# The COLOR OF C.A.R.E.

## STRATEGIC PLAN

2020 – 2025

# Table of Contents

# Acknowledgments

This strategic plan was developed and written by the Founder and Board of Directors of the Women's Health Initiative, Inc. along with the guidance and expertise of public health professionals and members of the community.

**Natrina N. Kennedy, MPH**
Founder & CEO, WHI

**Tiye Link, EdD., MS, MBA**
Board Member, WHI
Program Director, Nashville CARES

**Aminah Muhammad, LPN**
Board Member, WHI
Owner of Aimee Z's Passionate Pastries

**Camille Jackson**
Board Member, WHI

**Laniece Thomas Flagg**
Board Member, WHI
Owner of Sankofa US
Manager of Ministry Services, Evangelical Covenant Church

**Lena Hatchett, PhD**
Associate Professor at Loyola University Chicago
Neiswanger Institute for Bioethics and Healthcare Leadership
Principal Investigator for Proviso Partners for Health

**Ruth Kafensztok, DrPH**
Assistant Professor at Loyola University of Chicago
Parkinson School of Health Sciences and Public Health

**Cidney Robinson, MPH**
Environmental Scientist
Community Member, Roseland, Chicago, IL

**Stephanie J. Townsell, MPH**
Director of Public Health, American Osteopathic Association

**Lena Townsell**
MA Art Therapy Student
George Washington University

# Message from the Founder & CEO

On behalf of the Women's Health Initiative, Inc., I am excited to present our strategic plan for the next five years called the Color of C.A.R.E. This strategic plan represents the collaborative efforts of myself, the board of directors, public health professionals, and community members from the city of Chicago. Together, we have spent the last year reviewing current literature, analyzing data, prioritizing the community needs, learning best practices, and incorporating the voice of the community to truly impact the lives of black women and young girls, starting with their mental health.

I am a black woman born and raised on the South Side of Chicago. The South Side is prone to severe disinvestment and much hardship. It is my vision that other black women and young girls have the same opportunities that have allowed me to thrive. As the Founder and CEO of the Women's Health Initiative, I have the wonderful opportunity to improve health and empower women in a way that can shake and shift systems in place that currently lead to poor health outcomes for my community.

Optimal health is contingent on many factors outside of the health system including but not limited to access to healthy foods, education, housing, safety, income, healthy relationships and friendships, gender, racism, economic stability, and stress. All of these are critical factors that directly impact quality of life. With the help of so many, The Color of C.A.R.E. was created with all these things in mind. It is designed to give women in the community a voice, a safe space to share their stories, support one another, become aware and promote health education, and more importantly love on themselves. The Color of C.A.R.E. addresses the root causes of health issues in our community and teaches individuals to unapologetically embrace their culture.

As a black woman and public health leader it is important that I acknowledge that racism is volatile in nature. It is engrained in the very infrastructures that we need the most to be healthy. It is my duty to reach as many women and girls as possible and express that your gender and ethnicity is not your greatest obstacle but is indeed your greatest strength. Here, we have the unique ability to bridge the gap between public health and the community through education, social cohesion, and resilience.

I am incredibly grateful for all the time, energy, and commitment that went into building such a community driven strategic plan. I look forward to taking action and working alongside the community, partners, and stakeholders. I invite you to thoroughly review the Color of C.A.R.E. strategic plan. Achieving health equity and breaking barriers to combat health disparities is no easy task, but together we can take a step closer to ensuring that black women and young girls have the resources, knowledge, and support to have a healthy life and thrive.

Natrina N. Kennedy
Founder & CEO, Women's Health Initiative, Inc.

# Executive Summary

The health injustices faced by African American women continues to persists at an all-time high. The everyday circumstances and living conditions for African American women has taken a toil on health outcomes for centuries. Policymakers, health systems leaders, and community members have intensified strategies to address underline social and racial discrimination, but the color of an individual's skin and gender remains to be an everlasting influence in healthcare.

## Mission

*The Women's Health Initiative, Inc. commonly known as WHI, is a 501©3 non profit organization dedicated to decreasing health disparities among women while empowering women through education and supportive services.*

The Centers for Disease Control and Prevention report that Black women are expected to live to age 78 compared to white women at an age of 82. [1] In the state of Illinois, Black women are 6 times more likely to die of a pregnancy related condition compared to white women with 19% of those deaths due to mental health conditions.[2] Black women are also at high risk for serious health problems such as heart diseases, high blood pressure, diabetes, depression, and anxiety, which can all be potentially caused continued stress on the body.[3, 4]

For African American women, stress is multifaceted and interconnected with race and gender, historical trauma, economic inequality, and familial relationships.[5, 6, 7] Studies indicate that 5% of Black women in the United States report psychological distress and feelings of sadness and worthlessness during most of a 30-day period, and are more likely than white women to report stress, depression, and problems with emotions.[8, 9] Research has also shown that resilience, self-care, and social support can potentially function as a preventative measure, reducing poor mental health outcomes for African American women.[10, 11, 12]

This strategic plan proposes a 5-year community-based intervention called the Color of - Culture, Active Self - Care, Resilience, and Education (C.A.R.E.) that encourages African American women ages 15-45 to actively engage in self-care, consisting of mindfulness and meditation, social support, community building activities, expressive arts, and health education.

This development of this strategic plan consisted of 6 quarterly board meetings and 8 months of research and planning with guidance from a wide range of public health professionals and community members. The Color of C.A.R.E. outlines 8 goals and objectives encompassing 20 strategies across 6 areas of focus. Many strategies are inclusive of the community and relies heavily on increasing social cohesion, embracing culture, and reducing systemic barriers to health.

## Vision

*WHI envisions a society where all women and young girls are empowered and live healthy free of racial, social, or economic barriers.*

### Overarching Outcomes

1. Build resilience
2. Encourage healthy self-care practices
3. Decrease frequently stressed days
4. Increase social cohesion
5. Improve perinatal health
6. Decrease risky sexual behaviors
7. Improve overall gynecological health
8. Increase awareness on structural and institutional barriers
9. Intensify strategies to reduce racial, social, and economic barriers
10. Amplify community voices

The Color of C.A.R.E. 2020 – 2025 strategic plan reinforces WHI's commitment to improving health and empowering women.  This plan will be launched on the South Side of Chicago, but is intended to be re-evaluated in 2025. At that time, it is WHI's hope to expand and tailor this plan to other Chicagoland communities, Cities, and West Africa, where on-going health disparities endure and poor health outcomes remain amidst African American women.

 This strategic plan will be assessed on an annual basis through social media data collection, community surveys, and a program analysis to ensure that all goals, objectives, strategies, and activities are directly in alignment with WHI's mission, vision, and values. WHI truly appreciates all parties involved in the development of this plan, future partners and sponsors, and the community.

# Development of Strategic Plan

## How the Color of C.A.R.E. 2020 – 2025 Strategic Plan was Created?

"If you are fortunate to have opportunity, it is your duty to make sure other people have those opportunities as well".
– Kamala Harris
U.S. Senator
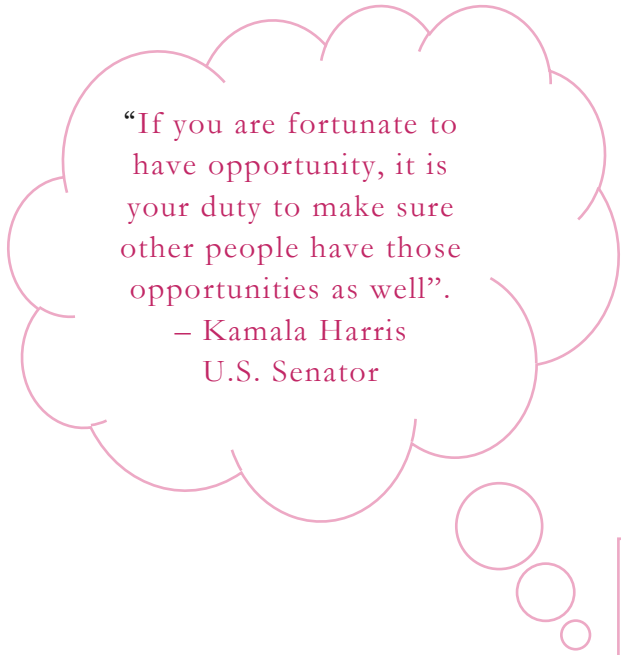
**6** quarterly board meetings

**8** months of research and planning

**1** year of identifying and developing partnerships + assessing stakeholder priorities

This strategic plan was designed to be actionable and empower women and young girls within the African American community. Our mission, vision, goals, objectives, and strategies were created to work together to accelerate the advancement of health equity and improve overall well-being. The plan is strengthened by measurable objectives and indicators essential for evaluating and ensuring success.

| To enhance the effectiveness of this plan and the potential for success in implementation, WHI will do the following: | *Align* all work internally & externally with mission & vision. |
| | *Address* the needs of African American women and girls. |
| | *Amplify* community voices. |

WHI acknowledges and is intensely aware that the influence of external factors, funding, and future partnerships play an enormous role in driving the success of the Color of C.A.R.E. It is our hope that this strategic plan is agile to the changing dynamics of society and is responsive to the evolving needs of women and girls in the community. Future evaluations will reveal progress and new approaches to achieving our goals and objectives. WHI recognizes there is ample opportunity to connect with the community and much room to build towards improving health outcomes. The Color of C.A.R.E.'s goals, objectives, and strategies are grounded in much evidence and literature, and are designed to be intentional in addressing barriers that result in poor health.

# Background

## Introduction

Stress is the "body's reaction to any change that requires an adjustment or response".[13] Stress impacts the body and impacts overall health leading to significantly poor mental and physical health outcomes. There are two major forms of stress, acute stress and chronic stress. Acute stress is defined as short stress that "stems from the demands and pressures of the recent past and anticipated demands and pressures of the near future".[14] While chronic stress is "a long-term form of stress, derives from unending feelings of despair/hopelessness, as a result of factors such as poverty, family dysfunction, feelings of helplessness, and/or traumatic early childhood experience".[14] This review summarizes research from a biopsychosocial lens examining the impact of stress on the body, perceived stress, toxic stress, coping mechanisms, identified stressors, protective factors for stress, and resilience pertaining to African American women and girls. The intent of this review is to not only summarize existing literature, but also emerge a greater awareness regarding healthcare utilization for mental health services, health disparities pertaining to stress, and current evidence-based strategies to alleviating stress in a way that leads to healthier mental and physical outcomes.

## Biopsychosocial Framework

### *Biological*

When the body is stressed there is a physical and internal response that occurs starting with the brain. The brain "interprets experiences as threatening or nonthreatening, which determines both behavioral and physiological responses to each situation".[15] When the body is stressed there is a pathway between the brain and the endocrine system that entails the hypothalamic-pituitary-adrenal (HPA) axis. The HPA "drives the endocrine stress response by producing a steroid hormone called glucorticiods, which includes cortisol, commonly referred to as the stress hormone".[16] When the body is responding to acute stress, it is in a state of "fight or flight", continuously attempting to translate experiences and

producing hormones that allow the body to adapt in the short run.[15] On the contrary, chronic stress, disrupts the body's ability to "maintain stability (homeostasis)" and leads to wear and tear on both the body and the brain over time.[15] Chronic stress damages the body immune system and has been "linked to future development of physical and mental health conditions including chronic fatigue, diabetes/obesity, depression, and immune disorders.[16]

## *Psychological*

Early life and adverse childhood experiences shape how individuals react to new situations.[15] The Centers for Disease Control and Prevention defines adverse childhood experiences as "potentially traumatic events that occur in childhood".[17] In a cross-sectional analysis of 310 Black women, an association between perceived stress and mental health outcomes were identified, with 46% of Black women experiencing severe depression.[12] Depression is defined as a "mood disorder that affects how you feel, think, and handle daily activities".[18] Likewise, toxic stress from adverse childhood experiences can alter brain development and create challenges with forming healthy relationships. This along with ongoing historical trauma such as systemic racism negatively influences learning, decision making, attention, and response to stress.[17] Toxic stress is described as the "excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships".[19]

## *Social*

The early life and adverse childhood experiences and social influences such as "living in under-resources or racially segregated neighborhoods, employment, and food insecurity can contribute to toxic stress".[14] Likewise, unemployment has been consistently linked to increased psychological distress along with discrimination.[20] In 2015, a meta-analysis was conducted demonstrating that "racism is significantly related to poorer mental health including depression, anxiety, and psychological stress, with negative mental health at $r = -.23$, 95% CI [-.24,-.21], $k = 227$ compared to positive mental health at $r = -.13$, 95%

CI [-.16,-.10], k = 113".[21] For African American women, stress is multifaceted, influenced by race, gender, and two centuries of forced trauma through slavery.[6]

The added stress of African American women being part of a marginalized community and experiencing discrimination limits economic mobility resulting in continuous health risks.[7] Consequently, family support and higher income counteracts economic inequality that leads to poor physical and mental health outcomes.[6] Studies also show that "familial relationships—both positive and negative—can also strongly impact mental health; family connectedness have all been associated with fewer depressive symptoms".[20]

## Prevalence of Mental Health & Social Barriers Among Black Women

The National Health Interview Survey reported that approximately 5% of Black Women in the United States experience psychological distress and feelings of sadness and worthlessness most of the time within a 30-day period compared to 3% of white women.[8] Similarly, when asked to think about their mental health - including stress, depression, and problems with emotions—Black women report having an average of 4.7 days per month on which their mental health is not good in comparison to 4.2 days for white women".[9] Black women are more likely to experience depression and anxiety due to higher rates of poverty, racism, and bearing the responsibility of the well-being for their families.[9] In Chicago, women living below the federal poverty level are 2.5 times more likely to experience mentally unhealthy days than individuals with higher incomes above the poverty level.[22] In 2014, 25% of Black women lived in poverty compared to 11% of White women; similarly, higher levels of poverty are prevalent across age groups among Black women compared to other ethnic groups with more than 3 out 10 Black female millennials living below the poverty line.[9] Furthermore, 80% of Black women are "breadwinners", which is defined as a single mother or a married mother who accounts for 40% or more of the household income, at a median annual income of $34,000 across the nation for Black women.[9] Finally, the prevalence of suicides

across the African American community has declined with the exception of high school African American females being 70% more likely to attempt suicide as compared to White females of the same age.[23]

## Resilience

Resilience is the "process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress".[24] The Resiliency in Action organization supported by ACEs provides a resiliency framework that identifies characteristic frequently found in individuals, who are the most resilient – "responsiveness, cultural flexibility, empathy, caring, communication skills, planning, help-seeking, critical and creative thinking, sense of identity, self-efficacy, self-awareness, task-mastery, adaptive distancing from negative messages and conditions, goal setting, educational aspirations, optimism, faith, and spiritual connectedness".[25]

The capacity to which resilience is able to act as a preventative measure is strongly contingent on ingrained psychosocial factors.[10] Richard Lazarus of the University of California Berkley, developed the transactional model of stress and coping as outlined in Appendix A. This model examines the interactions between a person and their environment, identifying stress as an imbalance between the demands placed on a person and available coping resources.[26] The model focuses on the interpretation of stressful events (perceived stress) by assessing stressors, measuring how much control a person has over the stressor, coping, and finally examining if the stressor has been effectively negated.

Social support has been found to diminish the negative effects of stressors.[26] In recent studies, collective cultural identity and greater social support predicts higher resilience among the African American community.[27, 44] Additionally, "recent findings in a cross-sectional study indicates that self-awareness and resilience do predict self-care, and self-care mediates the negative relationship between stress and health".[11]

## Coping Mechanisms

When understanding coping mechanisms for Black women's mental health, intergenerational stress must first be understood in connection with perceived stress.[28] Researchers have indicated that

health disparities in African American women, including adverse birth outcomes and untreated depression, can be explained by stress and coping.[5]  Black women have faced ongoing challenges coping with stress for centuries, in particular racism and sexism. It has been made evident earlier in this review that there is a plethora of disparities, such as economic inequality and discrimination, that shape the everyday lives of Black women. Sociohistorical trauma has "encouraged strength, emotional suppression, self-reliance, and self-sacrifice across African American women".[29] The "Strong Black Woman" commonly referred to as the "Super Woman Schema" has been studied and emphasized as a phenomenon influencing African American women's experiences and reports of stress.[5] Furthermore, participants in a qualitative study reported both pros and cons to the "Super Woman Schema". The preservation of self, family, and community were identified as benefits; however, relationship strains, stress-related behaviors, and stress embodiment were characterized as negative results of the "Super Woman Schema".[30]

## Evidence-Based Interventions

Healthcare utilization remains at an all-time low regarding mental health services for the African American community – with only 1 in 3 Black Adults receiving needed mental health care.[31, 32, 33] Barriers such as education, economic resources, stigma, provider bias, inconsistent care, access to coverage, diagnostic accuracy, and an increase in emergency care versus mental health specialists continue to persist.[31, 33] "Policy makers are intensifying strategies to address underline social and racial discrimination" that contribute to many of these barriers.[7] In addition, historical trauma and slavery are deeply rooted in the lived experiences of the African American community. These experiences tightly joined with other social influencers can be mitigated through "community-based interventions that build neighborhood trust and safety eliminating systemic social inequalities".[20] Culturally tailoring social and behavioral interventions "foster resilience", "reduce the chronic stress burden, and benefit both the brain and the body".[15, 34] Although stress can be extremely complex for African American women, research has shown many evidence-based approaches that encourages a mind-body methodology that entails mindfulness, music

therapy and singing, dance movement therapy, and yoga.[5, 35, 36, 37] These approaches improve social cohesion, clinical and cognitive outcomes, and reduce anxiety and depression in the long term.[35, 36, 37]

**Limitations in Knowledge**

Overall, there is very few studies that research the impact and or correlation between cultural identity and resilience and mental illness. Similarly, there are not many studies dissecting the relationship between performing and creative arts and mental illness. Moreover, data concerning the prevalence of stress among African American are strictly limited to depression and anxiety. This creates challenges when attempting to understand the true severity of just stress among the African American female community. Finally, there are very few studies and little literature on the topic of self-care. It is highly probable that self-care is a newly expressed concept that hasn't merited much published literature.

# "I see a picture right now that's not parallel, so I'm going to straighten it. Things must be in order."
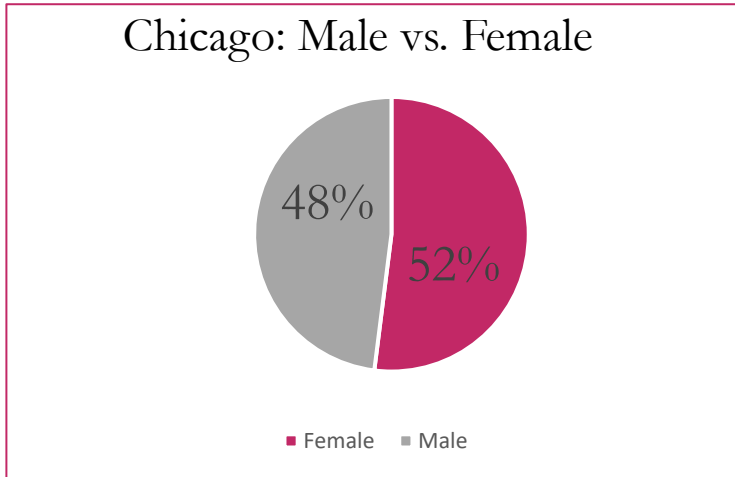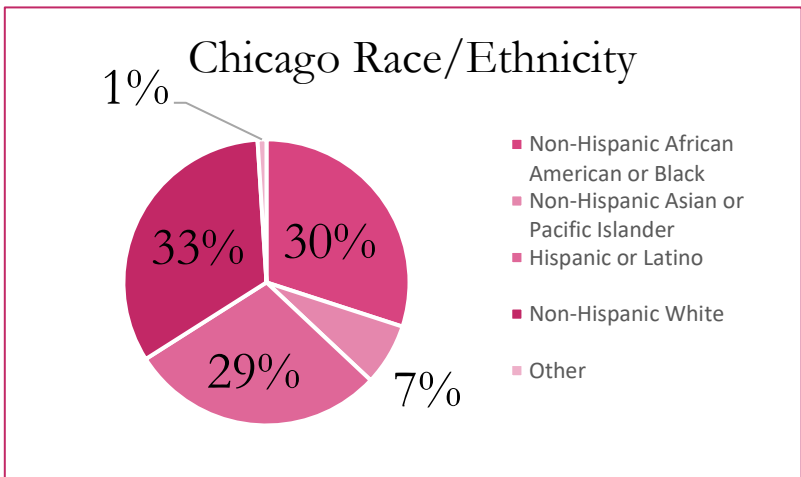
## — Katherine Johnson

### NASA Mathematician

# Addressing the Root Causes

## Community Needs Assessment

## Overview

Although stress among the African American female community is a public health concern across the entire nation, a local assessment of key health needs was completed utilizing a systematic review of data collected in the city of Chicago, Illinois. The Color of C.A.R.E. must assess the needs and strengths of the community to create a successful tailored approach to reduce stress and improve mental health outcomes. In Chicago, women report a higher rate of both depression and psychological distress compared to men, and those living below the federal poverty level are 2.5 times more likely to experience mentally unhealthy days.[22] The City of Chicago is comprised of approximately 30% Non-Hispanic African Americans and 52% female among 77 culturally rich communities.[38, 39] Institutional and structural racism in Chicago has led to a disinvestment in the South Side communities resulting in economic, social, violence, and health disparities.[40] Specifically, this community health needs assessment takes a closer look at two Far South Side communities, West Pullman and Roseland.



Chicago Race/Ethnicity

- Non-Hispanic African American or Black
- Non-Hispanic Asian or Pacific Islander
- Hispanic or Latino
- Non-Hispanic White
- Other

1% 33% 30% 29% 7%



Chicago: Male vs. Female

48% 52%

- Female - Male

Individuals living below the federal poverty level are **2.5** times more likely to experience mentally unhealthy days.

West Pullman and Roseland are adjacent to one another, and both neighborhoods are more than 90% Non-Hispanic African American or Black and approximately 55% female.[38, 39] Together, these two communities make up the 60628-zip code and encompasses roughly 2,000 single parent households, 16% of Chicago's total single parent households.[41] More than 30% of individuals residing in these communities are living below the poverty threshold, and 40% of households experience a severe housing cost burden.[42, 43] Additionally, approximately 20% of the 60628 are unemployed, and 15% of adults 25 and older do not have a high school diploma or GED.[44, 45]

Women in the 60628-Zip Code Represent **16%** of Chicago's, Single Parent Households.

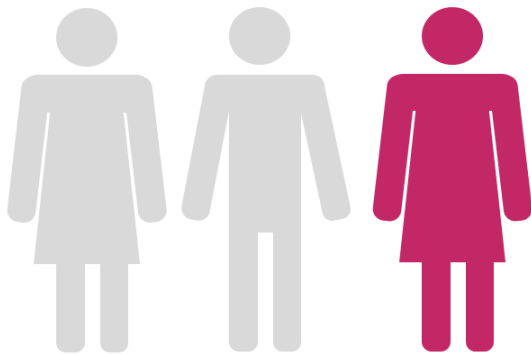**30%** of the 60628 Live Below the Poverty Threshold.

**40%** households in the 60628 spend **35%** or more of their income on housing costs.

**15%** of adults 25 and older in the 60628 community do **NOT** have a high school diploma or GED

# Food Insecurity & Lack of Access to Quality Care

The Roseland and West Pullman areas suffer from many social barriers and severe disinvestment that negatively impacts the community. Parallel to one another, both areas are subject to food insecurity resulting in more than 10,000 (30%) of community members with limited access to food.[46] In addition to food insecurity, these areas also lack health care services and quality care. Roseland Community Hospital is the only healthcare system and provider in the 60628 and services some of the most vulnerable populations in the city of Chicago. This hospital is an Illinois Safety Net Hospital and was strategically built to increase health care services in the community but is now no longer equipped to handle the hardships and health needs of the very people it was designed to serve. Illinois Safety Net Hospitals have limited funding as they are highly dependent on government funding and have very little resources.[47] Approximately 14% of individuals living in Roseland and West Pullman do not have health insurance coverage and 22% of individuals report not receiving needed care.[48, 49]

**1** in **3 Community**

Members in the 60628 Area have Limited Access to Food

**14%**
of
the 60628 Lack
Health Insurance

**22%**
of
the 60628 Report Not
Receiving Needed Care
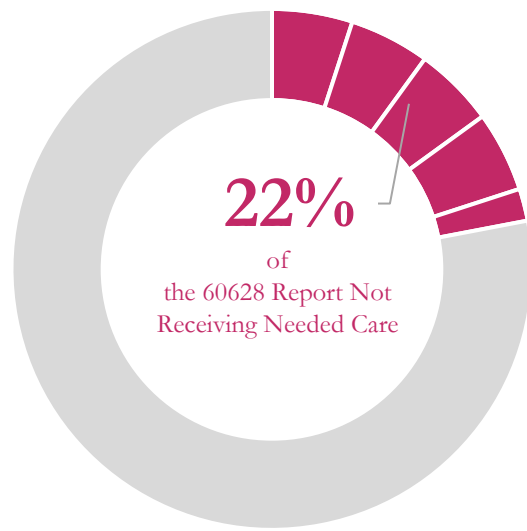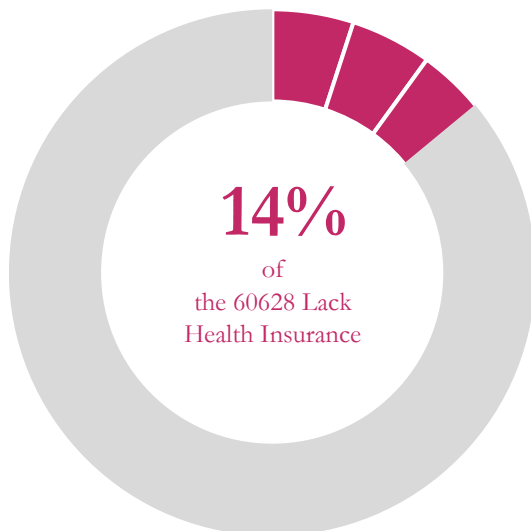
## Maternal Child Health

Moreover, there are approximately 60 births per 1,000 in the Roseland and West Pullman compared to 55 births per 1,000 for the city of Chicago, and only half of the women who gave birth in this community report receiving adequate prenatal care from the beginning of their pregnancy until delivery. [50, 51] Respectively, Roseland and West Pullman also consists of higher rates of teen births with 33.3 and 38.7 births per 1,000 compared to 21.5 births per 1,000 for Chicago as a whole.[52] Furthermore, in both of these communities, 13% of babies are born preterm and or with a low birthweight. [53, 54] The city of Chicago reports an infant mortality rate of 6.6 deaths per 1,000 births.[55] Yet, Roseland and West Pullman, both have an infant mortality of more than double that of Chicago, with respectively 12.2 and 13.7 deaths per 1,000 live births.[55]

6.6
Deaths per 1,000
Chicago

12.2
Deaths per 1,000
Roseland

13.7
Deaths per 1,000
West Pullman
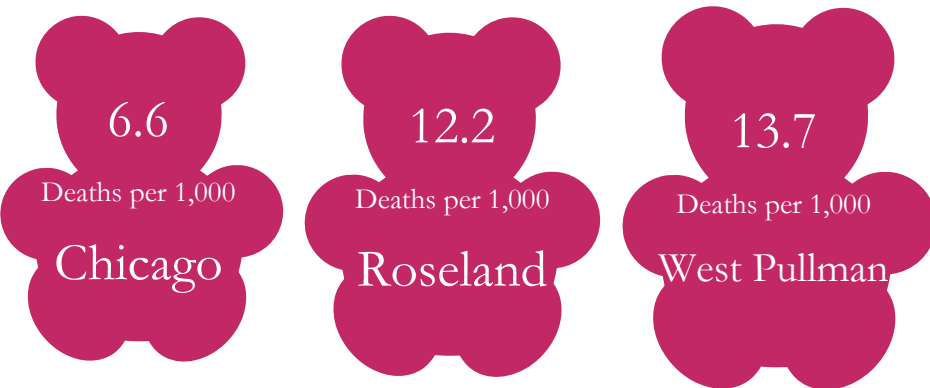
Roseland and West Pullman have **INFANT MORTALITY RATES** that are more than the **DOUBLE** the citywide rate
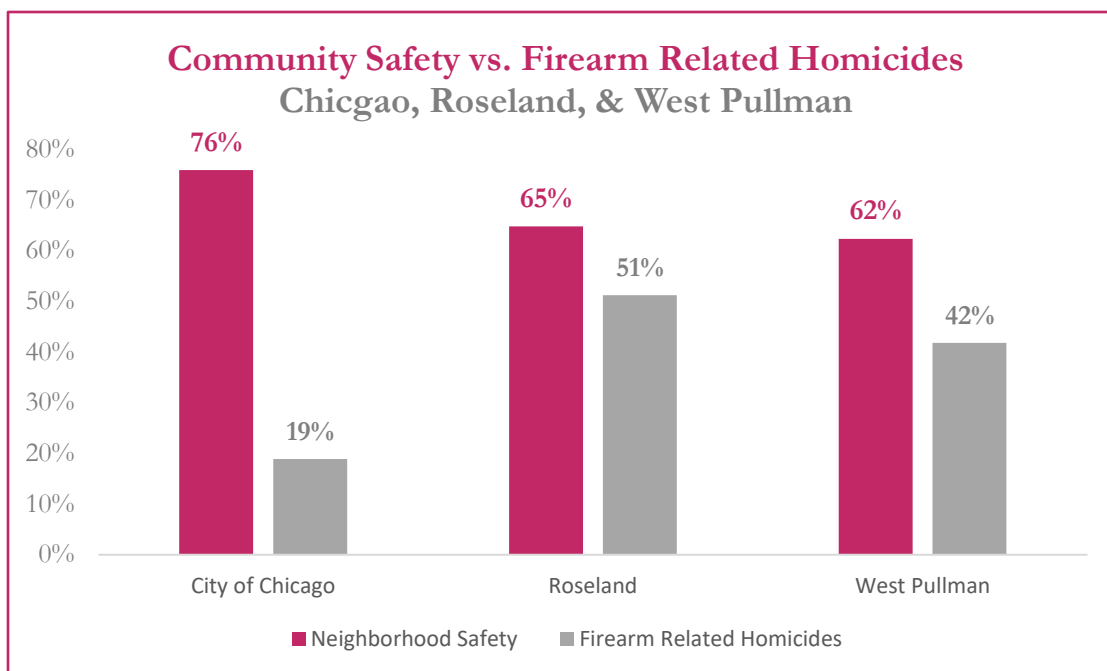
**ONLY** 50% of women who gave birth in the 60628-report receiving adequate prenatal care.

# Reducing Crime & Violence

Beyond poor maternal child health outcomes, these communities also suffer from high crime and gun violence. In 2018, the Research and Development Division of the Chicago Police Department reported 351 crimes involving a firearm in public places in Roseland and 242 in West Pullman.[56] Meanwhile 51% of deaths in Roseland are firearm related homicide along with 42% in West Pullman.[57] Nevertheless, slightly more than 60% of adults 18 years and older report they feel safe in these two neighborhoods.[58]

# Behavioral Health

Despite such violence and trauma, these areas lack mental health services. In fact, these communities have no reported mental health services beyond Roseland Community Hospital and 28 social support services delegated by the Department of Family and Support Services, which offers very limited support and or are not specific to mental or behavioral health.[59] In comparison to these two neighborhoods, Chicago offers a total of 1,354 social support services across the city. There are many gaps in surveillance of behavioral health from government agencies and health systems as there is no reported data outlining mental health outcomes for any Far South Side community.



Community Safety vs. Firearm Related Homicides
Chicgao, Roseland, & West Pullman

| | City of Chicago | Roseland | West Pullman |
|---|---|---|---|
| Neighborhood Safety | 76% | 65% | 62% |
| Firearm Related Homicides | 19% | 51% | 42% |

## Community Belonging

In the 60628 area, there is a sense of community belonging as 55% of adults feel as though they are a part of their neighborhood.[60] Members of the community rely heavily on local nonprofits and churches as these entities provide most of the resources. There are exactly 20 churches, 6 nonprofits and 1 community center housed in the Roseland and West Pullman area that provide food, clothes, shelter, teen outreach, gun violence interventions, and a safe space for community members. With the lack thereof strong structural health systems and political investment, the local support of community and faith – based organizations are what hold the social bonds together in this particular area.[40]

### Roseland

59%

### West Pullman

55%

### Chicago

63%
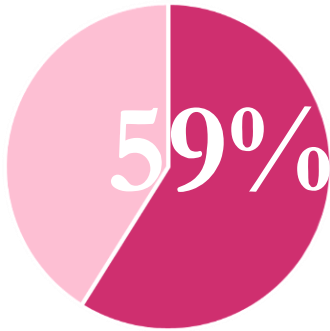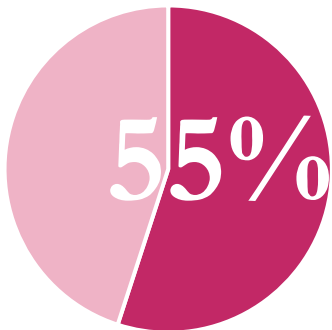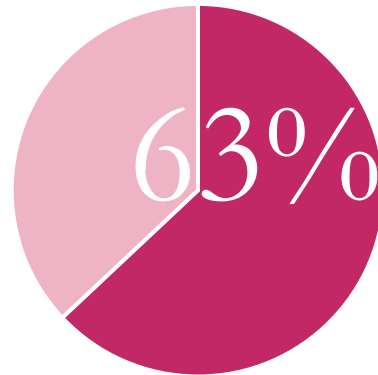
### Adults who *feel* like they are a part of the neighborhood

# Opportunities for Community Development

Individuals living in the 60628 are expected to live to the age of 70 compared 77, the average life expectancy for an individual living in Chicago.[61] The difference in life expectancy can be directly linked to the disinvestment and social barriers in the 60628 community. Reducing health inequities directly triggered by social determinants of health is key to improving health outcomes for the 60628. The individuals in these communities are burdened by so much – food, housing, violence, and lack of access to care and support. There is a crucial need to build a framework that shifts the paradigm to focusing on providing support in a manner that uplifts and builds resilience in the community.
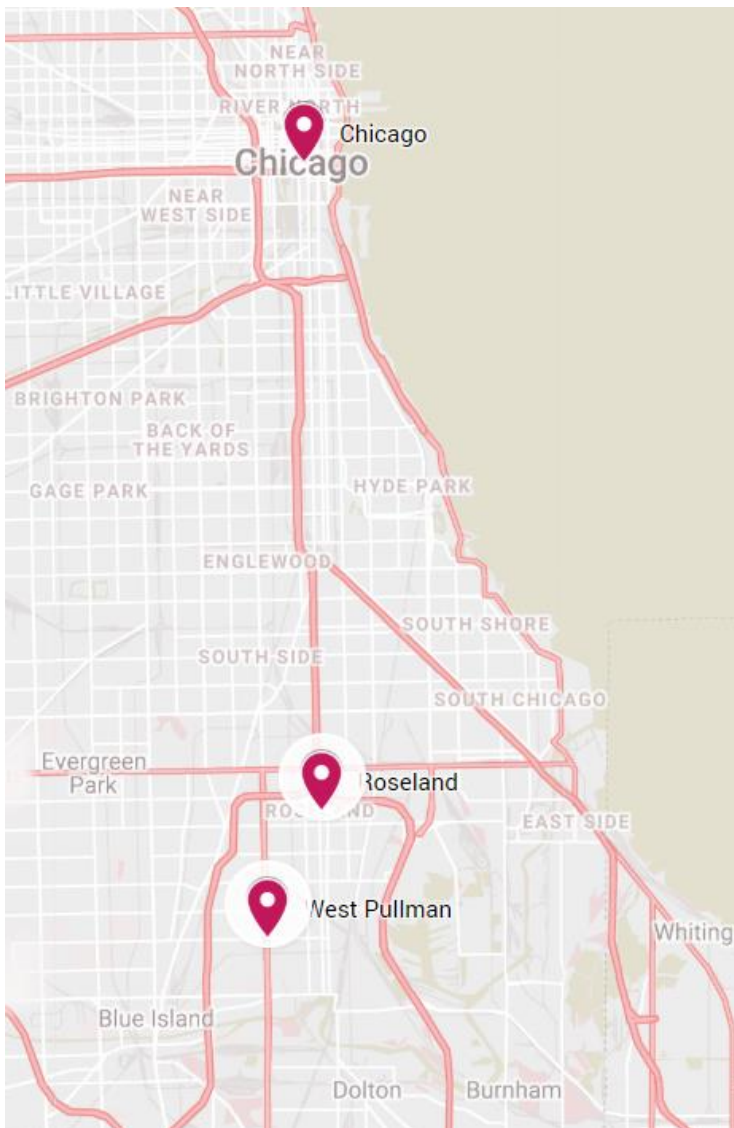


The Life Expectancy for a Chicagoan in the 60628 is

## 7 Years Lower

than the City of Chicago's Average

## Life Expectancy



| CITY OF CHICAGO | THE 60628 |
|---|---|
| 77 | 70 |
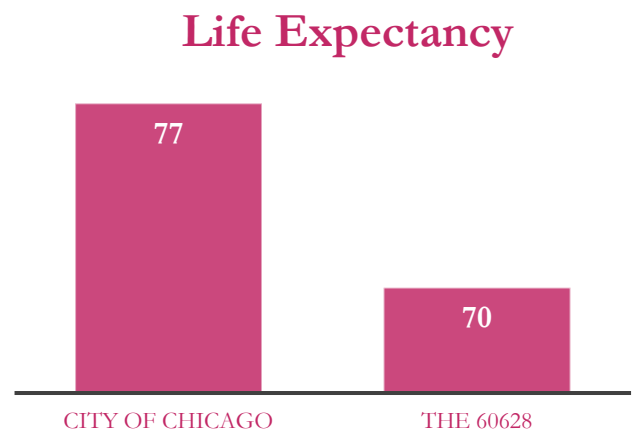
**"Communities, countries, and *ultimately* the world are only as strong as the health of their women."**

**-Michelle Obama**
Former First Lady of the U.S.

# Areas of Focus

WHI's efforts are centered around six areas of focus. All areas of focus are defined here to greater guide all work and effectively evaluate outcomes surrounding improving health and empowering women and young girls.

## Empowerment

The process of becoming stronger and more confident, especially in controlling one's life and claiming one's right.

## Health Advocacy

Educating, organizing, and mobilizing for systems change in population health.

## Health Promotion

The process of enabling people to increase control over, and to improve their health by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

## Social Health

The ability to form meaningful relationships with other people and interact in healthy, positive ways. Social Support refers to a network of family, friends, neighbors, and community members that is available in time of need to give psychological, physical, and financial support.

## Sexual & Reproductive Health

The state of well-being in relation to the female reproductive system and safe sexual practices over all life stages of a woman.

## Mental Health

A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

# STRATEGIC PLAN FRAMEWORK

This strategic plan framework covers a five-year period, 2020 - 2025. In 2025, WHI will assess the success and progress of all efforts for the Color of C.A.R.E. At that time, WHI will develop additional strategies and amend the strategic plan framework as needed to achieve goals for 2030.

Our efforts were developed according to 6 areas of focus: preventative health, mental health, social health, sexual & reproductive health, health advocacy, and empowerment.

## I. Preventative Health

**Goal 1:** Support health promotion to improve self-care and well-being.

- ✓ **Objective 1**: By 2025, encourage 2,500 (500 per year) African American women and girls ages 15 - 45 to engage in a minimum of one healthy self -care practice.

    **+Strategy 1**: Raise awareness and increase knowledge of the biological, psychological, and social implications of stress by implementing a community informed social media campaign focused on various areas of stress, social support, trauma, disparities, and successful supportive services.

    **+Strategy 2:** Host community self-care events to educate the public on the significance of self-care as it pertains to overall well-being and various avenues to actively practice healthy self-care.

    **+Strategy 3:** Build the CARE App, a culturally tailored mobile application designed for individuals to track daily stressors and moods, available resources; calendar to share WHI or partners health-related events, daily affirmations; a women's health need – to – know snapshot with definitions,  informational notes on best ways to cope with stress; poems; basic yoga and meditation poses; and a space with tips to reflect and or journal.

## II. Mental Health

**Goal 2:** Decrease the prevalence of behaviors and experiences that contribute to chronic or toxic stress.

- ✓ **Objective 2:** By 2025, incorporate a 10% reduction in the number of frequently stressed days among Black women and girls ages 15- 45.

    **+Strategy 4:** Promote trauma informed care, screenings, and mental health services utilization by partnering with local organizations, schools, health systems, and social services to provide free resources to the community – i.e. free mental

health screenings, school or community based health panels w/mental health specialists, community health block parties to expose individuals to available resources and support in their neighborhoods, etc.

+**Strategy 5:** Partner with healthcare professionals to develop 8 semi-annual community socials, panels, and seminars to provide health education to African American women and girls on how to identify stressors in their life and early signs and indicators of chronic or toxic stress, anxiety, and depression.

+**Strategy 6:** Establish the *Brown Girl Healing Circle*, group support designed for African American women ages 15-45 to share life experiences and uplift one another in a healthy and safe space.

+**Strategy 7:** Explore use of expressive arts, mindfulness, and healthy creative outlets to offset stress, anxiety, and depression among African American women in the community ages 15 -45.

### III. Social Health
**Goal 3:** Increase social cohesion.

✓ **Objective 3:** By 2025, increase the number of African American women and young girls, who feel a sense of support and strong, healthy long-lasting relationships within the community.

+**Strategy 8:** Organize community socials and health panels to give members of the community a safe space to embrace their culture, actively support one another, build relationships, and share health resources and or experiences.

+**Strategy 9:** Develop and launch a mentorship program to enhance intergenerational support among African American women ages 15-45.

+**Strategy 10:** Build an online presence of 10,000 followers or more on Facebook, Instagram, and Twitter that increases safe spaces for African American women and young girls to learn, connect, share stories, and interact with one another in a positive and healthy manner.

### IV. Sexual & Reproductive Health
**Goal 4:** Improve perinatal maternal health.

✓ **Objective 4**: By 2025, improve support mechanisms for mothers with lived experiences of stress, anxiety, and depression before, during, and after pregnancy.

+**Strategy 11**: Endorse community lead perinatal group support to enhance support systems for mothers before, during, and after pregnancy.

+**Strategy 12**: Support extensive behavioral and social health screenings with the expansion of supportive services for mothers within health systems alongside clinicians and community advocates.

+**Strategy 13**: Increase comprehensive perinatal knowledge and resources among teen age mothers through the use of both social media and community socials.

**Goal 5:** Decrease risky sexual behaviors among African American ages 15 – 25.[62,63]

- ✓ **Objective 5:** By 2025, reduce the proportion of African American women ages 15 – 25, who are at risk for unintended pregnancy and or sexually transmitted infections including human immunodeficiency virus (HIV).

  +**Strategy 14**: Normalize healthy discussion surrounding sexual behaviors and lived experiences by partnering with local high schools, colleges, and universities to support young African American women by advancing problem solving and coping skills, building healthy relationships, increasing connectedness to family & friends, accessing free health resources, and improving overall sexual education.

**Goal 6:** Improve overall gynecological health.

- ✓ **Objective 6:** By 2025, increase the number of women, who receive annual gynecological (gyne) care and practice overall healthy behaviors and hygiene that lead to positive gynecological (gyne) health outcomes by 25%.

  +**Strategy 15**: Partner with Gynecologists of color to increase health care utilization and educate African American women ages 15 – 45 on the significance of overall gynecological well-being and ways to improve gyne health such as exercise, sleeping, healthy – eating, safe sex, etc.

## V. Health Advocacy
**Goal 7:** Advance health equity.

- ✓ **Objective 7**: By 2025, reduce structural & institutional barriers to quality health.

  +**Strategy 16:** Work with stakeholders to encourage expansion of mental and behavioral health surveillance in the black community to support advocacy for culturally tailored mental health services.

+**Strategy 17:** Increase the presence of black female health experts in the community, who understand the everyday lives and needs of Black women and girls to improve overall well-being and address the social determinants of health.

✓ **Objective 8**: By 2025**,** intensify strategies to reduce racial, social, and economic barriers that lead to poor health outcomes for African American women in the community ages 15 – 45.

+**Strategy 18** Mobilize a minimum of 50 community organizations, churches, schools, social media champions, and community leaders to build partnership and a community coalition that is dedicated to breaking racial, social, and economic barriers that continue to persist and lead to poor health outcomes.

## VI.    Empowerment
**Goal 8:** Amplify community voices.
✓ **Objective 9**: By 2025, improve public awareness regarding disinvestment in communities of color that hinder individuals from thriving and living healthy.

+**Strategy 19:** Establish annual community peace walk to mobilize the public, bring attention to the severe disinvestment in black and brown neighborhoods, and create an opportunity for members of the community to share their voice and experiences for change.

+**Strategy 20:** Create a mechanism for collecting and successfully sharing community input, experiences, and ideas for the development of social and mental well -being among African American women ages 15 – 45.

"Love yourself …

Appreciate yourself …

See the good in you …

And respect yourself …"

-   **Betty Shabazz**
Educator & Civil Rights Activist

# Potential Funders, Partnerships & Sponsors

This is a comprehensive list of potential funders, partners, and sponsors that WHI believe will help ensure the successful implementation of the Color of C.A.R.E. This list is not legally binding or represent any pre-existing agreements between WHI or any individual and or organization. It should be noted that future funding, partnerships, and sponsorships shall not be limited to this list. The individuals and organizations below embody the very essence of our mission and vision, and it is our hope that these organizations and individuals will take action with us in improving health outcomes for African American women and girls.

- Aimee Z's Passionate Pastries
- American College of Osteopathic Obstetrics and Gynecology
- Astella's Global Health Foundation
- Black Girls Break Bread
- Black Girls Breathing
- Black Girls Talk Podcast
- Building Our Own Communities – B.O.O.C.
- Bumble BFF
- Chicago Foundation for Women
- Coffee, Hip Hop, & Mental Health
- Congresswoman Robin Kelly
- Crème of Nature
- Fabletics
- Family Advocacy Center of DCFS
- Foundations Counseling, LLC
- Full Gospel Christian Center – Pastor Ernest Blackmon
- GirlTrek
- Hair – Esteem by Brandy J. Irons
- Healthy Hood Chi
- Hope and Grace Fund
- I Am Abel Foundation
- I Grow Chicago
- Institute for Positive Mental Health
- Kuumba Lynx
- Lioness Fashion Factory
- MADE Maven
- Mary Kay – Genevive Thomas
- Mental Health America – Community Transformation Grants
- Merck for Mothers
- National Alliance on Mental Illness Chicago
- National Medical Association
- New Life Covenant Church – Pastor John Hannah
- New Moms
- Nourished for Hair & Body, LLC
- Pretty Brown Girls
- Representative Mary E. Flowers
- Robert Wood Johnson Foundation, Community Solutions for Health Equity
- Salem Baptist Church (House of Hope) – Pastor James T. Meeks
- Semicolon Bookstore
- Shanya Gray, M.A., LCPC
- Sisters Inc. Leadership
- The Chicago Community Trust
- The Honey Pot Company
- Therapy for Black Girls
- Thrive Health Lab
- University of Chicago, Block Hassenfeld Casdin (BHC) Collaborative for Family Resilience Grants
- University of Chicago, Community Benefits Grant
- YWCA USA

# Program Activities & Timeline

| Activity | Year 1 2021 | Year 2 2022 | Year 3 2023 | Year 4 2024 | Year 5 2025 |
|---|---|---|---|---|---|
| Develop Program Plan | ■ | | | | |
| Begin Funding Application | ■ | | | | |
| Coalition Building and Partnership Development | ■ | | | | |
| Develop monitoring, assessing, and evaluation framework | ■ | | | | |
| Initiation of C.A.R.E. App Development | ■ | | | | |
| Build Social Media Presence – Facebook, Instagram, & Twitter | ■ | | | | |
| Annual Community Self-Care Events | ■ | | | | |
| Health Panels | | ■ | | | |
| Health Seminars | | ■ | | | |
| Community Socials | | ■ | | | |
| Informed Mental Health Social Media Campaign | | ■ | | | |
| Annual Community Peace Walk | | | ■ | | |
| Community Health Related Block Parties | | | ■ | | |
| Locate a home for WHI | | | | ■ | |
| Begin offering mindfulness activities – yoga, prayer, etc. | | | | ■ | |
| Begin offering expressive arts activities – dance, music, etc. | | | | ■ | |
| Launch Mentorship Program | | | | | ■ |
| Perinatal Support Group | | | | | ■ |
| Brown Girl Healing Circle, Community Support Group | | | | | ■ |

**\*\*\* Progress Monitoring and Assessment** →

# Program Outputs & Evaluation

Reach 2,500 African American Women & Girls

Reach 10,000 Followers on Facebook, Instagram, & Twitter

Acquire 50 Partnerships

Launch Initial Steps to Building C.A.R.E. App

Identify a Home to Offer Weekly Mindfulness & Express Art Activities

Host 5 Annual Community Self-Care Events

Host 3 Annual Community Related Block Parties

Host 3 Annual Community Peace Walks

Host 8 Semi-Annual Community Health Panels, Seminars, and or Socials

12 Monthly Mentorship Meetings

12 Monthly Perinatal & Brown Girl Healing Circle Support Group Sessions

# Next Steps: Taking Action

The Color of C.A.R.E. is an ambitious community intervention. The launching of this strategic plan is the ultimate first step in reducing barriers that result in African American women and girl's ability to be healthy and thrive. The true challenge will be executing this plan in its entirety over the next 5 years. WHI acknowledges the potential need for change and continuous evaluation of community need. This comprehensive plan that will align with the mission, vision, and community voice. There are 5 key next steps during year one needed to ensure a successful implementation.

1. **Assembling Program Plan & Establishing a Team**
   WHI will convene and create a program plan that deliberately outlines program logistics. The plan will be purposefully designed into phases to ensure feasibility. Also, identifying team members/volunteers and assessing expertise is fundamental in bringing this plan to life.

2. **Confirming Funding & Partnerships**
   It is imperative to build funding streams and partnerships as collaboration is essential to mobilizing the community and improving health outcomes. Work will be limited without the support of partnership or funding. Taking time to intricately building these relationships are significant to all future work.

3. **Monitoring & Evaluating Progress**
   All objectives, goals, and strategies will be monitored on a consistent basis and reported quarterly with an annual evaluation. WHI will research and take much needed time investing in software to maintain data collection and ensure the sustainability of all future program metrics. Data collection is a huge component to measuring progress and is vital to attaining improved health outcomes for the intended target population. As time continues, the strategic framework will be adjusted to suit the direct needs of the community. This can potentially include revising, removing, or adding more goals, objectives, and strategies.

4. **Examining Initial Steps to Building the CARE Mobile App**
   The CARE Mobile App is a major piece of the puzzle as it pertains to next steps. The mobile app is a component to expanding reach to target population, collecting data, and capturing the everyday experiences of the community. Building an app development team, pricing software, determining app features, and preparation for release will take a lot of time and careful attention. This mobile app has the potential to drive this strategic plan forward in an innovative manner, all while helping achieve goal, but must be considered in all early planning stages.

## "Every great *dream* begins with a *dreamer*."

## — Harriet Tubman

### Political Activist & Abolitionist

# Appendix A: Glossary

- Adverse childhood experiences, or ACEs - potentially traumatic events that occur in childhood (0-17 years).[17]
- Anxiety - is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure[64].
- Barrier – something immaterial that impedes or separates.[65]
- Behavioral Health – the promotion of mental health, resilience, and well-being that describes the connection between behaviors and health.[66]
- Biopsychosocial – biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery.[67]
- Community - a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.[68]
- Coping – purposive, psychological mechanism for dealing with stressors.[26]
- Culture - the shared characteristics of a group of people, which encompasses, place of birth, religion, language, cuisine, social behaviors, art, literature, and music[69].
- Dance Movement Therapy/Dance Therapy - the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being[70].
- Depression - a mood disorder that affects how you feel, think, and handle daily activities.[18]
- Discrimination - a socially structured action that is unfair or unjustified and harms individuals and groups.[71]

- Economic Inequality - refers to how economic variables are distributed— among individuals in a group, among groups in a population, or among countries such as standards of living, and inequalities in income/wealth, education, health, and nutrition.[72]
- Emotion Focused Coping – method of dealing with a stressor in which the focus is on altering the way one thinks or feels about a situation or an event.[26]
- Empower – to give power or to promote the self-actualization or influence of.[73]
- Epigenetics - the branch of biology which studies the causal interactions between genes and their products which bring the phenotype into being[74].
- Expressive Arts – is the discipline of helping and healing that uses the arts as a basis for discovery and change – utilizing 5 main disciplines of the arts – visual, dance/movement, music, drama/theater, and writing/poetry.[75]
- Food Insecurity – lack of consistent access to enough food for an active, healthy life. [76]
- Gynecologic – Having to do with the female reproductive tract (including the cervix, endometrium, fallopian tubes, ovaries, uterus, and vagina).[77]
- Hardship – something that causes or entails suffering or privation.[78]
- Health - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[79]
- Health Disparities - preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.[80]

- Health Education - any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitude.[81]
- Health Equity – is the just and fair opportunity for all people to attain their full health potential.[82]
- Inequality - the state of not being equal, especially in status, rights, and opportunities.[72]
- Infant Mortality – is the death of an infant before his or her first birthday.[83]
- Injustice – is the absence of justice; the violation of rights; an unjust act.[84]
- Intergenerational Stress – stress between generations, especially as it relates to past stressful or traumatic events.[85,86,87]
- Marginalize - to relegate to an unimportant or powerless position within a society or group.[88]
- Maternal Mortality – (commonly referred to as pregnancy related death) is the death of a woman while pregnancy or within 1 year of the end of a pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental cause.[89]
- Mental Health - a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community[90].
- Mental Illness - a mental, behavioral, or emotional disorder.[18]
- Mindfulness – learning to pay attention moment by moment, intentionally, and with curiosity and compassion[91].
- Music Therapy – the utilization of music in a therapeutic manner to address physical, emotional, cognitive, and social needs of individuals.[92]
- Perceived Stress – feelings or thoughts that an individual has regarding their level of stress and stressors within their life or at a given period of time.
- Perinatal Health – refers to issues affecting women before, during, and after childbirth. [93]
- Psychological Distress – a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people.[94]
- Poverty – the state of one with insufficient resources and or a usual or socially acceptable amount of money.[95]
- Primary Prevention - intervening before health effects occur, through measures such as vaccinations, altering risky behaviors (poor eating habits, tobacco use), and banning substances known to be associated with a disease or health condition[96].
- Primary Appraisal – person determines the severity of the stressor and makes an assessment regarding whether he or she is in trouble.[26]
- Problem Focused Coping – a method of dealing with a stressor that focuses on the ability to think about and alter the environmental event or situation.[26]
- Protective Factor - individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events.[97]
- Quality of Life - an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.[98]
- Racism - the belief that a particular race is superior or inferior to another, that a person's social and moral traits are predetermined by his or her inborn biological characteristics. The hatred of a person by another or the belief that person is less than human because of skin color, language, customs, or place of birth. [99]

- Reappraisal – feedback loop in which the person determines whether the effects of the stressors have been effectively negated.[26]
- Resilience - the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.[24]
- Safe Space - a place or environment in which a person or group of people can feel confident that they will not be exposed to discrimination, criticism, harassment or any other emotional or physical harm.[100]
- Secondary Appraisal – person determines how much control he or she has over the stressor[101].
- Self-Care - providing adequate attention to one's own physical and psychological wellness.[102,103]
- Social Cohesion - he strength of relationships and the sense of solidarity among members of a community.[104]
- Social Determinants of Health - conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes[105].
- Social Isolation - the absence of social interactions, contacts, and relationships with family and friends, with neighbors on an individual level, and with "society at large" on a broader level[106].
- Social Support - the resources provided by other persons, which may include emotional, social, physical, financial, and other types of care[106].
- Stigma - the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual.[107]
- Stress - the body's reaction to any change that requires an adjustment or response.[13]
- Stressors – various external events that pose actual or perceived threats to the body or mind.[26]
- Super Woman Schema – a model that investigates stress related health issues according to 5 concepts – (1) obligation to manifest strength, (2) obligation to suppress emotions, (3) resistance to being vulnerable or dependent, (4) determination to succeed despite limited resources, and (5) obligation to help others.[5]
- Toxic Stress - the excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships[108].
- Trauma - an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.[109]
- Unemployment - people who are jobless, actively seeking work, and available to take a job.[110]
- Voice – an expression of opinion or the right to express an opinion.[111]
- Well-being – is described as the ability to judge life positively and feel goo

# Appendix B: Data Sources, Indicators, and Measures

| Indicators | | Measure | Source |
|---|---|---|---|
| **Demographics** | Non-Hispanic African American or Black [38] | Estimated Non-Hispanic African American or Black population; percentage among total population | US Census Bureau: American Community Survey (2012 – 2016) |
| | Female [39] | Estimated Female population; Percentage of females among total population | US Census Bureau: American Community Survey (2012 – 2016) |
| | No Health Insurance [48] | Number of people with no health insurance coverage | US Census Bureau: American Community Survey (2012 – 2016) |
| | College Graduation or More [112] | Number of adults aged 25 years and older with a college degree or higher. | US Census Bureau: American Community Survey 2010 |
| | No High School Graduation [45] | Number of adults aged 25 years and older without a high school diploma or GED | US Census Bureau: American Community Survey 2010 |
| **Social & Economic Factors** | Single Parent Households [41] | Households with children aged under 18 years who live with their own single parent either in a family or subfamily. Single-parent families may include cohabiting couples & do not include children living w/ married stepparents. | US Census Bureau: American Community Survey (2012 – 2016) |
| | Community Belonging [60] | Adults who feel like they are a part of their neighborhood | Chicago Health Atlas 2018 |
| | Social Services Support [59] | Total number of Social Services per community area based on the City of Chicago's list of delegate agencies with which the Department of Family and Support Services has contracted to provide services to residents of Chicago. | Chicago Data Portal 2015 |
| | Individual Poverty [42] | Number of people living below the poverty threshold | US Census Bureau: American Community Survey 2010 |
| | Easy Access to Fruits and Vegetables [113] | Adults who find it very easy to access fruits and vegetables | Chicago Health Atlas, 2018 |
| | Limited Food Access [46] | Number of people with low income and living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Low income is defined as annual family income at or below 200 percent of the Federal poverty threshold for family size. | United States Department of Agriculture (USDA) Food Access Research Atlas, 2017 |
| | Severe Housing Cost Burden [43] | Number of households who spend 35% or more of their income on housing costs. | US Census Bureau: American Community Survey 2010 |
| | Unemployment [44] | Number of adults aged 16 years and over in the civilian labor force who were unemployed | Illinois Department of Public Health, Vital Statistics |
| **Community Safety** | Neighborhood Safety [58] | Estimated number of adults aged 18 years and older who report that they feel safe in their neighborhood 'all of the time' or 'most of the time'. This number is weighted to represent the population from which the sample was drawn. | Chicago Department of Public Health, Healthy Chicago Survey, 2018 |

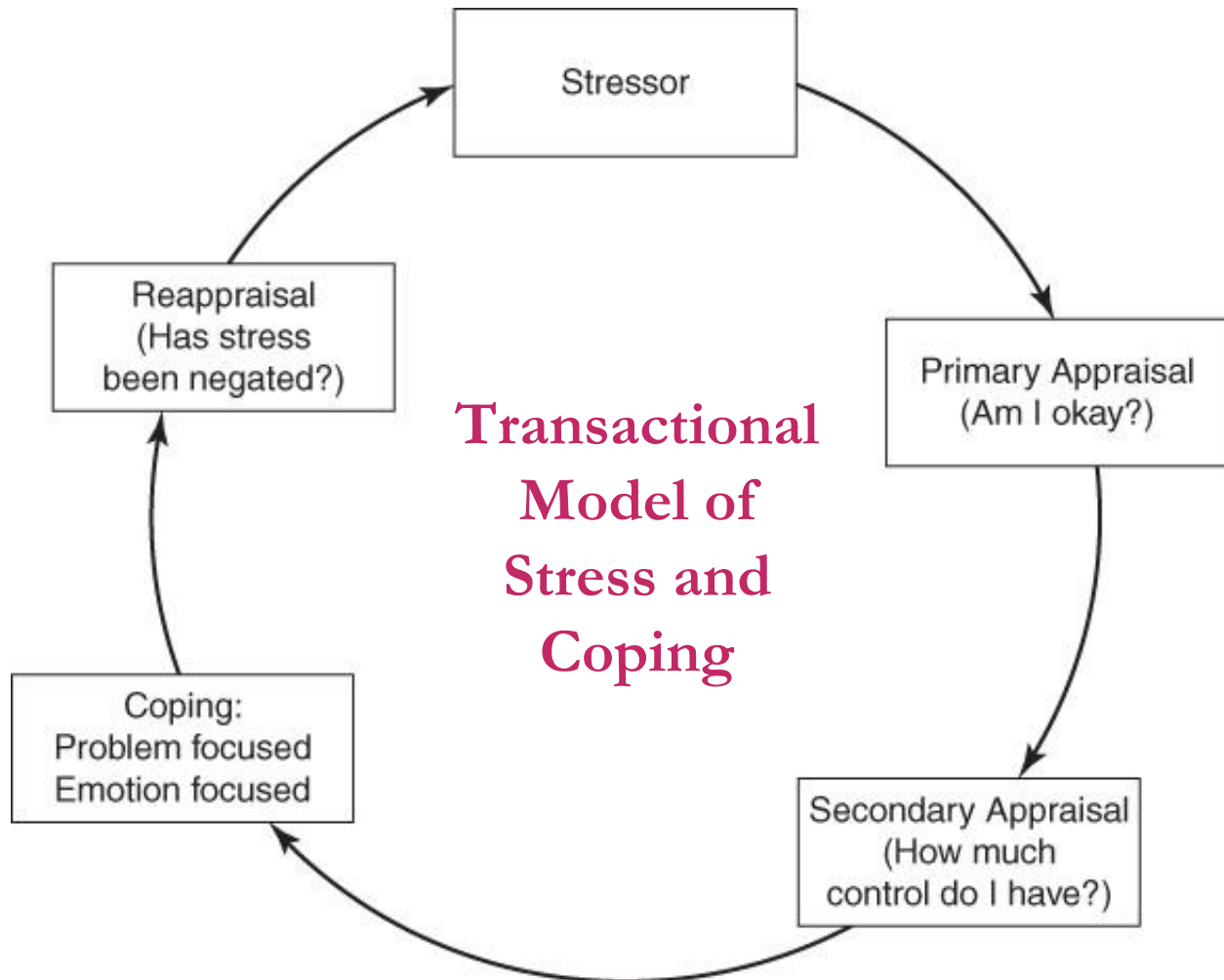| | | | |
|---|---|---|---|
| | Violent Crime in Public Places[56] | Number of reported crimes involving a firearm with an outdoor location, excluding domestic incidents | Chicago Police Department Research and Development Division, 2018 |
| | Firearm Related Homicides[57] | Number of people who died due to firearm related homicide. Age-adjusted rate of people who died due to firearm related homicide per 100,000 population. | Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files |
| Maternal Child Health | Early & Adequate Prenatal Care [50] | Number of births where the mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU) - when prenatal care began and the number of prenatal visits from when prenatal care began until delivery. The final APNCU measure combines both dimensions into a single summary score. Adequate prenatal care is defined as a score of 80% or greater. | Illinois Department of Public Health, Vital Statistics |
| | Crude Birth Rate [114] | Number of births to Chicago residents regardless of the city or state in which they occur. Rate of births per 1,000 population. | Illinois Department of Public Health, Vital Statistics, 2017 |
| | Teen Birth Rate[52] | Number of births where the mother is aged 15-19 years at time of delivery. Births to females aged 15-19 years per 1,000 population of females aged 15-19 years. | Illinois Department of Public Health, Vital Statistics, 2017 |
| | Preterm Births [53] | Number of births with valid gestational age less than 37 week | Illinois Department of Public Health, Vital Statistics, 2017 |
| | Low Birthweight [54] | Number of births with birthweight less than 2500 grams. Percentage of births with a birthweight less than 2500 grams among all births. | Illinois Department of Public Health, Vital Statistics, 2017 |
| | Very Low Birthweight [115] | Number of births with a birthweights less than 1500 grams. Percentage of births with a birthweight less than 1500 grams among all births. | Illinois Department of Public Health, Vital Statistics, 2017 |
| | General Fertility Rate [51] | Rate of births to mothers aged 15 - 44 years per 1,000 population of females aged 15-44 years | Illinois Department of Public Health, 2017, Vital Statistics; US Census Bureau 2000 and 2010 population |
| | Infant Mortality [55] | Number of infant (aged under one year) deaths. Rate of infant deaths per 1,000 live births. | Illinois Department of Public Health, Vital Statistics, 2017 |
| | Adult Diagnosed Depression[116] | Estimated number of adults older than age 18 who reported that a doctor, nurse, or other health professional has ever diagnosed them with a depressive disorder, including depression, major depression, dysthymia, or minor depression. | Sinai Community Health Survey 2.0, 2015-2016; 2016 American Community Survey 5-year estimates (2012-2016) |
| | Adults W/ Current Depression Symptoms [117] | Estimated number of adults aged 8 years and older who screened positive for moderate or severe depression symptoms using the nine-item Patient | Sinai Community Health Survey 2.0, 2015-2016; 2016 American Community Survey 5- |

| | | Health Questionnaire (PHQ-9) (scored at least 10 out of 27). The PHQ-9 assesses the presence of depression symptoms within the past two weeks. | year estimates (2012-2016) |
|---|---|---|---|
| Behavioral Health | Poor Mental Health Days [118] | Estimated number of days on average that female adults aged 18 years and older reported poor mental health in the past 30 days - includes stress, depression, & problems with emotions | Sinai Community Health Survey 2.0, 2015-2016 |
| | Current Anxiety Symptoms [119] | Estimated number of adults aged 18 and older who screened positive for generalized anxiety symptoms using the two-item Generalized Anxiety Disorder Scale (GAD-2) (scored at least 3 out of 6). The GAD-2 assesses the presence of anxiety symptoms within the past 14 days. | Sinai Community Health Survey 2.0, 2015-2016; 2016 American Community Survey 5-year estimates (2012-2016) |
| Quality Care | Received Needed Care [49] | Estimated number of adults aged 18 years and older who report that it is 'usually' or 'always' easy to get the care, tests or treatment they needed through their health plan. | Chicago Department of Public Health, Healthy Chicago Survey, 2018 |
| | Health Care Satisfaction [120] | Estimated number of adults aged 18 years and older who report that they were very satisfied with the health care they received in the past year. Those who reported receiving no health care in the past year are excluded | Chicago Department of Public Health, Healthy Chicago Survey, 2018 |
| Quality of Life | Frequently Stressed Days[121] | Estimated number of adults age 18 years and older who reported that they frequently felt stressed in the past 12 months. | Sinai Community Health Survey 2.0, 2015-2016; 2016 American Community Survey 5-year estimates (2012-2016) |
| | Overall Health Status [122] | Estimated number of adults aged 18 years and older who reported that their overall health is good, very good or excellent. This number is weighted to represent the population from which the sample was drawn, divided by the estimated number of adults, expressed as a percent. | Illinois Department of Public Health, Behavioral Risk Factor Surveillance System (2000-2009); Chicago Department of Public Health, Healthy Chicago Survey (2014 -2016) |
| | Life Expectancy[61] | The average number of years a person may expect to live. | Illinois Department of Public Health, Death Certificate Files 1989 - 2014 |

# **Appendix B:** Comparative, Proxy, and Community Data

|  | Comparative Data | Proxy Data | Chicago Far South Side Community Data | |
| --- | --- | --- | --- | --- |
| Indicators | City of Chicago | West Englewood | Roseland | West Pullman |
| Non-Hispanic African American or Black | 797,253 (29.8%) | 28,249 (91.7%) | 40,798 (96.4%) | 28,544 (92.7%) |
| Female | 1,398,771 (51.5%) | 16,275 (52.8%) | 23,088 (54.5%) | 16,975 (55.1%) |
| No Health Insurance | 263,376 (9.8%) | 5,930 (19.3%) | 5,632 (13.4%) | 4,174 (13.6%) |
| College Graduation or More | 728,591(38.8%) | 1,497 (7.6%) | 5,546 (19.8%) | 3,127 (15.8%) |
| No High School Graduation | 285,912 (15.2%) | 4,483 (22.7%) | 4,252 (15.2%) | 3,083 (15.6%) |
| Single Parent Households | 94,738 (9%) | 1,868 (19.3%) | 2,365 (16.3%) | 1,786 (16.9%) |
| Community Belonging | 1,324,000 (62.6%) | 9,600 (45.4%) | 17,800 (58.8%) | 11,800 (54.9%) |
| Social Services Support | 1,354 | 27 | 28 | 24 |
| Individual Poverty | 495,511 (18.6%) | 11,071 (36.3%) | 12,491 (29.95%) | 8,991 (29.3%) |
| Easy Access to Fruits and Vegetables | 11,071 (67.8%) | 13,400 (60.9%) | 18,300 (57.0%) | 13,000 (57.1%) |
| Limited Food Access | 231,963 (8.5%) | 5,813 (16.2%) | 17,042 (38.2%) | 10,694 (32.2%) |
| Severe Housing Cost Burden | 115,869 (35%) | 4,038 (45.2%) | 5,877 (42.7%) | 4,064 (40.7%) |
| Unemployment | 183,642 (8.3%) | 4,326 (33.6%) | 4,821 (26.0%) | 3,570 (24.9%) |
| Neighborhood Safety | 1,629,000 (75.9%) | 11,600 (52%) | 20,700 (64.8%) | 14,200 (62.3%) |
| Violent Crime in Public Places | 8,735 | 285 | 351 | 242 |
| Firearm Related Homicides | 578 (18.9%) | 22 (61.9%) | 22 (51.2%) | 12 (41.8%) |
| Early & Adequate Prenatal Care | 20,263 (65.3%) | 49.8% | 53.3% | 52.4% |
| Crude Birth Rate | 36,183 (13.4 per 1,000) | 565 (15.9 per 1,000) | 543 (12.2 per 1,000) | 410 (13.8 per 1,000) |
| Teen Birth Rate | 1,963 (21.5 per 1,000) | 95 (52.8 per 1,000) | 70 (33.3 per 1,000) | 56 (38.7 per 1,000) |
| Preterm Births | 3,817 (10.5%) | 86 (15.3%) | 74 (13.5%) | 50 (12.3%) |
| Low Birthweight | 3,409 (9.4%) | 86 (15.2 %) | 76 (14.0%) | 53 (12.8%) |
| Very Low Birthweight | 638 (1.8%) | 20 (3.6%) | 17 (3.1%) | 8 (1.9%) |
| General Fertility Rate | 55.1 per 1,000 | 73.4 per 1,000 | 59.0 per 1,000 | 64.5 per 1,000 |
| Infant Mortality | 6.6 per 1,000 | 12 per 1,000 | 12.2 per 1,000 | 13.7 per 1,000 |
| Adult Diagnosed Depression | - | 2,000 (8.7%) | - | - |
| Adults W/ Current Depression Symptoms | - | 3,100 (13.7%) | - | - |
| Poor Mental Health Days – only female | 3.1 | 2.6 | - | - |
| Current Anxiety Symptoms | - | 2,700 (11.7%) | - | - |
| Received Needed Care | 1,454,000 (83.7%) | 13,300 (63.7%) | 21,000 (83.4%) | 10,800 (77.8%) |
| Health Care Satisfaction | 1,376,000 (68%) | 14,700 (71.6%) | 21,500 (72.5%) | 13,400 (72%) |
| Frequently Stressed Days | - | 13,300 (58.2%) | - | - |
| Overall Health Status | 1,752,000 (81.4%) | 16,700 (74.5%) | 24,200 (75.4%) | 16,000 (70.6%) |
| Life Expectancy | 77 | 69 | 70 | 70 |

\*\*\* - indicates data that has not been reported.

# **Appendix C**: Transactional Model of Stress and Coping



Transactional Model of Stress and Coping

- Stressor
- Primary Appraisal (Am I okay?)
- Secondary Appraisal (How much control do I have?)
- Coping: Problem focused Emotion focused
- Reappraisal (Has stress been negated?)

# References

[1] The Centers for Disease Control and Prevention. Table 15. Life Expectancy at Birth, at Age 65, and at Age 75 by Sex, Race, and Hispanic Origin; United States. (2017) Retrieved From https://www.cdc.gov/nchs/data/hus/2017/015.pdf

[2] Illinois Department of Public Health (IDPH). Illinois Maternal Morbidity and Mortality Report. (2018). pp 5, 18 – 25.

[3] U.S. Department of Health and Human Services, National Institute on Mental Health. Mental Health Information, Stress. NIH Publication No. 19-MH-8109

[4] National Institutes of Health, Office of Research on Women's Health. 7 Diseases that Affect Your Health and What You Can Do. Retrieved From https://orwh.od.nih.gov/sites/orwh/files/docs/AfricanAmericanWomen-HealthORWHFactSheet.pdf

[5] Woods-Giscombé, C. L., & Black, A. R. (2010). Mind-Body Interventions to Reduce Risk for Health Disparities Related to Stress and Strength Among African American Women: The Potential of Mindfulness-Based Stress Reduction, Loving-Kindness, and the NTU Therapeutic Framework. Complementary Health Practice Review, 15(3), 115 – 131. https://doi.org/10.1177/1533210110386776

[6] Jackson, Fatimah, Jackson, Latifa, Jackson, Zainab. Intergenerational Resilience in Response to the Stress and Trauma of Enslavement and Chronic Exposure to Institutionalized Racism. (2018). Journal of Clinical Epigenetics ISSN 2472-1158, Vol.4 No.3:15.

[7] Goosby, B. J., & Heidbrink, C. (2013). Transgenerational Consequences of Racial Discrimination for African American Health. Sociology Compass, 7(8), 630–643. DOI:10.1111/soc4.12054

[8] Centers for Disease Control and Prevention. National Health Interview Survey. (2018) Retrieved from Table A-7 https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-7.pdf

[9] Institute of Women's Policy Research. The Status of Black Women in the United States. (2017) Retrieved From http://statusofwomendata.org/wp-content/uploads/2017/06/SOBW_report2017_compressed.pdf

[10] Shrivastava, A., & Desousa, A. (2016). Resilience: A Psychobiological Construct for Psychiatric Disorders. Indian Journal of Psychiatry, 58(1), 38–43. doi:10.4103/0019-5545.174365

[11] Adkins-Jackson, P. B., Turner-Musa, J., & Chester, C. (2019). The Path to Better Health for Black Women: Predicting Self-Care and Exploring Its Mediating Effects on Stress and Health. Inquiry: A Journal of Medical Care Organization, Provision and Financing, 56, 46958019870968. https://doi.org/10.1177/0046958019870968

[12] Catabay CJ, Stockman JK, Campbell JC, Tsuyuki K. Perceived Stress and Mental Health: The Mediating Roles of Social Support and Resilience Among Black Women Exposed to Sexual Violence. J Affect Disord. 2019;259:143–149. doi:10.1016/j.jad.2019.08.037

[13] Cleveland Clinic. Stress. (2020) Retrieved from https://my.clevelandclinic.org/health/articles/11874-stress

[14] American Psychological Association. (2011). Stress: The Different Kinds of Stress. http://www.apa.org/helpcenter/stress-kinds.aspx

[15] McEwen BS. Physiology and Neurobiology of Stress and Adaptation: Central Role of the Brain. Physiol Rev. 2007;87(3):873–904. doi:10.1152/physrev.00041.2006

[16] American Psychological Association. Stress Effects on the Body. (2020). Retrieved From https://www.apa.org/topics/stress-body

[17] Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences. (2019) Retrieved From https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html

[18] National Institute of Mental Health. Depression. (2020). Retrieved from https://www.nimh.nih.gov/health/topics/depression/index.shtml

[19] A.S. Garner and J.P. Shonkoff; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics, Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health, Pediatrics 129 (1) (2012) Retrieved from https://pediatrics.aappublications.org/content/140/6/e20172916

[20] Alegría M, NeMoyer A, Falgàs Bagué I, Wang Y, Alvarez K. Social Determinants of Mental Health: Where We Are and Where We Need to Go. Curr Psychiatry Rep. 2018;20(11):95. Published 2018 Sep 17. doi:10.1007/s11920-018-0969-9

[21] Paradies Y, Ben J, Denson N, et al. Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLoS One. 2015;10(9):e0138511. Published 2015 Sep 23. doi:10.1371/journal.pone.0138511

[22] Chicago Department of Public Health. Healthy Chicago: Measuring Chicago's Health, Findings from the 2014 Healthy Chicago Survey. (2014) 14, 49-51. Retrieved from https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/CDPH_HealthyChicagoSurveyReport.pdf

[23] U.S. Department of Health and Human Services, Office of Minority Health. Mental and Behavioral Health – African Americans. (2017). Retrieved From https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24

[24] American Psychological Association. The Road to Resilience. (2019). Retrieved from https://www.apa.org/helpcenter/road-resilience

[25] Bernard, Bonnie, MSW; Henderson, Nan, MSW. Resiliency in Action. The Foundations of the Resiliency Framework. (2007) Retrieved From https://www.resiliency.com/free-articles-resources/the-resiliency-quiz/ and https://www.resiliency.com/free-articles-resources/the-foundations-of-the-resiliency-framework/

[26] Sharma, Manoj. Theoretical Foundations of Health Education and Health Promotion. (2017). Third Edition. Burlington, MA: Joes & Bartlett Learning

[27] Howell, K. H., Thurston, I. B., Schwartz, L. E., Jamison, L. E., & Hasselle, A. J. (2018). Protective Factors Associated with Resilience in Women Exposed to Intimate Partner Violence. Psychology of Violence, 8(4), 438–447. doi:10.1037/vio0000147

[28] Hall, Camille J. It is Tough Being a Black Woman: Intergenerational Stress and Coping. (2018). Journal of Black Studies. Volume: 49 Issue: 5, pp. 481-501. Retrieved from https://journals.sagepub.com/doi/10.1177/0021934718766817

[29] Mullings, Leith. The Sojourner Syndrome: Race, Class, and Gender in Health and Illness. (20027) Urban Lab. Retrieved From http://www.urbanlab.org/articles/Mullings%202007%20Race%20Calss%20and%20Gender%20in%20illness.pdf

[30] Jones, Holly J, Norwood, Carolette R, and Bankston, Karen. Leveraging Community Engagement to Develop Culturally Tailored Stress Management Interventions in Midlife Black Women. Journal of Psychosocial Nursing and Mental Health Services. 57.3 (2019): 32-38. Web.

[31] National Alliance on Mental Illness. Black/African American. (2020) Retrieved From https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American

[32] Substance Abuse and Mental Health Services Administration. 2018 NSDUH Detailed Tables. National Survey on Drug Use and Health. (2019) Retrieved From https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables

[33] Evans TS, Berkman N, Brown C, Gaynes B, Weber RP. Disparities Within Serious Mental Illness. Rockville (MD): Agency for Healthcare Research and Quality (US); 2016.

[34] Lekan, Deborah A, Hoover, Evelyn, and Abrams, Sarah. Perspectives of Frailty Among African American Men and Women. Journal of Psychosocial Nursing and Mental Health Services. 56.7 (2018): 20-29. Web.

[35] Wang S, Agius M. The Use of Music Therapy in the Treatment of Mental Illness and the Enhancement of Societal Wellbeing. Psychiatr Danub. 2018;30(Suppl 7):595–600.

[36] Koch, S. C., Riege, R., Tisborn, K., Biondo, J., Martin, L., & Beelmann, A. (2019). Effects of Dance Movement Therapy and Dance on Health-Related Psychological Outcomes. A Meta-Analysis Update. Frontiers in psychology, 10, 1806. https://doi.org/10.3389/fpsyg.2019.01806

[37] Snaith, Nicole, Rasmussen, Philippa, Schultz, Tim, and Proeve, Michael. The Practicability and Relevance of Developing a Yoga Intervention for Mental Health Consumers: A Qualitative Study." International Journal of Mental Health Nursing. (2020): International Journal of Mental Health Nursing., 2020. Web.

[38] Chicago Health Atlas. Non – Hispanic African American or Black Chicago Residents.(2016) Retrieved From https://www.chicagohealthatlas.org/indicators/non-hispanic-african-american-or-black

[39] Chicago Health Atlas. Female Chicago Residents. (2016) Retrieved From
https://www.chicagohealthatlas.org/indicators/female-population

[40] University of Chicago Medicine. Community Health Needs Assessment 2018 – 2019. 2019. Retrieved
From https://issuu.com/communitybenefit-ucm/docs/ucm-2019-chna?fr=xKAE9_zU1NQ

[41] Chicago Health Atlas. Single Parent Household. (2016) Retrieved From
https://www.chicagohealthatlas.org/indicators/single-parent-households

[42] Chicago Health Atlas. Individual Poverty (2015). Retrieved From
https://www.chicagohealthatlas.org/indicators/individual-poverty

[43] Chicago Health Atlas. Severe Housing Cost Burden. (2016). Retrieved From
https://www.chicagohealthatlas.org/indicators/severe-housing-cost-burden

[44] Chicago Health Atlas. Unemployment. (2016). Retrieved From
https://www.chicagohealthatlas.org/indicators/unemployment

[45] Chicago Health Atlas. No High School Graduation. (2016). Retrieved From
https://www.chicagohealthatlas.org/indicators/no-high-school-graduation

[46] Chicago Health Atlas. Limited Food Access (2015). Retrieved From
https://www.chicagohealthatlas.org/indicators/limited-food-access

[47] Illinois Health and Hospital Association. Illinois Safety Net Hospitals. (2014) Retrieved From
https://www.team-iha.org/files/non-gated/member-resources/safety-net-backgrounder.aspx

[48] Chicago Health Atlas. No Health Insurance. (2016) Retrieved From
https://www.chicagohealthatlas.org/indicators/no-health-insurance

[49] Chicago Health Atlas. Received Needed Care. (2017). Retrieved From
https://www.chicagohealthatlas.org/indicators/received-needed-care

[50] Chicago Health Atlas. Early and Adequate Prenatal Care. (2016) Retrieved From
https://www.chicagohealthatlas.org/indicators/early-and-adequate-prenatal-care

[51] Chicago Health Atlas. General Fertility Rate. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/general-fertility-rate

[52] Chicago Health Atlas. Teen Birth Rate. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/teen-birth-rate

[53] Chicago Health Atlas. Preterm Births. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/preterm-births

[54] Chicago Health Atlas. Low Birthweight. (2017). Retrieved From
https://www.chicagohealthatlas.org/indicators/low-birthweight

[55] Chicago Health Atlas. Infant Mortality. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/infant-mortality

[56] Chicago Health Atlas. Violent Crime in Public Spaces. (2018). Retrieved From https://www.chicagohealthatlas.org/indicators/violent-crime-in-public-spaces

[57] Chicago Health Atlas. Firearm – Related Homicides. (2017). Retrieved From https://www.chicagohealthatlas.org/indicators/firearm-related-homicides

[58] Chicago Health Atlas. Neighborhood Safety. (2018). Retrieved From https://www.chicagohealthatlas.org/indicators/neighborhood-safety

[59] Chicago Health Atlas. Social Services Supports Per Community Area. (2015) Retrieved From https://www.chicagohealthatlas.org/indicators/social-services-supports-per-community-area

[60] Chicago Health Atlas. Community Belonging. (2018) Retrieved From https://www.chicagohealthatlas.org/indicators/community-belonging

[61] Chicago Health Atlas. Life Expectancy. (2017) Retrieved From https://www.chicagohealthatlas.org/indicators/life-expectancy

[62] CDC. Sexually Transmitted Disease Surveillance 2016 Atlanta: U.S. Department of Health and Human Services; 2017.

[63] Centers for Disease Control and Prevention. Sexual Risks Behaviors Can Lead to HIV, STDs, & Teen Pregnancy. (2020). Retrieved From https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm

[64] American Psychological Association. Anxiety. (2020). Retrieved from https://www.apa.org/topics/anxiety/

[65] Merriam Webster. Definition of Barrier. (2020) Retrieved From https://www.merriam-webster.com/dictionary/barrier

[66] Substance Abuse and Mental Health Services Administration. SAMHSA – Behavioral Health Integration. (2020). Retrieved From https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf

[67] University of Rochester School of Medicine and Dentistry. The Biopsychosocial Approach. (2010) Retrieved From https://www.urmc.rochester.edu/medialibraries/urmcmedia/education/md/documents/biopsychosocial-model-approach.pdf

[68] MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R. P., Scotti, R., Blanchard, L., & Trotter, R. T., 2nd (2001). What is community? An evidence-based definition for participatory public health. American journal of public health, 91(12), 1929–1938. https://doi.org/10.2105/ajph.91.12.1929

[69] National Geographic. Cultural Identity. (2020) retrieved from https://www.nationalgeographic.org/topics/resource-library-cultural-identity/?q=&page=1&per_page=25

[70] American Dance Therapy Association. Defining Dance/Movement Therapy (DMT). (2014) Retrieved from https://adta.org/2014/11/08/what-is-dancemovement-therapy/

[71] Office of Disease Prevention and Health Promotion. Healthy People. Discrimination. (2020). Retrieved From https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination

[72] United Nations. Development Strategy and Policy Analysis Unit. Development Policy and Analysis Division Department of Economic and Social Affairs. Concepts of Inequality Development Issues No. 1. (2015). Retrieved From https://www.un.org/en/development/desa/policy/wess/wess_dev_issues/dsp_policy_01.pdf

[73] Merriam – Webster. Definition of Empower. (2020). Retrieved From https://www.merriam-webster.com/dictionary/empower

[74] Dupont, C., Armant, D. R., & Brenner, C. A. (2009). Epigenetics: Definition, Mechanisms and Clinical Perspective. Seminars in Reproductive Medicine, 27(5), 351–357. https://doi.org/10.1055/s-0029-1237423

[75] Expressive Arts of San Diego. What is Expressive Arts. (2020). Retrieved From http://www.expressiveartssandiego.com/what-is-expressive-arts

[76] US Department of Agriculture, (2019). Definitions of Food Security. Retrieved From https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx

[77] U.S. Department of Health and Human Services. National Institute of Health. National Cancer Institute. NCI Dictionary Cancer Terms, Definition of Gynecologic. (2020). Retrieved From https://www.cancer.gov/publications/dictionaries/cancer-terms/search/gynecologic/?searchMode=Begins

[78] Merriam – Webster. Definition of Hardship. (2020). Retrieved From https://www.merriam-webster.com/dictionary/hardship

[79] World Health Organization. Constitution. (2020). Retrieved From https://www.who.int/about/who-we-are/constitution

[80] CDC. Community Health and Program Services (CHAPS): Health Disparities Among Racial/Ethnic Populations. Atlanta: U.S. Department of Health and Human Services; 2008

[81] World Health Organization. Health Education. (2020). Retrieved From https://www.who.int/topics/health_education/en/

[82] Center for Disease Control and Prevention. Health Equity. (2020) Retrieved From https://www.cdc.gov/chronicdisease/healthequity/index.htm

[83] Centers for Disease Control and Prevention. Reproductive Health. Infant Mortality. (2019). Retrieved From https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

[84] Merriam – Webster. Definition of Injustice. (2020). Retrieved From https://www.merriam-webster.com/dictionary/injustice

[85] Klengel, T., Dias, B. G., and Ressler, K. J. (2015). Models of intergenerational and transgenerational transmission of risk for psychopathology in mice. Neuropsychopharmacology 41, 219–231. doi: 10.1038/npp.2015.249

[86] Bhattacharya Sriya, Fontaine Audrey, MacCallum Phillip E., Drover James, Blundell Jacqueline. (2019). DNA Methylation as a Potential Mechanism Underlying Intergenerational Effects of Stress in Both Post-traumatic Stress Disorder and Pre-clinical. Frontiers in Behavioral Neuroscience. 10.3389/fnbeh.2019.00113. Retrieved From https://www.frontiersin.org/articles/10.3389/fnbeh.2019.00113/full

[87] Yost, Elizabeth A. Stress: Intergenerational Meaning. (2014). https://doi.org/10.1002/978118410868/wbehibs74

[88] Merriam – Webster. Definition of Marginalize. (2020). Retrieved From https://www.merriam-webster.com/dictionary/marginalize

[89] Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. Reproductive Health. Maternal Mortality. (2020) Retrieved From https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm

[90] World Health Organization. Promoting Mental Health: Concepts, Emerging Evidence, Practice (Summary Report) Geneva: World Health Organization; 2004. https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf

[91] Groves P. (2016). Mindfulness in Psychiatry - Where Are We Now? BJ Psych bulletin, 40(6), 289–292. https://doi.org/10.1192/pb.bp.115.052993

[92] American Music Therapy Association. Definition of Music Therapy. (2020). Retrieved From https://www.musictherapy.org/about/quotes/

[93] Association of Maternal and Child Health Programs. Perinatal Health. (2020) Retrieved From http://www.amchp.org/programsandtopics/womens-health/Perinatal-Health/Pages/default.aspx#:~:text=Perinatal%20health%20refers%20to%20issues,and%20the%20presence%20of%20HIV.

[94] American Psychological Association. APA Dictionary of Psychological. Definition of Psychological Distress. (2020). Retrieved From https://dictionary.apa.org/psychological-distress

[95] Merriam – Webster. Definition of Poverty. (2020). Retrieved From https://www.merriam-webster.com/dictionary/poverty

[96] Centers for Disease Control and Prevention. Prevention. (2019). Retrieved from https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf

[97] Centers for Disease Control and Prevention. Adolescent and School Health. Protective Factors. (2018). Retrieved From https://www.cdc.gov/healthyyouth/protective/index.htm#:~:text=Protective%20factors%20are%20individual%20or,effects%20of%20stressful%20life%20events.

[98] World Health Organization. Health Statistics and Information Systems. WHOQOL: Measuring the Quality of Life. (2020). Retrieved From https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/

[99] Anti-Defamation League. Racism. (2020). Retrieved From https://www.adl.org/racism

[100] North Carolina State University. Office for Institutional Equity and Diversity. What is a Safe Space? (2020). Retrieved From https://diversity.ncsu.edu/news/2020/02/07/what-is-a-safe-space/

[101] Sharma, Manoj. Theoretical Foundations of Health Education and Health Promotion. (2017). Third Edition. Burlington, MA: Joes & Bartlett Learning

[102] Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics (5th ed.)*. New York: Oxford University Press.

[103] Doran. Jennifer. American Psychological Association. The Unspoken Truth About Self-Care. Print. pp. 48. Retrieved From https://www.apa.org/gradpsych/2014/04/corner

[104] Kawachi I, Berkman L. Social cohesion, social capital, and health. In: Berkman LF, Kawachi I, editors. Social Epidemiology. New York: Oxford University Press; 2000. p. 174–90.

[105] Centers for Disease Control and Prevention. Social Determinants of Health: Know What Affects Health (2020) Retrieved from https://www.cdc.gov/socialdeterminants/index.htm

[106] Institute of Medicine (US) Division of Health Promotion and Disease Prevention; Berg RL, Cassells JS, editors. The Second Fifty Years: Promoting Health and Preventing Disability. Washington (DC): National Academies Press (US); 1992. 14, Social Isolation Among Older Individuals: The Relationship to Mortality and Morbidity. Available from: https://www.ncbi.nlm.nih.gov/books/NBK235604

[107] American Psychological Association. APA Dictionary. Definition of Stigma. (2020). Retrieved From https://dictionary.apa.org/stigma

[108] A.S. Garner and J.P. Shonkoff; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics, Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health, Pediatrics 129 (1) (2012) Retrieved from https://pediatrics.aappublications.org/content/140/6/e20172916

[109] Substance Abuse and Mental Health Services Administration. Trauma and Violence. (2019). Retrieved From https://www.samhsa.gov/trauma-violence

[110] U.S. Bureau of Labor Statistics. How the Government Measures Unemployment. (2015). Retrieved From https://www.bls.gov/cps/cps_htgm.htm#def

[111] Cambridge University Dictionary. Definition of Voice. (2020). Retrieved From https://dictionary.cambridge.org/us/dictionary/english/voice

[112] Chicago Health Atlas. College Graduation or More. (2016) Retrieved From https://www.chicagohealthatlas.org/indicators/college-graduation-or-more

[113] Chicago Health Atlas. Easy Access to Fruits and Vegetables. (2018) Retrieved From
https://www.chicagohealthatlas.org/indicators/easy-access-to-fruits-and-vegetables

[114] Chicago Health Status. Crude Birth Rate. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/crude-birth-rate

[115] Chicago Health Atlas. Very Low Birthweight. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/very-low-birthweight

[116] Chicago Health Atlas. Adult Diagnosed Depression. (2016). Retrieved From
https://www.chicagohealthatlas.org/indicators/adult-diagnosed-depression

[117] Chicago Health Atlas. Adults with Current Depressive Symptoms. (2016) Retrieved From
https://www.chicagohealthatlas.org/indicators/adults-with-current-depression-symptoms

[118] Sinai Urban Health Institute. Sinai Community Health Survey 2.0. (2017) Retrieved From
https://e1f1cf29-5109-4b10-8346-
eee7ed0dfa10.filesusr.com/ugd/6b5ac9_bee17298461e4e00862737df7b304ca4.pdf

https://www.sinaisurvey.org/

[119] Chicago Health Atlas. Current Anxiety Symptoms. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/current-anxiety-symptoms

[120] Chicago Health Atlas. Health Care Satisfaction. (2017) Retrieved From
https://www.chicagohealthatlas.org/indicators/health-care-satisfaction

[121] Chicago Health Atlas. Frequently Stressed. (2016) Retrieved From
https://www.chicagohealthatlas.org/indicators/frequently-stressed

[122] Chicago Health Atlas. Overall Health Status. (2018) Retrieved From
https://www.chicagohealthatlas.org/indicators/overall-health-status---excellent--very-good--good

"Empowering Women & Improving Health"

www.wearewhi.org