

Cultural Landscape

African Immigrant, Refugee, and Black Communities of Portland

Version 1 November 2023



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What is this document and why?

This document provides a cultural overview or landscape of some of the African American, Immigrant and Refugee communities of the Portland Metro Area. Recognizing every individual experience is unique, this landscape attempts to identify shared experiences, connections, and commonalities within the Black and African community as well as highlighting important differences between them.

Essential Values in Black and African Communities

- Strong sense of community
- Family
- Shared Culture and Language among different populations
- Strong faith
- Importance of Elders

The goal of this work is to increase awareness and understanding within the research community of the strengths of the African diaspora and ultimately influence your thinking. Reading this document will be a different experience for everyone and will have different outcomes. The intention is to provide actionable steps to move towards positive attitudes and actions for inclusivity wherever you are in your research journey as well as give insight on how to connect, partner, and ultimately build trust with the Black communities.

"We will inform our work by the needs and the input of our geographically and racially diverse catchment area."

Knights Strategic Plan: Culture of Inclusion and Innovation Pillar

A fascinating similarity between Black community members and researchers presented itself during the multiple interviews conducted to inform this landscape: **Overcoming systemic misconceptions requires time and attention that is in short supply for everyone.** Researchers must understand that cancer hasn't been a significant concern for these communities because, in their own words, "we have too many other things killing us." At the same time, researchers struggle to take time away from their pressure-filled cancer research efforts to consider the community in their work. Even small steps (like reading and internalizing this landscape) are valuable towards progress in the right direction.

Read on to learn: **Who We Are. How We Got Here. Where We Go from Here.**

Beyond education, this landscape can also act as a guide on *how* to partner with our community members and improve the inclusivity of research, making it more impactful for all. The OHSU [Community Outreach, Research, and Engagement \(CORE\) team](#) is committed to walking alongside you were ever you are on your journey, to inform, to connect and to collaborate. [Please reach out to us.](#)



How this document was created

Engaging even a handful of underserved people of color in cancer research poses many challenges, for researchers and communities alike. The [2022 US Census estimates¹](#) that 6.1% of the Portland Metro Area (PMA) population identifies as African American or Black, yet this demographic only made up 1.5% of enrolled participants in OHSU cancer clinical trials in 2022¹. Engaging and enrolling Black and African participants in sufficient numbers reflective of the demographics of the PMA has not been possible. Furthermore, there are many different communities within the African diaspora who do not identify as African American or even Black, making demographic data



Community Leaders: Ms. Carole Eve Noumsi Nzem, Mr. Muss Olol, Mr. Jamartae Brown, Mr. Koffi Dessou, and not pictured, Ms. Teresa Johnson, Ms. Joy Sadi. Landscape creation team: Samuel Tassi Yunga, Tiffani Howard, Ward Kirschbaum, Steven Blakesley, Abel Getshaw, Stefanie Linch and Rae Christ.

unreliable.

To address this challenge, we interviewed six “Key Opinion Leaders” from African American, African Immigrant, and African Refugee communities to capture the shared experiences and the distinctions between the varied and diverse backgrounds of the Black communities that OHSU serves. We also conducted three community conversations with these diverse groups to validate our findings.

To re-engage with these communities around cancer care and health, researchers need to connect with community leaders and elders to understand the heterogeneous nature of these different communities. The key messages from these conversations are for researchers to focus on: rebuilding trust; developing health literacy; and broadening opportunities to increase representation in healthcare.

Actions and Considerations

In the words of those we interviewed ...

First steps

- **Get to know us** before making any requests. Come with a listen-first attitude. Spend time in our communities. Keep it casual. When appropriate, offer food and other forms of compensation for our time.
- **Make connections with community leaders** through religious organizations (churches, mosques, etc.), service organizations, community health workers, etc.
- Demonstrate your knowledge of cultural differences by **being respectful** (time, childcare, living situations, history)

Leading to Trust

- Don't just come once
- Don't just ask for something and leave
- Ask about our culture, understand our needs

Acknowledging the past

- Understand current and historical traumas our communities face.
- [Use a trauma-informed approach.](#)
- Understand the cause of many healthcare challenges is systemic racism (not a lack of effort on our part).
- Do proactive work to help right historical wrongs, i.e. restorative justice.
- Understand and change policies to address biases and repair the harm done.

Words Matter

- Try to avoid using the words that are stigmatized in the community like research (consider study instead) and project (consider saying you are investing in the community as you work together to learn) or samples ("We aren't samples, we are people.")
- Cancer is seldom discussed at home or in the community. The word is often equated with a death sentence.
- Dissemination of information should be a gentle leading and not a force feeding.

Connect with the [Community Outreach, Research, and Engagement \(CORE\)](#) team for help working in communities. We are eager to help support you!

Concerns Among Our Communities

- Diabetes
- Gun violence
- Drug use epidemic
- Needing access to more food, housing, and mental health resources
- A lack of educational and career opportunities
- Respecting and understanding different cultural backgrounds

- Broken trust in healthcare
 - Recognition of historical medical trauma
 - Reduced access to health insurance and not seeking medical care early
 - Getting healthcare without discrimination and bias

For Researchers:

- Partner with CORE to learn more about a community you are interested in with [tools and techniques](#) the CORE team has extensive experience using
- Write community input into your grant. The CORE team is happy to help provide guidance, provide verbiage and budgeting suggestions. [Request a consult.](#)
- Consider being a Co-I with CORE faculty on a Diversity, Equity and Inclusion focused grant

For Healthcare:

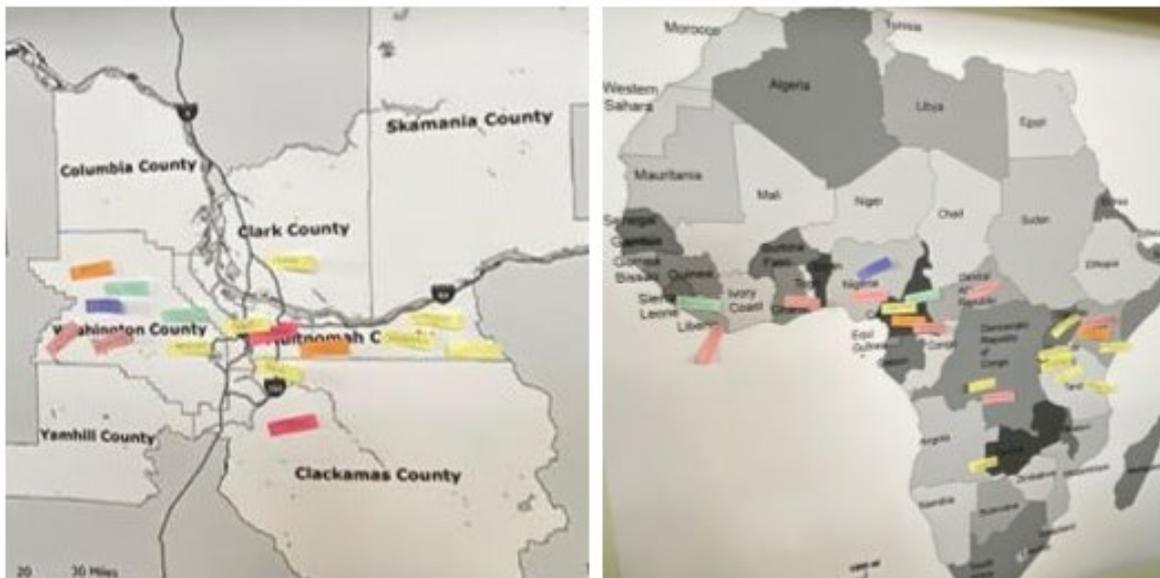
Help navigate the American Healthcare System. **To improve the patient experience:**

- Take extra time to listen to concerns, especially when there are language barriers/translation services being used. Schedule longer appointments to account for the extra time translation takes and to make sure that patients understand their diagnosis/treatment plan.
- Show patients that you care; get to know them as people and better understand their experience. Provide culturally-informed information.
- Make sure to follow up with patients to ensure they understand how to take their medication(s) and can make lifestyle adjustments. Don't assume health literacy.
- Collaborate with other care organizations to make the system less scattered and more comprehensive.
- More people are needed in healthcare and research who look like this community.

Acknowledgements: The research team wants to express their gratitude to all the individual community members who welcomed us into their communities and lent their expertise, time, stories, vulnerability, and trust to create this document. Thank you for allowing us to listen.

This CEDAR funded project was a joint collaboration between Knight Cancer Institute's Cancer Early Detection Advanced Research program ([CEDAR](#)) researchers and OHSU's Community Outreach, Research and Engagement team ([CORE](#)).

Who We Are



At a community conversation, Immigrants in attendance marked on the map where they currently live in the Portland Metro area and where they originated from on the African continent.

We are a complex community.

“We are not homogeneous.”

Elders play a crucial role in our communities.

- **Elders have been through a lot and their knowledge and wisdom is to be learned from and respected.** There is a desire to continue their legacy with the new generation of elders.
- A disproportionate number of elders died during Covid so there is a sense that the knowledge and wisdom of elders is lost.
- Generations are brought together through parties (food, dancing and music), sports and worship
- The younger generation goes online. The older generation doesn't go online.

| Unique Themes | | |
|---|---|---|
| African American/Black | African Immigrant & Refugee | African Refugee |
| <p>There is a strong sense of community. Most people know one another. There is a sense of love and family. They support one another and ‘have each other’s backs,’ creating a sense of unity.</p> <p>The Matriarch in a community has great impact “Will listen to them over any doctor.”</p> <p>There is a sense of ‘ownership’ and historical connection to the spaces where our community meets together.</p> | <p>Live in two worlds – their communities are here but they are still attached to their home countries and cultures.</p> <p>Children navigate 3 cultures. Home, school, and street culture. Challenge to belong or fit in with friends/peers and affects their mental health and educational achievement.</p> <p>Friction is common between generations. Children pick up English and adapt to American culture more quickly than their parents. Parents try to hold onto their culture and see themselves as foreigners while the children begin identifying as American.</p> | <p>There are commonalities among refugee groups, and there can be significant differences as well. Different waves of people arrive with different compositions: reasons, country, language, etc.</p> <p>Most have arrived having left everything and maybe everyone behind. The community they build here is a lifeline.</p> |



Community Conversation and information sharing event with the African Immigrant Community in partnership with Ms. Carole, one of the interviewed trusted community leaders held at their community center.

We speak different languages.

African Immigrant & Refugee

Immigrants and Refugees in Portland speak different languages.

- African languages spoken in Portland - Somali, Swahili, Tigrinya, West African French, Oromo, Amharic
- According to most recent data from the [U.S. Census \(2022\)](#),² 16.9% of Portland's population speaks a language other than English at home, and 6.7% of the city's population speak English less than "very well."

"English is currency." African Immigrants and refugees must learn the language to get any help.

- Only about [half of African Immigrants and refugees in Portland](#) say they can get culturally specific services.

Language barriers inhibit our ability to access services.

- **People can wait months for a medical appointment and then must reschedule because there is no translator available.**
- Language barriers can be huge, not just for communication. Having someone who speaks the same language as you helps reduce fear and creates trust and reassurance.
- Somali immigrants and refugees are seen as a silent community because of language barriers.

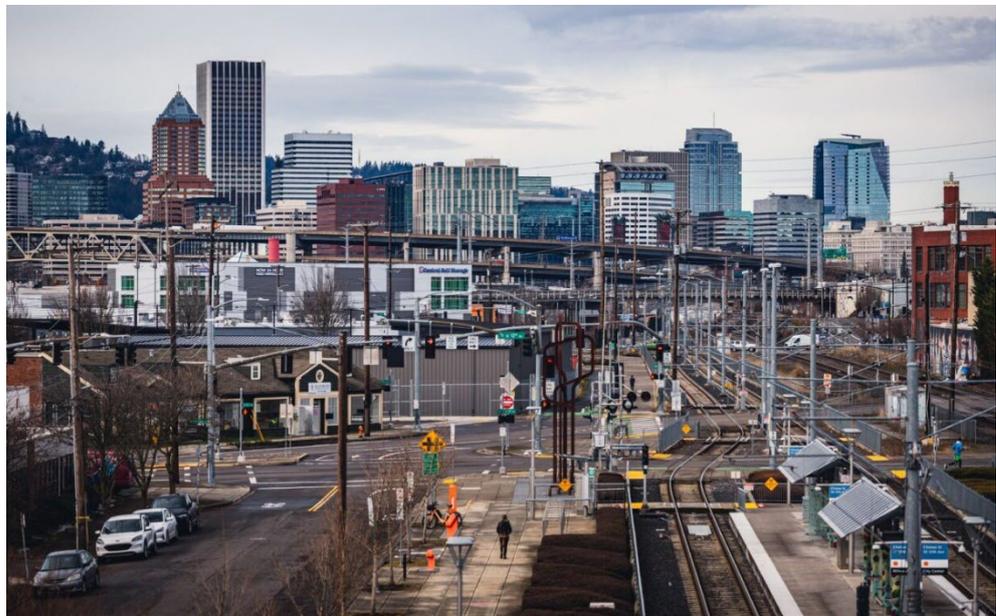
We experience socio-economic hardships.

[Rising cost of living is outpacing incomes for these communities.](#)

“Food becomes secondary even though it’s necessary.”

People are just trying to survive.

- When rent increases, food budgets are reduce.
- Median household income \$46,784 for Black households in Portland in 2022, for all households the median is \$81,119 ([US Census, 2022](#)).³
- 37.5% of households where the head of household is Black have had Food Stamps/SNAP benefits in past 12 months, compared to 16.4% of all households ([US Census, 2022](#)).⁴
- 18.1% of Black family incomes in the last 12 months fell below the poverty level, compared to 12.7% of all households for which poverty status could be determined within the Portland City limits ([US Census, 2022](#)).⁵



General lack of childcare options.

- High cost and/or low trust of programs creates multiple problems for our communities.
- Limited access and availability of culturally-specific programs

Social supports provided by the US government may keep communities from finding new opportunities and better paying jobs.

- Income limits related to social support programs often create barriers to pursuing higher income jobs because a loss in benefits may be greater than the raise in wages from a job.
- The cumulative effects for not seeking higher paying jobs can lead to lack of representation, making it more challenging for younger generations to see paths forward.

| Unique Themes | | |
|--|---|--|
| African Immigrant | African Refugee | African American/Black |
| <p>African Immigrant individuals are spread out geographically. Our families are dispersed as we find work and pursue education.</p> <p>They span a broad range of socioeconomic statuses and education levels. Despite often having higher levels of education, they are not able to use their degrees from Africa as they are not recognized in the US. This means they must start over or take a service job. Many go back to school, but many do not.</p> <p>Immigration requires people find work right away. It doesn't allow time to learn English or support applying for higher paying jobs that may take longer to find. This can start the cycle of poverty due to limited job options for those without strong English language skills.</p> <p>Sometimes African immigrants who are well educated and literate may not be exempt them from discrimination in getting housing or appropriate healthcare services because discrimination persists based on skin color alone</p> | <p>Our African Refugee communities congregate in neighborhoods to share resources and religious centers.</p> <p>High percentage of single parents among refugees, usually mothers. Need a Childcare program run for the community by the community. Cultural fear for children and a lack of trust in those outside their culture.</p> <p>State support system gives some support initially, but is insufficient and temporary. Refugee Resettlement Agencies, which help refugees with navigating their new communities, provide some service but help is temporary and short term. This is not enough time or support to re-establish their lives.</p> | <p>African American neighborhoods are being dispersed geographically due to gentrification (see below in How We Got Here).</p> <p>Youths may enter the workforce early at lower paying, 'unskilled labor' jobs, disrupting their education or training to help support the family.</p> |

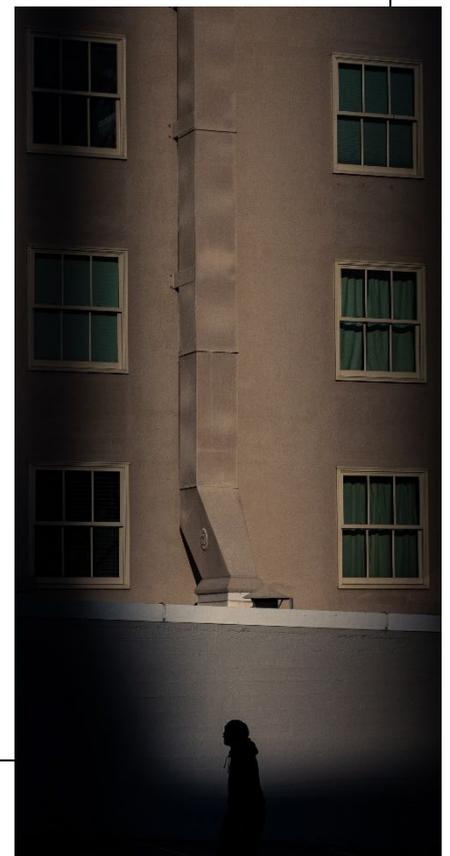
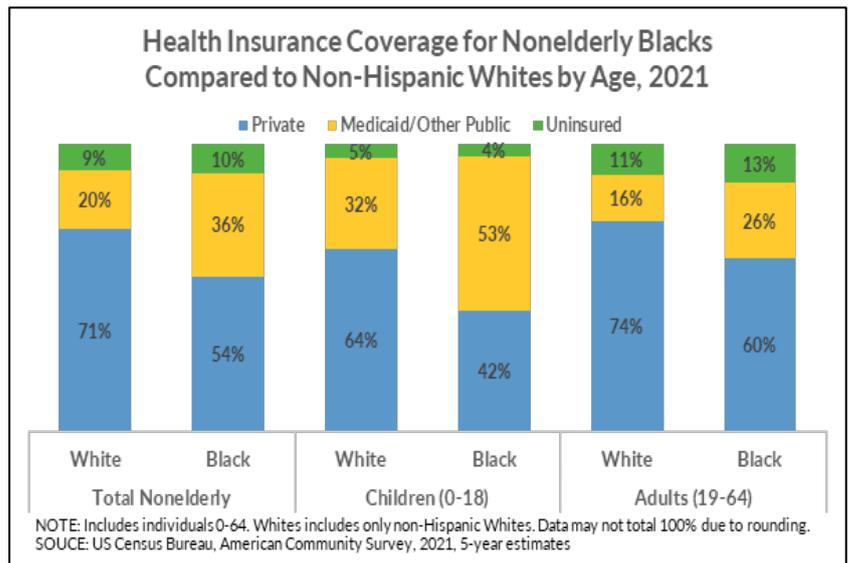


Photo by [Wesley Mc Lachlan](#) on [Unsplash](#)

We face health disparities.

Health insurance/health care is a luxury when you are struggling to afford rent and food.

- A lack of and/or high cost of health insurance were the healthcare challenges most often identified.



Health care access is too fragmented and hard to navigate.

- Black and African Communities see the health system as scattered and fragmented because healthcare organizations don't work together. There is a **need to bring healthcare organizations together to work for the benefit of communities**. The latter will benefit from resources from all these organizations coming together. This is common to all of America, but it is disproportionately impactful in these communities.

Community Health Workers (CHWs) are important connectors to health care.

- [Community Health Workers](#) are boots on the ground. They showed the strength and importance of their role during COVID.
- A CHW can have tailored conversations with community members and “hold their hands.”
- The CHWs look and live like the communities they serve.

“When you show up at the doctor and you are a different color, they are already mad at you.”

Our communities have begun to think more about healthcare needs

- “We are worried about diabetes and general health” (not specifically cancer). All suffer much higher rates of diabetes, stroke, and cardiovascular disease than White individuals. According to the most recent Behavioral Risk Factor Surveillance System data, the Oregon Black/African American population suffers from much higher rates of diabetes (14.9% vs 8.1%), stroke (4.5% vs 2.2%), and cardiovascular disease (coronary heart disease/heart attack/stroke; 7.9% vs 6.2%) compared to the overall population of Oregon ([BRFSS, 2020](#)).⁷
- There is a funding need for community-based health related projects/efforts (e.g., Highland Christian Center need for medical kits).
- COVID has pushed people to be more proactive about healthcare. The pandemic spurred the creation of a coalition of African Immigrants and Refugees in order to have a collective voice about issues they face in Portland



An event for Black men to ask questions of a doctor of color. Cancer screening recommendations were emphasized.

"The things that I want people to understand about the Black man is that we are resilient, we're strong, but we're also empathetic. And we're also intelligent.

We're very aware of what's going on in this world because we see things from such a different lens

Our communities need consistent and preventative mental healthcare but.....

Mental health is not something we discuss.

- 25.5% of African Americans in Oregon have been diagnosed with depression ([Centers for Disease Control, 2020](#)).⁷
- These communities are not seeking care for mental health.
- There is a lack of mental health care coverage by health insurance.
- Mental health is not a regular topic of discussion in these communities. Experience of racism, micro/macro-aggressions; no outlet for emotions leads to bottled up emotions and feeling overwhelmed

We don't talk about cancer.

Hesitation to seek cancer screening and care results in late diagnosis and increased death.

- Cancer awareness and knowledge is needed to help make cancer an acceptable topic and dispel false beliefs.
- Community health programs create spaces for people to share their health care stories which begins to break down the hesitation to talk about cancer.

"[Our community members] don't even use the word cancer very often because it's so terrifying. Because most times when we find out its cancer, its usually too late, people are dying from it."

| Unique Themes | |
|--|---|
| African American/Black | African Immigrant & Refugee |
| <p>Believe good healthcare is restorative justice. Reconcile ‘offense’ (historical atrocities of the healthcare/research system) with the victims (African Americans).</p> <p>Disparities are becoming recognized by and are concerning to the lay person.</p> <p>Mental Health is not a comfortable topic. Black men often do not have an outlet and don’t feel like they can talk or show emotion; which makes it hard to deal with impacts of racism and microaggressions. Men’s Health Programs have been created within communities specifically to address the effects of racism and social pressures faced by Black men in the US.</p> <p>Black men may be particularly inhibited around women. They may need space to talk as men so women don’t speak for them.</p> | <p>Understanding is minimal when interpretation is required. People are often diagnosed, told through an interpreter, then do not get any follow-up because medical providers do not always have the time. People end up not understanding their disease and/or do not know how to take their medication correctly.</p> <p>US doctors and health care systems are very different from African doctors and health care.</p> <p>Medical care may not be sought after, even when accessible. Seeking medical care from doctors may not be part of our culture. Low priority, especially when experiencing poverty and/or other challenges. Only 49% of African respondents in Portland say that people in their community can get the care they need (IRCO, 2022).</p> <p>People without documentation are afraid to go to any office, not just health care, even if it’s free.</p> <p>Mental health is often an unfamiliar concept to African immigrants and refugees. Seeking therapy is not a cultural norm. A lack of community members in the field, and language barriers also prevent seeking it out.</p> <p>“Usually, your counselor is an elder in the community or a friend that you can talk to.”</p> |

How We Got Here

We face housing insecurity and displacement.

People are just trying to survive.

- People experiencing poverty do not have time and/or resources to access health care or insurance. Their focus is on housing, utilities, food, and daycare.
- “Where the rent is cheap. That's where you can afford to have health care. Take care of your family and make sure you have housing.”
- You need a good job to get good healthcare. You don't have access to health insurance without work.

Affordability and gentrification have led to communities being very spread out geographically.

- Gentrification has broken up community systems of care, prevents folks from looking out for one another, and displaced people from resources (formal & informal). Estimated percentage of the population of self-identified Black or African American: [Portland 6.1%](#), Fairview 11.4% ([US Census, 2021](#)).^{8,9}
- Resources aren't necessarily being offered where community members actually live, that's where the researchers and clinicians need to go.

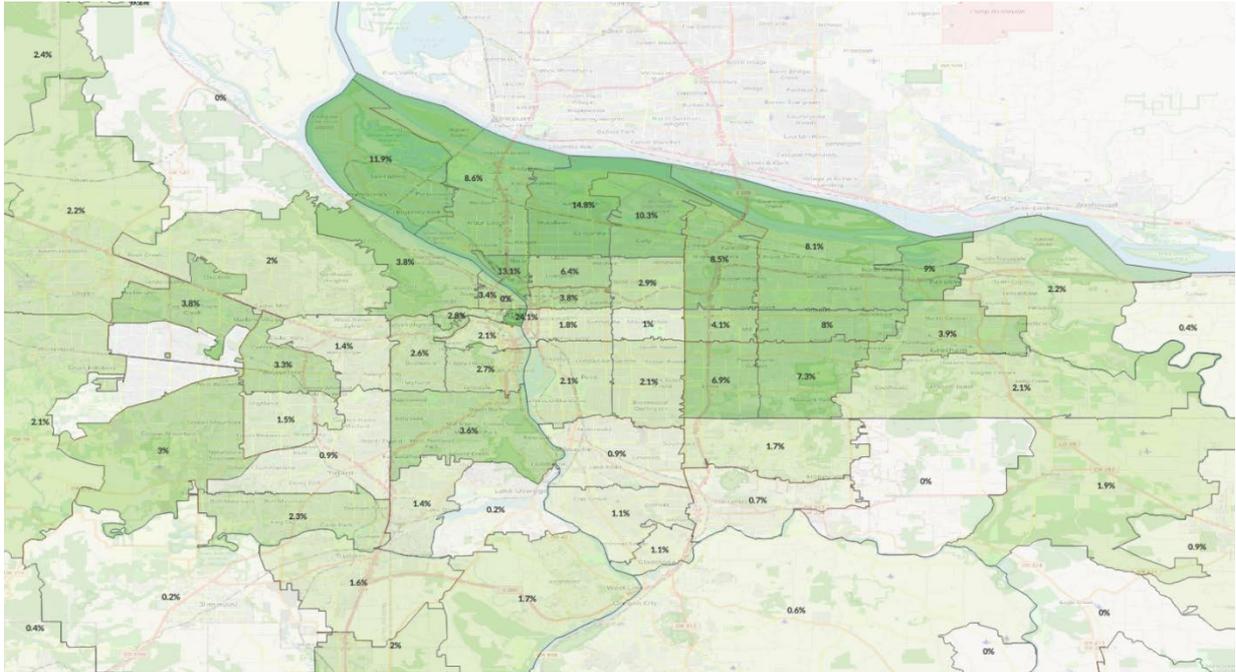


Photo by [Zachary Keimig](#) on [Unsplash](#)

“I've got to travel back to the community I was displaced from to get assistance.”

- Individuals particularly in the African American community must make hard choices between moving their family to a safe location (suburbs) and getting access to resources (available city center.)

“People are under the impression that all Black folks live in North, Northeast Portland, but they're forgetting that gentrification happened here. And they were pushed way out. They're living out in Troutdale and Gresham.”



Distribution of the Black community in Portland by Zip code (Intensity of green indicates greater density)

| Unique Themes | |
|--|---|
| African American/Black | African Immigrant & Refugee |
| <p>Portland's Black community has been largely pushed out of Albina area due to gentrification. People are mostly unaware of Portland's Black history, and it's especially invisible to folks who move here.</p> | <p>Their communities were pushed out to Gresham, but now people are living completely outside of the Portland Metro Area (Molalla, Sandy, Oregon City). This creates transportation barriers and makes it harder to get to job sites.</p> <p>Houselessness is an increasing issue among immigrant/refugee communities. Usually, the community takes in people who are houseless, but drug use and adaptation to the more individualistic nature of US culture reduced this.</p> <p>69% of African respondents locally reported that housing instability is a problem for people in their community. High/rising costs is the most common housing challenge identified by all communities.</p> <p>Biggest request from immigrant/refugee community is for rental assistance. Mostly renters, not a lot of home ownership. Many lost their housing or were evicted during the pandemic.</p> |

We lost trust in the healthcare system.

Lack of trust in medicine due to historical injustices and experimentation.

- Afraid of being a guinea pig, based on historic treatment, e.g., [Tuskegee Study](#)
- Community members do not have a high level of trust that the medical community has their best interest at heart/good intentions, e.g., [Henrietta Lacks](#).
- Need to get away from health systems just telling people what to do, need to give patients a voice, need everyone **have a seat at the table**.

“Because most clinics that we have...that serves a lot of the African community... In some days they don't have interpreter. They don't have a lot of follow up...there are a lot of gaps and it's costing people's lives and limbs in this case.”

Understand and navigate history of trauma/abuse from the medical industry.

- Younger adults who are receptive to participating in research may have elders advise them not to take part due to history.
- Averse to putting things our bodies
- The different African communities “...functioned well like an African village. Fentanyl is changing all that.” Fentanyl is fragmenting our communities.

We learn in a biased education system.

Children experience racism, microaggressions, and differential treatment at school.

- Teachers have biases they aren't necessarily aware of; children feel the impact all the same and are aware. “My children are still affected today from this bias years ago.”
- Youth report gang participation due to being bullied in school/streets, the lack of respect and humiliation that they receive from society.

Our kids face higher suspension rates and long-term negative impact.

- In the 2018-2019 school year in Portland Public Schools, [Black/African children have 5 times the rate of expulsion for general population](#); for [middle schoolers it was 9 times](#).
- Boys have a higher risk of not completing high school (gangs/[school-to-prison pipeline](#)).
- Very difficult to stay healthy if you don't have a good education (long term effects of limited education); also, it's hard to learn if you can't afford food.



We endured and continue to endure trauma related to systemic racism.

Racial trauma has occurred at social, generational, and individual levels, psychologically and physically.

- There needs to be increased awareness of the historical trauma Black communities experienced. It is extremely important to **have a trauma-informed approach** and make adjustments for cultural differences.
- **Black kids “grow up young”**; often they have to take on responsibilities beyond their years.
- Our communities advocate that community safety be addressed holistically; by improving education, mental and behavioral health, and poverty.

“I got put into a situation where I had to grow up early. At 11 years old, I had responsibility. I learned how to wash my clothes, I learned how to get on the Max, catch the bus, have my decisions with me, learn how to protect.”



Photo by [Sean Benesh](#) on [Unsplash](#)

Where We Go From Here

Let's rebuild trust.

Trust is built through personal relationships with community members over time. Move at the speed of trust.

- **Develop personal relationships and have honest conversations** to help assuage concerns about historical harms being repeated.
- “The elders are very important to work with because without their relationship it is very difficult to have a successful and trusting community.”
- **Stories from other community members are very influential.** Bad stories are bad reviews of the medical system and spread quickly through word of mouth. Everyone who goes into community must take responsibility for respecting the community.
- **Community spaces tend to be more accessible to community members and feel safer.** Provide opportunities to collaborate with trusted leaders when holding events in community spaces. Online spaces aren't accessible.

“Trust is like air; you don't notice it when it's there, but you certainly notice when it isn't.”

| Unique Themes | |
|---|--|
| African American/Black | African Immigrant & Refugee |
| <p>Go to the communities. Visit them on their turf.</p> <p>Take the first step. Sit down and talk; get to know individual community members. Attend community events.</p> <p>Be Consistent. A first event might not be a success, but coming back to the community again and again shows that you are making an effort and trying to get to know and show up for that community.</p> | <p>Connect first with the leader. Experienced community members are trusted to interpret. Do not assume a shared culture is a shortcut to trust.</p> <p>“With African communities you build trust over time, they need to believe you, trust you. And the more they do, the more they open up. But it may take time to even trust your intent, to trust you as a person, making sure you are not there to harm them. Making sure you are not there just because you are getting something out of this experiment and just using them to make money.”</p> |

Let's build health literacy.

Communities want more information and do not want to be the last ones to know.

Combine health initiatives with community gatherings.

- All communities have awareness about health disparities and already have some community-based effort and/or organizations trying to help alleviate disparities.
- Go to places where people are comfortable and used to in order to reduce feelings of unease and barriers (transit, navigating unfamiliar spaces). This is *especially important* those who are not fluent in English.

"We don't want to be the last ones to hear about breakthroughs that can save lives"

English Language fluency does not necessarily mean [American medical literacy](#).

- Use accessible language, especially when it is medical or scientific language (8th grade level is the limit).
- If you advertise a study in a certain language, the whole study should be available in that same language.
- Do not rely on family members to be interpreters



The team spent time in community just listening. We brought food, compensated leaders for their space and time and arranged childcare. We leave behind some useful information.

| Unique Themes | | |
|--|---|---|
| African American/Black | African Immigrant | African Refugee |
| <p>Don't talk AT us but WITH us. Ask questions and listen. “A lot of times when people come into our community we don't feel listened to.”</p> <p>Don't confuse race and ethnicity. “Even as an African American Community Health Worker, one needs to learn how to frame healthcare when going into African Immigrant communities...we are not seen as African and have a different perspective than someone who grew up in Africa.”</p> | <p>First, connect with community leaders.</p> <p>Gain the support of the women and elders in the community. “The elders are very important to work with, but you have to have a relationship with the women and mothers in the community. If you don't get their support or their approval...you can't do much in the community.”</p> <p>Consider the impact of not having citizenship “People without documentation are afraid to go to any office, not just health care. They won't access free health insurance because they are afraid.”</p> | <p>Be aware of potential reluctance to state their needs. May be culturally not assertive and may be reluctant to ask for assistance when they have already been given asylum/refuge and do not feel they can ask for more.</p> |

Let's broaden opportunities to enhance workforce diversity. Representation can help to establish trust.

- Help address health behaviors and representation in health fields through educating children early on and [helping them learn about health care and related professions](#) (especially lesser-known options, such as research).
- Increased efforts to provide more emotional intelligence and entrepreneurship training.

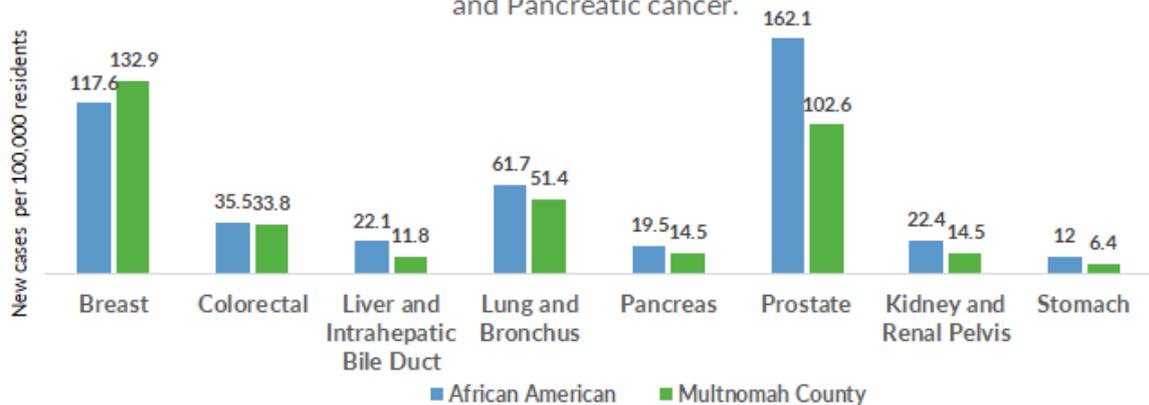
“Creating a space for them to learn. Then we will be able to change our community for the better when it comes to gang violence, and we can get them interested in being researchers and then we'll have more researchers that look like me. You'll have...”



The project team took the time to give lab tours to interested community leaders after their interviews.

Local Cancer Data

The Black community reports higher incidence rates in many of the most common disease sites, including: Prostate, Stomach, Liver, Lung, Kidney, and Pancreatic cancer.



SOURCE: Oregon State Cancer Registry (OSCaR). Oregon Health Authority. 2016-2020 5-year age-adjusted cancer incidence rates (based on the 10/9/2023 submission). Retrieved 1/26/2024.

Cancer diagnoses in the Black Community

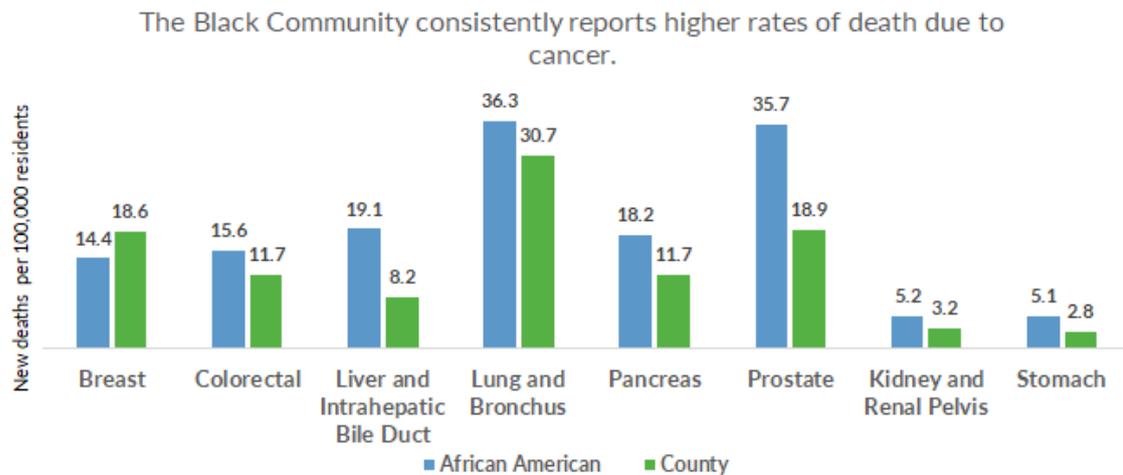
- The cancer incidence rate for all sites in Multnomah County ([OHA, 2016-2020](#)) is 463.8 per 100,000 for African Americans. The overall rate for Multnomah County is 446.5 per 100,000.
- Black men are known to be at a higher risk for Prostate cancer. It is recommended by the National Comprehensive Cancer Network ([NCCN, 2023](#)) that screening for Prostate cancer begin at age 40 (as opposed to 45 for low-risk patients). Barriers to care and historic mistrust of institutions may result in the Black community being unaware of the high-risk nature of Prostate cancer within their community.¹¹
- Black women are diagnosed with late stage breast cancer (45 new late stage cases per 100,000 residents) at a higher rate than their peers in Multnomah county (39.7 new late stage cases per 100,000 residents; [SEER, 2016-2020](#)).

The cumulative effects of health disparities impact cancer outcomes in the Black community.

- Risk factors such as obesity and smoking can put members of the Black community at a higher risk for developing cancer, or having poorer outcomes from a cancer diagnosis.
- The Oregon Black community is approximately 36.4% obese, compared to 31.2% for all Oregonians and 25.6% for Multnomah County Residents. Similarly, smoking rates are higher in the Black community compared to the overall population (18.4% vs 12.6%; [OHA, 2016-2019](#)).
- HPV vaccination rates in the Black community lags behind their White peers in Multnomah County: 60% of Black teens report a “completed” series, compared to 66% of White teens ([OHA, 2022](#)).¹

Cancer Mortality in the Black Community

- Over half of all new Stomach cancer diagnoses in the Black community are late stage (regional or distal).
- The cancer mortality rate for all sites in Multnomah County ([OHA, 2017-2021](#)) is 187.7 per 100,000 for African Americans. The overall rate for Multnomah County is 148.3 per 100,000.
- Increased risk factors, comorbidities, and late-stage diagnoses of cancers in the Black community contributes to poorer outcomes and greater disease burden.



SOURCE: Oregon Vital Statistics. Oregon Health Authority. 2017-2021 5-year age-adjusted cancer mortality rates (based on the 5/9/2023 submission). Retrieved 1/26/2024

