COMMUNITY NEEDS ASSESSMENT
FOR HEALTH AND WELLBEING EQUITY IN ISSAQUAH

A SOCIAL DETERMINANTS OF HEALTH ASSESSMENT
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Swedish
Therapeutic Health Services
YWCA Issaquah Family Village

City Departments
Communications Office
Development Services Department
Economic Development
Issaquah Police Department
Office of Sustainability
Parks & Recreation Department
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EXECUTIVE SUMMARY

Introduction
In 2014, the City Council of Issaquah adopted a Healthy Community Strategy Goal in order to invest in social sustainability and to provide a planned, proactive focus on health and wellbeing in Issaquah. The first phase of work produced the white paper *Building a Healthy Community* and a set of recommendations to guide the City’s work in this area. Recommendations included a focus on inequities and causal factors using a social determinants of health framework, pursuing integrated strategies which cross multiple organizational functions and community partnerships, and situating the work within a broader City-wide strategic plan.

In this second phase of the work, the City undertook a Community Needs Assessment (CNA) of health and wellbeing equity in Issaquah. The goal of the assessment was to consider community data to help identify priority health and human services disparities within Issaquah. The work included the support and guidance of an 11-member Advisory Group and captured both population level health outcomes and indicators of upstream social determinants. The next phase of work will connect a range of community partners and service providers to develop and prioritize core strategies for implementation over multiple years.

Social Determinants of Health and Health Outcomes
The Assessment uses a social determinants of health framework, recognizing that 50% of what impacts health can be attributed to social and physical environment factors such as income and employment, education, the built and natural environment, and social relationships. Social determinants of health affect individual and community health directly and indirectly, including influence on health promoting behaviors.

Quantitative and qualitative data were assessed to reveal areas where the community lagged the region as a whole, as well as identifying specific topics of concern. Where possible, select data were stratified by demographic characteristics like race and gender to identify disparities.

Social Determinants of Health

Key Themes and Recommendations
Through the process of compiling and analyzing community demographic and health data as well as qualitative inputs from focus groups, staff and service providers, the Community Needs Assessment
identified four key themes:

- **Disparities by Race and Ethnicity, Sex and Income** – Data across determinants (i.e. economic stability, educational environment, physical environment, social environment and access to services and resources) revealed disparities across race and ethnicity, income and gender with significant implications for downstream health and wellbeing outcomes.

- **Lack of Stable Housing** – High housing cost burdens reduce household stability, impair ability to pay for healthcare services and other basic needs, and increase the risk of poor health outcomes.

- **Barriers to Accessing Services & Resources** – Awareness of services, transportation, availability of services, insurance coverage, navigation, and culturally and linguistically appropriate services are all components of access. These access issues can lead to delays in or inability to receive appropriate services, financial burdens, and ultimately unmet needs.

- **Behavioral Health Norms & Resources** – Mental health is a pressing and pervasive community health concern in Issaquah, and was the highest priority health issue discussed among assessment participants.

Detailed information on upstream community characteristics and health outcomes are described further in the report.

**Conclusion**

While Issaquah overall enjoys good health outcomes, this Assessment has provided an opportunity to delve deeper into the underlying data and combining it with the lived experiences of Issaquah residents and service providers to identify differences between population groups within the community. The identified needs will help inform human services grant investments, support development of a healthy community strategy, and call-out areas requiring further investigation.

A healthy Issaquah is one that builds on the strengths of the community to create an equitable and sustainable physical, social, economic and natural environment for all community members. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

“Issaquah is a vibrant, growing community that has many enviable strengths already. Addressing health equity issues now will only make Issaquah an even better place to live for all while inaction or exasperating disparities could, in fact, threaten the health and well-being for all in Issaquah. The City of Issaquah is well positioned to develop initiatives and strategies to take action.”

Jennifer Ramirez-Robson
CNA Advisory Group
INTRODUCTION

The City of Issaquah, with the direction of an Advisory Group and support from housing and human services agencies, community organizations, the school district and medical service providers, developed this Community Needs Assessment (CNA) for Health & Wellbeing Equity in Issaquah to identify priority health and human services disparities. This work and focus on health equity and disparities represents the second phase of work for the Issaquah City Council Goal to create a healthy community strategy for Issaquah. The assessment follows a white paper on building healthy communities.

The Community Needs Assessment presents the four key themes distilled from the assessment’s quantitative and qualitative data as well as implications for further inquiry, early actions, and strategy development in the next phase of work for the Healthy Community Council Goal. Near term work also includes greater dissemination of CNA findings to partners, community groups and residents. Supporting data, supplementary details on approach and limitations, and additional resources are provided as appendices for easy reference.

Figure 1. Healthy Community Council Goal: Major phases of work

Background

In 2014, the City Council of Issaquah adopted a Healthy Community Strategy Goal in order to invest in social sustainability and to provide a planned, proactive focus on health and wellbeing in Issaquah. The first phase of work produced the white paper *Building a Healthy Community* and a set of recommendations to guide the City’s work in this area. Recommendations included a focus on inequities and causal factors using a social determinants of health framework, pursuing integrated strategies which cross multiple organizational functions and community partnerships, and situating the work within a broader City-wide strategic plan.

In this second phase of this work, the City undertook a community needs assessment (CNA) of health and wellbeing equity in Issaquah. The goal of the assessment was to identify priority health and human

Health Equity

“The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Healthy People 2020, Office of Disease Prevention and Health Promotion
services disparities within Issaquah, capturing both population level health outcomes and indicators of upstream factors. Simultaneous city efforts and ongoing bodies of work identified early on for coordination and future integration with the assessment included Human Services grant planning and the City’s Housing Strategy.

**Approach and Methods**

The following section describes how data for the CNA were compiled and analyzed, as well as the broader lens used to guide this process. Specifically, the CNA uses a “social determinants of health” framework which recognizes that numerous factors at multiple levels impact individual and community health. Figure 2 below provides a visual depiction of the factors that affect health, extending beyond a more traditional approach to health (i.e. health behaviors and health care), to include socioeconomic factors which account for the greatest influence as well as the physical environment which accounts for an additional 10%.

The assessment was designed to be informed by diverse perspectives. The City sought input from an 11-member Advisory Group, which included local and regional experts in the fields of health, housing, transportation, education, employment, aging services, and other social services. The Advisory Group participated at all stages of the assessment, and established two working groups to provide in-depth feedback on both the quantitative secondary data and the primary, qualitative data collection methods discussed below. The approach to data was an intentional blend of community-level quantitative data, stratified when possible and relevant given the limitations of the data sets, with qualitative insights from members of the community with specific affiliations and lived experiences.

City staff from multiple departments were assembled to provide input and guidance into the Needs Assessment on stakeholder identification, indicators and data sources, and linkages to city policies and plans. In addition, the departments provided an additional opportunity to check findings with perspectives and experience working with the community in a variety of capacities. Staff representing Economic Development, Public Works Engineering, Police, Communications, Parks and Recreation, Sustainability and Development Services departments participated in the assessment.

**Social Determinants of Health Framework**

It is important to recognize that multiple factors have an impact on health, and that there is a dynamic

![Figure 2. What Affects Health]

- Health Behaviors
  - Tobacco use
  - Diet and exercise
  - Alcohol use
  - Unsafe sex

- Health Care
  - Access to care
  - Quality of care

- Physical Environment
  - Built Env.
  - Natural Env.

- Socioeconomic Factors
  - Education
  - Employment
  - Income
  - Social support
  - Community safety

Source: County Health Rankings and Roadmap, Robert Wood Johnson Foundation, and King County Hospitals for a Healthier Community, King County Community Health Needs Assessment 2015/2016.
relationship between community members and their lived environments (see Figures 2 and 3). The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors, such as employment opportunities and housing. The World Health Organization further defines the social determinants of health as “the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power and resources.”

Social determinants of health can affect individual and community health directly and indirectly including influence on health promoting behaviors. For example, the built and natural environment can impact whether a person has access to healthy food or a safe environment in which to exercise.

Policies and other interventions influence the availability of these determinants and how they are distributed amongst different social groups, including those defined by socioeconomic status, race and ethnicity, sexual orientation, sex, disability status, and geographic location. Inequitable distribution of social determinants contributes to health disparities, whereas equitable distribution of social determinants contributes to health equity. A stronger understanding of how local societal conditions, health behaviors, and access to health care affect health outcomes in the community can increase awareness and understanding of what is needed to move toward health equity.

Figure 3. Social Determinants of Health Framework

Data Collection Methods and Information Sources

Quantitative Data
The needs assessment incorporates data on social determinants of health as well as health outcome data from various sources at national, state, regional and local levels. These data sources include but are not limited to the U.S. Census, U.S. Bureau of Labor, Washington State Department of Health, Public Health – Seattle and King County, and the National Citizen Survey. Data included self-report of demographics and health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS). The Advisory Group participated in the selection of quantitative data elements for the assessment.
Qualitative Data: Focus Groups and Key Informant Interviews
A working group of the larger Advisory Group was engaged to use a Stakeholder Matrix and provide guidance on identifying key informant interviewees and focus group audiences. To aid in the facilitation of these interviews and focus groups, a semi-structured guide was used across all discussions to ensure consistency in the topics covered (see Appendix D). Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations.

During March and April 2017, 5 community focus groups and 12 agency interviews were conducted to gather feedback on the community’s priority needs, challenges to addressing these needs, current strengths of the community, and opportunities for the future.

A total of 42 community members participated across the 5 focus groups and 14 organizational leaders participated in the agency interviews. The participants represented many different sectors and voices including education, faith community, social services, first responders, health care, seniors, housing, behavioral health, and populations with Limited English Proficiency. A full list of focus group audiences and key informant interviewees and the criteria for identifying stakeholders as well as a comparison of demographics from the focus groups and the National Citizen Survey with Issaquah’s population is included in Appendix C.

The collected qualitative data were coded and analyzed thematically, where data analysts identified key themes that emerged across all interviews and focus groups. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. Selected quotes – without personally identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Definition of Community
Figure 4 shows a map of Issaquah with its subareas, several of which are referenced throughout the assessment report. City boundaries have changed since 2010 due to annexations, however, these did not produce significant population or demographic shifts to affect data presented in this report.¹

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¹ For a detailed map of the annexation history of Issaquah from 1990 to 2016, please see the Land Use Element for the City of Issaquah: [http://issaquahwa.gov/DocumentCenter/View/1267](http://issaquahwa.gov/DocumentCenter/View/1267)
INTRODUCTION

Review of County and Regional Assessments
Several institutions in the county and region are currently conducting or that have recently completed assessments of specific populations, geographies and topics. The Issaquah CNA reviewed these reports in order to identify areas of convergence and highlight opportunities for aligning community health improvement across the county and region. A list of the reports reviewed can be found in Appendix G.

Limitations
There are several limitations related to the needs assessment’s research methods that should be acknowledged.

Secondary Data
Because of budgetary limitations the CNA relied upon existing, secondary data sources – data collected by others - as opposed to primary data collection methods for quantitative data. Several limitations are inherent in this approach, including:

- data where the most recent year available differs by data source
- time lag in available data
- small sample sizes barring stratification by subgroup (i.e. data unavailable by income level or racial/ethnic group)
- data sources not providing community-level data or reporting inconsistent geographic scopes.

For example, data were sometimes available for King County or East King County rather than Issaquah specifically. Similarly, health outcome data were not able to be stratified for health behaviors and outcomes, providing a significant limitation in understanding potential disparities by race and ethnicity, income and sex.

Environmental Data
Data was also limited for indicators relating to the natural environment - while environmental indicators were available (such as tree canopy and stream health), data on the environments’ impact on community health (such as exposure to pesticides) was not available for this assessment and other indicators or strategies for data development should be considered in the future.

Geospatial Data
Due to limitations in the scope of the CNA, data analysis at a more granular geographic level (i.e. by Census tracts within Issaquah) in this body of work was not possible. Thus, more detailed evaluation of geographic and demographic disparities are not identified within this report. Limited examples of the information that more geographic specific data could provide for select demographic and economic indicators can be seen in Appendix C. Geographic specific data and corresponding maps should be considered for future CNAs as they allow for disparities to emerge both between and within groups and areas. Disparities within populations of color are not as visible, but are important to consider.

Self-reported Data
Self-reported data should be interpreted with caution. In some instances, respondents may over report or under report perceptions, behaviors or illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias – that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys included in this report benefit from large sample sizes and repeated administrations, allowing for comparison over time. One specific limitation regarding the 2015 National Citizen Survey
conducted in Issaquah should be noted – the sample for this survey did not include any Black or African American residents in Issaquah. While the percentage of this racial group within the city is small (2.5%), the remaining survey data should be interpreted with caution given this sampling limitation.

Qualitative Data
There are several limitations when considering the qualitative data of focus groups and interviews. While these data provide valuable insights, data are individuals’ perceptions and alone should not be considered as statistically representative of the larger Issaquah population due to non-random recruiting techniques and a small sample size. As described in Data Collection Methods & Information Sources, the selection of particular focus group audiences and key informant interviewees was intentional. In addition to targeted outreach for focus group recruitment, participants self-selected into the process. This approach limits the ability to generalize the qualitative findings. Additionally, several individuals interviewed work with Issaquah residents but their organization is not entirely in Issaquah, and thus had difficulty speaking at a level of specificity about needs particular to Issaquah. It is also important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Cultural and Language Accessibility
Another limitation of quantitative and qualitative data collection is language. For example, the focus groups and key informant interviews for this CNA were only conducted in English and therefore may have missed the experiences of residents who have limited English proficiency. Similarly, survey instruments are only conducted in English and thus may not be as representative of the entire population.

NOTABLE FINDINGS

Through the assessment of secondary data sources, focus groups, key informant interviews, and staff and Advisory Group review, a number of notable results were identified. These findings highlight community characteristics and significant differences between Issaquah and King County or Washington State. Detailed information on the full range of demographic and health indicators is included in the appendices.

Community Demographics
- One quarter of Issaquah’s population is under 18 years of age. The percentage of seniors 65 and older declined from 2010 to 2015, while those under 18 years increased over the same time.
- The proportion of people who identify as Black/African American and Asian in Issaquah is growing. The proportion of Hispanic or Latino residents declined from 2010 to 2015.
- Approximately 20% of people five years and older in Issaquah speak a language other than English at home. This percentage is higher (approximately 30%) among families in the Issaquah School District.
- The proportion of veterans in Issaquah (6.1%) is consistent with King County, however, a greater percentage were 65 and older (52.7% vs 44.6%), and mostly white (94.1% vs 80.1%).

Social Determinants of Health
Economic Stability
Median household income in Issaquah is higher than both the county and state. However, there are stark disparities by race/ethnicity and sex. Asian and Hispanic/Latino households have higher median incomes ($109,477 and $93,068, respectively), while median income for White residents was slightly lower ($85,082) and Black or African American median household income was $35,577.

The proportion of individuals in Issaquah living below the poverty line doubled from 2010 to 2015. Additionally, over half of Black or African American residents lived below the poverty line in 2015, more than triple the percentage in 2010. The percentage of Hispanic or Latino individuals, as well as the percentage of females living below the poverty line increased significantly in the same timeframe. Unemployment among Black or African American residents is similarly high at approximately 42% in 2015.

In 2015, more than one third of Issaquah renters and homeowners with a mortgage were housing cost burdened (housing costs of more than 30% of their household income). 1 out 5 renters were severely cost burdened (greater than 50% of household income).

**Education**

Issaquah is a highly educated community, with more than half of residents 25 years and older having a Bachelor’s degree or higher in 2015. Three-quarters of Asian residents in Issaquah had a Bachelor’s degree or higher, while only about 1 in 8 Black or African-American residents did.

Graduation rates in Issaquah are high. However, rates among low-income students and Black/African American and Hispanic/Latino students are 10-15% lower than their peers overall.

**Physical Environment**

In 2015, only a quarter of homes, townhouses, and condos in Issaquah were affordable for median income households.

Approximately 6 in 10 residents of Issaquah have negative perceptions of how easy it is to travel by car or public transit in Issaquah and over 8 in 10 view traffic flow on major streets as fair or poor.

Vehicle related air pollutant exposure varies by neighborhood, from a low of 0.15% for Providence Point to a high of 31.1% for Greenwood Point and South Cove area.

Issaquah has a larger tree canopy (47.7%) than surrounding cities. Nearly 9 out of 10 residents rate the quality of the overall natural environment in Issaquah as good or excellent.

**Social Environment**

The violent crime rate in Issaquah in 2015 was considerably lower than that of Washington overall.

In 2017, over three-quarters of respondents perceive their neighborhood to be “very safe.” Asian, Hispanic or Latino, and other non-white respondents perceive a lower sense of safety when compared to White and Black or African American respondents. Between 2015 and 2017, safety among white and Hispanic or Latino respondents declined, while the proportion for Asian respondents increased.

Across all grade levels (8, 10 and 12), in 2016 youth in Issaquah were more likely than their peers countywide to report having an adult in their community with whom they can talk.

**Access to Services & Resources**

In 2015, Issaquah had a lower percentage of residents who were uninsured compared to the
county overall (5.8% and 9.7%, respectively).

- Similarly, in 2014 Issaquah had a much lower percentage of adults who have unmet health needs due to cost compared to King County (5.0% and 13.7%, respectively)
- Qualitatively, the social service landscape on the east side of King County was viewed as ample, however most services are not located within Issaquah itself, creating significant barriers.

**Health Behaviors and Outcomes**

- Issaquah residents are generally very physically healthy overall and in comparison to the county. One notable exception is heart disease. In 2014, 7.0% of adults in Issaquah had ever had coronary heart disease or a heart attack, more than double that of King County (2.9% of adults).
- Leading causes of mortality (cancer, heart disease, Alzheimer's disease, strokes and accidents) are consistent with King County and generally lower or in-line with county-wide rates.
- Issaquah has a higher mortality rate from falls among its seniors (65+) compared to King County (91.4 per 100,000 and 69.1 per 100,000, respectively).
- Life expectancy at birth is 83.7 years for Issaquah versus 81.8 years for King County overall, with a range of 76.6 to 86.2 for individual health reporting areas.
- Behavioral health is a critical issue in Issaquah, particularly among youth. High school seniors in ISD engage in current alcohol use (38.9%) and binge drinking (22.3%) more than their peers countywide (33.9% and 18.5%, respectively), and over one quarter of 12th graders seriously considered suicide in 2016. Data from Public Health show that mental health indicators for Issaquah adults were consistent with those in King County.

**KEY THEMES**

The data review and discussions with community residents and key stakeholders that were completed for this assessment covered a large range of epidemiological, social, and economic data and community issues. Several themes emerged that are important to bring to the forefront of this report. The following section provides a discussion of the key themes from this assessment, potential implications and areas for future consideration. The following key themes are included:

- Disparities by Race and Ethnicity, Sex and Income
- Lack of Stable Housing
- Barriers to Accessing Services and Resources
- Behavioral Health Norms and Resources

On the whole, Issaquah residents see higher rates of positive health behaviors and outcomes as compared to King County, and key measures like life expectancy at birth are at the higher end of the range among the health reporting areas tracked by Public Health across the county. While specific, local issues of concern (e.g. heart disease and fall deaths) are identified, several central, often interconnected themes emerged through the assessment process. Although direct links between these key themes and specific health outcome data cannot be fully drawn specifically for Issaquah in this body of work, evidence-based examples of how related upstream social determinants impact downstream health behaviors and outcomes are included to help illustrate the important connections between the two. A comprehensive overview of the needs and strengths of the Issaquah community across social determinants and health behaviors and outcomes is included in Appendices A and B.
Theme 1: Disparities by Race and Ethnicity, Sex and Income

Meaningful progress in narrowing or eliminating health disparities is impractical without addressing disparities in upstream social determinant factors. Disparities in social determinants by race and ethnicity, sex, and income contribute to disparities in health spending and outcomes. Inequality in education, income, and other determinants exacerbate the gaps in health outcomes. The greater the gap—for example, between the richest and the poorest within a community, the greater the differences in health.

Analysis & Discussion

Data across determinants revealed disparities by race and ethnicity, income and gender with significant implications for downstream health and wellbeing outcomes. As Table 1 shows, disparities by one or more demographic characteristics were identified for CNA measures.

Table 1. Disparities by Race and Ethnicity, Sex and/or Income identified for select social determinant measures

<table>
<thead>
<tr>
<th>Social Determinant Measures</th>
<th>Disparities Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Race and Ethnicity</td>
</tr>
<tr>
<td>Median household income</td>
<td>✓</td>
</tr>
<tr>
<td>Poverty status</td>
<td>✓</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>✓</td>
</tr>
<tr>
<td>High school graduation rate</td>
<td>✓</td>
</tr>
<tr>
<td>Postsecondary enrollment rate</td>
<td></td>
</tr>
<tr>
<td>Educational attainment</td>
<td></td>
</tr>
<tr>
<td>Perceptions of neighborhood safety</td>
<td></td>
</tr>
<tr>
<td>Perceptions of affordable housing</td>
<td></td>
</tr>
</tbody>
</table>

Disparities by race and ethnicity and by sex were identified in three indicators of economic stability: household income, poverty, and unemployment. In 2015, median household income was highest for Asian and Hispanic or Latino residents and lowest for Black or African-American households. Differences in income also emerge when stratified by sex. Median income for women was approximately two-thirds of the median income for men in Issaquah (Figure 5). Whereas median income for women in King County was approximately three-quarters of the median income for men.

Figure 5. Median Household Income, by Sex, Issaquah and King County, 2015

<table>
<thead>
<tr>
<th>Median Household Income</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issaquah</td>
<td>$100,963</td>
<td>$66,466</td>
</tr>
<tr>
<td>King County</td>
<td>$68,466</td>
<td>$51,472</td>
</tr>
</tbody>
</table>

___


Differences in poverty status also emerge when the data are stratified by race and ethnicity. While the percentage of individuals living below the federal poverty line in Issaquah as a whole in 2015 was low relative to that of King County (5.9% versus 11.2%, respectively), census data show that over half of Black or African-American residents in Issaquah were below the federal poverty line in 2015. Hispanic or Latino residents also had a higher poverty rate, where White and Asian residents had poverty rates lower than that of the community and of King County. It is important to note that there is likely income inequality within the Hispanic or Latino population, given both the high median income and high poverty rate for this group. Differences in poverty also emerge when stratified by sex (7.2% poverty rate for women and 4.3% for men).

Figure 6a further shows that the percentage of Black or African-American individuals living under the federal poverty line in Issaquah in 2015 has more than tripled from the percentage in 2010 while the rate for Hispanic and Latino residents of any race has also increased, where the rates for White, Asian, and other races has remained more consistent. Alternatively, Figure 6b shows that the disparity in poverty rates by sex remained consistent in Issaquah between 2010 and 2015.

Like the data for poverty, unemployment rates for Issaquah stratified by race and ethnicity show a significant disparity. Black or African-American residents had an unemployment rate almost eight times higher than the Issaquah rate and almost 7 times higher than the King County unemployment rate.
Focus groups participants discussed the effect of the disparities in income on the community of Issaquah. Some participants shared the perception that low income residents felt disconnected from the community: “You definitely feel separated. This is a community of very wealthy people – being low income in a very wealthy community is hard.” Focus group participants and interviewees also shared the perception that many people that work in Issaquah cannot afford to live there. Many participants saw a need for employment assistance services in Issaquah. Participants felt that these services could help bridge the gap for low-income residents into self-sufficiency.

Disparities by race and ethnicity as well as by income status also appeared in education data. As shown in Figure 7, the graduation rates for Asian and White students have remained consistently higher than those of their Hispanic or Latino and Black or African-American peers. When stratified by income status, the data show that non-low income students (defined as students who qualify for free or reduced cost lunch) in the four-year cohort had a graduation rate of 93.5% in 2016, where their low-income counterparts had a graduation rate of 80.9%. As with the graduation rates, differences emerge when enrollment data is stratified by students’ income groupings. Low income students had a postsecondary enrollment rate of 68% in 2014 compared to a rate of 85% for non-low income students.

Figure 7. Four-Year Cohort High School Graduation Rate, by Student Race or Ethnicity, Issaquah, 2013-2016

NOTE: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Other race, or Two or more races

When 2017 National Citizen Survey data on perceptions of neighborhood safety are stratified by race and ethnicity, there is some variation with Asian, Hispanic or Latino, and other non-white respondents perceiving a lower sense of safety when compared to White and Black or African-American respondents (see Figure 8). This represents a change from the 2015 National Citizen Survey data. Most notable, the percent of Hispanic or Latino respondents that felt “Very Safe” declined from 100% to 69.4%. The percent of white respondents who said they felt very safe also decreased, while the proportion of Asian, Asian Indian, and Pacific Islander respondents increased.
Focus group participants identified a desire for more dialogue around issues facing “a changing Issaquah” and desire for greater participation in city decision-making processes. Concern about opportunities for marginalized groups in particular to have a say in public decision-making processes was raised. “I’d like to see someone, an official from the City, someone to sit with regularly to hear from constituents and talk with them,” suggested a community resident, with agreement from others in the room.

**Implications & Future Exploration**

Disparities in determinants like economic stability have demonstrated impacts on health. For example, higher income and social status are linked to better health, and employment is directly correlated with an individual’s health—when the rate of unemployment increases, illness and premature death increase as well. In addition to impacts on illness and premature death, economic and education factors impact the likelihood to delay or not receive needed medical care and prescriptions (compared with employed adults) and are linked with poor health, more stress, and lower self-confidence.⁴

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Equity in community participation and public decision-making processes is also critical to promoting overall community health and wellbeing. Addressing complex community issues requires community voices to help identify and respond to local causes of disease and disability.\(^5\)

The City has significant roles in shaping the physical environment in Issaquah and influencing social determinants including economic stability and access to resources and services through its roles setting land use codes, managing public investments, setting policies, hiring and maintaining employees, coordination with other jurisdictions, and working with partners on strategic initiatives. These roles provide opportunities for systems-level work to address upstream structures, policies and institutions that impact health outcomes at the community scale as well as program-level work through investments, technical assistance, and other supports to organizations, programs, and services that more directly impact education and economic disparities faced by community members.

King County is a leading jurisdiction in the nation for its work related to Equity and Social Justice and provides a model for setting an equity strategy. Work at the county level to analyze social determinants of health will be used in the most significant regional effort to achieve better health currently underway – the Medicaid Demonstration Project through the King County Accountable Community of Health (ACH). One of the four goals of the demonstration project is to implement population health strategies that improve health equity. Final project selections for King County are scheduled for the end of 2017 with implementation occurring 2018 through 2020. This work may provide opportunities for leveraging the systems level transformation work and significant investment in the region for local benefit.

Like the health care sector, education is an arena in which the City plays a supportive role and works to address land use and permitting issues. Work to improve equity in education would likely require significant collaboration with the Issaquah School District, other jurisdictions, and organizations supporting students across the life span. Such work may include connecting students and their families to supportive services or initiatives to address disproportionality in advanced placement courses and enrollment in postsecondary education.

**Theme 2: Lack of Stable Housing**

The connections between health and housing are well established. Access to healthy, affordable housing can have an impact on the health outcomes of occupants by reducing exposure to environmental toxins and other hazards, providing safe environments for families to live in and form social bonds, as well as freeing up financial resources to pay for healthcare services, purchase more nutritious food, and meet other basic needs.\(^6\)

**Analysis & Discussion**

Issaquah is a growing and changing city, and residents engaged in the assessment expressed a need for affordable housing in the city so that they can live, work, and access services within Issaquah. Currently, overall housing costs in Issaquah are high. Data from the King County Assessor, as analyzed by ECONorthwest for the City’s Housing Strategy, show that in 2015, only a quarter of homes, townhouses, and condominiums in Issaquah were affordable for median income households.

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In 2016, the average sale price of a single family home in Issaquah, according to the U.S. Department of Housing and Urban Development, was almost $700,000. The same data show that the average rent for a two-bedroom apartment in 2016 was $1,800, up from $1,400 just three years prior. In that three year time span, the average rent became unaffordable to households earning 80% AMI (Figure 9). The narrative is similar for home purchases, with prices rising in recent years while income has hasn’t kept pace (Figure 10).

Figure 9. 2-Bedroom apartment rent and affordability (adjusted for inflation)

Source: US Department of Housing and Urban Development, Federal Reserve Bank of Saint Louis, Zillow.com (as prepared by ECONorthwest)

Figure 10. Single family home prices and affordability (adjusted for inflation)
The growing gap between housing costs and income can be seen in housing cost data and community perceptions of affordability. In 2015, 30% of households in Issaquah were housing cost burdened, and one in five renter households were severely housing cost burdened (monthly housing costs above 30% of income is considered cost burdened and above 50% is considered severely cost burdened). The proportion of respondents to the National Citizen Survey who felt that the availability of quality affordable housing was “poor” doubled from 25% in 2015 to 51% in 2017. This data stratified by income, shows that more than 8 out of 10 respondents with a household income under $100,000 viewed the availability of quality affordable housing to be fair or poor (Figure 11).

Figure 11. Perception of the Availability of Quality Affordable Housing, by Annual Household Income, Issaquah, 2015 and 2017

Several focus group participants shared the sentiment that the increasing cost of living was causing people to have to leave Issaquah; “I’ve heard a lot of people that have said ‘Oh my god, we have to move because we can’t afford to live here. We love it here but we have to move.” Another participant shared a perception that came up in several focus groups and interviews; “This is becoming a community for the rich and the poorer communities are getting pushed out.”

Several focus group participants shared that the increasing cost of living was causing people to have to leave Issaquah and others linked high housing costs with increased risk of homelessness. Among students in the Issaquah School District, 117 students experienced homelessness during the 2016 academic year. Homelessness has particularly adverse effects on youth including poor physical and mental health and missed educational opportunities.

The importance of housing to health and human services was also one of three cross-cutting themes in recent community outreach and engagement activity conducted as part of the Veterans & Human Services Levy assessment and levy renewal process. King County Department of Community and Human Services
Services reported in January 2017 that affordable housing was an area of discussion at every community engagement, focus group and rural meeting. It was the most frequently cited system gap in the online surveys. The issue of homelessness was a strong and recurring concern. Older adults voiced their fears they could not afford to continue living in King County. Others spoke of the housing needs of veterans and their families or of chronically homeless people with behavioral health and disabilities that make stable housing hard to find and maintain. King County residents were clear that housing is the paramount source of stability on which lives are built - in the absence of that stability, other investments in human services are less effective.

Housing and homelessness were also highlighted issues for immigrant and refugee communities in the King County Immigrant and Refugee Task Force report. Discrimination, issues with substandard housing, insufficient shelters, need for pathways to home ownership and utility assistance were all raised as housing issues in addition to a lack of affordable housing options.

**Implications & Future Exploration**
Where people live is core to their daily lives. A home typically represents a place of safety, security, and where a household comes together. It is also often a household’s greatest single expense. Housing affordability affects access to healthy and high quality housing, choice in where to live, and the ability of households to make healthy choices and meet other basic needs.\(^7\)

High housing-related costs place an economic burden on low-income families in particular, as demonstrated by one study which found that low-income people with difficulty paying rent, mortgage or utility bills were less likely to have a usual source of medical care and were more likely to postpone treatment and to use the emergency room for treatment. Another study found that children who lived in areas with greater rates of unaffordable housing were more likely to have worse health, more behavioral problems and lower school performance.\(^8\)

The City’s development of a Housing Strategy is helping to shape several complementary recommendations related to affordable multifamily housing retention, funding, new development, housing type diversity and also points to housing options and services for community members who are housing insecure or with barriers to independent living. The strategy also calls for continued work with neighboring jurisdictions and King County to address this regional issue. Current efforts include partnership through A Regional Coalition for Housing (ARCH) and participation in shaping the regional system to serve people experiencing homelessness through the Coordinated Entry for All Policy Advisory Committee. Potential action could prioritize City land for affordable housing, reduce utility costs for low-income households, and protect households from housing discrimination.

The quality and health of housing is more difficult to measure—only select data for the city were available for this assessment. The relationships between the physical conditions within homes and their financial burden on households are also critical when considering the links between housing and health. Homes that are safe and free from physical hazards protect households from harmful exposures and provide a sense a privacy, security and stability and control. In contrast, poor or inadequate housing quality contributes to health problems like infectious and chronic diseases, injuries and poor childhood

Further inquiry to understand the condition of housing stock in Issaquah would contribute to the development of more comprehensive housing solutions. Communities in the region have invested in fair housing, home repair programs, and preservation efforts as well as landlord outreach and code enforcement in their efforts to improve housing quality and links to affordability.

**Theme 3: Barriers to Accessing Services & Resources**

Access to services and resources, specifically comprehensive, quality social and health services, is important for promoting and maintaining a healthy community. Access often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location. Awareness of services, transportation, availability of services, insurance coverage, navigation, and culturally and linguistically appropriate services are all components of access. These access issues can lead to delays in or inability to receive appropriate services, financial burdens, and ultimately unmet needs.

**Analysis & Discussion**

Issaquah, and the east side of King County more broadly, has a decentralized service landscape, especially for residents with disabilities, seniors, individuals and families experiencing homelessness, those who are low income, and immigrant and refugee groups. Limitations tied to the spectrum of services, availability of providers who accept public insurance, and agencies with linguistically and culturally accessible services, as well the complexity of the service system create significant barriers for community members.

Focus group and interview participants generally shared the opinion that the social service landscape for East King County was rich. However, another perception shared by focus group participants and interviewees was that while Issaquah has strong stabilization services, such as the Issaquah Food & Clothing Bank, the community lacks programs and opportunities to help bridge people to self-sufficiency. “The support that I needed to get to the other side (of poverty) - I’ve never been able to find that,” described one participant. There was also a perception among participants that there are few services for youth with disabilities in Issaquah and the surrounding communities.

Data from the King County Department of Public Health show that in 2014 Issaquah had a much lower percentage of adults who have unmet health needs due to cost compared to King County (5.0% and 13.7%, respectively). Focus group and key informant interview participants did not raise cost as a significant barrier but rather shared the perception that there is a limited number of providers in Issaquah that accept public insurance such as Medicaid or Apple Care, particularly for dental and behavioral health care.

Limited availability of behavioral health care, especially psychiatrists, was discussed by many participants. They shared a perception that availability was limited for everyone, but especially those with public health insurance; “There’s lots of counselors in the community - they all take good insurance, few of them take Medicare, and none of them take Medicaid.” Participants discussed that the behavioral health services that are available often have long wait lists or are located outside of Issaquah.

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which participants saw as creating another barrier to accessing care. Participants also shared a perception that health care in Issaquah was more focused on treatment services than prevention services. Some participants shared the perception that Issaquah residents were often pushed to seek services outside of Issaquah, especially for issues relating to mental health and substance abuse, due to a lack of community awareness and, in some cases, by a desire to not have service-seekers in the community. One focus group member shared a perception heard from several participants: “Issaquah has a sort ‘not in my backyard’ issue with [substance abuse]. They want you to get help but they want you to get it out there.”

Several focus group participants identified the Swedish Hospital location in Issaquah as a great resource for the community. They noted that the proximity increased access to healthcare services. They also shared the perception that the providers and services available at that location are of high quality. Several providers talked about the ability to refer patients to Swedish and help clients stay in their communities as a strength.

Many assessment participants, especially those facing numerous access challenges, expressed a need for help navigating the complex health and human service systems. “It takes a lot of energy and perseverance to get services here,” emphasizing the need for “a bridge between us and the services.” Poor access to information further exacerbates these navigation issues.

According to assessment participants, there are information and communication disconnects between service providers, residents, and the City, in which residents do not know about some resources and services that exist. Many assessment participants specifically mentioned the closure of the Issaquah Press, and how this has limited their ability to receive information about community services.

Existing and new cultural groups in Issaquah face unique language and cultural access issues. Assessment participants discussed the need for increasing and improving services for immigrants, especially the need for translator services and increasing the availability of languages in which social services are offered. One interviewee shared, “Providers [in Issaquah] are limited in their languages. Their services aren’t set up for diversity, for those that don’t speak English.” Several participants identified the schools as particularly needing to increase their language capabilities to better reach parents who speak a language other than English; “[Spanish speaking populations] are in need of people that speak their language and make them feel welcome in the schools...Schools are the most common community that people access.”

Barriers to accessing services was highlighted as an issue identified by immigrant and refugee communities in the King County Immigrant and Refugee Task Force report. Barriers included inequitable and insufficient funding for services, need for culturally appropriate services, language and cultural barriers, lack of awareness in communities of available services and changes in services, lack of coordination, eligibility issues, need for one place to go—a hub, and need for support to navigate systems. A broader barrier theme raised in the report was the feeling that immigrant and refugee communities are indivisible to the broader community.

Another major issue facing residents in Issaquah, particularly those with limited resources, is transportation and limited public transit. Many low-income, disabled, and senior populations, as well as those without a car, have difficulty accessing services and activities in Issaquah and east King County, and thus need additional transportation options. The limited transportation in the area has exacerbated the challenges in reaching needed services or even potential job opportunities. Many agencies do not
have a physical location in Issaquah but rather elsewhere on the Eastside, limiting services and creating access challenges for Issaquah’s residents. As one resident lamented, “In general, few services are in Issaquah, so people have to travel around the east side to get what they need – it’s adding extra stress, time, and money for them having to seek out services.”

Figure 12. Perceptions of Transportation, 2017

![Figure 12](image-url)


The 2016-2019 Area Agency on Aging, Area Plan, identified transportation as a top need for older adults (#3 need) and adults with disabilities (#1 need). Transportation, parking and roads were also identified as an issue for immigrant and refugee communities in King County’s Immigrant and Refugee Task Force report.

The 2015 Overlake Community Health Needs Assessment (CHNA) identified transportation as a barrier for accessing services for its service area within King and Snohomish Counties. Overlake CHNA interview respondents shared that transportation barriers resulted in individuals not accessing preventative or routine care. They also reported limited bus service on the Eastside as a barrier as well as the expense of owning one or more cars. The Issaquah Community Health Needs Assessment 2016-2018 produced by Swedish identified the same transportation issues.

Implications & Future Exploration

Improvements to the availability and accessibility of goods and services address multiple essential needs and provide a significant opportunity to affect health outcomes and disparities.

Historically, the City has played a direct role in supporting the provision of services for the community, such as by providing for the use of city land for the Issaquah Food and Clothing Bank and consideration of a human services campus with At Work!. Given the high cost of land and increasing difficulties in travel to access services, further exploration of opportunities to improve the local network of services provided in Issaquah would contribute to positive health outcomes. Efforts such as updates to
inventories of city owned properties and assessment of priorities for community uses, and facilitating co-location opportunities and City supported development partnerships could be explored.

In recent years, the City has been working to improve mobility in areas such as circulator transit service, more frequent connections with regional employment centers, and transit oriented development. Anticipated work with the Squak and Talus neighborhoods and King County Department of Transportation is a good example of a planned approach using community designed mobility solutions. Further work to understand how a range of mobility solutions may be tailored for targeted populations could help reduce barriers to accessing services, resources, and jobs for those with otherwise limited transportation options while also benefitting the community as a whole.

Many organizations interviewed for this assessment expressed a desire for further collaboration with the City, especially in increasing awareness about existing services. Such an effort could produce a communitywide, multi-prong communication strategy about existing services involving online, print, message boards, and other creative avenues. 

The City’s Human Services Element of the Comprehensive Plan provides the most comprehensive policy direction for addressing human services needs in the community and the City’s Human Services Commission takes a significant role in implementing those policies with the support of staff liaisons. Typically, service access is considered through a biannual grant application process. In addition to targeting funding to enhance specific services, such as linguistically and culturally appropriate health and human services navigators, the scope of the Commission’s work to address access could be broadened to leverage their capacity in non-application years.

**Theme 4: Behavioral Health Norms & Resources**

A person’s behavioral health (substance use and mental health) is shaped by various social, economic, and physical environments operating at different stages of life. Additionally, risk factors for many behavioral health issues are strongly associated with social inequalities, whereby the greater the social inequality the higher the inequality in risk. Behavioral health is essential to a person’s well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. Behavioral health disorders have a serious impact on physical health and are associated with the prevalence and progression of many chronic diseases, such as heart disease and cancer.

**Analysis & Discussion**

Behavioral health is a pressing and pervasive community health issue in Issaquah. While most assessment participants focused on upstream determinants of health like housing and transportation, behavioral health was highlighted as the primary community health concern in Issaquah. Mental health in particular was brought up in every focus group and by almost every interviewee as a health concern for Issaquah residents.

Participants described issues of anxiety, stress and depression for both youth and adults. Many shared a perception that poor mental health was often linked to the stress of keeping up with the high cost of living in Issaquah, especially the cost of housing. Specific groups that participants identified as being

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particularly vulnerable to mental health issues in Issaquah were immigrants and low-income residents. Also shared was the perception that immigrants were experiencing higher levels of mental health issues because of concerns surrounding citizenship status and unknown implications of the current political climate. There are also different cultural concepts of mental health and the lack of culturally appropriate care in Issaquah contributed to these issues. Participants identified a need for providers that could deliver culturally competent mental health care for Issaquah’s growing Asian and Hispanic communities.

Select behavioral health indicators from the Behavioral Risk Factor Surveillance System show that adults self-report experiencing serious psychological distress as the same rate as those for King County (4%). Nearly 1 in 5 adults reported limited to none social support, an important protective factor, also similar to King County. Additionally, the data show that adults in Issaquah are slightly less likely to experience frequent mental distress than adults in King County (Figure 13).

Figure 13. Select Behavioral Health Indicators for Adults 18+, Issaquah and King County, 2014

![Graph showing behavioral health indicators for adults 18+ in Issaquah and King County, 2014](chart.png)

DATA SOURCE: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, as cited by Seattle and King County Public Health, 2010-2014

Many participants discussed mental health among youth in Issaquah as a pressing health concern. Participants perceived a connection between academic pressure placed on students by schools, parents, and the community and increasing anxiety and depression. One participant summed up a common perception about the pressure put on students; “[Teenagers] are pushed really hard and driven to achieve – some of the schools are designed so you’re either in those top classes or you’re no one.” Participants thought that increasing pressure was detrimental to the mental health of students. Participants also shared perceptions that bullying – particularly online bullying and racially motivated bullying – were contributing to poor mental health among young people.

Risk of suicide among Issaquah School District high school youth stands out as most concerning among the data. In 2016, over a quarter of 12th graders in Issaquah self-reported seriously considering suicide, higher than the proportion in King County. This is also an increase from the data seen in 2014 (Figure 14). While suicide ideation has increased among 12th graders, self-reported suicide attempts among 12th graders decreased between 2014 and 2016 (Figure 14). Greater understanding of this decrease in attempts with simultaneous increases in considering suicide and suicide ideation is needed.

There was also a slight increase in the percentage of 6th graders who self-reported ever trying to kill themselves between 2012 and 2016 (2.1% and 3.3%, respectively). While these percentages are small, it is important to monitor the trajectory of these trend data, especially considering a recent suicide of a local middle school student.
While participants shared the perception that substance abuse and addiction were not as prevalent in Issaquah compared to other communities, they also shared that they perceived a lack of understanding and awareness about the issue among community members; “Communities on the East Side, including Issaquah, there is an overall sense that drug abuse doesn’t affect the suburban community the way it does urban communities. They feel that severe addiction is something that happens in the city.”

Data from the Healthy Youth Survey indicate that substance use rates related to alcohol consumption for Issaquah 12th graders were higher than those for King County (Figure 15). Rates for Issaquah youth for other substances were lower or comparable to those of youth across King County. This includes slightly lower rates of lifetime heroin use across 8th, 10th, and 12th grade students.

**Figure 14. Suicidal Ideation and Attempt, Twelfth Graders, Issaquah, 2014 and 2016**

- Have Seriously Considered Suicide
- Have Made a Suicide Plan
- Have Attempted Suicide One or More Times

<table>
<thead>
<tr>
<th>Year</th>
<th>Have Seriously Considered Suicide</th>
<th>Have Made a Suicide Plan</th>
<th>Have Attempted Suicide One or More Times</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>17.2%</td>
<td>14.3%</td>
<td>7.0%</td>
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<tr>
<td>2016</td>
<td>26.2%</td>
<td>14.6%</td>
<td>4.5%</td>
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</table>


**Figure 15: Youth Self-Reported Current Alcohol use and Binge Drinking in the Last 2 Weeks, 12th grade, Issaquah and King County, 2016**

- Issaquah
- King County

<table>
<thead>
<tr>
<th>Component</th>
<th>Issaquah</th>
<th>King County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Alcohol use (any use in past 30 days)</td>
<td>38.9%</td>
<td>33.9%</td>
</tr>
<tr>
<td>Binge Drinking in the past 2 weeks</td>
<td>22.3%</td>
<td>18.5%</td>
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</table>

NOTE: Binge drinking is defined as five or more drinks in row, with a drink being defined as a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.

Quantitative data from the King County Department of Public Health show lower rates of substance abuse among Issaquah adults than in King County. Adults in Issaquah had lower average rates of excessive alcohol consumption and at least one incident of binge drinking in the past 30 days when compared to King County (see Appendix B). Average rates of marijuana use by adults was also lower for adults in Issaquah compared to King County (4.0% and 11.0%, respectively).

Stakeholders shared a perception that a lack of acknowledgement among the community, stigma, and limited access to services all contributed to the behavioral health concerns that they saw in Issaquah and prevented residents from obtaining necessary behavioral health services. One key informant interview subject shared, “I think the challenge right now is for the broader community to understand that addiction and mental health issues can happen to anyone. Getting the broader community to understand that continues to be a challenge.”

A need for additional services, including prevention (education, starting early), broad-spectrum treatment (i.e. counselors, social workers, psychologists, psychiatrists in outpatient and inpatient settings), and recovery resources were noted among interview and focus group participants. Additional resources and access for young people from low-income families or those with public health insurance was also called out. Participants further identified a need for increasing dialogues and education about substance use and mental health to address issues related to stigma and perceived gaps in awareness.

Behavioral health was also one of five identified health needs in the King County Community Health Needs Assessment 2015/2016. That assessment also highlighted access to behavioral healthcare as a key issue. Integration of behavioral and physical healthcare and boarding of mental health patients were two other key issues. The King County CHNA identified several opportunities related to these issues: use of standardized referral protocols, coordinated discharge planning, and increased capacity of integrated healthcare. The Issaquah Community Health Needs Assessment 2016-2018 produced by Swedish identified these same behavioral health issues.

Additionally, the 2015 Overlake Community Health Needs Assessment identified behavioral health as a significant health need. Overlake CHNA Interview participants discussed significant concerns about the difficulty in accessing mental health services and identified the following barriers: capacity and available resources, insufficient insurance coverage, siloed payment mechanisms, lack of continuity between providers and clients over time, and lack of assistance from school districts to connect families to services.

**Implications & Future Exploration**

Social attitudes toward the consumption of substances and mental illness make behavioral health a complex community health issue. Tension between the range of factors affecting behavioral health can create a challenging environment for open dialogue and more importantly, may prevent individuals from seeking help. Nationally 95% of people with substance use disorders are considered unaware of their issue. Increased awareness of behavioral health issues may help to address this tension. Future exploration should include developing a better understanding of risk and protective factors for mental health, especially for youth.

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13 Healthy People 2020.
As King County’s Accountable Community of Health begins to implement its Medicaid integration project for physical and behavioral health in 2018 and proceeds through 2020, the City may identify opportunities for coordination and support for providers within Issaquah and health promotion for residents. With approximately 1 in 4 of the Medicaid population in King County having an identified mental health treatment need and 1 in 10 having identified substance use disorder treatment need, this project will have the most significant systems impact for residents.

The King County Heroin and Prescription Opiate Addiction Task Force produced a set of recommendations in 2016 to both prevent opioid addiction and improve opioid use disorder outcomes in King County. As work to implement the recommendations proceeds in 2017 and beyond, the City may be able to leverage work—particularly around prevention and treatment expansion—to address these focus areas as well as behavioral health issues raised more broadly (e.g. promotion of safe storage and disposal of medications, leveraging and augmenting screening practices in schools and health care settings to prevent and identify substance use disorders, etc.).

**NEXT STEPS**

The goal of the Community Needs Assessment is to use a social determinants of health framework to identify priority health and human services needs and disparities within Issaquah. While Issaquah overall enjoys good health outcomes, this assessment has provided an opportunity to delve deeper into the underlying data, combined with the lived experiences of Issaquah residents, to identify differences between population groups within the community.

The Assessment identified four key themes and described associated gaps and limitations in services in areas such as mental health, substance abuse prevention, dental and medical for persons on public insurance, transportation services, employment and self-sufficiency, language and cultural access, and service navigation. The needs and conditions discussed and their implications and considerations for future exploration provide potential directions for developing a healthy community strategy for Issaquah as well as informing both near term and future planning, policy development and service delivery in the community. Going forward, several steps are envisioned:

- **Dissemination:** As a resource for City staff, human services agencies, community planners, community boards and commissions, and policy makers, a key objective is to get information developed in the Needs Assessment to those who can apply the information to inform potential actions. Presentations and distribution of the assessment is planned in a variety of forums including local service organizations, the Issaquah Nourishing Network, the Eastside Human Services Forums, and others.

- **Early actions:** Key findings in the assessment will help to inform human services grant investments as a part of the 2019-2020 grant funding cycle and review process which will occur in 2018. In addition, the assessment will help to inform program options and grant funding opportunities, such as those around alternative mobility services, information and navigation services, and human services functions at the proposed Transit Oriented Development project adjacent to the Issaquah Transit Center.

- **Healthy Community Strategy:** Development of an action strategy is the next major body of work following the needs assessment and is expected to begin in 2018. The Healthy Community
Strategy would include significant involvement of the community and partnering organizations to develop policies, programs and partnerships, evaluate areas of future exploration as identified in the needs assessment, and identify indicators and targets to assess ongoing success with implementation.

<table>
<thead>
<tr>
<th>Topic Area &amp; Potential Work</th>
<th>Disparities</th>
<th>Stable Housing</th>
<th>Barriers to Access</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Collaborative approach for health equity</strong></td>
<td>✓</td>
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<tr>
<td>• Institute a Health in All Policies and Practices approach to City decision-making across policy areas to promote equity, support collaboration, engage stakeholders, and create structural change(^{14})</td>
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<td><strong>2. Engagement in City activities</strong></td>
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<tr>
<td>• Asset-based community development (ABCD)</td>
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<td>• World cafes for large and small group discussions on next steps for the Healthy Community Strategy</td>
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<td>• Institutionalize use of the City’s Engagement Toolkit and expand use of the King County Community Engagement Guide(^{15})</td>
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<td><strong>3. Housing stabilization</strong></td>
<td>✓</td>
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<tr>
<td>• Eviction and foreclosure prevention (e.g. financial assistance, housing court)</td>
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<td><strong>4. Protections for housing and health</strong></td>
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<td>• Federal, state and local housing codes and code enforcement</td>
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<tr>
<td>• Remedies for housing hazards (e.g. home repair, lead remediation, etc.)</td>
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<tr>
<td><strong>5. Increasing affordable housing stock</strong></td>
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<tr>
<td>• Preservation of existing housing affordable to low and moderate incomes</td>
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<tr>
<td>• Use of public property for affordable housing development</td>
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<td><strong>6. Intersections between sustainable building and healthy, affordable housing</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local and regional healthy homes initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collaboration across sectors</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>7. Community norms and social stigma</strong></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>• Community conversations and positive community norms campaign</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Insufficient local capacity for behavioral health services</strong></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Support for more licensed professional counselors in community agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Physical and behavioral health integration</strong></td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>• Alignment with Accountable Community of Health work to fully integrate care by 2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10. Alternative transportation solutions</strong></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>• Shared vans or shuttles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transportation network for free or low-fee rides to services and work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11. Increasing access points to services</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Expanded service network within Issaquah</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health and human service system navigators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{14}\) The Public Health Institute, the California Department of Public Health, and the American Public Health Association have created the resource *Health in All Policies: A Guide for State and Local Governments*.  
Population characteristics are one tool to help describe the Issaquah community and provide a context for trends in social determinants of health and health outcomes.

**Population** In 2015, Issaquah had a population of almost 34,000 according to data from the U.S. Census. This represents a 21% increase from the city’s population of 27,838 in 2010. That growth rate is more than double the population growth rate in King County during the same period (1,879,189 to 2,045,756 or an 8.9% increase).

**Age** One quarter of Issaquah’s population, almost 8,500 people, are under 18, per Census data (Figure 16). This is consistent with the age distribution in King County.

**Figure 16. Age Distribution, Issaquah and King County, 2015**

As shown in Figure 17, the proportion of adults 65 years and older decreased in Issaquah from between 2010 and 2015. During the same period, the proportion of residents under 18 increased.

**Figure 17. Age Distribution, Issaquah, 2010 and 2015**

**Race and Ethnicity** Census data from 2015 show that more than two-thirds (or 23,461 people) of Issaquah’s residents identified as White (Figure 18). This is consistent with King County demographics. More than one in six Issaquah residents identified as Asian (5,835 people), which is slightly larger than
the proportion in King County (17.3% and 15.5%, respectively) while fewer Issaquah residents identified as Black or African American, Hispanic or Latino, or Other race when compared to residents of King County.

Figure 18 shows a comparison in the change of racial and ethnic distribution in Issaquah and King County between 2010 and 2015. Proportions of White residents decreased in both geographies, while the proportion of Black or African-American, Asian, and Other residents increased in both Issaquah and King County. The increase in the number of residents who identified as Black or African American may have been smaller in terms of real numbers—from 375 in 2010 to 827 in 2015—it reflects an increase of 121%. The proportion of Hispanic or Latino residents in King County increased between 2010 and 2015, while it decreased in Issaquah during the same time period.

**Figure 18. Racial and Ethnic Distribution, Issaquah and King County, 2010 and 2015**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issaquah</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, alone</td>
<td>71.6%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Black or African American, alone</td>
<td>1.3%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian, alone</td>
<td>16.4%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Hispanic or Latino, any race</td>
<td>6.7%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Other</td>
<td>4.0%</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>King County</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, alone</td>
<td>66.2%</td>
<td>62.8%</td>
</tr>
<tr>
<td>Black or African American, alone</td>
<td>5.9%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Asian, alone</td>
<td>14.1%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Hispanic or Latino, any race</td>
<td>8.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Other</td>
<td>5.5%</td>
<td>6.4%</td>
</tr>
</tbody>
</table>


NOTE: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Other race, or Two or more races.

**Nativity** In 2015, one in five Issaquah residents was foreign born (Figure 19). This is consistent with King County demographics. Interviewees and focus group participants shared the perception that large technology companies in King County have increasingly attracted new employees from outside of the United States. However, between 2010 and 2015 the proportion of Issaquah’s population that was foreign-born decreased, while it grew in King County (Figure 19).
Figure 19. Nativity of Residents, Issaquah and King County, 2010 and 2015


Language

Quantitative data from the Census show that more than 1 in 5 (21.6%) Issaquah residents 5-years and older spoke a language other than English at home in 2015. This is a decrease from 2010 (Figure 20).

Figure 20. Percent of Population 5 Years and Older Who Speak a Language Other Than English at Home, Issaquah and King County, 2010 and 2015


Veteran Status

U.S. Census data show that Issaquah has a small veteran population of approximately 1,538 people. The proportion of veterans in Issaquah was consistent with King County (6.1% and 7.1%, respectively). In 2015, over half (52.7%) of Issaquah’s veterans were 65 and older, higher than the proportion of the same age group in King County (Figure 21). The racial make-up of veterans also differed between Issaquah and King County – 94.1% of veterans in Issaquah were white, compared to 80.1% of veterans in King County. Whereas, King County had higher proportions of veterans who identified as African-American or Black, Asian, and other non-white races (7.2%, 4.6%, and 9.6%, respectively) when compared to Issaquah (.7%, 2.3%, and 2.8%, respectively).
Disability Status Approximately 2,769 Issaquah residents (or 8.3% of the population) were classified as having a disability in 2015. Approximately 30% of Issaquah residents 65 and older self-report having a disability, which is lower than the proportion for the same age group in King County (Figure 22). Census data shows that in 2015, 5.0% of Issaquah residents under the age of 18 had a disability, compared to 3.1% of the same age group in King County.
Social Determinants of Health
This section of the assessment describes findings related to the upstream community characteristics of Issaquah. These characteristics have been grouped into five categories of determinants: Economic Stability, Education, Physical Environment, Social Environment, and Access to Resources & Services. These categories are not mutually exclusive. Rather, many determinants have clear and strong connections. For example, housing plays an important role in both economic stability and the built environment.

Economic Stability
This determinant includes factors like income, poverty, and employment. Higher income and social status are linked to better health. Employment is directly correlated with an individual's health—when the rate of unemployment increases, illness and premature death increases as well. Unemployed adults are also more likely to delay or not receive needed medical care and prescriptions compared with employed adults. Where greater gaps exist between the richest and poorest people, there are typically greater differences in health as well.

Interviewees and focus group participants discussed the impact that the perceived high cost of living in Issaquah, particularly the high cost of housing, had on the community and on residents' health. Many interviewees shared the perception that high housing costs contributed to poor mental health among Issaquah adults.

Income Census data show the median household income for Issaquah in 2015 was $89,776, which was higher than in King County and Washington state ($75,302 and $61,062, respectively).

Median household income in Issaquah varied by race/ethnicity. In 2015, the median household income for Asian and Hispanic or Latino residents was higher than overall median income ($109,477 and $93,068, respectively), while median income for White residents was slightly lower ($85,082). It is important to note that there is likely income inequality within the Hispanic or Latino population, given the high poverty rate for this group (see Figure 26a). In 2010, Black or African-American median household income was $35,577, compared to a citywide median income of $84,001 (not shown). 2015 income data for Black or African-American residents are not available from the Census.

Differences in income also emerge when stratified by sex. Median income for women was approximately two-thirds of the median income for men in Issaquah (Figure 23). Whereas median income for women in King County was approximately three-quarters of the median income for men.

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Key informants and focus group participants talked about the perception that Issaquah is a high-income area. Further, focus groups participants discussed the effect of the disparities in income on the community of Issaquah. Some participants shared the perception that low income residents felt disconnected from the community: “You definitely feel separated. This is a community of very wealthy people – being low income in a very wealthy community is hard.” One focus group participant expressed the feeling that lower income residents are made to feel like they are not welcome in Issaquah: “People treat you differently when you have more, drive a nice car or live in a nice house...Everybody wants you to know that if you don’t have money, Issaquah is not for you.” Participants in the affordable housing focus group shared that they felt that being in a wealthy community meant there was an increased number and type of services available to low income residents.

**Poverty**

“There’s a tremendous gap between the haves and the have-nots. A certain level of the community tries to pretend the other end doesn’t exist.” – Interviewee

The percentage of the Issaquah population living below the federal poverty line in 2015 was approximately half the proportion in King County (Figure 24). The proportion of individuals living below the poverty line in 2015 (5.9% or approximately 1,958 individuals) was almost double the proportion of individuals living under the poverty line in 2010 (3.0% or approximately 870 individuals) (Figure 24). In 2015, an individual making under $12,082 would be considered living under the poverty line by the Census. As Table 2 shows, the income threshold increases as the size of the household increases.
Figure 24. Percentage of Individuals Living Below the Federal Poverty Line, Issaquah and King County, 2010 and 2015


Table 2. Federal Poverty Threshold, by Family Size, 2015

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Weighted Average Poverty Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person</td>
<td>$12,082</td>
</tr>
<tr>
<td>Under 65 years</td>
<td>$12,331</td>
</tr>
<tr>
<td>65 years and over</td>
<td>$11,367</td>
</tr>
<tr>
<td>Two people</td>
<td>$15,391</td>
</tr>
<tr>
<td>Householder under 65 years</td>
<td>$15,952</td>
</tr>
<tr>
<td>Householder 65 years and over</td>
<td>$14,342</td>
</tr>
<tr>
<td>Three people</td>
<td>$18,871</td>
</tr>
<tr>
<td>Four people</td>
<td>$24,257</td>
</tr>
<tr>
<td>Five people</td>
<td>$28,741</td>
</tr>
<tr>
<td>Six people</td>
<td>$32,542</td>
</tr>
<tr>
<td>Seven people</td>
<td>$36,998</td>
</tr>
<tr>
<td>Eight people</td>
<td>$41,029</td>
</tr>
<tr>
<td>Nine people or more</td>
<td>$49,177</td>
</tr>
</tbody>
</table>

NOTE: Age specific thresholds are only available for one and two person households

The percentage of adults 65 and older living below the federal poverty line increased 1.6% in Issaquah from 6.1% in 2010 to 9.3% in 2015. However, the percentage of adults 65 and older living below the federal poverty line was lower in Issaquah than the same age category in King County (Figure 25).
Figure 25. Percent of Population Living Below the Federal Poverty Line, by Age Category, Issaquah and King County, 2015

The overall percentage of people living below the poverty line and the percentage in all other age categories increased as well. The percentage of people under the age of 18 in poverty has more than doubled between 2010 and 2015 (2.1% to 7.2%), as has the percentage of people aged 35 to 64 (2.1% to 4.4%).

Differences in poverty status also emerge when the data are stratified by race and ethnicity. Census data show that over half of Black or African-American residents in Issaquah were below the federal poverty line in 2015 (Figure 26a). Hispanic or Latino residents also had a higher poverty rate, where White and Asian residents had poverty rates lower than that of the community and of King County. Differences in poverty also emerge when stratified by sex. As Figure 26b shows, women in Issaquah experienced higher levels of poverty when compared to men (7.2% and 4.3%, respectively).

Figure 26. Percent of Population Living Below the Federal Poverty Line, by Race and Ethnicity (a) and by Sex (b), Issaquah and King County, 2015

APPENDIX B: FINDINGS

NOTE: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Other race, or Two or more races

As Figure 27a shows, the percentage of Black or African-American individuals living under the federal poverty line in Issaquah in 2015 (51.7% or 592 out of 1146 residents) more than tripled from the percentage in 2010 (15.0% or 54 out of 361 residents). The rate for Hispanic and Latino residents of any race has also increased, where the rates for White, Asian, and other races has remained more consistent. The percentage of women experience poverty in Issaquah doubled between 2010 and 2015, as did the percentage of men (Figure 27b).

Figure 27. Percentage of Individuals Living Below the Federal Poverty Line, by Race/Ethnicity (a) and by Sex (b), Issaquah, 2010 and 2015

NOTE: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Other race, or Two or more races

Another measure of income-inequality is the U.S. Department of Labor’s lower living standard income level (LLSIL). Unlike the federal poverty line, which is standardized across the country, the LLSIL is adjusted to reflect the region or metro area that a family lives in. This level is adjusted to reflect cost of living and is used to determine income eligibility for certain services and programs. The LLSIL provides more context to what it means to be low-income. In 2015, the LLSIL for the Seattle-Tacoma-Bremerton metropolitan area for a family of four was $44,928, below the median income of Issaquah and King County.
Participants and interviewees discussed the availability of support services for individuals and families living in poverty, such as the food bank and the meals program at Community Hall. However, some participants shared the perception that, while there are support services, there are not any programs in Issaquah to help people get out of poverty. One focus group participant put it; “The support that I’ve needed to get to the other side [of poverty] – I’ve never been able to find that...I’ve never been afraid to lose my housing but I’ve never been able to be self-sufficient.”

**Employment** Data from the U.S. Census show that the unemployment rate in 2015 was 5.5% in Issaquah and 6.3% in King County. These rates have remained consistent in both Issaquah and King County between 2010 and 2015.

When stratified by race/ethnicity, Black or African-American residents had an unemployment rate almost eight times higher than the Issaquah rate and almost 7 times higher than the King County unemployment rate (Figure 28a). This is in line with the quantitative data on poverty stratified by race and ethnicity above.

**Figure 28. Unemployment Rate, by Race/Ethnicity (a) and by Sex (b), Issaquah and King County, 2015**

(a) Overall, White, Black or African American, Asian, Hispanic or Latino, Other

(b) Male, Female

NOTE: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Other race, or Two or more races

17 All civilians 16 years old and over are classified as unemployed if they (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were looking for work during the last 4 weeks, and (3) were available to accept a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness. People not in the labor force are not included in the unemployment rate. Those not included in the labor force are: All persons 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, housewives, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized persons, and persons doing only incidental unpaid family work (less than 15 hours during the reference week).
Qualitatively, focus group participants and interviewees shared the perception that many people that work in Issaquah cannot afford to live there. Many participants saw a need for employment assistance services in Issaquah. Participants felt that these services could help bridge the gap for low-income residents into self-sufficiency.

**Housing Cost**

> “People hear ‘Issaquah’ and think ‘I can’t afford Issaquah.’” – Interviewee

Focus group and interview participants discussed rising housing costs as a major concern for Issaquah residents. Several participants shared that the increasing cost of living was causing people to have to leave Issaquah; “I’ve heard a lot of people that have said ‘Oh my god, we have to move because we can’t afford to live here. We love it here but we have to move.’” Another participant shared a perception that came up in several focus groups and interviews; “This is becoming a community for the rich and the poorer communities are getting pushed out.”

In 2016, the average sale price of a single family home in Issaquah, according to the U.S. Department of Housing and Urban Development, was almost $700,000. The same data show that the average rent for a two-bedroom apartment in 2016 was $1,800. Based on the average rent as of February 2017, the National Low Income Housing Coalition estimates an Issaquah resident would have to make almost $82,000 annually to pay no more than 30% of their income on rent (the accepted standard for housing affordability). In 2015, more than one third of Issaquah renters and home owners with a mortgage had monthly housing costs of more than 30% of their household income. For home owners, this was consistent with King County but lower than the county percentage for renters.

Homelessness was discussed by some respondents as a concern for both Issaquah and King County. One participant suggested that, while homelessness was not as prevalent in Issaquah, there were many people at risk due to the rising cost of living. Other respondents suggested that behavioral health was at the root cause for homelessness. From the 2016 King County Point in Time Count led by the Seattle/King County Coalition on Homelessness, approximately 17% of the population accessing shelter and transitional housing that night were severely mentally ill and/or had chronic substance abuse. According to data from the Issaquah School District, the number of school-aged youth experiencing homelessness in the school district has decreased from 2011 to 2016 (Figure 29).

**Figure 29. Number of School-Aged Youth Experiencing Homelessness, Issaquah School District, 2011 to 2016**

```
<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>135</td>
</tr>
<tr>
<td>2012</td>
<td>137</td>
</tr>
<tr>
<td>2013</td>
<td>124</td>
</tr>
<tr>
<td>2014</td>
<td>122</td>
</tr>
<tr>
<td>2015</td>
<td>109</td>
</tr>
<tr>
<td>2016</td>
<td>117</td>
</tr>
</tbody>
</table>
```
Several focus group participants and interviewees expressed frustration at a perceived lack of resources and support for homeless individuals and families, especially for addressing immediate needs: “It’s very challenging when you have a person who is homeless with a family and they’re looking for something affordable and there’s no immediate solution for that.”

**Food Security** Data from the 2014 American Community Survey show that 7% of Issaquah’s population (roughly equal to 2,200 residents) participate in Basic Food. This rate has plateaued since 2012 after more than doubling from 2008 to 2012. Healthy Youth Survey data show that one in seven 6th graders had attended school without breakfast that day, while one in five 8th and 10th graders and one in four 12th graders had gone without breakfast. These rates are lower than King County and have been steady from 2012 to 2016.

**Education**

“The school system is really good. I would compare the public schools out here to a private school in Seattle” – Focus Group Participant

“It’s a family oriented community. People move to Issaquah because of the schools.” – Interviewee

Low education levels are linked with poor health, more stress and lower self-confidence while more education is linked to longer lives.\(^\text{18,19}\) Education can increase healthy behaviors and improve health outcomes, including obesity rates. Education is linked to other social determinants of health as well—every additional year of schooling leads to an 11% increase in income.\(^\text{20}\)

The community of Issaquah values education, as evidenced by the high percentage of young children who are read to daily. Many participants noted the high quality of the Issaquah School District as one of the community’s strengths. Several shared the perception that many families moved to Issaquah specifically because of the reputation of the public schools. Many perceived Issaquah schools to be providing high quality education and fostering an environment of achievement among students. High school graduation rates are high as are postsecondary enrollment rates, though there is some variation by income and race.

**Early Development** Daily reading and story-telling is a protective factor for language development in young children. Protective factors are variables that positively influence health and development. In 2011, the King County Communities Count survey found that almost 2 out of 3 households with children 5 years and younger read to the child every day in East King County. This is consistent with the county (65% of households and 69%, respectively).

**Graduation Rates** High school graduation rates for the four-year and five-year cohorts in Issaquah have remained high from 2013-2016 (Figure 30).

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When stratified by income status, differences in graduation rates emerge. Data from the State of Washington Office of the Superintendent of Public Instruction show that non-low income students (defined as students who qualify for free or reduced cost lunch) in the four-year cohort had a graduation rate of 93.5% in 2016, where their low-income counterparts had a graduation rate of 80.9% (Figure 31).

Differences also emerge in the graduation rate when stratified by the race and ethnicity of students. As shown in Figure 32, the graduation rates for Asian and White students have remained consistently higher than those of their Hispanic or Latino and Black or African-American peers.
Figure 32. Four-Year Cohort High School Graduation Rate, by Student Race or Ethnicity, Issaquah, 2013-2016

NOTE: Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Other race, or Two or more races

Postsecondary Education Data from the State Office of the Superintendent of Public Instruction show 84% of Issaquah high school graduates in 2014 enrolled in postsecondary education (either a 2 or 4-year program). As with the graduation rates discussed above, differences emerge when enrollment data is stratified by students’ income groupings. Low income students had a postsecondary enrollment lower than the rate for non-low income students (Figure 33).

Figure 33. Postsecondary Enrollment Rates, by Student Income Status, Issaquah, 2011-2014
Participants and interviewees discussed the emphasis on achievement and college enrollment in Issaquah schools. One interviewee shared the perception that the emphasis went beyond just attending college and instead pressured students to attend academically rigorous schools; “The pressure to attend an academic college. Just a four-year college isn’t good enough.”

**Educational Attainment** Quantitative data show that Issaquah is a highly-educated community, with more than half of residents 25 years and older having a Bachelor’s degree or higher in 2015, a higher percentage than King County (Figure 34).

**Figure 34. Educational Attainment, Issaquah and King County, 2015**

![Educational Attainment Chart](image)

Variation in educational attainment emerges when data are stratified by race and ethnicity (Figure 35). In 2015, three-quarters of Asian residents in Issaquah had a Bachelor’s degree or higher, while approximately 1 in 8 Black or African-American residents fell in the same category.
Physical Environment
Where and how people live, including where they work and how they move from place to place, can influence how healthy they are and how well they live. Physical conditions in the built environment include features like streets, sidewalks and buildings. Community and street design interventions that improve active mobility opportunities like walking and biking have been associated with increases in physical activity.\(^{21}\) Physical conditions in the natural environment include features like air, water and soil quality as well as climate change, natural disasters and native vegetation. Physical exposures, such as air pollution, can adversely affect health while the presence of natural vegetation to promote recreation, leisure, and contact with nature can improve mental health.\(^ {22}\)

Data from the 2017 National Citizen Survey show that 57.6% of respondents thought that the overall built environment of Issaquah was good or excellent. This is a decrease from 70% in 2015. Focus group and interview participants talked about the built environment, especially hiking paths and parks, as being conducive to residents being active. However, high cost of living and limited access to transportation came up in most focus groups and interviews. Participants shared the perception that recent increases in development have resulted in growing pains for the city and its residents.

Housing Quality & Type Data from the King County Assessor, as analyzed by ECONorthwest, show that, in 2015, only a quarter of homes, townhouses, and condos in Issaquah were affordable for median income households. 1 out of 5 renters in the same period had housing costs that were more than 50% of their household income.

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\(^{21}\) Center on Social Disparities in Health, Build Healthy Places Network & Robert Wood Johnson Foundation. *How Do Neighborhood Conditions Shape Health?*

Participants also discussed a perception that in addition to high housing costs, there were few options for affordable housing for low-income residents and that, from their perspective, the city was not doing enough to ensure availability of affordable housing. The proportion of respondents to the National Citizen Survey who felt that the availability of affordable housing was poor doubled from 25% in 2015 to 51% in 2017 (not shown). There was some variation in perception of availability of affordable housing when stratified by respondent’s income (Figure 34). In each income group, the percentage of respondents that felt that the availability of quality affordable housing was poor increased between 2015 and 2017 (Figure 36).

Figure 36. Perception of the Availability of Quality Affordable Housing, by Annual Household Income, Issaquah, 2015 and 2017

<table>
<thead>
<tr>
<th>Income Level</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000 or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,000 or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$150,000 or more</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relative to King County, Issaquah residents are less likely to be at risk of lead exposure in their homes; 2,806 (19%) of Issaquah’s housing units were constructed before 1980 and therefore may be a risk to occupant health. Significantly smaller proportions of Issaquah’s occupied housing units lack complete plumbing facilities (0.3%) or complete kitchen facilities (0.6%). These latter rates are comparable to King County while the lead risk rate is much lower than King County’s.

Transportation According to data from the U.S. Census, 70% of Issaquah workers over the age of 16 drove by themselves as their main means of transportation to work, consistent with the proportion in King County. The proportion of workers that used public transportation as their means to work in King County was almost double that of workers in Issaquah (12.1% and 7.1%, respectively) according to data from the Census.
Figure 37. Perceptions of Transportation, 2017


Data from the National Citizen Survey in 2017 indicates that traffic is a major concern among citizens of Issaquah, with over three-quarters having a negative view (fair or poor) of traffic flow on major streets. Similarly, the majority of survey respondents had fair or poor perceptions of ease of travel by car and public transit in Issaquah, with approximately 60% viewing travel by these modes as fair or poor.

Qualitatively, participants discussed an increase in traffic in Issaquah that they connected to recent increases in development. Further, many participants shared a perception of the poor availability and quality of public transportation in Issaquah, suggesting that there are not enough buses or routes to meet the needs of Issaquah residents and those who travel in and out of Issaquah. Focus group members lamented that bus routes did not serve the areas in Issaquah where public transportation was most needed, especially areas where there was low-income housing. One participant shared a common sentiment across focus groups and interviews; “Living in Issaquah and needing to go somewhere else takes a long, long time.” Participants talked about the feeling that limited timing and routes of public transportation inhibited access to social services and medical care for low-income families, as these services are often located outside of Issaquah.

Development Recent growth and development in Issaquah and King County was brought up in most of the focus groups and interviews conducted for this needs assessment. Many participants linked the increase in development and the rising housing costs and cost of living in Issaquah and felt that not enough has been done to keep them in check. Other participants felt that the City was more motivated by money than by promoting the best interests of residents and the city in their development; “I think that money is the main issue. I think they’re only concerned about building up and getting money. They’re not concerned about the roads, not about the people that live here. They’re not building housing or community-based buildings- they’re building hotels and mansions.”
One interview participant talked about the other side of development and shared that residents needed to understand the new development in context of requirements put on Issaquah by the state; “Inside urban growth boundaries, urban style growth is required...The City has to have a plan in place to accommodate expected growth in the city...We now allow tall buildings and people are unhappy that this isn’t the Issaquah they knew or grew up with.”

The city has seen an increase in housing units that outpaces growth in King County. From 2010 to 2015, the Office Financial Management estimates that the number of housing units increased by 8% (representing more than 1,100 units) while King County’s grew 5% in that same time period.

**Toxics & Pollutant Exposure** Data for exposure to toxics, pollutants, and other hazard exposures at the city level is extremely limited. One proxy measure tracks populations near heavy traffic roadways. These populations are likely to have greater exposure to air pollutants. At the census tract level, 2015 data from the Washington Tracking Network (WTN) shows that the percent of resident population near heavy traffic roadways varies within Issaquah from a low of 0.15% in the Providence Point and North Issaquah area to a high of 31.1% in the Greenwood Point area.23

**Natural Environment** In the National Citizens Survey in 2015 85% of respondents rated the quality of the overall natural environment in Issaquah as either excellent or good. This proportion grew slightly to 89% of respondents in the 2017 survey.

In the 2016 Sustainability Indicators Update, the tree canopy in Issaquah was 47.7% - larger than surrounding cities. Healthy trees are a key component in good air quality, which can influence chronic pulmonary illnesses like asthma. They also support wildlife by providing habitats. Steam health is another important indicator for the health of the environment. Like trees, healthy streams are an important habit and resource for wildlife. Stream health also reflects the use of pesticides and fertilizers, which can impact health and development, especially for children who are exposed. The 2016 Sustainability Indicator Report shows that the health of Issaquah’s streams has maintain a “fair” to “good” score over the prior 10 years.

Another indicator for the quality of the natural environment is the percent of preserved natural and open space. This included the acres of the city made up by parks, stream and wildlife corridors, and preserved natural areas. These spaces, in addition to supporting healthy natural life, provide opportunities for physical activity and play. The percentage of Issaquah that is made up of preserved natural and open space has increased. In 2015, 21% of Issaquah’s total acreage was in preserved natural and open space, an increase from 15% in 2005.

The natural environment was discussed as one of Issaquah’s strengths in most of the focus groups and interviews conducted for this needs assessment. Many participants shared the perception that the high quality of the natural environment in and around Issaquah positively contributed to residents’ health and quality of life. Participants also contributed that they enjoyed the many hiking trails, public parks, and other opportunities to be active outside. Some participants expressed concerns about the impact of ongoing development on the natural environment.

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Social Environment
Greater support from families, friends and communities is linked to better health. Customs, traditions and other components of culture as well as beliefs of the family and community all affect health. Social networks and social support are linked to positive physical and mental health outcomes throughout the life span.

Participants still perceived Issaquah as being a close-knit community, even in the face of its on-going growth. Many shared annual community events as some of their favorite things about living in Issaquah and others cited the community’s safety as one of its strengths.

Interview and focus group participants frequently discussed the perception that Issaquah is becoming an increasingly racially and ethnically diverse community. Several participants brought up the increasing racial and ethnic diversity of Issaquah as one of the community’s strengths. However, a few respondents felt that the changing demographic make-up has led to an increase in racialized harassment, especially at the school: “[Minority students] are being told to go back to their country. This is a social issue that can be addressed by the school districts.”

Some participants and interviewees shared a perception that there is a need for the city to recognize and address the shifts as well: “To the extent that the city can embrace and celebrate the multiculturalism, the better our community will be. We need to change how we communicate about things [and] plan things that are more inclusive.” Other participants discussed wanting to see the diversity of the city reflected by the Issaquah City Council and other government bodies.

Crime Data from the FBI shows that the violent crime rate in Issaquah in 2015 was considerably lower than that of the state. The property crime rate for Issaquah was consistent with that of the state, as seen in Table 3. Domestic abuse reports made with the Issaquah Police Department declined from 140 in 2010 to 86 in 2015, however, they rose again in 2016 to 110 reports.

While most participants did not mention crime as a concern for Issaquah, a few did share the perception that domestic violence is a concern in Issaquah, as is the lack of local resources for survivors. One participant discussed the lack of local resources for survivors of domestic violence as a concern in the community; “Domestic violence issues are very present but victims have to find the resources on their own versus it being offered because of a lack of partnerships in the Issaquah community.”

Table 3. Violent and Property Crime Rates per 1,000 Population, Issaquah and Washington, 2015

<table>
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<tr>
<th>Geography</th>
<th>Violent Crime</th>
<th>Property Crime</th>
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<td>Washington</td>
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NOTE: Violent Crime includes murder, nonnegligent manslaughter, rape, robbery, and aggravated assault. Property Crime includes burglary, larceny-theft, motor vehicle theft, and arson.

**APPENDIX B: FINDINGS**

NOTE: Aggregated data for King County is not available

**Safety** National Citizen Survey data from 2017 show that over three-quarters of respondents perceive their neighborhood to be “very safe,” a slight increase from 2015 (76% and 74%, respectively). When stratified by race and ethnicity, there is some variation with Asian, Hispanic or Latino, and other non-white respondents perceiving a lower sense of safety when compared to White and Black or African-American respondents (Figure 38). This represents a change from the 2015 National Citizen Survey. In 2015, 100% of respondents who identified as Hispanic or Latino responded that they felt “Very safe.” The percent of white respondents who said they felt very safe also decreased, while the proportion of Asian, Asian Indian, and Pacific Islander respondents increased (Figure 38).

**Figure 38. Citizen Perception of Neighborhood Safety During the Day, by Race/Ethnicity, Issaquah, 2015 and 2017**

![Bar chart showing Citizen Perception of Neighborhood Safety During the Day, by Race/Ethnicity, Issaquah, 2015 and 2017](chart.png)


NOTE: Other race includes American Indian or Alaskan Native, two or more races, and other race

NOTE: In 2015, no respondents identified as Black or African-American alone

Focus group participants and interviewees generally shared the perception that Issaquah is a generally safe community. A few focus group participants shared that they had moved to Issaquah particularly because of the sense of safety. Several interviewees shared the perception that there are barriers between institutions (e.g. police) and immigrant communities, especially for immigrants who have Limited English Proficiency. “For immigrants it’s really hard when there’s no interpretation and they have any police involvement. Sometimes the people I serve are afraid to report crimes like domestic violence because they are afraid they won’t be understood.” Further, several stakeholders mentioned concern about families not accessing services or withdrawing from services out of fear that immigration status information is being shared with Immigration and Customs Enforcement.
Community Participation Several participants shared the perception that Issaquah is a community with a high rate of volunteerism and community involvement. This perception was not confirmed by quantitative survey data. 63% of respondents to the 2017 National Citizen Survey respondents responded that they had not volunteered time to a group or activity in Issaquah in the past year. This was similar to the proportion from 2015 and to the national benchmark.

66.5% of 2017 National Citizen Survey respondents felt that opportunities to participate in community matters was good or excellent, a slight decrease from 69.3% in 2015. Focus group participants frequently brought up Issaquah Art Walks and community concerts as examples of events that bring the community together.

One quantitative proxy for community participation, and a protective factor, is youth connectedness to an adult. A higher percentage of youth in Issaquah reported having an adult in the community that they felt like they could talk to about important topics, when compared to youth in King County (Figure 39a). Adult connections to social support in Issaquah are similar in Issaquah and King County with roughly one in five adults reporting limited to no social support (Figure 39b).

Figure 39. Youth (a) and adult (b) social connections
(a) Percent of Youth Who Reported Having an Adult in Their Community They Can Talk To, by Grade Level, Issaquah and King County, 2016*
(b) Select Behavioral Health Indicators for Adults 18+, Issaquah and King County, 2012**

Finally, although the City has efforts to engage public participation, there exists the perception that the community does not have a say in public processes and residents would like more opportunities to engage with the City in shaping policy and generally having the ear of elected officials. In the 2017 National Citizen Survey, 45% of respondents rated the job that the Issaquah government does at
welcoming citizen involvement as poor or fair, while 55% rated it as excellent or good. This is consistent with responses to the 2015 survey.

Many focus groups participants brought up the lack of a community newspaper as influencing this feeling and shared the opinion that a newspaper and other community forums would serve to increase awareness and dialogue about community issues.

Access to Services and Resources
Access and use of services that prevent and treat disease certainly influence health. Access to resources beyond the health care system also affects health outcomes. For example, lower income communities and communities of color are less likely to have access to grocery stores with a wide variety of fruits and vegetables.

Health Insurance Census data shows that Issaquah had a lower proportion of uninsured than King County (5.8% and 9.7%, respectively). In 2015, 18.1% of residents in Issaquah have public health insurance, compared to 23.9% of King County residents. Many participants shared the perception that there is limited access to health services that accept public insurance in Issaquah.

Access to Health Care Services As mentioned above, participants shared the perception that there is a limited number of providers in Issaquah that accept public insurance such as Medicaid or Apple Care. Participants especially shared that access was limited for dental and behavioral health care. Participants discussed the limited availability of dental care for youth and adults with public health insurance. While this perception of barriers to care was shared by many participants, data from the King County Department of Public Health show that in 2014 Issaquah had a much lower percentage of adults who have unmet health needs due to cost compared to King County (5.0% and 13.7%, respectively).

Limited availability of behavioral health care, especially psychiatrists, was discussed by many participants. They shared a perception that availability was limited for everyone, but especially those with public health insurance; “There’s lots of counselors in the community - they all take good insurance, few of them take Medicaid, and none of them take Medicare.” Participants discussed that the behavioral health services that are available often have long wait lists or are located outside of Issaquah, which participants saw as creating another barrier to accessing care. Participants also shared a perception that health care in Issaquah was more focused on treatment services than prevention services.

Several focus group participants identified the Swedish Hospital location in Issaquah as a great resource for the community. They noted that the proximity increased access to healthcare services. They also shared the perception that the providers and services available at that location are of high quality. Several providers talked about the ability to refer patients to Swedish and help clients stay in their communities as a strength.

Access to Social Services Focus group and interview participants generally shared the opinion that the social service landscape for East King County was rich. Many focus group participants listed the Issaquah

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26 Center for Disease Control and Prevention. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health.
Food and Clothing Bank and the meals program at Community Hall (adjacent to the fire station) as two specific strengths of the Issaquah social service landscape. The programs were not only highlighted for serving low-income and food-insecure residents in a respectful way, but for their roles as resource hubs. Participants talked about how both services can help refer clients to other services in Issaquah and King County.

Numerous interviewees mentioned Eastside Baby Corner as a great resource for Issaquah residents for diapers and other infant supplies. It is important to note that community members have to be referred by other social service agencies to access the Eastside Baby Corner. Focus group participants and interviewees mentioned the YWCA and Imagine Housing as models for housing and support services and shared the perception that the services would be well received if they could be expanded to increase the availability of affordable housing.

Despite the rich social service landscape, many expressed frustrations that Issaquah residents often have to travel to other communities to access these services, as many are located outside of Issaquah. Focus group participants and interviewees alike shared the perception that this distance was compounded by limitations of public transportation in Issaquah, something that many saw as a barrier to accessing necessary services; “In general, few services are in Issaquah, so people have to travel around the east side to get what they need – it’s adding extra stress, time, and money for them having to seek out services.”

Some participants shared the perception that Issaquah residents were often pushed to seek services outside of Issaquah, especially for issues relating to mental health and substance abuse, due to a lack of community awareness and, in some cases, by a desire to not have service-seekers in the community. One focus group member shared a perception heard from several participants: “Issaquah has a sort ‘not in my backyard’ issue with [substance abuse]. They want you to get help but they want you to get it out there.”

Qualitatively, assessment participants discussed the need for increasing and improving services for immigrants, especially the need for translator services and increasing the availability of languages in which social services are offered. One interviewee shared, “Providers [in Issaquah] are limited in their languages. Their services aren’t set up for diversity, for those that don’t speak English.” Several participants identified the schools as particularly needing to increase their language capabilities to better reach parents who speak a language other than English; “[Spanish speaking populations] are in need of people that speak their language and make them feel welcome in the schools...Schools are the most common community that people access.”

There was also a perception among participants that there are few services for youth with disabilities in Issaquah and the surrounding communities. Another perception shared by focus group participants and interviewees was while Issaquah has strong stabilization services, such as the Food Bank, the community lacks programs and opportunities to help bridge people in self-sufficiency.

**Health Behaviors and Outcomes**

The impact that the social determinants of health can have on individual and community health can be seen in health behaviors and outcomes. For example, income and poverty can affect someone’s access
to healthy foods, how walkable the neighborhood they can afford to live in is, and how often they can see a doctor or fill a prescription. These in turn can impact both acute and chronic health conditions, such as the ones discussed in the following section. This section covers physical health (such as overall health or chronic diseases like asthma) as well as behavioral health (including topics relating to mental health and substance use).

Focus group participants and interviewees, including health providers, generally shared the perception that Issaquah was an overall physically healthy community, though many expressed concern about behavioral health for both adults and youth in Issaquah.

**Self-reported Health Status**

Self-reported health status for adults in Issaquah in 2014, as reported by the King County Department of Public Health, was overall high and comparable to that of King County. In Issaquah, 13.0% of adults reported their health as fair or poor, compared to 12.2% of adults in King County. Adults in Issaquah reported a lower average number of poor mental health days in the past 30 days than adults in King County (2 days and 3.5 days, respectively).

**Fruit and Vegetable Consumption**

Median daily fruit and vegetable consumption for adults in East King County was comparable to that of adults in King County. These data are not available for Issaquah specifically. Daily vegetable consumption was slightly higher than fruit consumption (Figure 40). Data from the Healthy Youth Survey show that 72% of youth in Issaquah reported not meeting the daily recommendation for fruit and vegetable consumption, which was similar to the proportion in King County (74% of youth). Participants talked about the availability of fresh produce at the local farmers’ market as something that helps keep residents healthy but that the market had limited hours and high costs.

![Figure 40. Median Daily Fruit and Vegetable Consumption, East King County and King County, 2013](image)

**Physical Activity**

Many participants shared the perception that Issaquah residents have lots of opportunities in the natural and built environment for physical activity. Several participants shared that the community center offered a variety of physical activities and highlighted its scholarships available for low-income residents as a community strength. Data from Seattle and King County Public Health show that more
than 3 out 4 adults in Issaquah were not meeting physical activity recommendations (150 minutes of moderate physical activity per week), the same as in King County (78.0% for both). The data were similar to that from the Healthy Youth Survey – 77% of youth in Issaquah were not meeting physical activity recommendations (60 minutes of moderate to vigorous physical activity daily).

**Chronic Diseases and Related Risk Factors**

Many participants shared the perception that chronic disease prevalence was consistent with state and national trends and was not unique in Issaquah. This is supported by quantitative data for the city and the county.

**Obesity** Obesity is a risk factor for several chronic diseases and other health conditions. Data from Seattle and King County Public Health show that adult obesity in Issaquah is consistent with that of King County (both 22%, not shown). Youth obesity, captured in 8th, 10th, and 12th grades by the Washington State Healthy Youth Survey, was slightly lower in Issaquah than in King County in 2016 (Figure 41).

**Figure 41. Percent of Obese Youth, by Grade, Issaquah and King County, 2016**

![Bar chart showing percent of obese youth by grade in Issaquah and King County, 2016]


Healthy Youth Survey data show that youth obesity for 8th and 10th graders decreased between 2014 and 2016, whereas it increased for 12th graders during the same period (Figure 42).
Figure 42. Percent of Obese Youth, by Grade, Issaquah, 2012-2016

Note: 2012 data unavailable for 12th graders in Issaquah due to fewer than necessary schools participating.

Heart Disease Heart disease was the second leading cause of death for King County and Washington state in 2015. In 2014, 7.0% of adults in Issaquah had ever had coronary heart disease or a heart attack, more than double that of King County (2.9% of adults) (Figure 43).

Diabetes A smaller percentage of adults in Issaquah had ever been diagnosed with diabetes (Figure 43) when compared to King County in 2014.

Blood Pressure and Cholesterol In 2014, an average of 22.0% of Issaquah adults had ever been told that they had high blood pressure. A similar proportion of adults in Issaquah had ever had high cholesterol. Both are lower than King County (Figure 43).

Figure 43: Chronic Disease Conditions in Adults (18+), Issaquah and King County, 2014

Data Source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, as cited by Seattle and King County Public Health, 2010-2014
Behavioral Health

“I think the challenge right now is for the broader community to understand that addiction and mental health issues can happen to anyone. Getting the broader community to understand that continues to be a challenge.” – Key Informant Interview

Behavioral health was mentioned in almost every focus group and interview as one of the major health concerns facing residents of Issaquah. Interviewees shared a perception that a lack of acknowledgement among the community, stigma, and limited access to services all contributed to the behavioral health concerns that they saw in Issaquah.

Youth Behavioral Health

Substance Use: Healthy Youth Survey data show higher current use (38.9%) and binge drinking among 12th graders in Issaquah (22.3%) compared to King County (33.9% and 18.5%) (Figure 4).

Figure 44: Youth Self-Reported Binge Drinking in the Last 2 Weeks, by Grade, Issaquah and King County, 2016

NOTE: Binge drinking is defined as five or more drinks in row, with a drink being defined as a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.

Qualitatively, several interviewees and focus group participants shared the perception that there is growing opioid abuse among youth in Issaquah. Participants believed that this was related to the ease of access to prescription opiates; “One of the big problems we have is that high schoolers have really easy access to pills. They start with mom’s Xanax and move from there.” While qualitative data suggests an increase in the misuse of prescription opioids by youth, quantitative data from the Healthy Youth Survey show that self-reported misuse of prescription pain killers has remained relatively steady and has decreased among 10th graders between 2014 and 2016 (Figure 45). Additionally, a lower percentage of 8th and 10th graders reported lifetime use of heroin in 2016 Healthy Youth Survey (2.4% and 1.6%, respectively) than in 2014 survey (1.9% and 3.2%). The percentage of 12th graders who reported ever having used heroin remained relatively consistent between the 2014 and 2016 surveys (3.7% and 3.8%, respectively). Across all three grade levels in 2016, slightly lower percentages of youth reporting lifetime heroin use than in King County.
Figure 45. Percentage of Youth Who Reported Misuse of a Pain Killer in the Past 30 Days, by Grade, Issaquah, 2012-2016

NOTE: 2012 data unavailable for 12th graders in Issaquah due to fewer than necessary schools participating
Misuse of a painkiller is defined as “Use a pain killer to get high, like Vicodin, OxyContin (Oxy or OC) or Percocet (Percs)”

Lifetime use of marijuana has also decreased among 8th and 10th graders in Issaquah (Figure 46), while the proportion of 6th and 12th graders who reported having ever used marijuana remained steady.

Figure 46. Lifetime Use of Marijuana, by Grade, Issaquah, 2012-2016

NOTE: 2012 data unavailable for 12th graders in Issaquah due to fewer than necessary schools participating

Lifetime use of marijuana among youth across grade level in Issaquah was lower in 2016 when
compared to King County (Figure 47).

**Figure 47. Lifetime Use of Marijuana, by Grade Level, Issaquah and King County, 2016**

![Figure 47. Lifetime Use of Marijuana, by Grade Level, Issaquah and King County, 2016](image)


Focus group participants identified a need for increasing dialogues and education about substance use and mental health to address issues related to stigma and perceived gaps in awareness: “In schools, they can’t just isolate one or two times a year to talk about [substance abuse]. It should become a part of their regular studies.”

**Mental Health:** Many participants discussed mental health among youth in Issaquah as a pressing health concern. Participants perceived a connection between academic pressure placed on students by schools, parents, and the community and increasing anxiety and depression. One participant summed up a common perception about the pressure put on students; “[Teenagers] are pushed really hard and driven to achieve – some of the schools are designed so you’re either in those top classes or you’re no one.” Participants thought that increasing pressure was detrimental to the mental health of students. Participants also shared perceptions that bullying – particularly online bullying and racially motivated bullying – were contributing to poor mental health among young people.

Data from the Healthy Youth Survey show that, in 2016, over a quarter of 12th graders in Issaquah self-reported seriously considering suicide, higher than the proportion in King County. This is also an increase from the data seen in 2014 (Figure 48). While suicide ideation has increased among 12th graders, self-reported suicide attempts among 12th graders decreased between 2014 and 2016 (Figure 48). There was also a slight increase in the percentage of 6th graders who self-reported ever trying to kill themselves between 2012 and 2016 (2.1% and 3.3%, respectively). While these percentages are small, it is important to monitor the trajectory of these trend data, especially considering a recent suicide of a local middle school student.
Interviewees shared a perception that mental health issues were also influenced by barriers to mental health care, especially for young people from low-income families or those with public health insurance. There was also a perception that stigma about mental health from the community and from families was a barrier to seeking care for young people. Interviewees that worked with youth shared that they would like to see something done to start the conversation around mental health in Issaquah; “I would love to see mental health awareness, suicide prevention...I don’t know how to break that line that it’s okay to talk about.”

**Adult Behavioral Health**

**Substance Use:** Quantitative data from the King County Department of Public Health show lower rates of substance abuse among Issaquah adults than in King County. Adults in Issaquah had lower average rates of excessive alcohol consumption and at least one incident of binge drinking in the past 30 days when compared to King County (Figure 49). Average rates of marijuana use by adults was also lower for adults in Issaquah compared to King County (4.0% and 11.0%, respectively).

**Figure 49. Percentage of Adults with Excessive Alcohol Consumption and Binge Drinking, Issaquah and King County, 2014**
While participants shared the perception that substance abuse and addiction were not as prevalent in Issaquah compared to other communities, they also shared that they perceived a lack of understanding and awareness about the issue among community members; addiction is not an issue in Issaquah, lack of community understanding of addiction; “Communities on the East Side, including Issaquah, there is an overall sense that drug abuse doesn’t affect the suburban community the way it does urban communities. They feel that severe addiction is something that happens in the city.”

Mental Health: Data from the Department of Public Health show that mental health indicators for Issaquah adults were consistent with those in King County. Approximately 1 in 15 adults in Issaquah reported experiencing frequent mental distress, defined as 14 or more days of poor mental health in the past 30 days. This was slightly lower than adults in King County (Figure 50). Both Issaquah and King County had a lower percentage of adults experiencing serious psychological distress (Figure 50). Data captured by the Washington State Department of Health show that the suicide rate in Issaquah was also consistent with that of King County (11.7 and 12.1 per 100,000, respectively) (not shown).

Figure 50. Select Behavioral Health Indicators for Adults 18+, Issaquah and King County, 2014

DATA SOURCE: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, as cited by Seattle and King County Public Health, 2010-2014

Mental health was brought up in every focus group and by almost every interviewee as a health concern for Issaquah residents. Many shared a perception that poor mental health was often linked to the stress of keeping up with the high cost of living in Issaquah, especially the cost of housing. Specific groups that participants identified as being particularly vulnerable to mental health issues in Issaquah were immigrants and low-income residents. Interviewees shared the perception that immigrants were experiencing higher levels of mental health issues because of concerns surrounding citizenship status and unknown implications of the current political climate. Interviewees also shared that different cultural concepts of mental health and the lack of culturally appropriate care in Issaquah contributed to these issues. Interviewees identified a need for providers that could provide culturally competent mental health care for Issaquah’s growing Asian and Hispanic communities.

Maternal and Child Health
A preterm birth is a delivery that occurs before 37 weeks of gestation and is negatively associated with mortality and morbidity for infants and children. Data from the King County and Seattle Department of
Public Health show that in 2014 the preterm birth rate in Issaquah (7.2 per 100 live births) was lower than the rate in King County (9.2 per 100 live births). Data from the same source show that, between 2010 and 2014, the infant mortality rate in Issaquah increased from 3.1 to 4.2 per 1,000 live births. Comparably, King County’s rate remained relatively steady in the same period (4.1 in 2010 and 4.2 in 2014).

**Oral Health**
Almost one quarter of Issaquah adults had not had a dental check up in the last year in 2014 per the King County and Seattle Department of Public Health, which was lower than the percentage of adults in King County (24% and 29% of adults, respectively). In 2016, approximately 89.1% of 8th, 10th, and 12th graders in Issaquah reported going to the dentist in the past 12-months. This is higher than the percentage for King County (approximately 80.4%).

**Injuries and Accidents**
While the percent of older adults (65 and older) ever injured in a fall was the same for Issaquah and King County (both 8%), data from the King County and Seattle Department of Public Health show that Issaquah had a higher rate of fall deaths among the same age group than King County (91.4 per 100,000 and 69.1 per 100,000, respectively).

**Figure 51. Crashes Involving Cell Phone Use, Issaquah and King County, 2013-2016**

Issaquah has seen a slight increase of car crashes involving cell phone usage between 2013 and 2016. As shown in Figure 51, the proportion of car crashes involving cell phone use in Issaquah has matched the proportion in King County in 2015 and 2016. This is consistent with qualitative data, as several participants shared a perception that distracted driving is an increasing concern in Issaquah, especially in relation to increasing traffic congestion.

**Mortality**
The leading causes of death in Issaquah are consistent with those of King County and the state of Washington (Table 4). However, both Issaquah and King County have a lower rate of deaths due to chronic lower respiratory disease (22.4 and 29.7 per 100,000, respectively) (not shown). Death certificate data compiled by the Washington State Department of Health shows a life expectancy at
birth of 83.7 for Issaquah, slightly higher than that of King County (81.8 years).

Table 4: Leading Causes of Mortality, age-adjusted rate per 100,000, Issaquah, King County, and Washington, 2014

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</table>

DATA SOURCE: Washington State Department of Health, Center for Health Statistics, as cited by Seattle and King County Public Health, 2010-2014
When identifying focus group audiences and key informant interviewees to include in the CNA, the Advisory Group used several selection criteria:

- The extent to which the person/group is disproportionately impacted by poor health or wellness.
- The extent to which the person/group has power or influence in the community.
- The extent to which the person/group has knowledge of the Issaquah community.
- The extent to which the person/group is interested in and supports the assessment.
- Quantitative data about the demographic group is limited.

**Focus Group Audiences**

- Seniors aging in place
- Affordable housing tenants
- Low wage employees
- Caregivers
- Adults in addiction recovery

**Key Informants for Interviews**

- Cultural Navigator Program, Chinese Information & Service Center
- Eastside Fire & Rescue
- Employment Services, Hopelink
- Issaquah Community Services
- Issaquah School District
- Lifewire
- Mel Morgan, Development professional
- St. Michael & All Angels Episcopal Church
- St. Vincent de Paul
- Swedish
- Therapeutic Health Services
Table 5. Comparison of Demographics from Focus Groups, National Citizen Survey, and Issaquah, 2015 and 2017

<table>
<thead>
<tr>
<th></th>
<th>Focus Groups*</th>
<th>National Citizen Survey**</th>
<th>Issaquah***</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18 years</td>
<td>0.0%</td>
<td>0.0%</td>
<td>25.1%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>0.0%</td>
<td>1.0%</td>
<td>5.2%</td>
</tr>
<tr>
<td>25-44 years</td>
<td>35.0%</td>
<td>51.5%</td>
<td>32.3%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>32.5%</td>
<td>27.9%</td>
<td>25.2%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>32.5%</td>
<td>19.3%</td>
<td>12.0%</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>72.5%</td>
<td>54.0%</td>
<td>53.2%</td>
</tr>
<tr>
<td>Male</td>
<td>27.5%</td>
<td>46.0%</td>
<td>46.8%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, alone</td>
<td>79.5%</td>
<td>77.9%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Black or African-American, alone</td>
<td>2.6%</td>
<td>1.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Asian or Pacific Islander, alone</td>
<td>5.1%</td>
<td>12.2%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Hispanics or Latino, any race</td>
<td>10.3%</td>
<td>3.8%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Other</td>
<td>2.6%</td>
<td>5.2%</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Annual Household Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $25,000</td>
<td>70.3%</td>
<td>5.7%</td>
<td>11.4%</td>
</tr>
<tr>
<td>$25,000 to $49,999</td>
<td>13.5%</td>
<td>13.2%</td>
<td>24.5%</td>
</tr>
<tr>
<td>$50,000 to $99,999</td>
<td>13.5%</td>
<td>25.1%</td>
<td>28.1%</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>2.7%</td>
<td>55.9%</td>
<td>45.7%</td>
</tr>
</tbody>
</table>

Focus Group Discussion Guide

Goals of the discussions:

- To determine perceptions of community strengths and needs of Issaquah, and any disparities in these across the city
- To explore how these community issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THIS GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND (5 minutes)

- Hello. My name is __________, and I am with Health Resources in Action, a nonprofit public health organization in Boston. Thank you for speaking with me today. I also have my colleague __________ with me. She works with me on this project. I want to give you my full attention, so she is helping me out by taking notes during the group.

- We’re going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

- The City of Issaquah is conducting a community needs assessment to gain a greater understanding of the health and quality of life issues facing residents in Issaquah, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. The information you provide is a valuable part of this assessment and improving health in the Issaquah community. This assessment has multiple components, including a review of existing quantitative data from such entities as the Census Bureau, Centers for Disease Control and Prevention, Public Health Seattle King County, and other data available through the City of Issaquah. But this is only part of the story here in Issaquah. As part of this process, we are conducting individual and group discussions with a variety of stakeholders in the community to understand different people’s perspectives on these issues. We are interested in hearing people’s feedback on the strengths and needs of the community and suggestions for the future. We greatly appreciate your feedback, insight, and honesty.
Our discussion will last about 90 minutes. After all of these individual and group discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information in that report. Nothing that you say here will be connected directly to you in the report.

I’d like to record today’s conversation. The recording will be used to support the note-taker and our team in case there are any gaps in the notes that need to be filled in. This recording will discarded once the note-taker has finalized their notes. Until that time, the recording would be a public record subject to a public records request. The recording won’t including identifying information like names. Is anyone NOT comfortable with recording today’s discussion? [IF EVEN ONE PERSON OBJECTS, DO NOT AUDIO RECORD]

You might also notice that I have a stack of papers here. I have a lot of questions that I’d like to ask you today. I want to let you know that so if it seems like I cut a conversation a little short to move on to the next question, please don’t be offended. I just want to make sure we cover a number of different topics during our discussion.

Lastly, please turn off your cell phones, beepers, or pagers or at least put them on vibrate mode. If you need to take a call or go to the restroom during the discussion, please feel free to leave, but we’d appreciate it if you would go one at a time.

Any questions before we begin our introductions and discussion?

II. **INTRODUCTIONS** (10 minutes)
Now, first let’s spend a little time getting to know one another. Let’s go around the table and introduce ourselves. Please tell me: 1) Your first name; and 2) how long you’ve lived in Issaquah; 3) one activity you like to do in Issaquah. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. **COMMUNITY ISSUES** (40 minutes)
1. Today we’re going to be talking a lot about the community or neighborhood that you live in. How would you describe your community?

   a. If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it?

   b. What are some of the biggest problems or concerns in your community? Thinking about day-to-day life – working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a daily basis? [PROBE ON SPECIFICS BELOW; ASK PARTICIPANTS TO THINK OF THEIR OWN EXPERIENCES]
i. What challenges does the community face in its physical environment, e.g. transportation, housing, etc.?

ii. What challenges does the community face in its social environment, e.g. racism, safety, social isolation, etc.?

iii. What challenges do residents face in their economic or work environment, e.g. unemployment, low wages, occupational hazards, etc.?

c. What factors do you think are causing/creating/influencing these issues?

d. What do you think are the most pressing health concerns in the community of Issaquah? Why? [PROBE ON SPECIFICS: E.g. mental health, maternal/child health, nutrition, tobacco use, memory care]

i. What factors do you think are causing/creating/influencing these issues?

ii. How have these health issues affected the community of Issaquah? In what way?

iii. Who do you consider to be the populations in the community most vulnerable or at risk for these conditions/issues?

e. Thinking about health and wellness in general, what keeps you healthy?

i. What makes it easier to be healthy in Issaquah? What supports your health and wellness?

ii. What makes it harder to be healthy in Issaquah? What are the biggest challenges to addressing these health issues? [PROBE ON RANGE OF CHALLENGES: E.g., Various barriers to accessing to medical and/or preventive care and services, socioeconomic factors, lack of community resources, social/community norms, etc.]

IV. PERCEPTIONS OF COMMUNITY SERVICES (20 minutes)

2. Let’s talk about a few of the community issues you mentioned previously. [MODERATOR: SELECT TOP ISSUES MENTIONED IN QUESTION 2B]. What programs or services are you aware of in the community that currently focus on these issues? [PROBE FOR SPECIFICS]

a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?

b. What challenges do residents in Issaquah face in accessing services to address these issues (re: physical, social, economic and work environment)?

i. What steps do you think need to be taken to address these issues and access challenges more effectively in Issaquah?
c. What’s missing? What programs or services are currently not available that you think should be?
   
i. What do you think the community should do to address these issues? [PROBE ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]
   
ii. If these programs and services were available in Issaquah, what would make you more likely to access these opportunities? [PROBE ON BARRIERS OF TIME, COST, LOCATION, ETC.]

V. VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT (10 minutes)
3. I’d like you to think ahead about the future of Issaquah. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
   
a. What is your vision specifically related to people’s health and the community conditions that influence their health?
   
i. What do you think needs to happen in the community to make this vision a reality?

VI. CLOSING (5 minutes)
Thank you so much for your time. That’s it for my questions. Is there anything else that you would like to mention that we didn’t discuss today?

Thank you again. This information will be very helpful to The City of Issaquah and its residents. As I mentioned before, this is an important component of the community needs assessment. We expect to have a final report in July, which will be available to the public. We would be happy to share it with you directly if you would like. In the meantime, updates about the project can be found on the City’s website.

Have a good rest of your day.
APPENDIX D: FOCUS GROUP AND KEY INFORMANT INTERVIEW GUIDES

City of Issaquah – 2017 Community Needs Assessment

Key Informant Interview Discussion Guide

Goals of the discussions:

- To determine perceptions of community strengths and needs of Issaquah, and any disparities in these across the city
- To explore how these community issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THIS GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

VII. BACKGROUND (5 minutes)

- Hello. My name is __________, and I am with Health Resources in Action, a nonprofit public health organization in Boston. Thank you for speaking with me today. I also have my colleague __________, who will be taking notes.

- The City of Issaquah is conducting a community needs assessment to gain a greater understanding of the health and quality of life issues facing residents in Issaquah, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. The information you provide is a valuable part of this assessment and improving health in the Issaquah community. This assessment has multiple components, including a review of existing quantitative data from such entities as the Census Bureau, Centers for Disease Control and Prevention, Public Health Seattle King County, and other data available through the City of Issaquah. But this is only part of the story here in Issaquah. As part of this process, we are conducting individual and group discussions with a variety of stakeholders in the community to understand different people’s perspectives on these issues. We are interested in hearing people’s feedback on the strengths and needs of the community and suggestions for the future. We greatly appreciate your feedback, insight, and honesty.

- Our discussion will last about 60 minutes. After all of these individual and group discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. They will not include any names or identifying information in that report. Nothing that you say here will be connected directly to you in their report.

- I’d like to record today’s conversation. The recording will be used to support the note-taker and assessment team in case there are any gaps in the notes that need to be filled in. This recording will
not be shared publicly, and will be discarded after the assessment report is complete. Are you comfortable with recording today’s discussion? [IF PERSON OBJECTS, DO NOT AUDIO RECORD]

- Lastly, please turn off your cell phones, beepers, or pagers or at least put them on vibrate mode. If you need to take a call or go to the restroom during the discussion, please feel free to do so. Any questions before we begin our introductions and discussion?

VIII. THEIR AGENCY/ORGANIZATION (5 minutes) – [FOR INDIVIDUAL DISCUSSIONS ONLY]
4. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY]
   a. [PROBE ON ORGANIZATION: What is your organization’s mission/programs/services? What communities do you work in? Who are the main clients/audiences for your programs? ]
      i. What are some of the biggest challenges your organization faces in providing these programs/services in the community?
   b. Do you currently partner with any other organizations or institutions in any of your programs/services?

IX. COMMUNITY ISSUES (20 minutes)
5. How would you describe the community which your organization serves? [IF COMMUNITY IS BROADER THAN ISSAQUAH, ASK INTERVIEWEE TO FOCUS ON ISSAQUAH, IF POSSIBLE]
   a. What do you consider to be the Issaquah community’s strongest assets/strengths?
   b. What are some of its biggest concerns/issues in general? What challenges do residents face day-to-day? [PROBE ON SPECIFICS BELOW]
      i. What challenges do residents face in their physical environment, e.g. land use, transportation, housing, etc.?
      ii. What challenges do residents face in their social environment, e.g. social isolation, racism, violence, etc.?
      iii. What challenges do residents face in their economic or work environment, e.g. unemployment, low wages, occupational hazards, etc.?
   c. What factors do you think are causing/creating/influencing these issues?
   d. What do you think are the most pressing health concerns in the community of Issaquah? Why? [PROBE ON SPECIFICS]
APPENDIX D: FOCUS GROUP AND KEY INFORMANT INTERVIEW GUIDES

i. What factors do you think are causing/creating/influencing these issues?

ii. How have these health issues affected the community of Issaquah? In what way?

iii. Who do you consider to be the populations in the community most vulnerable or at risk for these conditions/issues?

e. From your experience, what are residents’ biggest challenges to addressing these health issues?

i. [PROBE ON RANGE OF CHALLENGES: E.g., Various barriers to accessing to medical and/or preventive care and services, socioeconomic factors, lack of community resources, social/community norms, etc.]

X. PERCEPTIONS OF COMMUNITY SERVICES (20 minutes)

6. Let’s talk about a few of the community issues you mentioned previously. [MODERATOR: SELECT TOP ISSUES MENTIONED IN QUESTION 2B]. What programs, services, or policies are you aware of in the community that currently focus on these issues? [PROBE FOR SPECIFICS]

a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?

b. What challenges do residents in Issaquah face in accessing services to address these issues (re: physical, social, economic and work environment)?

i. What steps do you think need to be taken to address these issues and access challenges more effectively in Issaquah?

c. Where are the gaps? What programs, services, or policies are currently not available that you think should be?

i. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some “low hanging fruit” – current collaborations or initiatives that can be strengthened or expanded?

XI. VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT (10 minutes)

7. I’d like you to think ahead about the future of Issaquah. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
a. What is your vision specifically related to people’s health and the community conditions that influence their health?

i. What do you think needs to happen in the community to make this vision a reality?

XII. CLOSING (5 minutes)
Thank you so much for your time. That’s it for my questions. Is there anything else that you would like to mention that we didn’t discuss today?

Thank you again. This information will be very helpful to The City of Issaquah and its residents. As I mentioned before, this is an important component of the community needs assessment. We expect to have a final report in July, which will be available to the public. We would be happy to share it with you directly if you would like. In the meantime, updates about the project can be found on the City’s website.

Have a good rest of your day.
Figure 52. Life Expectancy by Census Tract, Issaquah, 2014

DATA SOURCE: Office of Sustainability, City of Issaquah, 2017
Figure 53. Median Age by Census Tract, Issaquah, 2015

DATA SOURCE: Office of Sustainability, City of Issaquah, 2017

Figure 54. Non-White Population by Census Tract, Issaquah, 2015

DATA SOURCE: Office of Sustainability, City of Issaquah, 2017
Figure 55. Unemployment by Census Tract, Issaquah, 2015

DATA SOURCE: Office of Sustainability, City of Issaquah, 2017

Figure 56. Population below the Poverty Line by Census Tract, 2015

DATA SOURCE: Office of Sustainability, City of Issaquah, 2017
APPENDIX F: NONPROFIT HEALTH AND HUMAN SERVICES AGENCIES IN ISSAQUAH

The following nonprofit health and human services agencies are based in or have program sites located in Issaquah:

- AtWork!
- Catholic Community Services – Issaquah Meal Program
- Compassion House
- Congregations for the Homeless – Street Outreach
- Eastside Baby Corner
- Friends of Youth – Counseling & Support, Outpatient Treatment Services
- Imagine Housing
- Issaquah Community Services
- Issaquah Food & Clothing Bank
- Issaquah Schools Foundation
- King County Library System
- Our Savior Lutheran Church – Safe Parking Program
- Overlake – Medical Clinics
- St. Vincent de Paul - St. Joseph Conference
- Swedish – Outpatient Clinics
- Swedish – School-Based Mental Health Services (Issaquah School District high schools)
- University of Washington Medical Center – Primary Care Clinic
- Virginia Mason – Medical Centers
- YWCA – Mental Health Services

The following nonprofit health and human services agencies are not based in Issaquah but were awarded Human Services Grant funding from the City to provide services to Issaquah residents in 2017:

- Apprenticeship & Non-traditional Employment for Women
- Bridge Disability Ministries
- Child Care Resources
- Chinese Information & Service Center – Eastside Cultural Navigator Program
- Crisis Clinic
- Eastside Friends of Seniors
- Eastside Legal Assistance Program
- EasterSeals
- Encompass Northwest
- Harborview
- HealthPoint
- HERO House
- IKRON

27 Agencies based in Issaquah or who have program sites located in Issaquah and also were awarded Human Services Grant funding from the City to provide services to Issaquah residents in 2017 are indicated with an asterisk (*).
International Community Health Services
Kindering
King County Bar Foundation
King County Sexual Assault Resource Center
Lifewire
NAMI Eastside
Renton Ecumenical Association of Churches
Sound Generations
The Sophia Way
Therapeutic Health Services
APPENDIX G: LOCAL & REGIONAL COMMUNITY ASSESSMENTS

Advancing Equity and Opportunity for King County Immigrants and Refugees: A Report from the King County Immigrant and Refugee Task Force
   July 7, 2016
   Immigrant and Refugee Task Force

Area Plan: Area Agency on Aging Seattle-King County, Washington 2016-2019
   Aging and Disability Services

Heroin and Prescription Opiate Addiction Task Force Report
   September 15, 2016
   Heroin and Prescription Opiate Addiction Task Force

Issaquah Community Health Needs Assessment 2016-2018
   Swedish

King County City Health Profile Issaquah
   March, 2016 Update
   Public Health-Seattle & King County

King County Community Health Needs Assessment 2015/2016
   King County Hospitals for a Healthier Community

Opioid Abuse in the City of Issaquah
   February 8, 2017
   Office of Sustainability, City of Issaquah

Overlake Medical Center Community Health Needs Assessment 2014-2015
   Overlake Medical Center

Revised Veterans & Human Services Levy Assessment Report
   January 19, 2017
   King County Department of Community and Human Services