

# **Focused Group Discussions with African American Community Members in Multnomah County:**

*Opinions of participants ages 14-87 about multiple factors  
affecting individual and community health*

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## Executive Summary

The Multnomah County Health Department's Health Birth Initiative (HBI) program conducted eight focused group discussions in Northeast Portland during the summer of 2008: six groups with 52 African American community members, and two groups with 10 employment and housing service providers. These groups were conducted as part of program evaluation activities and the findings informed the design of the new HBI program that began in June, 2009.

Findings from these eight groups are presented in two reports: 1) *Focused Group Discussions with African American Community Members in Multnomah County: Opinions of participants ages 14-87 about multiple factors affecting individual and community health*; and 2) *Focused Group Discussions with Housing, Job Training and Employment Professionals: Barriers to affordable housing, education opportunities and gainful employment, and strategies to remove them*.

This report describes the findings from the six groups with African American Community Members, ages 14-87 in Multnomah County:

- Men who were fathers or were of reproductive age (9 men),
- Women who had a child or were currently pregnant and enrolled in HBI (7 women),
- Women who had at least one child or were currently pregnant and not in HBI (9 women),
- Two groups of seniors/elders (13 women and 4 men), and
- Adolescents, 14-19 years old (5 young men and 5 young women).

In response to the information learned during these discussions and evaluation feedback from clients throughout the years, the new program will engage community members from multiple generations to conduct educational activities. Education topics will be expanded from earlier years to include African American history and other topics in an effort to promote self respect, the expectation of achievement and strengthened interpersonal relationships.

## Key Findings

### *Beliefs and health concerns*

- The most common health concerns included the lack of health care, chronic conditions, cancer and unhealthy life styles. These concerns were consistent across all age groups; however their prioritization differed slightly, with the younger people identifying unhealthy life styles as most important. Older participants discussed the historic unavailability of healthy food choices and lack of knowledge about disease prevention. The seniors expressed optimism that younger generations knew more about how to keep themselves healthy, but were very concerned about the younger generation's ability to afford health care.



- Stress was identified as a significant health concern in both women's groups and was discussed in all age groups. Throughout the group discussions, some of the primary causes of stress included racism at work, financial problems, the pressure of being a single parent, and relationship challenges (intimate, friends and family members). Some participants attributed high levels of chronic stress as causes for poor health.
- When asked to describe what healthy men and women look like, all age groups placed more emphasis on personal traits rather than physical attributes. The most frequently mentioned traits included having confidence, having self respect, having faith, pursuing education, maintaining healthy relationships and taking responsibility for one's life. To a lesser degree, the importance of being physically active, eating well, and recognizing the beauty of African American women were discussed.

### ***Healthy relationships, sex education and parenting***

- In all the groups communication and monogamy were discussed as important elements of healthy relationships. This issue was most strongly expressed in the women's and men's groups. Much of the discussion on the two women's groups focused on the disappointment of intimate relationships with men and the need to teach younger people how not to get hurt and to try not to grow up too fast.
- Across all groups, participants said that they thought parents should be the primary source of sexual education, however, very few people said that they learned from their own parents. All age groups discussed the need for sex education to be an on-going process appropriate for the age of the person.
- The adolescent participants said that they wanted more than "clinical" education about sex. They wanted to learn about relationships, not just birth control and the danger of sexually transmitted infections.
- In the adult groups, there was discussion about the difference in "black parenting" from "white parenting." The major difference discussed was the need to teach African American parents to teach their children how to keep themselves safe in the world especially from public institutions whose charge it is to protect and educate the public. Also there was discussion on the need to counter influences that encouraged the under achievement of African American youth in school.

### ***Gentrification and racism***

- In all of the groups, participants expressed concern with the displacement of family members and neighbors due to rising housing costs. Participants reported that this displacement has resulted in the loss of community; the inability to rely on neighbors' help, the difficulty of seeing family as often as before, transportation barriers for those displaced to attend church and receive services, and the elimination of learning about what was happening in the neighborhood and community by "word of mouth."



- There was concern expressed about the double standard seen, especially in social gatherings such as “Last Thursday” on Alberta Street. It was said in several groups that if a large group of African American people were hanging out, drinking and making noise, it would not be allowed by the police. Younger participants in the women’s groups and by adolescent participants described an increase in police attention and feeling harassed or “watched” while in stores.
- In all of the groups, participants described positive changes including street repairs, the neighborhood being cleaned, trees planted, and new services. Specifically in the senior groups, rising home values were seen as a positive effect, but participants also expressed that this change came at the high cost of the displacement of younger people. Some elders reported that their new neighbors were nice and it was nice that they had young children around to visit.
- New, health-focused community events such as closing off streets on Sundays to bicycle traffic only were recognized as potentially nice things; however, the need to be included in the planning of this type of thing was expressed. The problem discussed was that elders could not get to church because they could not use cars on their streets and didn’t know ahead of time this was going to happen.
- When discussing racism and generational differences, all age groups described experiences with mistreatment at the hands of authorities, exclusion from opportunities and direct violence. The elders who grew up in southern states described blatant hostility and discrimination; some participants who grew up in northern states described living in African American communities and not having any interactions with Whites.
- Participants of all ages described difficulties with young people and police. These difficulties were described as involving young men more than young women. Some participants described personal experiences as unjust and explained that it is these types of incidents that make it necessary for African American parents to teach their children how to react to confrontations in order to keep themselves safe.
- Younger adults and adolescents described that sometimes, people will call something racist when it really isn’t. Reasons given for this included not taking responsibility for their own actions and stereotyping.
- In one of the senior groups it was agreed that racism is still happening in Portland, but that is harder to recognize because it is not as blatant as in other places making it harder to confront. All groups agreed that racism remains a significant source of stress for individuals and the community and has direct affect on health.



## Recommendations

The following recommendations are directed at both HBI and the Multnomah County Health Department. They are either direct recommendations made by participants of the focused group discussions or suggestions based on identified needs discussed in the groups:

- Have HBI and Multnomah County Health Department facilitate the availability of affordable, healthy food in the community and support nutrition classes taught by local community members for clients and community members.
- Develop or sponsor African American parenting classes.
- Advocate and collaborate with other organizations to provide more services for men including health care, job training, housing assistance, child care, education, and individual and couple counseling.
- Incorporate multigenerational education into HBI, with elders teaching “old school” ways of stretching the dollar, raising children, and emphasizing the importance of education.
- Teach clients and community members about African American history, the history of the community in Portland, specific accomplishments of previous generations, and experiences/challenges of other communities of color. These types of classes/activities would be conducted by community members and would be part of an effort to promote self respect, raise expectations for youth, reinforce respect for elders and family, and strengthen relationships between men and women.
- Conduct more community activities such as the viewing of the PBS “Unnatural Causes: Is Inequality Making us Sick?” and community discussions similar to the focused group discussions conducted in this study as a way to provide health education.
- Collaborate with other agencies to secure housing and employment for women and families in the HBI program.



## Introduction

During July and August, 2008, the Multnomah County Health Department's Healthy Birth Initiative (HBI) program conducted eight focused group discussions in Northeast Portland: six with African American community members, and two with employment and housing service providers. Findings from these eight groups are presented in two reports: 1) *Focused Group Discussions with African American Community Members in Multnomah County: Opinions of participants ages 14-87 about multiple factors affecting individual and community health*; and 2) *Focused Group Discussions with Housing, Job Training and Employment Professionals: Barriers to affordable housing, education opportunities and gainful employment, and strategies to remove them*.

Each report includes a description of the recruitment, participation, and content of the groups; key findings; detailed findings, including direct quotes from the participants; and recommendations for program development and collaboration.

This report presents findings from six focus groups conducted with local African American community members to explore health-related issues experienced by local families. Fifty-two women and men between the ages 14 and 87 participated. These groups were sponsored by the Multnomah County's Health Department's Healthy Birth Initiative (HBI), and were conducted as part of program evaluation activities. The information learned through these groups informed the new design of the HBI, anticipated to begin in June 2009.

The Multnomah County Health Department's HBI Program has been in operation since 1998 and is a home-visiting program working with pregnant and parenting African American women and their families. The program was developed to address significant disparities in perinatal health among African American women living in Multnomah County. For the past 10 years, rates of infant mortality and low birth weight have been twice as high for African Americans as the rates for White non-Hispanics in Multnomah County. This persistent disparity in poor birth outcomes is also seen in national infant mortality and low-birth weight rates.

The goals of the six community groups were to learn about health issues experienced by the community and how public health programs could help address these issues to promote healthy pregnancies and long-term health for women, men and their families. The following objectives were informed by six years of program evaluation findings:

- Explore beliefs about health and health concerns;
- Explore beliefs about healthy relationships, sex education, and parenting;
- Explore how gentrification in historically African American neighborhoods is affecting the community;
- Explore how racism is experienced by different generations and how it has affected opportunities and health; and
- Generate ideas on what types of health-promoting resources are needed in the community.



The information learned through these groups informed the design of the new HBI program that began in June, 2009. As a result of these groups and feedback from clients throughout the years, the new program will engage community members of multiple generations to conduct educational activities. Education topics will be expanded from earlier years to include African American history and other topics in an effort to promote self respect, the expectation of achievement and strengthened interpersonal relationships.

## Methodology

Six focus groups were conducted in June and July 2008 in Northeast Portland with 52 African American community members, ages 14 to 87. Two additional groups were conducted with 10 staff members of community organizations providing services to the community. The community group discussions covered extremely personal issues including generational perspectives on what constitutes healthy relationships, identification of priority health issues, and experiences of racism. In an effort to promote a culturally competent and respectful environment, facilitators were African American or biracial.

Discussions were conducted with the following groups:

- Men who were fathers or were of reproductive age (9 men),
- Women who had a child or were currently pregnant and enrolled in HBI (7 women),
- Women who had at least one child or were currently pregnant and not in HBI (9 women),
- Two groups of seniors/elders (13 women and 4 men), and
- Adolescents, 14-19 years old (5 young men and 5 young women).

A variety of methods were used to recruit participants. Seniors/elders were identified by staff of the HBI and the program's advisory group, the Consortium. These identified individuals were asked by people who knew them if they could be called by the coordinator of this project. In the majority of cases, this permission was granted and they were contacted by the coordinator. During these conversations with potential participants, additional people were identified and were approached the same way, with permission to contact. By using this approach instead of recruitment flyers or direct calls, it was possible to reach individuals who indicated that they normally wouldn't participate in this type of activity with people they didn't know. Recruitment for the other groups was done with flyers. All participants were given a \$50 honorarium to acknowledge their contribution and time.

The focus group guides were slightly different for each type of group. This was done to include versions of questions that would elicit generational perspectives. The guides for all groups except the one used in the men's group were developed with input from the HBI staff. The guide for the men's group was developed by Portland State University's Center for Healthy Inclusive Parenting. Copies of the discussion guides are attached. Once the preliminary themes were identified, group participants' and HBI staff members' feedback was solicited. The feedback from staff, when it is different than that of the group participants, is discussed in the findings section and is identified as "staff feedback."





## Findings

The findings are organized into six sections: I) Beliefs about health and health concerns; II) Beliefs about healthy relationships, sex education, and parenting; III) Gentrification in historically African American neighborhoods and how it is affecting the community; IV) Generational experiences of racism; V) Goals and the support that facilitates reaching them; and VI) Ideas on what types of health-promoting resources are needed in the community.

### I. Beliefs about health and health concerns

When asked directly about health issues in the community, most of the conversations focused on the lack of health care, instances of chronic diseases, and individual health behaviors. These issues are all extremely important and are critical to address to promote health within the community. This assessment was designed to not only identify the immediate health concerns of the community, but to also explore some of the social and economic determinants of health including housing, employment, social issues, and environmental stressors. In addition, this project solicited participants' ideas on how to work with existing community strengths and enhance public health efforts in an effort to mitigate factors that are negatively affecting the health of the larger community.

#### *Lack of health care*

Across all of the community groups, lack of affordable health care was a major health concern. In all of the adult groups, availability of adequate health insurance was the primary focus. For adolescents, it was the lack of reproductive health care. Barriers discussed included rising costs of premiums and co-payments, the disappearance of community clinics, the lack of public insurance except for those who are pregnant or very ill, and elimination of employer-sponsored health care. The importance of each of these issues was experienced differently by the different age/gender groups. In the senior groups, discussions included the loss of community clinics and the disappearance of employer-sponsored health benefits. Senior participants also expressed concern for the rising costs of health care, making care less attainable on fixed incomes. Seniors were also concerned about how younger generations were going to be able to take care of their health without a doctor they could go to for care.

One participant said, *“Just make it affordable. Try to make it, the health, affordable. I know some of these young kids. They don't have any health, I mean health benefits. And that is really bad. You need medicine or you are sick and you can't go to the hospital because they charge you somewhere. I don't know if Northeast Health Center still has a sliding scale where you could come in if you didn't have health insurance and they would bill you that way, or if you didn't have anything, they wouldn't bill you at all. So I don't know if they still do that or not. The point I am making is we used to have...even OHSU had a 'free clinic.' But the health care providers are saying, 'We don't want to be the only one doing the indigent care. The whole community needs to take care of it.'”*



Women were especially concerned that the only way they could get health care was if they were pregnant. *“It’s just like is pointless. I was like [the] only way I got medical is because I got pregnant. And that is not, I mean that is not cool.”*

Some participants in the women’s groups were also frustrated that if their husband, boyfriend, or significant other had any income, even if it was only temporary income, this would prevent their getting insurance. They felt that this practice discouraged men and women from living together. Women also expressed frustrations similar to those from discussions in the senior groups about employer-sponsored health insurance, previously a dependable option for men but no longer an option. Additionally, women explained that the men in their lives couldn’t get health insurance or care unless they were very ill. *“My dude want to go get some health insurance he can’t get nothing because he ain’t sick. You know it’s just like ‘I can’t help you.’”*

As in the other adult groups, participants in the men’s group felt that they had no real options for health care unless they were very sick or were single fathers. Even then, health care would only be for the current condition. They felt that there is no option for affordable health insurance, public insurance, or even preventive care in community clinics. The only services they could access were STD/HIV testing.

In the adolescent group, the conversation focused on the need for family planning and reproductive services. Similarly to the adult groups, most of the adolescent participants acknowledged the lack of these types of health care for men. There was a sense that school-based health clinics were available, but mostly for birth control and focused on women. As discussed in the senior groups, the young people were concerned with limited community services and one young woman expressed her frustration with the resistance to Planned Parenthood in the neighborhood.

*“There is a Planned Parenthood by my house and it is making me upset that all the Christian abortion people saying, ‘It’s an abortion clinic.’ It’s not, they have birth control there. They have services there for people that don’t have the money to afford it. People are having issues with health care and gas and everything. We need Planned Parenthood.”*

Staff feedback reinforced the lack of affordable, culturally-appropriate health care and the lack of health care for men.

### ***Chronic conditions, serious diseases, and lifestyle***

After access to health care, there was strong agreement across all of the adult groups that the next concern was chronic/serious conditions, including high blood pressure, high cholesterol, heart disease, cancer (colon, prostate, breast, and lung), obesity and diabetes. The conversation in one of the senior groups also explored the mistrust of the health care industry felt within the African American community.



*“We have a high number of people who have colon cancer. We have a high number of people with all of the different cancers and the diabetes, I’m not even going to say diabetes, one of the things, I’m a diabetic myself and one of the things about diabetes is that you know we’re looking at our background now. We went to a conference in Washington, DC back in April. It was an intercultural conference on disparities, a big huge thing. The thing that I brought from that was not only all of these different problems we have as far as disparities, but when you bring up something like diabetes, we need so much testing and all of that, we got to learn to put down our old fears of doctors. We’ve got to join in some of these clinical trials because if we join the clinical trials for instance, we may find out why a certain medication doesn’t work on us. We may find out why would we do still take our diabetes medication if we still have a problem with it. We may find out why we have the medication that were taking for a stroke for hypertension, why does it not affect us the way other medication affect the other people, you know? So we’ve got to do things we’ve never thought about before, like joining the clinical trials, like being a part of the study. Like you know that way we will get down to the nitty gritty of why do things affect us differently that affect other people. Why would we get breast cancer? Is it worse and why it goes faster? Why does more of our men get prostate cancer? To get to the bottom of this is to join clinical trials, is to join groups, to go to lectures, to visit a lot of different things.”*

Participants in the men’s group discussed both chronic conditions and health-related behaviors that contribute to developing these conditions.

*“It is vitally important for the awareness, that we are aware of HIV and AIDS, and high blood pressure, issues in the community. Also obesity, lots of people in our society these days are not eating the proper foods, nutritionally, and are becoming overweight. And, nutrition all in all is vitally important, all and all, vegetables, and fruits are good for all areas. Fruits and vegetables are good for your thinking and memory and stuff like that, and being aware of your supplement intake and your vitamins and stuff like that and proper exercise.”*

As confounding issues, participants in the senior and women’s groups acknowledged that the historic lack of options and information about healthy food has resulted in poor health habits being passed down from older generations.

*“Part of it is what we used to eat. We only got a certain part of food during slavery. I don’t eat ham hocks anymore.”*

*“Our parents didn’t know. They didn’t know.”*

Several seniors discussed positive changes they have seen in their children’s generation and were optimistic for the future generation’s ability to make healthier lifestyle choices that will prevent them from developing chronic conditions.

*“I think we have learned more now about that kind of things than we did when we were coming up.”*



*“My daughter eats asparagus. Sometimes I look at my refrigerator and I am like what in the? She eats healthy and she was raised eating my food. So she is making an effort.”*

*“When I went to visit her in New York, she wouldn’t cook meat. So I had to go out and eat my meat. But she is skinny. She runs a lot. She lived in a flat in Europe. She lives on the fifth floor. She runs up and down. She ate pork chops and everything else when she was growing up.”*

Seemingly age appropriate, when participants in the adolescent group listed their health concerns, there was more agreement on the importance of behavioral issues, including avoiding drug use, exercising, and practicing safer sex than on chronic conditions; however, chronic conditions were discussed and identified as concerns.

*“Smoking.”*

*“Staying up late.”*

*“STDs.”*

*“Not enough exercise.”*

*“Cocaine.”*

*“Yeah, a lot of people use coke.”*

*“What you do as a teen catches up with you later.”*

*“High blood pressure.”*

Staff feedback on preliminary findings about the identified health concerns in the community reinforced what the participants discussed. In addition, staff commented on the expense of fruits, vegetables and other healthy food, and that this cost is a barrier preventing people from eating well.

### ***Stress***

It was clear from all six groups that stress is an underlying factor affecting group participants’ well being in many aspects of life. Those findings will be discussed throughout this report. This section describes what was learned during the specific discussion in the two women’s groups when participants were asked directly about stress in their lives.

Over the past six years of program evaluation activities, stress was one of the most cited concerns by women in the program. In surveys, previous focus groups, and reports from case managers, “reducing stress” was the primary issue facing women in the program. To offer meaningful support through the program, a focused discussion about stress was included in the two women’s groups. Specifically, topics included what was meant by stress, what was causing it, and what would help mitigate it.

There was strong agreement in both women’s groups that the main causes of stress were not having enough money to pay bills, the pressure to support children without consistent help from the children’s fathers, and conflict with family members.



*“My daughter’s father isn’t in my life anymore. My home, my home—no one can reach me. I stress out about bills, etc. I can be the brokest person, but my kids and bills need to be taken care of. Home, my home. I also need a better relationship with God. I used to be hated on. My kids keep me going. My kids get on my nerves. I talk to God when I am angry.”*

*“I had to cut my family out of my life. They were creating a lot of stress, circulating lies. When you go to the family functions...I don’t need to explain myself to you. It is just me and my kids. I have to work on my home balance. I need to have them all at an arms distance for now.”*

Another common source of stress discussed was racism and double standards in the workplace. One woman described the need to document unfair treatment at work and that it was important to have the support of at least one white person in the workplace to fight unfair treatment. In addition, women discussed offensive questions and interactions they faced on a regular basis in the workplace.

*“I’ve been discriminated at my job. You have to learn how to document stuff as it comes around. The company I work for, it is like they met their quota for African American employees and disabled people. My best friend is white and she gets it too because she is my friend. Have an ally in the dominant culture. Know to document stuff.”*

*“People say stupid stuff like, ‘Do you wash your hair?’ I don’t want to speak for all African American people. I have to be twice as good as others. I come home and forget work. It is very stressful. They want me to be someone different than myself. I focus on my work and want to get out.”*

In one of the senior groups, a woman who had worked for many years in the health industry described the racism she has seen throughout her career and how she had taken action to support younger women in the workplace.

*“All these ridiculous things that were happening to them during the course of the day, and I had this happen so much, that I just started walking through the clinic and touching every young black woman to ask how is your day going? How are you feeling today? And they would start telling me story after story. Then when I would go to eat I would always have two or three young women come to me and say you know this happen to me Ms. C and that happen to me Ms. C. And so what I did is I started a group and at first it was a group for women of color and we called ourselves The X Group where we could sort out how you handle those things that happen to you throughout the course of the day. And the reason I started the group is for the reason people wouldn’t get fired. So if a person stands up to you and say gee, how did you get your hair like that? Then, how many hours did it take? You know, if somebody says something to you like what tribe are you from? These are not things I’m making up. Or they would say things like is that your hair? Or, this girl was sitting behind me and put her hand down my hair and said, ‘Oh, I thought you had a lot of knots, you don’t have a lot of knots in your hair.’ And what I try to talk to younger women about is that if you have a good job and you don’t want to lose your job, let’s talk about some of the answers, some of the things you can say if someone comes up to you*



*and sniffs you and says, 'Do you wear perfume? What kind of perfume are you wearing?' Or, touch your hair and asks, 'How can you afford the perfume?' Or they say to you, 'Well you don't need to go out and get sun. So let me get off early so I can go out and start tanning, because you don't even need one.'"*

Women discussed numerous ways that they deal with their stress, including shutting the world out when they get home and making their home their retreat. Many discussed prayer, sleep, eating well, self pampering, physical activity, and paying themselves first by saving part of their income as ways to reduce stress. A few women practiced yoga to reduce their stress and others discussed the importance of having support from other women. In the group with women who were not involved with HBI, one woman expressed that it was hard to have friendships with other African American women. Several women agreed by nodding their heads.

*"I can't call attention to my man. I'm secure by myself. Black women have a hard time being friends. Black women not being able to get together. They competing for men."*

*"I appreciate you saying that."*

Staff feedback on preliminary findings about stress reinforced what the participants discussed, especially the issues around bills and income. Staff offered additional reasons for stress, including the high rates of incarcerated African American men and the legacy of slavery. One staff member described a source of stress is how you are seen in the world, saying, *"The fact that your skin is dark and you come from a culture of African descent places you at the top of the list for the things that are scary."*

### ***What "healthy" looks like***

From earlier program evaluation activities and conversations with program staff, it was agreed that it is important to identify what people think "healthy" looks like. These ideals then could be incorporated in program messages, and services could be created that would support this community-defined construct and combat stereotypes perpetuated by media.

In an attempt to learn how participants viewed health, the question was asked in a way that could be interpreted as describing what physical health looks like or what are the psychosocial issues constituting health: *"What do healthy African American women and men look like?"*

This ambiguity was intended to solicit what issues group members thought were the most important. All the groups discussed physical appearance, but tended to place more importance on self-esteem, responsibility, ability to form relationships, maintaining balance in life, and taking care of one's physical health. In each of the groups, at least one participant said something similar to the following quote from a participant in one of the women's groups.

*"Balance can't be totally in one area and not in the other. You have to have balance in the mental, spiritual, physical, and health."*



There was general agreement between participants in the women's, seniors' and men's groups that a woman's personal strength, faith and character were equal, if not more important indicators of health compared to physical indicators. A senior participant summed up what was discussed by several participants in both the women and senior groups, saying, *"I would say a woman that can look in the mirror and like the woman that is looking back at her."*

One man in the senior group said, *"A healthy woman should be (unclear) like a woman who is very confident in herself, a woman who is very enduring, who has a lot of compassion, who is very strong and firm and supportive of herself and her family and also supportive of her mate. I think when you get to my age; you kinda know it's an inside job... I'd rather be with a woman that is beautiful inside than have a pretty woman and she is real ugly inside. So a healthy woman looks like that."*

Hidden health concerns were raised in both of the senior groups. Group members expressed the importance of going to the doctor and taking care of health because someone may look physically healthy, but not be.

*"You look as healthy as a horse, walk out the door and pass out."*

When discussing what healthy African American men look like, responses were similar to those given when discussing healthy women, in that they focused on character and personal strength. A man in one of the senior groups explained, *"I think a healthy man is very open to other people's ideas or respecting them, compassionate, caring, firm, protective of his family and of his values and morals and willing to die for what he believes in. Won't trample over anyone else. He makes other people around him [safe], keeps his family healthy, and gives them a healthy view."*

In the women's groups, participants agreed that healthy men take care of their business, including supporting their children financially and emotionally, as well as respecting the women in their lives. There was agreement between the participants in the seniors' and women's groups that healthy men are able to show their emotions and younger men could benefit from the wisdom of older men. As one participant in one of the women's groups said, *"We need some older men to also, to show black men how to love their woman, and to show and hug other men. They think that it is not okay because of the gay thing. But men need to be hugged by other men...you know, by brothers."*

Participants in the senior groups were asked to reflect on how younger generations would describe healthy African American women and men. One of the groups discussed their children's generation, the other chose to discuss their grandchildren's. In the group discussing their children, there was strong agreement that the younger generation was healthier and put a lot of emphasis on eating well and exercising. They felt that their children, for the most part, would say that being a healthy man or woman would include living a healthy lifestyle. One exception was a woman who expressed concern about unrealistic body images.



*“I have to address it because I think our young people are getting the wrong idea of what a healthy young, even older black women, any kind of woman looks like. We are not a typical Barbie. We are not going to look like a Barbie.”*

In the other senior group’s discussion, grandchildren were discussed when asked whether younger generations had different ideas of what healthy African American women and men look like. There was agreement that how young people their grandchildren’s age felt was dependent on which had the strongest influence: family expectations or popular culture.

*“You got the preppy culture—kids that are doing good academically and have both parents in the house who are really structured in education. Then you got this hip hop culture that frowns on them and then a lot of kids want to be like hip hop culture. But a lot of the hip hop culture really wants to be like them but they’re wearing a mask (unclear.....) so tough, so if you ask the hip hop people those questions, you probably get a totally different answer. A healthy man, that is that someone that got a bank roll and a bunch of women. And then the kids who are more disciplined would say and have that family structure would answer the question totally different. They would say their mother probably would be a healthy woman, or their sister.”*

In contrast to the opinions of the seniors, the young women and men in the adolescent group, who are from the seniors’ grandchildren’s generation, discussed that there were limits in only looking at physical appearance when describing what healthy African American women or men look like. They emphasized, when describing a healthy woman, the importance of looking at intellect, emotional wellbeing, ability to form relationships, and healthy behaviors.

*“You have to have a good brain; you have to have a good mind and make healthy relationships.”*

Adolescent participants described healthy men very similarly to how all of the adult participants did, saying that it was critical that a man take care of his family responsibilities. Both the young men and young women were in agreement on this description.

*“He spends time with his children, makes sure his children are okay financially, health wise, mentally, just there for them.”*

Staff feedback supported participants’ opinions, and also included the ability of women and men to accept new ideas and be respectful of all generations. One staff member added that a healthy woman is able to love and accept love back.





## II. Beliefs about healthy relationships, sex education, and parenting

Findings from earlier evaluation activities, client feedback and staff feedback all suggested that the issues of healthy relationships and sexual health be explored. Both of these topics were discussed as contributors to stress for women in the program and it was thought that if some of the dynamics—both positive and challenging—were identified, program activities could help identify resources that would enable couples to build on what was working and begin a dialogue on how to address what wasn't. In these conversations, it was evident that parenting issues were directly related to healthy relationships and sexual health. Many of the challenges identified in the discussions about adult healthy relationships were the same issues brought up as necessary to teach as part of sex education for children. Questions about healthy relationships were different for the men's group than the others. Where there is crossover of the questions, the findings are discussed. The men were asked additional questions, one specifically about domestic violence. This topic was asked of men in response to staff input.

### *Relationships and intimacy*

In all of the groups, communication and monogamy were brought up as important elements of healthy intimate relationships. Participants in the senior groups and in the adolescent group had relatively short discussions and spoke to the importance of communication and trust. In the men's group, the discussion included some of the lessons they had learned throughout their lives and how they would now conduct themselves in relationships. In the women's groups, the conversations focused on the need for women to respect themselves and the importance of empowering youth to respect themselves as well. Much of the discussion in the women's groups went back and forth between challenges and disappointments that the participants had, and what young people should be taught about relationships to keep them from getting hurt.

*“My question is that why do women, we date men who have a history of having so many kids? It is a pattern.”*

*“Teach them to not second guess themselves. It comes down to being connected with them. Someone will violate them. Respect yourself—teach people/kids that they, how they should be treated and loved. It becomes a cycle. It needs to be broken. We need to come together as women and African American women.”*

Participants in the women's groups and in the men's groups discussed inaccurate messages and stereotypes they were brought up with and the pain these negative influences have caused in their lives.

*“I was told by my father not to date black men because I wasn't going to have nothing... I was scared to death of black men. But I was attracted to them. And I'm like well why can't I love a black man? I love you, Dad. But why do you want me to go this way. Very confused. So it is all education.”*



*“You know I’m telling you over the years it all trickled down, now the black women don’t believe the black men can do anything for themselves, even though we were brought over on a ship and we had to learn to read, we had to learn how to write...”*

Participants in the men’s group discussed the need for men to take responsibility for their lives and their past choices. There was strong agreement in the men’s group that until a man can accept himself; he wouldn’t be able to take care of his relationship and family.

*“Our struggles are mostly battles with ourselves, man. Whatever you are, man, you got to be able to accept yourself for who you are. You know what I mean, and appreciate yourself for who you are.”*

Staff feedback included the need for education on relationships and understanding one’s body and support for relationships from the faith community.

### ***Domestic Violence***

The men’s group was asked to discuss domestic violence because it has been a significant issue in the lives of women enrolled in the HBI program. As many as 20%<sup>1</sup> of clients in the program reported that at some point in their pregnancy they had been a victim of interpersonal violence. The men’s group facilitator and staff agreed that exploring this issue would be of value, as it might illuminate some issues that could be addressed in men’s forums and perhaps in relationship forums designed for both men and women.

Men in the focus group agreed that it was not okay to hit a woman. Several men agreed that being exposed to domestic violence is damaging to children and can result in their growing up to use violence in their adult relationships.

*“It has effects on the children because they’re feeling like, is it my fault? They started feeling like ‘What did I do to make Daddy or Mommy that angry, very mad at me?’ They start doing those little self questions like that.”*

A few men described some experiences they’d had and discussed how it wasn’t always the man who was the one using violence in the relationship.

*“What I’ve known, I’ve been on both sides, man. I’ve been the victim and the victimizer.”*

*“I would also say why. Sorry. Is sometimes it doesn’t necessarily have to be the man that’s being the person, the aggressor, it could be the woman, man, and what they feel that society, whatever their upbringing is, they feel they can beat up on a man...”*

One man voiced that everyone in the room was raised by a woman, and questioned how anyone could show disrespect to a woman.

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<sup>1</sup> Average rate from chart abstractions findings, 2002-2008.



*“See the whole point is I would not be messing around, because I feel like my grandmother raised me. A woman raised everybody... So why should you hit a woman? Or do something to a woman? Would you hit your mom? Would you hit your sister?”*

Staff feedback included the emphasis on getting help for men if they are involved in a violent relationship so that the police do not need to get involved. Staff also commented on the need to teach boys and men how to earn respect rather than instilling fear, and the need to address generational history of domestic violence.

### ***Sex Education***

Across all of the groups, there was strong agreement that parents should be the primary source of sex education; however, most participants indicated that they had not learned about sex from their parents. The sources and content of sex education were strongly associated with the age of the participants.

Seniors were more likely to not have learned about sex and reproductive issues before they were experiencing them. Participants in the senior groups also described learning about sex through vague innuendos. Not unlike the participants in the senior groups, most of the participants in the women’s groups indicated that they didn’t learn from their parents either and also received vague messages. However, unlike the generation preceding them, they did learn about sex and reproduction in school. The young men and women in the adolescents’ group talked about learning about sex from their grandmothers, friends and school. Most in the group did not report that they learned about sex directly from their parents.

In one of the women’s groups and in the adolescent group, participants voiced criticism that sex education in school focused only on “*clinical stuff*,” including preventing sexually transmitted infections and using birth control. Participants in both of these groups felt that information on how to have sexual intercourse and how to have healthy relationships was not covered.

Those in the senior groups explained that their parents’ generation did not talk about sex or reproduction and that it wasn’t uncommon to learn about sex until marriage. The women described learning about sex from their husbands and about reproductive issues by hearing what their older female family members were experiencing.

*“We didn’t have certain things demonstrated. We were very private about our sexual lives. We were very private about our health life. And were private about our bodies which mean we have not seen our parents naked. We haven’t seen our parents grab any of their body parts and so we haven’t had that type of discussion. So this is something new for us and for each of us to discuss our health problems, for us to discuss any sexual, you know, whatever we knew that our mothers, sisters, and aunts had female problems and that was it. They didn’t tell us anything beyond that.”*



*“When I reached womanhood, I was at school. One of the girls told me what to do. I was crying. I wanted to know what was happening. So we had a store across the street. She went and got me some protection. It was like almost a year before my parents found it out. I was afraid to tell them because I had thought something I had done that was really wrong.”*

Both men and women in both senior groups describe learning about healthy relationships and sex from not-so-reliable sources and also getting messages that didn't prove to be true in the end.

*“Well coming up as a male child in the '40s I learned from the guys on the corner.”*

*“You know what? Back then, things were, you didn't talk a lot. Or there were little innuendos. You were saying like, 'Keep your dress down, your panties up.' What does that really mean? It can be confusing to a child. Give them a little bit more detail. Or you learn from your peers, your classmates, or people that don't know any more than you do.”*

As a result of their experiences, several emphasized the importance of parents and grandparents educating the youth in an on-going, developmentally-appropriate way.

*“I taught my children. I got five children and some are in their 60s. And I made sure that they knew about sex and this and that. So they wouldn't come up like I did.”*

*“My daughter was she was about six, she was outside playing and she ran in. She said, 'Mama, mama!' And I said, 'Yes, dear.' 'Where was I before I was born?' I said 'You were conceived in my womb for 9 months.' She says, 'oh, okay,' and goes outside to play. About six months later she says, 'What is the womb, what are you talking about? You said I was there before I was born.' I had to tell her the womb to a child is like your parents, it provides shelter and protection. I said 'If you were outside and someone cared for you, you can come inside and find protection.' She says, 'Oh,' and she was okay...she was satisfied with that answer.”*

*“And that is a good point. I wanted to say that. Kids usually ask what they want to know. And when they say okay, they get what they need to know at that point. You don't have to elaborate.”*

Much like participants in the senior groups, women thought that sex education should be an on-going process that is developmentally appropriate for the child. Participants in the senior groups and women's groups thought that the media are exposing children to too much sexual material. Participants in the women's groups expressed concern about how young people, particularly girls, are growing up too fast and trying to be older than they are.

*“She is only 14 so don't even... It's just like 'you just got to have more respect for yourself.' Teach your daughters to have more respect because I on her like glue. And she intends to start high school and stuff. And now it is a different environment. And you have got to have your head on your shoulders straight. Because these boys are going to be up in your butt. All those things you are developing and she is big. The boys are noticing and I am just like 'Oh, no.'”*



Also, in both senior groups, the opinion was that the younger generation (their grandchildren) know more about sex than they do because of the media and the internet, yet they still need guidance to make good choices and protect themselves from pregnancy and sexually transmitted diseases. Several participants in both the senior and women's groups expressed concern that young people have misconceptions of what constitutes sex and the associated risks for contracting sexually transmitted diseases.

*“You know the kids are a lot smarter than we were. And they know a lot more, a lot quicker than we did. But in some cases, they don't – they look at, as you were saying, there is a difference in sex and intimacy. And that they should be together. And I am noticing that a lot of the younger people are having, are doing sexual things. And as long as it is not intercourse, they feel as though it is okay. ‘Oh, that is okay because I didn't have direct intercourse.’ And so they are smarter in some ways but maybe not in all ways.”*

In one of the women's groups, participants expressed concern that younger people have inaccurate ideas of what sex is and the associated risks. For example, participants explained that some young women they know still felt that they were virgins since they only engaged in oral sex.

Both young men and women in the adolescent group explained that they learned about sex from multiple sources, but much like the older groups, many of them did not feel that they learned much about sex from their parents, and the young women agreed that at school, they learned about sexually transmitted diseases and pregnancy, but not about sexuality and relationships.

*“They'll teach the little technical things but don't go into like the mental health.”*

*“For me, a big issue is a lot, the black community is not okay with gay people and a lot of men have to keep on the down-low and men feel like they have to be masculine and do and treat their women like he said.*

*I think they have to be overly masculine and we're not open to the gay community and if we were open with the gay community, we would be able to talk about men having sex with each other and making sure it is protected because these men are having sex, getting AIDS and giving it to women.”*

Also, like seniors and women, youth thought that young people should be learning about sex from an early age and that they should be learning more from their parents; however, some participants acknowledged that it is too difficult for parents and kids to talk about sex. In contradiction to what the older generations thought, not one participant said that they learned about sex through the media or the internet.

*“I think you should start really early, not necessarily about sex, but just having a little talk to ease into it, so it's not like so uncomfortable, you don't know about it.”*



*“I think parents should share their experience with you ‘cause it could help you out a lot.”*

*“Everyone can talk about it; they just don’t want to talk about it. You might talk about it at school, but nobody wants to talk about it with your parents. It would seem awkward.”*

*“But if they started it when you’re young, like not necessarily talking about sex, but having that relationship. My mom never had that relationship with me and she, out of nowhere when I was eleven, tried to talk to me about sex, and I was so uncomfortable and I got really angry and she said like, ‘Aren’t people at your school having like oral sex?’ And I said ‘What!’ My dad built that kind of relationship with me, and this might sound creepy, but I could tell him anything, but my mom never started anything with me.”*

Staff feedback pointed to the need to encourage youth to take their time to grow up and to postpone sex.

### ***Parenting***

There was not a specific question asked about parenting issues except in the men’s group; however, in all of the other groups, challenges and observations were brought up about parenting. Women and elders felt that parents needed to be present and involved more in their children’s lives, including knowing who their friends are, what they do for fun, how they treat others, how they do in school, their manners, and what their values are. In addition, parents should take back their rights and responsibilities to direct and discipline their children. Because youth are less rebellious with grandparents, they are able to help teach youth with patience, steadiness and expectations, correcting youth in a loving, respectful way.

*“I told a young man, ‘Shame on you.’ He said, ‘What did I do?’ ‘Making me suffer verbal abuse with your ugly words.’ He said, ‘What do you mean?’ ‘Those words you are using are hurting my ears when I have to listen to them,’ I say. ‘You are making me suffer and I am very unhappy with you.’ He said, ‘I am sorry – I will never do it again.’ I say, ‘Don’t make other people suffer either. Other people my age and younger, and maybe older. But to hear you say those things’, I say, ‘it’s not becoming to you.’ Make them aware, but do it with love. Can’t just yell at them, do it with love. You can’t say that I can’t listen to you. They get upset and they insult you really. And then he says, ‘Mother P, thank you so much.’”*

There was much agreement in both senior groups that youth were hurting their chances to be successful by the way they present themselves, interact with others, and sabotage themselves in school. Many of the participants believed that the young people were being disrespectful to themselves and their elders and were jeopardizing their ability to reach goals in life. In both conversations, concern was expressed about how youth were presenting themselves physically and how they acted disrespectfully, sometimes to the point of intimidating others.



*“One thing that really galls me. I hate it with a purple passion is I’m sick and tired of the crap they left behind and with their pants down below. Get them pants up and my grandkids, when they come around me, if they pants are sagging and, ‘You can’t pull your pants up then you get out of my house.’”*

Parents, popular culture, and poor educational opportunities were seen as a big part of the problem. Several of the participants gave examples of how they were counteracting these influences by having clear expectations and modeling respect.

*“Now there’s a three leg stool in our community for education. You have the family, the child, and the school. We have to turn that TV off for our grandchildren. If the school don’t perform, the school won’t turn over. If the child don’t do their homework, it’s going to be turned off. If the parent don’t do the parenting, see we not have what so many parents that want to be friends to they children. Because all my mother had to do was look at me, all my aunts had to do was look at me, then my neighbors had to do was tell a parent or holler down the street and I’ll be doing this and we respect.”*

*“They’re not getting the education they need. They not fixing the schools and the kids are doing what they want to do, instead of getting an education. And we as parents are not backing the teachers up so that they can control these kids. The kids are controlling them and they’re not learning what they need to know. And where after school are they going?”*

Some elders expressed the urgent need to be more visible in the community to prevent youth from giving in to peer pressure that could land them in jail. Also, to help youth stay in school, they felt they should insist that schools improve and encourage parents to back up the teachers so kids treat them with respect and do their work. Without these things, youth have a greater chance of experiencing legal issues and having the correction system “raise” them.

*“The schools in African American communities, they don’t have enough money that get the teachers they need at school. And when they do, something goes wrong, and the police is there beating the hell out of them [students] and putting them in jail or behind bars or something. And they [teachers] don’t get the help that they need and they just don’t get paid enough to teach them, and this is a big, big problem in this community. And the children are not getting their education down here. And parents like me don’t have the money to send them to college but if they could get an education in their community they could get scholarships. You understand what I’m saying?”*

Some women and elders talked about being afraid or hesitant to confront/correct a youth on the bus or in the neighborhood because of not knowing how the youth will react.

*“But you can say in a way to provoke them. Just an example, the other day with the kids beating the lady upon the bus because she interfered. I don’t know what she said to them, or how she said it to them for them to jump on her. But you know – you just, these days you can’t do kids like you used to. When we were coming up, if my mother’s friend saying, they could whup you.”*



Men strongly felt that fathers needed to show children that they are loved by being present in their lives. They also expressed the importance of being a good provider. Men thought there was limited or no support for men. They identified needs, including assistance with mental health, help finding employment, access to someone who could help them get all of their business in order, and parenting classes—especially if they themselves did not have a father as a healthy role model.

*“Also trying to be a better provider, and teaching us how to be a better provider. Better friend, you know if you don’t know how to be a better man, being raised by good men, and never been raised properly, properly raised, or barely raised, if you raised yourself to be a man and you doing good, you know what I am saying, pat yourself on the back, but what I am saying if you don’t know how to be a man, how can you train your son or your children to be who they are? You now have some type of classes that could parent; parents to be parents, better parents, better fathers, better providers, better friends in their relationships, communicating, you know, how to use words. You can use a word in so many different ways; you know what I’m saying?”*

Some men felt that if they really wanted to be involved in their children’s lives, their intentions were questioned. They also felt that the system favored women, making it much harder for men to get custody of their children. There was agreement, however, that no matter the situation, men should take care of their children and be the primary male influence in their lives.

*“Here in Oregon, man, I learned that trying to take care of my personal business, as far as custody of my own child, there is no services that is here for a man. A woman can shoot you, burn you up, hate you, throw you off the bridge, drown you, and they still get the kids. There is no services here to support men as single fathers that’s trying to do the right thing. And if you do have a child, raising your own child by yourself, they make you feel like you are a pedophile, “What did you do to get your own child?”*

The group discussed the need for services to help men stay or get back on track, specifically for men who have been involved in “*hustling and fast money.*” They didn’t want children to be taught that this was how a man got what he needed, and they talked about how much it hurt the current generation.

*“There’s a lot of men who have ran across times in the ‘80s in which they ended up with records, etc. and so forth, and the system continued to shun on that and push them away. And I think that they need to be more focused on mending families by putting families back together, by showing men how to get jobs, showing men how to deal with themselves instead of saying, ‘Okay, that’s it, done with you, go and do this and then come holler at us.’ They don’t want to hold their hand while they do it, but if they was a female that was involved, they would hold the females’ hand during the whole time, and it doesn’t weigh out as well and then now you still have broken homes to where a man is being raised by a woman with women values, by not being raised by a man.”*





*“And then later on in life, we have inconsistent generations that’s messed up because they don’t have men teaching them. Then you got the man down the street, the dope dealer down the street, the messed up family down the street, the TV and video games and so on and so forth raising our kids today. I think that that’s what’s leading to the gallows daily is because we managed with a man out of the home, and I think the system needs to try to put the man back in the home and keep the man.”*

*“You have to teach your children. And one way to teach them is to lead by example, someone said. There was an issue about someone had made a comment about hustling and going to get their money and whatever they need to do. Well, if you teach your children your child that, guess what? That’s why the penitentiaries are full.”*

During the adolescent group, both the young women and men said, similarly to what the men discussed, that they watch what their parents do as how to act. Consistent to what was expressed during the senior groups, adolescents also said that it was important for parents to respect their children as well.

*“Kids look up to their parents and whatever parents do, kids do.”*

Staff feedback discussed the issue of grandparents raising youth and how to support them.



### III. Gentrification in historically African American neighborhoods and how it is affecting the community

Northeast and North Portland historically have been home to a large percentage of the African American community in Multnomah County. In the past ten years, due to population growth, the inflated housing market of the early 2000s, and economic benefits of living closer to the city, there was an increase in the desirability of close-in neighborhoods. As a result, property values have increased, much like other metropolitan areas in the United States, and this trend has significantly affected communities of color.<sup>2</sup>

During the latest HBI client survey (2008), 45% of respondents reported moving out of Northeast or North Portland to find more affordable housing. As a result of this community displacement, the perceptions of the effects on families were explored to identify possible ways in which the HBI program could better serve its target population.

In all age groups, housing (owning and renting) was seen as too expensive and the reason for younger generations having to move out of the neighborhood. Participants who remained in the neighborhood reported a noticeable increase in police and business profiling, discrimination, and double standards between African Americans and Whites. Both the women and the youth explained that if they were to behave like the white crowds during Alberta Street's Last Thursday, the monthly event in which several art galleries hold open houses in the evening, there would be police crackdowns and arrests.

*"We are outnumbered. I was right down the street on 17<sup>th</sup> and last summer they had a big old riot on Alberta and the police didn't do anything. Now if that had been some black folks, they would have stopped that. It doesn't calm down until almost 2 a.m. If the police roll by and we got 10 or more in a group, they stop and go real slow to see what is going on, see who they can arrest. It's more like harassment."*

Seniors and women expressed grief about the changes and nostalgia for earlier times because of the loss of community. Participants identified several issues including, family being scattered, family not nearby, having fewer people to lend a helping hand, less safety for children, and fewer relationships with neighbors.

*As one senior said, "One of the things that I noticed, and I grew up in Portland, and the community is much more scattered. It's not as close as it used to be cause of all the displacement we've had. Displaced by the Coliseum, displaced by the Fremont Bridge, displaced by Emmanuel Hospital and it use to be more close. If you had more of the community feeling, that people was more supportive of people's children as far as helping to raise them and all that. Once we have been scattered so much we are all over the place now."*

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<sup>2</sup>Dreier, Peter, John Mollenkopf, and Todd Swanstrom, *Place Matters: Metropolitcs for the Twenty-First Century*. Lawrence, KS: University of Kansas Press, 2001. *Twenty-First Century*. Lawrence, KS.  
Nyden, Philip, John Lukehart, Michael Maly, and William Peterman, eds. 1998a. *Neighborhood Racial and Ethnic Diversity in U.S. Cities*, A special issue of *Cityscape*.vol. 4, no. 2.



*We don't have that same community feeling, and you know you have children that you rarely, that you don't know who they are. Where in the past everybody knew everybody's children and everybody felt close enough to those children [to discipline] them or whatever, but now you see somebody's child, you think the child may be doing wrong and you don't even dare say anything to them because you don't even know who they are. So I feel like the community has been scattered out and not have that community feeling and you don't have that support of everybody in the community to help with the children, to help with poor times, hard times, to help with transportation or whatever because you don't even know who your neighbor is. So you don't even dare ask the neighbor next door to you or across the street to give you a ride to the grocery store or wherever because you don't even know them. So I think that's one of the problems we have and I think definitely a difference of what I see from when I grew up here."*

As a result of community displacement, seniors said, relationships between different community members are not as strong as they used to be. For example, when a young person got in trouble with the law, "*back in the day,*" the police who worked in the community lived in the community. They most likely knew the youth, or at least knew the family. Rather than arrest the youth for this first offense, the officer could work with the family and give the youth a warning. In the senior group, participants believed that white youth still have this advantage, as they are more likely to know the officers in their neighborhoods. Additionally, the community knew who was involved in criminal activity because of personal relationships; also, people involved in illegal activities were more likely to give back to the community.

*"Back in the old days, way back when I was a kid, there was crime in our neighborhoods but it was a different crime. We knew who the criminals were, but guess what? The criminals participated in the neighborhood."*

In the women's groups, the decline of African American businesses was seen as another result of community displacement. Participants pointed to the rising costs of rent and reduction of patrons who themselves were displaced as reasons for these closures. As a result of the disappearance of black businesses, they had to patronize the new shops and felt that they were unfairly scrutinized when they tried to shop.

*"Not very many shops on Alberta for Blacks. And we feel uncomfortable ourselves where the others, like on Thursdays they have huge event, but not the black shops."*

*"You know, cause I am still here and there are only white people's stores and you know they, the stuff, the prices so high, the Black folks they can't [shop]."*

*"All black folks you know, they got...they just look at you and they follow you around."*

Participants in all groups saw some positive results of the gentrification, including the increase in property value, the repair and improvements in public spaces, and new health-related activities, and some have had good experiences with their new neighbors. However, there is also regret that these positive gains have been at the expense of families and neighbors having to move out.



*“All over there has been a lot of, I guess you know, ‘gentrification’ and all that. But there has been some positive things that have come out of that. One of the biggest things is that those, that a lot of us who own properties, that have stayed here in the neighborhood; it has driven up the property value. It is one positive thing. I mean I hate to see that they cross the street on (unclear) ...see it change. Kind of sad...but for all the negative talk about gentrification there have been some good things.”*

*“I agree with him in that there have been some changes as far as lots of, you know, Black people moving from the Northeast [Portland] but there also have been some good things that have happened as well. Because coming here as an adult, we went through the whole thing. And we had a gang safe house right next door to us for a while. When that little baby got shot, they got (unclear). So we went through that with both of my kids still at home. It was right next door. We had to take our two kids back in the house to keep them safe. And then the neighborhood changed again. And now it is really a nice neighborhood to live in. So there have been some positive things that have happened as well as the negative.”*

One youth said, *“Mainly positive. But it is sad in a way that people have to move. I wish that we were able to have that positive change with people still in the neighborhood.”*

In one of the senior groups, the participants talked about some of the positive, healthy changes, such as a community activity conducted during 2008 that involved blocking of streets to only bicycle and pedestrian traffic. Participants agreed that this was a nice thing, but expressed the need to be part of the planning so that it would work for them as well.

*“I found this past Sunday the 6-mile block off, where they cut off the streets. They was good but we don’t know anything about it.*

*“I didn’t know what was going on. I didn’t know and had to go to church to pray; we needed to be involved. They should take into consideration, maybe to do those things on Saturday so we Sunday church people can get to church.”*

Staff feedback supported the findings from the groups and pointed out the need to teach African American youth the history of the community in Portland, including the legal reasons why the community was concentrated in the North and Northeast neighborhoods, and the past cohesiveness and accountability of individuals in the neighborhood to help one another.



## IV. Generational experiences of racism

The HBI staff strongly wanted to explore the effects of racism and especially the generational differences of these effects. It was understood and acknowledged in each discussion group that this topic merited several discussions and because it was only one question of many, there would not be adequate time to explore it.

It was hoped however that soliciting even a small amount of information could shed light on some of the ways racism is directly affecting people. And help generate ideas on how public health programs could design programs to counter these effects. Specifically to HBI, information discussed would be used to develop program services to support women as they work toward their goals in life and ultimately improve their socio-economic status and health.

Participants in the senior groups shared stories of the experiences they had with discrimination and violence. Those growing up in southern states, such as Mississippi and Alabama, described blatant discrimination ranging from not being able to go into homes of their playmates who were white to not being able to shop at stores or enter certain buildings. Other stories involved being victims of what would now be called “hate crimes” and how these experiences have understandably long-lasting effects.

*“I’m afraid of dogs. And I have a reason to be afraid of dogs. Some kids set dogs on us one Easter Sunday when I was a kid. But my new dress – it just ripped. Now, my neighbor who is Caucasian has this mean dog. And he always wants me to meet it. That dog – and I say, ‘If that dog touch one of these kids over here, I am calling the cops on you.’ I told him and I said I am afraid of dogs. Don’t tell me that the dog won’t hurt. The kids just ... and the dog just charged at those kids, all colored kids out there playing [in Alabama]. But don’t tell me that. I’m not afraid of dogs. The dogs are supposed to be on a leash anyway in Portland.”*

One participant in the senior group who grew up in Chicago described her childhood in a segregated neighborhood and how this experience affected her.

*“I never thought about racism because I grew up in a project. So it was all Black in the project. I think a couple of times there were a couple of Caucasians there. But they were just people, you know, and growing up in the project which everything was pretty much right there. And so we didn’t really see Caucasians that much unless it was the insurance man that came out there. Really when that thing happened to Emmett Till, that’s when I really became aware that these people really don’t like us you know ... the color of our skin can really get us killed. Until that time I knew there were white people and black people, but the racism thing hadn’t really touched. It touched then.”*

The seniors also described being prevented from attending certain schools, getting hired for jobs and buying homes. Seniors explained the importance of African American businesses and services as ways to counter these barriers.



*“I went to Benson High School... I was in machine shop. Graduated in 1955, could not get in the union because the color of my skin. Okay? Out of the class of maybe 80 people graduated, three Blacks who made it in the machine shop. One got a job. The only reason he got a job is because he is a mechanic and his dad had a shop.”*

*“One way that racism affected us was with our folks being able to get particular jobs. You were not able to live in certain areas. You were not able to advance if you had a certain type a job. You were discouraged to go into certain fields. I wanted to be a lawyer. I thought, well there was two things. I wanted to help people and so one of them I was by being a lawyer. I was told by my high school counselor that [and I was one of the top students] ‘I wouldn’t suggest that you do that. You probably wouldn’t make it. The only place you probably get a job is within the government.’ So she put the whole idea down.”*

Similarly, in the adolescent group there was conversation about the importance of African American entrepreneurship, not only for job opportunities but to build wealth in the community.

*“The black dollar doesn’t stay in the black community very long. I’ve heard like 15 minutes. There are people in our community—Asian, white—and we’re giving money to them and they’re bringing it back to their community.”*

*“That’s why I want to major in advertising and open my own agency and I want to help promote black businesses so people know they’re out there. They need to be promoted like the white businesses.”*

In one senior group, there was a long conversation about the need to continue to fight for reparations from the United States government and how current day poverty and alienation within the African American community is a direct result of slavery.

*“Poverty is considered slavery and it is just as real today as what is was when they didn’t give us 40 acres and a mule. And when they did share cropping, people had to share crop and they cheated them. We would work and they would steal and not being recognized for our labor and still working so hard and still not compensated. And so we just, I think that we, at Juneteenth this year. This year we could have a black president. We need to stop thinking ‘Oh they’ll never pay us.’ If we say that, we are dishonoring our ancestors. We are going to get paid for the loss of family and for habeas corpus, kidnapping. We are going to get paid because God is a just god.”*

Another participant explained that classicism was more of an issue than racism for a lot of people; however, this problem affected African Americans disproportionately.

*“To me, it’s not a matter of race. It’s a matter of low income because there are low income Whites too. But the problem is most of the Blacks are low income so it don’t even have to say this is against Blacks, this is against the people that ain’t got no money.”*



There was agreement among the seniors and women that African American parents need to teach children how to keep themselves safe from some public institutions whose charge it is to protect and educate the public.

One senior participant explained, *“Next part of racism is we have to start warning our kids at a young age about the police and about how to act and about the words to say when they come to you and tell you to get out the car. You need to say this, this, and this. We have to tell our kids that. I was at a conference. The person who was the facilitator was extremely good down in San Francisco and he had a huge circle of people and he started talking about how many parents or how many mothers have to warn their kids about these things, these things, and these things. If you did, stand up on your feet, every black woman and every Hispanic woman stood on their feet. The only people who were sitting were the white people. It’s so amazing and because we had to teach them the day that they go to kindergarten about how to carry themselves and how to survive and not to do this, not to do that.”*

One senior participant told a story about what went wrong when her son called the police to intervene when he was physically removed from a store after complaining to the manager about a clerk who would not wait on him.

*“When he got out the door outside, the Portland Police were out there and they said get down on your knees, and he said, ‘What, I told them to call you because they were discriminating.’ So he got on his knees and they said, ‘Put your hands behind your head.’ They said, ‘Now put your face in the dirt,’ and he said, ‘I’m on my knees, I’ve got my hands behind my head and I’m not going to put my face in the dirt. You are not going to do this.’ Of course, they could have killed him I know, but they tased him over and over again and it truly traumatized him. He’s truly messed up. The interesting thing happen, when he went to court Judge M found him that he had done a passive resistance, in other words he was exonerated for resisting arrest because the judge said because you protested, ‘I’m a Black man and I’m not putting my face in the dirt, you already got me on my knees I didn’t do anything and my hands are behind my head, I am no threat to you.’”*

Similar to this young man’s experience, participants in all the senior, women’s and youth’s groups discussed the discrimination experienced when in stores or businesses. People described being ignored completely even if they were the only person standing in front of a sales person, or being waited on last, after all the white customers were served, even if they were first in line. In the women’s group there was some agreement that in these cases if they were to protest, similar to the young man’s story described earlier, they would be seen as “angry” and they would be refused service. In the youth group, one young man described a time where he was served before other people who were at the beginning of the line because, in his opinion, the clerk didn’t trust that he was going to wait to pay for his item.

*“This one time I was at a store. ... Someone else is waiting at the register and they’ll be like, ‘Just hurry up and pay for it.’ ‘Bro, don’t you see somebody in front of me? I’m gonna pay for it.’”*



A few participants in the senior group described times in their lives when white people didn't make any effort to see them or learn their names or even acknowledge they saw them. This behavior was described as disrespectful and was interpreted as white people thinking that African Americans all look alike."

*"And they are famous for not remembering your name. Because 'we all look alike.'"*

In one of the women's groups, this issue came up as well, and there was strong agreement on the issue of White people thinking that one African American person can speak for everyone.

*"...not all of the community acts, thinks the same way."*

*"Look around the room. We all of different colors. But we all ... (unclear) in our way. We have diversity within diversity and it is okay. It is like, what does that mean? We don't all think alike and do everything the same way. We don't all represent each other. We have different views. We have some commonalities but we have some differences too."*

In a senior group, one participant described her experience working in a local school and how she confronted co-workers because she was not being acknowledged.

*"Before I left there, I earned their respect. I would walk in the office. I said, 'Good morning.' They wouldn't say a word. I say, 'Hello.' They say, 'I didn't see you.' I say, 'Yes you do with this big Afro I have here.' I said, 'I know you saw me.' You know what? I was always told speaking was a common courtesy. I just walked, smiled and walked right on out."*

Another participant in the group explained, *"There is a book called The Invisible Man and I don't know if any of you have ever heard of that or read that. But that is part of what they talk about. People do not see. They don't value you as another sometimes. Maybe they really don't see you. They really block you out."*

Another participant in the senior group described an experience from her childhood when she saw her mother not being called by her real name.

*"My mom worked over in a White neighborhood. And sometimes we had to go over and walk home with her. We had to through the back door. I just wait for her outside. She [her white boss] said, 'Well Ms. Mamie.' I say [to my mom], 'Do you call her Ms. E.?' 'Yes.'" 'Then why does she call you Ms. Mamie?'"*

In both the women's groups and youth group, participants brought up racism within the African American community. In the women's groups, some women discussed discrimination from other African American women for having lighter complexions. One woman gave an example of how she was discriminated against by other women because she was biracial.





*“I came from outside Portland. I was raised Native American. I came up here to be with the African American community because I am Black too. I went to Jefferson [High School]. People hate me because my hair is long. I had to drop out because girls wanted to beat me up.”*

This issue of discrimination within the African American community came up in the adolescent group too. One young man said, *“You say this place is racist but I’ve never even faced that in Oregon. I have more racism from my own people than from White people here.”*

In the women’s groups, the criticism of people who speak and act certain ways as “acting white” was discussed, along with the urgent need to educate youth about this self-destructive practice. In one of the women’s groups, three women discussed this issue.

*“For me I got teased a lot because I spoke proper, and so....”*

*“You talk like you White...the nerve.”*

*“You don’t want to be Black. You are not Black. But I am and I do want to be.”*

*“Like me. My baby daddy called me White. And ‘You sound so White.’ And I say, ‘What is sounding so White?’ ‘Because you know, you are such a square.’ ”*

*“I am sorry. That is how I was raised. I don’t think I am any better than anybody. I think that is why I want to try, why I have focused on educating. So that everybody can see that, even though I was raised in the hood.”*

*“It is important for the kids to think that you don’t have to be White in order to have a good job. You [don’t] have to be White to have a good education. You can, like my son. I call him now, Dr. Joseph. Because I tell him he is going to be a doctor.”*

In the adolescent group there was a similar conversation about pressure to not speak or act a certain way, otherwise you’d be criticized as “acting white.”

*“I have like a great uncle, he’s moved from Corvallis to Idaho, and people tell him all the time, ‘Yeah, you’re trying to act White.’ But he was trying to better himself.”*

In both the adolescent and women’s groups, there was discussion about older family members’ influence on younger people’s opinions about people of other races/ethnicities and how the younger people had to decide for themselves if these messages were true for them.

One young man in the adolescent group, who thought that Oregon wasn’t a racist place said, *“When my Grandma first moved here, like 90 years ago, she said that Oregon was one of the least racist states.”*



In the women's group, one participant explained, *"My mom, I don't live with my mom, but living with her when I was little. She didn't like White folks. So that is all you heard. So that was in my head all the time. But as I got older, it is just like everybody is not like that."*

In one of the senior groups, it was agreed that racism is still happening and that in Portland it is harder to see because it isn't as overt as it is in the southern United States. *"Portland itself is the most underlying racist place around. They smile at your face but in some ways they get around the corner. You are going to be a name."*

*"It could be very different. In the South it is very open. And you know they will just call you the 'N' word and be through. And here they will smile, like you said. And sometimes and then you think that they are really a friend or not. That is generalizing. Not everybody is like. I am just saying. It is a different form here."*

Whether racism has lessened over time was discussed in all groups. There was general agreement that racism still exists, but some of the seniors thought the younger generations, because of bi-racial relationships and biracial children, were becoming less segregated and people were more open-minded, and that they have more opportunities.

*"I think, too, with the younger ones, you find a lot of inter-racial ... I think that kind of help."*

In contrast, in both of the women's groups, participants discussed problems with family members marrying someone who was not African American and how this became an issue for the marriage and family.

*"My brother married a white woman. She was never comfortable with us. She became a reclusive. It put a lot of stress on their relationship."*

In both of the women's groups and in the adolescent group, participants brought up the idea that people sometimes call something "racist" when this is not really the case. Reasons given for this behavior included not taking responsibility for one's actions and stereotyping.

One young man in the adolescent group said, *"I don't care. You can say something. 'Oh, that white person.' That is being prejudiced right there. You know because you stereotype. It couldn't be just that [you did something]. It got to be 'that white person.'"*

A participant in the women's group suggested that the HBI staff provide monthly classes on different cultures and history in an attempt to bring different people together to begin to break down some of the stereotyping.

*"And that could be a part of the thing with HBI too. Each month, go into history. Show about Native American history and Hispanic history. Just so that everybody can see that we are the same in ... we are coming together. We are trying to support one another."*



## V. Goals and the support that facilitates reaching them

Each of the women, seniors and adolescent groups were asked about the goals they have in life and what types of things hindered and helped them work on or reach these goals. The intent of this conversation was to identify the types of things that a program such as HBI could do to help overcome some of the barriers and enhance the things that have helped people strive toward their goals in life.

When asked about goals, the seniors discussed going to school, getting good jobs, buying homes, raising families, and building security for their families. As discussed in the section on racism, the barriers were most often overt discrimination keeping them out of jobs, unable to purchase homes and being kept out of educational institutions because of the color of their skin. Family, community, faith, and working twice as hard as their White counterparts were identified as the things that helped them reach or at least strive for these goals. In one senior group, the support of someone in the dominant culture also was acknowledged as helpful. One man described his career success as a result of his talent, hard work and recognition of these by his employer.

*“I know when I was with large local business, and as I worked there, was promoted, and promoted, and promoted. I was one of the highest employees. I was basically the second in charge. I was proud of it. [We had a new employee] and he came to me and to my face and said, ‘I can’t work for a Black man, I can’t work for a Black man.’ And the owner stepped in and told him he needed to get a new job. And this is what I had, and had even more respect for the owner. And he was telling him that, ‘You better look for another place to work because as long as D wants to be here, he is going to be right here in the position he is in.’ So it was that. There are some good ones. That struck me. I was awe struck with the way that he stood in there for me, and I was the only Black person at the company.”*

There was strong agreement in all groups that family and mentoring from community members was crucial to help people succeed in life. The presence and support of both parents was seen by the seniors as something that helped them succeed, even when they may have made some mistakes in their lives.

*“A mother and a father in a home that were very supportive and who let you know what their expectations were and what would happen if you weren’t up to the level that day where you should be. And both my parents were very supportive to the point where I have the associate degree in Early Childhood Education.”*

*“I think one of the things that helped me reach some of the goals that I’ve tried to accomplish have been the principles of values of family and the faith that I have renewed in God. ‘Cause like I said, I was involved in a lot of criminal behavior which now has stopped me from progressing financially and professionally. Everything my parents told me that was going to happen to me, I had to live it before I finally believed it.”*



In the women's groups one of the main goals mentioned was being a good parent. In addition, going back to or staying in school, advancing in their career, staying balanced, and "surviving" were the goals identified. When asked about what helped them strive for and reach their goals, the support of family members, faith, and friends were acknowledged as the things that made it possible for them to succeed. One woman acknowledged her HBI staff person as a helpful support as well, and another woman acknowledged getting clean and sober was what helped her get back to working on her goal of going back to school.

In the adolescent's group, goals cited were continuing school, getting scholarships, getting professional jobs, and becoming professional athletes. The participants in this group were the most vocal about the need for family support, role models, and mentoring to reach their goals, especially when they ran into challenges.

*"Having your family behind you. Like my family is like always been behind me."*

It was also pointed out in the adolescent's group that it was invaluable for youth to see successful African American people.

*"I want to get out of here. I didn't know there were black suburbs and I want to see a black suburb. I want to go to (different city named). That's where my family is from. They have, like, huge mansions, like millionaires, black doctors and lawyers, and there's tons of them. And I want to see that. I'm not trying to ditch Portland, I love Portland. I want to see that and bring that success back here."*

Another participant described his first experience being in a community that was predominately African American and seeing a wide array of people in all different socio-economic classes and how it contradicted some of the stereotypes.

*"I moved to the South, and what a culture shock. When I stepped off the plane, I felt like a white person stepping into the hood for real. It's like nothing but black people. You go to the mall, it's black people, you go to school, it's black people, and it was a big culture shock for me 'cause I didn't think so many black people could exist in one area... The reason I liked it, it's the black people that cause trouble but it's like but when I think about it, look how many black people are being doctors and lawyers and stuff down there... It's not that bad 'cause there's still as many black people doing good than doing bad."*



## **VI. Ideas on what types of health-promoting resources are needed in the community**

As described in the first section of the report, focus group participants identified health insurance and affordable clinics, as the priority health-promoting resource needed in the community.

Both women and seniors agreed that there needs to be affordable, healthy food and nutrition classes in the community, taught by community members and professional organizations. One woman described her success with a nutrition coach at a local, expensive, grocery store: New Seasons. There was strong agreement across the senior and women's groups that it was much easier to get unhealthy food than healthier options.

*“There needs to be ‘old school’ programs that can teach young women how to take care of their families when they have nothing in the cupboard. People should not be depending on fast food for cheap meals. Also, the neighborhood needs healthier restaurants and grocery stores.”*

*“We need to talk about communities, we need nutrition being taught in the community, but we also should insist on healthy foods at a good price at home and in these stores. We have Safeway and Albertsons and all these different stores. People say that they cannot afford the food, so they buy a snack for the kids instead of buying apples, oranges, and bananas and tomatoes, and grapes, and blueberries. It's easier to get corn chips. And so they give them corn chips and popcorn. Keep 'em quiet. But if you can afford to have healthier food, better health, we need to be on those stores, we need to talk to them about it, we need to say that we want, we should say that we shouldn't have to pay three dollars for five pounds of cherries or whatever.”*

Participants in the women's groups discussed the need for affordable child care options and safe, constructive activities for children that would prevent young people from succumbing to negative influences. They also discussed the need for free, family-focused activities that encouraged family time and physical activity.

*“So it goes back to not enough resources...for the parents. And not enough free activities for the kids to go to. There is...there is programs that have money just sitting, they can put something together so that the kids can get off the street and do something. Like my daughter, she is going to a gymnastics academy over here. It is \$15 for two hours. If these parents think what they can do with that \$15 instead of putting the kid out on the street somewhere, their child can be off the streets and developing themselves, and finding themselves. Okay, one of her friends got shot in the eye just right after school got out. I said, OK this is a not what I was having. I get all the kids, you all come on, come over, watch TV all night. Let's do that, a slumber party.”*

*“I think what is missing is more open activities that people can do with their kids, indoors and outdoors, so people can spend more family time stuff. I know we used to go to the park and do stuff and I don't see much of it anymore. We used to go to play all the time and now I've noticed even the Boys and Girls Club is out of control today.”*



There was agreement across the two women's groups and the men's group that parenting classes were needed in the community. They emphasized that the resources needed to be culturally competent, constructive, and affordable, to help parents keep their children on track.

*"I did a parenting class for 12 weeks. I thought it was going to be good, but then I thought about it. There is a difference between black and white parenting. They aren't the same thing."*

*"Program to help people see what it looks like. Me and my husband both came from single-parent households. We'd look at each other and both ask, "What are we doing?" We turn to those closest to us. They give us their opinions."*

*"You know, have some type of classes that [help] parents to be parents, better parents, better fathers, better providers, better friends in their relationships."*

Participants in the men's and women's groups strongly believed that more services need to be offered for men. These services should include health care, job training and placement, housing assistance, help with entering school, parenting classes, support for single fathers, child care, alcohol and drug treatment, domestic violence education, individual and couples counseling, and legal services.

Participants in both senior groups described that they were often not aware of available resources. Some participants requested some sort of newsletter or newspaper calendar informing the community of what was happening.

A few participants in the senior groups suggested that the Health Department offer more events like the community viewings and discussions of the PBS series, "Unnatural Causes: Is Inequality Making Us Sick?" These viewings were sponsored by the Multnomah County Health Department's Health Equity Initiative.<sup>3</sup> Senior participants requested that events be marketed more and explained that it was harder to learn about what was happening in the community because they didn't know their neighbors anymore.

*"We don't know until after the fact. Like what they got. (unclear) What is it? That dental thing that is on 30<sup>th</sup> a lot of people don't know about that. They don't have dental insurance. I heard about that here."*

*"One thing you might start thinking about is, if they do have these places, get a way to get that information out to people. Because you don't have any way of knowing unless, like you say, you went to a meeting."*

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<sup>3</sup> The Multnomah County Health Department's Health Equity Initiative is a program that works to address root causes of socio-economic and racial injustices that lead to health disparities.



In the adolescent group, participants talked about the need to get jobs, but the difficulty in getting hired because they had no experience. Some participants shared that they were participating in work programs operated by the New Columbia Housing Project and Youth Builders, and instructed other participants on how to apply. Several of the teens acknowledged that it was important for them to get jobs so that they had money and experience for the future. There was agreement in the group that knowing the right people helped a lot when looking for work. The group also agreed that it would help if there were more programs that didn't require people to have previous work experience to get a job.

In almost all of the groups, participants suggested that discussion groups similar to these focus groups be offered more often so that people can discuss important issues, learn from one another, and learn about health activities and health information.

In the senior group, one participant said, *"We need more things like this, and if you need some of us to write a letter or make a phone call to encourage more, because [this is a way for] information getting out."*

Another said, *"If this program right here would have been outreached, I know they had a waiting list for it, but if this program would have been outreached they probably would have a waiting list for like nine months, just for the simple fact alone they was giving out \$50 'cause people need to take care of their community."*

In the men's group, one participant said, *"You guys even doing this focus group, man, is, I don't know if any of you guys, man, but it's a help for me, man, to listen all you guys, and what you guys have to say, and I'm dissecting it in my head, man. It matters when you can put something together like this, whether it was funded or unfunded. It matters when we can come together, man, and voice what we think and try to resolve different things."*

A young man in the adolescent group said it this way: *"Have a program like this, come and discuss things."*

Similar to the discussions about health and health concerns, ideas about health-promoting resources did not address housing and employment issues. However, in response to the past six years of HBI program evaluation findings, the next section will discuss identified barriers and strategies to mitigate these barriers, to help HBI clients secure stable, affordable housing and improve their education and employment opportunities.

Staff feedback supported these findings and included the suggestion that the Northeast Health Center be updated like the East County Health Center. Also, they advocated for more affordable housing in the neighborhood and utilizing community members as resources.



## Discussion Guide Seniors/Elders/Women

### I. Welcome– 5 minutes

*Welcome: Introductions of facilitator, assistant. – Before we get started, help yourself to refreshments. The restrooms are .....*

*Groups should take about 2 hours. We'll be out of here by\_\_\_\_\_. When we are done with the discussion, please make sure that you have signed in and pick up your \$50 honorarium.*

*Confidentiality: All of the information we collect today will be kept confidential – that is we will not associate anyone's name or organizations with any of the information we report. The information will be combined with information from the eight other focus groups we are conducting. No information will be used in a manner that would be traceable to an individual or group. We will be taking notes and using a tape recorder to help us capture everything that is discussed.*

### II. Purpose of Groups – 5 minutes

*We asked you to come here today to provide input into Multnomah County Health Department's planning process for services. Today we are going to be talking about strengths in the African American community, the health-related needs of families and the community, and ideas you may have that could help the Health Department and its community partners develop services and programs.*

*The Health Department's Healthy Birth Initiative is sponsoring these groups. We are not expecting that you have heard of this program, **but out of curiosity, can I see a show of hands of those who have heard of the Healthy Birth Initiative (HBI) Program?** (Don't ask in group of HBI clients.)*

*The program was created to help reduce the number of babies who are born with low birth weight (weighing less than 5 pounds, 8 ounces) or die before they turn 1 (infant mortality). The HBI program was designed to work exclusively with African American women and families. The program is needed because African American babies in Multnomah County are twice as likely as White babies to be born too small or die within their first year of life*

*We want to talk about a wide-range of issues because it isn't just one thing that is causing women to have these poor birth outcomes. We want to hear your thoughts on how the community and programs can support healthy families, women, men, teens and children.*

### III. Discussion Questions

*We have a lot to discuss, and in order to get to all the questions and end when we said we would, I may have to move us along if we go longer than we have time for. Is that alright with the group?*





*Okay, let's start by going around the room and having each of you introduce yourself by just your first name. Then, I'd like you to answer a question briefly:*

1) If you had a day off to relax and do whatever you wanted, what would you do? (5 minutes)

*Okay, now I'd like you to think about North and Northeast Portland.*

2) How has the neighborhood changed since you were young/or first moved here? How have these changes affected you and your family? (10 minutes)

*Okay, I'd like you to take a moment and think about the goals you've had in your life....*

3) What has helped you reach your goals? What got in the way of reaching your goals? How did you overcome these things? What would have been helpful? (10 minutes)

4) What types of things does the community have—or could do—to help support or build healthy families? What can you see as the role of the Health Department? (10 minutes)

5a) What do healthy African American women look like to you? How about men? (10 minutes)

5b) How do you think younger generations would answer this? Would there be any differences from how you answered? (5 minutes)

6) What are the most important health issues for African American women, men and children? What are the barriers to preventing these health issues or getting care for these issues? (10 minutes)

7a) What helps and what are the challenges to healthy sexual/intimate relationships between couples? How did you learn about sex and intimacy? How and when do you think people should learn about sex and intimacy? (10 minutes)

7b) How do you think younger generations would answer this? Would there be any differences from how you answered? (5 minutes)

*Okay, now I'd like to talk about racism. I know we won't have enough time to discuss it fully, but if we could, I'd like to talk about how it has affects families.*

8) How has racism affected your family in the past and now? (20 minutes)

9) Is there anything we haven't asked that we should have? (5 minutes)

*Thank you very much. If you would like to get a report of what we find out from all the focus groups, please let us know when you pick up your honorarium.*



## Discussion Guide Youth 14-19 years

### I. Welcome– 5 minutes

**Welcome:** Introductions of facilitator, assistant. – Before we get started, help yourself to refreshments. The bathrooms are .....

**Groups should take about 2 hours.** We'll be out of here by **3:00** When we are done with the discussion, please make sure that you have signed in and pick up your \$50 honorarium.

**Confidentiality:** All of the information we collect today will be kept confidential – that is we will not associate anyone's name or organizations with any of the information we report. The information will be combined with information from the eight other focus groups we are conducting. No information will be used in a manner that would be traceable to an individual or group. We will be taking notes and using a tape recorder to help us capture everything that is discussed.

### II. Purpose of Groups – 5 minutes

We asked you to come here today to provide input into Multnomah County Health Department's planning process for services. Today we are going to be talking about strengths in the African American community, the health-related needs of teens/adolescents, and ideas you may have that could help teens stay healthy.

The Health Department's Healthy Birth Initiative is sponsoring these groups. We are not expecting that you have heard of this program, **but out of curiosity, can I see a show of hands of those who have heard of the Healthy Birth Initiative (HBI) Program?**

The program was created to help reduce the number of babies who are born with low birth weight (weighing less than 5 pounds, 8 ounces) or die before they turn 1 (infant mortality). The HBI program was designed to work exclusively with African American women and families. The program is needed because African American babies in Multnomah County are twice as likely as White babies to be born too small or die within their first year of life

We want to talk about a wide-range of issues because it isn't just one thing that is causing women to have these poor birth outcomes. We want to hear your thoughts on how the community and programs can support healthy families, teens and children.

### III. Discussion Questions

We have a lot to discuss, and in order to get to all the questions and end when we said we would, I may have to move us along if we go longer than we have time for. Is that alright with the group?

Okay, let's start by going around the room and having each of you introduce yourself by just your first name. Then, I'd like you to answer a question briefly:



1) What are you doing this summer? And if it's different, what do you want to be doing this summer? (5 minutes)

*Okay, now I'd like you to think about North and Northeast Portland.*

2) How has the neighborhood changed in the last five or so years? How have these changes affected you and your friends? (5-10 minutes)

*Okay, I'd like you to take a moment and think about the goals you have.*

3) What are the things you have done so far or want to do to reach your goals in life? Has anything got in the way of reaching your goals? If so, what types of things got in way? What has been helpful or would be helpful to you? (10 minutes)

*The next couple of questions are going to be about health and what makes individuals and families healthy. So let's take a minute to think about how you would describe healthy people.*

4) What do healthy African American women look like to you? How about men? (10 minutes)

5) What helps and what are the challenges to healthy sexual/intimate relationships between couples? How did you learn about sex and family planning? How and when do you think people should learn about sex, family planning, and relationships? (10 minutes)

6) What are the most important health issues for African American teens? (5-10 minutes)

7) What types of things does the community already have that could help with these health issues? What is needed in the community to keep teens healthy? (10 minutes)

*Okay, now I'd like to talk about racism. I know we don't have enough time to discuss it fully, but if we could, I'd like to talk about how it affects young people.*

8) How has racism affected you and your friends— and has there been any difference between now and when you were younger? How about any differences between now and when your parents were your age. (20 minutes)

9) Is there anything we haven't asked that we should have? (5 minutes)

*Thank you very much. If you would like to get a report of what we find out from all the focus groups, please let us know when you pick up your honorarium.*



## Discussion Guide for Men

- 1) What are men doing to be good fathers and partners, and what can service providers do to assist them?
- 2) What are the contributors and challenges to healthy sexual/intimate relationships between couples? What resources and services would be most useful for preventing and reducing violence and abuse between AA couples and within families?
- 3) How can men take better care of their and their family's health?
- 4) If you were to design a program to help AA families stay healthy (or stay healthy), what would it look like?
- 5) What do men like most about the HBI program and its men's health project? What don't they like about it?
- 6) What are the priority health topics for health education activities for men? For families?
- 7) How can parenting and health education be presented in the most practical way?
- 8) Domestic and Family Violence- How can we help prevent it?
- 9) Family planning and unplanned pregnancy- What effects does it have on men, relationships, and the family structure?

