Black Women's Health Initiative

FOCUS GROUPS SUMMARY REPORT

NOVEMBER 16, 2018

Prepared for
The Center for Closing the Health Gap

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BLACK WOMEN'S HEALTH INITIATIVE (BWHI)

Executive Summary

African American women–more than any other group–are dying needlessly of preventable diseases such as HIV/AIDS, heart disease and diabetes. The Health Gap is working to "close the gap" and address the racism, sexism, medical problems and socioeconomic factors. We are looking to see how we can build a culture of health for black women in Greater Cincinnati. To that end, 9 focus groups were conducted among black women in the Greater Cincinnati area to understand how black women view their health, specific health issues facing black women, and how they could help to build a culture of health and eliminate health disparities among women.

Women were asked initially to assess their own health. Absence of major disease means they feel they are healthy. Being able to manage diseases (HBP, diabetes, high cholesterol) means, they feel they are healthy and able to function daily. Women, who feel they are in control of their bodies and managing their health concerns, feel they are doing what is necessary to stay or get healthy. Only when they feel they are not in control of their bodies, do they view themselves as unhealthy. For some women, they feel they are in good health physically, but have a lot of stress in their daily life. Those women who have no family or support, lots of "internal stuff" rated their overall health poor.

Health Issues Facing Black Women

In general, the women felt that black women have worse health, overall, than their white counterparts. They are more likely to live with diabetes, high blood pressure, obesity, and major stress or depression. The diseases or chronic illnesses that were identified most often by the women in these focus groups were breast cancer, heart disease and diabetes. Women felt that obesity and high blood pressure were contributing factors to heart disease and diabetes, along with family history and genetics. Almost all of the women believe that stress is a major health issue and risk for black women. They talked about how stress effects every aspect of life, societal pressures, and internal pressures.

Mental health was an important issue women deal with daily. They believe black women still face a lot of economic insecurity and racism in general which then can lead to depression. The overall theme among the women was that racism effects our self-esteem and how we see ourselves. There is cultural baggage passed down from generations. Navigating the healthcare system is difficult for black women. Women feel they need to be able to take control of their own health and feel empowered to challenge and communicate with their doctors.

A Culture of Health for Black Women

All the women agreed that there is not just one answer to creating a culture of health for black women. We need to look at black women holistically in order to create a positive health environment for women. Education and empowerment is the key for black women to be able to manage their health. The women talked about the need to create a support system for women. Women of all ages need mentors, informed friends and resources to be able to call on. They wanted to learn how to connect with each other, build better relationships and learn from each other. They often felt alone and needed support to be able to stick together to feel they are all worthy and valuable.

We need to remove the physical and emotional barriers to working out and having a healthy lifestyle. Healthy eating and nutrition was a huge concern for the women. A big obstacle for these women is eating healthy and knowing how to prepare healthy meals. The black community's obesity crisis is a symbol of just how at-risk this segment of the population is. The vast majority of African-American adult women are either overweight or obese. Stress can take a huge toll on your mental health and we often overeat for comfort and relaxation.

Components/Format of a Black Women's Health Initiative

All of the women were excited about the formation of a Black Women's Health Initiative led by the Health Gap. All said they wanted to be involved! This overall initiative needs to be more than a 1-day event in order to make lasting connections and network effectively. Smaller events need to be on going and scattered throughout the city - in different neighborhoods. The initiative must have a robust social media component (webinars, podcasts, Facebook, Twitter, and Instagram). The women wanted a Health Gap App with weekly sessions, educational features, fitness, and nutrition tips.

Introduction

African American women–more than any other group–are dying needlessly of preventable diseases such as HIV/AIDS, heart disease and diabetes. They are twice as likely to be overweight, have heart attacks, and develop diabetes (high blood sugar), lupus (an autoimmune disease) and hepatitis C (a liver disease). They also have a significantly higher risk of asthma, arthritis, cancer and the sexually transmitted disease chlamydia. Research and literature search reveals:

8 Health Conditions That Disproportionately Affect Black Women

1. Heart disease, stroke, and diabetes
2. Breast cancer
3. Cervical cancer
4. Fibroids
5. Premature delivery
6. Sickle cell disease
7. Sexually transmitted diseases
8. Mental health issues

These disparities exist regardless of social economic status and education. There is a correlation between race and health that accounts for why black women have higher incidence of diseases. Other factors related specifically to race that affects black women include:

Lifestyle/Environmental Issues:

1. Stress
2. Living environment
3. Employment / Job security
4. Financial concerns
5. Reproductive health
6. Family/childcare
7. Time management
8. Emotional support
9. Resource availability

The Health Gap is working to "close the gap" and address the racism, sexism, medical problems and socioeconomic factors that are to blame for these health disparities among

black women. We believe that education and empowerment is key in order for women to take an active role in managing their health. In conjunction with constituents, strategic partners and stakeholders, we are looking to see how we can build a culture of health for black women in Greater Cincinnati.
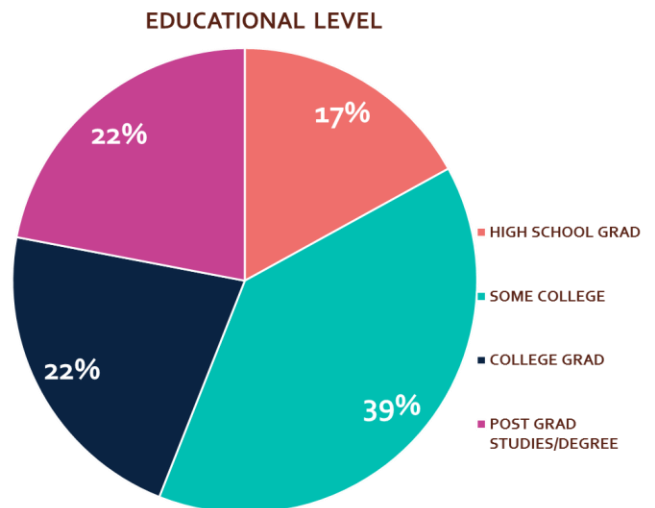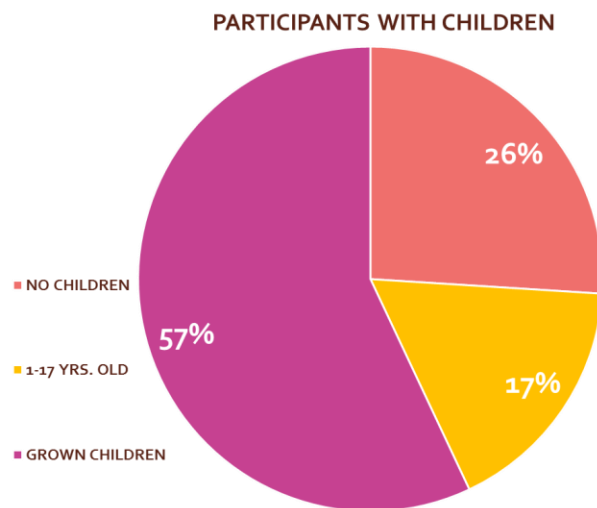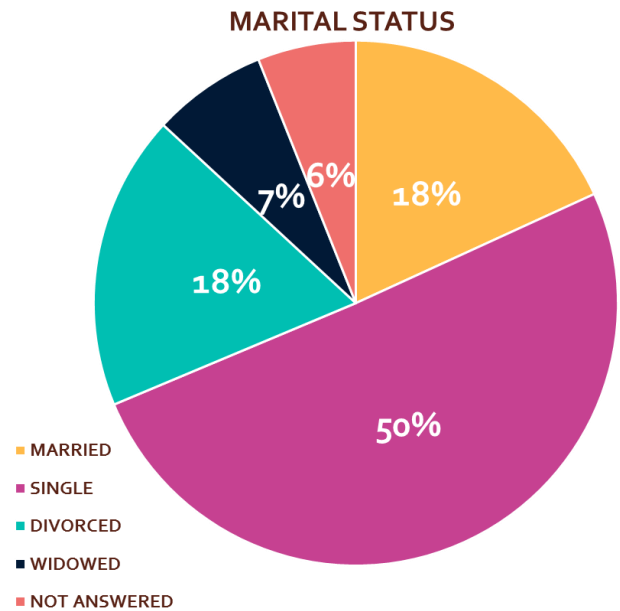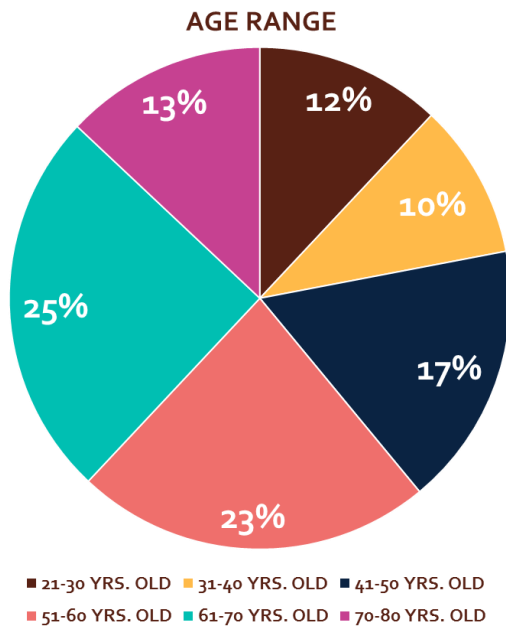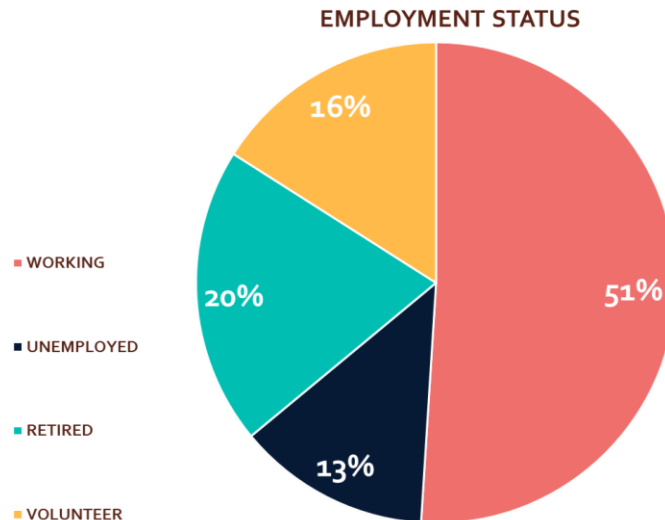
Methodology

Conduct qualitative research (focus groups) among black women to understand:

1. How black women view their health
2. Identify and talk about specific health issues facing black women
3. How they (women) could help to build a culture of health and eliminate health disparities
4. Understand the viability of collaboration on an initiative with the Health Gap

- Nine (9) focus groups were conducted Sept. 25 - October 25, 2018.
- Six (6) groups were held in the evening (5:30-7:00pm) at the Health Gap office, and two (2) groups were held in the afternoon (1:00-2:30pm) at the Avondale Business Center.
- Recruiting: Women were identified through social media outlets (Facebook, Twitter, Health Gap newsletter and website) provided by the Health Gap communication team.
- Additionally, flyer were distribution in select locations throughout various communities, groups, churches, or agencies.
- Women interested in participating in group discussions on black women's health were asked to call a telephone number at the Health Gap to be screened and confirmed for a specific date and time.
- Women were assigned a particular group depending on their availability to participate.
- Women ages 21-80 years old were recruited. The goal was to get a good mix of ages in each group.
- 10-12 women were recruited for each group (total of 82 women participated)
- Each group lasted approximately 1 ½ -2 hours.
- Each group was audio taped.
- A discussion guide was designed with questions ranging from open-ended and specific forced questions. Each open-ended and forced-choice question was fully discussed. (see Attachment 3 for discussion guide)
- Each respondent was incentivized $25 to help with gas mileage, babysitting, or any other inconvenience.

Respondent Demographic Data

Total of 82 women:

AGE RANGE

- 21-30 YRS. OLD
- 31-40 YRS. OLD
- 41-50 YRS. OLD
- 51-60 YRS. OLD
- 61-70 YRS. OLD
- 70-80 YRS. OLD

12%, 10%, 17%, 23%, 25%, 13%

MARITAL STATUS

- MARRIED
- SINGLE
- DIVORCED
- WIDOWED
- NOT ANSWERED

18%, 50%, 18%, 7%, 6%

PARTICIPANTS WITH CHILDREN

- NO CHILDREN
- 1-17 YRS. OLD
- GROWN CHILDREN

26%, 17%, 57%

EDUCATIONAL LEVEL

- HIGH SCHOOL GRAD
- SOME COLLEGE
- COLLEGE GRAD
- POST GRAD STUDIES/DEGREE

17%, 39%, 22%, 22%

EMPLOYMENT STATUS
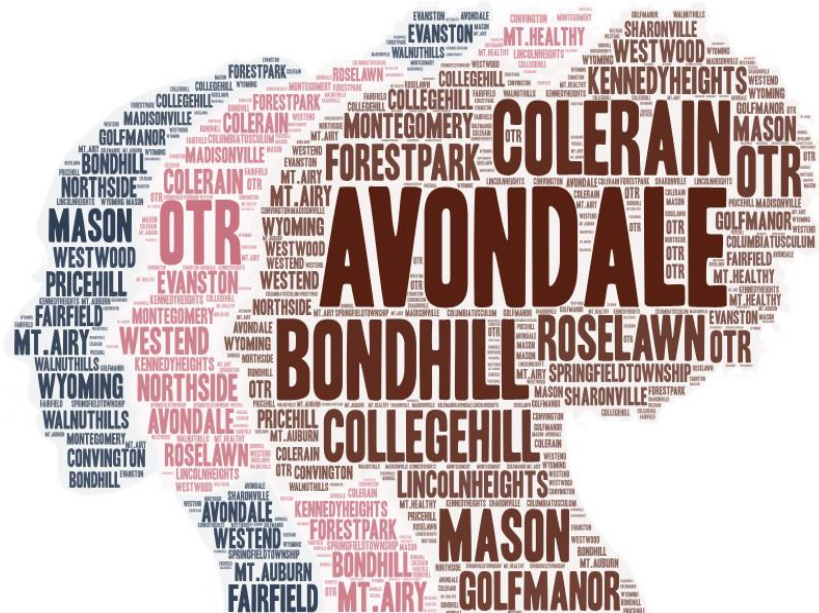

- WORKING — 51%
- UNEMPLOYED — 13%
- RETIRED — 20%
- VOLUNTEER — 16%

Occupations Represented

- Teachers
- Corporate Employee
- Union worker
- Nurses Medical Organization
- Real estate agent
- Police Officers
- Home health provider
- Lawyer
- Firefighters
- Daycare Center employee
- Pharmaceutical sales
- Human Resources
- Banking
- Non-profit agency
- Funeral Director
- Information Technology
- Food service/Cook
- Chef
- Administrator Manager
- Child protective services
- Social worker
- Custodian
- Professional consultant

Neighborhoods Represented

Respondent Health Assessment

How respondents rated their own health:
1-5 scale (1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent)

Rating	# respondents
Poor	4
Fair	7
Good	44
Very Good	20
Excellent	6
Average rating	(3.2)

For the women participating in the groups, the absence of major diseases and the ability to manage diseases (HBP, diabetes, high cholesterol) means they feel they are healthy and able to function daily. If people take few to no medications, they feel healthy. For those women who have had a serious illness (breast cancer), being cancer free means they are healthy now. Women, who feel they are in control of their bodies and managing their health concerns, feel they are doing what is necessary to stay or get healthy. Only when they feel they are not in control of their bodies, do they view themselves as unhealthy. Heredity and genes play an important role in how women view their health. Some women talked about generations of women in their family who had had fibroids. They realize they did not start at a level playing field.

For some women, they feel they are in good health physically, but have a lot of stress in their daily lives (single mom, low employment, daughter in college). Those women who have no family or support and/or lots of "internal stuff" rated their overall health poorer. Some of the younger woman said they know what needs to be done (eat better, exercise), but do not know how to cook healthy or have the time to exercise daily while having to take care of kids alone. There were a number of women who were victims of sexual assault, that resulted in mental health issues and doing better with therapy. There was one woman who was a product of prostitution. She wanted to live to see her kids grow and be healthy, and wanted to re-learn how to eat right and care for herself and her grandkids.

"From where I've come from, I am healthy now. I am not just a cancer survivor, I am a cancer thriver!"

"Absence of stress in my life allows me to function, even though I may have some other health issues, so life is manageable."

"If I'm taking an active role in trying to eat right and exercise, I am taking responsibility for my health and trying to live a healthy lifestyle."

"I'm on this side of the dirt", so just blessed to be alive." (An older women who rated herself in very good health)

"I've got every illness except diabetes – there's been an assault on my body that is hard to recover from."

"I had issues, overcome them (2 heart attacks in 2005, 2007), but I'm determined to do better. "

"My scares are a testimony that my body has been healed."

Health Issues Facing Black Women

In general, the women felt that black women have worse health, overall, than their white counterparts. They are more likely to live with diabetes, high blood pressure, obesity, and major stress or depression. Women believed these factors are highly influenced by social or institutional racism. Black culture, traditions and genetics play a large part in their health norms and outcomes.

Chronic illnesses and diseases:

Diabetes, breast cancer, and heart disease were the most identified disease or chronic illness by the women in the focus groups. Heart disease, stroke, and diabetes are conditions often occurring together or exacerbate each other. These conditions are consistently seen in other family members for the past 2-3 generations of women. Women felt that obesity and high blood pressure were contributing factors to heart disease and diabetes, along with family history and genetics. They believed that the vast majority of African-American adult women are either overweight or obese.

"It's the foods we eat traditionally and culturally"

Almost all of the women in each group knew another black woman who had breast cancer, many in their own families. It was alarming to hear the number of women in each group who had breast cancer themselves (at **least** 1-2 women in each group sharing their experiences).

"I am a cancer thriver, not just a survivor!"

Fibroids were common condition among some of these women. They had a history of women in their family who suffered from this condition as well. Most believed that doctors did not listen to their concerns of pain, irregular bleeding, and symptoms associated with this condition. They believed that treatment options were biased against black women. They felt that hysterectomies were offered too frequently as black women, while white women were given treatment, counseling and other options.

The sickle cell traits manifested in some families was an example of the need to know your family health history. Women need to talk about and understand what diseases or chronic illness are in their family history - our mothers, grandmothers, aunts as well as the men in our families. In order to be able to make informed decisions about your family's future health, knowledge of past history is important.

"We need to ask questions, talk to our elders – knowledge is power, especially when it comes to your family history!"

Stress:

Almost all of the women believe that stress is a major health issue and risk for black women. Stress and the constant assault with trying to managing stress turns into disease and inflammation. They talked about how stress effects every aspect of life, societal pressures, and internal pressures. Stress is that we are always expected to be and do better than our white counterparts. They talked about workplace pressures and ways to manage them as opposed to them managing us. Being a single head of household with little or no family or spousal support is a heavy burden.

"Stress is destroying our bodies"

"Stress is consistent for us – it effects our body, mind, daily life"

"Stress unlocks diseases on us – it's in our DNA"

"It's just me! I feel older than I really am" (29 yrs. old)

Mental Health:

Mental health was an important issue women deal with daily. They believe black women still face a lot of economic insecurity and racism in general. It is a problem that causes stress and anxiety, which then can lead to depression, and that is something they never discuss. Black women are especially vulnerable to wrestling with their mental health, consistently reporting higher feelings of sadness, hopelessness, worthlessness, and the sense that everything is stacked on their shoulders alone.

"I wish we could make it more acceptable to talk about this and seek help and care."

"Black women are frequently the pillars of our community, taking care of everyone's health but our own,"

"It's very important for women to practice self-care and not forget about themselves when trying to be so strong."

Sexual abuse:

A few of the women opened up and talked about their own sexual and physical abuse they experienced. Others agreed that they know it happens far too often in our families. One young woman talked about sexual assault and abuse in the household for her and her young daughter. She now lives in a shelter with her daughter.

"I literally dated my dad for years (sexual abuse). After I had a daughter, he focused his attention on her (3 yrs. old) and I took her and left the house"

We need to learn how to deal with trauma that has happened in our lives and family.

Racism:

There was a reoccurring theme that racism effects our self-esteem, how we see ourselves and where we have come from. There is cultural baggage passed down from generations. Racism exists in their dealings with the healthcare system. From their experiences, most women believe that white doctors do not listen to or respect black women. Most women would prefer and want a black female doctor, but there are not enough available in Cincinnati. Racism is also a factor in the workplace environment. It is a continued challenging and stressful to compete in a white work environment with little or less support. These women have experienced different treatment than their white women counterparts. Mentorship and advancement opportunities were far less available for black women in general.

Healthcare system:

Navigating the healthcare system is difficult for black women. This is especially true for younger women who have not found their voice yet (cannot or do not know how to speak up).
Women feel they need to be able to take control of their own health and feel empowered to challenge and communicate with their doctors, who are mostly white. They are often given many pamphlets to read and understand, but many people (especially the elderly) cannot read or comprehend written information well. When women go to the doctor, they routinely feel unseen, unheard and misunderstood, often feeling they have been misdiagnosed. They feel their health concerns ignored. They are not apprised of the full range of treatment options and doctors seem to assume they do not apply to you, or you cannot take in all the information. There was enough anecdotal stories and factual evidence to suggest that a dangerous color-based bias is baked into the American healthcare system class affecting even well educated, upper-middle class patients.

"White doctors don't listen to us or respect us."

"It feels like white doctor's involvement with us is a check-mark appointment made"

"Male doctors, especially white ones, can't relate to our female issues"

Most women would prefer and want a black female doctor, but there is not enough available in Cincinnati. A number of the women talked about a long history of fibroid tumors in their history. They all wanted a black female gynecologist to treat them, but could only one or two in Cincinnati. They all said that white male doctors just could not relate to their issues.

A Culture of Health for Black Women

All the women agreed that there is not just one answer to creating a culture of health for black women. We need to look at black women holistically in order to create a positive health environment for women. Education and empowerment is the key for black women to be able to manage their health. They believe white women have always had support and knowledge in order to thrive. They know where to go for help. They were always taught where to go - had the "good 'ol boy's network".

"When you know better, you do better"

"We tend to want to do better, we just don't know how"

"We're always expected to be and do better than our white counterparts."

The majority of women in all of the focus groups noted that as black women, they have complex multiple social roles, such as; parenting; head of household; caregiver; being a partner in an intimate relationship; and being an employee. Among these social roles, the women noted that it is common to lose oneself and have a "lack of regard for self" while trying to balance many responsibilities. Remarks by the women indicated that these roles might add to other social stressors such as:

- poor personal relationships
- discomfort with ethnicity/racial identity
- poor self-concept
- lack of resources to adequately take care of personal and family responsibilities
- acceptance of physical and emotional abuse in personal relationships
- constantly striving to be the "strong one" in the family that takes care of everyone
- a sense of being overwhelmed by life demands.

Women believed the lack of cultural competencies among white doctors limits their ability to effectively deliver healthcare services that meet the social, cultural and linguistic needs of patients. Women talked about not having a good relationship with their doctor, feeling the doctor cannot relate to them personally and culturally. They feel this lack of understanding makes them less likely to obtain preventative services, or diagnosis, treatment and management of chronic conditions. Numerous women believe they would have received better care if they were white. There were numerous examples cited were women were treated disrespectfully during healthcare visits (e.g.

they were spoken to rudely, talked down to, or their concerns ignored). Older women talked about having to make multiple and complex decisions about the management of their conditions while not being listen to by doctors or rushed. The elderly sometimes have lower levels of literacy, thus feeling intimidated and embarrassed to ask follow-up questions on thing they were given to read. Women felt they needed to be educated on how to maneuver through complex healthcare systems.

"Do I have a voice, and does it matter?"

The women talked about the need to create a support system for women. Women of all ages need mentors, informed friend and resources to be able to call on. They wanted to learn how to connect with each other, build better relationships and learn from each other. They often felt alone and needed support to be able to stick together to feel they are all worthy and valuable.

Young single moms need the skills to break the cycle of poverty and unhealthy lifestyle. Education needs to start with the very young girls (12+ years old). Kids are exposed to so much more now (internet, social media). Awareness is key. The women in these groups feel it is up to their generation to show our young girls a new way of life. We need to help them look at and evaluate their value system. The women feel if they are not healthy, they cannot help the younger girls.

"Thy get what they want, but beg for what they need." (young girls)

"Young girls don't know what they don't know"

"We need to invest in the next generation"

We need to look at the family structure, especially relationship of men and women. Women need help to understand the value of a healthy relationship. They feel the black family structure was broken in the 60's with welfare reform and has yet to recover. Just looking at the demographics of the women participating in the focus (recruited randomly), only 15 were married, while 56 were single or divorced (of those who answered). Black women deal with blended families more than white women. That puts an additional burden of stress on women.

"We sometimes have multiple generations of people under our roofs to take care of daily."

"We value the black family ("big mama"), but don't value or understand a health man/women relationship and what value that bring to the family unit."

"Mothers mold and make, but we need to get with our men - they need to get in their rightful place!"

Women said that a positive culture of health is defined by how you live your life every day. Fitness, good nutrition and eating habits needs to be a lifestyle. They talked about seeing white women in groups walking, going to breakfast, talking, and running together. White families often vacation together hiking, skiing, biking. They learn from each other, support each other, and talk about issues. We need to learn how to deal with the black women holistically. We need our own safe place to talk about issues specific to black women (job stress, single head of household responsibilities, support, and abuse).

Fitness:

We need to remove the physical and emotional barriers to working out and having a healthy lifestyle. As single black women, we are always "doing it all" with little or no support. After working all day, having to take care of children after work, cook meals, kids sports, etc. we don't have time or energy to do anything more. We often feel guilty if we do something positive for ourselves. We often just have enough energy to fall into a chair and watch TV. We need to be taught how to workout without a gym membership. We need in-community fitness program where childcare and transportation are provided.

"We need BLACK WOMEN neighborhood walking clubs."

Nutrition/Healthy Eating:

Healthy eating and nutrition was a huge concern for the women. In many of our neighborhoods, there is little or no access to healthy food and there are too many corner stores in our neighborhoods offering bad choices. Transportation to better stores outside our neighborhoods is an issue sometimes.

"Foods are not fresh in our neighborhood stores, so I go to Hyde Park Kroger to get fresh foods."

A big obstacle for these women to eating healthy knew how to prepare healthy meals. Most people have a good understanding that fruits, vegetables, and whole grains are good for them. However, the women mention that figuring out what to do with these foods or how to prepare them is where people are stuck. As a culture, we have historically adopted many eating practices and habits that do not serve us well. The women believe the key to making the change is creating awareness, education and freeing our minds from past practices

allowing them to adopt more healthy eating habits. They believe it is important to learn how to prevent certain illnesses like diabetes and obesity.

"Black women die of preventable diseases every year because we refuse to recognize that convenience and unhealthy foods ruins our body and ultimately shortens our lifespan."

The black community's obesity crisis is a symbol of just how at-risk this segment of the population is. The vast majority of African-American adult women are either overweight or obese. Stress can take a huge toll on your mental health and we often overeat for comfort and relaxation. We have a history of eating unhealthy foods for comfort. We are influenced by cultural celebrations and rituals that often include eating foods that are fried, seasoning with animal fat, or adding "a pinch of sugar" in everything.   We need to develop interventions for improving women's eating habits. We also need tools to help manage our stressful eating habits.

"We're digging our graves with our teeth"

"Obesity and poor eating habits is killing our people"

"We manage stress with a spoon and fork"

"Food is a reward for all"

Components/Format of a Black Women's Health Initiative

All of the women were excited about the formation of a Black Women's Health Initiative led by the Health Gap. All said they wanted to be involved! They wanted a good 'call out' to let women know we are serious. Name it:

BLACK WOMEN'S HEALTH MATTERS!

"Black Girls Rock for Health"

"Black Women's Health Institute"

While most had been supportive of the (churches) First Ladies Initiative, they were more interested in a more holistic movement designed by and for black women. We need ways to talk about women being nurturing, self-worth, and "love the skin we're in!" Women said they needed more discussions like this (focus groups) where they all feel supported. We need support groups to get to the root causes about how we view ourselves. The women feel we do not talk about "heavy" issues.

"There's no judgement here. I feel empowered to talk about my true feelings."

"We don't need our initiative headed by a white woman!"
(Reference: First Ladies Initiative)

For younger women, we need to examine and understand what a healthy relationship should look like. Often, what they see is what they think is the norm. Older women need to help the younger women understand, appreciate and celebrate what it mean to be a black woman.

"Black women ARE the family"

"Black women mold and hold the family together"

One-day event format/Components:

- What would convince us to get involved? - share the stark statistics of differences, paint the picture of how lifestyles and illness are all related
- Need to involve the youth - they draw the adults "involved parents will follow their kids" - they are the future
- Networking opportunity sessions - can learn from each other
- Seminars on:
    o employment,
    o mental health and emotional support
    o need a resource bank with health information.

- o money management
- o home ownership
- o how to become an entrepreneur
- o help navigate the doctor/patient relationship
- o how to navigate and identify good health insurance
- o teach the basics - self-preservation, how to take care of yourself, hygiene
- o domestic housekeeping sessions: (how to plan, clean, arrange, manage a home)
- o meal planning
- o need a good understanding of nutrition "cheaper food is not better food", pre-packaged
- o what is a healthy relationship?
- o self-esteem sessions, mentoring to peers "Show the struggle"
- o how to avoid or get out of an abusive relationship (support systems)

Speakers:

- Tailor the sessions to women of all education level (GED graduates to post college graduate degrees)
- Speakers from all walks of life (career women, women with and without kids
- The health component or breakout sessions needs to be led by black doctors - they are trusted
- Panel discussions with various doctors
- Specifically need speakers on: heart disease and stress
- Empowerment speakers

"I see massages, music, yoga, dance, fun - an uplifting and empowering day for women (the kick-off event), then follow up with on-going events in neighborhoods."

On Going:

- Women want and need on-going support! We need to sit down and talk where you can be "real" ("Sister Circles"). Education is often delivered by word of mouth.
- This overall initiative needs to be more than a 1-day event in order to make lasting connections and network effectively.
- Smaller events need to be held often scattered throughout the city - in different neighborhoods - beauty/nail shops, bars, taverns, coffee shops, workplace, city events (need to go where women are - neighborhood by neighborhood).
- Need to consider limitations for participation because of childcare and transportation. Have planned activities for kids in order for women to be able to participate in activities or seminars if they need to bring their children.

- Education is key: (specifically for young women) Give "Did you know?" quick educational statistics that would get women's attention.
- Black Girls Running Club needs to be in each neighborhood. Fitness needs to be a lifestyle - Need BLACK WOMEN neighborhood walking clubs. Get associated with Queen Bee Walk
- Exercise: need to change our mindset associated with exercise and fitness. Need to remove barriers to working out and having a healthy lifestyle. (Provide childcare and transportation).
- Collaborate with other organizations for impact and reach into the greater community.

Social media:
- Must have a social media component (especially to reach younger women) - webinars, podcasts.
- Reach women with Facebook, Twitter, Instagram
- Have our own Health Gap app with weekly sessions, educational features, fitness, and nutrition tips each week or month.

"Stop giving me a bunch of pamphlets to read (end up in trash). That's not the way we retain information. We learn from the village, the kitchen. Need kitchen table talks, what we're doing now."
(Reference: Focus Group Format)

Attachment #1: Recruiting Flyer

Attachment #2: Respondents Recruiting Demographic Sheet

INFORMATION SHEET (Demographic Information)

Name: _____

Address: _____ (zip) _____

Community: _____

Phone: (cell) _____   (home) _____

Email address: _____

Work Status: ___Unemployed   ___Work part-time   ___Work full-time   ___Retired

Occupation: _____ (before you retired)

If working, where: _____

Age: _____

Marital Status: ____Single   ____ Married   ____Widowed   ___Divorced

Children: ___ Yes   ___ No   (ages) _____

Education Level:
___High School graduate
___Some College
___College graduate
 ___ Post graduate degree

Where did you hear about our focus groups:
___ Health Gap website
___ Health Gap newsletter
___ Saw a flyer
___ Facebook
___ Twitter
___ Instagram
___ Email
___ Friend recommended

Best way for us to contact you:
___ Call on phone: ___ Cell   ___ Home
___ Text message
___ Email
___ Other

Attachment #3: Focus Group Discussion Guide

<u>Black Women's Health - Discussion Guide</u>

Focus Group Purpose:

The Health Gap is working to "close the gap" and address the racism, sexism, medical problems and socioeconomic factors that contribute to health disparities among women.

Education and empowerment is key in order for women to take an active role in managing their health. The Health Gap would like to design and deliver a one-day event of education, seminars and needed resources for black women. The Health Gap is looking to involve a diverse group of black women to help organize, collaborate and deliver a dynamic one-day event for women's education and empowerment.

In conjunction with constituents, strategic partners and stakeholders we are looking to see how we can build a culture of health for black women in Greater Cincinnati.

Questions to be answered:

1. How black women view their health
2. Identify and talk about specific health issues facing black women
3. How they (women) could help to build a culture of health and eliminate health disparities (tools resources needed)
4. Understand the viability of collaboration on an initiative with the Health Gap
5. What such an initiative might look like (format, components)

I. Introduction
    A. Welcome/Moderator introduction
    B. Housekeeping rules
        - Everyone's opinion valuable, no right/wrong thoughts, share the airtime
        - Taping session, speak one at a time
    C. Participants introduction
        - Name/Family (married, children, grandkids)
        - Occupation (work - fulltime, PT, unemployed, retired)
        - What do you do in your spare time (hobbies, volunteer, family, etc.)
    D. Purpose of group discussion
        - (Share info provided from Health Gap)

II. Your Health
        - How would you rate your own health?
        - Personal health rating (1-5 scale)

- Healthy eating, access to healthy foods, nutritional education and information
- Women's reproductive issues

III. Health issues facing black women
- Are their specific issues for black women
- Why believe health issues for black women different/more than for white women?
- How different? Why?
- Stress, mental health, emotional, resources
- perception of health disparities for all women, all walks from life, similar issue across the board
- Believe health disparities exist regardless of social, health, or economic status?

IV. Building a culture of health
- What does that mean?
- What is a culture of health, person's well-being
- Resources needed
- Tools, education needed?

V. Collaboration with Health Gap on a health initiative
- How likely would you be to want to be involved with a health initiative with the Health Gap?
- Best composition and outreach to get to best outcomes
- Viability of collaboration – Why? What does it look like? How form?
- Time Commitment?
- What role would you expect or want to play?

VI. Format or structure of a Women's Health Initiative and event(s)
- How to develop a safe environment for an on-going dialogue with black women
- Focus (affirming, educational, relaxing, restoring, empowering)
- Possible format components? (speakers, break-out sessions)
- Speakers (type) suggestions
- Break-out sessions suggestions

VII.   Closing and thank respondents

Attachment #4: Raw data

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