

Methodology

Public Involvement: Input on Health and Human Services Needs

To obtain a comprehensive picture of human services needs and issues in Bellevue, staff met or talked with a diverse group of stakeholders who live, provide services and/or work in the City. Data used in the report comes from the telephone/online survey, consumer and provider survey, Community Conversations, key informant interviews, and extensive review of reports and websites. Care was taken to include, whenever possible, those groups or individuals that might be underrepresented in more traditional data gathering methods.

In light of the economic downturn’s ongoing impact, similar to 2011, community members were asked three additional questions about how the economy continues to impact their lives (or service participants’ lives, if they were providers). They also were asked this year about what their general outlook was for 2013, and when they thought the economy would recover properly.

This section outlines the many ways community engagement was accomplished and describes the organization of the report.

Public Meetings with City Council, Human Services Commission and Parks & Community Services Board:

• Human Services Commission public meetings	January 15, 2013 February 5, 2013
• Parks & Community Services Board public meeting	April 9, 2013
• City Council study session	April 8, 2013
• Human Services Commission public meetings	June 4, 2013 July 2, 2013 Sept. 17, 2013 Nov. 19, 2013

Bellevue Residents

Telephone and web-based survey:

In February and March 2013, a local research firm conducted a survey of 624 Bellevue residents (138 by phone, 486 online). This represents a statistically valid sample to project to the entire population at a 95% confidence level (Error Rate: ± 3.92%). This year, the sampling and data collection methodology used addresses rather than listed phone numbers that included a web-based option and a phone option, similar to 2011. This multi-modal approach compensates for the increase of cell phone-only and primarily cell phone households (previously unaccounted for in strictly address-based sampling). For more information about the methodology of the phone/online survey, please see Appendix G.

Dual data collection modes result in a final sample that is more representative of the general population than a phone-only survey. For example, those responding online were more likely than those reached by phone to only have a cell phone, be residents of multi-family dwelling types, and newer Bellevue residents. In addition, online respondents were more likely to be male and younger. About a quarter (25%) of those responding online were cell phone-only households.

As in past years, phone survey respondents were offered the option of answering the survey in languages other than English through the use of a Telephone Language Line. In 2009, 32 interviews in foreign languages were conducted using a third-party translator over the telephone. As a result of switching to mixed-mode in 2011, only two foreign language surveys were conducted over the phone—one in Mandarin, one in Farsi. In 2013, there were no surveys that were com-

Comparison of Online and Phone Results

Demographic Variable	Online n=486	Phone n=138
Gender		
Male	54%	32%
Female	46%	67%
Age		
18-34	34%	16%
35-54	29%	65%
55-64	15%	10%
65 +	20%	7%
Children in Household		
Yes	27%	55%
No	72%	45%
Home Ownership		
Homeowner	82%	86%
Rent	18%	14%
Dwelling Type		
Single family	63%	86%
Multi-family	37%	13%
Length of Residency		
1-3 (<4) years	28%	17%
4-10 years	23%	30%
11 or more years	49%	51%
Phone type		
Cell Phone Only	25%	0%
Landline and Cell	69%	89%
Landline Only	5%	11%

Source: Gilmore Research Group, Bellevue Survey 2013

pleted in a language other than English even though the surveys again were offered in a variety of languages using the Telephone Language Line. However, one third of phone/online surveys that were completed in English by people who speak a native language other than English at home.

Cell phone usage is higher and there is lower penetration of landline telephones in non-Caucasian households.¹ It seems possible that either individuals were fluent enough for online completion or a household member spoke English well enough to help conduct the survey.

Phone Respondents Whose Native Language is Not English		
Language	Weighted Total	
	N=	%
Chinese	41	6.6%
Russian	25	4.0%
Spanish	19	3.0%
Tamil	14	2.2%
Hindi	13	2.1%
French	12	1.9%
Telegu/ Telueu	10	1.6%
Portuguese	9	1.4%
Japanese	9	1.4%
Other Languages	63	10.1%
Total	215	34.5%

All respondents rated a series of 35 potential community problem areas and 35 household problem areas as 'major,' 'moderate,' 'minor,' or 'no problem.' In addition, respondents answered questions about accessibility to and quality of human services.

Consumer Survey: Unlike the phone and online survey, this survey specifically targeted Bellevue residents receiving human services. This survey was distributed between March and June 2013 and completed by almost 200 participants in English-as-a-Second-Language classes at Hopelink, Bellevue College and Jewish Family Service; City of Bellevue community centers, and the Crossroads Shopping Center Mini-City Hall. Surveys were available in English, Spanish, Russian, Vietnamese, Korean and Chinese; however, though some people completed the survey in English, 85% of the respondents indicated that the primary language spoken at their homes was not English. This further increased the diversity of the group completing this survey.

Languages Spoken by Consumer Survey Respondents		
Primary Language Spoken at Home	Number of respondents	Percentage
English	30	15.4%
Mandarin	41	21.5%
Vietnamese	5	2.6%
Farsi	10	5.1%
Spanish	25	25.2%
Cantonese	5	3.6%
Russian	53	27.2%
Amharic	3	1.5%
Romanian	2	1.2%
Tamil	1	.5%
Korean	3	1.5%
Nepali	1	0.7%
Bulgarian	1	0.7%
French	2	0.7%
Malayalam	2	.5%
Portuguese	3	1.5%
Kannada	1	.5%
Cantonese	4	2.1%
Japanese	3	1.5%
Arabic	1	0.7%
Urdu	2	1.2%
Armenian	1	.5%
Hindi	1	.5%
Bengali	1	.5%
Guajarati	2	1.2%
Castilian	1	.5%
Teluga	1	.5%
Somali	1	.5%
Berber	1	.5%
Did not respond	3	1.5%

Respondents were asked to rate the degree to which 29 household issues were or were not a problem, as well as service accessibility. Due to the nonrandom nature and small sample size, these results are not statistically valid. However, they can be used anecdotally to demonstrate general themes about human services needs within groups underrepresented in the phone/online survey.

Community Conversations: Bellevue residents or service providers participated in 23 informal focus groups for the Needs Update, called Community Conversations. Different races and ethnicities were included among the participants, mirroring the large diverse population in Bellevue. See Appendix D for

a detailed listing of these groups and dates they were conducted.

Human Services Providers and Administrators

Provider Surveys: Forty three health and human services providers that serve Bellevue residents completed an online survey summarizing service trends, utilization rates, gaps, and barriers. This represents a 61% return rate.

Key Informant Interviews: Eleven individuals were interviewed either in person or on the phone between March and September 2013. Key informant interviews provide insights into the needs and issues experienced by a particular population when other information is not available. Interviewees included service providers to or members of groups like:

- U.S. Military Veterans
- Immigrants and Refugees
- Older adults and their caregivers
- Low-income consumers of health care services
- Residents living in newly annexed Bellevue neighborhoods

A complete list of who was interviewed can be found in Appendix E of this report.

Key Informant Interviews with Faith Communities on the Eastside:

Faith communities provide a variety of basic need services that are rarely formally counted as community resources. Ten Eastside faith communities described which human services their members most often request and what their organization could or could not provide. The interviewees were also asked how the Human Services Commission could do more to help faith communities.

City of Bellevue Staff: City staff provided their observations of Bellevue residents' human service needs. Staff represented ten departments or divisions that have direct contact with Bellevue residents, like Fire, Development Services, Police, Parks and Community Services, and Utilities.

Neighborhood Outreach Program Outreach to South Bellevue (Newly Annexed Neighborhoods):

Human Services staff worked with Neighborhood Outreach Program staff to obtain feedback from the over 2,000 households that were annexed in 2012 to Bellevue: Eastgate, Tamara Hills, Horizon View and Hilltop. In July 2013, human services questions were included in a brief survey that new residents completed about their concerns and what they liked about their neighborhoods. The highest responses to the human services questions were related to the need for more home repair services, especially the Bellevue Major Home Repair Program, more services for older adults and in general, information about available services.

Other Sources of Information

Reports, Studies and Websites: Many public and private organizations produce in-depth reports focusing on specific topic areas like housing, unemployment, older adults, youth, or public health. These reports offer a broad national, statewide, or regional perspective useful for trend comparison. Examples of those referenced in this report include:

- King County Department of Community & Human Services Plan for Developmental Disabilities 2010-2013
- Seattle/King County Aging and Disability Services, Area Plan on Aging 2012-2015
- King County Status of Veterans and Veterans Services in King County 2013
- The Committee to End Homelessness Ten Year Plan
- The East King County Plan to End Homelessness
- Communities Count Social and Health Indicators Across King County
- AARP Public Policy Review
- Washington Association of Sheriffs and Police Chiefs 2012 Annual Report

Data Limitations: The data in the Needs Update came from reliable sources. However, as in all reports, care must be taken in interpreting the data because of the presence of certain variables over which the researcher has no control. For example, changes in public awareness of certain community-level problems like do-

mestic violence or homelessness can affect the public perception of their prevalence. A highly publicized case of youth violence can lead to increased reports for a short period of time, which then may drop off to previous levels. Typically, observing a trend over a period of several years better indicates the extent of the problem. Whenever possible, trends observed over at least three years are included.

Other issues affecting data quality or quantity:

- Inability to obtain unduplicated counts of certain populations (e.g. the homeless, who are difficult to track because of their mobility);
- Under-reporting of certain topics given their personal nature, such as income or problems like rape and domestic violence;
- Lack of data for a smaller geographic area like Bellevue, so estimates must be projected from a larger area like the county or based on national prevalence;
- Lack of access to underrepresented groups, such as those who are disabled, those who speak languages other than English, or the frail elderly; and
- Changes in data collection and reportage methods.

Endnote

1. American Association for Public Opinion Research. (N.D.). "Coverage and sampling for RDD Cell Phone Surveys. Available at: http://aapor.org/AM/Template.cfm?Section=Cell_Phone_Task_Force&Template=/CM/ContentDisplay.cfm&ContentID=2740