
Communities

C O U N T

Snoqualmie
Valley
Supplement

2000

Social
and Health
Indicators
Across
King County

COMMUNITIES COUNT Snoqualmie Valley Supplement was made possible by the
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Copies of **COMMUNITIES COUNT** (full report and short newsprint version) are available from:
Public Health - Seattle & King County 206-296-6817 or
United Way of King County 206-461-4529 or
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COMMUNITIES COUNT 2000

SNOQUALMIE VALLEY SUPPLEMENT

Executive Summary

Purpose:

To develop a community report card to assess the health and well being of people and communities in Snoqualmie Valley and King County based on a set of community-defined indicators that will inform local and regional actions and funding.

What This Report Offers:

- A common set of social and health indicators for use by all city and county governments, public agencies, human service funders, non-profit agencies, community-based organizations, and residents.
- *Communities Count* indicators are complementary to other local efforts:
 - ❖ *King County Growth Management Benchmarks* – *Communities Count* provides more detail on people and communities.
 - ❖ *Sustainable Seattle Indicators of Sustainable Community* – *Communities Count* includes all of King County and provides more detail on health and well being.
- Indicators were identified through a unique iterative process involving technical advisors and led by residents of King County.
- Special efforts were taken in the process to be inclusive of the ethnic and geographic diversity of King County and then in the analysis to report disparities based on region, age, race, income and gender.
- These indicators include routinely gathered information as well as new measures of community well being, such as social support, income distribution, reading to children, and social cohesion in neighborhoods.
- The countywide report will be updated periodically to follow the progress of our health and well being over time.

The indicators give a picture of our overall health and well being. Many indicators have been measured for the first time and therefore offer only baseline information. Other indicators, however, have been measured over several years so we can get a sense for how well we are doing in the year 2000 relative to earlier years.

Both Snoqualmie Valley and King County as a whole are making progress in raising elementary school academic achievement and reducing teen births. There are some interesting differences, however, between Snoqualmie Valley and the County: overall crime is going up in Snoqualmie Valley but down across King County. Motor vehicle death and hospitalization rates are higher in Snoqualmie Valley than in the County. On the positive side, residents in Snoqualmie Valley report significantly more social cohesion and slightly less stress and worry over safety issues than people in King County.

Countywide, there are disparities in many indicators by age, income and education levels, race, and gender.

Basic Needs and Social Determinants of Wellbeing

This category of indicators includes the crucial social, economic and environmental ingredients in our lives—everyone needs food, housing, income, social support, fairness and social acceptance.

- Many people have difficulty finding the money for monthly rent or mortgage payments. In Snoqualmie Valley, 23% of home owners and 38% of renters paid over 30% of their income for housing at the time of the 1990 census.
- Once income data from the 2000 census is available, we can present an up-to-date picture of livable wage income. Based on 1990 census data, as many as one out of five Snoqualmie Valley and King County residents lived in a household with income below this level (below 200% of poverty level).
- Poverty itself, however, doesn't tell the full picture. The distribution of income in Snoqualmie Valley and King County is disproportionately concentrated in a few wealthy residents as it is for the United States. This inequality has persisted since 1990 despite the booming economy. New data from the 2000 census will help us know if income inequity is increasing.
- While 1999 survey data show that most Snoqualmie Valley and King County adults report high levels of social support from family and friends, countywide, seniors receive less than younger residents, people earning less than \$50,000 a year receive less than those whose incomes are higher, and people who are African American, Native American, and Asian American-Pacific Islanders receive less social support than whites.
- 23% of Snoqualmie Valley residents and almost 30% of King County residents report that they are experiencing discrimination in a variety of settings. In Snoqualmie Valley 36% have experienced recent unfair treatment based on gender, 6% experienced discrimination based on race, 23% based on socioeconomic status, and 10% based on age. Countywide, more people of color than whites experienced discrimination, more women than men, and more young people than older people.

Positive Development Through Life Stages

This category of indicators focuses on important ingredients of learning and healthy development from early childhood to the senior years.

- In Snoqualmie Valley, 69% of respondents in households with young children reported that their children were read or told stories to on a daily basis. The percentage varies, however, by education level of respondents: countywide, 83% of college graduates reported daily reading while only 50% of people with a high school education or less read to their young children everyday.
- Across King County, three out of four survey respondents who were in a couple reported daily reading to their young children compared to only half who were not in a couple relationship.
- Approximately three fourths of Snoqualmie Valley respondents with children who were using childcare arrangements expressed high satisfaction. Among households needing but unable to get childcare, location was the main reason given for not being able to get it.
- Snoqualmie Valley (Riverview and Snoqualmie Valley school districts) and King County public school 4th graders have made progress towards meeting the state standards for math, reading, writing, and listening, since assessment began in 1997.
- The more protective factors our youth have the more likely they are to engage in positive behaviors and the less likely they are to participate in risky behaviors, such as alcohol, tobacco, and other drug use.
- Adults need a balance between work and leisure and 79% of Snoqualmie Valley adults reported that they were very or somewhat active in at least three life-enriching activities. Countywide, participation was higher among those with higher levels of education. Seniors were significantly less likely to be involved in life enriching activities than people in younger age groups.

Safety and Health

These indicators provide details on environmental conditions and behaviors that contribute to our health as well as four specific health outcomes.

- The majority of Snoqualmie Valley residents don't worry often about safety in their neighborhoods, but those who do are concerned about children's safety. Relative to all residents of King County, fewer Snoqualmie Valley residents worry about safety. At the County level, people who have yearly incomes of \$50,000 or more report more safety in their neighborhoods than people who earn less. People who report themselves as white perceive more safety than people who are African American, Native American, Asian American or Pacific Islanders.
- The overall crime rate in Snoqualmie Valley (23 per 1,000) has increased since 1990, largely driven by increasing property crime. The Snoqualmie Valley rate is still lower than in King County as a whole. The overall crime rate in King County has decreased significantly from a high of 93 crimes per 1,000 in 1987 to a low of 68 per 1,000 in 1998. Countywide, both major violent crime and property crime have been decreasing.
- Motor vehicle crash death and hospitalization rates in Snoqualmie Valley are consistently higher than in King County as a whole. Death rates from crashes in Snoqualmie Valley have not declined through the 1990's, as they have in both East Region and the County as a whole.
- Teen births are declining across the County, including in Snoqualmie Valley, but rates remain higher in areas of the county where there is more poverty.
- Infant deaths are also declining across the County, but no significant trend can be determined in Snoqualmie Valley because the numbers are too small.
- Stress is reported by slightly fewer Snoqualmie Valley residents than King County residents. Countywide, stress is reported less frequently by residents who earn more than \$50,000, have a college degree, are white, and are in middle age groups.
- Use of alcohol and tobacco remain problems. In 1998, one out of three Snoqualmie Valley School District 12th grade students smoked cigarettes and one out of two drank alcohol during the past month. Both of these figures were up from the 1995 survey.

Community Strength

These indicators reflect forces in the environment that contribute to community health—cohesion, involvement, service to others,. These measures have been collected for the first time in King County, so the information is baseline and there is no point of comparison.

- A sense of neighborhood social cohesion among Snoqualmie Valley residents is stronger than it is for East Region or King County residents as a whole. Countywide, cohesion varies by many subgroups within the population. People who are young, male, and non-white report less cohesion than others. People who have incomes of \$50,000 or more, college degrees, and who are in a couple relationship (whether married or not) report more social cohesion than others.
- About 70% of Snoqualmie Valley and King County adult residents say they are active in at least one community organization, such as a neighborhood group, political group or civic club, parent-teacher association, religious group or congregation. Young adults age 18-24 years are the least active. Women are more involved than men, and people who have completed college are more active than those with less education.

Where Do We Go From Here?

There are many strengths in Snoqualmie Valley and our residents in general are experiencing good health and well being. The fact that so many indicators vary at the County level by income, education, race, and age gives us a better understanding of where it is important to focus our attention—livable wages, affordable housing, freedom from discrimination, and fairness within our society as a whole and within our own immediate communities. Families that worry over housing, food costs, childcare, and unfair treatment are less likely to have energy for reading to their children, providing emotional support, communicating clear guidelines and high expectations, and carrying out activities that nurture positive values and behaviors in their children and other family members. Such families also have fewer resources to pursue life enriching activities or to participate in community organizations that are a source of support and community engagement.

Can anything be changed? Our collective actions and policies can build supportive contexts for positive human development for all residents. Evidence points to some promising pathways to eliminate the inequalities: early childhood investment and education, narrowing the income gap and ensuring healthy workplaces. Each level of government, each agency, each employer and business, each organization, each school, each community of faith, each cultural group, and each person have roles to play in addressing the basic needs and social determinants of well-being for all of our residents.

Communities Count 2000

Introduction

This report will provide you with a picture of the quality of community life in the Snoqualmie Valley area (Snoqualmie and Riverview School Districts) and across King County as we begin a new century. Each individual indicator highlights a social, economic or health issue that is of value or concern to people because it affects their sense of well being. COMMUNITIES COUNT 2000 will be followed by COMMUNITIES COUNT 2002 and so on, in order to track progress or lack of progress on each indicator over time. With this information in hand, the public, local governments, and all of us can assure that policies and funding decisions are informed by the indicators and are explicitly directed toward building and sustaining healthier communities.

Our Purpose

The purpose of developing a set of social and health indicators for King County that reflects the wealth of knowledge and experience of both residents and technical experts is to:

- ❖ Provide a widely accepted index for monitoring the health and well being of King County communities.
- ❖ Inform funding decisions.
- ❖ Engage citizens in following progress.
- ❖ Complement King County's existing economic and environmental indicators.

Our Beliefs

Three principles have guided this project:

1. Prevention and a long-term view of change are emphasized.
2. A data-based approach informs our understanding of what creates and sustains healthy communities and families.
3. Effective efforts involve citizens and experts, different disciplines, different parts of government, private and public sectors.

Our Process

Through an extensive process, residents expressed their opinions on what they value in their families and communities, what they think creates and sustains healthy people and strong neighborhoods, and what social, health and economic problems they are concerned about. Over 1,500 King County residents participated through a random digit dial telephone survey, a series of focus groups, and seven public forums held across the county. Their opinions were recorded and are expressed as "valued conditions."

At the same time, technical advisors were discussing the scientific side of choosing a strong list of social and health indicators. They considered the valued conditions expressed by residents and were concerned with the scientific quality of the information available — issues of validity, reliability, consistency of measurement, whether data are available for the county only or for smaller areas, such as school districts, cities, regions, or for different age groups, ethnic groups, income levels and genders. The indicators selected were the most meaningful to residents and those considered most important to the overall health and wellbeing of people and communities.

What Are the Indicators?

The list of indicators for which Snoqualmie Valley area data are available include the following.

Basic Needs and Social Determinants of Wellbeing

- Livable-wage income
- Income distribution
- Social support
- Freedom from discrimination
- Affordable housing

Positive Development Through Life Stages

- Parent/guardian involvement in child's learning
- Quality, affordable childcare
- Academic achievement
- Developmental assets/risk and protective factors in youth
- Academic Achievement
- Participation in life-enriching activities

Safety and Health

- Perceived neighborhood safety
- Crime
- Motor vehicle injuries and deaths
- Infant mortality
- Teen births
- Stress
- Youth tobacco and alcohol use

Community Strength

- Neighborhood social cohesion
- Involvement in community organizations

Where Does the Information Come From?

The data used for these indicators come from a wide variety of sources, including:

- Community Health Survey of King County Adult Residents
- Youth Risk Behavior Surveys
- United States Census Bureau
- Birth, Death and Hospitalization Records
- Uniform Crime Reports
- King County Office of Regional Policy and Planning
- Office of the Superintendent for Public Instruction Records

How Should the Data Be Interpreted?

Whenever possible, indicators are reported for King County as a whole, for East Region and for the area included in what is known as Snoqualmie Valley Community Public Health and Safety Network. The map below shows the four regions reported in the full report of Communities Count 2000 as well as the Snoqualmie Valley area. Although Snoqualmie Valley covers a large portion of the East Region, it only contains about 9% of the region's total population.

For the purposes of this report, Snoqualmie Valley is defined as the region encompassed by Riverview and Snoqualmie Valley School Districts. However, most data used in this report is only collected for either ZIP codes or census tracts, which do not correspond precisely with each other or with school district boundaries. Therefore, the exact geographic definitions of Snoqualmie Valley, East Region and King County vary slightly depending on the indicator data source. Unless otherwise noted, ZIP code boundaries (as shown on the map) were used.

The best approximation of Snoqualmie Valley was produced by aggregating the following ZIP codes and census tracts.

ZIP codes: 98014, 98019, 98024, 98045, 98065.

Census tracts: 324.00, 325.00, 326.00, 327.01, 327.02, 328.00, 330.00.

King County, 4 Regions, and Snoqualmie Valley Network

North
Region

Seattle

East
Region

South Region

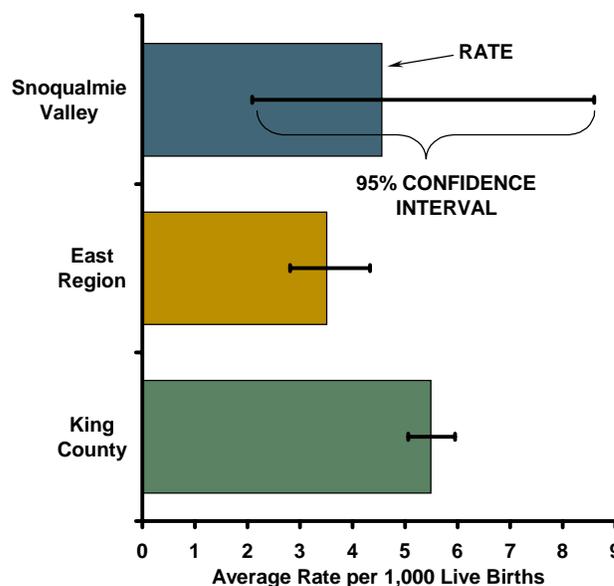
Crude, Age-Specific, and Age-Adjusted Rate: A rate in this report is usually expressed as the number of events per 100,000 population per year. When this applies to the total population (all ages), the rate is called the crude rate. When the rate applies to a specific age group (e.g., age 15-24), it is called the age-specific rate. The crude and age-specific rates present the actual magnitude of an event within a population or age group.

When comparing rates between populations, it is useful to calculate a rate which is not affected by differences in the age composition of the populations. For example, if one population has a higher death rate and more older people, it will not be easy to determine if its rate is truly higher or just reflects the high death rate among older people. The age-adjusted rate is a rate that mathematically removes the effect of the age composition. By convention, we adjust the rate to the age distribution of the 1940 U.S. population.

Confidence Interval: When comparing rates between different groups in King County with bar graphs, the “95% confidence interval” or margin of error is shown for each rate to assess how much the rate is likely to vary due to chance. For each estimated rate, one would expect the rate to fluctuate, but to remain within the confidence interval 95% of the time. The larger the population under consideration, the smaller the confidence interval, and thus the more reliable the rate. When comparing two rates, if the confidence intervals do not overlap, the difference in the rates is considered “statistically significant,” that is, chance or random variation is unlikely to be the reason for the difference.

The following graph is an example which shows the average infant mortality rate per 1,000 live births and 95% confidence interval in King County, East Region, and Snoqualmie Valley. The infant mortality rate for Snoqualmie Valley appears to be lower than the rate for all of King County. However, since the higher end of the confidence interval for Snoqualmie Valley is greater than the lower end of the confidence interval for King County, their confidence intervals overlap. Therefore the difference between the two rates is not statistically significant. The confidence interval for the East Region, however, does not overlap with the interval for King County. As a result, we can state that the infant mortality rate for East Region is significantly lower than the rate for King County, but the rate for Snoqualmie Valley does not differ significantly from King County or from East Region.

Confidence Interval Example
Infant Mortality



Statistical Significance: Differences between groups are examined for each indicator including differences by age, income, education, gender, race, marital or relationship status, and poverty level of area. Unless otherwise stated, all differences mentioned in the text are statistically significant. If not mentioned at all, readers should assume that differences were tested but not found to be statistically significant.

The potential to detect differences and relationships (termed the statistical power of the analysis) is dependent in part on the number of events or the sample size. Differences that do not appear to be significant might reach significance with a sufficient number of events or a large enough sample size.

For instance, in a survey, confidence intervals can vary widely depending on sample size. For a sample size of 210, confidence intervals can range up to 50% of the prevalence estimate. (In this case, a rate must be at least two times another rate to detect a statistically significant difference.) However, for a sample size of 1,000, the confidence intervals range up to only 20% of the prevalence (here, a rate can be only 40% higher than another rate to detect a difference). Therefore, readers should treat findings of non-significance based on smaller numbers of events or sample sizes—and those involving wider confidence intervals—with caution.

Rolling Averages: For populations of small size (Native Americans in King County for example), small changes in the number of events will cause the rate to fluctuate substantially from year to year. To help stabilize the rate and observe the time trend of an event, rates are sometimes aggregated into “rolled” averages, such as in 3 or 5 year intervals, across the total observed period. For example, if there is a highly fluctuating rate caused by low numbers of events for years 1992 through 1996, the rates are instead reported as three-year rolling averages: 1992-1994, 1993-1995, and 1994-1996. For an example of a rolling average, see the chart titled, “Age-Adjusted Motor Vehicle Crash Death Rates” on page 35.

Neighborhood Poverty Level: To examine the relationship between poverty level and health indicators, the census tracts in King County are ranked by the percentage of population living below the Federal Poverty Level in 1989. We then divided them into three groups in which more than 20%, 5 to 20%, and less than 5% of the population were living below poverty. These groups are labeled as “high poverty,” “medium poverty,” and “low poverty” neighborhoods respectively.

Race/Ethnicity: Most researchers believe that race/ethnicity is a marker for complex social, economic and political factors that are important influences on community and individual health, and that differences in rates of most diseases and injuries are not due to biologic or genetic factors. Many communities of color in this country have experienced social and economic discrimination and other forms of racism, which can negatively affect the health and wellbeing of these communities. We continue to examine and present data by race/ethnicity because we believe that it is important to understand which racial/ethnic groups are disproportionately affected by significant health issues. We hope this understanding will lead to strategies that address these issues, as well as the social and economic inequities which underlie them.