

**Attachment A to the Fiscal Note**  
**City of Seattle Healthy Communities Initiative Policy Guide**  
**Public Health Data and Demographic Highlights for Seattle**  
**February 7, 2006**

- **Health Disparities<sup>1</sup>.** The most striking message from the data is the significant disparity in health outcomes based on race and income. These disparities are consistent across most health indicators. Even as trends overall may be flat or getting better, in most cases disparities persist. For example, we can cheer our success in lowering the adolescent birth rate, but disparities based on race and poverty remain, and birth rates are actually increasing (and the disparity widening) for Hispanic/Latino adolescents. (Note that race and income data are not available for every indicator.)

Selected Health Indicators with Significant Disparities Based on Race	Selected Health Indicators with Significant Disparities Based on Income
Uninsured adults	Uninsured adults
Infant mortality	Infant mortality
Adolescent births	Adolescent births
Very low birth weight	Very low birth weight
Childhood asthma	Asthma hospitalizations, children
Adult asthma	Asthma hospitalizations, adults
Heart disease deaths	Heart disease deaths
HIV/AIDS deaths	HIV/AIDS deaths
Diabetes deaths	Diabetes deaths
Alcohol-induced deaths	Alcohol-induced deaths
Current smoker, adults	Current smoker, adults
Low birth weight	Assault hospitalizations
Chlamydia	HIV incidence
Gonorrhea	HIV prevalence
	AIDS incidence
	AIDS prevalence

- **The Health of Seattle Women<sup>2</sup>.** The Seattle Women’s Commission worked with Public Health—Seattle & King County (Public Health) to develop a report on the health status of Seattle women. The report highlights disparities based on race/ethnicity, income level and neighborhood and identifies health problems and risks faced by Seattle women. Risk factors and chronic diseases remain prevalent in Seattle women, including cigarette smoking, not consuming enough fruits and vegetables, high blood pressure, arthritis, coronary heart disease and activity limitation. Overweight and obesity are increasing in Seattle women. Compared with Seattle men, Seattle women have a significantly higher rate of hospitalization for depression.
- **The Health Status of Lesbian, Gay, Bisexual and Transgender (LGBT) People.** An estimated 2.4% – 10% of the population is lesbian, gay or bisexual.<sup>3</sup> There are no population estimates for transgender people; however, as of 1996, more than 25,000 people had undergone sex reassignment surgery and more than 60,000 planned to

undergo surgeries.<sup>4</sup> Because population-based data are generally not collected for sexual minorities, and because they are under-represented in public health research, very little data are available, especially at a local or regional level. In Seattle and King County, we do know from Public Health data that men who have sex with men account for most of the transmission of syphilis and HIV (up to 84% and 80%, respectively). As a consequence of additional life stressors, many LGBT people experience disparities in health.<sup>5</sup> Recent research indicates that LGBT people are more likely to use tobacco,<sup>6</sup> consume alcohol, experience depression, and are at increased risk of suicide and substance misuse.<sup>7</sup> Lesbian and bisexual women are at higher risk for breast cancer and gay and bisexual men are at increased risk for HIV and other STDs, as well as anal cancers.<sup>8</sup> *One of the key action steps resulting from the Healthy Communities Initiative is a concerted effort, already underway, to collect more state, regional and local population-based data on LGBT people.*

- **Older Adults.**<sup>9</sup> Older adults face many health problems including heart disease and diabetes. In part, this is due to the natural effects of aging. However, research is clear that a healthy lifestyle (including good nutrition, physical activity, not smoking, etc.) can increase longevity and the quality of life. As is true with women, there are significant disparities in health indicators based on race and income for older adults. The rates of heart disease and stroke deaths for African Americans and American Indians/Native Alaskans and low-income older adults are significantly higher than for White older adults. African American older adults disproportionately are overweight and obese and have higher diabetes and diabetes-related death rates.
- **Domestic Violence.** Annually, the number of domestic violence-related 911 calls received by the Seattle Police Department exceeds 12,000. On average, there are about 3,000 domestic violence-related physical assaults annually as measured by Seattle Police Department Domestic Violence Unit reports. In 2003, there were a total of 4,694 domestic violence offenses reported to the Seattle Police Department including three murders, 19 rapes, 35 robberies, 592 aggravated assaults and 1,121 violations of protection orders. The rate for major domestic violence crimes in Seattle is significantly higher than in King County (116.5 per 100,000 vs. 74.4 per 100,000).<sup>10</sup> National research indicates that lifetime prevalence of physical and/or sexual abuse by an intimate partner include 25% of women and 8% of men.<sup>11</sup>
- **Homeless People.** The majority of King County's homeless population is found within the City of Seattle. Eighty-three percent of all homeless households in King County were accessing services at programs located in the city on the night of the count (2,733 of the 3,285 households).<sup>12</sup>

A recent cross-sectional national study<sup>13</sup> indicates that 43% of homeless people in the United States had either a mental health or a substance use problem, and an additional 23% had concurrent mental health and substance problems. Injuries, assault, cold exposure, and skin problems are common hazards of life on the streets. Infectious diseases, including tuberculosis, HIV, hepatitis, and sexually transmitted diseases, occur at higher than average rates. Chronic medical conditions, including hypertension and diabetes, are often poorly controlled. Pregnancy is common among homeless adolescent girls, and homeless children are at increased risk for asthma and

behavioral disorders. More than half of all homeless people in the U.S. lack health insurance and face major barriers to obtaining care.

These national trends are echoed in Seattle and King County. Among homeless people locally, skin conditions, upper respiratory infections, mental health and substance abuse problems, and cardiovascular problems were the types of health problems most frequently seen by Health Care for the Homeless (HCH) staff in 2004. A third of all HCH patients in King County had mental health problems in 2004, with depression being the most common diagnosis. The number of HCH patients reported as having chronic health conditions of diabetes, hypertension, or asthma has risen steadily each year from 2000 to 2004, even though the total number of HCH patients has remained about the same: compared to 2000 data, there are 31% more patients reported with diabetes, 14% more with hypertension, and 30% more with asthma. From 2002 – 2004, there were two major TB outbreaks among Seattle’s homeless populations.

- **Seattle-Specific Problems.**<sup>14</sup> The health indicators show that Seattle stands out from the rest of King County in having significantly greater problems in four areas:
  - *AIDS/HIV* – HIV and AIDS prevalence and incidence rates are 7 to 12 times greater in Seattle than in any other region in King County.
  - *Alcohol- and drug-induced deaths* – Seattle’s rates are significantly higher than in the rest of King County.
  - *Asthma hospitalizations, Children* – Seattle has a significantly higher rate of children being hospitalized for asthma. The prevalence of childhood asthma is the same in Seattle as in all of King County; it appears that more children with asthma in Seattle are less likely to have appropriate ongoing health care for their asthma than children in the rest of the county.
  - *Assault Hospitalizations* – Seattle’s rate is nearly twice the rate of South King County, nearly three times the rate of North King County, and nearly six times the rate of East King County.
  
- **Favorable Trends, but Some Exceptions.**<sup>15</sup> In most cases, the trend rates for Seattle’s health indicators are flat or declining (going in the right direction). There are some exceptions. Health indicators with significant adverse trends:
  - AIDS prevalence and incidence rates and HIV prevalence rates are increasing. In part, this is due to more people with HIV being tested.
  - Although Seattle has the lowest prevalence of obesity and overweight adults in King County, the trend is increasing significantly.
  - Diabetes prevalence among adults in Seattle is increasing, although both North and South King County have higher rates.
  - Although the data are only available at the county-level, gonorrhea and Chlamydia rates are increasing significantly. The Gonorrhea rate for males is twice the rate for females. The Chlamydia rate for females is twice the rate for males.
  
- **Differences between Health Planning Areas.**<sup>16</sup> The health indicators reveal significant differences between the Health Planning Areas (HPAs). There are 25 HPAs in King County, including 13 in Seattle. Each HPA represents a geographic

area, not necessarily of equal size. Race and poverty are the most important reasons for the differences between HPAs. Overall, the health indicators for some of Seattle's HPAs are consistently worse than for Seattle as a whole. These HPAs are Central, Downtown/First Hill, Southeast, Delridge, and Beacon Hill/Georgetown/South Park. Generally, HPAs with health indicators consistently better than Seattle as a whole include Northeast, Queen Anne/ Magnolia, North, Ballard, Capitol Hill, Fremont/Greenlake and West Seattle.

- **Seattle and South King County.**<sup>17</sup> Many of the health indicators show that South King County and Seattle, particularly Central and South Seattle, share common problems and issues. East and North King County generally have more favorable indicators than do Seattle and South King County. These indicators include:
  - Uninsured adults
  - Late or no prenatal care
  - Low birth weight
  - Very low birth weight
  - Adolescent births
  - Diabetes deaths
  - Diabetes-related deaths
  - Asthma hospitalizations, adults
  - Motor vehicle accident hospitalizations
  - Life expectancy at birth and at age 50
- **Health Insurance Coverage.**<sup>18</sup> South King County (18%) and Seattle (14%) have the highest rates of uninsured adults in King County. The number of uninsured is increasing in Seattle, but not as significantly as it is in the rest of King County, particularly South King County. Hispanic/Latinos had the highest non-coverage rate (36%) of any group followed by Blacks (21.5%), American Indians/Alaskan Natives (20.5%), Asians/Pacific Islanders (13%), and Whites (10.4%).
- **Oral Health.**<sup>19</sup> There are substantial oral health disparities for children of color—whereas 18% of White children have untreated dental decay, 34% of Asian/Pacific Islander children, 29% of Hispanic children and 23% of African American children have decay. Children from homes where English is a second language demonstrate the greatest risk for dental decay—29% have untreated dental decay compared with 11% for non-ESL children; 22% have rampant decay compared to 5% of non-ESL children. Children eligible for free/reduced meals experience decay more than 2 ½ times the rate experienced by non-eligible children; and three times the rate of rampant decay.
- **King County Does Well when Compared with Similar Counties.**<sup>20</sup> Public Health compared many of King County's health indicators with those from 15 counties that have similar demographics as well as with other large urban counties. Generally, King County fared very well in the comparison.

**Most of the following demographic highlights are based on the 2000 census.**

- **Asians and Latinos account for Seattle’s population growth.** Increases in the Asian and Hispanic populations accounted for most of Seattle’s growth in the 1990’s.
- **Increasing immigrant/refugee population.** There was a 40% increase in the foreign-born population in Seattle from 1990 – 2000. The immigrant/refugee population is growing 4.4 times faster than the City’s total population growth. Projections indicate that it could be as high as 20% of Seattle’s total population by 2010. (The foreign-born population in King County as a whole nearly doubled from 1990 – 2000.)
- **Disparities by race and immigrant status.** Median household income and poverty rates clearly show disparities by race and immigrant status. African-American, Native American and Hispanic households had median incomes that were a third less than the overall median. The poverty rate for children overall was 9.9%, and more than 26% for African American and Native American children. The poverty rate for Hispanic/Latino children was 21.5% and 12.5% for Asian/Pacific Islander children. The poverty rate for White children was 6.2%.
- **Poverty may be increasing.** Poverty rates in Seattle are the highest in King County, followed by South King County. The 2004 “American Community Survey (ACS)” from the US Census Bureau indicates that poverty in King County is at 10.4%, up from 8.4% in the 2000 census. 2004 median household income was about the same as it was in 2000.
- **Similarities between Seattle and South King County.** Central and South Seattle and South King County share some similar demographic characteristics. A greater proportion and number of lower-income people, people of color and immigrants and refugees can be found in Central and South Seattle and South King County than elsewhere in King County.
- **Seattle is growing, but the rest of King County is growing faster.** From 1990 – 2000, South King County had the largest share of the county’s growth, with East and South King County each growing by about 20%. Seattle grew by about 9% during the same period.
- **Relatively small number of children in Seattle.** In 2000, Seattle had 32.4% of King County’s total population. Only 22.5% of the county’s children lived in Seattle. 37.3% of the county’s seniors, 35.4% of the county’s foreign-born, and 39% of the county’s people of color resided in Seattle. Although the number and proportion of seniors is growing in King County, the proportion of children and seniors in Seattle, as compared with other age groups, may be decreasing.

For further information about these highlights or the Healthy Communities Initiative, contact Jerry DeGriek, City of Seattle Public Health Policy Advisor, Human Services Department; 206-684-0684; [Jerry.degriek@seattle.gov](mailto:Jerry.degriek@seattle.gov).

JD; 2/7/06

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- <sup>1</sup> Public Health—Seattle & King County’s King County Core Indicators project; <http://www.metrokc.gov/health/reports/coreindicators/> David Solet, Public Health—Seattle & King County Epidemiologist, is the project lead.
- <sup>2</sup> The Health of Seattle Women, a September 2005 report (update) from Public Health—Seattle & King County in partnership with the Seattle Women’s Commission.
- <sup>3</sup> 2000 United States Census: Washington State data.
- <sup>4</sup> Goldberg C. “he” and “she”, they fight for respect. *New York Times* September 8, 1996, 10.
- <sup>5</sup> Healthy People 2010: Lesbian, Gay, Bisexual, Transgender Health (1).
- <sup>6</sup> Stevens P, Carlson LM, Hinman JM. An analysis of tobacco industry marketing to lesbian, gay, bisexual and transgender populations: strategies for mainstream tobacco control and prevention. *Health Promotion Pract.* 2004 July; 5(3 Suppl): 129S-134S)
- <sup>7</sup> Lee R. Health Care Problems of Lesbian, Gay, Bisexual and Transgender Patients. *West J Med* 2000; 172: 403-409.
- <sup>8</sup> Ibid.
- <sup>9</sup> Public Health—Seattle & King County’s King County Core Indicators project; <http://www.metrokc.gov/health/reports/coreindicators/> David Solet, Public Health—Seattle & King County Epidemiologist, is the project lead.
- <sup>10</sup> The Health of Seattle Women, a September 2005 report (update) from Public Health—Seattle & King County in partnership with the Seattle Women’s Commission.
- <sup>11</sup> Tjaden et al, 1998
- <sup>12</sup> 2004 One Night County’s Shelter and Transitional Housing Survey conducted by Seattle-King County Coalition for the Homeless.
- <sup>13</sup> “Interventions to Improve the Health of the Homeless,” *American Journal of Preventive Medicine* 2005; 29(4).
- <sup>14</sup> Public Health—Seattle & King County’s King County Core Indicators project; <http://www.metrokc.gov/health/reports/coreindicators/> David Solet, Public Health—Seattle & King County Epidemiologist, is the project lead.
- <sup>15</sup> Ibid.
- <sup>16</sup> Ibid.
- <sup>17</sup> Ibid.
- <sup>18</sup> Public Health Data Watch on The Uninsured in King County 1995-2004, Public Health—Seattle & King County, 2005.
- <sup>19</sup> King County Smile Survey of children age six to ten, 2000.
- <sup>20</sup> Public Health—Seattle & King County’s King County Core Indicators project; <http://www.metrokc.gov/health/reports/coreindicators/> David Solet, Public Health—Seattle & King County Epidemiologist, is the project lead.