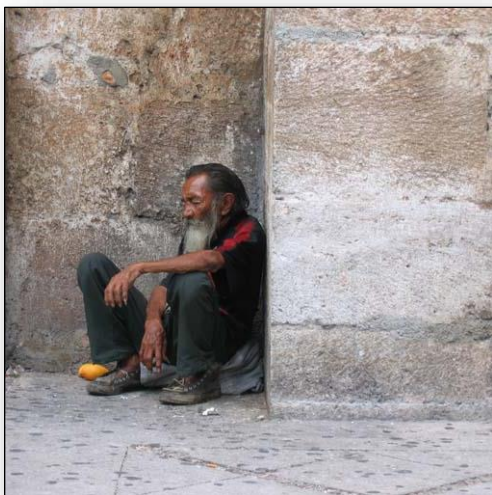


Mayor's Council on African American Elders
Report to Mayor Edward B. Murray
April 23, 2015

**Advocating for Change:
The Deepening Crisis of Seattle's Extreme Risk African
American Elders**



Mayor's Council on African American Elders

Our mission: to promote a better quality of life for African American elders in Seattle by advocating for accessible, culturally appropriate, comprehensive services with a focus on the isolated, frail, and low-income

On October 31, 2014, the Mayor's Council for African American Elders met with Mayor Ed Murray to identify three areas of priority concern:

1. Changing the Face of Homelessness in Seattle
2. Reaching the Homebound and Socially Isolated through the African American Elders Program (AAEP)
3. Funding to Return the Kinship Center to the Central Area Senior Center

Since that time, the Council has produced the following report to include additional details about these concerns, as well as to propose solutions that, if implemented, can begin to address the widening disparities experienced by Seattle's African American elders.

It is our hope, and our desire, to continue the dialogue and 1) to create new programming to address the crisis of Seattle's homeless elders, 2) to support the work of the African American Elders Program to provide culturally sensitive service for Seattle's frail and isolated elders, and 3) to restore the Kinship Center and return this epicenter of help and support to grandparents raising their grandchildren.

We would like to acknowledge the work of University of Washington students Clarkie Hussey, Matt Howze, Mariama Suwaneh, Jessica Ramirez, and Adreyenne Patterson who, under Dr. LaShawnDa Pittman's supervision, assisted with research for the following report.

Thank you, Mayor Murray, for the opportunity to highlight these priority concerns and to provide our input. Your interest and attention are sincerely appreciated by the Council, and we hope you will call upon us to continue the dialogue as we work to find answers to a growing crisis, and to become part of the solution in the struggle for justice and equity for African American elders.

Respectfully,

Reverend Donald J. Davis, Chair

Mattie Taplin, Secretary

Dr. Brenda C. Jackson

Susan Millender, Vice-Chair

Marsha Andrews, J.D.

Dr. LaShawnDa Pittman

1. Changing the Face of Homelessness in Seattle: The continuous downward spiraling of homeless African Americans elders is increasingly evident in Seattle's streets in disproportionate numbers. The Committee to End Homelessness' data underscores the racial disparity of the experience of homelessness in Seattle. Although 7% of Seattle seniors are African American, the study identified 32% of Seattle's homeless age 50 and above as African American. To date there is no plan in place to address the needs of homeless African American elders in a culturally appropriate setting.

- The vision of the Mayor's Council on African American Elders is to create a 24-hour in or near Downtown Seattle for homeless African American elders that will address their needs for safety, comfort and health care in a holistic, culturally compatible setting that provides nourishing hot soul food meals and companionship. The space would be fully accessible for disabled elders with beds, a space for daytime activities, and treatment areas where foot care, physical therapy, blood pressure and other health monitoring could be provided. A full-time caseworker on-site would assist clients/residents with housing, and a mental health professional would be available to assist clients in need of mental health and counseling services.

Not only are African American elders overrepresented among the city's homeless population, they also experience such barriers to services as:

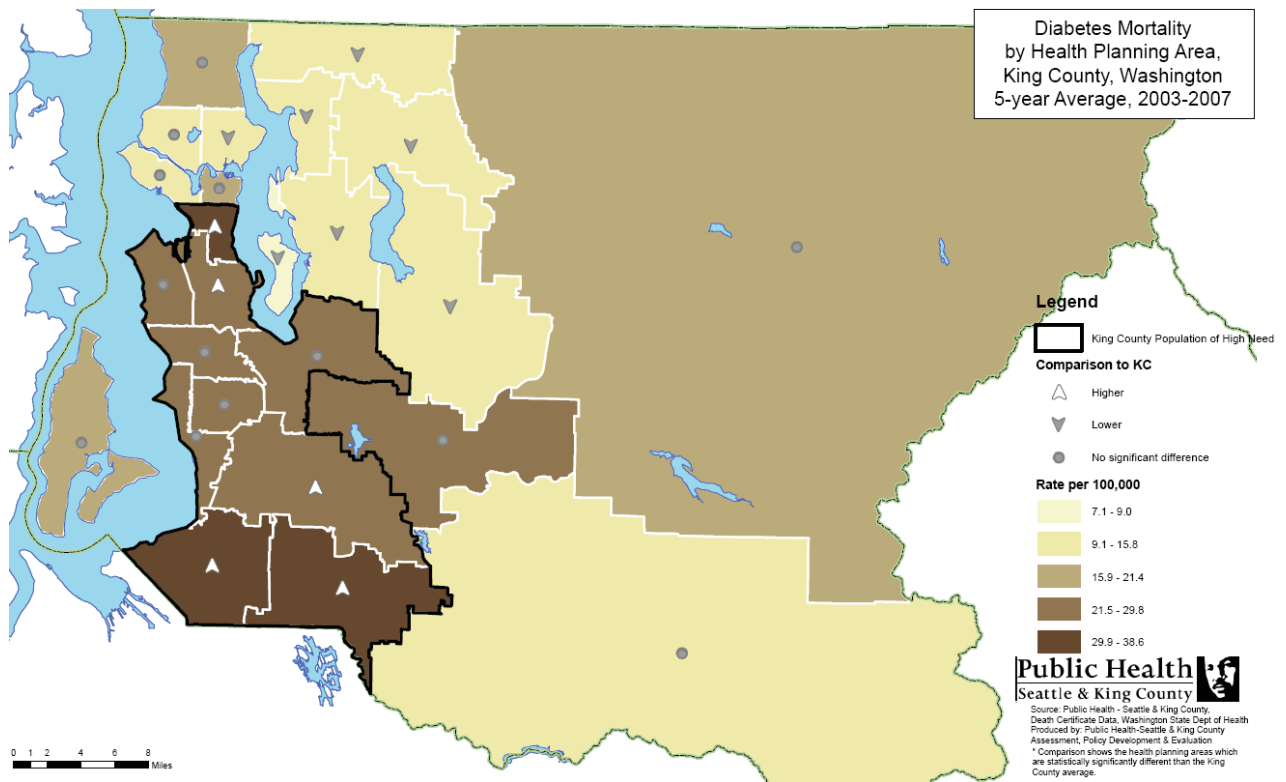
1. Difficulty transitioning from homelessness to housing
2. Difficulty getting one of only approximately 600 beds
3. Untreated and undertreated mental illness (bipolar disorder, depression)
4. Alcoholism/substance abuse
5. Learning disabilities
6. Lack of access to water
7. Limited co-ed and family shelters
8. Social isolation
9. No ticket system means homeless individuals wait in line, lose time and miss opportunities to acquire beds elsewhere

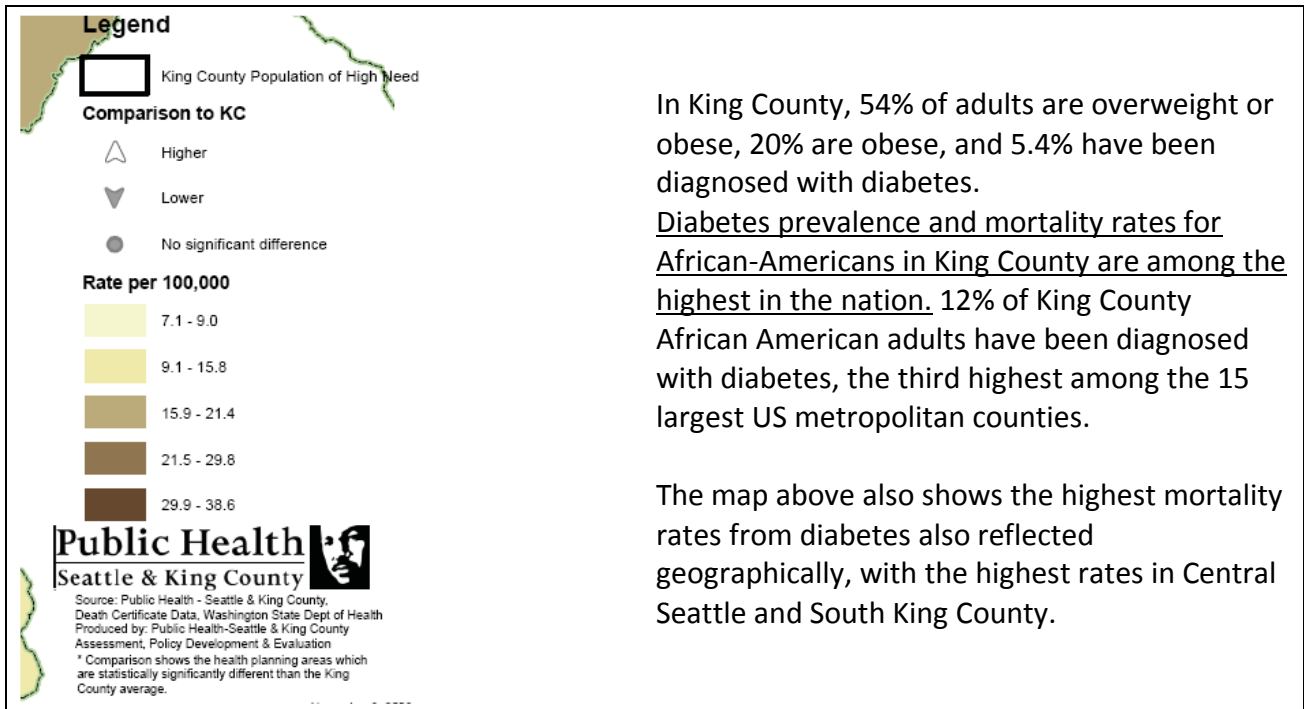
See Attachment #1: A White City with a Black homeless Problem

In addition to racial disparities in the number of African Americans who are homeless in Seattle, health disparities are an ever-present reality. Diseases that disproportionately impact African Americans include:

1. Heart disease
2. Stroke
3. High blood pressure/hypertension
4. Diabetes (with a greater risk for amputations)
5. High cholesterol
6. Sickle cell
7. Cancer
8. Obesity
9. Glaucoma

See Exhibit A-1; See Attachment #2





In King County, 54% of adults are overweight or obese, 20% are obese, and 5.4% have been diagnosed with diabetes.

Diabetes prevalence and mortality rates for African-Americans in King County are among the highest in the nation. 12% of King County African American adults have been diagnosed with diabetes, the third highest among the 15 largest US metropolitan counties.

The map above also shows the highest mortality rates from diabetes also reflected geographically, with the highest rates in Central Seattle and South King County.

We propose the following solutions to addressing the overrepresentation of African American elders among Seattle’s County homeless population:

- Increase the number of shelters providing (or connecting with) health care services for African American elders to manage chronic illnesses (e.g., medications monitoring, blood pressure monitoring, blood sugar monitoring, wound care, foot care, Occupational and Physical Therapy, and other health care services usually provided in the home, or, in adult day health centers).
- An adult day center for homeless elders would serve as a safe hub where homeless individuals can socialize, exercise, enjoy healthy meals, access health care services (referenced above), be provided information about housing options, receive mental health services, and access critical resources (e.g., water, toiletries, showers, laundry facilities).
- Develop a transitional housing program for those moving from the street to housing that includes providing resources and practical information and support to prepare homeless individuals to live in, and successfully retain, traditional housing.
- Increase outreach to African American elders who are a vulnerable and over represented group among Seattle’s homeless population.
- Utilization of existing unused City space to provide both day and overnight services.

Proposed 24-Hour Shelter Budget

BUDGET ITEMS	EXPENSES - \$766,680	
Salaries and Wages	\$378,000	<i>See Exhibit A-2: Staffing</i>
Staff Benefits	90,000	
Furnishings and Equipment (Startup)	77,580	
Meals 3x day for 50 people @ appx. \$10/day	185,000	
Equip. – PCs w/ monitors, keyboards, mouse (6 staff, 2 kiosks for participants' use), printers	8,000	
Software	600	
Telephones / Internet	1,500	
Printing Copying	6,000	
Postage	3,000	
Office Supplies	6,000	
Medical Supplies	5,000	
Other Supplies	2,000	
Licenses / Permits	500	
Transportation	2,500	
Miscellaneous – other payments	1,000	

2. Reaching the Homebound and Socially Isolated through the African American Elders Program (AAEP)

The Mayor's Council also has a special interest in ensuring that frail, socially isolated, homebound, and often invisible, African American elders not go unnoticed. As a result of gentrification, familiar neighbors who may have been aware of and provided informal support to an elderly neighbor are no longer living in the community. The African American Elders Program (AAEP) has been providing services to our most vulnerable elders for more than seventeen years. In recent years the program has received only two cost of living increases. Funding has been flat, with no added funding to hire additional staff, or otherwise increase service capacity, while the demand for services continues to grow.

- The Council asks that this program, at minimum, be maintained at current funding levels with a cost of living adjustment factored in, and with an eye to expanding the program to keep pace with the increasing number of elders in South King County. The program has been successful in keeping elders in their homes whenever possible, and in monitoring the well-being of at-risk elders. Two major cities are currently in the planning stages of replicating the AAEP: Los Angeles, California, and Memphis, Tennessee. This year, the University of Washington's School of Nursing, and the UW Medical School have begun a partnership with the AAEP in the training of their Masters' Degree nurses, and of third year Residents in the medical school. Beginning in November AAEP and the UW School of Nursing will be part of a study being conducted by the Robert Wood Johnson Foundation. It is vital that the work of AAEP continue for the sake of Seattle's socially isolated, homebound African American elders.

AAEP Program Overview

Background

In 1997 the African American Elders Program (AAEP) was created in partnership with the Mayor's Council on African American Elders (MCAAE), the Seattle Human Services Department (HSD), Public Health of Seattle/King County, Senior Services, and other social service organizations. The goal was to identify frail, isolated, African Americans and to assist them in accessing social and health services. Aging and Disability Services (ADS) case managers visited the clients in their homes, completed comprehensive assessments, and developed individual service plans. A nurse from the Public Health Department provided health care needs assessments, health education, and medication management. Senior

Services provided an outreach specialist to make initial home visits, make referrals, and provide follow-up services. A monthly AAEP data report was provided to keep the MCAAE informed of services.

African American elders continue to experience significant disparities in the burden of illness, death, access to care, and the highest poverty rate: 22.4% in comparison to other populations in King County.

Institutionalized racism still leads to limited opportunities for socioeconomic mobility, differential access to goods and resources, and poor living conditions that can adversely affect health. Cognitive and physiological functioning is affected by long term stress, including the stress of racism.

Although African Americans participate in mainstream service provider programs, the most effective way to ensure that African American elders who are at serious risk gain access to services, is through the African American Elders Program. Information is still very much through referrals from trusted sources, faith based and local community resources. It is highly important, that African Americans continue to receive culturally relevant access to information and services.

Current Operations

AAEP has been a program of Catholic Community Services since November 2004. The mission of the program is to provide culturally specific case management, health education, medication management, and support and referral. Staffing includes a program manager, 2 case managers, a program assistant, and a nurse.

See Exhibit B-1

AAEP case management services serve clients who are:

- At least 60 years old
- Chronically ill, frail or disabled
- Unable to obtain services or perform at least one activity of daily living (ADL)
- At risk of premature institutionalization
- In need of multiple services in order to remain in their homes
- Low income
- King County residents

African American elders are able to continue to remain in their homes through the support of the African American Elders Program. Clients who accept traditional core service programs like COPES are terminated as AAEP clients and managed by ADS case managers. Without culturally relevant services clients may be more prone to being prematurely institutionalized, and elders who are prematurely institutionalized have a lower life expectancy.

An elder who can continue to enjoy the familiarity and comfort of her/his own home also saves the State of Washington \$6,000 - \$7,000 for each client provided services through AAEP.

AAEP helps an average of 125 clients to remain in their homes annually, a savings of \$750,000 per year. AAEP is currently funded at \$340,450/year.

A typical AAEP client is very low income, lives in Central or Southeast Seattle, is disabled, female, and over age 75. More than 1/3 (36%) of AAEP clients are age 85 or over, with several in their 90's. AAEP still has clients referred that have not seen a doctor in years (sometimes as many as 10 years or more). AAEP also serves clients who do not get to their medical appointments, and end up in emergency rooms. The AAEP nurse has made a substantial difference, and ended most emergency room visits for the most fragile clients. The nurse works to get them to a culturally sensitive medical provider, and takes them to their appointments until trust is established. The result is a tremendous cost saving, as each emergency room visit averages \$3000 to \$4000 per visit.

AAEP Program data shows:

- 49 clients live alone
- 43 clients are diabetic
- 42 clients have Alzheimer's or a related dementia
- 32 are over age 90

See Exhibit B-2 Example of Prevalence of Diabetes

As gentrification has changed the demographics of Central and Southeast Seattle, and many African Americans have moved out of the area, there is a growing need for additional staff to serve South King County African American elders. Renton, Federal Way, and Kent, have increasing numbers of elders over the age of 65. Renton now has 7.6% of total population, Federal Way 6%, and Kent, 3.8%. In order to serve South King County, additional staff and resources are necessary. Given the current annual budget necessary to operate the African American Elders Program, an additional 35 chronically ill, frail, or disabled elders could be served with an increase in funding.

3. Funding to return the Kinship Center to The Central Area Senior Center:

Previously, The Casey Foundation funded the Kinship Center (2011-2014) at \$75,000/ year. The center, based at the Central Area Senior Center was a welcoming environment for kinship caregivers and provided support and resources to grandparents raising their grandchildren, as well as other family caregivers. This program was an excellent fit and provided a valuable service to the community. Casey did not renew funding for the Kinship Center. Intergenerational programming is of high importance in the African American Community. The closing of the center removed a vital service that connected the community in a unique and positive way. The Kinship Center offered an array of services for Kinship/Family Caregivers that included a food pantry, clothing store, educational advocacy, and direction to community resources.

- The current services are not geared to the unique, culturally specific needs of African American kinship caregivers, although 80% of kinship caregivers in Seattle (136 of 171 kinship families served who received financial assistance through the Kinship Caregiver Support Program) are African American. 96% are women, 59% are grandparents or great-grandparents raising grandchildren. We are advocating for City funding of \$85,000 to restore these services to African American grandparents, and asking that the Kinship Center be funded and made whole again at The Central Area Senior Center, a culturally appropriate setting in which to deliver these services. <http://centralareasrcenter.org>

At a time in their lives when many older adults are seeking ways to simplify their lives, reduce their commitments, and explore new horizons, some grandparents are experiencing once more the enormous responsibility of becoming “parents” again. Many initially underestimate the challenges of re-assuming this role, and of exchanging the enjoyment of being the nurturing grandparent (with little responsibility to set limits with cherished grandchildren), to the more demanding one of becoming a grandchild’s primary caregiver. The stresses of raising children and adolescents of a different generation, and of assuming more emotional and financial burdens, can feel overwhelming. Additionally, conflict between parents and grandparents compound the pressures of caring for grandchildren. Interview data collected from 50 Black custodial grandmothers from Chicago provide insight into the emotional stresses of conflict between parents and grandparents over the best interests of children.

[Project MUSE - Doing What’s Right for the Baby: Parental Responses and Custodial Grandmothers’ Institutional Decision Making](#)

Before losing funding, the Kinship Center had been part of the Kinship Collaboration, a collaborative policy and decision-making group, comprised of funders, non-profit organizations receiving funding, and kinship caregivers. The Collaboration includes The Casey Foundation, Aging and Disability Services, Neighborhood House, Renton Area Youth & Family Services, and the Center for Human Services. It currently also includes Catholic Community Services.

There is a continuing unmet need for kinship services in the African American community, and the importance of providing these services in a culturally-based setting cannot be overemphasized. The culturally relevant services that were previously provided to African American kinship families in the comfortable and familiar setting of the Central Area Senior Center are missing, and the community is feeling the loss.

The vulnerability of these families has been well documented, as have the overrepresentation of caregivers still in the workforce, those who are economically marginalized and are from racial/ethnic groups. African American caregivers are especially vulnerable as they experience higher rates of poverty, poor health, are more likely to care for more children, for increased periods of time, and alone. They are also disproportionately represented.

Within the **171 Seattle kinship families** who received financial assistance via KCSP in 2013, **318 children** were served. Caregiver characteristics parallel those found at the national level:

- 55+ years: **97 (57%)**
- 60+ years: **63 (37%)**
- Grandparent or great-grandparent: **101 (59%)**
- Black/African American: **136 (80%)**

Within the **372 King County kinship families** who received financial assistance via KCSP in 2013, **464 children** were served. Caregiver characteristics:

- 55+ years: **251 (67%)**
- 60+ years: **240 (65%)**
- Black/African American: **241 (65%)**
- Very low income (<30% median, based on HUD guidelines)

In response to the concerns outlined above, we propose reinstating the Kinship Center at the Central Area Senior Center.

Our Mission:

The Kinship Center's mission is to provide holistic support to families who are the primary caregiver of their relative's child or children. Culturally responsive services are provided to the caregiver and child, encouraging self-empowerment and family stability.

Our Vision:

To see every kinship child safe and connected to family in a permanent home.

See Exhibit C: Kinship Center Proposed Budget

Exhibit A-1

Diabetes Prevalence: Racial Disparity in Diagnosis of Diabetes

Table 8. Diabetes prevalence for adults ages 18+, King County, Washington 2004-2008

	Percent	95% CI	Number of Persons	Relative Risk
King County	5.4	(5.1, 5.8)	78,700	--
Race/Ethnicity				
African American	10.5	(7.9, 13.8)	5,800	1.9
American Indian/AN	9.2	(5.4, 15.4)	1,200	1.7
Asian/PI	4.6	(3.4, 6.2)	5,100	0.9
Hispanic/Latino	4.0	(2.9, 5.5)	4,400	0.7
White	5.4	(5, 5.8)	64,000	1.0 (ref)
Annual Household Income				
<\$15,000	9.3	(7.2, 11.8)	5,800	2.8
\$15,000-\$24,999	8.0	(6.9, 9.4)	12,000	2.4
\$25,000-\$34,999	7.8	(6.4, 9.6)	9,200	2.4
\$35,000-\$49,999	6.8	(5.7, 8.1)	12,000	2.1
\$50,000-\$75,000	5.5	(4.5, 6.7)	12,000	1.7
\$75,000+	3.3	(2.8, 3.9)	17,000	1.0 (ref)
Health Planning Area				3.4
<i>Highest Rate to Lowest Rate</i>				
Kent	8.5	(6.8, 10.6)	8,800	1.6
Auburn	8.3	(6.1, 11.3)	4,100	1.5
Tukwila/SeaTac	8.3	(5.8, 11.6)	1,900	1.5
White Center/Boulevard Park	8.1	(6, 10.7)	3,600	1.5
Beacon & SE Seattle	7.7	(5.7, 10.3)	3,800	1.4
Southeast King County	7.6	(4.5, 12.4)	1,800	1.4
Federal Way	7.5	(5.5, 10.4)	6,700	1.4

Exhibit A-2

Proposed Staffing

Director	\$63,000
Administrative Assistant	32,000
Food Service (Cook)	31,200
Security Guard	31,200
Overnight staff	62,400 (2 staff @ 31,200)
Custodian	31,200

Contracted Health Services

(each service provider contracted @ 10 hrs/wk)

Nurse Practitioner (ARNP)	23,250
Mental Health Professional	12,250
Physical Therapist	12,000
Occupational Therapist	16,500
Nutritionist	11,000

Exhibit B-1

ADS Contracts with AAEP to provide the following service components

Component	Staff	Service	Documentation	Frequency/Duration
Outreach	Program Manager	Conduct Outreach, marketing, community education	Reported monthly to ADS	Ongoing
Information & Referral	Program Assistant	Field requests for information via phone or via email.	Calls logged on tracking form Reported monthly to	N/A
Assistance	Program Assistant	Link client via phone, in office, web through referral and advocacy	Client information and demographic data is recorded in case file and database. Data reported monthly to ADS	Service for no more than 3 months
Case Management	Case Manager	Assist client access services based on service plan. Provide counseling, crisis intervention, family support, termination planning & follow up.	In person assessment, comprehensive assessment, CARE entry, service plan, case notes	Monthly contact for up to 6 months. Extensions permitted. Follow-up scheduled as needed for interactive/term. clients.
Nursing Service	Nurse	Assess medical history & client environment;; provide health education & medication management;; consult with case managers	Medical file, includes nurse assessment, service plans, and case notes	1-2 client visits. Ongoing consultation w/ case managers as needed
Client Specific Fund	Case Manager, approval by Prog. Manager	Purchase clients necessary goods & services	Copy of check request, agency check to vendor, original receipt	Up to \$300/month. Not exceeding \$1,800/year

Exhibit B-2

Demographics of AAEP Clients Served	Avg. 2010-2012
Central Seattle	19%
SE Seattle	46%
South King County	14%
Very Low Income (<30% Median HUD)	71%
Low Income (<50% Median HUD)	13%
Disabled	96%
Ages 60-74	25%
Ages 75-84	37%
Ages 85 & up	36%
Female	74%
Male	26%

Exhibit C

Proposed Budget for Kinship Center

	Item	Description	Amount
Personnel Expenses	Project Coordinator	2080 Hours @ 21.39/hr	\$44,491.20
	Benefits @ 22%	Benefits	\$9,788.06
	Total		\$54,279.26
Professional Services Expenses	Parent Educators	Hands on Instruction	\$6,483.00
	Focus Group	Facilitator & Conveners	\$1500.00
	Social Worker	Case Management	\$6,650.00
	Building Attendants	Security, Open/Closing	\$2,835.00
	Total		\$17,468.00
Supplies and Materials Expenses	Phone/Internet	Computer, Telephone	\$1,000.00
	Facility Rental	Off--site Meeting Space	\$1,765.00
	Food	Focus Groups/Workshops	\$1,000.00
	Paid Advertising	Newspaper, radio	\$710.00
	Office Supplies	Paper, administration	\$1,000.00
	Flyer & Posters	Hard copy advertising	\$500.00
	Support Services	Bus Tickets, Incentives	\$605.00
	Total		\$6,580.00
Grand Total			\$78,327.26