HORIZON FOUNDATION

The 2020 Vision for Health in Howard County

JANUARY 2020



For decades, Howard County has been known for its forward-thinking approach to creating the highest quality of life, serving as a national example of how people of diverse backgrounds can create a thriving community.



And yet, while we have experienced much progress and success, the future presents new challenges to our county. Population growth, environmental risks, demographic shifts and economic constraints will test our community in the years to come.

Because of our existing strengths, Howard County is uniquely positioned to address these challenges with determination and innovation. Howard County is rich with passionate and well-informed leaders, strong community involvement, substantial educational and economic opportunities and a wide array of public resources — all of which provide a solid foundation for a healthy and blossoming community. As a community that strives for the best, we must also acknowledge that not everybody has the same access to the county's resources and opportunities. We have the ability to be the healthiest, best county in the nation if we invest in our future now so everyone can thrive in Howard County.

How do we do this?

The Horizon Foundation believes that one of the most important assignments for the next generation of Howard County residents will be eliminating health disparities so that everyone can lead a long, healthy life. While Howard County ranks among the healthiest communities in the state and nation, we still fall short of our potential – and by maximizing our strengths, leadership and commitment, we can rise to the top. Unfortunately, even in our county, your zip code, skin color, income and other demographic factors can determine your health in very unfair ways.

What's driving these differences?

A system of policies, practices and programs that were not designed to serve everyone equally.

When it comes to inequity, we must recognize a difficult truth: From the nation's founding to today, our society has been designed to benefit some more than others. While a number of past injustices have been addressed by public policy, their legacies persist, and new injustices have emerged. Still, Howard County has emerged from this history well-positioned to address the unequal access to opportunities and outcomes that remains in our community. We are people who value community, innovation, hard work, education and ensuring fair and just opportunities to build a successful future.

Our history of cooperation and collaboration inspires us now more than ever to innovate and create the best future as the nation's leading county where **everyone** can be healthy and prosper.



By committing to a systems lens and looking at root causes, our elected officials, community leaders and residents can create solutions that improve health for the entire community. By focusing on prevention and policy change, Howard County will save lives, as well as time and money. We will also have a thriving community where everyone can contribute their strengths and not face the harmful effects of illness or despair. A thriving community will, in turn, contribute to greater prosperity and happiness for Howard County as a whole and create a stronger future for ourselves and our children.

We acknowledge that health is affected by many factors, including the conditions in which people are born, raised and live, as well as economic stability, housing, education, transportation and experiences with discrimination. All of these contribute to health outcomes and play a role in creating health disparities.[1] As a community, we must address these broad factors while also targeting efforts to address specific health challenges.

In this report, we present data on disparities, an analysis of causes and targeted solutions addressing four areas of health: prenatal care and infant health, chronic disease, mental health and advance care planning. We chose these four areas of focus because they serve as examples of alarming health care issues that affect residents across the county from cradle to grave, with underlying data demonstrating glaring racial disparities. We also present achievable, shorter-term, targeted actions to address those disparities based on research and models from other communities that are making progress. Over time, we hope more research on solutions to root problems will help us further tackle "upstream" strategies to help better prevent problems before they start.

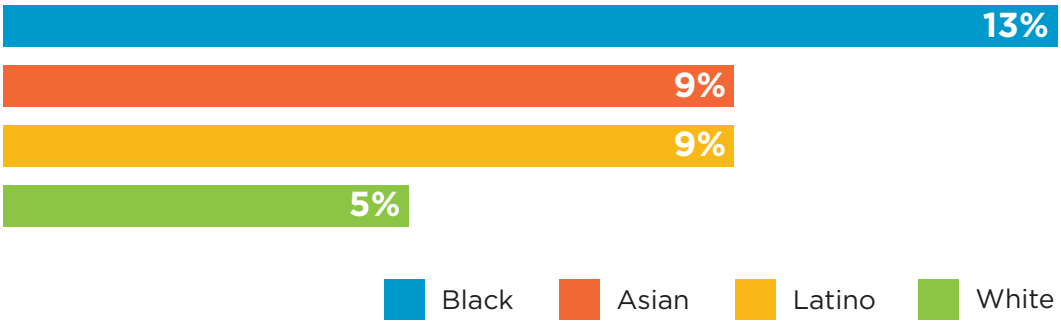


Prenatal Care & Infant Health

In five of the past six years of available data, Black infants in Howard County died at more than double the rate of White infants.[2,3,4]

In 2017, Black mothers were also 83% more likely to have an infant born premature and more than twice as likely to have an infant with low birth weight – key factors that contribute to infant death.[5] Asian and Latino infants have also fared worse than White infants in the county, with more than 9% born premature and roughly 9% with low birth weight, compared to 7% of White infants born prematurely and 5% with low birth weight in 2017.[6]

Mothers having an infant with a low birth weight (2017):



When it comes to health care during pregnancy, most mothers receive prenatal care beginning in the first trimester. But in 2017, almost 11% of Latina mothers and 9% of Black mothers in the county received late or no prenatal care – more than twice the percentage of White mothers.[7]

Latina and Black pregnant women are* 2x more likely *to receive late or no prenatal care compared to White pregnant women.



Why is this happening?

Studies show a mother's experiences of racism are a key reason for health problems for Black infants, contributing to low birthweights and preterm births.[8,9] When infants are born premature and at a low birthweight, they are more likely to die before the age of one.[10,11] Even if a Black mother's education and income levels are high, factors which typically result in better health outcomes, she is still more likely to lose her baby than mothers of other races.[12,13,14] The disparities persist even when controlling for typical risk factors, such as the mother's age and marital status.[15,16,17] Genetic factors also fail to explain the differences in birth outcomes.[18]

Stress from experiencing "interpersonal and institutionalized racism" contributes to worse preterm birth rates.[19,20] Racial bias in the medical community further harms health care for Black patients, including Black pregnant women. Racial bias leads to disparities in pain assessment and treatment between Black and White patients,[21] an issue that can play out fatally in the context of pregnancy and birth outcomes. Incorrect beliefs about biological differences in general – and pain sensitivity in particular – date back to slavery and are perpetuated until this day. Fifty percent of medical students and residents hold false beliefs based on race, such as the perception that "Black people's skin is thicker than White people's," consequentially judging Black patients' pain as lower than White patients' pain, and choosing inadequate treatments with pernicious consequences.[22]

Barriers to quality health care, reproductive care and prenatal care – and, further, obstacles that contribute to inequalities in areas like income, housing, and education – pose additional challenges that can negatively affect maternal and infant health.[23,24] An overall deficiency in health care coverage and a lack of access to care amplify these factors, and are particularly problematic for undocumented Latina mothers who may be ineligible for health coverage by private or government insurers.[25,26]



Why we care

Maternal and infant mortality affect women and babies of all backgrounds, yet the way in which preventable pregnancy-related complications, poor infant health outcomes and death affect women and babies of color is unacceptable. Designing the health care system to better serve some of our most vulnerable mothers and babies will help improve care for all. With better policies, practices and systems in place, we can save lives. By acknowledging and addressing root causes of disparities in infant deaths, we can better create conditions where pregnancy and motherhood can be the positive and fulfilling experiences that they should be, and where children can thrive from day one. With these changes, we can foster an environment where all families and the whole community can prosper.

"Racism has a profound impact on children's health." [27]

– American Academy of Pediatrics

What can we do?

As an innovative and resource-rich community, we can devise solutions that address immediate needs and create larger system-wide changes. We can advocate for changes to improve the health care environment for mothers and babies of color, including the following strategies:[28,29,30]

- **Examine and advocate for promising public policies and interventions** that ensure access to health care coverage, particularly for uninsured pregnant mothers and improve access to quality prenatal and reproductive care.
- **Fund easily accessible prenatal care** for undocumented pregnant mothers.
- **Provide sufficient funding and support for programs and advocacy groups** that focus on the needs of expectant mothers – particularly for Black women – before, during and after pregnancy.
- **Promote comprehensive prenatal education** for mothers so they can better take advantage of a full range of birthing options and prenatal care.
- **Improve access to social support and community resources** for expectant women of color.
- **Implement policies that regulate treatment protocol** to minimize racial biases of health care providers. Standardized processes can help remove individual bias in care and treatment decisions.
- **Promote passage and enforcement of laws that protect women of color** from discrimination. This would help address adverse maternal and infant health effects from stress related to experiencing racial discrimination.
- **Create more educational opportunities for medical providers and students** to better understand and address racial bias and cultural competence.
- **Promote and support efforts to further research** the cultural, environmental, social, psychological and biological determinants of disparities in preterm and low-birthweight births, and to evaluate the effectiveness of interventions.

Chronic Disease

Heart disease is a leading cause of death in Howard County– and it is killing Black residents at a rate higher than for any other race.[31,32]

Diabetes, another leading cause of death in the community, can lead to serious health problems including blindness, stroke, kidney failure, amputations and nerve damage. Black adults in the county are more likely to report having diabetes than people of other races.[33] In 2017, diabetes also landed Black adults in the emergency department at a rate four times higher than White individuals in the county.[34] Similarly, in 2017, high blood pressure – which increases the risk of Type 2 diabetes and can lead to heart attacks – sent Black patients to the emergency department three times as often as White patients.[35]

Chronic diseases like heart disease and Type 2 diabetes, as well as premature death, are highly correlated with weight problems. A majority of county residents are affected by weight challenges, but Black and Latino adults have the highest rates: Three out of four are either overweight or obese.[36]

Why is this happening?

While genetic factors and individual behavior contribute to these diseases, evidence points to toxic physical and social environments as a major cause.[37] Sugary drinks and unhealthy, highly processed junk food are more available and cheaper than ever. Marketing, often targeted to people of color, makes these products even more desirable. And the lack of safe sidewalks, paths and streets in neighborhoods limits daily, routine physical activity. Unhealthy habits formed in early childhood also put people at greater risk of continuing those patterns into adulthood and developing chronic diseases. Therefore it is important to create an environment that encourages healthy choices wherever community members – and especially children – live, learn, play and pray.

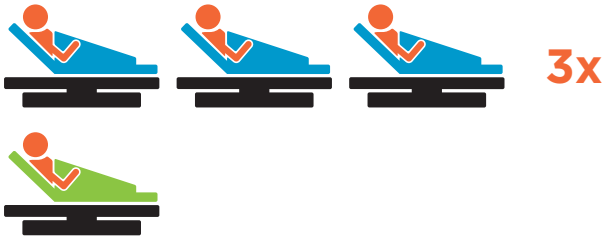
Surveys of Howard County children and youth show racial disparities exist in numerous factors that are known to contribute to weight gain and chronic diseases over a person's life span.[38,39] For example, compared to their White peers, a larger proportion of Black and Latino youth consume sugary drinks daily, miss breakfast and miss out on team sports and physical activity opportunities.[40]

Healthy behaviors are largely influenced by the environment in which we live.[41] The conditions in our community environment can lead to disparities in shaping behaviors, which can ultimately result in disparities in health outcomes. Unfortunately, significantly steeper social and environmental barriers contribute to worse health outcomes for communities of color, such as:

Black patients are four times as likely as White patients to be seen in the emergency department for diabetes (2017):



Black patients are three times as likely as White patients to be seen in the emergency department for high blood pressure (2017):



Black White

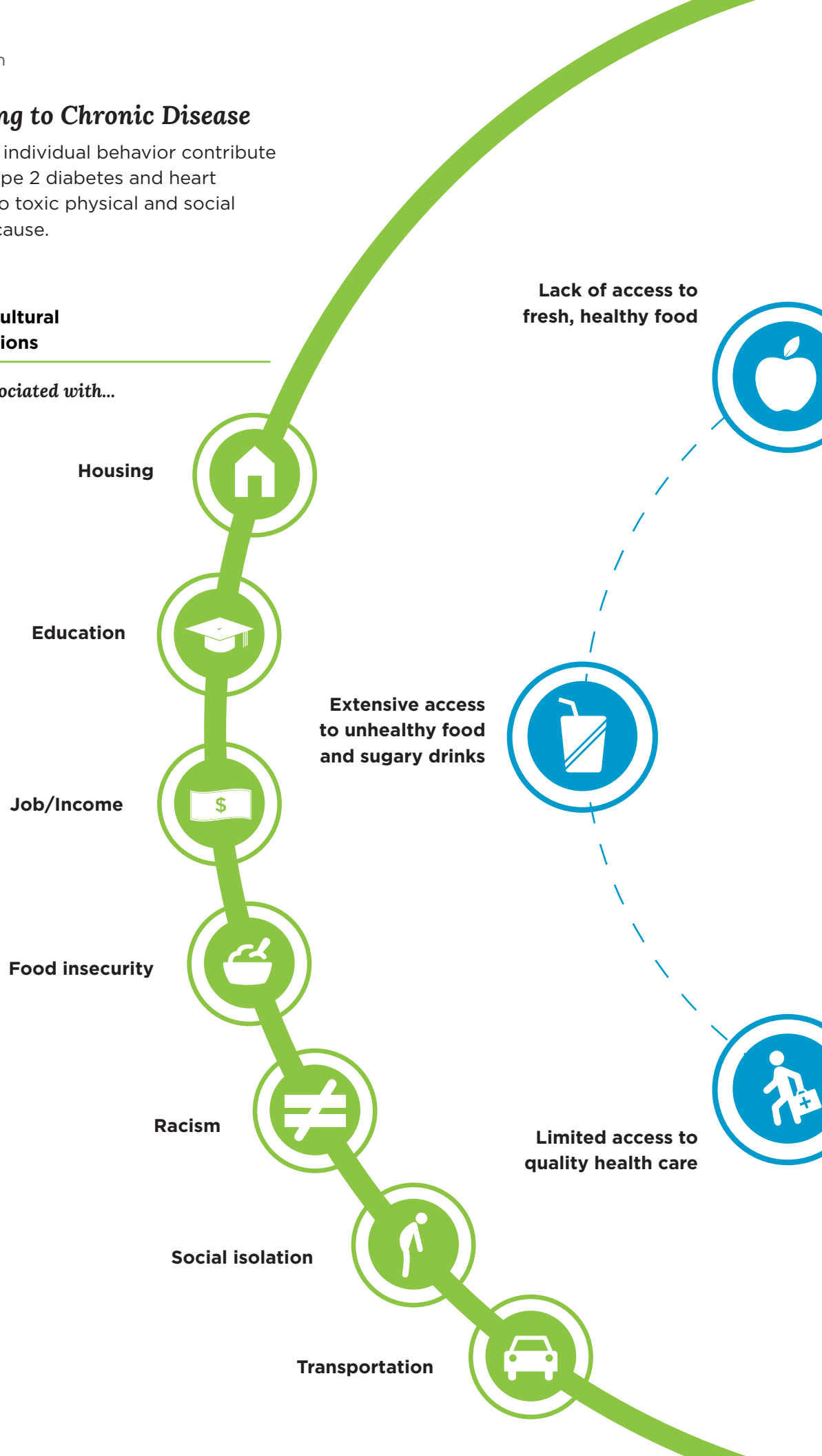
- **Unhealthy food and drink marketing.** Nationally, food and beverage companies spend hundreds of millions of dollars "almost exclusively" advertising products that are nutritionally poor to Black and Latino audiences.[42] Therefore, despite a steady decline of daily sugary drink consumption among sixth graders of all races, Black and Latino students have remained twice as likely to have at least one sugary drink a day compared to White students, a habit that is an independent risk factor for heart disease and Type 2 diabetes.[43]
- **Gaps in health insurance coverage.** Black and Latino Americans are far more likely than White and Asian Americans to have been uninsured for part of the year, leading to missed opportunities for primary and preventive care.[44]
- **A lack of sports opportunities.** In 2016, 77% of White county middle school students participated in at least one sports team, compared to 56% of Black students and 54% of Latino students.[45] Similarly, Asian and Latino parents were most likely to report that their child was unable to participate in an organized sports team in 2018.[46] The lack of formal team sports in middle schools could reinforce cost, transportation and other barriers to participation, making physical exercise a luxury that many can't afford, and making it harder for youth without those opportunities to be selected for high school sports teams.
- **Neighborhoods with dangerous and disconnected routes for biking, walking and riding the bus.** Howard County has more than 1,300 areas with missing sidewalks, nearly 600 difficult road crossings and hundreds of bus stops without landing pads that make it difficult or unsafe for people to engage in active lifestyles and use alternative forms of transportation.[47]

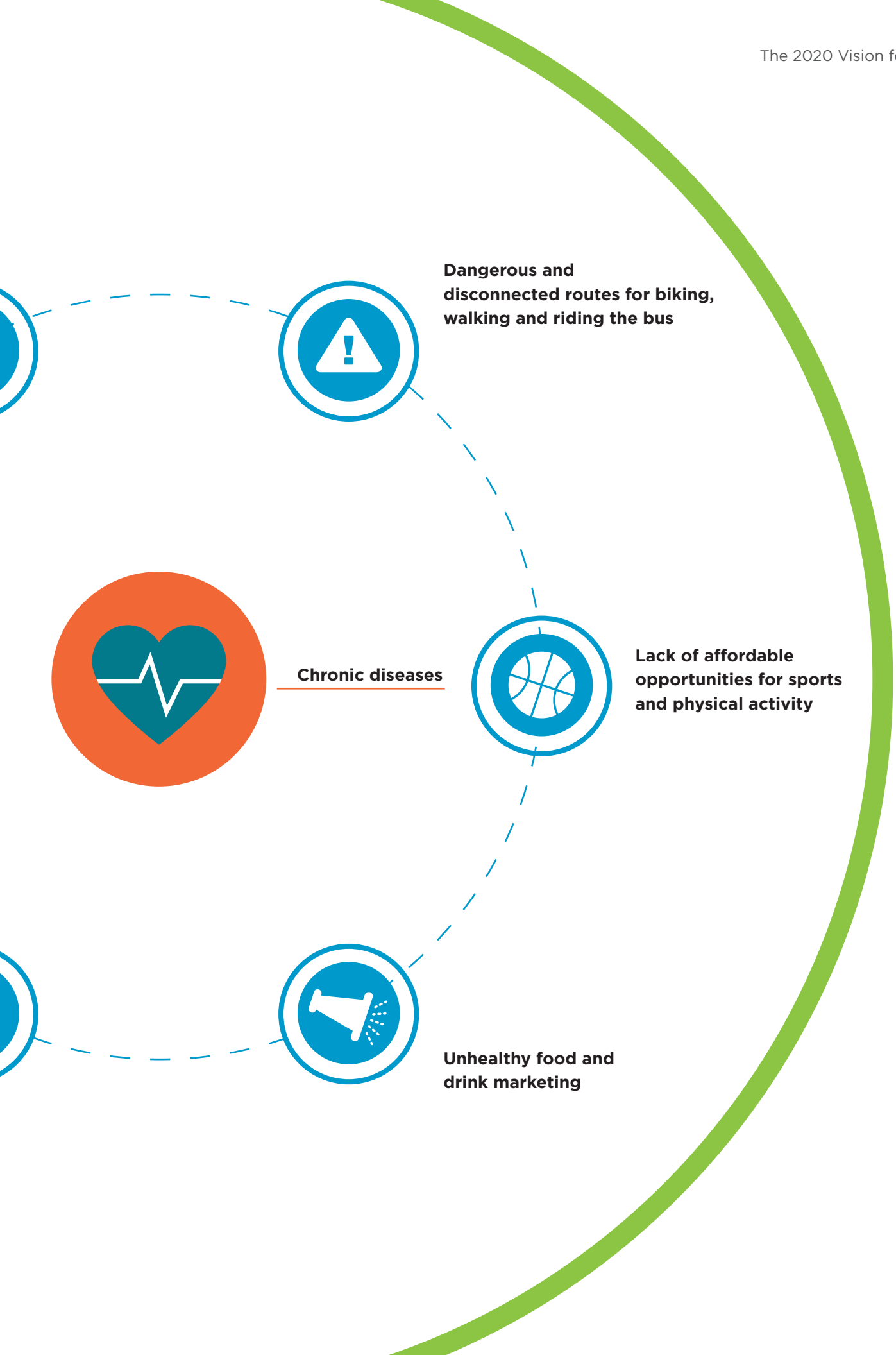
Barriers Contributing to Chronic Disease

While genetic factors and individual behavior contribute to chronic diseases like Type 2 diabetes and heart disease, evidence points to toxic physical and social environments as a major cause.

General socioeconomic, cultural and environmental conditions

These include challenges associated with...



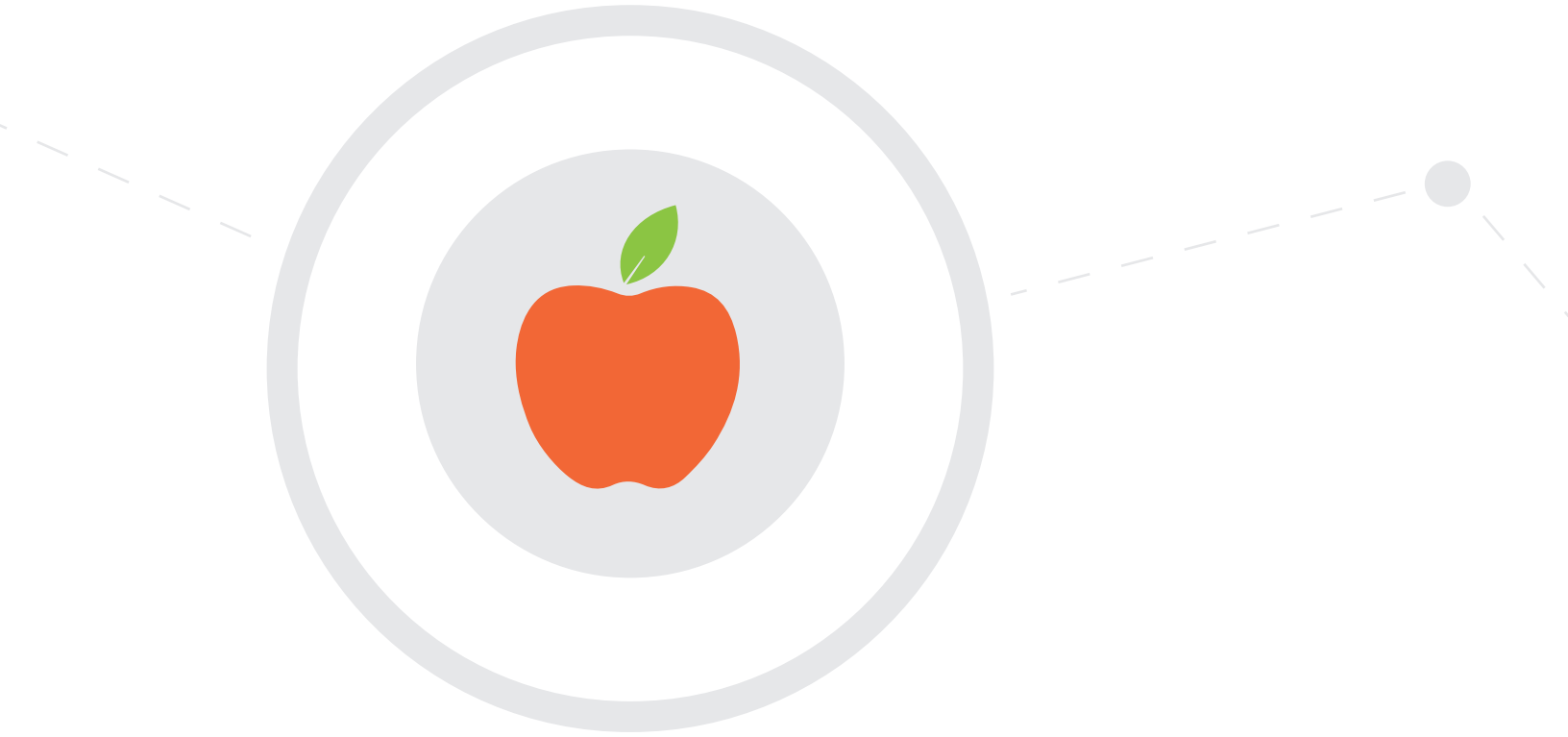

Dangerous and disconnected routes for biking, walking and riding the bus
Chronic diseases
Lack of affordable opportunities for sports and physical activity
Unhealthy food and drink marketing

Why we care

The state of chronic disease among our children and adults does not reflect the standard of health expected for residents living in a county as resource-rich as ours.

Access to nutritious food and opportunities for adequate physical activity allow young children to form eating and exercise habits that are likely to continue as patterns into and throughout adulthood. Depriving children of these opportunities increases the risks of chronic disease and threatens to perpetuate the disturbing trend that today's children are sicker than their parents' generation.[48]

The costly consequences are felt by all – from school absenteeism, which will affect educational attainment and ultimately economic opportunities, to continued medical attention for related ill health throughout adulthood. Investing in prevention will help improve the sweeping prevalence of chronic disease and help avoid the worsening of related illnesses down the road.



What can we do?

We can change our community environment through policies, practices and programs that make it easier for all Howard County kids to be healthy. Several immediate steps and far-reaching solutions, some of which are already underway, include:

- **Enact laws to help make healthier drinks the norm.** Taxes on drinks with added sugar and legislation that requires healthy drinks on kids' menus have passed in other communities and shown promising results on decreasing sugary drink consumption.
- **Expand community access to healthy food.** Building upon our public schools' fresh fruit and salad bars to expand healthy meal offerings and breakfast, increasing access to affordable healthy meal programs and counteracting the food industry's junk food marketing to children could help encourage better eating and reduce chronic disease risks.
- **Improve access to quality health care.** By addressing persistent challenges associated with health care costs, coverage gaps and accessibility of appointments, we can improve people's ability to get the care they need before it becomes an emergency.
- **Increase youth in-school and after-school organized sports opportunities.** Expanding affordable and convenient sports programs can help more youth, especially those who have lacked such opportunities, develop a life-long interest in recreational activities that will help keep them physically active.
- **Pass policies and increase funding to build safe spaces for biking, walking and riding the bus,** particularly in historically disinvested communities. Streets designed with features like sidewalks, crosswalks and bike lanes will help everyone – including children walking to school, people with disabilities riding the bus and older adults biking in their neighborhoods – be more physically and socially active.

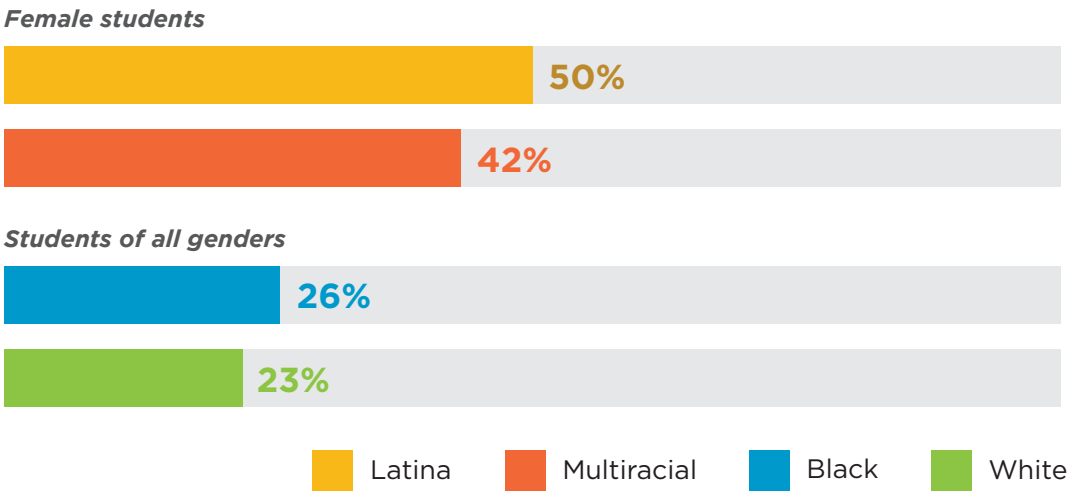
Mental Health

Mental health challenges affect people of all races, but county surveys highlight racial disparities in risks and indicators that particularly affect Black and Latino residents.

Suicide was the leading cause of death for youth ages 15-19 in Howard County in 2014-2016.[49] Mental health challenges affect people of all races, but county surveys highlight racial disparities in risks and indicators that particularly affect Black and Latino residents.[50,51] A county that leads the nation in health will not be afraid of addressing mental illness and its causes.

According to self-reported student surveys, young Latina women are most at risk of depression and planning a suicide. Nearly 50% of Latina high schoolers and 42% of multiracial female high schoolers said they felt sad and hopeless to the point where they stopped their usual activities, compared to 23% of White students and 26% of Black students.[52] Furthermore, Latina high school students, followed by Black female students, are the most likely to take the further step of making suicide plans – indicating a heightened risk of carrying out a suicide attempt.[53]

Percentage of high schoolers feeling sad and hopeless to the point of stopping their usual activities (2016):



None of these percentages are acceptable. Suicidal ideation and planning are severe risk factors for our youth and symptoms of a larger community issue.

Among adults in the county, Black residents are most likely to say they have been "bothered" by "feeling down, depressed or hopeless" and by "having little interest or pleasure in doing things" – two indicators of risk for depression.[54] When it comes to treatment, Black patients are more likely than patients of other races to land in the emergency room for mental health or substance use reasons, indicating that barriers may be preventing them from accessing treatment until it is a crisis.[55,56]

Why is this happening?

Mental illness is finally receiving the attention it deserves in health data reporting. Research shows that there are significant challenges people face in accessing mental health care, leading to delays in treatment as long as 10 years from the time a person first shows signs of mental illness.[57]

Systems of inequality and oppression, such as racism, sexism and homophobia have been correlated with poor mental health.[58,59,60] This effect is compounded by a lack of diversity among health care providers,[61] meaning that there are fewer therapists who have the ability to understand the experience of being a person of color in America. There is also a shortage of appropriately trained and culturally responsive providers; and the range of languages spoken among health care professionals is limited.[62,63,64] In addition, a lack of quality insurance coverage, high out-of-pocket costs and gaps in health coverage could pose barriers to preventive care and treatment.[65] Finally, communities of color often have more stigma around seeking mental health services and less trust in medical professionals because of a history of medical experimentation, horrific infringements on ethical conduct and discriminatory practices in the medical field, leading to a delay in treatment until it becomes an emergency or precluding treatment altogether.[66,67,68]

Why we care

Poor mental health doesn't ever affect just one individual. Families are often weighed down and left heartbroken by these illnesses, particularly suicide, and communities and schools can be traumatized. Moreover, poor mental health affects family members, friends, colleagues and fellow community members.[69,70]

At the same time, positive mental health can also have ripple effects. When more of our residents are experiencing mental well-being, they are more productive, more collaborative and more social. This not only increases economic growth and educational outcomes, but it also contributes to the level of participation, cooperation and innovation. In addition, when differences in health are addressed and solutions are designed with those facing the greatest disparities in the center, everyone will benefit. For example, the American Disabilities Act required that communities have curb cuts on their sidewalks to accommodate wheelchair users, but these curb cuts now benefit parents with strollers, older adults and scooter users. In short, designing with the most marginalized people in mind drives innovation for everyone.

What can we do?

As a community, we can take action and prioritize strategies that will reduce stigma associated with mental illness and substance abuse disorders, build social-emotional resiliency and mental wellness, help people seek and access treatment earlier and get the help they need to stay well. There is much room for innovation in mental health to tackle the issue from multiple angles and better meet our communities' needs. By ensuring that those who are most vulnerable to mental illness are at the center of these solutions, we can strengthen our community's ability to reduce shame and stigma around mental health and ensure that those who most need help can access it.



While one can imagine countless solutions, our recommendations are based on the latest research and practices that have worked in other communities. Most importantly, we view them as achievable in the short-term. Over time, we can address more root causes and upstream solutions.

Promising policies and practices include:

- **Embed mental health services into all Head Start classrooms and school buildings** during the school day. By offering therapy and professional services in schools, students and their families can get help without worrying about common challenges like transportation, missing class time or needing a parent to miss work in order to keep appointments.
- **Integrate an evidence-based, trauma-informed care approach into schools and settings serving children and youth.**
- **Embed regularly occurring mental health check-ins** in settings where children and youth already receive support, such as schools, youth programs and medical appointments.
- **Increase suicide intervention training and Mental Health First Aid training,** especially in communities of color through trusted organizations that work with them. These trainings help residents identify signs of mental illness and know how to be supportive and guide someone to help.
- **Ensure mental health awareness campaigns engage communities of color.** Education, marketing and outreach efforts should include strategies for reaching diverse audiences.
- **Prioritize the hiring and recruitment of mental health providers** who represent the community's diversity and who can offer care in multiple languages, and who accept public and private health insurance as payment.
- **Pass policies that improve access to health coverage and mental health care.** By addressing barriers such as high co-pays, high deductibles and gaps in mental health coverage, we can make it easier for people to get treatment and reduce emergencies leading to hospitalizations.
- **Provide support to build social-emotional resiliency,** which can contribute to the prevention of mental health crises.
- **Promote passage and enforcement of laws that provide protections against discrimination.**
- **Further research upstream causes and engage in effective campaigns to prevent mental health crises,** addressing root causes such as discrimination, violence and other social issues.

Advance Care Planning

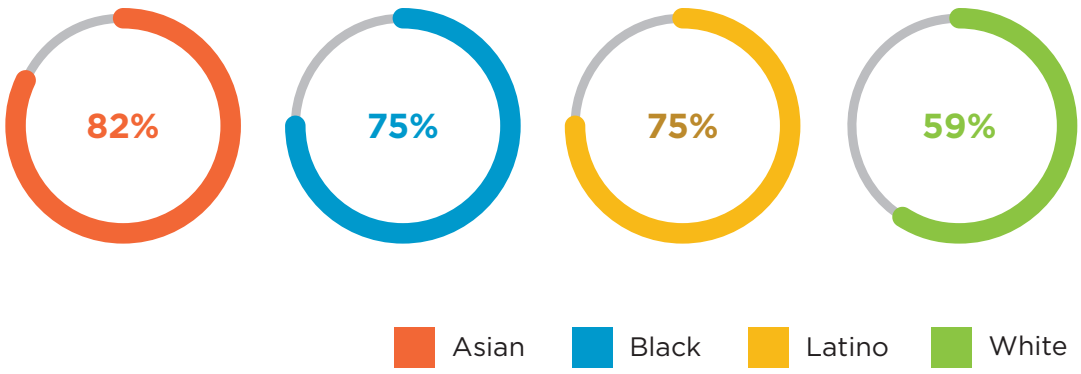
While the overall percentage of Howard County residents with an advance directive or a named agent is alarmingly low, Asian members of our community are the least likely to have completed either of these two critical steps in advance care planning.

Advance care planning involves an individual making personal decisions about the health care they would want to receive if they became unable to speak for themselves – a situation that often occurs at the end of life or in a medical emergency. Lack of advance care planning can lead to family strife, unwanted medical care and emotional trauma for patients and their families. In Howard County, less than one-third of all residents have an advance directive or have named a health care agent.[71]

While the overall percentage of Howard County residents with an advance directive or a named agent is alarmingly low, Asian members of our community are the least likely to have completed either of these two critical steps in advance care planning.[72] Among those who have named an agent, Asian residents are also the least likely to have had a conversation with that designated person – a key act that helps to ensure the agent understands the person's wishes and decisions.[73]

Similarly, individuals who are Black, Latino and other persons of color (those who identify as Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native) are less likely to have named an agent or completed an advance directive than White residents.[74]

Percentage of residents without a signed advance directive (2018):



Why is this happening?

Barriers to advance care planning exist for many community members, with challenges ranging from misunderstandings about how it works and which documents are considered legal, to reluctance around thinking about death and lack of a sense of urgency. For people of color, the hurdles are even greater because of factors such as cultural differences, lack of clear communication and language barriers and greater mistrust in the health care system.[75,76,77]

Cultural preferences and faith-based values or perceptions and admitting terminal illness itself are often cited as reasons why people forgo participation in advance care planning. Yet they alone don't explain the large discrepancy in observed disparities.[78,79] Our nation's history of medical experimentation and egregious ethical violations against people of color, as well as documented racial bias by health care providers, could explain long-sown deep mistrust of medical providers among communities of color.[80,81] As a result, people of color may be skeptical that the health care system will honor their wishes or may question the intention of a provider's assessment and interpret it as unjustly motivated.[82] This could contribute to racial disparities in advance care planning.[83,84,85]

Additionally, the county's large population of immigrants — one in five county residents was born in another country, and one in four speaks a language other than English at home[86] — may not be aware of advance directives or have misperceptions of what they are. They may receive information about advance care planning in ways that are linguistically and culturally inappropriate, not matched to their literacy level or not aligned with their preferred mode of conversing about topics such as death.[87,88,89,90] Any of these factors by themselves, or in combination, pose major hurdles to participation in advance care planning.



Why we care

Advance care planning is about maintaining dignity, quality and control of one's health care at their most vulnerable time in life. Lacking an advance directive makes a person more likely to receive interventions that they might not choose if they were still capable of voicing their preferences. The racial disparities in access to, perception of and ultimately completion of advance directives are potentially harmful, as the more aggressive default care options could lead to more unwanted discomfort, distress and costs to a patient and their family in a medical emergency. Most importantly, having an advance directive helps to ensure patients' wishes for medical care are respected and followed.

Improving care for people in emergencies or at the end of their lives means we have to create a system that allows all residents of Howard County to share in the benefit of advance care planning. This must be done in ways that account for differences in religious beliefs and cultural sensitivities and that address issues of distrust and racial disparities that persist in health care settings. Doing so with communities of color in mind will empower all Howard County residents to make truly informed and deliberate choices that will provide patients with higher levels of well-being and dignity all the way to the end and cause less psychological stress among their families and loved ones.

What can we do?

Policies and practices to make advance care planning easier, more convenient and accessible will help improve results for our community members of color and the community at large. The following strategies, designed to allow people greater agency over emergency and end-of-life care, include:

- **Fully implement state legislation** that makes it easier for residents to complete an electronic advance directive and for hospitals and health care providers to access it.
- **Institute hospital policies and procedures to collect advance directives** as part of the standard patient intake process with culturally trained and diverse staff who can educate and answer questions for patients and their loved ones.
- **Integrate advance care planning discussions and documentation** into medical offices' annual patient well-visit appointments.
- **Include advance care planning as a benefit of health care plans** offered by insurers and as part of employee onboarding processes.
- **Work with community groups and faith-based organizations,** especially those that serve communities of color, to engage with their members on advance care planning in a culturally and religiously centered way.
- **Make advance care planning information and documents available in multiple languages.**
- **Better address racial bias and cultural competence** in health care settings by instituting policies that counteract biases.

Conclusion

Howard County is often ranked among the healthiest counties in the state and nation. However, as the data show, glaring racial disparities exist in numerous measures of health risks and health outcomes.

Indeed, there is a persistent health divide in Howard County. Thankfully, there also are strategies rooted in research that promise to make a difference, reduce disparities and improve health for all. Many of these efforts have already begun. But we must continue and build upon this work.

We need to act. As a community, we must prioritize racial equity to achieve the vision of Howard County as a place where everyone can live a long, healthy life. We must be determined to follow the data and dig down into far-reaching root causes, while also taking immediate steps to advance changes in policies and practices now.

The four areas of focus (prenatal care and infant health, chronic disease, mental health and advance care planning) in this report represent only a few highlights of challenges across the county. We acknowledge that there are further issues of importance to health in Howard County, yet the stark racial disparities in these areas are undeniable and require both immediate and systemic action.

While one can imagine a wide range of solutions, we have focused on recommendations and steps based on evaluations of best practices and models that have worked in other communities, and whose outcomes are entirely achievable in the short-term. They represent immediate steps along a comprehensive path that acknowledge the root causes underlying the health disparities evident in Howard County and set a path forward to address these root causes over the long-term future.

We have a prime opportunity to improve health for all of our residents. By building on our strengths and taking continued action, Howard County can be the healthiest county in the nation – a county that brings about the best we can be for all, and ensures our county, ultimately, as the best place to live in America.



A note on ethno-racial classifications

Throughout this report we use the racial classifications of Asian, Black, Latino and White. Occasionally we refer to "other" or "other people of color" which, depending on the original data source, includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native. For consistency and ease of reading, we chose to use Latino (people who are from or descended from people from Latin America) even if the racial category in the original source was Hispanic (people who speak Spanish and/or are descended from Spanish-speaking populations). We acknowledge that the two words have different meanings even if colloquial language often uses them interchangeably.

This highlights a complicating factor surrounding ethno-racial classifications in socioeconomic statistics in general, and public health reporting in particular: while some surveys do not provide ethnic and racial information consistently or at all, and therefore do not differentiate racial and ethnic background in a way that matches the racial make-up of our county, we want to acknowledge that the diseases and issues discussed in this report can affect ALL members of our community. Unfortunately, we see this lack of reliable and disaggregated data across many sectors that are relevant to social issues. The Horizon Foundation recognizes the strong need for disaggregated data that allow us to demonstrate the scientific evidence for existing racial disparities and allow us to monitor progress as we tackle these challenges.[91]

Endnotes

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Notes



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