

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

Why is this Goal Area Important?

The economic health and well-being of Bellevue depends on the physical and mental health of its residents. There have been improvements in several key indicators of physical health over the last decade. However, there are many indicators that put the future health of Bellevue residents in jeopardy. The rising cost of health care, 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 crisis, more people are losing their jobs and their employer-sponsored health insurance. The problem is further exacerbated with the declining enrollment cap on the Washington Basic Health Plan, reduced county funding, and diminishing private philanthropy to community health organizations. It is important for Bellevue residents to be healthy to have a strong, growing and vibrant community.

What's Working?

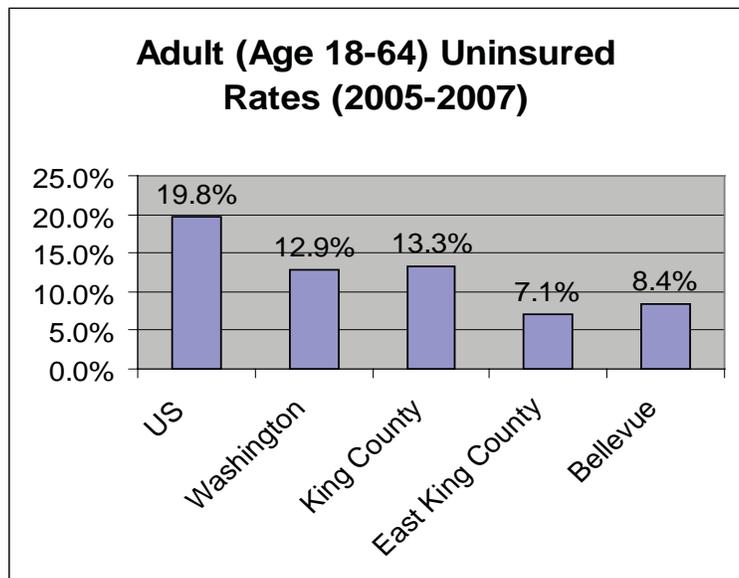
- The King County Mental Illness and Drug Dependency (MIDD) Sales Tax revenue has funded several new programs county-wide increasing services to vulnerable populations and potentially generating savings by diverting patients from more expensive treatments down the line.
- With the expansion of the State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

Medical Care Prevalence

- **Insurance:** Data from the 2006

Washington State Population Survey showed that 13% of the working age adults (19-64) in Washington was uninsured.¹ Though this is a low rate compared to the national average (19.8% in 2006, the latest data available), it is still a concern given the impact lack of insurance has on one's quality of life.² From 2005-2007, over 13% of King County adults and eight percent of Bellevue adults under the age of 65 did not have health insurance, a decrease from peak levels from 2002-2004.³

- Over four percent of children under 0-17 in King County did not have health insurance in 2008. Forty-three percent of King County adults who make less than \$15,000 per year lack health insurance. County-wide, more than ten percent of Whites have no insurance, while 49% of Hispanics lack



Sources:

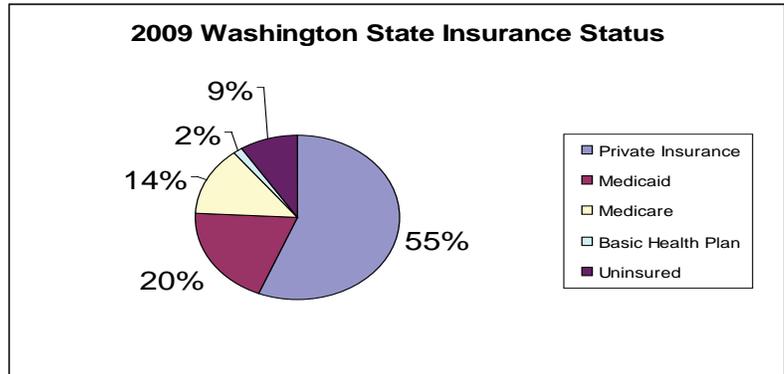
US- Centers for Disease Control and Prevention. (2009). "Uninsured Americans: Newly Released Health Insurance Statistics." Available at: <http://www.cdc.gov/Features/Uninsured>. Accessed June 26, 2009.

Washington- State of Washington Office of Financial Management. (2006). "Washington State Population Survey".

County and local- Communities Count. (2009). "Social and Health Indicators Across King County 2008".

health insurance. Seven percent of Eastside adults, ages 18-64, lack health insurance; this number has increased from 5% in 2001.⁴ Many low-income families qualify for Medicaid and youth are eligible for state children's health insurance. Studies show that those with higher incomes are more likely to have employer-provided insurance. The working poor, an in-between group because they earn enough not to qualify for Medicaid but don't receive employer benefits, often have no coverage.

services, 80% coverage after reaching the \$150 annual deductible (to be raised to \$250 in 2010) and a \$1,500 annual out-of-pocket maximum.⁵



Source: Washington State Hospital Association. (June 2009). "2009 Washington State Legislative Session Report". Accessed at: <http://www.wsha.org/files/131/2009LegSession.pdf>

Eligibility:

- **Medicare-** Individuals qualify for Medicare benefits if they are 65 years old collecting Social Security (SS) payments, eligible for SS, or worked a Medicare eligible job.

Coverage Levels

- **Medicare-** 214,234 people in King County were enrolled in Medicare as of July 1, 2007.⁶
- **Medicaid-** Data on the number of local recipients of Medicaid are not available.

Government Insurance Benefits*			
Service	Medicare	Medicaid	WA Basic Health
Hospital- Outpatient	Yes	Yes	Yes
Hospital- Inpatient	Yes	Yes	Yes
Doctor	Yes	Yes	Yes
Prescription Drugs	Yes, additional fee	Yes, approved drugs	Yes, approved drugs
Dental	No**	Yes, with limits	Yes, for children for an additional fee
Vision	No**	Yes	No
Psychologist	Yes	Yes	Yes
Inpatient Psychiatric	Yes	Yes, for ages less than 21	Yes

*Disclaimer- The above table is not an exhaustive list outlining the explicit benefits of Government Insurance Plans. Please see individual plan benefit guides for more information.
 ** - Additional coverage is available for purchase through Medicare Advantage Plans

- **Medicaid-** Medicaid provides medical coverage for people with disabilities, low-income elderly and children and their caretakers who have incomes under the federal poverty level (\$22,050 for a family of four in 2009).
- **Washington Basic Health Plan-** The state insurance plan for residents not eligible for Medicaid but with household incomes less than 200% of the poverty level. Basic Health requires monthly premiums ranging from \$0-200 based on family size and income. There are co-payments for some
- **Washington Basic Health Plan-** In June of 2009, the Washington Basic Health Plan provided coverage to 117,804 Washingtonians, with 26,696 of those residing in King County including 1,531 Bellevue residents. Funding for Washington Basic Health was significantly reduced during the 2009 State legislative session. As a result, the waiting list for clients has grown from 17,000 at the end of April 2009 to 38,662 on July 20, 2009. No new applications are being processed.⁷ A reduction in the budget will likely be realized through program attrition.

Additionally, current clients now must pay higher deductibles and increasing premiums to curtail costs.⁸

- **Cost Barrier:** In 2005, 12% (approximately 170,500) of King County adult residents reported not getting needed medical care due to cost. In a five year average from 2001-2005, 7.4% of East King County residents reported not getting needed medical care due to cost, lower than the South Region or Seattle.⁹ Health care coverage is an important component of being able to access care, but even individuals with health insurance forgo accessing care because of cost.
- **Infant Mortality:** Infant mortality is used as an indicator of community health because it is a proxy for the health of mothers and infants and for the ability of health services to provide for a community. The infant mortality rate is measured for a given year as the number of infants who died in the first year of life per 1,000 live births. Infant mortality rates in King County have declined steadily since 1981. The infant mortality rate for King County was 4.7 per 1,000 live births averaging over 2000-2004 and the Bellevue health planning area rate is even lower: 2.1 per 1,000 live births, one of the lowest rates in the county. Infant mortality rates, in addition to indicating the quality of health services and other health determinants, also reveals racial disparities in health. African-American infants in King County are more than twice as likely as White infants to die before the age of one. And the infant mortality rate for American Indian/Alaska native infants is four times that of Whites.¹⁰
- **Obesity:** Over the past decade Americans nationwide have become more overweight and obese. Obesity is a risk factor for many serious illnesses and disease including coronary heart disease, hypertension and diabetes. Higher incidence rates are a cause of higher medical insurance rates. Residents of East King County are less likely to be overweight or obese compared to King

County or Washington residents. Between 2005-2007, 35% of East King County adults were overweight and 17% were obese, totaling 53%. For the same period, 34.6% King County adults were overweight and 20% were obese, totaling 54.6%. In 2007, both East King County and King County had lower rates than the State; 62% were obese and overweight statewide.¹¹

Service Trends

Access to Care

- **Charity 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%). In 2008, Evergreen Healthcare in Kirkland, which serves many Bellevue residents, provided \$4,230,000 million in charity care, which includes ER, inpatient and outpatient services, 0.6% of their gross revenue, to about 3,678 individuals.¹² Overlake Hospital in Bellevue served 2,050 charity care patients, valued at nearly \$8.1 million, nearly two percent of its gross revenue.¹³ Both hospitals’ spending on charity care is above the state median of 1.65%.¹⁴ 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.
- 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 would cover another 38,000 uninsured children, expanding the total to about 624,000. The overall goal is to cover all low-income children in the State by 2010.¹⁵ 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.

Care for Bellevue Residents

- HealthPoint, formerly known as Community Health Center of King County, serves low-income adults, children and youth including many who are homeless or in transitional housing. In 2007 and 2008, HealthPoint served over 1,100 Bellevue residents for medical care, down slightly from the 1,200 served in 2006, while services provided to residents of other Eastside cities has increased. As of October 1, 2009, however, the Clinic had already served over 911 Bellevue residents. HealthPoint serves nearly 8,000 clients annually from all over the Eastside. HealthPoint reports many more new clients are seeking care and there are more requests for uncompensated care.¹⁶
- Public Health-Seattle & King County's Eastgate Clinic also provides services for children, youth and families, many of them Bellevue residents. Services include Child and Family Health, Dental, Immunizations, Family Planning, and a Teen Walk-In

"Trends are toward increased use of prescription drugs, binge drinking including younger aged children beginning to drink. The population for services is increasing which puts greater strain on the Drug and Alcohol and Mental Health Service provider agencies capacity to treat these clients with fewer assistance dollars."
Joellen Monson-Therapeutic Health Services

Clinic for homeless youth and young adults. Eastgate offers free or low-cost care. If payment is requested, fees will be based on income and family size; staff also assists people in applying for insurance and accepts Medicaid and Medicare. In 2008, 4,330 Bellevue residents were served, a 32% decline from 2006. Almost 50% of Bellevue patients are Hispanic; the next largest non-White group is Asian (17%). This increasing diversity in the Clinic has added to the huge need for more interpreters, especially those who speak Spanish.¹⁷ (*Note: For more information see Refugee & Immigrant section in this report.*)

Community Perceptions

- Affordability of medical care and medical insurance was a significant concern for the 2009 phone survey respondents at both the community and household level. Forty-eight percent of survey respondents rated *lack of affordable medical insurance* as a major/moderate community problem.

"Even if COBRA benefits are available for health coverage, paying for them is difficult. Not all unemployed people qualify for COBRA (if laid off from a small business). Maintaining health insurance is a big need."
Community Conversation, WorkSource Redmond

Respondents ages 55-64 were significantly more likely than respondents 65 and older to say that it was a major/moderate problem in the community. Forty-one percent of survey respondents rated *lack of affordable medical care* as a major/moderate community problem. Since 1997, there has been a slightly increasing trend for respondents to rate this issue as a major or moderate problem.

- In the phone survey *not being able to pay for or get medical insurance* has dropped to the 3rd highest household concern, from the number one concern in 2005 and 2007 despite it remaining a problem for 16% of households. *Not being able to pay for or*

get medical insurance is a major/moderate problem within their household for 23% of households earning less than \$75,000

"Each year the "Donut Hole" takes \$8,600 from us before the second part of the Medicare Drug Insurance kicks in. In 2008, medical and dental expenses were \$19,892 which were not covered by insurance."
Consumer Survey- 2009

compared to 3% of those earning greater than \$75,000. *Not being able to pay for or get medical insurance* is also a significantly larger problem for households that include a member with physical disabilities than among households that don't (27% vs. 14%).

- *Not being able to pay for the doctor, prescriptions or dental bills* ranked as the fifth highest household concern (14% major/moderate), the same as in 2007.
- Respondents who live in zip codes 98007 (23%) are more likely to rate *not being able to pay for the doctor, prescriptions, or dental bills* as a major/moderate problem in their household compared to 15% or less for all other zip codes.
- Respondents who mainly speak a language other than English in their home are twice as likely as English-speaking households to be *unable to pay for or get medical insurance* (27% vs. 14%). These respondents are also twice as likely as English-speaking households to be concerned about not *being able to pay for the doctor, prescriptions or dental bills* (26% vs. 12%).
- Of those survey respondents who found help for their problems, 28% were seeking help with medical issues, insurance or bills. Of the 30% of respondents who indicated that they or someone in their household had sought help for at least one of the problems ranked as major/moderate, 30% could not find help with medical issues, including bills or medical insurance coverage.

"Dental care for adults (inexpensive source). Kids can get care from Dental Van at Jubilee Reach. Need to get care early before it gets worse."
Community Conversation, Spiritwood, King County Housing Authority

- Consumers of human services who responded to a survey were much more likely than phone survey respondents to rate *not being able to pay for doctor bills* as a major/moderate problem, with almost half of them responding with this rating. Many respondents (36%) 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.¹⁸ Statewide, in 2003, only 68% of dentists who accepted Medicaid in the previous year re-enrolled as a Medicaid provider.¹⁹
- In the 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% county-wide 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.²⁰
- The situation is worse for children. Washington State's one year olds are five times as likely, and its two year olds are more than twice as likely, as kids nationwide to have dental decay. These children are likely to be poor and unable to access dental services. In the State, over half of second graders have experienced tooth decay. Children with dental decay often need to be treated in hospital emergency and operating rooms, costing about \$4,000 per child.²¹ In King County there were over 50,000 Medicaid-eligible children five years of age and younger, but less than a third of this population utilizes dental services and

less than 5% of infants under the age of one have seen a dentist.²²

children and adults in the Lake Hills neighborhood.

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; Medicaid only covers some very basic dental procedures. In 2008, 476 dentists in King County accepted Medicaid coverage serving 114,845 patients. Of those dentists, 43 were in Bellevue serving 6,711 patients.²³

Dental Services in Bellevue for Low-Income People

- The Eastgate Public Health clinic 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 2,700 women and children in 2008.²⁴
- Low-income Bellevue children can receive dental services from three clinics participating in the Access to Baby and Child Dentistry (ABCD) program on the Eastside: Eastgate Dental Clinic, Eastside Community Dental Clinic, and Lake Washington Technical College Dental Clinic as well as from 15 private dentists.²⁵ 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 who earn up to 250% of the FPL, pay on a sliding fee scale to obtain services there. In 2008, HealthPoint served 526 Bellevue residents and 3,268 total Eastside residents, an increase over 2007. HealthPoint served 336 Bellevue residents and 1,885 total Eastside residents in the first six months of 2009.²⁶
- Jubilee REACH's free dental van serves

Community Perceptions

- *Lack of affordable dental care* has remained in the First Tier of community problems cited by survey respondents. In 2009, 34% of respondents say this is a major or moderate problem in the community, ranking it seventh overall. The number has dropped from 40% in 2007 but remains similar to 2005 responses, 33%. In contrast, 34% of respondents in 2009 say this area is not a problem.
- Respondents with annual household incomes more than \$75,000 are significantly less likely than respondents in lower income brackets to rate *lack of affordable dental care* as a major/moderate problem in the community (22% vs. 43%). Respondents living in zip codes 98007 and 98008 are significantly more likely than people living in zip code 98004 to rate *lack of affordable dental care* as a major/moderate community problem (40% and 42% vs. 24% respectively).
- Over 54% of consumer survey respondents reported that *not being able to pay for dentist bills* was a major problem in their household. Many of these individuals were 65 years and older.

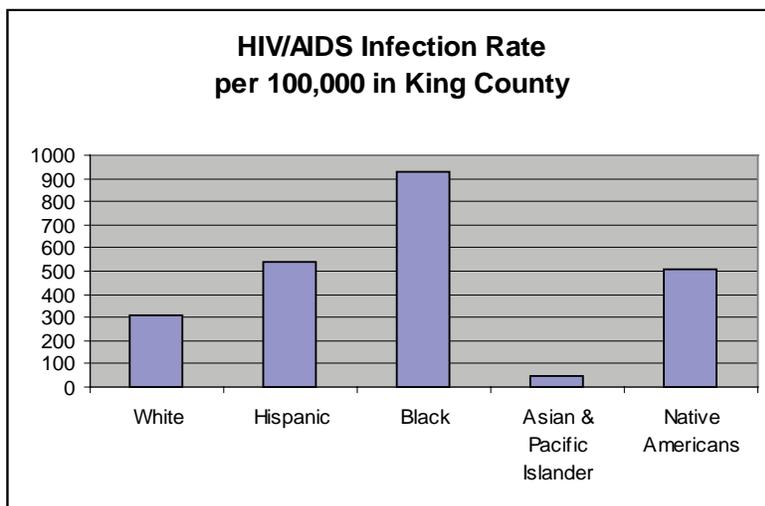
Prescription Drugs

- 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.

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) and other Sexually Transmitted Infections (STIs)

Prevalence

- There were 433 new cases of HIV/AIDS reported in King County in 2008, about a 9% decrease compared with 2006. Cumulatively, there are 10,779 HIV/AIDS cases in the county (63% of state total). A total of 4,441 residents have died of HIV/AIDS. Ninety percent of county residents living with HIV/AIDS are male and 42% are currently between the ages of 40-49. One hundred fifty-nine (2.51% of 6,338 total county residents living with HIV/AIDS) are Bellevue residents.²⁷
- People of color are disproportionately affected by HIV/AIDS compared to their White counterparts.²⁸



Source: Public Health - Seattle & King County- website. (2009). HIV/AIDS Epidemiology Semi-annual Reports- 2nd Half 2008.

- There have been shifts in the proportion of persons newly diagnosed with HIV infection among different groups. Between the three year periods 2000-02 and 2006-08, an increasing proportion of cases were among Hispanics (10% to 14%), Asians & Pacific Islanders (3% to 6%), and Hispanic males (9% to 13%). There was also an increase

in the proportion of new diagnoses among men-who-have sex-with-men, increasing from 67% to 73% of cases with known risk.²⁹

- In 2008, there were 5,886 cases of chlamydia, 1,281 cases of gonorrhea, and 208 cases of early syphilis reported in King County.³⁰ In King County, women 15-19 years old were most likely to have chlamydia at the rate of 2,383 per 100,000 compared to 305 per 100,000 for the population as a whole. Women in the same age group are the most likely to contract gonorrhea as well.³¹

Service Trends Complex Problems

- In a 2007 survey of providers working with People Living With AIDS (PLWA), 79% reported that both mental health and housing support services are the biggest need for their clients. Other needs identified were medical outpatient services and substance abuse services. The 2007 PLWA survey of clients revealed that 79% were concerned about medical insurance and many identified other health services were needed including oral and mental health, nutrition support, and housing.³²

Services and Gaps

- Education about HIV/AIDS for people of color is especially critical in fighting the spread of the disease in these populations since these groups are disproportionately represented among those with the disease. People of Color Against AIDS Network (POCAAN) and Public Health/Seattle and King County both do extensive outreach and education work with Black men, a high-risk group.³³
- Several organizations in King County provide community education about HIV/AIDS and other STIs. Public Health/Seattle and King County (PHSKC) has health educators who work with community agencies and school

districts throughout the county in providing technical support and trainings. In Bellevue, an Eastgate Clinic Public Health Educator provides support for agency staff, teachers and school nurses on such topics as sexuality education and curricula, teen pregnancy, STI and HIV prevention, and culturally-competent care to lesbian, gay, bisexual and transgender individuals.³⁴ Planned Parenthood offers classes for families, such as children going through puberty, and provides presentations on a variety of other issues, relating to health and sexuality. Teen Councils are composed of trained students to answer questions from their peers about such issues.³⁵

Community Perceptions

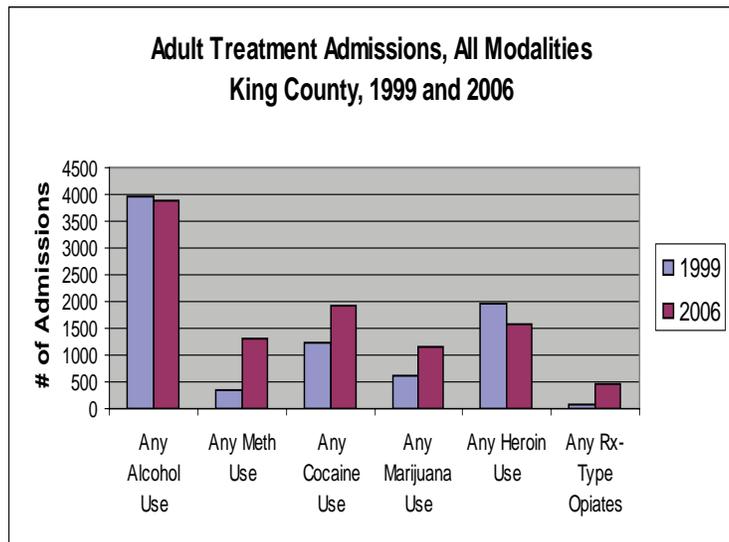
- None of the surveys conducted for this report asked questions about STIs or HIV/AIDS, due to the sensitive nature of the issue.
- Though advances in HIV/AIDS treatment have substantially reduced AIDS-related morbidity and mortality and extended the lives of many, contrary to some perceptions in the community, there is still no cure. Many populations continue to be at risk, including youth and minority groups.

Substance Abuse Prevalence

- Harder 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).³⁶

- In Bellevue, 7.8 out of every 100 deaths are attributed to drug or alcohol related causes. This is lower than 11.06 rate statewide. 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, 3.3 Bellevue residents are receiving treatment compared to 13 Statewide.³⁷



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.

- During the time period 2004-2008, East King County had a lower smoking rate (8.7%) for adults compared to 13% county-wide.³⁸ East King County has similar rates of binge drinking (16.9%) 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.³⁹

- The rates of teens who have ever tried smoking in Washington is dropping. In 2008, 5.6% of Bellevue 8th graders, 14.1% of 10th graders, and 21.4% of 12th graders have ever tried smoking compared to King County rates of 8.1%, 22.7%, and 32.7% and statewide rates of 13.2%, 25.2%, 34.3% respectively. The rate of teens who have consumed alcohol in the last 30 days in Bellevue is lower than Washington rates. In 2008, 1.2% of Bellevue 6th graders, 9.6% of 8th graders, 22.1% of 10th graders, and 34.7% of 12th graders have recently drunk compared to county-wide rates of 2.5%, 11%, 28.9%, 41% and statewide rates of 3.5%, 16.1%, 31.7%, and 40.8% respectively.⁴⁰
- In 2008, 4% of Bellevue 8th graders, 11.7% of 10th graders, and 21.3% of 12th graders have used marijuana in the last 30 days compared to county-wide rates of 5.2%, 20.1%, and 28.4% and statewide rates of 8.3%, 19.1% and 23.4% respectively.⁴¹

Service Trends

Changing Client Profile

- Therapeutic Health Services reports serving about the same number of Bellevue clients during the first half of 2009 compared to the same period in 2008. They are seeing more indigent and working poor clients, many of them court-ordered, who need services in addition to drug treatment, including mental health counseling, vocational counseling and assistance related to domestic violence. Therapeutic Health Services employs a Russian counselor and a Latino counselor to meet the needs of those populations in the community.

Access to Treatment

- The State's Division of Alcohol and Substance Abuse (DASA) reports that in 2007, 73.2% of King County adults who were qualified for and in need of DASA services

did not receive them, similar to 2006. For youth ages 12-17 in Washington State, the treatment gap was almost 68.6%. 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.⁴²

Community Perceptions

- While only 2-4% of phone survey respondents reported either drug problems or alcohol problems to be a major/moderate 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 six percent rated household drug use as a major/moderate problem.

Mental Health Prevalence

- In Washington State, an average of 25% of its residents are estimated to have a diagnosable mental illness involving mood, thought, conduct or anxiety. For children birth to 17 years old, the estimate is 23.6%; for those age 18-64, 26.2%, and for those 65 and older, 20%.⁴³ Low-income residents (living at or below 200% of the FPL) of all ages are more likely to have a mental illness which is moderate or severe compared to the general population.
- From 2001 through 2007, East King County residents have reported decreasing levels of stress. Stress scores have decreased and people's feelings of being able to handle personal problems has increased. People of color and people with lower levels of education and low-income all are more likely to have higher stress scores. Residents

in the East Region of King County report lower levels of stress than those in the South Region or Seattle.⁴⁴ However, due to the economic downturn, stress scores will likely be higher over the next two years.

- The number of suicides or attempted suicides by youth aged 10-17 is higher in Bellevue than the statewide rate, 53.7 per 100,000 compared to 47.8 Statewide.⁴⁵
- A recent RAND Corp. 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.⁴⁶ (Note: For more information about this issue, see the Veteran Section of this report.)

Service Trends

- Sound Mental Health Clinics report an increase in the number of clients seeking services and more of them are coming in without Medicaid coverage.⁴⁷ With more federal, state and county cuts to funding coming down the pipeline, they anticipate higher caseloads and having to turn away unfunded clients.

Continued Disparities among People of Color, Low-Income People

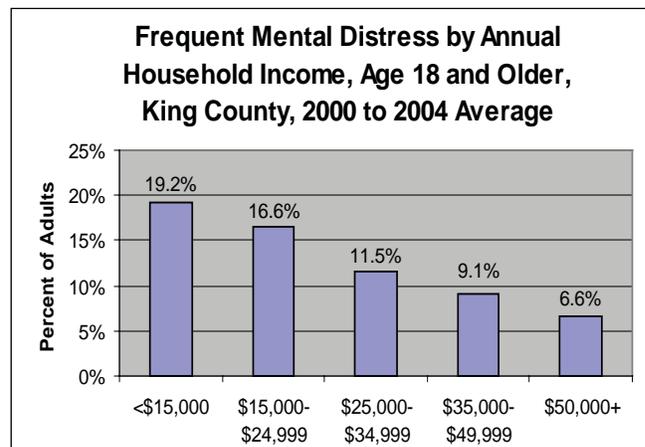
- Data that indicate whether clients are served with a frequency “identical to their prevalence in the general population” show that Native Americans receive proportionally more mental health services, as do African-Americans. Whites and Asian Pacific Islander adults tend to receive fewer mental health services than their proportion in the overall population. There is evidence, however, that minority clients are referred less often to mental health services and receive less follow-up care or services. So the higher rates of people of color receiving

services are probably still underestimating the need for treatment. Non-Medicaid clients served through the King County Regional Support Network have increased by 12% from 2007 to 2008 due to more funding for programs from MIDD funding.⁴⁸

- 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.⁴⁹ 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, (see chart below.)⁵⁰

Mental Health Services and Funding for Domestic Violence Survivors

- In 2009, three full time counselors were deployed at King County domestic violence shelters, including one housed at Eastside Domestic Violence Program using King County MIDD sales tax revenue.⁵¹ (Note: For more information see Goal #3 in this report.)



Source: BRFSS - Prepared by Epidemiology, Planning and Evaluation Unit, PHSKC

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.⁵²
- About 2,032 people in East King County received county-administered mental health services in 2008. In 2008, 1,140 Bellevue residents were enrolled in the outpatient services (not including inpatient or crisis care) funded by King County Mental Health.⁵³

Increasing Complexity of Clients, Funding

- Crisis Clinic provides a 24-Hour Crisis Line and the 2-1-1 Community Information Line. In 2008, the Crisis Line experienced a 6% decrease in calls from Bellevue residents compared to 2006. They fielded 1,206 calls from Bellevue residents with a mental disorder, 156 calls were to gain information about suicide, and 136 callers reported ideation, threats or attempts of suicide.⁵⁴
- Mental health service systems strive to provide treatment and support in the

community rather than in institutions. The King County Regional Support Network’s 2008 Report Card indicates that voluntary adult hospitalization has steadily decreased since 2003 and can indicate that there is a solid community support network for mental health clients. However, the volunteer hospitalization rates for children has increased 34% from 2006 to 2008.⁵⁵

- 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.⁵⁶

Community Perceptions

- Nineteen percent of phone survey respondents rated *mental illness or emotional problems* as a major/moderate community problem in 2009, the same as 2007 and higher compared to 18% in 2005. Nearly 38% 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.
- *Having a lot of anxiety, stress or depression that interferes with your daily life* ranked second in household problems in 2009, remaining in the same position in the First Tier as in 2007. Eighteen percent rated it as a major/moderate problem in their household, similar to the 16% that rated it as such in 2007. In the past, respondents under the age of 55 were the most likely to report anxiety, stress or depression. In 2009, however, respondents between 55-64 were more likely than any other age group to report moderate/major levels of stress (24% compared to 20% or less). 55-64 year olds were twice as likely to report anxiety, stress or depression compared to older individuals 65 or older (24% compared to

11%). Women are more likely to experience anxiety, stress or depression at a major/moderate level than men (21% vs. 11%). Lower wage earners (less than \$75,000) reported significantly higher levels of anxiety, stress or depression than those earning more than \$75,000 (21% or more compared to 9%).

- Of those survey respondents who found help for their problems, 19% were seeking help for mental health counseling. Help-seekers were, however, more likely to receive help from a health care provider than a family member, friend or neighbor (56% vs. 49%) 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.
- Participants in Community Conversations noted that there seemed to be limited support for in-patient psychiatric care. Participants were appreciative of the support that HERO House provided in accessing resources and social opportunities.

"Healthcare: when people lose jobs, they lose healthcare. We are seeing people we are not normally seeing."

Community Conversation, Child Care Resources

Implications for Action

- Statewide, uninsured rates will continue to climb as more people become unemployed.⁵⁷ 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 rates will continue to decrease. This issue negatively impacts the health of the whole community, 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 services 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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