

SNOHOMISH

HEALTHDISTRICT

**2016
Community Health
Assessment Update
for
Snohomish County**



Introduction

Knowledge is power. When it comes to protecting and improving the health of Snohomish County residents, evaluating available data is a critical piece of building collective knowledge and implementing collaborative actions.

This report provides baseline data on numerous health indicators, it showcases areas we are improving, what remains relatively unchanged and where we need to focus our health actions. Our community partners, including government agencies and non-profits can use this data to make informed decisions on health-related issues.

Our last Community Health Assessment was completed in 2013, and while we follow a five-year cycle, we determined that a mid-cycle update would be useful for a couple reasons. Mainly, our assessment staff collaborated with partners within Region 1 (Island, San Juan, Skagit, Snohomish and Whatcom Counties) to develop a comprehensive set of health indicators. This work allowed us to look not only at the health of Snohomish County, but also an apples-to-apples comparison of our data to that of our neighboring counties. Additionally, regional hospitals were conducting Community Health Needs Assessments (CHNAs) in 2016 and this data is useful to their staff.

While we are publishing this report as an update to our 2013 Community Health Assessment, we did not select new priority health issues. The top three health issues of youth physical abuse, suicide and obesity continue to be addressed through the 2014 Community Health Improvement Plan, incorporating key strategies and objectives for 2014-2019. The next Community Health Assessment cycle in 2018 will lead to review and selection of new priority health issues in 2019.

We hope these data prove useful to residents, agencies, our Board of Health and other government agencies as they plan for action to improve the health of Snohomish County.

What's Working Well



General Health

- All-cause hospitalization rate



Maternal, Infant & Child Health

- Teen birth rate
- Infant mortality rate



Substance Use

- 12th graders driving after drinking alcohol
- 10th graders riding with drivers that had been drinking alcohol
- 10th grade cigarette and alcohol use
- Adult binge drinking



Diet & Physical Activity

- 10th grade obesity rate



Injury

- Motor vehicle crash mortality rate
- Assault-related mortality rate



Cancer

- Mammograms among women 50+
- Colonscopies/sigmoidoscopies among adults 50+



Environmental Health

- Salmonella infection rate

What Needs Improvement



Access to Healthcare

- Adults with a primary care provider



Mental Health

- 8th grade students who are bullied
- 10th grade students reporting feeling depressed
- Suicide rate



Substance Use

- Adult cigarette smoking rate



Diet & Physical Activity

- 10th grade students screen time (video, computers)



Injury

- Unintentional injury mortality rate
- Fall-related mortality rate



Environmental Health

- Shiga Toxin producing E-Coli infection rate
- Campylobacteriosis infection rate



Communicable Disease

- Older adults immunized for flu and pneumonia
- 19-35 month olds with complete vaccination series

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MATERNAL, INFANT & CHILD HEALTH



MENTAL HEALTH



SUBSTANCE USE



DIET & PHYSICAL ACTIVITY



INJURY



CHRONIC DISEASE



CANCER



ENVIRONMENTAL HEALTH



COMMUNICABLE DISEASE



SUMMARY



Report Overview

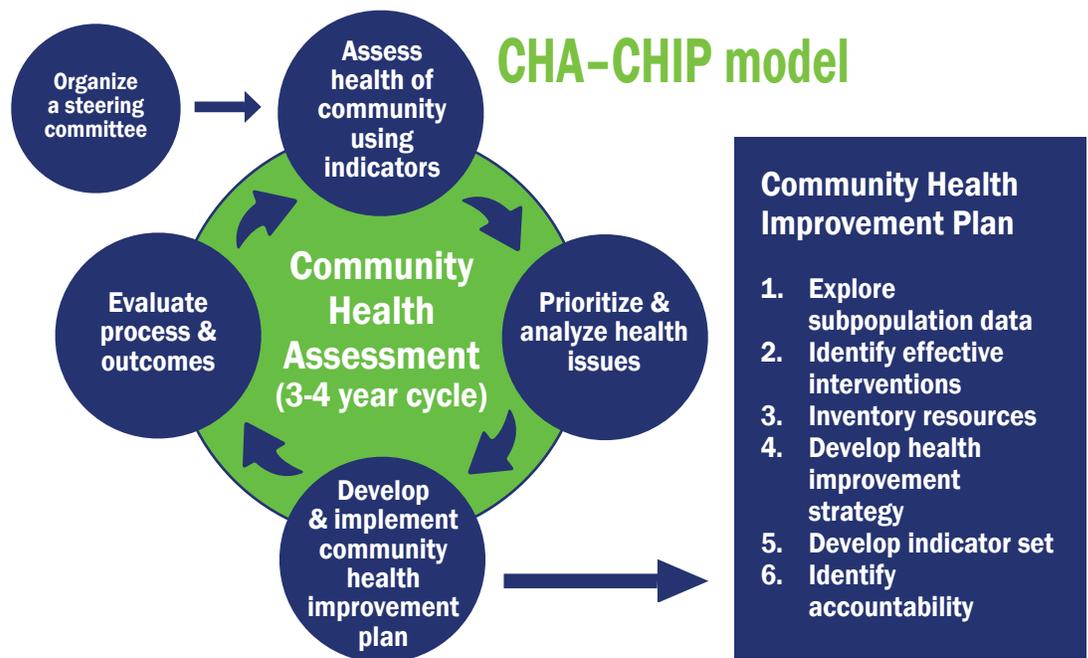
Data come from a number of different sources, all noted on respective pages. Two of our primary sources are a statewide annual telephone survey, and a biannual healthy youth survey.

The Behavioral Risk Factor Surveillance System (BRFSS) survey is an annual household telephone survey conducted by Washington State Department of Health. The results provide insights on topics like adult health risk behaviors, health insurance coverage, access to care and preventive health services, and self-reported disease and injury rates.

The Health Youth Survey (HYS) is conducted in 6th, 8th, 10th and 12th grades across the state every two years. The HYS has an emphasis on risk behaviors.

This document is one piece of our Community Health Assessment – Community Health Improvement model, shown in the graphic below. The Community Health Assessment monitors and reports on a number of key health indicators and identifies health issues based on analysis of existing data. Community Health Assessments, and the subsequent Community Health Improvement Plans, are intended to:

- Describe the health of Snohomish County residents;
- Identify priority health issues in Snohomish County;
- Identify and report on public health and community capacity to address priority health issues;
- Unite community health planning workgroups aimed at selecting effective interventions/strategies that would have the most impact in Snohomish County and/or fill identified gaps; and
- Mobilize Snohomish County activities and resources in the areas of greatest need.



This report seeks to identify trends, and takes into account whether we are meeting health goals in specific areas, such as those noted in the U.S. Centers for Disease Control and Prevention’s Healthy People 2020. Snohomish County data are examined in aggregate for the most part; but where possible, data are disaggregated to focus on disparities in the health of different segments of our population. This is typically by age, gender, race/ethnicity or socioeconomic status, to name a few.

As a reminder, this report is meant to be a report card on where we stand today. It is not meant to provide solutions to issues highlighted in the following pages. Being able to make the biggest impact will take all of us—public health, partners, government agencies and the community—working in concert for a safer and healthier Snohomish County.

Summary of Ranking

To assess the overall health of Snohomish County, it's important to compare the health of Snohomish County residents to the health of Washington State residents as well as United States residents, where possible. Here is a summary of our health indicators by topic, noting whether we fare better, worse or about the same as Washington State and the United States as a whole.

SNOHOMISH COUNTY COMPARED TO:

WASHINGTON

UNITED STATES

Better About the Same Worse

ACCESS TO HEALTH SERVICES

- Health care coverage, 18 - 64 years (2013)
- Health care coverage, 65+ years (2013)
- Adults with a personal doctor/health care provider (2013)
- Adults who visited doctor for routine care (2013)
- 10th grade students who visited a doctor for routine care (2014)
- Adults who could not see doctor because of cost (2013)
- Adults who visited a dentist or dental clinic (2014)
- 10th grade students who visited a dentist or dental clinic (2014)

	Better	About the Same	Worse		Better	About the Same	Worse
Health care coverage, 18 - 64 years (2013)	■				■		
Health care coverage, 65+ years (2013)		■				■	
Adults with a personal doctor/health care provider (2013)	■					■	
Adults who visited doctor for routine care (2013)			■				■
10th grade students who visited a doctor for routine care (2014)			■		No Data		
Adults who could not see doctor because of cost (2013)		■				■	
Adults who visited a dentist or dental clinic (2014)		■				■	
10th grade students who visited a dentist or dental clinic (2014)		■				■	

GENERAL HEALTH

- Overall mortality rate (2014)
- Child mortality (1-14 years) rate (2014)
- Life expectancy at birth (2014)

	Better	About the Same	Worse		Better	About the Same	Worse
Overall mortality rate (2014)			■		■		
Child mortality (1-14 years) rate (2014)		■			■		
Life expectancy at birth (2014)		■			■		

MATERNAL, INFANT, & CHILD HEALTH

- Crude birth rate (2013)
- Teen birth rate, ages 15-17 years (2014)
- Pregnant women receiving prenatal care in first trimester (2014)
- Premature births (2013)
- Low birth weight (2013)
- High birth weight (2014)
- Gestational diabetes (2014)
- Pregnant women who smoke (2014)

	Better	About the Same	Worse		Better	About the Same	Worse
Crude birth rate (2013)		■				■	
Teen birth rate, ages 15-17 years (2014)	■				No Data		
Pregnant women receiving prenatal care in first trimester (2014)		■			No Data		
Premature births (2013)		■			■		
Low birth weight (2013)		■			■		
High birth weight (2014)			■			No Data	
Gestational diabetes (2014)		■				No Data	
Pregnant women who smoke (2014)	■					No Data	

MENTAL HEALTH

- Adults reporting 14 or more poor mental health days (2013)
- 10th grade students reporting depression symptoms (2014)
- Adults reporting inadequate social support (2012)
- 6th grade youth considering suicide (2014)
- 10th grade youth considering suicide (2014)
- Suicide mortality rate (2014)

	Better	About the Same	Worse		Better	About the Same	Worse
Adults reporting 14 or more poor mental health days (2013)		■			No Data		
10th grade students reporting depression symptoms (2014)		■					■
Adults reporting inadequate social support (2012)	■				No Data		
6th grade youth considering suicide (2014)		■			No Data		
10th grade youth considering suicide (2014)		■					■
Suicide mortality rate (2014)		■					■

SUBSTANCE USE

- Adolescent alcohol use (2014)
- Adolescent binge drinking (2013)
- Adolescent marijuana use (2014)
- Adolescent cigarette use (2014)
- Adolescent illegal drug use (2014)
- Adult heavy alcohol use (2013)
- Adult binge drinking (2013)
- Adult cigarette smoking (2013)

	Better	About the Same	Worse		Better	About the Same	Worse
Adolescent alcohol use (2014)	■				■		
Adolescent binge drinking (2013)	■				■		
Adolescent marijuana use (2014)	■					■	
Adolescent cigarette use (2014)		■				■	
Adolescent illegal drug use (2014)		■			■		
Adult heavy alcohol use (2013)	■				■		
Adult binge drinking (2013)		■				■	
Adult cigarette smoking (2013)			■		■		

SNOHOMISH COUNTY COMPARED TO:

WASHINGTON

UNITED STATES

	WASHINGTON			UNITED STATES		
	Better	About the Same	Worse	Better	About the Same	Worse
DIET & ACTIVITY						
Adult overweight (2013)			■		■	
Adult obesity (2013)		■			■	
10th grade overweight (2014)		■		■		
10th grade obesity (2014)	■			■		
Adult adequate physical activity (2013)		■			■	
10th grade adequate physical activity (2014)			■		■	
Adult inadequate fruit consumption (2013)	■			■		
Adult inadequate vegetable consumption (2013)		■		■		
10th grade adequate fruits & vegetables consumption (2014)		■			No Data	
10th grade 0 sugary beverages a day (2014)		■			No Data	
10th grade tv screen time (2014)		■			No Data	
10th grade computer screen time (2014)		■			No Data	
INJURY						
Unintentional injury mortality rate (2013)			■		■	
Fall-related hospitalization rate (2014)		■			No Data	
Fall-related mortality rate (2013)			■	■		
Assault-related injury hospitalization rate (2014)	■				No Data	
Assault-related injury mortality rate (2013)	■			■		
Motor vehicle crash injury hospitalization rate (2014)		■			No Data	
Motor vehicle crash injury mortality rate (2013)		■		■		
CHRONIC DISEASE						
Adult diabetes (2013)		■			■	
Youth diabetes (2014)		■			No Data	
Adult coronary heart disease (2013)		■			■	
Adult asthma (2013)		■			■	
Youth asthma (2014)		■			■	
CANCER						
Prostate cancer incidence (2012)			■			■
Colorectal cancer incidence (2012)			■			■
Breast cancer incidence (2012)		■				■
Lung cancer incidence (2012)		■				■
Women age 50+ with mammogram (2013)	■			■		
Adult age 50+ colonoscopy (2013)	■			■		
Women 18+ with pap test (2012)	■				■	
ENVIRONMENTAL HEALTH						
Campylobacter infection rate (2014)			■			■
E. Coli infection rate (2014)			■	■		
Giardia infection rate (2014)		■		■		
Salmonella infection rate (2014)		■		■		
Restaurants with more than 35 critical violations (2012)		■			No Data	
COMMUNICABLE DISEASE						
Chlamydia infection rate (2014)	■			■		
Gonorrhoea infection rate (2014)	■			■		
Syphilis infection rate (2014)	■			■		
HIV infection rate (2014)	■			■		
Adults 18-64 with flu shot (2013)		■			No Data	
Adults 65+ with flu shot (2013)		■				■
Adults 65+ with pneumonia vaccine (2013)		■		■		
Tuberculosis incidence (2013)		■			■	
Acute hepatitis C incidence (2014)	■				■	
Pertussis incidence (2014)	■			■		
Infants 19-35 months with complete vaccination series (2012)			■			■



Demographics

Snohomish County is one of the fastest growing counties in the state, and it represents roughly 10% of the state's total population. With this growth comes increasingly diverse communities and a need to focus on health equity for each person.

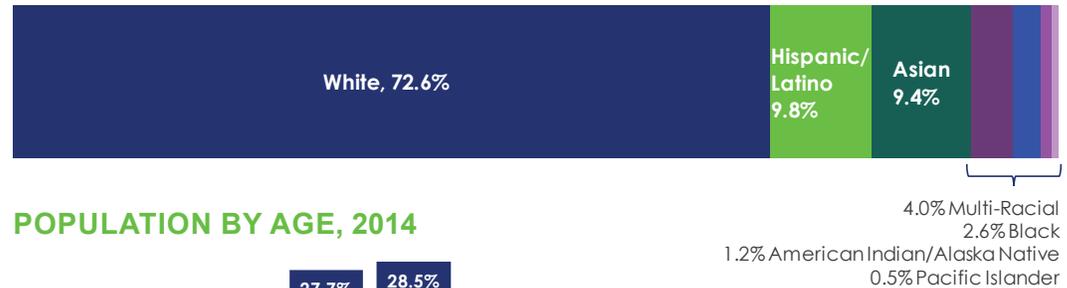
When it comes to population, Snohomish County ranks 3rd in the state with about 759,000 residents.

56% of residents live in one of the 19 cities and towns, the remaining 44% live within unincorporated areas.

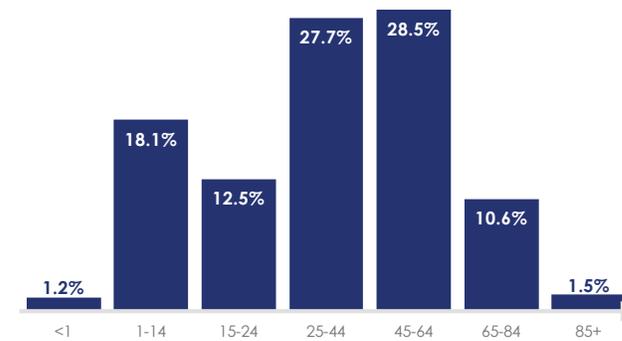
There's an almost 50/50 split between males and females.

More than 56% of residents are ages 25-64.

POPULATION BY RACE AND ETHNICITY, 2014



POPULATION BY AGE, 2014



ECONOMIC SECURITY

Educational achievement, income levels and housing costs are all associated with health outcomes.

	Snohomish County	Washington
Below Poverty Level (all families)	12%	9.1%
College Degree or Higher	30%	32%
Unemployment	8.7%	8.8%
Median Household Income	\$69,443	\$60,294

Source: 2010-2014 American Community Survey 5-Year Estimates

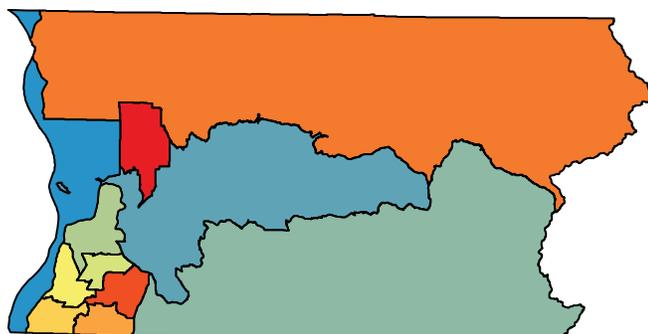


4 out of 10 households

spend more than 35% of their monthly income on rent, 29% of families with a mortgage.

HEALTH REPORTING AREAS

The Snohomish County Health Reporting Areas were developed based on aggregations of U.S. Census Bureau census tracts. They include individual cities, groups of smaller cities and unincorporated areas of the county, coinciding with city boundaries when possible. More detailed reports on these Health Reporting Areas were released in June 2016.



- Arlington, Standwood & Darrington / Population 67,165
- Marysville / Population 70,692
- Granite Falls, Lake Stevens & Snohomish / Population 74,428
- Sultan, Skykomish & Monroe / Population 58,154
- North Everett / Population 98,716
- South Everett / Population 78,635
- Mukilteo & North Lynnwood / Population 78,458
- Edmonds, Mountlake Terrace & West Lynnwood / Population 82,509
- Bothell & Brier / Population 57,529
- Mill Creek & Silver Firs / Population 63,988
- Tulalip Bay & the North Coast / Population 10,726

Source: Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001-2014, January 2015.



Access to Health Services

Access to comprehensive, quality health care services is key to achieving health equity and for increasing the quality of life for everyone. Insurance coverage and having access to care can influence an individual's overall physical, mental, and social health; prevention of disease and disability; identification and treatment of health conditions; preventable death; quality life; and life expectancy.

Snohomish County has more older adults without health care coverage when compared to state and national rates.

The number of 10th graders visiting a doctor for a checkup or physical exam is the highest it has been in the last decade.

While rates of youth and adults visiting a dentist within the past year have been increasing, most recent data show it leveled off.

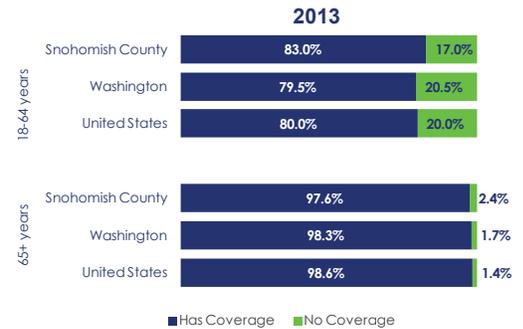
The number of mental health providers in Snohomish County has improved, but primary medical providers and dentists has stayed about the same.

HEALTH INSURANCE COVERAGE

While the majority of people in Snohomish County have private health insurance, mainly through an employer, many others receive coverage through programs offered by the government. However, we still have roughly 1 in 6 adults who do not have health insurance.

1 in 6 adults (18-64 yrs.)

didn't see a doctor in 2013 because of the cost.



HEALTH CARE PROVIDER & VISITS

When an individual has a primary care physician, he or she is more likely to have better chronic disease management; receive the recommended preventive screenings, tests, and vaccines; and have lower overall health care costs.

57% of adults visited a doctor in the past year for routine care.



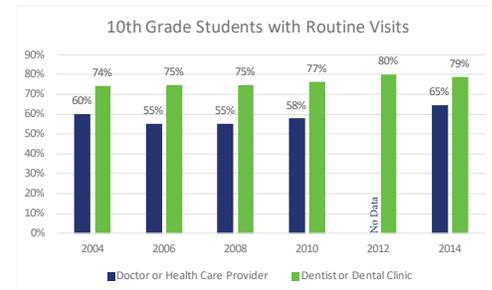
69% of adults



visited a dentist or dental clinic in the past year.

YOUTH ACCESS TO CARE

Among young residents, the percentage of 10th grade students who visited a doctor in the past year (for something other than sickness and injury) was higher in 2014 compared to previous years. The number who had visited the dentist stayed the same.



ACCESS TO HEALTH PROFESSIONALS

It is important that there are enough primary care, dental care and mental health professionals to support our growing population. While the overall ratio of people to providers in Snohomish County is well below shortage area definitions, these ratios do not take into account specific geographic areas, population groups like low income or Medicaid-eligible, or types of facilities like federally qualified health centers or prisons.

Ratio of Population to Full-Time Providers

	Definition of Shortage Area	Snohomish County Ratios
Primary Medical (2012)	≥ 3,500:1	1,904:1
Mental Health (2014)	≥ 6,000:1	453:1
Dentists (2013)	≥ 5,000:1	1,577:1

Sources:

- Office of Disease Prevention and Health Promotion. (2015). Health People 2020: Access to Health Services. Retrieved on 14 December 2015 from <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.
- Smith, J.C. & Medalia, C., U.S. Census Bureau. Current Population Reports, P60-253, Health Insurance Coverage in the United States: 2014. U.S. Government Printing Office, Washington, DC, 2015.
- Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System 2012-2013, supported in part by Centers for Disease Control and Prevention.
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- Health Resources and Services Administration. (n.d.). HPSA Find Retrieved on 14 December 2015 from <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>.
- Health Resources and Services Administration. (n.d.). Primary Medical Care HPSA Designation Criteria. Retrieved on 14 December 2015 from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/primarycarehpsacriteria.html>.
- University of Wisconsin Population Health Institute. County Health Rankings 2008-2012. Accessible at www.countyhealthrankings.org.



General Health

Several indicators may be used to assess the general health of a population, these measures include life expectancy and mortality rates and early causes of death.

Over the last 10 years, the average life expectancy has increased and overall mortality rates have gone down.

Our life expectancy in Snohomish County is better than the State of Washington and U.S. average.

Life expectancy is lowest among those who identify as American Indian/Alaskan Native.

LIFE EXPECTANCY

Women are living an average of 4.5 years longer than men in Snohomish County.



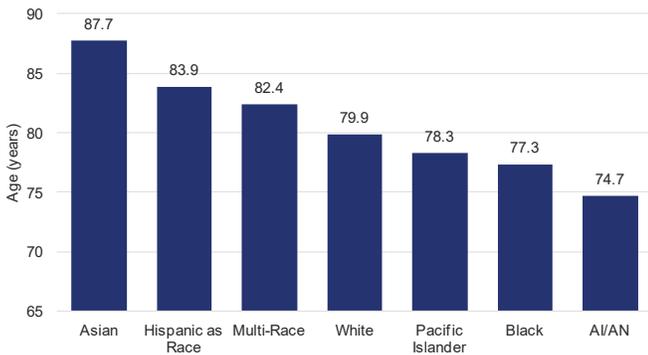
82.5 YEARS
Snohomish County
Females



78 YEARS
Snohomish County
Males

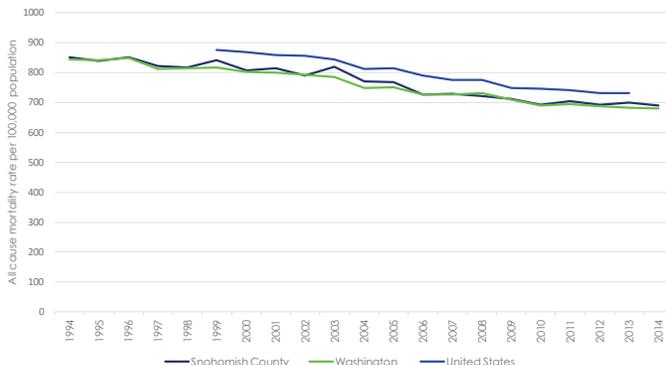
LIFE EXPECTANCY BY RACE

Life Expectancy at Birth by Race, 2014

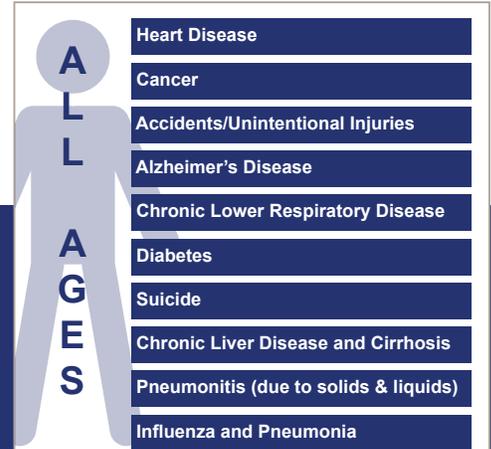


OVERALL MORTALITY RATE

All Cause Mortality Rate, 1994-2014



LEADING CAUSES OF DEATH

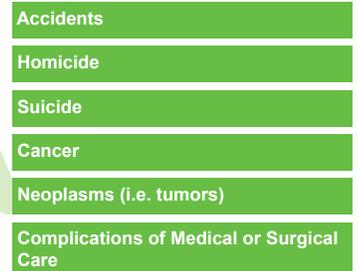


FALL-RELATED DEATHS



The number of fall-related deaths has more than doubled in the last 20 years. In 2014, there were 99 fatalities related to falls, 78% involving people over 65 years of age.

CHILDREN



Children 1-14 years

INFANT MORTALITY (LESS THAN 1 YEAR)



In 2014, the rate of infant deaths was 3.6 per 1,000 population. This continues the steady decrease from the rate of 6.0 in 1997.



Maternal, Infant & Child Health

Pregnant women who receive proper prenatal care and follow a healthy lifestyle are more likely to give birth to a healthy baby. Reducing the rates of premature birth, as well as low or high birth weight, helps babies get the healthiest start possible. These are all part of the primary goal of improving the health, wellness, and quality of life of women, children and families in Snohomish County.

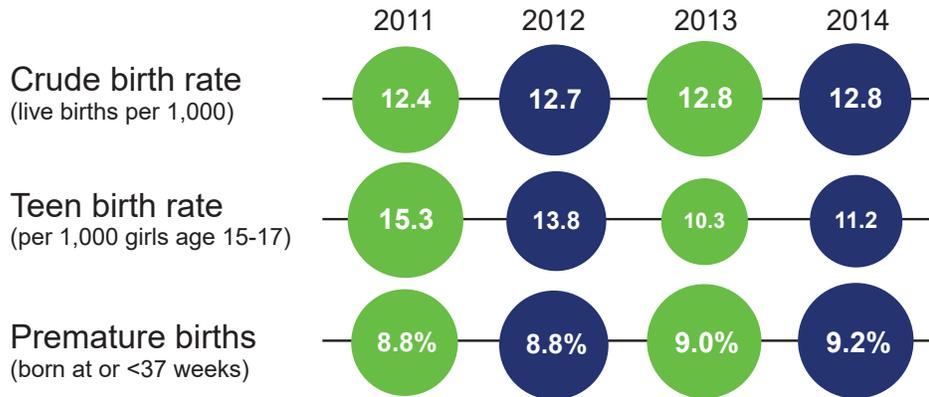
Since 2004 the birth rate has remained unchanged.

Teen pregnancy rates have dropped by more than half in the last decade.

The percentage of women developing gestational diabetes has more than tripled since 1990, and is consistently higher than state and national rates.

While lower than 10 years ago, the percentage of women smoking during pregnancy has remained relatively unchanged since 2010.

GENERAL BIRTH INFORMATION



HEALTHY MOMS

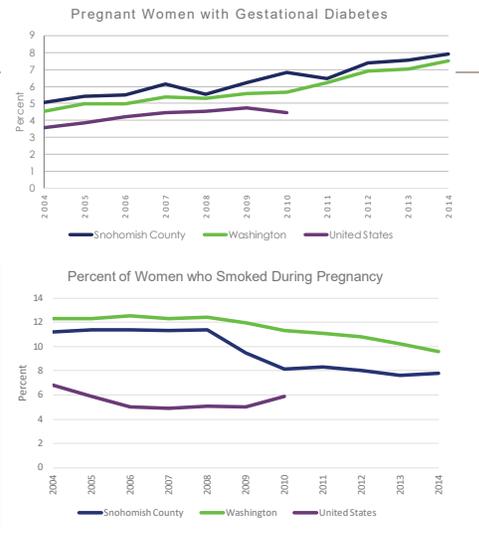


GESTATIONAL DIABETES

Early prenatal care is important because screenings can identify babies or mothers at risk for problems, and health care providers can educate and prepare mothers for pregnancy and parenting.

SMOKING DURING PREGNANCY

Not only does smoking cause cancer and other serious health problems, but it also causes problems during pregnancy and for the baby including premature birth, certain birth defects, and infant death.



HEALTHY BABIES

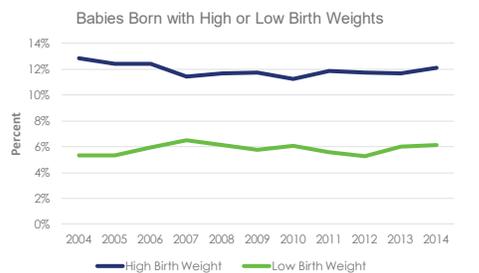


LOW BIRTH WEIGHT (LESS THAN 5 LBS, 8 OZ.)

A baby born with a low birth weight may have a harder time eating, gaining weight, maintaining normal body temperature and fighting infection.

HIGH BIRTH WEIGHT (MORE THAN 8 LBS, 8 OZ.)

A baby born with high birth weight is often big because the parents are overweight and/or obese, or the mother has diabetes during pregnancy. These babies may be at a higher risk of birth injuries or problems with blood sugar.



- Sources:
- Office of Disease Prevention and Health Promotion. (2015). Health People 2020: Maternal, Infant, and Child Health. Retrieved on 4 December 2015 from <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>.
 - Organization for Economic Cooperation and Development. (2013). Crude Birth Rate. Retrieved on 4 December 2015 from: <https://stats.oecd.org/glossary/detail.asp?ID=490>
 - Washington State Department of Health, Center for Health Statistics, Birth Certificate Data, 2004-2014.
 - U.S. Department of Health and Human Services, Office of Adolescent Health. (2015). Negative Impacts of Teen Childbearing. Retrieved on 4 December 2015 from: <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/health-impact.html>
 - Child Trends. (2015). Late or No Prenatal Care. Retrieved on 7 December 2015 from: <http://www.childtrends.org/?indicators=late-or-no-prenatal-care>.
 - U.S. National Library of Medicine. (2015). Premature Babies. Retrieved on 7 December 2015 from: <https://www.nlm.nih.gov/medlineplus/prematurebabies.html>
 - Centers for Disease Control and Prevention. (2015). Gestational Diabetes and Pregnancy. Retrieved on 8 December 2015 from: <http://www.cdc.gov/pregnancy/diabetes-gestational.html>.



Mental Health

A person's psychological and emotional well-being has a direct correlation to overall health. Common mental health conditions include depression and anxiety. Suicide prevention remains a top priority for the Snohomish Health District as data indicate the issue worsened since the last Community Health Assessment.

Twice as many female youth report depression symptoms than males.

10th grade females, American Indian/Alaska Native, and students who identify as multiple races have the highest reports of thoughts of suicide.

The rate of suicides is significantly higher for males of all ages, especially for males 15-24 and 65+.

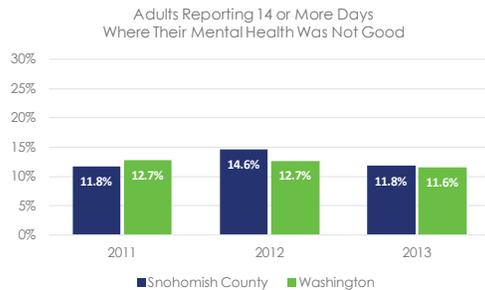
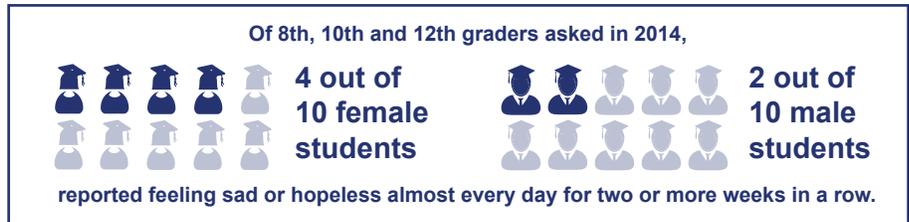
Youth may begin thinking about suicide at very early ages. In Snohomish County, students as young as 12 have committed suicide, and 1 in 6 sixth graders reported that they had thought about killing themselves.

In 2014, there were 314 suicide-related hospitalizations and 127 suicide deaths—making the suicide rate the highest it has been since 1990.

- Sources:
- Paxton, R. J., Valois, R. F., Watkins, K. W., Huebner, E. S., & Drane, J. W. (2007). Associations between depressed mood and clusters of health risk behaviors. *American Journal of Health Behavior*, 31(3), 272-283.
 - Healthy Youth Survey, Olympia, WA: Washington State Dept. of Health; 2014.
 - Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2004-2014, August 2015.

DEPRESSION & HOPELESSNESS

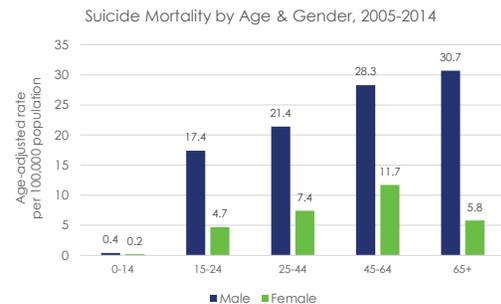
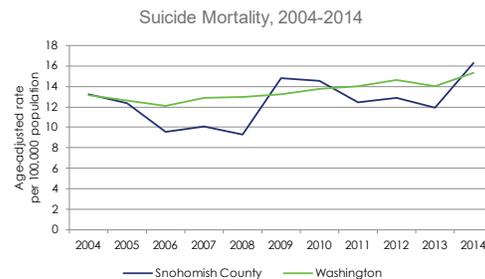
Being depressed or feeling hopeless is a serious health condition.



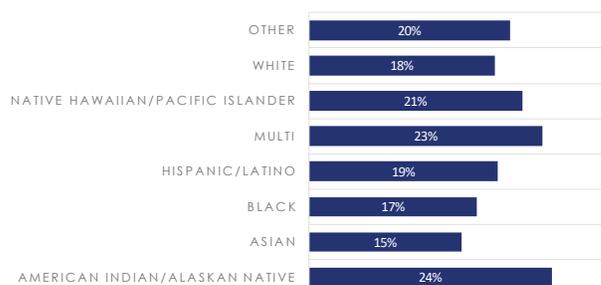
1 IN 4 ADULTS do not feel they have the social or emotional support that they need.

SUICIDE & SUICIDAL THOUGHTS

Suicide is one of the leading causes of death in Snohomish County, as well as at state and national levels. Suicide costs an estimated \$44 billion in lost wages and productivity nationally, while medical care for non-fatal attempts is estimated to be an additional \$2 billion annually. The suicide mortality rate had been slowly decreasing since 1994, but has increased sharply since 2008.



Percentage of Students Feeling Suicidal by Race/Ethnicity (2014)





Substance Use

Substance use includes alcohol, tobacco, marijuana and other drugs. The data presented below do not include indicators such as overdoses, death or treatment, but rather focuses on the use and overuse of certain substances. It is also worth noting that prescription opioids and heroin are an increasing problem within our community. Heroin as a public health problem was analyzed in great detail in the *Heroin Report in Snohomish County: Mortality and Treatment Trends (2015)*.

The percentage of 10th grade students reporting alcohol use and/or binge drinking within the past month has decreased since 2002.

More 10th grade females report alcohol use and binge drinking over the last 30 days than male students.

Rates of adult men and women reporting heavy drinking have decreased since 2011, as has the number of adult males reporting binge drinking. The number of adult women reporting binge drinking has not changed.

Among adults, approximately 1 in 10 males and 1 in 12 females currently smoke.

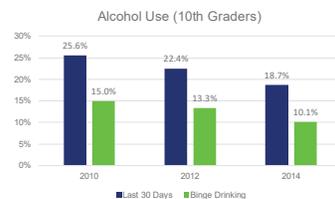
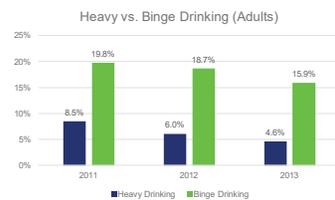
SUBSTANCE USE & SUBSTANCE USE DISORDER

Experimentation or low frequency use of alcohol, tobacco or other drugs. Consistent use causing significant impairment, clinically and functionally, which impacts a person's ability to meet work, school or home responsibilities.



ALCOHOL USE

Alcohol is the most frequently misused substance nationally. People who begin drinking when they're young are at greater risk of developing serious problems, including alcoholism, as they get older.



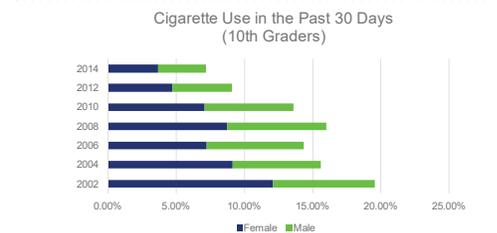
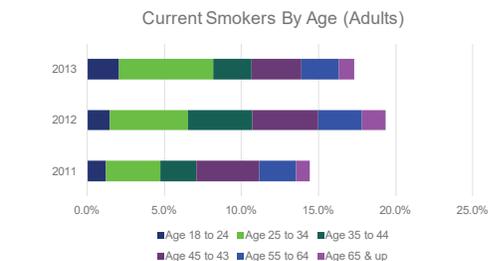
HEAVY DRINKING 1 or more drinks on average per day for women and 2 or more for men.

BINGE DRINKING 4 drinks on a single occasion, generally within two hours for women. For men, it's 5 drinks or more.



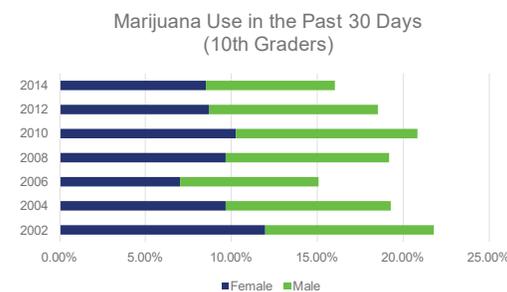
CIGARETTE USE

According to the CDC, 9 out of 10 smokers in the U.S. started by the age of 18. In addition to the increased likelihood of a lifelong addiction and chronic disease, nicotine can negatively affect the developing brain.



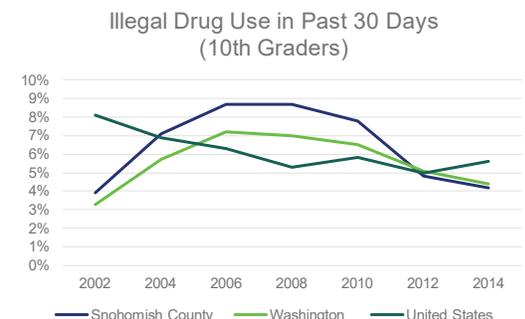
MARIJUANA USE

Marijuana is the most commonly used illicit drug among adolescents. A study showed that teens with a cannabis use disorder lost an average of eight IQ points between 13 and 38. The lost mental abilities did not fully return in those who quit marijuana as adults.



ILLEGAL DRUG USE

Adolescents may be especially vulnerable to the damaging effects of drug use because their brains are still developing. Use of illicit drugs is associated with many harmful behaviors, and can cause both short- and long-term health problems.



Sources:

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- Cassey, B. J., Jones, R. M., & Hare, T. A. (2008). The adolescent brain. *Annals of the New York Academy of Science*, 1124, 111-126.
- Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2014, December 16). Use of alcohol, cigarettes, and number of illicit drugs declines among U.S. teens. Retrieved from <http://www.monitoringthefuture.org/data/14data.html>
- Meier, M. H., Caspi, A., Ambler, A., Harrington, H., Houts, R., Keefe, R. S., ... & Moffitt, T. E. (2012). Persistent cannabis users show neurophysiological decline from childhood to midlife. *Proceedings of the National Academy of Sciences*, 109(40), E2657-E2664.
- Harvey, M. A., Sellman, J. D., Porter, R. J., & Frampton, C. M. (2007). The relationship between non-acute adolescent cannabis use and cognition. *Drug and alcohol review*, 28(3), 309-319.



Diet & Physical Activity

A diet rich in fruits and vegetables, combined with regular physical activity, are known to prevent chronic disease. Our goal is to promote healthy habits while working with partners to create policies and communities that make healthy choices a way of life.

The adult obesity rate has held steady in recent years, and is slightly lower than the 2013 U.S. adult obesity rate of 29.4%.

The number of 10th grade students who are overweight is at its lowest rate since 2006.

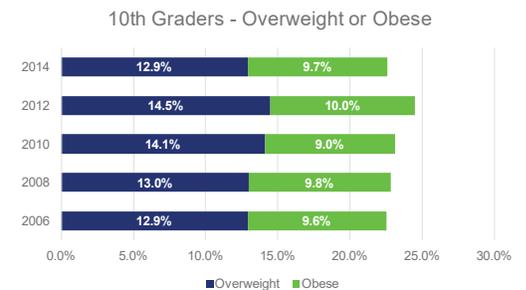
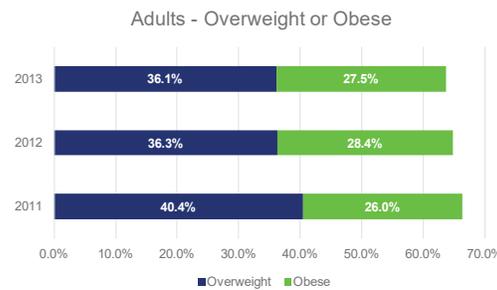
Native Hawaiians/Pacific Islanders, Hispanics/Latinos, and American Indian/Alaska Natives are at greater risk of being overweight and/or obese.

While the number of 10th graders spending more than two hours or more watching TV has declined, the use of computers and video games has sharply increased in recent years.

More male students report drinking sugary beverages than female students.

YOUTH & ADULT WEIGHT

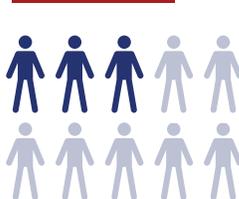
Being overweight at a young age increases the likelihood of being overweight or obese as an adult. Obesity is a contributing factor to heart disease, certain cancers, bone and joint problems, and diabetes.



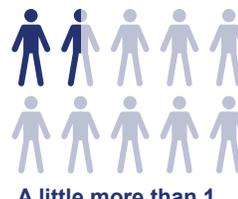
In line with the 2014 Community Health Improvement Plan's priority for reducing obesity rates, the Health District adopted the 5210 campaign from LetsGo.org in 2015. While it's too soon for the data to tell us whether the efforts are working, we want to start looking at the numbers with those indicators in mind.



In 2014, 1 in 5 10th grade students ate at least 5 servings of fruits and vegetables per day.



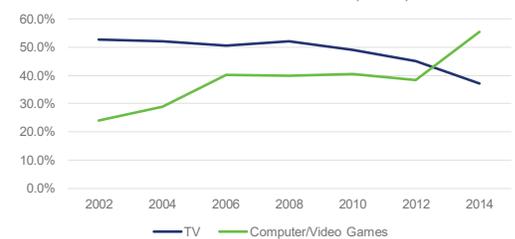
3 out of 10 adults eat less than 1 fruit per day



A little more than 1 out of 10 adults eat less than 1 vegetable per day

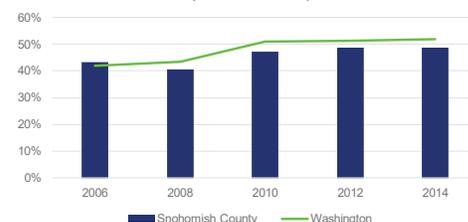


10th Grade Students with 2+ Hours of Screen Time (2014)

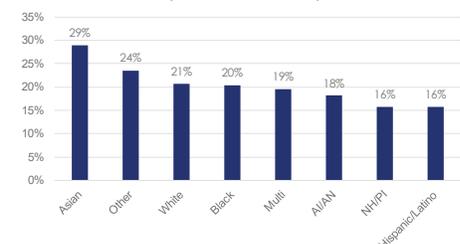


Only 1 in 5 adults met physical activity requirements in 2013

Physically Active for Five or More Days (10th Graders)



Met Zero Sugary Drinks Guidelines, By Ethnicity (10th Graders, 2014)



Sources:
 • National Institutes of Health Osteoporosis and Related Bone Diseases National Resource Center. (2015). Exercise for your bone health Retrieved on 18 December 2015 from http://www.niams.nih.gov/health_info/bone/Bone_Health/Exercise/default.asp
 • Healthy Youth Survey. Olympia, WA: Washington State Dept. of Health; 2002-2014.
 • Physical Activity Guidelines Advisory Committee. (2008). Physical activity guidelines advisory committee report. 2008. Washington, DC: US Department of Health and Human Services, 2008, A1-H14.
 • Centers for Disease Control and Prevention. (2015). Childhood Obesity Facts. Retrieved on 7 December 2015 from <http://www.cdc.gov/healthyschools/obesity/facts.htm>
 • Washington State Department of Health. Center for Health Statistics, Behavioral Risk Factor Surveillance System 2011-2013.



Injuries

Injuries are a leading cause of death and disability across all demographics in Snohomish County. They are generally divided into two categories: intentional and unintentional injuries. Preventing injuries through environmental, behavioral, and policy changes are important public health goals.

The rate of assault-related hospitalizations has been increasing slightly since 2010.

Young people ages 15-24 have a higher rate of assault-related death when compared to other ages.

Death rates due to unintentional injuries have continued to climb since 1992.

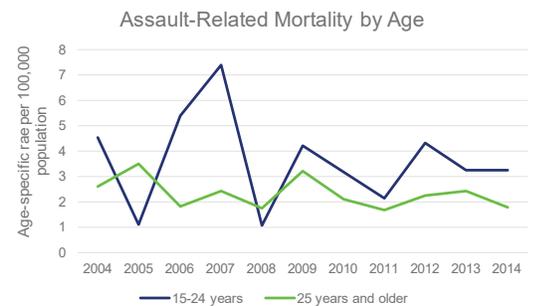
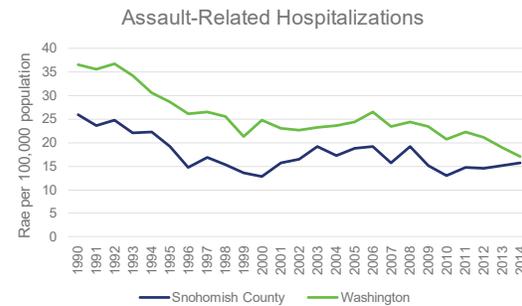
After years of declining, the rate of both males and females hospitalized from motor vehicle injuries started to increase slightly in 2012.

Those 65 years or older have a much higher rate of death caused by falls compared to all other ages.

- Sources:
- Centers for Disease Control and Prevention (2012). Saving Lives and Protecting People from Injuries and Violence. <http://www.cdc.gov/injury/overview>.
 - Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division on Unintentional Injury Prevention, (2015). Home and Recreational Safety. Retrieved 2015 December 1 from: <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>
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 - National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. (n.d.). 10 Leading Causes of Death by Age Group, United States, 2013. Retrieved on 2 December 2015 from http://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_by_age_group_2013-a.gif
 - Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2004-2014, August 2015.

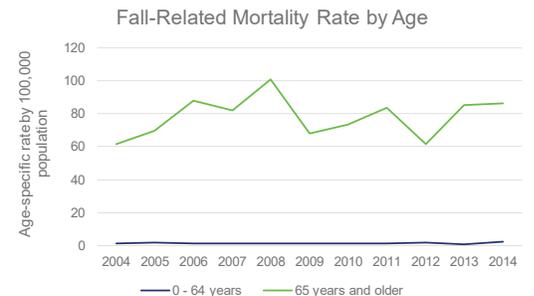
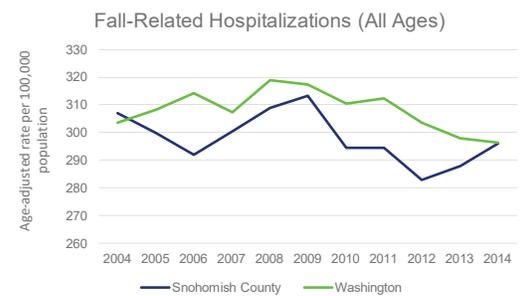
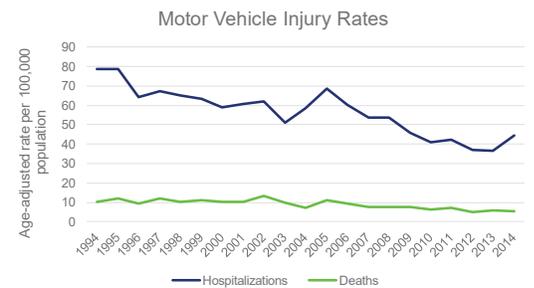
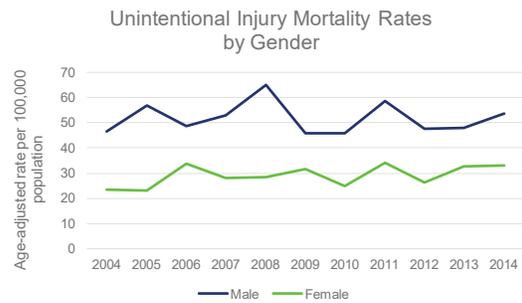
INTENTIONAL INJURIES

These are injuries where harm was intended, like assaults, suicides and homicides. Violence is a leading cause of injury and death, particularly among youth.



UNINTENTIONAL INJURIES

Most motor vehicle injuries, falls, poisonings, fire and burn injuries, and drownings are unintentional injuries. They are in the top 3 leading causes of death in both adults and youth.





Chronic Disease

Chronic diseases are conditions that can be controlled but not cured. These include conditions like asthma, diabetes and heart disease. Lifestyle factors such as smoking, diet and levels of physical activity can all impact chronic conditions.

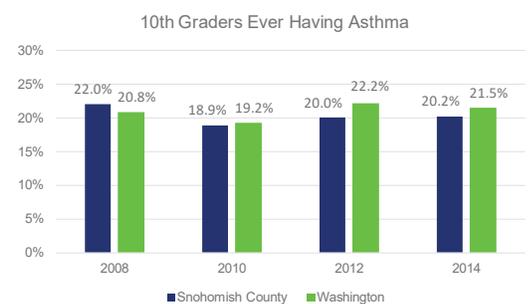
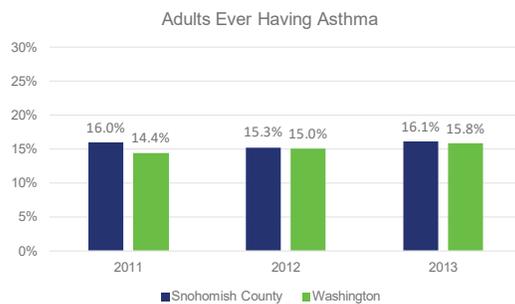
Snohomish County residents have slightly higher rates of asthma compared to both Washington State and U.S. rates.

A greater percentage of black students reported having diabetes compared to all other students.

The percentage of residents with heart disease is lower than state and national percentages.

ASTHMA

Asthma a leading chronic disease in children, accounting for 14.4 million lost days of school nationally. It can be triggered by allergens (e.g. pollen, mold, dust, cockroaches), cigarette smoke, air pollution, weather changes, exercise and infections like a cold or the flu. Changing behaviors and improving the built environment can help reduce the onset or complications of asthma.

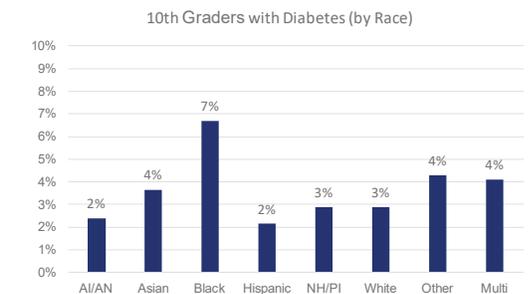
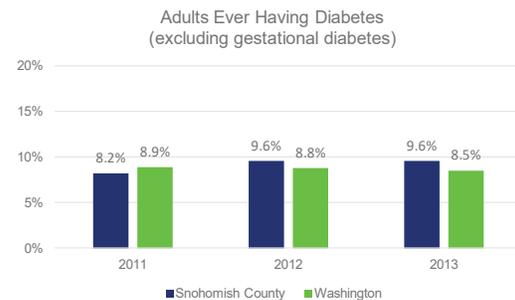


DIABETES

Diabetes is the sixth leading cause of death in Snohomish County. It is linked to problems with kidneys, eyes, feet and skin, putting people at higher risk of heart disease, high blood pressure and nerve damage.

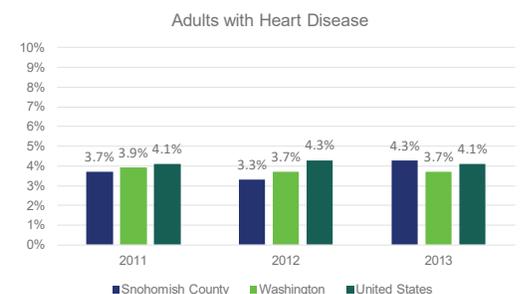


6 out of 10 students in the 10th grade with diabetes are males



HEART DISEASE

Heart disease is the leading cause of death for Snohomish County residents. Many types of heart disease are related to plaque buildup in the walls of the arteries, or atherosclerosis. As the plaque builds up, the arteries narrow, making it more difficult for blood to flow and creating a risk for heart attack and stroke.



- Sources:
- American Heart Association (2016). Heart and Stroke Encyclopedia. http://www.heart.org/HEARTORG/Conditions/The-Heart-and-Stroke-Encyclopedia_UCM_445688_SubHomePage.jsp
 - American Lung Association (2012). Asthma and Children Fact Sheet. <http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html>.
 - Healthy Youth Survey, Olympia, WA: Washington State Dept. of Health; 2014.



Cancer

Cancer is the second leading cause of death among Snohomish County adults, with lung cancer and breast cancer being the two most common types.

Snohomish County residents have higher rates of breast, colon and rectal cancers than Washington State and U.S. rates.

Prostate cancer occurs more frequently in Black males than other races or ethnicities.

Lung cancer rates are at a 20-year low in Snohomish County.

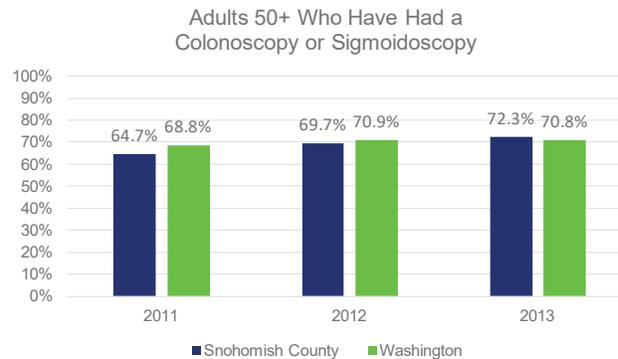
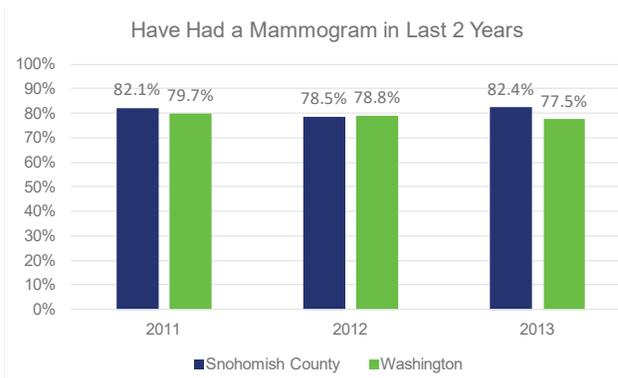
The number of adults 50 years or older who have had a colonoscopy or sigmoidoscopy is increasing.

Sources:

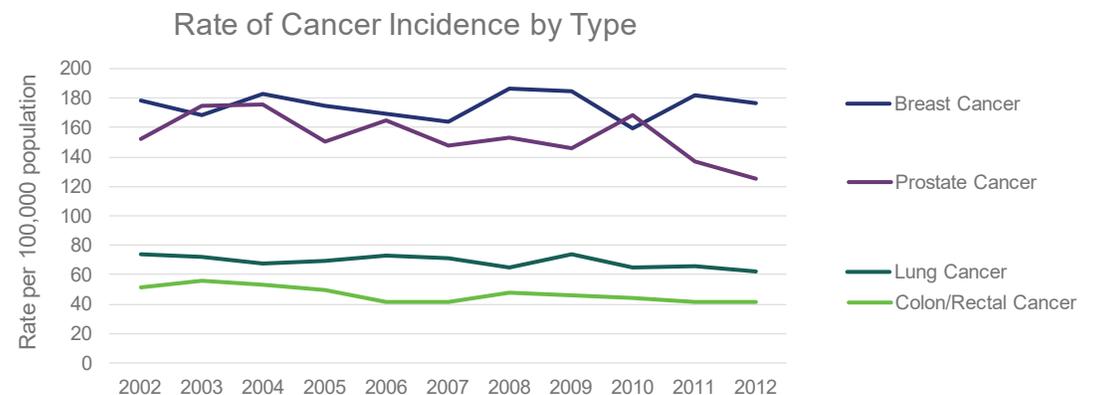
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- National Institutes of Health Cancer Institute. (n.d.). Prostate Cancer—for patients Retrieved 7 December 2015 from: <http://www.cancer.gov/types/prostate>
- Houston, T. P., Elster, A. B., Davis, R. M., & Deitchman, S. D. (1998). The U.S. Preventive Services Task Force Guide to Clinical Preventive Services, AMA Council on Scientific Affairs. American Journal of Preventive Medicine, 14(4), 374-376.
- Washington State Department of Health, Washington State Cancer Registry-Incidence data for diagnosis years 1992-2012, January 2015.
- Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System 2011-2013, supported in part by Centers for Disease Control and Prevention.

PREVENTION AND SCREENINGS

Cancer can be genetic, caused by lifestyle factors, or seemingly appear at random. In addition to a healthy diet and physical exercise, regular visits with a health care provider and obtaining timely preventive health screenings are key to preventing cancer.



COMMON TYPES OF CANCER





Environmental Health

The environment around us plays an important role in our overall health, just as much as our habits and behaviors. Whether it is climate change or foodborne illnesses, environmental health encompasses physical, chemical and biological factors that impact health as much as medical care.

Average temperatures have continued to climb, with 2014 being the highest in the past 20 years.

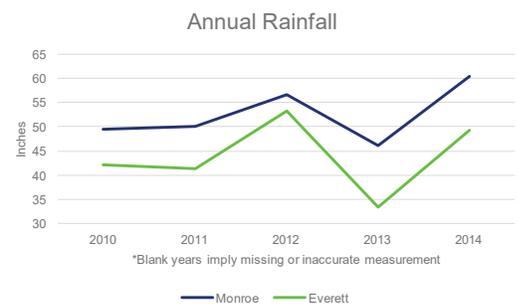
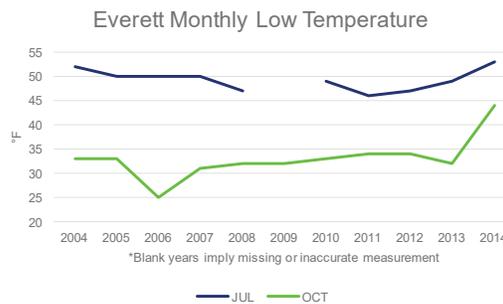
Everett and Monroe experienced record rains within the last two decades in 2012 and 2014 respectively.

While the number of E. coli incidences per 100,000 residents in Snohomish County is slightly higher than the state, incident rates are lower than they are nationally.

The rates of foodborne infections in Snohomish County have been increasing in recent years.

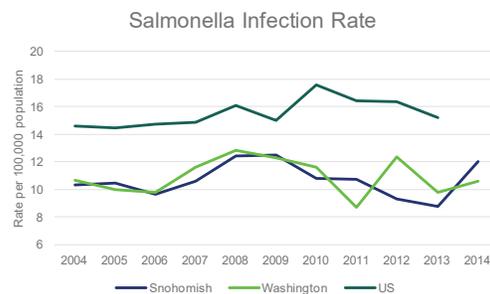
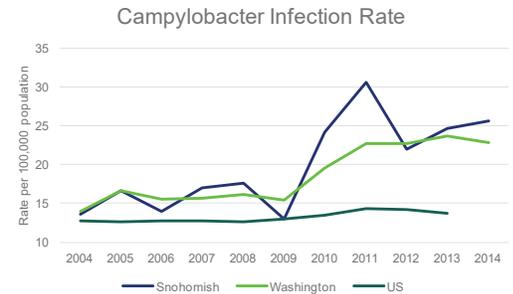
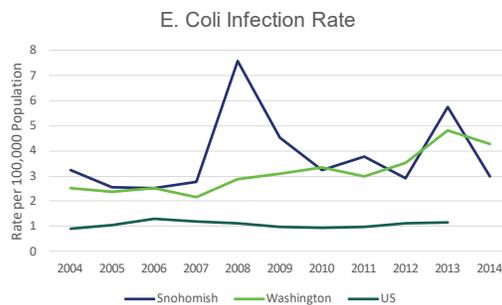
CLIMATE CHANGE

Increasing temperatures and rainfall typically indicate more extreme weather events. Excessive heat and heat waves can lead to health issues like dehydration, heat stroke and cardiovascular issues. More rainfall can mean increased flooding and/or risks of drowning. All of these factors impact the food we eat, the water we drink and the air that we breathe.



FOODBORNE AND RELATED ILLNESSES

From contaminated food to improper food handling procedures, illnesses like salmonella and E. coli can be very serious. In addition to physical symptoms, they also have an impact on our local economy. Outbreaks require disposal of food products, lost business and productivity, and other costs associated with correcting the issues. It also means lost wages from employees unable to work, either due to health restrictions or business closures.



Sources:

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- Washington State Department of Health, Communicable Disease Epidemiology Office, PHIMS, 1994-2013, August 2015.
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- Centers for Disease Control and Prevention (2015). Reports of selected Salmonella outbreak investigations. Retrieved on 29 December 2015 from <http://www.cdc.gov/salmonella/outbreaks.html>



Communicable Disease

Communicable diseases are spread from person to person, via direct contact with blood or other bodily fluids or from airborne bacteria or viruses. Good hygiene and healthy behaviors can prevent the spread of many communicable diseases, and many are prevented through vaccination.

In 2013, tuberculosis (TB) infections were most common in adults 25-44.

Syphilis rates reached a 20-year high, with the number of cases doubling from 2013 to 2014.

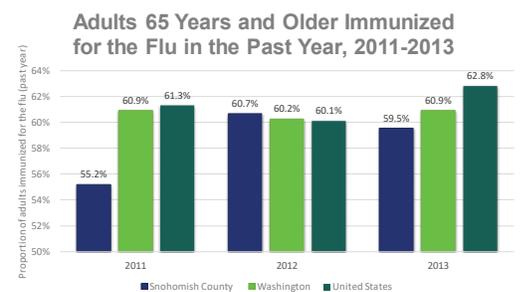
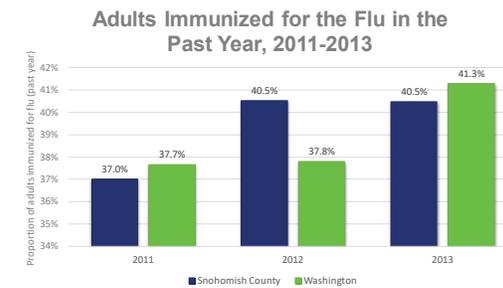
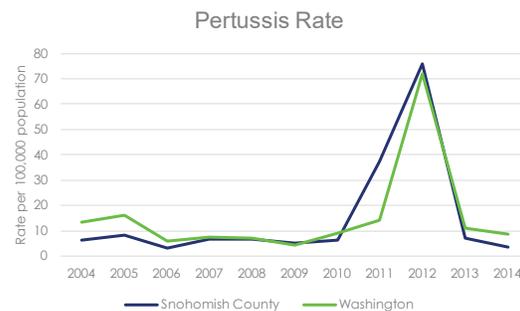
The rate of gonorrhea infections increased 65% between 2013 and 2014.

While chlamydia in young women ages 15-24 has been on the rise since 1992, the rates are not showing extreme spikes like gonorrhea or syphilis.

- Sources:
- Centers for Disease Control and Prevention. (2015). Antibiotic-Resistant Gonorrhea. Retrieved on 4 December 2015 from <http://www.cdc.gov/std/gonorrhea/arg/default.htm>
 - Centers for Disease Control and Prevention. (2015). Gonorrhea—CDC Fact Sheet. Retrieved on 4 December 2015 from <http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>
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 - Washington State Department of Health, Tuberculosis Program, PHIMS-TB data, 2003-2012, September 2013.

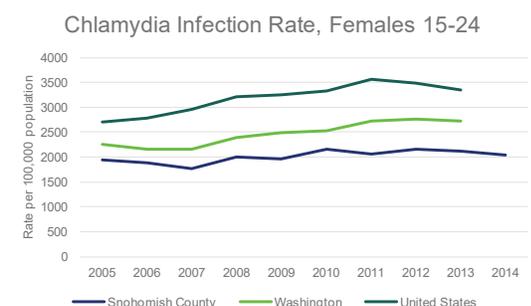
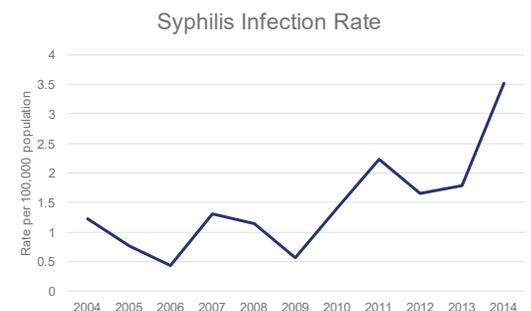
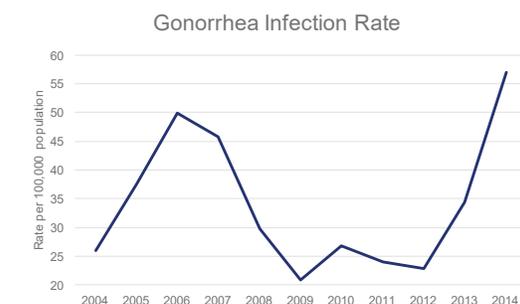
VACCINE PREVENTABLE DISEASE

Some diseases that can be prevented by vaccine still exist in the U.S. because not all children or adults are immunized. Immunizations are just as important for adults as they are for children because some vaccinations wear off over time and need to be repeated. Others become more important depending on your age, occupation, chronic illnesses, and lifestyle.



SEXUALLY TRANSMITTED INFECTIONS

About 1 in every 4 Americans has a sexually transmitted infection, also known as sexually transmitted diseases. If left untreated, infections like syphilis, gonorrhea and chlamydia can cause fertility issues, as well as serious and permanent damage to reproductive system.



Summary

We hope the information contained in this report is helpful.

The Community Health Assessment completed in 2013 included a process with staff and members of the Public Health Advisory Council. That effort prioritized six health issues that needed community attention and action, the first three needing immediate action:

1. **Youth Physical Abuse**
2. **Youth & Adult Obesity**
3. **Suicide**
4. Youth Dental Decay
5. Access to a Primary Care Provider
6. No Prenatal Care during the First Trimester

The Community Health Improvement Plans (CHIPs) for each priority area will continue to be advanced until 2019, as planned. In 2018, the Health District's Assessment Program will institute a new community health assessment process. With the input of the Public Health Advisory Council, a set of priority health issues will be used to develop the 2019 Community Health Improvement Plans.

We invite you to join us in building a healthier and safer Snohomish County. If you have interest in weighing in on the next phase of work, or have questions about the content contained in this report, please call the Healthy Communities & Assessment program at 425.339.8650 or healthstats@snohd.org.

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SNOHOMISH

HEALTH DISTRICT

The Snohomish Health District works for a safer and healthier community through disease prevention, health promotion, and protection from environmental threats.