Forward

Letter from Oscar Battle, Jr., community elder

People of African/African Ancestry in the United States experience a wide range of inequities in health and healthcare. With few exceptions they experience higher rates of sickness and death than other racial/ethnic groups, often receive a lower quality of healthcare for many diseases and treatment for these diseases. According to the World Health Organization and other leading health organizations, health inequities are mostly a result of social conditions that affect individuals. The “social determinants of health” are the conditions in which people are born, grow, live, work and age, including the health system that responds to their needs. Many if not all of these social determinants that cause differences in the health status between groups of people, are responsible for health inequities and are unfair and avoidable.

This report is an attempt to identify the health and healthcare inequities that exist among the African/African Ancestry community in Santa Clara County and to understand the underlying conditions, circumstances, and experiences that perpetuate these inequities. Most importantly it helps to understand why African/African Ancestry communities suffer disease disproportionally when compared to other racial/ethnic groups. Current research helps us see the truth more clearly and explains the role social factors, such as racism and discrimination, have played in contributing to chronic stress and anxiety. Chronic stress and anxiety inhibits optimal immune system functions and wears on the body’s systems over time. Historically, African/African Ancestry community have experienced worse health outcomes than other racial/ethnic groups. Many reasons have been hypothesized as to why this occurs. Research now clearly shows how many social factors such as where we live and work, and how much income we earn give great insight into our health outcomes over the lifespan. Additionally, actions, whether intentional or unintentional that are based on race or skin color and that subordinates an individual or group directly affects health.

This report should leave every reader with this question: how can I help eliminate racism and discrimination in the systems in which I live and work. This report aims to challenge each reader to examine their own conscience and everyday practices that may be defined as acts of racism and discrimination. Acts of racism and discrimination undermine American values; such as the right to prosper and thrive economically, socially and physically. These values are important in that they define us in our own eyes and in the eyes of the world.

This report offers a special call to its readers. However, awareness does not necessarily changes behaviors; nor extensive knowledge of racism, discrimination and inequality automatically gives us the tools to make needed changes in our actions or environments. There must be commitment and understanding of how to eliminate racism and discrimination. This report begins the conversation and gives some insight on how to begin the process of addressing racism and discrimination as one of the several social determinants of health.

Any and every attempt at dismantling racism helps build a better world and improve the health of everyone.

Oscar Battle, Jr., DPA, MA, MPH
Letter from the Santa Clara County, African/African Ancestry Community

The Black Leadership Kitchen Cabinet (BLKC) of Santa Clara County was established in 2005 with a mission to promote and establish initiatives, programs, polices and legislative reforms that improve public safety, educational outcomes, economic prosperity and the social well-being of individuals and families within the county's African/African Ancestry community. The BLKC membership is composed of community leaders that represent more than fifty organizations.

In keeping with the BLKC mission, about three years ago, through the leadership of Walter Wilson, African American Community Services Agency (AACSA) Board of Directors and Pastor Lee Wilson, Senior Pastor of Open Bible Church, the BLKC elected to conduct an updated Demographic Study on the lives of African/African Ancestry community members of Santa Clara County. The BLKC referenced the landmark Santa Clara County African American Demographic Study developed in 1999 by Mason Tillman Associates, for a baseline comparative for this study.

In addition to Pastor Wilson and Walter Wilson, the initial project planning committee included Andre Chapman, Unity Care Group; Reginald Swilley, Maranatha Christian Center; Everett Bobby Gasper, AACSA Board Chair; Milan Balinton, AACSA Executive Director; Sheila Mitchell, former Santa Clara County Chief of Probation; Lori Medina, Santa Clara County Department of Family and Children Services; and William Kendricks, 100 Black Men of Silicon Valley President. Later on, Dr. Ruth Wilson, Chair of the San Jose State University (SJSU) African American Studies Department and Rick Kos, SJSU Transportation and Urban Planning Department were recruited to participate as research leads on the project.

It was decided by the committee early on that this study would:

• Be of, for and by the African/African Ancestry communities of Santa Clara County
• Be a living document with regular updates
• Act as a “road map” with documented successes and challenges
• Provide accurate data on all aspects of the lives of the African/African Ancestry community
• Adopt and implement “Best practices” throughout the African/African Ancestry communities
• Provide direction and information for policy makers that can be used when prioritizing services and resources for the African/African Ancestry community
• Act as the basis for a “Call to Action” for the community, policy makers, businesses and others that have a vested interest in the health and social well-being of the African/African Ancestry community in Santa Clara County

With support and direction from the Santa Clara County Board of Supervisors, the County Executive, and the Director of Public Health Department, a collaborative partnership began with the Santa Clara County Public Health Department to develop the health assessment component of the larger African/African Ancestry Demographic Study. Professional researchers from Research Development Associates (RDA) were also contracted to assist with the health assessment.

The first major event held was a “Stakeholders Forum” on Friday, November, 15th, 2013 at the AACSA. The data that was gathered from that event became the seeds to what is now a rich, data driven document that captures the heart and feelings of the Santa Clara County African/African Ancestry community.
The process developed during this health assessment will be used as a “template” for the remaining components of the African/African Ancestry Demographic Study. Other components of the African/African Ancestry Demographic Study will focus on education, social services, economic development, criminal justice and social/civic engagement and cultural arts.

As the Project Chair, I say thank you to everyone who has contributed to this health assessment and to those who will be involved in the upcoming components of the Demographic Study.

Walter Wilson

On behalf of the Silicon Valley Black Leadership Kitchen Cabinet
Acknowledgements

The Santa Clara County Black Leadership Kitchen Cabinet (BLKC) and the African/African Ancestry Health Assessment Steering Committee acknowledges the following individuals and organizations for their support in completing this component of a larger Santa Clara County African/African Ancestry Demographic Study.

Santa Clara County African/African Ancestry organizations

First and foremost, thanks to a number of key local African/African Ancestry organizations, which contributed time, space, food, and other essential support. The African American Community Service Agency (AACSA) and Ujima Adult and Family Services, Inc. donated space for steering committee meetings, community conversations and stakeholder gatherings. San Jose State University’s African American and Urban Studies Department has also been an important partner, offering leadership and insight into research methods across various phases of this health assessment.

Research partners

We are grateful to Walter Wilson, Project Chair from the BLKC for his persistent leadership and guidance, Yvonne Maxwell from Ujima Adult and Family Services, Inc., Project Co-chair for ensuring all efforts were immersed within an Afro-centric framework and that the voice of the community remained prominent, Dr. Ruth Wilson from San Jose State University, Project Co-Chair for giving clarity and sound research direction, Rhonda McClinton-Brown, from Stanford University School of Medicine for keen insight and the ability to “make it simple” and Anyika Nkululeko from Santa Clara County Social Services Agency for his passion and commitment to keeping everyone focused on the importance of our heritage. Alma Burrell, Project Co-Chair and Beverley White-Macklin, from the Santa Clara County Black Infant Health Program, and Milan Balinton, the Executive Director of the African American Community Services Agency, made sure that the health assessment was closely connected to the African/African Ancestry community at large and that community members had opportunities to participate throughout the process. Many thanks to Santa Clara County Public Health Department team including Resource Development Associates (RDA), the contractor hired to help with the health assessment, for their support and assistance with the extensive data collection and analysis that comprise this report.

Special thanks to the Santa Clara County Board of Supervisors for allocating resources for conducting this health assessment. We are thankful to Dan Peddycord, Santa Clara County Public Health Department Director for his support for this important work. The leadership and commitment of Public Health Department staff including Alma Burrell, Rocio Luna, Anandi Sujeer and Beverley White-Macklin was critical for the successful completion of this health assessment. In addition, Mandeep Baath’s extensive analysis of available public health data provided important information about the overall health and well-being of our community, and Maritza Rodriguez’s persistent communication and project management helped all partners stay on track throughout the health assessment. Brianna van Erp and Mandeep Baath undertook the massive task of report writing and many rounds of editing and incorporating team feedback in the report. Johanna Silverthorne helped with report formatting and Analilia Garcia provided her expertise working with the qualitative data.

At RDA, Mikaela Rabinowitz and Marcus Hunter worked closely with the steering committee and Public Health Department to ensure that this report reflects the guidance of the steering committee and the experiences of the African/African Ancestry community. Toward this end, Dr. Hunter, who is also a Professor of Sociology and
African American studies at UCLA, provided his extensive expertise in African/African Ancestry community-driven research. Rajni Banthia, Alexandra Jacobs, Irene Onciano, Elena Reyes, Dant’e Taylor, Kelechi Ubozoh, and Karita Zimmerman also provided critical support for data collection, analysis, and reporting.

Community partners

Thanks to the many members of Santa Clara County’s African/African Ancestry community who participated in data collection and strategy development. In particular, a number of Afro-centric volunteers gave their time to facilitate and scribe community conversations. In addition, more than 150 community members gave their time to participate in community conversations, key informant interviews, and community stakeholder meetings. Without them, this report would not exist.

Lori Medina, the Director of the Department of Family and Children’s Services at Santa Clara County Social Service Agency approved release time for African/African Ancestry staff to participate and contribute to this health assessment. Other contributors include Kool World Media, Back-a-Yard Restaurant, and Lillie Mae’s House of Soul Food.
Executive summary

Santa Clara County is home to a vibrant African/African Ancestry community. In 2012, 49,013 or 3% of the county’s more than 1.8 million residents identified themselves as African American. Despite many strengths and assets, Santa Clara County’s African/African Ancestry community faces disparities in health outcomes, relative to other racial/ethnic groups in the county. While in recent years some health indicators have improved and disparities between African/African Ancestry community members and other racial/ethnic groups residing in the county have decreased, the persistence of many health disparities indicates a need to address the underlying issues behind these disparities.

People from the African/African Ancestry community in the United States experience a wide range of inequities in health and healthcare. Research suggests that for some indicators, African/African Ancestry individuals experience worse health outcomes than other racial/ethnic groups and that unfair treatment contributes to many of these inequities.¹ Health inequities that are avoidable and unjust, often arise among groups already experiencing lower levels of social advantage.²³ Social advantage is often conferred in the environments in which people are born, grow, live, work, and age, also known as the social determinants of health. Healthcare is an example of a social determinant of health since healthcare access, resources, and quality are shaped by social policy.³

The aim of this report is to identify the health and healthcare inequities that exist among members of the African/African Ancestry community in Santa Clara County and to understand the underlying conditions, circumstances, and experiences that may contribute to the root causes of these inequities. The report provides information that helps build understanding about salient contributing factors for disproportionately higher rates of sickness and death in the African/African Ancestry community compared to other racial/ethnic groups. Moreover, this report describes the role that social factors, such as racism and discrimination, have played in contributing to poorer health outcomes among the African/African Ancestry community. Five key domains of inquiry, developed by the community stakeholders and the steering committee, defined the structure and direction of this health assessment.

Key domains of inquiry
- African/African Ancestry community definition of health, wellness, and illness
- Healthcare access
- Experiences with the healthcare delivery system
- Chronic disease
- Effects of racism and discrimination on health

¹ African/African Ancestry: At the beginning of this project, the steering committee elected to use the term “African/African Ancestry” to refer to all African people, whether they are recent African immigrants or have been in the U.S. for multiple generations. This terminology was chosen over the more commonly used terms “Black” or “African American” to underscore the connectedness among all African people as well as the importance of uniquely cultural norms, beliefs, and practices among African people in the U.S., from the African continent and throughout the Diaspora. Throughout this report, African/African Ancestry is used to refer to all African people, although there are instances where “African immigrant” is used to refer specifically to individuals who were born in Africa, the Caribbean, Mexico, South America as well as other parts of the world and immigrated to the United States. In addition, when discussing data that uses Black or African American, this report mirrors that language in order to accurately report what the data conveys and to accurately reflect the language of participants.
Community engagement and participation

Santa Clara County’s African/African Ancestry community played a critical role in guiding and implementing this health assessment. The health assessment has been led by a steering committee, comprised of community leaders who are knowledgeable about health and healthcare issues among the African/African Ancestry community in the county. In addition, many other stakeholders participated via a number of key forums, including a Stakeholder Forum in November 2013, a Health Summit in June 2014, and 25 topic-specific key informant interviews. Finally, more than 140 African/African Ancestry community members participated in a series of 15 small-group discussions called “community conversations,” and had the opportunity to share information about their health needs, concerns, and experiences as well as those of the community overall.

Findings

The report focuses on several aspects of health in the African/African Ancestry community in Santa Clara County and presents findings from quantitative and qualitative data on several health and healthcare-related themes. The report highlights community strengths and assets identified by the community conversation and key informant interview participants. The report also presents community health data and discusses findings related to cultural (in)competence, racism and discrimination, (mis)information and avoidance, barriers to better health and well-being, lack of support for the most vulnerable, and (dis)empowerment and the power of choice.

Community strengths and assets

African/African Ancestry community participants identified various strengths and assets prevalent in the community that empowers the community members to aim for better health and well-being. Salient protective factors identified by the community members are:

- Community based institutions including churches, mosques and other places of worship
- Community support networks
- Commitment to greater community well-being: People taking care of one another
- Resiliency: ability to draw strength from prior struggles.

Community health overview

Although disparities between the health status of African/African Ancestry community and other racial/ethnic groups in the county have decreased in recent years, these disparities continue to exist. The report reveals continued disparities in several areas:

- Despite an overall increase in life expectancy countywide, the African/African Ancestry community in the county has a life expectancy of 78.9 years. This is lower than other racial/ethnic groups and the county overall.
- A higher rate of African/African Ancestry infants die in their first year of life (6.1 infant deaths per 1,000 live births) than other racial/ethnic groups and the county overall.

\(^{b}\) For more details, please read the ‘African/African Ancestry Health Assessment’ report or check Santa Clara County Public Health Department website for detailed data tables.
The African/African Ancestry community in the county experiences a higher overall cancer mortality rate (248 per 100,000 adults) than other racial/ethnic groups and the county overall. One in 4 African/African Ancestry community members residing in the county die due to cancer.

A higher percentage of African/African Ancestry adults in the county (39%) have high blood pressure than other racial/ethnic groups and the county overall.

One in 10 African/African Ancestry adults in the county (10%) have diabetes. This is higher than most other racial/ethnic groups (except Latino) and the county overall.

Among newly diagnosed HIV cases, African/African Ancestry community members experience a higher rate of new case diagnosis (27.5 cases per 100,000 people) than other racial/ethnic groups and the county overall.

Cultural (in)competence

Research suggests that a lack of cultural competence contributes to disparities in healthcare access and health outcomes. Findings from key informant interviews and community conversations reveal the impact of cultural incompetence on health and well-being of the community:

- Participants cite a lack of cultural competence as a contributing factor to poor experiences with the healthcare delivery system.
- Health services do not sufficiently meet the needs or address the cultural practices and experiences of African/African Ancestry community members.
- LGBT African/African Ancestry community members and African immigrants residing in the county expressed particular concerns regarding a lack of cultural competence and professional mistreatment in healthcare settings.

“There is not a specific system for African or African American. Everything is very vanilla, which makes it cookie cutter. They do not address specific issues for a community, given diseases and mental health, skin diseases from where you came from, TB... Maybe they know a little, classes in tropical medicine, they are not aware of specific issues for our community... by Vanilla I mean general treatment, not race related.” (Ethiopian community member conversion participant)

Racism and discrimination

Experiences with racism and discrimination negatively impact health and well-being. Research suggests that stress and anxiety associated with exposure to racism and discrimination is a risk factor for poor health outcomes. A higher percentage of African/African Ancestry adults in the county (13%) reported being treated worse than people of other races at work compared to other racial/ethnic groups and the county overall. Furthermore, nearly half of the African/African Ancestry adults in the county (48%) reported their mental health was not good (including stress, depression and problems with emotional wellbeing) at least once in the past 30 days, higher than other racial/ethnic groups and the county overall. Findings from key informant interviews and community conversations reinforce the negative consequences of these experiences on the overall health:

“Think about the things that are related to discrimination for being African American and some of those issues have manifested themselves in a lot of depression, anxiety, substance use, and other stress related illnesses such as heart disease, diabetes, etc. Things that get exacerbated by the stress people are under living in a society that doesn’t respect African Americans on the same level as other individuals in the community.” (Mental health professional key informant)
• Racism and discrimination are a pervasive source of stress and anxiety that directly impacts the mental and physical health of African/African Ancestry community members.

• Differential access to resources and opportunities that can accumulate over lifetime and across generations negatively affect health outcomes for the African/African Ancestry community.

• The effects of racism and discrimination have created a structural and institutional context in which African/African Ancestry community members are overrepresented in a series of institutions associated with poor outcomes such as the criminal justice system, foster care, and special education.

(Mis)information and avoidance

Many African/African Ancestry community members reported challenges with regards to obtaining accurate information about health, healthcare services, and the broader healthcare delivery system. The lack of accurate information in these areas impacts the ability to manage their health and to access needed healthcare. Key informant interviews and community conversations identified several areas of concern:

• Limited knowledge and information about health and health related issues within the African/African Ancestry community contributes to negative health outcomes.

• There is a lack of information about available services related to health and well-being in the county, leaving individuals to frequently rely on word of mouth to obtain information about these services. Barriers such as limited language skills and unfamiliarity with the American systems of care makes navigation through the county’s healthcare delivery system particularly challenging for African immigrants.

• Historical experiences of medical abuse have lead to high levels of mistrust of medical professionals serving the African/African Ancestry community.

• Among African immigrants, cultural differences and lack of familiarity with the American healthcare delivery system may exacerbate mistrust and an unwillingness to disclose important health information to providers.

Barriers to better health and well-being

The African/African Ancestry community in the county experiences unique challenges in accessing healthcare services such as barriers to accessing preventive care. Findings from key informant interviews and community conversations revealed several barriers to better health and well-being:

• Challenges with navigating the complexity of the healthcare delivery system are exacerbated by
lack of services for and outreach to the African/African Ancestry community in the county.

- The county needs more healthcare providers to serve as community resources, educators, and liaisons to the African/African Ancestry community.
- The high cost of healthcare can be prohibitive and prevent community members from seeking needed care.

Lack of support for the most vulnerable

The most vulnerable populations within the African/African Ancestry community face challenges accessing services in the county. Key informant interviews and community conversations identified several areas of vulnerability:

- There are limited services for the county’s most vulnerable populations, such as homeless people and individuals involved in the criminal justice system.
- Because African/African Ancestry community members are overrepresented within these populations, the inability of homeless and incarcerated individuals to get the services and support they need disproportionately impacts the health and well-being of the African/African Ancestry community as a whole.

(Dis)empowerment and the power of choice

Many African/African Ancestry community members report that many of the issues described earlier in the report contribute to an overall sense of a lack of personal choice in their experiences with the healthcare delivery system. Findings from key informant interviews and community conversations highlight several examples of disempowerment:

- There is a lack of choice in health care service providers as a result of underrepresentation of African/African Ancestry community members in the healthcare professions and provider assignment system.
- Many African/African Ancestry community members have healthcare providers who lack cultural competence and the ability to understand and assist with their health and well-being needs, often depriving them of personal choice to make informed choices.
- African/African Ancestry healthcare seekers are not empowered to advocate for their own health and healthcare needs.

Strategies and recommendations

Throughout the health assessment, one of the primary objectives of the steering committee and the larger stakeholder group has been identification of strategies to address the disparities highlighted in this report. The need to develop a plan of action has informed all aspects of this health assessment, from the steering committee meetings to the community conversations and key informant interviews to the June 2014 Health Summit. Throughout these processes, all the stakeholders and community members who participated in the health assessment has had the opportunity to be part of planning the next steps, thus the strategies and recommendations are community-driven. Moreover, in recognition of the multiplicity of actors and institutions...
whose actions impact the health and well-being of any community, these strategies and recommendations are intended to encompass a wide variety of organizations and individuals.

Collaborative strategies

The strategies described here involve partnerships between local African/African Ancestry organizations and several partners including government agencies and private sector organizations. The following strategies and recommendations cut across major topic areas:

- **Develop an online resource center.** An online resource center would provide culturally relevant information about health needs and concerns of the African/African Ancestry community. This center could also provide directories of African/African Ancestry health professionals in the county as well as individuals who have received the *African/African Ancestry Skills and Knowledge Certification* (discussed in the next strategy).

- **Require *African/African Ancestry Skills and Knowledge Certification* for all health and social service professionals.** Local African/African Ancestry community organizations and leaders should work with health and social service organizations and providers in Santa Clara County to update the *African/African Ancestry Skills and Knowledge Certification* criteria and require it for all health and social service providers who work with African/African Ancestry patients or clients. The certification program should also be available on a voluntary basis to professionals who are not required to become certified.

- **Train Afro-centric health coaches and employ them at public and private healthcare service locations.** Health coaches will assist health seekers to better understand their health needs as well as the healthcare delivery system, including recommendations of healthcare providers. African/African Ancestry health coaches will be employed at public and private healthcare service centers.

- **Establish an African/African Ancestry Health Week.** Establishing an African/African Ancestry Health Week would provide an opportunity for government agencies, healthcare providers, community-based organizations, and African/African Ancestry health services consumers to all come together to promote the health and well-being of the African/African Ancestry community.

- **Bring health resources into the community.** Establishing health resource centers within existing community organizations, including churches, mosques and other places of worship, will help overcome many of the most commonly noted barriers to better health and well-being. These centers can serve as hub for seeking information and knowledge about health and healthcare services. Health coaches will be available at these resource centers to provide services to the community members.

- **Initiate community-driven messaging campaign.** The Black Leadership Kitchen Cabinet (BLKC) and other local African/African Ancestry organizations should collaborate with other entities to develop a messaging campaign that is directed towards the African/African Ancestry community using images, language, and media that resonates with African/African Ancestry community members. This campaign should address both health and healthcare system.

- **Develop and promote an Afro-centric definition of health. Use this definition as a measure of health and well-being of the African/African Ancestry community.** In order to promote a more accurate definition of what health means for African/African Ancestry community members, local African/African Ancestry organizations should work together to establish Afro-centric definition of health and well-being and to identify indicators by which to measure the definition.
Implement health consumer satisfaction surveys at public and private healthcare settings. In order to assess the healthcare satisfaction among African/African Ancestry health services consumers compared to other racial/ethnic groups, hospitals, clinics and other healthcare settings should create customer satisfaction surveys that explicitly ask about consumer’s race/ethnicity and the cultural relevance and competence of the services they receive. These data should be published annually and made available on the online African/African Ancestry resource center and other healthcare related websites.

Establish an Afro-centric Health Clinic. Establishing an Afro-centric Health Clinic with services that are tailored for African/African Ancestry community members in the county would go a long way towards addressing many of the issues identified throughout the report. This health clinic should strive to employ a predominantly African/African Ancestry staff who are African/African Ancestry Skills and Knowledge certified. The clinic should train and employ Afro-centric health coaches. This clinic should provide both physical and mental health services from an Afro-centric perspective to address client needs in a holistic way.

Individual strategies

In addition to identifying strategies at the organizational and institutional levels, stakeholders, key informants and community conversation participants identified a number of strategies that African/African Ancestry community members should implement to improve their health and well-being:

- **Take someone with you to healthcare appointments.** Take someone with you to make it easier to ask questions and advocate for yourself.
- **Engage and advocate.** These issues will not get better on their own. African/African Ancestry community members must continue to advocate for their needs and those of the whole community to make sure that the health and social service providers in the county address them.
- **Teach children to own their health and bodies.** Educate children about their bodies and health so that they can advocate for their health needs.
- **Be a health ambassador.** Work with other African/African Ancestry community members to teach them about health and the healthcare delivery system.

Conclusion

This report is the first part of a more comprehensive study to document and understand the various health disparities and inequities that exist in the African/African Ancestry community. This health assessment intends to provide elected leaders, county agencies, and community organizations, advocates, and members with information, inspiration, and ideas for improving the health and well-being of the African/African Ancestry community members in Santa Clara County. With this goal, the report lays the framework for developing a call to action and solutions that will benefit the community and especially those who are underserved, underrepresented, and most in need of services to support their health and well-being.

References
