



# 2016 Community Needs Assessment

*Healthy people. Stronger families. Vibrant communities.*



International Community Health Services (ICHS) provides culturally and linguistically appropriate health services to improve the health of Asian Pacific Islanders and the broader community.

Founded in 1973, ICHS is now the largest health care provider targeting Asian Pacific Islanders, immigrants and refugees in Washington state and serves low-income, uninsured, underinsured and limited English proficient patients.

As an important part of the health and human services safety net, ICHS is committed to improving the health and wellness of underserved communities. ICHS serves Asians, Native Hawaiians and Other Pacific Islanders (referred to as A/NHOPI throughout this report), as well as emerging refugee and immigrant groups, and the broader community.

We provide comprehensive, patient-centered health care in more than 50 different languages. We also advocate for addressing the barriers to receiving health care that our patients and communities face and partner with other organizations to address social determinants of health. These include access to safer neighborhoods, nutritious foods, green spaces, jobs, housing and economic opportunity.



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## Expanding care where it's needed

In 2015, ICHS served over 25,500 unique patients, a 37% increase since 2010. We served over 28,600 patients in 2016. This increase is due in large part to the expansion of our services by opening two new ICHS clinics in 2014 and tripling our capacity to provide oral health services since 2010.

ICHS operates full-service medical and dental care clinics in four distinct King County communities: Chinatown-International District in Seattle, South Seattle, Bellevue and Shoreline.

We also operate a school-based health center at the Seattle World School, a weekly medical clinic at Asian Counseling and Referral Service in South Seattle, and a mobile dental clinic that serves 12 Seattle and Shoreline public schools and six community partner sites. As a 2015 National Quality Leader in community health, ICHS is committed to ensuring our patients get the care they need, when they need it.

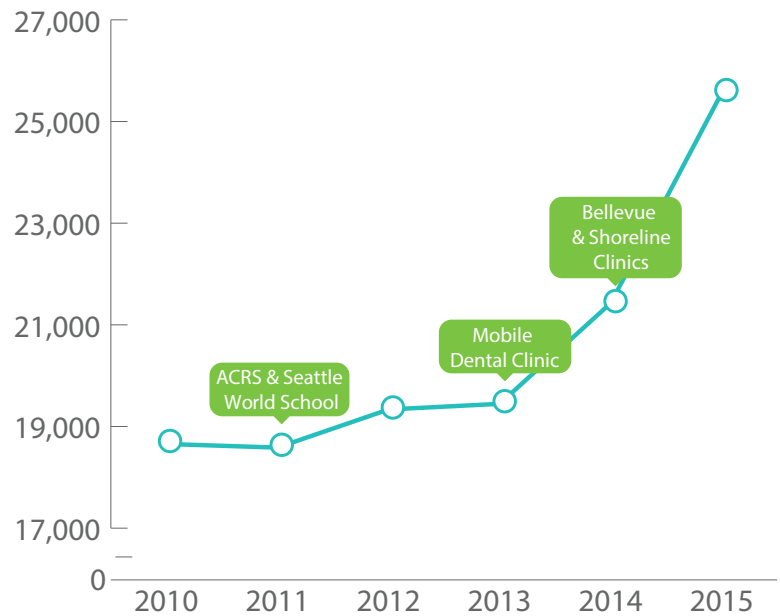
**More than 80% of ICHS patients are from Seattle, Shoreline, Bellevue and Renton.**

ICHS continually adapts to our communities as they change, opening new clinics and expanding services in the areas where our patients live, and welcoming their diversity.

Beyond meeting our patients' immediate health needs, ICHS is a nationally recognized Patient-Centered Medical Home, integrating medical, dental and behavioral health care.

We champion long-term health outcomes of our patients with advocacy for programs and funding that address barriers for our patients where they live, learn, work, play and pray.

## ICHS: Serving More Patients



“ICHS is giving heart to help patients and makes everybody feel good. I really appreciate everyone’s help.”





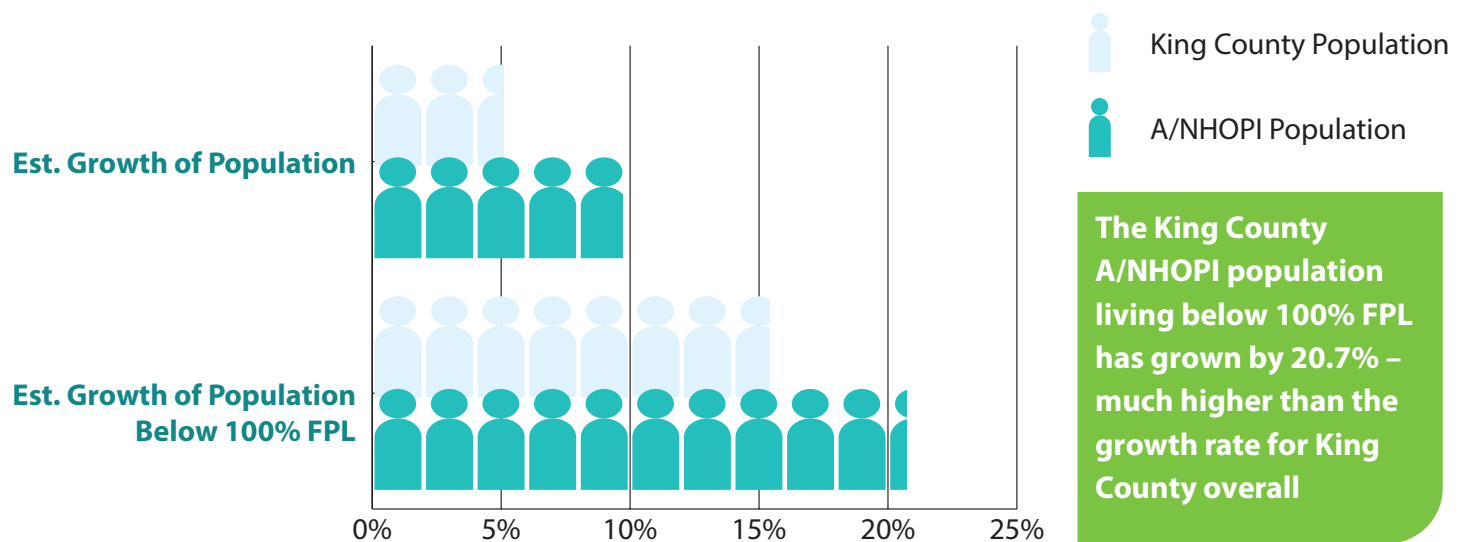


# Assessing our community's needs

## Who we serve

From 2010 to 2015, there have been notable shifts in the demographics of ICHS patients. The total number of people we serve is growing, and growing older. The mix of religious diversity and racial and cultural ethnicities we serve is changing, as are the languages we speak with them. ICHS's aging population is growing faster than King County as a whole, and we're serving a higher number of patients 65 and older than other local clinics. More people than ever accessed health insurance, thanks to the Affordable Care Act. The growing diversity of our patients and communities is likely to continue, but health care coverage under the Affordable Care Act is uncertain.

## King County vs. A/NHOPI Population Living Below 100% Federal Poverty Level



Comparison of change between 2006-2010 estimates with 2009-2013 estimates, in King County population and poverty.

Over the past six years, ICHS has opened two new clinics and three health sites, enabling us to reach a broader range of patients in their own neighborhoods. Our growth has been rapid, and underserved communities throughout King County now have better access to care – but there continue to be unmet health needs. Today, ICHS is an essential part of the health care safety net for many Washingtonians. Under the Affordable Care Act, the share of patients without insurance dropped to just 9% of all ICHS patients. Over a period of six years, the percentage of uninsured ICHS patients declined 52%, even as the overall number of patients we served climbed 37%.

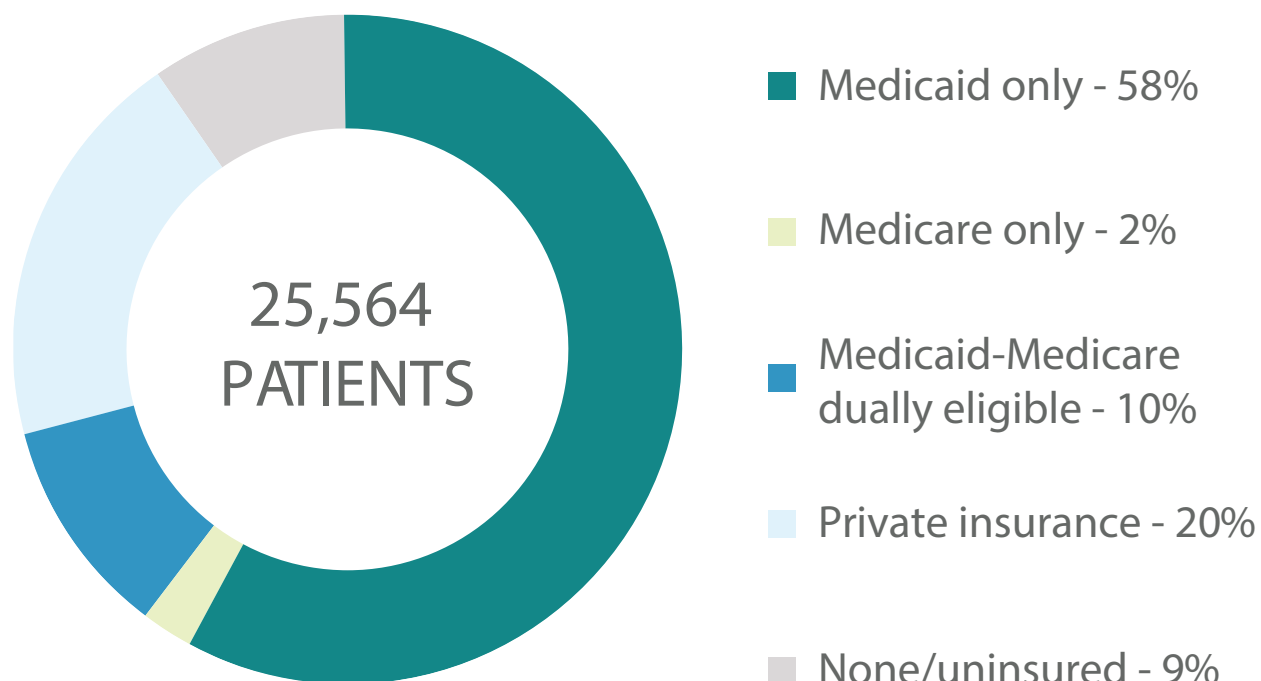
Although uninsured rates have dropped significantly, 65% of our patients in 2015 were below 200% of the Federal Poverty Level (\$48,500 for a family of four in 2015).

ICHS provides a sliding fee discount program to patients who are uninsured or underinsured, and 85% of the patients in 2015 who were uninsured during their last appointment with us applied for this program.

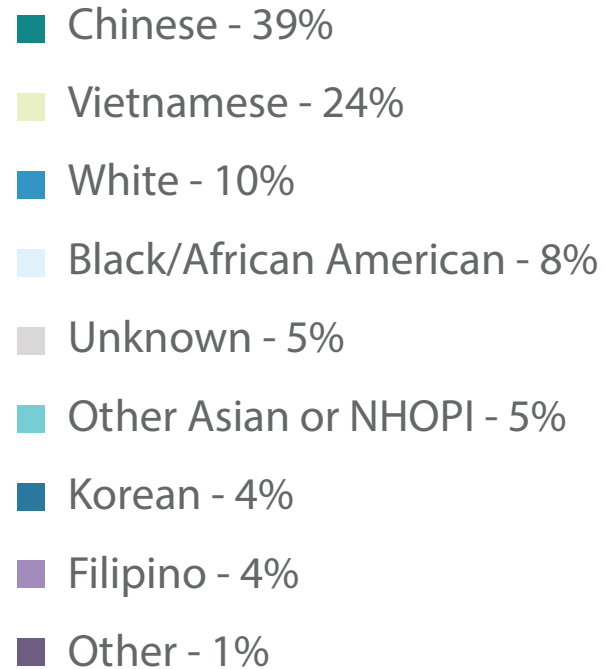
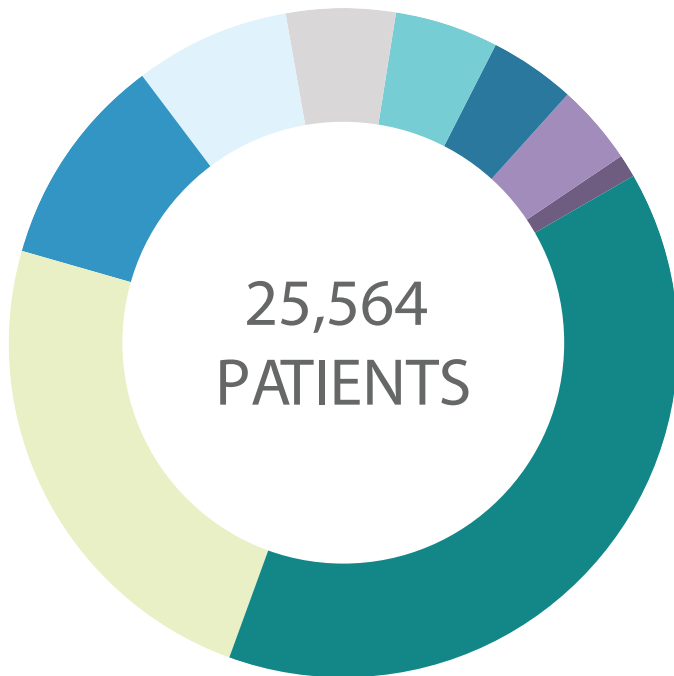
ICHS provided our communities with more than \$1.2 million in uncompensated care in 2015.

“ICHS is very good at helping people... I feel very warm when I come to ICHS and I am very grateful to all ICHS clinic staff.”  
– Shao Wei, ICHS patient

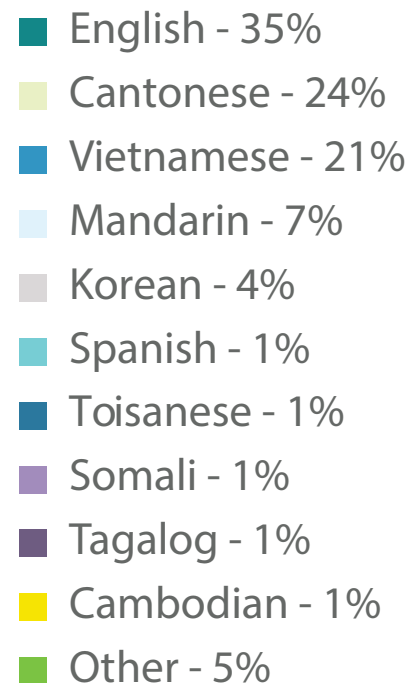
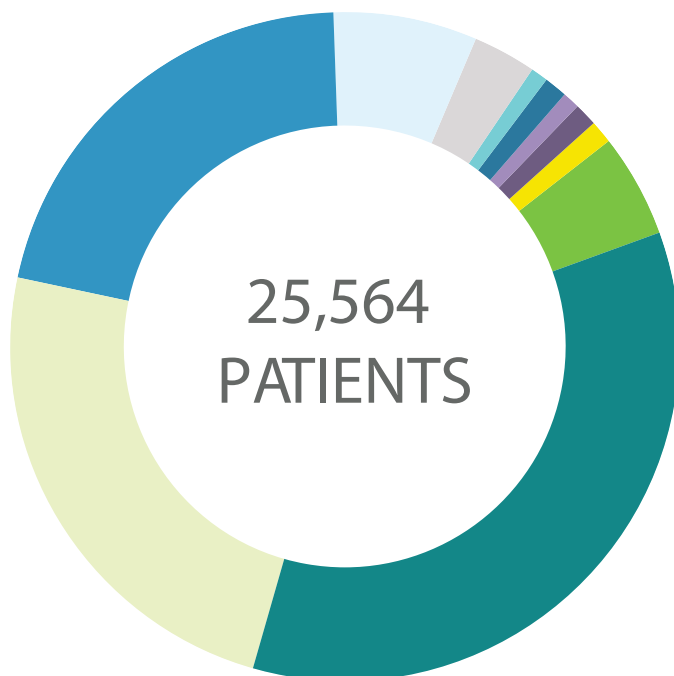
## 2015 Insurance Status



## 2015 Race / Ethnicity



## 2015 Preferred Language



**57%** of ICHS patients reported an English-language barrier  
**28%** were new patients in 2015

## The health of our patients

ICHS is nationally accredited as a Patient-Centered Medical Home under the Accreditation Association for Ambulatory Health Care. We provide patients comprehensive and integrated quality medical, dental and behavioral health services, with team-based care, because it improves their health and well-being for the long-term.

ICHS also provides a robust program of enabling services that help our patients get and stay well. These services include assisting patients in understanding and filling out paperwork for public benefits, enrollment in health insurance coverage, health education, language interpretation services, community outreach, and referrals for social services and housing.

**Mental health issues** are underreported in the A/NHOPI community, and also within other minority groups. Our data shows that **depressive disorders** are the most common mental health issue among our adult patients (5%) and **anxiety and phobic disorders** are the most common issue among our youth patients (1%).

ICHS has a high volume of referrals to specialty care. Our internal data regarding referrals helps us respond to our patients' needs. For example, in 2015, 18% of our medical referrals were for optometry. ICHS will open a vision clinic to better serve this patient need.

## Stopping disease before it starts

ICHS performed better than state and national averages in benchmarks for preventive health in:

- Cervical cancer screening
- Adult weight screening and follow up
- Adult tobacco use and intervention
- Colorectal cancer screening
- Childhood immunization

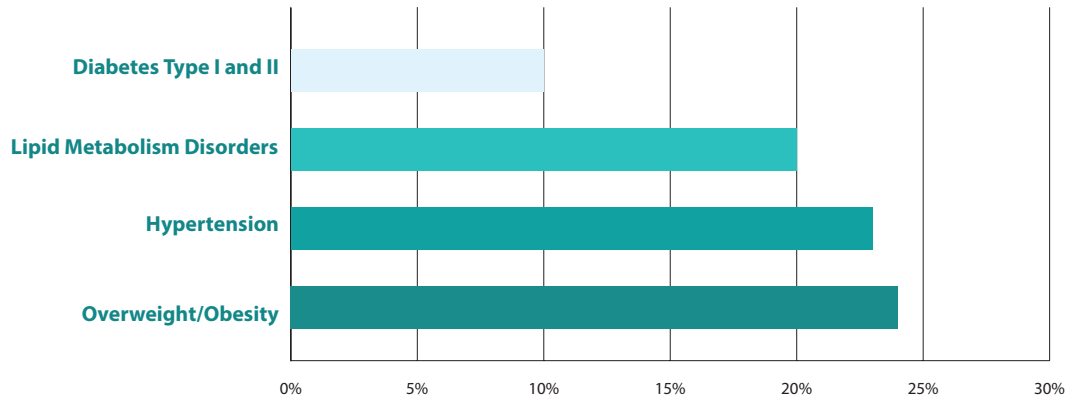
“Mental health is not considered a disease, and like HIV, it is still a taboo. People won't talk about it.”  
– East African focus group participant

## Field leaders in chronic care

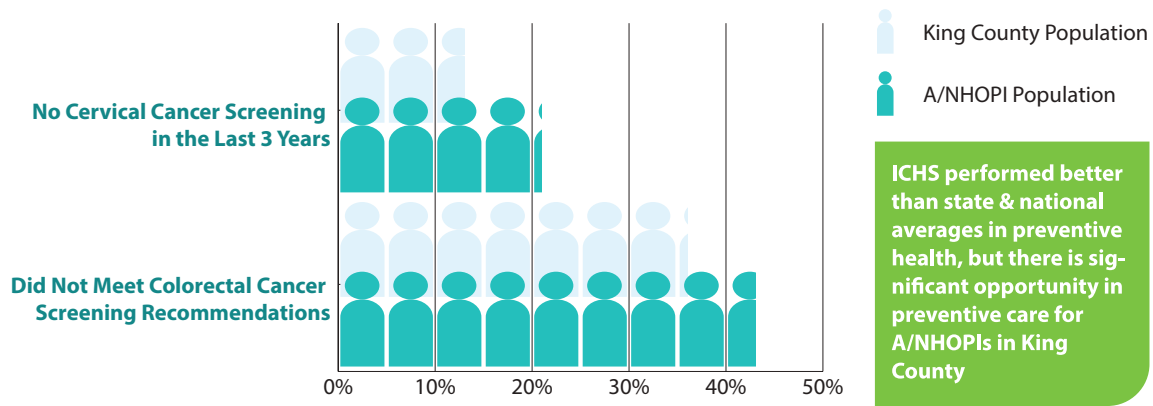
ICHS performed at a high level in chronic disease management benchmarks when compared to other health centers nationally and around the state. We excel in asthma treatment, cholesterol treatment, heart attack/stroke treatment, blood pressure control and diabetes control. ICHS was the winner of the American Heart Association's Million Hearts Award for 2015, a prestigious national acknowledgement of our work as a hypertension control champion.



## Most Common Chronic Diseases in Adult Patients 2015



## Gaps in Preventative Screenings for King County's Asian Population



Hepatitis B disproportionately impacts A/NHOPIs. Nationally, one in 12 Asian Americans have chronic hepatitis B and an estimated 60% are unaware that they are chronically infected.





# Addressing remaining service gaps

## Opportunities for better dental care

ICHS increased capacity to meet dental demand by opening new dental clinics and adding dental chairs to current sites, and saw significant increases in dental patients and encounters from 2010 to 2015.

Yet, within a matter of months of expanded capacity, patient wait times for an appointment returned to previous levels, indicating continuing unmet needs in dental care. This need is particularly critical within adult low-income and underserved communities.

ICHS provides a more robust scope of oral health services than many other community health clinics, including restorative services. Demand for restorative dental care is often tied to insufficient preventive services our patients received in earlier years – because they came from countries with few resources or lack insurance, health literacy or good health management.

As a result, there is significant opportunity in preventive care and improving access to dental care, especially among children. Estimates for King County from 2008 to 2012 show that the Asian adult population has a higher percentage of adults (28%) who did not have a dental checkup in the last year when compared to white adults (24%) and adults in King County overall (27%). NHOPIs have a much higher percentage of adults who did not have a dental checkup in the last year (38%).

Oral health is intimately connected with overall health, and can dramatically impact productivity at work and school, and ability to carry out normal activities. Among adults, tooth decay and gum disease are linked with serious health conditions: diabetes, heart disease, stroke and premature, low-weight births. Research indicates that vulnerable populations such as minority, low-income, and non-English-speaking individuals are at particular risk for poor oral health; in fact, minority, non-English-speaking, and low-income children have the highest levels of untreated tooth decay and dental disease among all children in Washington state.

## Medical insurance plays a vital role

We know the Affordable Care Act is working because the share of ICHS' patient population who are uninsured decreased from 26% in 2010 to 9% in 2015, even as the number of patients ICHS saw overall increased. This represents a 52% reduction in the share of our patients who are uninsured.

In 2014 the White House and the U.S. Department of Health & Human Services honored ICHS as one of 11 national "Champions of Change" – recognizing our intensive work to educate Asian Americans and Pacific Islanders about the Affordable Care Act, and enroll them.

Our increasing numbers of patients and our increased volume of services (including preventive care) are due in part to an increase in health care coverage through the Affordable Care Act, as well as our new clinic openings. The Affordable Care Act has also meant we can better manage our patients' health and well-being, because with coverage in place they are less likely to delay seeing a doctor.

ICHS still sees a significant need for insurance support for our most underserved patients, including those experiencing homelessness and those who are aging. The importance of preserving the advances achieved by the full implementation of the Affordable Care Act is important to underscore.

**225,000+ Washingtonians**

**had health insurance  
that only paid for  
25-40%  
of their medical costs**







## Removing barriers to care

Our patients face a number of barriers that discourage or prevent them from receiving health care services, beyond their ability to access health insurance or access care from an ICHS doctor or dentist. These barriers are often environmentally, economically or culturally based, and are commonly referred to as **social determinants of health**.

Most social determinants of health are outside the control of ICHS, but we're working with community-based organizations and other partners to address them and create a strong network of care.

**In King County, many things impact our patients' health and the ability to access care:**

### Health literacy

Navigating the insurance system and understanding community health issues is daunting

### Rising housing costs

More stress on household budgets, more risk of displacement and homelessness

### Transportation access

Easy travel to work and appointments is more limited

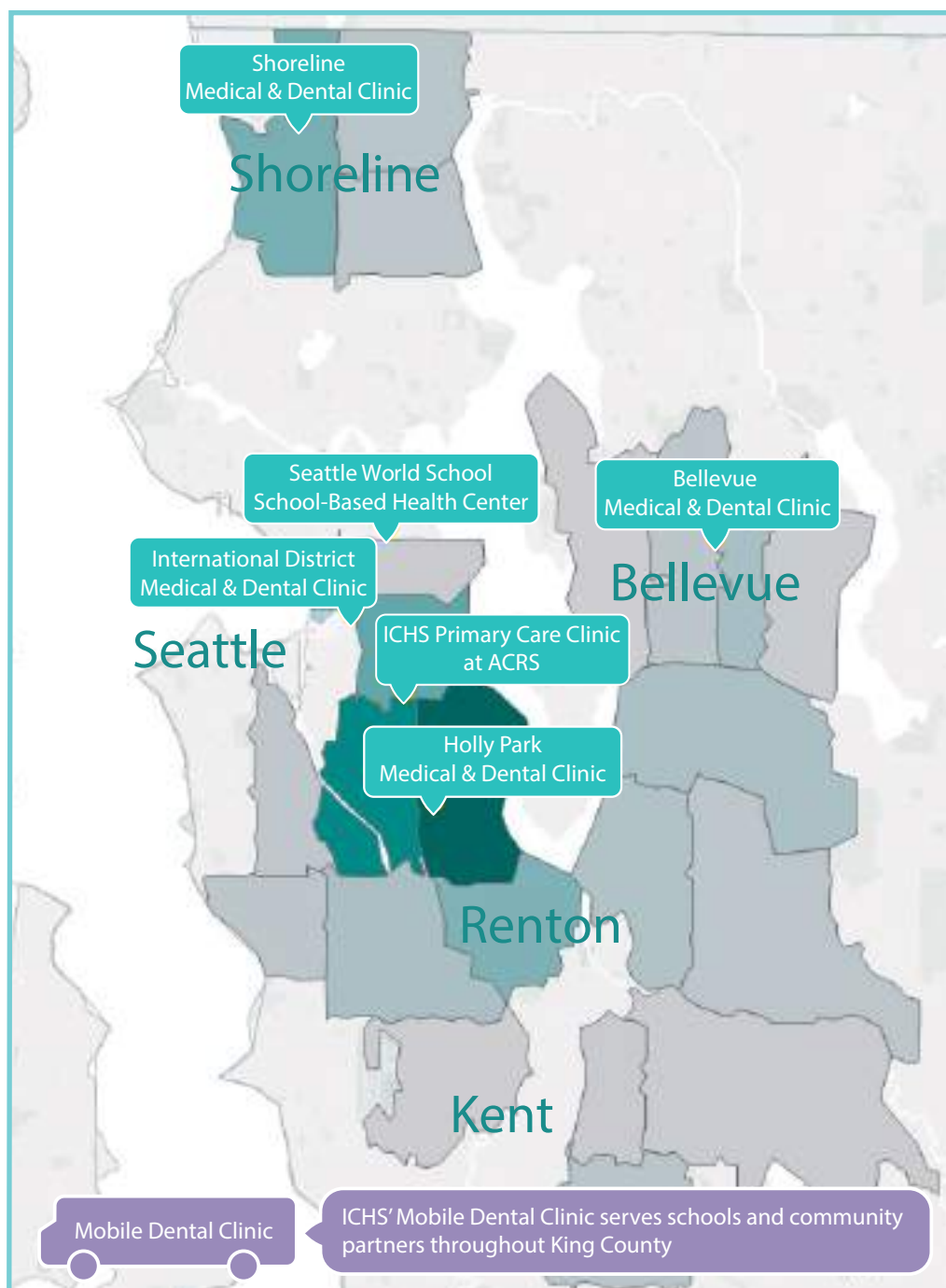
### Decreasing food security

In areas where our patients live there is poor nutrition and persistent hunger



Language barriers are common among our patients and community members. Being unable to communicate with a primary care provider can impact the quality of care our patients receive. ICHS provides free on-site interpretation in over 50 languages and dialects, and remote interpretation is available in 200+ languages.

## Serving families in their own communities improves access





## Creating a roadmap for the future

The Community Needs Assessment is a valuable source of information and accountability for ICHS. It allows us to predict and plan for what our patients will need from us in years to come, based on our own data and comparing our information with county, state and federal partners.

We've travelled a long way from our beginnings more than 40 years ago as a one-room, volunteer-run storefront clinic in Seattle's Chinatown-International District. Today, ICHS leads a regional network of high-quality health services for tens of thousands of patients, standing in the top tier of health centers in measures both local and national. We're proud of our ability to provide quality medical, dental and behavioral health care for our patients in their language. And, we want to stay ahead of their needs.

The ICHS Board adopted *ICHS 2025: A 10-Year Strategic Plan* on how we will adapt to a rapidly changing environment. We know that King County's population is expected to grow and become more diverse. Our specific, targeted ICHS patient population of A/NHOPI individuals is aging, and is expected to grow faster than the overall county population (37% versus 18%). There will be more people who need our services than ever before. The cost of providing high-quality care continues to rise though funding remains scarce.

## Proactively addressing community needs

Many of ICHS' recently expanded services can be traced to important trends and gaps that Community Needs Assessments have brought to light. ICHS is actively addressing the current and future needs of our community. Our activism spans from clinic openings in Bellevue and Shoreline; to traditional Chinese medicine in the International District; to our partnership with Kin On Health to establish the new Aging in PACE non-profit organization, a comprehensive social service and health care program that will allow A/NHOPI seniors to 'age in place' in their homes.

Our ability to respond to emerging needs and trends, expand services to meet demand and strengthen our health care home depends on continued, robust funding and community support.

## Looking beyond the clinic

The social and environmental barriers to receiving health care are growing rapidly in King County. To address the social determinants of health, we must partner with other community-based organizations to expand our work beyond the provision of health care services. For example, ICHS is partnered in a place-based initiative called BUILD Health that works within the Chinatown-International District. InterIm, ICHS and other BUILD Health partners collaborate to ensure vulnerable population segments do not fall behind as Seattle grows and prospers – addressing issues like housing, social services, business, public health and economic development that affect the mental, physical and social well-being of residents. This critical work should be expanded to other communities where our patients live, learn, work, play and pray.

## Learn more at [www.ICHS.com](http://www.ICHS.com)

### A note about methodology

The Planning, Development & Evaluation (PDE) team used the following data sources to develop the 2016 Community Needs Assessment:

- Internal patient data
- External reports and data from local, state and national sources
- Findings and recommendations solicited from key informant interviews and focus groups conducted by Cross Cultural Health Care Program
- Findings and recommendations solicited from ICHS providers and staff

Note: Percentages in this report have been rounded to the nearest whole percent.



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As a Federally Qualified Health Center, the federal government requires us to demonstrate and document the needs of our community and the areas we serve every three years. We're sharing a Community Needs Assessment with you to increase public understanding of our patients' needs, and how ICHS is responding.

We conduct a Community Needs Assessment as a requirement of receiving grant funds. It helps us to understand the needs and wishes of the patients we serve, to plan for what our patients will need from us in the future, and to create benchmark data that other local and national health researchers can benefit from.



Note: The Community Needs Assessment uses 2015 data. According to data for 2016, ICHS served 28,660 patients, 11% of whom were uninsured.