Appendix F – Literature Review

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HCWC Document Review Summary

The emergent themes and conclusions in this document review summarize the findings that were salient between the primary and secondary reviewers. This summary is broken down into categories based on emergent themes, reflecting both the similarities and differences found among the reports.

The reports covered in this review are listed at the end. These reports were selected by the HCWC Data Workgroup and cover a range of communities living in the HCWC counties.

Quality of Life in Communities of Color

Every document reviewed for this report discussed the many ways that racism impacts all aspects of life, health, and resources for communities of color. The many cultural barriers of access to healthcare, housing, and food security were highlighted throughout the reports. As summarized in many of the themes below, communities of color suffer disproportionately to their white counterparts in all issues highlighted by the reports: gender disparities, houselessness rates, experiences in foster care, incarceration rates, education access, and unemployment rates.

One takeaway is that more culturally specific providers and culturally specific social services need to be operationalized in order to rectify the disparities we see in the HCWC counties. This needs to be implemented on a policy level, and accompanied by actionable steps that can be taken by providers, community leaders, educators, and other outreach groups to operationalize policy level changes.

Immediate Needs Versus Long-Term Needs

Refugee and immigrant communities expressed the need for services linked to longer-term pathways of improving living standards, while still maintaining the immediate basic needs. Communities felt as if the majority of the focus of outreach efforts and resources were on point-of-arrival and not over time.

There is not much longitudinal data available to track immigrant/refugee outcomes, with most focused on status upon arrival.

Surveillance and Data Transparency

Surveillance is a hindrance to equitable data collection for immigrant communities, refugee communities, and communities of color. Much of what the review analyzed was prefaced with the statement that communities of color are less likely voluntarily self-disclosure data due to mistrust. Historical misrepresentation, violence, profiling, and discrimination of these populations has led to this mistrust of the government and much data collection.

Life Course Theory and Adverse Childhood Experiences (ACEs)

ACE scores are acknowledged in many of the reports, noting that the barriers to health and equity begin early in life and build into adulthood, and are tied to systemic, institutional, cultural, and social factors. Adults who had been through the foster care system as children had higher ACE scores and reported high levels of physical, sexual and verbal abuse. Difficult experiences continued into adulthood; economic insecurity (having to go without needed food, clothing, transportation, and stable housing); higher rates of homelessness and partner abuse. Many reports suggested that more longitudinal studies focusing on emergent issues for populations should be focused on a life course theory to examine how trauma, life experiences, and stressors influence health and well-being.

Housing Insecurity and Houselessness

When surveyed for the Springwater Corridor report, the common reasons that houseless individuals cited for their circumstances were: job loss (unemployment rate for sample was 91%), eviction, substance use, physical illness, domestic violence, mental health, loss of benefits, and rent increase.

On a policy front, greater outreach capacity is needed. More shelter and transitional housing types need to be developed for chronically houseless. Increased capacity to provide emergency, temporary, and transitional shelter or alternative housing.

Gender and Barriers to Success

Several reports mentioned the difficulties of assessing gender gaps as the majority of the accessible data sources provide only gender-blind data. Highlighting the issue of disparities between men and women in outcomes and longitudinal data is difficult to access due to the bias of the collectors and methods. Further parsing this out, the reports lack adequate information on communities who have gender identities outside of the Male/Female gender binary. The reports in the review do not adequately cover LGBTQ+ communities, which reflects the lack of intersectionality of available data. Systemic sexism and racism are intertwined. Intersectional minorities (e.g., transwomen of color) have disproportionate barriers to success. Women of color experience more violence (sexual and physical), higher poverty rates, and are more likely to lack economic security (having to go without needed food, clothing, transportation, and stable housing).

Education and Employment Gaps

Achievement gaps (beginning as an opportunity gap) are evident in children as young as 9 months old. These education gaps are correlated to unemployment. Communities of color experience higher rates of unemployment than their white counterparts (in Multnomah

County, unemployment is 35.7% higher for people of color). With unpaid care labor and the cost of caregiving being some of the least affordable in the nation, women struggle with a larger unemployment gap than their male counterparts. The achievement gaps can be attributed to the themes found in the reports above: economic insecurity, discrimination, lack of resources, language barriers, and lack of role models who come from similar backgrounds. Thus, a broad community approach is necessary to create lasting improvements. Skills need to be fostered in this setting for future success, and early childhood services and education are necessary to correct gaps.

Policy and Action: Concluding Remarks

While the reports all agree on the multiple gaps and disparities in the health and well-being of the populations in the four HCWC counties, the changes the reports suggest in order to address, improve, and provide outreach to these communities varies in specificity. The various suggestions on how to improve outcomes touch on the shortcomings of the current data collection methods and quantitative analysis. These data collection methods don't capture complexities and intersectionality of multiple identities or specific populations. Community-specific needs and priorities were stressed as action items, as well as more focus on first-hand narratives and qualitative research that more accurately captures priority populations' experience and identities. All reports acknowledged the visibility of these issues in mainstream social media, as well as ongoing advocacy efforts.

While there have been some baseline improvements, the quad-county region has much work to do to be comparable to other counties across the nation. Policy efforts should focus on housing stability, psychosocial support, partnerships between agencies to support physical/mental health of priority populations. Overall, the reports lack concrete action that should be taken to rectify these issues.

Reports Reviewed

1. Foster Care: Life Course Experiences, Health, and Health Care

Providence Center for Outcomes Research and Education, 2017 HCWC counties included: Washington, Multnomah, Clackamas Web link

2. Count Her In: A Report about Women and Girls in Oregon

Women's Foundation of Oregon, 2016 HCWC counties included: Washington, Multnomah, Clackamas Web link

3. State of Black Oregon

Urban League of Portland, 2015 HCWC counties included: Washington, Multnomah, Clackamas Web link

4. Springwater Corridor Survey of Houselessness

Clackamas County Health, Housing & Human Services HCWC counties included: Clackamas Web link

5. Coalition of Communities of Color, an Unsettling Profile

Coalition of Communities of Color and Portland State University, 2010 HCWC counties included: Washington, Multnomah, Clackamas Web link

6. IRCO Community Needs Assessment

Immigrant and Refugee Community Organization (IRCO), 2017 HCWC counties included: Washington, Multnomah, Clackamas Web link

7. State of Our Children & Families Report (SW Washington)

Support for Early Learning & Families (SELF), 2017 HCWC counties included: Clark Web link

8. Risk and Protection Profile for Substance Abuse Prevention in Clark County

Washington State Department of Social & Health Services, 2017 HCWC counties included: Clark

Web link