is a gap in coverage, however, for the working poor, many of whom earn too much to qualify for Medicaid but whose employers don't offer benefits.



Sources:

US-Centers for Disease Control and Prevention. (2010) "Uninsured Americans: Newly Released Health Insurance Statistics." Available at <http://www.cdc.gov/Features/dsInsuranceCoverage>. Retrieved December 23, 2011.

Other - Public Health - Seattle & King County. (2011) Indicator: Adults 18-64 with no health insurance.

Changes to Coverage

- In 2014, the federal government will begin providing health insurance to all individuals at or below 133% of the federal pov-

erty level, many of whom are currently eligible for coverage or are already covered by Washington's health support programs. Full federal funding for the program dissipates in 2018.

Passage of the Patient Protection and Affordable Care Act

- On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act, commonly referred to as the Health Care Reform Bill. The law includes the following provisions:
 - Expanding Medicaid eligibility
 - Subsidizing insurance premiums
 - Providing incentives for businesses to provide health care benefits
 - Prohibiting denial of coverage/claims based on pre-existing conditions
 - Establishing health insurance exchanges
- The costs of these provisions are offset by a variety of taxes, fees, and cost-saving measures, such as new Medicare taxes for high-income brackets, taxes on indoor tanning, and fees on medical devices and pharmaceutical companies.
- One of the most controversial aspects of the act is its compulsory nature; citizens who do not obtain health insurance (unless exempted due to insufficient income) will be assessed a tax penalty. Washington State Attorney General Rob McKenna joined 25 other states' attorney generals in filing a lawsuit to challenge the constitutionality of this provision.¹⁰

Medicaid and Disability Lifeline

- Health care reform will bring substantial changes to the Medicaid program in Washington State, including who is eligible and how medical, dental, mental health/substance abuse, long-term care, care management, prevention, and other services are organized and paid for. These changes to the service system will affect people who are now or who in the future will be covered by Medicaid or other public cover-

age, as well as those who are expected to remain uninsured.¹¹

- Washington State has been granted a waiver that allows Medicaid matching funds to cover half of the state's health support programs - including Basic Health and Disability Lifeline - worth almost \$600 million.

"Pediatric Associates, the largest pediatric group on the Eastside, is no longer taking referrals for children new on Medicaid. This will put more pressure on local providers such as Public Health and HealthPoint."

King County Interagency Coordinating Council, Community Conversation

Without funding, both programs were in danger of being discontinued, although Disability Lifeline still enacted some cuts. These programs are intended to serve as "bridge" programs during the transition to health care reform's full implementation in 2014. Due to the State budget deficit, these programs are in jeopardy.

"Health care is a huge concern due to the loss of the Basic Health Plan. Many of our clients are fearful of their future health care needs. The security of having health care is lost."

Cultural Navigators, Community Conversation

Disparities in Health, Care and Coverage

- It is not possible within the scope of this report to effectively and completely convey the extent of health, care, and coverage disparities. However, this section includes a few salient examples of the kinds of challenges and barriers certain populations face.
- Significant racial disparities exist with regard to certain health outcomes and indicators. For example, African-American infants in King County are more than twice as likely as White infants to die before the age of one. The infant mortality rate for American Indian/Alaska native infants is

four times that of Whites.¹² As another example, the life expectancy at birth for American Indian/Alaska Natives in King County is almost 9 years less than Whites, and more than 10 years less than Asian/Pacific Islanders.¹³

- Low economic status and high rates of mental health problems are closely linked. Studies consistently find that the prevalence of depressive symptoms is higher among those with low incomes, people of color, and those who identify as gay/lesbian/bisexual.¹⁴ In the 2006 *Health of King County* report, Frequent Mental Distress (FMD) was much more common in low-income respondents. Almost one in five (19.2%) 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.¹⁵
- For many recent immigrants (predominantly but not exclusively people of color), language barriers create major access problems. According to the Bellevue 2008-2010 ACS, 37% of residents reported speaking a language other than English at home. Nationwide, one in five limited-English speakers avoid seeking care altogether because they are unable to access care in their language.
- Nationwide, African Americans and Native Americans are nearly twice as likely to be uninsured, and Latinos nearly three times as likely to be uninsured, as white residents. This pattern holds true in Seattle, where people of color tend to live in neighborhoods with higher rates of uninsurance and poorer health outcomes. Cost is a major barrier to health care access, particularly for people of color who are disproportionately uninsured and low-income.¹⁶

Service Trends

Access to Care

- When people are uninsured, they typically use the emergency room (ER) 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. According to a recent report by the State Insurance Commissioner, from 2008 to 2010, charity care by hospitals rose 36% to almost \$1 billion annually.¹⁷

- The 2006 State Legislature added funds in the supplemental budget to cover 10,000 more uninsured children under the Children’s Health Program, which provides health insurance for children in families with incomes up to 100% of the federal poverty level (FPL). During the 2007 session, a measure was passed that covered another 38,000 uninsured children, expanding the total to about 624,000. The overall goal was to cover all low-income children in the State by 2010.¹⁸ In 2009, the U.S. Congress reauthorized the Children’s Health Insurance Program, continuing and expanding funding to states who provide health insurance to low-income children up to 200% FPL. This entitles Washington State to larger reimbursement from the federal level as the state expands coverage to low-income children. However, in the 2011-2013 biennium budget, the legislature eliminated coverage for non-citizen children at 200% above the federal poverty line, and implemented higher premiums for non-citizen children below that level.¹⁹

Care for Bellevue Residents

- HealthPoint, formerly known as Community Health Centers of King County,

serves low-income adults, children and youth, many of whom are homeless or in transitional housing. In 2010, HealthPoint provided medical care to more than 1,200 Bellevue residents, a slight increase from 2009. HealthPoint annually serves more than 5,000 clients from all over the Eastside.^{20 21} HealthPoint reports an increase in both uninsured patients and moderate-income clients.²²

- 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 assists clients with insurance applications and accepts Medicaid and Medicare. In 2010, Eastgate served 2,900 women for Maternity Support Services, 5,000 for Family Health, 1,700 for Family Planning and 4,200 for the Women Infant and Children Program (WIC).²³

Community Perceptions

- Affordability of medical care and medical insurance was a significant community and household concern for phone/online survey respondents. Fifty-five percent of survey respondents rated *lack of affordable medical insurance* as a major/moderate community problem, a significant increase from 2009. Fifty-one percent of survey respondents rated *lack of affordable medical care* as a major/moderate community problem, also significantly increased from 2009.
- In the phone/online survey, *not being able to pay for or get medical insurance* is the third-highest household concern, remaining a problem for 16% of households. *Not being able to pay for the doctor, prescriptions or dental bills* ranked as the fifth highest household concern (11% major/moderate), a slight decrease from 2009.

- Respondents who live in zip code 98007 are more likely to rate *not being able to pay for prescriptions or dental bills* as a major/moderate problem in their household compared to other Bellevue zip codes. Respondents in zip code 98005 were most likely to rate *not being able to pay for doctor bills* as a major/moderate household problem.
- Of survey respondents who found help for their problems, 18% sought help with medical issues, insurance or bills. Of those indicating they or someone in their household had sought help for at least one major/moderate problems, 24% could not find help with medical issues, including bills or medical insurance coverage.
- Consumers of human services who responded to a survey were much more likely than phone/online survey respondents to rate *not being able to pay for doctor bills* as a major/moderate problem, with a 51.8% rating response. Many respondents (42%) rated *not being able to pay for or get medical insurance* as a major/moderate problem for their household.

Dental Care Prevalence

- Cavities are a result of transmissible, infectious dental decay. Dental cavities are the most preventable disease in this society. Approximately 1.3 million Washingtonians lack dental insurance or rely on Medicaid coverage.²⁴ Statewide, in 2003, only 68% of dentists who accepted Medicaid in the previous year re-enrolled as a Medicaid provider.²⁵
- On average from 2004-2008, East King County residents were more likely to receive dental care than those living in South King County or Seattle; nearly 23% countywide did not see a dentist compared to 16% of East King County residents. In the Bellevue Health Planning area almost 20% did not see a dentist.²⁶
- The situation is even worse for children, and can have lasting effects. Poor oral health of children has been linked to diabetes, heart disease, and other long-

term health problems. Although the rate of dental decay among Washington State children is decreasing, 40 % of low-income preschoolers have decay, and 58 % of third graders have decay. Children with dental decay often need to be treated in hospital emergency and operating rooms, costing up to \$7,000 per child.²⁷

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. Medicare and the Basic Health Plan do not cover dental care, and Medicaid only covers some very basic dental procedures.

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 3,800 women and children and homeless youth in 2010.²⁸
- Low-income Bellevue children can receive dental services from 13 private dentists and 3 Eastside clinics participating in the Access to Baby and Child Dentistry (ABCD) program: Eastgate Dental Clinic, Eastside Community Dental Clinic, and Lake Washington Technical College Dental Clinic.²⁹ ABCD provides dental services to children ages birth through five who are on Medicaid.
- HealthPoint, which provides dental care to East King County residents in their Redmond office, identified dental care as a growing need, especially for older adults. People without insurance earning up to 250 % of the FPL can obtain services using a sliding fee scale. In 2010, HealthPoint served 591 Bellevue residents and 2,500 total Eastside³⁰ residents.³¹
- As a preventative measure for low-income

children, Eastgate Public Health provides sealants. Lake Washington Technical College Dental Clinics provides fluoride treatment.

Community Perceptions

- Forty-one percent of phone/online survey respondents cited *lack of affordable dental care* as a major or moderate community problem, a significant increase from 2009. In contrast, only 11 % of respondents identified this issue as a major or moderate household problem.
- Respondents living in zip codes 98005 and 98008 are more likely than people living in other zip codes to *rate lack of affordable dental care* as a major/moderate community problem (48 % and 49 %, respectively). More than half of consumer survey respondents reported that *not being able to pay for dentist bills* was a major problem in their household.

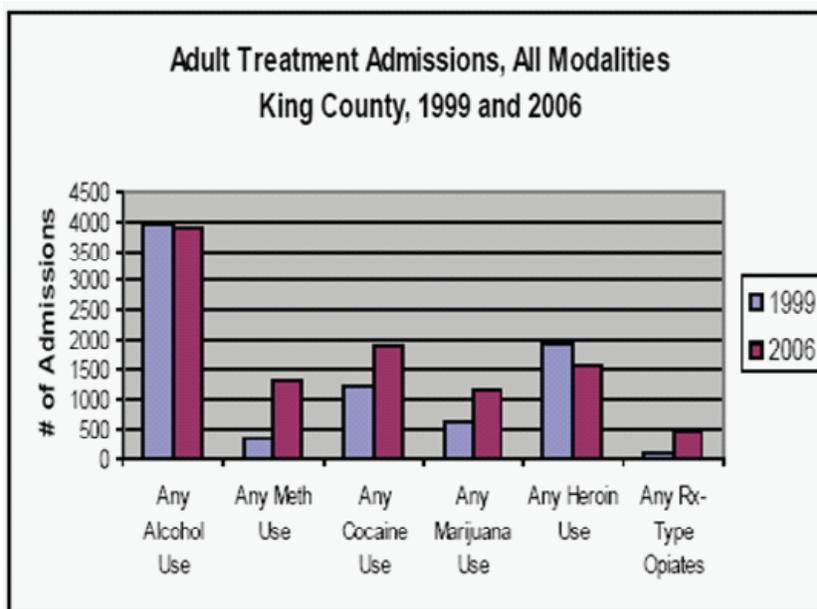
Prescription Drugs

- Medicaid, Basic Health Plan and now, Medicare, provide prescription drug coverage; all have some limitations in terms of how much will be covered. 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 includes an initial \$265 deductible. After meeting the deductible the beneficiaries pay 25 % of the cost of covered Part D prescription drugs, up to an initial coverage limit of \$2,400. Once the initial coverage limit is reached, beneficiaries are subject to another deductible, known as the “Donut Hole,” or “Coverage Gap,” in which they must pay the full costs of drugs.

Substance Abuse Prevalence

- Substance use in King County continues to negatively impact people’s lives and requires treatment services. Cocaine use (involved in 20 % of all adult substance abuse

treatment admissions in 2006) has high use rates among African-Americans, while methamphetamine (13 % of treatment admissions) users tend to be White. Youth are most likely to use marijuana. Its use is involved in two-thirds of all treatment admissions. Heroin rates in 2006 declined after increasing for two years. Ecstasy use increased slightly after a two year decline. Legal drugs, such as prescription-type opiates like Vicodin and Demerol, are also abused, often combined fatally with other drugs. There were 130 “poly drug” caused deaths involving prescription drugs in King County in 2006, more than double the amount for cocaine. The percent of treatment admissions due to methamphetamine use and prescription opiates has increased since 1999; admissions for other drugs have gone down slightly (see chart below).⁵²



Source: Banta-Green, C., et al. (2007, July). Recent Drug Abuse Trends in the Seattle-King County Area. Community Epidemiology Work Group of Public Health 2006 - Seattle & King County and the University of Washington.

- In Bellevue, 7.94 out of every 100 deaths are attributed to drug or alcohol related causes. This is lower than 11.65 statewide rate. Similarly, the number of adults receiving state-funded alcohol or drug treatment is lower in Bellevue compared

to the rest of the State. Out of every 1,000 adults, 3.98 Bellevue residents are receiving treatment compared to 13.92 statewide.⁵³

- During the time period 2005-2009, Bellevue had a lower smoking rate (6 %) for adults compared to 11.9 % countywide.⁵⁴ Bellevue has slightly lower rates of binge drinking (15.6 %) as compared to the county (17.7 %) for the 2006-2008 period. Among adults in King County, men and people ages 18-24 are more likely to binge drink.⁵⁵
- The rates of Bellevue teens who have smoked cigarettes in the past 30 days are consistently lower than Washington State rates. In 2010, 4 % of Bellevue 8th graders, 7 % of 10th graders, and 13 % of 12th graders have smoked in the past 30 days compared to statewide rates of 7 %, 13 % and 20 %, respectively. The rate of teens

who have consumed alcohol in the last 30 days in Bellevue is lower than Washington rates. In 2010, 8 % of Bellevue 8th graders and 21 % of 10th graders had consumed alcohol in the past 30 days, compared to statewide rates of 14 % and 20 %. However, Bellevue 12th graders were slightly more likely to have recently drank (41 %) than teens statewide (40 %).⁵⁶

- Bellevue is also below the statewide teen rates for current and lifetime (defined as ever having tried) marijuana use. For example, 5 % of Bellevue 8th graders, 13 % of 10th graders, and 25 % of 12th graders have used marijuana in the last 30 days compared to statewide rates of 9 %, 20 %, and 26 %. The city and statewide percentages of teens ever trying marijuana were more distinct, particularly with 8th graders (the statewide rate was almost twice as high as the Bellevue rate). However, the percentages of Bellevue and state teens reporting any illegal drug use in the past 30 days were equal for 8th grad-

ers (both 3 %) and nearly equal for 12th graders (7 and 8 %, respectively).³⁷

Service Trends

Changing Client Profile

- Therapeutic Health Services (THS) reports serving increasingly more Bellevue clients since 2008.³⁸ They are seeing more clients struggling with prescription drug addiction (especially Oxycontin), in addition to increased unemployed and working poor clients needing services beyond drug treatment (like mental health, dental, health care services). Therapeutic Health Services employs a Russian counselor to meet the growing needs of the Eastern European community and a Veterans Outreach Program Coordinator.³⁹

Access to Treatment

- Under the Alcohol and Drug Abuse Treatment and Support Act (ADATSA), assessment, treatment, and support services are provided for individuals who are incapacitated from receipt of gainful employment and meet specific eligibility requirements. The waiting list for ADATSA treatment services has more than quadrupled since 1992, and its growth is accelerating. In SFY 2009, nearly one-third (33.1 %) of ADATSA clients already assessed as needing treatment were never admitted to treatment at all. This is due primarily to a lack of funding, though multiple studies have shown that people who have completed treatment have higher wages, fewer arrests, and produce higher cost savings to public systems following discharge.⁴⁰
- THS reports that decreases in public funding for the unemployed or working poor has [impacted their clients'] ability to receive needed services for substance abuse and mental health.

Community Perceptions

- While only 2-4 % of phone/online survey respondents reported either drug problems or alcohol problems to be a major/moder-

ate issue within their household, this is likely to be under-reported due to social stigmas and illegality related to substance abuse. This level of reporting is consistent with previous years' surveys. Consumers of human services responded to this question with slightly higher levels of concern. Seven percent said alcohol was a major/moderate household problem and less than five percent rated household drug use as a major/moderate problem.

Mental Health Prevalence

- In Washington State, approximately 9.8 % of the adult population experiences frequent mental distress (King County: 8.5 %; Bellevue: 6.7 %). Frequent mental distress is defined as having 14 or more bad mental health days within any given 30-day period. Trend data suggests that most populations are either experiencing no significant change in average mental health or improving, with one exception. Those individuals whose annual household income is less than \$15,000 not only demonstrate the highest rate of frequent mental distress, but are also the only group with a significant trend of worsening mental health.⁴¹
- According to *Communities Count 2011, Social and Health Indicators across King County*, in East King County there was a significant increase in the average stress score in 2011, as measured by asking people four questions on a survey about how often they have experienced certain symptoms of stress. In 2007, the stress score was 7.3 on a scale of 5 (low) to 20 (high), while in 2011, it was 8.2. The survey countywide showed 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 \$50,000, people with less than a college degree, and people age 18-24.⁴²
- The number of suicides or attempted suicides by youth aged 10-17 is higher in Bellevue than the statewide rate, 63.4 per

- 100,000 compared to 46.3 statewide.⁴³
- A recent study revealed that 320,000 troops who served in Iraq and Afghanistan suffer traumatic brain injury and 300,000 troops are suffering from post-traumatic stress disorder (PTSD) or depression. Other research shows that rates of PTSD of 15-30% is present among veterans in combat zones. The rates suggest that thousands of King County veterans have or are experiencing PTSD to some degree.⁴⁴ (Note: For more information about this issue, see the Veterans Section of this report.)

Service Trends

- Sound Mental Health Clinics report an increase in demand for services, as well as an increase in their immigrant and refugee client caseload. Midway through 2011, the agency had turned away more than 350 clients, most often for lack of funding options.⁴⁵ With more federal, state and county cuts to funding coming down the pipeline, they anticipate higher caseloads and having to turn away unfunded clients.

Access to Publicly Funded Mental Health Care

- A mental health system needs assessment conducted in 2006 by the Washington State Department of Social and Health Services found that almost half of the low-income people who do not have private health coverage are also not able to access state-funded mental health services. Access is a problem even among those served; about one-third said they rarely, or never, see their therapist when needed. Barriers identified by consumers included lack of providers who speak languages other than English, and legislative decisions to limit services to the most severely impaired, or have the “right” diagnosis. Lack of early intervention services and coordination/integration of services were also cited as problems with the current system. People who do not qualify for Medicaid, such as the working poor, are now rarely

funded through the Regional Support Networks due to changes in federal rules about how their portion of the funds are spent.⁴⁶ The current State budget deficit will decrease funding even further.

- About 1,472 people in East King County received county-administered mental health outpatient services in 2010. In 2010, 881 Bellevue residents were enrolled in the outpatient services (not including inpatient or crisis care) funded by the County compared to 1,149 in 2008.⁴⁷

Increasing Complexity of Clients, Funding

- Crisis Clinic provides a 24-Hour Crisis Line and the 2-1-1 Community Information Line. In 2010, the 24-Hour Crisis Line responded to 5,137 calls from Bellevue residents, a 25% increase from 2009. Of those calls, there were 2,939 calls related to emotional health, including 148 related to suicide. 130 callers were seriously considering suicide, but 75% agreed to keep themselves safe until they could arrange for help, after talking with a phone worker.⁴⁸

“After I started coming to HERO House, I started coming out of the fog. At HERO House we are not clients. We are members. We expect the best out of each other.”

Hero House participant, Community Conversation

- Mental health service systems strive to provide treatment and support in the community rather than in institutions. Voluntary adult hospitalization steadily decreased since 2003 (but flattened between 2008 and 2009), and voluntary child hospitalization decreased 35% since 2008. This could indicate that there is a solid community support network for mental health clients.⁴⁹
- National Alliance for Mental Illness, (NAMI), provides support groups and classes for consumers and their families, as well as community education to dispel the stigma and discrimination of mental

illness. Examples include information on medications for mental disorders, developing coping skills and finding resources for recovery.⁵⁰

Community Perceptions

- Twenty-seven percent of phone/online survey respondents rated *mental illness or emotional problems* as a major/moderate community problem in 2011, a significant increase from 2009's nineteen percent. Nearly 26% 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. This area was also a first tier concern of phone/online survey respondents; it tied two other areas as the top concern among all households with 20% of respondents noting it as a major/moderate problem (up from 16% in 2009).
- Of those survey respondents who found help for their problems, 32% were seeking help for mental health counseling. Help-seekers were only slightly more likely to receive help from a mental health therapist than a family member, friend or neighbor (38% vs. 36%) a reversal from years past. Of the respondents who indicated that they or someone in their household had sought help for at least one of the problems ranked as major/moderate, only 9% could not find help for mental health counseling.

Implications for Action

- Statewide, uninsured rates will continue to climb as more people become unemployed; in December 2011, the number reached one million.⁵¹ The percentage of King County residents without health insurance will grow. As layoffs continue and employers are looking for ways to stay in business, employer based health insurance coverage will continue to decrease. This issue negatively can impact the health of the whole community, potentially decreasing productivity, and bringing with it financial costs as well as emotional stress.

- Funding cuts made by the State, County and foundations have impacted the number of clients that community health and mental health providers can serve. This situation can lead to longer waiting lists and fewer providers for clients. Service levels for Bellevue residents are likely to decline. Consequently, fewer low-income and uninsured people will be able to obtain necessary health and mental health care.
- The influx of immigrants and people who are English Language Learners requires that providers are able to offer culturally competent health care in order to meet the needs of their client base. Becoming a culturally competent service provider can involve staff training, the provision of interpreter services and translated materials, and restructuring programming to better serve a culturally diverse client population. These services are critical to help address the health disparities that exist in many communities.

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