



# The Kujima Report

An In-Depth  
Look at the  
Health and  
Well-Being of  
**Black Women**

# Kujima

HEALTH & WELLNESS

 [kujimahealth](https://www.facebook.com/kujimahealth)

 [kujimahealth](https://www.instagram.com/kujimahealth)

 [kujimahealth.com](https://www.kujimahealth.com)

# Greetings, Good People!



My name is Chris Omni affectionately known as “The Health Hippie.” As many of you well know, I am a Topeka native with two decades worth of experience in the field of health and wellness promotion. You might remember me from my work with MAKIN’ MOVES or even my segments on WIBW. What you may not know is that my Mama died from a 26-year battle with cancer on March 31, 2016.

Her death marked the birth of a new purpose. A purpose to understand how health disparities disproportionately impact Black women. Did you know that Black women are 42% more likely to die from cancer, 40% more likely to die from heart disease, and 30% more likely to die from stroke? These are just THREE of the overwhelming stats that exist related to the health of Black women. There wasn’t enough room in this introduction to list them all. Before we get to the heart of the Kujima Report, I would like to give you a firm understanding of what Kujima is and what Kujima Health stands for.

Kujima (pronounced coo-JEE-mah) is the creative fusion of two prominent Kwanzaa principles - Kujichagulia (pronounced koo-jee-cha-goo-LEE-ah) and Ujima (pronounced oo-JEE-mah). Kwanzaa is a traditional African American celebration that honors family, community, and heritage. The principle of Kujichagulia means Self Determination and the principle of Ujima means Collective Work and Responsibility. Together, Kujima Health is determined to make Black women’s health their collective work and responsibility. This is a responsibility that can be adopted by people of all races, ages, genders, sexual orientations, and abilities. At Kujima Health, we fully acknowledge that improving the state of Black women’s health will ultimately improve the health of the state!

Before we dive into the Kujima Report, you need to understand three important rules:

**1. Do not read this report and feel sorry for the Black woman.** This report is not about pity; this report is about providing education. Hear me when I say it, “We are a strong and resilient beautiful body of beings. Our hues and our health stories span the spectrum. There is absolutely no time nor room for pity.”

**2. Read this report and begin to see how there are significant health differences for Black women.** If you remember Morgan Chilson’s article in the January 7, 2018 issue of the Capital Journal, she captured a quote from Drs. St. Peter and Pezzino of the Kansas Health Institute, “... no matter how you slice it, African Americans and Native Americans rank lowest among all health indicators in this country.”

**3. Act!** It is not enough to read this report and then say, “Oh isn’t that unfortunate!” If reading this information makes your heart sink, your blood curl, and your spirit question why, listen to your body and answer the call to action! We did! You can, too!!

If you made it this far, you must be ready to learn more. You might even be ready to join the fight to make Black women’s health a capital concern. I’ll check in with you at the end of the report and see how you are feeling. There are some real heavy issues in the upcoming pages. With that said, be gentle with yourselves and enjoy the second edition of The Kujima Report.

High Fives, Hugs, and Hope

Chris “The Health Hippie” Omni, MPH\*

\*By the time this report is released, I will be 39 days shy of completing my Master of Public Health degree from Kansas State University. (May 17, 2019)

# The Kujima Collective

2018 / 2019



Kansas State Capitol Building | Topeka, KS  
Photograph by Marcy Gonzalez

# Table of Contents

---

Cancer.....	06
Hypertension.....	08
Kidney Disease.....	10
Obesity.....	12
Sexually Transmitted Diseases.....	14
Diabetes.....	16
Asthma.....	18
Vision Difficulties.....	20
Evidence-Based Strategy.....	23
Researchers.....	24
Closing Remarks.....	27

# Cancer

Researchers: Dawn Robertson & Ingrid Bell

## What is Cancer?

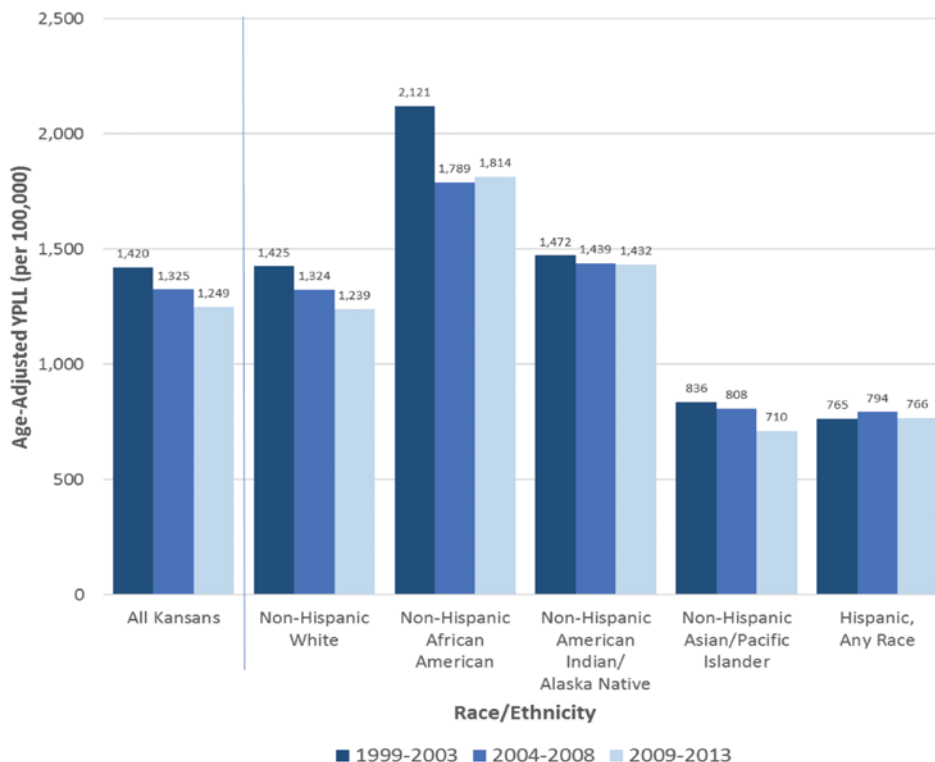
Cancer is a term for diseases in which abnormal cells uncontrollably divide and can invade nearby tissue. Cancer cells can spread to other parts of the body through the blood and lymph systems<sup>1</sup>.

There are a plethora of cancer families ranging from:

- Carcinoma - a cancer that begins in the skin or in tissues that line or cover internal organs
- Lymphoma and multiple myeloma - cancers that begin in the cells of the immune system
- Sarcoma - a cancer that begins in the bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue
- Leukemia - a cancer that starts in blood-forming tissue and causes a large number of abnormal blood cells to be produced and enter the blood, to name a few.

## Cancer in Kansas

Figure 88b. Age-Adjusted Cancer Mortality YPLL\* Rates by Race/Ethnicity in Kansas, 1999-2013



According to Figure 88b of the Kansas Health Institute's Racial and Ethnic Health Disparities Chartbook, African Americans in Kansas have the highest age adjusted cancer mortality rates between the years 1999-2013 (see chart for additional information). **Did you know** that American Cancer Society Heartland Chapter provides a variety of free services to cancer patients and their families/caregivers? FREE!!!

Note: \* Years of Potential Life Lost. See *Technical Notes, Appendix H* for description of Years of Potential Life Lost. Rates are for three five-year periods. Rates are age-adjusted and per 100,000 persons using the 2000 standard population. Counts and rates for Other non-Hispanics are not included as a separate category due to the use of the National Center for Health Statistics' bridged-race estimates for denominators. These counts are included in the count for All Kansans. Using bridged-race estimates, persons identifying as Some Other Race and Two or More Races have been reapportioned to one of the following racial categories: White, African American, American Indian/Alaska Native, and Asian/Pacific Islander.

Source: Kansas Department of Health and Environment, data from combined years 1999-2003, 2004-2008 and 2009-2013.

## Cancer and Risk Factors

---

Risk factors are actions or situations that may or may not be changed (modifiable) that lead to an increase in a person's risk for developing a certain disease. These factors may increase a person's chances of developing cancer<sup>2</sup>:

- Advancing age is the most important risk factor - 24.1% of new cancers develop between 55-64 years of age, 25.4% develop between 65-74 years of age.
- Excess body weight and obesity with a BMI of 25 and over can increase the risk of colorectal, breast, uterine, esophageal, kidney, liver, and pancreatic cancers.
- Tobacco product use and regular exposure to secondhand smoke is a leading cause of cancer and death from cancer.
- Exposure to UV radiation from the sun, sunlamps, and tanning booths causes skin damage that can lead to skin cancer. Those of any skin tone including dark skin tones can be affected.

## Cancer and Healthy People 2020 Objectives

---

Healthy People 2020's Cancer Objectives are to reduce cancer death rates, increase survival rate to 5 years or longer beyond diagnosis, and increase the rate of cancer screenings by 10% by year 2020<sup>3</sup>.

## How Can I Be a *Cancer* Agent of Change?

---

At an individual or organizational level, you can advocate for housing equity! Persons living in low income housing may have an increased exposure to environmental risk factors, such as air pollution, which can lead to significant health risks.

### Sources

Source 1 - <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/cancer>

Source 2 - <https://www.cancer.gov/about-cancer/causes-prevention/risk>

Source 3 - [https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives\)Aa?healthequityks.org/download/Data\\_Chartbook\\_full\\_rpt.pdf](https://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives)Aa?healthequityks.org/download/Data_Chartbook_full_rpt.pdf)

# Hypertension

Researcher: Alicia Newberry

## What is Hypertension?

Hypertension is when your blood pressure stays elevated for an extended period of time [3]. Blood pressure is the force of circulating blood on the walls of the arteries. This causes the heart to work harder and increases the risk of heart failure, stroke, atherosclerosis, and heart disease\*. When the pressure remains consistently over 130/80-89, it is termed hypertension or high blood pressure. Due to the fact that hypertension has no symptoms, it is commonly referred to as “the silent killer.”

Examples of Blood pressure ranges<sup>4</sup>:

Normal <120/80 Stage 1

**Hypertension 130-139/80-89;**

Stage 2 >140/90

Crisis >180/120

## Hypertension in Kansas

Figure 60. Percent of Adults Reporting Hypertension by Race/Ethnicity in Kansas, 2011, 2012, 2013 and 2015 (Combined)

	%	95% Confidence Interval
All Kansans	31.2%	(30.6% - 31.8%)
Non-Hispanic White	32.0%	(31.4% - 32.6%)
Non-Hispanic African American	40.7%	(37.1% - 44.4%)
Non-Hispanic American Indian/Alaska Native	34.9%	(30.2% - 39.8%)
Non-Hispanic Asian/Pacific Islander	12.3%	(9.5% - 15.8%)
Non-Hispanic Other	30.5%	(25.5% - 36.0%)
Hispanic, Any Race	22.5%	(19.7% - 25.4%)

Note: “All Kansans” in this figure refers to all Kansans in the subpopulation described in the title of the figure. Based on all respondents (age 18 and older) who have been told that they have high blood pressure (hypertension). Non-Hispanic Other includes Non-Hispanic Some Other Race and Non-Hispanic Two or More Races. Non-Hispanic White, Non-Hispanic African American, Non-Hispanic American Indian/Alaska Native, Non-Hispanic Asian/Pacific Islander and Non-Hispanic Some Other Race are based on those reporting those races alone and not in combination. Two or More Races captures persons reporting more than one race.

Source: KHI analysis of the Behavioral Risk Factor Surveillance System survey for the combined core-sample years of 2011, 2013, 2015 and half of the respondents from the 2012 state-added module.

According to Figure 60 of the Kansas Health Institute’s Racial and Ethnic Health Disparities Chartbook, African Americans in Kansas represent the greatest percentage of adults who were told they have high blood pressure. **Did you know**, in 2015, Topeka had the highest prevalence of high blood pressure at 35.2%; Kansas City followed with 35%; Wichita 31.8%, Overland Park at 26.7%, and Lawrence the lowest at 20.4%<sup>7</sup>.



## Hypertension and Risk Factors

As previously mentioned, risk factors are actions or situations that may or may not be changed (modifiable) that lead to an increase in a person's risk for developing a certain disease. The following factors may increase a person's chances of developing hypertension<sup>5</sup>:

Family history of hypertension

- Diabetes
- Unhealthy diet and physical inactivity
- Obesity
- Excessive alcohol consumption
- Tobacco use

## Hypertension and Healthy People 2020 Objectives

Healthy People 2020's Hypertension Objectives are to reduce the proportion of adults with hypertension as well as to increase the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high<sup>6</sup>.

## How Can I Be a Hypertension Agent of Change?

As an individual, get screened for high blood pressure by the age of 18 in order to reduce the incidence of stroke, heart failure, and coronary heart disease events<sup>8</sup>.

## \*Heart Disease Information

### *Just in case you were interested*

Researcher: Gretchen Auten

Every year, Americans suffer more than 1.5 million heart attacks and strokes. Nearly 44% of African American men and 48% of African American women have some form of cardiovascular disease that includes heart disease and stroke. But you can reduce your risk and improve your heart health by following the ABCS<sup>9</sup>:

- A** – Take aspirin as directed by your health care provider.
- B** – Control your blood pressure.
- C** – Manage your cholesterol.
- S** – Don't smoke.

A few of the modifiable risk factors for heart disease include smoking, high blood pressure, diabetes, obesity, physical inactivity, poor diet, excessive alcohol use, and sleep apnea. The non-modifiable risk factors (things that can't be changed) include family history, age (post-menopausal for women, older than 45 years old for men), and race (African American)<sup>9a</sup>. African Americans living in Shawnee County experienced 192.1 deaths/10,000 people. This is much higher than the Healthy People 2020 goal of 103.4 deaths/10,000 people<sup>9b</sup>.

### Sources

Source 3 - <https://www.cdc.gov/bloodpressure/>

Source 4 - <https://www.webmd.com/hypertension-high-blood-pressure/guide/blood-pressure-causes#1>

Source 5 - [https://www.cdc.gov/bloodpressure/risk\\_factors.htm](https://www.cdc.gov/bloodpressure/risk_factors.htm)

Source 6 - <https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=4596>;

Source 7 - [www.kansashealthmatters.org/indicators/index/view?indicatorId=253&localeTypeId=39](http://www.kansashealthmatters.org/indicators/index/view?indicatorId=253&localeTypeId=39)

Source 8 - <https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/evidence-reaffirmation-us-preventive-services-task>

Source 9 - [https://www.cdc.gov/dhdsp/data\\_statistics/fact\\_sheets/fs\\_aa.htm](https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_aa.htm)

Source 9a - <https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease/coronary-artery-disease>

Source 9b - <http://www.kansashealthmatters.org/>

# Kidney Disease

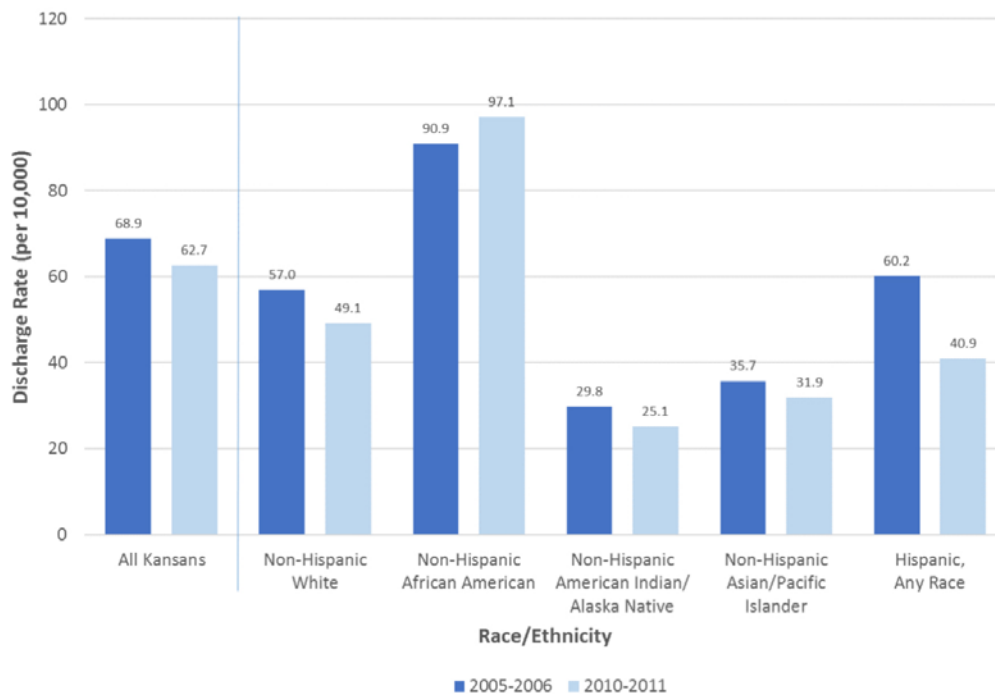
Researcher: JoVonka Marks

## What is Kidney Disease?

Kidney disease is your body's inability to filter waste and excess water. A sustained inability can lead to build up, thereby increasing your risk for issues with your heart, lungs, blood, and bones<sup>10</sup>. There isn't just one type of kidney disease, this family of diseases include polycystic, lupus nephritis, kidney cancer, and other rare disease<sup>11</sup>.

## Kidney Disease in Kansas

Figure 66j. Age-Adjusted Liver, Pancreas, Kidney and Urinary Disorders Hospital Discharge Rates by Race/Ethnicity in Kansas, FFY 2005-2006 and 2010-2011



According to Figure 66j of the Kansas Health Institute's Racial and Ethnic Health Disparities Chartbook, African Americans in Kansas have the highest age adjusted liver, pancreas, kidney, and urinary disorders hospital discharge rates between the years 2005-2006 and 2010-2011 (see chart for additional information).

Note: Rates are for two, two-year federal fiscal year (FFY) periods. Rates are age-adjusted and per 10,000 persons using the U.S. 2000 standard population. Denominators based on the National Center for Health Statistics' bridged-race population estimates. Counts and rates for Other non-Hispanics are not included as a separate category due to the use of bridged-race estimates for denominators. These counts are included in the count for All Kansans and the sum of the other racial/ethnic groups will not sum up to the count for All Kansans. Using bridged-race estimates, persons identifying as Some Other Race and Two or More Races have been reapportioned to one of the following racial categories: White, African American, American Indian/Alaska Native, and Asian/Pacific Islander.

Source: KHI analysis of hospital discharge data from the Kansas Hospital Association, data from combined FFY 2005-2006 and 2010-2011.

## Kidney Disease and Risk Factors

The following factors may increase a person's chances of developing kidney disease:

- Any present or family history of diabetes or heart disease
- Advanced age (60 or greater can increase your risk)
- Your race/ethnic demographic group: African Americans, Native Americans, and Hispanics are at higher risk<sup>12</sup>.

The modifiable risk factors for kidney disease are very similar to those previously mentioned:

- Unhealthy diet
- Physical inactivity
- Obesity
- Excessive alcohol consumption
- Tobacco use

## Kidney Disease and Healthy People 2020 Objectives

Healthy People 2020's Kidney Disease Objectives include 1) Reduce the proportion of persons with chronic kidney disease who have elevated blood pressure (CKD-6.1), and 2) Reduce the proportion of the U.S. population with chronic kidney disease by 10% (CKD-1)<sup>13</sup>.

## How Can I Be a Kidney Disease Agent of Change?

On the individual level, awareness of kidney related symptoms will aid with early detection of the disease. Symptoms include: excess tiredness, less energy, trouble concentrating, poor appetite, trouble sleeping, muscle cramping at night, swollen feet and ankles, puffiness around your eyes, especially in the morning, dry/itchy skin, and urinating more at night. It is also important to let trusted family, friends, and colleagues know that you have kidney disease. TRUSTED is the key word. In the event that something happened to you at home or in the workplace, these people can safeguard and comfort you while medical professionals arrive.

### Sources

Source 10 - American Kidney Fund Founded in 1971. Funding is filtered and financial assistance is done through HelpLine <http://www.kidneyfund.org/financial-assistance/helpline.html> <http://www.kidneyfund.org/kidney-disease/>

Source 11 - <http://www.kidneyfund.org/kidney-disease/other-kidney-conditions/>

Source 12 - National Kidney Foundation <https://www.niddk.nih.gov/health-information/kidney-disease/race-ethnicity>

Source 13 - <https://www.healthypeople.gov/2020/topics-objectives/topic/chronic-kidney-disease/objectives>

# Obesity

Researcher: Virginia Barnes

## What is Obesity?

Obesity is weight that is higher than what is considered healthy given a certain height. Body Mass Index, or BMI, is used as a screening tool for overweight or obesity<sup>15</sup>. A high BMI can be an indicator of high body fatness. The BMI categories are<sup>16</sup>:

- Less than 18.5 = underweight
- 18.5 to <25 = normal
- 25.0 to <30 = overweight
- **30.0 or higher is obese**

Although there are genetic, behavioral, and hormonal influences on body weight, obesity occurs when you take in more calories than you burn through exercise and normal daily activities. Your body stores these excess calories as fat. The principal causes of obesity are inactivity and unhealthy diet and eating habits<sup>17</sup>.

## Obesity in Kansas

Figure 35. Percent of Adults Who are Obese by Race/Ethnicity in Kansas, 2011-2015 (Combined)

	%	95% Confidence Interval
<b>All Kansans</b>	30.9%	(30.5% - 31.4%)
<b>Non-Hispanic White</b>	30.2%	(29.8% - 30.7%)
<b>Non-Hispanic African American</b>	41.0%	(38.7% - 43.3%)
<b>Non-Hispanic American Indian/Alaska Native</b>	35.7%	(31.5% - 40.1%)
<b>Non-Hispanic Asian/Pacific Islander</b>	11.0%	(8.8% - 13.6%)
<b>Non-Hispanic Other</b>	33.2%	(30.2% - 36.4%)
<b>Hispanic, Any Race</b>	34.6%	(32.7% - 36.6%)

Note: "All Kansans" in this figure refers to all Kansans in the subpopulation described in the title of the figure. Based on all respondents (age 18 and older) who reported they were obese, or whose Body Mass Index  $\geq 30$ . Non-Hispanic Other includes Non-Hispanic Some Other Race and Non-Hispanic Two or More Races. Non-Hispanic White, Non-Hispanic African American, Non-Hispanic American Indian/Alaska Native, Non-Hispanic Asian/Pacific Islander and Non-Hispanic Some Other Race are based on those reporting those races alone and not in combination. Non-Hispanic Two or More Races captures persons reporting more than one race.

Source: KHI analysis of the Behavioral Risk Factor Surveillance System survey for the combined years of 2011-2015.

According to Figure 35 of the Kansas Health Institute's Racial and Ethnic Health Disparities Chartbook, African Americans in Kansas represented the greatest percentage of obese adults between the years 2011-2015 (see chart for additional information). **Did you know**, 37.6% of adults in Topeka are obese. In 2017, obesity by race was 32% White, 41.2% Black, and 36.8% Latino<sup>18</sup>.

## Obesity and Risk Factors

Many environmental factors can increase your risk for obesity ranging from unsafe neighborhoods, easy access to unhealthy fast foods, limited access to recreational facilities or parks, and few safe or easy ways to walk in your neighborhood. Genetic risk factors also exist. Studies have found that overweight and obesity can run in families, so it is possible that our genes or DNA can cause these conditions. Research studies have found that certain DNA elements are associated with obesity and that obesity can change your DNA and the DNA you pass to your children. Who knew?

## Obesity and Healthy People 2020 Objectives

Healthy People 2020's Obesity Objective NSW 9 is to reduce the proportion of adults who are obese by 10%<sup>19</sup>.

## How Can I Be an Obesity Agent of Change?

At the individual level you can:

- Engage in physical activity - get 30 minutes of aerobic activity a day and strength training three times per week
- Eat healthy - five or more fruits and vegetables a day
- Get good sleep - 6 to 8 hours of sleep per night
- Control stress levels
- Monitor your waist size

At the interpersonal level, you can become contagious. Not in the way that you are thinking. There is a body of research that indicates behaviors are contagious. If your spouse or best friends are overweight, your likelihood of being overweight increases dramatically. Hanging out with people who will encourage healthy eating at restaurants, form a walk group with you, or offer positive feedback regarding your wellness journey will increase your chances of obtaining and maintaining a healthy weight.

### Sources

- Source 15 - <https://www.cdc.gov/obesity/adult/defining.html>  
 Source 16 - <https://www.niddk.nih.gov/health-information/weight-management/health-risks-overweight>  
 Source 17 - <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>  
 Source 18 - <http://www.kansashealthmatters.org>  
 Source 19 - [https://www.healthypeople.gov/node/4968/data\\_details](https://www.healthypeople.gov/node/4968/data_details)

# STDs

Researcher: Tara James-Wallace

## What is a Sexually Transmitted Disease? (STD)

STDs are sexually transmitted diseases that are passed from one person to another through intimate physical contact – such as heavy petting – and from sexual activity including vaginal, oral, and anal sex. STDs are very common. In fact, the CDC estimates 20 million new infections occur every year in the United States. STDs can mostly be prevented by not having sex, but that option is not the reality for everyone.

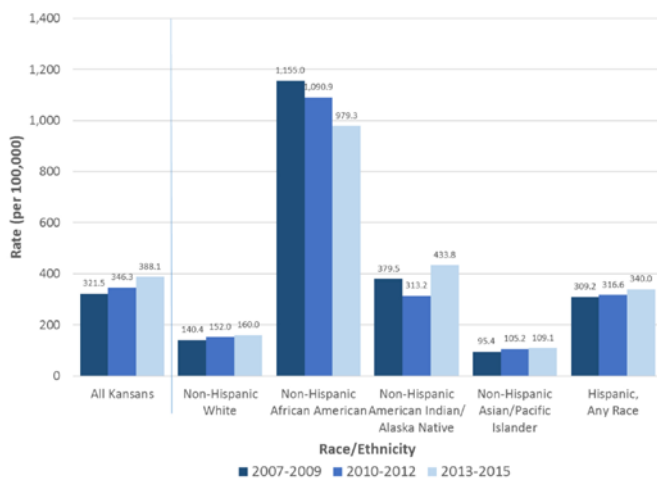
If you do have sex, you can lower your risk by using condoms and being in a sexual relationship with a partner who does not have an STD. STDs do not always cause symptoms, so it is possible to have an infection and not know it. That is why it is important to get tested if you are having sex. If you are diagnosed with an STD, know that all can be treated with medicine and some can be cured entirely<sup>20</sup>.

## STDs in Kansas (Focus on Chlamydia and Gonorrhea)

According to Figures 67b and 68b of the Kansas Health Institute's Racial and Ethnic Health Disparities Chartbook, African Americans in Kansas have a seven times greater incidence\* rate for Chlamydia and a 15 times greater incidence rate of Gonorrhea compared to that of Whites between 2007 and 2015. (See chart for additional information). Additionally, 18% of the chlamydia cases in Kansas, 32% of the gonorrhea cases in Kansas, and 23% of the early syphilis cases in Kansas are made up of African Americans<sup>21</sup>.

\*Incidence means “new cases”

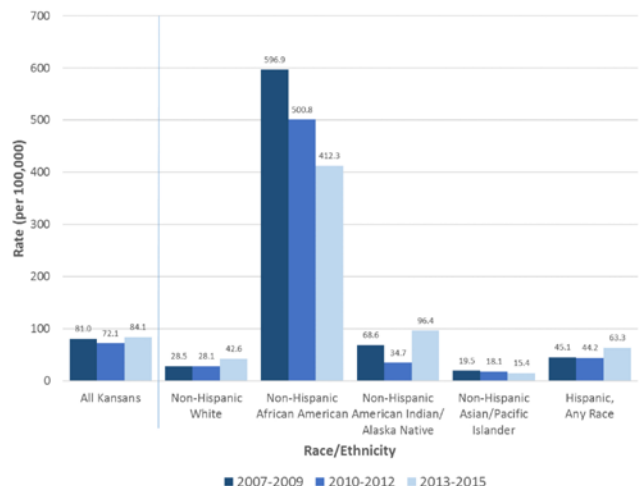
Figure 67b. Chlamydia Incidence Rates by Race/Ethnicity in Kansas, 2007-2015



Note: Rates are per 100,000 persons. Counts and rates for Other non-Hispanics are not included as a separate category due to the use of the National Center for Health Statistic's bridged-race estimates for denominators. These counts are included in the count for All Kansans and the sum of the other racial/ethnic groups will not sum up to the count for All Kansans. Using bridged-race estimates, persons identifying as Some Other Race and Two or More Races have been reapportioned to one of the following racial categories: White, African American, American Indian/Alaska Native, and Asian/Pacific Islander.

Source: KHI analysis of Kansas Department of Health and Environment Bureau of Disease Control and Prevention data for the combined years of 2007-2009, 2010-2012 and 2013-2015.

Figure 68b. Gonorrhea Incidence Rates by Race/Ethnicity in Kansas, 2007-2015



Note: Rates are per 100,000 persons. Counts and rates for Other non-Hispanics are not included as a separate category due to the use of the National Center for Health Statistic's bridged-race estimates for denominators. These counts are included in the count for All Kansans and the sum of the other racial/ethnic groups will not sum up to the count for All Kansans. Using bridged-race estimates, persons identifying as Some Other Race and Two or More Races have been reapportioned to one of the following racial categories: White, African American, American Indian/Alaska Native, and Asian/Pacific Islander.

Source: KHI analysis of Kansas Department of Health and Environment Bureau of Disease Control and Prevention data for the combined years of 2007-2009, 2010-2012 and 2013-2015.

## STDs and Risk Factors

The top three risk factors for Sexually Transmitted Diseases include unprotected sex, sex with multiple partners, and having a history of STDs. But, did you know that being young and a woman also increases your risk?

Women have a higher risk than men of getting an STI during unprotected vaginal sex. Unprotected anal sex puts women at even more risk for getting an STD than unprotected vaginal sex. And, women often have more serious health problems from STDs than men. Chlamydia and gonorrhea, left untreated, raise the risk of chronic pelvic pain and life-threatening ectopic pregnancy. Chlamydia and gonorrhea can also cause infertility. Furthermore, untreated syphilis in pregnant women results in infant death up to 40% of the time<sup>21</sup>.

## STDs and Healthy People 2020 Objectives

Healthy People 2020's Sexually Transmitted Diseases Objective STD-6.1 is to reduce gonorrhea rates among females aged 15-44 years by 10%<sup>22</sup>.

## How Can I Be an STD Agent of Change?

Salt N Pepa, a popular female rap group of the 80s and 90s, had a #1 hit song that says it best, "Let's talk about sex, baby. Let's talk about you and me. Let's talk about all the good things and the bad things that may be. Let's talk about sex"<sup>23</sup>. Seriously, we need to talk to our friends and family about STDs and break the stigma of living with this diagnosis.

On a larger scale, we can get involved with programs such as Sister to Sister. Sister-to-Sister targets urban African-American female clinic patients and includes two skills-building interventions: group or one-on-one. These skills-building interventions are culturally-sensitive, gender-appropriate, single-session interventions developed to increase self-efficacy and skills to use condoms correctly and to negotiate condom use with sex partners<sup>24</sup>.

### Sources

Source 20 - Center for Disease Control <https://www.cdc.gov/std/default.htm>

Source 21 - [http://www.kdheks.gov/sti\\_hiv/sti\\_reports.htm](http://www.kdheks.gov/sti_hiv/sti_reports.htm)

Source 22 - <https://www.womenshealth.gov/a-z-topics/sexually-transmitted-infections>

Source 23 - <https://www.google.com/search?q=salt+and+pepa+talk+about+sex+lyrics&oq=salt+and+pepa+talk+about+sex+lyrics&aqs=chrome..69i57j0l3.7245j0j7&sourceid=chrome&ie=UTF-8>

Source 24 - <http://www.kansashealthmatters.org/promiseppractice/index/view?pid=3125>

# Diabetes

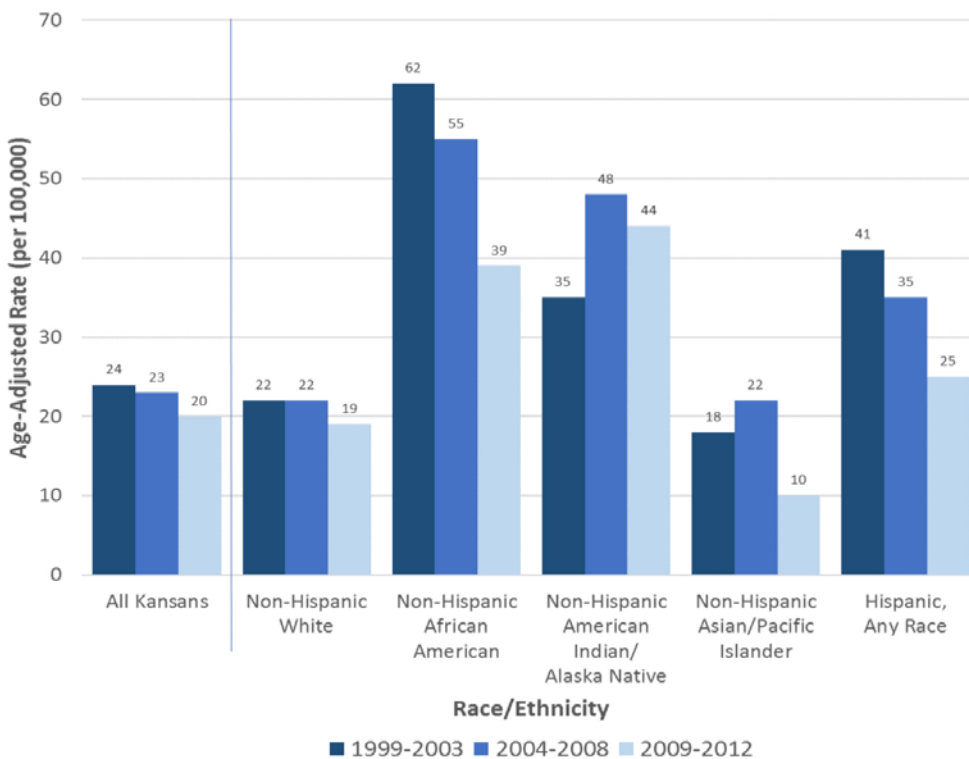
Researcher: Anne Hawkins

## What is Diabetes

Diabetes is a disease that occurs when your blood glucose (also called blood sugar) is too high. Blood glucose is the body's main source of energy. Insulin, a hormone made by the pancreas, helps glucose get into your cells to be used for energy. In type 2 diabetes, your body doesn't make enough insulin or doesn't use insulin well. Too much glucose then stays in your blood, and not enough reaches your cells. Over time too much glucose in your blood can cause health problems, such as heart disease, nerve damage, eye problems, and kidney disease<sup>25</sup>.

## Diabetes in Kansas

Figure 82b. Age-Adjusted Diabetes Mortality Rates by Race/Ethnicity in Kansas, 1999-2013



Note: Rates are for three five-year periods. Rates are age-adjusted and per 100,000 persons using the U.S. 2000 standard population. Counts and rates for Other non-Hispanics are not included as a separate category due to the use of the National Center for Health Statistics' bridged-race estimates for denominators. These counts are included in the count for All Kansans. Using bridged-race estimates, persons identifying as Some Other Race and Two or More Races have been reapportioned to one of the following racial categories: White, African American, American Indian/Alaska Native, and Asian/Pacific Islander.

Source: Kansas Department of Health and Environment, data from combined years 1999-2003, 2004-2008 and 2009-2013.

According to Figure 82b of the Kansas Health Institute's Racial and Ethnic Health Disparities Chartbook, African Americans in Kansas have the highest average age-adjusted diabetes mortality rates between the years 1999 and 2013. African-Americans are 77% more likely to have diagnosed diabetes compared to non-Hispanic Caucasians. African American women who develop gestational diabetes during pregnancy face a 52% increased risk of developing type 2 diabetes in the future compared to non-Hispanic Caucasian women diagnosed with gestational diabetes<sup>27</sup>.



## Diabetes and Risk Factors

One of the main risk factors related to diabetes and 63% of the health disparities listed in this Kujima Report is being overweight or obese. Nearly 80% of Black women are overweight and 53% are obese. This particular factor for diabetes translates into three additional risk factors - physical inactivity, unhealthy diet, and hypertension. Keep in mind that although losing weight will help lower your risk for diabetes, being thin does not eliminate your risk<sup>31</sup>.

Insulin resistance - a risk factor for diabetes and heart disease usually seen in obese people - is surprisingly common among lean, black women. Dr. Jorge Calles-Escandon and his Wake Forest University research team measured insulin resistance in more than 1,600 Black, Hispanic, and White Americans and found that the lean African-American cohort - most strikingly, the lean African-American women - had quite a bit more insulin resistance than lean people in either of the other two groups<sup>32</sup>.

## Diabetes and Healthy People 2020 Objectives

Healthy People 2020's Diabetes Objectives include several relevant objectives to this Kujima Report: D-1 is to reduce the annual number of new cases of diagnosed diabetes in the population by 10%, D-7 is to increase the proportion of persons with diagnosed diabetes whose blood pressure is under control, D-10 is to increase the proportion of adults with diabetes who have an annual dilated eye examination, D-16.1 is to increase the proportion of persons at risk for diabetes with prediabetes who report increasing their levels of physical activity, and D-16.2 is to increase the proportion of persons at high risk for diabetes with prediabetes who report trying to lose weight<sup>29</sup>.

## How Can I Be a *Diabetes* Agent of Change?

Eat the cake...(if your doctor says it's okay!) These three words may seem counterproductive to being a Diabetes Agent of Change, but the concept is very straight forward. Enjoy the things that make life worth living. There is a common myth that with diabetes you can't have any cake, cookies, pies, sweets, or any of that yummy goodness. The fact is, that is not true. Usually, people with diabetes can have sweets, as long as they limit their intake<sup>30</sup>.

### Sources

- Source 25 - <https://www.nih.gov/news-events/nih-research-matters/factors-contributing-higher-incidence-diabetes-black-americans>  
 Source 26 - <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>  
 Source 27 - <http://main.diabetes.org/dorg/PDFs/Advocacy/fact-sheet-advocacy-african-american.pdf>  
 Source 29 - <https://www.healthypeople.gov/2020/topics-objectives/topic/diabetes/objectives>  
 Source 30 - <https://www.bwhi.org/2017/07/26/bad-blood-clearing-3-myths-black-women-diabetes/>  
 Source 31 - [http://www.blackwomenshealth.org/issues-and-resources/black-women-diabetes-more-than-a-little-sugar/\\_print\\_y.html](http://www.blackwomenshealth.org/issues-and-resources/black-women-diabetes-more-than-a-little-sugar/_print_y.html)  
 Source 32 - <https://www.webmd.com/diabetes/news/20060626/insulin-resistance-in-lean-black-women#1>

# Asthma

Researchers: Phelica Glass & Angela Warren

## What is Asthma?

Asthma is defined as a common lung disorder in which inflammation causes the bronchi\* to swell and narrow the airways, creating breathing difficulties that may range from mild to life threatening. Allergy-induced asthma results from an allergic reaction triggered by inhaled allergens such as mouse droppings, cockroaches, and pollen to name a few. Non-allergen asthma is caused by an infection (viral illness) or some other irritant such as indoor pollutants, tobacco smoke, strong odors, or outdoor pollutants<sup>33</sup>.

\*Bronchi are the main passages into the lungs.

## Asthma in Kansas

Figure 63. Percent of Adults Reporting Asthma by Race/Ethnicity in Kansas, 2011-2015 (Combined)

	%	95% Confidence Interval
All Kansans	8.7%	(8.5% - 9.0%)
Non-Hispanic White	8.6%	(8.4% - 8.9%)
Non-Hispanic African American	12.0%	(10.6% - 13.5%)
Non-Hispanic American Indian/Alaska Native	17.7%	(14.5% - 21.5%)
Non-Hispanic Asian/Pacific Islander	5.0%	(3.4% - 7.3%)
Non-Hispanic Other	15.1%	(13.0% - 17.6%)
Hispanic, Any Race	5.6%	(4.9% - 6.5%)

Note: "All Kansans" in this figure refers to all Kansans in the subpopulation described in the title of the figure. Based on all respondents (age 18 and older) who reported they had been told by a doctor or health care professional that they had asthma and that they currently have asthma. Non-Hispanic Other combined non-Hispanics identifying Some Other Race and non-Hispanics identifying as Two or More Races.

Source: KHI analysis of the Behavioral Risk Factor Surveillance System survey for the combined years of 2011-2015.

Although not reflected by the Kansas data, in 2015, African American women were 20 percent more likely to have asthma compared to their non-Hispanic white counterparts. One year prior, African Americans were almost three times more likely to die from asthma related causes than the white population<sup>34</sup>.

## Asthma and Risk Factors

According to the American Lung Association, having a parent with asthma makes you three to six times more likely to develop asthma than someone who does not have a parent with asthma. This particular factor is one of the most common, but other factors exist<sup>35</sup>:

### Allergies

Having an allergic condition, such as atopic dermatitis (eczema) or allergic rhinitis (hay fever), is a risk factor for developing asthma.

### Air pollution

Exposure to the main component of smog (ozone) raises the risk for asthma. Those who grew up or live in urban areas have a higher risk for asthma.

### Exposure to cigarette smoke

Cigarette smoke irritates the airways. Smokers have a high risk of asthma. Those whose mothers smoked during pregnancy or who were exposed to secondhand smoke are also more likely to have asthma.

### Obesity (This seems to be a reoccurring factor; have you noticed?)

Children and adults who are overweight or obese are at a greater risk of asthma.

## Asthma and Healthy People 2020 Objectives

Healthy People 2020 does not specifically address asthma; however, the aforementioned risks, allergies and air pollution, fall under the Environmental Objectives of Healthy People 2020. The three key objectives that are relevant to the Kujima Report include EH-17.1, to increase the proportion of pre-1978 housing that has been tested for the presence of lead-based paint, EH-13.-to reduce indoor allergen levels—cockroach, and EH-13.2 -to reduce indoor allergen levels—mouse<sup>36</sup>.

## How Can I Be a Asthma Agent of Change?

So, you think you are ready to become an Asthma Agent of Change? I believe you can. Follow the four simple starter steps: 1) pull out that duster and start dusting, 2) ensure that filters are changed regularly in your home and automobile<sup>37</sup>, 3) control for cockroaches and mice, and 4) wash your curtains. Whoda thunk it? To learn additional ways, feel free to visit Asthma and Allergy Foundation of America<sup>38</sup>.

### Sources

Source 33 - [https://www.medicinenet.com/asthma\\_overview/article.htm](https://www.medicinenet.com/asthma_overview/article.htm)

Source 34 - <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=15>

Source 35 - <https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-symptoms-causes-risk-factors/asthma-risk-factors.html>

Source 36 - <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health/objectives>

Source 37 - <http://www.kansashealthmatters.org/promisepractice/index/view?pid=3319>

Source 38 - <https://www.aafa.org/asthma.aspx>

# Vision Difficulty

Researcher: Tonia Rice

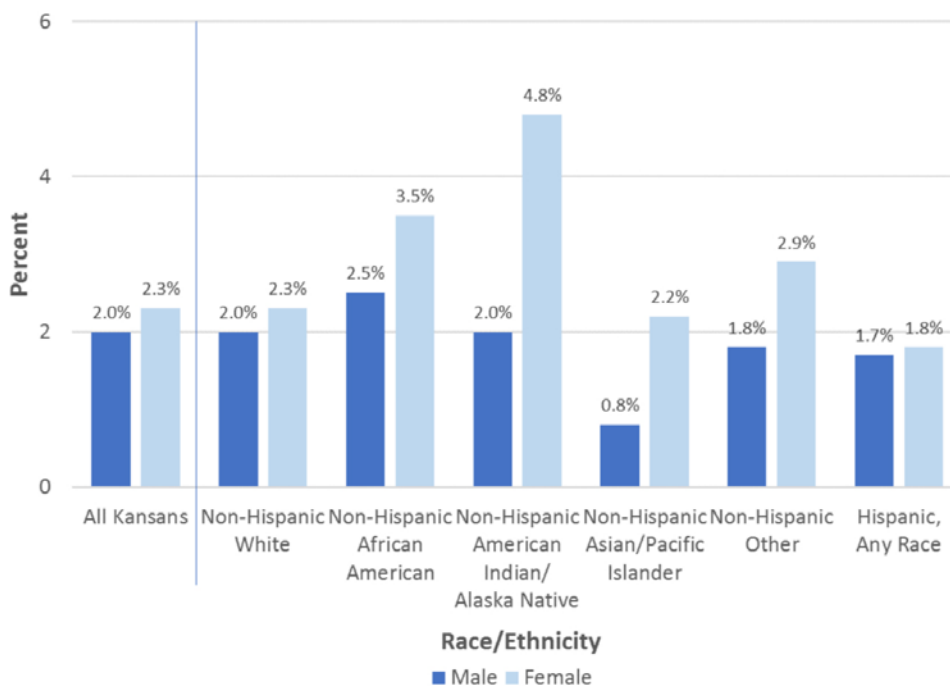
## What is Vision Difficulty?

Vision is defined as the act or power of seeing and difficulty is defined as the quality or state of being hard to do, deal with or understand. Together, vision difficulty is when an individual has a difficult time seeing. Examples of vision difficulty include blurred vision, cataracts, and most impactful in the Black community is glaucoma—a group of diseases that damage the optic nerve and affects side or peripheral vision first<sup>38-39</sup>.

\*Prevalence is the number of existing cases.

## Vision Difficulty in Kansas

Figure 58i. Percent of Population with a Vision Difficulty by Race/Ethnicity and Gender in Kansas, 2015



**Did you know** that African Americans are 15 times more likely to be visually impaired from glaucoma than Caucasians? More than 520,000 African Americans have glaucoma. This figure represents the highest prevalence\* in the United States<sup>40-41</sup>.

Note: See *Technical Notes, Appendix H* for the description of Vision Difficulty. Non-Hispanic Other includes Non-Hispanic Some Other Race and Non-Hispanic Two or More Races. Non-Hispanic White, Non-Hispanic African American, Non-Hispanic American Indian/Alaska Native, Non-Hispanic Asian/Pacific Islander and Non-Hispanic Some Other Race are based on those reporting those races alone and not in combination. Two or More Races captures persons reporting more than one race.

Source: KHI analysis of data from the U.S. Census Bureau's American Community Survey 2015 Public Use Microdata Sample (2011-2015) 5-Year Estimates.

## Vision Difficulty and Risk Factors

There are two categories of risk factors for glaucoma. The strong risk category includes high eye pressure, family history of glaucoma, along with being Black and over 40. The potential risk category includes two of the previously discussed disparities identified in this Kujima Report—diabetes and high blood pressure. Two of the readily recognizable and non-modifiable risk factors for vision difficulties are race and age. African Americans are at a higher risk for vision difficulty starting at a younger age and older African Americans are twice as likely to have glaucoma as older whites (15% versus 7%)<sup>42</sup>.

## Vision Difficulty and Healthy People 2020 Objectives

In 2008, 13.9 per 1,000 people aged 45 years and over had visual impairment due to glaucoma. Healthy People 2020 developed a very specific objective related to vision difficulty—Objective **V-5.3** is to reduce visual impairment due to glaucoma by 10%<sup>43</sup>.

## How Can I Be a Vision Difficulty Agent of Change?

Do you like fruits and vegetables? If so, you are on the right path to become an effective Vision Difficulty Agent of Change. The following food list can support eye health:

### Enjoy fruits and vegetables abundant in vitamin C:

green peppers, citrus fruits, tomatoes, broccoli, strawberries, sweet and white potatoes, leafy greens and cantaloupe.

### Eat foods containing vitamin E:

These foods include eggs, fortified cereals, fruit, wheat germ, green leafy vegetables, nuts, nut oils, vegetable oils and whole grains.

### Consume foods containing vitamin A:

Eat liver, sweet potatoes, carrots, mangoes, milk, and egg yolks.

### Eat foods with omega-3 fatty acids:

Wild salmon, sardines, walnuts, and flaxseed oil are good sources<sup>44</sup>.

## Sources

Source 38 - <http://www.merriam-webster.com>

Source 39 - <http://www.aoa.org>

Source 40 - <https://www.glaucoma.org/glaucoma/glaucoma-facts-and-stats.php>

Source 41 - <https://nei.nih.gov/eyedata/glaucoma>

Source 42 - <https://www.glaucoma.org/glaucoma/african-americans-and-glaucoma.php>

Source 43 - <https://www.healthypeople.gov/2020/topics-objectives/topic/vision/objectives>

Source 44 - <https://www.brightfocus.org/glaucoma/prevention-and-risk-factors>



# Evidence-Based Strategy

---

## Kujima Health @ Home: Walk With Ease

---

Kujima Health prides itself on providing both "a call to action" and "actionable answers" to that call.

Kujima Health partnered with the Kansas Department of Health and Environment and Topeka Community Foundation to offer a culturally tailored, promising practice that is modeled off of the Arthritis Foundation's Walk With Ease (WWE) program. [1]

WWE is proven to reduce the pain of arthritis and improve your overall health. No matter if you need relief from arthritis pain or just want to be active, the Arthritis Foundation's six week Walk With Ease program can teach you how to safely make physical activity part of your everyday life. The program includes a guidebook and a walking schedule to get you safely moving toward better health.

Studies by the Thurston Arthritis Research Center and the Institute on Aging of the University of North Carolina show that Walk With Ease is proven to:

- Reduce the pain and discomfort of arthritis
- Increase balance, strength and walking pace
- Build confidence in your ability to be physically active
- Improve overall health

Thanks to funding provided by Topeka Community Foundation, Kujima Health recreated the Walk With Ease modules to specifically target Black women. This reimaged program, Kujima Health @ Home, is offered primarily as a self-guided course with occasional meet-ups around the community.

### Self-Guided Format

Complete the program on your own by purchasing the guidebook\* in the Arthritis Foundation Online Store for only \$11.95 (Spanish-language version also available.) It includes all the tools you need to:

- Develop a walking plan that will meet your needs
- Stay motivated
- Manage your pain
- Learn to exercise safely

(\*A limited number of scholarships available to offset fees. Email [PromisingPractices@kujimahealth.com](mailto:PromisingPractices@kujimahealth.com) for additional information.)

### Hybrid In-Person Community Format

Kujima Health @ Home hybrid sessions meet weekly for 6 weeks. Trained group exercise leaders begin each session with a pre-walk discussion followed by a 10- to 40-minute walk that includes a warm-up and a cool-down. This hybrid version is meant to accompany the self-guided format; therefore, the education modules are to be completed at the participant's home.

[1] - <https://www.arthritis.org/health-wellness/healthy-living/physical-activity/walking/walk-with-ease/wwe-about-the-program>



**Dawn Robertson & Ingrid Bell**

Cancer Researchers



**Alicia Newberry & Gretchen Auten**

Hypertension \ Heart Disease Researchers



**JoVonka Marks**

Kidney Disease Researcher



**Tara James-Wallace**

STDs Researcher



**Anne Hawkins**

Diabetes Researcher



**Phelica Glass & Angela Warren**

Asthma Researchers



**Tonia Rice**

Vision Difficulty Researcher



**Chris 'The Health Hippie' Omni**

Visionary



Not Pictured

**Virginia Barnes** - Obesity Researcher



Dear Topeka,  
Let's make Black women's health  
our capital concern.

#KUJIMA

10168 LA

Kujima Health Billboard | Topeka, KS  
Photograph by Tobias Harvey

# Closing Remarks

You made it. You have seen the facts and figures to support our singular focus of making Black women's health a capital concern. It is my hope that this information has stirred your spirit and will soon become a call to action. I don't expect you to pick up the torch for every single cause, but perhaps one of the health disparities is calling your name. Although we would love to have you join our community efforts to make Black women's health a capital concern, we are fully aware that not everyone wants to get involved at that level. With that said, there is still plenty you can do as an individual Agent of Change.

The Agent of Change sections were an essential part of this report because Kujima Health understands that change begins within. It isn't always easy to adopt the practices that are suggested in this report, but small steps will lead towards a beautiful and enriching journey of health and wellbeing. Just in case no one ever told you, your individual level change has the power to go beyond just you. Your friends, family, co-workers, and neighbors may begin to notice the 2.0 Version of you and become inspired to embark on a similar journey. YOU are powerful and capable beyond words. Now, go be amazing!!

But, don't leave just yet. It's time for me to give my Academy Award speech. Don't cue the music or else I will keep talking right through it. Ready?

# Thank You

Most of you know him as Dr. Robert St. Peter, but I affectionately refer to him as Dr. Can Do. I want to publicly acknowledge Dr. Can Do for his candid words in the Capital-Journal as well as our first meeting to discuss this current call to action. From day one, Dr. Can Do has been supportive of my vision to make Black women's health a capital concern! Thank you, Dr. Can Do.

Next up, I want to thank Tatiana Lin for her expertise and guidance through the entire process of developing the Kujima Report. Looking back to our first meeting, I was in way over my head. Booooooyyyyy! Thank you for the direction that was needed to focus my attention and fine tune my vision. You are appreciated Tatiana!

(Don't cue the music. I'm still talking)

I feel like there are several stories I can share about each and every health researcher, but I'm starting to hear that "commercial break music." For that reason, I will list them by name and be forever grateful for their contributions to my vision. Before we cut to the end, I absolutely, positively, have to thank the financial support of GoTopeka EMBD and Federal Home Loan Bank. Without that financial backing, we would not have been able to afford the expertise and talent of create/uplift (CULT). CULT, the time and attention that was put into helping me actualize the Kujima brand will never be forgotten. YOU, my dears, are appreciated!

(Cue music and let the credits roll)

## The Kujima Collective Steering Committee

Phelica Glass | Marti Lewis | Angela Warren | Tara James-Wallace | Tonia Rice | JoVonka Marks

## The Kujima Collective

Anne Hawkins | Gretchen Auten | Ingrid Bell | Alicia Newberry | Dawn Robertson | Virginia Barnes  
Victoria Miller | Carlie Houchen

Funding for this report provided by



Design and creative direction provided by

**CREATE/UPLIFT**

# Kujima

HEALTH & WELLNESS

 [kujimahealth](https://www.facebook.com/kujimahealth)

 [kujimahealth](https://www.instagram.com/kujimahealth)

 [kujimahealth.com](https://www.kujimahealth.com)

