

Community Health Assessment for Snohomish County

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Summary of the Problem

West Africans living in Snohomish County are observed to disproportionately low vaccine uptake as compared to the general population. My team wanted to investigate why this is the case and identify potential public health interventions at multiple levels, utilizing community-identified health needs & assets. The purpose of this CHA is to target upstream causal factors of low vaccine uptake and other pressing public health inequities

- Our CHA is focused on the West African community of Snohomish County
- We wanted to take a deeper dive into the low vaccine uptake of this community

Snohomish County Community Demographics

Over 20 thousand West Africans live & work in Washington State

- WAWAC 2022

17% of the Snohomish County population is foreign born

- US Census Bureau 2021

22.3% of households speak a language other than English at home

- US Census Bureau 2021

Individuals from Gambia, Senegal, Mali, Mauritania, Sierra Leone, Ghana, Nigeria, Togo, Guinea, Burkina Faso, Code De Voire , Benin comprise the West African community, many of which are undocumented - WAWAC 2022

<https://www.census.gov/quickfacts/snohomishcountywashington>

- As we can see, immigrant communities make up a significant portion of Washington State population
- The West African community is very diverse and many are undocumented

Community Assets



WASHINGTON
WEST AFRICAN
CENTER



**REFUGEE & IMMIGRANT
SERVICES NORTHWEST**

Serving refugees and immigrants since 1977.



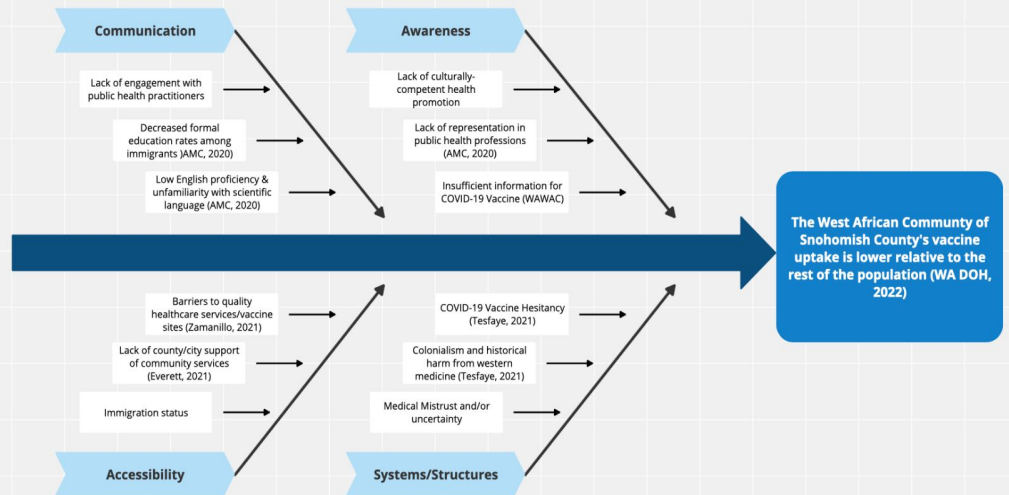
- There are many community assets, especially those provided by WAWAC
 - This includes transportation services, vaccine clinics, after school programs, translation services, and much more
- There are also other organizations that serve this region, including job training centers

High-Level Overview of the Problem

- What causal factors lead to decreased vaccine uptake among West African community members?
 - What does the West African Community feel are the most prominent accessibility concerns?
 - Our CHA is focused on West African community members, with a focus on those who are not vaccinated and are high risk for COVID-19
 - Our team utilized secondary research for evidence-based context and then conducted a key informant interview to collect primary data directly from a community leader
 - All in all, the CHA was developed in roughly 2 months
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- We asked ourselves: why is vaccine uptake lower in the West African community?
 - To answer this question we used secondary formative research and primary qualitative research

Root Cause Analysis of Low Vaccine Uptake

FISHBONE DIAGRAM



- We identified 4 major branches as root causes for the overarching health problem
- Then we used our secondary data to build out the diagram

Community Engagement Strategies

1. We will perform formative research by emphasizing data provided by WAWAC and other community-based sources
2. We will conduct primary research via a key informant interview with Pa Ousman, a West African Community leader in
 - This is intended to provide our CHA with community-identified health needs and assets
3. We will include community feedback/suggestions during our data collection and CHA development processes

- It is vital that the CHA is completely transparent to the community
- We also value community input and feedback throughout the entire CHA process
- The KI interview was a huge addition to the CHA and truly the only way we could get a sense of community-identified needs and assets

Secondary Data Findings

- Secondary formative research helped inform our questions for the key informant interview
- I spent most of my time collecting data from community partners like WAWAC
 - This is where the most up-to-date and relevant information can be found
- I also utilized US Census data, other CHAs and Washington State COVID reports, as well as peer-reviewed journal articles
- Unfortunately, there was limited data on the West African community specifically



- In Snohomish County, the CDC shows that roughly 70% of the total population is fully vaccinated, meaning a large portion of the population remains unvaccinated
- CDC national data shows that among black populations who are eligible for the booster shot, 43.6% have taken it as compared to 54.6% of the white population
- According to NCHS, vaccine coverage for the 7 major vaccine series among children age 2 and younger is 63.9% for black populations compared to 68.3% of the overall population

- The formative research I conducted was from a variety of sources and was primarily quantitative
- It was fairly limited in its specificity and wasn't as recent as I would have ideally preferred

Secondary Data Findings Continued

| Education Level | Share (%) of All Immigrants | Share (%) of All Natives |
|---------------------------------|-----------------------------|--------------------------|
| College degree or more | 38 | 36 |
| Some college | 21 | 36 |
| High school diploma only | 19 | 22 |
| Less than a high school diploma | 22 | 5 |

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates.

Figure 2- Washington State Demographics

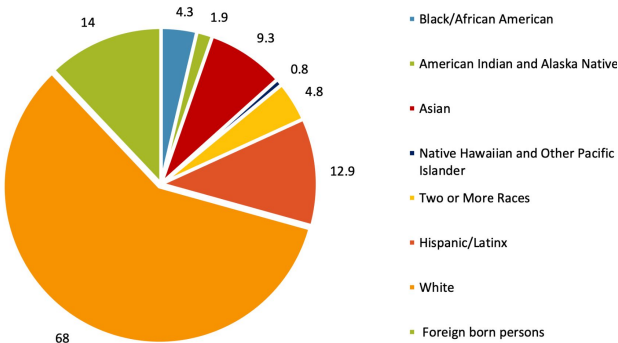


Table 3- Health spending per capita

| County | Dollars |
|-----------|---------|
| Benton | 35 |
| King | 108.2 |
| Pierce | 38.9 |
| Snohomish | 19.8 |
| Yakima | 23.7 |

Source: Kroman 2020

These graphics and tables show more information in regards to disparities by race, healthcare spending in different counties, and immigrant education rates compared to non immigrants

Data Analysis Plan

- Our primary data collection involved a key informant interview with Pa Ousman from WAWAC, and a member of the West African Community
- We formed our interview questions around 4 central community health gaps:
 1. A lack of culturally tailored COVID-19 vaccine and general health information
 2. Limited accessibility to clinics and public health services
 3. Lack of West African community representation in public health
 4. Lack of community funding from government

- We were fortunate to interview Pa Ousman of WAWAC who gave us incredibly valuable information
- Our questions were based off of our health gaps that we formed after secondary data collection

Primary Data via Key Informant Interview

In our conversation with Pa Ousman we learned that:

- There was significant misinformation being spread via social media/messaging platforms
 - “If you take COVID vaccine, you will turn into a zombie in a couple of months”
- Language barrier is a prominent issue when it comes to disseminating information to community members
 - Ousman noted that WAWAC does produce informative videos that are translated into relevant languages
- Reliable and sufficient funding is desperately needed for WAWAC to continue providing community services; more employees, land, and facilities
 - 5,000 community members vaccinated across 30 clinics set up by WAWAC
- WAWAC and the community in general are not included or listened to in government community engagement; grant applications are too complex
 - “We do not see ourselves in your wonderful plan”

- These are just a few of the highlights from the interview, all of which point to key barriers and assets facing the community
- Some impactful quotes and paraphrases are also included

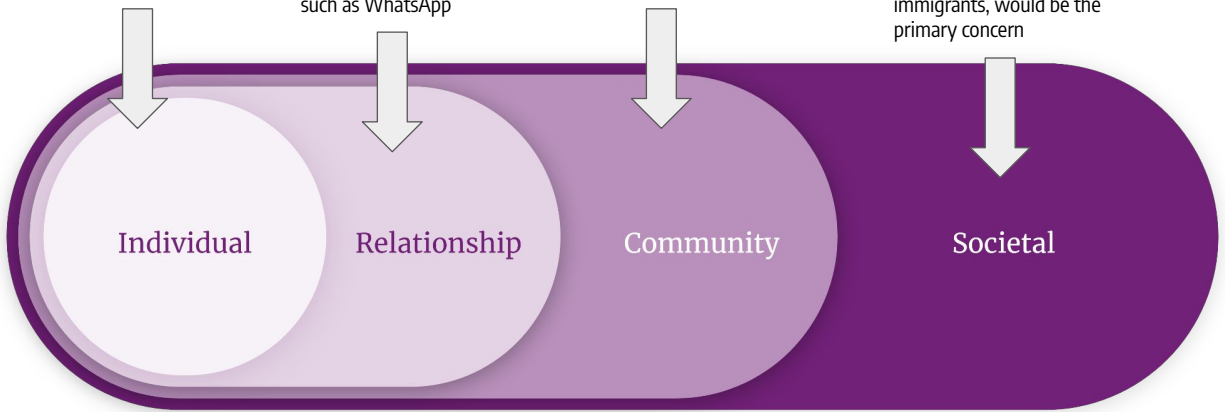
Social Ecological Model

To Improve individual ability to comprehend relevant health information

To decrease spread of misinformation of health-related data/claims on messenger platforms such as WhatsApp

To secure steady and sufficient funding for up-to-date community facilities and services

At a policy level, access to affordable healthcare & housing for immigrants, including undocumented immigrants, would be the primary concern



- The Social Ecological model was the most effective way to breakdown the different levels of interventions
- We acknowledge that the most potential for change is within the community and societal levels, however these may take the longest to enact

Health Action Plan

| Health Gap | Goals/Objectives | Time Frame (1 year, 3-5 years, 5+ years) | Activities | Actors |
|--|--|--|---|---|
| Many community members are unable to understand health information that is primarily disseminated in English | To improve individual ability to interpret relevant health information | Short-term (~ 1 year) | Encourage community members to enroll in free local or online ESL programs; WAWAC can provide small monetary incentives to promote course completion | Individual community members, WAWAC |
| Due to a lack of formal education amongst community members, there are insufficient community members in public health related fields | To increase the number of West African individuals in health-related fields to build trust in medical services within the community | Long-term (5+ years) | Push community members to pursue formal education opportunities by enrolling in affordable programs such as the Everett Job Training & Education Center. Ways to enroll in programs can be advertised on the WAWAC website and distributed to individual community members. | Individual community members, WAWAC |
| There is significant concern of misinformation being proliferated on social media platforms, making it challenging for community members to make informed health decisions | To decrease spread of misinformation of health-related data/claims on messenger platforms such as WhatsApp, especially concerning messages from outside the U.S. | Immediate, but with sustained long-term action | Family and friends are encouraged to fact-check and moderate information being shared on WhatsApp, prioritizing info shared by community leaders. WAWAC can disseminate health information on popular social media platforms (in appropriate languages) to provide a source of reliable information | West African families, friends, neighbors, small peer networks, WAWAC |

- My action plan is a detailed plan to implement key interventions
- The objectives on this slide are mostly interpersonal and community based

Health Action Plan Continued

| | | | | |
|--|---|----------------------------------|---|---|
| Lack of steady, non-restrictive funding for community assets | To secure steady and sufficient funding for up-to-date and serviceable community facilities which includes a permanent location for a community center, land for cemetery, afterschool programs, and more equipped transportation services. | Long term (continuous objective) | This will be achieved by establishing a clear communication pathway between WAWAC and the DOH, as well as ensuring WAWAC has "a place at the table" for community funding meetings. Snohomish County may also increase their budget allocation for community organizations like WAWAC | WAWAC, Snohomish County community health organizations |
| Lack of affordable housing and quality healthcare access | At a policy level, access to affordable healthcare and housing for immigrants, including undocumented immigrants, would be the primary concern | Long term (5+ years) | This would include engaging local and state representatives to create related policy change. This could be accomplished by WAWAC lobbying at future legislative sessions and submitting letters to representatives | Washington State DOH, Snohomish County Health District, U.S. Department of HHS, WAWAC community leaders |

- This slide contains two objectives that take place at the community and policy level
- These are also potentially the most important measures, and should attract the most attention by all involved parties

Dissemination Plan

1. Immediately share the CHA with WAWAC in order to have important information translated into relevant West African languages
 - a. Either in video format or physical pamphlet
2. Work in conjunction with WAWAC to create a new section on their website that includes the full CHA as well as updated COVID-19 vaccination and risk information
3. Collaborate with Snohomish County health officials to provide consistent meetings with community leaders based on the health needs identified in the CHA

- The main we reason we created the CHA was to disseminate it to the West African community as well as to government/public health officials
- It's vital that this information is accessible to all those that wish to use it, and that this information is not stagnant but instead is updated as public health changes

Thank you!

<https://www.americanimmigrationcouncil.org/research/immigrants-in-washington>

<https://www.npr.org/2021/04/05/984601989/african-immigrant-organizations-are-fighting-to-ease-vaccine-hesitancy>

<https://frontandcentered.org/wp-content/uploads/2021/02/FC-COVID-19-Gap-Analysis.pdf>

<https://wawac.org/our-services/>

<https://www.census.gov/quickfacts/snohomishcountywashington>