Social and Health Indicators for King County

Selection of Core Indicators

POINTING THE WAY TO LONG-TERM HEALTH AND WELL-BEING

Steering Committee

Lee Valenta, Co-chair	King County Children and Family Commissioner
Bette Hyde, Co-chair	King County Children and Family Commissioner
Torben Christiansen	United Way of King County
Sandy Ciske	Seattle-King County Department of Public Health
Sandra Clark	Seattle Department of Housing and Human Services
Bookda Gheisar	Cross Cultural Health Care Program
Lisbeth Gilbert	King County Department of Community and Human Services, Mental Health
William Goldsmith	King County Department of Community and Human Services, Community Services Division
Jean Greaves	Seattle Department of Housing and Human Services
R. Lee Hatcher, Project Manager	Sustainable Seattle
Kathryn Horsley, Technical Support	Seattle-King County Department of Public Health
Carol Maurer	King County Children and Family Commission
Alex O'Reilly	City of Bellevue Department of Parks and Community Services
Doug Stevenson	King County Council
Darby Watson, Project Staff	Sustainable Seattle
Doug Whalen	United Way of King County

The Steering Committee acknowledges:

- Nea Carroll, Consultant/Facilitator planned and facilitated the civic and public forums and facilitated Technical Advisory Group meetings
- Sustainable Seattle provided overall project management in 1998
- The Epidemiology, Planning and Evaluation Unit of the Seattle-King County Department of Public Health carried out the Values and Indicators Survey and managed the work of the Technical Advisory Group
- The Cross Cultural Health Care Program carried out the focus group discussions.

To request additional copies of this report, call Kathryn Horsley, Epidemiology Planning and Evaluation Unit, Seattle-King County Department of Public Health, 206 296-6817.

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EXECUTIVE SUMMARY

The indicator initiative is sponsored by the King County Children and Family Commission and United Way of King County with the purpose of developing a core set of social and health indicators for King County that reflects the wealth of knowledge and experience of both citizens and technical experts. Through this collaborative effort, the indicators will:

- Provide a widely accepted index for monitoring the health and well being of King County communities and populations.
- Inform funding decisions for the support of community mobilizations, prevention-based interventions, and delivery of health and social services.
- Engage citizens in following progress towards greater health and well being for different communities and sectors of the King County population.
- Provide indicators/outcome measures to inform local needs assessments, funding and the delivery of health and human services in King County.
- Complement King County's existing economic and environmental indicators to provide an overall picture of sustainability.

The Indicator Steering Committee established three principles to guide its work on this project:

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

Through an 18-month process, citizens expressed their opinions and concerns for what they value in their families and communities, what they think creates and sustains healthy people and strong neighborhoods, and what social, health and economic problems they are concerned about. Over 1500 King County residents participated through a random digit dial telephone survey, a series of focus groups, five public forums held across the county, and two civic forums held in central locations. The opinions were recorded and are expressed in this report as "valued conditions."

At the same time, technical advisors were discussing the scientific side of choosing a strong list of social and health indicators. As they considered the valued conditions expressed by citizens and suggested indicators to reflect each valued condition, they were concerned with the scientific quality of the information available--issues of validity, reliability, consistency of measurement, whether data are available for the county only, or for smaller areas, such as school districts, cities, health planning areas, regions, or for different age groups, ethnic groups, and income and gender. The advisors met four times in order to respond to each stage of citizens input and to improve and refine the list of indicators based on which seemed most meaningful to citizens and finally, based on what seemed most important to the overall health and wellbeing of people and communities.

The criteria used to identify, select and refine the indicator list include: are the indicators valid, measurable, available, reliable, understandable, suggestive of opportunities to take action, reportable with geographic and demographic detail, reflective of community values, balanced between basic needs and quality of life needs, balanced between strengths and problems? The core list is as follows with actual measures specified (starting) on page 15.

Basic Needs and Social Determinants of Wellbeing
- Adequate food
- Livable-wage income
- Income distribution
- Social support
- Freedom from discrimination
- Affordable housing

Positive Development through Life Stages
- Family friendly employment benefits
- Parent/guardian involvement in child's learning
- Quality, affordable childcare
- Developmental assets/risk and protective factors in youth
- Academic achievement
- Positive social values and behavior in youth
- Participation in life-enriching activities

Safety and Health
- Perceptions of safe neighborhoods
- Crime
- Motor vehicle injuries and deaths
- Family violence
- Infant mortality
- Teen births
- Stress
- Tobacco and alcohol use
- Physical activity and weight
- Restricted activity due to physical/mental health
- Health insurance coverage and access

Community Strength
- Social cohesion
- Involvement in community organizations
- Institutional support for community service
- Pollution exposure in neighborhoods
- Ease of access to shops and services

Next Steps: Data currently available must be compiled, analyzed and displayed in a consistent and useful format. All of the proposed indicators not currently available will be gathered through one telephone survey of King County citizens and one employer survey. The first report on Core Social and Health Indicators for King County will be released and broadly disseminated to ensure their use by private and public sectors, funders and citizens. This report will be updated every 2 years to monitor health and well being of our communities over time.

INTRODUCTION

Purpose: The purpose of the King County Community Indicator Initiative is to develop a core set of social and health indicators for King County that will reflect the opinions, knowledge and experience of both citizens and technical experts. These indicators will:

- ❖ Provide a widely accepted index for monitoring the health and well being of King County communities and populations.
- ❖ Inform funding decisions for the support of community mobilizations, prevention-based interventions, and delivery of health and social services.
- ❖ Engage citizens in following progress towards greater health and well being for different communities and sectors of the King County population.
- ❖ Provide indicators/outcome measures to inform local needs assessments, funding and the delivery of health and human services in King County.
- ❖ Complement King County's existing economic and environmental indicators to provide an overall picture of sustainability.

Principles: The process of identifying and prioritizing social and health indicators is guided by the following principles.

1. **Prevention and a long-term view of change are emphasized:** Our approach to assessing the health and social well being of our communities focuses on prevention. We recognize the value of quality services for those persons who are ill, injured by violence, or unemployed and we will focus on ways to prevent these problems from occurring in the first place by identifying the individual, political, economic, social and environmental risk factors in our communities.

2. **A data-based approach informs our understanding of what creates and sustains healthy communities and families**: We rely on scientific, data-based information to understand the conditions that lead to problems or well-being. We ask, "What is the problem or condition?" and then we ask, "What is the cause of the problem or condition?" This second question is answered by looking for causes in risk and protective factors, community assets, and other social and economic determinants of health and well being.

3. **Effective efforts involve citizens and experts, different disciplines, different parts of government, private and public sectors:** Our approach stresses the importance of bringing many different voices to the task. We strive to bridge many disciplines, different parts of government, the private and public sectors, providers and researchers, racial and ethnic groups, citizens and experts. If the community is to use the information generated by this initiative, the indicators must be easily understood by citizens. The measures of problems and conditions, therefore, will resonate with residents in a variety of communities.

History of Commission's Indicator Work

1993: Establishment of King County Children and Family Commission's *Healthy Communities Project,* in response to three Budget Provisos from the King County Council. Purpose was to create a dialogue and process among members of the public, Commission members, elected officials and County employees to develop a vision of a healthy community for King County's children and families and identify concrete ways of evaluating our progress toward that vision.

- Produced The King County Social and Health Indicator Report, Phase I; (King County minus Seattle)
- Analyzed content of preliminary evaluation of 4 Early Childhood and 18 Family Support Initiatives, feedback from focus groups and key informants including parents, clients of community based services, youth services staff, family support advocates, school district personnel, WIC service participants, and ESL class participants.

1994:

- Produced The King County Social and Health Indicator Report, Phase Two; (King County including Seattle)
- With support of 24 community co-sponsors, held series of 11 community meetings, attended by 255 persons and 143 people provided written responses. The purpose of soliciting opinions from these persons was to initiate community discussion and prioritization of 16 preliminary benchmarks.
- Produced Envisioning a Healthy Community Benchmark Report
- Sponsored forum with Chuck Diamond representing the Oregon Benchmark Project for various County agencies and departments. Electronic voting on 16 preliminary benchmarks.

1995:

- Published Healthy Children Youth and Families in King County: Data Summary and Guide to Community Planning.
- Presented information from HCYF report and disseminated it throughout County.

1996:

- Broadened representation on Steering Committee to include suburban cities, City of Seattle, King County Roundtable, Sustainable Seattle, and other interested agencies.
- Held conference, *Benchmarking: A Foundation for Action,* June 14, 1996.
- Produced A Primer for Creating New Measurements of Progress.
- Put data to 16 preliminary benchmarks.

1997:

- Planned for methods to obtain citizen input from a representative sample.
- Telephone survey of 1212 King County residents (values survey)

1998:

- Produced Values and Indicators Survey: Preliminary Results of Telephone Survey of King County Residents
- Solicited input from 17 social/ethnic groups in King County through focus groups .
- Convened experts to participate in technical advisory meetings to advise on strong indicators.
- Held two civic forums and 5 public forums across the county to determine what indicators are the most meaningful to citizens.

All the reports described above (except *A Primer)* were compiled by the Seattle-King County Department of Public Health with major funding from the King County Children and Family Commission.

HOW THE INDICATORS WERE SELECTED

Public Involvement in Developing the Indicators

In response to growing interest in indicator development throughout the County during the first three years of the Commission's involvement, an Indicator Steering Committee was formed in 1996. This Steering Committee evaluated the 16 preliminary benchmarks already proposed and concluded that a more comprehensive list was needed just as was a more diverse and representative membership on the Steering Committee. A conscious decision was made to seek broader membership for the Committee, and broader citizen opinion on selecting the best list of social and health indicators for the county. The material that follows describes in detail how citizen opinion was solicited and used in the development of the core list of indicators.

Over 1500 King County residents were involved in developing and selecting this list of core social and health indicators. About 1320 were citizens reached through a random-digit-dial telephone survey and a series of focus groups. About 30 were technical experts with knowledge about specific social and health conditions, and what causes them. The remaining 200 people involved were citizen activists, program planners, and social and health service providers and administrators.

The involvement of these people was coordinated by the Steering Committee and facilitated by a project management team from Sustainable Seattle and a technical support team from the Seattle-King County Department of Public Health.

The approach was open, iterative and provided carefully reported feedback from each activity as it occurred. It began with the task of identifying the most important "valued conditions" for creating and sustaining the health and social well-being of individuals and communities. These valued conditions fell into 18 clusters. Next, over 125 indicator ideas that were suggested for tracking these valued conditions were evaluated and narrowed using selected criteria. In the final steps, the list was synthesized and shortened to the 29 indicators presented in this report. What now looks simple, came through a careful and complex process. The sequence of that process is shown in the diagram, *Social and Health Indicator Development Process* on page 11.

The process included:

- Steering Committee meetings and study sessions
- A telephone survey representative of King County residents
- Focus group discussions
- Preparation of a mailing list, Discussion Paper & Initiative Information Sheet
- A Technical Advisory Group, meeting four times
- Informational mailings and media press releases
- Two half day Civic Forums
- Five Public Forums

The Indicator Steering Committee was committed from the beginning, to listen to all points of view and engage as many citizens and experts as time and resources would allow. "This

is where science and art come together," stated one member of the Steering Committee. She was referring the challenge of blending public opinion and discussion with technical and professional scrutiny required to bring about a valid set of community indicators that can be understood and supported in the future.

Steering Committee members are grateful for the more than 1500 people who took time to be involved. Comments from citizens about the initiative process were generally positive and supportive of the approach. Participants at the final civic forum were asked for their reaction to the emerging set of indicators. Most everyone was pleased. Common expressions were *good; very well developed; headed in the right direction; can be important motivators for positive change; right on target; great idea; hope these are not shelved.*

Each part of the process is described below.

Telephone Survey

A random-digit-dial telephone survey was carried out in November, 1997, by the Seattle-King County Department of Public Health, and involved 1212 adult residents of King County. The telephone survey was intended to give a representative picture of what King County adult residents value about their neighborhoods and communities, what concerns they have about the social, economic and health conditions in their region and the county, and their reaction to some suggested indicators. The results of the survey were reported to the Steering Committee and used as a touchstone of expressed values from which to further develop social and health indicators (See the appendix for summary of telephone survey results).

Focus Group Discussions with Underrepresented Groups

Ethnic and other minority populations in King County were underrepresented in the telephone survey due to language and lack of telephones. To fill this gap, a series of focus group discussions were held with 17 minority populations around the County in the Spring of 1998. The discussions were arranged and led by the Cross Cultural Health Care Program. The 105 participants in these discussions responded to a series of general questions that were designed to "get at" the same issues that were raised in the telephone survey. With the help of interpreters as needed, these discussions expanded on and enriched the information already gathered through the telephone survey. Results of the focus groups and the telephone survey were used as the basis for further public input and were revisited at every step in developing the social and health indicators throughout 1998 (See appendix for a summary of the focus group results).

Technical Advisory Groups

A Technical Advisory Group (TAG) was formed by the Steering Committee to provide a consistent source of expert input and review throughout process. The TAG was composed of 30 resource people with knowledge of specific of health and social issues and related indicator data (See appendix for the names of persons involved as technical advisors) In an iterative fashion, their response to each stage of citizen input meant that the indicator list stayed grounded in the values of the community and was augmented regularly by what the technical advisors suggested in terms of strengths and limitations of the data, the importance of certain factors in health and wellbeing, etc. Through a series of four

meetings and written analysis and suggestions, they assisted the Steering Committee in identifying indicators and data that would be responsive to the values and indicators suggested by citizens and meet the criteria for scientifically valid and reliable indicator data. The results of each TAG meeting were recorded and used by the Steering Committee in each iteration of developing and refining the proposed indicators.

Civic Forums I and II

Two civic forums, one held in June and one in November of 1998, provided half day, interactive working sessions with citizen activists and the Steering Committee. The 95 participants at the June Forum identified specific "valued conditions" for the health and well-being of people in King County. Working in small groups, they brainstormed ideas for potential indicators that could track these conditions. The results were then provided to the Technical Advisory Group, which helped to further shape potential indicators.

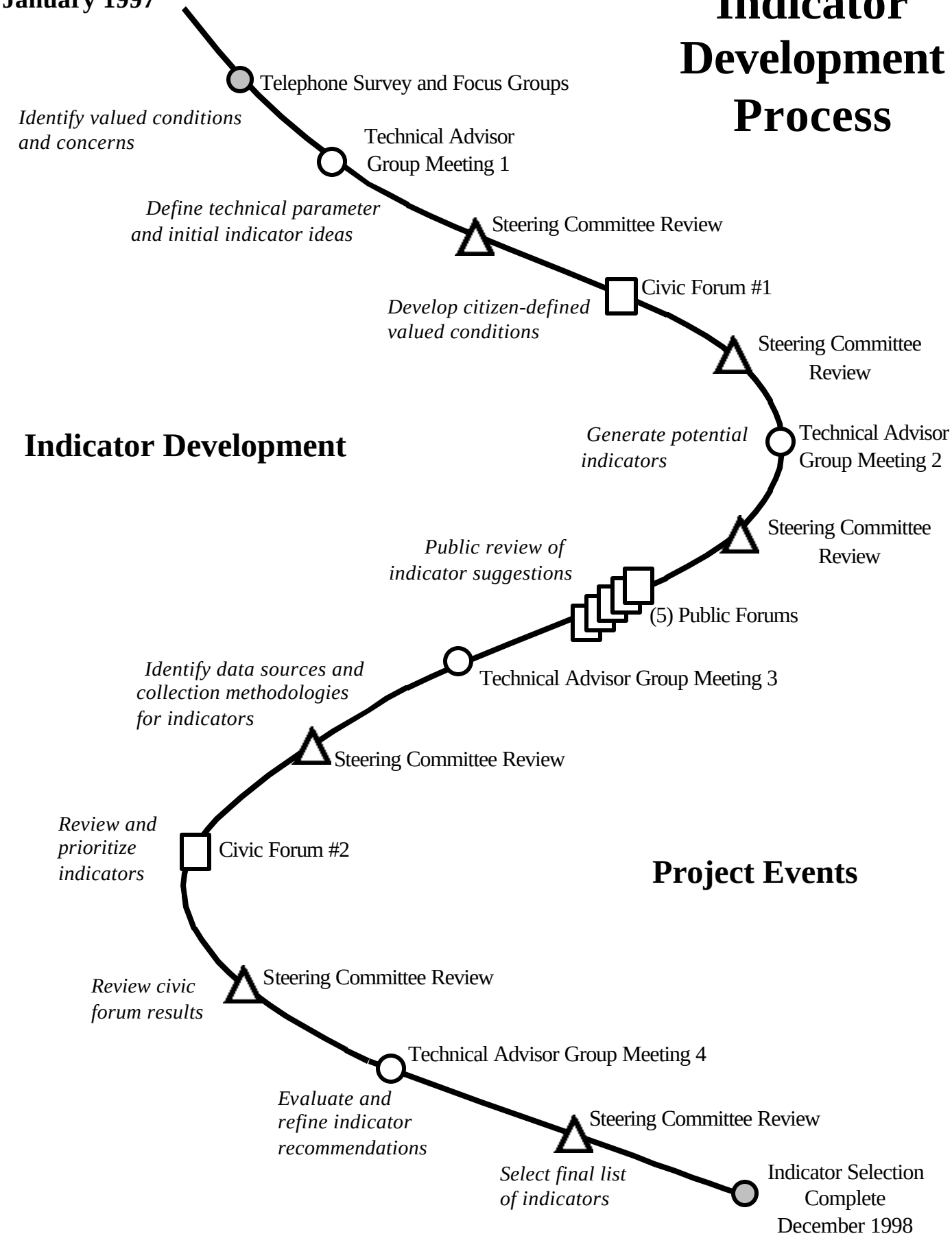
By November, the 42 participants at Civic Forum II were ready to give a more in depth review of the 40 indicators that emerged from this process. They suggested further modifications and identified the most important indicators. These results were again used by both the TAG and the Steering Committee to refine and shorten the list even further.

Public Forums

In order to provide an opportunity for involvement in different geographic locations of King County, a series of five public forums were held in October. Notification was provided through the mailing list, networking telephone calls and local media. The 45 participants at these forums reviewed the long list of indicators, clustered under 18 different topics that came out of previous work. They suggested additions, deletions and modifications. They were also invited to the final Civic Forum. The results of this public review process helped to narrow the list of indicators to see what might be missing.

Social & Health Indicator Development Process

Indicator Steering Committee
Initiated by KCC&F Commission
January 1997



HOW THE INDICATORS WERE SELECTED

Criteria for Selecting Indicators

The Steering Committee established the following criteria for developing and refining the core list of indicators.

CRITERIA FOR THE SET

SYSTEMATIC/ WHOLE SYSTEM: The set as a whole provides a picture of the health and social well-being of individuals and communities, grounded in citizen values and expert opinion. Selected indicators have importance across multiple areas of concern.

REFLECTS COMMUNITY VALUES: The indicator set reflects valued conditions from all levels of the community process: telephone survey, focus groups and civic/public forums.

BALANCE BETWEEN BASIC NEEDS AND QUALITY OF LIFE: The set reflects the basic needs and broader health and social well being for individuals and communities.

BALANCE BETWEEN STRENGTHS AND PROBLEMS: The set reflects a balance of problems and strengths at the individual and community level.

CRITERIA FOR INDIVIDUAL INDICATORS

VALID: The indicator accurately measures what it is designed to measure.

MEASURABLE: The indicator can be measured through established methods.

DATA AVAILABILITY: Data are available and there are established methods for ongoing data collection. If a selected indicator requires primary data collection, it should be cost effective and have potential for funding.

RELIABLE: The data for the indicator are measured in a consistent manner that can be repeated from one time interval to another.

UNDERSTANDABLE: The indicator is easily understood by citizens and leaders.

SUGGEST OPPORTUNITIES TO TAKE ACTION: The indicator provides information that suggests opportunities for action to address concerns, prevention of the problem and/or promotion of health and well being. Inherent in this criterion is a long-term perspective.

GEOGRAPHIC DETAIL: Data for the indicator are available and/or can be gathered at a sub-regional level and preferably at the census track or zip code level.

DEMOGRAPHIC DETAIL: Data for the indicator are available on age, race/ethnicity, income/socioeconomic status, and education levels as appropriate.

CORE LIST OF SOCIAL AND HEALTH INDICATORS

Results of the telephone survey, focus groups and first civic forum, emerged in the form of "valued conditions." These are statements of "ideals"--what citizens value in individuals, families and communities. Early in the process, the valued conditions fell into 18 clusters and formed the basis for the first list of potential indicators. Later the criteria for indicator selection (see on page 12) were applied in a synthesis and further refinement of the indicators and four new and broader clusters emerged:

I. Basic Needs and Social Determinants of Wellbeing
II. Positive Development through Life Stages
III. Safety and Health
IV. Community Strength

A core list of 29 specific indicators also emerged, all falling under one of these clusters or categories. The actual measures for the indicators are defined and presented in detail on the following pages alongside the valued conditions mentioned in the citizen process. As noted, not all of these measures are available now. The availability of data for the entire list is summarized in the table on pages 26 and 27.

Readers should understand that:

- The valued conditions came from citizen opinion expressed as values and concerns in the telephone survey, focus groups, and in the civic and public forums.
- The valued conditions are expressed as "ideal" conditions—based on the vision of what citizens want for themselves, their families and communities.
- The Steering Committee realizes that it is not possible to achieve an ideal state of health and wellbeing, but proposes these indicators as measuring sticks to tell us how close or distant we are from our ideals. The intent is to inform social and health policies and funding.
- In order to reveal any inequities in social and health conditions, the indicators will be reported, when possible and appropriate, by income level (of neighborhoods or individuals), race/ethnicity and age.

Basic Needs and Social Determinants of Wellbeing
Valued Conditions

- *Everyone in the county has the basic necessities of living—nutritious food, adequate shelter and clothing.*
- *All people live in a quality residence and do not spend a high percentage of their income to do so. Low income people can find affordable housing in a variety of neighborhoods.*
- *Homelessness is reduced and homeless people are cared for.*

- *The potential of immigrants is recognized and they are supported to improve their English and to find jobs suitable to their skill, expertise, and experience.*
- *There is equitable distribution of incomes; the gap in wealth and income between the rich and poor people is narrowed.*
- *People earn a livable wage and there is less discrepancy between the average worker's income and that of the average chief executive.*

- *Everyone has sufficient informal social support–relationships through neighborhood interaction, work, communities of faith, common interests, etc.*

- *People are treated fairly in employment, housing and education.*
- *All people feel included in the larger community. No members of any group feel isolated (men, women, youth, the elderly, disabled, immigrants, ethnic/racial religious groups, gays and lesbians).*
- *There is respect for differences and no one is discriminated against socially in employment, housing or education due to race/ethnicity, age, religion, gender, disability, or sexual orientation.*

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

CORE LIST OF SOCIAL AND HEALTH INDICATORS

Basic Needs and Social Determinants of Wellbeing Indicators

Adequate food:
Percent of residents who say they have worried about not having enough food for themselves or their families during the past 30 days. Data are collected every year in the Behavioral Risk Factor Survey available through the Seattle-King County Dept. of Public Health. Limitation: the sample of people reached in a telephone survey will not include those people who might be most in need of more/better food—that is the homeless and those unable to afford to have telephones.

Livable-wage income:
Percent of population living at or below 200% of the federal poverty level. Data available from US Census.

Income distribution:
Share of total income received by the poorest 20% of households, compared to percent received by the richest 20% and to the other groups in between**.** Beyond concerns about equity, studies show a strong correlation between income distribution and mortality rates. This relationship reveals that income disparity, in addition to absolute income level, is a powerful indicator of overall mortality in a population. Data available from US Census.

Social support:
Percent of residents who perceive that they are supported, using the Medical Outcomes Study Social Support Survey items: a) emotional support, love, empathy; b) instrumental or tangible support such as helping with chores, transportation; c) information, guidance, or feedback; d) appraisal support, which helps person evaluate him or herself; e) companionship in leisure and recreational activities. Data to be collected through a random digit dial telephone survey of King County residents.

Freedom from discrimination: (2 measures)
Percent of residents who report that they have experienced discrimination based on race, gender, age, income, religion, sexual orientation or disability. The specific measure is to be determined. Data to be collected through a random digit dial telephone survey of King County residents.
Number of hate and bias crimes. Data are available for King County and each jurisdiction within the county from the Washington Association of Sheriffs and Police Chiefs on criminal offenses that give evidence motivated by the offender's bias against the victim's race, religion, ethnicity, sexual orientation, handicap or gender.

Affordable housing:
Covered in GMPC Benchmarks by *Percent of income paid for housing*. Data available every 10 years from US Census.

Positive Development through Life Stages
Valued Conditions

- *Parents have adequate time to provide love, nurturing and stimulation to children. They are explicit in teaching values and provide role models for resolving conflict.*
- *Business and corporations are "family and community friendly:" For example, no forced overtime, flexible work schedules, family and medical leave, paternity and maternity leave.*
- *People create a balanced daily lifestyle with adequate time for interaction with families, friends, for leisure activities, and for volunteer activities in the community.*

- *Children are ready to learn and prepared for the social environment of schools. (through early childhood education, childcare and preschool experiences).*
- *Quality daycare is available for all who need it.*

- *Every young person is connected to family, school, and a community group and has a sense of belonging.*
- *Adults interact comfortably with youth and communicate that they care and are supportive. Parents, teachers and other adults express clear guidelines and high expectations of the youth they interact with.*
- *Middle and high school graduates are socially competent and resilient young people (teachers develop relationships with students and show that they care).*
- *Young people belong to youth organizations and school clubs where adult and peer friendships and support are strong. Gang membership has no appeal.*

- *Children and youth do well academically.*
- *People and communities are supportive of public schools.*

- *Elders frequently interact with family, friends and neighbors and are active in community projects and interest groups and participate in intergenerational activities.*
- *Elders have the daily care they need as they progress in age.*

- *People continue to learn at all ages.*
- *People actively participate in community based arts and cultural events: attend museums, performances, participate in arts organizations, study music, art, and literature, and make music and art, individually and together. Children are engaged in music and art.*

- *Communities support the involvement of youth in activities that benefit others and the community at large. Children learn basic morals of human life and are involved in serving others. Parents and teachers reinforce basic values of respect, responsibility, caring for others, stewardship of environment, tolerance, sharing).*
- *People make more decisions based on the welfare of other people and the environment;*
- *People have sources of spiritual growth and renewal.*

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

CORE LIST OF SOCIAL AND HEALTH INDICATORS

Positive Development through Life Stages
Indicators

Family friendly employment benefits:
Percent of employers that provide and percent of employees that receive benefits such as paid maternity leave, family and sick leave, and other benefits that affect the ability of parents to be present at important times with their children. Data to be collected through a survey of employers in businesses and organizations of all sizes.

Parent/guardian involvement in child's learning: 2 measures
Percent of parents/guardians who are involved in their child's learning. For preschool age child: percent of parents who read to their child every few days or daily. For school age child: percent of parents who spend time with their child doing parent-child activities every few days or daily. Data to be collected through a random digit dial telephone survey of King County residents, and requiring oversampling of households with parents of children.

Quality, affordable, available childcare: 4 measures
Percent of families who use different types of childcare; percent who are satisfied with the quality and percent who have access to childcare. Data to be collected through a random digit dial telephone survey of King County residents, and requiring oversampling of households with parents of children.

Average cost of licensed childcare as a percentage of average wages. Data available from Childcare Resources of King County.

Developmental assets/Risk and protective factors in youth:
Two instruments have been carefully developed, tested and used locally, though not consistently or widely in King County. The first focuses on developmental assets, thriving behaviors and risky behaviors, while the second focuses on risk factors, assets (protective factors), and risky behaviors. Developmental assets have been measured once in Seattle, Bellevue, and Mercer Island school districts and the risk and protective factors have been measured in South Central, Shoreline, Enumclaw and Snoqualmie Valley school districts. Many individual schools in King County also have risk and protective factor data from the 1998 Washington State Survey of Adolescent health Behaviors. School districts and communities are likely to choose the model and survey tool that best suits their own community. For meaningful information over time, school districts are encouraged to use a consistent approach and use the same survey tool each time they survey their students.

Average number of developmental assets students say they have in their lives, as reported in the Search Institute Profile of Student Life. These 40 developmental assets include support from family, neighbors, schools and other adults, empowerment, boundaries and high expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity.

Average number of risk and protective factors that students say they have experienced, as reported on the Student Survey of Risk and Protective Factors and Prevalence of Alcohol, Tobacco, and Other Drug Use. Risk factors include: mobility, disorganized neighborhood, drugs and handguns available, low attachment to neighborhood, family, and school, poor family management and discipline, parents inclined toward drug use and antisocial behavior, academic failure, rebelliousness and impulsiveness, interaction with antisocial peers, peer's drug use, etc. Protective factors include: opportunities and rewards for positive social involvement in community, family and school, religiosity, social skills, and belief in moral order.

Academic achievement: 2 measures
Percent of 4th, 7th and 10th grade students who meet the Essential Academic Learning Requirements (in reading, writing, listening and mathematics) developed as part of the Education Reform Act of 1993.
Percent of high school graduates who complete vocational or technical training, associate and bachelor degrees (using the High School Follow Up Study).

Positive social values and behaviors in youth:
Percent of middle and high school students who score high on self reports of caring, equality and social justice, integrity, honesty, responsibility, and restraint.
Percent who serve in the community one hour or more per week. These positive values and service participation are both measured in the survey of developmental assets, Profiles of Student Life. The Student Survey of Risk and Protective Factors and Prevalence of Alcohol, Tobacco, and Other Drug Use also measures belief in the moral order.

Participation in life-enriching activities:
Percent of residents who have participated in activities that enrich their lives socially, culturally, artistically, spiritually, or intellectually during the past month. For example, singing or playing a musical instrument, dancing, painting, writing; participating in ethnic associations, book clubs, study circles, elder hostel programs, religion study circles, college or other courses, or computer classes; attending concerts, lectures, art exhibits; hiking, mountain climbing, sailing, etc. Data to be collected through a random digit dial telephone survey of King County residents.

Safety and Health
Valued Conditions

- *People are comfortable to walk freely on the streets and in parks of their neighborhoods at any time of day or night. There is respect for other people's property. The police have a known, regular, and friendly presence in neighborhoods and other areas and are quick to respond to calls. People trust that fire and police and emergency personnel will offer excellent protection.*

- *There are no violent acts, gunshots, drug trade or prostitution on the streets or in neighborhoods and schools.*

- *Family members and friends resolve conflicts in peaceful manner (domestic violence and child abuse are prevented by the presence of positive adult role models, supportive friends, neighbors and relatives).*

- *Babies and children are healthy and have adequate nutrition, immunization and well-child check-ups.*

- *People maintain healthy personal lifestyles with regards to nutrition, exercise, and drugs and alcohol.*
- *Youth do not use substances or engage in early or unsafe sexual behavior.*

- *Everyone receives quality medical and dental treatment in a timely manner (everyone is covered by health care insurance for physical, mental, dental, vision, and alternative care services; people receive treatment from providers who are sensitive to cultural differences; the elderly and disabled are provided health care in their neighborhoods and homes; people receive immediate and quality treatment for drug and alcohol abuse).*

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

CORE LIST OF SOCIAL AND HEALTH INDICATORS

Safety and Health Indicators

Perceptions of safe neighborhoods:
Percent of residents who report that they feel safe walking in the neighborhood during the day and night. Data to be collected through a random digit dial telephone survey of King County residents.

Crime: at least 2 measures
Part I crimes per 1,000 population as reported under the Uniform Crime Reports, including a) violent crimes: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault and b) property crimes: burglary, larceny-theft, motor vehicle theft, and arson. Part I crime arrests

Motor vehicle injuries and deaths:
Motor vehicle death rates, hospitalizations and traffic-related injuries.

Family violence: 2 measures
Number of children accepted by Child Protective Services for investigation or services. ("Accepted" by Children's Protective Services does not mean abuse or neglect has been substantiated, but that the case was screened according to legal guidelines and found to warrant further investigation.)
Domestic violence felonies and misdemeanors. Data are available from Washington Association of Sheriffs and Police Chiefs for the state. Numbers are also available for police jurisdictions within King County, but because not all report domestic violence misdemeanors, a King County figure can only be reported for domestic violence felonies.

Infant mortality:
Number of deaths to infants under one year of age per 1,000 live births in a given year. Data available each year from death certificates.

Teen births:
Number of live births per 1,000 females ages <15, 15-17, and 18-24. Data available from birth certificates.

Stress:
Percent of residents who have experienced high levels of stress. Specific measure to be identified or developed. Data to be collected through a random digit dial telephone survey of King County residents.

Tobacco and alcohol use: 4 measures
Percent of residents who are current smokers among adults 18+. Data are collected every two years in the Behavioral Risk Factor Survey available through the Seattle-King County Dept. of Public Health.

Percent of youth smoking on at least one of past 30 days (current use) and on more than 20 of the past 30 days (frequent). State level data and some King County school district data

are available through state and surveys: Youth Risk Behavior Survey and Washington State Survey of Adolescent Health Behaviors.

Percent of adults age 18+ who report binge drinking (BRFS definitions); Data are collected every two years in the Behavioral Risk Factor Survey available through the Seattle-King County Dept. of Public Health.

Percent of youth who report heavy use of alcohol and use of other drugs. State level data and some King County school district data are available through state and city surveys: Youth Risk Behavior Survey and Washington State Survey of Adolescent Health Behaviors.

Physical activity and weight: 4 measures
Percent of adult residents who are physically active. Data are collected every two years in the Behavioral Risk Factor Survey available through the Seattle-King County Dept. of Public Health.
Percent who are overweight (using BRFS for adults age 18+). State level data and some King County school district data are available through state and city surveys: Youth Risk Behavior Survey and Washington State Survey of Adolescent Health Behaviors.

Restricted activity due to physical/mental health:
Percent of residents who report high number of days in response to the question: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Data are collected every year in the Behavioral Risk Factor Survey available through the Seattle-King County Department of Public Health.

Health insurance coverage and access: 5 measures
Percent of residents who are uninsured;
Percent who are underinsured (having out-of-pocket expenses exceed 10% of income)
Percent lacking coverage for specified benefits such as mental health, reproductive health services (contraception), etc.
Percent not getting needed medical, dental, or mental health services. Data for all of above are available every two years from the Health Access Survey conducted by the Seattle-King County Dept. of Public Health.

Percent of employers that offer health care benefits. Data to be collected through a survey of employers in businesses and organizations of all sizes.

Community Strength
Valued Conditions

- *Everyone feels included; no one is isolated. Neighbors know each other's names and get together often. A lot of talk between neighbors.*
- *People show respect for and interest in others who are of different ages, educational, social and ethnic backgrounds.*
- *Neighbors depend on each other: borrowing and lending, watching out for each other's children, homes, gardens, and pets. There is trust.*

- *People organize within the community/neighborhood: block watches, neighborhood directories and associations.*
- *People invest in the community: keeping it clean, organizing mentoring and other youth development activities, supporting public parks, libraries, community centers.*
- *People are informed and engaged in their community: volunteering, staying aware and well-informed of community issues, planning and attending community events.*
- *People are active participants in community events and the political process. They believe that what they do can make a difference in community life.*

- *Organizations and individuals provide financial support for the arts: music and arts programs in schools, public art in communities.*
- *People enjoy artwork and music: buy recordings and artwork of local musicians and artists and purchase books from locally-owned bookstores.*
- *People honor and show interest in the cultural/religious heritage of others.*
- *People share their common heritage and interests: language, religious observance or cultural practice. They have opportunities to gather with people who are like them.*
- *People of different generations frequently interact and do things together.*

- *Immigrants receive assistance to improve their knowledge of English. Immigrants are empowered in other ways—training, involvement in community organizations, etc*

- *The impact of development and environmental degradation is not disproportionately felt by poor communities (the siting of and regulations for airports, freeways, landfills, toxic waste dumps, etc., is carried out so that health and economic impacts are not disproportionately felt by poor communities).*
- *Communities retain natural surroundings.*
- *There are many public places, well-maintained, for recreational use.*
- *People walk, bicycle or bus in order to obtain most of their daily needs.*

- *People trust in the police and courts to give fair treatment. Justice is delivered regardless of race/ethnicity, income, gender, religion, age, sexual orientation.*

- *There is diversity in neighborhoods: elderly and single people living among families, single family dwellings among multi-family dwellings; shops among residences, low cost housing among higher cost housing.*

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

CORE LIST OF SOCIAL AND HEALTH INDICATORS

Community Strength Indicators

Social cohesion:
Percent of adult residents who respond positively to questions on an index that measures a combination of trust, social cohesion and informal social control. Respondents are asked: a) how strongly they agree on a 5-point scale that "people around here are willing to help their neighbors," "this is a close-knit neighborhood," "people in this neighborhood can be trusted," "people in this neighborhood generally don't get along with each other," and "people in this neighborhood do not share the same values," (last two statements are reversed coded). b) how likely that their neighbors could be counted on to intervene in various ways if 1)children were skipping school and hanging out on a street corner, 2) children were spray-painting graffiti on a local building, 3) children were showing disrespect to an adult 4) a fight broke out in front of their house, and 5) the fire station closest to their home was threatened with budget cuts. ." Data to be collected through a random digit dial telephone survey of King County residents.

Involvement in community organizations:
Percent of residents who have participated in local community organizations during the past six months (PTSA, sports groups, neighborhood associations, ethnic associations, political groups, professional or academic societies, religious groups, etc.) Or per capita number of associations to which residents in each community belong (using the civic engagement measure of the General Social Survey). There is a wealth of literature linking social integration at the individual level to health outcomes. Recently, we have additional evidence that social integration at the community level is linked to death rates. These community characteristics are sometimes referred to as "social capital." Data to be collected through a random digit dial telephone survey of King County residents.

Institutional support for community service: 2 measures
Percent of middle and high schools that give official approval of class time used for community service. Data to be collected through surveys of schools and school districts.
Percent of businesses that allow paid time off for employees to give community service. Data to be collected through survey of employers of all size businesses and organizations.

Pollution exposure in neighborhoods:
Percent of people exposed to specific pollutants mapped by income and racial/ethnic make-up of neighborhoods. This indicator reflects the fact that the location of toxic dumps. industry, airports, etc., is more often close to poor neighborhoods than middle or high income neighborhoods. Data to be taken from the Toxic Release Inventory (TRI), which is collected and geo-coded by the Environmental Protection Agency and reported on websites and available at the Wash. State Dept. of Ecology. The TRI numbers will be matched with the income level of the same geographic area from US Census data.

Ease of access to shops and services:
Percent of residents who find convenience in getting to shops and services, such as childcare, libraries, doctors office, school, etc.. Data to be collected through a random digit dial telephone survey of King County residents.

Availability and Source of Indicator Data

Indicator	Data Available	Source of data
Basic Needs & Social Determinants of Wellbeing		
Adequate food	✓	Behav. Risk Factor Survey, SKCDPH
Livable-wage income (200% of poverty level)	✓	US Census, available through SKCDPH
Income distribution	✓	US Census
Social support		Telephone Survey of KC residents
Freedom from discrimination		
➢ Residents experiencing discrimination		Telephone Survey of KC residents
➢ Hate/Bias crime	✓	Uniform Crime, WA Assoc. Sheriffs & Police, others
Affordable housing (% income for housing is GMPC indicator)	✓	US Census (10 yr), KC Budget & Strategic Planning
Positive Development through Life Stages		
Family friendly employment benefits		Survey of businesses/organizations
Parent/guardian involvement in child's learning		Telephone Survey of KC residents
Quality, affordable childcare		
➢ Type of childcare and satisfaction		Telephone Survey of KC residents
➢ Average cost of childcare as percent of average wage	✓	
Developmental assets/risk & protective factors in youth		
➢ Developmental assets		Profile of Student Life, Search Institute
➢ Risk and protective factors		Survey of R & P Factors, Hawkins & Catalano, Univ of Wash
Academic achievement		
➢ Essential Learning Requirements (gr, 4,7,10)	✓	Office of the Superintendent for Public Instruction, OSPI
➢ Learning beyond high school		Graduate Follow-up Study, OSPI
Positive social values and behavior in youth		Search Institute, or Hawkins & Catalano, Univ of Wash
Participation in life-enriching activities		Telephone Survey of KC residents
Safety and Health		
Perceptions of safe neighborhoods		Telephone Survey of KC residents
Crime (Part I crime reports and arrests)	✓	Uniform Crime, WA Assoc Sheriffs & Police, others
Motor vehicle injuries and deaths	✓	St Dept Transprt, Death Certificate, EMS & Police Reports
Family violence		
➢ Child abuse and neglect accepted referrals	✓	Child Protective Services, annual

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Indicator	Data Available	Source of data
➢ Domestic violence felonies and misdemeanors	✓	Uniform Crime Rep, WA. Assoc.of Sheriffs & Police
Infant mortality	✓	Vital records, available through Dept of Public Health
Teen births	✓	Vital records, available through Dept of Public Health
Stress		Telephone Survey of KC residents
Tobacco and alcohol use		
➢ Adults	✓	Behav. Risk Factor Survey (2 yr), SKCDPH
➢ Youth		Adolescent Health Survey
Physical activity and weight		
➢ Adults	✓	Behav. Risk Factor Survey (2 yr), SKCDPH
➢ Youth		Adolescent Health Survey
Restricted activity due to physical/mental health	✓	Behav. Risk Factor Survey (2 yr), SKCDPH
Health insurance coverage and access		
➢ Individuals who are covered	✓	Health Access Survey (2 yr), SKCDPH
➢ Employers which provide coverage		
Community Strength		
Social cohesion		Telephone Survey of KC residents
Involvement in community organizations		Telephone Survey of KC residents
Institutional support for community service		
➢ Support from employers		Survey of businesses/organizations
➢ Support from schools		Survey of middle and high schools
Pollution exposure in neighborhoods	✓	Toxic Release Inventory, from EPA and Census
Ease of access to shops and services		Telephone Survey of KC residents

NEXT STEPS

This report provides a description of the process and product of an eighteen month effort to select a core set of indicators for monitoring the well being of individuals and communities in King County. Important data are not available for a number of indicators; therefore, the Steering Committee and Technical Advisory Group strongly recommend primary data collection to gather the missing information. We envision the following next steps:

1. **Data currently available must be compiled, analyzed and displayed in a consistent and useful format.**
   - Compile data available through the Seattle-King County Department of Public Health (SKCDPH), Epidemiology, Planning and Evaluation Unit, from:
     - the Behavior Risk Factor Survey in order to report findings for five sub-regions of the County
     - the Access to Health Care Survey (a primary survey conducted at intervals and funded by the SKCDPH)
   - Gather, analyze and format the other data obtainable from the data sources as noted.

   Time estimate: 1-2 months

2. **All of the proposed indicators not currently available will be gathered through one telephone survey of King County citizens and one employer survey.**
   - Design and test survey instruments for the content areas mentioned in the table on pages 26 and 27
   - Select sample designs that provide a sufficient number of citizens and employers to provide representative and reliable information.
   - Gather and analyze data in five sub-regions of County when possible.

   Time estimate: 6-9 months

3. **Recognizing the limits of telephone surveys in terms of reaching a fully representative sample of King County citizens, supplemental information will be gathered periodically from groups of people who might be missed in a telephone survey: recent immigrants, people with low incomes and little formal education.**

4. **The first report on Core Social and Health Indicators for King County will be released and broadly disseminated to ensure their use by private and public sectors, funders and citizens. The report will:**
   - Provide a widely accepted index for monitoring the health and well being of King County communities and populations.
   - Inform funding decisions for the support of community mobilizations and prevention programs.

- Engage citizens in following progress towards greater health and well being for King County communities.
- Provide indicators/outcome measures to inform local needs assessments, funding and the delivery of health and human services in King County.
- Complement King County's existing economic and environmental indicators to provide an overall picture of sustainability.

Time estimate: Fall of 1999

5. **This report will be updated every 2 years to monitor health and well being of our communities over time.**
   - Update the Social and Health Indicators Report in order to provide measures to monitor health and well being of our communities over time.
   - Encourage all sectors to address these findings.
   - Facilitate the combined and coordinated efforts of private and public sectors, funders and citizens in order to produce positive long-term changes for our communities.

Conclusion

The Steering Committee is grateful to the many individuals and organizations who were involved and supportive of this process including our own organizations and sponsors. We are very appreciative of the time donated by the over 1,500 citizens who participated in providing their vision of the valued conditions for communities in King County. The process was truly collaborative, grounded in citizen values and reflective of expert opinion. We are committed to issuing the Social and Health Indicator Report with data in the next year. We recognize that measuring our community health and well being is only the first step to inform actions. Our collective challenge will be to use this information to achieve coordinated actions that produce positive changes in our communities over time.

APPENDIX I

What King County Residents Value in Their Communities

Results from a Random-digit-dial Telephone Survey and Focus Group Discussions

Sponsored by the **King County Community Indicators Steering Committee**
Funded by the **King County Children and Family Commission**

A Special Report Prepared by the
Epidemiology Planning and Evaluation Unit
Seattle-King County Department of Public Health

JUNE 1998

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Prepared by:
Kathryn Horsley, DrPH
Seattle-King County Department of Public Health
(206)296-2789

Data collected by Gilmore Research And Cross Cultural Health Care Program

EXECUTIVE SUMMARY

Residents from all corners of King County identified the aspects of neighborhood life that they value and like. The leading themes emerging from the responses of the 1212 participants in the random-digit-dial telephone survey are: proximity (the convenience of location), physical character, social character (social/ethnic make-up, friendliness, care and support, connectedness), natural surroundings, safety and education. The 105 participants representing a mix of ethnic and racial groups not reached through the phone survey, voiced appreciation for physical characteristics and only a few emphasized friendly interaction and diversity in their communities.

When asked about the social, economic, or health problems residents could see in their neighborhoods or their region of the county, many pinpointed the problems faced by families or particular age groups. Problems facing teens were identified as drugs, involvement in constructive activities, and pregnancy. Problems of elderly people were seen as getting healthcare, isolation and loneliness, and affordable housing. The problems associated with families were time together, inadequate parenting and teaching of values, and the dissolution of the family unit. Other major theme areas that emerged included growth, safety, economy (poverty, taxes, low wages, and the gap between the rich and poor), health (specific diseases, such as AIDS, cost of services and insurance, substance use and access to care). Participants in the focus groups were particularly concerned about the future of youth in their communities and frequently mentioned the serious problems of being isolated from the larger community, not having English language skills and the impact of racism and other forms of discrimination. Local environmental problems were also mentioned by the focus group participants.

Community and the social character of community was the most prominent issue identified in the category of issues that concern people the most. People worry about the lack of connectedness with neighbors, the racism that pulls neighborhoods apart and discourages individuals, the materialism and preoccupation with careers at the expense of time with family and friends. Many worry about the general lack of responsibility in people and some are concerned with the strong influence that TV and movies have on the socialization of children and youth. Many in the immigrant communities voice concern that the schools do not teach or reinforce positive human values.

INTRODUCTION

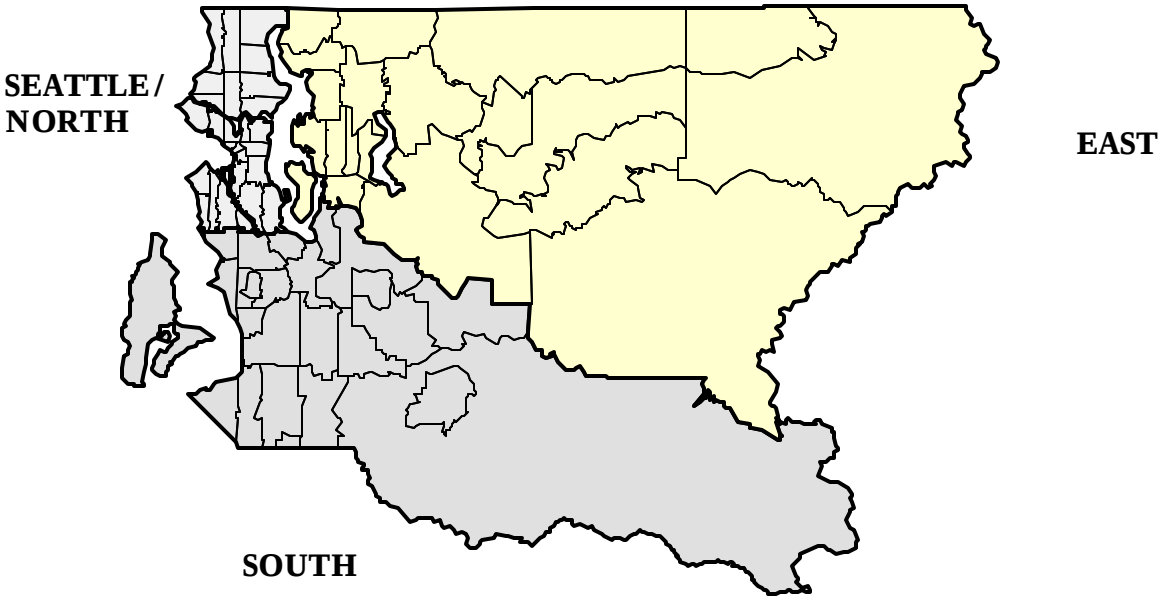
Purpose of this Information-Gathering

This report summarizes what 1212 adult residents said in a telephone survey, what 100 residents said in focus group discussions, and some of what 192 youth said in focus group discussions. The telephone survey was intended to give a representative picture of what King County adult residents value about their neighborhoods and communities, what concerns they have about the social, economic and health conditions in their region and the county, and what social and health indicators seem to resonate with them for different life stages and various aspects of community health. Because telephone surveys tend to under-represent poor, non-white and non-English-speaking people, a series of focus group discussions was planned in order to get similar information from the underrepresented citizens. Finally, because all of the telephone respondents and most of the focus group participants were over 18 years of age, some additional information was taken from an existing report of focus group discussions held with King County youth ages 11-19.

The King County Community Indicators Steering Committee will integrate this information with input from community activists and leaders who attend the planned civic forums and with input from technical experts in order to select a core list of social and health indicators for King County that is grounded in citizen opinion as well as technical expertise. It is hoped that over time, these indicators will give significant direction to policy makers and keep citizens informed as to whether communities in the county are moving closer to our common goals.

Who Participated in the Telephone Survey?

The random-digit-dial telephone survey carried out in November, 1997, involved 1212 adult residents of King County. The sample was stratified in order to obtain results by three geographical regions of King County: 1) East, 2) Seattle and North, and 3) South. These three regions are represented in the map below and were created on the basis of zip code boundaries.



Who Participated in the Focus Groups?

Discussions were carried out with groups from 17 minority populations. These were not representative samples, but comprised of individuals and families identified by key persons within minority communities. It was intended that the perspectives and frames of reference of these 105 participants will expand and enrich what is learned from the telephone survey. The different groups participating included the following.

African American
American Indian
Arabic speaking
Cuban
Cambodian
Cantonese and Mandarin speaking
Japanese
Korean
Laotian
Latvian
Mexican
Muslim
Somali
Taiwanese
Ukranian
Vietnamese

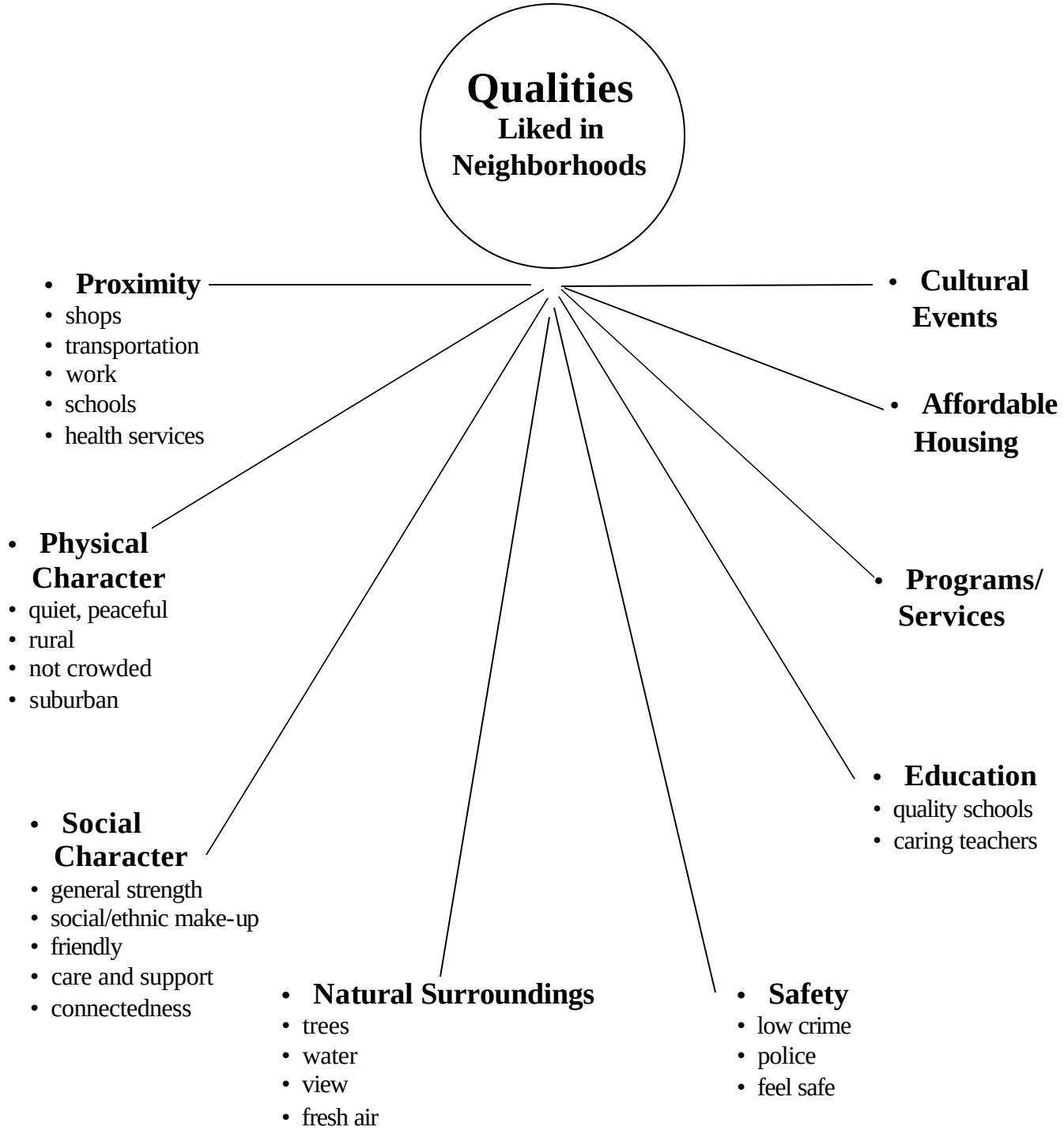
All regions of the county were represented by the 105 participants: 13 were from the North region and 48 from Seattle; 13 were from the South region; and 18 were from the East region. The remaining 13 did not indicate their residence.

Participants in the 24 youth focus groups (as reported in SUPPORTING YOUTH, 1997) were also from all parts of the county; all but one of the 19 school districts were represented by these 192 teens who ranged in age from 11 to 19. The ethnic breakdown of the teen participants was as follows: Native American (3%), European American (43%), Hispanic American (7%), African American (18%), Asian American (17%), and Mixed ethnicity (11%).

FINDINGS

What Do People Like and Value About Their Neighborhoods and Communities?

The first question asked in the telephone survey was: *What one or two things do you really like about living in your immediate neighborhood; what things add to the quality of community life where you live?* The nine general categories or themes that emerged are displayed below, presented from left to right in the order of the number of times comments were made.



What Did Respondents Actually Say?

Because social and health indicators are the main focus of the project, three themes most relevant to the task of developing social and health indicators are presented here with quotes. These are: *social character, safety, and education.*

SOCIAL CHARACTER OF THE NEIGHBORHOOD:
Five sub-themes emerged from what people had to say about the social nature and social make-up of the community:

general strength
social and ethnic make-up
friendliness of people
care, support and responsiveness
cohesion and connectedness

At the end of each quote below, parentheses contain letters indicating which of the three regions the respondent resides in—E=East, S/N=Seattle/North, and S=South-- and indicating gender of the respondent—F=Female and M=Male.

<u>General strength</u>

- *There's a community sense about it. (E,F)*
- *I like the neighborhood feeling and people I live around, we go to church together. (E, M)*
- *Small town feel, community-oriented.(E, F)*
- *Very public-minded; everyone is concerned for the area.(E, M)*
- *The sense of community. It's a neighborhood that's involved; takes concerns of the neighborhood and makes sure they are addressed. (S/N,F)*
- *Stability. We have active long-time residents, community minded; They are all active in either the community clubs or the churches or the schools.(S/N, F)*
- *Genuine feeling of community here; people care about the schools, higher expectations about behavior of people. (S, M)*

<u>Social and ethnic make-up</u>

- *Neighbors all have kids about my children's ages. We all help each other out and there is a good mix with older people in the neighborhood and we like that. (S, M)*
- *I like the diversity in our neighborhood, economic diversity. Parts are still fairly rural. (E,F)*
- *I can visually see how different yet similar we all are, and it's enriching; for instance in the clothing, also some of the values, different values in a subculture. Diversity helps me understand myself and how arbitrary a lot of things in life are.(S/N, F)*
- *The smallness of the community, the diversity. There are a lot of different types of people: sexual orientation, race, income status. (S/N, M)*
- *The neighbors are good people with the same interests and values. (E, F)*
- *Good neighbors, same values, same age group. (S, M)*
- *The closeness of people in the neighborhood. We're all acquaintances. We know each other, work in similar jobs, have similar incomes, similar problems. (E, F)*
- *Racially mixed schools and they have good educational standards. Decent neighborhood, high middle class, friendly neighbors. (S, F)*
- *We like the international flavor of the neighborhood; we're one world but so often isolated; we like to go down to the park and hear the different languages, see the different styles and colors. (S/N, M)*
- *Cultural diversity (S, M)*

Friendliness of people

- *I can get out and walk and everybody say's "hello".(E, F)*
- *It's very quiet and semi-secluded and have excellent neighbors. They're kind and friendly people. (E, M)*
- *I think the feel of the neighborhood, the neighbors tend to communicate with each other and socialize; it's sort of a family feeling. (S/N, F)*
- *The friendliness of the people around here makes this a comfortable place to reside. People take an interest in the neighborhood. (S/N, M)*
- *I have good neighbors; we all know each other. It's a very friendly atmosphere.(S, F)*
- *People are cordial and nice. (S, M)*
- *The friendly nature of the neighbors…can trust them. (S, M)*

Care, support and responsiveness

- *Tight, close neighborhood, camaraderie; the neighbors watch out for each other and everyone is there to help each other out. (S, M)*
- *I enjoy my neighborhood. My closest neighbors are all friends and we live close and if we need something we can go to each other. (S, F)*
- *Nice quiet neighborhood. Nice people…they are very friendly and they will help me whenever I need anything. (S/N,F)*
- *That the neighbors know everybody. I feel safe, someone always knows my schedule, everybody takes care of each other. (S/N, F)*
- *My neighbors/; they're neat people, comfortable to be around. They make sure I'm ok, bring me meals. I'm 78 years old so they look in on me. (E, M)*
- *Neighbors all work together on projects for somebody's household, like helping build a deck. (E, F)*
- *Neighbors are very nice. When we went on vacation they kept an eye on my house. I wasn't born in this country and they are happy to answer my questions about childcare, education systems. They explain it to me if I ask. (E, F)*

Cohesion and connectedness

- *I grew up here, have parents, family…(S/N, M)*
- *Close to my family…(S/N, M)*
- *I live close to a couple of my children It is a really nice community. Everyone cares in the neighborhood. I am a senior citizen and they are treated very well in this community. (E, F)*
- *Family nearby in my neighborhood. (E, M)*
- *My husband has lived here all his life. His family is close and that means a lot to us. (S,F)*

SAFETY: police presence, feel safe, low crime rate:

- *When something happens the police come really quickly and we like that. (E, M)*
- *We have very low crime rate in our area. I see public safety officers in the area quite often. The few times that we have had to call on them the response rate has been excellent. (S/N, F)*
- *Very comfortable with police protection and police response time. (S/N, M)*
- *The safety. We have community policing (S, F)*
- *I feel safer because we know neighbors and business owners; makes us feel secure. (S/N, F)*
- *It's quiet and seems fairly secure…(S,M)*
- *Safe neighborhood. Feels safe. I don't hear about crime.(E, F)*
- *This area is pretty safe from drugs, vices, prostitution, violence. Not much around here.(S,M)*
- *No violence and no gun shots at night—it is safe. (S/N, M)*
- *I like the quietness of area and general safety of area. Don't see gang activity or open crime around here. These things also add to the quality of life. (S/N, F)*
- *Lack of crime; don't have the standard average of robberies or violent crimes or anything. (E, M)*

EDUCATION: quality of schools, caring teachers:

- *We've been real happy with the schools. The quality of teachers is good. Communication between teachers and students. (E, F)*
- *The school's reputation and parental involvement. (E, M)*
- *The school district. Excellent teaching staff (S/N, F)*
- *Schools, good school. They have high standards. They don't tolerate some of the base things other schools do. Strict policies, academic standards. The dress code is more exacting. (S/N, M)*
- *The school quality and are within walking distance for the kids. I feel that the schools have been nationally recognized and the teachers are excellent and care and are involved with the kids. There is a principal who really cares about the kids. (S,F)*
- *The teachers and administration are quality and caring about kids and good communicators as well as good educators. (S, F)*
- *We're having a real positive time with the school district. We have child who is hyperactive (and) and they've been very supportive and helpful in meeting his needs, setting up class and working with him and us, working as a group, talking daily. (S,M)*

What did focus group participants say they liked about their neighborhoods/communities?

Many of the people who participated in the minority group discussions said they were not connected with their respective neighborhoods. There were specific aspects of life in the immediate or larger community that they appreciated such as **parks and libraries, transportation, safety, diversity and friendly interaction**. For example:

- *Downtown Bellevue is very nice. You feel safe, you don't have worries about safety. In every city in the USA, most downtowns are not great places to hang out after work but in Bellevue, you can walk after work in the evening.*
- *The metro bus system. It is very good.*
- *West Seattle is a very good place to live. I am sure it is one of the nicest places to live. There is not a lot of crime; we have every geographical group in terms of ethnicity, economic groups, low housing, high housing, people who live in million dollar houses to the project that are there. There's a lot of interfaith work that goes on there and lot of Christian groups that have invited Muslims to participate in their churches and to give lectures to their churches and their schools. I would say West Seattle is an excellent community.*
- *You know as a family, we know our neighbors, they are Caucasian, Filipinos, Blacks, Latinos. We talk to each other and at Christmas we bring gifts to each other. And if you ask me to watch your house, I do that, they do that.*
- *Communion and social aspect of our community. Seeing each other often to discuss things and to socialize.*

Youth focus groups participants recognized the value of relationship with adults other than parents, and they identified actions and approaches used by adults that show that they care. According to the youth, supportive communities provide: **safe places for teens to be together, youth centers that offer skill-enhancing activities as well as recreation, opportunities to volunteer time/talents, adults that reach our and encourage teens to get involved, adults who are available and take time to talk, adults who are nonjudgmental and respectful of teens, adults who expect the best of each teen they encounter and avoid stereotyping.**

How Concerned Are People About a Selected Set of Issues?

A group of questions in the telephone interview posed a set of nine issues that might or might not be considered problems in King County: *Now I'm going to read a list of issues. For each one, tell me if you are concerned about this issue in King County—we're talking about the entire county now. Please respond with one of these four answers: NOT concerned, a LITTLE concerned, SOMEWHAT concerned, or VERY concerned.*

Percent of residents who said they were
"somewhat" or "very" concerned about selected issues or problems

		Total King County	East	Seattle/ North	South
1.	The lack of time adults spend with children.	86.2%	88.1%	83.3%	87.9%
2.	People who don't take responsibility for themselves or others.	84.3%	86.5%	80.3%	87.0%
3.	A decline in the quality of the natural environment.	82.5%	85.4%	82.6%	80.3%
4.	Racism and hate crimes.	82.3%	82.2%	80.9%	83.8%
5.	The isolation and loneliness of elderly people.	82.0%	81.5%	80.8%	83.7%
6.	The level of stress in people's lives.	76.6%	77.2%	75.7%	77.0%
7.	The influence advertising and television have on people's values.	70.3%	68.3%	68.9%	73.2%
8.	The lack of a strong sense of community.	65.7%	64.6%	63.0%	69.5%
9.	The gap between rich people and poor people.	64.6%	63.6%	66.4%	63.5%

What Problems Do People See in Their Neighborhoods and Regions?

The second question of the telephone interview was as follows: *What one or two important social, economic, or health problems are facing your immediate neighborhood right now?* The general themes that emerged from a qualitative analysis of answers are identified below, and displayed with sub-themes on the next page. Because some respondents expressed problems in terms of a particular subgroup of the population, teens or the elderly, for example, these were coded as theme categories with specific types of problems as sub-themes. The population groups and the problems are presented separately in the order of frequency with which they were mentioned.

Population Groups	No. of Comments	Problems	No. of Comments
Teens	91	Growth	289
Elderly	43	Safety	162
Families	34	Economy	159
Children	26	Health	151
		Community	94
		Environment	61
		Education	58
		Transportation	54
		Government	22

Which of All Social and Health Issues Are People Most Concerned About?

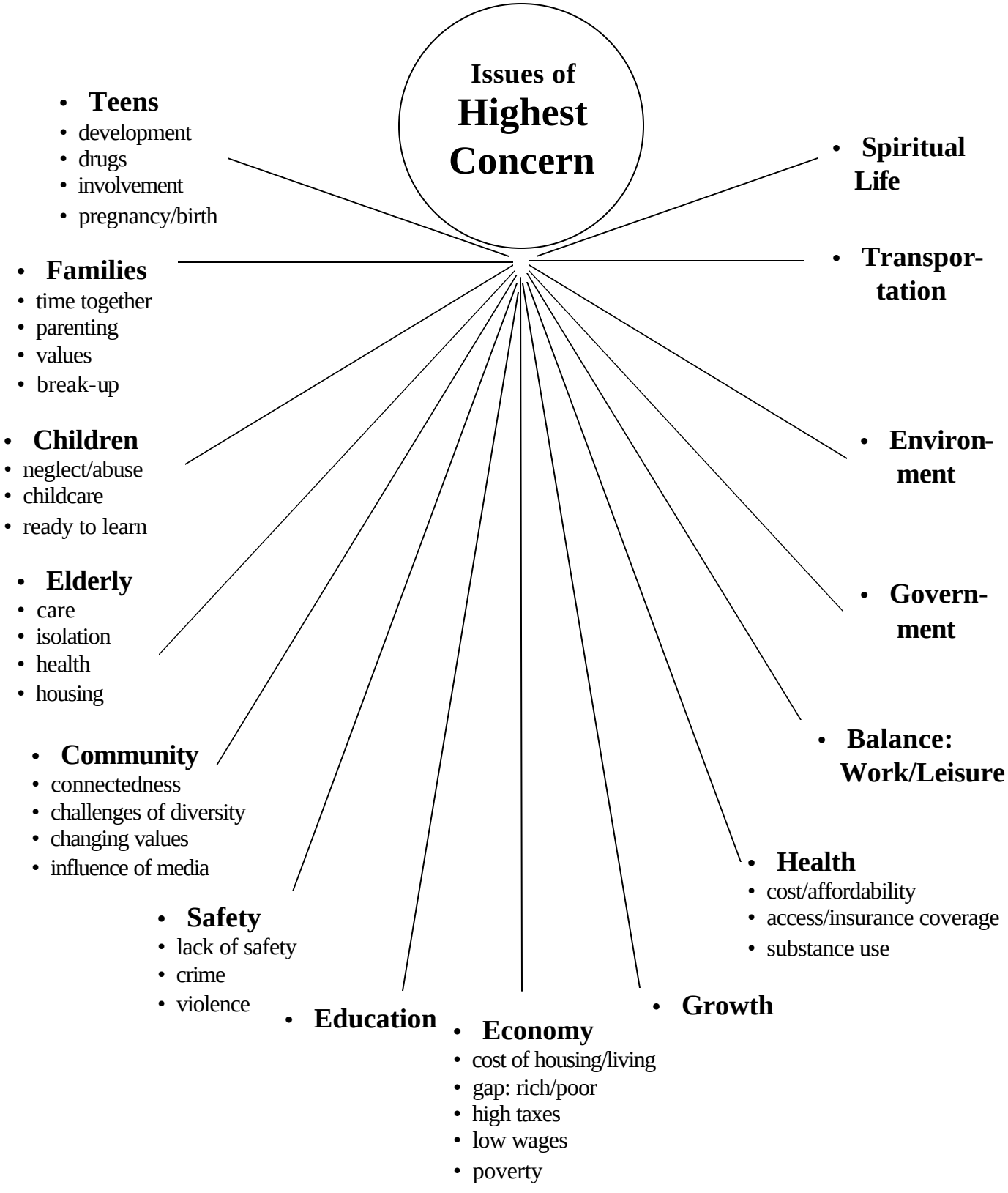
A final open-ended question was asked at the very end of the telephone interview, after respondents had identified problems, expressed their level of concern over a selected set of issues, and stated their preferences for several statements about different aspects of a healthy community. The last question was: *This interview has raised many different issues for you to think about. Which issue concerns you the most? It can be an issue we have discussed here, or perhaps some other issue in your community.*

The general themes emerging from answers to this question are similar to those emerging from the question about problems seen in neighborhoods. Some respondents mentioned population groups while others mentioned types of problems. The emphasis in this final question, however, did shift and some problems took on a higher or lower priority, based on the number of references to them. The main theme categories emerging from this final question are as follows, presented in order of the number of comments made about them (population groups are ranked separately from the issues/problems). Looking at the table below, one should conclude that teens were mentioned more often than the elderly (youth were of particularly concern among the participants in the focus group discussions) and that community issues were mentioned more frequently than any other issue. The numbers below do not refer to number of people who mentioned the issue, but rather to the number of times the issue was mentioned.

Population Groups Most Concerned About	No. of Comments	Issues Most Concerned About	No. of Comments
Teens	180	Community	202
Families	173	Safety	129
Children	134	Education	127
Elderly	114	Economy	107
		Growth	86
		Health	83
		Balance: Work/Leisure	47
		Government	34
		Environment	25
		Transportation	20
		Spiritual Life	13

The sub-themes and details of what residents had to say about these issues are displayed in Figure 3 on the next page, as well as in the direct quotes that follow.

Figure 3:
Themes emerging from qualitative analysis of final question:
This interview has raised many different issues for you to think about. Which issue concerns you the most?
It might be an issue we have discussed here, or perhaps some other issue in your community.



What Did Respondents Actually Say About the Problems Facing Their Neighborhoods and the Issues They Are Most Concerned About?

Because the answers for "problems" and "issues of highest concern" seemed to break out into the same theme categories, quotes are presented here from answers to both questions. Specific quotes are selected for reporting in order to 1) illustrate the range of different responses, 2) represent geographical regions and genders, and 3) offer as much detail as possible to capture the complexity of the issues. Quotes from answers that emphasized specific population groups are offered first.

TEENS: The four concerns that were most often expressed are: **general healthy development, drug use, opportunities to be involved in safe activities, and pregnancy and birth.**

- *Teens: very concerned about how the teens are being cared for and guided towards the future. (S/N, M)*
- *How the community interacts with the kids, and how the family and the community develop a relationship with kids. Those that don't have a sense of community or attachment to the community will have no sense of responsibility to the community. (S/N,M)*
- *I guess it revolves around teenagers, specifically the well-being of teens in King County: school, volunteer time, family support, etc; quality of life for teens—I don't think the opportunities for them to do stuff is very big. (S/N,F)*
- *Teenagers development. The attitude of many of the young these day, the drug and alcohol usage. Attitudes aren't as respectful as earlier generations. Don't know when to keep their mouths shut for their own good…(E,F)*
- *Youth are not getting the love and support they need. They need someone to count on when they are growing and having problems. We need to find a way to provide this for them. (E,M)*
- *Teen problems: sex, drugs, alcohol, and have adult mentors. (E,M)*
- *What concerns me the most would growing up in the society for a teenager: TV advertising, graduating from high school; and in this community, the street crime and gangs and drug related activities concern me . Sometimes there is not enough activity that will keep young people entertained in a positive way and keep them from negative activity with their lives…(S/N, M)*
- *Probably the teen drug use. They're our future, a big problem. Affects everyone. That they get a good start in life—otherwise they do not make it. They drop out of school, take manual jobs and become a burden on society. (S,M)*
- *Children's health and development. Teenage pregnancy. I think that a strong family base is going to nurture children through planned pregnancy. If a supportive family, maybe less teen pregnancy. (E,F)*

FAMILIES: The four themes emerging under the concern for families are: **time together, parenting, values, and family break-up.**

- *Family, kids and teenagers. That is the very structure of the community. If they are not doing well the community won't do well either. (E,F)*
- *Family orientation. How family is raised is how community will prosper or fail.(E, M)*
- *Supportive family life by the communities and cities. Support for children, especially for moms who work (S/N, F)*
- *Family. Time spent with children, time spent with extended family, grandparents for example. (E,F)*

- *The way we are raising our children. There is a lack of mom and dad together raising children, and a lot of domestic violence; single parent families, people who work so much there's no time to spend with children (E,M).*
- *Just in general terms, family values and/or the lack thereof. I just see a lot kids who seem to be raising themselves; the parents are more involved in their careers.(E,M)*
- *Families spending quality time together as family, because if you have strong families a lot of the other issues disappear. (S/N,F)*
- *Lack of support, time spent with family. Commuting takes a lot of time away from the family. (S,F)*
- *There is no support for strengthening and supporting marriages. There is tremendous support for divorce. (E,M)*
- *Structure of the family and the strength and the support of youngsters are getting from adults. The family as the nucleus and how strong it is. (S,F)*
- *People are so uptight anymore; they have no patience to raise a child right. (S,F)*
- *Kids not being able to express their emotions without concern; to be able to express themselves freely without fear of being taken negatively. Having someone caring to listen to them-parental support. (S, M)*
- *The raising of children… the grown-ups make the children. Children raised in households of caring and supportive adults are not parenting children that commit crimes, entering gangs or participating in unconstructive activities. Strong parenting skills produce responsible children. (S/N, F)*

CHILDREN: The themes emerging from concerns over children are: **neglect/abuse, child-care,** and being prepared or **ready to learn.**

- *The children and their futures. That they get good health care and education and a fair chance to contribute. (E,F)*
- *Child development, the healthy development of children, whether they feel secure, if physically treated well. (S/N, F)*
- *Good childcare. Caretaker should not have too many children to take care of and they should be well trained in early childhood development. (E,F)*
- *The issue of education and care of young children especially in poor neighborhoods. Also concerned about the money and support schools get from the state and the city and county. (S/N, M)*
- *Mostly on the children, how schooling is going, whether there are too many students per teacher, whether there is abuse, abuse in family life, child abuse, mental and physical abuse, screaming, yelling, shaking babies. Any abuse to a child. (S,M)*
- *The issue of child abuse. I'm coming from the understanding that children have less power to change things, to correct things. (S,M)*
- *Children being prepared for school and learning…(E,M)*
- *Overall we're doing a lousy job from kindergarten through high school, but more specifically I think that head start programs that prepare toddlers for school are very important. (S/N, F)*
- *Children are not ready for school and ready to learn when they enter school. I really don't know what to do about it, but it is a real problem. (S,F)*
- *Domestic violence. To have a healthy community you must start from home. To have a healthy environment at home you will have a healthy community.(S/N, M)*
- *Domestic violence and child abuse. I think it's one of the biggest indicators of a sick society and one of the most unhealthy things that can happen when the family is out of control. There can be poverty and a host of other things that can play a role in it, but it is one of the strongest indicators of mental imbalance in a community; and if that is not in balance, nothing can come after that(S/N,F)*

ELDERLY: The themes emerging from concerns for the elderly are general **care, isolation, health and healthcare,** and **housing.**

- *Senior citizens; so many that will they have enough care? (E,F)*
- *I see more older people needing health care; Medicare cuts are not supplying their needs and they are living longer too and requiring more care as they grow older. (S,F)*
- *Aging. At home support. (S,M)*
- *We are concerned about retired people living on a fixed income. Property taxes are going up in the community and are forcing elderly out of homes. (E,M)*
- *I would say that there seem to be more elderly people who could benefit from more contact with other people, have transportation and help with their homes, keeping up the upkeep. There are three ladies 80+ living alone on our block alone. I'm concerned about the elder's ability to live independently without going into nursing homes. (S/N, F)*
- *Senior citizens. They deserve a better shake than what they're getting in quality of food, quality of health care givers, conversations and so forth. They deserve respect. (S,M)*
- *Care of the elderly. Just the resources available because when people get older they need different kinds of care, whether it is in-home care or care in a facility. They need to feel safe and cared for. Hopefully they will have their children and family, but that is not always the case. We need to make sure they have the care they need. (E, F)*
- *Dealing with elderly. I work with elderly in my line of work. Problems facing the elderly are the availability of services, not having enough social support, more programs to help elderly who are homebound, more programs to do home visiting. (S,F)*
- *Health care for elderly. They work hard all their lives. There is nothing left financially. Care costs so much that they can't afford it. They're drained. (E,M)*
- *Taking care of the elderly and children. A lot of elderly are lonesome people and left alone too much…(E,F)*
- *Elderly. Loneliness and how sometimes they retreat and feel they aren't worth anything. (S,F)*
- *Interactiveness of elderly with others in the community. A lot of the older people here spend a lot of time alone in their homes and they don't get community support or involvement. Somehow we need to get them more involved by stopping by or checking on them and making sure they get done what they need done for them or with them. (S,M)*
- *Concern is housing affordability of the older citizens, whether they can afford to live in the community. You spend a lifetime building a home; when you retire, can you afford to live it, because of the cost? Or will you have to move to another community because you can no longer afford to live in the home you worked to build? (E, M)*
- *Afraid that if taxes go any higher, it will force elderly out of their homes…(S/N, M)*

COMMUNITY: The themes emerging from concerns for *community* are: **connectedness, dealing with differences, changing values**, and **influence of media.**

- *Sense of community and people's participation in community. My greatest fear is that we are losing the sense of neighborhood. We are traveling long distances to work and spending less time in our neighborhoods. Community interaction with people involved with each other needs to be made more important. (S,M)*
- *Because the community has grown so fast we don't know people. If they haven't been here 15 or 20 years we don't know them; no one has time. (E,F)*
- *Mental and spiritual well-being of the community. Lack feeling of connectedness. (S/N, F)*
- *A lot of the stuff boils down to a sense of connectedness to each other, whether to family or friends or to the community, because if we're connected to bigger world, we can increase those*

with health care, decrease racism and isolation, increase our sense of responsibility for ourselves and for others, decrease crime. etc. (S/N, F)

- *Interaction with community and neighbors, to get one out and doing things, interact at all age levels, too many people isolate themselves. (S,F)*
- *Television and how it affects children. If kids read books, kids volunteering, kids even going across the street to meet neighbors. It used to be more of a community here. (S,M)*
- *I think cultural and ethnic backgrounds, just religion, race and tradition, how narrow minded people can be. (E,F)*
- *Racial hatred, hate crime, something that needs to be addressed, as it is on the uprise; as the diversity is bringing in attitudes that create those hateful attitudes. They call themselves the real Americans. (E,M)*
- *Racial issues, making sure we all are working together. People not looking at color but at the person. (S/N, F)*
- *This community is very diverse. The different ethnic groups seem to be "clumping" together instead of mixing into the community. Within each ethnic group there are a lot of problems, such as gang activities…(S,F)*
- *Some people are refugees and new people and find it very hard. They don't know the language and cannot understand and expect many different things because of their impression of what America is like.. You have to start from zero here. (S,F)*
- *Not enough diversity, homogeneous, not enough mixing pot of people, too white. I am white. This is a problem. (E,M)*
- *People's perceptions compared with reality. A lot of it has to do with media hype. Media hypes some issues and doesn't deal with reality. (S/N, M)*
- *Influence of advertising. Some are making a buck can influence people. Can cause an erosion of the fabric of society. Including morals as well as the way people treat each other. People are at home watching TV instead of interacting with neighbors…(S/N,M)*
- *Most concerned about the rapid exposure of children to adult things, too much r-rated movies too soon, too much TV too soon, too much sexuality too soon…(S,M)*
- *There is problem with priorities. We can't raise $10 million for education then we can find $450 million for ball stadium. (S,M)*
- *Materialism in our culture, values…(S/N, M)*
- *The issue that concerns me in the most global sense is over-consumption. People thinking they have to have things in order to be happy.(S/N,F)*
- *The decline of morals and moral values. The lack of respect people have for one another, and the type of treatment we give one another and the fact that we are not passing on to our children moral values and respect…(E,F)*

ECONOMY: The themes emerging from concerns about the *economy* are: the **gap between rich and poor, high taxes, low wages,** and **poverty.**

- *It's important that people can buy their own house. If people own their own house they care more about the community. But it's hard to save for a down payment. (S/N, M)*
- *Cost of living. It's getting so expensive a single parent can't make it, even with a good job. (S, F)*
- *Finding affordable housing, and the difference between the rich and poor. (E,F)*
- *Poor vs. rich. Issue of affordable housing and other affordable things for people. (E,M)*
- *People need meaningful work—adults need meaningful work and that has a total radiant effect on their life. When they have that they are better parents and better community members. People need to have living wage jobs and don't need any more McDonald' assistant manager jobs, but real jobs. This leads me to my concern about the disparity between the wealthy and the middle class, even, not even the lower income classes. (S/N,F)*

- *The economic well-being of the community. People being able to work at a living wage and the way that relates to the well-being of the family. (E,M)*
- *Poverty. People can't find jobs that support them and find affordable shelter. (E,M)*
- *The raising of taxes. It's hurt the elderly the poor. Property taxes , sales taxes. And there are no good jobs for young people. There are all kinds of base jobs, but no good paying jobs. (S/N, M)*
- *Taxes. They are talking about raising taxes again. People won't be able to afford to have a place to live. There needs to be a ceiling on property taxes. (S, F)*

HEALTH: The themes emerging from concerns about *health* are: **cost/affordability, access/insurance coverage,** and **substance abuse.**

- *Making sure everyone has medical and dental insurance along with eye care. I don't think a lot of people have access to dental and eye care so people go without for years getting teeth cleaned and such. A lot of younger people don't have full insurance so they can't get glasses or their eyes checked. (E,F)*
- *Should have national health care. (S/N, F)*
- *Drug use. Excessive drug use. (S/N, M)*
- *The availability of health related things to the general public. Just being able to get affordable basic care, most cost, should be affordable. (S,F)*
- *Drug and alcohol use. I am a volunteer firefighter. I don't think I have ever been to a major accident that has not involved drugs or alcohol in the last four years. So that is what bothers me the most for both adults and teenagers. (E, M)*
- *Health care; not enough people have coverage. We need a plan for the people—more health care. (S/N, F)*
- *Health and mental health. I am concerned they don't get care they need. I believe it is not available to them—and what they can afford is not good. It is very scary how much medical insurance has changed over the past five years on what they will not cover even for people like us who can afford some insurance.(S/N, F)*
- *Everybody should be able to receive health care. (S,F)*
- *Health care, lack of access, choice and affordability. (S, M)*
- *Health problems. Health insurance should be available to more people; there should not be people with no health insurance. (S, M)*

What did focus group participants say about problems and concerns?

The major issues of concern voiced by the minority group participants included: quality of the environment, shortage of affordable housing, knowledge of English , lack of jobs, racism and discrimination. **For example:**

<u>The Environment</u>

- *I live in a commercial area with trucks, lots of cars, car alarms, loud music. It's very noisy. Also the air quality is poor [due to the] lack of trees and natural green land. Too many cars and buildings*
- *In my neighborhood, on the weekend they are so noisy, and they play all these tapes of rap music… it's so loud and they don't care about the neighbors.*

<u>Housing</u>

- *I don't understand; I have never been in a city that you cannot get decent housing in the middle of town.*

- *If you make too much you cannot rent at certain places and yet you cannot rent at other places because you are not making enough money. If you make a certain amount of money you cannot go to low income places.*
- *A lot of people might be middle income people and are caught in the middle.*

Jobs

- *You know, some of us are skilled. My wife and I have done sewing for over 25 years. But being here, without a degree we can't work. They don't test us on what we know, the practical aspect of the job, the experience that we have. All they want is the theory and the degrees. It is very difficult for us.*
- *I am a shoemaker and I use to make purses and tapestries, seat covers, bags. But I have not been able to do that here for the same reason, for the lack of the type of education and degree they want. We have received education back home you know. We have received good education to do our work there. But here all this education we had received does not count.*

Knowledge of English

- *We are the forgotten group in this society because we can't speak English well.*
- *We have lots of problems. First without a good command of the language we are limited to what we can do. It is like a handicap. We can't do work, no housing which then leads to homelessness*

Racism/Discrimination

- *Some people here are racist. Like at the convenience store, I went in one night for a hotdog and the cheese on top was spoiled. I complained and the clerk said, "Oh, you Mexicans can eat everything!" He thinks of Mexicans as bad people. It hurts, here (inside).*
- *There is a lot of discrimination against Latinos in employment. It is not just getting a job but keeping one.*
- *When I would show up I know that certain things would happen. When I would submit a resume, I would notice other cultures would come through and there would be a totally different response.*
- *The police will come 30 minute of the being of an event in our neighborhood, but in other places, they will be there half a day to get things set up and to prevent trouble.*

Schools

- *We have heard about the teacher turnover rate and the other problems in the school published in the Seattle Times and I am really distressed about the school.*
- *There is a need for good education for our children. In Seattle, not much is done for minority groups. There is no education which can teach our children our language. It cannot come from ourselves, it needs to come from public school.*
- *Teenagers learn in school differently. They learn from school and the community bad stuff compared to what they learn at home. Depending on what kind of friends they have and you can lose those kids to gangs. They're not respectful, they have forgot the culture they are from. A lot of kids are doing that right now too.*

APPENDIX II

TECHNICAL ADVISORY GROUP

Norm Abbott, PhD, Principal Planner, Puget Sound Regional Council
Marina Alberti, PhD, Associate Professor, Urban Planning, UW
Michael Arthur,PhD, Research Assoc Professor, Social Development Research Group,UW
Kathryn Barnard, PhD, Professor, School of Nursing, UW
Rick Brandon, PhD, Executive Director, Human Services Policy Center, UW
Ken Cameron, MSW, Executive Policy Coordinator, DSHS Adult and Aging Services
Richard Catalano, PhD, Associate Director, Social Development Research Group, UW
Cheza Collier, PhD, Program Analyst, Seattle-King County Dept. of Public Health
Barbara Courtney, BFA, NMPL, Executive Director, Artist Trust
Mickey Fearn, MS, Principal Consultant, SYNAPSE Group
Bookda Gheisar, MSW, Director, Cross-Cultural Health Care Program, Pacific Medical
Bill Goldsmith, MSW, Program Analyst, KC Dept. of Community & Human Services.
Pat Hughes,MA, Director, Citizen Leadership Program, Center for Ethical Leadership
Kathy Kimball, EdD, Director, Administrative Preparation, College of Education, UW
Ahoua Koné, MPH, Research Associate, Cross-Cultural Health Care Program
Jim Krieger, MD, MPH, Chief, EPE Unit, Seattle-King County Dept. of Public Health
Robert McCoy, MGA, Manager, Quantitative Research,United Way of King County
John Pirak, MPA, Bureau Chief, Seattle Police Department
Alonzo Plough, PhD, Director, Seattle-King County Dept. of Public Health
Pablo Schugurensky, MFA, Director, Microsoft Art Collection
Paul Sommers, PhD, Senior Research Fellow, School of Public Affairs, UW
Clarence Spigner, DrPH, Associate Professor, Dept. of Health Services., UW
Lucy Steers, BA, Public Involvement Consultant and Activist, League of Women Voters
Jack Thompson, MSW, Associate Staff Director, Health Policy Analysis Program, UW
James Wellman, PhD, Adjunct Professor, Institute for Ecumenical Theology, Seattle Univ.

Other persons provided professional/technical advice and comments during the indicator development. They included:

Rebecca Bauen, Adjunct Faculty, Evergreen State College
Allen Cheadle, Research Assoc. Professor, Center for Cost/Outcomes Research, UW
Cindy Curreri, Assistant Director, Urban Health Initiative, UW
Stephanie Coontz, Faculty, Evergreen State College
Dianne Elliot, Principal Consultant, D_3 Consulting
Chandler Felt, Development Specialist/Analyst, KC Office of Budget/Strategic Planning
David Hawkins, Director, Social Development Research Group, UW
Charles Sylvester, Professor, Dept of Physical Education/Health/Recreation, WWU