SNOHOMISH HEALTH DISTRICT
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Snohomish County, WA

COMMUNITY HEALTH ASSESSMENT 2018

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Executive Summary

The Snohomish Health District is pleased to share the 2018 Community Health Assessment for Snohomish County. District staff and community partners analyzed more than 150 health indicators to identify the top priorities for the county. The data task force included members of the Snohomish County Public Health Advisory Council and other subject matter experts. The goal of this report is to share the results of that analysis.

Since 1959, the District has been responsible for the health of the people of Snohomish County. The District has conducted a community health assessment (CHA) every five years since 2009. The CHA is a key document leading to more in-depth analysis of the top issues. The work culminates in a community health improvement plan (CHIP) for addressing the county's biggest health concerns. The hope is that this assessment will assist civic leaders, community members, and non-profit organizations in their health improvement planning, as well.

SIGNIFICANT COMMUNITY NEEDS

District epidemiologists collected data on community health indicators through qualitative and quantitative means. Quantitative data relies on hard numbers, while qualitative data includes richer descriptive information that can't be counted or expressed with a number. When possible, county data was compared to state and national figures, as well as previous years and Healthy People 2020 goals. These comparisons help ascertain the current status of public health in the county and whether the indicators are trending in a positive or negative direction.

For eight months, data on these indicators were presented to the data task force. The group worked to whittle the number of topics down to eight that members felt should be examined more closely. These eight were: suicide; youth mental health; opioid misuse; children's oral health; housing; access to primary care; youth obesity; and disparities specific to the American Indian/Alaska Native population. Three community events, called data walks, took place in fall 2018. Participants examined and shared observations on these eight topics. Participants then ranked the eight topics in order of importance. The rankings are shown below.

Everett walk	Lynnwood walk	Monroe walk	Total ranking
Youth mental health	Suicide	Youth mental health	Youth mental health
Suicide	Youth mental health	Suicide	Suicide
Housing	Opioid misuse	American Indian/Alaska Native disparities	Opioid misuse
Opioid misuse	American Indian/Alaska Native disparities	Opioid misuse	Housing
Youth obesity	Housing	Housing	American Indian/Alaska Native disparities
American Indian/Alaska Native disparities	Health care access	Health care access	Youth obesity
Health care access	Youth obesity	Youth obesity	Health care access
Children's oral health	Children's oral health	Children's oral health	Children's oral health

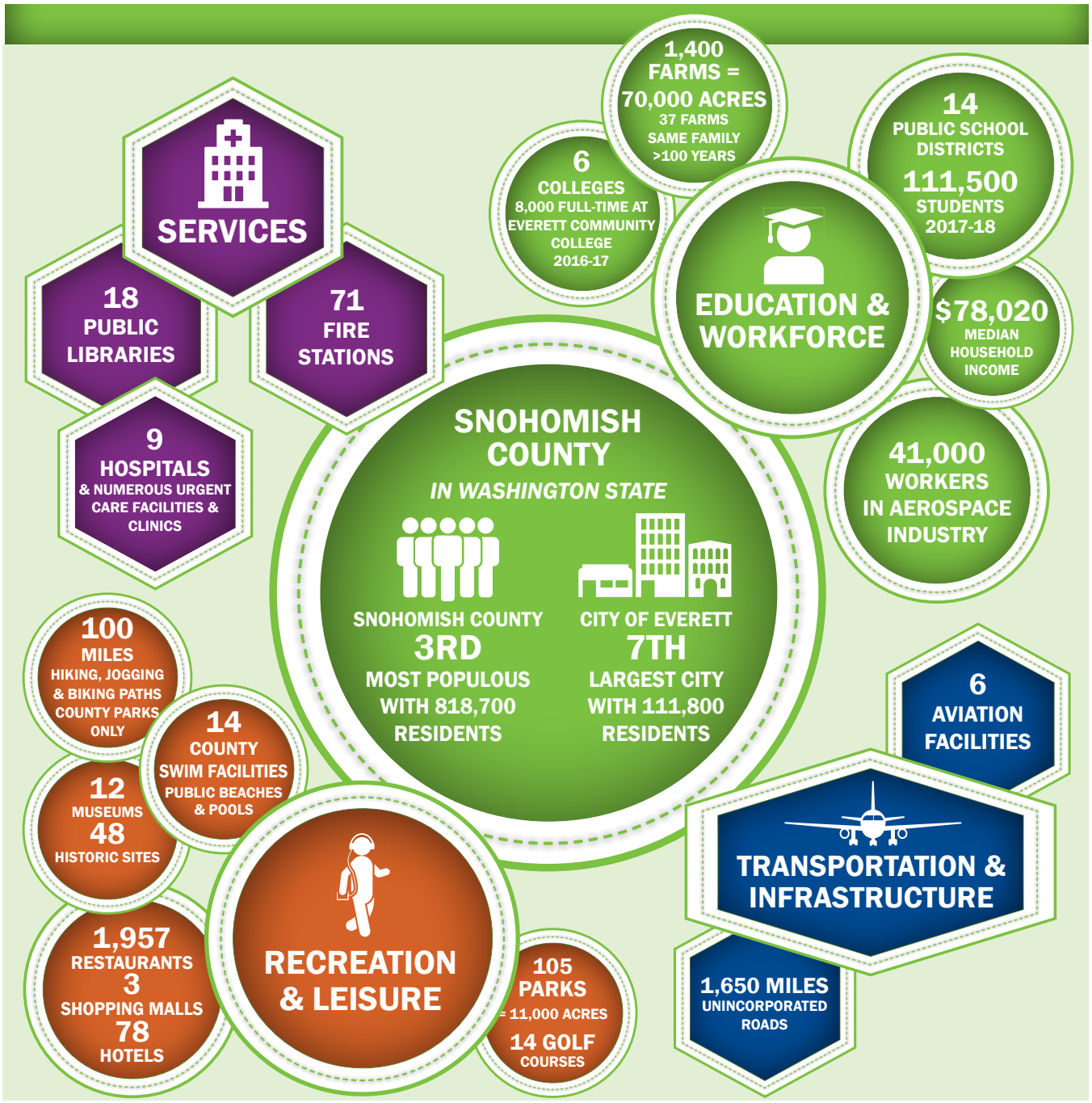
Executive Summary (cont.)

Several other key findings from the CHA include:

Doing well	Needs improvement
Children living under the Federal Poverty Level	Asthma-related hospitalizations
Homicide (Assault-related mortality)	Acute Hepatitis C
Cigarette smoking	Youth spending two or more hours a day on a computer or playing video games
Melanoma mortality	
Youth impaired driving	
Lung cancer mortality	
Motor vehicle crash mortality	

About Snohomish County

Snohomish County is located in the northwest corner of Washington and the northern part of the Seattle metropolitan area. The county was created in 1861 and is named for the Snohomish Native American tribe. Snohomish County is 2,086.6 square miles.



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Introduction

HISTORY

The District completed its previous community health assessment (CHA) in 2013, with a mid-cycle update in 2016, to measure the health status and needs of Snohomish County residents. District staff gathered and analyzed data on 80 indicators, covering rates of disease or death, environmental measures, and behavioral risks. This data was presented, scored, and prioritized. Obesity, suicide, and youth physical abuse were identified as the top three health issues in the county at that time.

Working groups formed to create the 2014 Snohomish County Community Health Improvement Plan (CHIP), which included objectives to address those issues over five years. CHIP outcomes included:

- Providing suicide/crisis line information and instruction cards to the two primary emergency and discharge planning departments in Snohomish County (Providence Regional Medical Center Everett and Swedish Edmonds). A total of 1,000 cards were distributed, along with reordering instructions.
- Increasing the number of school districts that have adopted a suicide prevention curriculum from eight to 13 districts.
- Increasing safe pedestrian and bicycle access to schools through walking audits of all elementary schools in the county, then implementing recommendations from those audits.
- Improving options and access to physical activity through promotion of Complete Streets ordinances and resolutions, as well as partnering with cities on Safe Routes to School grants.

ABOUT THE 2018 COMMUNITY HEALTH ASSESSMENT PROCESS

This report is the result of a process for identifying Snohomish County's greatest health needs through a wide range of indicators. Those indicators include disease rates, leading causes of death, health risk behaviors, and social determinants of health.

By examining social determinants and other community risk factors such as housing issues and air quality, this report covers health in its broadest sense. It takes an in-depth look at upstream factors for early death or poor health. Specific efforts were made to identify health disparities to better target marginalized or vulnerable populations.

Three District epidemiologists analyzed the data and presented it to the data task force during monthly meetings from January through August 2018. The findings of the task force, combined with public input from three community data walks held in the fall of 2018, were used to determine the issues that are most detrimental to the health of Snohomish County residents.

The 2018 Snohomish County Community Health Assessment is part of the District's four-step CHA-CHIP process. This process was developed by adapting frameworks used from the Missouri Community Health Assessment Resource Team (https://www.nap.edu/read/5298/chapter/6#82) and Island County Public Health. The process requires:

1) Assessing the health of the community using indicators
2) Analyzing and prioritizing health issues
3) Developing and implementing a community health improvement plan (CHIP), and
4) Evaluating the process and outcomes.

This cycle repeats every five years. The first two steps are accomplished in the CHA.

Introduction (cont.)

ABOUT THE 2018 COMMUNITY HEALTH ASSESSMENT PROCESS (CONT.)

2018 Community Health Assessment Process

Methods

ABOUT THE DATA

A team of District staff and community partners collected and analyzed data for this community health assessment (CHA). The assessment incorporates both quantitative and qualitative data. Quantitative data is numerical information that can be counted or measured, such as a rate or percentage. Qualitative data provides richer descriptive information about a particular topic but cannot be counted or measured in numbers. Both types of data are needed to get the full picture of health priorities and concerns in Snohomish County.

QUANTITATIVE DATA

Every health indicator examined for this report includes the measure on a county level and, when applicable, a comparison with Washington and U.S. data. The information largely came from surveys or databases maintained by the District or Washington State Department of Health, such as vital statistics data.

The indicators were given a comparison score of plus or minus one point if Snohomish County was at least 20% different from the state or national comparison value. Additionally, staff analyzed the trend over time, looking at a minimum of three data points and a maximum of ten. How a measure changed over time factored into another plus-one or minus-one point – plus if the trend was toward a healthier outcome, minus if the trend was less healthy.

Finally, goals were looked at using the U.S. Department of Health & Human Services Healthy People 2020 objectives, as well as the Robert Wood Johnson Foundation County Health Rankings when available. A plus-one was awarded if goals are being met, and a minus-one if they are not.

These three factors resulted in an indicator's total score, ranging from a negative three (-3) to positive three (+3). For each health module, a summary table is included at the end of the section in this report. The tables are organized by total score, and color coded red, yellow and green. The red indicators are the lowest scoring, and therefore are of highest concern. The green indicators are faring well. Most indicators fell into the middle and are yellow for neutral.

When feasible, demographic data such as race, ethnicity, gender, or age were examined for sub-population analysis to identify disparities. For more information on the quantitative scoring methodology, please see Appendix A: Data Analysis Methods.

DATA SOURCES

Population-based health data is the best quantitative data to use in a CHA. This data is accessible at the county and state level. Most of the following sources are considered standard, and all are reliable and valid.

Population Counts
- Washington State Department of the Office of Financial Management

Birth and Death Data
- Washington State Department of Health Center for Health and Statistics

Socioeconomic Data
- United States Census Bureau
- Washington State Employment Security Department
- Workforce Development Council of Seattle-King County

Methods (cont.)

DATA SOURCES (CONT.)

Disease or Injury Surveillance Data

- Washington State Cancer Registry
- Washington State Department of Health Center for Health and Statistics

Health Survey Data

- American Community Survey (ACS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Pregnancy Risk Factor Monitoring System (PRAMS)
- Smile Survey
- Washington Healthy Youth Survey (HYS)

Note: This list does not contain every source used in this report. Numerical citations in-text can be linked to their corresponding source in the Sources section.

QUALITATIVE DATA

In the fall of 2018, the District gathered qualitative data through three public events called data walks. These data walks, guided by facilitators from the Northwest Opportunity Council from Bellingham, Washington, involved a four-step process. During each event, participants walked around a room and stopped at eight topic-based stations to examine preliminary health assessment data presented in charts and graphs on large posters. The eight topics covered were: youth mental health; suicide; American Indian/Alaska Native health disparities; opioids; housing, vacancy and homelessness; obesity; youth dental health; and access to primary care providers. These topics were selected by the data task force by an anonymous vote after reviewing the data they had received in the prior eight months.

Working in small, facilitated groups, participants shared observations on each data set, including strengths and concerns. Step two of the process involved selecting a top concern and brainstorming possible root causes of that concern. The third step was finding which root cause would be the strongest catalyst for improving the issue. To be considered a good candidate for step three, a root cause must be highly significant and highly within the control of interested parties, including the District and its partners throughout Snohomish County.

All total, 52 people participated in these walks and voted on which health indicators they felt were most important and impactful in Snohomish County. Participants represented many backgrounds, including hospitals, education, elected officials, and social workers.

At the first meeting, teams focused on each of the eight topics. The teams were assigned in advance by the project manager and data task force. At the end of the meeting, participants voted on what they felt the three most important issues were out of the eight covered. The groups selected youth mental health, suicide, and housing as their top three priority topics for health in Snohomish County.

The next two data walks covered the first step of the process in full, where participants walked around and recorded observations on all eight topics. Then, they could self-assign themselves to a topic-based group for one of three subjects: youth mental health, suicide, or opioid misuse. In those groups, they completed the final steps of the data walk process, including the root cause analysis. At the final event, no one chose to participate in the opioid discussion.

As new data has been released since the data walks were held, new issues potentially impacting Snohomish County residents' health have been identified. The data task force is paying close attention to the large increase seen in 2018 in youth vaping habits, and have deemed the matter an 'emerging issue' in addition to the eight topics discussed in the data walks.

Methods (cont.)

CONSIDERATIONS & LIMITATIONS

While this assessment is quite comprehensive, there is no way to capture every unique perspective or population of interest in Snohomish County through quantitative data, which is limited by the selection and participation of stakeholders. Some groups are not captured in telephone survey data, such as homeless or incarcerated individuals, those living in a group home or facility, or those who speak languages other than English or Spanish. With Washington and Snohomish County having a higher Asian and Pacific Islander/Native Hawaiian population compared to the country as a whole, this means residents who speak only Mandarin, Tagalog, or other Asian or Pacific Islander dialects may not be fully represented in survey data. LGBTQ populations and smaller racial groups, including Native Hawaiian or Pacific Islander, often are too small of a group to have the data be considered accurate in survey analysis.

Additionally, in telephone surveys some respondents may not feel comfortable being entirely honest, particularly about substance use on the Behavioral Risk Factor Surveillance System or Pregnancy Risk Assessment Monitoring System. While the Healthy Youth Survey is in pencil-and-paper format and is anonymous, students may fear being identified through their answers, which can impact the validity of that survey.

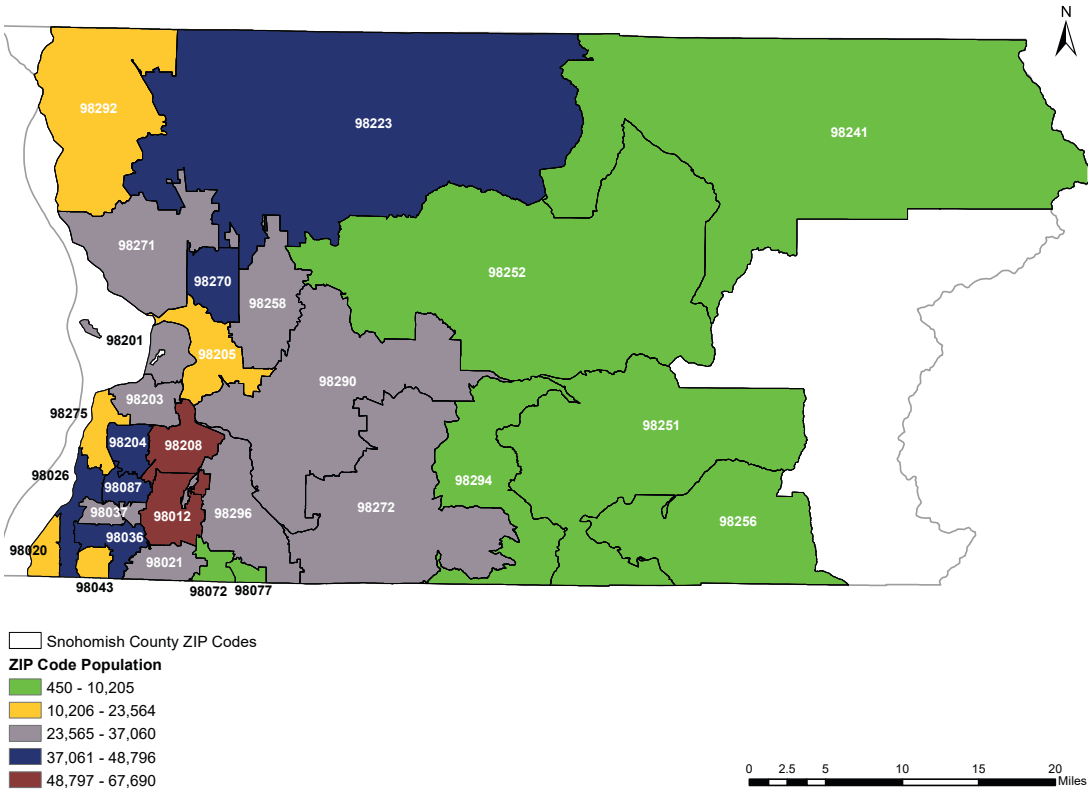
Demographics

POPULATION

This assessment concerns people who live within the geographic boundaries of Snohomish County. There are 29 ZIP codes fully or partially in these boundaries. These ZIP codes are shown below by population size.

The population of Snohomish County was estimated to be 818,700 in 2019, which is approximately 9.2% of Washington's total population. Between 2010 and 2019, the county's population grew 14.8%, faster than the state's growth of 12.2% in that same period[1]. ZIP codes 98012 (Mill Creek/Bothell), 98087 (Paine Field/Picnic Point/Martha Lake) and 98205 (Lake Stevens) have seen the highest population growth in that time, at over 30%[2].

Figure 1: 2019 Population by ZIP Code

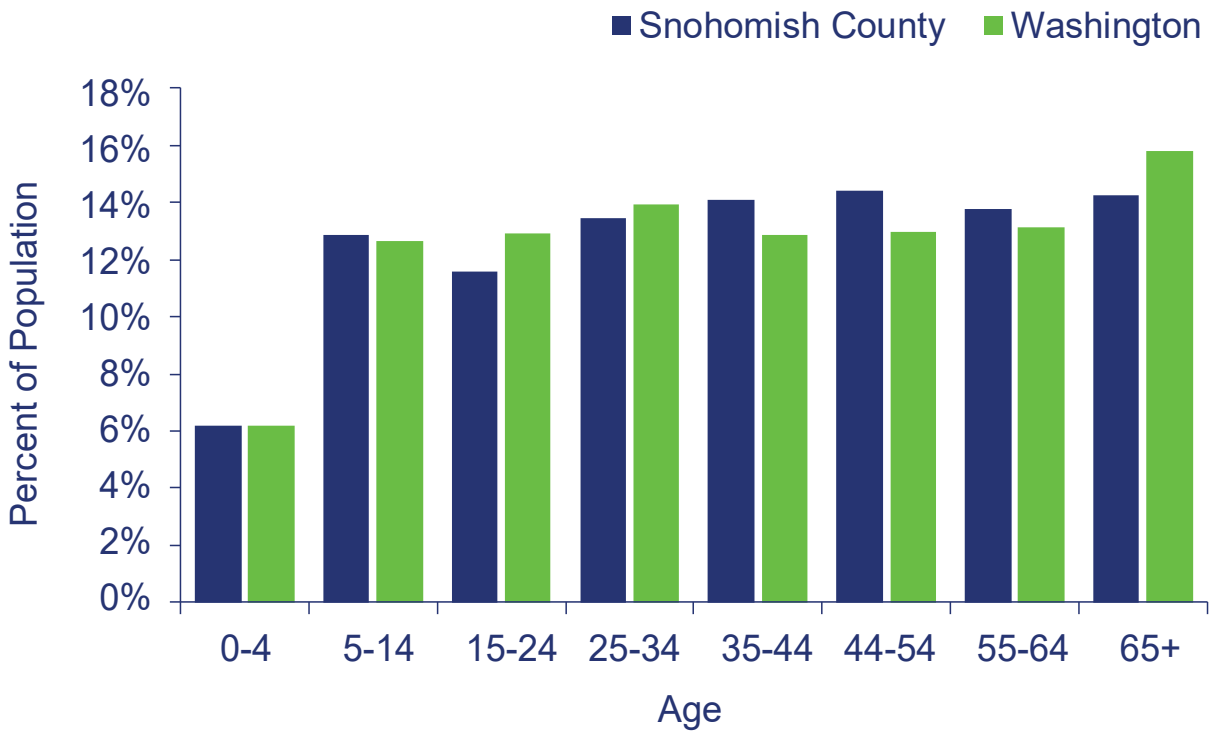


Demographics (cont.)

AGE

Snohomish County has a higher proportion of middle-aged residents than the state. People who are 35 to 54 years old make up 28.3% of the county's total population compared to 25.6% of the state's population[1].

Figure 2: 2018 Population by Age



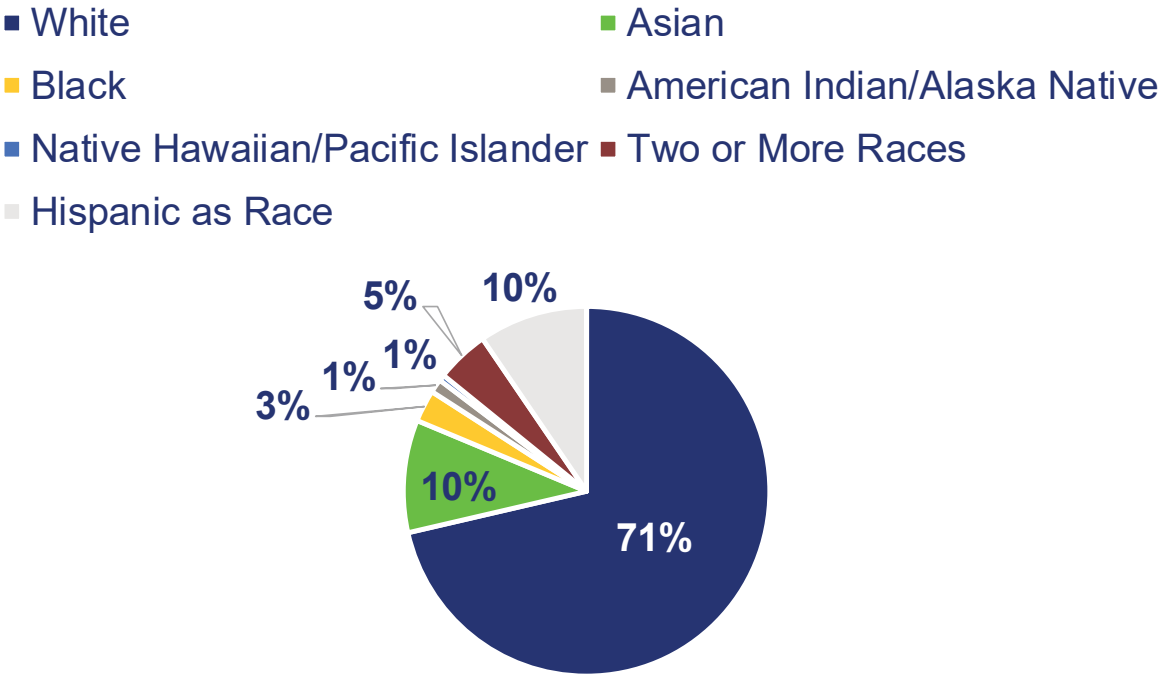
Demographics (cont.)

RACE, ETHNICITY, AND LANGUAGE

Snohomish County is less racially and ethnically diverse than the state. A smaller proportion of the population is Hispanic (9.6% compared to 11.5% statewide) or Black (2.8% compared to 3.6% statewide). However, the Asian population makes up a larger percentage of the county than the state (9.9% compared to 7.7%).

Snohomish County is becoming more diverse over time. In 2000, 83.4% of the population was white. That number is now 71.4%[1]. Figure 3 below shows this data (with Hispanic people of all races combined).

Figure 3: 2018 Snohomish County Population by Race



Demographics (cont.)

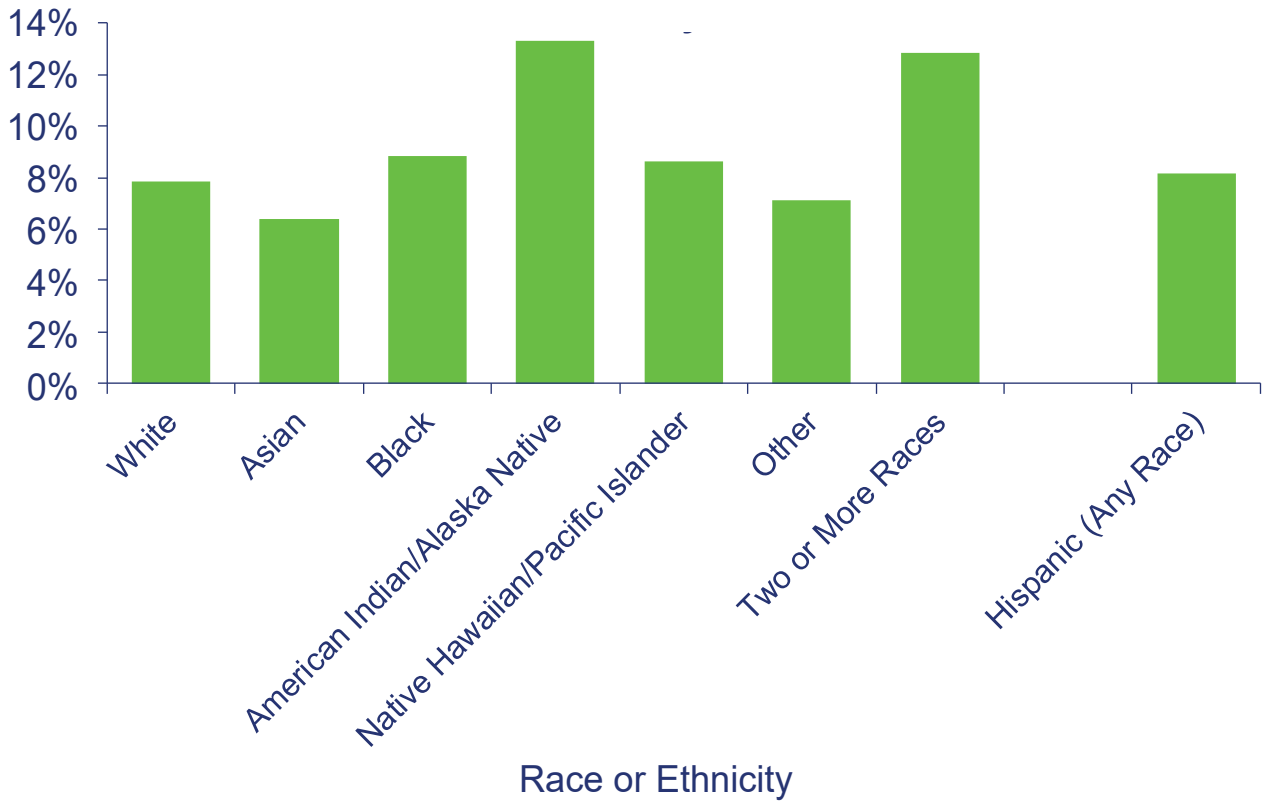
The table below shows languages spoken at home by adults and children older than five in Snohomish County, compared to state and national figures. Typically, those 65 and older who speak a language other than English at home are more likely than other age groups to say they do not speak English very well[3].

	Snohomish County	Washington	United States
Speak only English at home	80.0%	80.9%	78.7%
Speak Asian/Pacific Islander languages at home	7.2%	5.7%	3.5%
Speak Spanish at home	6.4%	8.4%	13.2%
Speak Indo-European languages at home	4.8%	3.9%	3.6%
Speak other languages at home	1.6%	1.1%	1.0%

Median Income: The median household income in Snohomish County in 2017 ($78,020) was far higher than the state ($66,174) and U.S. ($57,652). Snohomish County saw a six percent increase in median household income from 2016 to 2017[4].

Unemployment: Snohomish County had an overall unemployment rate of 3.8% in 2018, which is similar to the state (4.5%) and U.S. (4.4%) rates[5]. As seen in Figure 4 below, unemployment was lowest in the Asian population and highest in the American Indian/Alaska Native population.

Figure 4: 2017 Snohomish County Unemployment by Race or Ethnicity



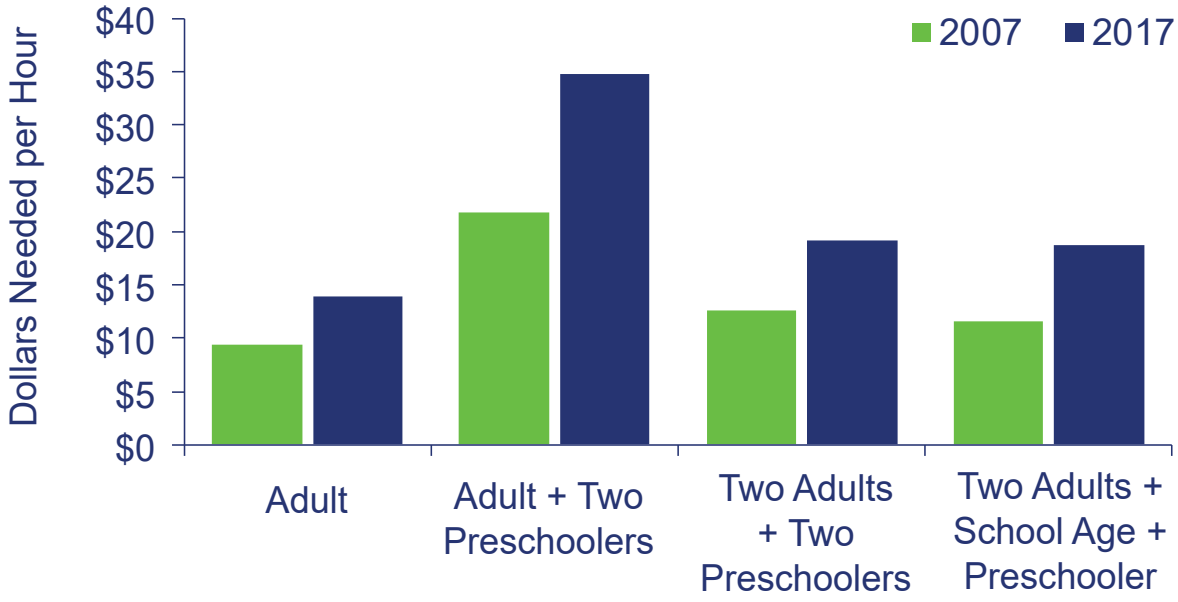
Economy & Housing (cont.)

Poverty: An estimated 8.8% of people living in Snohomish County in 2017 were under the Federal Poverty Level (FPL). In 2017 the FPL was defined as a single person making $12,060 a year or a four-person household making $24,600 a year. While this is better than the state (12.2%) and U.S. (14.6%) rates, the data shows that poverty is more common among certain groups. Over 11% of children in the county are below the FPL, as are 28.6% of single women with children. Those who identified themselves as Hispanic ethnicity of any race or 'other' for race also were more likely to be below the FPL (15.6% and 17.6%, respectively)[4].

Cost of Living: The Self-Sufficiency Standard defines the minimum income needed to meet basic needs without assistance from government, community or personal aid. As of 2017, a single parent in Snohomish County with one school-aged child and one preschooler would need to make $18.69 an hour at a full-time job to meet these needs—the highest self-sufficiency standard in the state[6].

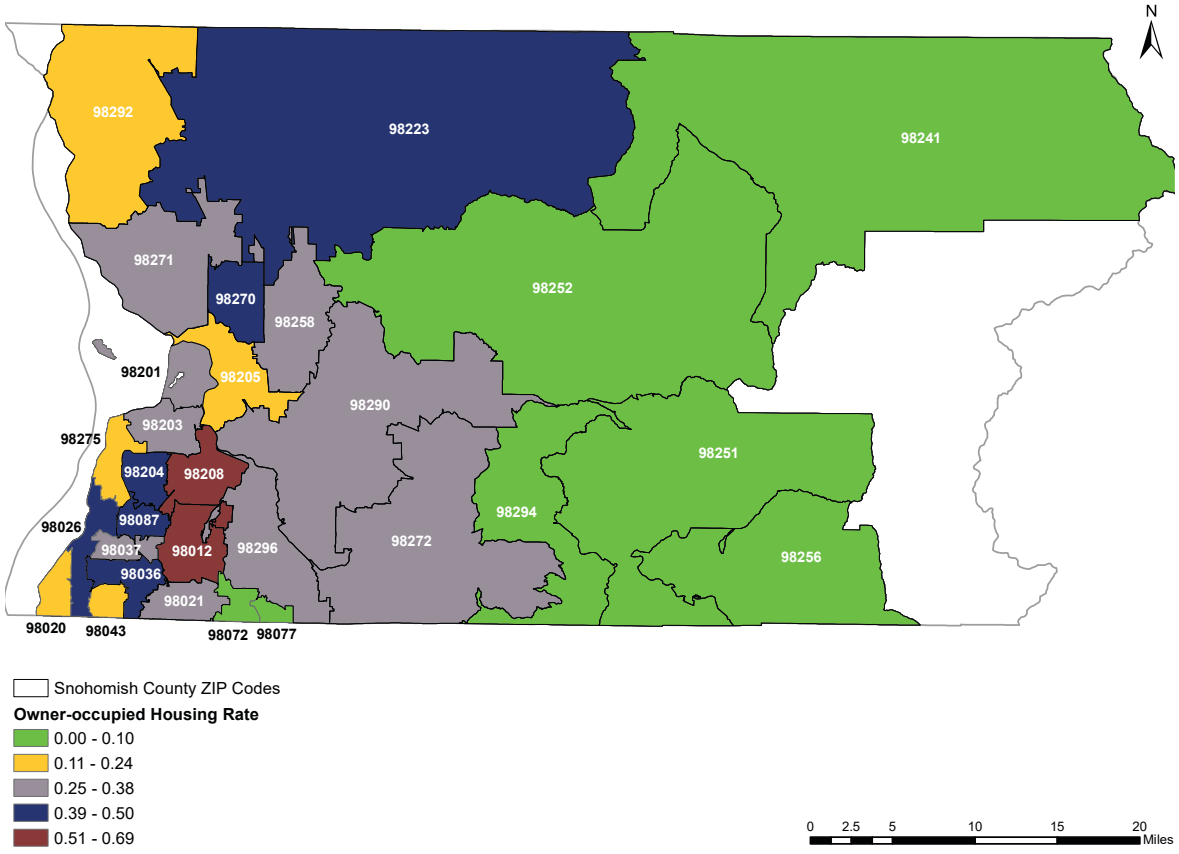
Assistance: In 2017, 11.1% of households in the county had received SNAP benefits in the prior 12 months. This is a lower percentage of households compared to the state (13.3%) or U.S. (12.6%)[4]. In 2018, 33.3% of public school students in the county were in the Free and Reduced Price Meal program. That was lower than the state percentage (43.4%)[7].

Figure 5: Snohomish County Self-Sufficiency Standard



Housing: Two-thirds (66.6%) of homes in the county are occupied by homeowners. However, there is great variation by ZIP code, with 98204 (south Everett) seeing 32.6% of homes occupied by the owner, and 98077 (Maltby) seeing 93.9% of homes occupied by the owner[8].

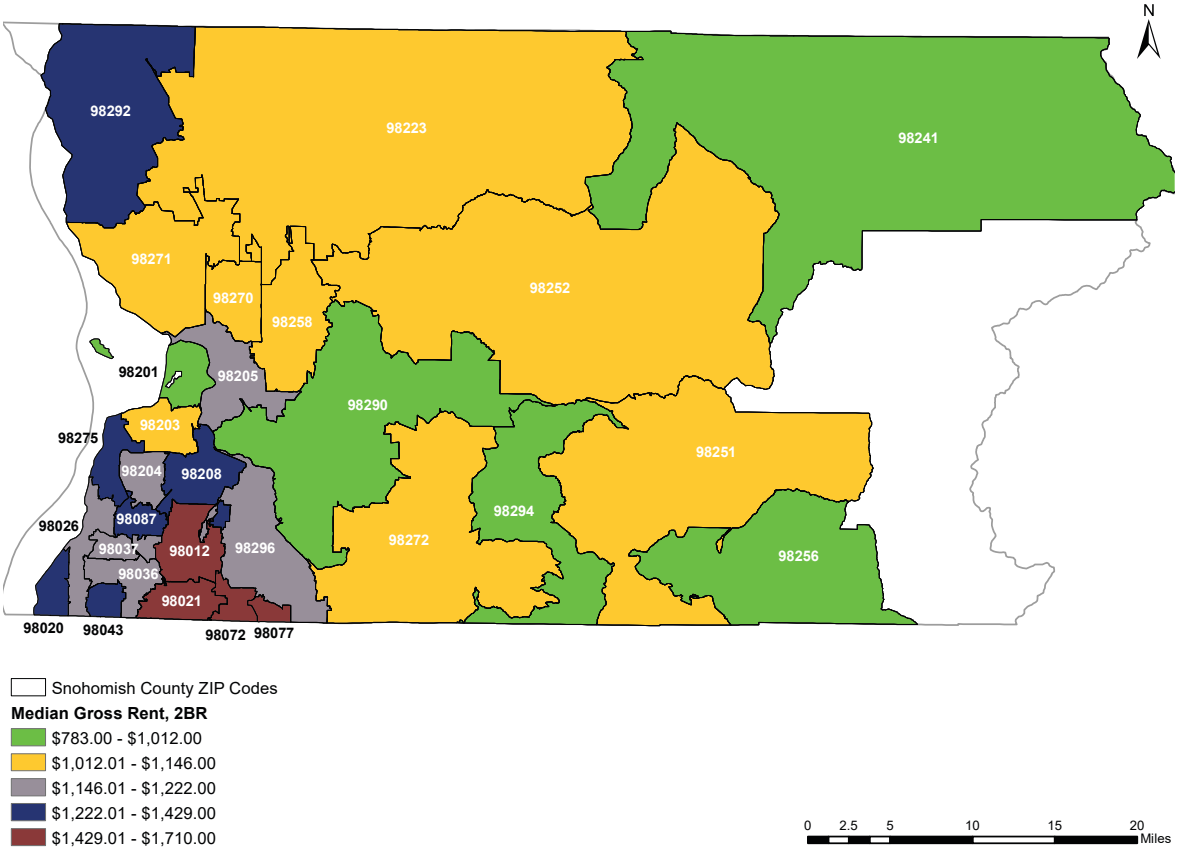
Figure 6: 2018 Housing Occupied by Homeowners by ZIP Code



Economy & Housing (cont.)

Housing Affordability: The best information available on housing affordability is median gross rent. The median gross rent includes low-income housing and may be skewed lower than the median rent for those who do not qualify for low-income housing. Snohomish County's median gross rent for a two-bedroom unit (house or apartment) in 2018 was $1,205 per month. This was higher than the state ($1,079) and U.S. ($964) medians. ZIP code 98077 (Maltby, $1,710) had the highest median gross rent, and 98241 (Darrington, $783) had the lowest[9].

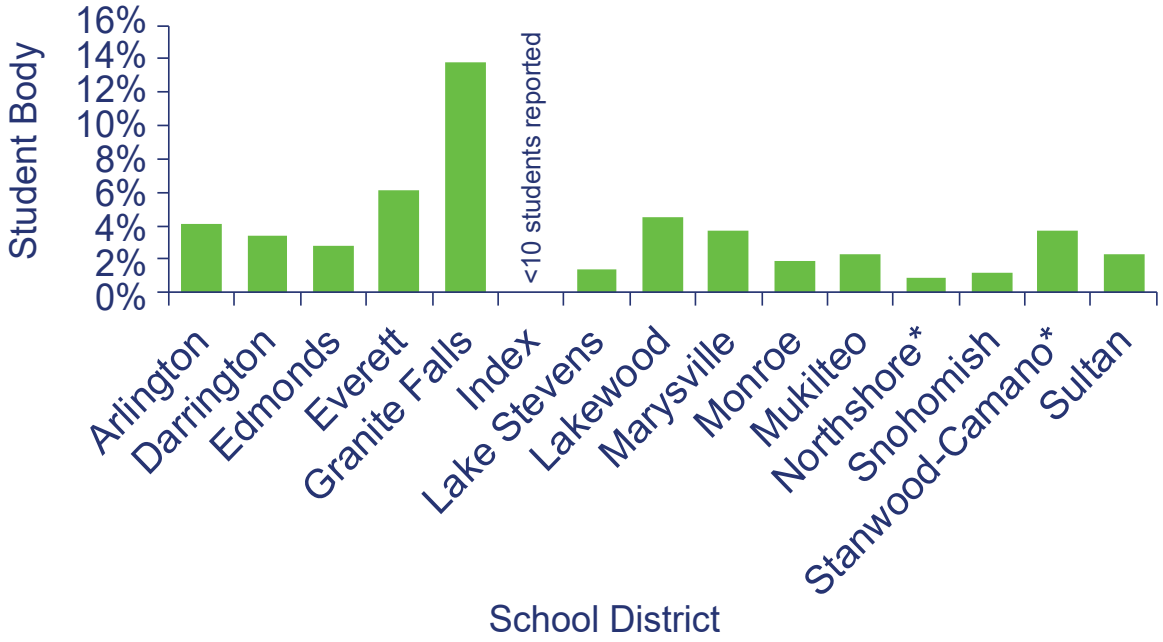
Figure 7: 2018 Median Two-Bedroom Rent by ZIP Code



Economy & Housing (cont.)

Homelessness: According to the Snohomish County Point-in-Time Count estimates, 1,116 people in the county were homeless in 2019[10]. The Point-in-Time Count is used for funding and planning methods but due to constantly-changing methodologies, trends cannot be accurately analyzed. Another method of measurement comes from the Office of Superintendent for Public Instruction (OSPI), which tracks students who are homeless. Granite Falls School District had 13.8% of students considered homeless in the 2017-18 school year, while the Northshore School District (located partially in Snohomish County) had 0.9% of students considered homeless[11].

Figure 8: 2017-2018 Snohomish County Homeless Students by School District



* School District is only partially located in Snohomish County

Economy & Housing (cont.)

COMMUNITY INPUT

Housing was one of the eight topics discussed at three community data walks. Participants' most common concern was Snohomish County's lower vacancy rate compared to the state and U.S. Vacancy rate is an important factor for housing because more vacancies can mean more options for people to find a suitable and affordable home.

Groups at the first data walk voted housing as the third highest concern of the eight topics covered. There was in-depth discussion about housing at the first event, but not at the next two data walks. The focus during the discussion was on how zoning codes restrict development of housing that is affordable to low- and middle-income families. The group decided that if zoning codes in the county were amended to allow greater density and provisions for affordable housing unit requirements, the number of available and affordable housing options would increase.

Economy & Housing Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Vacancy rate	-1	0	n/a	-1
Owner-occupied housing	0	-1	n/a	-1
Supplemental Nutrition Assistance Program (SNAP) recipients	0	-1	n/a	-1
65 and older below Federal Poverty Level (FPL)	0.5	-1	n/a	-0.5
Median gross two-bedroom rent	-0.5	n/a	n/a	-0.5
Single mothers under FPL	1	-1	0	0
Renters spending >30% on housing	0	0	n/a	0
Unemployment rate	0	1	-1	0
Population below FPL	1	0	n/a	1
Families below FPL	1	0	n/a	1
Free/reduced cost lunch recipients	0.5	1	0	1.5
18 and under below FPL	1	1	0	2

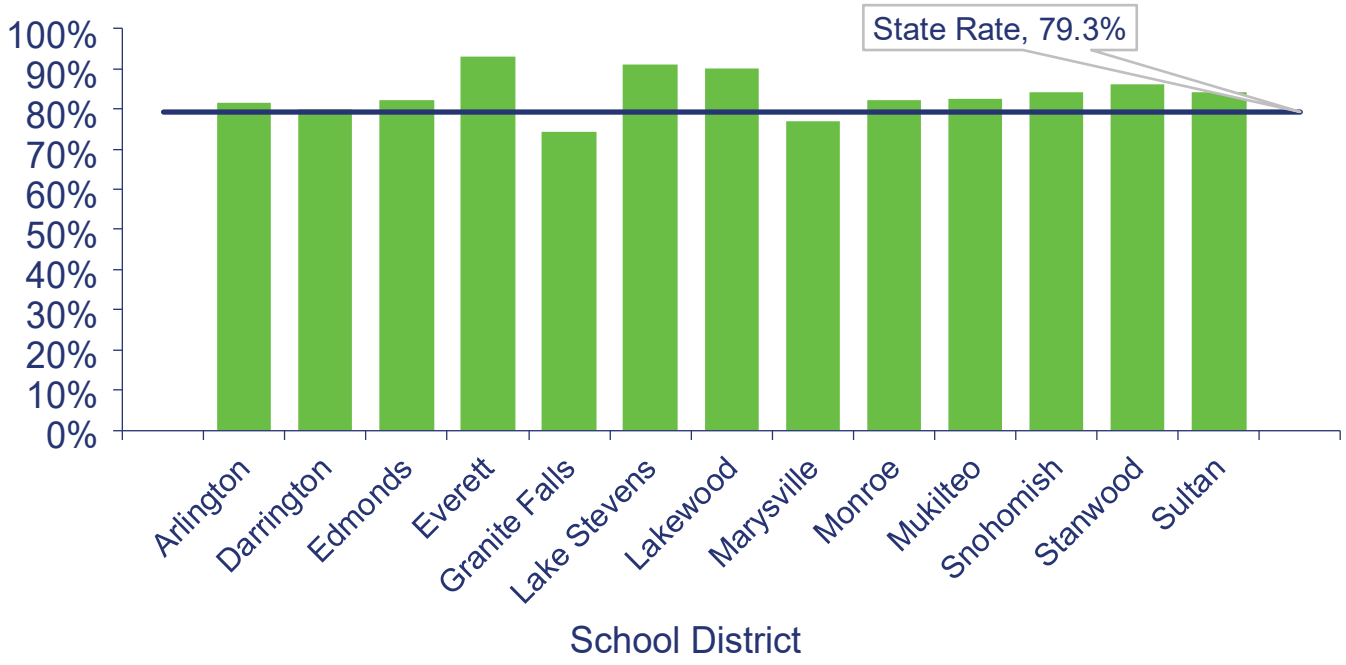
Education

Educational Attainment in Adults: In 2017, 31.3% of Snohomish County adults age 25 or older had obtained a Bachelor's degree or higher. While slightly lower than the state rate (34.4%), this was on par with the national rate (30.9%)[12].

Four-Year Graduation: The 2017 on-time graduation rate for public high schools in the county was 79.5%, which is on par with the state rate of 79.3%. Asian students have the highest rates of on-time graduation in the county (87.6%), while American Indian/Alaska Native students have the lowest rates (55.7%)[13]. The 2017 national rate for on-time graduation was 84.6%[14]. Snohomish County is not currently meeting the Healthy People 2020 goal, which is an on-time graduation rate of 87%[15].

Figure 9 below shows performance by school district in the county.

Figure 9: 2016-2017 Snohomish County On-Time Graduation Rate by School District



Education Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
On-time graduation rate	0	1	-1	0
Population 25 and older with Bachelor's degree	0	1	n/a	1

Transportation

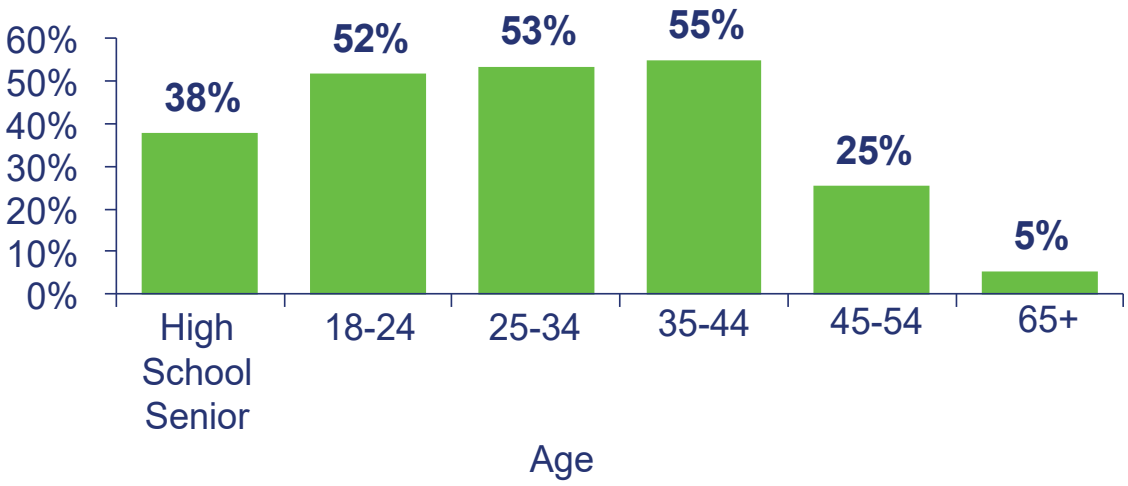
Average Travel Time to Work: In 2017, Snohomish County's average (or mean) travel time to work increased for the fifth year in a row. At 31.8 minutes, Snohomish County commuters are spending more time on the road than commuters state and nationwide[4].

Delayed Healthcare due to Lack of Transportation: A little less than four percent (3.5%) of people in the county reported in 2018 that they had to delay seeking healthcare because they didn't have transportation[16].

Seatbelt Usage: According to the 2018 Behavioral Risk Factor Surveillance System, 95.4% of adults in Snohomish County say they 'always' wear a seatbelt[16]. This meets the Healthy People 2020 goal of 92% of adults always wearing a seatbelt when in a vehicle[15].

Texting and Driving: In the 2018 Healthy Youth Survey, 37.8% of high school seniors admitted to texting while driving at least once in the past month[17], compared to 36.9% of adults in 2017[18]. For adults, those between 35 and 44 years old had the highest rate of texting and driving (54.7%) and those who are 65 or older had the lowest (5.4%)[18].

Figure 10: 2018/2017 Snohomish County Texting and Driving by Age

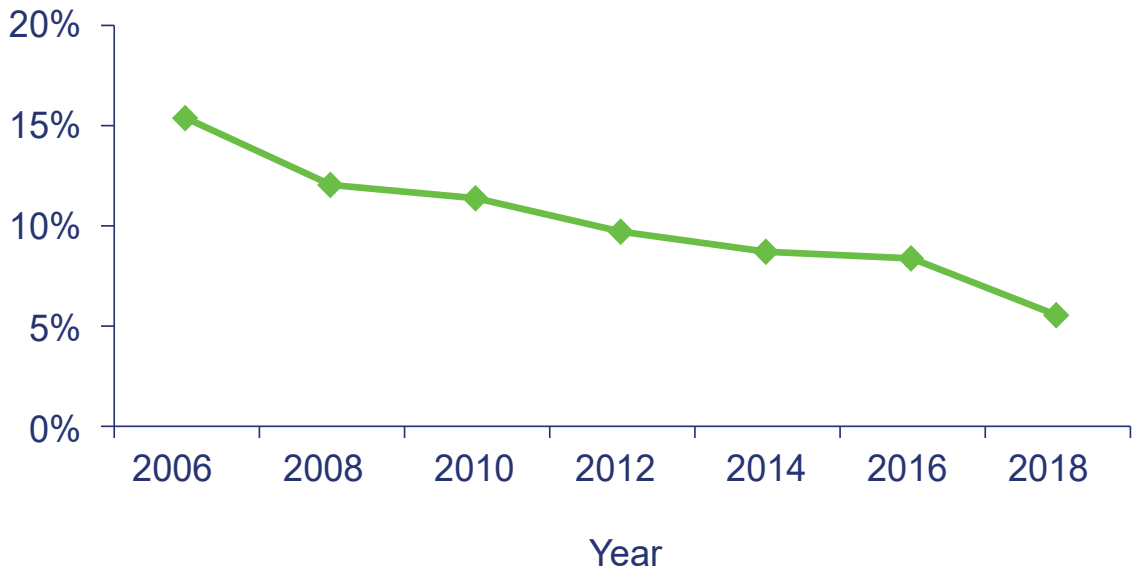


Transportation (cont.)

Impaired Driving: In 2018, 13.1% of high school seniors admitted to driving a motor vehicle within three hours of consuming marijuana at least once in the past month[17]. For adults, 25.4% said they've driven within three hours of consuming marijuana at least once in the past year[16]. The adult percentage decreased to 23.4% in 2017, after a peak of 35.6% in 2016, while the state figure has remained fairly stable since 2015. This could be in part due to efforts by the state to educate people on the consequences of driving while impaired by any substance.

The percentage of high school seniors who reported driving after consuming alcohol has decreased immensely, from 15.4% in 2006 to 5.5% in 2018[17].

Figure 11: Snohomish County High School Seniors Drinking and Driving

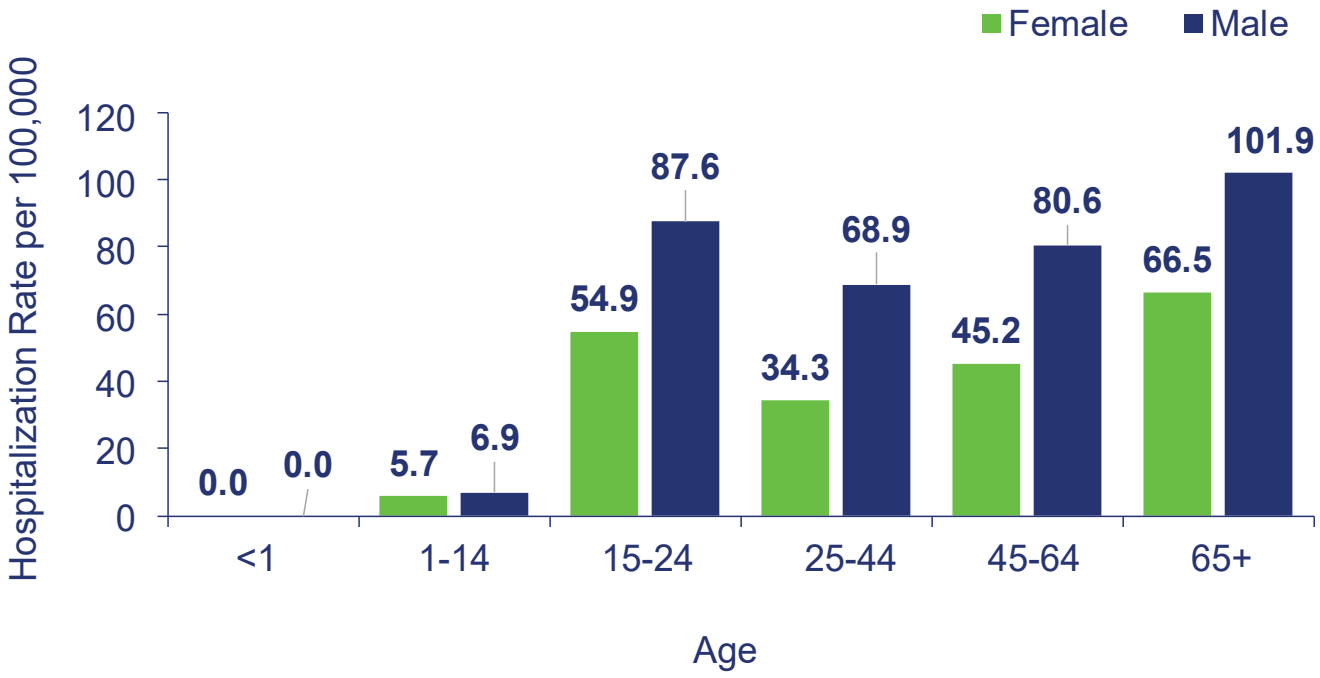


Transportation (cont.)

Motor Vehicle Collisions: In 2018, 424 Snohomish County residents were hospitalized for injuries sustained in a motor vehicle collision, a rate of 50.7 hospitalizations per 100,000 people. Across all age groups, men in the county were more likely than women to be hospitalized for injuries sustained in a motor vehicle collision, as shown below in Figure 12[19]. 57 county residents died from a motor vehicle collision in 2017, a rate of 6.5 deaths per 100,000 people[20]. Deaths may have occurred after the person was hospitalized for their injuries.

The county's rate of death due to motor vehicle collision is slightly lower than the state rate of 8.6 deaths per 100,000 people.[6]

Figure 12: 2018 Snohomish County Motor Vehicle Collision Hospitalization by Age and Gender



Transportation (cont.)

Transportation Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Drive alone to work	0	0	-1	-1
Mean travel time to work	0	-1	n/a	-1
Adult drove after marijuana	0	0	n/a	0
Adult texting & driving	0	0	n/a	0
Delayed healthcare due to transportation	0.5	0	n/a	0.5
Motor vehicle crash injury	0	1	n/a	1
Adult seatbelt use	0	0	1	1
Public transportation to work	0	0	1	1
Youth texting & driving	0.5	1	n/a	1.5
Motor vehicle crash mortality	1	0	1	2
Youth drove after marijuana	1	1	n/a	2
Youth drove after drinking	1	1	n/a	2

General Health

Leading Causes of Death: The top ten causes of death in Snohomish County in 2018 were as follows[20]:

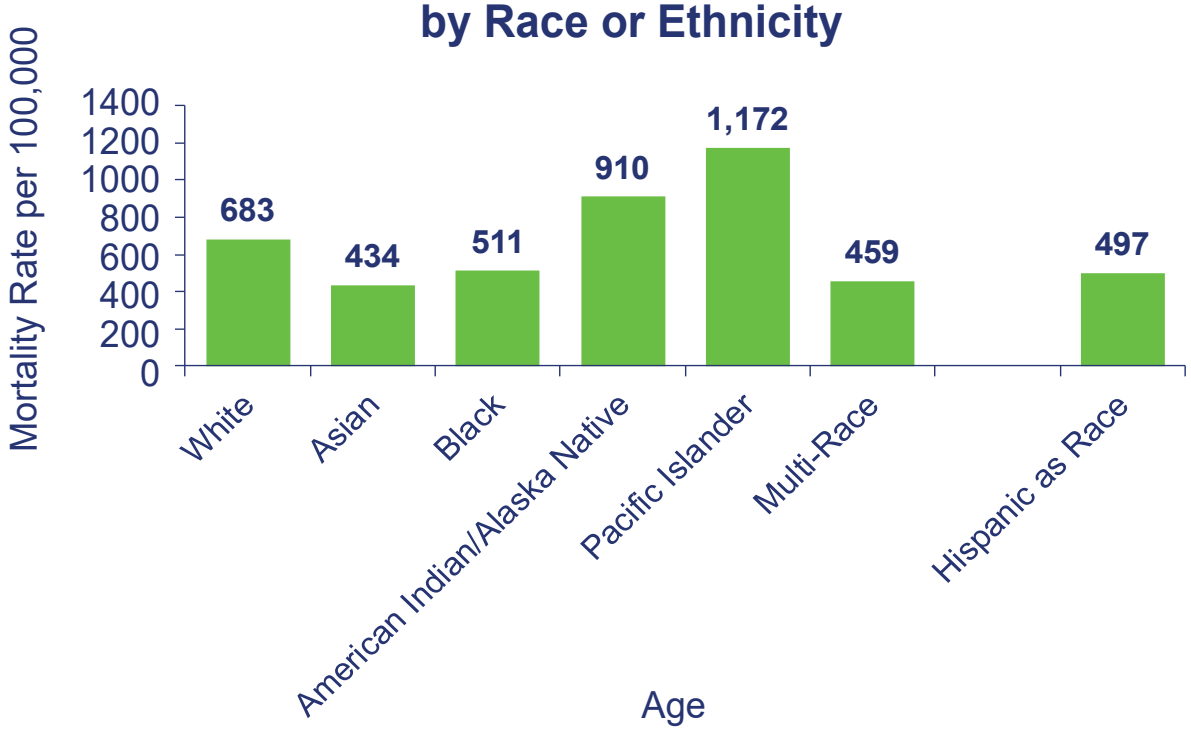
Rank	Cause of death
1	Cancer
2	Heart disease
3	Unintentional Injury
4	Alzheimer's Disease
5	Chronic lower respiratory disease
6	Stroke
7	Diabetes
8	Suicide
9	Chronic liver disease & cirrhosis
10	Influenza & pneumonia

For children between 1 and 14 years old, five years of data were combined to more accurately determine the leading causes of death. From 2014-2018, accidents were the leading cause of child mortality, followed by cancer, suicide, birth defects, and assault (homicide)[20].

Life Expectancy: In 2018, average life expectancy at birth in Snohomish County was 80.4 years. That matches the state[20] and is higher than the U.S. expectancy of 78.6 years[21]. Women in the county are projected to live longer than men (82.9 years compared to 77.6 years)[20].

Overall Mortality: The overall mortality rate from all causes in Snohomish County in 2018 was 654.4 deaths per 100,000 people. This was close to the state rate of 664.5 per 100,000[20]. The 2017 U.S. rate was higher at 731.9 per 100,000[22]. In Snohomish County, the mortality rate was highest among American Indian/Alaska Native and Pacific Islander residents.

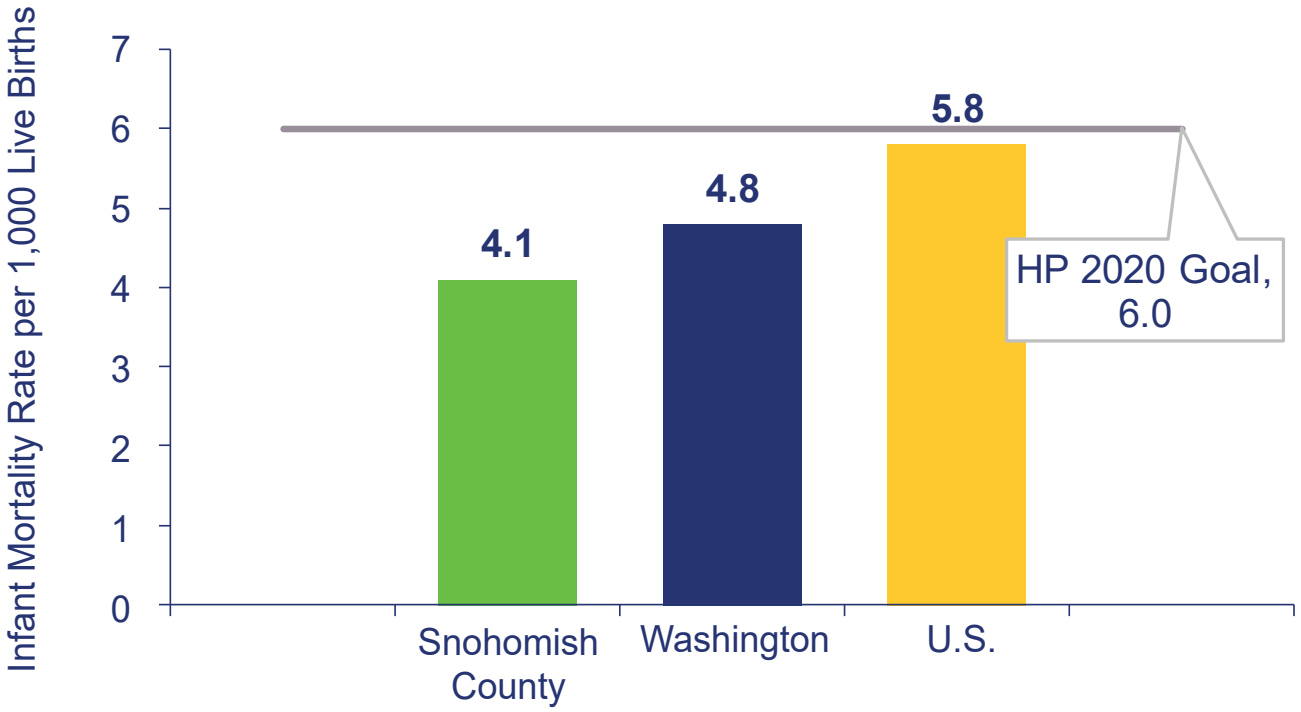
Figure 13: 2018 Snohomish County Mortality Rate by Race or Ethnicity



General Health (cont.)

Infant Mortality: The infant mortality rate in Snohomish County was 4.1 per 1,000 live births in 2015. This is better than the state (4.8)[4] and U.S. (5.8)[22] rates. Snohomish County meets the Healthy People 2020 goal of 6 or fewer deaths per 1,000 infants.[5]

Figure 14: 2017 Infant Mortality Rate



General Health (cont.)

Leading Causes of Hospitalization: After childbirth and pregnancy complications, the leading causes of hospitalization in 2018 were: heart disease, injury and poisoning, mental illness, and diseases of the digestive system[19].

Hospitalization: In 2018, the overall hospitalization rate for Snohomish County was 8,410.9 hospitalizations per 100,000 people. Of the leading causes of hospitalization, 30% were due to complications related to pregnancy and childbirth, which is the likely explanation for the hospitalization rate being far higher in females (9,604 per 100,000) compared to males (7,388.9 per 100,000). Rates were lowest in children ages 1 to 14, and highest in the county's youngest (less than one year old) and oldest (65 and older) residents[19].

Physical Health: In 2018, 11.2% of adults in Snohomish County said that their physical health was 'not good' for 14 or more of the last 30 days. This rate was slightly higher for females (12.8%) than males (9.5%)[16].

Disability: 21.7% of adults in Snohomish County said they were limited in activities due to physical, mental, or emotional problems in 2017. While nearly identical to the state rate of 22%[18], both are slightly higher than the U.S. figure of 19.3%[23].

General Health Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Life expectancy at birth	0	0	n/a	0
Days poor health interfered with Activities of Daily Living (ADLs)	0	0	n/a	0
Fair/poor overall health in adults	0.5	0	n/a	0.5
Overall mortality	0	1	n/a	1
Overall hospitalization	0	1	n/a	1
Adult poor physical health days	0	0	1	1
Infant mortality	0.5	0	1	1.5
Childhood mortality	1	0	1	2

Cancer

Overall: Snohomish County's rate of new cancer diagnoses in 2016 was 527.5 diagnoses per 100,000 people. This was much higher than the state (497.6 per 100,000). The rate was highest in those age 65 or older[24].

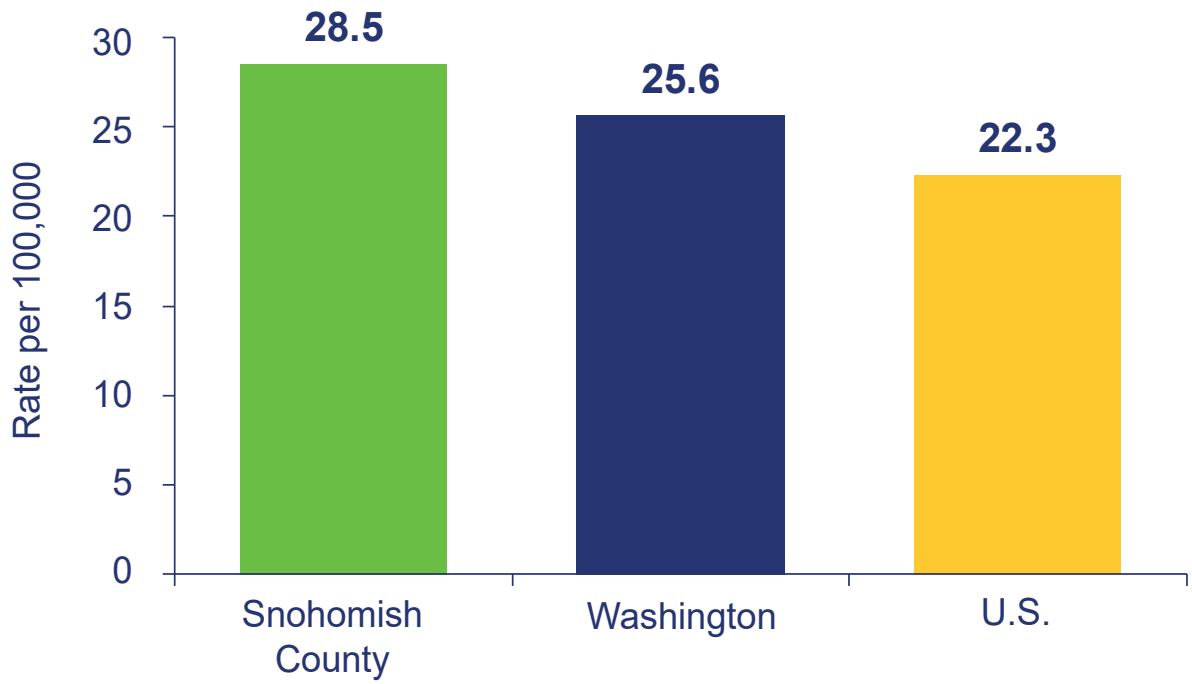
The mortality rates for the county and state were similar in 2018, with 140.9 cancer-related deaths per 100,000 people in Snohomish County and 144.5 per 100,000 statewide.

The mortality rate from cancer has been decreasing over the past decade[20].

Melanoma (Skin Cancer): In 2016, Snohomish County had an incidence rate of 28.5 per 100,000 for cases of melanoma (skin cancer)[24]. This was higher than the U.S. (22.3) rate[25], despite Snohomish County seeing fewer days of sun annually.

The county rate was far higher for males (79.6) compared to females (58.7)[24].

Figure 15: 2016 Melanoma Incidence



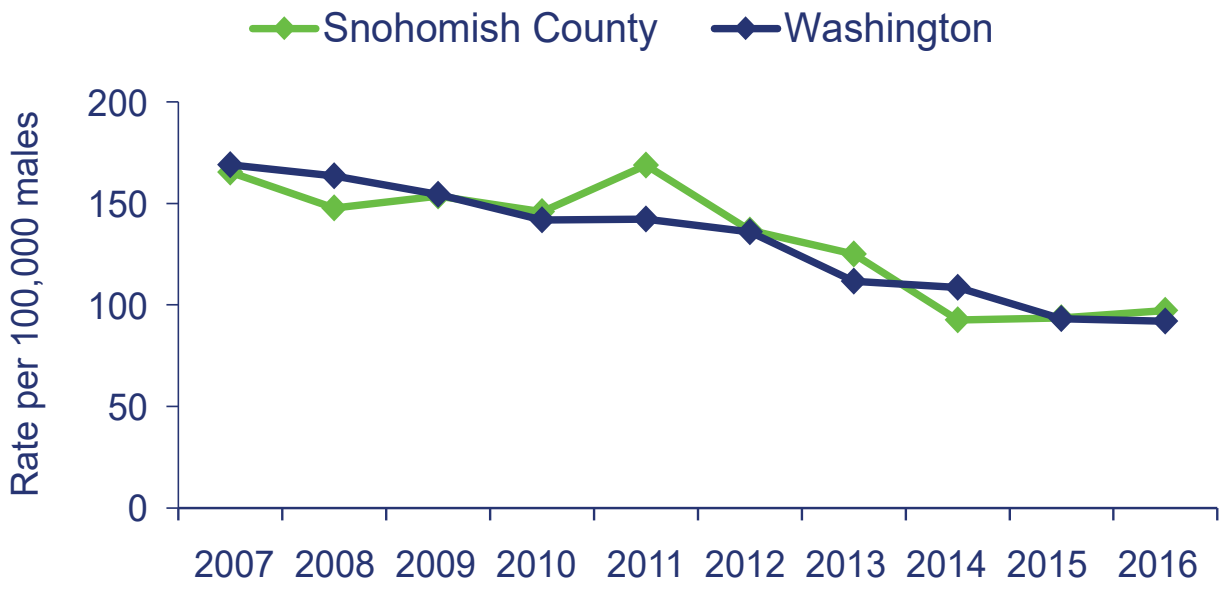
For melanoma mortality, Snohomish County's 2018 rate (1.5 deaths per 100,000 people)[20] is meeting the Healthy People 2020 goal of 2.4 deaths or fewer per 100,000 people[15]. The county's rate was slightly better than the state (2.3)[20] and U.S. (2.1)[22] rates.

Cancer (cont.)

Prostate Cancer: There were 450 men in Snohomish County diagnosed with prostate cancer in 2016, a rate of 105.3 per 100,000 males[24]. Snohomish County fares worse than the state rate of 96.7 per 100,000,[24] and the U.S. rate of 101.4 per 100,000 males[25].

The trend for new cases of prostate cancer in Snohomish County does show promise. The incidence rate ten years ago was 147.7 per 100,000 males, compared to 105.3 per 100,000 now[24].

Figure 16: Prostate Cancer Incidence



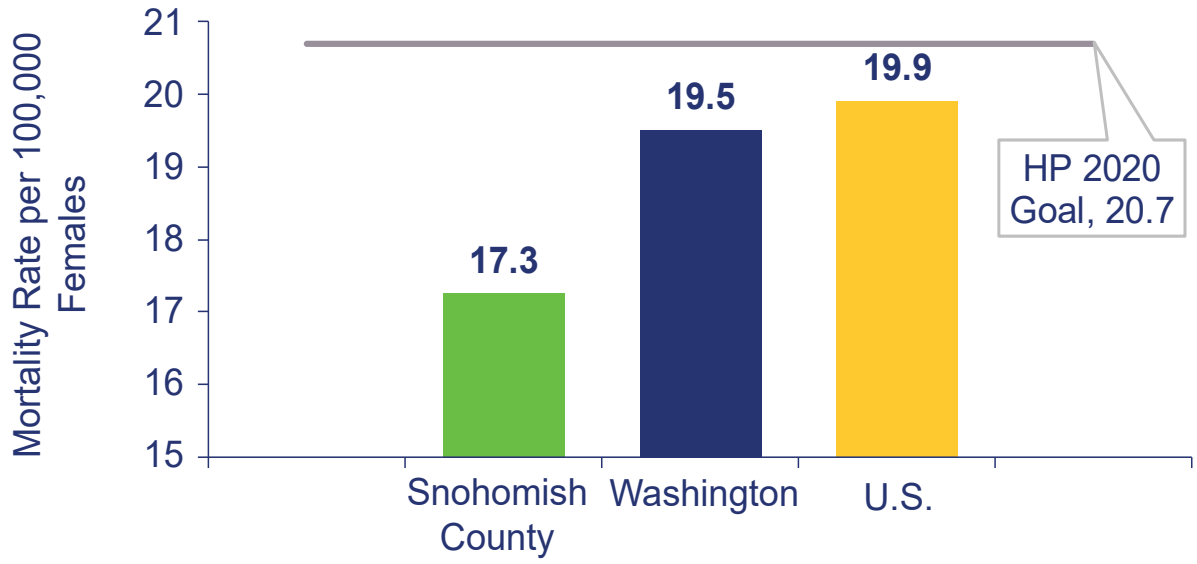
Looking at deaths from prostate cancer, Snohomish County's 2017 rate (19.5 per 100,000 males) as well as the state (19.9)[20] and 2017 U.S. (18.7)[22] rates are meeting the Healthy People 2020 goal of 21.8 deaths or fewer per 100,000 males[15].

Cancer (cont.)

Female Breast Cancer: Snohomish County saw 131.1 cases of breast cancer per 100,000 females in 2016. This is similar to the state rate (133.2)[24] but both are slightly higher than the U.S. (124.2) incidence rate[25].

While incidence is higher in the county, mortality is lower. The county's 2018 rate of 17.3 breast cancer deaths per 100,000 females was better than the state rate (19.5[20]) and the 2017 U.S. rate (19.9 per 100,000[22]). All are currently meeting the Healthy People 2020 goal of a mortality rate no higher than 20.7 deaths per 100,000 females[15].

Figure 17: 2018 Female Breast Cancer Mortality

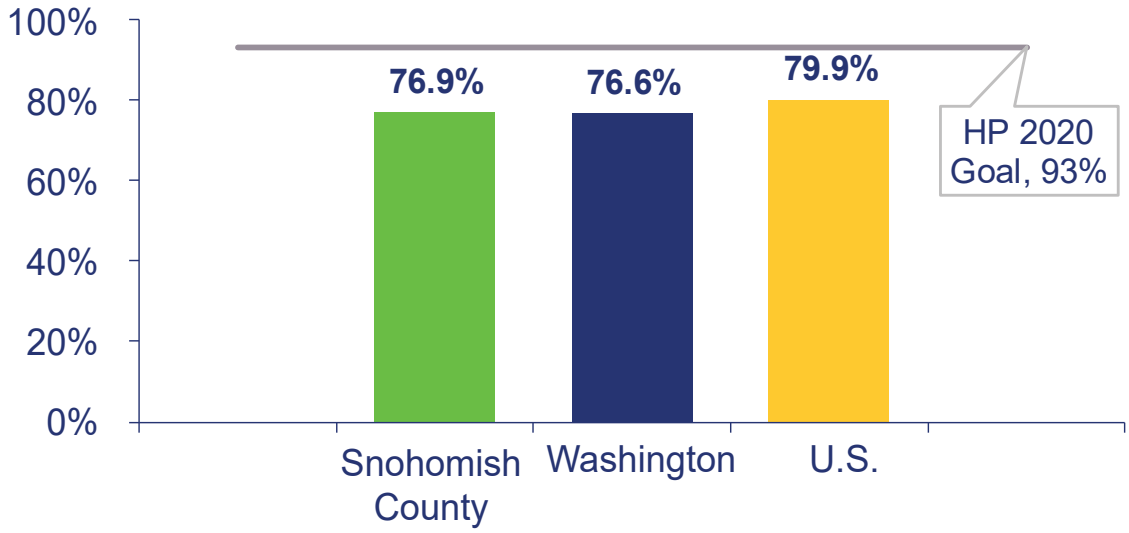


Cancer (cont.)

Female Cancer Screening: Mammograms are recommended to detect breast cancer in females, with early detection of cancer greatly increasing the odds of survival. In 2018, 75.4% of women in the county between the ages of 50 and 74 had received a mammogram within the last two years[16]. This is currently meeting the Healthy People 2020 goal of 73.7% or more women ages 50 to 74 receiving a timely mammogram[15]. Washington (75.1%)[16] and the U.S. (78.9%)[23] are also meeting the goal.

Women ages 21-65 are recommended to get a Pap test every three years to screen for HPV and cervical cancer. In 2018, 76.9% of women in Snohomish County were meeting those guidelines, similar to the state rate of 76.6%[16]. Neither the county, state, nor the U.S. (79.9%)[23] are currently meeting the Healthy People 2020 goal of 93% of women ages 21 to 65 meeting the screening guidelines[15].

Figure 18: 2018 Females Ages 21-65 Meeting Pap Test Guidelines



Cancer (cont.)

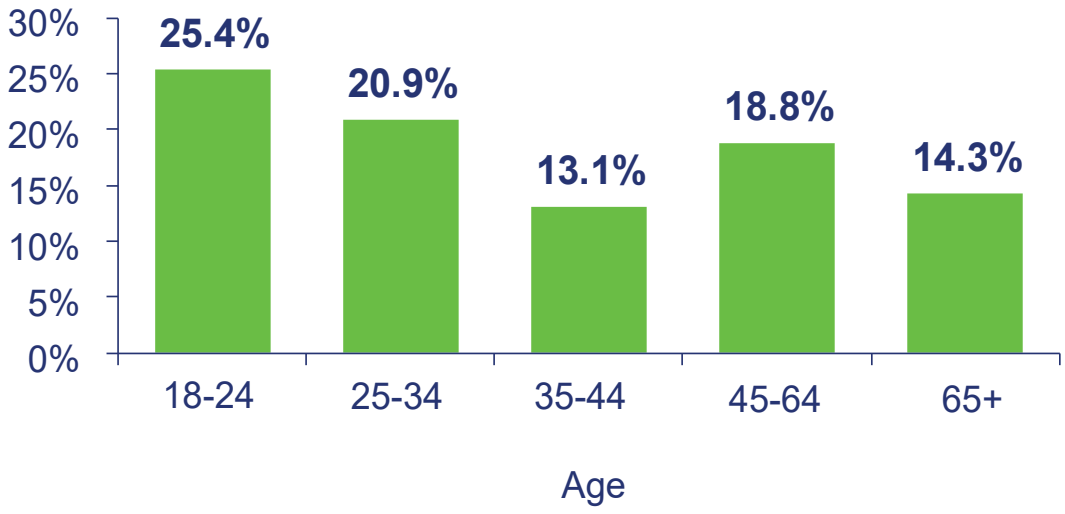
Cancer Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Pap test last 3 years	0	0	-1	-1
Colorectal cancer screening	0	0	-1	-1
Melanoma incidence	-0.5	0	n/a	-0.5
Cancer incidence	-0.5	0	n/a	-0.5
Female breast cancer incidence	0	0	n/a	0
Colorectal cancer incidence	0	0	n/a	0
Mammogram last 2 years	0	0	1	1
Prostate cancer mortality	0	0	1	1
Lung cancer incidence	0	1	n/a	1
Female breast cancer mortality	0	0	1	1
Prostate cancer incidence	0	1	n/a	1
Colorectal cancer mortality	0	0	1	1
Melanoma mortality	1	0	1	2
Cancer mortality	0	1	1	2
Lung cancer mortality	0	1	1	2

Diabetes: In 2018, 10.2% of Snohomish County residents said they had been told by a doctor, at some point in their lives, that they had diabetes[16]. In that year, there were 119.9 diabetes-related hospitalizations per 100,000 county residents. The rate was highest in adults 65 and older (250.5 per 100,000). The rate for males (141.1) was much higher than females (101.3)[19].

Asthma: More than 17% of adults in Snohomish County reported in 2018 that they had, at some point in their lives, been told by a physician or nurse that they had asthma[16]. The 2018 rate for 10th graders ever being told by a doctor or nurse that they had asthma was 18.1%[17].

Figure 19: 2018 Snohomish County Adults Diagnosed with Asthma by Age



Children between 1 and 14 years old were the most likely to be hospitalized for asthma-related issues. That age group's rate of hospitalization was 80 per 100,000, compared to the overall county rate of 39.3 hospitalizations per 100,000 people[19].

Chronic Disease (cont.)

High Blood Pressure: High blood pressure, or hypertension, is a fairly common malady, with 29.9% of U.S. residents reporting in 2017 that a doctor had, at some point in their lives, told them that they had high blood pressure[23]. Snohomish County posted a similar figure of 29.4%[18]. Neither are not meeting the Healthy People 2020 goal of no more than 26.9% of people diagnosed with hypertension[15]. The county rate was significantly higher for males compared to females (35.8% compared to 23.0%)[18].

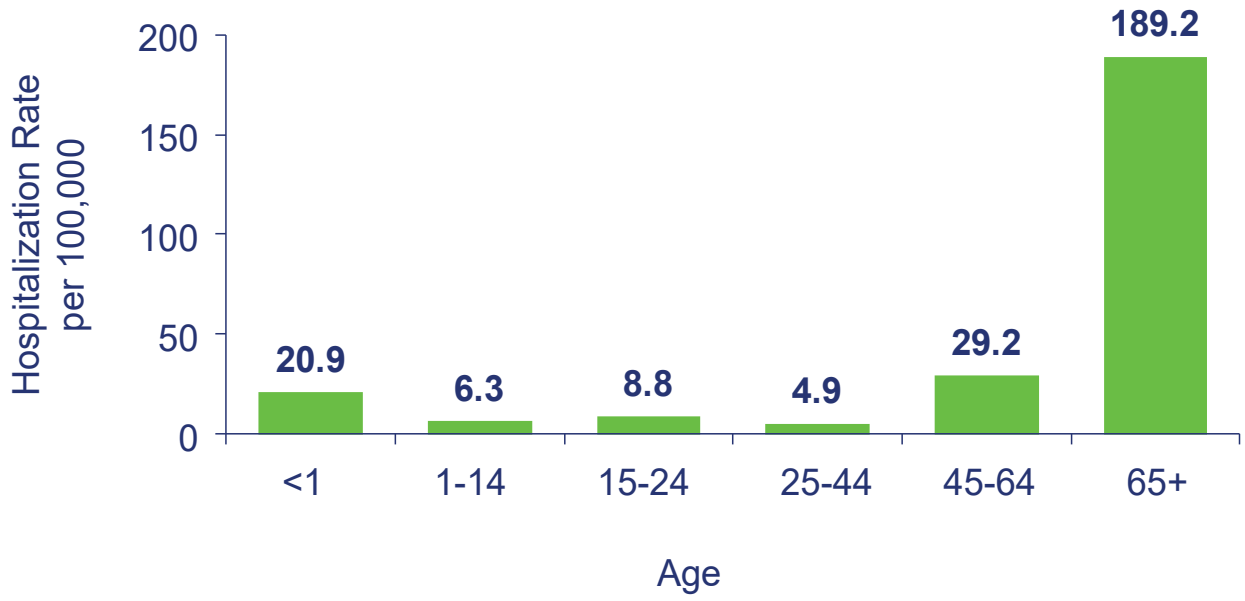
Chronic Disease Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Asthma hospitalization	-0.5	-1	-1	-2.5
Adult high blood pressure	0	0	-1	-1
COPD hospitalization	-0.5	-1	1	-0.5
Adults ever told they have asthma	0	0	n/a	0
Adults ever told they have diabetes	0	0	n/a	0
Adult Chronic Obstructive Pulmonary (COPD) diagnosis	0.5	0	n/a	0.5
Adult stroke diagnosis	0.5	0	n/a	0.5
Adults ever told they have Coronary Heart Disease (CHD) or ever had a Myocardial Infarction (MI)	0.5	0	n/a	0.5
Diabetes hospitalization	0	1	n/a	1
Stroke hospitalization	0	1	n/a	1
Adult high cholesterol diagnosis	0	1	n/a	1
Youth ever told they have asthma	0.5	1	n/a	1.5

Hepatitis C: In 2017, Snohomish County's rate of acute hepatitis C was 1 case per 100,000 people. Acute hepatitis C can become a chronic infection with life-threatening complications if left untreated. The rate of acute hepatitis C is increasing in Snohomish County[26]. Additionally, the county rate is higher than the Healthy People 2020 goal of no more than 0.3 cases per 100,000 people[15].

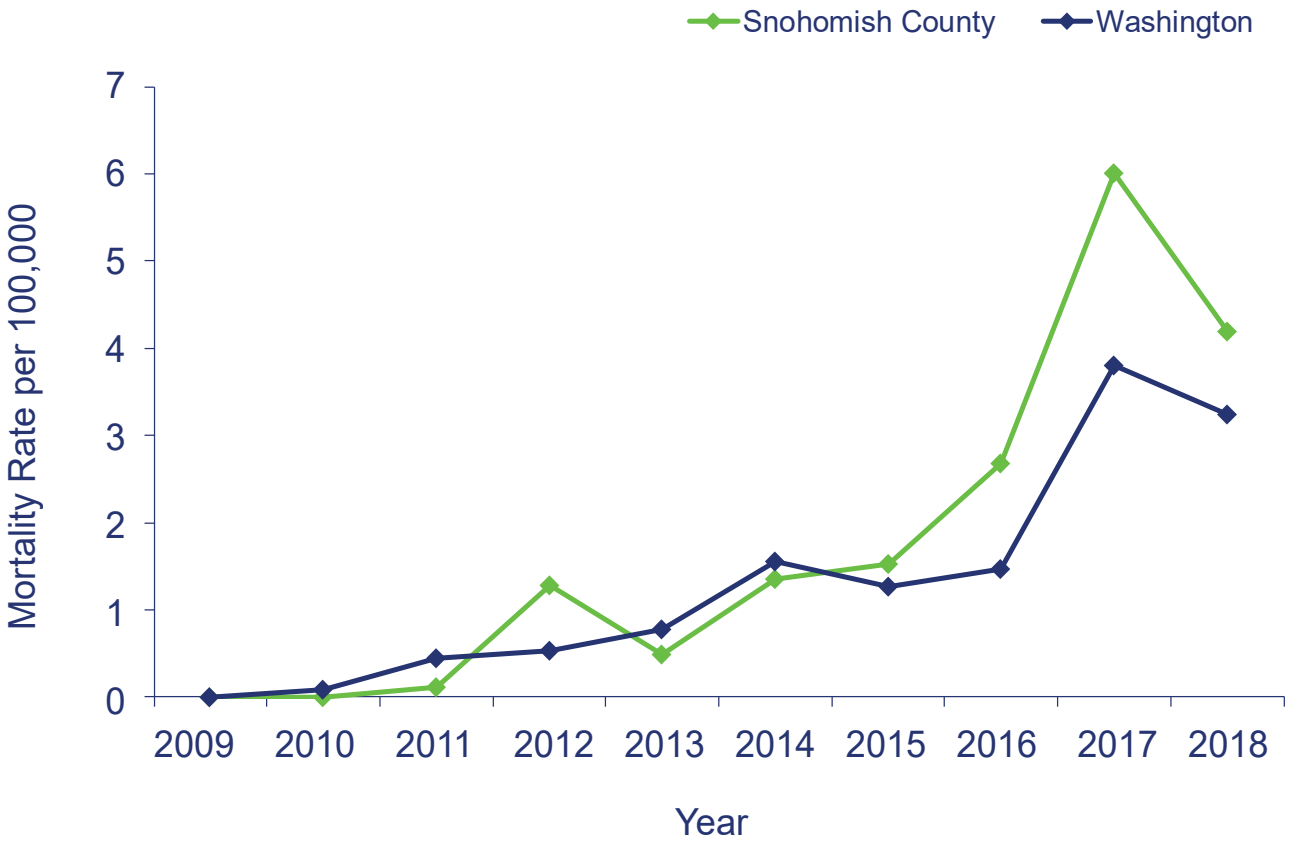
Influenza: 311 Snohomish County residents were hospitalized for influenza in 2018. Nearly 70% of them were 65 or older. The state and county have experienced increasing rates of influenza hospitalizations in recent years[19].

Figure 20: 2018 Snohomish County Influenza Hospitalizations by Age



Influenza Mortality: In 2018, 36 Snohomish County residents died from influenza, a rate of 4.2 deaths per 100,000 people. The county's influenza mortality rate has been mostly increasing since 2013, when there was a rate of 0.5 deaths per 100,000 people[20].

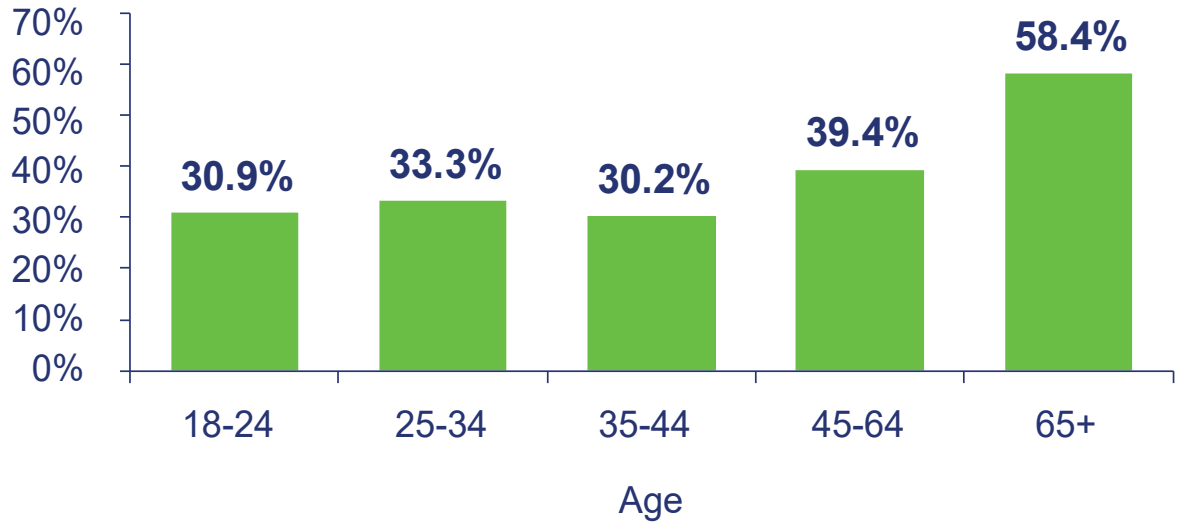
Figure 21: Influenza Mortality



Immunization: In 2018, 39.6% of adults in Snohomish County reported receiving a flu shot in the last 12 months. This percentage was slightly higher for females compared to males (41.6% compared to 37.6%), and highest overall among adults age 65 or older (58.4%)[16].

During the 2016-17 school year, 86.4% of public school students in the county had completed all of their recommended vaccinations.[6]

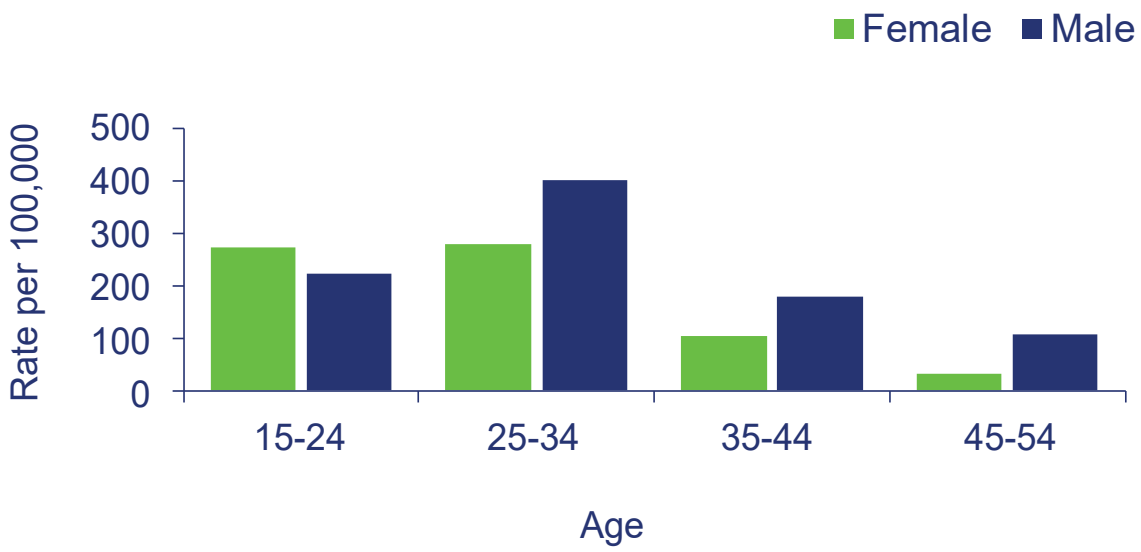
Figure 22: 2018 Snohomish County Adults Influenza Vaccination by Age



Gonorrhea: Snohomish County had a gonorrhea rate of 116.0 infections per 100,000 residents in 2018. This is nearly six times the rate from ten years ago (20.8). State and national rates have been increasing at a similar pace.

As shown below in Figure 23, the group in the county that has the highest infection rate is males ages 25 to 34[27].

Figure 23: 2018 Snohomish County Gonorrhea Infections by Age and Gender



Syphilis: In recent years, syphilis rates have been increasing in the county and state, from 0.6 cases per 100,000 people in 2009 in Snohomish County to 5.2 per 100,000 in 2018. An overwhelming majority of people infected with syphilis are men. This is presumed to be a significant issue for men who have sex with men (MSM). There have only been a few cases of syphilis among women in Snohomish County in the past decade[27].

Communicable & Infectious Disease (cont.)

Communicable Disease Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Acute Hepatitis C	0	-1	-1	-2
Campylobacteriosis	-0.5	-1	n/a	-1.5
Influenza mortality	-0.5	-1	n/a	-1.5
Influenza hospitalization	0	-1	n/a	-1
Active Tuberculosis	0	0	-1	-1
Adults with influenza vaccination past 12 months	0	0	-1	-1
Children K-12 complete for immunizations	0	-1	n/a	-1
Adults who have had an HIV test	0	0	-1	-1
Giardia	-0.5	0	n/a	-0.5
STEC e.Coli	0	0	0	0
Pertussis	0	0	n/a	0
Mumps	0	0	n/a	0
Gonorrhea	1	-1	n/a	0
Primary and secondary Syphilis	1	-1	n/a	0
Salmonella	0.5	0	0	0.5
Chlamydia (females ages 15-24)	1	0	n/a	1
New HIV diagnosis	1	0	n/a	1
Acute Hepatitis B	0.5	0	1	1.5
Hepatitis A	1	0	1	2

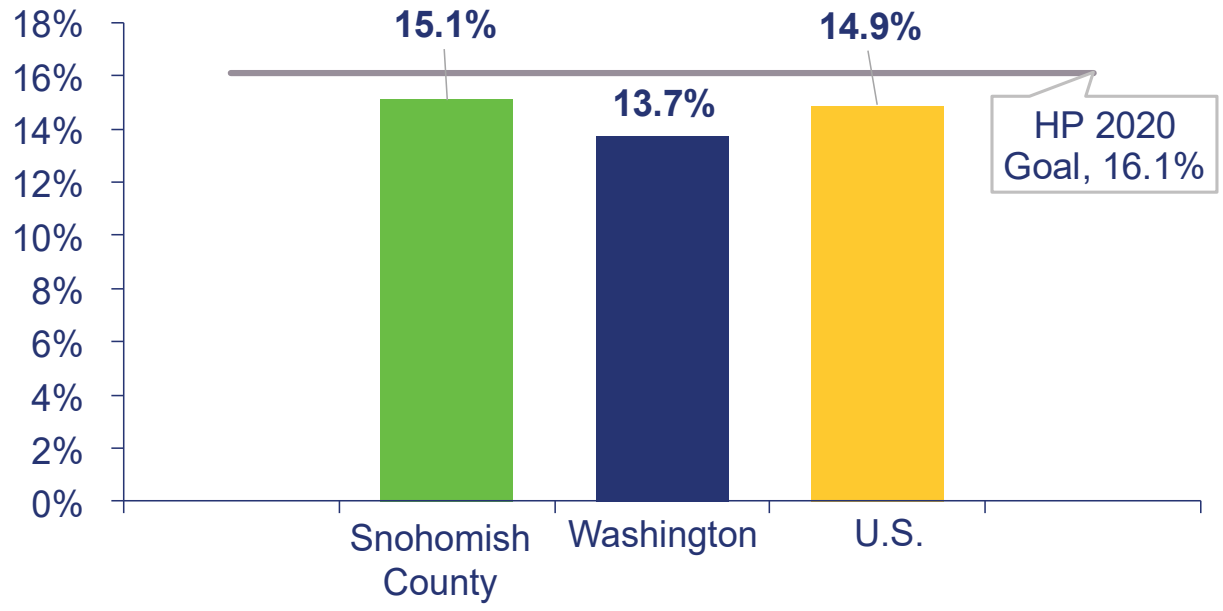
Diet & Activity

Body Weight: In 2018, 14.9% of 10th grade students in Snohomish County were considered overweight. Overweight is defined as being in the highest 5 to 15% of body mass index (BMI) growth charts from the Centers for Disease Control and Prevention. This rate was comparable to the state (14.6%)[17] and 2017 U.S. (16.2%)[28] rates. An additional 15.1% of 10th graders in the county were in the highest 5% of the charts, which is considered obese.

Males were more likely to be considered obese than females at this age (19.5% compared to 10.6%). This could, in part, be due to muscle mass, which is not accounted for when calculating BMI.

The statewide rate for 10th grade obesity was 13.7%[17], slightly better than the county. The 2017 U.S. rate was worse at 14.9%[28]. The county, state and nation are meeting the Healthy People 2020 goal of no more than 16.1% of adolescents ages 12 to 19 being considered obese[15].

Figure 24: 2018/2017 10th Grade Obesity

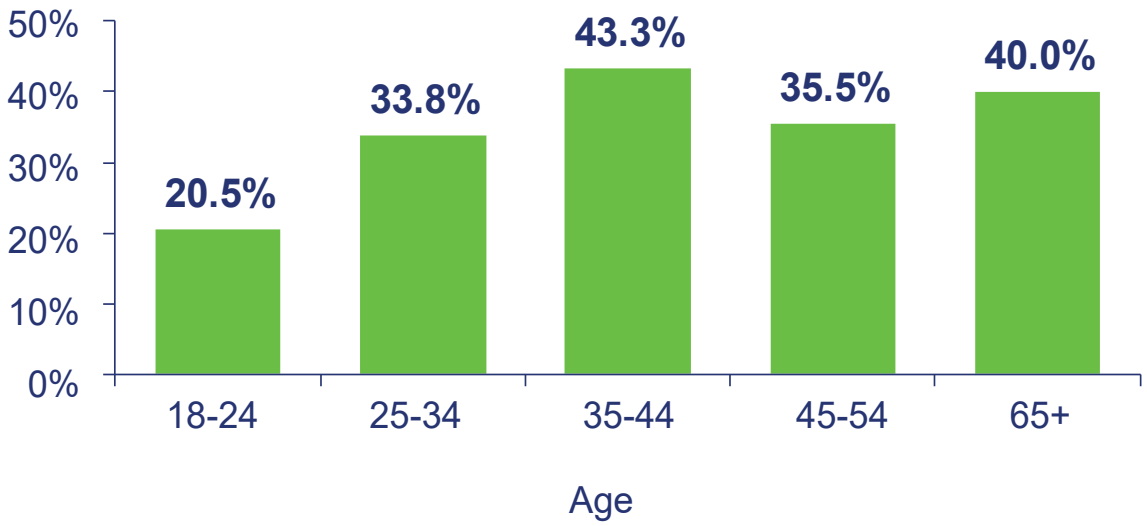


Diet & Activity (cont.)

Roughly one-third of adults (35.6%) in Snohomish County were considered overweight in 2018. The percentage of people who are overweight was highest for those ages 35 to 44[16].

The obesity rate peaks at 38.1% for the 45 to 64 age group. Overall, 30.9% of adults in the county were considered obese in 2018. For both overweight and obese adults in the county, there were no strong differences in rates in males compared to females[16].

Figure 25: 2018 Snohomish County Adults who are Overweight by Age

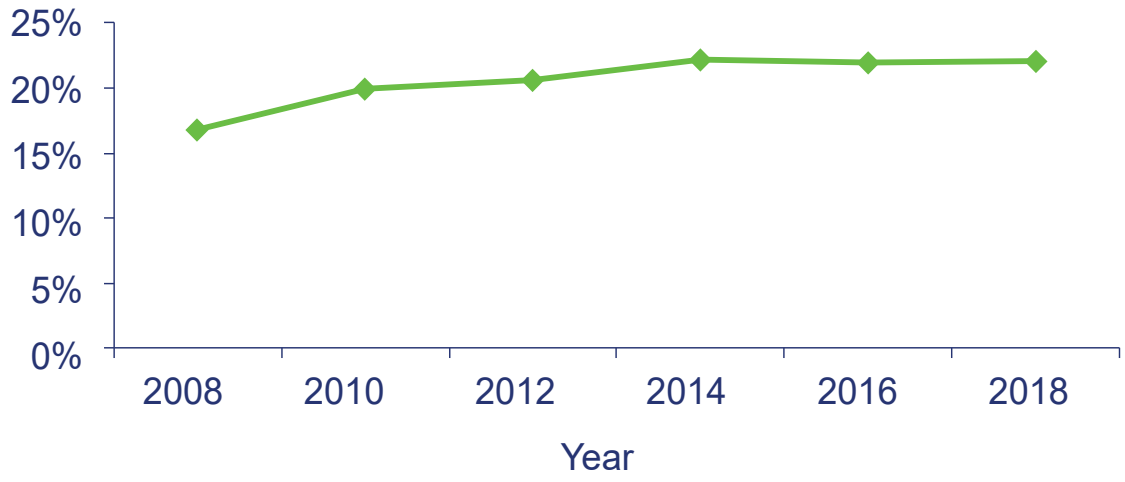


Diet & Activity (cont.)

Physical Activity: There has been steady improvement in the proportion of 10th grade students who are meeting recommended physical activity guidelines. The recommendation is for them to be active for at least 60 minutes each day. There has been an upward trend since 2008.

Though the 2018 rate of 22.1% of 10th graders meeting the guidelines is slightly better than the state (21.6%)[17], they both fall below the national rate (25.6%)[28] and all are far below the Healthy People 2020 goal of 31.6% meeting physical activity guidelines[15]. There has been improvement in the past decade, however, as demonstrated in Figure 26 below.

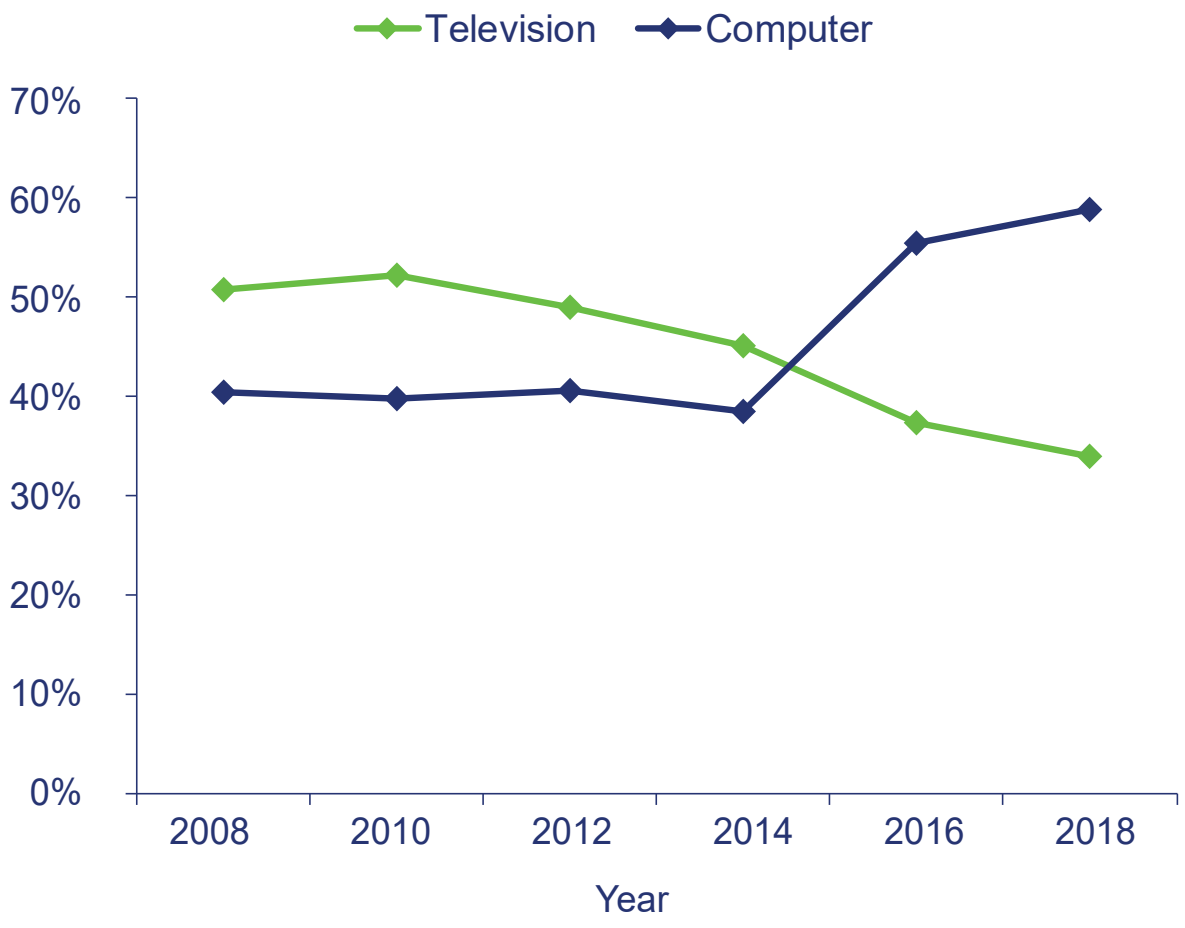
Figure 26: Snohomish County 10th Grade Students Physically Active 60+ Minutes/Day 7 Days a Week



In Snohomish County, 22% of adults were meeting guidelines for aerobic and muscle-strengthening activities in 2017[18]. The guidelines call for at least 150 minutes per week of light to moderate aerobic activity, 75 minutes of vigorous activity, or some combination of the two.

Screen Time: The amount of time spent in front of a computer, cell phone, or television is known as screen time. Currently, screen time for youth, but not adults, is measured at the county level. In recent years, the Healthy Youth Survey has been trying to re-word these questions to best capture screen time trends, by adding social media to the question about time spent on the computer in 2014 and also adding streaming television to the question about time spent watching television in 2018. This might explain some of the large shifts in viewing modes as seen in Figure 27[17].

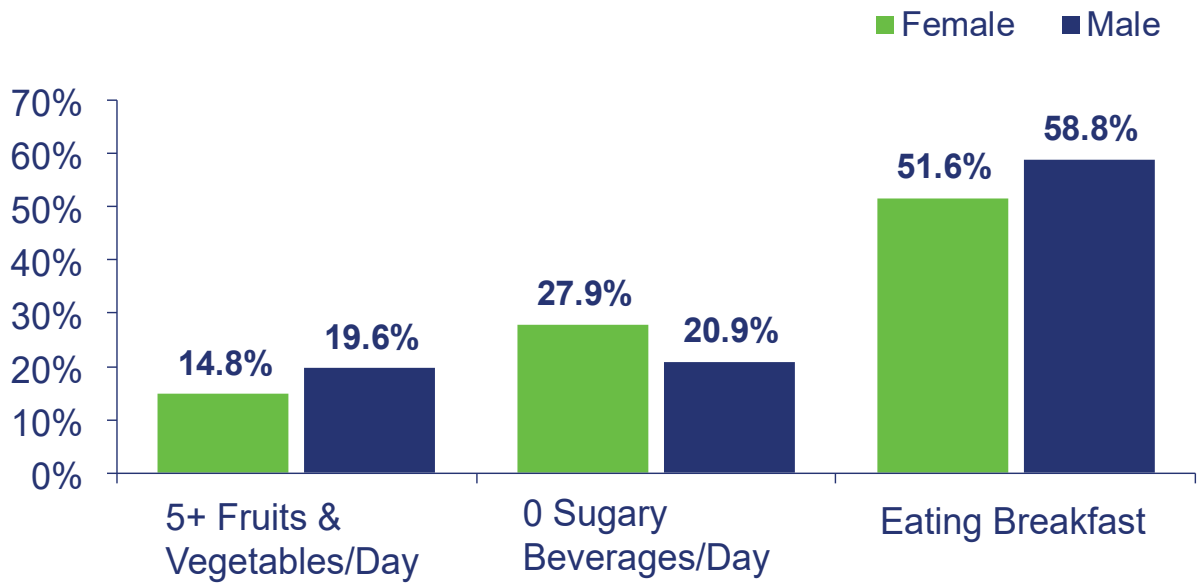
Figure 27: Snohomish County 10th Grade Students with 2+ Hours of Screen Time



Diet & Activity (cont.)

Diet: As of 2018, 10th grade students in Snohomish County are doing better at eating breakfast (55.1%) than they are at avoiding sugar-sweetened beverages (24.1%) or eating enough fruits and vegetables (17.2%). Differences by gender were notable in some instances shown below, with females more likely to avoid sugar-sweetened beverages but males more likely to eat five or more servings of fruits and vegetables, as well as eat breakfast[17].

Figure 28: 2018 Snohomish County 10th Grade Student Nutrition Habits by Gender



Vegetable and fruit intake is measured differently for adults compared to youth. Results are reported out on adults who average less than one serving a day of fruits or vegetables. Countywide, 14.7% of adults reported eating less than one vegetable serving a day, and 32.3% reported eating less than one fruit serving a day in 2017. Males were more likely to be consuming less than one fruit a day than females (25.6% compared to 28.9%)[18].

Diet & Activity (cont.)

COMMUNITY INPUT

Youth obesity was one of the eight topics covered during three community data walks. The most common concern, noted by groups at 10 of the 13 total data walk tables, was that 2016 data showed male youth had a higher rate of obesity compared to female youth. After the data walks were held, 2018 Healthy Youth Survey data showed the gender disparity for youth obesity is still strong.

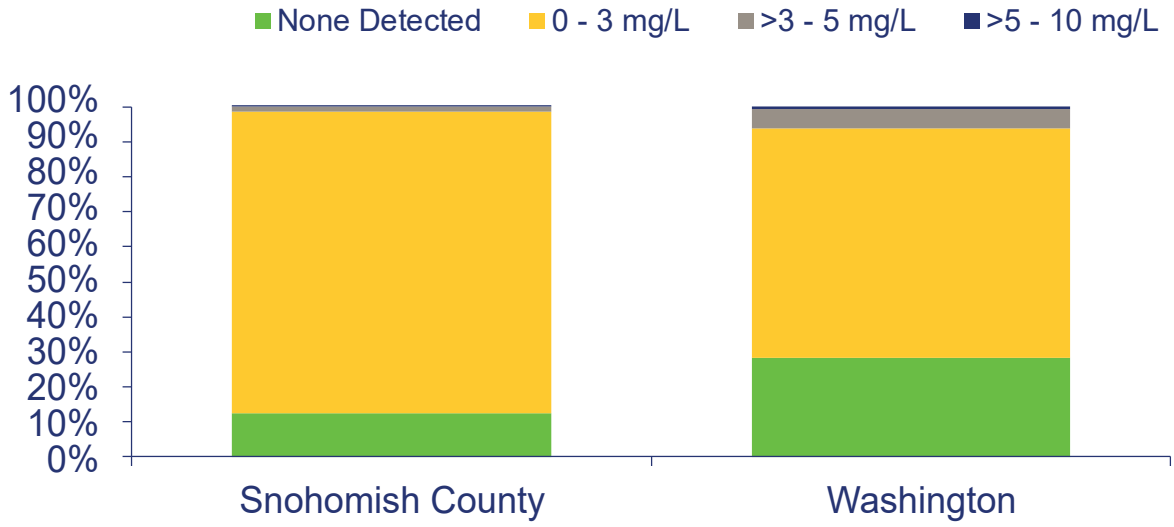
Youth obesity was discussed in-depth at the first data walk. Discussion focused on the substantially higher rates of obesity in male students compared to females. The group at that table agreed that if society demanded a healthy weight for males and females with equal importance, then the gap between genders would decrease.

Diet & Activity Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Youth with 2+ hours of computer time/day	0	-1	-1	-2
Youth Eating 5+ fruits and vegetables/day	0	-1	n/a	-1
Adults meeting physical activity recommendations	0	n/a	-1	-1
Youth with 2+ hours of television/day	0	0	-1	-1
Obese adults	0	0	-1	-1
Obese youth	0	-1	1	0
Overweight youth	0	0	n/a	0
Adults with very low fruit intake	0	0	0	0
Overweight adults	0	0	n/a	0
Youth eating breakfast	0	0	n/a	0
6th grade students physically active 60+ minutes/day	0	0	0	0
Youth consuming 0 sugar-sweetened beverages/day	0	0	n/a	0
Youth physically active for 60+ minutes/day	0	1	-1	0
Adults with very low vegetable intake	0.5	1	n/a	1.5

Drinking Water: Contaminants of all kinds can enter public and private water systems. The Safe Drinking Water Act requires public water systems to be tested regularly for contaminants such as nitrates and arsenic. In 2017, 12.4% of the county population's public drinking water had no detectable level of nitrates. All water was deemed to be at a safe level, which is a nitrate concentration no greater than 10 milligrams per liter. Statewide, less than one percent (0.6%) of the population's drinking water exceeded the safe guidelines for nitrates[29].

Figure 29: 2017 Nitrate Levels in Public Water Sources



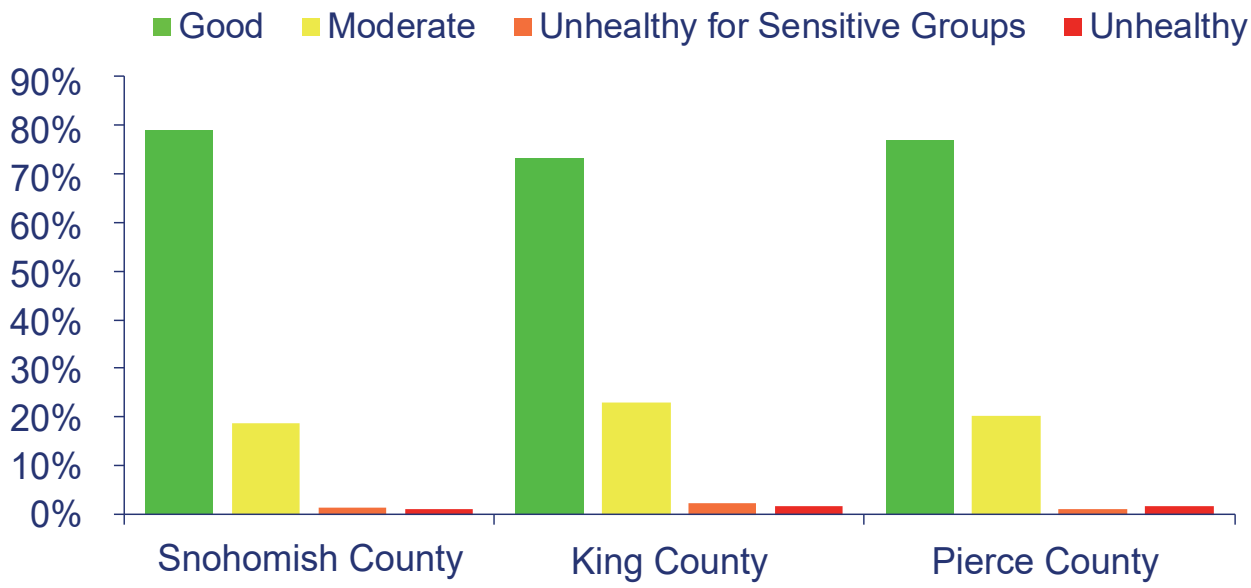
Arsenic is a naturally occurring element that is present throughout our environment in water, soil, dust, air, and food. Levels of arsenic can vary from place to place due to farming and industrial activity as well as natural geological processes. In 2017, 35.3% of the county population's public drinking water had no detectable levels of arsenic, compared to 25.1% of the state population's drinking water. While 28 of the county's 329,408 water systems had arsenic levels above the maximum contaminant level of 10 micrograms per liter, this was less than a one-hundredth of a percent of all water in the county[30].

Environmental Health (cont.)

Air Quality: For over three-quarters of 2018 (78.9% of the year), Snohomish County's air quality was deemed 'good' by the Puget Sound Clean Air Agency. Air quality is determined by three monitoring stations in Darrington, Marysville, and Lynnwood. An air quality index (AQI) score is assigned daily to indicate how clean the air is based on factors such as ozone levels and particulate matter (PM2.5). A score from 0 to 50 is "good" and 51 to 100 is considered "moderate." Scores between 101 and 150 are considered "unsafe for sensitive groups" such as pregnant women, those with asthma, and the elderly. Scores above 151 are "unhealthy" for all.

In Snohomish County and all over Washington, wildfires are the most likely cause when the air quality is less than "good." The highest AQI score in Snohomish County in 2018 was 177, which is in the "unhealthy for all" range. About four days in 2018 had air deemed "unhealthy for all" in Snohomish County. Snohomish County did not drastically differ from other counties served by the Puget Sound Clean Air Agency, with wildfire smoke having an impact on the entire state[31].

Figure 30: 2018 Air Quality Index Scores



Environmental Health (cont.)

Environmental Health Scoring Table

Indicator	Comparison score	Trend Score	Goal Score	Total Score
Children <72 months of age screened for lead	-0.5	1	n/a	-0.5
Population with water exceeding Nitrate guidelines	0	n/a	n/a	0
Population with water exceeding Arsenic guidelines	0	n/a	n/a	0

Health Care Access

Insurance: In 2017, an estimated 7.6% of adults ages 18 to 64 in Snohomish County did not have health insurance. This is a large decrease from 2010, when 19.1% of adults were uninsured[32]. Most of this is due to expanded health insurance availability under the Affordable Care Act (ACA).

Of the 18 and younger population, 2.5% did not have health insurance. For both adults and children, the figures were similar to the state but better than the national rate (12.1% of adults and 5.3% of youth uninsured)[32].

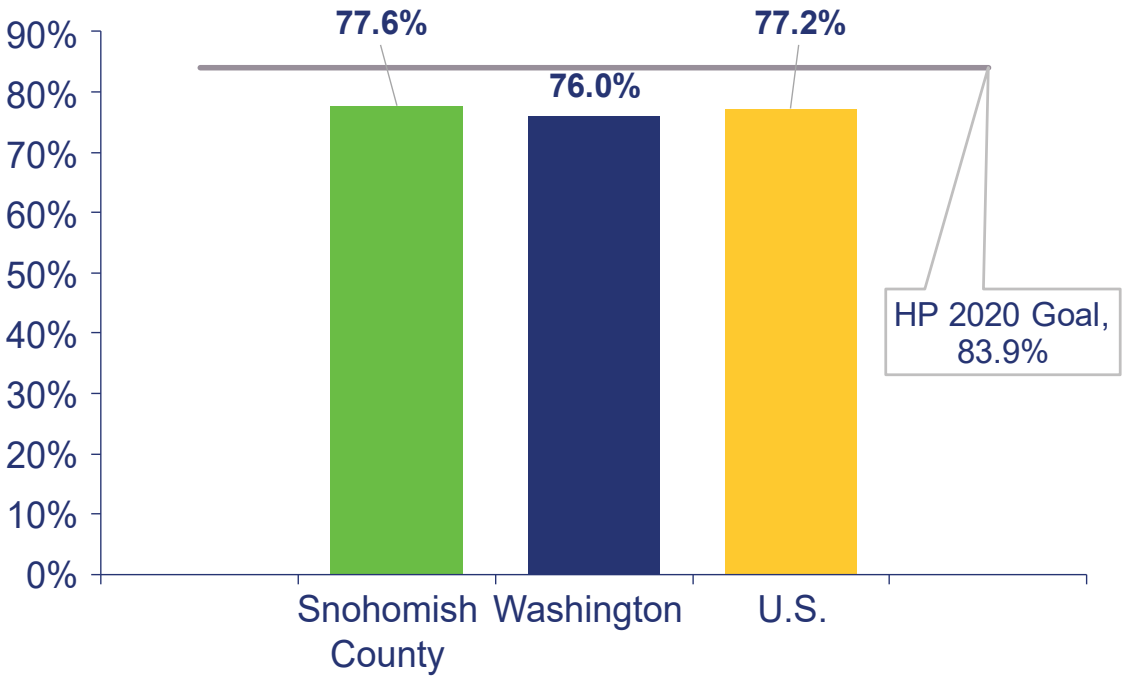
Figure 31: Snohomish County Adults without Health Insurance

Cost: Nearly ten percent (9.9%) of Snohomish County adults reported in 2018 that there was at least one time in the last year when they did not go to the doctor due to cost[16]. This is an improvement from earlier years and can also be at least partially attributed to ACA expansion of health insurance.

Health Care Access (cont.)

Having a Primary Care Provider: According to the 2018 Behavioral Risk Factor Surveillance System, 77.6% of adults in Snohomish County have one person they consider to be their personal doctor or health care provider. This is similar to state (76.0%)[16] and U.S. (77.2%)[23] figures. The county, state, and nation are not meeting the Healthy People 2020 goal of 83.9% of adults having a primary care provider[15].

Figure 32: 2018 Adults with a Primary Care Provider



Snohomish County has a ratio of one primary care physician for every 1,969 residents. This ratio has been increasing. The increase may be due to the influx of new residents in the county outpacing the number of new primary care providers. Snohomish County has nearly twice the ratio of residents to PCP as the top performers in the country (1:1,050)[33].

Health Care Access (cont.)

Routine Checkup: Routine checkups are vital for catching any health concerns before they grow into something more serious. More than 15% of Snohomish County adults have not seen a doctor for a checkup within the last two years. Males (20.3%) are nearly twice as likely as females (10.3%) to report that they did not have a checkup in the previous two years[16]. The county percentage of adults who have not had checkups is similar to the state (14.5%)[16] and higher than the U.S. (12.2%)[23].

COMMUNITY INPUT

Health care access, specifically access to primary care, was one of eight issues selected for discussion at the community data walks. The most common observation was the same for all three events: Snohomish County's high ratio of patients per primary care provider.

At the first data walk, the group that discussed health care access focused on the low amount of primary care providers, especially when compared to the state figure. The group concluded that the catalyst for change should be the development of career paths with local schools and colleges to interest more medical students in primary care.

Health Care Access Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Primary care physician ratio	-1	-1	-1	-3
Adults with a personal doctor or health care provider	0	0	-1	-1
Adults without routine checkup in 2 years	-0.5	1	n/a	0.5
Uninsured youth	0.5	1	-1	0.5
Uninsured adults 18-64	0.5	1	-1	0.5
Adults who did not see a health care provider due to cost	0.5	1	n/a	1.5

Birth Rate: The crude birth rate in Snohomish County was 12.1 births per 1,000 people in 2018. The birth rate was highest in those who identified themselves as Pacific Islander (19.2) or Black (19.7) and lowest in those who identified as White (10.3). The rate has held fairly steady over the last ten years[34].

Figure 33: Snohomish County Live Birth Rate

Teen Pregnancy: The pregnancy rate for women between 15 and 19 years old has been steadily declining over the last decade, going from 43.5 births per 1,000 teens in 2008 to less than half that (19.1 per 1,000) in 2017[35].

Figure 34: Snohomish County 15-19 Year Old Pregnancy Rate

Maternal-Child Health (cont.)

Birth Risk Factors: Nearly one-third (32.1%) of pregnant women ages 15 to 19 did not receive prenatal care in their first trimester. This may be because many didn't know they were pregnant until the second trimester. That percentage is much greater than the county rate (22.7%) for pregnant women of all ages who did not receive prenatal care in their first trimester[34].

Along with lack of prenatal care early in the pregnancy, pre-term birth is a risk factor for maternal-child health. Pre-term birth is defined as a birth occurring before the 37th week of pregnancy. The county rate is 8.7% of births occurring before week 37. Pre-term births were highest in mothers age 40 or older (16.6%)[34].

Gestational diabetes is another risk factor in pregnant women. The percentage has been steadily increasing from a low of 5.5% of pregnant women diagnosed with gestational diabetes in 2008 to 10.6% in 2018[34].

Figure 35: Snohomish County Gestational Diabetes

Maternal-Child Health (cont.)

Breastfeeding: The vast majority of mothers in Snohomish County (96.5%) in 2016 breastfed their infants at least once in the first two months of the infant's life[36].

Maternal Child Health Scoring Table

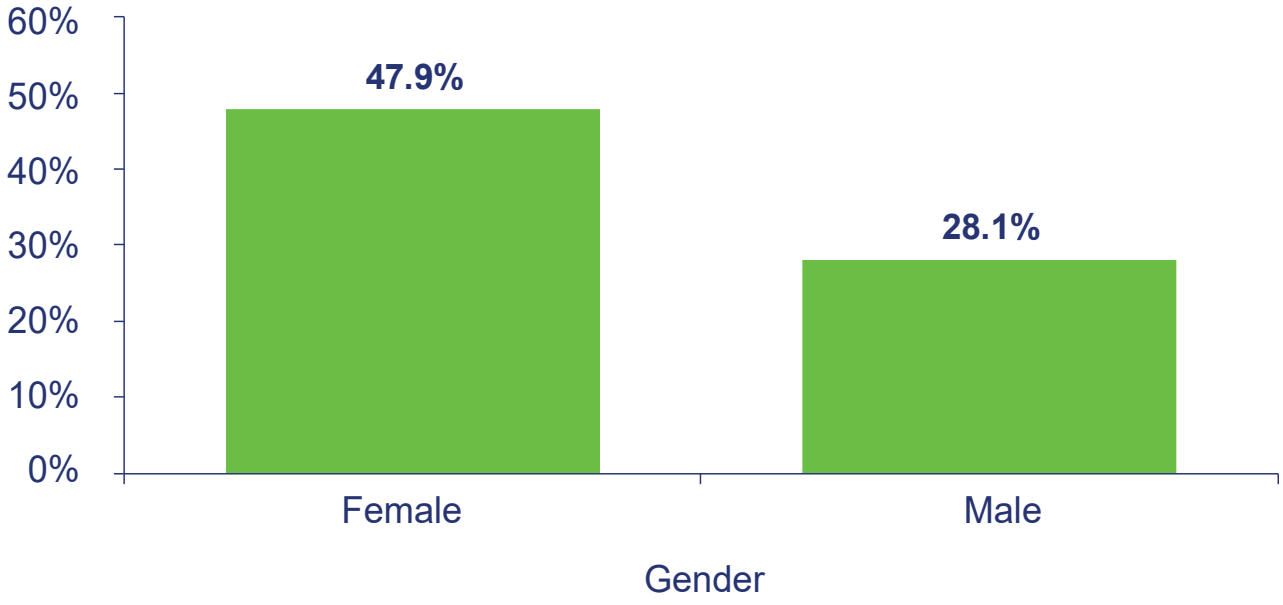
Indicator	Comparison score	Trend score	Goal score	Total score
Gestational diabetes	-0.5	-1	n/a	-1.5
Smoking during pregnancy	0	0	-1	-1
Low birth weight	0.5	0	-1	-0.5
Postpartum depression	0	n/a	n/a	0
No 1st trimester prenatal care	0	1	-1	0
Teen pregnancy	0	1	n/a	1
Premature births (<37 weeks)	0	0	1	1
No breastfeeding	0.5	n/a	1	1.5

Mental Health

Youth Depression: A young person who reports feeling sad or hopeless almost every day for two weeks or longer, to the point that they are not doing their usual activities, meets the definition of youth depression in surveys like the Youth Risk Behavior Survey or Healthy Youth Survey. The percentage of students reporting experiencing depression in Snohomish County has been rising since 2012, when it was 29.8% of 10th graders. The overall rate in 2018 was 38.2%, with a strong difference in rates between male and female students[17].

The Healthy People 2020 goal is that no more than 7.5% of all high school students report these feelings[15].

Figure 36: 2018 Snohomish County 10th Grade Students with Depression by Gender



Support: In 2018, 10.4% of Snohomish County adults said they “rarely” or “never” get the social and emotional support they need16.

About half (52.2%) of 10th grade students felt they had an adult in their life they could turn to for help when feeling sad or hopeless[17].

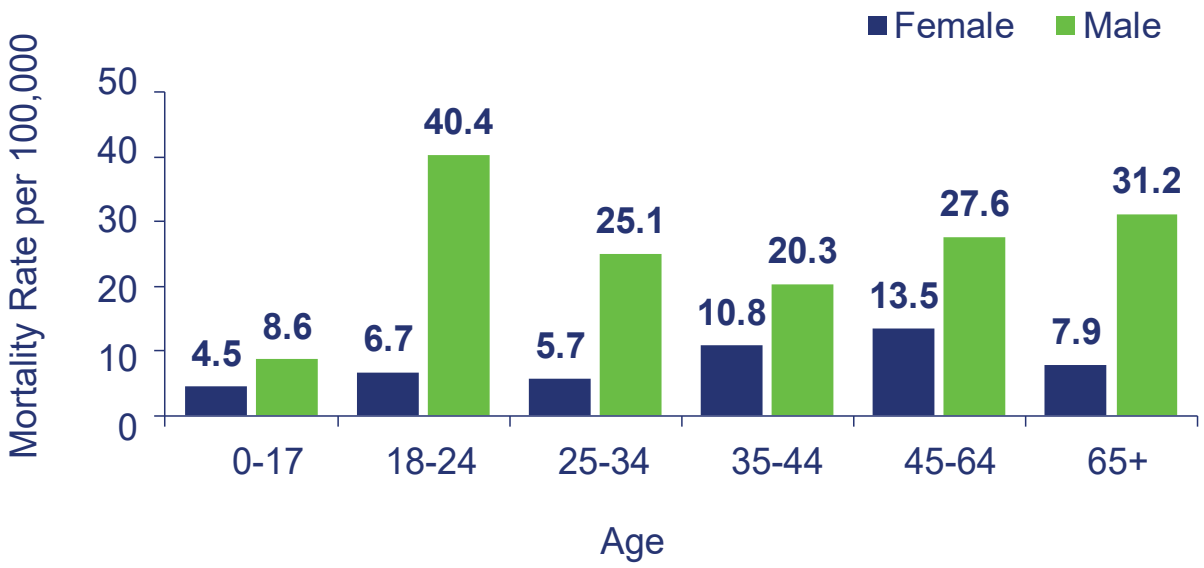
Suicidal Ideation: According to the 2018 Healthy Youth Survey, 22.5% of 10th grade students in Snohomish County had seriously considered attempting suicide in the past 12 months. This number has been increasing steadily since 2012, when 18.6% of students reported this contemplation. Like depression, there was a significant disparity between male and female students[17].

Suicide Attempts: There were 411 Snohomish County residents hospitalized for suicide attempts in 2018, a rate of 53 hospitalizations per 100,000 people. Hospitalizations were highest for young adults between 18 and 24 years old[19].

Mental Health (cont.)

Suicide Mortality: On average, one person in Snohomish County died by suicide every three days in 2018. A total of 129 Snohomish County residents died by suicide, which is a rate of 15.5 deaths per 100,000 people. The rate was highest for males in two age groups: 65 and older and 18 to 24 years old[20].

Figure 37: 2018 Snohomish County Suicide Mortality by Age and Gender



Mental Health Provider Ratio: Snohomish County had a ratio of one mental health provider for every 328 residents in 2017. Providers include: psychologists, licensed clinical social workers, psychiatrists, counselors, marriage and family therapists, mental health providers who treat alcohol and drug abuse, and advanced practice nurses specializing in mental health care. The state ratio was one provider for every 310 residents[33].

COMMUNITY INPUT

Groups at all three data walks talked about suicide in-depth. Discussion topics included suicide mortality, hospitalization, and ideation among youth and adults. Nearly all participants (seven out of eight groups at the first data walk) were concerned that the mortality rate for suicide was far higher in males compared to females, across all age groups.

For indicators around mental health, the most noted observation (made by 75% of participants in the first data walk) was that only 50.5% of 10th graders in Snohomish County say they have an adult to turn to when they feel sad or hopeless in 2016. The Healthy People 2020 goal is 83.2% of adolescents with an adult to turn to.

Mental Health (cont.)

COMMUNITY INPUT (CONT.)

The groups at the youth mental health table during the first and third data walks determined that not having a trusted adult to turn to was their top concern for youth mental health. At the first walk, the group suggested that the root cause of this is that adults are not aware of the importance of their role in a teen's life. They decided that if more adults that interact with teens on a regular basis were taught or trained on how to respond to problems, more youth would feel comfortable turning to them when needed. The group at the third walk determined that the root cause is teens not having enough healthy outlets for stress that include adults to turn to, and if those outlets were increased, fewer youth would report feeling depressed.

At the second walk, the group at the youth mental health table determined that the biggest catalyst for change in improving youth mental health would be to focus on the gender gap in depression by getting more young women in counseling or on medication to manage depression.

At all three walks, the groups who talked about suicide focused on mortality. Key concerns include: mortality is higher than the rest of the country; mortality is higher in males; and suicide mortality is trending up in Snohomish County. The group at the first walk believed the root cause is a lack of social connectedness. The group at the second walk pointed to a need for increased access to mental health providers. At the third walk, the group felt that reducing the stigma around mental health would reduce mortality.

Mental Health Scoring Table

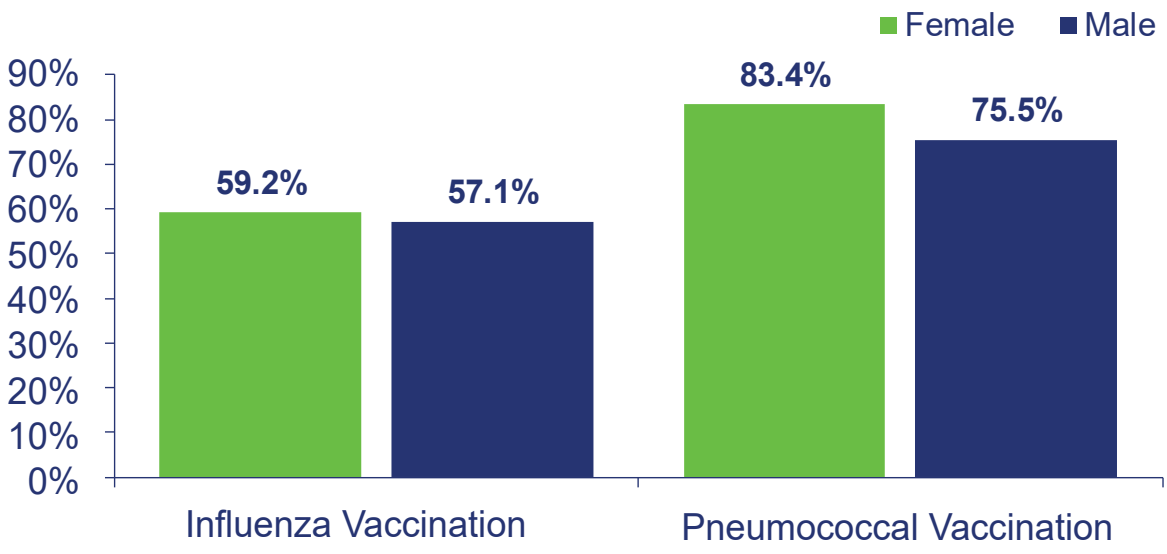
Indicator	Comparison score	Trend score	Goal score	Total score
Youth depression	0	-1	-1	-2
Youth considering suicide	-0.5	-1	n/a	-1.5
Suicide mortality	0	0	-1	-1
Youth social support	0	1	-1	0
Adult inadequate emotional support	0	n/a	n/a	0
Adult poor mental health days	0	0	n/a	0
Suicide hospitalization	0	n/a	n/a	0
Mental health ratio	0.5	1	-1	0.5

Older Adults & Aging

Living Alone: In 2018, 114,746 Snohomish County residents were age 65 or older[1]. Recent census estimates suggest that 43.4% of this age group lives alone[8].

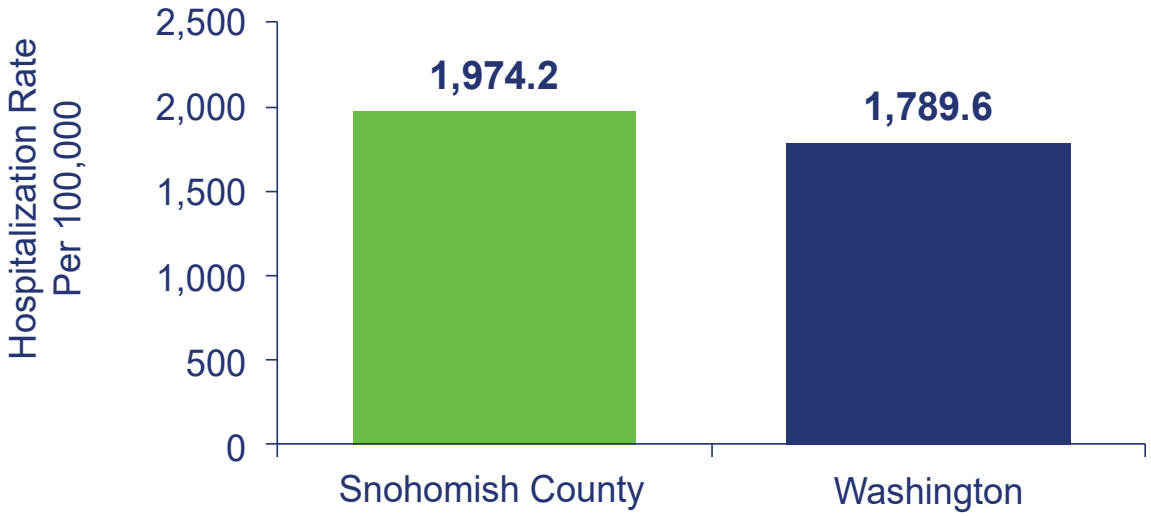
Vaccinations: 58.4% of older adults (65 or older) in Snohomish County reported in 2018 that they had received a flu shot in the last year. Additionally, 80.3% of that population reported that they've received a pneumonia vaccination at some point in their lives. Females were more likely to have gotten the pneumonia vaccination than males (83.4% and 75.5%, respectively)[16]. The Healthy People 2020 goal is for 90% of people 65 and older to have received the pneumonia vaccine[15].

Figure 38: 2018 Snohomish County Adults 65 and Older Vaccination by Gender



Falls: Fall-related injuries sent 2,254 older adults to the hospital in 2018, a rate of 1974.2 fall-related hospitalizations per 100,000 residents age 65 or older. The rate was higher for females compared to males (2,156.6 compared to 1,748.4). The county rate is also higher compared to the state rate of 1,789.6 hospitalizations per 100,000 older adults[19].

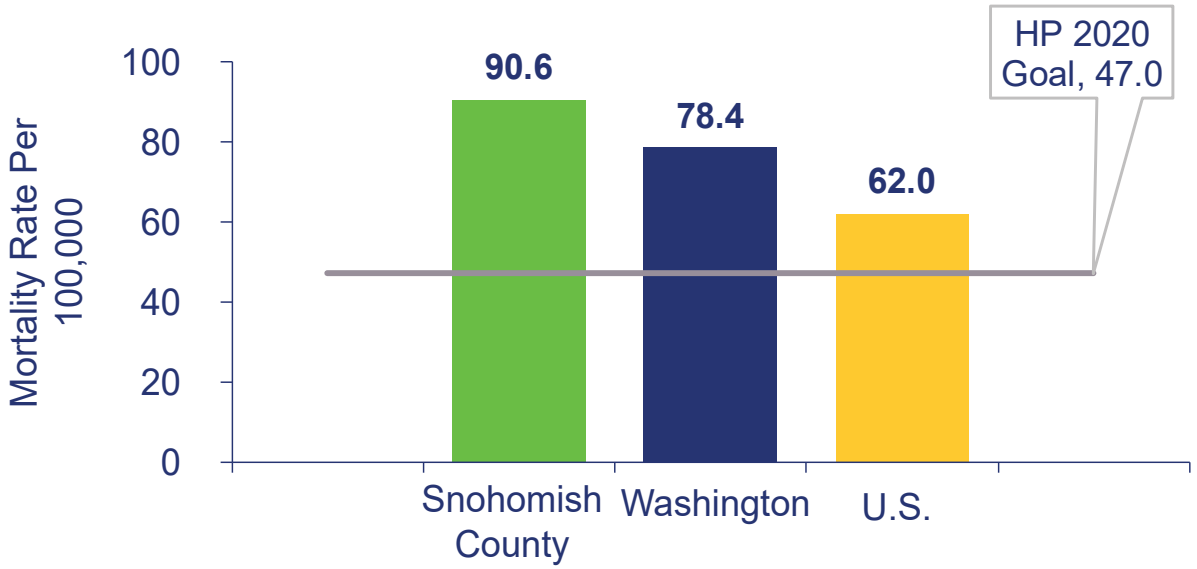
Figure 39: 2018 Adults 65 and Older Fall Hospitalizations



Of the 2,254 fall-related hospitalizations in county residents age 65 and older, 483 involved a fractured hip. The rate for hip fracture hospitalizations was far higher in females age 65 or older compared to males (557.4 compared to 256.8)[19].

In 2018, 104 people in Snohomish County who were 65 or older died from fall-related injuries. The mortality rate was 90.6 deaths per 100,000 older adults. The rate has been inconsistent over the last decade. Similar to fall hospitalizations, the rate was higher for females than males (96.1 compared to 83.8). The mortality rate in the county was worse than the state mortality rate of 78.4 per 100,000[20]. However, neither rate is close to meeting the Healthy People 2020 goal of no more than 47 fall-related deaths per 100,000 older adults[15].

Figure 40: 2018 Adults 65 and Older Fall Mortality



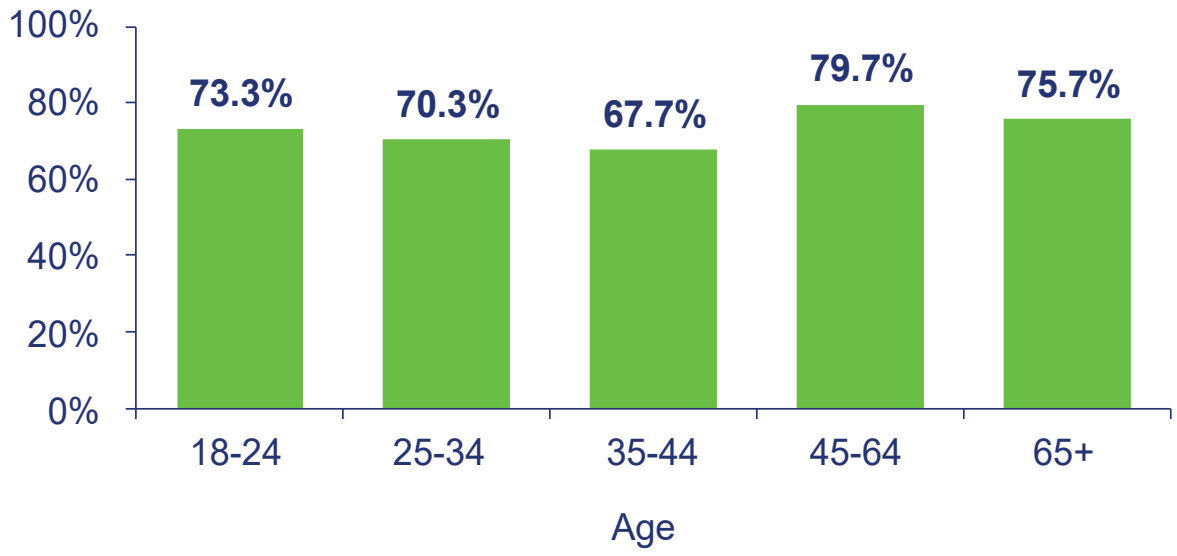
Older Adults & Aging (cont.)

Health Issues Among Older Adults Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
65+ fall mortality	-0.5	0	-1	-1.5
65+ influenza hospitalization	0	-1	n/a	-1
65+ pneumonia vaccination	0	1	-1	0
65+ living alone	0	0	n/a	0
65+ influenza vaccination	0	0	0	0
65+ fall hospitalization	0	0	n/a	0
65+ hip fracture hospitalization	0	0	n/a	0

Dentist Visits: In Snohomish County, 74.4% of adults reported in 2018 that they had seen a dentist in the last year. As demonstrated in Figure 41, the percentage of adults who had seen a dentist was highest for ages 45 to 64 (79.7%), and lowest for ages 35 to 44 (67.7%)[16].

Figure 41: 2018 Snohomish County Adults with Routine Dental Visit by Age

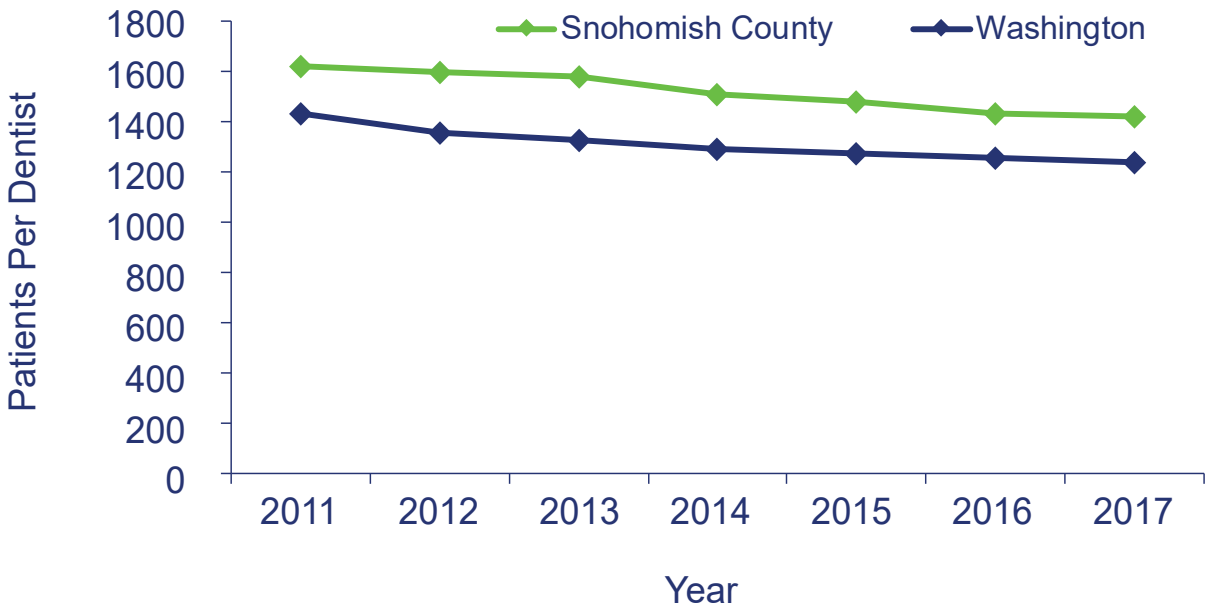


Of 10th grade students in Snohomish County, 77.6% reported having a non-orthodontic dental visit in the last year[17]. Both youth and adults in Snohomish County are exceeding the Healthy People 2020 goal, which is at least 49% of people age 2 or older having a dental visit in the last year[15].

Oral Health (cont.)

Dentist Ratio: There was one dentist for every 1,623 Snohomish County residents in 2011. Since then, the ratio has improved. There now is one dentist for every 1,420 residents. The ratio is far better, with fewer patients per dentist, in Washington overall[33].

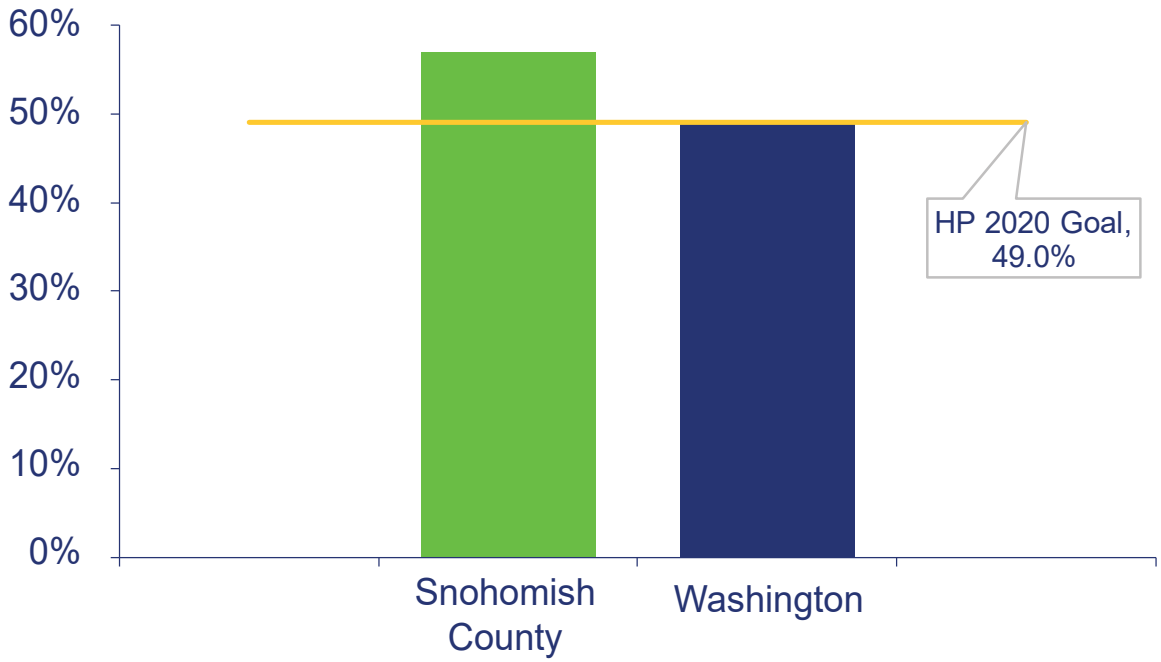
Figure 42: Patient-to-Dentist Ratio



Oral Health (cont.)

Child Caries: Dental caries, also known as cavities, affected 46.3% of children ages 3 to 5 enrolled in Head Start and Early Childhood Education and Assistance Program (ECEAP) preschools, and 57.4% of public school children ages 6 to 9[37]. While the county rate for 3- to 5-year-olds was similar to the state, the rate for 6- to 9-year-olds is higher[38]. Snohomish County is not meeting the Healthy People 2020 goals for either age group (30% and 49%, respectively)[15].

Figure 43: 2015 Dental Caries in Children Ages 6-9



Child Dental Sealants: Dental sealants on permanent teeth can help provide a barrier of protection against caries for children. Smile Survey data from 2015 found that 39.6% of children in the county between 6 and 9 years old have dental sealants on their teeth[37], compared to 44% of children in that age group statewide[38]. The rate of sealants in Snohomish County was highest for Hispanic children at 52.6%[37].

Oral Health (cont.)

COMMUNITY INPUT

Oral health was one of the eight issues discussed during three community data walks. The largest concern (noted by groups at 10 out of 13 total tables at the events) was that the amount of children who have received dental sealants has been decreasing since 2005, according to the Smile Survey.

The group at the oral health table during the first data walk chose to focus on the larger amount of caries in American Indian/Alaska Native children ages 6 to 9 compared to children of other races or ethnicities. The group determined that while there are many factors that can contribute to racial or ethnic disparities, the root cause was a lack of cultural connection between patient and provider, and that fostering a better sense of trust and safety would reduce caries in American Indian/Alaska Native children.

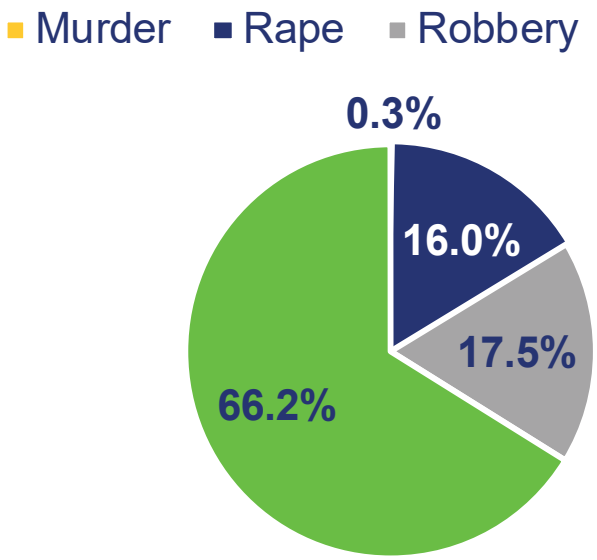
Oral Health Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Dental caries in children 6-9 years old	-0.5	-1	-1	-2.5
Dental caries in children 3-5 years old	0	0	-1	-1
Child dental sealants	0	-1	1	0
Dentist ratio	0	1	-1	0
Adult dental visit	0	0	1	1
Youth dental visit	0	1	1	2

Safety & Violence

Violent Crime: Currently, the FBI violent crime database only monitors violent crimes reported by the Snohomish County Sheriff's Office, not by city precincts. The pie chart shows which category these violent crimes fell into in 2018[39].

Figure 44: 2018 Violent Crimes Reported to Snohomish County Sheriff's Office by Type



Assault-Related Mortality: In 2018, Snohomish County had an assault-related mortality rate of 3 deaths per 100,000 people. This is slightly lower than the state rate of 3.8 per 100,000[20], and far lower than the U.S. rate of 6.1 per 100,000[22].

Snohomish County is meeting the Healthy People 2020 goal of no more than 5.5 assault-related deaths per 100,000 people[15].

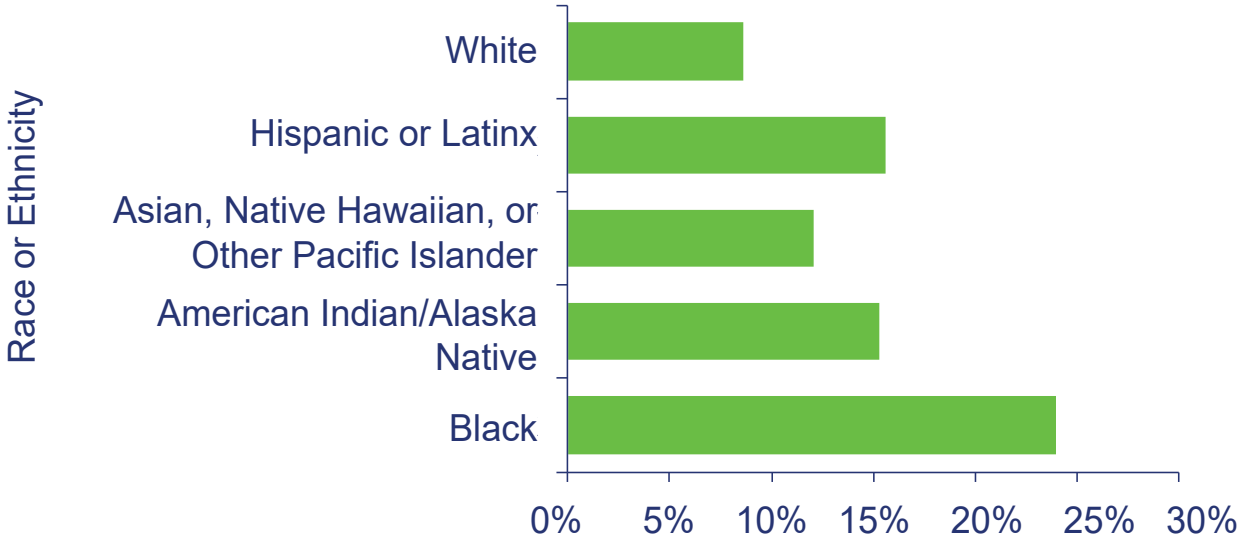
Firearms: According to the 2018 Behavioral Risk Factor Surveillance System, 36.4% of households in Snohomish County owned at least one firearm. More than half (58.3%) of firearm owners in the county who keep their gun loaded do not have it securely locked up[16].

School Safety: When asked if they felt safe at school, 76.8% of 10th grade students in the county said they do feel safe. This is similar to the state rate of 79%[17].

Safety & Violence (cont.)

Bullying: Nearly one in five (19.3%) 10th grade students in the county reported being physically or verbally bullied at least once in the past month in 2018. 11.5% of students reported being bullied due to their racial/ethnic background or country of origin (or what someone thought was their country of origin). Black students reported higher rates of being bullied (23.9%) due to race, ethnicity, or country of origin than their peers[17].

Figure 45: 2018 Snohomish County 10th Grade Students Bullied due to Race, Ethnicity, or Country of Origin by Race or Ethnicity



Safety & Violence (cont.)

Abuse: Nearly a quarter (24.5%) of 10th grade students said they had been hurt on purpose by an adult at some point in their lives. Of the 12th grade students who had gone out with or dated someone in the past year, nearly one in five (17%) said a person they went out with had threatened them, limited their activities, or made them feel unsafe[17].

Public Safety Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Youth dating intimidation	0	0	n/a	0
Youth bullying due to race/ethnicity/origin	0	0	n/a	0
Youth feeling safe at school	0	0	n/a	0
Loaded unlocked firearm in home	0	0	n/a	0
Youth hurt on purpose by adult	0	1	n/a	1
Youth bullying	0	1	n/a	1
Firearm hospitalizations	0.5	1	n/a	1.5
Assault-related mortality	1	0	1	2

Substance Use

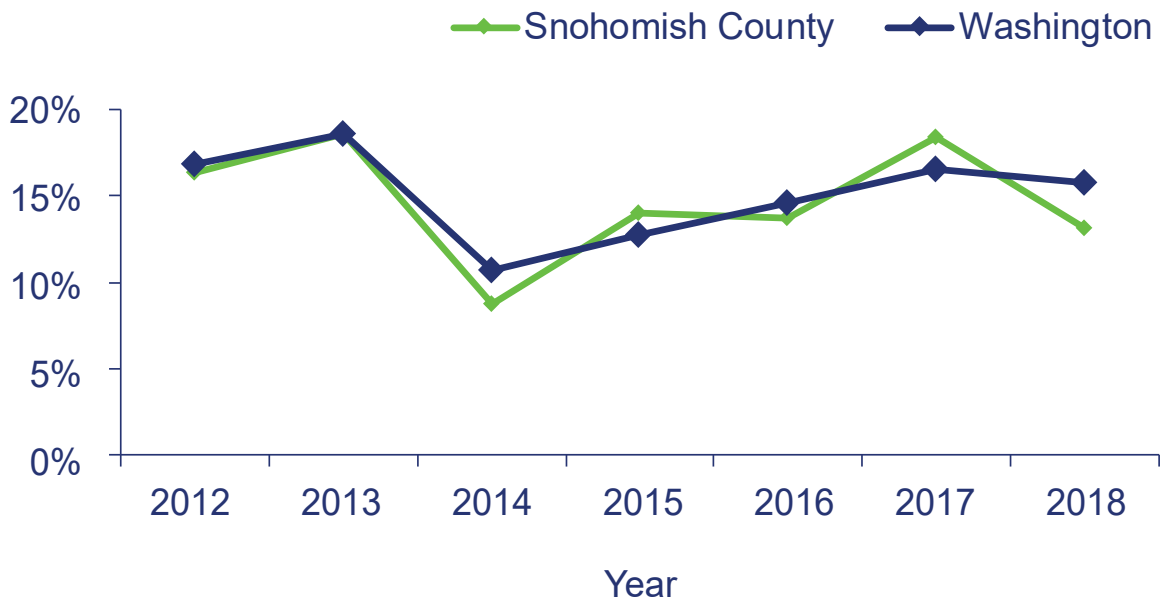
Cigarettes: In the 2018 Healthy Youth Survey, 4.9% of 10th grade students in Snohomish County reported smoking at least one cigarette in the past month[17]. That same year, the Behavioral Risk Factor Surveillance System found that 11.9% of adults reported smoking at least one cigarette in the past month[16]. Both youth and adults are meeting the Healthy People 2020 goal for their age groups[15]. Since 2008, the prevalence of youth smoking has decreased by nearly 75%.

A little over 4 percent (4.2%) of adults[18] and 22.6% of 10th graders[17] in the county reported using e-cigarettes or vapor devices in the past month. The 10th grade rate doubled since 2016, signaling a rapid rise and indicating adult use may have similarly increased since the question was asked in 2017.

Marijuana Use: After peaking in 2010, Snohomish County's youth marijuana use has been decreasing, with 17.3% of 10th graders reporting in 2018 that they'd used marijuana in the past month[17].

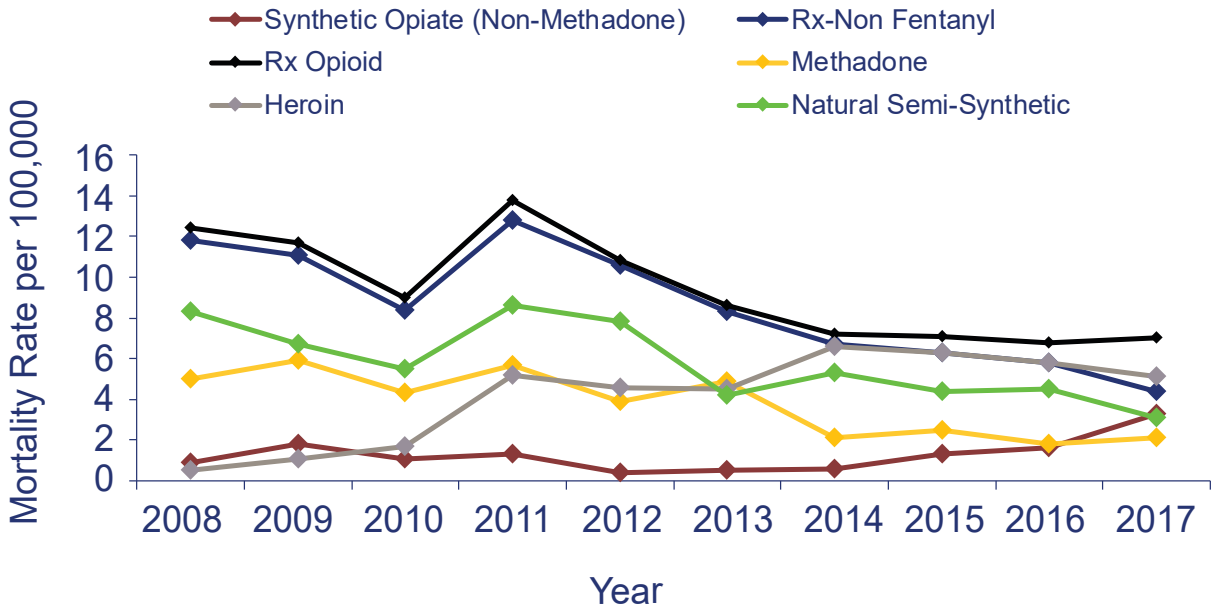
Statewide, adult use increased linearly from 2014 to 2017 after recreational use was legalized in 2014. However, Snohomish County's adult use rates have fluctuated in that time. Adults between 18 and 24 years old are more likely to report using marijuana in the past month than other age groups[16].

Figure 46: Adult Marijuana Use



Opioids: Opioid-related deaths have decreased since 2012. The county's rate in 2017 was 12 deaths per 100,000 people. This was higher than the state rate of 9.9 deaths per 100,000[38]. The decrease in deaths likely can be attributed to the increased availability of the opioid overdose reversal drug naloxone (also known as Narcan). Analyses show that over time, only overdose deaths involving non-methadone synthetic opioids, such as fentanyl, are increasing in Snohomish County[20].

Figure 47: Snohomish County Opioid-Related Mortality by Opioid Type



Hospitalizations in Snohomish County for non-fatal opioid overdoses have been fluctuating. Narcan may be administered by police, fire or emergency medical technicians, as well as other trained non-medical professionals on the scene. This likely has decreased the number of overdose patients who need to be admitted to a hospital[19].

Figure 48: Snohomish County Opioid-Related Hospitalizations

Substance Use (cont.)

COMMUNITY INPUT

Though opioid mortality and hospitalization did not score as poorly as some other community health indicators, the data task force chose opioids as one of the top issues to discuss during the three community data walks. Nearly unanimously (12 out of 13 groups at the data walk tables), participants noted that mortality from opioid-related causes has been decreasing in the county. They identified this as a great strength. However, rather than noting concerns about the data presented, participants focused on what data they wished was available. Due to privacy concerns, data around demographics such as age, gender, race, ethnicity, income, and housing is not currently available for opioid overdose mortality or hospitalizations.

There was a table dedicated to determining the root cause of opioid-related issues in the county at two of the data walks. No one self-selected into the opioid group at the third event. The second walk's opioid group zeroed in on the fact that something caused a spike in mortality between 2010 and 2011 before mortality rates began to plummet. The group concluded that if the availability of treatment and counseling, including access to medication assisted treatment like buprenorphine, were to increase, the number of opioid overdose deaths in Snohomish County would continue to decline.

Substance Use Scoring Table

Indicator	Comparison score	Trend score	Goal score	Total score
Youth e-cigarette use	-0.5	-1	n/a	-1.5
Adult marijuana use	0.5	-1	n/a	-0.5
Youth illegal drug use	-0.5	0	n/a	-0.5
Youth marijuana use	0	1	-1	0
Opiate hospitalization	0	0	n/a	0
Adult e-cigarette use	0	0	n/a	0
Opiate mortality	0	0	n/a	0
Youth binge drinking	0	1	n/a	1
Youth painkiller use	0.5	1	n/a	1.5
Youth alcohol use	0.5	1	n/a	1.5
Adult smoking cigarettes	0.5	1	1	2.5
Adult binge drinking	0.5	1	1	2.5
Youth smoking cigarettes	0.5	1	1	2.5

Sources

SOURCES IN ORDER

1. Washington Office of Financial Management. (2019). Estimates of April 1 Population by Age, Sex, Race and Hispanic Origin, County 2010-2019 [Data File]. Retrieved from https://www.ofm.wa.gov/washington-data-research/population-demographics/population-estimates/april-1-official-population-estimates
2. Washington Office of Financial Management. (2019). ZIP Code Tabulation Areas [Data File]. Retrieved from https://www.ofm.wa.gov/washington-data-research/population-demographics/population-estimates/small-area-estimates-program
3. U.S. Census Bureau (2019). Language spoken at home, 2013-2017 American Community Survey 5-year estimates. Retrieved from www.factfinder.census.gov
4. U.S. Census Bureau (2019). Selected economic characteristics, 2013-2017 American Community Survey 5-year estimates. Retrieved from www.factfinder.census.gov
5. Washington State Employment Security Department Labor Market and Performance Analysis Branch (18 Sep 2019). Historical resident labor force and employment, not seasonally adjusted. Retrieved from https://esd.wa.gov/labormarketinfo/labor-force
6. Pearce, D. M. (September 2017). The self-sufficiency standard for Washington state 2017. Report prepared for the Workforce Development Council of Seattle-King County. Retrieved from http://www.selfsufficiencystandard.org/sites/default/files/selfsuff/docs/WA2017_SSS.pdf
7. Office of Superintendent of Public Instruction (2019). Child Nutrition Program 2017-2018 Participation Report [Data File]. Retrieved from https://www.k12.wa.us/policy-funding/child-nutrition/participation-report
8. U.S. Census Bureau (2019). Selected housing characteristics, 2013-2017 American Community Survey 5-year estimates. Retrieved from www.factfinder.census.gov
9. U.S. Census Bureau (2019); 2013-2017 American Community Survey 5-Year Estimates, Table B25031; generated by Gabrielle Fraley; using American FactFinder; <http://factfinder.census.gov>; (15 October 2019).
10. Snohomish County Human Services (May 7 2019). Snohomish County releases 2019 point-in-time count of homelessness. Retrieved from https://snohomishcountywa.gov/DocumentCenter/View/64391/PIT-Count-News-Release-2019-PDF?bidId=
11. Office of Superintendent of Public Instruction (2019). Homeless Students in Washington State by School District, 2017-2018 [Data File]. Retrieved from https://www.k12.wa.us/homeless-education-student-data
12. U.S. Census Bureau (2019). Educational attainment, 2013-2017. American Community Survey 5-year estimates. Retrieved from www.factfinder.census.gov
13. Office of Superintendent of Public Instruction (2017). Washington state report card. Retrieved from http://reportcard.ospi.k12.wa.us/summary.aspx
14. National Center for Educational Statistics (2018). Public high school 4-year adjusted cohort graduation rate (ACGR), by selected student characteristics and state: 2010-11 through 2016-2017 [Table]. Retrieved from https://nces.ed.gov/programs/digest/d18/tables/dt18_219.46.asp
15. U.S. Department of Health and Human Services (2010). Healthy People 2020. Retrieved from www.healthypeople.gov
16. Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by the Centers for Disease Control and Prevention, Cooperative Agreement NU58/DP006066-04 (2018).
17. Healthy Youth Survey 2018. Washington State Department of Social and Health Services, Department of Health, Office of the Superintendent of Public Instruction, March 2019.
18. Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by the Centers for Disease Control and Prevention, Cooperative Agreement NU58/DP006066-03-00 (2017).
19. WA Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987-2018. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), July 2019.

Sources (cont.)

20. Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2017, Community Health Assessment Tool (CHAT), September 2018.
21. National Center for Health Statistics. Health, United States, 2017: With special feature on mortality. Hyattsville, Maryland. 2018.
22. Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Oct 21, 2019 1:31:56 PM
23. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2018, 2017.
24. Washington State Department of Health, Washington State Cancer Registry-Incidence data for diagnosis years 1992-2016, Community Health Assessment Tool (CHAT), February 2019.
25. National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database: NPCR and SEER Incidence – U.S. Cancer Statistics 2001–2016 Public Use Research Database, November 2018 submission (2001–2016), United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Released June 2019, based on the November 2018 submission. Accessed at www.cdc.gov/cancer/uscs/public-use
26. Washington State Department of Health, Communicable Disease Epidemiology Office, PHIMS, 1994-2017, Community Health Assessment Tool (CHAT), August 2018.
27. Washington State Department of Health, Infectious Disease, STD Services Section, PHIMS-STD, 1992–2018, Community Health Assessment Tool (CHAT), July 2019.
28. Centers for Disease Control and Prevention. 2017 Youth Risk Behavior Survey Questionnaire. Available at: www.cdc.gov/yrbs
29. Washington Tracking Network, Washington State Department of Health. Web. “Nitrates in Drinking Water”. Data obtained from the Washington State Department of Health, Office of Drinking Water. Published on WTN: 12 July 2018.
30. Washington Tracking Network, Washington State Department of Health. Web. “Arsenic in Drinking Water”. Data obtained from the Washington State Department of Health, Office of Drinking Water. Published on WTN: 12 July 2018.
31. Air Quality Data Summary 2018, Puget Sound Clean Air Agency. Retrieved Oct 22 2019 from https://www.pscleanair.org/DocumentCenter/View/3830/Air-Quality-Data-Summary-2018
32. U.S. Census Bureau (2019). Small area health insurance estimates (SAHIE) interactive tool. Retrieved from https://www.census.gov/data-tools/demo/sahie/#/
33. University of Wisconsin Population Health Institute. County Health Rankings 2019. Retrieved from https://www.countyhealthrankings.org/app/washington/2019/rankings/snohomish/county/outcomes/overall/snapshot
34. Washington State Department of Health, Center for Health Statistics Birth Certificate Data, 1990–2018, Community Health Assessment Tool (CHAT), October 2019.
35. Washington State Department of Health, Center for Health Statistics, Abortion Reporting System-Report of Induced Termination of Pregnancy, 1990–2017, Community Health Assessment Tool (CHAT), January 2019; Pregnancy Data: Washington State Department of Health, Center for Health Statistics, Abortion Reporting System-Report of Induced Termination of Pregnancy, 1990–2017, Community Health Assessment Tool (CHAT), January 2019; Department of Health, Center for Health Statistics, Vital Statistics System-Washington State Certificate of Live Birth, 1990–2017, Community Health Assessment Tool (CHAT), January 2019; Department of Health, Center for Health Statistics, Vital Statistics System, Washington State Fetal Death Certificate, 1990–2017, Community Health Assessment Tool (CHAT), January 2019.
36. Washington State Department of Health (2016). Pregnancy Risk Assessment Monitoring System.
37. Snohomish County Smile Survey 2015-2016 [Data File]. (2017). Everett, WA: Snohomish Health District

Sources (cont.)

38. Washington State Smile Survey 2015-2016, A Report on the Oral Health of Washington's Children (2017). Olympia, WA: Washington State Department of Health
39. Federal Bureau of Investigation (2019). Washington offenses known to law enforcement by metropolitan and nonmetropolitan counties, 2018. Retrieved from https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/tables/table-10/table-10-state-cuts/washington.xls
40. Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. National Vital Statistics Reports; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics. 2018.

Appendix A: Data Analysis Methods

In order to determine what health topics were of greater importance for Snohomish County, more than 150 indicators were analyzed and assigned a score.

SCORING METHOD

For each indicator, the Snohomish County value was assigned a score based on three factors: comparison to the state and U.S. values; trend over time; and whether health goals or benchmarks are being met. Each factor could be scored between a negative one (-1) to a positive one (+1), giving the overall score a range from negative three (-3) to positive three (+3).

The ability to have a score for all three factors depended on the data source and changes or differences in methodology over time. For example, if the wording of a question in a survey changed, the old question's responses could not be compared to the new question's responses, so those indicators have an "n/a" for not applicable.

Comparison Score: Each indicator was compared to the state value and, if available, the U.S. value. If Snohomish County was doing better or worse than Washington by 20% or more, it scored a positive or negative 0.5 points. If Snohomish County was doing better or worse than the U.S. by 20% or more, it scored a positive or negative 0.5 points. The total comparison score ranged from a negative one (-1) to a positive one (+1). The decision to not look for statistical significance was made because some indicators do not have confidence intervals available.

Trend Score: For indicators with a minimum of three data points, a trend analysis going back up to 10 years was run using the coefficient of determination, also known as R^2. Indicators with an R^2 value between -0.5 to -1 or 0.5 to 1 were given a score of a positive or negative one. For some indicators, the R^2 value was under the threshold to be awarded points, but had been going in the same direction for several years in a row. Those indicators will be monitored in the coming years to see if the trend worsens.

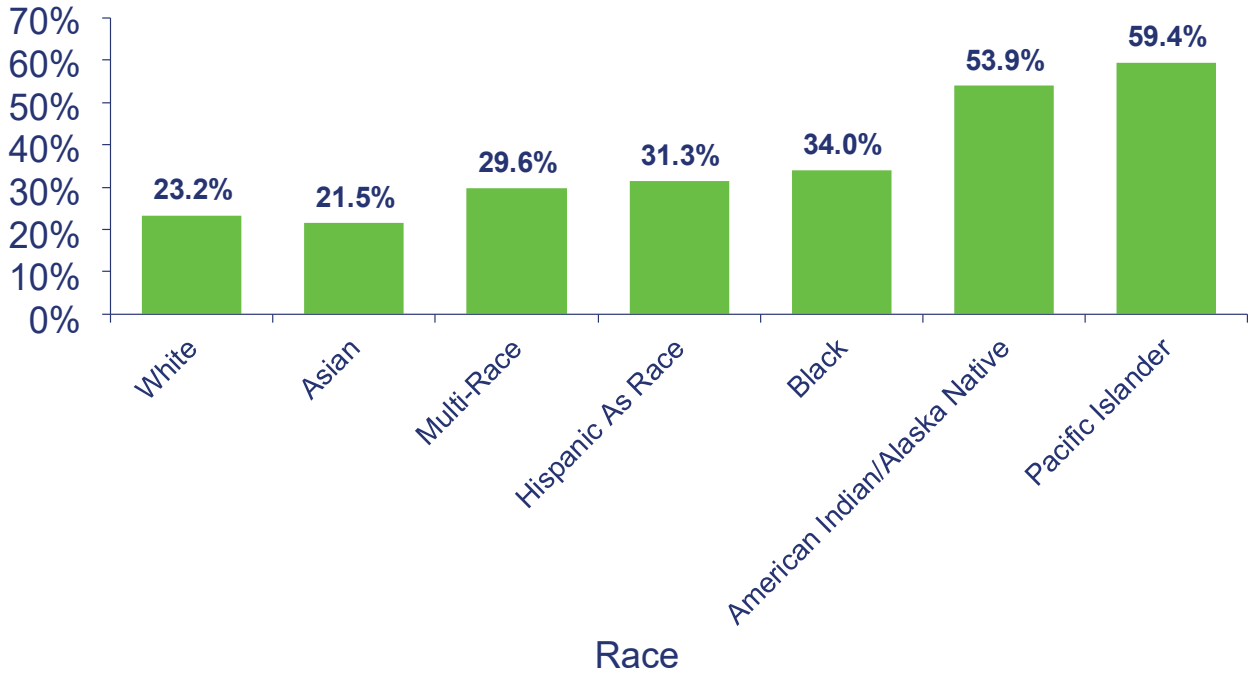
Goal Score: Snohomish County's value was compared to Healthy People 2020 objectives when available. Healthy People 2020 provides goals meant to be reached by the nation by the year 2020. The goals were set by the U.S. Department of Health and Human Services' (DHHS) Healthy People Initiative. In many cases, goals from Healthy People 2020 did not align with indicators. The 2019 County Health Rankings from the Robert Wood Johnson foundation served as a backup for many indicators where Healthy People 2020 goals were not available, with the value achieved by the top 10% of counties in the U.S. serving as the target value.

Total Score: Each of the three scores were added to determine the final score for the indicator. For ease of analysis, each topic in this report ends with a table showing how the indicators scored. The tables are ordered from lowest-scoring to highest-scoring and color coded as follows:

Red: -3 to -2
Yellow: -1.5 to 1.5
Green: 2 to 3

Disparities Analysis: After the data task force began meeting to discuss the data, one group member pointed out that in the case of pregnant women initiating prenatal care in the first trimester, the score did not tell the whole story. The county value at the time of the presentation of 25.6% of women not receiving prenatal care compared neutrally to the state rate of 26.5%[34] and did not drastically differ from the U.S. rate of 22.9%[40]. It was trending in the right direction but not meeting the Healthy People 2020 goal, so the indicator had a score of zero, a neutral value. However, when this indicator was sorted by race and ethnicity, the outcome was far more stark:

Figure 49: 2016 Snohomish County Pregnant Women with No Prenatal Care in First Trimester



At that time, only Asian mothers (21.5%) in Snohomish County were meeting the Healthy People 2020 goal of no greater than 22.1% not initiating prenatal care in the first trimester, with over half Pacific Island or American Indian/Alaska Native mothers not obtaining care in the first trimester. Early prenatal care is vital for catching complications and ensuring a healthy pregnancy and baby, so the higher rate of these groups not receiving that care was of great concern.

The member who noted the disparity proposed that the task force look at every measure though the lens of disparate groups. Snohomish County epidemiologists looked at all indicators and noted cases where there was a group that was disproportionately worse than the county figure by 20% or more. In some cases the disparities were by race or ethnicity, in others gender, age, or some combination.

Appendix A: Data Analysis Methods (cont.)

During the final meeting of the task force before the data walks were held in fall 2018, members voted anonymously on their top 20 health concerns when given a table with all scoring and disparity information. There was then a second vote amongst the indicators that had received votes to determine the top issues that would move forward at the community data walks. The top eight topics determined by the data task force were: opioids; disparities in the American Indian/Alaska Native population; children's oral health; youth obesity; health care access; youth mental health; housing; and suicide.

Since the data walks were held, new data has been released for nearly two-thirds of the indicators. While a new disparity analyses has not been conducted, for the 2020 Community Health Improvement Plan the final indicators relating to the top priorities will again be assessed for disparities in-depth. This includes analyzing the data by ZIP code or economic figures when possible.

Appendix B: Data Tables

Indicator	SC Value	WA Value	U.S. Value	Trend	Goal	Source
65+ below Federal Poverty Level	7.6%	7.9%	9.3%	←	No goal	2013-2017 American Community Survey 5-year estimates
65+ fall hospitalization (per 100,000)	1974.2	1789.6	n/a	↔	No goal	2018 Washington State Center for Health Statistics
65+ fall mortality (per 100,000)	90.6	78.4	61.3	↔	HP 2020 47.0	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
65+ hospitalized for hip fractures (per 100,000)	423.0	407.9	n/a	↔	No goal	2018 Washington State Center for Health Statistics
65+ influenza hospitalization (per 100,000)	189.2	154.6	n/a	←	No goal	2018 Washington State Center for Health Statistics
65+ living alone	43.4%	42.8%	42.9%	↔	No goal	2013-2017 American Community Survey 5-year estimates
65+ with influenza vaccination past year	58.4%	58.4%	54.0%	↔	No goal	2018 BRFSS
65+ with pneumonia vaccination	80.3%	78.1%	71.3%	→	HP 2020 90%	2018 BRFSS
6th grade students being physically active 60+ minutes/ day	26.0%	26.8%	n/a	↔	No goal	2018 HYS
Active Tuberculosis rate (per 100,000)	2.7	2.4	2.8	↔	HP 2020 1.0	2018 Washington State Tuberculosis Program; 2017 CDC Atlas Plus
Acute Hepatitis B rate (per 100,000)	0.6	0.6	1.1	↔	HP 2020 1.5	2017 Washington State Communicable Disease Epidemiology Office; 2017 CDC Atlas Plus
Acute Hepatitis C rate (per 100,000)	1.1	1.1	1.0	←	HP 2020 0.25	2017 Washington State Communicable Disease Epidemiology Office; 2017 CDC Atlas Plus
Adult binge drinking	13.0%	14.7%	16.4%	→	HP 2020 24.2% adults 18+ who drank 5+ drinks during a single occasion (men) or 4+ drinks during a single occasion (women)	2018 BRFSS
Adult current e-cigarette use	4.2%	4.5%	4.6%	↔	No goal	2017 BRFSS
Adult current marijuana use	13.1%	15.8%	11.1%	←	No goal	2018 BRFSS
Adult current texting and driving	36.9%	32.2%	n/a	↔	No goal	2017 BRFSS
Adult drove a vehicle after smoking marijuana in past year	25.4%	24.6%	n/a	↔	No goal	2018 BRFSS
Adult inadequate emotional support	10.4%	9.4%	n/a	n/a	No goal	2018 BRFSS

Appendix B: Data Tables (cont.)

Adult mental health 'not good' 14+ days a month	11.9%	12.0%	12.7%	↔	No goal	2018 BRFSS
Adult physical health 'not good' 14+ days a month	11.2%	11.8%	12.6%	↔	HP 2020 20.2%	2018 BRFSS
Adult seatbelt usage 'always'	95.4%	93.1%	87.5%	↔	HP 2020 92%	2018 BRFSS
Adult workers 16+ who commute by public transportation	5.3%	6.3%	5.1%	↔	HP 2020 5%	2013-2017 American Community Survey 5-year estimates
Adults 50-75 meeting colorectal cancer screening guidelines	66.1%	64.2%	64.1%	↔	HP 2020 70.5%	2018 BRFSS
Adults current smoking cigarettes	11.9%	12.0%	15.5%	→	HP 2020 12%	2018 BRFSS
Adults ever told they have asthma	17.7%	15.9%	14.5%	↔	No goal	2018 BRFSS
Adults ever told they have COPD	4.4%	5.1%	6.7%	↔	No goal	2018 BRFSS
Adults ever told they have coronary heart disease/had an MI	5.5%	5.8%	6.9%	↔	No goal	2018 BRFSS
Adults ever told they have diabetes	10.2%	9.9%	11.4%	↔	No goal	2018 BRFSS
Adults ever told they have had a stroke	2.6%	3.01%	3.4%	↔	No goal	2018 BRFSS
Adults ever told they have high blood pressure	29.4%	27.2%	29.9%	↔	HP 2020 26.9	2017 BRFSS
Adults ever told they have high cholesterol	25.7%	26.5%	28.5%	→	No goal	2017 BRFSS
Adults limited in any way in any activities because of physical, mental, or emotional problems	21.9%	22.2%	19.3%	→	No goal	2017 BRFSS
Adults meeting aerobic and strength physical activity recommendations	21.7%	23.6%	20.4%	↔	HP 2020 47.9%	2017 BRFSS
Adults on Medicare	17.1%	21.3%	22.7%	↔	No goal	2018 BRFSS
Adults visited dentist or dental clinic in past year	74.4%	69.2%	66.5%	↔	HP 2020 49%	2018 BRFSS
Adults who did not see a health care provider because of cost	9.9%	11.0%	13.0%	→	No goal	2018 BRFSS
Adults who did not seek out health care due to transportation	3.54%	4.15%	4.4%	↔	No goal	2018 BRFSS
Adults who had flu vaccination past year	39.6%	38.4%	33.2%	↔	HP 2020 70%	2018 BRFSS

Appendix B: Data Tables (cont.)

Adults who have ever had an HIV test	41.0%	39.9%	40.2%	↔	HP 2020 73.6% of those aged 15-44	2018 BRFSS
Adults with a personal doctor or health care provider	77.6%	76.0%	77.2%	↔	HP 2020 83.9%	2018 BRFSS
Adults with fair/poor overall health	14.8%	15.7%	18.6%	↔	No goal	2018 BRFSS
Adults with very low fruit intake	34.6%	32.1%	36.3%	↔	No goal	2017 BRFSS
Adults with very low vegetable intake	16.0%	16.9%	19.4%	→	No goal	2017 BRFSS
Adults without routine checkup within 2 years	15.3%	14.5%	12.2%	→	No goal	2018 BRFSS
Arsenic levels in water, % exposed	0.0%	0.2%	n/a	n/a	No goal	2017 Washington State Office of Drinking Water
Assault-related mortality (per 100,000)	3.0	3.8	6.1	↔	HP 2020 5.5	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Asthma hospitalization (per 100,000)	39.3	29.1	n/a	←	HP 2020 0-4: 18.2 5-64: 8.7 65+: 20.1	2018 Washington State Center for Health Statistics
Average days poor health interfered with ADLs	4.8	4.7	5.1	↔	No goal	2018 BRFSS
Campylobacteriosis rate (per 100,000)	34.5	29.7	17.7	←	No goal	2017 Washington State Communicable Disease Epidemiology Office; 2016 CDC Notifiable Disease Reporting
Cancer incidence (per 100,000)	527.5	497.6	436.0	↔	No goal	2016 Washington State Cancer Registry; 2016 National Program of Cancer Registries & Surveillance
Cancer mortality (per 100,000)	140.9	144.5	152.5	→	HP 2020 161.4	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Childhood mortality rate per 100,000 (1-14)	10.49	13.19	16.6	↔	HP 2020 26.5 for ages 1-4, 12.4 for ages 5-9, 14.8 for ages 10-14	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Children < 72 months of age screened for lead	2.9%	3.7%	n/a	→	No goal	2018 Washington State Childhood Lead Program
Children below Federal Poverty Level	11.1%	15.8%	20.3%	→	Robert Wood Johnson, 11%	2013-2017 American Community Survey 5-year estimates
Children complete for all immunizations, K-12	86.4%	87.3%	n/a	←	No goal	Washington State Office of Immunization and Child Profile
Chlamydia rate (per 100,000) – females age 15-24 years	2503.8	3050.0	3655.5	↔	No goal	2018 Washington State STD Services Section; 2016 CDC Atlas Plus
Colorectal cancer incidence (per 100,000)	40.7	36.3	37.4	↔	No goal	2016 Washington State Cancer Registry; 2016 National Program of Cancer Registries & Surveillance

Appendix B: Data Tables (cont.)

Colorectal cancer mortality (per 100,000)	13.9	11.3	13.4	↔	HP 2020 14.5	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
COPD hospitalization (per 100,000)	83.1	63.6	n/a	←	HP 2020 50.1 per 10,000 adults aged 45+	2018 Washington State Center for Health Statistics
Dental caries in elementary school children (6-9 years old)	57.3%	49.0%	n/a	←	HP 2020 49%	2015 Smile Survey
Dental caries in preschool children (3-5 years old)	46.3%	45.0%	n/a	n/a	HP 2020 30%	2015 Smile Survey
Dentist ratio	1420 to 1	1237 to 1	1642 to 1	→	Robert Wood Johnson, 1260 to 1	2019 Robert Wood Johnson Community Health Rankings
Diabetes hospitalization (per 100,000)	119.9	110.9	n/a	→	No goal	2018 Washington State Center for Health Statistics
Drive to work alone	74.7%	72.3%	76.4%	↔	Robert Wood Johnson, 72%	2013-2017 American Community Survey 5-year estimates
Families below Federal Poverty Level	5.9%	8.0%	10.5%	↔	No goal	2013-2017 American Community Survey 5-year estimates
Female breast cancer incidence (per 100,000)	131.1	133.2	124.2	↔	No goal	2016 Washington State Cancer Registry; 2016 National Program of Cancer Registries & Surveillance
Female breast cancer mortality (per 100,000)	17.3	19.5	19.9	↔	HP 2020 20.7	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Females 21-65 meeting Pap test guidelines	76.9%	76.6%	79.9%	↔	HP 2020 93%	2018 BRFSS
Females 50-74 meeting mammogram guidelines	75.4%	75.1%	78.9%	↔	HP 2020 73.7%	2018 BRFSS
Firearm hospitalizations (per 100,000)	4.4	6.4	n/a	→	No goal	2018 Washington State Center for Health Statistics
Free/Reduced cost lunch recipients	33.3%	43.4%	n/a	→	No goal	2018 Office of Superintendent of Public Instruction
Girardia rate (per 100,000)	8.0	9.0	4.5	↔	No goal	2017 Washington State Communicable Disease Epidemiology Office; 2016 CDC Notifiable Disease Reporting
Gonorrhea rate (per 100,000)	116.0	159.1	170.6	←	No goal	2018 Washington State STD Services Section; 2017 CDC Atlas Plus
Hepatitis A rate (per 100,000)	0.2	0.4	1.0	↔	HP 2020 0.3	2017 Washington State Communicable Disease Epidemiology Office; 2017 CDC Atlas Plus
Housing occupied by homeowners	66.6%	62.7%	63.8%	←	No goal	2013-2017 American Community Survey 5-year estimates
Infant mortality rate (per 1,000)	4.1	4.8	5.8	↔	HP 2020 6.0	2017 Washington State Center for Health Statistics; 2017 National Vital Statistics Reports

Appendix B: Data Tables (cont.)

Influenza hospitalization (per 100,000)	36.4	31.2	31.3	←	No goal	2018 Washington State Center for Health Statistics; 2016 CDC Wonder
Influenza mortality (per 100,000)	4.2	3.2	n/a	←	No goal	2018 Washington State Center for Health Statistics
Life expectancy at birth	80.4 years	80.4 years	78.6 Years	↔	No goal	2018 Washington State Center for Health Statistics; 2017 CDC United States Life Tables
Live births with low birth weight (babies born weighing < 2,500 grams)	6.4%	6.6%	8.3%	↔	Robert Wood Johnson, 6%	2018 Washington State Center for Health Statistics; 2017 National Vital Statistics Report
Loaded and unlocked firearm in home	6.6%	5.8%	n/a	↔	No goal	2018 BRFSS
Lung cancer incidence (per 100,000)	55.2	53.7	56.0	→	No goal	2016 Washington State Cancer Registry; 2016 National Program of Cancer Registries & Surveillance
Lung cancer mortality (per 100,000)	31.6	30.9	36.6	→	HP 2020, 45.5	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Mean travel time to work	31.8 minutes	27.1 minutes	26.4 minutes	←	No goal	2013-2017 American Community Survey 5-year estimates
Median gross rent for a 2 bedroom	$ 1,205	$ 1,079	$ 964	n/a	No goal	2013-2017 American Community Survey 5-year estimates
Melanoma incidence (per 100,000)	28.5	25.6	22.3	↔	No goal	2016 Washington State Cancer Registry; 2015 National Program of Cancer Registries & Surveillance
Melanoma mortality (per 100,000)	1.5	2.3	2.1	↔	HP 2020 2.4	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Mental health professional ratio	328 to 1	310 to 1	426 to 1	→	Robert Wood Johnson, 310 to 1	2019 Robert Wood Johnson Community Health Rankings
Motor vehicle crash hospitalization (per 100,000)	50.7	48.5	n/a	→	No goal	2018 Washington State Center for Health Statistics
Motor vehicle crash mortality (per 100,000)	6.5	8.6	12.6	↔	HP 2020 12.4	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Mumps rate (per 100,000)	11.3	10.7	0.4	↔	No goal	2017 Washington State Communicable Disease Epidemiology Office; 2016 CDC Notifiable Disease Reporting
New HIV diagnosis rate (per 100,000)	4.9	7.1	14.0	↔	No goal	2017 CDC Atlas Plus
Nitrate levels in water, % exceedances	0.0%	0.3%	n/a	n/a	No goal	2017 Washington State Office of Drinking Water
No breastfeeding	3.5%	4.2%	n/a	n/a	HP 2020 81.9%, was ever breastfed or fed breast milk	2016 Pregnancy Rick Assessment Monitoring System
Obese adults	30.86%	28.66%	30.94%	↔	HP 2020 30.5%	2018 BRFSS
Obese youth	15.1%	13.7%	14.9%	←	HP 2020 16.1%	2018 HYS; 2017 YRBS
On-time graduation rate	79.5%	79.3%	84.6% (2017)	→	HP 2020 87%	2017 Office of Superintendent of Public Instruction; 2019 National Center for Educational Statistics

Appendix B: Data Tables (cont.)

Opioid hospitalization rate (per 100,000)	21.5	20.2	n/a	↔	No goal	2017 Washington State Center for Health Statistics
Opioid mortality (per 100,000)	12.0	9.9	n/a	↔	No goal	2017 Washington State Center for Health Statistics
Overall hospitalization rate (per 100,000)	8410.9	7911.0	n/a	→	No goal	2018 Washington State Center for Health Statistics
Overall mortality rate (per 100,000)	654.4	664.5	731.9	→	No goal	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Overweight adults	35.6%	34.7%	35.0%	↔	No goal	2018 BRFSS
Overweight youth	14.9%	14.6%	16.2%	↔	No goal	2018 HYS; 2017 YRBS
Pertussis rate (per 100,000)	6.7	11.2	4.9	↔	No goal	2017 Washington State Communicable Disease Epidemiology Office; 2016 CDC Notifiable Disease Reporting
Population 25+ with Bachelor's degree	31.3%	34.4%	30.9%	→	No goal	2013-2017 American Community Survey 5-year estimates
Population below Federal Poverty Level	8.8%	12.2%	14.6%	↔	No goal	2013-2017 American Community Survey 5-year estimates
Post-partum depression	12.2%	11.3%	11.0%	n/a	No goal	2016 Pregnancy Rick Assessment Monitoring System
Pregnant women diagnosed with gestational diabetes	10.6%	9.3%	6.4%	←	No goal	2018 Washington State Center for Health Statistics; 2017 National Vital Statistics Reports
Pregnant women with no 1st trimester prenatal care	22.7%	26.4%	22.7%	→	HP 2020 22.1%	2018 Washington State Center for Health Statistics; 2017 National Vital Statistics Reports
Preterm births (<37 weeks)	8.7%	9.2%	9.9%	↔	HP 2020 9.4%	2018 Washington State Center for Health Statistics; 2017 National Vital Statistics Reports
Primary and secondary syphilis rate (per 100,000)	5.2	10.5	9.4	←	No goal	2018 Washington State STD Services Section; 2017 CDC Atlas Plus
Primary care provider ratio	1969 to 1	1218 to 1	1320 to 1	←	Robert Wood Johnson, 1050 to 1	2019 Robert Wood Johnson Community Health Rankings
Prostate cancer incidence (per 100,000)	105.3	96.7	101.4	→	No goal	2016 Washington State Cancer Registry; 2016 National Program of Cancer Registries & Surveillance
Prostate cancer mortality (per 100,000 males)	19.5	19.9	18.7	↔	HP 2020 21.8	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Renters spending >30% of monthly income on housing	49.2%	48.9%	50.6%	↔	No goal	2013-2017 American Community Survey 5-year estimates
Salmonella rate (per 100,000)	10	11.1	17.2	↔	No goal	2017 Washington State Communicable Disease Epidemiology Office; 2016 CDC Notifiable Disease Reporting
Sealants in elementary school children (6-9 years old)	39.6%	44.0%	n/a	n/a	HP 2020 28.1%	2015 Smile Survey
Single mothers below Federal Poverty Level	28.6%	34.4%	38.7%	←	No goal	2013-2017 American Community Survey 5-year estimates

Appendix B: Data Tables (cont.)

Smoking during pregnancy	6.6%	7.1%	6.9%	↔	HP 2020 98.6% abstaining from smoking	2018 Washington State Center for Health Statistics; 2017 National Vital Statistics Reports
SNAP recipients (last 12 months)	11.1%	13.3%	12.6%	←	No goal	2013-2017 American Community Survey 5-year estimates
STEC e.coli rate (per 100,000)	4.2	5.7	2.2	↔	No goal	2017 Washington State Communicable Disease Epidemiology Office; 2016 CDC Notifiable Disease Reporting
Stroke hospitalization (per 100,000)	177.2	158.7	n/a	→	No goal	2018 Washington State Center for Health Statistics
Suicide hospitalization (per 100,000)	53.0	44.9	n/a	n/a	No goal	2018 Washington State Center for Health Statistics
Suicide mortality (per 100,000)	15.5	16.2	14.0	↔	HP 2020 10.2	2018 Washington State Center for Health Statistics; 2017 CDC Wonder
Teen pregnancy (15-19) (per 1,000 women)	19.1	21.9	n/a	→	No goal	2017 Washington State Center for Health Statistics;
Unemployment Rate	3.8%	4.5%	4.4%	→	Robert Wood Johnson, 2.9%	2019 Washington State Labor Market and Performance Analysis; U.S. Bureau of Labor & Statistics
Uninsured adults 18-64	7.6%	8.7%	12.1%	→	HP 2020 0%	2017 U.S. Census Bureau
Uninsured youth	2.5%	2.6%	5.3%	→	HP 2020 0%	2017 U.S. Census Bureau
Vacancy rate	6.0%	8.9%	12.2%	↔	No goal	2013-2017 American Community Survey 5-year estimates
Youth binge drinking	9.1%	9.5%	n/a	→	No goal	2018 HYS
Youth bullied due to race/ethnicity in past month	11.5%	11.0%	n/a	↔	No goal	2018 HYS
Youth bullied within the past month	19.3%	19.3%	n/a	→	No goal	2018 HYS
Youth consuming 0 sugar-sweetened beverages per day	24.1%	26.6%	n/a	↔	No goal	2018 HYS
Youth current alcohol use	17.5%	18.5%	27.0%	→	No goal	2018 HYS; 2017 YRBS
Youth current e-cigarette use	22.6%	21.2%	11.4%	←	No goal	2018 HYS; 2017 YRBS
Youth current illegal drug (not marijuana) use	5.9%	5.9%	4.50%	↔	No goal	2018 HYS; 2017 YRBS
Youth current marijuana use	17.3%	17.9%	18.7%	→	HP 2020 6% (ages 12-17)	2018 HYS; 2017 YRBS
Youth current painkiller use	3.8%	3.6%	12.8%	→	No goal	2018 HYS; 2017 YRBS
Youth current smoking cigarettes	4.9%	5.0%	7.6%	→	HP 2020 16% (Grades 9-12)	2018 HYS; 2017 YRBS
Youth dental visit in past year	77.6%	77.1%	77.1%	→	HP 2020 49%	2018 HYS; 2017 YRBS

Appendix B: Data Tables (cont.)

Youth depression symptoms	38.2%	40.0%	32.5%	←	HP 2020 7.5% (ages 12-17)	2018 HYS; 2017 YRBS
Youth drove a vehicle after marijuana use in past month	13.1%	16.2%	18.3%	→	No goal	2018 HYS; 2017 YRBS
Youth eating 5+ fruits and vegetables per day	17.2%	17.5%	n/a	←	No goal	2018 HYS
Youth eating breakfast	55.1%	58.9%	n/a	↔	No goal	2018 HYS
Youth ever told they have asthma	18.1%	21.3%	22.9%	↔	No goal	2018 HYS; 2017 YRBS
Youth hurt on purpose by an adult	24.5%	25.2%	n/a	→	No goal	2018 HYS
Youth made to feel unsafe by a boyfriend or girlfriend in the past year	10.2%	10.4%	n/a	↔	No goal	2018 HYS
Youth meeting physical activity guidelines	22.1%	21.6%	25.6%	→	HP 2020 31.6% (Grades 9-12)	2018 HYS; 2017 YRBS
Youth seriously considering suicide	22.5%	23.0%	17.3%	←	No goal	2018 HYS; 2017 YRBS
Youth texting and driving in past month	37.8%	38.7%	59.3%	→	No goal	2018 HYS; 2017 YRBS
Youth that drove after drinking alcohol	5.5%	7.1%	8.1%	→	No goal	2018 HYS; 2017 YRBS
Youth that feel safe at school	76.8%	79.0%	n/a	↔	No goal	2018 HYS
Youth with 2+ hours of television on school nights	62.5%	60.8%	n/a	→	HP 2020 26.1%	2018 HYS
Youth with 2+ hours of video games or computer time on school nights	44.4%	45.4%	n/a	←	HP 2020 17.4%	2018 HYS
Youth with an adult to turn to	52.2%	49.0%	n/a	→	HP 2020 83.2% (ages 12-17)	2018 HYS

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