New Black Voices California 2015-2016

Learnings from an Emerging Health Equity Movement

Pan-African Women's Philanthropy Network

African American Community Health Advisory Committee

January 16th, 2017

ACKNOWLEDGMENTS

The New Black Diversity Health Initiative (NEBEDI), a coalition of diverse African-American, black immigrant and allied advocates devoted to advancing the health and wellness of black Americans of all ethnicities, appreciates the support of our funders in making New Black Voices Health Action Summits possible from 2015 through 2016. Community partners include San Diego Black Health Associates, Holman United Methodist Church, the California Black Health Network, and the Bay Area Black United Fund.

Lead Funder

THE CALIFORNIA ENDOWMENT

Supporting Sponsor

THE CALIFORNIA WELLNESS FOUNDATION

Supporting Sponsor

GIVE BLACK FOUNDATION

Contact NEBEDI at NBVCalifornia@gmail.com

New Black Voices Summits were featured events in Black Philanthropy Month 2016.

Cover Image by Jan Carpenter Tucker

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." Martin Luther King, Jr. 1966

As we reflect this MLK Day 2017 on King's legacy and the never ending fight for justice, his words ring as true today as they did four decades ago. During this National Mental Health Awareness Month 2017, we must also recognize that despite all our progress as a people and a country, there is a black American health crisis. In addition to mental illness, black Americans have among the country's highest levels of diabetes, heart disease, cancer fatality, asthma, infant and maternal mortality--to name the few. There is much research, programming, community organizing, and advocacy to improve black American health. At the same time, there has been some progress, as the black suicide, pregnancy, and infant mortality rates have declined even though levels are higher than those of most other ethnic groups.

But the black American community has changed. Today not all black Americans are African-Americans, that is, US-born with roots in the trans-Atlantic slave trade. Black immigration to the US has skyrocketed to unprecedented levels. Today, about 3 million US immigrants are black, mostly from Africa (about 1 million) and the Caribbean (about 1.7 million) with blacks from Latin America and other countries as well. For example, there has been a 200% increase in the African immigrant population alone. With the country's second largest African population, California strongly reflects this national trend. Growing black Latino, Caribbean, European and even Asian communities have increased the black community's ethnic diversity. In some American cities, such as New York, Washington, DC, Atlanta, the Twin Cities, Houston and Los Angeles, black immigrants are now a third or more of the total black population. Despite the presence of significant and growing immigrant segments of the U.S. black community, health improvement efforts rarely include the full ethnic, cultural and language diversity of the contemporary black community. By working in silos, we are diluting the power of our voice, unwittingly ignoring the unique health challenges of black immigrants, denying ourselves access to rich cultural wellness traditions, and allowing a new generation of black health disparity.

This report shares the learning the Pan-African Women's Philanthropy Network's (PAWPNet) New Black Diversity Health Initiative (NEBEDI), an effort to mobilize the new ethnic diversity of California's black communities to articulate and then propose shared solutions to the black health crisis. Our hope is that by sharing what we have learned, any organization can organize New Black Voices to build a more inclusive Health Justice Movement.

PAWPNet was created in 2003 by a coalition of diverse black diaspora women from the US and 30 other countries to mobilize community knowledge, volunteerism, activism, and giving to strengthen our communities everywhere, including health and wellness. In addition to promoting all forms of black diaspora giving, starting Black Philanthropy Month, creating a PAWPNet black diaspora fund, advancing women's community leadership, our various research studies, and launching a new Black Giving United forum, PAWPNet has been especially concerned about the health status of black people throughout the country and world.

Created in 2011, the new Black Diversity Health Initiative (NEBEDI) is a PAWPNet health education project designed to raise awareness of the health challenges facing our ethnically diverse communities. NEBEDI has had three primary health initiatives across the country, including:

- Being Well While Doing Good, a 2011 global black diaspora health festival as part of the Pan-African Women's Action Summit, attended by over 300 black and allied women from 20 countries;

- Saving Our Future, a 2012-2014 national black diaspora infant and maternal health campaign that reached millions; and

- New Black Voices, a 2015 and ongoing effort in California to convene the US born and foreign-born US black diaspora with allies of all backgrounds to raise awareness of shared health challenges and address them.

From 2014 through 2016, we are proud to have partnered with the African American Community Health Advisory Committee (AACHAC), a project Sutter Health's Mills Peninsula Health Foundation, to mobilize New Black Voices Health convenings to add diverse black perspectives to various efforts in California to create a statewide Black Health Equity Agenda.

With generous, primary funding from The California Endowment, California Wellness Foundation, and Black Gives Back Foundation, from 2014-2016, we organized New Black Voices convenings in partnership with Bay Area Blacks in Philanthropy, Bay Area Black United Fund, the California Black Health Network in the Bay Area and then included San Diego Black Health Associates and Holman United Methodist Church in Los Angeles. Altogether, we engaged about 1,000 leaders, including African-Americans as well as black immigrants and refugees and immigrants from Africa, Latin America, the Caribbean and Europe.

The result is the beginning of a statewide, evolving Black Health Agenda that, ultimately, prioritizes greater community awareness and broader support for black mental health as the key to black diaspora wellness. In 2016, PAWPNet and AACHAC kicked off the year's round of NBVs to coincide with national Black Philanthropy Month (BPM). As featured BPM events, NBV California 2016 convenings increased social media visibility remarkably, thereby further deepening awareness and engagement in black diaspora health issues. A black diaspora philanthropy coalition and community fund, PAWPNet initiates novel strategies to build the black diaspora philanthropy movement and promote women's leadership in it. However, we have deliberately decided not to become an independent public charity.

Instead, working through our PAWP Fund, now housed at Silicon Valley Community Foundation, and partnering with other organizations, we hope to advance their understanding, networks and capacity to engage the many diverse black organizations and leaders already providing programs and services to promote black health and wellness.

Our hope is that key NBV California learnings provide new knowledge and strategies so that communities everywhere can use to include the full diversity of all communities in the Black Health Equity Movement.

We will continue to promote this report throughout Black History Month 2017. Building on our and many other efforts, we look forward to organizations throughout the state and country organizing independent New Black Voices to promote King's vision of health and justice for all, including the many suffering without appropriate understanding or support from mental illness.

Jackie Copeland-Carson, PhD
Founder, PAWPNet
Chair, PAWP Fund

Gloria R. Brown
Co-Founder and Past Director, AACHAC

FIVE BLACK DIASPORA HEALTH ORGANIZING TACTICS

The Sacramento, the Bay Area, Los Angeles and San Diego metropolitan regions have among California's largest black communities, including large numbers of immigrants. According to recent Census estimates, California has the country's largest African immigrant population with significant numbers of black Latino and Caribbean residents. Overall about 300,000 of California's blacks are immigrants, representing about 6% of the state's black population. Although a minority of the black population, in some metropolitan regions, such as Oakland and Los Angeles, black immigrants may represent up to 20% of the black population.[1]

However, neither America overall nor California specifically is fully inclusive of the priorities and needs of the new black diversity in its public, nonprofit and foundation sector research or social justice and health improvement programs. Beyond language barriers, immigrant communities, including black ones, have culturally specific health needs and opportunities that are generally not fully accommodated by either majority or mainstream African-American organizations. If collected at all, data on black immigrant demographics and health status tends to be aggregated into a generic "black" category that prevents the sector from meeting the needs of the increasingly ethnically diverse African-American community.

The New Black Health Diversity Initiative (NEBEDI) convened New Black Voices in Sacramento, the Bay Area, Sacramento, Los Angeles and San Diego, because they are the California cities with the highest concentrations of blacks, including immigrants primarily from East Africa (Ethiopia, Kenya and Eritrea), Latin and Central America (Panama and Mexico), and the Caribbean (Jamaica and Haiti), although many other national origins are represented.

Although the ethnic diversity of these cities' Black Diversity is clear and they share common health challenges, there are notable divisions and limited collaboration among the various ethnic organizations in the black community. With notable exceptions, there are few community health organizations that work beyond their specific ethnicity in California. Because NBVs seek to jumpstart a space for joint community action and relationship building, there are several clear steps that we found helpful.

Evolving from PAWPNet's diverse national network of African-American and black immigrant philanthropists and leaders, NBV Health Action Convenings are half to one-day summits designed to engage at least 50 people, preferably key leaders, who both represent the ethnic and organizational diversity of that community's black community, including healthcare, policymaker, philanthropy, and grassroots activist representatives. From inception in 2015, there were eight NBVs, including four in the Bay Area, two in Sacramento, one in San Diego, and another in Los Angeles.

Over the course of executing these NBVs, we honed several techniques that proved effective in

creating a common black health agenda across the diverse voices of California's black diaspora. Here we outline five key principles for effective NBV organizing that can be applied by any organization attempting to be more inclusive of the contemporary black community in its health or broader social justice work.

1. **Seek the basic facts**.

   The health status of black immigrants is generally off the radar screen of black health advocates. We all know that historical, social and cultural factors influence a community's health outcomes. So, the first step in successfully organizing the community to promote inclusive black health is to understand the basic demographics, history, culture and available health statistics of the diverse black ethnicities that comprise your local community.

   Very broad cultural themes bind the new black diaspora, that is, black immigrants and refugees. Cultural commonalities include a strong sense of extended family identity, respect for elders and ancestors, mutual aid and assistance through voluntary associations, spirituality and faith that also influence perspectives on health and wellness. However, there also is significant cultural diversity. Looking at California African immigrants and refugees alone, who are primarily from East Africa, there are 50 native languages alone in a country like Ethiopia and almost that many in Kenya. While many educated East Africans in California will speak English, less educated members may speak a dominant language from their homeland such as Amharic, Oromo or Kikuyu. There is large number of West Africans in California too, primarily from Nigeria, Liberia and Ghana, who predominantly speak English but typically one or more African languages as well.

   Although members of a particular ethnic community such as Somali Californians may have similar national origins, there can be internal ethnic, clan or even political divisions from countries of origin that can be barriers to engagement in multiethnic black organizing.

   There is religious diversity as well with Christianity, Islam and various ancient indigenous faiths practiced across African and other black diaspora communities.
   Those with refugee status are often fleeing war, civil conflict or have lived in refugee camps for long periods before gaining entry into the U.S. and need special support for post-traumatic stress and other post-conflict scars.

   > "How do we get unity when some immigrants are trying to assimilate to some black Americans, and *we* are not unified?"

   Relations with African-Americans can be complex as black immigrants, especially those who are older, first generation, want to retain their unique cultural traditions instead of being blended into a monolithic African-American identity. Perceived competition for jobs in high priced areas can increase competition and present barriers to cooperation, as can mutual suspicions rooted in untrue, backwards racial stereotypes of African-Americans as lazy and criminal; Africans as primitive; and

black immigrants in general as industrious model minorities superior to their African-American counterparts.

Minority black immigrant populations are wary about being dominated by the African-American majority in mixed black community contexts. And African- Americans often feel that their centuries of American struggle opened up doors of opportunity for black immigrants that are not recognized or appreciated. Participants further questioned, “How do we get unity when some immigrants are trying to assimilate to some black Americans, and *we* are not unified?”

It is critical to enter into the NBV organizing process with a sensitivity to and respect for the diversity and resulting parameters of debate that define the identity of a local black community.

Adding in the experience of black Californians with roots in Latin America, the Caribbean and other countries, today's black diaspora diversity is similar to that of the Asian community sharing some general cultural traits but with distinct experiences, histories and languages that must be incorporated in any community health service.

Any leader or organization seeking to improve "black" health in California but is only working with one segment of the state's black diaspora is missing today's demographic big picture.

2. **Organize from the health task at hand.**

The divisions in the community are real. But focusing on them will make it more difficult to identify and build from common health interests. Focusing initial discussions on the task at hand: organizing a community listening and action session to learn from each other’s health experiences and exploring ways to support each other for better outcomes has become an effective means for NEBEDI to cut through the black diaspora community's divisions and tensions. On the whole, one participant plainly stated, “We are at the top of every bad list, and the bottom of every good list.”

> “We are at the top of every bad list, and the bottom of every good list.”

Basic facts about the high level of chronic disease facing all California black communities (see appendix for black health facts) that include all black communities to improve black Californians health have proven a convincing argument enabling NEBEDI to engage black people of all ethnic backgrounds in organizing NBV sessions.

Utilizing NEBEDI's California contact list is one way to extend your black diaspora health advocate network.

3. **Identify NBV champions in your region to co-organize.**

No one person can fully represent the black ethnic diversity of California's major

metropolitan areas. So, it is critical to identify partners with networks you lack, who are respected in the community and are willing to co-organize with you.

Begin your learning about the black diversity and health issues in your community through discussion with your key partners. Active listening to stories and suggestions open to learning new perspectives in a respectful, nonjudgmental way is the most effective way to learn about another community's health experiences.

You will learn volumes just starting with the basic NBV outline below and asking over planning meetings where and when the event should be held; who should speak; as well as who else should be consulted for planning and why.

Establish an NBV organizing committee in collaboration with a respected local organization that has membership or participation of at least two of the largest black ethnicities in your region.

4. Building Your NBV

Then with this initial small group of advisers and partners, establish the basic, preliminary purpose, vision and outline for your NBV. Some NBVs preferred to have one lead organizer that was already sufficiently networked and respected in the local, black community and health field's diversity to convene an NBV. For example, in San Diego, the San Diego Black Health Associates already had the necessary connections to identify and invite speakers and community members to participate.

In Los Angeles, NEBEDI worked with a consultant, who had a small initial network but was able to build upon it quickly with strong connections from both her Liberian and Guyana background and community work. Hosting it at a major black diaspora church with a legacy of community-driven organizing helped to deepen the network.

In the Bay Area and Sacramento, there were existing community organizations that had strong name recognition and support as African-American health care organizations and were interested in being more inclusive of black immigrants.

Thus, AACHAC incorporated NBVs into longstanding programs, including their signature annual Soul Stroll Health Walk and Fair as well as its Women Conference. It entailed creating NBV "scholarships" and advertising in the black immigrant community to encourage their participation, including families. The same technique was used in Sacramento, which held two NBV Soul Strolls.

Both techniques--co-planning the NBV with a diverse planning group or scholarship-

based outreach were effective. But the most successful in engaging the most ethnically diverse participants was engaging diverse communities in the upfront planning of a free NBV. Partners had co-ownership in a successful outcome. This, along with some funding for staff planning time were the critical ingredients for the most successful, well attended NBVs.

5. Anatomy of a NBV Health Action Summit

There are endless possible ways to structure a successful NBV that creates an intergenerational, ethnically diverse network of black and allied health advocates, and contributes to a statewide black agenda. But all have four basic elements:

a. Welcome from a respected host, who can articulate the event's purpose and origins as part of a statewide effort to create an inclusive black health agenda.

No more than 10 minutes should be sufficient, as it is important that most event time be devoted to dialogue and agenda building.

b. Opening keynote that can overview the facts of Black Health Crisis, making the case that "we're all in this together" no matter our ethnicity or other background, citing statistics to give the audience a sense of the depth of the problem but also signs of hope, as there has been some progress.

This was achieved most expertly by Paul Simms of San Diego Black Health Associates, who did the Black Health Facts keynote for NBV Oakland 2015, citing all the disappointing Black Health disparity statistics but reminding the audience of the improvements in California black teenage pregnancy, tobacco use, and infant mortality rates. He reminded the audience that black immigrant health outcomes were largely invisible because the census and other statistical data lumped all data in the broad category of "black," making it difficult to disaggregate black immigrant-specific needs and outcomes.

He called for a statewide Black Immigrant and Refugee Health Study to understand the nuances of contemporary black health. A keynote, who can present the black health from and African-African and black immigrant perspective is key.

c. An ethnically diverse panel of community and field experts, who can further explain health disparities and why our communities experience so many of them, including black or allied healthcare, policymakers, funders, or activists who can speak from both the perspective of black personal experience and their fields of

specialty.

The panel should be no more than five people and, preferably, should be intergenerational, including at least one millennial as well as persons more senior in the various fields to be represented.

Gender balance also is critical, especially since men tend to be the primary public spokespersons in many black immigrant communities.

A talk show format with a moderator asking some variation of the standard NBV questions listed in the appendix has proven the best tactic to allow the panelists to authentically present both their own personal black diaspora health story, as well as their perspective as a professional in the field.

The panel discussions offered rich learnings about the black health experience. One compelling example is the mysterious growth, and largely unexplained, in autism experienced by Somali Californians and Somali-Americans in general now being documented in the literature.

Another is the debilitating effect of racism on the emotional and mental health of black people, which is compounded for poor or refugee blacks struggling to survive day-to-day, or suffering the trauma of having lost one's family to war.

This was most compelling in San Diego where the NBV happened to fall on the day of a community memorial for a mentally ill black Ugandan man suffering from seizure, who was killed by police. There was no more poignant example of the linked health destinies of African-Americans and black immigrants. Not surprisingly, mental health and police killing of unarmed blacks were named as two key health priorities in San Diego's black health agenda.

> "They don't know or generally don't care about our experience. They don't even know we have a culture. It's just promotores, which is good and all. But black people don't do promotores. Why can't we have community health workers who can relate to our needs?"

Most communities noted that because in many communities, Latinos and Asians are now majorities, healthcare institutions attempting to be culturally competent focused primarily on Mexican and, to a lesser extent, Chinese and Vietnamese needs.

They felt there was very little cultural sensitivity or competence in working with black patients. Black people's cultural health needs and perspectives were unknown and experiences of racist treatment in healthcare settings was a deterrent from seeking primary care. The lack of licensed and culturally competent mental health providers sensitive to unique black experiences. As stated by one participant, "They don't know or generally care about our

experience. They don't even know we have a culture. It's just promotores, which is good and all. But black people don't do promotores. Why can't we have community health workers who can relate to us and our needs?"

The Association of Black Psychologists and the nonprofit, Community Healing Network, have created Emotional Emancipation Circles, a curriculum-based Community Health support group ground in black cultural health principles.

They have been used across the U.S. in black communities attempting to heal from the trauma of police killings of unarmed black, men and youth. In fact, an Emotional Emancipation Circle was being convened when the NBV was being held in October 2016.

Most NBV participants seemed to feel that the California health system did not have the sensitivity or competence to address the social determinants or cultural underpinnings of black health and are working to create their own strategies.

d. An Audience Plenary-Style Discussion

NBVs can be emotional events, as many community members are presented with health experiences that sound very familiar, but emerge from different or unknown community circumstances.

Much of the audience discussion focused on identifying divisions among black ethnic communities and how to overcome them. In several sessions, black Latino participants talked about experiencing racism against darker skin or African ancestry in the Latino community, rejection in the broader immigrant rights movement seen as focused on "white" Latinos, and isolation in the broader black community due to their Latin ethnic affinity. The black Latino dimension is typically not included in black health equity discussions. Participants typically ask for more NBVs to deepen relationships, further develop and implement any resulting health agenda, and redefine the black presence and image in their region. In San Diego, they noted, “The change process should include communal contemplative change to increase black empowerment.”

“The change process should include communal contemplative change to increase black empowerment.”

e. Working Lunch Breakout Discussions to Identify Key Community Health Priorities

After a break to collect buffet or boxed lunches, health agendas were developed in 1-2 hour breakout sessions whereby small groups answered 6-8 key agenda building questions with the help of a small group facilitator/reporter and recorder. Those NBVs that assign mixed tables at check-in are able to foster a richer table discussion, because the small groups are more diverse. Panelists can act as advisers to groups creating their answers to the breakout questions.

Small tables report out with common priorities across the group and are recorded on flipchart paper by the NBV facilitator. Small group recorder notes are collected to write up the region's NBV Health Agenda.

f. Closing Call to Action

The conclusion to the NBV has the organizer read out the resulting health agenda, and asking the assembled group, if it is committed to continue meeting to implement the resulting agenda. We emphasize that it is the responsibility of each region's NBV to implement its agenda with the organizing support of the lead NBV partner. We held 8 NBV convenings from 2015 through 2016 and created a preliminary black health agenda survey to expand input statewide.

NEXT STEPS

The statewide agenda Black Health Agenda includes 13 issues (see list below) with mental health listed as the top priority for advancing black health.

1. More community awareness of and access to mental health services.

2. A study to better understand the specific health needs of all Black Californians, including Africans, Afro-Caribbean and Afro-Latino people.

3. Providing services, brochures and other health information in the languages spoken by most foreign-born Black Californians, such as Somali and Amharic.

4. More use of African-inspired health and wellness strategies such as community healing circles.

5. More knowledge of black cultural health issues and use of culturally-sensitive treatment strategies to address implicit bias and institutionalized racism in the medical industry, for example, hospitals and doctors' offices.

6. More efforts to address domestic and community violence.

7. Focus on police brutality and killings as a public health risk for black and Latino Californians.

8. More community awareness of HIV/AIDS risks, as well as treatment.

9. Identify and address the environmental toxins such as lead poisoning, contaminated water, high levels of air pollution, and others that disproportionately affect those living in black and/or poor urban communities causing asthma and other diseases

10. More physicians and mental health providers, who will accept my MediCal, Covered California, other "Obamacare" or public insurance, including Medicare.

11. More community awareness of the disproportionately high level of infant and maternal death affecting black people.

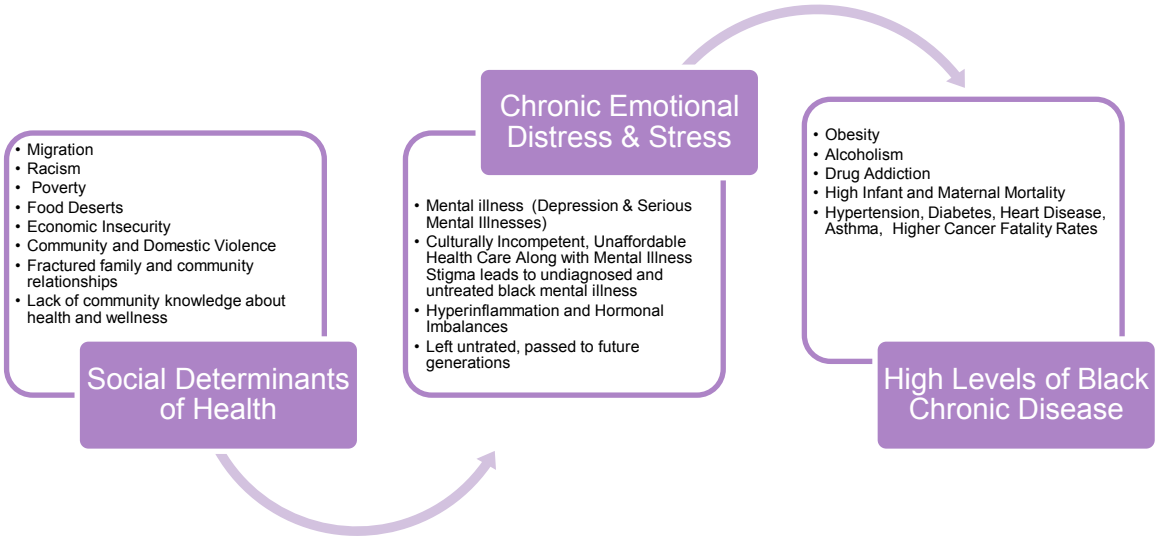
12. An organized community effort to continue public funding for the CA Black Infant Health Program, that's effectively promoted better outcomes for black infants for 30 years, is seen as a national best practice, but is under threat of elimination.

13. Promote more black cultural and historical education in families so that they better appreciate the importance of personal and community health, wellness and self-care.

Please expand participation by sharing the agenda survey link with your networks: www.**tinyurl.com/CANBVHEALTHAGENDA**

Interestingly across the NBVs a kind of Black Theory of Health and Wellness emerged.

Advancing Health Equity in the New Black Diversity: A Mental Health Framework



The idea here is that a high level of largely untreated mental and emotional health issues, often rooted in racism, forced migration, community violence, or chronic poverty, lead to despair and depression, obesity, addiction and inevitable chronic physical health concerns that plague the black community such as diabetes and heart disease. As stated by one participant, "America has been making black people sick since we came from Africa. Freedom and the pursuit of happiness are the key to black health in America, no matter where you come from."

"America has been making black people sick since we came from Africa. Freedom and the pursuit of happiness are the key to black health in America, no matter where you come from."

The NBV Health Action Summit Model is as an effective technique for building common cause for health justice, but the NBVs held the past two years are just the beginning and obviously,

more work needs to be done.

President Obama in his closing address to the nation, asked us all to reach across our differences and work together to strengthen our communities. Working in ethnic or institutional silos is a barrier to black health. Hopefully, this brief primary shares one model for heeding our historic President's call, including all New Black Voices to promote King's dream of health justice for all.

Endnotes

1. Morgan-Trostle, J., Zheng, K., & C. L. (2016, September 27). The State of Black Immigrants Part I: A Statistical Portrait of Black Immigrants in the US. Retrieved from http://www.stateofblackimmigrants.com/assets/sobi-background-sept27.pdf

APPENDIX

NEW BLACK VOICES LOS ANGELES

TOWARDS AN INCLUSIVE HEALTH AGENDA

California Black Health Facts

According to the Journal of Public Health, more than 886,000 deaths could have been prevented from 1991 to 2000 if African Americans had received the same care as whites. While African Americans do have greater incidence of some diseases, the challenge remains to deliver the same high quality health care to everyone, despite reduced access to health care for African Americans.

Consider the following:

- African Americans have the highest mortality rate of any racial or ethnic group for cancer in general, and for most major cancers individually, including stomach, liver, prostate, and colon cancers.

- Heart disease and cancer are the first and second leading causes of death for African American adults 18 years and older in California[1] and nationally[2].

- Heart disease and cancer combined to account for over half (51%) of deaths among African Americans in California[1] and for nearly half (48%) of all deaths among African Americans nationally[3].

- Diabetes was the fourth leading cause of death among African American adults 18 years and older, accounting for 812 deaths in California[2] and 12,687 deaths nationally during 2002[3].

- Although African American adults are 40% more likely to have high blood pressure, they are 18% less likely than their non-Hispanic white counterparts to have their blood pressure under control.

- African Americans are less likely to survive for 5 years after being diagnosed with cancer than whites at all stages of diagnosis. This may be due in part to the fact that cancer factors associated with poverty which include reduced access to medical care; diagnosis at a later stage; when the disease has spread to regional or distant tissue; and disparities in treatment[4].

- African American adults are less likely than non-Hispanic white adults to have received the flu vaccine in the past year.

.

- African American adults are twice as likely to be diagnosed with diabetes.
- The infant mortality rate among African Americans is 2.3 times that of non-Hispanic whites, and African American infants are 4 times more likely than non-Hispanic white infants to die due to complications related to low birthweight.

---

[1] California Health Interview Survey—Ask CHIS 2003. Retrieved June 9, 2005, from http://www.chis.ucla.edu

[2] California Department of Health Services, Center for Health Statistics. (2005) Vital Statistics of California 2002. Retrieved June 9, 2005, from http://www.dhs.ca.gov/hisp/chs/OHIR/reports/vitalstatisticsofcalifornia/vsofca2002.pdf

[3] Anderson RN, Smith BL. (2005). National Vital Statistics Reports: Deaths: Leading Causes for 2002. Retrieved June 9, 2005, from http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_17.pdf

[4] American Cancer Society. (2005). Cancer Facts & Figures for African Americans 2005-2006. Retrieved June 9, 2005, from http://cancer.org/downloads/STT/CAFF2005AAv4PWSecured.pdf

Covered California, Pastor's Tool-kit. (2015). African American Health Disparities Fact Sheet. Retrieved October 25th, 2016, from http://hbex.coveredca.com/toolkit/pastor/PDFs/PTK-AA-Health-Disparities-Fact-Sheet.pdf.

New Black Voices Health Forum LA

Agenda Building Breakout Session Worksheet

Please choose a table facilitator as well as a recorder to take notes with your group's answers to the questions below and report them out to all New Black Voices LA attendees when prompted. Use backside of this sheet or extra sheets as needed. Be sure to hand in your forms to one of the organizers at the end of the session.

1. What are the most critical health concerns for the community?

2. Please list the key black health concerns above in order of the priority. The most important concern would be number "1", the second most important would be number "2" and so on.

3. For each concern above, what tangible solutions come to mind, if any?

4. How can we build an inclusive healthy environment for Pan-Africans, that is, black people living in our community regardless of country of birth?

5. What are the strengths of the group to help make the health actions identified above a reality?

6. What are the barriers that would need to be overcome to implement LA's black health priorities, including both African-Americans and black immigrants?

7. Name one thing you learned and explain how you would apply this knowledge.

8. What are some next steps that you would like to see for NBV LA?