

Lack of Data on Black Residents Creates Missed Opportunities to Improve Health in Rural Western North Carolina

WHY WE DID THIS STUDY

“The far west of North Carolina is 97% white. White people don’t need to think about us.”
– Community Leader, WNC

Within Western North Carolina (WNC), a 16-county, primarily rural region, Black and African American residents often feel invisible. While comprising 4% of the region’s population, in several counties, Black and African Americans make up less than 1% of the population. In order to inform county- and regional-level health improvements, it is important to better understand how racial inequities are perpetuated by structural racism, including understanding how race/ethnicity and geography interact and “where deeply-entrenched systems of oppression may be difficult to overcome”¹. Through the current research, we sought to further understand the relationship between structural racism and health outcomes among Black and African American residents of WNC, and to identify the influence of churches, healthcare, and other institutions on this relationship.

HOW WE DID THIS STUDY

This brief describes research that is part of a larger community-collaborative study, *Heart of Health: Race, Place, and Faith in Rural Western North Carolina* (WNC), which involves secondary data analyses, archival research, oral history analyses, and in-depth interviews. Our work is guided by our Community Advisory Board (CAB), made up of ten community members living in different parts of WNC. We meet quarterly to discuss the project direction and up-to-date findings and to plan for sharing of research. Our research builds on and complements the work of CAB member and WNC artist and historian Ann Miller Woodford.

KEY TAKEAWAYS

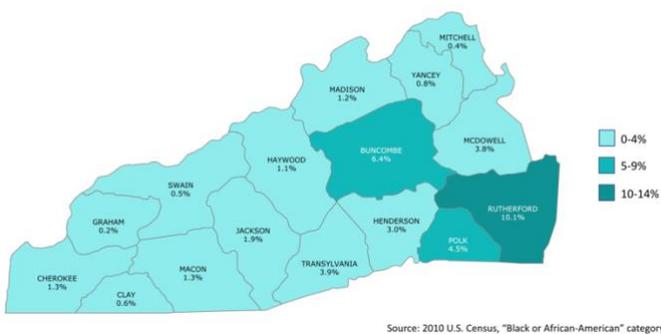
- In much of WNC, there is a lack of county-level data on Black and African American health outcomes and social determinants, which has implications for health priorities and resource allocation.
- Available data point to the need for greater equity in resource distribution to improve the lives of Black and African American residents.
- Health departments and policy makers can advocate for and engage in community-participatory approaches to collecting data.



Heart of Health Team and CAB Members: Second row – Spencer Hardaway, Joan Lemire, Charles Lee, Eurial Turner, Brenda Blount, Je’Wana Grier McEachin, Ameena Batada; First row – Jill Fromewick, Kimberly Hunter, Cammie Johnson, Nicola Karesh, Dawn Colbert, Ann Miller Woodford

¹Kozhimannil, K. B., & Henning-Smith, C. (2018). Racism and Health in Rural America. *Journal of Health Care for the Poor and Underserved*, 29(1), 35–43.

Black or African American Population WNC, 2010



WHAT WE FOUND

Data on African Americans in WNC are Limited

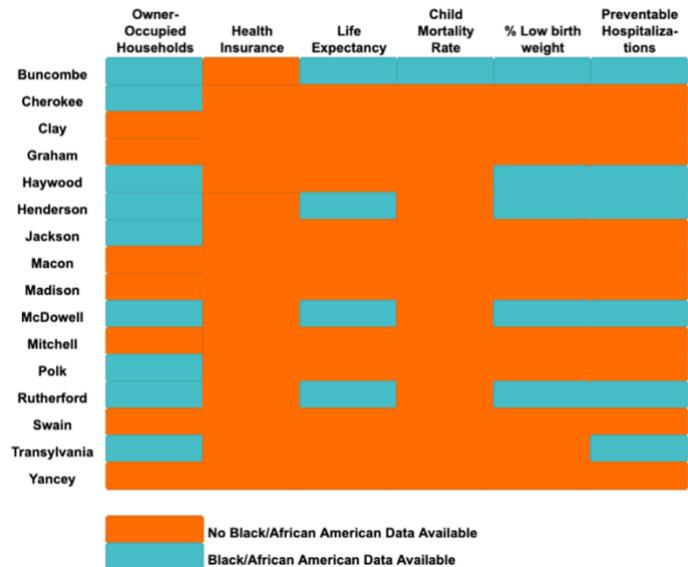
Although data collected as part of the vital statistics system are available for every county, it is difficult to find primary data on Black or African American health for most of the 16 counties of WNC. Even the regional WNC Community Health Assessment, last conducted in 2018, was not able to report data for African American residents for most counties. We found that there are limited systematic governmental approaches to collecting and sharing data on land and business ownership. When data are collected on Black or African American residents, they often are re-categorized and combined with other groups and called, “minority”, or completely suppressed due to small numbers. For example, the American Community Survey of the U.S. Census does collect race data on owner-occupied households but those data were not available for many WNC counties.

For this part of the study, we sought existing county-level health and social determinants data about Black and African American populations, including mortality, life expectancy, and birth outcomes; health care access; land, home, and business ownership; and farm production/operation.

We searched for primary data available from government sources, including the U.S. Census, State and National Centers for Health Statistics, and public health department community health assessments. When government data were not available, we searched for information from websites or organizations that compile and estimate data, such as the County Health Rankings. We also conducted Google searches, consulted with our university librarian, and inquired with other researchers about appropriate sources of information for the measures of interest.

For each of the 16 counties, we summarized available data and compared data for Black and African American populations to White and overall populations. The terms “Black” and “African American” in this brief are consistent with the categories used in the respective surveys. The diversity of the categories reflects the nuances of Black and African American identity.

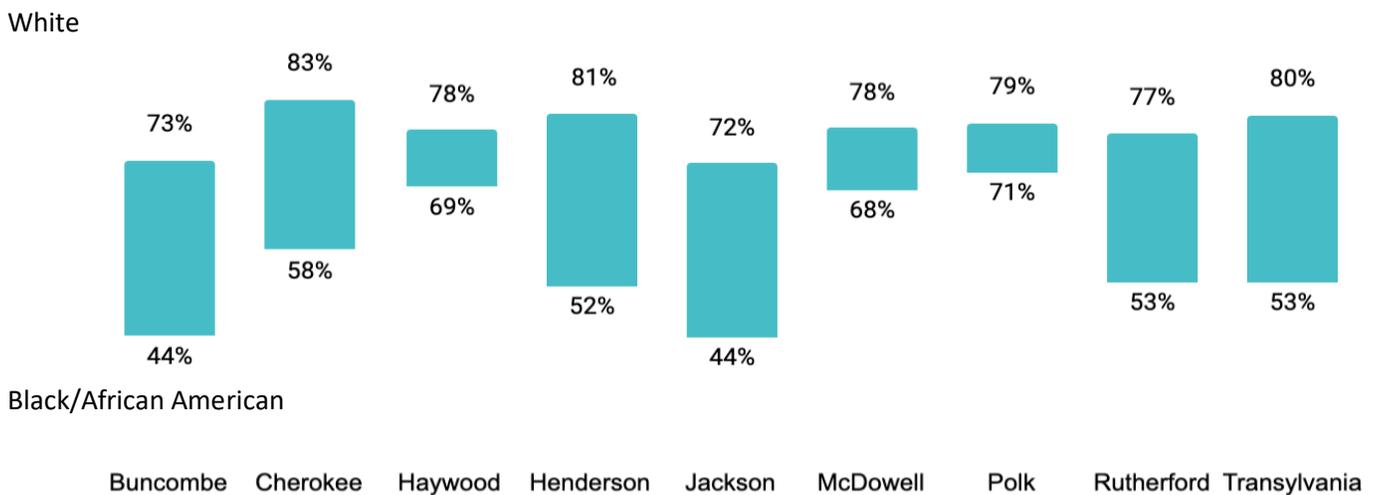
County-Level Data Availability: Selected Measures



Inequities Affect Black and African American Residents of WNC

The existing data highlight inequities affecting African Americans. For example, in nine Western North Carolina counties, Black/African American residents are less likely than white counterparts to own their own homes (see figure below). Also, the proportion of the population of agricultural producers who were African American in 2017 – in the six counties for which data were available – was much lower than in the proportion of the overall population.

Black/African American Residents Less Likely to Own their Own Homes in WNC Counties, 2000



WHAT THESE FINDINGS MEAN

Available data point to the need for greater equity in resource distribution to improve the lives of Black and African American residents. However, county-level data on Black and African American health and social determinants are limited. The lack and suppression of data have implications for priorities and resource allocation, as well as on the perceptions and beliefs of the region's residents and institutions. Local health departments and policymakers can advocate for and engage in community-participatory approaches to collecting information about health determinants and outcomes in order to document and address inequities. When collecting primary data, government and community organizations should work with Black and African American communities and institutions, including churches and community organizations.

One such partnership involves members of the Heart of Health CAB and the WNC Health Network. CAB members recently took on a role in recruiting Black and African American community members to participate in the 2021 WNC Community Health Assessment, so that this next round of data will document health priorities and needs of Black and African American WNC residents to inform Community Health Improvement Processes (CHIP).

ABOUT THE AUTHORS

This brief was authored by Aameena Batada of the University of North Carolina Asheville, Je'Wana Grier McEachin of the Asheville Buncombe Institute of Parity Achievement (ABIPA), and Jill Fromewick of Sparrow Research. They are 2018 Robert Wood Johnson Foundation Interdisciplinary Research Leaders fellows. For questions please contact: abatada@unca.edu.