

The Health of African Americans Living in Seattle

A Special Report to the Seattle City Council
April 1999

TO: The Honorable Sue Donaldson, President, Seattle City Council
FROM: Alonzo L. Plough, Director, Public Health - Seattle & King County
VIA: The Honorable Paul Schell, Mayor, City of Seattle
CC: Dwight Dively, Director, Executive Services Division
SUBJECT: The Health of African Americans Living In Seattle

In response to a Statement of Legislative Intent (SLI) that was passed with the Health Department's 1999-2000 budget, I am pleased to present to you ***The Health of African Americans Living In Seattle*** which provides a comprehensive look at the health conditions of African Americans in our community.

This report provides the following:

- A comprehensive overview and summary of the African American population's health status, which indicate that while some progress has been made, challenges still exist. Serious disparities in health indicators continue: some disparities such as overall mortality and infant mortality have grown. Mortality due to diabetes, colorectal cancer, and drug-related causes are increasing. At least one in five African Americans do not have health insurance.
- A high level summary of current Health Department programs that specifically target the African American population and the personal health, community health and some population based services that serve the African American population.
- A report and summary of the work of the Department's African American Health Roundtable discussions which has identified gaps in service and recommendations. Among those recommendations are an all-day health conference and development of an African American inventory or website to facilitate education and outreach.

The challenge to the Health Department is to attack these disparities with programs and services while striking a balance to serve the entire City. Some progress has been made. The life expectancy of African Americans has increased; teen birth rates among African Americans has decreased; and mortality due to heart disease and liver disease among African Americans has decreased.

The Health Department remains committed to addressing the health concerns of African Americans in our community with our community partners.

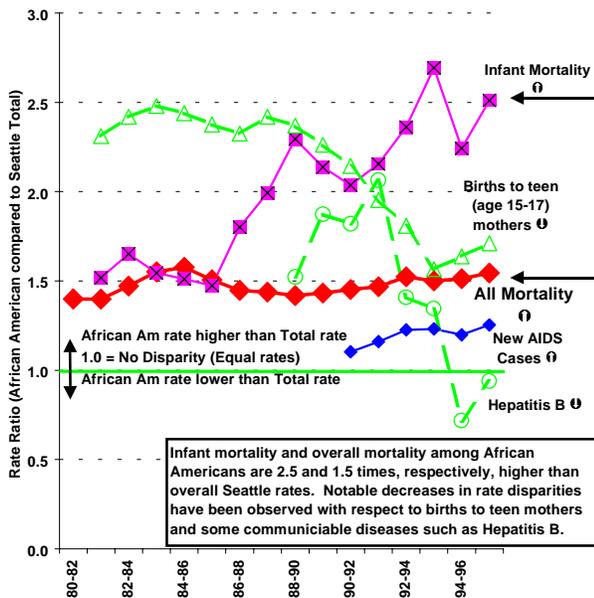
My hope is that this report not only presents a complete picture of the health of African Americans in our community but serves as a beginning point for future discussion with the Council.

Part I. Population Overview and Health Status of African Americans Living in Seattle

Since 1980, we have witnessed some improvements in the health of African Americans living in Seattle. Unfortunately, this progress has not been consistent over time. Many of the improvements mentioned in this report reflect gains in recent years which occurred after several years of worsening trends in the late 1980s and early 1990s. Many disparities in health indicators between racial and ethnic groups also exist and are documented here. Similar to the overall trends, there are a number of successes observed, yet many serious challenges still remain. Disparities with respect to key indicators such as infant mortality and overall mortality have grown (Figure 1). Eliminating all disparities would result in 153 fewer deaths among African Americans in Seattle annually (Figure 2).

While many of these issues have been highlighted in previous reports, we summarize these findings with emphasis on the health of African Americans living in Seattle, presenting both progress toward better health and new and remaining challenges.

Figure 1. Disparities in health indicators (comparison of health indicators between African Americans and Total for All Seattle), three-year averages, Seattle 1980-97



⬆ Increasing trend; ⬇ decreasing trend.
Sources: Washington DOH. Center for Health Services and STD/TB Services. SKCDPH HIV/AIDS Epidemiology and Prevention Svcs Division.

Produced by Seattle-King County Department of Public Health. EPE 3/99

Health Findings – At a Glance:

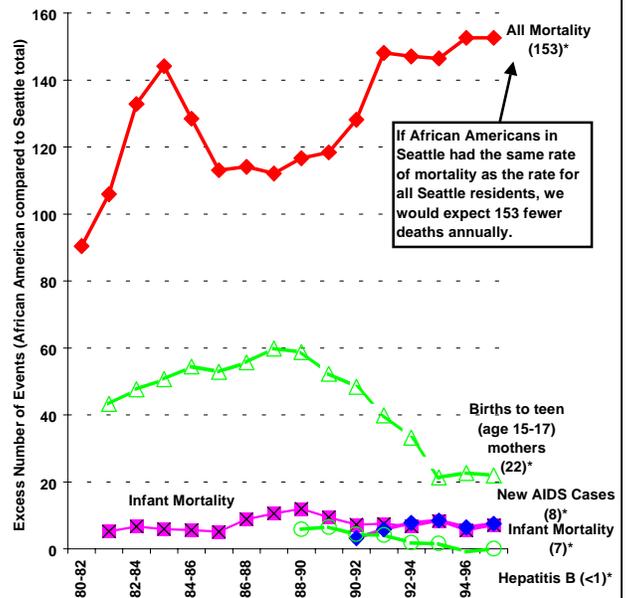
Progress Toward Better Health:

- **Life expectancy has increased** from 69 years in 1980 to 72 years in 1997.
- **Decreasing mortality** due to heart and liver disease, AIDS, homicide and alcohol-related causes.
- **Teen birth rate has decreased and use of prenatal care in the first trimester of pregnancy has increased** to 73% of all births. A significant decrease in infant mortality occurred in early 1990s.
- **No or little disparity with respect to immunizations for children and screening for hypertension, high cholesterol, or women’s breast and cervical cancer in Central/SE Seattle.** Significant differences may, however, exist in other parts of Seattle and King County.

Continuing and New Health Challenges:

- **Serious disparities in health indicators continue.** Some disparities have grown (e.g., overall mortality and infant mortality). Eliminating these disparities today would result in 153 fewer deaths among African Americans in Seattle annually.
- **Increase in some rates or risk for serious disease.** Mortality due to diabetes, colorectal cancer, and drug-related causes are increasing. Over half of adults are overweight and many have been told they have high blood pressure or high cholesterol.
- **Poverty.** At least one third of African American children living in King County live in poverty. Adult rates are slightly less, but Seattle rates may be higher.
- **Lack of health insurance.** At least one in five African Americans do not have health insurance.
- **Discrimination when seeking health services.** Nearly one in three adults in Central/SE Seattle report having been discriminated against when seeking health services.

Figure 2. Excess number of health events among African Americans if rates were the same as rates for all Seattle residents, three-year average, 1988-97



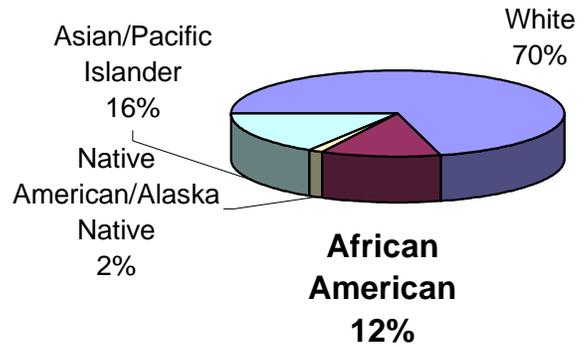
*Number represents the annual number of excess events for the 1995-97 period if African Americans in Seattle had the same rates as all of Seattle.

Overview

❖ **Population.** In 1999, African Americans living in Seattle number approximately 63,000 or about 12% of the total Seattle population (Figure 3) and 63% of all African Americans living in King County. African Americans live in all parts of Seattle and King County with higher proportions living in Southeast and Central Seattle (Table 1 and Figure 4).

❖ **Cultural Diversity.** The African Americans living in Seattle are not a single community, but a rich and vibrant tapestry of people and cultures. While some have known Seattle all of their lives, many others have moved to Seattle from other parts of the country. Four percent also identify as Latino or Hispanic and an increasing number of residents have immigrated to Seattle from Africa. (At least 6% of residents of African descent living in King County are recent immigrants from Ethiopia, Eritrea, Somalia, and other countries.)

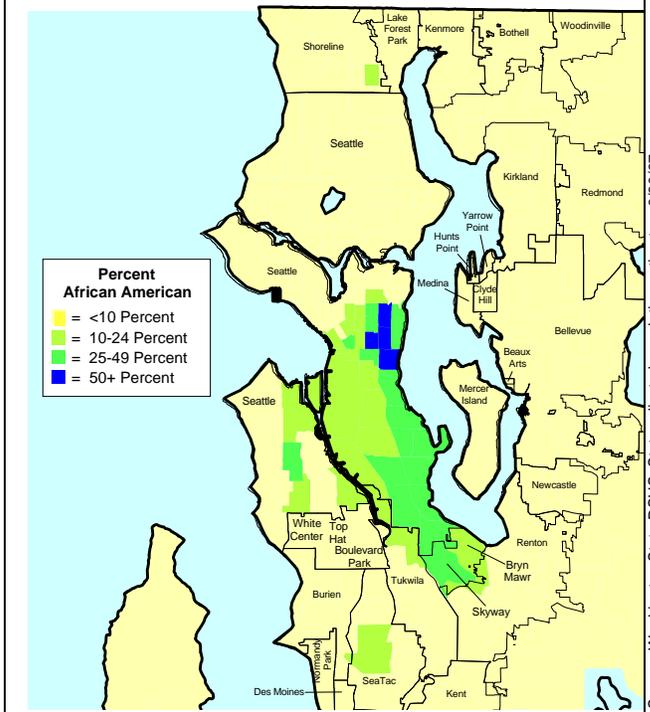
Figure 3. Seattle population by racial and ethnic make up, 1999.



Note: 5% of Seattle residents are also of Latino or Hispanic ethnicity.

Source: Washington State Dept. of Social and Health Services (DSHS), Adjusted Population Estimates, 6/30/97

Figure 4. Percent population that is African American by census tract, Seattle and vicinity, 1999.

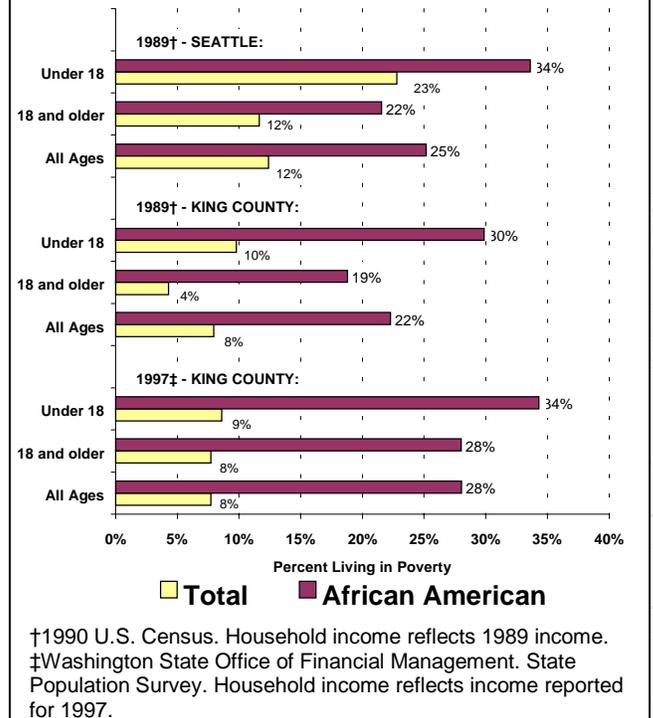


Source: Washington State DSHS. State adjusted population estimates, 6/30/97.

❖ *Economic Well-Being and Education (Table 2 and Figure 5).*

- Census data and surveys conducted as recently as 1998 suggest that over 25% of African Americans in Seattle and King County currently live in poverty compared to 8% for all King County residents (Figure 5). Over one third (34%) of African American children in King County live in poverty. In 1997, more than half (51%) of all African Americans living in King County had incomes less than 200% of poverty compared to one fifth (18%) countywide.
- According to the 1990 census, three quarters of the African American adults (age 25 and older) in Seattle had a high school diploma or equivalent and 10% possessed a four-year college degree. Surveys conducted more recently (1995 and 1998) suggest that educational attainment has increased to 85%-90% of residents having a high school diploma or equivalent and nearly one quarter having a four year college degree. These rates are significantly less than the rates for all King County residents (96% have a high school diploma or equivalent and over 40% have a four year college degree).
- Unemployment for African American adults in Seattle in 1990 was estimated at 12% compared to 5% for all Seattle residents. More recent telephone interview surveys (1995 and 1998), which probably underestimate true unemployment rates, have indicated similar rates.
- Of African American households in Seattle with children, 60% were estimated in 1990 to be headed by a single parent compared to 30% of all households citywide. More recent estimates are not available.

Figure 5. Percent of African Americans living in poverty in Seattle and King County, 1989 and 1997.



Produced by Seattle-King County Department of Public Health. EPE 3/99

Health Status Indicators

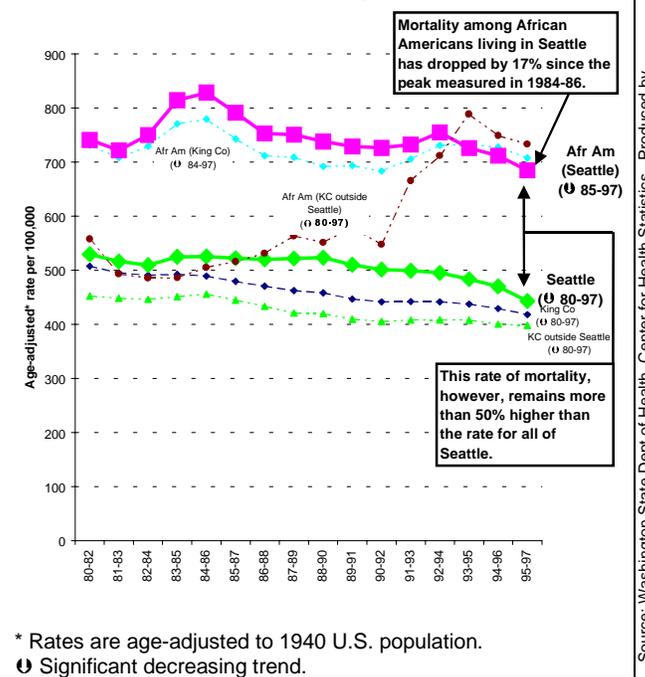
Although information concerning the health of African Americans in Seattle is limited, there are a number of sources which give us some insight. The primary sources of information come from vital statistics records (birth and death certificates), communicable disease reports, and periodic local surveys. Using these data, we are able to assemble a picture concerning cause and occurrence of deaths, maternal and child health, and some communicable diseases such as sexually transmitted disease and AIDS. Survey data, such as the Ethnicity and Health survey conducted in 1995, add to our picture with information concerning access to health services, health-related behaviors and risk factors, and utilization of disease screening measures.

❖ **Mortality (Tables 3 and 4)**

- Progress Toward Better Health
 - Overall mortality among African Americans in Seattle has decreased 17% since 1984-86 (Figure 6).
 - Life expectancy at birth during this period has increased from 69 years in 1984-86 to 72 years in 1995-97.
 - Mortality due to heart disease and liver disease has decreased since 1980. More recently there have been significant declines in mortality due to AIDS and homicide.
 - Alcohol-related deaths have also steadily decreased since 1980, while a more recent decline is evident with respect to firearm-related fatalities.
 - There have been long-term (since 1980) decreases in mortality for persons age 45 to 64 and more recently (since 1993) for youth and young adults (age 15-24). (Table 4)

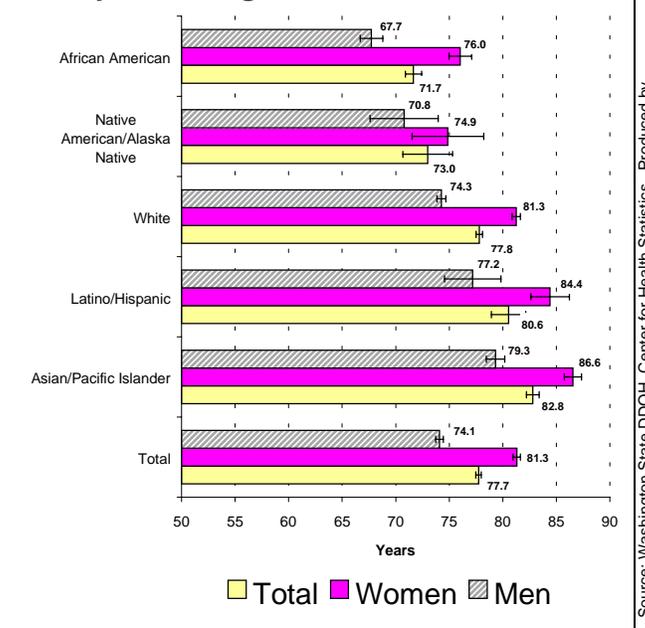
- Continuing and New Challenges
 - Overall mortality remains 50% higher than rates for Whites. Similarly, life expectancy for African Americans is nearly 6 years less than the life expectancy for all Seattle residents (Figure 7).
 - The disparity in overall mortality between African Americans and all Seattle residents has increased (Figure 1).
 - Mortality due to some disease are on the increase, most notably due to:
 - Diabetes
 - Colorectal cancer
 - Chronic obstructive pulmonary disease
 - Stroke (trend for Seattle is less clear, but rates have increased significantly countywide since 1990)
 - Homicide remains the leading cause of death for youth and young adults (age 15-24) in the years 1995 to 1997, although this may change soon if rates continue to decline as has been observed in recent years.

Figure 6. Mortality due to all causes among African Americans living in Seattle and King County, three-year averages, 1980-1997.



Source: Washington State Dept of Health, Center for Health Statistics. Produced by SKCDPH Epidemiology, Planning and Evaluation (EPE).

Figure 7. Life expectancy at birth, Seattle, three-year average, 1995-97.

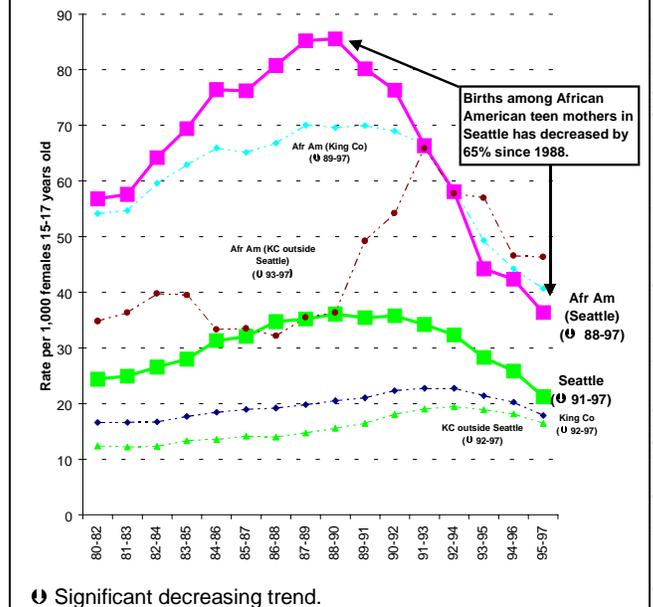


Source: Washington State DDOH, Center for Health Statistics. Produced by SKCDPH, EPE 3/99.

❖ **Maternal and Child Health**

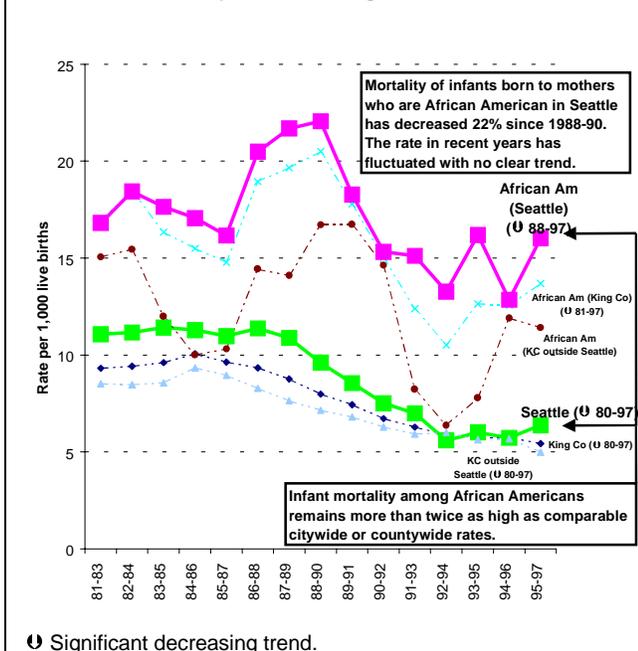
- Progress Toward Better Health
 - Infant mortality has decreased 22% since the 1988-90 period (Table 4 and Figure 8).
 - Several risk factors for poor birth outcomes (Table 5) have decreased notably:
 - Births to teenage mothers have decreased by 65% since 1988 (Figure 9).
 - Nearly three quarters of pregnant women now receive prenatal care in their first trimester (Figure 10).
 - In recent years (1993-97), there has been a steady decrease in smoking and the use of alcohol during pregnancy.
- Continuing and New Challenges
 - Infant mortality remains more than twice as high as citywide rates and the decrease observed in the early 1990s has ceased.
 - Risk factors for poor birth outcomes (Table 5) continue to occur at rates significantly higher than citywide totals.

Figure 9. Births to Seattle teenage mothers (15-17 years) who are African American, three-year averages, 1980-97.



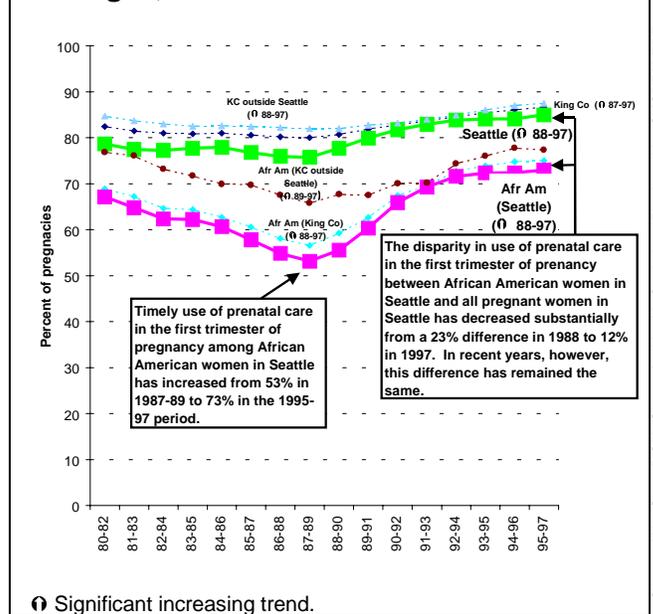
Source: Wa. State DOH. Center for Health Statistics. Produced by SKCDPH EPE.

Figure 8. Infant mortality among children born to mothers who are African American, Seattle, three-year averages, 1981-97.



Source: Wa. State DOH. Center for Health Statistics. Produced by SKCDPH EPE.

Figure 10. Use of prenatal care in the first trimester of pregnancy among mothers who are African American, Seattle, three-year averages, 1980-97.



Source: Wa. State DOH. Center for Health Statistics. Produced by SKCDPH EPE.

❖ **Communicable disease (Table 6)**

- Progress Toward Better Health
 - Communicable disease such as hepatitis A and B and sexually transmitted disease (gonorrhea, syphilis, and chlamydia) have all shown significant declines over the past 10 years.
 - The rate of hepatitis A is significantly lower than the citywide rate.
- Continuing and New Challenges
 - Despite a reduction in differences over the past 10 years, the rates of STD among African Americans living in Seattle remain significantly higher than rates for all residents citywide.
 - Although the incidence of new AIDS cases in Seattle is higher than the rate for all Seattle residents, this difference is not great enough to rule out that these numbers occur by chance. However, the disparity in the rate of new AIDS cases compared to all Seattle residents has grown significantly since 1990.

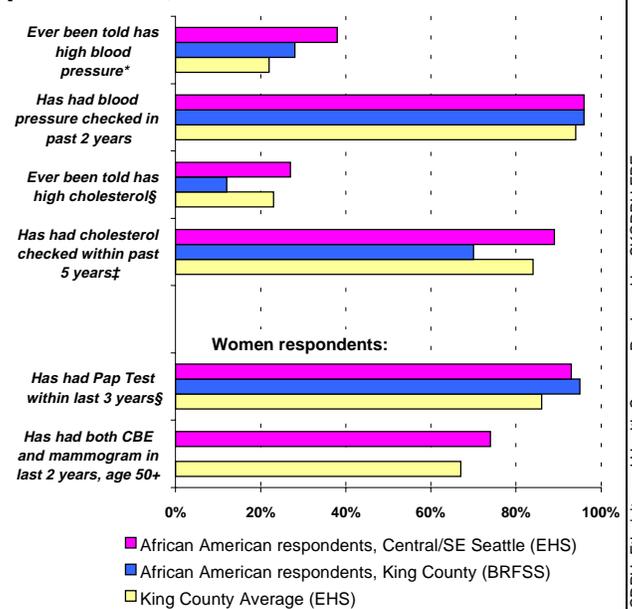
❖ **Access to Health Services, Risk Factors for Disease and Utilization of Disease Screening Measures (Tables 7 and 8).**

- Progress Toward Better Health
 - 1995-96 Ethnicity and Health Survey results among adults (age 18 and older) indicate possibly lower health risk due to:
 - Use of screening measures for high blood pressure/cholesterol (96% reported BP screening in past 2 years and 89% had cholesterol check within 5 years) (Figure 11).
 - Use of cervical cancer screening measures in women (93% had a Pap test in past 3 years).
 - Use of breast cancer screening in women, age 50+ (74% with clinical breast exam and mammogram in past 2 years).
 - Lower rates of alcohol consumption and binge drinking.

➤ Continuing and New Challenges

- 1995-96 Ethnicity and Health Survey results among adults (age 18 and older) in Central and SE Seattle indicate possibly higher than average health risk due to:
 - Specific health factors:
 - ◆ 56% reported weight and height measures currently considered to be overweight (all KC residents: 40%).
 - ◆ 22% of women and over 40% of men reported current smoking (all King County: 17% and 19%, respectively).
 - ◆ 38% reported having been told they have high blood pressure (all KC: 22%).
 - Lower utilization of recommended vaccinations:
 - ◆ 33% of elderly adults (age 65+) reported ever having had a vaccination against pneumonia (all KC: 42%).

Figure 11. Diagnosis of certain medical conditions and recent use of screening procedures, 1995-96.



EHS: * Significant difference compared to King County average. BRFSS: § Significant difference compared to KC ave.; ‡ suggested difference, but not statistically different.

❖ *Access to Health Services, Risk Factors for Disease and Utilization of Disease Screening Measures (Tables 6 and 7).*

➤ Continuing and New Challenges

• Barriers in accessing health services:

- ◆ 18% reported not having any health insurance compared to 13% for all residents in King County (Figure 12) and 81% reported delaying medical treatment in the past 12 months compared to 50% of all King County respondents.
- ◆ 20% reported not receiving needed dental care compared to 8% of all King County residents (Figure 13).
- ◆ 29% believed they had been discriminated against based on their race or ethnicity when seeking health services compared to 3% for all King County residents (Figure 14).

Figure 13. Unmet health service need in the preceding 12 months among African Americans living in Central/SE Seattle, 1995-96.

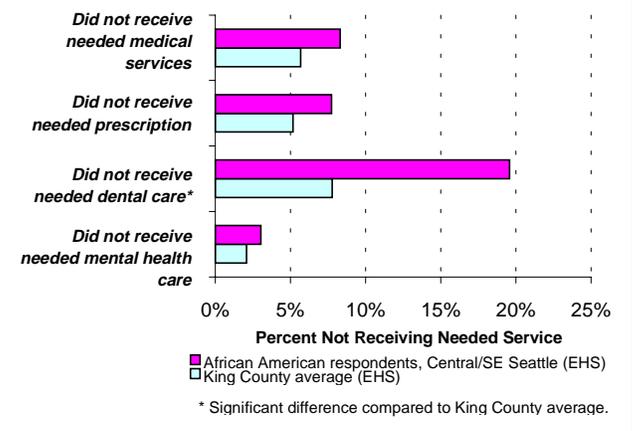
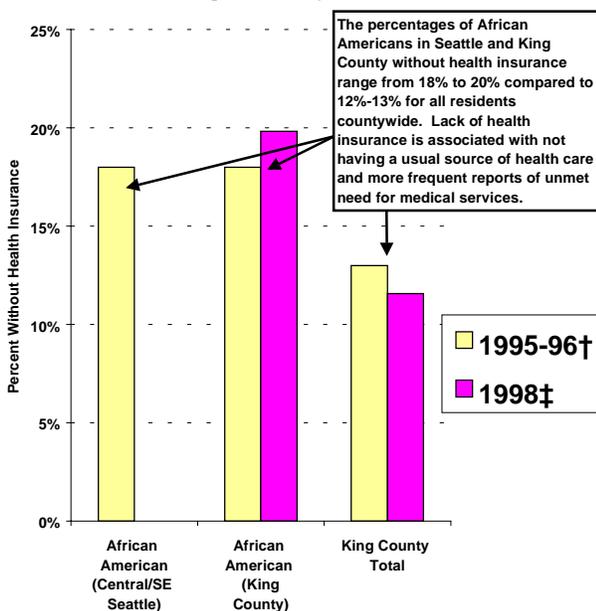
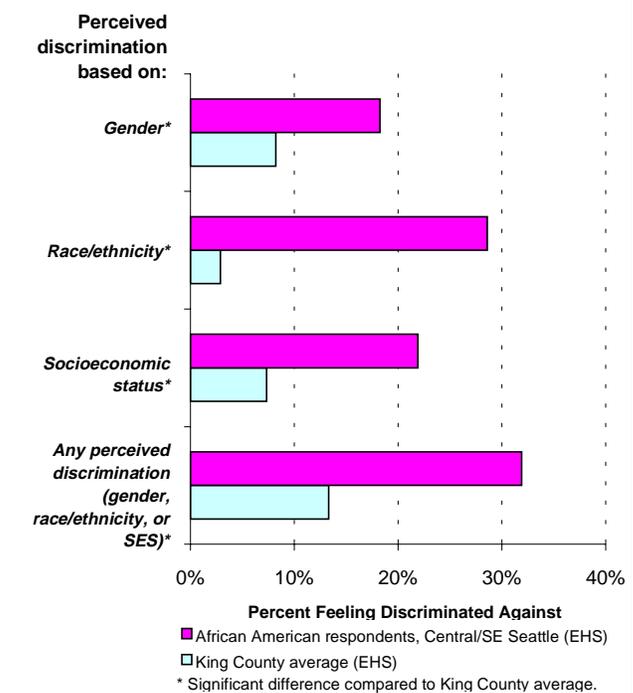


Figure 12. Percent of African Americans (age 18-64) without health insurance in Seattle and King County, 1995 and 1997.



† Seattle-King County Department of Public Health. Ethnicity and Health Survey, 1995-96.
‡ Washington State Office of Financial Management. State Population Survey, 1998.

Figure 14. Perceived discrimination among African Americans living in Central/SE Seattle when seeking health services, 1995-96.

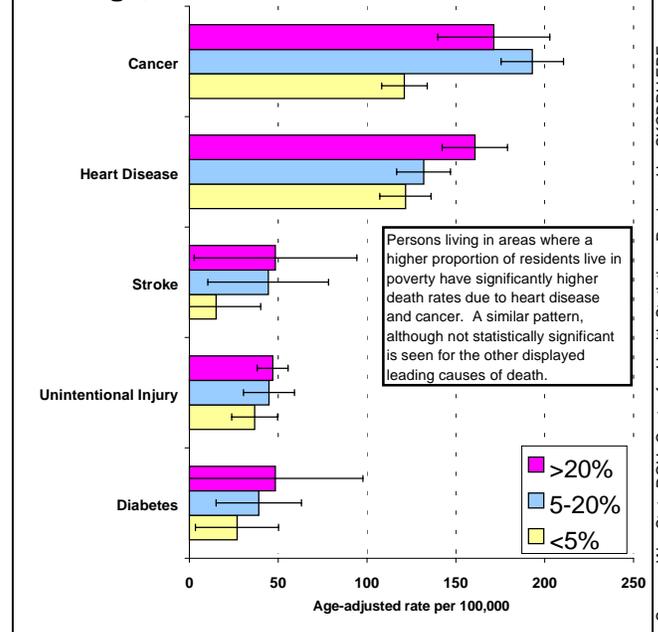


❖ *Other Factors Affecting Health Status.*

In addition to the directly measurable factors described above, there are many other important, but less measurable factors, which affect a person's health or access to health services. Some of these factors include:

- *Economic opportunity and equity.* As previously mentioned, at least one quarter of African Americans in Seattle currently live in poverty. Poverty and economic inequity are major factors related to poor health (Figure 15).
- *Stress due to social or environmental factors* such as being exposed to acts of racism or living in areas with higher crime may impact a person's health directly or indirectly through internalized emotions which may in the long term weaken a person's natural ability to fight disease.
- *Mental health and social support* also play an important role in influencing health and well-being. Appropriate mental health services and a supportive environment of family, friends, and community are significant factors in maintaining good health.
- *Trust or confidence in health system and health services research.* Confidence in the health system may be eroded through historical events such as the Tuskegee syphilis study or through negative personal experiences. These events may lead to distrust or delay in using health services. From the Ethnicity and Health Survey mentioned above, reports of discrimination when seeking health services were strongly associated with a delay in seeking health services. In addition, the significant lack of African American health care professionals and researchers may also reinforce feelings of distrust and lack of confidence in our current health system.
- *Language or cultural factors* may also play an important part in a person's ability to navigate our complex medical system or to understand materials promoting better health. These factors have become increasingly important as the number of Africans and persons of African

Figure 15. Leading causes of death among African Americans in Seattle by percentage of population living in poverty, three-year average, 1995-97.

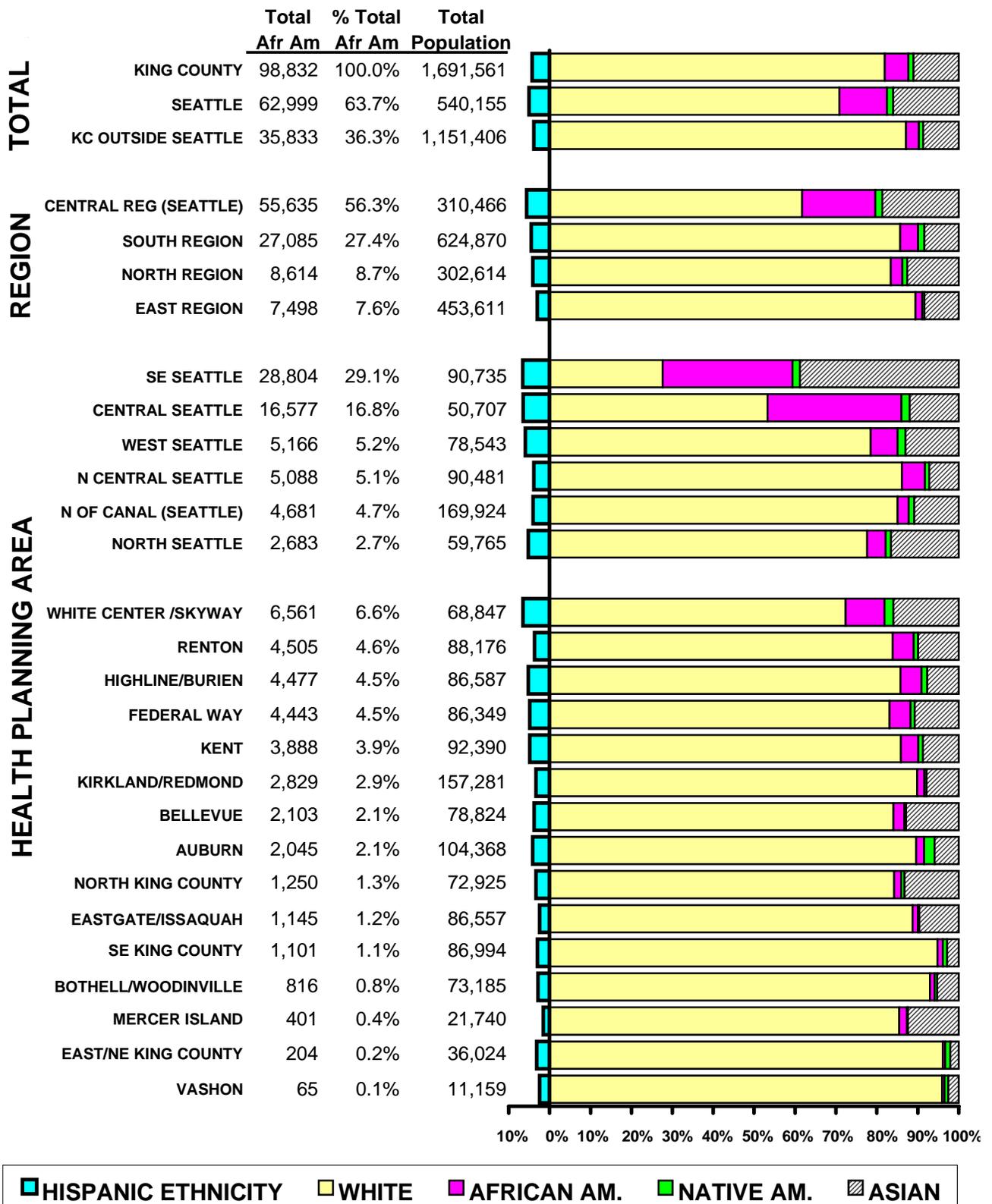


Source: Wa. State DOH, Center for Health Statistics. Produced by SKCDPH EPE.

ancestry immigrating to our area from other countries has grown significantly. In this respect there is a significant lack of trained medical professionals available who are able to address the complex medical, psychological, social and cultural mores impacting health access for African Americans and African immigrants. Few culturally appropriate social marketing methods are utilized to promote education for better personal health and understanding of the health care system.

All of these factors influence an individual's or community's health outlook and need to be taken into consideration as we look to improve the health of African Americans living in Seattle. Additional information concerning the health of African Americans in Seattle and King County may also be found in a number of Health Department publications listed in Table 9.

Table 1. African American population in King County and Health Planning Regions and percent by race/ethnicity, 1999



Source: Washington State DSHS. State adjusted population estimates, 6/30/97.
 Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 2. Poverty, unemployment, educational attainment, and single-parent households among African Americans in Seattle and King County, 1989-1997.

	African Americans			All Residents	
	Central/SE Seattle	Seattle	King County	Seattle	King County
Poverty Status					
Below Poverty					
Under 18 Years					
1989†		33.6%	29.9%	22.8%	7.8%
1997‡			34.3%		8.6%
18 Years and Older					
1989†		21.6%	18.8%	11.6%	7.4%
1997‡			28.0%		7.7%
All Ages					
1989†	23.4%	25.2%	22.3%	12.4%	8.0%
1997‡	-	-	28.0%	-	7.7%
Below 200% of Poverty (Age 18+)					
1989†	-	-	-	28.0%	19.8%
1995§	45.0%	-	43.0%	-	-
1997‡	-	-	50.6%	-	18.3%
Unemployment Status					
1990†	12.8%	12.4%	11.3%	4.9%	4.2%
1995§	12.0%	-	8.0%	-	4.0%
1997‡	-	-	8.8%	-	3.1%
Educational Attainment (age 25+)					
High School Diploma or Equiv.					
1990†	74.3%	76.5%	79.0%	86.4%	88.2%
1995§	90.0%	-	90.0%	-	93.0%
1997‡	-	-	86.6%	-	96.1%
4 Year College Degree					
1990†	12.4%	10.2%	15.9%	37.9%	32.8%
1995§	21.0%	-	25.0%	-	47.0%
1997‡	-	-	23.7%	-	45.2%
Single Parent Household					
1990†	62.1%	59.4%	53.2%	29.4%	22.3%

† 1989-90 US Census. Household income reflects income in 1989.

‡ 1997-98. Washington State Office of Financial Management. State Population Survey. Household income reflects income in 1987.

§ 1995. Seattle-King County Department of Public Health. Ethnicity and Health Survey.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 3. Leading causes of death among African Americans in Seattle, three-year average rates, 1995-97.

	African Americans in Seattle					Total for All Seattle Residents					% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Rank	Annual Deaths	% of All Deaths	Age-adjusted* rate	95% Confidence Interval	Rank	Annual Deaths	% of All Deaths	Age-adjusted* rate	95% Confidence Interval		80-97	93-97
All Ages													
ALL CAUSES		439	100%	684.6 (651.3, 717.9)		4883	100%	443.2 (434.9, 451.6)		▲ 54%			
Cancer	1	105	24%	171.9 (153.3, 190.5)		2	1090	22%	113.6 (109.2, 118.0)		▲ 51%		
..Lung Cancer		27	6%	48.9 (38.0, 59.8)			291	6%	31.6 (29.2, 34.0)		▲ 55%		
..Colorectal Cancer		12	3%	18.4 (12.5, 24.3)			107	2%	9.9 (8.6, 11.2)		▲ 86%	⬇	
..Breast Cancer (Women)		11	3%	34.0 (21.8, 46.3)			99	2%	20.5 (17.8, 23.3)		ns		
..Prostate Cancer (Men)		7	2%	25.9 (16.3, 35.5)			64	1%	11.4 (9.7, 13.2)		▲ 127%		
Heart Disease	2	96	22%	145.0 (128.9, 161.0)		1	1316	27%	98.1 (94.4, 101.8)		▲ 48%	⬇	
Stroke	3	30	7%	42.7 (34.0, 51.5)		3	410	8%	24.4 (22.7, 26.1)		▲ 75%		
Unintentional Injury	4	29	7%	45.8 (36.0, 55.6)		6	195	4%	26.9 (24.5, 29.4)		▲ 70%		
Diabetes	5	25	6%	42.1 (32.5, 51.8)		8	132	3%	14.3 (12.7, 15.9)		▲ 194%	⬇	
COPD (Chronic Obstructive Pulmonary)	6	16	4%	23.8 (17.0, 30.7)		4	213	4%	17.7 (16.1, 19.3)		ns	⬇	
AIDS	7	16	4%	24.2 (17.2, 31.2)		7	185	4%	28.2 (25.8, 30.6)		ns	⬇	
Homicide	8	11	3%	20.8 (13.7, 27.9)		12	33	1%	6.6 (5.2, 8.0)		▲ 215%	⬇	
Pneumonia and Influenza	9	10	2%	14.3 (9.2, 19.4)		5	203	4%	11.5 (10.3, 12.6)		ns		
Suicide	10	6	1%	10.3 (5.5, 15.2)		9	78	2%	12.9 (11.1, 14.7)		ns		
Grouped categories													
Drug-related deaths	-	18	4%	28.3 (20.6, 36.0)		-	62	1%	9.5 (8.0, 10.9)		▲ 198%	⬇	
Firearm deaths	-	12	3%	21.5 (14.4, 28.6)		-	95	2%	15.4 (13.5, 17.3)		ns	⬇	
Alcohol-induced deaths	-	4	1%	8.5 (3.7, 13.2)		-	51	1%	9.4 (7.8, 11.0)		ns	⬇	

* Rates are age-adjusted to the 1940 U.S. population.

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

⬇ Significantly significant decreasing trend.

⬆ Significantly significant increasing trend.

Source: Washington State Department of Health, Center for Health Statistics.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 4. Leading causes of death among African Americans in Seattle by age groups, three-year average rates (1995-97) with long-term (1980-97) and short-term (1993-97) trends.

	African Americans in Seattle				Total for All Seattle Residents				% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Annual Deaths	% of All Deaths	Rate	95% Confidence Interval	Annual Deaths	% of All Deaths	Rate	95% Confidence Interval		80-97	93-97
Infant Mortality†											
ALL CAUSES	13	100%	17.9 (12.7, 24.41)		40	100%	6.4 (5.29, 7.64)		▲ 180%		
SIDS	5	38%	6.4 (3.51, 10.72)		10	25%	1.6 (1.04, 2.23)		▲ 311%		
Ages 1-14‡											
ALL CAUSES	4	100%	26.5 (13.7, 46.1)		15	100%	18.0 (13.1, 24.2)		ns		
Unintentional Injury	1	25%	6.6 (1.3, 18.7)		3	20%	4.1 (2, 7.5)		ns		
Ages 15-24‡											
ALL CAUSES	12	100%	133.0 (92.8, 185.1)		45	100%	73.5 (61.6, 87)		▲ 81%	↻	↻
Homicide	5	42%	53.2 (29.1, 89.1)		10	22%	16.5 (11.1, 23.5)		▲ 222%	↻	↻
Ages 25-44‡											
ALL CAUSES	56	100%	276.4 (236.3, 321.3)		416	100%	202.7 (191.6, 214.2)		▲ 36%		↻
Unintentional Injury	13	23%	62.1 (44, 85.3)		75	18%	36.5 (31.9, 41.6)		▲ 70%		
Ages 45-64‡											
ALL CAUSES	99	100%	988.3 (879.4, 1107.2)		665	100%	634.7 (607.2, 663.2)		▲ 56%	↻	
All Cancer	31	31%	308.4 (249.1, 377.8)		220	33%	209.6 (193.9, 226.2)		▲ 47%	↻	
Ages 65 and older‡											
ALL CAUSES	255	100%	5771.3 (5369.6, 6195.6)		3703	100%	4791.8 (4703.1, 4881.7)		▲ 20%	↻	
Heart Disease	75	29%	1699.7 (1485.1, 1936.8)		1153	31%	1492.0 (1442.7, 1542.6)		ns		

† Rate per 1,000 live births.

‡ Rate per 100,000 population in age group.

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

↻ Significantly significant decreasing trend.

↻ Significantly significant increasing trend.

Source: Washington State Department of Health, Center for Health Statistics.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 5. Prevalence of risk factors for poor birth outcomes among African Americans living in Seattle, three-year averages, 1995-97.

Risk Factor	African Americans			Total for All Seattle			% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Number	Percent of Births	95% Confidence Interval	Number	Percent of Births	95% Confidence Interval		80-97	93-97
Low birth weight (<2500 g)	91	12.6%	(11.2, 14.2)	401	6.5%	(6.1, 6.9)	▲ 94%		
Very low birth weight (<1500 g)	20	2.8%	(2.1, 3.6)	63	1.0%	(0.9, 1.2)	▲ 172%		
Preterm birth (<37 wk gestation)	90	16.2%	(14.3, 18.3)	494	10.0%	(9.5, 10.6)	▲ 62%		
Mother 10-17 years of age	56	7.7%	(6.5, 8.9)	157	2.5%	(2.3, 2.8)	▲ 201%	⓪	
Smoked during pregnancy	103	15.3%	(13.6, 17.1)	483	8.4%	(8.0, 8.8)	▲ 82%		⓪
Consumed alcohol during pregnancy	20	3.1%	(2.4, 4.0)	110	2.1%	(1.9, 2.3)	▲ 50%		⓪
Received late (not in 1st trimester) or no prenatal care	47	8.1%	(6.8, 9.6)	233	4.5%	(4.1, 4.8)	▲ 82%	⓪	

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

⓪ Significantly significant decreasing trend.

Ⓜ Significantly significant increasing trend.

Source: Washington State Department of Health, Center for Health Statistics.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 6. Incidence of communicable disease among African Americans living in Seattle, three-year averages, 1995-97.

Disease	African Americans in Seattle			Total for All Seattle			% Rate Difference (African Americans compared to Total)	Trend for African Americans in Seattle	
	Annual number	Rate*/100,000	95% Confidence Interval	Annual number	Rate*/100,000	95% Confidence Interval		80-97	93-97
Hepatitis A	8	13.3	(8.5, 20.0)	188	35.2	(32.4, 38.2)	▼ -62%	⬇️	
Hepatitis B	4	6.9	(3.6, 12.1)	36	6.7	(5.5, 8.1)	ns	⬇️	
AIDS	32	56.1	(45.4, 68.6)	280	47.4	(44.3, 50.7)	ns	na	na
Sexually transmitted disease:									
<i>Gonorrhea</i>	309	518.1	(485.3, 552.5)	675	126.2	(120.8, 131.8)	▲ 311%	⬇️	⬇️
<i>Syphilis</i>	17	29.0	(21.7, 38.0)	43	8.0	(6.7, 9.5)	▲ 263%	⬇️	⬇️
<i>Chlamydia</i>	629	1054.0	(1,007.0, 1,102.7)	1620	302.8	(294.3, 311.4)	▲ 248%	⬇️	⬆️

* Rates are unadjusted (crude) for age differences.

▼ Rate among African Americans in Seattle is significantly lower than the rate for all Seattle residents.

▲ Rate among African Americans in Seattle is significantly higher than the rate for all Seattle residents.

⬇️ Significantly significant decreasing trend.

⬆️ Significantly significant increasing trend.

Sources:

Communicable diseases: Seattle-King County Department of Public Health, Prevention Services Division.

AIDS: SKCDPH, HIV/AIDS Epidemiology.

STD: Washington State Department of Health, STD/TB Services.

Produced by: Seattle-King County Department of Public Health, Epidemiology, Planning and Evaluation, 3/99.

Table 7. Respondent demographics, self-perceived health status, access to health care, and risk for personal injury among African Americans living in Central/SE Seattle, Ethnicity and Health Survey, 1995-96.

Indicator	Ethnicity and Health Survey, 1995-96 ¹		African Americans (King County, BRFSS, 1993-97) (n=168) ²	Healthy People 2000 (HP2000) Objective ³
	African Americans (Cent. & SE Seattle) (n=205)	King County Ave. (n=2427)		
Respondent Demographics				
• High School diploma or equivalent	90%	93%	90%	na
• Unemployed	⬆ 12%†	4%	8%	na
• Household income < 200% of poverty	⬆ 45%*	18%	⬆ 43%*	na
Self-Perceived Health Status				
• Rating health as "fair" or "poor"	⬆ 18%†	10%	12%	na
Access to Health Care				
• Without health insurance (18-64)	18%	13%	18%	na
• No usual source of care	✗ 11%	14%	✗ 12%	5% or less
• Delayed medical treatment/past 12 months	⬆ 81%*	50%	na	na
• Not receiving needed health services in the preceding 12 months:				
♦ Medical/surgical services	8%	6%	na	na
♦ Dental care	⬆ 20%*	8%	na	na
• Perceived discrimination when seeking health services based on:				
♦ Gender	⬆ 18%*	8%	na	na
♦ Race/ethnicity	⬆ 29%*	3%	na	na
♦ Socioeconomic status (SES)	⬆ 22%*	7%	na	na
♦ Combined (gender, race/ethnicity and SES)	⬆ 32%*	13%	na	na
Risk for Personal Injury				
• Risk for motor vehicle-related injury				
♦ Does not always use a seat belt	✗ 17%	10%	✗ 19%	15% or less
♦ Child (age<16) of respondent does not always use seat belt/safety seat	✓ 8%	9%	✓ 7%	15% or less
• Risk for bicycle-related injury				
♦ Child (age<16) of respondent does not always use helmet when riding	⬆ ✓ 48%†	27%	⊠	50% or less
• Risk for gun-related injury				
♦ Possession of an unlocked gun	⬆ 4%†	10%	⬇ 1%*	na

Note: ⊠ Results from categories with fewer than 25 respondents are not reported.

¹ Ethnicity and Health survey data are weighted to 1995 King County population estimates.

Comparisons to King County ave: ⬆ higher/⬇ lower than King County ave.

Statistical difference: *significant; † suggested, but not statistically different.

² Data source: Washington State Dept. of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS). Data are weighted to 1993-1995 pop. estimates.

Comparisons to King County ave: ⬆ higher/⬇ lower than King County ave.

Statistical difference: * significant; † suggested, but not statistically different.

³ Comparison to HP2000 Objective (na = not applicable): ✗ Does not meet objective; ✓ Meets objective

Table 8. Risk for chronic disease, chronic disease diagnosis and use of screening measures, and vaccinations use among the elderly (age 65+) among African Americans living in Central/SE Seattle, Ethnicity and Health Survey, 1995-96.

Indicator	Ethnicity and Health Survey, 1995-96 ¹		African Americans (King County, BRFSS, 1993-97) (n=168) ²	Healthy People 2000 (HP2000) Objective ³
	African Americans (Cent. & SE Seattle) (n=205)	King County Ave. (n=2427)		
Risk for Chronic Disease				
• Overweight				
♦ HP2000 definition	⊖ × 37%*	21%	× 30%	20% or less
♦ 1998 revised definition	⊖ 56%*	40%	↑ 56%*	na
• Leisure-time physical inactivity/past month				
♦ <i>Not</i> active	× 17%	15%	× 30%	15% or less
♦ Sedentary lifestyle	⊖ 51%†	41%	× 44%	na
• Does <i>not</i> eat 5 fruits/vegetables daily	× 87%	86%	↓ × 71%†	50% or less
• Current smoker (overall)	⊖ × 31%*	17%	↑ × 34%*	18% or less
♦ Men	⊖ × 42%*	19%	↑ × 45%*	18% or less
♦ Women	× 22%	15%	× 22%	18% or less
• Alcohol use/past month				
♦ Any drinking	55%	63%	57%	na
♦ Binge drinking	13%	21%	↓ 10%†	na
♦ Chronic drinking	6%	6%	↓ 2%†	na
Chronic Disease Diagnosis and Use of Screening Measures				
• High blood pressure (BP)				
♦ Ever told has high BP	⊖ 38%*	22%	✓ 28%	na
♦ BP screened/past 2 years	✓ 96%	94%	✓ 96%	90% or more
• High cholesterol				
♦ Ever told has high cholesterol	27%	23%	↓ 12%*	na
♦ Cholesterol tested/past 5 years	✓ 89%	84%	↓ × 70%†	75% or more
• Ever told has diabetes	8%	4%	6%	na
• Women's health screening:				
♦ Had Pap test within past 3 years	✓ 93%	86%	✓ 95%	85% or more
♦ Ever had clinical breast exam (CBE) and mammography (age 40+)	× 79%	83%	× 74%	80% or more
♦ CBE and mammogram/past 2 years (age 50+)	✓ 74%	67%	⊖	60% or more
Vaccinations in Elderly (age 65+)				
• Had flu vaccine within past year	✓ 65%	64%	⊖	60% or more
• Ever had pneumonia vaccine	× 33%	42%	⊖	60% or more

Note: ⊖ Results from categories with fewer than 25 respondents are not reported.

¹ Ethnicity and Health survey data are weighted to 1995 King County population estimates.

Comparisons to King County ave: ⊖ higher/⊕ lower than King County ave.

Statistical difference: *significant; † suggested, but not statistically different.

² Data source: Washington State Dept. of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS). Data are weighted to 1993-1995 pop. estimates.

Comparisons to King County ave: ↑ higher/↓ lower than King County ave.

Statistical difference: * significant; † suggested, but not statistically different.

³ Comparison to HP2000 Objective (na = not applicable): × Does not meet objective; ✓ Meets objective

Table 9. Publications on the health status of Seattle and King County residents produced by the Seattle-King County Department of Public Health.

Publications	Description
General Reports The Health of King County, August 1998	This is a comprehensive report that examines the health status of King County residents between 1980 and 1996. The report included a variety of topics such as life expectancy, infant mortality, chronic diseases, health risk factors, injury and violence, infectious diseases, and mental health. Significant trends and high-risk populations are identified.
The Health of King County, August 1998, Data Watch, Vol. 2, No. 2	An 11-page summary and highlights for the Health of King County report.
The King County Ethnicity and Health Survey, October 1998	Highlights findings of a random telephone survey pertaining to health care access and health behavioral risk factors conducted among King County residents of African American, Latino/Hispanic, Chinese, Filipino, Japanese, Korean, and Vietnamese heritage.
Infant Mortality Healthier Mothers, Healthier Babies: Declining Infant Mortality in King County, August 1996	This is the first report of the findings of the Infant Mortality Review. It is divided into two major parts. Part One provides an overview of trends in infant mortality from 1980-1994 using statistical data from birth and death certificates. Part Two provides more detailed information from a case-by-case review of 247 infant deaths occurring between 1992-1994 in King County.
Infant Mortality in King County: an update, August 1997	The findings of the Infant Mortality Review have been described in the report issued by the IMR Project in August 1996, which contains information on statistical trends in infant death through 1994. This report updates these trends through 1995.
Child, Youth and Family Health Healthy Children, Youth & Families in King County: Data Summary and Planning Guide, June 1995	This report examines key indicators of community strength, family support, and the health status of King County children and youth.
Supporting Youth: King County Teens Talk About Supports in Their Lives, April 1997	This report presents the findings of 24 focus group discussions with youth about the positive, nurturing and supportive forces in their lives. Includes many quotes.
Childhood Asthma Hospitalizations, King County, 1987-1996, Data Watch Vol. 2, No. 1	In this issue of Public Health Data Watch, asthma hospitalizations were analyzed by age group, geographic area of residence, and neighborhood poverty area.
Unintended Pregnancy and Birth, King County, 1993-1996, Data Watch Vol. 3, No. 1	Summarizes local data on unintended pregnancies and births in King County for the years 1993 to 1996. Data on unintended pregnancies and births are reported by geographic area and patterns of unintended birth are examined by maternal age, race, and poverty level. Contraceptive use and measures of stress, support, and risk behavior are also reported.
Teenage Pregnancy Lost Youth: Teen Pregnancy & Birth in King County, 1994	A report that describes the occurrence of pregnancies, births, and abortions among King County adolescents.
Changing Direction: An Update On Teenage Pregnancy and Birth In King County, April 1996	This report updates data from the 1994 report Lost Youth: Teen Pregnancy and Birth in King County and describes the occurrence of pregnancies, births, and abortions among adolescents in King County.
Adolescent Pregnancy, Birth and Abortion September 1997, Data Watch Vol. 1, No. 1	This report is an update on recent trends in adolescent pregnancy, birth, and abortion in King County. It provides 1995 data (the latest year available) and is intended to update last year's report entitled <i>Changing Direction: An Update on Teen Pregnancy and Birth in King County, 1990-1994</i> .
Health of Older Adults Living Longer, Staying Healthy: The Health Status of Older Adults in King County, January 1995	Using vital statistics and behavioral & health survey data, this report looks at the overall health of adults forty-five and older in King County.
Violence Too Many, Too Young: Violence in Seattle & King County, 1994	A comprehensive report examining violence in King County. Highlights violence pertaining to younger adults, firearms, and domestic violence.
Suicide Suicide in King County, January 1996	This report examines the epidemiology of suicide and attempted suicide in King County in terms of high risk groups, geographic distribution and time trend between 1980 and 1994.
Cancer in King County Cancer Deaths in King County, 1994 July 1997	This report examines cancer incidence and death data for all cancers and 13 major cancer sites among King County residents between 1980 and 1994. Cancer risk factors and screening rates are also reported.

The Health of African Americans Living in Seattle

A Special Report to the Seattle City Council
April 1999

PART II: COMMUNITY/POPULATION LEVEL INTERVENTION PROGRAMS

Programs Targeting African Americans

CHRONIC DISEASE PREVENTION ACTIVITIES

- **Hypertension Project at the Center for MultiCultural Health:**
 - 50% of clients are African American – Central & South Seattle
 - Outreach & screening – a continuation of SHIP, which includes cholesterol & blood pressure screening and intensive follow up, thus becoming a multi-risk-factor-screening program. Services are not limited to African Americans but are targeted to that population due to higher prevalence and related morbidity.
 - Approximate Budget: \$30,000
- **National Black Leadership Initiative on Cancer:**
 - As part of a national organization dedicated to reducing cancer among African Americans, the Health Department is engaged in activities such as "Circle of Friends," a breast and cervical health support and awareness program, and the "Kim L. Gordon First Annual Memorial Walk" which also includes hypertension and cholesterol screening activities.
 - Approximate Budget: \$1,345
- **African American Community Health Network:**
 - A bone marrow donor registry program.
 - Approximate Budget: \$20,000

CHRONIC DISEASE EDUCATION ACTIVITIES

- **African American Health Coalition:**
 - An extensive group of African American health professionals focused on raising awareness about negative health status and trends impacting African Americans. Partners include the Center for Multicultural Health and the Center for Health Training.
 - Approximate Budget: \$8,538
- **Health Fairs - Central Area Community Health Fair and Umoja Fest:**
 - Central Area Health Fair staff from the Health Department's Downtown and Columbia Health Center sites provide targeted health promotion/education materials and information to participants.
 - Approximate Budget: \$5,000

- **Ethnicity and Health Follow-Up Project:**
 - The Ethnicity and Health Survey found that nearly one third of African Americans living in Central and Southeast Seattle believed that they have been discriminated against when seeking health services. This project will describe in greater depth the range of these experiences among African Americans living in King County and develop recommendations and best practice guidelines for addressing these issues.
 - Approximate Budget: \$25,000
- **Other Activities:**
 - A large number of African American youth are served through the Health Department's School Health programs such as the Youth Early Education Program (YEEP), and Middle College: the Health Department coordinates these services with the Central Area and Rainier Parks and Recreation Departments.
 - Approximate Budget: \$ 2,241
- **Southeast Seattle Greater Church Council Partnership:**
 - A variety of health promotion/education resources and seminars are provided to church members. Professional speakers present a variety of health awareness topics.
 - Approximate Budget: \$ 2,241

SERVICES TARGETING YOUTH

- **STARS Project:**
 - Health seminars to predominantly home-monitored youth referred by the Division of Youth Services Juvenile Detention. The Health Department provides public health nursing and health education services. Weekly sessions are provided throughout the academic year. 75% of the youth served are of African American descent.
 - Approximate Budget: \$9,300
- **Asthma/Allergy Outreach:**
 - Outreach and client education services to families in the Central Area of Seattle that are impacted by asthma.
 - Approximate Budget: \$30,000
- **CAMP R.O.P.E. (Rights of Passage):**
 - Support offered for communication skill building and self-esteem building for African American youth at the Central Area Motivation Program (CAMP).
 - Approximate Budget: \$1,200
- **Teen Age Pregnancy Program (TAPP):**
 - Marshall Alternative High School, where African-American clients are disproportionately represented, is a site for this program targeting pregnant and parenting teens. Primarily through the North Region's Public Health Nursing Program, the Health Department has been able to target this high-risk population with culturally appropriate services and programs.
 - Approximate Budget: \$48,000

SERVICES TARGETING SENIORS

➤ African American Elders Project:

- Serving 125 African American Older Adults in Central & Southeast Seattle & Skyway, Public Health - Seattle & King County contributes a 1/2 time Public Health Nurse and ad hoc administrative & health educator time.
- Approximate Budget: \$70,000

HIV PREVENTION ACTIVITIES

➤ Women At Risk:

- Funded by the Health Department the Northwest AIDS Foundation provides peer-led prevention workshops targeting women of color
- Number of women served in 1998: 40
- Approximate Budget: \$ 29,849

➤ Adolescent Women At Risk:

- Funded by the Health Department, the People of Color Against AIDS Network (POCAAN) provides street outreach and support groups targeting adolescent females of color.
- Number of women served in 1998: 5,779
- Total Budget: \$54,869

➤ Adolescent Men At Risk:

- POCAAN provides street outreach and groups targeting adolescent males of color.
- Number of Men served in 1998: 3,741
- Total Budget: \$38,750

➤ Men Who Have Sex With Men (MSM):

- POCAAN provides support group services, presentations and outreach targeting African American men who have sex with men (MSM).
- Number of men served in 1998: 4,931
- Total Budget: \$162,762

➤ Out LOUD:

- POCAAN Provides community level intervention activities targeting African American men who have sex with men. Number of men served in 1998: 1,320
- Total Budget: \$32,696

➤ Injection Drug Users (IDU's) At Risk:

- Street Outreach Services (SOS) provides harm reduction groups, street outreach and drop-in center services targeting Injection Drug Users (IDU) of color.
- Number of individuals served in 1998: 39,594
- Total Budget: \$72,210

➤ Women At Risk:

- Street Outreach Services (SOS) provides support groups, street outreach and drop-in center services targeting women of color at risk for HIV.
- Number of women served in 1998: 20,071
- Total Budget: \$61,154

➤ **Adolescent Women At Risk:**

- YouthCare provides risk reduction groups in detention and treatment facilities for adolescent females of color.
- Number of women served in 1998: 1,314
- Total Budget: \$18,685

CHRONIC DISEASE PREVENTION ACTIVITIES

➤ **King County Breast and Cervical Health Program (BCHP) - Women's Health:**

Concentrated in Seattle area but serving County-wide:

- Outreach Services: Provides community education about women's health, especially breast and cervical health, and outreach to recruit eligible women for BCHP clinical services. Services are contracted through 3 community-based organizations. Target audience – African American women age 40 and older with low incomes and no health insurance. 21% of the total outreach/education participants for January-June 1998 were African American.
- Clinical Services: Women's health exams, including mammograms and Pap tests.
- Service area is Seattle & King County – 12% of women screened between 7/94 and 9/97 are African American. No data yet available for 1998.
- Total Budget: \$151,350
- Approximate Budget serving African Americans: \$36,680

➤ **Parent, Child and Reproductive Health (PCRH) Unit:**

The core programs in Parent, Child and Reproductive Health form an important part of the safety net for families in poverty, and, because of the disproportionate number of African Americans in poverty, are a significant resource for African Americans. As a point of reference, African Americans comprise 12% of the population of the City.

- Pediatric clinical services: Of the 7,006 children served in Seattle in 1998, 29% were African American. Total Budget in 1999: \$3,359,036. Approximate Budget serving African Americans: \$974,12
- Maternity clinical services: Of the 643 women served in Seattle in 1998, 24% were African American. Total Budget in 1999: \$601,393. Approximate Budget serving African Americans: \$144,334.
- Family Planning clinical services: Of the 5,183 people served in Seattle in 1998, 16% were African American. Total Budget in 1999: \$1,651,776. Approximate Budget serving African Americans: \$264,284.
- WIC Supplemental Food Program: Of the 8,188 women and children served in Seattle in 1998, 19% were African American. Total Budget in 1999: \$1,304,517. Approximate Budget serving African Americans: \$247,858.
- Public health nurses, nutritionists, social workers and client services specialists provide education and counseling through office and home visits to pregnant and parenting families. Of the 6,139 people in Seattle served in 1998, 22% were African American. Total Budget in 1999: \$4,341,453. Approximate Budget serving African Americans: \$955,120.

Several programs are targeted to populations that include a higher proportion of African-Americans.

- MOMS Plus works with pregnant women who have problems with substance abuse. Of the 367 women served in 1998, 33% were African American. Total Budget in 1999: \$847,255. Approximate Budget serving African Americans: \$279,594.
- Northwest Family Center serves pregnant and parenting families with HIV. 32% of the 199 people served in 1998 were African American. Total Budget in 1999: \$1,328,649. Approximate Budget serving African Americans: \$425,168.

- The Infant Mortality Outreach projects find pregnant women and families of young children who are disconnected from the health care system to link them into needed services. They target minority communities because of the disparity in infant mortality rates in those communities. Of the 6,109 contacts in 1998, 44% (2,680) were to African Americans. Total Budget in 1999: \$781,949. Approximate Budget serving African Americans: \$344,058.
- The African American Infant Mortality Initiative is developing a collaborative network of 9 organizations who are providing information, education, outreach, casework, advocacy and provision of basic needs to high risk pregnant women, their male partners and families. The goal of the consortium is to address the disparity in infant mortality among African Americans, Native Americans and low income populations through a rich and culturally diverse set of strategies. Approximate Budget serving African Americans: \$100,000.

➤ **Immunizations Program:**

- Immunizations for clients at Health Department sites (serving all ages) and vaccine for children (0 - 18 years) who are non-Health Department clients. Approximate Budget serving African Americans (Immunizations): \$312,000. Approximate Budget serving African Americans (Vaccine): \$234,000.

➤ **Dental Services:**

- Clinic dental services at three Health Department sites: Columbia, North and Downtown. 23% of the 5,099 individuals served in 1998 were African American. Total Budget in 1999: \$2,496,915. Approximate Budget serving African Americans: \$574,290.

➤ **Jail Health Services:**

- No specific programs are targeted to African Americans although the population of the Jail is approximately 30% African American. Total number of individuals served in the King County Jail Health Program in 1998 was 24,538. Total 1999 Budget: \$13,262,238. Total Approximate Seattle Jail Budget: \$5,15,961. Approximate Budget serving African Americans: \$1,531,788.

➤ **Healthcare for the Homeless:**

- 24% of homeless people using shelters are African American. However, the programs target all homeless people. Total Budget: \$2,540,486. Approximate Budget serving African Americans: \$609,717.

COMMUNITY HEALTH EDUCATION ACTIVITIES

➤ **Seattle Partners for Healthy Communities:**

The Seattle Partners for Healthy Communities is an urban research center established in 1995 to promote the development and evaluation of effective strategies to improve health in low income urban areas. This project is funded by a five-year grant from the U.S. Centers for Disease Control and Prevention to the Health Department, Epidemiology, Planning and Evaluation (EPE) Unit. Goals of Seattle Partners include: 1) to increase understanding of how socioeconomic factors determine health status and identify opportunities for preventive interventions; 2) to evaluate the effectiveness of strategies which may improve urban health status and reduce economic and racial inequities in health; 3) to actively collaborate with community members in designing and evaluating these strategies; and 4) to encourage policy-makers to use effectiveness data in their decision-making processes.

Community Health Projects of Seattle Partners:

- The Community Research Room at Garfield Community Center opened in November 1995 with the assistance of a \$10,000 grant from Seattle Partners.
- Senior Immunization Project: Central Area Senior Center seeks to increase influenza and pneumococcal immunization rates among seniors in Central Seattle. The project was developed with active involvement of a project advisory group composed of senior center

members and staff, as well as technical advisors from the University of Washington, the Health Department, Health Care Financing Administration (HCFA) and the Visiting Nurses Association. Community collaboration principles guided the development of the Senior Immunization Project. The intervention increased both influenza and pneumococcal vaccination rates to high levels.

- **Reality Check Project:** Monitoring the impact of welfare reform was initiated by a coalition of community based agencies (WA Welfare Reform Coalition (WWRC)) in an attempt to document the impact of welfare reform legislation on local communities. WWRC approached Seattle Partners for assistance with scientific and technical aspects of conducting a survey and data analysis. Seattle Partners provided funding to hire bilingual interviewers who were welfare recipients themselves to gather surveys and do further outreach to communities who might be under-represented in the survey. Approximately 1400 surveys were collected and analyzed and a report was completed in January 1999 for release at the opening of the Washington State legislative session.
- **Evaluation of Community-based Programs:** Seattle Partners assists community-based agencies with evaluation of programs that promote individual and community capacity to improve economic and social well being. EPE is currently evaluating three programs: (Evaluations to be completed by March, 1999.) 1) Asian Counseling and Referral Services (ACRS) Day Activities program; 2) ACRS Vocational Services program; and 3) Wilderness Inner-City Leadership Development program (WILD).
- Total Budget: \$220,000
- Approximate Budget serving African Americans: \$75,000

Seattle Healthy Homes:

Provides home environmental assessments to low-income households containing children with asthma to reduce exposure to asthma triggers.

- Total Budget: \$320,000
- Approximate Budget serving African Americans: \$115,000

Health and Ethnicity Survey:

An assessment of access to care and health-related behaviors.

- Total Budget: \$200,000
- Approximate Budget serving African Americans: \$30,000

Community Assessment:

The North Region's community assessment program will include efforts to identify and link African American populations to assessment, clinical, and public health services specifically relevant to the "Healthy Lungs Initiative". This initiative encompasses asthma management, indoor air quality, tobacco prevention and cessation programs.

- Approximate Budget: \$75,000
- Approximate Budget serving African Americans: \$37,500

Domestic Violence (DV):

The National Institute of Justice (NIJ) awarded an NIJ Practitioner Partnership grant to the Health Department's EPE Unit to: (1) Assess access to and satisfaction with Domestic Violence (DV) services among ethnic (African American, American Indian/Alaska Native, Latina, Vietnamese, Cambodian) and lesbian victims of DV in a culturally competent manner that assures the quality and accuracy of the findings; (2) Utilize a Participatory Action Research (PAR) approach to partnering with DV service providers, advocates and victims of DV to ensure that research findings inform service delivery and that partners benefit from participating in the research project; (3) Use the research findings to inform a coordinated, culturally relevant system of response for women experiencing DV in Seattle.

The City of Seattle Department of Human Services was awarded funds through the NIJ Policies to Encourage Arrests grant and transferred funds to the Health Department's, EPE Unit to: (1) Expand the number of focus groups, adding 3-4 additional ethnic groups using the same

approach as above, (2) Conduct a telephone survey for King County to collect data about the prevalence of domestic violence. The findings of these studies will be used by the City Domestic Violence Council.

- Total Budget: \$180,000
- Approximate Budget serving African Americans: \$40,000

Cultural Diversity Training & Capacity Building:

The North Region has placed an initial priority on training staff to be more effective in cross cultural communication and competency. Further, our customer service training program highlights issues related to diversity. This inside, out approach is seen to be the most feasible and the most strategically effective to begin meeting our long-range goals to better serve diverse populations. Results of these efforts can immediately be seen in our ability to serve clients with greater sensitivity and cultural appropriateness.

- Approximate Budget: \$50,000

SERVICES TARGETING YOUTH

➤ The Immunization/Women Infants and Children (WIC) Linkage Project:

Provides assessment of immunization status for children in WIC, with immunization provided immediately at the site or through referral to the family's medical home. This program serves 2,200 children 0-2 years of age yearly, of whom approximately 28% are African American. The program takes place at two health department sites, Columbia and Federal Way, and at two private clinics, Odessa Brown Children's Clinic and Medalia HealthCare Family Residency Clinic.

- Total Budget: \$90,000
- Approximate Budget serving African Americans: \$25,200

➤ Field Dental:

Approximately 25% of the children in Seattle schools participating in the field dental sealant program are African Americans.

- Total Budget: \$327,841
- Approximate Budget serving African Americans: \$62,290

➤ Family Health Services:

Primary care in-clinic services for families. Please note these visits are different than the family planning, maternal health, and pediatric visits noted elsewhere. Of the 13,659 visits delivered at the North Region, Downtown and Columbia sites in 1998, approximately 1,543 of the individuals served were African American.

- Total Budget: \$ 1,673,844
- Approximate Budget serving African Americans: \$188,977

➤ School-Aged Health Programs:

Approximately 21% of the students enrolled in the Teen Health Center, Wellness Centers, and School-Based Clinics in Seattle's Public Schools are African American.

- Total Budget in 1999: \$2,998,506
- Approximate Budget serving African Americans: \$629,686

HIV PREVENTION ACTIVITIES

- **Young Men's Survey-Men Who Have Sex With Men (MSM):**
 - 10% African American participation
 - Enrolled 528 Men who have sex with men
 - Total budget: \$336,558
 - Approximate Budget serving African Americans: \$21,672

- **Kiwi Study:**
 - Approximately 22% African American
 - Study of HIV incidence and prevalence and related risk behaviors among injection drug users (IDUs) booked in the King County Correctional Facility
 - Total Budget: \$110,789
 - Approximate budget serving African Americans: \$16,038

- **One-on-One:**
 - Provides follow-up, baseline clinical assessment, and referral for newly identified HIV-infected individuals.
 - 11% of clients served are African American
 - Total Budget: \$22,000
 - Approximate Budget serving African Americans: \$2,420

- **HIV Counseling and Testing for High Risk Populations:**
 - Provides the following services for clients who are at increased risk for HIV infection: HIV pre-test and post-test counseling, HIV testing, testing for other blood borne pathogens, tuberculosis skin tests, testing for other sexually transmitted diseases, and referral to relevant community resources. For clients with HIV infection, services include initial medical assessment and referral, as well as assistance with notifying exposed partners. 6.4% of clients served are African American
 - Total Budget: \$428,000
 - Approximate Budget serving African Americans: \$27,000

- **Raven Study:**
 - National Institute of Drug Abuse (NIDA) funded – County-wide
 - Provides counseling and testing for HIV, HBV and HCV, HTLV I and II, HSV 2, and syphilis. Also provides referral to social and health services. Later in the study, participants were referred for free HBV vaccination. Services to about 250 African American IDUs yearly.
 - Total Budget: \$503,927
 - Approximate Budget serving African Americans: \$90,817

- **Methadone Voucher Program:**
 - Provides methadone treatment vouchers to clients of the community based organization People of Color Against AIDS (POCAAN), needle exchange sites, Stonewall Recovery Services, and Street Outreach Services (SOS) for distribution to clients who are injection drug users.
 - 59% of clients served are African American
 - Total Budget: \$268,000
 - Approximate Budget serving African Americans: \$158,000

- **Needle Exchange Program:**
 - Provides one-for-one exchange of used syringes for clean ones at six locations, seven days per week; over 1.2 million syringes were exchanged in 1998
 - Approximately 25% of clients served are African American
 - Total Budget: \$783,000
 - Approximate Budget serving African Americans: \$198,000

➤ **Lifesavers Bleach and Condom Distribution:**

- Distributes to multiple venues kits that contain bleach, condoms, clean cookers and cottons, and information on numerous strategies to reduce the risk of acquiring or transmitting HIV or other blood borne pathogens.
- Approximately 25% of clients served are African American
- Total Budget: \$20,000
- Approximate Budget serving African Americans: \$5,000

➤ **Sexual Health Information Program:**

- Services delivered by People of Color Against AIDS Network (POCAAN). Provides educational sessions and support groups for women in the sex industry.
- Number of women served in 1998: 96
- Total Budget: \$30,000
- Approximate Budget serving African Americans: \$18,125

The Health of African Americans Living in Seattle

A Special Report to the Seattle City Council April 1999

AFRICAN AMERICAN ROUNDTABLE - SUMMARY

Three Roundtable meetings October 28, 1998, February 10, 1999, and February 18, 1999, drew nearly 30 participants from the Seattle community and from Public Health - Seattle & King County (PHSKC). All are working in an appropriate setting and with the commitment to improve the health status of African Americans in Seattle.

Ideas for Collaboration

1. Report to Seattle City Councilmember Richard McIver: Provide input to report and continue dialogue with Council.
2. African American Health Website: Create and maintain interactive website with health information and links to related sites.
3. African American Health Directory/Resource Guide: Augment existing community resource information with health-specific document.
4. Fall Conference on African American Health: Plan and sponsor community conference to disseminate information and further develop plan for addressing African American Health issues.

Development of Trust

The Roundtable discussions have led to increased trust among the group and a conscious effort must be made to further increase and maintain the trust. Working on mutual, successful projects will contribute to this.

Next Steps

Shelley Cooper-Ashford, as chair of the African American Health Coalition of Washington, and Dr. Cheza Collier from PHSKC will call and staff a task force meeting of a majority of participants in the Roundtable. The task force will divide the tasks associated with the suggested collaborations and begin work on these.

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of October 28, 1998

Attendees:

Neal Adams, Regional Health Admin Assoc., Region 10-OMH, 2201 6th Ave., M/S RX20, Seattle, WA 98121, (206) 615-2475
Carol Allen, Central Area Senior Center, 500 30th Ave. South, Seattle, WA 98144, (206) 461-7816
Gwen Browne, Mayor's Council on African American Elders, (206) 725-8820
Sheila Capestany, Richard Conlin and Richard McIver's Offices, City of Seattle, Municipal Bldg., 600 Fourth Ave, Seattle 98104-1876 (206) 684-8805
John Cannon, Mayor's Council on African American Elders, (206) 722-5666
Sandy Ciske, Public Health Services Supervisor, Department of Public Health, 999 Third Avenue, Seattle, WA 98104, (206) 296-2791
Cheza Collier, Unit Manager, Chronic Disease, Department of Public Health, 999 Third Avenue, Seattle, WA 98104, (206) 296-6810
Susan Compton, Mayor's Council on African American Elders, (206) 725-8820
Shelley Cooper-Ashford, Center for Multicultural Health, 105 14th Ave. Suite 2-C, Seattle, WA 98122, (206) 461-6910 ext. 219
Lynn French, President and CEO, African-American Community Health Network, 300 19th Ave., Seattle, WA 98122-0540, (206) 860-9883
Rodney Hines, Friends of Basic Health, 506 2nd Ave., Suite 2400, Seattle, WA. 98104, (206) 223-0476
Dawne Hood, MD, Carolyn Downs Family Medical Center, 2101 E. Yesler, Seattle, WA. 98122, (206) 461-4587 ext 413
Rev. James Hurd, African-American Community Health Network, 300 19th Ave., Seattle, WA 98122-0540, (206) 860-9883
Naomi Johnson, Confidential Secretary to the Director, Seattle-King County Department of Public Health, 999 Third Ave, Seattle, WA 98104, (206) 296-1480
Linda Jones, Center for Multicultural Health, 105 14th Ave. Suite 2-C, Seattle, WA 98122, (206) 461-6910
Rayburn Lewis, MD, Medical Director, Providence Medical Center, P. O Box 34008, Seattle, WA 98124-1008, (206) 320-2563
April Pace, James Bowman & Assoc., 1809 7th Avenue, Ste. 400, Seattle, WA 98101-1313, (206) 223-0128
Alonzo Plough, PhD, Director, Seattle-King County Department of Public Health, 999 Third Avenue, Seattle, WA 98104, (206) 296-1480
Millie Russell, EdD, WA State Assoc. of Black Prof. in Health Care, University of Washington, Biology and Office of Minority Affairs, (206) 685-3637
Mike Smyser, Epidemiologist II, Seattle-King County Department of Public Health, 999 Third Avenue, Seattle, WA 98104, (206) 205-0560
Clarence Spigner, MPH, Assoc. Prof., University of Washington, School of Public Health, P.O. Box 357660, Seattle, WA 98195, (206) 616-2948
Alvin Thompson, MD, Washington State Association of Black Professionals in Health Care, King County Board of Health, 8222 Avalon Drive, Mercer Island, WA 98040, (206) 232-3144
Henry Ziegler, MD, Prevention Division Director, Seattle-King County Department of Public Health, 999 Third Avenue, Seattle, WA 98104, (206) 296-4648

Invited, unable to attend:

Walter Atkinson, Public Education Program, City of Seattle, 1015 Third Avenue, Seattle, WA 98104, 206-684-3883
Gregory Davis, Project Director-ROPE, CAMP, 722 18th Ave., Seattle, WA 98122, 329-4111 ext305
Patricia Dawson, M.D., Group Health Cooperative, 200 15th Ave E., CX-5, Seattle, WA 98112-5260, 320-4880
Maxine Hayes, MD, WSDOH, Airdustrial Park, Bldg. #7, Olympia, WA, 98504, 360-236-3721
Walt Hubbard, Mayor's Office, Municipal Bldg-12th Floor, 600 4th Ave., Seattle, WA. 98104, 684-8854
Brent A. Oldham, M.D., 1101 Madison St Suite 301, Seattle, WA, 505-1070

African American Community Leaders Roundtable

Meeting of October 28, 1998

Topic	Discussion	Concern/Action
Welcome and Purpose	Alonzo Plough welcomed the participants, stating that the Public Health Department was pleased to convene and host this group.	Dr. Plough stated that the purposes of this meeting were to 1) identify health issues facing African-Americans, 2) describe what programs were currently available targeting/serving African-Americans, and 3) discuss strategies for addressing these issues. He stated that this is not an attempt to establish another coalition or group, but, rather, an opportunity to come together, identify concerns, and share ideas.
Introductions	The participants introduced themselves (see list of attendees).	
Highlights of the King County Ethnicity and Health Survey and The Health of King County report	<p>Mike Smyser from the SKCDPH's Epidemiology, Planning, and Evaluation Unit (EPE) reviewed the major findings of <i>The King County Ethnicity and Health Survey</i> which was recently released to the public. He also reviewed excerpts from <i>The Health of King County</i> report describing health indicators by race/ethnicity.</p> <p>Mr. Smyser invited participants to add their names to the mailing list for these kinds of reports produced by the SKCDPH. To do so, call Scott Jones at 296-6817 or email him at scott.jones@metrokc.gov.</p> <p>Dr. Plough thanked him for his succinct presentation and noted that EPE is an invaluable resource to the SKCDPH and for the community.</p>	<p>Health Status Indicators for African Americans living in King County were summarized in handouts containing excerpts from the <i>Health of King County</i> and the <i>King County Health and Ethnicity Survey</i>. Major findings from these sources include:</p> <p>Progress toward better health</p> <ul style="list-style-type: none"> • Decreasing infant mortality • Decreasing mortality due to coronary heart disease, lung cancer, chronic liver disease, homicide, and AIDS. • Decreasing communicable disease rates (e.g., chlamydial infection, gonorrhea, hepatitis B) • Favorable survey indicators compared to King County totals <ul style="list-style-type: none"> - Lower rates of alcohol consumption, chronic, and binge drinking - Higher rates of screening measures for high blood pressure/cholesterol (C/SE Seattle) - Cervical and breast cancer screening (C/SE Seattle and KC, but breast cancer screening rates countywide among African American women, age 50+ are unknown) <p>New and continuing challenges</p> <ul style="list-style-type: none"> • Persistently higher rates of mortality and disease reports than King County totals • Increasing death rates with respect to: <ul style="list-style-type: none"> - Stroke - Some types of cancer (e.g., colorectal, female breast cancer, and prostate) - Diabetes - Accidental poisoning (largely attributable to opiates such as heroin and cocaine) • Despite fewer deaths due to AIDS, new cases of AIDS are still reported at over twice the county rate. • Survey results indicating possible higher health risk when compared to King County totals: <ul style="list-style-type: none"> - Health insurance status (18% uninsured compared to KC total of 13%)

African American Community Leaders Roundtable

Meeting of October 28, 1998

		<ul style="list-style-type: none"> - Delaying to seek medical treatment - Not receiving needed dental care (20% unmet need in C/SE Seattle) - Overweight status - Smoking (over 40% of men are current smokers) - Diagnosis of high blood pressure - Lower cholesterol screening (KC) - Lower rates of immunization against pneumonia (age 65) (C/SE Seattle only, KC status unknown). - Perceived discrimination when seeking health care (nearly one third of the respondents in C/SE Seattle reported being discriminated against based on race/ethnicity when seeking services) <p>The Roundtable group raised the following issues/concerns:</p> <p>Racism is a contributor to adverse health outcomes.</p> <p>This study raises questions and shows need for more qualitative research on discrimination in health practice.</p> <p>Interventions are needed address these issues. Where interventions already exist, have they helped?</p> <p>There is a strong need to do more evaluation of programs. Data must be collected to support development of interventions.</p> <p>The designation of race is objectionable at the clinical level, but valuable from a public health/data perspective – without it effective programs could not be developed and targeted appropriately.</p>
<p>SKCDPH programs which serve African-Americans</p>	<p>Dr. Plough distributed a list of SKCDPH programs that serve or target African-Americans.</p> <p>Participants were reminded that Surgeon General David Satcher M.D., Ph.D. will be coming to Seattle in early December.</p>	<p>Dr. Plough pointed out that 50% of the patients served by SKCDPH's Jail Health Services are American Africans. Attendees generally agreed that this demonstrates a strong need for earlier intervention with this population.</p> <p>It was pointed out that the possibility of acquiring federal funds to address disparities in health outcomes between people of color and Caucasian people. In particular, the Surgeon General has set aside \$10 M to address these gaps; some of these funds may come to the Pacific Northwest.</p>

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of October 28, 1998

Roundtable	Each participant described their current programs and efforts to address health issues facing African-Americans in King County.	
Clarence Spigner	Clarence Spigner is with the UW's school of Public Health. Currently, he is assessing organ donor and tissue transplantation issues in the community as well as youth smoking among Asians and Pacific Islanders.	
Alvin Thompson	Alvin Thompson is with the Association of Black Professionals in Health Care. He is networking with anyone interested in the health care of "black people." He is focusing on the following: system recruitment and retention; advocacy for "black people" at all levels of government and professions; cardiovascular health issues.	
Sheila Capestany	Sheila Capistani works with Seattle City Councilmembers Richard McIver and Richard Conlin. Her work with the African-American community includes training African-American women to provide prenatal, Dula labor, and delivery support care for others.	
Rodney Hines	Rodney Hines is with Friends of the Basic Health Plan. He is vitally concerned with issues facing African-Americans which involve the Basic Health Plan. The goal of his group is to have every eligible child enrolled in Medicaid by 2001. He also participated in the Prostate Symposium held last May.	
Carol Allen	Carol Allen is with Central Area Senior Center. She is working on a senior immunization project with the Public Health Department. She is also working with the UW on stress and Alzheimers issues.	
Susan Compton	Susan Compton is with the Mayor's Council on African-American Elders. She and her colleagues are working on the following: identifying elder African American access issues and involving the community; recruiting/training/retaining of volunteers; coordination and transportation for elders and chore services.	
Gwen Browne	Gwen Browne is with the Mayor's Council on African-American Elders. She is a retired public health nurse currently involved in a variety of volunteer work. She and her colleagues are working on the following: identifying elder African American access issues and involving the community; recruiting/training/retaining of volunteers; coordination and transportation for elders and chore services. Of particular interest to her is support for grandparents and drug-affected children.	
Neil Adams	Neil Adams is with the Office of Minority Health, Region 10, Regional Health Administration Association. His group is involved with strategic planning, information sharing, other kinds of coordination. His agency is currently working on a domestic violence program involving the Hispanic community and has gathered valuable information on how teenagers view domestic violence. They are also interested in diabetes prevention/care among minorities.	
Millie Russell	Millie Russell is with the University of Washington (Biology, Minority Affairs) and the Washington State Association of Black Professionals in Health Care. She is focusing on building a healthy people network and providing early intervention to increase tests scores of diverse student in K-16 (improving college entrance scores and thus increasing numbers of diverse students able to compete for higher education).	
Lynn French	Lynn French represents the African American Community Health Network whose mission is to improve the health status of under served populations. Currently, they are developing an assisted living facility for seniors in the Central District which will be operational during the first quarter of 2000. They have recently started a newsletter (all are welcome to contribute their ideas). He is involved with the African-American Elders program and the UW Organ/Tissue Donor Program.	
James Hurd	James Hurd is with the African-American Community Health Network. He is involved with setting up a network of churches for promoting health and establishing a Home Care Project.	
John Cannon	John Cannon is with the Mayor's Council on African-American Elders. He made the following observations: We have learned to do well as bureaucrats. We need to work hard with our communities. We need to take advantage of the bureaucracies and come together to act on decisions.	
Topic	Discussion	Concern/Action

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of October 28, 1998

	Dawne Hood	Dawne Hood is a physician working at Carolyn Downs Family Medical Center. Her medical center provides primary care (prenatal to geriatric), preventive care, care for acute or chronic disease, community outreach/education, dental care, maternity support team, WIC program. Clinic staff also train physician residents and medical assistants.
	Rayburn Lewis	Rayburn Lewis is Medical Director of Providence Medical Center. Providence is designing a facility that will blend retail access in with businesses and support housing for the community. Providence Health Plans has dropped out of Healthy Options, changing to Regence.
	April Pace	April Pace is with James Bowman and Associates. Her agency is a regional manager for health care, is 99% federally funded, and is working with the CDC. They are focusing on training, research, and technical assistance to nurses.
	Linda Jones	Linda Jones is with the Center for Multicultural Health. They have several programs including: Sound health program, mobile unit program, breast & cervical program, 'Tell A Friend' beauty salon project, "Spread the Word" project, Home Health Program, Camille Gordon cancer walk, and "Circle of Friends" program, among others.
	Shelley Cooper-Ashford	Shelley Cooper-Ashford is with the Center for Multicultural Health. She stated they had recently conducted four focus groups (seniors and boomers). She highlighted the following activities: MAA – new outreach option programs, outreach/education around diabetes, and Seattle Healthy Homes project which studies asthma in children (in association with the Public Health Department).

African American Community Leaders Roundtable

Meeting of October 28, 1998

Topic	Discussion	Concern/Action
Issues List	<p>Participants were asked to identify outstanding issues for compilation of a "Closing the Gap List."</p> <p>It was suggested that this list be refined and presented in a special session of the King County Board of Health.</p>	<p>The following items/questions were identified:</p> <ul style="list-style-type: none"> ▪ HIV AIDS programs were not mentioned in programs reviewed. Can data be obtained related to HIV AIDS in minority women? ▪ Domestic violence overlap with other health issues. ▪ Under-employment in African American community, especially African American males. ▪ What factors contribute to a King County jail population in which nearly 50% of those incarcerated are African-Americans? ▪ What role could surveillance/epidemiology play in answering the question above (for example, for drug usage)? ▪ What health education / prevention measures and programs need to be in place? ▪ How can we address high rates of chlamydia and other sexually transmitted disease among African-American youth? ▪ Organ and tissue donation. ▪ Need to involve community in health planning. ▪ Not enough resources dedicated to health prevention, promotion, and care for African-Americans. ▪ Support for young parents. ▪ Prostate and colorectal cancer screening ▪ Infant Mortality – SIDS – we need to know more. What is the extent of this problem among African-Americans in King County? ▪ Address poverty issues. It has strong impact on health, not just behavior ▪ Mental health and aging issues ▪ Dual-diagnosis of substance use and mental illness. ▪ Improve access to preventive care through Medicaid.
Next Steps	<p>The group informally adjourned at 1:30 PM.</p>	<p>Minutes—containing a list of attendees, addresses and phone numbers—will be distributed to all participants. Dr. Plough thanked everyone who participated.</p>

Notes Prepared by Naomi Johnson

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of February 10, 1999

Notes Prepared by Naomi Johnson

Attendees:

Neal Adams, Region 10-OMH
 June Beford, Seattle-King County Department of Public Health
 Gwen Browne, Mayor's Council on African American Elders
 Sheila Capestany, City of Seattle
 Sandy Ciske Seattle-King County Department of Public Health,
 Cheza Collier Seattle-King County Department of Public Health,
 Shelley Cooper-Ashford, Center for Multicultural Health
 Lynn French, African-American Community Health Network
 Dawne Hood, MD, Carolyn Downs Family Medical Center
 Paula Houston, Seattle-King County Department of Public Health
 James Hurd, African-American Community Health Network
 Linda Jones, Center for Muticultural Health
 Naomi Johnson, Seattle-King County Department of Public Health
 Brent A. Oldham, M.D., Physician, Seattle, WA
 April Pace, James Bowman & Assoc.
 Alonzo Plough, Ph.D., MPH, Seattle-King County Department of Public Health
 Donald Proby, Seattle-King County Department of Public Health

Millie Russell, EdD, Wa State Assoc. of Black Prof. in Health Care
 Mike Smyser, Seattle-King County Department of Public Health,
 Clarence Spigner, MPH, Assoc. Prof., University of Washington
 Alvin Thompson, MD, Wa State Assoc. of Black Prof. in Health Care, KC BOH
 Henry Ziegler, MD, Seattle-King County Department of Public Health

Invited, unable to attend:

Carol Allen, Central Area Senior Center
 Walter Atkinson, Public Education Program, City of Seattle
 John Cannon, Mayor's Council on African American Elders
 Gregory Davis, ROPE,
 Patricia Dawson, M.D., Providence Medical Center
 Maxine Hayes, MD, WSDOH
 Rodney Hines, Friends of Center for Multicultural Health
 Walt Hubbard, Mayor's Office
 Rayburn Lewis, M.D., Medical Director, Providence Medical Center

Topic	Discussion	Concern/Action
Welcome and Goals	Alonzo Plough welcomed the participants to the second session of this Roundtable.	The meeting followed an agenda outlined in the "Topic" column of these notes and developed in follow-up to issues raised at the first meeting.
Introductions	The participants introduced themselves (see list above).	
Discussion of Major Policy Issues / Gaps in Data or Services	Alonzo noted that, for this meeting, the discussion would be gaps in data or services related to African American people.	The group agreed African Americans tend to suffer at an earlier age from more health problems than other populations. Patients must be encouraged to invest in their own well being and good self-care. Health care professionals must be involved with the community as "allies" rather than "adversaries."
Opportunities for Collaboration	<ul style="list-style-type: none"> ▪ Funding is an area that community agencies struggle with. The question was raised and debated whether a sub-group or umbrella coalition could be of value in reaching fund-raising objectives. A coalition of this type is seen as being high-energy, fresh and able to move the community and overcome limitations that seem insurmountable to any single agency. It is important that group work together. Operating in isolation is not successful. 	<ul style="list-style-type: none"> ▪ This is a top priority. Considerable discussion led the conclusion that this type of coalition could be supported by everyone at the table. It could be an existing organization or a new coalition. The Public Health Department would be able to staff either an existing organization or a new coalition but would seek deep community involvement. This umbrella coalition is envisioned to: <ul style="list-style-type: none"> ▪ Bring together all the agencies ▪ Act as a foundation to advocate and support fund-raising efforts of the agencies

African American Community Leaders Roundtable

Meeting of February 10, 1999

Notes Prepared by Naomi Johnson

Topic	Discussion	Concern/Action
<p>Opportunities for Collaboration (continued)</p>	<ul style="list-style-type: none"> ▪ A recommendation was made for broad-based community education for people of color, emphasizing the need for regular care, early interventions, taking control of health care needs and improving self-esteem. ▪ Health care providers need to effectively serve people of color in a post-I-200 world. ▪ Consumer must feel connected to their physicians and health care provider team, viewing them as accessible and available. ▪ A suggestion was made for developing a missing dental safety net. The City has provided budget for one year. However, planning is needed now to provide access to dental care for the uninsured. ▪ There is a need for a good resource book, outlining a status inventory who does what. 	<ul style="list-style-type: none"> ▪ Generate resources to support the work of all the agencies ▪ Be able to represent the African American people ▪ Develop into a focused, truly community driven foundation / coalition ▪ Provide an umbrella coalition to promote health care in Washington State ▪ Serve as a central conduit for information ▪ Be a central clearinghouse of information and advocacy, allowing the agencies to do more than simply fight fires but effect change in the delivery system ▪ Identify and recruit volunteers <ul style="list-style-type: none"> ▪ The group believes there is room for more prevention and advocacy for health education. The goal would be for consumer education and provider education. The group would like to see people empowered to speak up, practice focused activism, and hold the system accountable. It was noted that the Public Health Department has lots of data and it is time for connection to the community and the people who need it. ▪ Some agencies have started to work on this. But dental access must be improved. ▪ Cheza Collier distributed copies of the African American Business Directory for 1998. <p>Consensus was reached on this topic that it is imperative to raise the urgencies of disparities and to broaden the communication channels.</p>
	<p><i>Councilmember McIver's Report</i></p>	<p>Seattle Councilmember McIver has asked the Public Health Department to look at disparity issues throughout their programs and engage community involvement in a review of healthcare disparities; asking that "Closing the Gap" in African American health care be made visible and urgent.</p>
Topic	Discussion	Concern/Action
	<p><i>Federal "Closing the Gap" Grant</i></p>	<p>New federal grants are available for "Closing the Gap" and information is</p>

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of February 10, 1999

Notes Prepared by Naomi Johnson

		available through David Satcher's office.
	<i>Johnson Grant</i>	This is listed as a sample of other possible collaborations.
	<i>Others</i>	The RWJ Grant offers opportunities for funding. The Kellogg Foundation is requesting proposals. The University of Washington provides linkage with the community. The Public Health Department funds five University fellowships and a new affiliation agreement will provide additional linkages between the two agencies.
Structure for Ongoing Collaboration	<p>Cheza Collier reviewed the the Healthy Aging Partnership as a model collaboration. A group of people, representative of public and private sector, working together with Public Health providing staffing and continuity.</p> <p>Another example is the Community Health Plans of Washington working collaboratively on mental health in primary care clinic systems. Unintended Pregnancy was mentioned as a successful collaborative model.</p>	"Closing the gap" can only happen with deep collaboration and sustained effort. Alonzo requested that the participants think of the Department as a resource, a catalyst, with tools to enhance the various activities and programs. He noted that this happened with Healthy Aging Partnership which is community-driven but staffed by Public Health.
Next Steps	A follow-up meeting will be held next week following the same format as previous meetings.	<p>It is proposed that the work group:</p> <ol style="list-style-type: none"> 1) Begin work on the McIver Report. 2) Tackle any one of the issues identified above 3) Discuss collaboration and determine next steps
Next Meeting	The group informally adjourned at 1:30pm. Alonzo thanked everyone for participating.	The next meeting has been scheduled for Thursday, February 18, 1999, in the Alki Conference Room at First Interstate Center from 11:30-12:30 pm.

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of February 18, 1999

Notes Prepared by Naomi Johnson

Attendees:

Carol Allen, Central Area Senior Center
 June Beford, Seattle-King County Department of Public Health
 Cheza Collier Seattle-King County Department of Public Health
 Shelley Cooper-Ashford, Center for Multicultural Health
 Walt Hubbard, Mayor's Office
 Linda Jones, Center for Muticultural Health
 Naomi Johnson, Seattle-King County Department of Public Health

Alonzo Plough, Ph.D., MPH, Seattle-King County Department of Public Health
 Donald Proby, Seattle-King County Department of Public Health
 Millie Russell, EdD, Wa State Assoc. of Black Prof. in Health Care
 Mike Smyser, Seattle-King County Department of Public Health,
 Alvin Thompson, MD, Wa State Assoc. of Black Prof. in Health Care, KC BOH
 Henry Ziegler, MD, Seattle-King County Department of Public Health

Topic	Discussion	Next Steps
Welcome and Goals	Alonzo Plough welcomed the participants to the third session of this work group Roundtable.	The meeting followed a pre-defined agenda with the goal of identifying a few projects that the Roundtable participants can collaborate to accomplish. Consensus was the Shelly Cooper Ashford and the Africian American Coalition / Center for Multicultural Health serve as the umbrella organization for continued work of the Roundtable. About half the Roundtable already has membership in the CMH. CMH was charged to provide leadership and convene whatever work groups are required to complete the projects identified today.
Finalized Structure for Collaboration		
Website	<p>There was high interest in working on the development of a web site. This is envisioned as a tool to build evidence of a body of work. This could be a place for a practice-based site incorporating studies, data, and health care issues of relevance to people of color. The suggestion was made that this site connect to other locations and sites, serving as a link to other areas of information. The goal would be to make it easy to access data and share the latest in developments. Timely communication is the essence of collaboration and the goal in designing and maintain this type of website.</p> <p>A request was made that thought be given to how this can be accomplished and what organization would best be the umbrella organization for this project. This organization should be a 501c corporation.</p>	<p>There was discussion about various way to get a student from the University or other education institution to maintain such a web page.</p> <p>A suggestion was made to get Microsoft and other large companies to provide grants and or support of this web page.</p> <p>The CMH does not have a formal structure for funding at this time but will set up a web page account, either individually or through another sponsor agency. Guidelines presented were:</p> <ul style="list-style-type: none"> ❖ Sell easy to accomplish projects ❖ Concrete tasks then stop ❖ Get community involvement / funding <p>Al Thompson, Carol Allen, and the Council on Coalition volunteered to work on this project and will seek other volunteers from the Roundtable.</p>

Seattle-King County Department of Public Health (SKCDPH)

African American Community Leaders Roundtable

Meeting of February 18, 1999

Notes Prepared by Naomi Johnson

Topic	Discussion	Next Steps
<i>Councilmember Mclver Report</i>	The City Council has asked, as part of their budget process, what can be done to address the disparities in delivery of health care to African Americans in particular. The Public Health Department has also been asked to showcase areas where we have excelled. Alonzo noted that the State DOH is engaged in discussions of how to “close the gaps”. A meeting will be held in the near future with DOH and the State Committee on how to manage a “One Washington Framework” for this issue.	The group decided to deliver the report in two stages. First, a preliminary report will be compiled to meet the one-month deadline (3/15/99) presented by City of Seattle Councilmember Mclver. This will address Councilmember Mclver’s request that the Public Health Department to present an overview of the steps currently underway to educate and inform regarding disparities in health care. Public Health will provide staffing for this project, in particular for Stage One. The second stage report will be a more polished and showcase document and a project for the Roundtable over the next year.
<i>Fall Conference</i>	There was high enthusiasm for the Roundtable group to sponsor an all-day fall conference. A suggestion was made that the conference focus on women’s health issues.	The conclusion of the work group was to conduct a day-long seminar including women’s health but also addressing families, older citizens and men and the common values; including basics that people need to know, diabetes, mental health, and elder care issues.
<i>African American Directory/ Inventory</i>	The group discussed an inventory to facilitate consumer education, outreach, include a mission statement and brief discussions of each agency’s capacity.	The work group recommended that this inventory be prepared for distribution at the fall conference. A suggestion was made to ensure that this directory / inventory function for health care professionals and be laid out with a medical information intent, not simply as a phone book.
<i>Increase Trust</i>	The group wants to see increased trust between collaborators and partners. The Roundtable discussions have led to increased trust among the this group. Working on mutual, successful projects will contribute toward a conscious effort of collaboration.	Public Health will continue to endorse and support the activities of this consortium and offer staffing for future efforts. It is important that Public Health not be the driver or take the lead from the group and will not convene further meetings. The group asked that Public Health continue to associate with the projects and efforts of the consortium in order to achieve success.
<i>African American Health Initiative</i>	This document compiled by Al Thompson is an excellent synopsis of the visions, goals and leadership opportunities encountered by African American organizations.	Alonzo distributed a copy of those in attendance.
<i>Work Plan</i>	The group informally adjourned at 1:30pm. Alonzo thanked everyone for participating.	Shelly Ashford Cooper will convene future meetings and make a call for volunteers for the four projects identified. Minutes will be distributed to all members of the Roundtable. Chesa Collier and the work group formed by Henry Ziegler will continue to support the projects of this consortium.