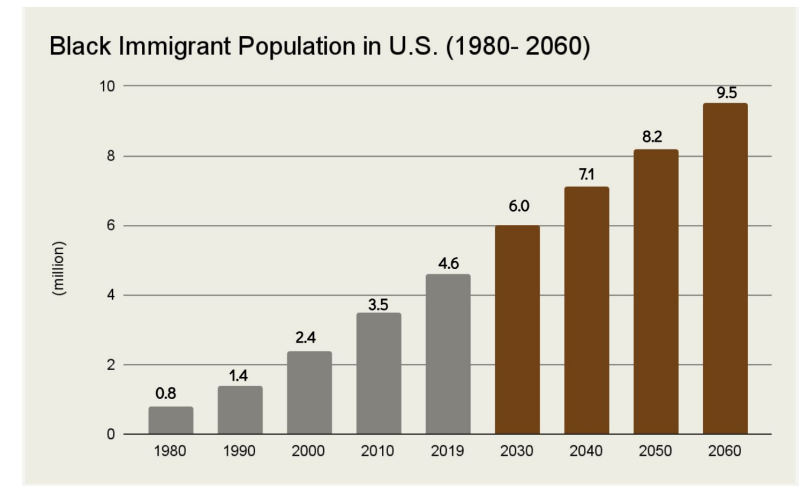


# A TAPESTRY OF HEALTH:

Weaving Together Our Ethnic Threads for Inclusive Health and Collective Wellbeing

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## Background

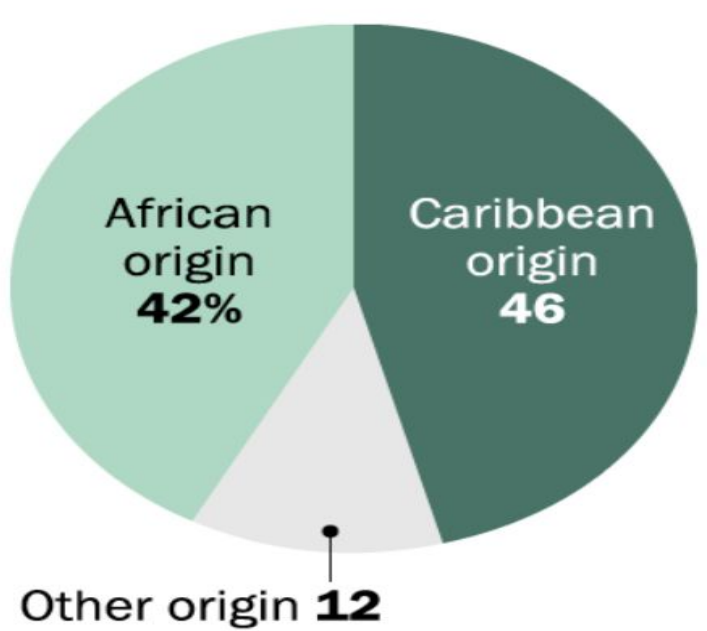


Tamir, 2022

### A Growing Population

The Black population in the U.S. is steadily expanding. From 1980 to 2019, the Black immigrant population **more than tripled**<sup>1</sup>. Currently, 1 in 5 Black people in the U.S. identifies as an immigrant or the child of a Black immigrant.

% among Black U.S. immigrants, 2019



Source: Pew Research Center tabulations of 2000 decennial census (5% IPUMS) and 2006, 2010, 2015 and 2019 American Community Surveys (IPUMS).

### Top Regions of Origin Nationally (2019)<sup>1</sup>

- Jamaica (n=760,000)
- Haiti (n=700,000)
- Nigeria (n=390,000)
- Ethiopia (n=260,000)
- Dominican Republic (n=210,000)

### Objective

The Black community in the U.S. is treated as a homogenous population in health research, yet there are an abundance of diverse experiences, cultures and histories that exist within this population. Disparities have been found within the community when delineating by country of origin/nativity.

### Guiding Question

How can we reflect Black American ethnic diversity in public health data collection, analysis and dissemination in ways that **enriches health equity** and simultaneously **protects community members from harm**?

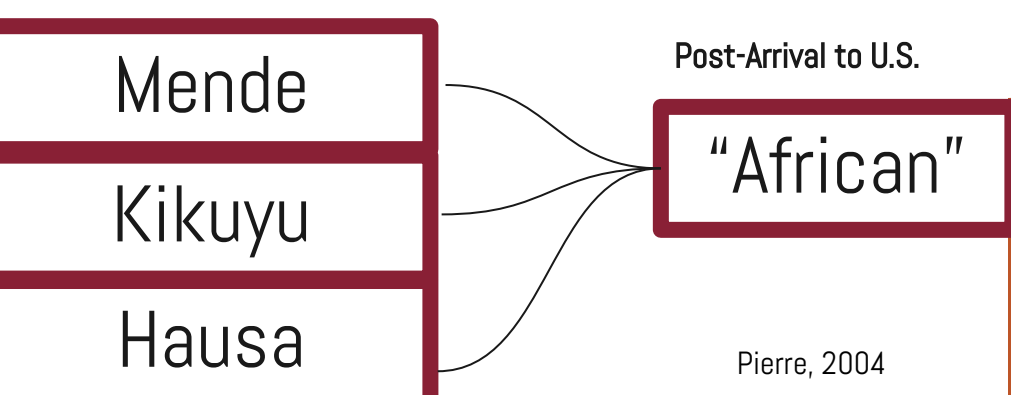
### Limitations of categories

One facet of this conversation to consider is the ways in which ethnicity and race have often been defined by the dominant group, rather than members of communities themselves. In immigrating to the United States, individuals are also thrown into its system of racial categorization- that may not adequately convey the ways in which they have come to see their own identity<sup>2</sup>.

### Acknowledgement of History Stripped

Many in the African Diaspora hold the history of Transatlantic enslavement and were forcibly stripped of knowledge of their original cultures and histories. These individuals descend from individuals who were immigrants too, although through force. Descendants of these peoples should also have their data represented alongside recently immigrated Black populations.

Pre-Arrival to U.S.



## Uncovering Health Disparities

### General Health

From a systematic review<sup>3</sup> of >200 research studies, foreign-born Black populations in the U.S. were found to have:

- Lower preterm birth rates
- Lower rates of low birthweight
- Lower rates of high blood pressure
- Lower risk of hypertension
- Better self-reported physical and mental health

than their U.S.-born counterparts.

### Access to Health Care

From one study examining access to a regular health care provider among African-American and African Immigrant (Rwandan, Burundian and Congolese) women living in Utah<sup>4</sup>, African immigrant women were found to have/be:

- **Lower levels** of health literacy
- **More likely** to be uninsured
- **89% less** likely to have a regular health care provider

than their African- American counterparts.

### Region of Origin Matters

Region of origin has been found to play a significant role in the health profile of Black immigrant populations.

A study<sup>5</sup> utilizing National Health Interview Survey data from 2000-2002 found that:

- Black immigrants from minority-white (African continent, South America) and racially diverse regions (Caribbean) have **better** self-reported health than African-Americans
- Black immigrants from majority-white regions (Europe) have **roughly equal** self-reported health compared to African Americans

A similar trend was found in a study<sup>6</sup> utilizing nationally representative data from 2013-2016 examining the health of Black birthing people in the US by specific birth region/country.

Among foreign-born Black birthing people in the US:

- Rates of low birthweight and preterm birth were **highest** among those born in the Caribbean or Europe and **lowest** among people born in Sub-Saharan Africa or Northern Africa.
- Rates of gestational diabetes were **higher** for those born in the Caribbean or Europe and **lower** for those born in Northern Africa.

Similarly, even within one single region of origin, a gradient of health can be apparent. For example, the African continent itself is made up of 54 different countries, each abounding in diversity. People choose to migrate from a country for a variety of reasons. Individuals who come to the U.S. for personal fulfillment, academic or professional opportunities may have a widely different set of health and socioeconomic circumstances than individuals who leave due to violence, war or other forms of persecution.

### Generation Matters

Weathering<sup>7</sup> is a theory that describes the early health deterioration many Black Americans face as a result of societal discrimination and racism. It posits that persistent coping with acute and chronic stressors has a cumulative impact on the body that leads to adverse health outcomes<sup>7</sup>. With African-Americans that have been in the U.S. for comparably longer time, this population may be more susceptible to the harmful health outcomes associated with racism.

Weathering can also impact the health of Black immigrants over generations. Studies find that, **as time spent in the U.S. increases, the initial health advantage of Black immigrants erodes**<sup>8</sup> [see Framing box]. In one study of self-reported health among different Black ethnicities, the probability of reporting fair/poor health **increased** with every subsequent generation<sup>8</sup>.

### Impacts of Invisibility

Currently, for many data collection efforts both nationally and local, there is a lack of detail/information collected around Black ethnic background. Black respondents are expected to summate their entire ethnic background with one checkbox. Only recently with the latest Census in 2020 (shown below) was space added to reflect ethnic background- however this has yet to be a widely implemented practice.

2010 Census (source: census.gov)

2020 Census (source: census.gov)

### Data Privacy Concerns

- Population data systems allow for the identification of potential vulnerable subpopulations<sup>9</sup>, which could increase risk of harm for these communities.
- Several historical human rights abuses ranging from the Holocaust, the internment of Japanese-Americans, the Rwandan genocide and the forced removals of Indigenous Americans were greatly aided by the availability of population data by ethnicity/race<sup>9</sup>.
- With increasingly hostile legislation and rhetoric surrounding immigration to the United States in recent years, it is important to consider ways in which greater disaggregation for Black immigrants could put community members at greater exposure to potential harm.
- With histories of public health abuses and amidst growing anti-immigrant sentiment in the U.S., an ongoing growth point in this work is to rebuild trust between community members and government agencies collecting their data<sup>10</sup>.

### Example : Twitter conversations after FAFSA forms collected data on Black ethnicity

## FRAMING

It is important we resist relying on "cultural" arguments for disparities in health or population-level demographics, that can "perpetuate the pathologizing of African- American culture and reaffirm the racial hierarchy in the U.S."<sup>11</sup>.

We intend to frame this conversation as an analysis of the impact of societal structures on health outcomes rather than place the onus of responsibility on any communities or individuals for experiencing adverse outcomes. It should not be viewed as an examination of who has the healthier population, culture or practices- rather an **exploration of the ways in which our unique histories as a diverse population can impact our interaction with systems of power + health in the U.S.** There continues to be a need for more research on the ways in which racism impacts health outcomes.

### Case study: Data Disaggregation for Asian American, Native Hawaiian and Pacific Islanders in New York State<sup>10</sup>

01

#### Problem

Data collection efforts grouped Asian American, Pacific Islanders and Native Hawaiians together and rendered many disparities between populations invisible<sup>10</sup>.

02

#### Discourse

Organizers committed to the work for the long-term, addressed community fears about data collection stemming from US anti-Asian policy and focused on data disaggregation as an **opportunity to strengthen collective advocacy for each other rather than as a cause for division amongst communities**<sup>10</sup>.

03

#### Action

Concentrated efforts to pass law began in 2012 and continued until its passage in 2016. Stakeholders (legislators, government agencies, media, etc) worked alongside community leadership from the communities whose data were collected to spur change<sup>10</sup>.

04

#### Success

The Coalition for Asian American Children and Families (CACF) Invisibles No More (INM) campaign led to the **first-ever data disaggregation law in NYC** in 2016<sup>10</sup>

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