Since the early days of the COVID-19 pandemic, it is no secret that the Black community was among the hardest hit. Our people got sicker, were more likely to go to the hospital, and worse...

As the numbers continued to rise, I kept wondering, why? Why did COVID-19 hit us so hard? And when another pandemic hits, how can we be more prepared to survive?

So, as I did with questioning the COVID-19 vaccine for our community, I turned to research. I learned that COVID-19 highlighted disparities that were already causing poor health outcomes in our community. I learned that the same inequities that lead Black people to have higher rates of most diseases and worse outcomes from most cancers, also make us more vulnerable to COVID-19. I learned that these disparities are not about genetic disposition. Instead, they are the result of racist structures and systems that place certain lives above others. I learned that, if we know what widens health gaps, then we know what will close them - and we can close them.

Access to quality healthcare. Health education for us, by us. Medical professionals who get it. Investments where we live, learn, work, and play - and anti-racist legislation, with those most impacted at the helm. With this guide, I hope to scratch the surface somewhere - starting with preventative healthcare and screenings that save lives. I will dive into some root causes of racial health disparities, then share information about some of the leading health problems impacting our community.

As with my last guide, I hope this is a conversation starter. I hope it empowers someone to be their own health advocate. If you learn something from this guide, please pass it along to someone else.

Black Lives Matter, which means Black Health Matters. Let’s close the gap together.

Yours in the Movement,

Zyna Bakari
Director of Public Health Equity

Disclaimer: I am not a medical professional. Please speak with a healthcare provider for any questions and concerns you have about your health. The purpose of this guide is not to provide medical advice. The information provided is readily available to the public from credible sources.
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What’s in a Zipcode?

Social Determinants of Health

"Your zip code is a better predictor of your health than your genetic code."
- Melody Goodman, Associate Dean for Research and Associate Professor of Biostatistics at New York University School of Global Public Health

When asked what has the biggest impact on a person’s health, most people would say lifestyle, genes, or just plain luck. While those factors play a role in a person’s health, they make little difference compared to the conditions in which they live their lives. This is where the importance of zip code comes in.

A zip code is much more than a number.

It determines things like someone’s exposure to pollution and toxins or how clean the air is; whether there are safe green spaces to enjoy; and if the food within reach is healthy, fresh, and affordable. It also determines what employment options are available - and whether they provide adequate health insurance - as well as the quality of nearby schools and housing. Zip codes determine access to public transportation and other means of travel. And every one of these factors impacts how easily one can get to a health clinic, and whether that clinic will have everything they need.

These factors, which have nothing to do with biology, are called “social determinants of health” (SDOH). Social determinants contribute to a wide range of health outcomes and result in some people having poorer health and shorter lifespans than others, even if they are only blocks or a few miles apart.
SDOHs can be grouped into 5 categories:

**Economic Stability** -
When people have steady incomes, they can meet their health needs more easily.

**Education Access and Quality** -
Increased educational opportunities are linked to better health.

**Health Care Access and Quality** -
Access to comprehensive, high-quality health care leads to better health outcomes.

**Neighborhood and Built Environment** -
Neighborhoods and environments play a big role in promoting health and safety.

**Social and Community Context** -
People’s interactions and relationships with others have an impact on their health and well-being.

Think about your own neighborhood.

Does it meet all the social determinants of health? Which areas are lacking?

To keep our entire community healthy, we must address the root cause and ask,

*Why are some communities thriving, while others are not?*

To answer that question, we need to go back to the 1930s.
THE HEALTH IMPACTS OF REDLINING

Maps tell stories.

More than 200 cities across the U.S. have a map just like this one, with letter grades A, B, C, and D.

This mapping practice was created by the Homeowners’ Loan Corporation (HOLC), to indicate the “mortgage security” of neighborhoods. Predominantly Black or minority neighborhoods were more likely to receive “C” or “D” grades, which indicated a “declining” or “hazardous” area, while predominantly white neighborhoods got “A”s and “B”s.

This is called “Redlining”, the now illegal discriminatory practice in which services are denied to certain areas of a community, often because of the racial characteristics of the applicant or neighborhood. As you can see on the map, D grades are outlined in red, which is where the name came from.
So, what does redlining have to do with health?

Well, if a certain neighborhood (A) is seen as more valuable, desirable, and worthy than neighborhood (D), all the best resources, services, and health-promoting amenities, will be given to neighborhood A, leaving neighborhood D with scraps.

Still today, decades later, historically redlined neighborhoods have fewer quality health care facilities and providers, grocery stores with healthy and affordable foods, and safe, green spaces where people can exercise and play. They are also exposed to more environmental hazards like air pollution, noise, and unclean drinking water. These areas have fewer opportunities for quality employment and education, resulting in higher levels of poverty, insufficient housing, and food insecurity.

When systems and structures produce conditions that lead to some people having greater opportunities to live long, healthy lives than others -- that is called health inequity. It leads to differences in health outcomes that are preventable, avoidable, unfair, and unjust.

I know this is a downer to think about. But like I said earlier: if we know what widens health gaps, then we know what will close them.

The purpose of public health is to protect and improve the health and well-being of all people. It is to create conditions where people can thrive, thus preventing disease in the first place rather than only treating it.

When it comes to health, you might be made to feel like a “problem-patient”. But to think only of the individual, we fail to consider the big picture and the context of their lives.
HEALTH INEQUITY

RACISM IS A PUBLIC HEALTH CRISIS

Since 2020, local and state leaders across the country are declaring racism a public health crisis. This is an important step to acknowledge our nation’s history of structural racism as a key driver of health problems and shortened lives for Black, Indigenous, and people of color.

- Within the U.S., up to a seven-year difference in life expectancy exists between racial and ethnic populations.
- Black women (across socioeconomic status) are three times more likely than white women to die within one year of childbirth.
- Black people have higher death rates from cancer than any other group.
- There is a term called “weathering”, which describes how the stress from coping with chronic stress from racism causes physiological changes. The result is accelerated aging and increased risk of chronic diseases and premature death.

These differences - and many others - are unfair, unjust, and preventable.

It is encouraging to see leaders declare racism a public health crisis. Of course, a declaration needs action for it to be truly impactful.

On June 11, 2020, King County declared racism a public health crisis. For accountability, there is a Racism as a Public Health Crisis Oversight Committee that will help establish priorities and long-term visions for King County government to reach its anti-racist and pro-equity goals. Learn more and stay in the loop here: https://kingcounty.gov/elected/executive/constantine/initiatives/racism-public-health-crisis.aspx
YOU DESERVE THE BEST. HOW TO BE YOUR OWN HEALTH ADVOCATE

What I hope you will take from this is:

You are not the problem. You never have been. Intentionally designed systems and structures, which are rooted in racism, are the problem.

They must be dismantled so everyone can thrive.

But as with any important change, these things take time.

While we press on for systemic change, we can, and must, be our own health advocates NOW. Receiving quality health care is possible, and our lives depend on it.

When it comes to advocating for yourself, here are 5 things you should know:

1. You are the expert of your own body.

While providers have extensive medical expertise, you are the expert of your own body. If something feels “off” or different, trust your instinct and say something.

It can be helpful to write down your symptoms and questions ahead of time to ensure you do not forget anything when speaking with a provider. Ask your doctor to record all the symptoms you told them about on your medical chart.

Unfortunately, implicit biases in health care can lead to Black patients’ concerns being improperly assessed and misdiagnosed. This can mean delayed or insufficient treatment.
So, if you feel as though your symptoms are being dismissed, have your doctor write down in your chart that they dismissed the symptoms. Then find another provider for a second opinion. This could literally save your life.

2. You get a say in who is on your “care team”.

The relationship between you and your health care providers should be collaborative. Their medical expertise and your knowledge of your own body should work together to achieve your best health outcomes.

While a primary care physician (PCP) is the first point of contact for your care, they are not the only person you will work with. Everyone who participates in your health journey is part of your “care team”. This can include health navigators, mental health counselors, physical therapists, medical interpreters, and others, depending on your needs.

You can be picky about who is on your care team. Sometimes a provider’s personality, communication style, or treatment approach is not the right fit for you – and that is okay! Do not hesitate to look for someone new, whose approach may suit you better.

Finding a provider can be time consuming – so if you need support, consider reaching out to a Community Health Navigator who can help you with your search. There are resources in the back of this book to get you connected!

3. Your family’s health history matters.

Family health history is a record of the diseases and health conditions in your family. This can help identify if someone has a higher chance of developing a condition.

Knowing your family health history will allow you to be proactive about your health and take steps to reduce your risk.

This can mean earlier or more frequent screenings for certain cancers, or regular monitoring to conditions like hypertension or diabetes. Additionally, lifestyle changes like quitting smoking or staying active can help lower the risk of developing a condition that runs in one’s family.
The best way to get information about family health history is to talk to your relatives. You can also try looking documents such as obituaries and death certificates to help fill in the gaps.

Check out the resources in the back of this book to create your own family health portrait.

**Note:** Having a condition does not automatically mean you will develop it; and even if a condition is not in your family health history, you can still develop it. Therefore, regular check-ups and screenings are important regardless of family history.

4. **Health insurance is essential.**

There are many reasons why someone may not prioritize health, with cost being usually the first. When a person is struggling to get enough food, pay off an electric bill, or make next month’s rent, it is easy to see why health care might get pushed further down the to-do list.

Unfortunately, this leads many in our community to put off health care until it is an emergency - and emergency medical bills add up. For example, a broken leg can cost up to $7,500 and the average cost of a 3-day hospital stay is around $30,000. People without health coverage must pay these fees out of pocket and it can get them into deep debt.

Studies show that compared to white counterparts, Black people are twice as likely to visit the Emergency Room; more likely to receive routine health care at the ER; and less likely to have a primary care provider. In King County, Black people are more than two times less likely to have health insurance.

We can change this! Health insurance protects people from unexpected medical costs, covers essential health benefits, and makes it possible to establish care with a doctor which is linked to better health outcomes. While it may seem like not having health insurance or not seeking preventative care will save you money -- in the long term, it can be a major financial strain.

If you are in Washington, a good place to start looking for health insurance is the Washington HealthPlan Finder: [www.wahealthplanfinder.com](http://www.wahealthplanfinder.com).

We are here to help. Connect with a ULMS Community Health Navigator for assistance at: [www.urbanleague.org/public-health](http://www.urbanleague.org/public-health).
5. What screenings to get, and when.

One of the most important things you can do for your health is to establish a routine for checkups and screenings.

Screenings check for diseases and health conditions before there are any symptoms or signs. When a disease or condition is found early on, it can be more easily treated.

Take cancer, for example.

Overall, the rate of cancer screenings is lower in communities of color compared to white counterparts - which leads to later stage diagnoses of cancers and worse outcomes for most cancers.

There are many reasons for this disparity, and many factors that make getting screened complicated. However, by being our own health advocates, these statistics do not need to be our destiny. By paying attention to our bodies, trusting our own experience, staying on top of screenings, and visiting the doctor the moment something feels “off”, we can live our healthiest lives and inspire those around us to as well.

In this guide, I will go over 6 conditions commonly found in our community and tell you the causes, symptoms, risk factors, and recommended screening guidelines.

If you realize you are due for a screening or have a family health history of any of these conditions, schedule an appointment with a provider to start discussing your options.
THE IMPORTANCE OF CANCER SCREENINGS

Cancer is caused by changes in genes that control how our cells function. We are made up of trillions of cells. The cells get signals from our body instructing them when to grow, divide, and die as needed.

Cancer starts when something goes wrong in this process— the cells grow uncontrollably, or do not die off when they are signaled to.

These cells can form tumors (lumps of tissue), which can be cancerous (malignant) or non-cancerous (benign). Cancer can start almost anywhere, but once it spreads to other areas, it is called metastatic cancer.

While cancer can affect anyone - the Black community does bear a bigger burden from most cancers than other groups. Lack of access to the best health care and treatment, routine screenings, environmental factors, and mistreatment in medical settings all play a role.

There are more than 100 types of cancers. In this guide, I will go over 4 of them.
CLOSING THE GAP: THE IMPORTANCE OF CANCER SCREENINGS

COLORECTAL CANCER

What is colorectal cancer?

When cancer starts in the colon or rectum, it is called Colorectal Cancer (CRC). The colon and rectum are part of the large intestine, which is responsible for absorbing water and food and eliminating feces.

Yep... we are talking about poop! There is no way around it... when it comes to colorectal cancer it is important to get really familiar with your “regular” so you can let your doctor know if something is off. Yes, that means looking at your poop, talking to your doctor about poop. Even spreading the word to your family and friends about the importance of poop.

I know this is not something we talk about every day, but it is something we do every day and is essential to keeping good health.

Most colorectal cancers start as growth on the inner lining of the colon or rectum. These growths are called polyps. Some polyps can change into cancer over time, but not all polyps will. Colonoscopy (a procedure in which a doctor uses a scope, to look inside your rectum and colon) can detect and remove polyps before they become cancer.

How common is it?

Colorectal cancer is 4th most common cancer and the 2nd leading cause of cancer death in the United States. 1 in 24 people will be diagnosed with it.

Unfortunately, as with most cancers, colorectal cancer disproportionately affects the Black community. Black people are 20% more likely to get colorectal cancer and about 40% more likely to die from it than most other groups. This is in large part due to inequities in health care, education, and screenings.

When our communities have better access, racial disparities decrease.
**What are the risk factors?**

Anyone can get colorectal cancer, regardless of race, gender, and even age. While most people who are diagnosed are over 50, there is a rise in “early-age onset colorectal cancer”, in which people under age 50 are diagnosed. This is why the recommended screening age recently changed to 45, instead of 50.

When it comes to risk factors, some are modifiable - meaning we can do something about them - and others or non-modifiable, meaning out of our control. The following modifiable risk factors are linked to a higher risk of colorectal cancer: inactivity; obesity; not enough fruits, vegetables, and fiber; smoking; heavy alcohol use; and a diet high in red meat, processed meats, and fats.

Non-modifiable risk factors are age (risk of CRC increases as people get older); race/ethnicity (with Black people and Ashkenazi Jews at higher risk); family history of colorectal cancer or colon polyps; personal history of certain types of cancers; having inflammatory bowel disease; and certain uncommon inherited conditions.

**What are the symptoms?**

People with colorectal cancer may not show any symptoms, especially at the early stages.

When symptoms do occur, they may include changes in bowel habits; persistent abdominal discomfort; blood in your stool or bleeding during bowel movements; weakness and/or fatigue; and unexplained weight loss.

If you experience any of these symptoms, schedule an appointment with a doctor so they can find the cause as soon as possible.
How can I prevent it?

The good news is that with screening, colorectal cancer is one of the most preventable cancers. It is also highly treatable if caught early. That is why screening is so essential - yet 1 in 3 eligible adults don’t get screened.

Beyond screening, there are many things you can do to help keep your colon healthy such as:

- Eat fiber (fruits and vegetables)
- Drink plenty of water
- Take in whole grains
- Eat lean proteins instead of processed meats.
- Reduce excess sugar and fried foods
- Limit alcohol intake
- Don’t smoke
- Exercise regularly
- Monitor bathroom habits for any changes
- Talk to a provider about how you can minimize your risk for colorectal cancer

How is it treated?

Treatment for colorectal cancer depends on the location of the tumor and the stage-of-diagnosis (early or more advanced). Depending on these factors, treatment can include surgery, chemotherapy, and radiation.
Who should get screened and when?

Adults with no family history should begin screening at age 45 and screen throughout their life until they are 75.

Some people should start screening earlier. Talk to your doctor, take this quiz: https://quiz.getscreened.org or call 877-422-2030 to get screening advice based on your individual risk factors from the Colorectal Cancer Alliance.

You have probably already heard of “colonoscopy”. That’s because it is the gold standard for colorectal cancer screening. It can detect and remove polyps before they become cancerous. Once you have completed your colonoscopy, you may be able to wait up to 10 years before your next one.

There are other types of screenings as well -- even some that you can do by yourself in the comfort of your own home. These other types of screenings may need to happen more frequently than a colonoscopy, so that is something to consider when weighing your options.

**Ultimately, the best screening is the one that gets done.** So, based on your comfort level and individual circumstances, you and your provider can determine what screening is right for you. Insurance plans may cover colorectal cancer screenings at no cost. Check with your health plan on what tests are covered!

**KEY TAKEAWAY:**

If you are 45 or older or have individual factors that place you at higher risk for CRC, contact a provider as soon as possible to start the conversation about screening.
LUNG CANCER

What is lung cancer?

Lungs are two sponge-like organs in your chest that work with ribs, chest muscles and the diaphragm to move air in and out of your body. When cells in the lungs grow out of control, lung cancer forms.

There are two main types of lung cancer: non-small cell lung cancer (NSCLC) which makes up about 85% of cases, and small cell lung cancer (SCLC), sometimes called “oat cell cancer”, which makes up 15%. SCLC grows and spreads faster than NSCLC.

Lung cancer can spread (metastasize) to other organs in the body; and cancer from other organs can metastasize to the lungs.

How common is it?

Lung Cancer is the third most common cancer (not including skin cancer) in the United States, with about 222,000 new cases diagnosed annually. More people in the U.S. die from lung cancer than any other type of cancer.

Tobacco use is the leading cause of lung cancer by far, making up over 85% of cases. Black men have the highest rate of being diagnosed with lung cancer, 1 in 16, in their lifetime. Additionally, Black people overall with lung cancer are 18% less likely to be diagnosed early and 23% less likely to receive surgical treatment.

High incidences of lung cancer are directly related to smoking rates in our community. These numbers are high due to a long history of being mistreated and aggressively targeted by the tobacco industry.
For example:

- Neighborhoods with more Black residents tend to have more stores that sell tobacco.

- Tobacco companies advertise more heavily in stores whose customers are mostly Black.

- They also support cultural events designed to specifically draw in certain groups in the Black community, in particular Black men.

- Menthol cigarettes have been aggressively marketed toward Black communities since the 1950s. Today, as a direct result of decades-long marketing, 85% of Black people who smoke prefer menthol cigarettes.

Also, stress is a significant risk factor for cigarette smoking - including the stress of racism and discrimination. “Minority stress”, which is defined as “high levels of stress faced by members of stigmatized minority groups”, has a huge impact on the reasons why people smoke.

**What are the risk factors?**

Hands down the number one risk factor for lung cancer is cigarette smoking - which accounts for 80-90% of lung cancer deaths. Other tobacco products also increase the risk. This includes blunt wrappers or tobacco wraps for cannabis use.

Besides smoking, being exposed to second-hand smoke, radon, or certain substances found at some workplaces (asbestos, diesel exhaust, arsenic, to name a few) are risk factors.

Additionally, if you have a family history of lung cancer or have had radiation therapy to the chest, you may be at higher risk for developing lung cancer.
What are the symptoms?

You can use the acronym BREATHE to remember the common symptoms of lung cancer.

If you have any of these, schedule an appointment with a doctor. They could be related to lung cancer or some other cause - either way, it is important to get checked out.

B - Blood when you cough or spit
R - Recurring respiratory infections
E - Enduring cough that is new or different
A - Ache or pain in shoulder, back, or chest
T - Trouble breathing
H - Hoarseness or wheezing
E - Exhaustion, weakness, or loss of appetite.

How can I prevent it?

To prevent lung cancer, here are some things you can do:

1) Don't smoke. The more a person smokes, the greater their risk of developing lung cancer. However, the human body is incredible at healing itself over time. When you stop smoking, damaged lung tissue gradually starts to repair itself, and the risk of lung cancer lowers. So, no matter how long you’ve smoked or how old you are, it is never too late to stop. There are resources in the back of this book to support you along the way. **An example of how amazing our body is at self-healing: After 15 years of not smoking a person's risk of heart disease returns to that of a non-smoker!**

2) Avoid second and third-hand smoke. Harmful chemicals from smoke can remain on your clothes, furniture, and car seats where chemicals are absorbed through the skin.
3) Get your home tested for radon. Radon - a gas that you cannot see, smell, or taste - is the second leading cause of lung cancer. 1 out of 15 homes have high radon levels. The good news is you can take immediate steps to protect yourself and your family by testing your home for radon. Learn more by calling the National Radon Hotline: 1-800-SOS-RADON.

4) Be careful at work. Depending on the job someone does and their overall exposure, health and safety guidelines in the workplace can help them avoid carcinogens—things that can cause cancer. Check the OSHA website to find out what personal protective equipment (PPE) you need to protect yourself at work.

How is it treated?

Treatment for lung cancer depends on the location of the tumor and the stage of diagnosis. Depending on these factors, treatment can include surgery, chemotherapy, radiation therapy, and targeted therapy.

Who should get screened and when?

When people with a high risk for lung cancer get screened, there is the potential to significantly improve their outcomes and save lives.

In fact, screening can decrease lung cancer deaths by 14-20% among high-risk populations. Please start the conversation with a provider and consider getting screened if you:

- Are between ages 50 - 80 and
- Currently use cigarettes or have quit in the past 15 years and
- Are a person who used at least 1 pack per day for 20 years or more, or ½ pack per day for 40 years

Here is a quick quiz you can take to find out if screening might be a good idea for you: https://shouldiscreen.com/English/lung-cancer-risk-calculator
CLOSING THE GAP: THE IMPORTANCE OF CANCER SCREENINGS

BREAST CANCER

What is breast cancer?

Breast cancer is when cells in the breast grow out of control.

Most breast cancers begin in the lobules (which produce milk) or the ducts (which carry milk to the nipple). Less commonly, it can develop in the connective tissue which holds everything together.

As with any cancer, breast cancer can metastasize to other areas of the body.

Note on gender neutrality: People of all genders get breast cancer. However, research on diverse populations is limited. Thus, in this overview, I will use the term "women". It is vital to expand research to be more diverse in terms of gender, race, and ethnicity; and for health messages to be as inclusive as possible.

How common is it?

Breast cancer is the most common cancer among women in the United States, except for skin cancers. About 1 in 8 women will develop it in their lifetime. There are about 280,000 breast cancer cases per year and 44,000 deaths.
Racial disparities in breast cancer are stark.

Black women are slightly less likely than white women to develop breast cancer yet tend to have significantly worse outcomes. This includes being 39-41% more likely to die from it and being younger at the time of diagnosis.

This is because in general, Black people are less likely than our white counterparts to have access to health insurance or high-quality medical care. This leads to many in our community learning they have cancer later than they might have if they had preventative screenings. Also, when Black people are diagnosed, we tend to receive less quality follow-up care and treatment.

Ongoing research shows that biology does play some role in breast cancer disparities, for example, Black women are disproportionately affected by more aggressive subtypes such as triple-negative breast cancer. There is still a lot to learn this, further demonstrating the importance of diverse research.

What are the risk factors?

Some modifiable factors that may increase a person’s risk are not getting enough physical activity, being overweight, drinking alcohol, and taking hormones.

Non-modifiable risk factors include family history of breast or ovarian cancer, dense breasts, and certain genetic mutations.

Having these risk factors does not automatically mean you will develop breast cancer, and some people develop cancer even if they have no known risk factors.

However, knowing your risk is an important way for you and your provider to determine when and how frequently you should be screened for breast cancer.
What are the symptoms?

Symptoms present differently in different people -- and some people do not experience any symptoms at all. When symptoms do appear, they can include:

- New lump in the breast or underarm
- Thickening or swelling of part of the breast
- Irritation or dimpling of breast skin
- Rash or flaky skin in the nipple area or the breast
- Pulling in of the nipple or pain in the nipple area
- Nipple discharge (other than milk), or blood
- Any change in the size or the shape of the breast
- Pain in any area of the breast

If you experience any of these symptoms, schedule an appointment with a doctor. These signs can point to other conditions besides breast cancer, but only a medical provider can confirm for you.

Keep in mind that everyone’s breasts are different. “Normal” for one person is not the same as for someone else. That is why one of the most important things you can do for your health is to get familiar with what your "normal" is. That way, the moment anything changes, you can do something about it.

How can I prevent it?

There is no sure way to prevent breast cancer. But there are healthy habits you can implement that may reduce your risk, such as:

- Keeping a healthy weight and staying active
- Avoiding or limiting alcoholic drinks
- Breastfeeding your children, if possible
- Being familiar with what your breasts look and feel like, and letting a provider know if something is “off”
- Talk to your doctor if you have a family history of breast or ovarian cancer
- Screen for breast cancer regularly
How is it treated?

Depending on how far along the cancer is or how far it has spread, there are several treatment types that can be used. These include surgery, chemotherapy, hormonal therapy, biological therapy, and radiation therapy. When it comes to treatment, timely care can improve breast cancer outcomes, so it is important to advocate for yourself so that you get screened and treated as early as possible.

Who should get screened and when?

Screening mammography is the most effective tool for detecting breast cancer early, which is when it is easier to treat. If someone has breast cancer in the family or other risk factors it may be appropriate to start screening before 40 and add additional screening with MRI. Consider asking your doctor for a referral to a high-risk or genetics clinic for a plan tailored to you.

The American Cancer Society recommends that for average risk (or most) women:

- People ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms if they wish to do so.
- People ages 45 to 54 should get mammograms every year.
- People 55 and older should switch to mammograms every 2 years or continue yearly screening.
- Screening should continue as long as person is in good health and is expected to live 10 more years or longer.

Please note that there are multiple different guidelines out there that are also used by medical professionals. For example, many medical institutions use the United States Preventive Services Task Force recommendations, which are the minimum.

KEY TAKEAWAY:

People should know how their breasts normally look and feel and report any breast changes to a provider immediately.
CERVICAL CANCER

What is Cervical Cancer?

The cervix is located in the lower part of the uterus, or “womb.” It is covered by a layer of cells that normally grow, divide, and are replaced as need. Cervical cancer occurs when cells become abnormal by growing and dividing rapidly leading to growth into deeper cell layers or spreading to other organs. The cells may eventually form a tissue mass called a tumor.

When the cells first begin growing abnormally, they are not yet cancerous. However, if undetected, they can become cancerous and spread into other areas of the body.

With regular screening, cervical cancer is one of the most preventable cancers. That is because it takes years to go from precancer to cancer - so there is plenty of time to intervene!

How common is it?

The main cause of cancer of the cervix is a long-lasting infection with certain strains of the human papillomavirus (HPV). Some are called “high-risk types,” and can cause cancer of the anus, cervix, vulva, vagina, and penis. Other “low-risk types” have been linked to genital warts.

HPV is a very common sexually transmitted infection that most of the time does not lead to cancer. It usually goes away on its own and most people never know they have it.
What are the risk factors?

The biggest risk factor for cervical cancer is being infected with HPV. Other risk factors include cigarette smoking and having a compromised immune system.

Cancer of the cervix can occur at any age, but it occurs most commonly in women older than age 40. It can occur in younger women too; however, it rarely affects those younger than 21.

What are the symptoms?

Symptoms are usually only present after abnormal cervical cells become cancerous and spread to nearby tissue. According to the American Society of Clinical Oncology, these symptoms are:

- Blood spots or light bleeding between or following periods
- Menstrual bleeding that is longer and heavier than usual
- Bleeding after intercourse, douching, menopause, or a pelvic examination
- Pain during sexual intercourse
- Increased vaginal discharge
How can I prevent it?

Here are 4 things you can do to keep your cervix healthy and prevent cervical cancer.

1. Get regular check-ups that include a pap smear and/or HPV test, depending on your age.
   - Pap smears are extremely important! About 90 percent of people whose cervical cancer was detected by a Pap will survive. The number is much lower -- 40% -- for people whose cancer was not diagnosed until they started experiencing symptoms.
   - Details on screening guidelines are in the next section.

2. Get the HPV vaccine and encourage people in your life to do the same.
   - Recommended at age 11-12 but approved for 9-45. It is most effective years before sexual activity starts.
   - HPV vaccines are given in a series of 2-3 shots over 6-12 months, depending on your age.

3. Use condoms or dental dams every time you have sex.
   - This helps lower the chances of spreading HPV during sex.

4. Don’t smoke.
   - If you have a high-risk type of HPV and you smoke, you’re more likely to get cervical cancer. There are resources in the back of the book to help you quit.

How is it treated?

Cervical cancer is treated in several ways. It depends on the kind of cervical cancer and how far it has spread. Treatments include surgery, chemotherapy, and radiation therapy.
Who should get screened and when?

If You Are 21 to 29 Years Old
Start getting pap tests at age 21. If your Pap test result is normal, your doctor may tell you that you can wait three years until your next one.

If You Are 30 to 65 Years Old
Talk to your doctor about which testing option is right for you –

- **A Pap test only.** If your result is normal, your doctor may tell you that you can wait three years until your next Pap test.
- **An HPV test only. This is called primary HPV testing.** If your result is normal, your doctor may tell you that you can wait five years until your next screening test.
- **An HPV test along with the Pap test.** This is called co-testing. If both of your results are normal, your doctor may tell you that you can wait five years until your next screening test.

If You Are Older Than 65
Our doctor may tell you that you don’t need to be screened anymore if –

- You have had normal screening test results for several years, or
- You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.
HYPERTENSION

What is hypertension?

Blood pressure is the force of blood flowing through your blood vessels.

It is normal for blood pressure to rise and fall throughout the day— but when someone’s blood pressure is consistently above normal, they may be diagnosed with hypertension.

Hypertension is a serious medical condition - the higher the blood pressure, the more at risk a person is for other health problems, like heart disease, heart attack, and stroke.

How common is it?

Nearly half of adults in the U.S. have high blood pressure.

However, hypertension affects Black adults earlier and more dramatically than white counterparts.

By age 55, research shows 3 of 4 Black adults have developed the condition compared to about half of white men and 40% of white women.
**What are the risk factors?**

There are several non-modifiable factors that can put someone at higher risk of developing hypertension. These include:

**Family History.** If your parents or other close blood relatives have high blood pressure, there’s an increased chance that you’ll get it too.

**Age.** The older you are, the more likely you are to get high blood pressure.

**Race.** Black people tend to develop high blood pressure more often than people of any other racial background in the United States.

**Chronic Kidney Disease.** Hypertension may occur as a result of kidney disease. And having hypertension may further kidney damage.

Modifiable factors include an unhealthy diet that is high in sodium and saturated fats; lack of physical activity; smoking; drinking too much alcohol; and not getting enough sleep.

**What are the symptoms?**

High blood pressure usually has no symptoms, so many people do not know they have it.

The only way to know whether you have high blood pressure is to measure it regularly.

Symptoms, such as headache or nosebleed, may occur during a hypertensive crisis, which is a medical emergency.

Waiting for symptoms to present themselves is taking a dangerous chance with your life. Don’t wait—take the step to get your blood pressure measured. It is quick, easy, and painless, and can be done at home.
How can I prevent it?

To help prevent hypertension, you can:

- Eat a healthy diet that has plenty of fruits and vegetables and foods that are lower in sodium.
  - DASH (Dietary Approaches to Stop Hypertension) eating plan is a healthy diet plan with a proven record of helping people lower their blood pressure. You can check it out here: https://www.nhlbi.nih.gov/education/dash-eating-plan.

- Maintain a healthy weight.
  - When a person is obese, their body requires more blood to supply oxygen and nutrients, which causes an increase in blood pressure.

  - Black people experience obesity at higher rates, with Black women having the highest rates of obesity than anyone else. Persistent food insecurity in our community as well as social, emotional, and environmental challenges and years of systemic oppression have resulted in higher rates of obesity in the Black community.

  - Because our society is steeped in diet-culture, it can be triggering to talk about weight - and what a “healthy” weight means. For each person, it is different. Talk with a provider who understands “Health at Every Size,” if this is a sensitive topic for you.

- Be moderately physically active on most days of the week.

- Do not use cigarettes.
  - Check out the back of the book for resources to help you quit smoking.

- If you drink alcohol, do so in moderation.

- Get enough sleep.

- If you have high blood pressure and are prescribed medication, take it as directed.
NOTE:

It is important to stop here and acknowledge how environment can impact someone’s ability to manage hypertension, and how these recommendations are not “simple” for everyone.

By telling people to exercise when they don’t have access to safe or affordable spaces to be physically active; asking them to improve their diet when they don’t have healthy foods nearby that they can afford; saying to take blood pressure medications when they can’t afford them or have a mistrust of healthcare, we fail to see the full picture.

It is easier said than done to “just make lifestyle changes,” if the systems and structures around you make healthy options out of reach.

**How is it treated?**

A healthy weight and diet, plus physical activity, can go a long way toward lowering blood pressure. Also, medications, when prescribed, are an important part of treatment.

**Who should get screened and when?**

If your blood pressure is normal (less than 120/80 mm Hg), your blood pressure should be screened during regular healthcare visits yearly for anyone 20 years of age or older.

People who have chronic health conditions, such as high or low blood pressure or heart disease, may need to have blood pressure tests more often.
### Blood Pressure Categories

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic mm Hg (upper number)</th>
<th>Diastolic mm Hg (lower number)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal</strong></td>
<td>Less than 120</td>
<td>and</td>
</tr>
<tr>
<td><strong>Elevated</strong></td>
<td>120 – 129</td>
<td>and</td>
</tr>
<tr>
<td><strong>High Blood Pressure (Hypertension) Stage 1</strong></td>
<td>130 – 139</td>
<td>or</td>
</tr>
<tr>
<td><strong>High Blood Pressure (Hypertension) Stage 2</strong></td>
<td>140 or higher</td>
<td>or</td>
</tr>
<tr>
<td><strong>Hypertensive Crisis</strong></td>
<td>Higher than 180</td>
<td>and/or</td>
</tr>
</tbody>
</table>

Blood pressure is written as two numbers. The first number is called the systolic number, and it represents the pressure in blood when your heart beats. The second number is called diastolic, and it measures the pressure in blood vessels when your heart rests in between beats.

The five blood pressure ranges as recognized by the American Heart Association are:

**Normal** -

Blood pressure numbers of less than 120/80 mm Hg are considered within the normal range.

**Elevated** -

Elevated blood pressure is when readings consistently range from 120-129 systolic and less than 80 mm Hg diastolic. People with elevated blood pressure are likely to develop high blood pressure unless steps are taken to control the condition.
Hypertension Stage 1 -

Hypertension Stage 1 is when blood pressure consistently ranges from 130-139 systolic or 80-89 mm Hg diastolic. At this stage of high blood pressure, doctors are likely to prescribe lifestyle changes and may consider adding blood pressure medication based on your risk of atherosclerotic cardiovascular disease (ASCVD), such as heart attack or stroke.

Hypertension Stage 2 -

Hypertension Stage 2 is when blood pressure consistently ranges at 140/90 mm Hg or higher. At this stage of high blood pressure, doctors are likely to prescribe a combination of blood pressure medications and lifestyle changes.

Hypertensive Crisis -

This stage of high blood pressure requires medical attention. If your blood pressure readings suddenly exceed 180/120 mm Hg, wait five minutes and then test your blood pressure again. If your readings are still unusually high, contact your doctor immediately. You could be experiencing a hypertensive crisis.

If your blood pressure is higher than 180/120 mm Hg and you are experiencing signs of possible organ damage such as chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking, do not wait to see if your pressure comes down on its own. Call 911.

KEY TAKEAWAY:

Blood pressure should be less than 120/80 when screened. If higher, consult a physician.
What is Diabetes?

Diabetes is a chronic health condition that affects how your body turns food into energy.

When you eat, your body breaks the food down into sugar (glucose) and then releases it into your bloodstream to turn into energy. This process requires insulin. But when the body does not produce enough insulin -- or does not use it as well as it should -- too much sugar stays in the bloodstream, and the result is diabetes.

Diabetes can cause serious problems over time including heart disease, vision loss, and kidney disease.

There are 3 types of diabetes

Type 1: Approximately 5-10% of the people who have diabetes have Type 1. This is caused by an autoimmune reaction that stops the body from making insulin. Currently, no one knows how to prevent Type 1 diabetes and people with it need to take insulin every day.

Type 2: About 90-95% of people with diabetes have Type 2. In this case, the body is unable to use insulin as well as it should and because of that, it cannot keep blood sugar at normal levels. While there is not a cure yet, Type 2 can be prevented or delayed with healthy lifestyle habits.

Gestational Diabetes: Gestational diabetes occurs in pregnant people who have never had diabetes before. It usually goes away after the baby is born; however, it increases the person’s risk for Type 2 diabetes later in life and may make the baby more vulnerable to health problems later in life.
How common is it?

About 1 in every 10 people has diabetes, and 1 out of 5 of them do not know they have it.

Prediabetes: More than 1 in 3 US adults have prediabetes, and more than 8 in 10 of them don’t know they have it. With prediabetes, blood sugar levels are higher than normal, but not high enough for a Type 2 diabetes diagnosis. Prediabetes raises your risk for Type 2 diabetes, heart disease, and stroke. Fortunately, if you have prediabetes, you can take healthy steps to reverse it before it becomes diabetes.

What are the risk factors?

Type 1 Diabetes -

Risk factors for Type 1 diabetes are not as clear as Type 2, but some known risk factors include:

- Family history: Having a parent, brother, or sister with type 1 diabetes.
- Age: You can get Type 1 diabetes at any age, but it usually develops in children, teens, or young adults.

Type 2 Diabetes -

Modifiable risk factors that could put you at greater risk for diabetes are being overweight and not getting enough physical activity. Non-modifiable risk factors include being 45 years old or older, having a close relative with Type 2 diabetes, and having a non-alcoholic fatty liver disease.
What are the symptoms?

Some people with diabetes have symptoms so mild, they do not notice them. But when they do experience symptoms, these can include:

- Urinating often
- Feeling very thirsty
- Feeling very hungry—even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Weight loss—even though you are eating more (Type 1)
- Tingling, pain, or numbness in the hands/feet (Type 2)
- In people with Type 1 diabetes, the onset of symptoms can be very sudden, while in type 2 diabetes, they tend to come about more gradually, and sometimes there are no signs at all
- Women with gestational diabetes often have no symptoms, which is why it’s important for at-risk women to be tested at the proper time during pregnancy

How can I prevent it?

Currently, no one knows how to prevent Type 1 diabetes. But Type 2 diabetes can be prevented with lifestyle changes - such as getting more physical activity. Before developing Type 2 diabetes, people usually first get prediabetes which is when blood sugar levels are higher than normal but not quite high enough to be diagnosed as diabetes. The good news is that prediabetes can be reversed before it becomes diabetes.

How is it treated?

Doctors treat diabetes with a few different medications. Some are taken orally and some are through injection. Depending on the type of diabetes you have, you will work with your doctor to find the right treatment for you.
Who should get screened and when?

The 2022 Standards of Care recommends screening adults aged 18 years if they have risk factors. Additionally, all adults should be screened for prediabetes and diabetes at age 35. If tests are normal, screening should be repeated at least every three years.

You can take this quick quiz to calculate your risk for prediabetes. If your risk is high, you should go to the doctor to confirm your result with a simple blood test.

https://www.cdc.gov/prediabetes/risktest/index.html
GET INVOLVED

We have reached the end of this guide! I hope that this guide is not only helpful, but also hopeful.

As you can see our community is among the hardest hit by many health conditions. But we can improve health outcomes by being our own health advocates, paying attention to our bodies, and staying on top of screenings.

Policymakers can advance health equity by addressing social determinants of health and investing in people and communities most impacted by structural racism.

When people have what they need, they can thrive.

Make your voice heard. Let your representatives know you are paying attention to the resources, services, and amenities in your neighborhood (or lack thereof!) and tell them that everyone deserves the opportunity to live a long, healthy life -- and it starts where we live, learn, work, and play.

ABOUT US

With a vision of equity for all, the Urban League of Metropolitan Seattle (ULMS) empowers those we serve by providing programming and services designed to support and encourage self-sufficiency in all aspects of life. Our five areas of focus include advocacy & civic engagement, education, housing, public health and workforce development. To learn more about ULMS or to find out how to get involved in our efforts, please visit: https://www.urbanleague.org.

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Seattle, WA 98122
P | 206.461.3792
E | Zyna, via zbakari@urbanleague.org
COMMUNITY RESOURCES

My Family Health Portrait, a Tool from the Surgeon General:

Pathways to Freedom: Winning the Fight Against Tobacco:
https://www.cdc.gov/tobacco/quit_smoking/how_to_quit/pathways/

Stopping Tobacco Use After a Cancer Diagnosis:
https://www.cancer.net/sites/cancer.net/files/stopping_tobacco_use.pdf

Connect with a Community Health Navigator at ULMS:
www.urbanleague.org/public-health

Washington Health Plan Finder:
https://www.wahealthplanfinder.org

National Breast and Cervical Cancer Early Detection Program (NBCCEDP), find out if you qualify for a free or low-cost mammogram and Pap test:
https://nccd.cdc.gov/dcpc_Programs/index.aspx#/results/1/64

List of Community Health Centers in King County:

American Cancer Society Recommended Screenings Chart:
https://www.cancer.org/healthy/find-cancer-early/get-screened.html#age

DASH (Dietary Approaches to Stop Hypertension) Eating Plan:
https://www.nhlbi.nih.gov/education/dash-eating-plan

Questions To Ask Your Doctor About Cancer Screening:

Support for Black Women With Breast Cancer:
https://cierrasisters.org

Navigate Cancer Treatment:
https://www.fredhutch.org

Programs Promoting Black Health:
https://www.aarth.org

Programs for General Health & Well-Being:
https://www.seattleymca.org/programs-for-health
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