
Communities

C O U N T

**White
Center**

2003

**Social
and Health
Indicators**



Communities COUNT

Communities COUNT is a collaborative initiative of the following public and private organizations that have developed “people and community” indicators for King County through broad and deep community process. Communities COUNT provides biennial updates on these social and health indicators for King County.

- ❖ City of Bellevue Department of Parks and Community Services
- ❖ City of Seattle Human Services Department
- ❖ City of Seattle Office of Sustainability and Environment
- ❖ King County Children and Family Commission
- ❖ King County Department of Community and Human Services
- ❖ Public Health-Seattle & King County
- ❖ Sustainable Seattle
- ❖ United Way of King County

Communities COUNT gratefully acknowledges the skillful work of our partners who conducted focus groups in White Center: The Center for Human Services; Ruth Dykeman Children’s Center; Somali Women and Children Skills for Change; State-wide Poverty Action Network (SPAN/Fremont Public Association). The Refugee Assistance Program (Archdiocesan Housing Authority) provided leadership for the translation of written materials into Vietnamese. Special thanks to Hoang t. Dieu-Hien and Patricia Barron for translation from Vietnamese and Spanish into English.

MAKING CONNECTIONS

Three years ago, the Annie E. Casey Foundation launched *Making Connections*, an all-out effort to support work that demonstrates the simple premise that kids thrive when their families are strong and their communities supportive. What began as a demonstration project in selected neighborhoods in 22 cities has now blossomed into an intricate network of people and groups committed to making strong families and neighborhoods their highest priorities.

White Center, Washington is one of five sites that are in phase two of *Making Connections*. The Casey Foundation's role in *Making Connections* has been primarily as a catalyst to promote community conversation, support promising efforts to help families and neighborhoods and to use local data more effectively.

The Annie E. Casey Foundation has supported the data collection and production of *Communities COUNT White Center 2003*.

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White Center 2003

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Copies of **Communities COUNT White Center** (full report and short version) are available from:

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Communities COUNT 2003

White Center

Executive Summary

Mission

Communities COUNT is committed to improving community conditions through information advocacy-- providing accurate and timely reports on the conditions that matter to White Center and King County families and communities in order to stimulate action.

Purpose

To provide regular reports on the health and well-being of people and communities that identify our strengths and those areas that need attention.

What This Report Offers:

- A common set of social and health indicators for use by government, public agencies, human service funders, non-profit agencies, community-based organizations, and residents.
- Indicators that reflect the valued conditions identified by King County residents.
- A process of developing indicators that was inclusive of the ethnic and geographic diversity of King County.
- Information that reveals disparities based on geography, race, income, education, age and gender.
- Information about social support and neighborhood social cohesion from White Center residents who are from groups often not represented in other indicator reports.

White Center shows progress over time with respect to 4th grade achievement test results, declining child poverty, motor vehicle injuries, and teen births. But for most other indicators, White Center is not seeing progress. Domestic violence is increasing along with the proportion of residents who are overweight or obese. There is no progress with regards to food insecurity, living wage, violent crime, motor vehicle deaths, infant mortality, adult cigarette smoking and alcohol use, restricted activity due to poor health and health insurance coverage.

For the indicators that are only baseline measures, White Center compares unfavorably to King County or South Region in terms of people's perceptions of neighborhood safety and neighborhood social cohesion.

In very basic ways, White Center residents are not doing well. In 1999, one out of three residents lived in a household without a living wage income. About one in five White Center children under age 18 lived in poverty.

There are changing county-wide patterns that are likely to affect White Center residents. Income distribution has shifted: incomes grew for the wealthiest households, while they stagnated or declined for the middle and low-income households. Fewer small and medium employers are offering benefits that allow people to support and care for their children and family members.

In White Center and at the county level, disparities exist for most indicators by people's income and education levels, race, age, and gender.

The four categories into which the indicators are grouped are 1) Basic Needs and Social Well-Being, 2) Positive Development Through Life Stages, 3) Safety and Health, and 4) Community Strength.

Basic Needs and Social Well-Being

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

- While few (6%) White Center residents have concerns about getting enough food for themselves or their families, many have difficulty finding the money for monthly rent or mortgage payments.
- Income data from 1999 indicate that one in three White Center residents live in households that do not have living wage incomes. In King County, one in five people are in this situation. One in five White Center children live in poverty, compared to one in ten King County children.
- However, poverty by itself does not give the full picture of income disparities. The distribution of income in King County has been highly skewed toward the few wealthy residents throughout the past decade and has shifted even more in this direction between 1990 and 2000. These data confirm that the gap between the rich and poor is increasing, both nationally and locally.
- While 2001 survey data show that most White Center and King County adults report high levels of social support from family and friends, people earning less than \$50,000 a year say that they receive less than those whose incomes are higher. Focus groups with low income people, people of color, and people who speak limited or no English highlight how many different ways residents offer, receive, and need social support. (See page 17)
- Almost one in three White Center residents reported that they had experienced discrimination within the past year in at least one setting. The most common types of discrimination reported were based on gender, social class and race/ethnicity.

Positive Development Through Life Stages

This category of indicators focuses on important ingredients of learning and healthy development from early childhood through the senior years, including people's opportunities to spend time with family, quality of child care arrangements and children's progress in schools.

- Not all people of working age are able to spend time with their children, other family members, or friends, because of the demands of their work schedules. Between 2000 and 2002, there were significant declines in the percentage of King County employers who allow time off to care for a sick child or adult in the family or to provide maternity and paternity leave.
- While 75% of White Center respondents in households with young children reported that they read or told stories to their children on a daily basis, the percentage varies by education level of respondents. Ninety-two percent of White Center college graduates reported daily reading while only 64% of people with a high school education or less read to their young children every day.
- Reliance on child care among White Center parents is not different from parents in King County. Forty three percent of White Center parents of children birth to age 5 reported using some type of child care on a regularly scheduled basis. About half of White Center parents of school age children reported using child care regularly. Many parents indicated that they would rather not use child care at all and would prefer to be home with their child. The high cost of care was a concern of many parents.
- White Center and King County public school 4th graders as a whole have made progress towards meeting the state standards for math, reading, writing, and listening. Almost one in three White Center students in the class of 2001 did not complete high school.
- A nurturing social environment is crucial to support young people to develop their full potential as healthy adults. White Center 6th and 10th grade students report fewer protective factors such as opportunities for positive social involvement in their schools, communities and families, compared with students across the county. More 6th graders reported risk factors, including low commitment to school, high self-reported risk of academic failure, and the belief that drug use would be tolerated, compared to their peers in King County.
- Adults need a balance between work and leisure. Three out of four White Center adults reported that they were very or somewhat active in at least three life-enriching activities. This percentage was higher among those with higher levels of education and income and among adults younger than 65 years of age.

Safety and Health

These indicators provide details on environmental conditions and behaviors that contribute to health, (such as family violence, physical activity, and stress), as well as specific health outcomes (including infant mortality and teen births).

- The majority of White Center residents do not worry often about safety in their neighborhoods, but those who do are concerned about children's safety. More White Center residents than King County residents worried about five out of the six measures of perceived neighborhood safety.
- The overall crime rate in King County has decreased significantly from 1987 to 2001. In White Center, the rate of major violent crimes decreased from 1994 to 1997 but then increased from 1997 to 1999. Motor vehicle thefts have increased.
- Family violence and the generational cycle it creates are still of great concern. Domestic violence aggravated assaults have increased in White Center, South Region and King County. The average rate of aggravated assaults was significantly higher in White Center than in South Region or King County between 1997 and 2001.
- Infant mortality is declining in South Region and King County, but remains higher in areas where there is more poverty. In White Center, there were three infants deaths in 2001.
- Teen births are declining in White Center, South Region and King County, but are also higher in high poverty areas. Highline School District had an average teen birth rate of 25 births per 1000 females age 15-17 between 1999-2001
- One in six White Center 10th graders smoke cigarettes. One in five White Center 10th graders reported that they have used alcohol recently—making it a more common practice than for students in the county as a whole.
- The proportion of adults who are overweight and obese is increasing in Southwest Region and King County. Between 1997-2001, the average rate of overweight or obese combined was higher in Southwest Region than in King County.
- On average up to 2001, 12% of Southwest Region adults under age 65 did not have health insurance coverage. Across King County, low-income residents were about 10 times more likely than more affluent residents to lack insurance. During this period, 8% of all King County children were not covered, but this figure increased to 22% for children living below the Federal Poverty Level.

Community Strength

These indicators reflect forces in the environment that contribute to community health—people's involvement in their neighborhoods and communities, service to others, and access to shops and services. These measures have been collected for the first time in White Center, so we can monitor our progress only after future measurement.

- A sense of neighborhood social cohesion among White Center adults was lower than in South Region and King County. This varies among White Center residents by subgroups: people who are young and those who have less than a college degree reported less cohesion than others; those who are in a couple relationship, whether married or not, reported more social cohesion than others. Focus groups with low income people, people of color, and people who speak limited or no English reveal further variations on knowing and trusting neighbors and illuminated how complex neighborhood social cohesion can be. (See page 73)
- Over two-thirds of White Center adult residents said 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.
- Less than half of King County public school districts reported more than one district policy that supports student participation in community service activities such as requiring service for graduation. Highline School District did not report any community service policy.
- Most White Center residents have easy access to a grocery store by car. In 2001-2002, 95% said that it takes less than 10 minutes to drive to the grocery store from their homes. Almost one in ten White Center residents walk or bicycle to the grocery store.

How Do We Respond?

Communities COUNT provides a way to look at how we are doing and to identify those areas in White Center that need our attention.

There are many strengths in White Center and in general residents experience good health and well-being. But economic shifts have occurred and may mean that harder times are ahead for our neighbors who lose their jobs or whose incomes fail to keep up with the cost of living. This may make it less likely that we will see progress on many indicators.

The information in this report is meant to shape community actions and suggest areas for positive life style change. We face challenges that require collective action and a long view. Businesses and corporations need to step up to help make White Center and King County a place where people can balance work, family, friends and community involvement. Local governments need to work together and across jurisdictions to address the policies that affect these issues. We, the people of White Center and King County, need to participate in the work of our democracy: staying informed, getting involved, and standing up for the things that are important to us. We must decide what are the most effective actions and policies to improve health and social well-being for all of our neighbors and communities—and we must take action.

SUMMARY OF SOCIAL AND HEALTH INDICATORS

Indicators	Progress [^] :		White Center Compared to King County and South Region ^{**} :		Demographic Comparisons within King County or White Center ^{^^} :				
	King County	White Center or Southwest Region*	King County	South Region	Race†	Income	Education	Age	Gender
Basic Needs & Social Well-Being:									
Adequate Food	↔	↔	=	NA	★	★	★	★	=
Affordable Housing	☹	☹	=	NA	?	★	?	?	?
Living Wage Income	↔	↔	↑	↑	?	NA	?	?	?
Income Distribution	☹	?	?	?	?	?	?	?	?
Social Support	↔	?	=	=	=	★	=	=	=
Freedom from Discrimination: Experience	↔	?	=	=	=	=	★	★	=
: Hate Crimes	↔	?	?	?	?	?	?	?	?
Positive Development Through Life Stages:									
Family Friendly Employment Benefits	☹	NA	NA	NA	NA	NA	NA	NA	NA
Parent or Guardian Involvement in Child's Learning	↔	?	=	=	=	★	★	=	=
Quality, Affordable Child Care	?	?	=	=	?	?	?	?	?
Risk & Protective Factors in Youth	?	?	↑	?	?	?	?	?	?
Academic Achievement: Assessment	☺	☺	?	?	?	?	?	?	?
Participation in Life Enriching Activities	↔	?	=	=	=	★	★	★	=
Safety & Health:									
Perceived Neighborhood Safety	↔	?	↑	↑	=	=	=	★	=
Crime: Violent Crime Rate	☺	↔	↑	↑	?	?	?	?	?
: Murder Rate	☺	?	=	=	★	★	?	★	★
Family Violence: Domestic Violence	☹	☹	↑	↑	?	?	?	?	?
Motor Vehicle Crash: Deaths	☺	↔	=	=	=	★	?	★	★
: Hospitalizations	☺	☺	=	=	?	?	?	★	★
Pollution in Neighborhoods	?	?	?	?	?	?	?	?	?
Infant Mortality	☺	?	=	=	★	★	?	★	?
Teen Births	☺	☺	↑	↑	★	★	?	NA	NA
Stress	☹	?	=	=	=	★	=	★	=
Tobacco and Alcohol: Adult Tobacco Use	☺	↔	↑	NA	★	★	★	★	★
: Youth Tobacco Use	↔	↔	=	NA	?	?	?	?	?
: Adult Alcohol Use	☺	↔	=	NA	★	=	=	★	★
: Youth Alcohol Use	☺	↔	=	NA	?	?	?	?	?
Physical Activity and Weight: Activity	↔	↔	=	NA	=	=	=	★	=
: Overweight	☹	☹	↑	NA	★	=	★	★	★
Restricted Activity Due to Poor Health	↔	↔	=	NA	★	★	★	=	★
Health Insurance Coverage and Access	☺	↔	=	NA	★	★	★	★	=
Community Strength:									
Neighborhood Social Cohesion	↔	?	↑	↑	=	=	★	★	=
Involvement in Community Organizations	↔	?	=	=	=	★	★	=	★
Institutional Support for Community Service	?	NA	NA	NA	NA	NA	NA	NA	NA
Ease of Access to Shops & Services	?	?	↓	↓	=	=	=	=	=

- [^] Progress is determined by a statistically significant increase or decrease in the measure over the most recent years for which data are available. A question mark indicates that testing for a significant trend was not possible.
- * For some measures, Southwest Region is the closest geographic area to White Center possible.
- ** Differences by geographic region are reported if White Center (or Southwest Region) is statistically significantly higher or lower than South Region and/or King County. The equal sign indicates that there are no statistically significant differences between regions. A question mark indicates that test for significant differences was not possible.
- ^{^^} Differences among demographic groups are reported if any one group is statistically significantly higher or lower than another. The equal sign indicates that there are no statistically significant differences between groups. A question mark indicates that testing for significant differences was not possible. Demographic comparisons are reported for White Center whenever possible (shaded in green). Otherwise, all demographic comparisons refer to the entire King County population (shaded in yellow).
- † Includes any significant differences by Hispanic ethnicity that were found.
- NA Not applicable.

Communities COUNT 2003

White Center

Introduction

This report will provide you with an updated picture of the quality of community life in White Center and across King County. Each indicator highlights a social, economic or health issue that is of value or concern to people because it affects their sense of well-being. 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 White Center 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 White Center and King County communities.
- Inform funding decisions.
- Engage citizens in following progress.
- Complement White Center's existing economic and environmental indicators.

Our Beliefs

Three principles have guided this project:

1. These indicators measure conditions valued by our communities. To maintain or improve these conditions requires a long-term commitment and a focus on prevention.
2. Local data are essential to understanding what creates and sustains healthy families and communities.
3. Active involvement of residents, community groups, businesses and local governments is essential to assure relevance of the indicators over time.

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 in the process 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 well-being of people and communities.

Where Does the Information Come From?

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

- Community Health Survey of White Center and King County Adult Residents
- Survey of King County Employers Regarding Benefits Policies/Practices
- Survey of King County School Administrators Regarding Community Service
- Behavioral Risk Factor Survey, Southwest Region, King County and Washington State
- Healthy Youth Surveys
- United States Census Bureau
- Birth, Death and Hospitalization Records
- Uniform Crime Reports
- Child Protective Services Records
- U.S. Environmental Protection Agency Toxic Release Inventory
- King County Office of Regional Policy and Planning
- Office of the Superintendent for Public Instruction Records

Community Health Survey of White Center and King County

The Community Health Surveys of White Center and King County adult residents were anonymous, random-digit-dial telephone surveys. These surveys were administered in English only. Surveys like this generally yield reasonably accurate figures for the community as a whole, but under-represent people of color, people who speak limited or no English, low-income people, and those without telephones. We acknowledge these limitations, and remind readers of them in the "Data Source, Definition and Limitations" boxes at the end of each report section that uses survey information. We also worked to include the voices of those who were least likely to have participated in the survey by inviting people to participate in focus groups (see White Center Focus Groups below).

White Center Focus Groups

Two indicators, Social Support and Neighborhood Social Cohesion, include information and quotations from 10 focus groups with women and men who live in White Center. Quotations in these sections are identified according to which group the speaker attended. Three groups were conducted in English with low income people, three each with people who primarily speak Spanish or Vietnamese, and one with Somali women. Each group was made up of

five to 14 people, and a total of 82 adults participated. These individuals' comments represent their own experiences and reflect important themes. They cannot represent the full range of experiences, ideas, and opinions of all White Center residents who are low income or who speak limited English. The focus groups were organized as a way to hear in more depth about social support and neighborhood social cohesion from people not represented in an English-language telephone survey.

What Are the Indicators?

The core list of indicators is below. Individual indicators are reported starting on page 7.

Basic Needs and Social Well-Being

- Adequate Food
- Affordable Housing
- Living Wage Income
- Income Distribution
- Social Support
- Freedom from Discrimination

Positive Development Through Life Stages

- Family-Friendly Employment Benefits
- Parent or Guardian Involvement in Child's Learning
- Quality, Affordable Child Care
- Risk and Protective Factors in Youth
- Academic Achievement
- Participation in Life-Enriching Activities

Safety and Health

- Perceived Neighborhood Safety
- Crime
- Family Violence
- Motor Vehicle Injuries and Deaths
- Pollution in Neighborhoods
- Infant Mortality
- Teen Births
- Stress
- Tobacco and Alcohol Use
- Physical Activity and Weight
- Restricted Activity Due to Physical/Mental Health
- Health Insurance Coverage and Access

Community Strength

- Neighborhood Social Cohesion
- Involvement in Community Organizations
- Institutional Support for Community Service
- Ease of Access to Shops and Services

Definitions of White Center Used in this Report



How to Understand the Data and Terms

Region: Whenever possible, indicators are reported for the White Center community and for the entire South Region in addition to King County, as shown on the map below. The exact boundaries of White Center and South Region depend on the data source used. See the map on the preceding page for three different geographic definitions of White Center. Unless otherwise noted in the Data Source section of an indicator, South Region boundaries are based on aggregated ZIP codes. Data from the Community Health Survey of White Center only include responses from people living within the White Center neighborhood boundaries. However, it wasn't possible to analyze data from the Behavioral Risk Factor Survey for an area as small as the White Center neighborhood. For those indicators, Southwest Region is the closest approximation of White Center possible. See the Appendix at the end of the report for a list of the blockgroups, census tracts and ZIP codes in each geographic area.

King County, South and Southwest Regions, with White Center Census Designated Place



Crude, Age-Specific, and Age-Adjusted Rates:

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. This is the *age-adjusted rate*. 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 if it reflects the higher death rates that naturally occur 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 2000 U.S. population.

Rolling Averages: For populations of small size (American Indians 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 1996 through 2000, the rates are instead reported as three-year rolling averages: 1996-1998, 1997-1999, and 1998-2000. For an example of a rolling average, see the chart titled, "Motor Vehicle Crash Death Rates" on page 49.

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 1999. We then divided the neighborhood groups into three categories in which more than 20%, five 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: Research has shown that race and ethnicity are markers for complex social, economic and political factors that are important influences on community and individual health. Differences in rates of most diseases and injuries are not due to biologic or genetic factors related to race. 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 well-being 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 that underlie them.

In this report, the names given to race groups are: African American, American Indian/Alaska Native,

Asian/Pacific Islander, and white. Persons of Hispanic/Latino ethnicity may be counted in any of the race groups.

Confidence Intervals: 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 or survey sample 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 by region in King County. The infant mortality rate for Seattle appears to be higher than the rate for all of King County. However, since the higher end of the confidence interval for King County is greater than the lower end of the confidence interval for Seattle, 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 intervals

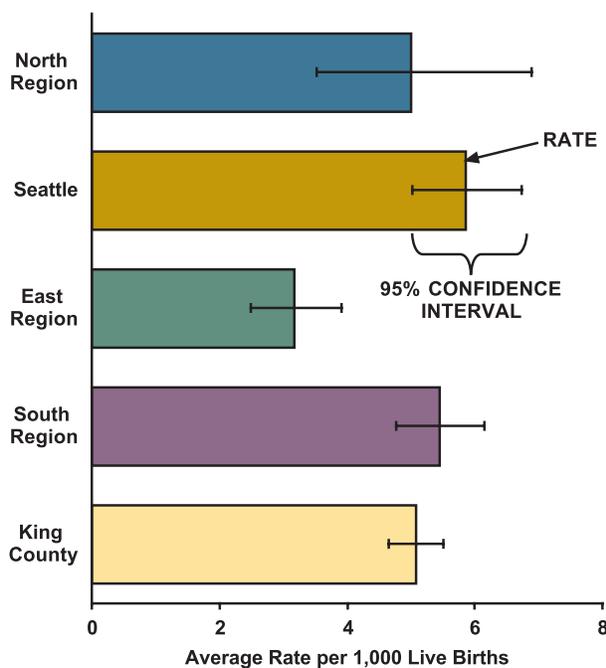
for Seattle. As a result, we can state that the infant mortality rate for Seattle is *significantly* higher than the rate for the East Region, but does not differ significantly from the other regions.

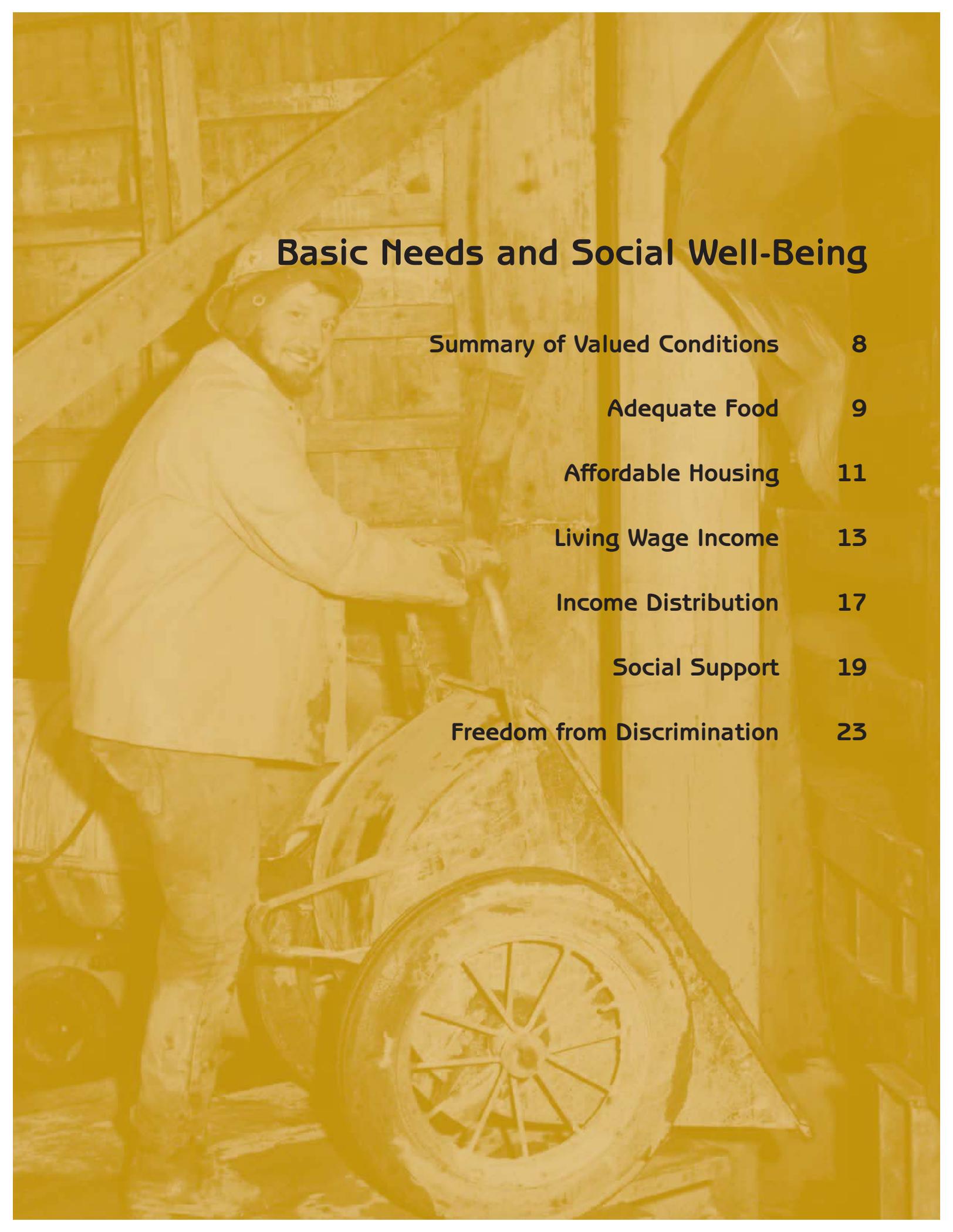
Statistical Significance: Differences between groups are examined for each indicator including differences by age, income, education, gender, race, marital or relationship status, and poverty level of area. Unless otherwise stated, all differences mentioned in the text are statistically significant. 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 is dependent in part on the number of events and size of the population, or, for surveys, the number of respondents, or sample size. Differences that do not appear to be significant might reach significance with a large enough population or sample size.

For instance, in a survey, sampling error (shown as confidence intervals) can vary widely depending on sample size. For a sample size of 210, confidence intervals can range up to 50% of the survey 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 survey estimate (here, a rate can be only 40% higher than another rate to detect a difference). Therefore, readers should treat findings of non-significance with caution if they are based on smaller numbers of events or sample sizes or wider confidence intervals.

**Confidence Interval Example
Infant Mortality**



A man wearing a hat and a jacket is pushing a wheelbarrow filled with material. He is standing in a wooden structure, possibly a barn or a workshop. The background shows wooden beams and a large wheel. The entire image has a yellowish tint.

Basic Needs and Social Well-Being

Summary of Valued Conditions 8

Adequate Food 9

Affordable Housing 11

Living Wage Income 13

Income Distribution 17

Social Support 19

Freedom from Discrimination 23

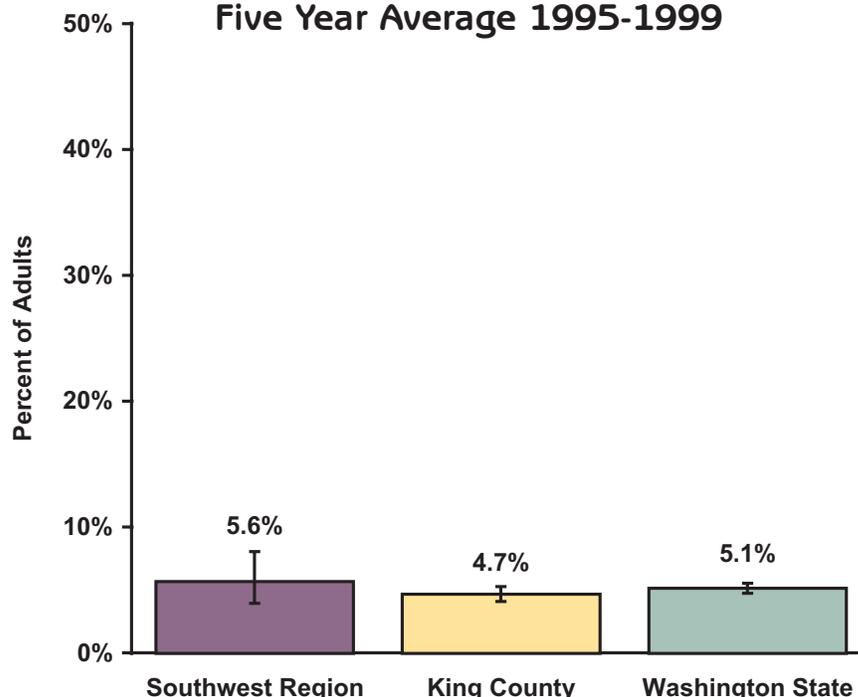
Valued Conditions* Expressed by King County Residents

- Everyone in the county has the basic necessities of living—nutritious food, adequate shelter and clothing.
- All people live in a quality residence and do not spend a high percentage of their income to do so. Low income people can find affordable housing in a variety of neighborhoods.
- Homelessness is reduced and homeless people are cared for.
- The potential of immigrants is recognized and they are supported to improve their English and to find jobs suitable to their skill, expertise, and experience.
- There is equitable distribution of incomes; the gap in wealth and income between the rich and poor people is narrowed.
- People earn a living wage and there is less discrepancy between the average worker's income and that of the average chief executive.
- Everyone has sufficient informal social support—relationships through neighborhood interaction, work, communities of faith, common interests, etc.
- People are treated fairly in employment, housing and education.
- All people feel included in the larger community. No members of any group feel isolated (men, women, youth, the elderly, disabled, immigrants, ethnic/racial religious groups, gays and lesbians).
- There is respect for differences and no one is discriminated against socially in employment, housing or education due to race/ethnicity, age, religion, gender, disability, or sexual orientation.
- * The valued conditions came from citizen opinion expressed as values and concerns in the telephone survey, focus groups, and in the civic and public forums. The valued conditions are expressed as "ideal" conditions—based on the vision of what residents want for themselves, their families and communities.

Adequate Food

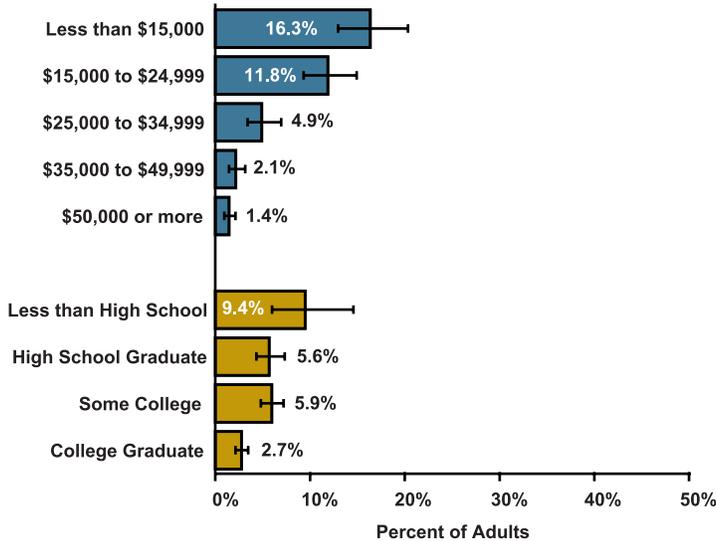
Perhaps the most basic human need is to have enough nutritious and safe food. People with low-wage jobs and those dependent on dwindling government assistance may not have adequate food.

**Percent of Adults Age 18+ Who Are Concerned About Having Enough Food for Themselves or Their Families
Southwest Region, King County and Washington State,
Five Year Average 1995-1999**

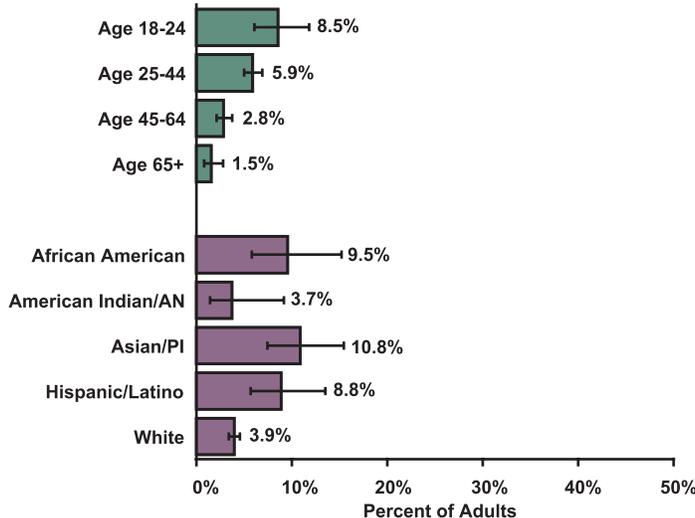


- Every year from 1995 to 1999, a survey of King County adults collected data on food security concerns. On average, 5.6% of adults in the Southwest Region said they were concerned about having enough food for themselves or their family. This was not significantly different from the average for King County (4.7%) or Washington State (5.1%).
- Even though Washington State's poverty rate is below the national average, it ranks 10th in the nation in level of food insecurity and 2nd in level of hunger, according to a recent report based on the Census Bureau's Current Population Survey (data not shown).
- In Southwest Region, the percent of people with concerns about food security decreased from 6.7% in 1995 to 2.2% in 1998 but the downward trend did not continue into 1999 (data not shown). There was no change in food security concerns over this time period in King County, while food concerns decreased state-wide from 1996 to 1999.

**Percent of Adults Age 18+ Who Are Concerned About Having Enough Food for Themselves or Their Families
By Household Income and Education
King County, Five Year Average 1995-1999**



**Percent of Adults Age 18+ Who Are Concerned About Having Enough Food for Themselves or Their Families
By Age and Race/Ethnicity,
King County, Five Year Average 1995-1999**



- Not surprisingly, concerns about having enough food are much more common for those in low income households. One in six adults with household incomes of less than \$15,000 per year were concerned about having enough food, compared to less than one in 50 adults with household incomes of \$50,000 or more.

- People with a college degree were less likely to be concerned about having enough food than people with less education.

- Food security concerns decrease with age. People below the age of 45 were more likely to be concerned about having enough food than people in the older age groups.

- African Americans (9.5%), Asian/Pacific Islanders (10.8%), and Hispanic/Latinos (8.8%) were more likely to be concerned about having enough food than the white (3.9%) population.

- There are no differences in food security concerns by gender.

- It is not known how many people in the White Center area rely on government or charitable food programs. From January 2002 to December 2002, over 53,000 people (representing 14,400 households) utilized the services of White Center food banks. This is an increase of almost 10,000 from the previous year. In 2002, 45% of the food bank clients were children.

Data Source, Definition, and Limitations

Data are from the Washington State and King County Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a random telephone interview survey of non-institutionalized adults age 18 and older that has been conducted in King County every year since 1987. The questions about food security were not asked in 2000 and 2001.

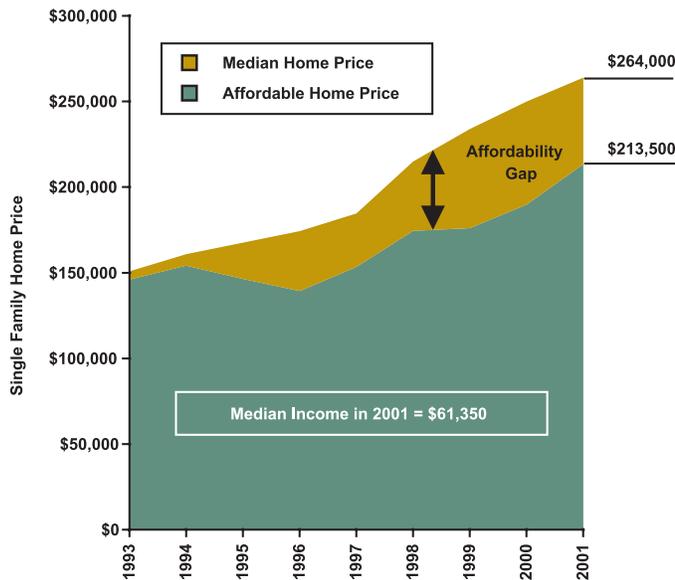
The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented. The sample of people reached in a telephone survey will not include those people who might be most in need of more or better food—that is, the homeless and those unable to afford to have telephones.

Data on state food insecurity rankings are from Sullivan, A.F. & Choi, E., Hunger and Food Insecurity in the Fifty States: 1998-2000, Food Security Institute, Center on Hunger and Poverty, Brandeis University, August, 2002. Data on food bank usage in King County are from the Emergency Food Assistance Program, Washington State Department of Community, Trade & Economic Development.

Affordable Housing

Lack of adequate and affordable housing is a significant problem, especially for low income families. Families that have to pay a high percentage of their income for shelter will have little left over for other basic necessities, such as clothing and utilities. The ability of low and moderate income families to find affordable housing can be measured by the housing affordability gap, existing affordable housing stock, and the percent of income spent on housing costs.

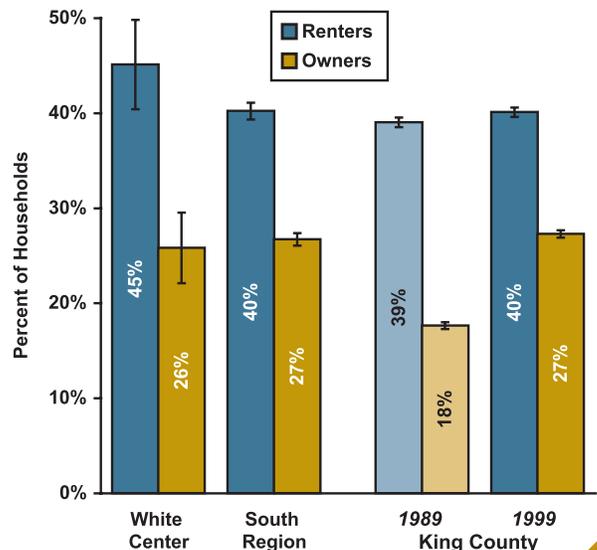
Housing Affordability Gap For Median Income Home Buyers King County 1993-2001



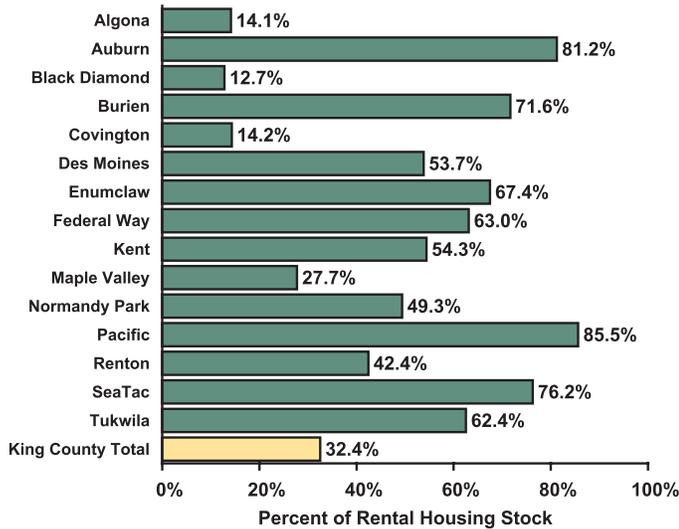
- The housing affordability gap is the difference between actual rental costs or home sale prices and what families can reasonably afford.
- The gap between what median income families can afford and the median market home price has generally been increasing since 1995. The median price for a single family home in 2001 was \$264,000, but a family in the middle income range could only afford to pay \$213,500 with a 10% down payment.

- Competition for affordable housing often forces families to pay a greater percentage of their income on housing.
- In White Center, South Region and King County, renters are much more likely to pay more than 30% of income for housing than home owners.
- Between 1989 and 1999 the percentage of White Center and King County households that paid 30% or more of income on housing increased for home owners but remained virtually the same for renters (see last four bars of chart to the right for King County data).

Percent of Households That Paid 30% or More of Their Income for Housing Costs White Center, South Region and King County 1999



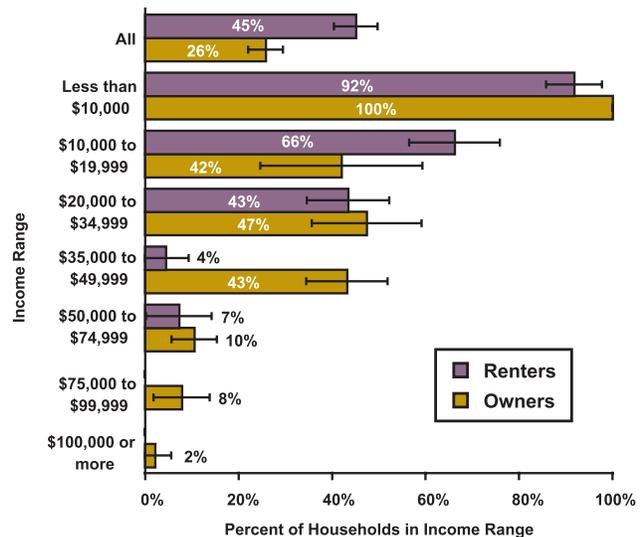
Percent of Rental Housing Stock That is Affordable to Low-Income Households Cities in South Region, 1999-2000



- In general, the lower the income, the more likely a household will spend 30% or more of its income on housing costs. This is true for renters as well as home owners. Low income households that pay a high percentage of income on housing are at increased risk for becoming homeless.

- For low income families (earning 50% of median income or less), many apartment rentals may be beyond their reach. In 2000, the average monthly rent on a 2 bedroom/1 bath apartment in King County (\$784) exceeded the affordable payment of a low-income family by about \$85. The rental affordability gap peaked in 1992 at \$141 (data not shown).
- The availability of low-cost rental housing varies among cities and regions in King County. Cities in South Region have a greater proportion of affordable housing for low income renters than other regions of the county (data not shown).

Percent of Households That Paid 30% or More of Their Income for Housing Costs By Income Range, White Center, 1999



Data Source, Definition, and Limitations

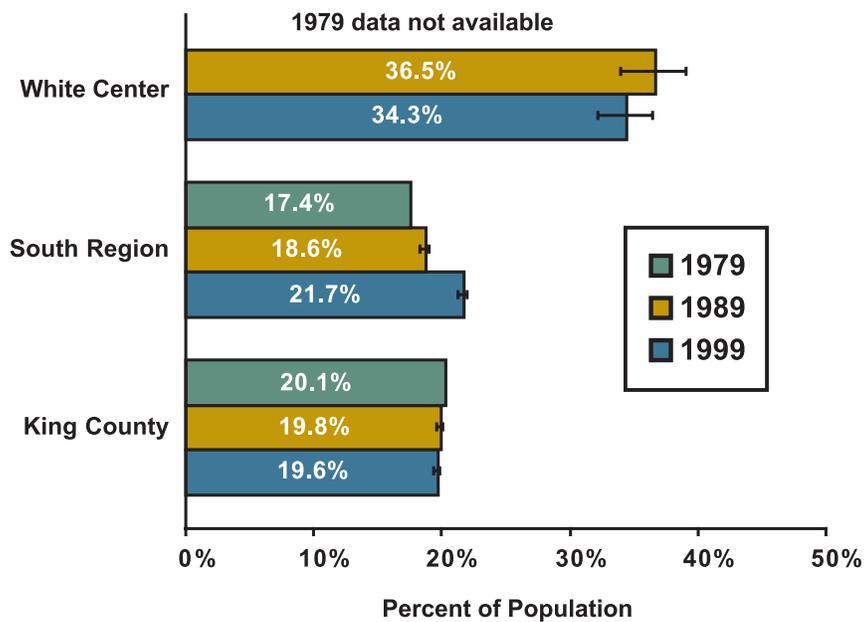
Methodology and data on the housing affordability gap and affordable rental housing stock are from the King County Office of Regional Policy & Planning. For calculations of the affordability gap, it is assumed that a "reasonable" monthly payment is no more than 25% of income for home buyers and 30% of income for renters. The affordable home price is based on conventional lending assumptions: 10% down payment and 30-year term at prevailing market interest rates. Actual single family home prices do not include condominiums. Family size is assumed to be 2.5 persons. Income estimates by family size were provided by the U.S. Department of Housing and Urban Development, and are for the Seattle-Bellevue-Everett Metropolitan Statistical Area (King, Snohomish, and Island counties). Median income is the income earned by the middle household if all households are arranged in order according to income. Low income is defined as one half of median income. In 2001, the median income for a family of 2.5 persons in King County was \$61,350 and the low income cut-off was \$30,675.

1989 and 1999 income range and housing cost data are from 1990 and 2000 U.S. Census, respectively. For renters, housing costs include monthly rent, utilities and fuels. For owners, housing costs include mortgage payments, real estate taxes, insurance, utilities, and fuels. They also include monthly condominium and mobile home costs. The geographic boundaries of South Region are defined by aggregating census tracts. For White Center, the White Center Census Designated Place was used for 2000 Census data and 1990 blockgroups were aggregated to approximate that boundary as closely as possible.

Living Wage Income

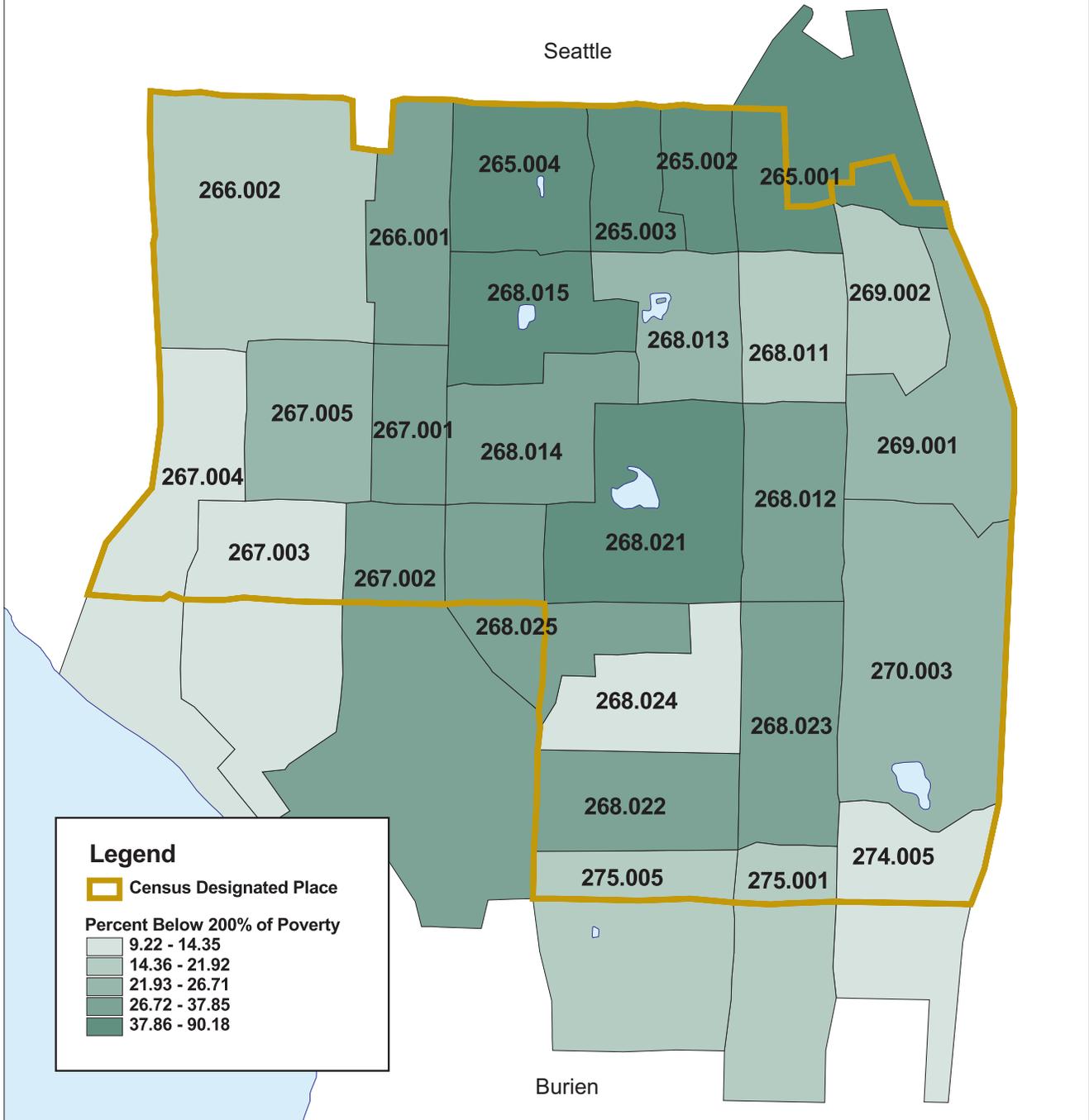
Everyone needs enough income to pay for the basic necessities of daily living: shelter, food, clothing, and transportation. Without a living wage income, people suffer a lack of dignity and a variety of social and health problems. The living wage income indicator is defined as the percent of the population living in households with a total income that is less than twice the poverty level (200%), as defined by the federal government. For a family of four, the living wage income in 1999 was \$34,100.

**Percent of Population Living Below 200% of Federal Poverty Level
White Center, South Region and King County
1979, 1989 & 1999**



- In 1999, one in three people in White Center lived in a household without a living wage income. This is a higher percentage than in either South Region or King County.
- In South Region, the percentage of people who did not earn a living wage income increased from 1989 to 1999.

White Center
Percent of Population Below 200% of Federal Poverty Level
By Block Group



**Percent of All Persons and Percent and Number of Children Age 0-17
Living Below 100% of Federal Poverty Level
White Center, South Region and King County, 1979, 1989 & 1999**

	All Ages			Children			
	Percent in 1979	Percent in 1989	Percent in 1999	Percent in 1989	Number in 1989	Percent in 1999	Number in 1999
White Center	NA	17.3%	14.7%	29.3%	1,374	19.0%	1,061
South Region	6.3%	6.9%	8.5%	9.9%	13,392	11.4%	18,959
King County	7.7%	8.0%	8.4%	9.8%	32,595	9.9%	37,954

- Data on children in poverty in 1979 are not available for White Center.
- For a family of 4, the 100% poverty level income in 1999 was \$17,029.
- In both 1989 and 1999, a higher percentage of people in White Center were living in poverty than in South Region or the county as a whole.
- Overall poverty rates and poverty in children increased in South Region from 1989 to 1999.
- In 1999, about one in five White Center children under age 18 lived in poverty. Although the child poverty rate in White Center remains higher than in South Region and the county, it has decreased significantly since 1989.
- The 1999 King County poverty rate was lower than that of Washington State (10.6%) and the U.S. (12.4% - data not shown).

**Percent of Population Living Below 100% of Federal Poverty Level
By Race/Ethnicity, White Center, South Region and King County, 1999**

	African American*	American Indian/Alaska Native*	Asian/Pacific Islander*	Hispanic Latino	Multi-Racial	White
White Center	30.8%	38.7%	19.4%	13.9%	23.6%	9.5%
South Region	18.1%	19.4%	10.0%	18.4%	13.3%	6.4%
King County	19.9%	20.6%	11.6%	18.0%	14.0%	6.2%

* Does not include persons of multiple race.

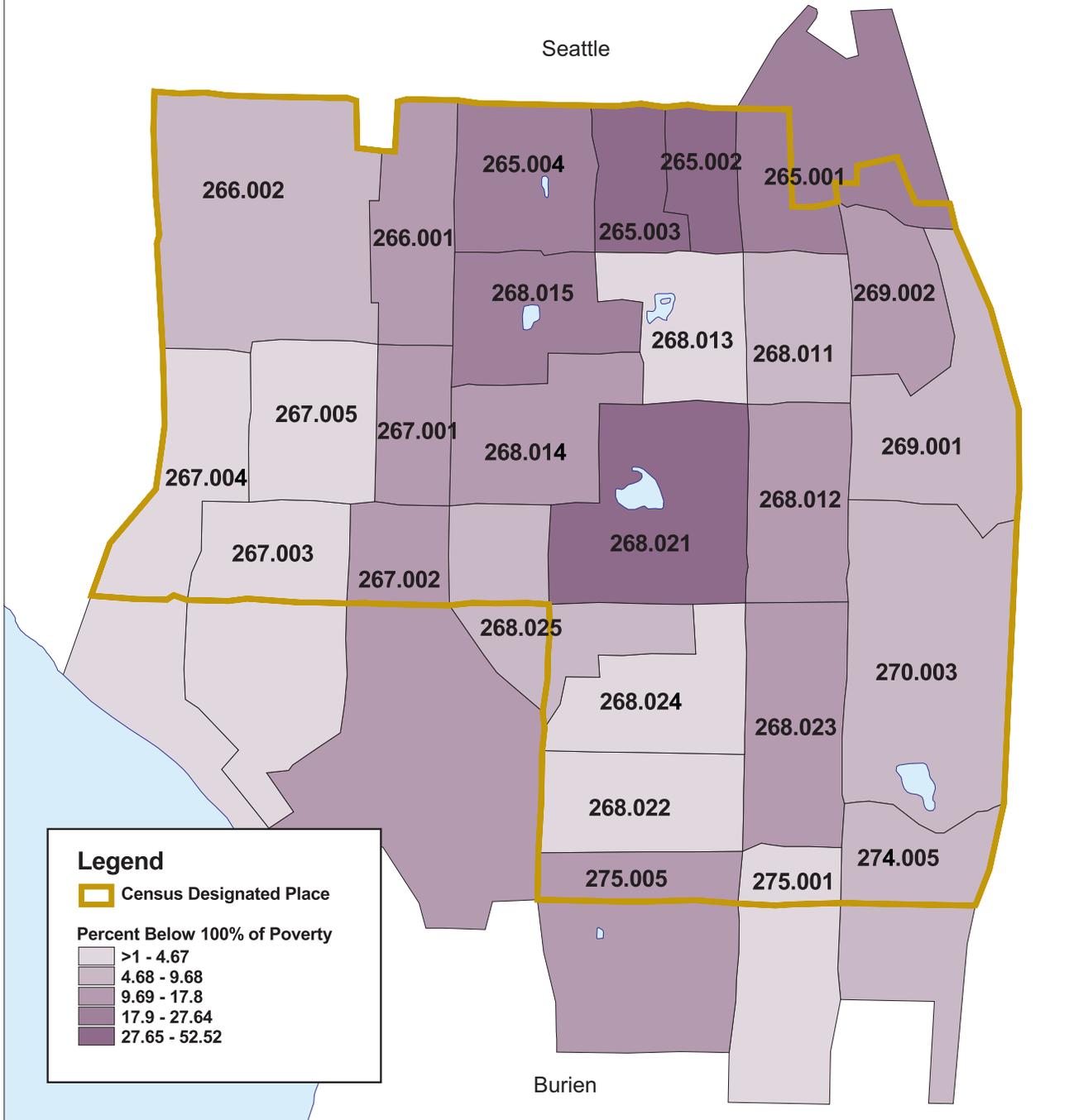
- Differences in poverty level by race/ethnicity have persisted over the last three decades. In 1999, whites had the lowest poverty level in White Center and American Indian/Alaska Natives had the highest.
- In 2000, people could report more than one race on the Census for the first time. Therefore, it is not possible to compare 2000 Census categories with 1990 categories, when respondents could choose one race only.
- It is possible to track changes in the Hispanic/Latino population across Census years. The poverty rate in this group increased from 14.9% in 1989 to 18.0% in 1999 for the county as a whole.

Data Source, Definition, and Limitations

Income and poverty data are from the 1980, 1990 and 2000 U.S. Census and are based on reported income from the previous year. The geographic boundaries of South Region are defined by aggregating census tracts. For White Center, the White Center Census Designated Place was used for 2000 Census data and 1990 blockgroups were aggregated to approximate that boundary as closely as possible.

The federal poverty level is a threshold income limit that varies according to family size and composition and is adjusted each year. All persons living in a household with a total annual income below that threshold dollar amount are counted in the 100% poverty statistics. A living wage is considered to be at least twice the poverty level income. The 200% poverty threshold in 1999 for a family of four was \$34,100, and for a single person over age 65, \$16,000. The same thresholds in 2001 were \$36,200 and \$17,000, respectively.

White Center
Percent of Population Below 100% of Federal Poverty Level
By Block Group

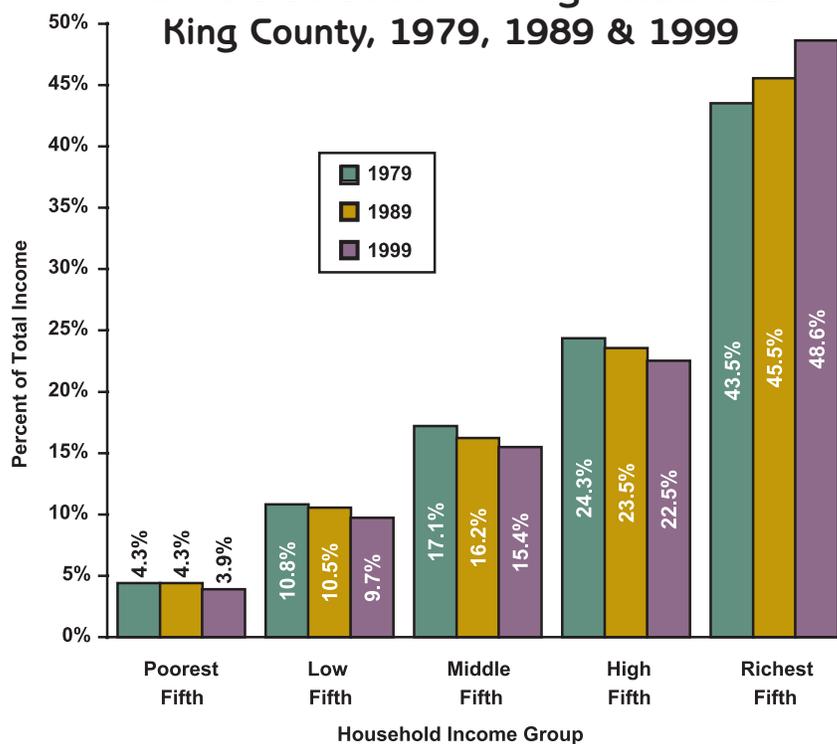


Income Distribution

Recent research suggests that in addition to the social consequences of economic inequality—such as rising crime rates, social exclusion, and despair—the widening gap between rich and poor also has a detrimental effect on the health of the entire population. One indicator of economic inequality is income distribution, measured by the share of total income received by different fifths, or quintiles, of the total number of households in the population.

Total wealth is an even more important indicator of inequality because it includes the dollar value of all the assets of a household—bank accounts, stocks, bonds, life insurance, savings, mutual fund shares, houses, cars and appliances, pension rights—and excludes liabilities and debts. Having wealth brings people security and social status. In turn, poor people may feel hopeless and without the power to change their family, neighborhood, and community circumstances.

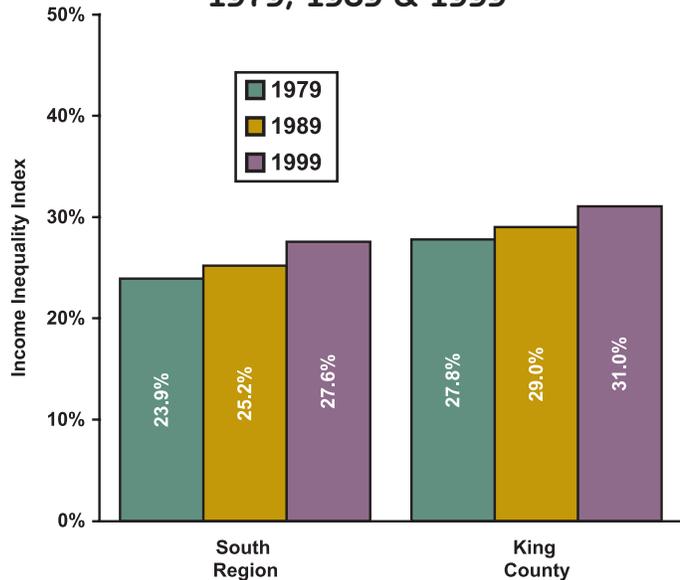
**Income Distribution Among Households
King County, 1979, 1989 & 1999**



- The income distribution in King County can be measured by the percentage of total income in one year earned by each fifth of the households, arranged by increasing income. Each income group has an equal number of households.
- In 1999 the richest 20% of King County households received 48.6% of the total income that year. The poorest 20% earned only 3.9%.
- King County households in the highest income group earned at least \$34,800 in 1979, \$63,700 in 1989, and \$97,700 in 1999 (data not shown).
- Between 1979 and 1999, there was a shift of income away from the four lower income groups to the highest income group.
- National data from the U.S. Census Bureau show that national income increases between 1979 and 1999 were 3% for the poorest fifth, 11% for the low fifth, 17% for the middle fifth, 26% for the high fifth, 53% for the richest fifth.
- The very richest 5% of the U.S. population saw an 81% increase in their family income during this 20 year period while the lowest 20% had a 3% increase in income.
- While no local wealth data are available, nationally, wealth inequality has always been substantially greater than income inequality. As of 1998, the richest 5% of U.S. households held more than 59% of the nation's private wealth and the top 1% of households held 38%.
- Between 1983 and 1998, the richest 5% had an increase in average household wealth of 64% and the very top 1% saw an increase of 42%. By comparison the bottom 40% experienced a 76% loss in average household net worth.

- If income were evenly distributed across all households in an area, then each group representing 10% of the households would receive 10% of the total income. This is the basic assumption behind the calculation of the Income Inequality Index. This Index is a single number which approximates the share of total income that would have to be transferred from households with an income above the average to households with an income below the average for there to be perfect equity in the distribution of income. A higher index score means more disparity exists.
- The 1999 Income Inequality Index was 27.6% in South Region and 31.0% in King County.
- The Income Inequality Index increased each decade from 1979 to 1999 in both South Region and King County.
- State-wide values for the Income Inequality Index in 1999 ranged from 28.2% in Alaska to 34.6% in New York. In Washington State, it was 30.2% (data not shown).

**Income Inequality Index
South Region and King County
1979, 1989 & 1999**



**Median Household Income in White Center, South Region and King County
1979, 1989 & 1999**

Place	1979	1989	1999
White Center	NA	\$28,300	\$40,600
South Region	\$22,200	\$36,800	\$50,700
King County	\$20,700	\$36,200	\$53,200

- The median income is the income level that separates the top and bottom half of all households.
- The 1999 median household income was \$40,600 in White Center, \$50,700 in South Region, and \$53,200 in King County.
- White Center had a lower median household income than the county in 1989 and 1999 (1979 data are not available for White Center).
- In Washington State and the U.S. the 1999 median household income was \$45,800 and \$42,000, respectively (data not shown).

Data Source, Definition, and Limitations

Data are from the 1980, 1990 and 2000 U.S. Census and are based on reported income from the previous year. The geographic boundaries of South Region are defined by aggregating census tracts. For White Center, the White Center Census Designated Place was used for 2000 Census data and 1990 blockgroups were aggregated to approximate that boundary as closely as possible.

National data on income growth inequality are from the U.S. Census Bureau, Historical Income Tables, Table F-3. National data on wealth inequality are from Edward N. Wolff, "Recent Trends in Wealth Ownership, 1983-1998," April 2000. Table 3.

These data estimate the number of households in various income ranges. "Income" consists of pre-tax wages, interest, rental income, and other personal receipts, including government cash transfers. These figures do not include other types of income such as capital gains, employer-paid health insurance, or in-kind government assistance such as food stamps. Most of this non-money income is earned by the more affluent households. Furthermore, this indicator does not measure accumulated wealth such as property, savings, and other assets. Nor does it consider varying tax rates paid by the different income groups.

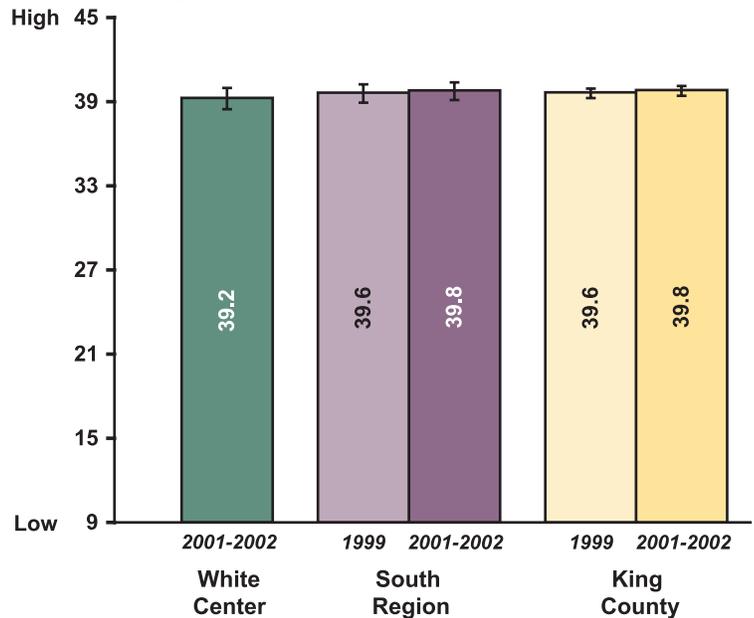
What we refer to here as the Income Inequality Index (also known as the Pietra ratio) is only one of several measures of income distribution in use. One of the limitations of using household income data to measure income distribution is that household income does not take into account the number of people who live in the household and depend on that income.

Social Support

Social support helps give people the emotional and practical resources they need. Receiving affection, companionship, assistance, and information from family and friends makes people feel loved, esteemed, cared for, valued and secure. These factors have a protective effect on health and well-being. This indicator is enriched with qualitative information and quotations from 10 focus groups conducted in four languages in White Center.

- Social support was measured by asking people 9 questions about specific types of social support they believe they can rely on. Answers to the 9 questions were added to create a social support scale with a possible score between 9 (Low) and 45 (High).
- The average (mean) social support score for adults in White Center in 2001-2002 was 39, just as it was in South Region and King County as a whole.
- Individual question responses making up the social support scale are given below.

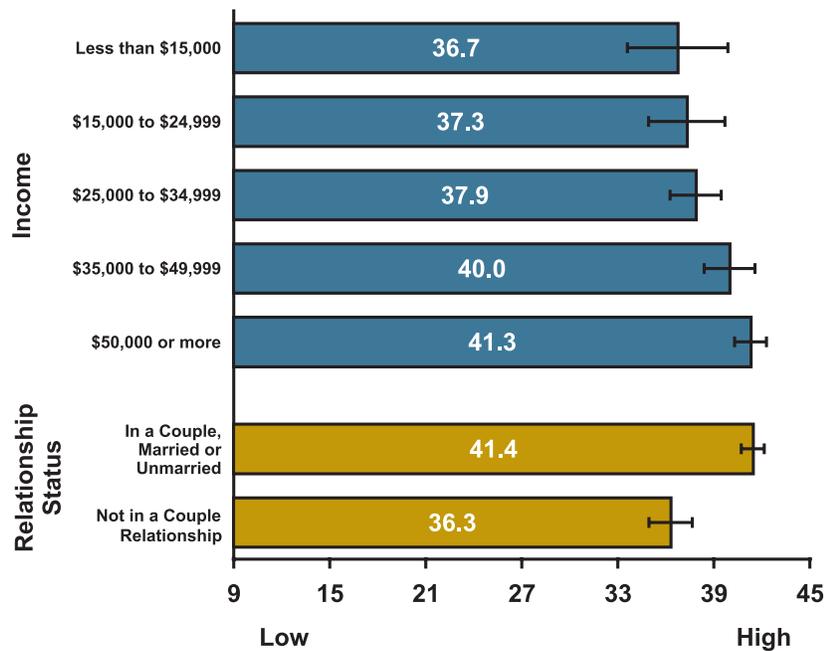
**Average Level of Social Support
White Center, South Region and
King County, 1999 & 2001-2002**



**Percent of Adults Who Have Specific Supports "All of the Time"
White Center, South Region, King County, 2001-2002**

How often is each of the following kinds of support available to you if you need it?	White Center	South Region	King County
...someone to help you if you were confined to bed	53%	49%	49%
...someone to take you to the doctor if you needed it	65%	64%	63%
...someone who shows you love and affection	76%	79%	78%
...someone to confide in or talk about yourself or your problems	70%	72%	70%
...someone who hugs you	72%	74%	72%
...someone to get together with for relaxation	64%	64%	64%
...someone to help with daily chores if you were sick	55%	57%	55%
...someone to turn to for suggestions about how to deal with a personal problem	62%	65%	66%
...someone to love and make you feel wanted	72%	76%	74%

Average Level of Social Support By Income and Relationship Status White Center, 2001-2002



- People with household incomes of \$50,000 or more report higher levels of support than people with incomes of under \$35,000.
- People who live as a couple (either married or unmarried) report more social support than others who are separated, divorced, widowed or never married.

Data Source, Definition, and Limitations

The social support measures are from the White Center (2001-2002) and King County (1999, 2001-2002) Community Health Surveys, which used social support questions from the short version of the Medical Outcomes Study Social Support Survey (Cathy Sherbourne and Anita Stewart, 1991). These items measure perceived social support of various types: a) emotional support, love, and empathy, b) instrumental or tangible support, c) information, guidance, or feedback, d) appraisal support, which helps the person evaluate herself, and e) companionship in leisure and recreational activities.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

These pages include information and quotations from 10 focus group discussions about social support with people in White Center. The groups, conducted in English, Somali, Spanish, and Vietnamese, were designed to include the perspectives of some people who were not reached through the telephone survey. 82 women and men took part in the discussions.

People who participated in the White Center focus groups were asked to talk about personal and emotional support (getting advice or solving problems), as well as practical support and assistance (help with chores or transportation). While individuals had varying experiences, and immigrants described an especially complex set of adjustments and struggles, there were common issues for all. Getting by on little money or with limited help is a reality for many in White Center; not everyone has support; help and support come in many forms (and sometimes from unexpected sources); and giving support is as important as receiving it.

Where do White Center residents find social support?

Family members and friends are the greatest supports for most people in White Center. Residents also turn to their neighbors, co-workers, and to friendly staff at schools and social service agencies. Personal religious beliefs and membership in congregations and community groups provide support to many. However, not everyone has someone to turn to in a time of need: people who are new to White Center or to the country are far from their usual networks, and may not know where to find assistance. For others, family or friends might not be able to help.

"I have been very supported by the congregation at the local church. Now I feel as if they are part of my family." [Woman, Spanish]

"I turn to my family. First and foremost, I turn to God. My family and my church." [Low income]

"For emergency help, usually it's still other Vietnamese and relatives.... Neighbors...we aren't very close to them...only our loved ones...no one else." [Vietnamese man]

"I have several [friends] who live close by, and we all kind of watch out for each other. And I drive, so I usually take people places and back." [Older woman, low income]

"We provide each other moral support, psychological and economic, we listen to the person and give them some advice." [Spanish]

"I have different people that I talk to for different things.... The counselors up at [the youth program

where] my son [has] been going.... And then there's a school counselor.... I've been talking to her.... Or my son's football coach. And just about a month ago I had to go and talk to my pastor." [Woman, low income]

"[W]hen I was working in construction I hurt my back. I was very ill. Three roommates helped me during this time. I couldn't walk, I couldn't go to the bathroom by myself. They helped me, they worried about me. I was very grateful. Sometimes you can't count on your family but you can count on friends." [Older man, Spanish]

"[T]here's so many resources in White Center. You just have to know where to call or where to go." [Low income]

"[Support comes from] children, then relatives, then close friends, then neighbors." [Man, Vietnamese]

"Well, I try not to turn to anybody for any help. I just kind of work it out on my own.... Except for every once in a while I go to the [food bank] and grab some bread or something." [Low income]

"I do know a few people that are homeless, and I've given them a place to stay." [Low income]

"I do not have anybody, I have only my twelve-year-old daughter, she is my only support, she has not had a childhood because she is being very mature, I feel bad for her, but that is life. We do not have anybody else to support us." [Woman, Spanish]

"I have very few friends that I will associate with. I don't trust a lot of people." [Man, low income]

"I never turned to my family for emotional support or anything, because I've had them turn [their] back on me so many times...." [Woman, low income]

Spending time together

In all languages, people talked about sharing the important parts of life: spending time with friends and family, preparing meals and eating together, bringing food to the elderly or ill, and observing funerals, birthdays, and other rituals.

"Most of the time... we're sitting around the house cooking and swapping recipes. Everybody's always eating! [W]e're either cooking or we're spending time with the kids." [Low income]

"[A]lmost every third day, we [the family] eat together and chat, we are happy to do that." [Spanish]

"This group [of Somali families] in White Center share even the last piece of bread together."
[Woman, Somali]

"[W]e go out with the guys at church, OK? Sometimes to a ballgame, sometimes to a breakfast or something like that. And that's pretty nice. That's how I get my association. Other than that, I [don't] associate too much." [Man, low income]

"[I]n the summer we try to go with the girls to play basketball." [Spanish]

"I get together with my husband's family, they like their barbecues, play dominoes... watch a movie, and...spend the time together eating." [Spanish]

"When I have time, I often go visit my neighbors so that we have a friendly relationship. I also telephone my acquaintances. Besides, I often visit my old teachers and former supervisors."
[Vietnamese woman]

"We celebrate birthdays of the children and get together to have a coffee once in a while, but mostly to celebrate children's birthdays or the beginning of Posadas [a Mexican Catholic celebration]." [Spanish]

Immigrants in White Center: Supporting each other here and helping those at home
Somalis, Spanish-speakers, and Vietnamese all described reaching out to more recent newcomers, helping with translation, paperwork, and all sorts of resources. Connecting with those who share a similar heritage or language is a source of comfort and pleasure. For many immigrants, maintaining and sharing elements of their cultures helps them to feel more at home here. At the same time, relationships with people back home remain vitally important. Even those with limited incomes commonly send money to relatives.

"We just help each other like back home, yes, sometimes if I need to go to the store it is inconvenient to take all the children and walk to the Safeway, which is far.... I just call one of the Somali neighbors and she will baby sit while I go grocery shopping." [Woman, Somali]

"If I heard that someone is sick, then I'd go visit. Especially Vietnamese people who just came here, then I often visit them. Or if I have something to help them...like if I had a bowl, a plate, a cooking pan.... [W]hen I first got here [from] Vietnam, people gave me a lot.... When we visit Vietnamese people who just arrive here it's very comforting."
[Man, Vietnamese]

"I met a woman that had problems with domestic violence. She did not speak any English. She had a daughter and was pregnant. I helped her, let her stay at my house, gave her advice and information."
[Woman, Spanish]

"In financial matters, it is us who provide the help [to those back home]. But we still need their help in emotional matters...like advice within the family."
[Woman, Vietnamese]

"[M]y mother [is in Costa Rica], and when I have a problem I call her, she give me support, we cry together, but that help me to feel better, and every time I get my paycheck I send her some money, because I know she needs..." [Woman, Spanish]

Developing new social customs in White Center

Somalis and Vietnamese who participated in these groups described adjusting some of their social customs, such as paying visits or finding out about news in their communities. One Vietnamese man explained, "Here [to visit people] of course you have to phone ahead. Otherwise, they may not be there." Visiting friends or relatives back home was more informal, and advance notice was either not expected or not possible. The telephone has become an alternative to paying a call in person.

"Sometimes if we don't go to their house but phone to ask how they're doing, is also a kind of visit, right? It's not necessary to be there in person to say you've visited someone? Phone is a kind of visit."
[Man, Vietnamese]

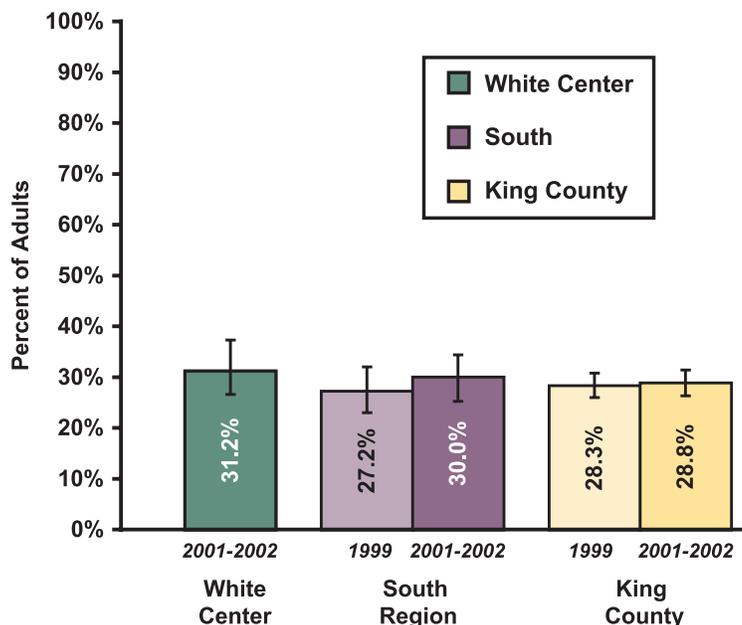
However, both Vietnamese and Somalis said that they missed spontaneously seeing others in the course of a day. An elder Somali woman told of how she has transplanted practices of support from her homeland to White Center:

"My son once said, 'How come you ladies are still begging [sharing] onions when one runs out...? We are in America, you don't have to walk kilometers to the market...'. My son says, 'In America no one needs another human being besides God'. But we used to do that back home, ask your neighbor for simple things like a pinch of salt, tea bags: you don't have to run to the grocery store just because of a handful of salt or one tea bag.... See, my house is located in the middle [of an area where many Somali families live], so in the morning I call all of them to see what the new morning brought for... them."

Freedom from Discrimination

Discrimination is unjust and can affect health and cost lives. One indicator of discrimination is people's reports of recent treatment that is perceived as unfair, based on gender, age, race or color, ethnic background, language, socioeconomic position or social class, sexual orientation, religion, or disability.

Percent of Adults Who Experienced Any Discrimination in Past Year, White Center, South Region and King County 1999, 2001-2002



- In surveys of White Center and King County, discrimination was measured by asking respondents several questions about whether, in the past year, they had “experienced discrimination, been prevented from doing something or been hassled or made to feel inferior by someone else because of race, etc.” in one or more settings.
- In 2001-2002, 31.2% of White Center adults reported that they experienced some type of discrimination in the past year.
- The equivalent percentages for South Region and King County were 30.0% and 28.8%, respectively.
- In King County, more people of color (46.5) experienced discrimination in the past year compared to whites (25.0%). More people of Hispanic/Latino heritage (55.9%) experienced discrimination than non-Hispanic/Latino people (27.3%) (data not shown).
- King County residents in households with incomes \$50,000 or higher (21.3%) were less likely to report discrimination than people of lower incomes (data not shown).

**Percent of Adults Who Experienced Discrimination in the Past Year in Specific Settings
White Center, South Region and King County, 2001-2002**

Have you experienced discrimination, been prevented from doing something or been hassled or made to feel inferior by someone else in any of the following settings:	White Center	South Region	King County
...at school?	4%	3%	3%
...getting a job?	7%	6%	6%
...at work?	13%	13%	12%
...at home?	4%	2%	3%
...getting medical care?	6%	6%	5%
...getting housing?	5%	3%	2%
...getting a loan?	4%	5%	4%
...applying for social services or public assistance?	6%	4%	2%
...on the street or in a public setting?	14%	12%	13%
...from the police or in the courts?	5%	5%	5%
...in your family?	3%	3%	4%
...in any other setting?	4%	1%	2%

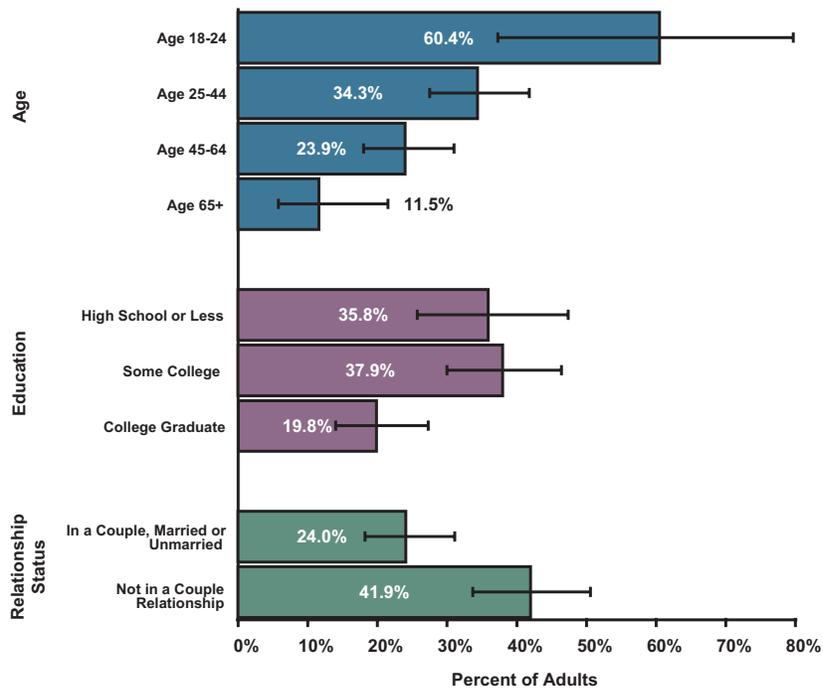
- Among White Center respondents, public settings (14%) and work settings (13%) were the most common places for these acts of discrimination to occur. Discrimination in getting a job, medical care, housing and in dealings with the police or in court were all reported by at least 5% of White Center respondents.

**Of Adults Reporting Discrimination in Past Year,
Types of Discrimination Experienced
White Center and King County, 2001-2002**

Do you believe that the act of discrimination was based on your:	White Center	King County
...age	24%	33%
...gender (being male or female)	34%	33%
...socioeconomic position or social class	32%	31%
...race or color	25%	25%
...ethnic background or country of origin	18%	15%
...sexual orientation	7%	10%
...religion	4%	9%
...language or accent	6%	9%
...disability	14%	8%

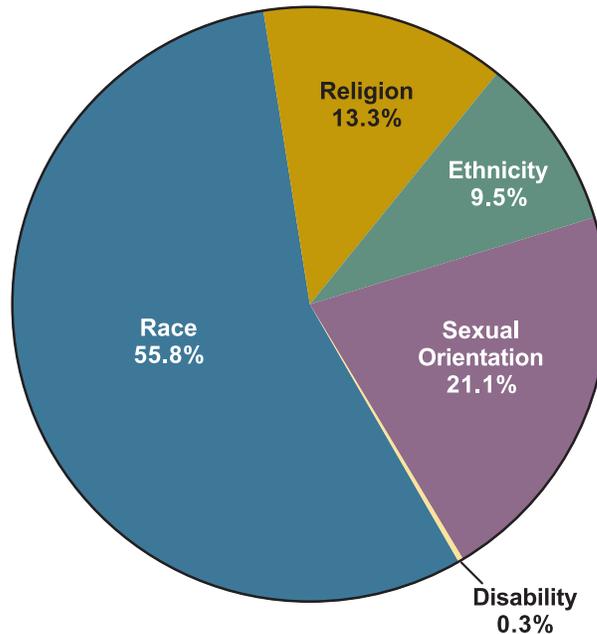
- For each setting asked about in the survey, respondents were asked if they believed that the act of discrimination was based on their gender, race or color, age, or other factors as seen in the table above.
- By far the most common types of discrimination experienced in the past year were based on gender, social class, race and age.
- The differences between White Center and King County are not statistically significant.
- The percentages given here include multiple responses given by respondents (one person might experience more than one type of discrimination).

Percent of Adults Who Experienced Any Discrimination in the Past Year, By Age, Education and Relationship Status, White Center, 2001-2002



- More White Center residents age 18-24 reported experiencing discrimination than people age 45 and older.
- Fewer people who live as a couple reported being discriminated against than people who are not married, widowed or divorced.
- Fewer people who have completed college experienced discrimination than those with only some college education.

Hate Crimes By Bias Motivation King County, Seven Year Average 1995-2001



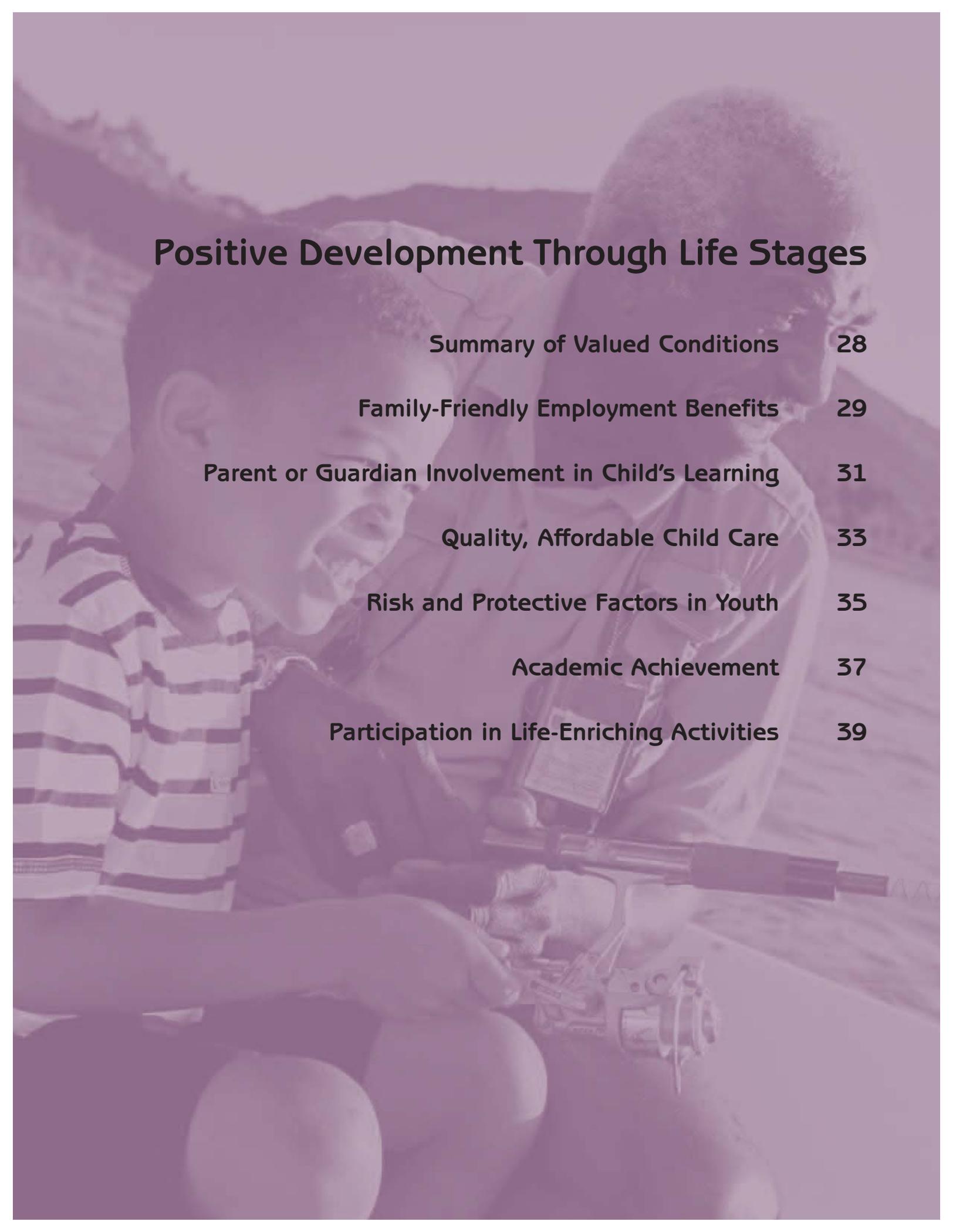
- In 2001 in King County there were 100 reported hate crimes involving 102 victims. This was an increase from 87 crimes in 2000 and 78 crimes in 1999. Prior to 1999, the number and rate of hate crimes had been decreasing in King County since reporting began in 1995 (data not shown).
- Over half of all hate crimes in King County are racially motivated. Sexual orientation, religion, and ethnicity/national origin are the other major bias motivations. The greatest number of incidents involve an anti-Black or anti-male homosexual motivation. There were no hate crimes motivated by gender bias reported from 1995-2001.
- Though some rapes and domestic violence crimes may be motivated by gender bias, these offenses are not counted as hate crimes against women unless there is evidence that the offender was targeting the victim based on hatred for her gender.

Data Source, Definition, and Limitations

The discrimination measures are from the King County Community Health Survey, 1999 and 2001, which used questions on unfair treatment adapted from questions in the CARDIA Study IV (Nancy Krieger).

A limitation of self reported experiences of discrimination is that people's interpretations of "discrimination" and "unfair" may not be the same. The limitations of a telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English are not included, c) people who have less education and lower incomes tend to be under-represented.

Hate crime data has been collected by the Washington Association of Sheriffs and Police Chiefs for the Washington State Uniform Crime Reports since 1995. The Washington Hate Crime Malicious Harassment Act defines hate crimes as criminal offenses that are motivated by the offender's bias against the victim's race, religion, ethnicity, sexual orientation, disability, or gender. A crime is determined to be a hate crime if the law enforcement investigation reveals that the offender's actions were motivated, in whole or in part, by bias. There is one bias motivation per incident and one offense per victim.



Positive Development Through Life Stages

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Academic Achievement 37

Participation in Life-Enriching Activities 39

Valued Conditions* Expressed by King County Residents

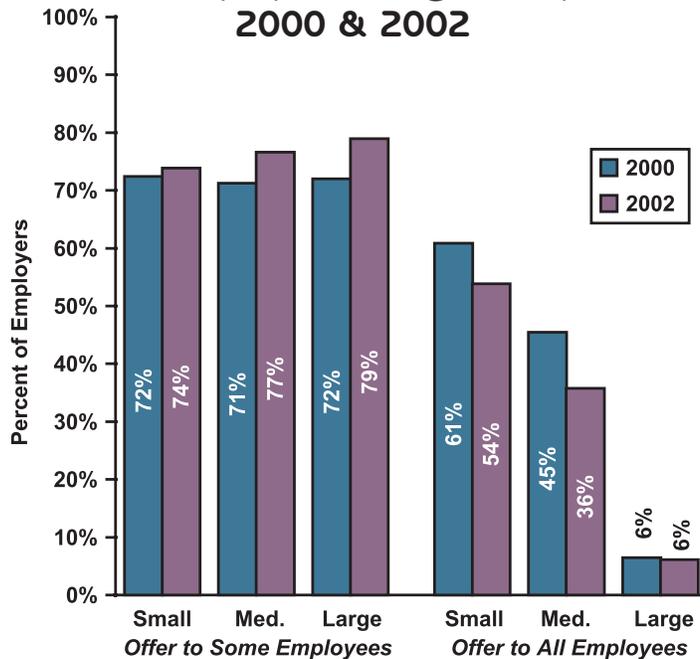
- Parents have adequate time to provide love, nurturing and stimulation to children. They are explicit in teaching values and provide role models for resolving conflict.
- Business and corporations are “family and community friendly.” For example, no forced overtime, flexible work schedules, family and medical leave, paternity and maternity leave.
- People create a balanced daily lifestyle with adequate time for interaction with families, friends, for leisure activities, and for volunteer activities in the community.
- Children are ready to learn and prepared for the social environment of schools (through early childhood education, child care and preschool experiences).
- Quality daycare is available for all who need it.
- Every young person is connected to family, school, and a community group and has a sense of belonging.
- Adults interact comfortably with youth and communicate that they care and are supportive. Parents, teachers and other adults express clear guidelines and high expectations of the youth they interact with.
- Middle and high school graduates are socially competent and resilient young people. (Teachers develop relationships with students and show that they care.)
- Young people belong to youth organizations and school clubs where adult and peer friendships and support are strong. Gang membership has no appeal.
- Children and youth do well academically.
- People and communities are supportive of public schools.
- Elders frequently interact with family, friends and neighbors and are active in community projects and interest groups and participate in intergenerational activities.
- Elders have the daily care they need as they progress in age.
- People continue to learn at all ages.
- People actively participate in community based arts and cultural events: attend museums, performances, participate in arts organizations, study music, art, and literature, and make music and art, individually and together. Children are engaged in music and art.
- Communities support the involvement of youth in activities that benefit others and the community at large. Children learn basic morals of human life and are involved in serving others. Parents and teachers reinforce basic values of respect, responsibility, caring for others, stewardship of environment, tolerance, sharing.
- People make more decisions based on the welfare of other people and the environment.
- People have sources of spiritual growth and renewal.

* The valued conditions came from citizen opinion expressed as values and concerns in the telephone survey, focus groups, and in the civic and public forums. The valued conditions are expressed as “ideal” conditions—based on the vision of what residents want for themselves, their families and communities.

Family-Friendly Employment Benefits

Managing the multiple responsibilities of raising children, remaining connected to loved ones, and being successful in the workplace is one of the most difficult challenges facing adults today. Many more families have two parents working outside the home than 25 years ago. Job demands result in people working longer hours, potentially leaving less time to tend to family needs and spend with children and other family members.

Percent of King County Employers Who Offer Flexible Schedules to Employees, King County, 2000 & 2002**



- In 2000 and 2002, King County employers in 3 size categories based on the number of employees were surveyed about types of benefits and leave offered to employees.
- In both years over 70% of employers of all sizes offered flexible schedules** to at least some of their employees. Many fewer, however, offered flexibility to all employees.
- Small and medium size employers were significantly more likely than large employers to offer flexible schedule options to everyone in their organizations.
- While it appears that in 2002 fewer small and medium-size employers offered flexible schedules to all their employees than in 2000, these declines are not statistically significant.

- Among medium size or large employers there was a significant increase between 2000 and 2002 in the percent who offered a compressed workweek option to at least some employees. Yet very few medium size or large employers offered these options to all employees in either year.

Percent of King County Employers Who Offer Various Scheduling Options to Employees 2000 & 2002

Schedule Options		Small		Medium		Large	
		Offer to Some	Offer to All	Offer to Some	Offer to All	Offer to Some	Offer to All
Job Share	2002	18%	11%	24%	12%	62%	8%
	2000	15%	12%	19%	9%	46%	9%
Telecommute	2002	19%	11%	36%	8%	67%	2%
	2000	20%	12%	31%	3%	59%	0%
Flexible Schedule**	2002	74%	54%	77%	36%	79%	10%
	2000	72%	61%	71%	45%	72%	6%
Compressed Schedule***	2002	31%	21%	43%*	14%	73%	6%
	2000	32%	25%	26%	11%	59%	9%

* Denotes a statistically significant difference between the two years at a 90% confidence level.

**Varying starting or stopping time

***Fixed schedule with workweek completed in less than 5 days

Percent of King County Employers Who Offer Family, Medical and Personal Leave Benefits, 2000 & 2002

Benefit		Small		Medium		Large	
		Offered	Paid	Offered	Paid	Offered	Paid
FMLA**	2002	53.7*	NA	97	NA	98.1	NA
	2000	39.9	NA	93.8	NA	100	NA
Maternity	2002	36.6*	15.4	62.1*	17.4*	90.4	11.5
	2000	46.8	18.5	77.3	49.2	93.8	18.8
Paternity	2002	20	7.4	36.4*	9.8*	65.4*	11.5
	2000	32.4	17.9	57.8	33.6	87.5	21.9
Adoption Foster	2002	22.3	8.6*	40.2	17.4	76.9	25
	2000	34.1	21.4	50.8	30.5	68.8	28.1
Sick Adult	2002	28*	17.7*	37.9*	25*	65.4	34.6
	2000	46.8	32.4	52.3	39.1	65.6	28.1
Sick Child	2002	32.6	21.1*	44.7	31.8	75	50
	2000	43.9	28.9	53.9	41.4	81.3	43.8
Sick Employee	2002	70.9	63.4	91.7	75	98.1	94.2
	2000	----	----	----	----	----	----
Death in Family	2002	64	49.7	83.3	72	94.2	80.8
	2000	76.3	54.9	90.6	75	100	90.6
Flexible Pers. Leave	2002	68.6*	NA	59.1	NA	38.5	NA
	2000	50.3	NA	57.8	NA	34.4	NA
Appt./Child	2002	38.3*	24	49.2	32.6	71.2	44.2
	2000	54.9	34.1	57	45.3	68.8	43.8
Appt./Self	2002	46.9*	30.9*	53	35.6	73.1	46.2
	2000	61.8	42.2	62.5	49.2	71.9	43.8
School Visit	2002	22.9	10.3	25*	12.9	32.7	21.2
	2000	34.1	21.4	39.8	21.9	28.1	12.5

* Denotes a statistically significant difference at a 90% confidence level.

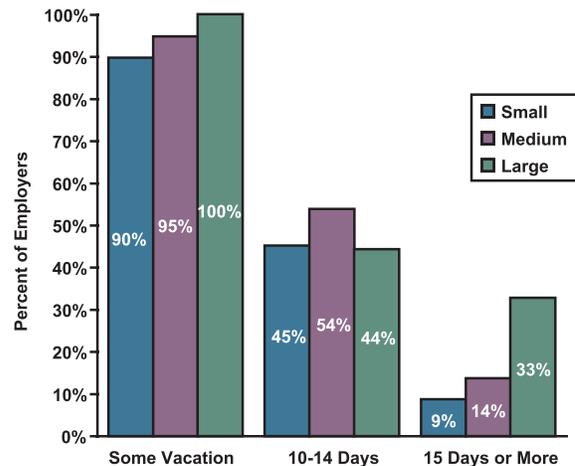
**See notes below.

NA denotes not applicable because paid leave is not required by law.

- In 2002 most King County employers offered some days of paid vacation during the first year of employment, varying by employer size (90%-100%).
- Many fewer offered at least 10-14 days and fewer still offered at least 15 days of paid vacation during the first year.

- Between 2000 and 2002, there were significant declines in the percentage of small and medium employers who allowed time off to care for a sick child or adult in the family and the percentages allowing maternity, paternity, and new parent leave for adopting or fostering, also dropped.
- There were also significant declines during the same time period in the percentages of small and medium size employers who offered time off for medical appointments for the employee and for the employee's child.
- While all employers with 50 or more employees are obligated to offer Family and Medical Leave Act benefits (FMLA)**, less than 100% of medium and large employers reported offering such benefits. It is possible that some employers are not in compliance with the leave requirements for maternity, paternity, new parent, and adoption, personal extended health problems, and sick child and elder care.

Percent of Employers Who Offer Paid Vacation Days in the First Year of Work, King County, 2002



Data Source, Definition, and Limitations

Data from employers are from a 2000 and 2002 telephone and written survey of King County employers in organizations of different sizes, carried out under the supervision of United Way of King County. While questionnaires were mailed to all King County employers with over 500 employees, response rates for large employers was low and resulted in small numbers.

Flexible personal leave: The most common definition (also called Personal Time Off or PTO) is that an employer provides a set of days off in a given year and the employee uses those days for a variety of purposes including personal business, schools visits, appointments of various kinds, etc.

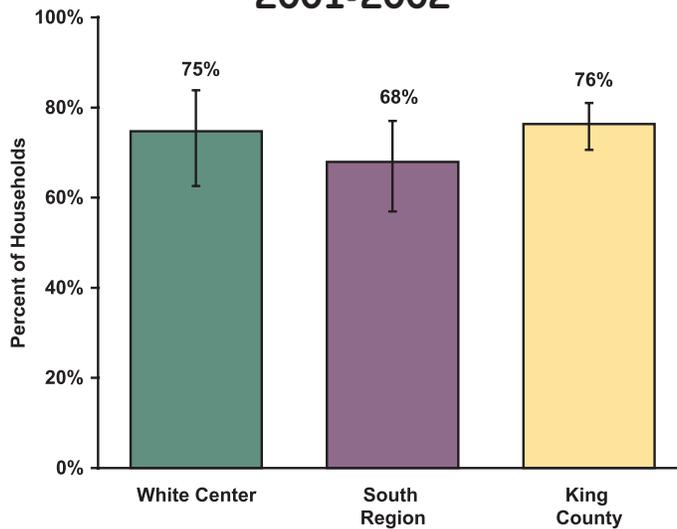
**FMLA stands for the Family and Medical Leave Act of 1993. The FMLA requires employers with 50 or more employees at a single site to provide unpaid leave, of up to 12 weeks in any 12 month period, for a variety of personal or medical reasons without loss of position, seniority or benefit eligibility. To be eligible, a worker must have been employed for at least 12 months and worked a minimum of 1,250 hours (about 25 hours per week).

Employees eligible under the FMLA may use leave time for themselves or to care for immediate family members (spouse, child or parent) who have a "serious health condition." In addition, beyond normal sick leave or disability coverage, FMLA leave may be taken to care for a newborn child, a child newly placed in foster care, or newly placed for adoption. Mothers and fathers are equally covered by FMLA, so each may take leave to care for the family.

Parent or Guardian Involvement in Child's Learning

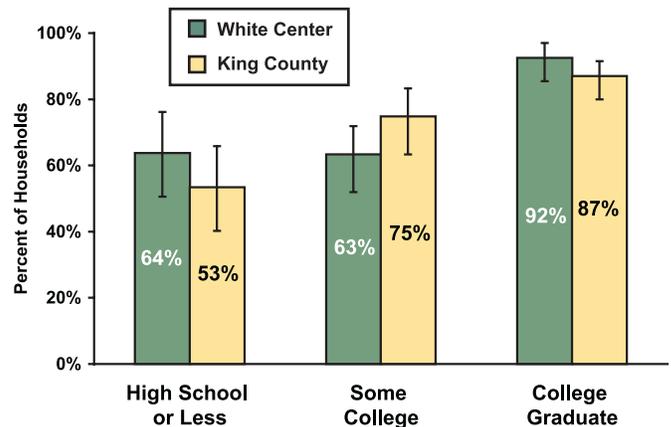
Reading to young children promotes language development and, later on, reading comprehension and overall success in school. Reading stories and/or telling stories in any language assists young children to be prepared for school.

Percent of Households in Which Children Age 2-5 Years Were Read To or Told Stories Every Day by a Family Member, White Center, South Region and King County 2001-2002

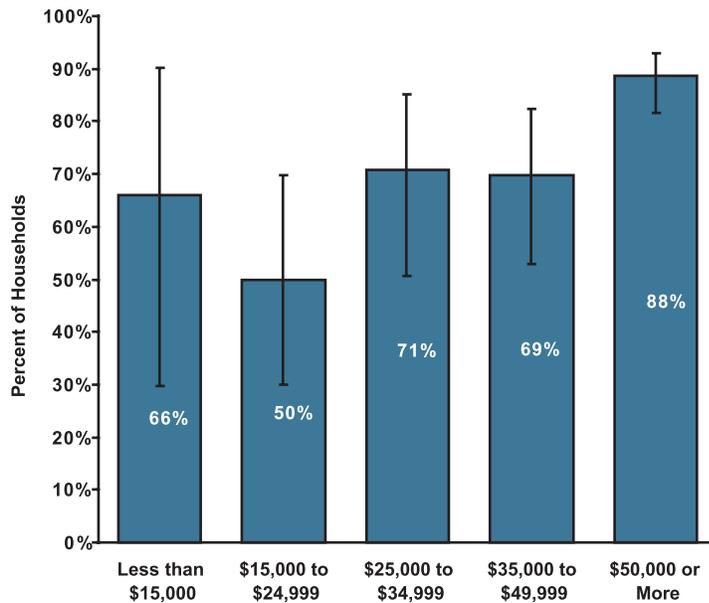


- In a 2001-2002 survey of White Center households with children birth to age 5, 75% of respondents either read or told stories to their young children every day. In South Region and King County, these percentages were 68% and 76%, respectively.
- White Center percentages can be loosely compared to national percentages in 1999 on frequency of reading (although the children's age ranges are different). In White Center, 69% of respondents reported that family members read aloud to their child(ren) age 2 to 5 every day in the last week, whereas nationally, 54% of respondents read to their children age 3 to 5 on a daily basis (data not shown).
- Children in White Center and King County households in which respondents have graduated from college were more likely to have been read to or told stories every day than those in homes in which respondents have high school education or less.

Percent of Households in Which Children Age 2-5 Years Were Read To or Told Stories Every Day By Respondent's Education, White Center, South Region and King County, 2001-2002



**Percent of Households in Which Children Age 2-5 Were Read To or Told Stories Every Day by a Family Member, By Household Income
King County, 2001-2002**



- Children in King County households with incomes \$50,000 or higher were more likely to be read or told stories every day than children in households with incomes between \$15,000 and \$24,999.

Data Source, Definition, and Limitations

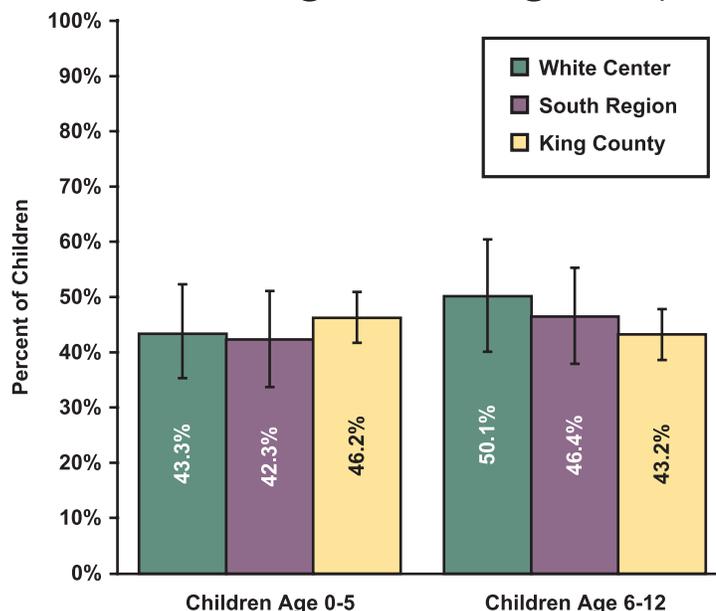
Local data are from the White Center and King County Community Health Survey, 2001-2002. National data are from the U.S. Department of Education, National Center for Educational Statistics, National Household Education Survey. In the local survey, a random sample of households with children age birth-5 was drawn. The respondent was the person who knew most about the child's care.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Quality, Affordable Child Care

During the first five years of life, crucial brain development takes place that will affect later learning. Increasing numbers of preschool age children are spending time in the care of a child care provider other than their parents. It is, therefore, important that this child care provide language, stimulation and support.

Percent of Children (Birth to Age 12) Who Are in Regularly Scheduled Child Care, White Center, South Region, and King County, 2001-2002



- In a 2001-2002 survey of White Center households with children birth to age 5, 43% of the children in these households were reported to be in child care on a regularly scheduled basis. Of those children using regularly scheduled care, 68% were in child care for at least 25 hours a week.
- 50% of school-age children (6-12) were in regularly scheduled child care, and of these, 14% were in care for at least 25 hours a week.
- Almost two-thirds (62%) of White Center children birth to age 5 in child care were in a child care center, family child care home, part-day preschool, or Head Start/ECEAP. More than one third (38%) were in family, friend or neighbor care or in nanny/babysitter care in the child's home.
- Of school-age children in some kind of care, over one half (55%) were in family, friend or neighbor care, or had a relative or an older sibling, a nanny or babysitter as the main type of care. 45% were in a more formal care situation such as a before/after school program at the child's school or a child care center or family child care home (FCC).

Percent of Children in Child Care By Type of Child Care Service, White Center, 2002

Child Birth to Age 5	Number	Percent
Child Care Center	16	38%
Family Child Care Home	4	10%
Part Day Preschool	5	12%
Non Relative in Child's Home	5	10%
Family/Friend/Neighbor in Own Home	5	13%
Relative in Child's Home	7	15%
Head Start/ECEAP	1	2%
Total:	43	100%

Child Age 6-12	Number	Percent
Relative in Child's Home	24	35%
Family/Friend/Neighbor in Own Home	7	10%
Before/After School Program at School	14	20%
Older Sibling	2	3%
Child Care Center	3	5%
Family Child Care Home	3	4%
Non Relative in Child's Home	5	7%
Community Drop-in	9	12%
Other Programs/Activities	3	4%
Total	70	100%

Among Parents Whose Child is Not in First Choice Child Care, Reason for Compromise, White Center, 2001-2002

Percent compromising	
Child Birth to Age 5	21%
Child Age 6-12	22%
Reason for compromise (of those stating reasons)	N=17
Cost/Finances	9
Location /Transportation	5
Limited choice available	1
Previous arrangement ended	1
Other	1

- 21% of parents of children birth to age 5 who were using child care on a regular basis said that they had to compromise in their choice of care. 22% of parents of children age 6-12 years reported making compromises. Reasons included: cost—parent could not afford their first choice of care; transportation problems getting to the child care location; limited choice in terms of quality and type of care and lack of child care during evening, early morning or week-end hours; preferred care provider got another job, returned to school, or went out of business.

Among Parents Who Desire Change in Child's Care, Type of Change Desired, White Center 2001-2002

Percent desiring change	
Child Birth to Age 5	52%
Child Age 6-12	32%
Changes wanted (by those stating desired change)	N=35
Prefer parent/babysitter in home	18
Cost/Finances	10
Location/transportation	3
Quality: staff competence, ratios, curriculum, consistency	2
Want full-day kindergarten	2

- Over half (52%) of parents of children birth to age 5 who were using regularly scheduled child care implied dissatisfaction with at least one aspect of their child care. About one third (32%) of parents of children age 6-12 who used child care implied dissatisfaction. These parents commented on the single thing they would most like to change about their child's care. The highest number indicated that they would rather not use child care at all and would prefer to be home with their child or have a babysitter in their homes. Cost was the next most often reported cause for dissatisfaction among White Center parents.

- Infant care is the most expensive care. White Center infant care rates average \$792 a month in child care centers and \$620 a month in family child care homes. School-age care is the least expensive with White Center rates averaging \$344 a month in child care centers and \$352 a month in family child care homes.
- In 2000 approximately 1 in 5 children in child care in King County were subsidized by the state (18% of children in family homes and 23% of children in centers). In White Center, 3 out of the 5 child care centers accepted subsidies and 26 out of the 27 family child care homes accepted subsidies. King County has a higher than average percentage of centers and family homes that either refuse to accept Department of Social and

Health Services (DSHS)-subsidized children or limit enrollment of subsidized children.

- In King County in 2000, child care aides averaged only \$7.91 an hour, teachers \$9.45 an hour, and supervisors \$11.59 an hour. Research has consistently shown that well-trained and well-compensated teachers are more likely to offer care that is stimulating, supportive and age-appropriate.
- DSHS has found that among child care workers earning only \$7.00 an hour, annual attrition is over 60%, whereas those earning at least \$13 an hour have an attrition rate of 30%. Child care continues to cost more than many families can afford but not enough to pay the higher salaries that lead to high quality care.

Data Source, Definition, and Limitations

Utilization of child care services is measured in the White Center and King County Community Health Survey 2001-2002, a random digit dial telephone survey. Data for children ages 6-12 are from a sample of all King County and all White Center households, whereas data for children birth to age 5 are from a sample of households with children age birth to 5. The respondent in this second sample was the person in the household who knew most about the child's care situation.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Cost, compensation and attrition information comes from Licensed Child Care in Washington State: 2000, as reported by Child Care Resources, King County.

Risk and Protective Factors in Youth

Protective factors are the elements of a social environment that should be in place if a young person is to develop in a positive direction. Decades of research have shown that a number of protective factors are associated with decreased likelihood of health risk behaviors, including alcohol, tobacco, and other drug abuse, violence and delinquent behaviors.

**Percent of 6th and 10th Grade Students Who Reported They Experienced Specific Protective Factors
White Center and King County Public Schools, 2002**

Protective Factors	6th Grade		10th Grade		
	White Center	King County	White Center	King County	
Community	Opportunity for pro-social involvement [^]	18%*	27%	40%	44%
	Rewards for pro-social involvement	46%	48%	42%*	58%
School	Opportunity for pro-social involvement	NA	NA	58%	61%
	Rewards for pro-social involvement	39%*	55%	56%	61%
Peer-Individual	Social skills	NA	NA	54%	62%
	Belief in the moral order [†]	NA	NA	73%	69%
Family	Opportunity for pro-social involvement	49%	61%	42%*	58%
	Rewards for pro-social involvement	44%*	61%	45%	61%

[^] Opportunities and rewards for pro-social involvement are based on a series of questions that asked about activities which promote positive social interactions.

[†] "Belief in the moral order" - young people generally subscribe to a belief in what is "right" and "wrong".

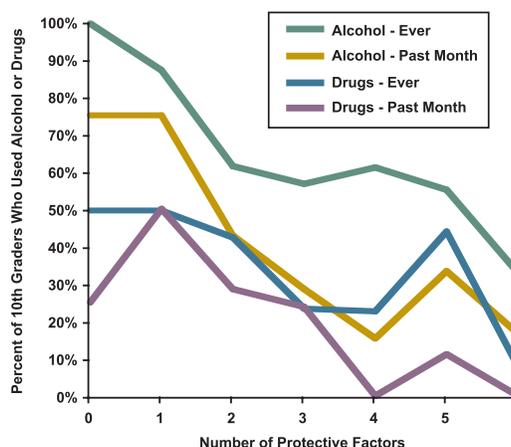
* Statistically significantly lower than King County results

NA - Questions pertaining to this indicator were not asked on 6th grade questionnaire.

- The table above shows the proportion of White Center and King County 6th and 10th grade students who reported having community, school, family and peer-individual protective factors in their lives. Compared to 6th graders county-wide, White Center students reported significantly fewer opportunities for community pro-social involvement, and fewer rewards for pro-social involvement at both the school and family levels. White Center 10th graders also reported significantly fewer community rewards for pro-social involvement and family opportunities for pro-social involvement than those in King County. These figures show that many youth do not have adequate protective factors in their daily lives.

- As is shown in this graph for White Center 10th graders, the more protective factors youth have in their lives, the less likely they are to use alcohol and drugs. The same relationship is found among students in other grades and among students both county-wide and state-wide (data not shown).

The Relationship Between the Number of Protective Factors and Alcohol/Drug Use Reported by 10th Grade Students White Center Public Schools, 2002



Percent of 6th and 10th Grade Students Who Reported They Experienced Specific Risk Factors White Center and King County Public Schools, 2002

	Risk Factors	6th Grade		10th Grade	
		White Center	King County	White Center	King County
Community	Low neighborhood attachment	NA	NA	55%	44%
	Laws and norms favorable to drug use†	45%*	34%	45%	37%
	Perceived availability of drugs	26%	20%	34%	36%
	Perceived availability of handguns	NA	NA	16%	18%
School	Academic failure	45%*	36%	52%	47%
	Low commitment to school	48%*	38%	39%	41%
Peer-Individual	Early initiation of drugs	NA	NA	33%	32%
	Early initiation of problem behavior	NA	NA	38%	35%
	Favorable attitudes towards antisocial behavior	NA	NA	34%	42%
	Favorable attitudes toward drug use	27%	20%	34%	42%
	Perceived risks of use	42%	31%	30%	35%
	Friends use of drugs	NA	NA	33%	31%
	Rewards for antisocial involvement	NA	NA	47%	41%
Family	Intentions to use	NA	NA	37%	40%
	Poor family management	NA	NA	52%	43%
	Antisocial behavior among familiar adults	NA	NA	52%	38%

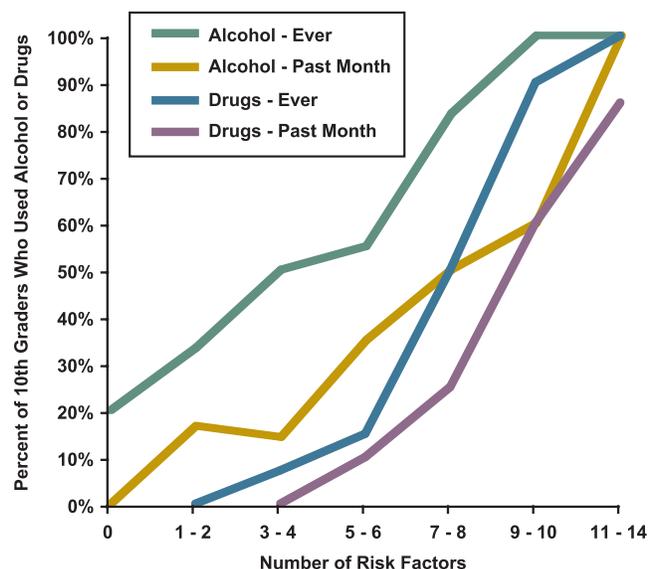
† Perception of students concerning: 1) likelihood that a youth drinking alcohol, carrying a handgun, or smoking marijuana would be caught by police; and 2) adult attitudes toward use of cigarettes, marijuana and alcohol by youth.

* Statistically significantly higher than King County results

NA - Questions pertaining to this indicator were not asked on 6th grade questionnaire.

- “Risk factors” are the opposite of protective factors. They are conditions or events in life that may push youth towards risky decisions and behaviors and then harmful outcomes, such as violent acts and alcohol abuse. The table above shows the percent of White Center and King County students who have specific risk factors in their lives. White Center 6th graders had rates significantly higher than 6th graders county-wide with respect to laws and norms favorable to drug use, academic failure, and low commitment to school. Nearly half of these students gave responses indicating a higher possibility of academic failure and low commitment to school.
- More than half of the White Center students in 10th grade reported that they experience low attachment to their neighborhoods, academic failure in school, poor family management, and antisocial behavior among familiar adults. These results, however, were not significantly different from all 10th graders county-wide.
- This graph, using the results of White Center 10th graders as an example, shows that the more risk factors youth have in their lives, the more likely they are to use alcohol and drugs. The same relationship is found among youth in other grades and among students both county-wide and state-wide (data not shown).

**The Relationship Between
the Number of Risk Factors and
Alcohol/Drug Use Reported by 10th Grade Students
White Center Public Schools, 2002**



Data Source, Definition, and Limitations

Risk and Protective Factors are from the 2002 Healthy Youth Survey which was carried out with selected King County and White Center schools.

Academic Achievement

State standards are provided in reading, writing, communication, mathematics, social science, and the arts. These standards are called Essential Academic Learning Requirements. In order to graduate from high school in the future, students must meet these essential learning requirements.

If a student does not graduate from high school, the career outlook for that person is bleak. High school dropouts earn significantly less on average than those students who finish high school and go on to at least some college.

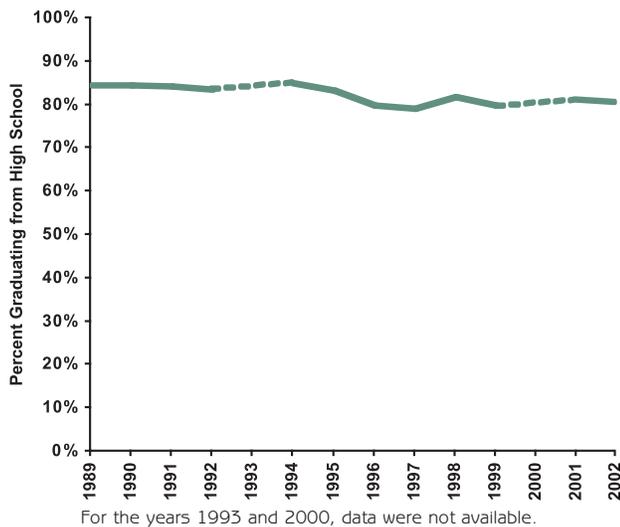
Percent of 4th Grade Students Who Met State Standards, White Center Area Schools, Highline School District and Washington State, 1998-2002

School	Math			Reading			Writing			Listening		
	1998	2000	2002	1998	2000	2002	1998	2000	2002	1998	2000	2002
Beverly Park*	-	-	26%	-	-	51%	-	-	25%	-	-	58%
Mount View	7%	9%	30%	16%	40%	44%	19%	27%	27%	38%	43%	46%
Salmon Creek	13%	30%	42%	38%	56%	44%	13%	33%	38%	54%	63%	42%
Shorewood	38%	46%	67%	58%	85%	68%	46%	41%	48%	63%	77%	70%
White Center Heights	20%	17%	36%	28%	43%	40%	30%	9%	32%	40%	48%	51%
Highline School District	25%	28%	39%	46%	57%	56%	33%	29%	36%	62%	58%	63%
Washington State	31%	42%	52%	56%	66%	66%	37%	39%	50%	71%	65%	67%

*No data available before 2002.

- Most White Center schools had higher percentages of 4th graders meeting the state standards in math, reading and writing in 2002 than in 1998.
- Most White Center schools have had lower percentages meeting the standards than the percentage for Washington State as a whole.

Percent of 12th Grade Students Graduating King County, 1989-2002



- Public high school graduation rates were stable at around 84% from 1989-1994. In 1996, however, King County's graduation rate dropped to 79.7% and has hovered around 80% since then. This measure is the percent of students who graduate out of the number of students enrolled in 12th grade in October of the school year but does not account for dropouts prior to 12th grade, so is considered to be an overstatement of the actual percent of students who graduate. This method is the only available long-term trend data.
- An alternative measure is now being reported by the Office of the Superintendent of Public Instruction and is reported below by school district.

Class Completion Rates By School District, King County, 2001 & 2002

School District	Class of 2001		Class of 2002	
	Graduated	Completed	Graduated	Completed
Auburn	79.0%	80.6%	84.7%	86.4%
Bellevue	82.8%	83.6%	89.2%	89.2%
Enumclaw	88.9%	88.9%	91.4%	92.0%
Federal Way	70.3%	72.2%	70.4%	70.4%
Highline	60.9%	62.7%	69.1%	69.8%
Evergreen High	64.1%	65.4%	69.9%	71.1%
Issaquah	89.3%	89.4%	91.2%	91.3%
Kent	85.1%	86.7%	84.5%	86.1%
Lake Washington	81.3%	82.4%	89.0%	89.4%
Mercer Island	95.5%	95.5%	96.4%	96.4%
Northshore	87.2%	88.4%	92.1%	92.2%
Renton	77.2%	79.6%	69.4%	69.6%
Riverview	78.5%	80.5%	88.1%	89.3%
Seattle	74.1%	76.0%	70.5%	71.6%
Shoreline	72.2%	72.4%	87.4%	87.4%
Skykomish	66.8%	66.7%	83.3%	83.3%
Snoqualmie Valley	66.7%	66.7%	76.9%	76.9%
Tahoma	64.8%	65.2%	77.4%	77.4%
Tukwila	67.3%	67.3%	81.3%	82.5%
Vashon Island	80.5%	80.5%	83.6%	83.6%

- These data are based on two cohorts of students, the Classes of 2001 and 2002. The graduation year is assigned at the beginning of Grade 9 and all students are followed over time to determine what percent successfully complete high school and graduate, accounting for transfers in and out, and for deaths. Completers include all who have completed their education, including graduates and those who get a General Education Diploma (GED), adult diploma, or special education students who complete their individual education plan (IEP).
- According to this cohort method of following students through school, King County school districts show completion rates for the Class of 2002 of between 69.6% and 96.4%. Many districts show an increase in both graduation and completion rates for the Class of 2002 over the Class of 2001.
- Highline School District has one of the lowest high school completion rates in King County.

Data Source, Definition, and Limitations

Data on the percent of students who met state standards is from the Washington Assessment of Student Learning, Office of the Superintendent of Public Instruction.

See Web site at: <http://www.k12.wa.us/assessment/>.

Graduation rates are from Dropout Rates and Graduation Statistics by County and School District, Office of the Superintendent of Public Instruction.

See Web site at: <http://www.k12.wa.us/infoserv>.

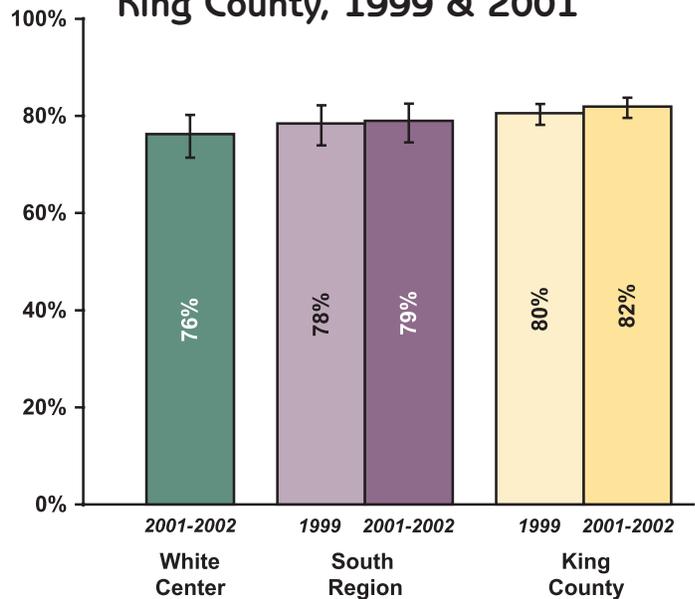
The graduation rate is the percent of students who graduate out of the number of 12th grade students enrolled in the fall of that academic year. It does not account for students who move or transfer to another district.

Participation in Life-Enriching Activities

We need a balance between work and leisure. Taking time to study and participate in the cultural, spiritual, athletic and community service pursuits we enjoy helps to relieve the pressures of day-to-day life and develops our full potential as human beings.

- Participation in life-enriching activities was measured in a 2001-2002 survey of White Center and King County adults. Respondents reported how actively they had participated in 7 different types of activities during the past 30 days.
- 76% of White Center adults were “very active” or “somewhat active” in at least three different activities. In South Region and King County, the percentages were 79% and 82%, respectively.
- The 3 most popular types of activity were 1) literature, drama, language, 2) learning about a new issue, and 3) art, crafts and other types of hobbies (see details below).
- White Center residents were significantly less likely than residents in King County to be involved in learning about an issue of interest.

**Percent of Adults Who Are Very or Somewhat Active in Three or More Life-Enriching Activities
White Center, South Region, and King County, 1999 & 2001**



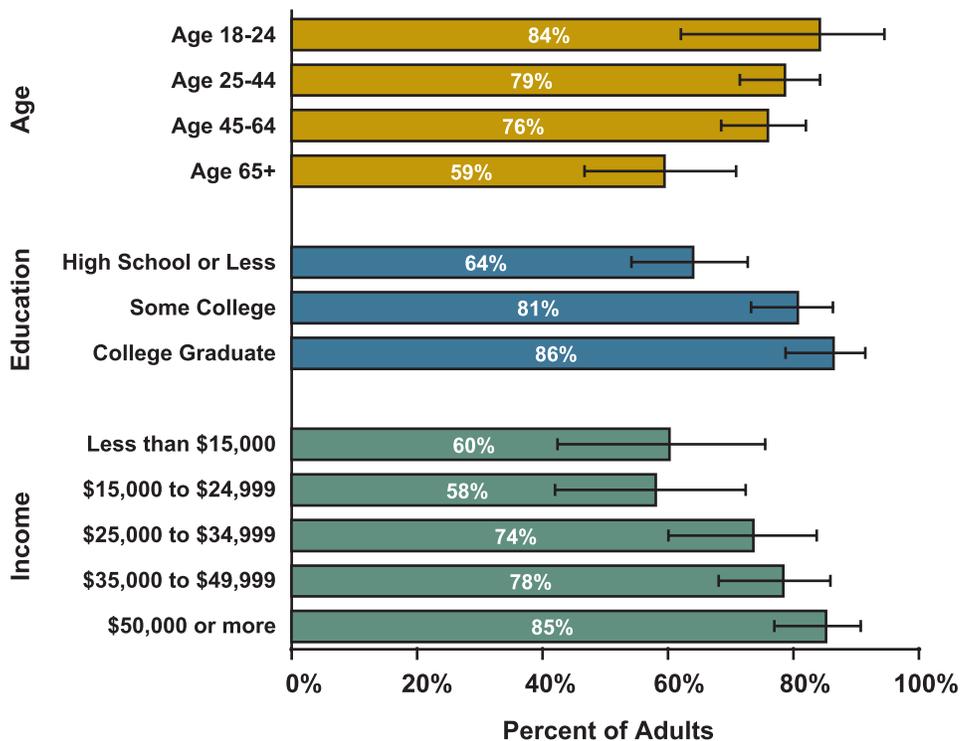
Percent of Adults Who Are Very or Somewhat Active in Specific Life-Enriching Activities, White Center, South Region and King County, 2001-2002

In the past 30 days, how actively have you participated in :	White Center	South Region	King County
...some type of music or dance (singing, playing a musical instrument, dancing, attending concerts or dance events)?	43%	44%	50%
...things like writing, reading books, participating in a book club, studying another language, attending plays or participating in a theater group?	74%	74%	78%
...a type of art or craft as a hobby, not simply as a daily routine (such as painting, ceramics, photography, sculpting, sewing, cooking, gardening, carpentry, woodworking, auto repair, other mechanics)?	58%	57%	59%
...individual or team sports or outdoor recreation activities (such as hiking, boating, playing tennis, soccer, golf, etc., but not including watching these on television)?	49%	50%	53%
...spiritual or religious activities (such as meditating, attending church, temple or mosque)?	48%	51%	49%
...community service or helping others (volunteering, coaching, mentoring, political organizing)?	43%	46%	47%
...learning about an issue you are interested in by taking a class, doing research or studying information available in the library, on the internet, or from other sources?	65%*	68%	72%

* denotes a statistically significant difference between White Center and King County.

- People who are age 65 and older are less likely to be involved in life-enriching activities than younger people between 25 and 44 years.
- People who are college graduates participate more in life-enriching activities than those with a high school education or less.
- People who have household incomes of \$50,000 or more report more life-enriching activities than those with incomes less than \$25,000.

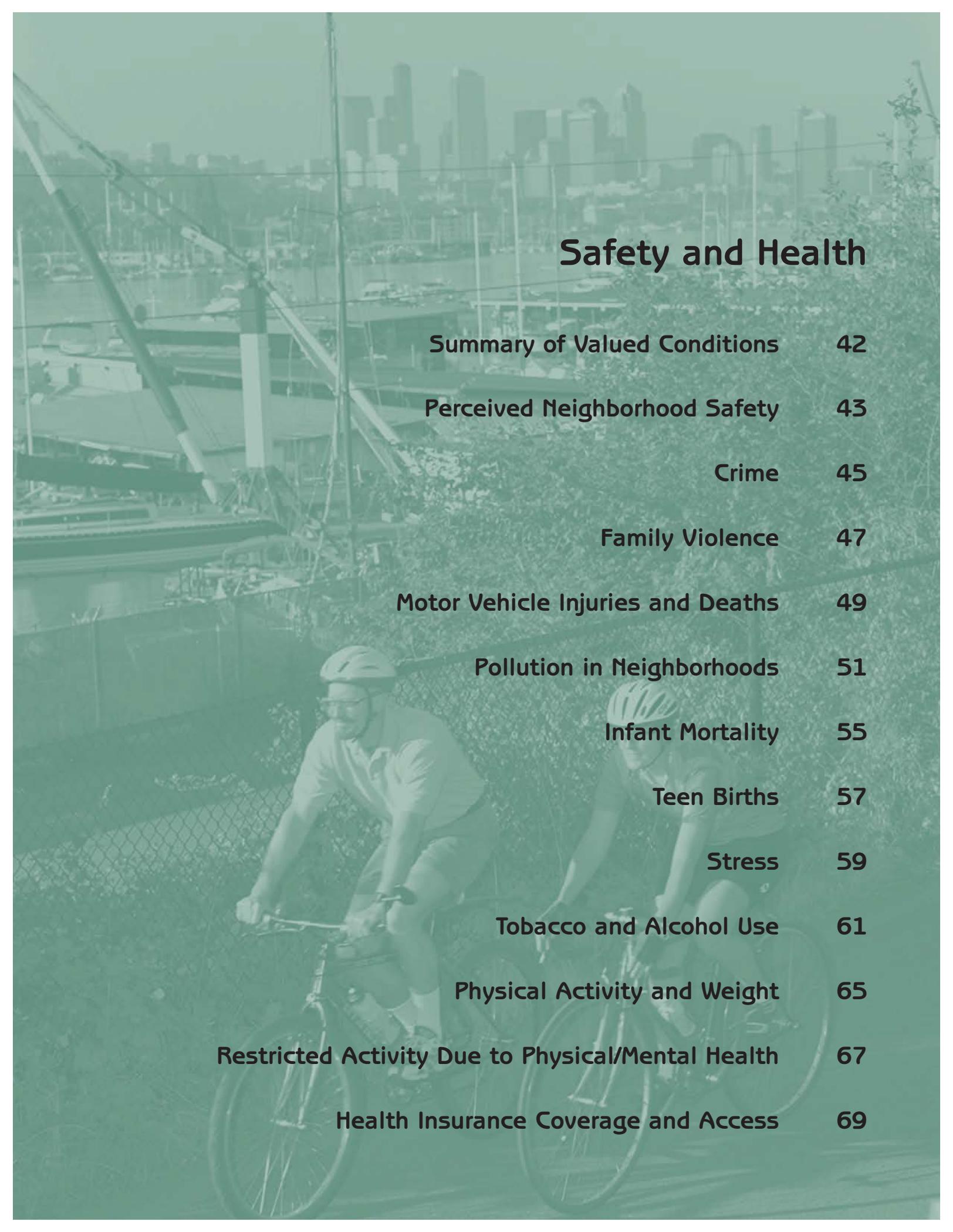
Percent of Adults Who Are Very or Somewhat Active in Three or More Life-Enriching Activities, By Age, Education, and Income
White Center, 2001-2002



Data Source, Definition, and Limitations

The life-enriching activity measures are from the White Center and King County Community Health Survey, 1999 and 2001-2002.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

The background of the page is a composite image. The top half shows a city skyline with several skyscrapers, likely New York City, viewed from a distance. The bottom half shows a park area with a chain-link fence in the foreground. Two people are riding bicycles on a path behind the fence. The man on the left is wearing a white t-shirt, shorts, and a white helmet. The woman on the right is wearing a dark t-shirt, shorts, and a white helmet. The entire image has a light green tint.

Safety and Health

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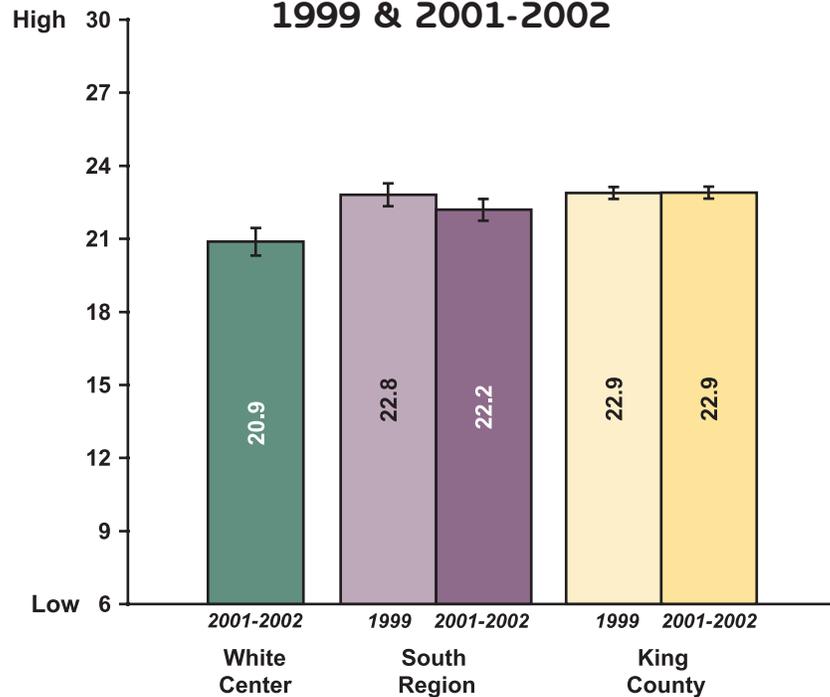
Valued Conditions* Expressed by King County Residents

- People are comfortable to walk freely on the streets and in parks of their neighborhoods at any time of day or night. There is respect for other people's property. The police have a known, regular, and friendly presence in neighborhoods and other areas and are quick to respond to calls. People trust that fire and police and emergency personnel will offer excellent protection.
 - There are no violent acts, gunshots, drug trade or prostitution on the streets or in neighborhoods and schools.
 - Family members and friends resolve conflicts in a peaceful manner (domestic violence and child abuse are prevented by the presence of positive adult role models, supportive friends, neighbors and relatives).
 - Babies and children are healthy and have adequate nutrition, immunization and well-child check-ups.
 - People maintain healthy personal lifestyles with regard to nutrition, exercise, and drugs and alcohol.
 - Youth do not use substances or engage in early or unsafe sexual behavior.
 - Everyone receives quality medical and dental treatment in a timely manner (everyone is covered by health care insurance for physical, mental, dental, vision, and alternative care services; people receive treatment from providers who are sensitive to cultural differences; the elderly and disabled are provided health care in their neighborhoods and homes; people receive immediate and quality treatment for drug and alcohol abuse).
- * The valued conditions came from citizen opinion expressed as values and concerns in the telephone survey, focus groups, and in the civic and public forums. The valued conditions are expressed as "ideal" conditions—based on the vision of what residents want for themselves, their families and communities.

Perceived Neighborhood Safety

Feeling safe and secure at home, work, and play is basic to people's sense of well-being.

**Average Level of Perceived Neighborhood Safety
White Center, South Region and King County,
1999 & 2001-2002**



- White Center and King County adults were asked 6 questions in a 2001-2002 survey about how often they worry about specific safety threats. Answers to these questions were added into a perceived safety scale with a possible score of between 6 (low) and 30 (high). A score of 6 means "frequent worry" and a score of 30 means "no worry."
- The average (mean) score for adults in White Center was 20.9. This level of perceived safety is significantly lower than in South Region (22.2) and King County (22.9).
- The higher percentages in the table below indicate where more people are concerned about specific safety threats. For example, only 10% of White Center adults said that they worried about being physically attacked by someone, whereas around 32% said that they worried about children's safety in the neighborhood and at school.
- The level of worry in White Center was higher than in King County for 5 of the 6 questions.

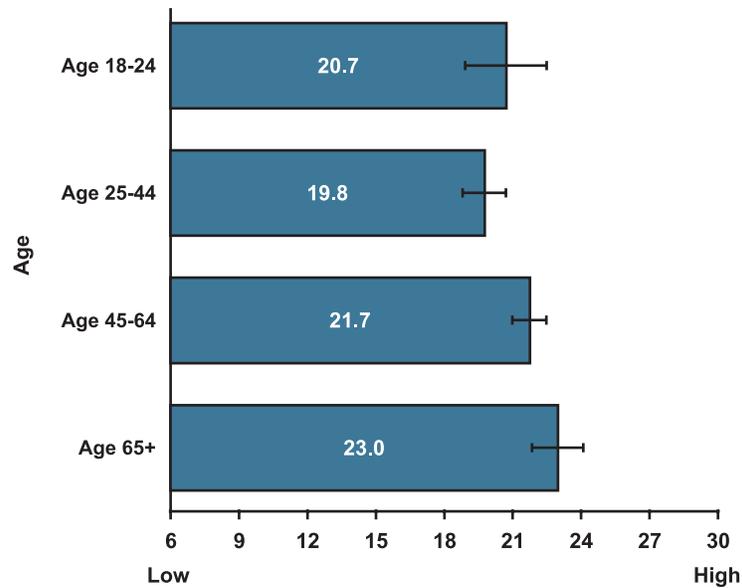
**Percent of Adults Who Worry About Safety "All of the Time" or "Often"
White Center, South Region and King County, 2001-2002**

I'm going to read a list of things people sometimes worry about in their neighborhood. For each one, please tell me whether you worried about it over the last 12 months:	White Center	South Region	King County
...your physical safety in your neighborhood?	15%**	6%	6%
...children's safety in your neighborhood?	32%*	26%	19%
...your physical safety in your home?	13%**	6%	5%
...children's safety at school?	31%*	25%	18%
...being robbed or having your home broken into?	22%*	16%	12%
...being physically attacked by someone you don't know?	10%	7%	6%

* Indicates a statistically significant difference between White Center and King County

** Indicates a statistically significant difference between White Center and both South Region and King County

Average Level of Perceived Neighborhood Safety By Age White Center, 2001-2002



- White Center Adults age 25-44 reported feeling less safe than people in their older years.

Data Source, Definition, and Limitations

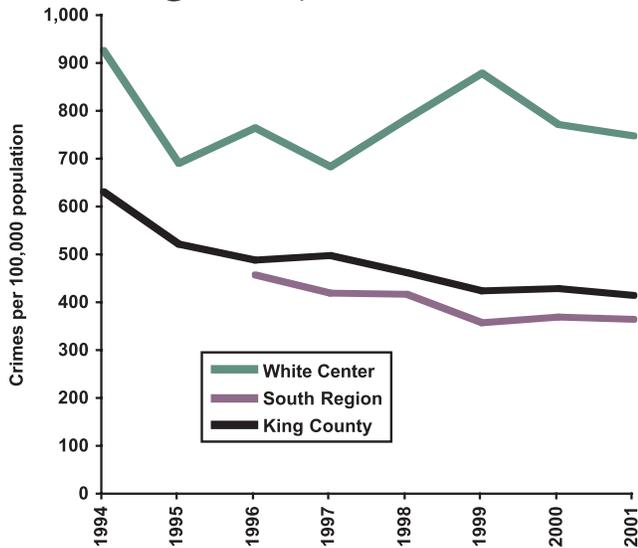
The safe neighborhood measures are from the White Center and King County Community Health Survey, 1999 and 2001-2002, which adapted questions on stressors and worries from the Eastside Village Healthy Worker Community Health Survey (Amy Schultz et al., University of Michigan).

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Crime

Crime takes a toll on the health of our communities through loss of life, fear for physical safety, property damage, disintegration of community cohesion, diversion of public resources from social services, and incarceration. The FBI Crime Rate is a basic indicator of the level of serious crime. It includes eight major violent and property offenses, chosen both for their severity and frequency of occurrence.

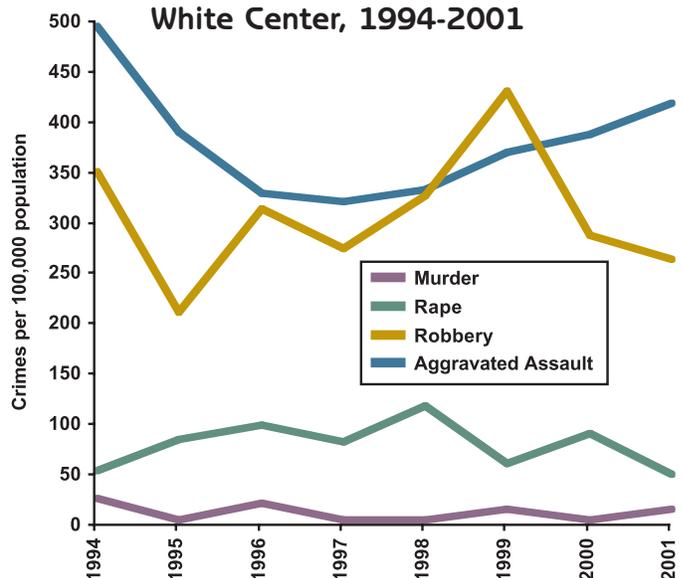
**Total Violent Crime Rate
White Center, South Region and
King County 1994-2001**



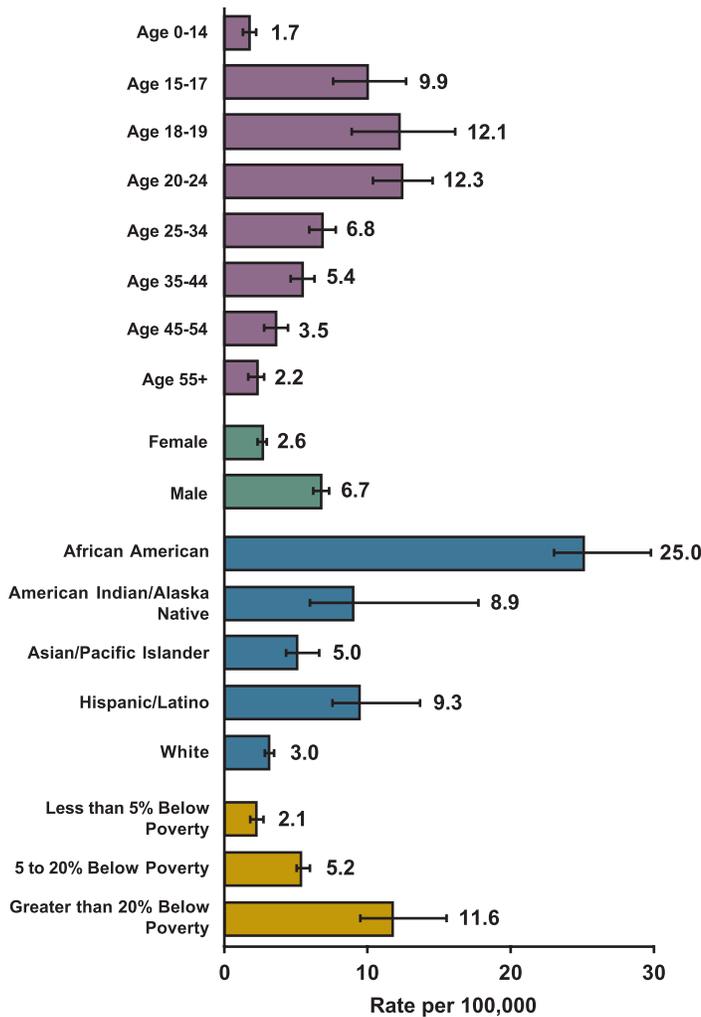
- The rate of major violent crimes in White Center decreased from 1994 to 1997 but then increased from 1997 to 1999. Violent crime rates have decreased in South Region since 1996 and in King County since 1987. Major violent crimes include murder and non-negligent homicide, forcible rape, robbery, and aggravated assault.
- The overall crime rate has been decreasing in White Center and South Region since the mid-1990's and in King County since the late 1980's (data not shown). The crime rate includes the four major violent crimes and the four major property crimes.
- The average rates from 1997 to 2001 of all of these major crimes except murder are higher in White Center than for the county as a whole (data not shown).

- Aggravated assault is consistently the predominant serious violent crime, although it has shown a dramatic decline in South Region and King County in the last decade. However, a similar decline in White Center rates stopped in 1997. An assault is aggravated if it involves the use of a weapon or means likely to produce death or serious injury.
- In 2001, 3 murders occurred in White Center, 29 in South Region and 60 in King County.
- In recent years, the rate of robberies has decreased in White Center after peaking in 1999.

**Rate of Four Major Violent Crimes
White Center, 1994-2001**



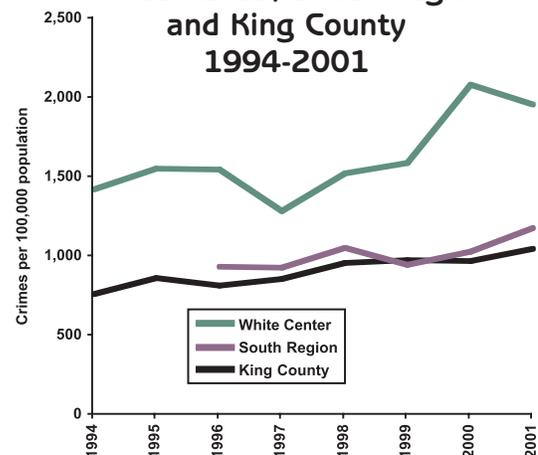
Homicide Rate By Age, Gender, Race/Ethnicity and Neighborhood Poverty Level, King County, Ten Year Average 1992-2001



- Major property crimes include burglary, larceny/theft, motor vehicle theft, and arson. The total property crime rate has decreased since the mid 1990's in White Center and South Region, and since 1987 in King County (data not shown).
- The only exception to the decreasing property crime trend is motor vehicle thefts which have increased in White Center, South Region and King County over the same time period.

- Homicide rates vary greatly by age. In a ten-year period from 1992 to 2001, the highest homicide rates were among people between the ages of 15 and 24.
- Men are 2½ times more likely to be victims of homicide than women. This difference is most striking in 20-24 year olds, among whom men have a homicide rate that is more than 6 times greater than women their age. A difference in homicide rates by gender persists in all age groups from age 15 up to age 55.
- African Americans are victims of homicide at a higher rate than any other race/ethnic group.
- Homicide rates are greater among residents of neighborhoods with a higher percentage of people living in poverty. In neighborhoods where 1 in 5 persons is living below the poverty level, the homicide rate was 11.6 per 100,000. The homicide rate drops to 2.1 per 100,000 in neighborhoods where only 1 in 20 lives in poverty.

Rate of Motor Vehicle Theft White Center, South Region and King County 1994-2001



Data Source, Definition, and Limitations

All data except homicides are from the Washington State Uniform Crime Reports, which are produced annually by the Washington Association of Sheriffs and Police Chiefs. Data are submitted monthly by individual law enforcement agencies in each county, and are consistent with FBI national crime reporting methods. Data from the King County Sheriff's Office Annual Reports are used to provide more geographic specificity about crimes reported to that agency, but are only available starting in the mid-1990's.

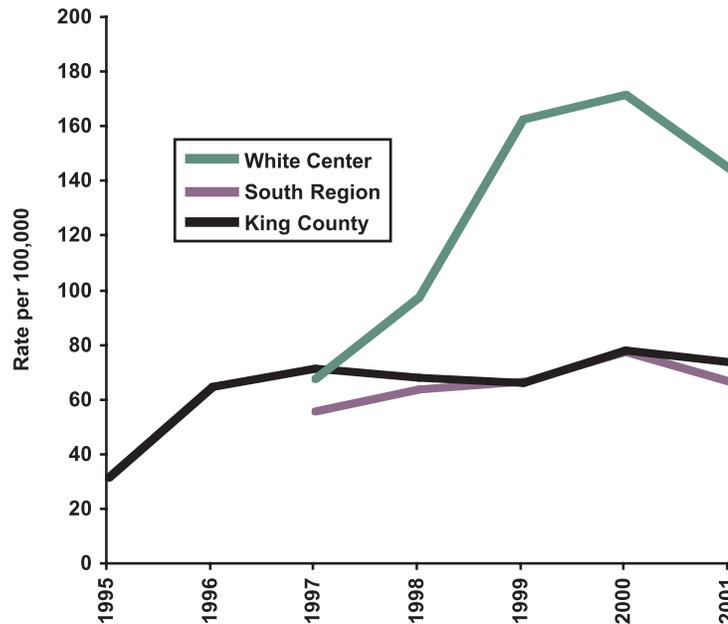
The crime rate is calculated as the sum of the eight major violent and property crimes divided by the King County population, and does not distinguish between offenses of varying severity. All major crimes that occurred in King County and were reported to law enforcement authorities are counted. The perpetrators and victims may or may not be residents of King County.

Homicide data are derived from death certificates and are provided by the Washington State Department of Health, Center for Health Statistics. Death certificate data are coded by the residence of the victim, rather than the place where the homicide occurred. Consequently, not all of the homicides counted necessarily occurred within King County. Homicide rates are age-adjusted to the 2000 U.S. population.

Family Violence

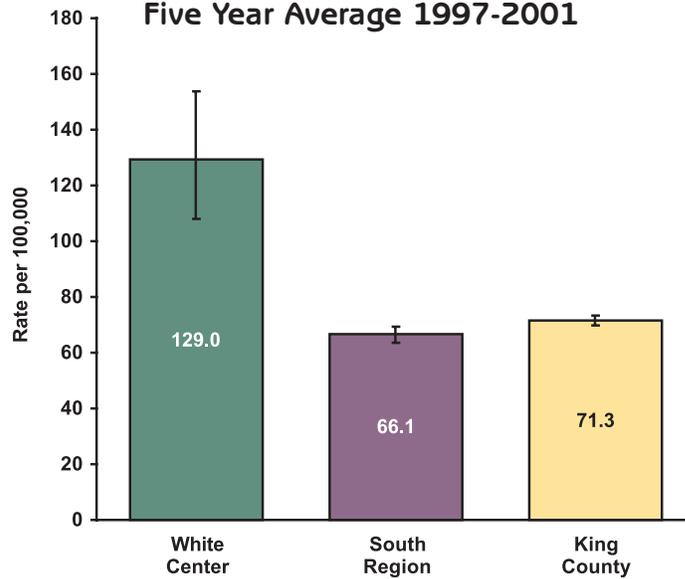
Violent abuse from intimate partners and other family members is a disturbing threat to the health and well-being of households and communities. Early identification of victims of child abuse and domestic violence may prevent the level of violence from escalating and thereby disrupt the generational cycle of abuse. Data on the actual amount of family violence is not available, but the number of reported crimes involving domestic relationships is available.

Rate of Domestic Violence Aggravated Assaults White Center, South Region and King County 1995-2001



- Aggravated assaults account for all of the domestic violence crimes in White Center, and 90% of the crimes in King County. Aggravated assault rates increased in White Center, South Region and King County between 1997 and 2001. In 2001, there were 29 domestic violence aggravated assaults in White Center, 429 in South Region and 1,291 in King County.
- The rate of all major domestic violence crimes combined (including murder, rape, robbery and aggravated assault) has increased since 1997 in South Region and since 1995 in King County (data not shown).
- In 2001, there were 3 domestic violence homicides in South Region and 11 in King County. Of those 11 homicides in King County, the relationship of victims to assailants were: 4 wives, 4 girlfriends, 1 mother, 1 brother, and 1 boyfriend.
- That same year, there were 28 domestic violence rapes in South Region and 73 in King County.
- Although they are not counted as major crimes, statistics are also collected on domestically related simple assaults and violations of protection/no contact orders. Since 1997, simple assaults have declined in South Region and King County, and violations of protection/no contact orders have declined in King County (data not shown). In 2001, there were 159 domestic violence simple assaults in White Center, 3,116 in South Region and 7,263 in King County.

**Rate of Domestic Violence Aggravated Assaults,
White Center, South Region and King County,
Five Year Average 1997-2001**



- Between 1997 and 2001, there were 127 domestic violence aggravated assaults in White Center. The average rate of aggravated assaults was significantly higher in White Center (129.0 per 100,000) than in South Region (66.1 per 100,000) or King County (71.3 per 100,000).
- Rates of domestic violence simple assaults and violations of protection/no contact orders are also higher in White Center than in South Region or King County (data not shown).

Data Source, Definition, and Limitations

Data on domestic violence are from the annual Washington State Uniform Crime Reports. The Washington Association of Sheriffs and Police Chiefs has collected domestic violence statistics from participating local law enforcement agencies since 1995. The first complete year of data for King County is 1996. Data from the King County Sheriff's Office Annual Reports are used to provide more geographic specificity about crimes reported to that agency, but are only available starting in 1997. Domestic violence includes crimes committed by past or current intimates, immediate or extended family members, or other members of the household regardless of familial relationship. Although statistics on property offenses are also reported, only the four major violent offenses (murder, rape, robbery and aggravated assault) are included in calculating domestic violence rates for this report. Aggravated assault is distinguished from simple assault by the use of a weapon or means likely to produce death or serious injury.

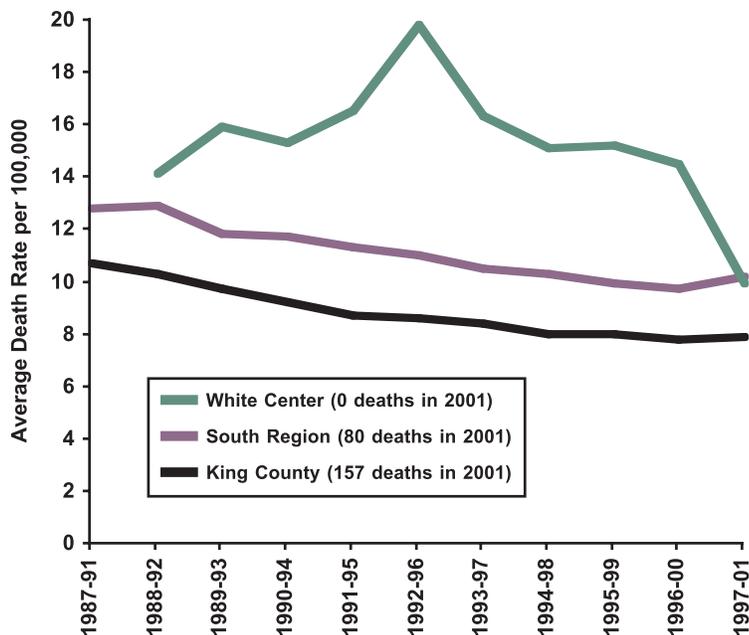
Domestic violence figures include only the crimes that are reported to law enforcement authorities and are judged by them to involve a domestic relationship. These figures do not include other types of domestic abuse such as psychological abuse. Furthermore, not all law enforcement agencies in King County contribute data.

Many physical acts of violence against family members are never reported. The 2001 National Crime Victimization Survey (NCVS) found that U.S. females age 12 and older experienced violence at the hands of an intimate partner or other relative four times more frequently than males. The 1998 NCVS found that 41% of females did not report incidents of intimate partner violence to police.

Motor Vehicle Injuries and Deaths

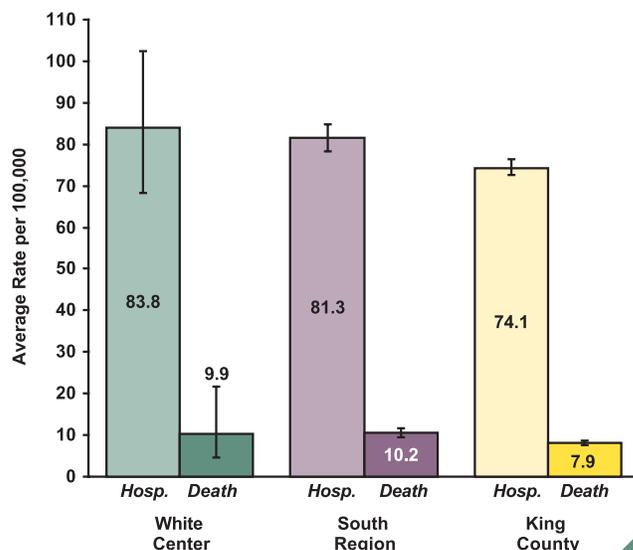
Many injuries from motor vehicle crashes are preventable. Through education, mandating the use of seat belts, tougher laws against drunk driving, and engineering, we have seen a decline in the rate of death from motor vehicle crashes in recent years. The level of motor vehicle crash-related injuries is measured by deaths and hospital admissions.

**Motor Vehicle Crash Death Rates
White Center, South Region and King County
Five Year Rolling Averages 1987-2001**

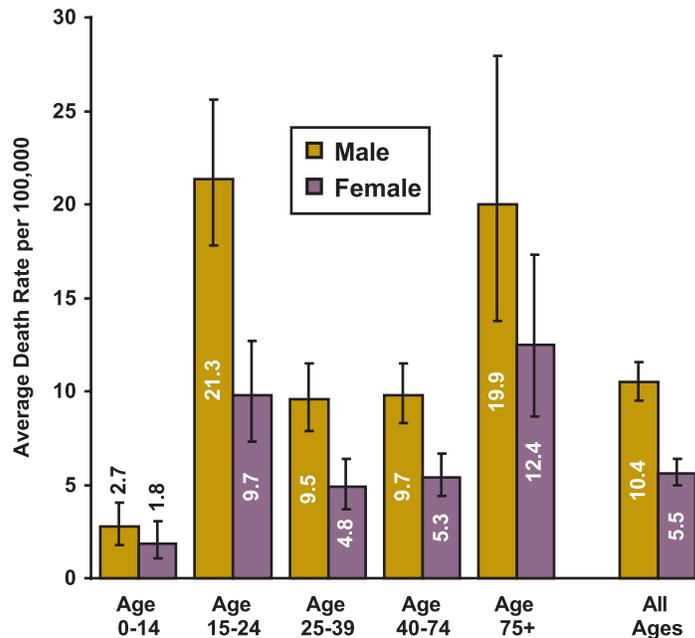


- The number of White Center residents who died in motor vehicle crashes is too small to show a significant trend. Both death and hospitalization rates have declined throughout the last decade in South Region, King County and Washington State (data not shown). Only death rates are shown above.
- On average in White Center, motor vehicle crashes result in about 1 death for every 11 hospitalizations. The death to hospitalization ratio is slightly higher in South Region (1 in 9) and King County (1 in 10).
- In 2001, there were 12 hospitalizations and no deaths of White Center residents because of motor vehicle crashes.
- Motor vehicle crash-related hospitalization rates of White Center residents have declined since 1989.
- South Region residents have higher rates of both death and hospitalization from motor vehicle crashes than King County.

**Motor Vehicle Crash Hospitalization and Death Rates, White Center, South Region and King County
Five Year Average 1997-2001**



Motor Vehicle Crash Death Rates By Age and Gender King County, Five Year Average 1997-2001



- Rates of motor vehicle-related injuries and deaths among King County residents vary significantly by age, gender and poverty level.
- From 1997 to 2001, the groups with the highest death rates were young males age 15-24 and males age 75 and older.
- Death rates among women are consistently lower than among men in all age groups (although the difference is not statistically significant in the youngest and oldest age groups).
- Hospitalization rates for motor vehicle crash-related injuries follow similar age and gender patterns.
- Residents in neighborhoods where fewer than 5% of the population live below the Federal Poverty Level are less likely to die in motor vehicle crashes than those who live in lower-income neighborhoods where up to 20% of the population live in poverty (data not shown). The rates for these neighborhoods are 6.1 per 100,000 and 8.5 per 100,000, respectively.
- There are no differences in motor vehicle crash death rates by race/ethnicity. Hospitalization data are not available by race/ethnicity.

Data Source, Definition, and Limitations

Death certificate and hospital discharge data are from the Washington State Department of Health, Center for Health Statistics. Hospitalization data can only be coded to zip codes, while death data are coded to census blockgroups and census tracts. As a result, the geographic boundary definitions for White Center, South Region and King County are slightly different for the hospitalization analysis than they are for deaths.

These two indicators are not necessarily a reflection of overall traffic safety in King County. Death and hospitalization data are coded by residence of the victim, rather than the place where the accident occurred. Residents of other counties who are injured in an accident in King County are not counted here. In addition, hospitalization discharge data do not capture minor injuries treated at the scene or in the ER without admission to the hospital.

Population estimates for hospitalization rates are currently being revised with information from the 2000 Census. The rates reported here will be updated when the revised population estimates are released. All rates are age-adjusted to the 2000 U.S. population standard.

Pollution in Neighborhoods

Everyone deserves a clean and healthy environment free from toxic pollutants. In recent years there has been a growing awareness that some communities bear a disproportionate burden of environmental pollution. Without direct measurement, it is difficult to determine the exact levels of pollution. However, the total pounds of toxic substances released into the air by major manufacturing facilities provides an estimate of the pollution burden in different communities.

Air Releases of All Reportable Toxic Chemicals South Region and King County, 2000

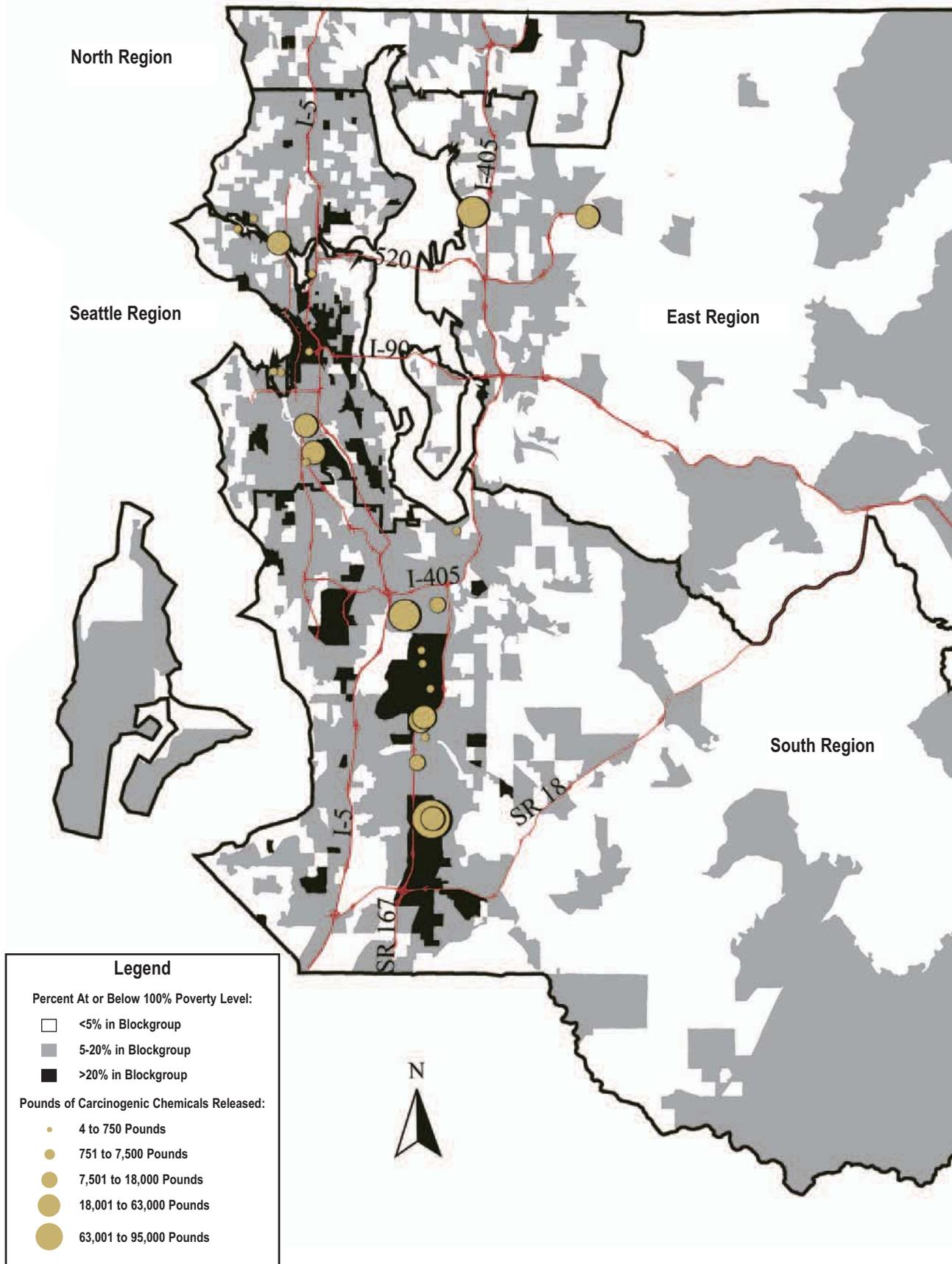
	Total Pounds Released	Percent of Total Pounds Released	Number of Facilities	Percent of Facilities	Total Population	Percent of Population
North Region	260	0%	1	2%	133,736	8%
Seattle	260,000	16%	26	42%	563,486	32%
East Region	470,000	29%	7	11%	405,670	23%
South Region	900,000	56%	28	45%	634,142	37%
King County	1,600,000	100%	62	100%	1,737,034	100%

Air Releases of Carcinogenic Chemicals South Region and King County, 2000

	Total Pounds Released	Percent of Total Pounds Released	Number of Facilities	Percent of Facilities	Total Population	Percent of Population
North Region	0	0%	0	0%	133,736	8%
Seattle	53,000	28%	10	40%	563,486	32%
East Region	47,000	25%	2	8%	405,670	23%
South Region	88,000	46%	13	52%	634,142	37%
King County	190,000	100%	25	100%	1,737,034	100%

- The tables above show the total amount of reportable substances of any toxicity and the total amount of reportable carcinogenic substances that major manufacturing facilities in King County released to the air in 2000. The totals are broken down by the region where the facilities that release them are located. For comparison, the tables also show the relative size of the population in each region.
- Overall, there has been a substantial decrease in toxic air emissions since the late 1980s, particularly in South Region (data not shown).
- There were a total of 1.6 million pounds of toxic chemicals released into the air by major manufacturing facilities in King County in 2000 alone. Of those, 190,000 pounds were of potentially carcinogenic substances.
- The majority of these facilities are located in either Seattle or South Region.
- 56% of all pounds of toxics released in King County were from facilities in South Region.
- The map on the following page shows the locations of just those facilities that released cancer-causing substances in 2000, as well as the poverty level of all census block-groups in King County.
- There are no facilities that release emissions located in White Center.

Air Releases of Carcinogenic Chemicals, By Poverty Level of Census Blockgroup King County, 2000



- The map suggests that certain areas of South Region and Seattle are much more heavily impacted by air releases of carcinogenic substances than the rest of the county.

Data Source, Definition, and Limitations

Data on air releases of toxic chemicals are from the Environmental Protection Agency's (EPA) Toxic Release Inventory (TRI). Manufacturing facilities that meet certain criteria must report chemical releases to the environment under the Emergency Planning and Community Right-to-Know Act of 1986. The Toxic Release Inventory is a public database containing this information. "Air releases" include both routine and accidental emissions. Carcinogenicity of specific chemicals is determined by EPA. Poverty data are from the 2000 U.S. Census. The four subregions of King County are defined by aggregating census tracts.

TRI data is limited for several reasons: 1) it relies on self reporting of estimated releases (not direct measurement) by the polluter, 2) only those substances which are on the TRI list of over 600 toxic chemicals must be reported, and 3) it doesn't include toxic releases from smaller businesses (such as dry cleaners and gas stations) or mobile pollution sources, such as motor vehicle traffic.

We have only shown toxic releases to the air because they represent the majority of environmental releases in King County, and are the most likely route of exposure for the surrounding communities. However, because the chemicals released are not uniformly distributed within the census blockgroup or region in which they were released, not everyone living in proximity to the facility is exposed to the same degree. Furthermore, in calculating the total pounds released, we have made no distinction between chemicals of varying toxicity. Some types of releases are more dangerous than others.

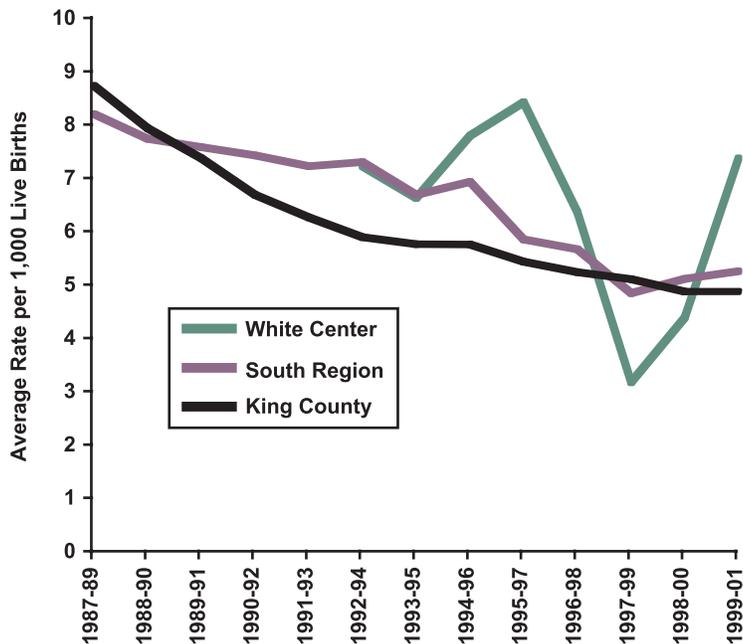
No attempt has been made to link facility location with population density, so there is no way to estimate the level of exposure of people living in the different regions. These data are meant to be descriptive only. A more thorough geospatial analysis would be required to determine who is at greatest risk from exposure to toxic air pollution.

Release estimates are only considered reliable to two significant digits, so all figures have been rounded. For this reason, region subtotals may not add up to the King County total.

Infant Mortality

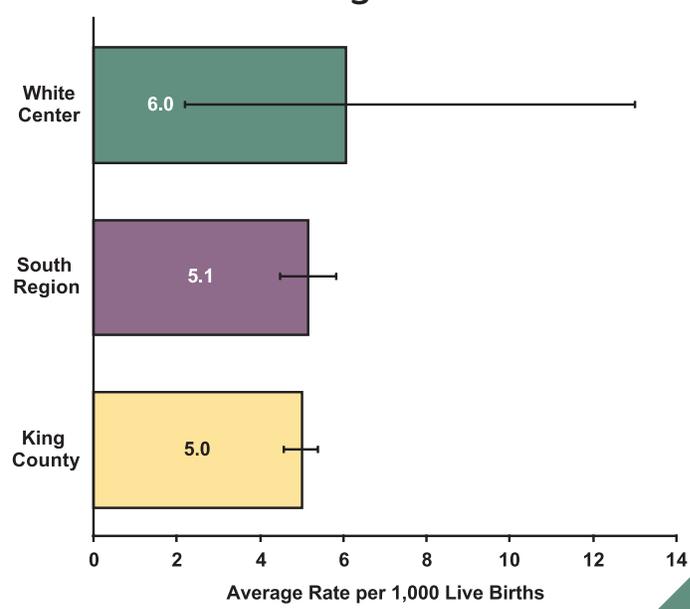
Infant death reflects the health of pregnant women and infants, as well as the availability of intensive medical care for infants. The infant death rate is the number of deaths of infants under one year of age per 1,000 live births in a given year.

**Infant Death Rates
White Center, South Region and King County
Three Year Rolling Averages 1987-2001**

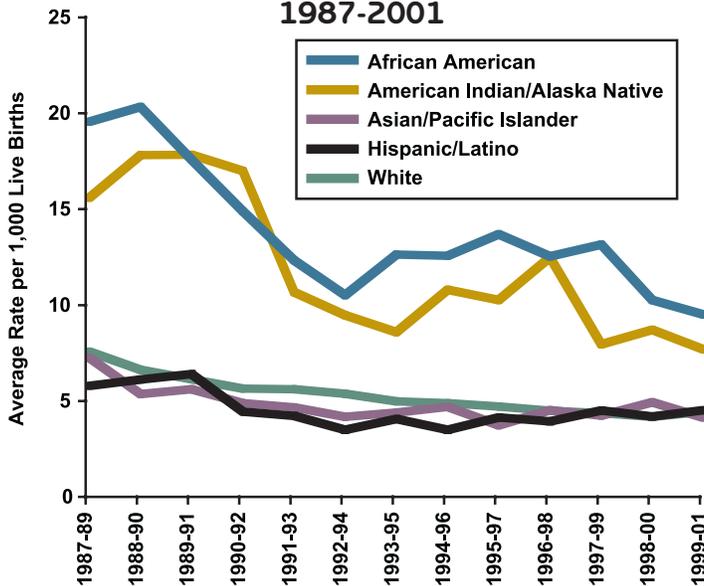


- Infant death rates have declined steadily since the 1980s in South Region and King County. The number of infant deaths in White Center is too small to calculate a reliable trend over time.
- In 2001, there were 3 deaths of infants under one year of age in White Center, 49 in South Region and 109 in King County.
- Between 1997 and 2001, the average infant death rate in White Center was 6.0 per 1,000 live births. There are no significant differences in infant death rates in White Center relative to South Region and King County.

**Infant Death Rates
White Center, South Region and King County
Five Year Average 1997-2001**



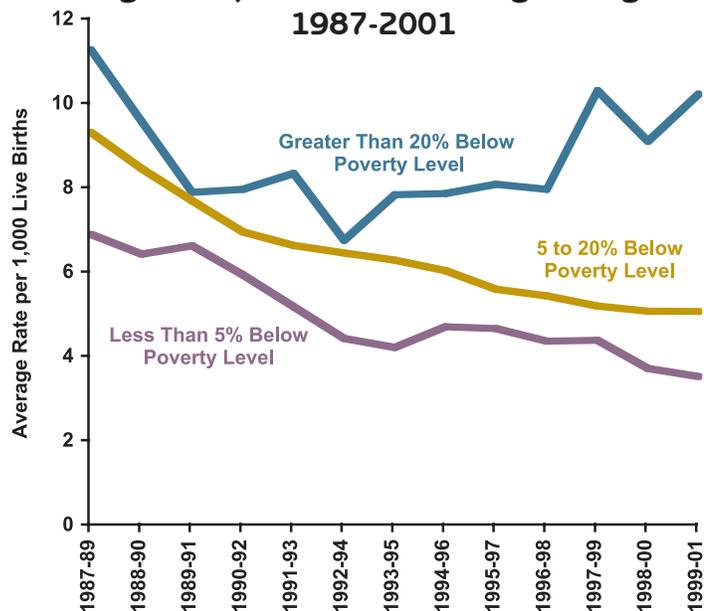
Infant Death Rates By Race/Ethnicity King County, Three Year Rolling Averages 1987-2001



- Since 1987 there has been a significant decrease in infant death rates for whites, African Americans and Asian/Pacific Islanders.
- Infant death rates among African Americans remain higher than the rates for other groups except American Indian/Alaska Natives.
- Trends in infant death rates for the smaller race and ethnic populations are difficult to evaluate when the number of births and deaths is also relatively small. The apparent decline in rates among American Indian/Alaska Natives between 1987 and 2001 is not statistically significant but that may be because there are about 5 or fewer infant deaths per year in this group, making the rates statistically unstable. This is also generally true for Hispanics/Latinos.

- Disparities in infant death rates by level of neighborhood poverty have been decreasing since the late 1980's. Until 1992, infant death rates in high poverty areas of King County declined dramatically although the decline was not statistically significant. This trend has not continued into 2001.
- Infant mortality rates in areas with less than 5% and 5-20% of the population living below the poverty level have been declining since 1987.
- The average infant death rate between 1999 and 2001 was higher among children born to women younger than 20 years old (10.3 per 1,000 live births) than to women older than 20 (4.5 per 1,000 live births - data not shown).

Infant Death Rates By Poverty Level King County, Three Year Rolling Averages 1987-2001



Data Source, Definition, and Limitations

Linked Birth and Death Certificate data are from the Washington State Department of Health, Center for Health Statistics. The infant mortality rate is the number of live-born infants who die before their first birthday in a given year, for every 1,000 infants born live in that year.

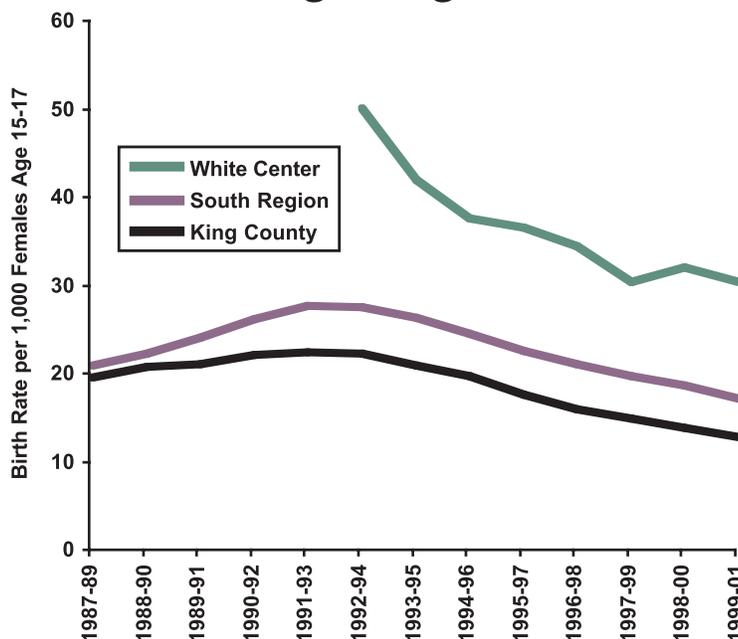
Poverty level groupings are based on annual household income reported in the 2000 U.S. Census, and these groupings represent the proportion of residents living below the federal poverty limit at that time. For a family of four in 1999, the poverty threshold was \$17,029; for a single person over age 65, it was \$7,990.

The geographic boundaries of King County, South Region, and the high, medium and low poverty areas are defined by aggregating census tracts. White Center is defined by aggregating blockgroups.

Teen Births

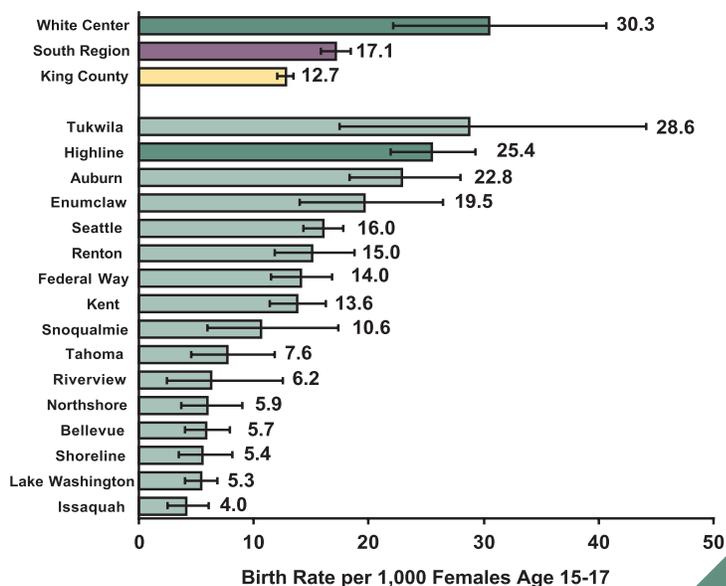
Infants born to mothers under age 18 are at increased risk of death and low birthweight. Both mothers and children tend to have fewer educational, economic, and social opportunities. The younger the mother, the more likely such problems will occur. Teen birth rates are calculated as the number of births to girls age 15-17 relative to the total number of girls in that age group.

**Birth Rates Among Females Age 15-17
White Center, South Region and King County
Three Year Rolling Averages 1987-2001**



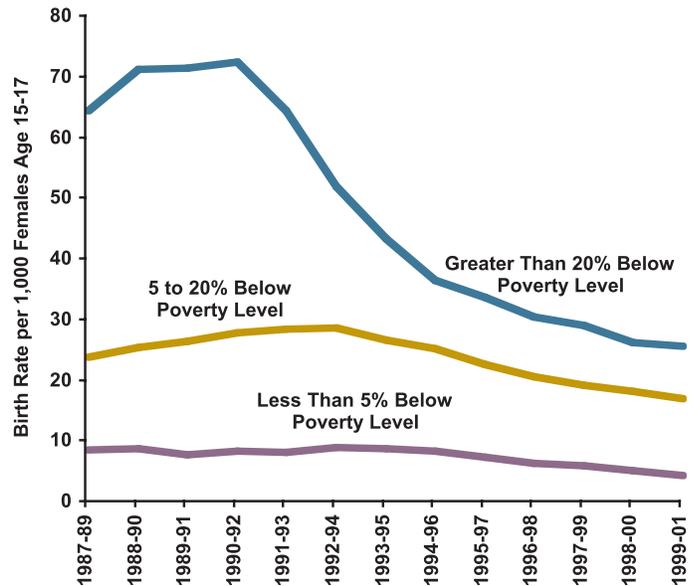
- Birth rates to girls age 15-17 in White Center, South Region and King County have been decreasing since the early 1990's.
- In 1992, there were 21 births to teenage girls in White Center, and in 2001 there were 11.
- Teen birth rates for all of Washington State declined over the same period (data not shown).
- On average from 1999 to 2001, teen birth rates remained significantly higher in White Center than in the whole South Region or King County.
- The teen birth rate in Highline School District, which contains White Center, is also higher than the rate for the county and most other school districts.

**Birth Rates Among Females Age 15-17
By School District
White Center, South Region and King County
Three Year Average 1999-2001**

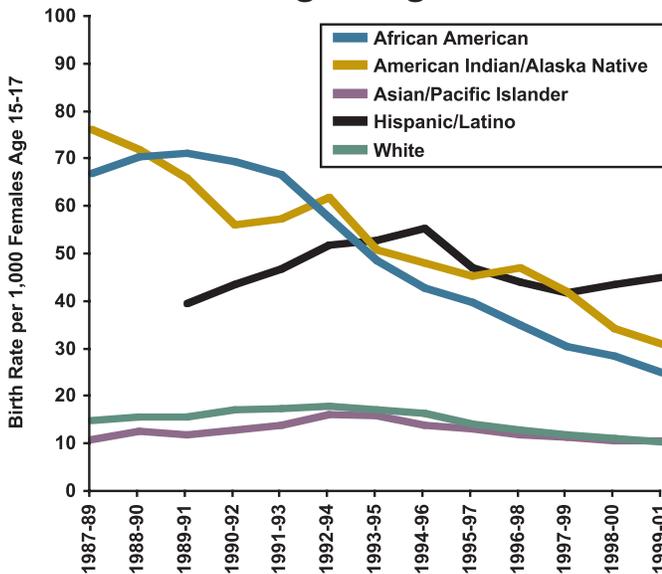


- Birth rates among teenage girls in high-poverty neighborhoods are significantly greater than in neighborhoods with lower poverty. Although this disparity has decreased in recent years, in areas where more than 20% of the residents live in poverty the average rate from 1999-2001 was still nearly 6 times higher than the rate in areas where less than 5% of residents live in poverty.
- Teen birth rates in all three areas, regardless of poverty level, have been decreasing since 1992 or earlier.

Birth Rates Among Females Age 15-17 By Poverty Level, King County, Three Year Rolling Averages 1987-2001



Birth Rates Among Females Age 15-17 By Race/Ethnicity, King County, Three Year Rolling Averages 1987-2001



- Teenage birth rates have been declining since the early to mid 1990s among African/Americans, American Indian/Alaska Natives, Asian/Pacific Islanders, Hispanics/Latinos and whites.
- Average teen birth rates from 1999-2001 were higher among Hispanics/Latinos (45.0 per 1,000), American Indian/Alaska Natives (30.8 per 1,000) and African Americans (25.0 per 1,000) than among whites (10.2 per 1,000) and Asian/Pacific Islanders (10.5 per 1,000).

Data Source, Definition, and Limitations

Data on the number of live births in King County is collected through birth certificate records by the Washington State Department of Health, Center for Health Statistics. For this indicator, only maternal age is considered. Data on the age of the father is under-reported on birth certificate records. Vashon Island, Mercer Island and Skykomish School Districts are not shown because of the small number of teen births.

Poverty level groupings are based on annual household income reported in the 2000 U.S. Census, and these groupings represent the proportion of residents living below the federal poverty limit at that time. For a family of four in 1999, the poverty threshold was \$17,029; for a single person over age 65, it was \$7,990.

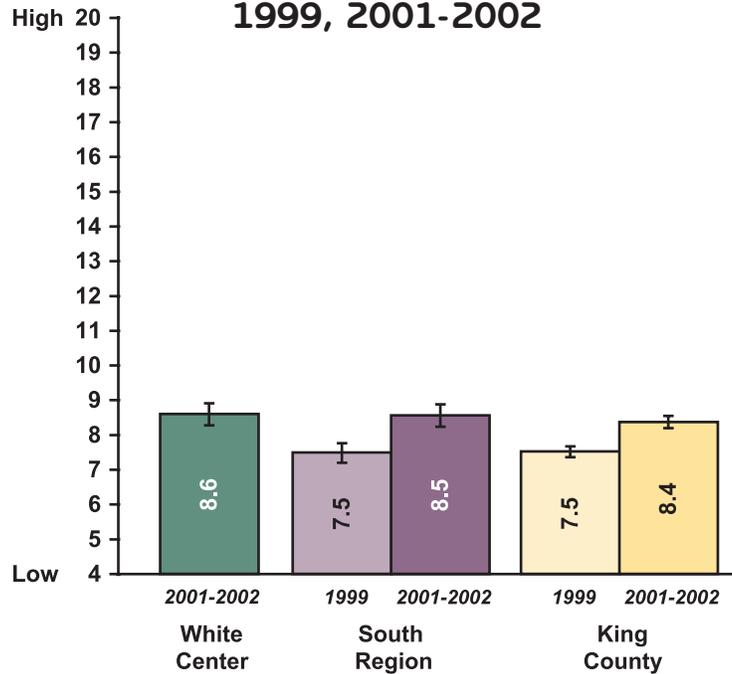
Information on Hispanic ethnicity of the mother was not collected reliably on birth certificates before 1989. The number of Hispanic births in the years just after 1989 may have increased artificially as more people adjusted to reporting this information on the birth certificate.

The geographic boundaries of King County, South Region, school districts, and the high, medium and low poverty areas are defined by aggregating census tracts. White Center is defined by aggregating blockgroups. The school district boundary definitions used in this report are currently under review.

Stress

Social, psychological and economic circumstances can cause stress. Continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life have powerful effects on health by “turning on” biological stress responses too often and for too long.

**Average Level of Stress
White Center, South Region and King County
1999, 2001-2002**



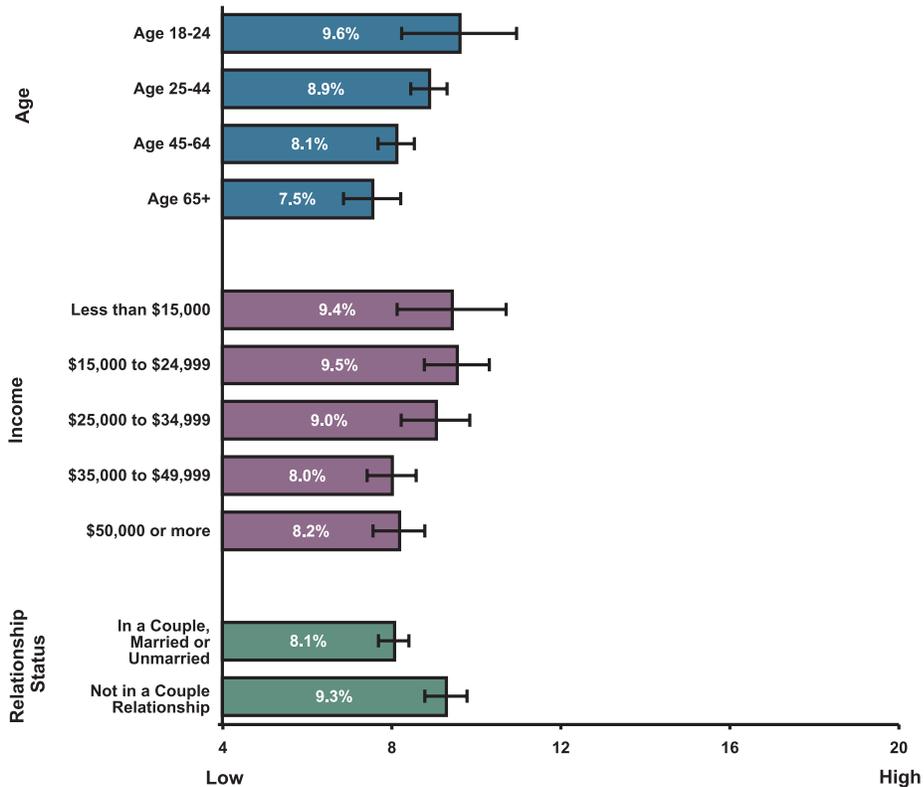
- Stress was measured in a 2001-2002 survey by asking White Center and King County adults 4 questions about how often they have experienced certain symptoms of stress in the past 30 days. Answers to these 4 questions were added to create a perceived stress scale with a possible score between 4 (Low) and 20 (High).
- The average (mean) stress score for adults was 8.6 in White Center, 8.5 in South Region and 8.4 in King County.
- There was a significant increase in the average stress scores reported by people in South Region and King County between 1999 and 2001-2002.
- The 4 questions used to make up the stress scale are shown in the table below.
- While not shown here, there was a significant decrease county-wide between 1999 and 2001 in the percentage of people who felt that things were going their way. There was also a significant increase in the percentage of people who felt they were unable to control the important things in their lives (1999 data not shown).

Percent of Adults Who Report Confidence in Handling Stress “Very or Fairly Often”, White Center, South Region and King County, 2001-2002

In the past 30 days, how often have you felt:	White Center	South Region	King County
...that you were unable to control the important things in your life?	21%	19%	18%
...confident about your ability to handle your personal problems?*	83%	83%	85%
...that things were going your way?*	60%	67%	69%
...difficulties were piling up so high that you could not overcome them?	10%	14%	10%

* answers were reversed for the scale.

Average Level of Stress By Age, Income and Relationship Status White Center, 2001-2002



- Young adults aged 18-44 reported feeling more stress than people over the age of 65.
- People with household incomes between \$35,000 and \$49,999 reported significantly less stress than those with incomes between \$15,000 and \$24,999.
- People living as a couple, whether married or not, felt less stress than people who are not in a couple relationship.

Data Source, Definition, and Limitations

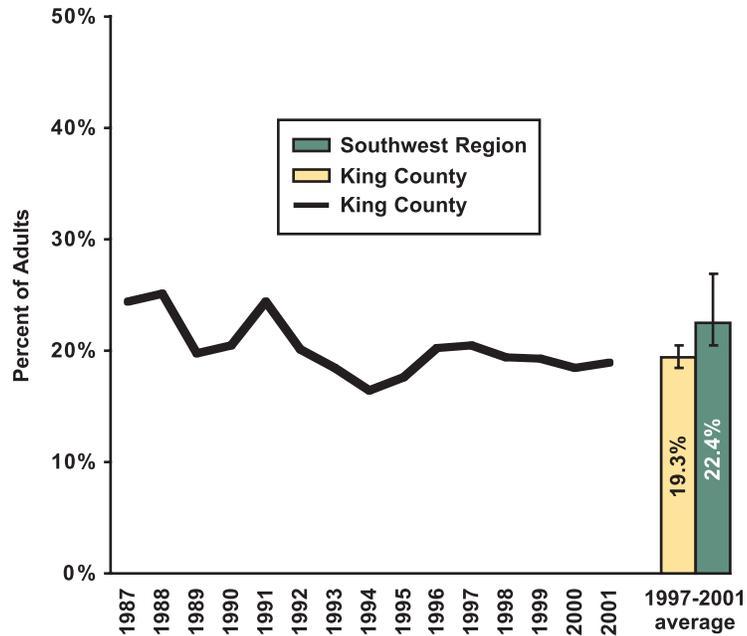
The stress measures are from the White Center and King County Community Health Survey, 1999 and 2001-2002, which used the shortened (telephone) version of the Perceived Stress Scale, Cohen I, Kamarok T, Mermelstein R, "A Global Measure of Perceived Stress," Journal of Health and Social Behavior 1983 vol. 24: 385-396.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Tobacco and Alcohol Use

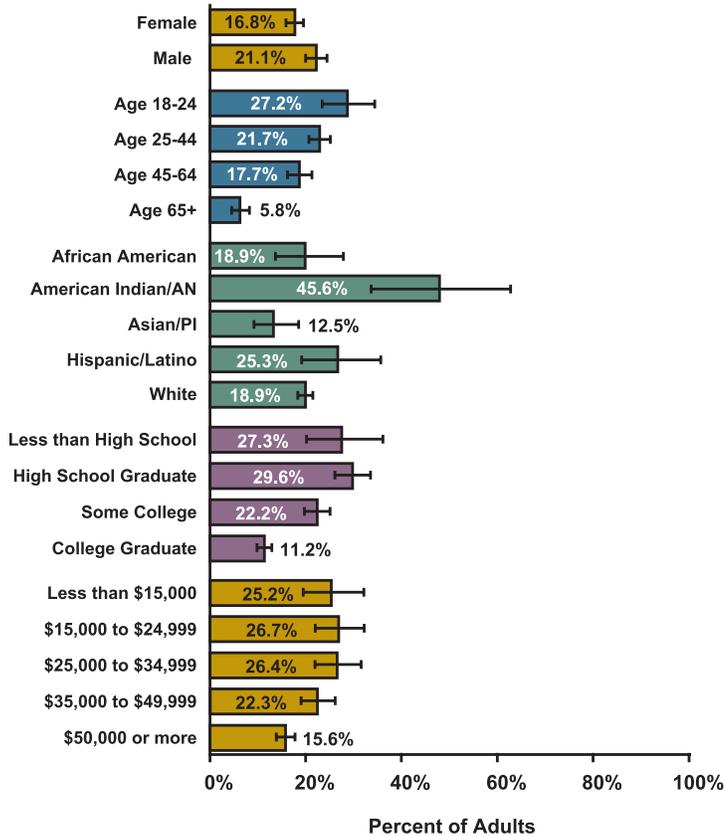
Cigarette smoking is a major risk factor for a variety of serious illnesses such as heart disease and lung cancer. Alcohol misuse increases the risk of motor vehicle crashes, chronic liver disease, and problems in personal relationships.

Percent of Adults Age 18+ Who Are Current Smokers
Southwest Region and King County, 1987-2001



- The average adult smoking rate from 1997 to 2001 was 22.4% in Southwest Region and 19.3% in King County. This difference was on the borderline of statistical significance.
- The Washington State adult smoking rate for the same period was 22.1% (data not shown).
- Smoking declined dramatically in King County from 1987 to 1994. After an increase from 1994 to 1997, the county trend has leveled out. State-wide, smoking rates declined from 1987 to 2001 (data not shown). The survey sample was too small to detect any changes over time in Southwest Region.

Percent of Adults Age 18+ Who Are Current Smokers By Gender, Age, Race/Ethnicity, Education and Income King County, Three Year Average 1999-2001



- Men in King County had higher smoking rates (21.1%) than women (16.8%) between 1999 and 2001.
- In general, adult smoking rates decrease with age. The highest average smoking rate from 1999-2001 was among 18-24 year olds (27.2%) and the lowest was among people age 65 and older (5.8%). This rate for people age 65 and older is a decrease from that previously reported for 1996 to 1998, when it was 10.9%.
- There are also significant differences in adult smoking rates by race. Between 1999 and 2001, the smoking rate among American Indian/Alaska Natives (45.6%) was higher than any other race/ethnic group. The second highest rate was among Hispanics/Latinos (25.3%).
- Smoking rates in King County vary by level of educational attainment. 27.3% of adults without a high school diploma smoke versus 11.2% of those with a college degree.
- Adults in the highest income bracket (making at least \$50,000 per year) are less likely to smoke than those in lower income groups.

Percent of Public School 10th Grade Students Who Smoked Cigarettes in the Past 30 Days White Center, King County, and Washington State, 2000 and 2002

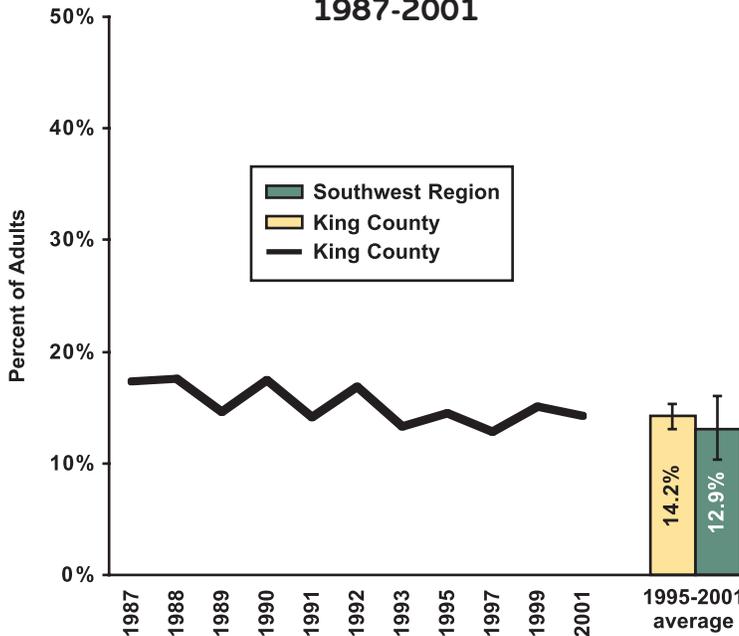
	2000	2002
White Center	13%	16%
King County*	18%	14%
Washington State	20%	15%†

* The schools participating in the King County survey are not the same schools each survey year.

† Statistically significantly lower than 2000 result.

- Similar to county-wide and state-wide results in 2002, about one in six White Center 10th graders reported smoking cigarettes in the past 30 days.
- From 2000 to 2002, smoking rates among 10th graders declined state-wide.

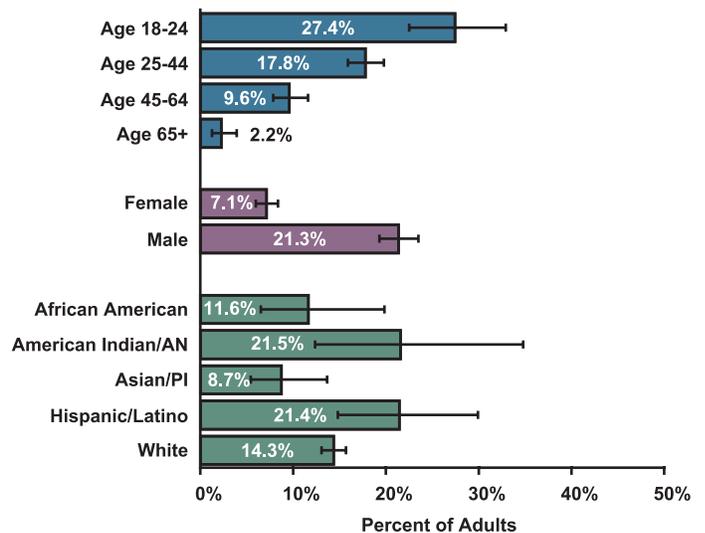
Percent of Adults Age 18+ Who Report Binge Drinking Southwest Region and King County 1987-2001



- From 1995 to 2001, the average adult binge drinking rate was 12.9% in Southwest Region, 14.2% in King County, and 14.4% in Washington State (data not shown). These rates were not statistically significantly different.
- At both the county and state levels, binge drinking among adults has declined over the last decade (data shown only for King County). The survey sample was too small to detect any changes over time in Southwest Region.

- Rates of adult binge drinking decrease significantly with age. Among the 18-24 age group, the average (1997, 1999 and 2001) was as high as smoking.
- There was also a dramatic difference between genders. Between 1997 and 2001, the average binge drinking rate for men was 3 times the rate for women in King County.
- For the same time period, the only significant difference in binge drinking rates by race/ethnicity is between Hispanic/Latinos (21.4%) and Asian/Pacific Islanders (8.7%).
- There were no significant differences in King County adult binge drinking rates by income or education from 1997-2001.
- There is an association between binge drinking and drunk driving. 8.6% of adults who reported binge drinking also reported driving drunk, versus 0.3% of adults who did not report binge drinking.

Percent of Adults Age 18+ Who Report Binge Drinking By Age, Gender and Race/Ethnicity King County, Three Year Average 1997, 1999 and 2001



**Percent of Public School 10th Grade Students
Who Report Binge Drinking and Current Alcohol Use
White Center, King County, and Washington State, 2000 and 2002**

Binge Drinking (in Past 2 Weeks)	2000	2002
White Center	18%	20%
King County*	22%	17%
Washington State	23%	19%
Current Alcohol Use (in Past 30 Days)	2000	2002
White Center	24%	38%^
King County*	35%	29%†
Washington State	38%	29%†

* The schools participating in the King County survey are not the same schools each survey year.

^ Statistically significantly higher than Washington State result.

† Statistically significantly lower than 2000 result.

- In 2002, one in five White Center 10th graders reported binge drinking (consuming 5 or more alcoholic beverages on a single occasion) in the past two weeks. This rate was not statistically different from the results for all King County and Washington State 10th graders.
- There was no apparent decline in consumption of alcohol in the past 30 days in White Center 10th grade students, although significant declines were seen state-wide and county-wide.
- Alcohol use is now more common among White Center 10th graders (at almost four in 10 in 2002), compared to King County and Washington State (about three in 10).

Data Source, Definition, and Limitations

Data on adult smoking and binge drinking are based on data from the Washington State and national Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a random telephone interview survey of non-institutionalized adults age 18 and older that has been conducted in King County every year since 1987. The question on binge drinking is asked every other year. "Binge drinking" is defined as having five or more drinks on one occasion in the past 30 days.

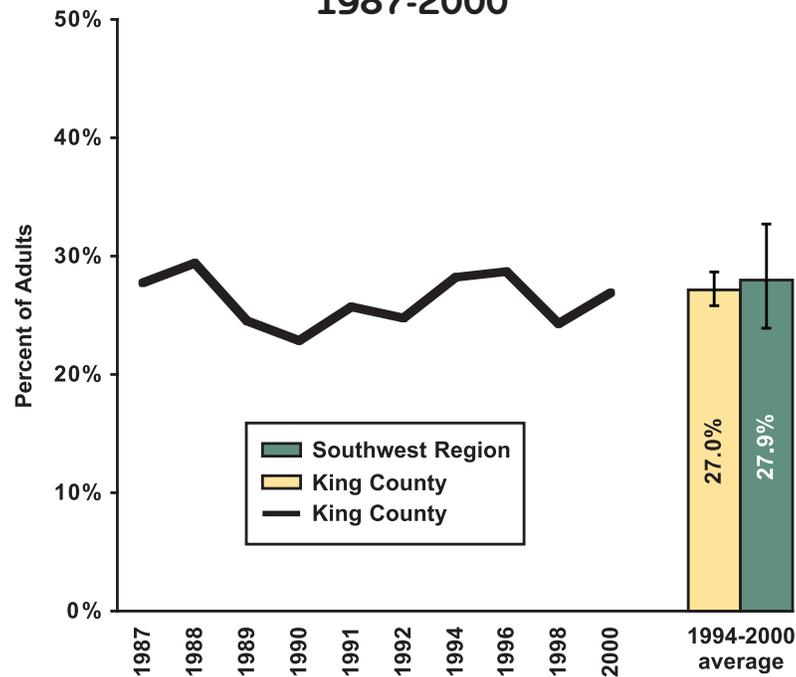
The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be underrepresented.

Data on youth use of tobacco and alcohol are from the 2000 Washington State Survey of Adolescent Health Behaviors and the 2002 Healthy Youth Survey.

Physical Activity and Weight

Controlling weight through proper nutrition and regular physical activity is an important part of a healthy lifestyle. Lack of exercise and being overweight are risk factors for serious illnesses such as coronary heart disease, hypertension and diabetes, and contribute to premature death.

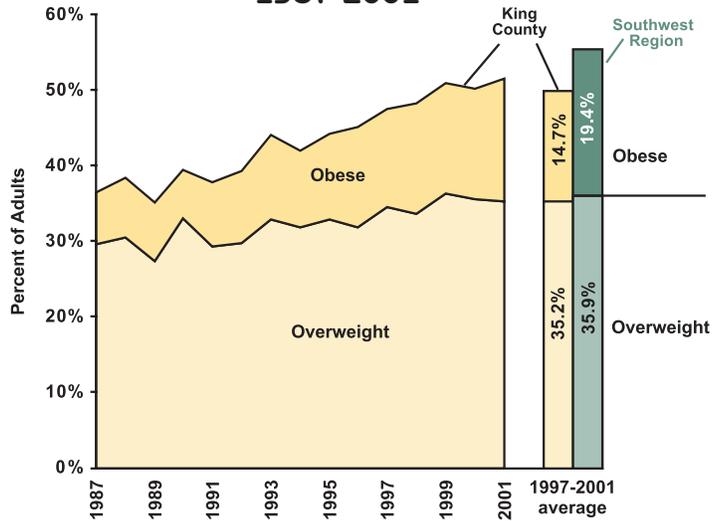
**Percent of Adults Age 18+ Who Are Physically Active
Southwest Region and King County
1987-2000**



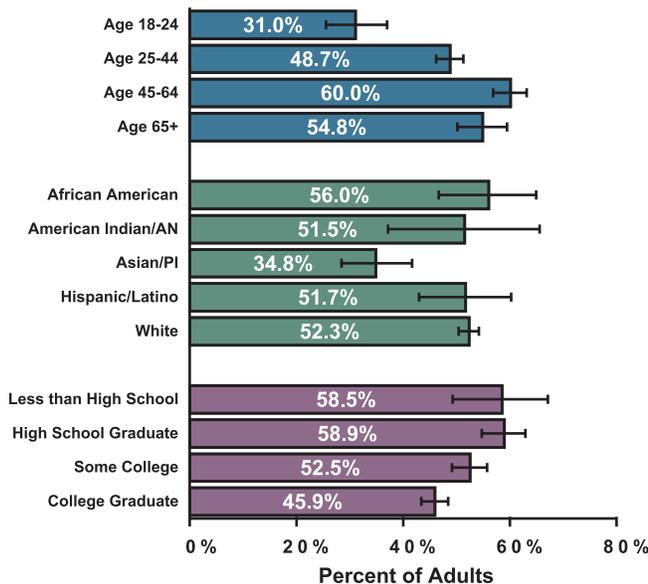
- Persons are considered to be physically active if they report having at least 30 minutes of moderate physical activity at least 5 times per week.
- The average physical activity rate from 1994 to 2000 was 27.9% in Southwest Region, 27.0% in King County, and 26.1% in Washington State (data not shown). These rates are not statistically significantly different.
- Physical activity rates increased in King County from 1990 to 1996, but that trend has not continued. State-wide, physical activity rates increased from 1991 to 2000. The survey sample was too small to detect any changes over time in physical activity rates in Southwest Region.
- In 2000, 14.1% of adults in King County reported that they had not participated in any physical activity in the past month (data not shown).
- In King County, persons age 18 to 24 are more likely to be physically active (34.1%) than those age 25 to 44 (24.4% - data not shown).
- There are no differences in physical activity rates by income, education, gender or race/ethnicity in King County.

- Overweight is defined as having a Body Mass Index (BMI) that is greater than or equal to 25 and less than or equal to 29, and obese is a BMI of 30 or more. The BMI is the ratio of weight to height.
- The proportion of adults who are overweight or obese has been increasing in Southwest Region since 1994, and in King County and Washington State since 1987 (only data for King County are shown).
- From 1997-2001, the average rate of overweight or obese combined was higher in Southwest Region (55.3%) and Washington State (54.4%) than in King County (49.8%).
- Obesity rates by themselves were also higher in Southwest Region (19.4%) and Washington State (18.0%) than in King County (14.7%).

Percent of Adults Age 18+ Who Are Overweight or Obese Southwest Region and King County 1987-2001



Percent of Adults Age 18+ Who Are Overweight or Obese By Age, Race/Ethnicity and Education King County, Three Year Average 1999-2001



- Rates of being overweight or obese in King County increase with age until age 65.
- Asian/Pacific Islanders have a lower rate of being overweight or obese than African Americans, Hispanics/Latinos, and whites.
- Persons with a college degree are less likely to be overweight or obese than those with less education.
- Local data by gender are not reported here. While national survey data that are based on physical measurement indicate that adult men are more likely to be overweight or obese than women, local survey data are based only on self-report rather than physical measurement, and result in underestimations of weight in female respondents.
- There are no differences in overweight or obese percentages by income level.

Data Source, Definition, and Limitations

Data on adult physical activity and weight are based on data from the Washington State and national Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a random telephone interview survey of non-institutionalized adults age 18 and older that has been conducted in King County every year since 1987. The question on physical activity is asked only every other year.

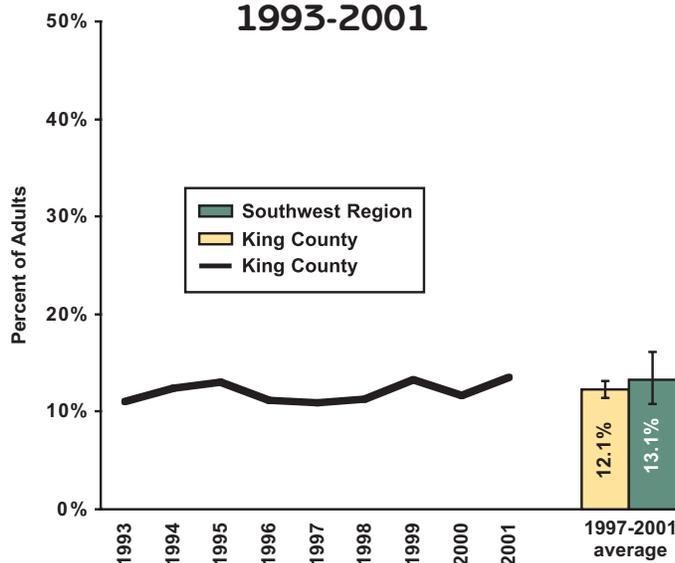
For a hypothetical person who is 5'10" tall and weighs 165 lbs, the Body Mass Index would be calculated as: $BMI = 704.5 \times 165 \text{ lbs} / (70 \text{ inches})^2 = 23.7$ (where 704.5 is a conversion constant).

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Restricted Activity Due to Physical/Mental Health

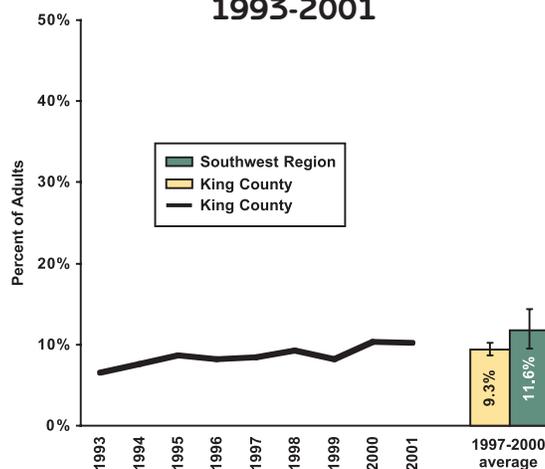
For individuals, leading a healthy life means having a full range of functional capacity, being able to have satisfying relationships, to work and to play. From a society perspective, healthy life means vital, creative, and productive people who are able to contribute to their families and communities.

Percent of Adults Age 18+ for Whom Poor Physical or Mental Health Restricted Regular Activities for 3 or More Days in the Last Month, Southwest Region and King County 1993-2001

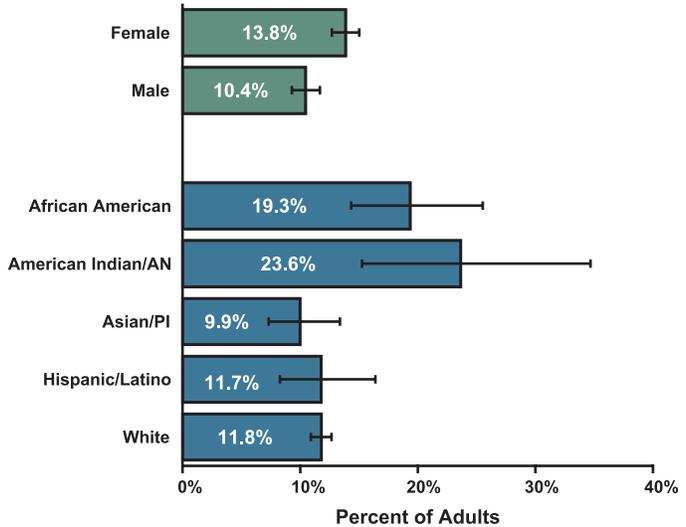
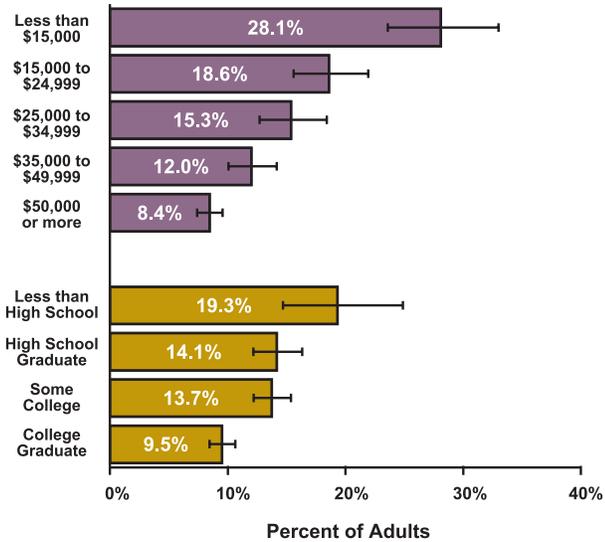


- A survey of local and U.S. adults asks: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- The average rate between 1997 and 2001 was 13.1% in Southwest Region, 12.1% in King County, and 13.1% in Washington State (data not shown). There are no significant differences in these rates.
- Although there has been no significant change in these rates in King County, the rates for Washington State did increase from 1993 to 2001 (data not shown). The survey sample was too small to detect any changes over time in Southwest Region.
- In the same survey, 11.6% of Southwest Region adults rated their general health as only poor or fair. The average rate was 9.3% in King County and 11.7% in Washington State (data not shown).
- The percentage of adults in both King County and Washington State who rate their general health as only poor or fair has increased since 1993 (only data for King County are shown). The survey sample was too small to detect any changes over time in Southwest Region.

Percent of Adults Age 18+ Who Say Their General Health Is Poor or Fair Southwest Region and King County 1993-2001



Percent of Adults Age 18+ for Whom Poor Physical or Mental Health Restricted Regular Activities 3 or More Days in the Last Month, By Income, Education, Gender and Race/Ethnicity, King County, Five Year Average 1997-2001



- Higher income is related to fewer restricted activity days. Only 8.4% of people with an income of at least \$50,000 per year had 3 or more restricted activity days per month. In contrast, 28.1% of people who earn less than \$15,000 reported 3 or more restricted activity days.
- People with a college education had a lower rate of restricted activity days (9.5%) than those with less education.
- A greater percentage of women (13.8%) than men (10.4%) experienced at least 3 days of restricted activity due to poor health.
- By race, the lowest rate of restricted activity days was among Asian/Pacific Islanders (9.9%). This rate was lower than that for African Americans (19.3%) and American Indian/Alaska Natives (23.6%).
- There were no significant differences in restricted activity days by age.

Data Source, Definition, and Limitations

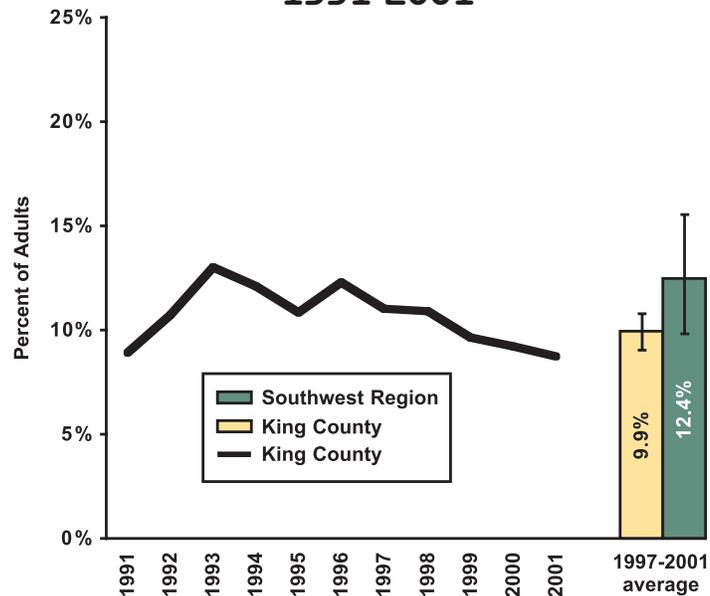
Data on restricted activity days due to poor health are based on data from the Washington State and national Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a random telephone interview survey of non-institutionalized adults age 18 and older that has been conducted in King County every year since 1987.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Health Insurance Coverage and Access

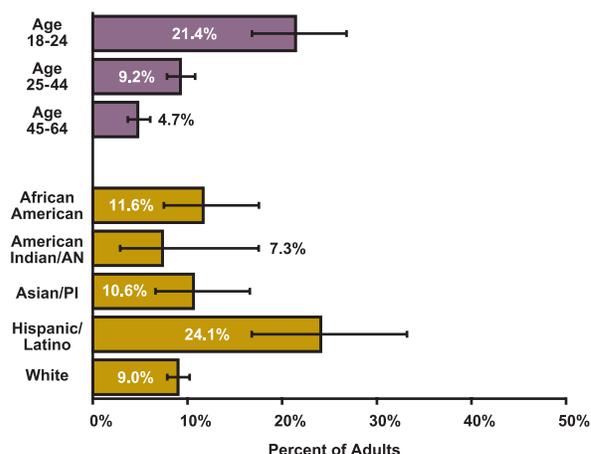
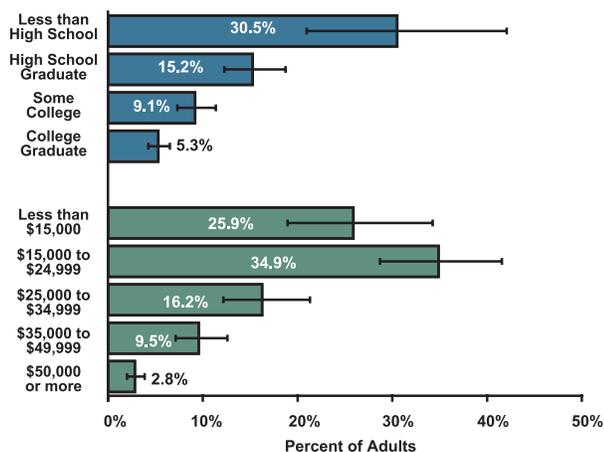
Most individuals and families today are unable to pay for the high cost of health care without an insurance policy that partially or fully covers the cost. Researchers have documented a relationship between lack of health insurance and increased risk of death and hospitalization from causes that may be preventable.

Percent of Adults Age 18-64 Without Health Insurance Southwest Region and King County 1991-2001



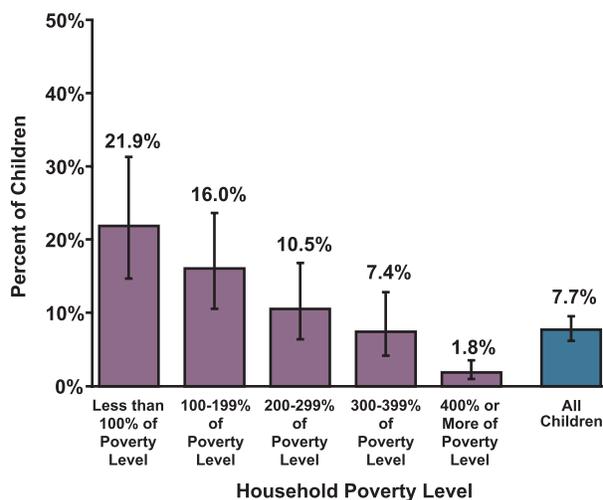
- On average from 1997 to 2001, 12.4% of adults younger than 65 in Southwest Region and 9.9% in King County did not have health insurance. During the same period, 9.8% of adults in Southwest Region reported that they did not see a doctor for a medical need in the past year because of cost. The same percentage for King County was 8.1% (data not shown). These percentages are not statistically different.
- In King County, the percentage of adults without health insurance declined between 1993 and 2001, and in Washington State between 1991 and 2001 (data not shown). The sample was too small to say whether a similar decline occurred in Southwest Region.
- In 2001, 8.7% of King County adults under age 65 did not have any health insurance coverage and 11.5% of Washington State adults were not covered. This difference between county and state was not statistically significant.

Percent of Adults Age 18-64 Without Health Insurance By Education, Income, Age and Race/Ethnicity, King County, Three Year Average 1999-2001



- On average from 1999 to 2001, one in three people without a high school degree had no insurance, compared to one in 20 of those with a college degree.
- King County adults under 65 making more than \$50,000 had the lowest uninsured rate of any income group.
- One in five of those age 18-24 lacked medical insurance - more than double the King County rate overall. By contrast, about one in ten of those 25-44, and one in twenty of those 45-64 were uninsured. Medicare or other coverage is almost universal for those age 65 and older.
- There was a higher uninsured rate among the Hispanic/Latino population (24.1%) than among Asian/Pacific Islanders (10.6%) or whites (9.0%).
- On average in 1998 and 2000, 7.7% of King County children under the age of 18 did not have any health insurance coverage.
- Children living in low income households are even less likely to have health insurance coverage. 21.9% of children below the poverty level and 16.0% of children between one and two times the poverty level were uninsured during this period.

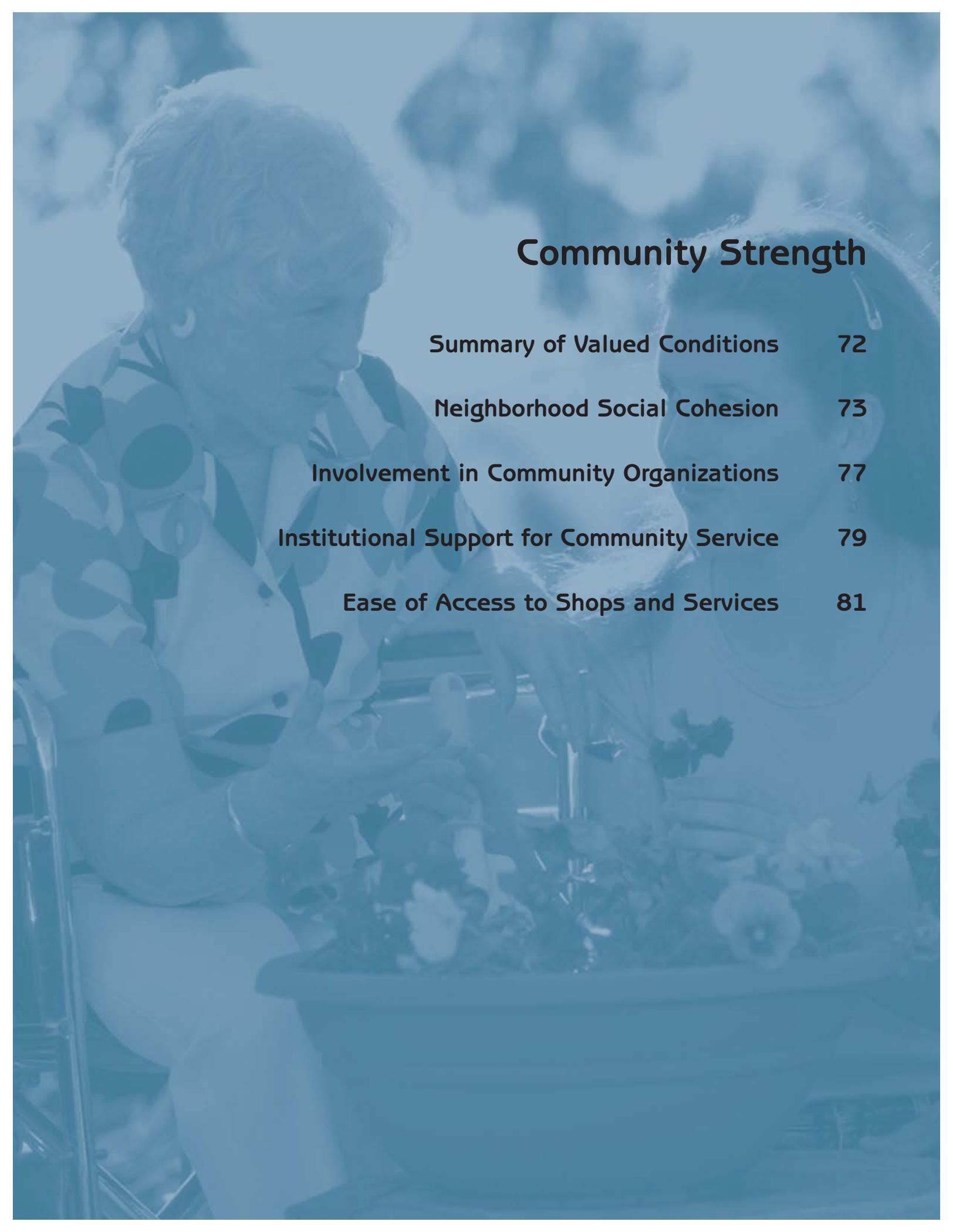
Percent of Children Under 18 Without Health Insurance, By Household Poverty Level King County, Two Year Average 1998 & 2000



Data Source, Definition, and Limitations

Data on medical insurance coverage (e.g. for the services of a physician) and unmet medical needs of adults are from the Washington State and King County Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a random telephone interview surveys of non-institutionalized adults age 18 and older. Data on medical insurance coverage of children are from the Washington State Population Survey, Washington State Office of Financial Management, 1998 and 2000 (an all-ages telephone survey).

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.



Community Strength

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Valued Conditions* Expressed by King County Residents

- Everyone feels included; no one is isolated. Neighbors know each other's names and get together often. A lot of talk between neighbors.
- People show respect for and interest in others who are of different ages, educational, social and ethnic backgrounds.
- Neighbors depend on each other: borrowing and lending, watching out for each other's children, homes, gardens, and pets. There is trust.
- People organize within the community/neighborhood: block watches, neighborhood directories and associations.
- People invest in the community: keeping it clean, organizing mentoring and other youth development activities, supporting public parks, libraries, community centers.
- People are informed and engaged in their community: volunteering, staying aware and well-informed of community issues, planning and attending community events.
- People are active participants in community events and the political process. They believe that what they do can make a difference in community life.
- Organizations and individuals provide financial support for the arts: music and arts programs in schools, public art in communities.
- People enjoy artwork and music: buy recordings and artwork of local musicians and artists and purchase books from locally-owned bookstores.
- People honor and show interest in the cultural/religious heritage of others.
- People share their common heritage and interests: language, religious observance or cultural practice. They have opportunities to gather with people who are like them.
- People of different generations frequently interact and do things together.
- Immigrants receive assistance to improve their knowledge of English. Immigrants are empowered in other ways—training, involvement in community organizations, etc.
- The impact of development and environmental degradation is not disproportionately felt by poor communities (the siting of and regulations for airports, freeways, landfills, toxic waste dumps, etc., is carried out so that health and economic impacts are not disproportionately felt by poor communities).
- Communities retain natural surroundings.
- There are many public places, well-maintained, for recreational use.
- People walk, bicycle or bus in order to obtain most of their daily needs.
- People trust in the police and courts to give fair treatment. Justice is delivered regardless of race/ethnicity, income, gender, religion, age, sexual orientation.
- There is diversity in neighborhoods: elderly and single people living among families, single family dwellings among multi-family dwellings; shops among residences, low cost housing among higher cost housing.

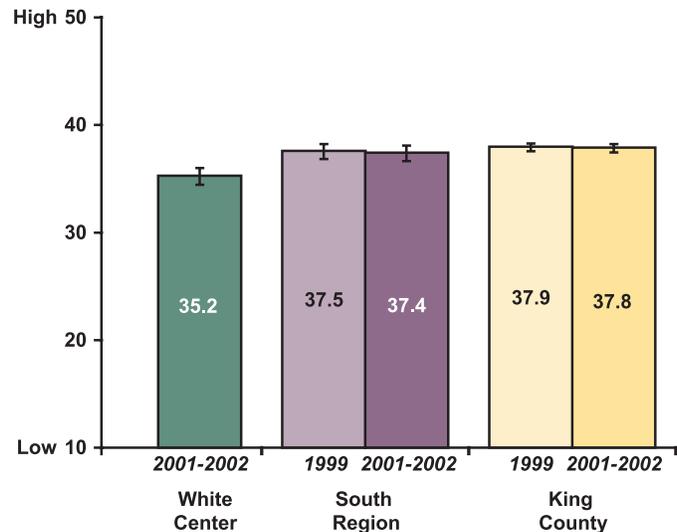
* The valued conditions came from citizen opinion expressed as values and concerns in the telephone survey, focus groups, and in the civic and public forums. The valued conditions are expressed as "ideal" conditions—based on the vision of what residents want for themselves, their families and communities.

Neighborhood Social Cohesion

Social cohesion refers to mutual trust among neighbors combined with willingness to intervene on behalf of the common good. There is evidence that rates of violence are lower in neighborhoods with higher social cohesion. This indicator is enriched with qualitative information and quotes from 10 focus groups conducted in four languages in the White Center area.

- Social cohesion was measured by asking White Center and King County adults 5 questions about trust in their neighborhood and 5 questions about the likelihood that their neighbors could be counted on to intervene in problem situations. Answers were added to create a social cohesion scale with a possible score between 10 (Low) and 50 (High).
- In 2001-2002 the average (mean) social cohesion score for adults in White Center was 35.2. This was significantly lower than the average levels in South Region (37.4) and King County (37.8).
- White Center residents report significantly less neighborhood trust than residents in South Region and King County as seen in specific items below.

Average Level of Neighborhood Social Cohesion, White Center, South Region and King County, 1999, 2001-2002



Percent of Adults Who See High Social Cohesion (Trust and Control) in Their Neighborhoods White Center, South Region and King County, 2001-2002

How strongly do you agree or disagree with the following statements:	Percent Answering Strongly Agree or Agree		
	White Center	South Region	King County
...This is a close-knit neighborhood.	44%**	57%	53%
...People in this neighborhood can be trusted.	64%**	74%	79%
...People around here are willing to help their neighbors.	74%*	81%	83%
...People in this neighborhood do not share the same values.+	39%**	26%	24%
...People in this neighborhood generally don't get along with each other.+	10%	6%	6%

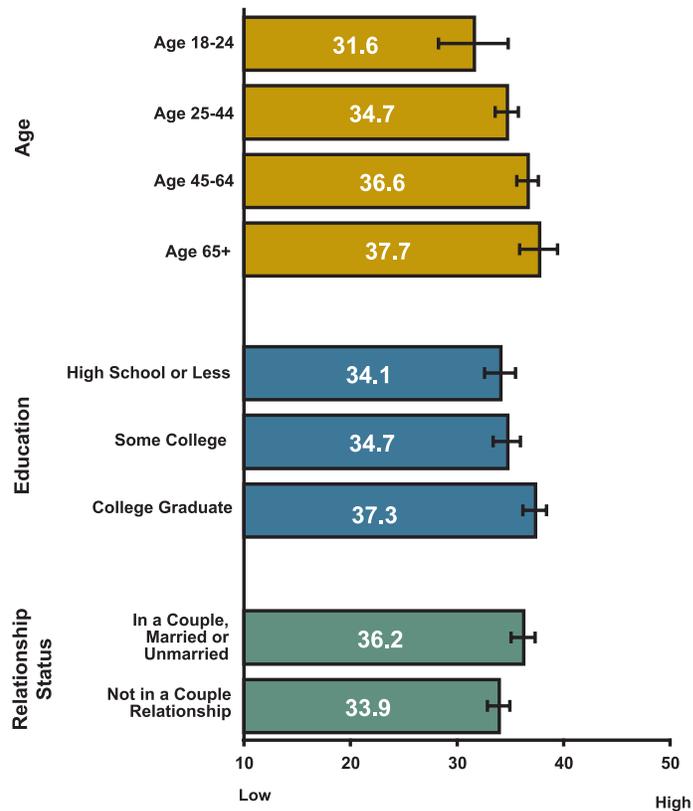
Would you say it is very likely, likely, unlikely, or very unlikely that your neighbors could be counted on to intervene or do something if:	Percent Answering Very Likely or Likely		
	White Center	South Region	King County
...children were skipping school and hanging out in the neighborhood?	50%	60%	57%
...children were spray-painting graffiti on something in the neighborhood?	72%**	85%	85%
...children were showing disrespect to an adult?	54%	62%	59%
...a fight broke out in front of their house?	73%	78%	79%
...the fire station closest to their home was threatened with budget cuts?	64%	66%	67%

+Answers were reversed for scale

* Indicates where White Center is significantly different from South Region

**Indicates where White Center is significantly different from South Region and King County

Average Level of Neighborhood Social Cohesion By Age, Education and Relationship Status White Center, 2001-2002



- People who are in the youngest age group (18-24 years) report less social cohesion in their neighborhoods than residents who are 45 years or older.
- People who have completed college report higher levels of cohesion than others with less education.
- People who have a couple relationship (either married or unmarried) report higher social cohesion than those who are separated, divorced, widowed or never married.

Data Source, Definition, and Limitations

The neighborhood social cohesion measures are from the King County and White Center Community Health Survey, 1999 and 2001-2002, which used questions on trust and informal social control from the study, Sampson, R. J., S. W. Raudenbush; and F. Earls. 1997. Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science* 277 (Aug 15): 918.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented. The qualitative data on the following pages is an attempt to address these limitations.

These pages include information and quotations from 10 focus group discussions about Neighborhood Social Cohesion with people in White Center. The groups, conducted in English, Somali, Spanish, and Vietnamese, were designed to include the perspectives of some people who were not reached through the telephone survey. 82 women and men took part in the discussions.

In these discussions, people were invited to talk about life in White Center and how people get along; do neighbors trust one another, share similar values, or would they pitch in to do something together? People of all backgrounds said that language and cultural differences often made it hard to communicate with or to develop relationships with neighbors. Other significant barriers to neighborhood cohesion included fears about safety and a sense of isolation. Many residents spoke of friendly involvement with neighbors through sharing chores, exchanging food, or meeting each other's children.

What is it like to live in White Center?

Many residents like where they live, and feel at home. People shared serious concerns about violence and crime, and described police response as limited. Most people saw both good and bad aspects of White Center: it is convenient to downtown, affordable, and, according to many (though not all) residents, better than it used to be. Residents agree that a lot could be done, such as developing activities for children, youth, seniors, and families. People want safer, cleaner streets and parks, and improved schools and other community resources.

"I'm pretty satisfied with where I'm living at right now. It's a good neighborhood. It's family-oriented. There's a few older people...there's just not a lot of stuff going on out there." [Low income]

"Very safe neighborhood. The children go to each other's home and us adults say 'hi' to each other." [Woman, Somali]

"I feel this area is dangerous for my children.... I do not feel safe at all, especially in winter that is darker." [Spanish]

"I live in like a small United Nations. I have 27 different ethnic diverse groups that I work with, 17 different languages. I feel very comfortable walking the streets, either day or night." [Low income]

"I like that this is a very commercial zone. I don't drive, so I can take the bus to go to church, to go to the beauty salon. I can walk to work, too." [Spanish]

"[A]t night there are some unsavory elements...vandalizing cars." [Vietnamese]

"I can't afford to move outside White Center." [Low income]

"In my area, there's never been any activities for neighbors to get together." [Vietnamese woman]

"I don't feel safe at all. It's better now than it was four years ago, but it still ain't safe, I don't think." [Man, low income]

"I've just moved here, I don't know anyone yet, but I do feel safe.... In my building, I see black people, white people, Asian people...." [Woman, Vietnamese]

"I am not afraid.... I do not feel that I have to move away now. However I feel sad that my girls' teachers at school said that they do not go to White Center because they kill people over here. The sad thing is that they think this happens because of us, 'the Hispanics'." [Woman, Spanish]

"We got pretty trees to look at, we've got beautiful yards. There's a lot of good things. But it hurts me deeply to hear people call Park Lake Homes 'the project'. It does." [Low income]

"Everyone gets home and closes their door, so we don't have much relationship with anyone." [Woman, Vietnamese]

"In my area, the four neighbors around me help each other a lot. [W]hen my husband went out to work on the clogged drain in the street, they went out to help him." [Woman, Vietnamese]

"My ideal neighborhood would be to stay here.... But there would have to be more police cars, and more community activities, and things to [do].... I would like to stay here if [we had] more community activities, where we plan things, where we could meet each other, and work together, and that sort of thing." [Woman, low income]

"I would not like to move from here. Therefore, I would do anything that would help to improve White Center. This is a good place, there is not too much traffic, and so you need less time to go around. We have a library, although we need to have more places where we can play sports with the children like [a] community center. However, they are letting White Center die, and we as Hispanics can not do much because our voices are not heard, not even when you call the police. It is different when an American person calls or says something." [Spanish]

"It's a really nice neighborhood. Everything's real close. Schools, stores. I'm staying here. I ain't going nowhere." [Low income]

Sharing a changing neighborhood: How do people in White Center get along?

People who have lived in White Center for years note that it has been changing quickly. More languages are heard and different faces are seen in schools and on buses. Many described this growing diversity as a positive change that makes the area livelier. At the same time, people across all groups agreed that not sharing a common language gets in the way of neighborhood interactions. Some residents worried that they were not treated fairly; some observed or experienced tensions and even fear in White Center. A few people (both immigrants and those born in the U.S.) expressed negative stereotypes about others. Trust among neighbors, people explained, develops over time, and has to do with feeling accepted, comfortable, and culturally understood.

"[A]s far as the racial and ethnic diversification, I guess I've gotten used to it. When a new family moves into the neighborhood, I'm right up on their doorstep: 'Hello, how are you? Here's where the stores are.' I tell them some things about the neighborhood..." [Man, low income]

"[W]e have the saying, 'close neighbors are better than distant relatives'.... If something happens to us in the middle of the night, then we...can call our neighbors. I think the neighbors around me are very nice. There are Samoans, Cambodians.... The next door Samoan neighbor, when her husband died, her daughter... came over to let me know. If I was in their shoes, I'd also let my neighbors know that we have grieving in our family. That's one way of showing neighborly love." [Woman, Vietnamese]

"To tell the truth, we do not have time to meet our neighbors, either because of the culture or...here everybody is very independent.... [I]n general there is not a friendly environment." [Spanish]

"There's trust among the children, and adults are more wary. [T]he kids... speak different languages, but they all have English in common.... Adults, we have the language barrier...! [I]f I had just seen you on the street, I would assume that you didn't speak English, so I might not say hello." [Low income]

"Sometimes we communicate through our kids." [Woman, Somali]

"I just stay home to watch my children and don't [let them] go the Boys and Girls Club to play. My children had gone before and were beaten by the white and black American kids." [Woman, Vietnamese]

"The lack of trust comes from not being able to communicate with my neighbors." [Woman, Somali]

"Most of the groups that are around here are focused on people that don't speak English, because there's so many Vietnamese and Cambodian...that there's

very little groups that actually are focused on people that do speak English." [Woman, low income]

"Lots of times we like to make friends with them but there's the difference in languages.... [T]he Americans look at us with a different eye.... I wanted to get acquainted with them, so I'd bring them things. But they'd just say 'thank you' and then it's over. They'd never sit down and talk with me." [Man, Vietnamese]

"When [American] children come to my home to play with my kids...if my children are eating, I should also feed them as well. I think American culture is very individualistic and I am sure if my children were at their home and they were eating, they would not have been offered food or invited to join them at the table.... When I serve food to my children I have to serve food also to the neighbors' children. As you can see the gesture does not come spontaneously and ...sometimes I send them home to ask permission to eat at my home. See, with another Somali child I wouldn't have to...ask them to get permission. This is what I call not trusting one another, or it is the difference in culture?" [Woman, Somali]

"A smile is worth a thousand words": Developing a sense of community

White Center is home to people who work hard to provide for their families, and who have little to spare – yet these discussions include stories of people helping one another, looking out for elderly and young neighbors, and reaching out across differences to keep their blocks neat or their streets safe, and to build a sense of community.

"[A man in my neighborhood] breaks the ice on that street. He...rakes the people's yards, he mows the lawns.... That's how he communicates...is by helping his neighbors." [Low income]

"I moved to another house in the neighborhood and I asked the new tenant to let me know if mail come for me. Well, she comes to my new home to give me the mail, it is a favor I asked to her to let me know, yet she delivers to me." [Woman, Somali]

"I think you can count on your neighbors even if you don't talk with them. In the earthquake, everyone started running and hiding under a playground structure. I was not afraid because I am used to earthquakes in my country. I went outside and I took them to a safer place. Later on, they were knocking at my door. I do not speak English, but my daughter said that they were thanking me for helping them." [Woman, Spanish]

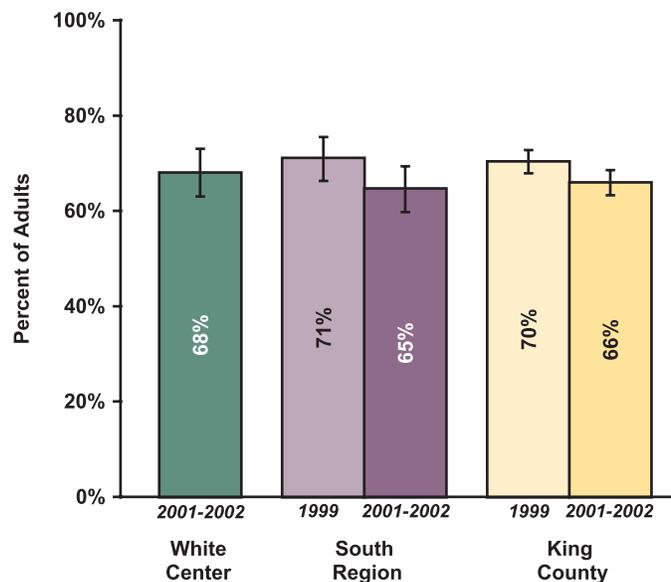
"In some cases we can't speak with one another, but we communicate. Sometimes it's with gestures, hand gestures. And...a smile is worth a thousand words. So what that they don't understand? Talk to them anyway." [Low income]

Involvement in Community Organizations

Communities are strong when many people are engaged in activities that benefit more than themselves as individuals. Working together for the common good of neighborhoods, faith communities, schools or a political cause creates civic responsibility and a sense of reciprocity.

- Involvement in Community Organizations was measured by asking White Center and King County adults how actively they had participated in 4 different types of activities in the past 12 months. The number of these activities was added for each respondent.
- In 2002, 68% of White Center adults were “very active” or “somewhat active” in at least one activity. The percentage was 65% and 66% for South Region and King County in 2001.

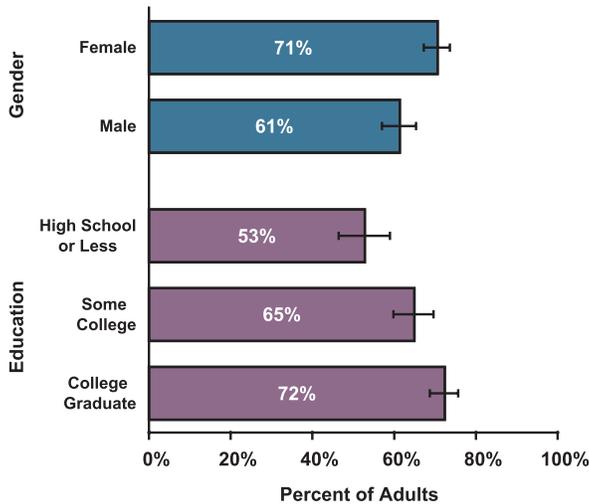
Percent of Adults Who Are “Very or Somewhat” Active in One or More Community Organizations White Center, South Region and King County, 1999, 2001-2002



Percent of Adults Who Are “Very or Somewhat” Active in Specific Community Organizations, White Center, South Region and King County, 2001-2002

In the past 12 months, how active have you been in:	White Center	South Region	King County
...a neighborhood organization or block club (any type of group that exists for people right in your neighborhood)?	19%	21%	23%
...an organization in the larger community, such as a political group, civic club such as Rotary or Kiwanis, a youth group such as the Scouts or youth sports, an arts group or others?	33%	33%	36%
...a parent-teacher organization?	29%	26%	24%
...a religious group or congregation?	43%	42%	39%

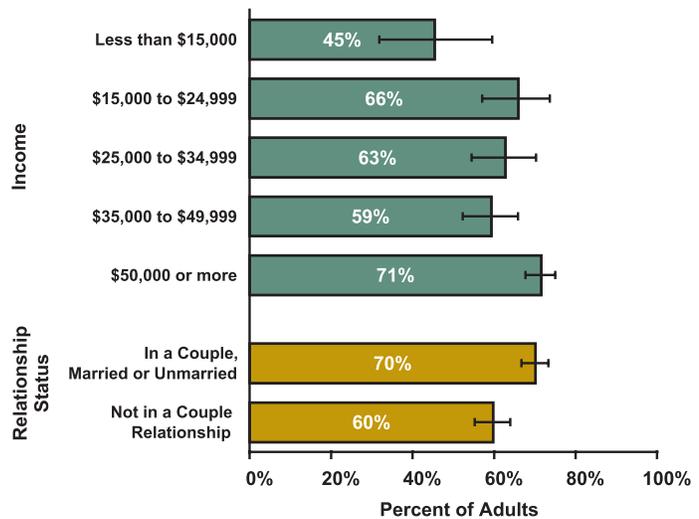
Percent of Adults Who Are “Very or Somewhat” Active in One or More Community Organizations By Gender and Education King County, 2001



- In King County, women are more involved in community activities than men.
- People with at least some college education are more active than others with less education.
- These patterns were also seen in the 1999 survey data.

- In King County people with household incomes of \$50,000 or higher are more involved in community activities than very poor people—those earning less than \$15,000.
- People who are part of a couple (either married or not) are more actively involved in community organizations than people who are separated, divorced, widowed, or never married.
- In White Center, there were no differences in community involvement based on gender, race, education or household income.

Percent of Adults Who Are “Very or Somewhat” Active in One or More Community Organizations By Income and Relationship Status King County, 2001



Data Source, Definition, and Limitations

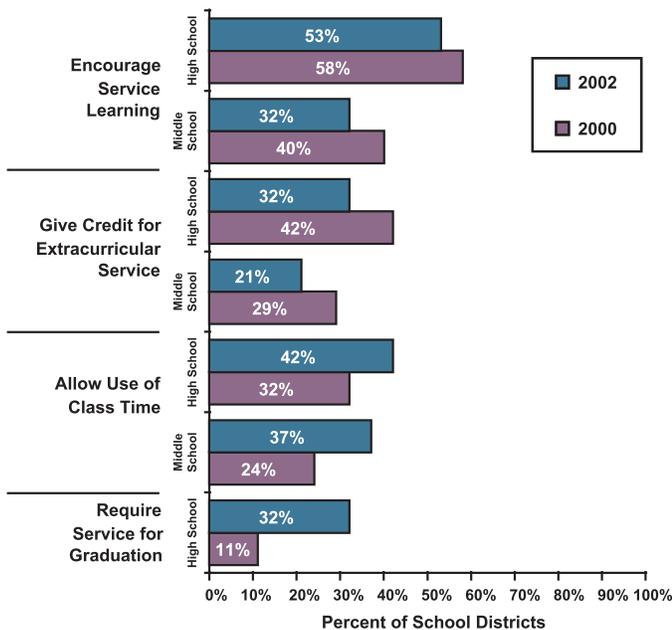
The involvement in community organizations measures are from the White Center and King County Community Health Survey, 1999 and 2001-2002.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Institutional Support for Community Service

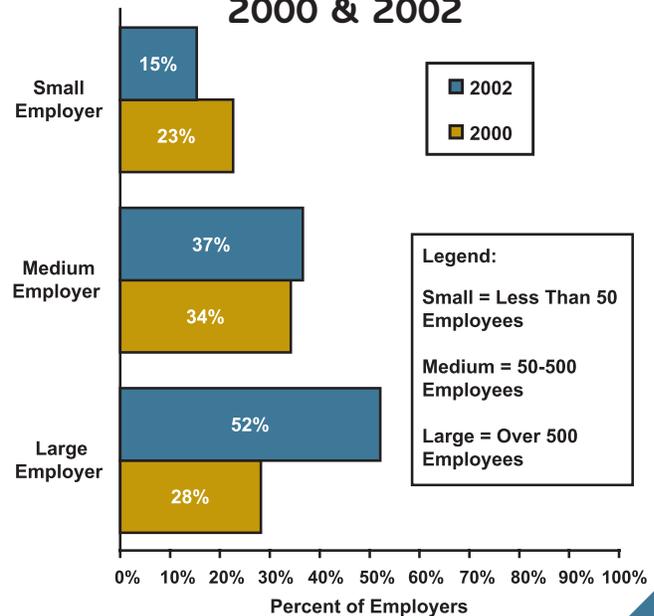
Service to others and to the greater community is something most people value but not everyone participates in. The ethic of service—giving our time and talents for the sake of the common good—is developed within families, and is often reinforced in faith communities, youth organizations and schools. The demands of school and work, however, make it hard to find time for volunteer activities. If schools and employers are able to support service to the community, it is possible that more people, young and old, will participate.

Percent of King County's 19 School Districts That Encourage Service to the Community, 2000 & 2002



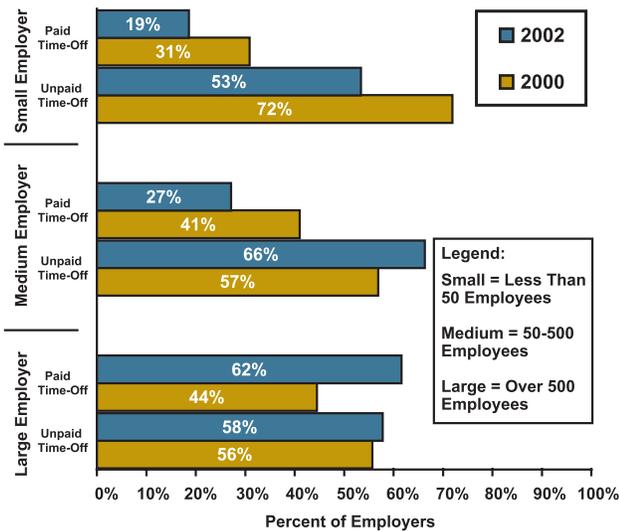
- In a 2002 survey of school administrators, over half of King County public school districts reported that they encourage their teachers to offer service learning opportunities. Less than half reported giving students credit for extracurricular community service and allowing use of class time for service activities. One third of King County school districts reported that they require a certain amount of community service as a graduation requirement. In 2000, only 2 districts reported this requirement, whereas in 2002, 6 school districts required community service for graduation.
- The practices of each school district are summarized on the following page.

Percent of King County Employers With A Formal Community Service Policy 2000 & 2002



- In a 2002 survey of King County employers, half of the employers with at least 500 employees reported having a policy that supports community service activities by employees.
- Only 37% of medium size employers reported such a policy and only 15% of small employers reported a community service policy. The percentage for small employers is down from 23% in 2000, though it is not known if this decrease is statistically significant.

Percent of King County Employers Allowing Time Off for Community Service, 2000 & 2002



- In 2002, over half of all employers that reported having a policy regarding community service, allowed some time off from work for community service.
- It appears that the percentage of small and medium size employers that offer time off decreased between 2000 and 2002. It is not known if these changes over time are statistically significant, however, so readers should interpret the numbers with caution.

Policies/Practices of King County's 19 School Districts Supporting Student Community Service, 2002

School District	Allow Use of Class Time		Give Credit for Extracurricular Service		Encourage Service Learning		Require Service for Graduation
	Middle School	High School	Middle School	High School	Middle School	High School	High School
Auburn	Yes	Yes	No	No	No	Yes	No
Bellevue	No	No	No	No	Yes	No	Yes
Enumclaw	No	Yes	No	No	No	No	No
Federal Way	Yes	Yes	Yes	Yes	No	No	No
Highline	No	No	No	No	No	No	No
Issaquah	No	No	No	No	No	No	No
Kent	No	No	No	No	No	No	Yes
Lake Washington	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mercer Island	No	Yes	Yes	No	No	Yes	No
Northshore	Yes	Yes	No	No	Yes	Yes	No
Renton	No	No	No	No	No	Yes	No
Riverview	Yes	Yes	No	Yes	Yes	Yes	No
Seattle	Yes	Yes	No	No	Yes	Yes	Yes
Shoreline	No	No	No	No	No	No	Yes
Skykomish	No	No	Yes	Yes	No	No	No
Snoqualmie Valley	No	No	No	Yes	No	No	No
Tahoma	No	No	No	No	No	No	No
Tukwila	Yes	Yes	No	No	Yes	Yes	No
Vashon Island	No	No	No	Yes	No	Yes	Yes
Total Positive Response	7	8	4	6	6	9	6
Total Responses	19	19	19	19	19	19	19
Percent Positive 2002	37%	42%	21%	32%	32%	53%	32%
Percent Positive 2000	24%	32%	29%	42%	40%	58%	11%

Data Source, Definition, and Limitations

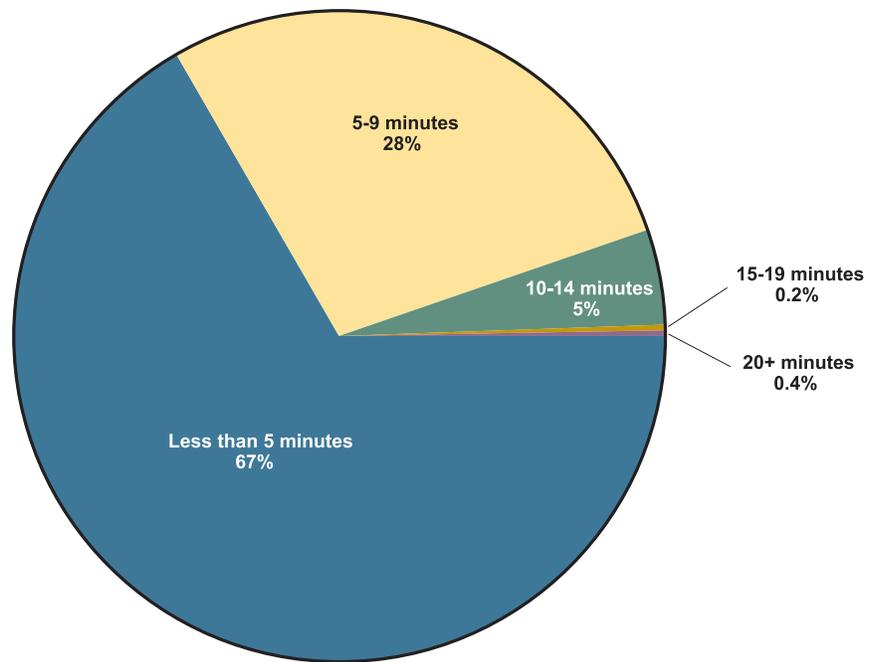
School data are from a 2000 and 2002 mail survey sent to administrators in King County's 19 school districts. Because support for community service may vary by schools within a district, there may be some inaccuracy in the reports provided by district level administrators.

Data from employers are from a 2000 and 2002 telephone and mail survey of King County employers in organizations of different sizes, carried out by United Way of King County.

Ease of Access to Shops and Services

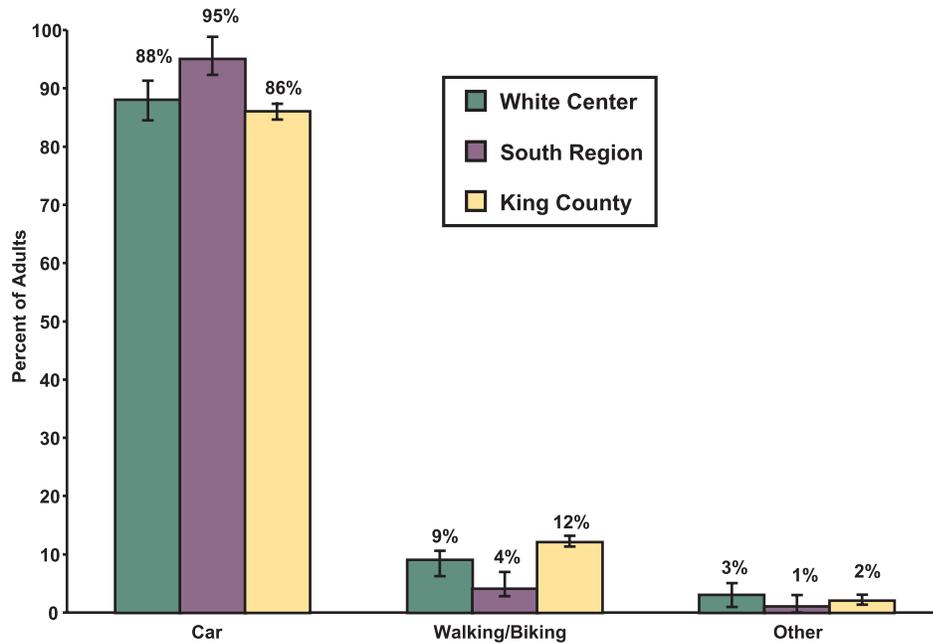
Easy, quick trips to grocery and drug stores and access to services at health clinics, libraries, senior centers, etc., make people's daily life less stressful. Being able to reach shops and services on foot, bike, or short bus ride may free up time for more important or satisfying activities and help to reduce automobile congestion on freeways and more local highways and streets.

Reported Travel Time By Car To Grocery Store
By Adults Age 18 and Over
White Center, 2001-2002



- In a 2001-2002 survey, White Center and King County adults were asked how many minutes it takes them to get to the nearest grocery store by car, bus, walking or bicycling. In White Center, 95% said that they are within 10 minutes of a grocery store by car, 35% by bus and 33% by walking or riding a bicycle (data not shown).
- Two thirds of White Center residents said that they can reach the nearest grocery store by car in less than 5 minutes, 28% in 5-9 minutes, and 5% in 10 minutes or more.

Percent of Adults Usually Using Car, Walking or Biking to Grocery Store White Center, South Region and King County, 2001-2002



- In the same survey, respondents were asked what is the usual way of getting to the grocery store. By far, the most popular mode of transportation for grocery shopping was the car. Significantly more residents in South Region reported using cars for their grocery shopping than residents in White Center and King County as a whole.
- Significantly more King County residents say they walk or bike to do their grocery shopping than residents of White Center or South Region.

Data Source, Definition, and Limitations

The measures of minutes to the grocery store and usual mode of transportation to the grocery store are from the White Center and King County Community Health Survey, 2001-2002.

The limitations of an English-only telephone survey include the following: a) people who do not have a telephone are missed, b) people who do not speak English do not participate, c) people who have less education and lower incomes tend to be under-represented.

Appendix

White Center, Southwest Region and South Region as Aggregated by King County Blockgroups, Census Tracts and ZIP Codes

	2000 Census Tracts	1990 Census Tracts Block Groups	2000 ZIP Codes
White Center	White Center Census Designated Place used instead of aggregating census tracts	265.001 - 265.005, 266.001, 266.002, 267.001, 267.004, 267.005, 268.001 - 268.008, 269.001 - 269.003, 270.003	98146
Southwest Region	NA	NA	98003, 98013, 98023, 98146, 98148, 98158, 98166, 98168, 98178, 98188, 98198
South Region	251.01 - 320.09	251.00 - 320.06, 331.00	98001, 98002, 98003, 98010, 98022, 98023, 98031, 98032, 98038, 98042, 98047, 98051, 98055, 98056, 98058, 98059, 98070, 98092, 98146, 98148, 98158, 98166, 98168, 98178, 98188, 98198

