

COMMUNITIES OF COLOR COALITION (C3)

# The African American Community in Snohomish County

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## A Health Justice Profile

DEC 2019 // PREPARED BY LEAH WAINMAN



## BACKGROUND

African American's have been present in Washington State since before the territorial era and have since settled in both rural and urban areas across the state. <sup>1</sup> Today, the African American residents of Washington State experience structural barriers to health and well-being steeped in the ongoing effects of redlining, racially restrictive covenants, employment discrimination, criminal justice system bias, and other discriminatory policies. These discriminatory policies have the debilitating effects of limiting the African American community's ability to achieve health and well-being. The science behind the connection between racial discrimination and health has been well documented throughout the literature.<sup>2</sup> Researchers began studying racial discrimination across the United States and various health outcomes in the late 1980s.<sup>3</sup> A 2018 meta-analysis of findings from the past 30 years found statistically significant associations between racism and negative mental and physical health outcomes.<sup>3,4</sup>

This report provides a portrait of health and wellness for the African American populations in the North Sound region and in Snohomish County. For this report, data were retrieved from the American Community Survey (ACS), the Washington State Health Care Authority (HCA), Washington State Healthy Youth Survey (HYS), and the Washington State Department of Health and Human Services (DSHS). Data limitations for these data sources include: 1) data sources include administrative data (HCA and DSHS) that have not been validated or correlated with census-based data and definitions<sup>5</sup>, 2) although standards of racial data exist, entities use non-standard categories to identify race<sup>6</sup>, and 3) demographic data, including race, is voluntary and self-identified. Data limitations related to race and ethnicity are systematic and not isolated to these data sources. Additional information on the limitations of race and ethnicity data and recommendations for improving data quality can be found in the PolicyLink report, “Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to advance a culture of Health.”

With origins in the original 1790 Census Mandate, the ACS is a nationwide survey that collects and produces information on social, economic, housing, and demographic characteristics of the United States population every year. For this report, data were retrieved from the American FactFinder tool using data from the 2017 survey, including 5-year population estimates. First released in 2010, 5-year estimates use 60 months of collected data from across the country by zip code, census tract, and county.<sup>7</sup> The ACS produces populations, demographic, and housing estimates in between Census counts. “The U.S. Census Bureau collects racial data in accordance with the 1997 Office of Management and Budget standards on race and ethnicity.”<sup>8</sup> The Census provides five racial categories, White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander, and respondents can mark more than one race on the form to indicate their racial mixture.

The HCA Healthier Washington (HW) Dashboard is a set of interactive dashboards that allow users to explore data on populations and measures for Washington State and is intended to support regional assessment, planning, and performance monitoring. The HW dashboard integrates data from multiple sources, including Medicaid claims and enrollment data, and immunization data. The data for race and ethnicity for Healthier Washington is self reported data derived from the ProviderOne enrollment files.

The data for this report includes inclusive race/ethnicity for individuals. With this approach an individual can choose to self identify as one or more of eight racial categories: American Indian/Alaskan Native, Asian, Black, Hispanic/Latino, Native Hawaiian/Pacific Islander, White, Other, and Unknown. Although the HW data allow for more racial categories than the ACS, eight versus five, the inclusion of the Unknown category for the time period analyzed in this report shows more individuals identified as Unknown (18,939) than African American (14,510).

The DSHS's Research and Data Analytics (RDA) Division compiles quarterly Measure Decomposition reports for Accountable Communities of Health in Washington State. These reports contain selected measures for Medicaid and Medicare enrollees by demographic and risk factor characteristics and are designed to identify demographic and health risk factors associated with favorable and adverse health outcomes. Similar to the ACS and HCA data, DSHS data include race data for individuals who report on one or more racial category and is included in the percentage for each racial category specified. Racial categories include: White, Non-Hispanic, American Indian/Alaskan Native, Asian, Black, Hispanic, Native Hawaiian/ Pacific Islander, Other, and Unknown; DSHS reports data as White, Non-Hispanic, and Any Minority.

HYS data were also used for this brief. The HYS is a collaborative effort of the Superintendent of Public Instruction, the Department of Health, the Health Care Authority - Division of Behavioral Health and Recovery, and the Liquor and Cannabis Board. Surveys are conducted every other year with Washington State 6th, 8th, 10th, and 12th grade students. For this report, data were reviewed from the 2018 survey of 10th grade students. Data were reviewed at a statewide level and at the Northwest Educational Service District 189 (NWESD 189) level, which includes all five North Sound counties (Island, San Juan, Skagit, Snohomish, and Whatcom), when available.

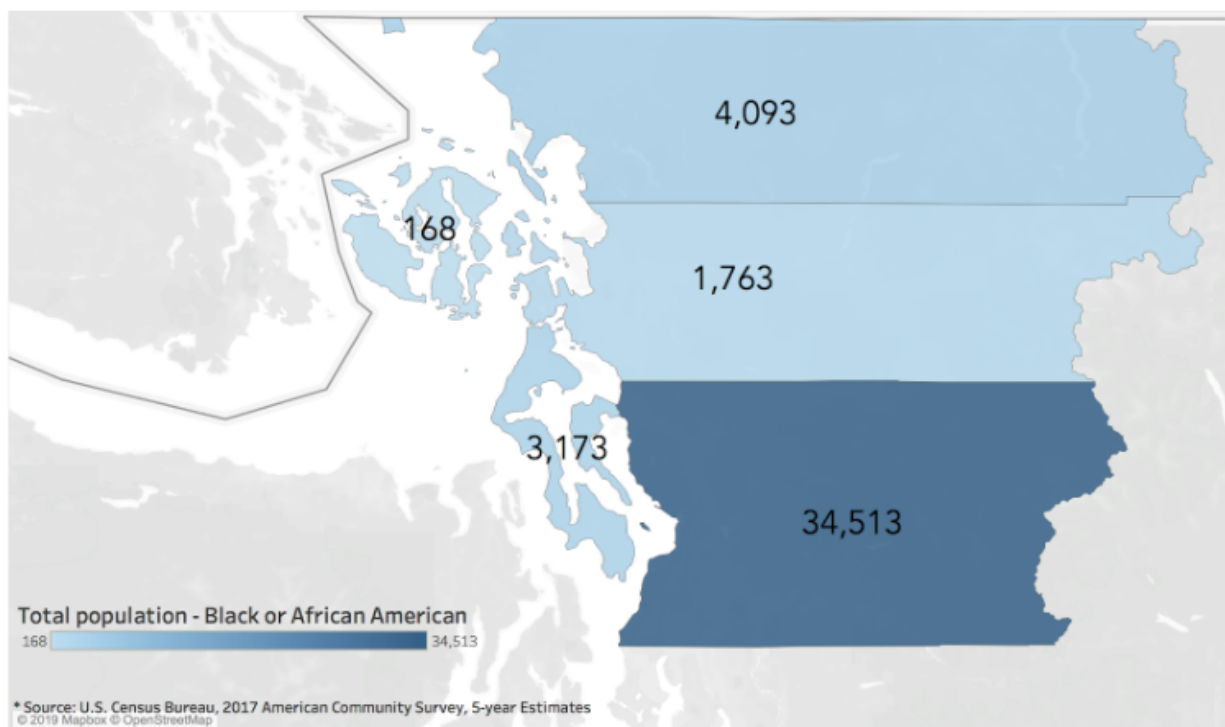
The data compiled in this report demonstrate African Americans in Snohomish County and the North Sound region face pronounced obstacles to health and well-being, both inside and outside the realm of health care. Two terms can be found throughout this report: disproportionality and disparity. Disproportionality refers to data that show overrepresentation among the African American population when compared to the general population. Disparity refers to data that show the incidence of a problem within the African American population is higher than the incidence of the same problem within the majority racial group.<sup>9</sup>

## Population Demographics

The 2017 ACS Demographics and Housing Estimates identified 34,513 (4.5%) “African American or African Americans” living in Snohomish County. This number includes those who identify as African American alone or in combination with one or more other races. Across the North Sound region the prevalence (both the count and percentage) of African American people are far fewer when compared to Snohomish County. The ACS estimates (count and percentage) in Island County are 3,173 (4.0%), in Whatcom County they are 4,093 (1.9%), in Skagit County they are 1,763 (1.5%), and in San Juan County they are 168 (1.0%). (Figure 1, Appendix A: Table 1)

*Figure 1: African American Population Estimates for Snohomish, Island, Whatcom, Skagit, and San Juan Counties, ACS 5-year Estimates, 2017.*

Population Distribution by Race in the North Sound  
Race alone or in combination with one or more other races- Black or African American



In Snohomish County, the African American population has grown since the 2000 census with 13,797 African Americans in 2000, 27,002 in 2010, and 34,513 in the 2017 ACS. (Table 2) This represents an increase of 40.0% over a 17-year period. Within Snohomish County cities, Everett has the largest count of African Americans (7,672) and Lynnwood has the largest proportion of African Americans to the total population (10.3%). (Appendix A: Table 3)



## **Racial Segregation in the North Sound**

Segregation is defined as the action or state of setting someone or something apart from others. This definition fails to capture the complexity and nuances of racial segregation. Residential segregation became a topic of scientific research in the early 20th century. In the 1950s researchers identified the Dissimilarity Index, which remains to date the standard index of residential segregation.<sup>9,10</sup> “The Dissimilarity Index measures the distribution of African Americans and Whites (or any two racial groups) across neighborhoods in a given areas, specifically the degree to which each neighborhood incorporates the same proportion of African Americans and Whites as the overall proportion in the area. Isolation refers to the average probability of contact between African Americans and Whites in the neighborhood area.”<sup>11</sup> For the purpose of this report, the area is Snohomish County and the North Sound region and neighborhoods are cities within Snohomish County and the North Sound counties.

As recently as 1968 residential developments in and around Snohomish County have included racially restrictive covenants which restricted who could live in a neighborhood and even who is allowed within the boundary of said neighborhood.<sup>1</sup> The majority of the research looking at racial segregation and health outcomes has focused on racial segregation and mortality rates. Two of the most popular studies (La Veist and Polendnak) show a “positive association between African American-White dissimilarity and infant mortality rates” and several other show a strong relationship between African American homicide rates and isolation.<sup>11</sup>

This report examined the dissimilarity, isolation, and exposure between African Americans and Whites in across the North Sound counties and within Snohomish County. “The Dissimilarity Index is scored from 0 to 100 (or 0 to 1), with 0 indicating perfect integration and 100 (or 1) indicating complete segregation. This score is referred to the Dissimilarity Score. For example, the United States scored a 59 according to the 2010 African American-White Dissimilarity Index, meaning that 59 percent of Whites or African Americans would have to move to achieve perfect integration.” The index provided in this report measures the segregation of Whites from African Americans in the North Sound region.

The Isolation Index and the Exposure Index are the inverse of each other. These indices seek to calculate the degree of “exposure” or isolation experienced by the average member of a particular racial group. The Isolation Index in this report, using the populations of communities within a larger community as with the Dissimilarity Index, looks at overall patterns across the communities. In this report we use the total population of African American, Asian, and Hispanic residents in Snohomish County to determine how isolated each group is from the White populations in the county. For example, an Isolation Index score of 50 would suggest that the average African American resides in a neighborhood that is 50 percent Black and an Exposure Index score of 30 suggests that the average African American lives in a neighborhood that is 30 percent White.

### **North Sound Region**

Across the North Sound region the Dissimilarity Score of African Americans to Whites is 16.58. The average African American person lives in a county that is 4.64% African American and 95.9% White. (Appendix A: Table 4)

### **Snohomish County**

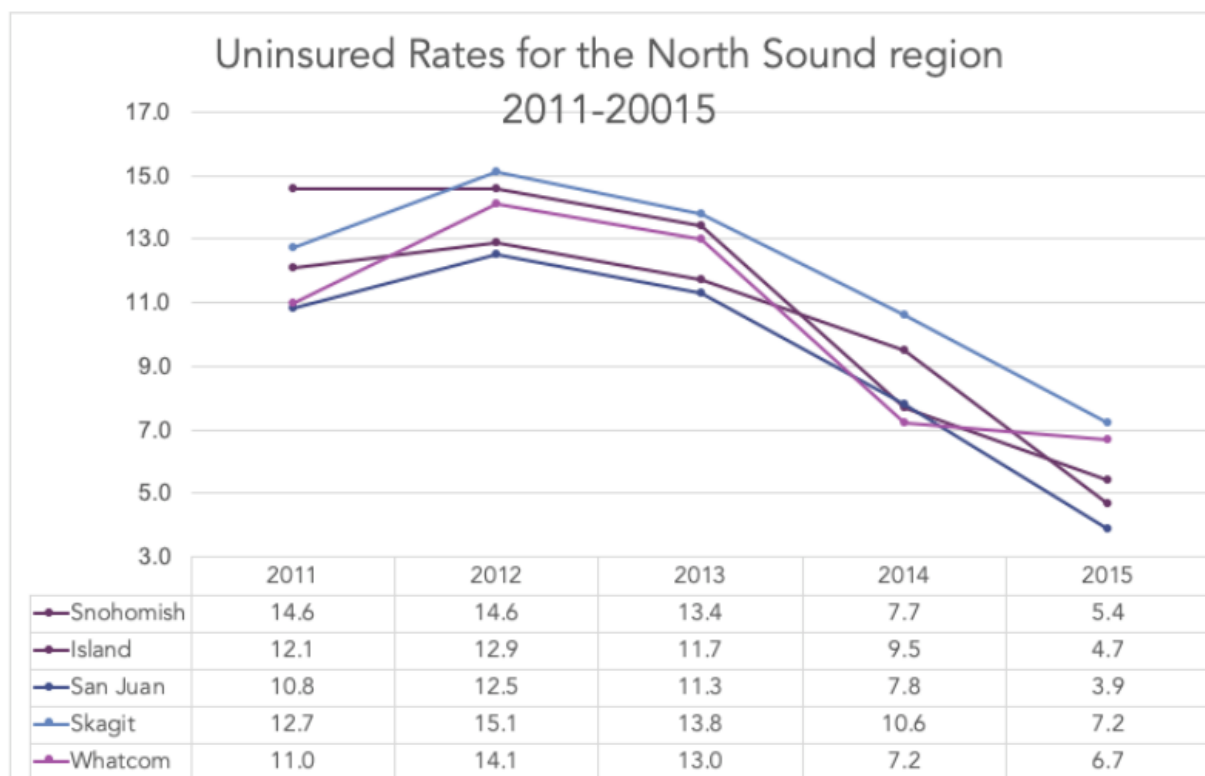
Within Snohomish County, the Dissimilarity Score of African Americans to Whites is 26.6. The average African American person lives in a city that is 8.3% African American and 93.9% White. (Appendix A: Table 5) The Dissimilarity Score of White-Hispanics is 14.9. The average Hispanic person lives in a town that is 14.4% Hispanic and 87.1% White. (Appendix A: Table 6) The Dissimilarity Score of White-Asians is 13.2. The average Asian person lives in a town that is 13.8% Asian and 88.3% White. (Appendix A: Table 7) When compared against the North Sound region as a whole, Snohomish County showed a higher rate of segregation among African American and White populations. Within Snohomish County, African Americans are more segregated from Whites than Hispanics or Asians and African Americans (8.3) are more isolated than Hispanics (14.4) and Asians (13.8). In the case of the Isolation Index score, the higher the score the less isolated.

### **Health Justice**

The health outcomes data for African American populations in Snohomish County indicates disparities when compared to health outcomes for Non-Hispanic Whites. Access and quality of care contribute to the health disparities of African Americans in Snohomish County.

The expansion of Medicaid in Washington State and other components of the Affordable Care Act have produced dramatic changes in health care coverage across all populations. Since 2011 the percent of uninsured individuals in Snohomish County dropped by almost ten percentage points, from 14.6% in 2011 to 5.4% in 2015.<sup>12</sup> (Appendix A: Table 8, Figure 2)

*Figure 2: Uninsured Coverage Rates Higher for Snohomish County Compared to the North Sound Region, OFM Health Care Research Center, 2011-2015.*



In Snohomish County, the African American population has grown since the 2000 census with 13,797 African Americans in 2000, 27,002 in 2010, and 34,513 in the 2017 ACS. (Table 2) This represents an increase of 40.0% over a 17-year period. Within Snohomish County cities, Everett has the largest count of African Americans (7,672) and Lynnwood has the largest proportion of African Americans to the total population (10.3%). (Appendix A: Table 3)

According to the 2017 ACS 1-Year estimates, 1,517 African Americans, or 6.73% of the African American population, in Snohomish County reported no health insurance coverage, compared to 28,663 (4.8%) of the total White population.



Although the African American population in Snohomish County is smaller than the White population, the proportion of African Americans reporting no health insurance coverage is greater than the proportion of Whites reporting no health insurance coverage.<sup>13</sup> Washington State has committed to making advances in health insurance coverage through both the state health insurance exchange and through the expansion of Medicaid health coverage. In 2018, North Sound HCA Medicaid enrollment reached 278,016. Of that 278,016, 173,146 (62.3%) identify as White and 14,510 (5.2%) identify as African American.<sup>14</sup> During 2017-2018 in Snohomish County 167,113 individuals were enrolled in Medicaid health coverage, 99,789 (59.7%) identified as White and 11,658 (7.0%) identified as African American.<sup>14</sup> (Appendix A: Table 9)

**Table 9: African American and White Populations: Medicaid Enrolled and Total Population, North Sound and Snohomish County, ACS 5-year Estimates, 2017.**

	Medicaid Enrolled (N)	Medicaid Enrolled Percent	Population (N)	Population %
<b>North Sound Total</b>	278,016	-	1,202,911	-
African American	14,510	5.2%	37,686	3.1%
White	173,146	62.3%	911,892	75.8%
<b>Snohomish County Total</b>	167,113	-	771,904	-
African American	11,658	7.0%	34,513	4.5%
White	99,789	59.7%	636,659	82.5%

### Institutional Health Indicators

Data for institutional health indicators, Emergency Department (ED) Utilization, Homelessness, Arrests, and Plan All Cause 30-day Readmission, from the DSHS's RDA Division 2018 Quarter 2 Measure Decomposition report indicate institutional health outcome disparities for African American Medicaid enrolled individuals.

Of the DSHS 2018 Decomposition Data for Medicaid enrollees in Snohomish County who visit the ED three or more times in a year, African Americans are 1.24 times more likely to utilize the ED three or more times in a year than non-African Americans, compared to Whites who are 1.11 times more likely to utilize the ED three or more times per year than non-Whites. The likelihood increases for individuals who are Medicaid-Medicare dual enrollees, meaning that they receive both Medicare and Medicaid benefits. Of those Medicaid-Medicare dual enrollees in Snohomish County who visit the ED three or more times per year, African American Medicaid-Medicare dual enrollees in Snohomish County are 2.04 times more likely to utilize the ED three or more times per year, compared to Whites at 0.99 times as likely.

The DSHS data indicate, of the Snohomish County Medicaid enrollees experiencing homelessness, African Americans are 1.44 times more likely as non-African Americans to be experiencing homelessness than non-African Americans compared to Whites who are 1.18 times more likely than non-Whites. Of those Medicaid-Medicare dual enrollees who are experiencing homelessness, African Americans are 2.51 times more likely to experience homelessness than non-African Americans compared to Whites who are 1.05 times more likely to experience homelessness than non-Whites.

The DSHS data indicate, of those Medicaid enrollees in Snohomish County who have been arrested, African Americans are 1.22 times more likely to be arrested than non-African Americans compared to Whites who are 1.11 times more likely to be arrested compared to non-Whites. Of those Medicaid-Medicare dual enrollees in Snohomish County who have been arrested, African Americans are 1.75 times more likely to be arrested compared to non-African Americans, while Whites are 1.06 times more likely.

Additionally when looking at the available DSHS data for the proportion of Medicaid enrollees in Snohomish County with an acute inpatient stay during the measurement year Quarter 2 2017 to Quarter 2 2018 that were followed by an unplanned acute readmission within 30 days, African Americans are 1.55 times more likely to be readmitted than non-African Americans compared to Whites who are 0.99 times as likely to be readmitted when compared to non-Whites. Again, the disparity worsens when looking at the Medicaid-Medicare dual enrollees in Snohomish County, with African Americans 1.48 more likely to be readmitted compared to non-African Americans, while Whites are 0.92 times as likely to be readmitted compared to non-Whites. (Figure 3)

*Figure 3: Leading Institutional Health Disparities Among African American Medicaid Enrollees and Medicaid-Medicare Enrollees in Snohomish County, DSHS RDA Measure Decomposition Data, Quarter 2: 2018.*



## Behavioral Health

Data for behavioral health indicators, Substance Use Disorder (SUD) Treatment, Mental Health (MH) Services, Antidepressant Medication Management, and Hospitalization for MH, from the DSHS RDA Division 2018 Quarter 2 Measure Decomposition report indicate behavioral health outcome disparities for African American Medicaid enrolled individuals.

Of the DSHS 2018 Decomposition Data for Medicaid enrollees in Snohomish County with a SUD treatment need who received treatment that year, African Americans were 1.63 times more likely to have a SUD treatment need and receive that treatment than non-African Americans, compared to Whites who are 0.97 times as likely to need SUD treatment and receive that treatment than non-Whites. The likelihood decreases for individuals who are beneficiaries for Medicare and Medicaid. Of those dual Medicaid-Medicare enrollees in Snohomish County with a SUD treatment need who received treatment, African American dual enrollees in Snohomish County are just as likely (1.00) to need SUD treatment and receive that treatment compared to Whites. Whites are less likely to need SUD treatment and receive that treatment (0.91).

For the Medicaid population with a mental health service need who receive MH services in the measurement year, African Americans are 1.07 times more likely to need MH treatment services and receive those services compared to non-African Americans.

While Whites who are Medicaid enrollees in Snohomish County and have an identified MH service treatment need and receive that service, they are only 0.96 times as likely to receive those MH treatment services. Of the dual Medicare-Medicaid eligible populations in Snohomish County, African Americans are 1.08 times more likely to need MH services and receive those services compared to Whites who are 0.97 times as likely to need MH services and receive those services when compared to non-Whites.

According to the DSHS data, Medicaid enrollees in Snohomish County who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication management for at least 84 days, African Americans are 1.84 times more likely receive an effective acute phase treatment plan for antidepressant medication management compared to non-African Americans. While Whites who receive an effective acute phase treatment plan for antidepressant medication management are 0.96 times as likely compared to non-Whites.

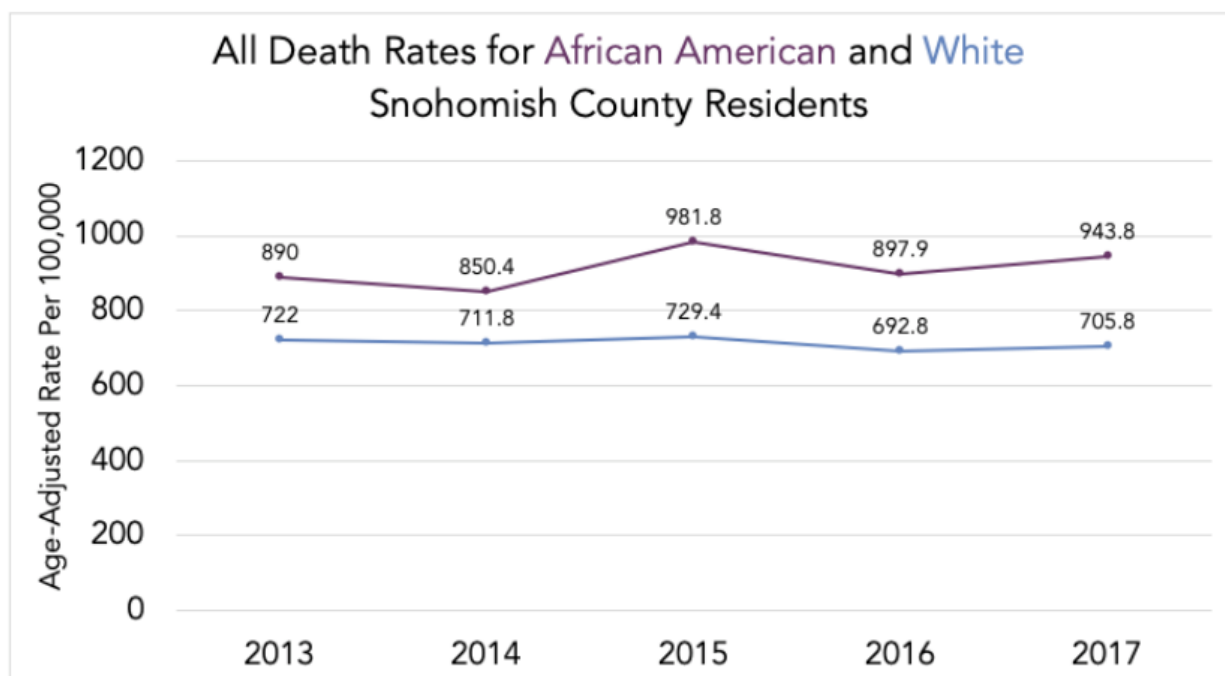
Additionally when looking at the available DSHS data for Medicaid enrollees in Snohomish County who were hospitalized for treatment of a MH diagnosis and received a follow-up visit with a MH practitioner within 7 days of discharge, African Americans are less likely (0.66) than non-African Americans to receive that 7-day follow-up. Of the Medicaid enrollees in Snohomish County who are hospitalized for a MH diagnosis and receive treatment follow-up with 7-days, Whites are 1.24 times more likely to receive the needed treatment.

### **Mortality Rates**

According to the Washington State Department of Health Death Data dashboards, in 2017 the age-adjusted mortality rate for African American residents in Snohomish County was 705.8 per 100,000 compared to the 2017 age-adjusted mortality rate of 669.4 per 100,000 for White residents in Snohomish County. (Figure 4) Across Washington State, the 2017 age-adjusted mortality rate for African American residents was 13,677.8 per 100,000 compared to a rate of 14,170.0 per 100,000 for White residents in Washington State.

For the time period 2013-2017, African American residents of Snohomish County experienced a 12.7% increase in mortality count, compared to an 18.7% increase in the mortality count for Washington State African American residents. For the same time period of 2013-2017, White residents of Washington State experienced an 8.2% change in mortality count while White residents of Snohomish County experienced a 12.7% change in mortality count. (Appendix A: Table 10)

Figure 4: Age Adjusted Death Rates for African Americans in Snohomish County, WA State DOH CHAT, 2013-2017.

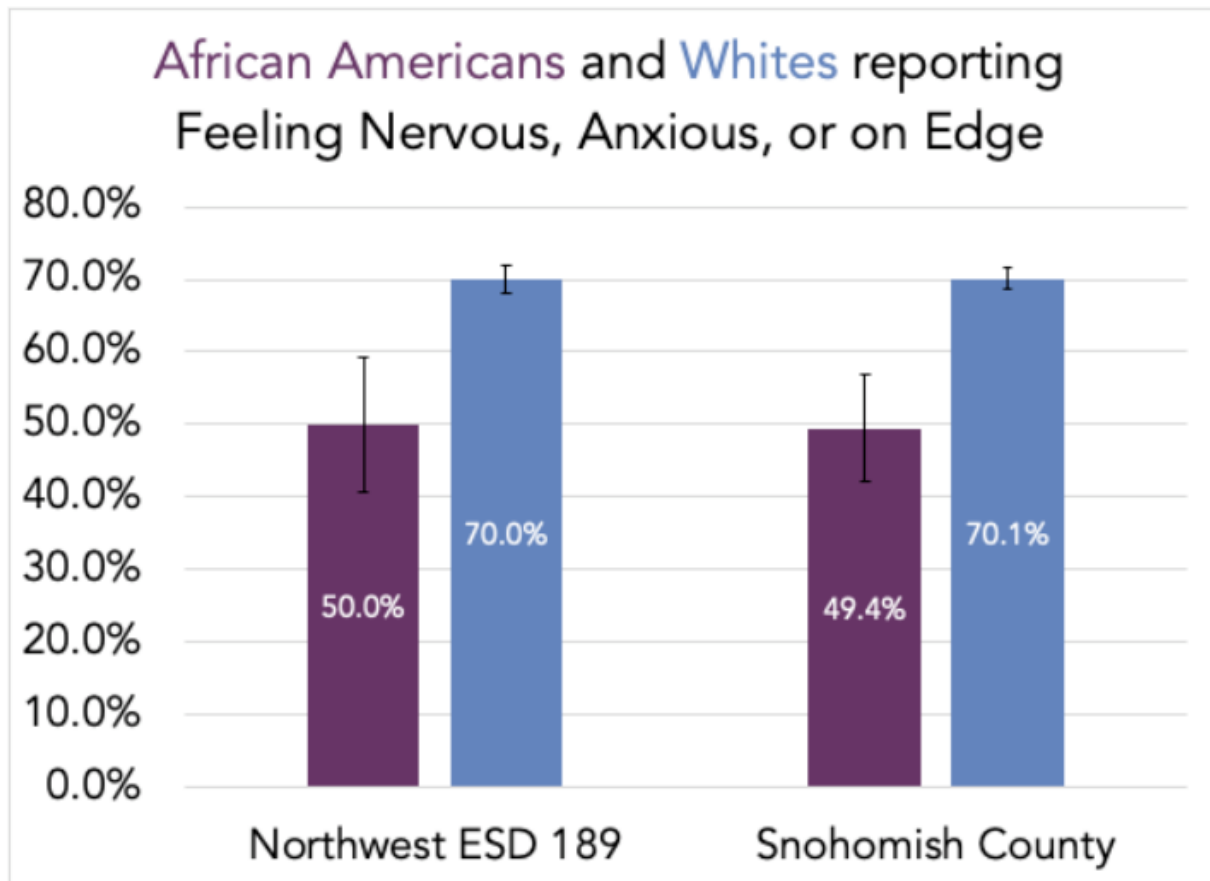


## Healthy Youth Indicators

### Anxiety

In the North Sound region, 50.0% of African American youth and 70.0% of White youth reported feeling nervous, anxious, or on edge during the past two weeks. Youth in Snohomish County reported anxiety at similar percentages, 49.4% for African American youth and 70.1% for White youth. (Figure 5)

Figure 5. Anxiety Among 10th Graders by Race, Snohomish County and North Sound (NWESD 189), Washington State HYS, 2018.

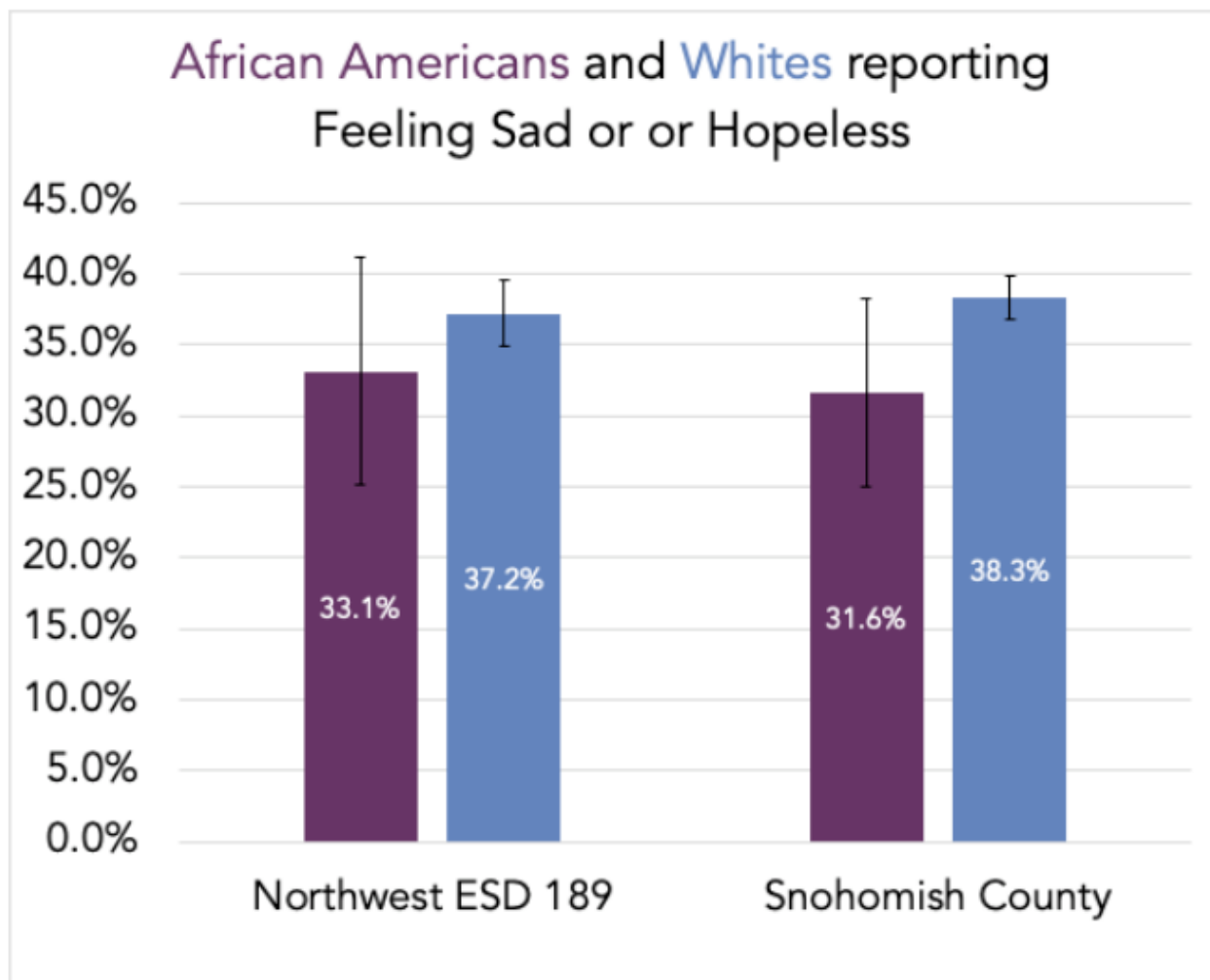


### Depression

In the North Sound region, 33.1% of African American youth and 37.2% of White youth reported feeling “so sad or hopeless almost every day for two weeks or more in a row [during the past 12 months] that [they] stopped doing some usual activities” compared to 31.6% of African American youth and 38.3% of White students in Snohomish County. (Figure 6)

Figure 6. Depression Among 10th Graders by Race, Snohomish County and North Sound (NWESD 189), Washington State Healthy Youth Survey, 2018.

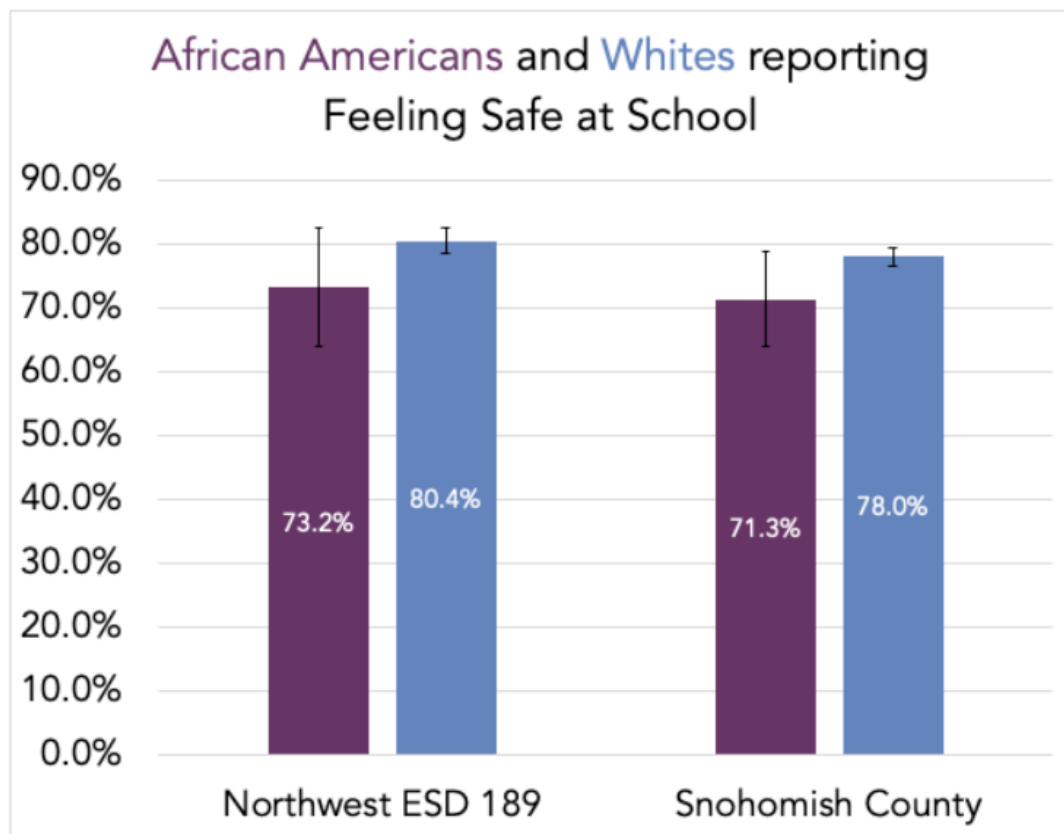




### *Safety at School*

In the North Sound region, 73.2% of African American youth and 80.4% of White youth reported feeling safe at school. While in Snohomish County 71.3% of African American students and 78.0% of White students reported feeling safe at school. (Figure 7)

*Figure 7. Feelings of Safety at School Among 10th Graders by Race, Snohomish County and North Sound (NWESD 189), Washington State Healthy Youth Survey, 2018.*



## Conclusions

For health care justice work to be successful, health care organizations need to apply a racial lens to their data and look across sectors to understand the social determinants of health. As is evident in this spatial analysis of African American and White populations in the North Sound region and Snohomish County, African Americans are both more segregated and more isolated from Whites than other racial groups. This housing segregation experienced by African Americans, combined with social isolation, has contributed to health disparities among African American populations. The data show disparities in the leading institutional health indicators for African American Medicaid-Medicare dual enrollees, yet the same data shows access to behavioral health care is more likely among African American populations. This could be due to the increased interaction with institutions among African American populations as indicated by the increased interaction of African American Medicaid populations with institutions such as the emergency department and law enforcement systems. African American youth in Snohomish County and in the North Sound report less mental health concerns when compared to White youth of the same geographic region and African American youth show decreased feelings of safety while at school when compared to White youth.

## Footnotes

### Racial Discrimination

In the United States racism is a cultural system of values, symbols, and institutions which claim White racial superiority and uses this assertion to subordinate minorities, which are considered inferior. Racial discrimination is the enactment of this cultural system in behaviors by Whites that harm minorities.

Cities included in this analysis include: Everett, Lynwood, Edmonds, Granite Falls, Monroe, and Marysville.

### Medicaid enrollees experiencing homelessness

This metric refers to the percentage of Medicaid enrollees who were experiencing homelessness at least one month in the measurement year and excludes those labeled "homeless with housing".

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