

State of African Americans in Kanawha County, WV

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Racial and Ethnic Approaches to Community Health across West Virginia (REACH WV) is a project within the West Virginia Department of Health and Human Resources' Bureau for Public Health and the Office of Minority Health.

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* Challenges of the Data: The findings and conclusions in this report are based on data secured from the above agencies as well as other cited sources, and due to the small population of African Americans in the state of West Virginia, some data may have been accrued based on estimates spanning over a three-year time period.

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Executive Summary

African Americans are the largest minority group in Kanawha County, West Virginia. They are the people with the greatest disadvantages in the socio-economic structure. African Americans suffer from high poverty levels, face racial disparity in the criminal justice system, and are underrepresented in elected and appointed policymaking positions¹. This report seeks to illuminate the most pressing areas of need.

This assessment of the African American population in Kanawha County was conducted by the Partnership of African American Churches (PAAC) for the Kanawha County Racial and Ethnic Approaches to Community Health (REACH) Coalition. The purpose of the assessment is to establish a baseline for comparison of survey data, which will be collected on an annual basis. Due to the small percentage of African Americans in the state (3.2 percent), there was not one source or a particular agency that collected the data needed for this report. Therefore, multiple sources were used in assembling the report. The most recent data sources available were used. In some cases, however the data were several years old.

African American children are born to unwed mothers at an alarming rate. While the birth rate for White unwed mothers is 37.5 percent, three-quarters (75.6 percent) of African American children are born to unwed mothers. Sociologist have long recognized that being born to an unwed young African American mother almost always dooms one to a life of poverty². The infant mortality rate for African Americans is almost twice that of Whites, 10.5 per 1,000 births compared to 6.2 per 1,000 births. The poverty rate for African American children under five years of age is also significantly higher than that of White children.

One bright spot for African Americans in Kanawha County is educational attainment, which is equal to that of Whites. ACT scores, however, viewed by many as a more accurate measure of learning, show a significant disparity. Unemployment was much higher for African American than Whites, and African Americans who are employed in Kanawha County earn 38 percent less than their White counterparts.

These data show that the social economic conditions of African Americans in Kanawha County are very different from those of the majority group. And, while considerable time and money is being spent on programs focused on effecting change at the individual level, until a paradigm shift occurs and systemic inequalities are addressed, little improvement in the health status of people of color in Kanawha County will be achieved.

¹ Source: National Black Caucus of State Legislatures and the National Conference of State Legislatures

² American Community Survey 2005—2007—3 Year estimates

Introduction

REACH WV: A Grassroots Movement for Health Equity in "Almost Heaven" West Virginia

The West Virginia Department of Health and Human Resources (DHHR) through its Racial & Ethnic Approaches to Community Health (REACH WV) is addressing the disparities in health status and access to quality medical care for racial and ethnic minority populations in the state of West Virginia. The REACH West Virginia Program, which operates through DHHR's Bureau for Public Health, was initially funded under the Office of Minority Health whose mission was to "improve and protect the health and well-being of racial and ethnic minorities through the development of programs, policies and practices to eliminate health disparities". The first funding cycle began in September 2007.

The vision of REACH WV is a state where no health disparities exist between the racial and ethnic minority population and their White counterparts. The mission of REACH WV is to mobilize and empower community coalitions to effect behavioral, environmental and systems change by eliminating diabetes-related health disparities in African American communities in West Virginia. Five counties have been designated for this effort: Kanawha, McDowell, Fayette, Raleigh and Mercer.

REACH WV is a community-driven movement designed to engage community activists, health care providers, faith-based organizations, social and civic organizations, and government agencies in efforts to eliminate health disparities and achieve health equity for minorities. REACH WV utilizes Community-Based Participatory Approaches (CBPAs). CBPAs are processes that equitably involve research and health professionals, community members, and organizational representatives in all aspects of program and evaluation activities. Community coalitions formed from a cross-section of community leaders and activists conduct assessments of the social determinants of health, such as food supply, housing, economic and social relationships, transportation, education and health care, whose distribution across populations effectively determines length and quality of life.

While the overarching framework for REACH WV places emphasis on data collection, policy, health care access, healthy behaviors, environment and health equity, REACH WV also seeks to address other institutional and environmental factors that contribute to the poor health status of African Americans in West Virginia. Some of these contributing factors include inadequate physical access to health care, insufficient knowledge of services and facilities, and insensitivity of health professionals to cultural issues, behaviors, and attitudes, which inhibit the ability of minorities to receive quality healthcare services.

Kanawha County African American Population

Kanawha County is located in the state of West Virginia. Its county seat is Charleston. Kanawha County is the most populous county in the state of West Virginia.

Geography

According to the U.S. Census Bureau, the county has a total area of 911 square miles (2,359 km²), of which, 903 square miles (2,339 km²) of it is land and 8 square miles (20 km²) of it is water.

Demographics

According to the 2008 census estimate, 191,018 people, 86,226 households, and 55,960 families reside in the county. The population density was 222 people per square mile (86/km²). There were 93,788 housing units at an average density of 104 per square mile (40/km²).

There were 86,226 households, of which 26.5 percent had children under the age of 18 living with them, 49 percent were married couples living together, 12.3 percent had a female householder with no husband present, and 35.1 percent were non-families. 30.8 percent of all households were made up of individuals and 12.5 percent had someone living alone who was 65 years of age or older. The average household size was 2.28 and the average family size was 2.84.

The age distribution was 21.3 percent under the age of 18, 8.4 percent from 18 to 24, 28.1 percent from 25 to 44, 25.6 percent from 45 to 64, and 16.5 percent who were 65 years of age or older. The median age was 40 years. For every 100 females there were 90.7 males. For every 100 females age 18 and over, there were 87.1 males.

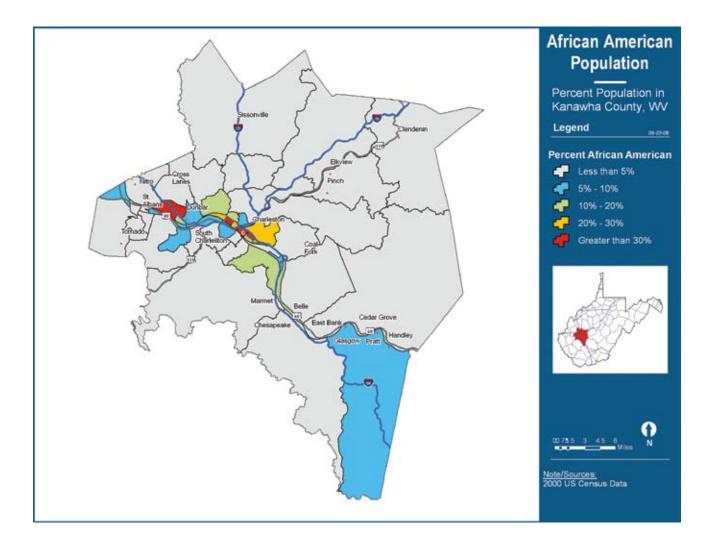
Income

The median income for a household in the county was \$33,766, and the median income for a family was \$42,568. Males had a median income of \$33,842 versus \$24,188 for females. The per capita income for the county was \$20,354. About 11.2 percent of families and 14.4 percent of the population were below the poverty line, including 20.6 percent of those under age 18 and 10.5 percent of those ages 65 or over.

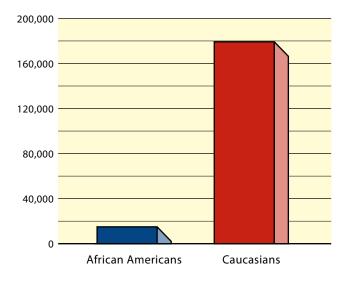
People of Color

According to 2005--2007 American Community Survey data, the racial makeup of the county was 89.1 percent White, 7.9 percent Black or African American, 0.1 percent Native American, 1.1 percent Asian, 0.1 percent Pacific Islander, 0.21 percent from other races, and 1.4 percent from two or more races. Hispanics or Latinos of any race made up 1.6 percent of the population.

This report is concerned mainly with Africans Americans. A substantial portion of the African American population resides in five areas of the county. They are the West Side of Charleston, East End of Charleston, Rand, St. Albans and the West Dunbar/Institute area in the western part of the county. See Map.



Kanawha County Population by Race 2005-2007



The State of West Virginia is overwhelmingly Caucasian, with 95 percent White, 3.2 percent African American and 1.8 percent other races. Kanawha County has the largest population of African Americans of any county in the state and the third highest concentration at 7.48 percent.

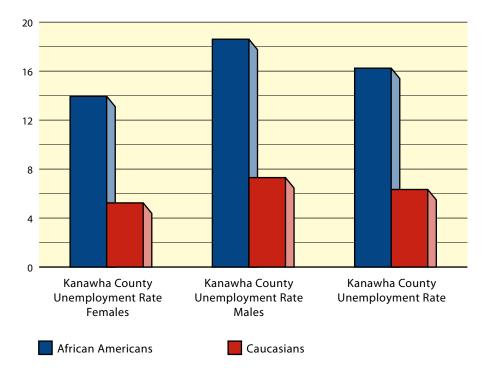
Total Population in Kanawha County

Kanawha County Caucasian Population—172,113 Kanawha county African American Population—14,357 89.62% Caucasian 7.48% African American

Source: American Community Survey 2005—2007—3 Year estimates

Employment and Income

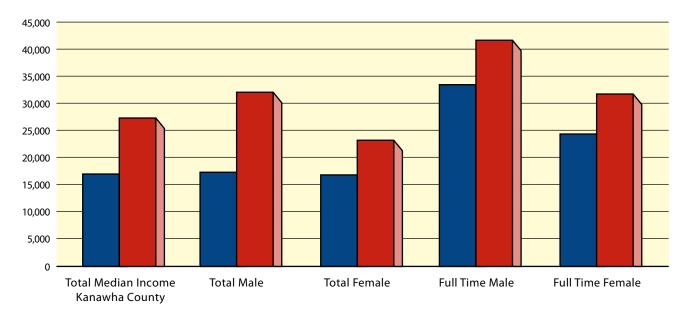
Unemployment Rates



Source: American Community Survey 2005—2007—3 Year estimates

Total Kanawha County African American Unemployment Rate
Unemployment Rate for Kanawha County African American Males 18.6% Unemployment Rate for Kanawha County Caucasian Males
Unemployment Rate for Kanawha County African American Females 13.9%

Unemployment Rate for Kanawha County African American Females 13.9% Unemployment Rate for Kanawha County Caucasian Females 5.2%



Caucasians

Kanawha County Median Earnings Range

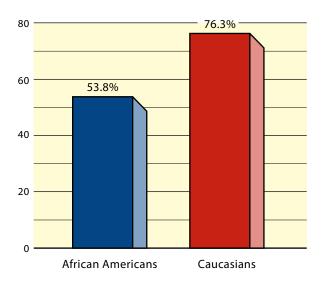
African Americans

Source: American Community Survey 2005—2007—3 Year estimates

Kanawha County Total Median Earnings Blacks
Kanawha County Median Earnings Black Males
Kanawha County Median Earnings Black Females \$16,759 Kanawha County Median Earnings Caucasian Females \$23,100
Kanawha County Median Earnings Full Time Black males
Kanawha County Median Earnings Full Time Black Females

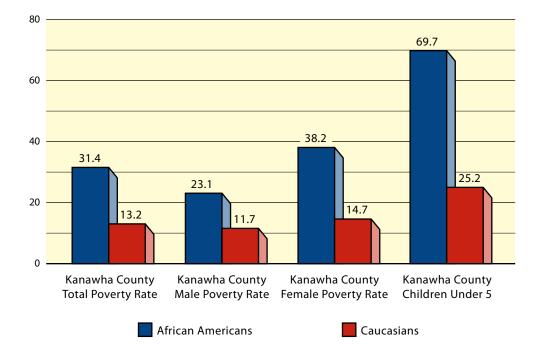
Kanawha County 2006 Housing and Mortgage Statistics





Source: Freddie Mac 2008

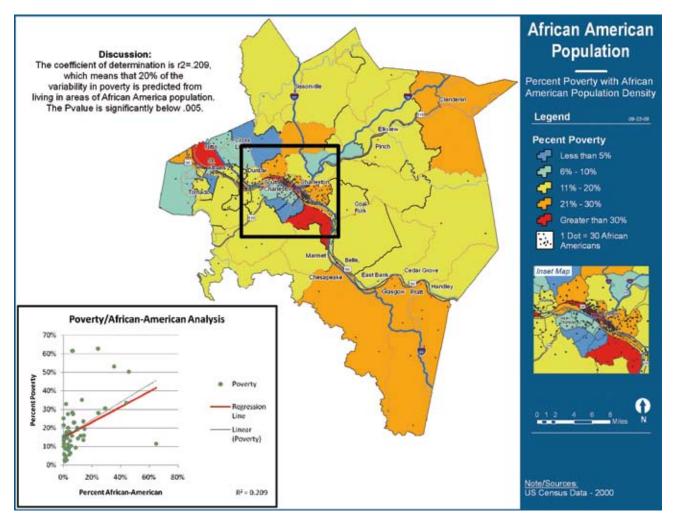
Kanawha County Poverty Levels



Source: American Community Survey 2005—2007—3 Year estimates

Total Kanawha County Poverty Rate African American31.4%Total Kanawha County Poverty Rate Caucasian13.2%
Kanawha County Poverty Rate African American Males
Kanawha County Poverty Rate African American Females
Kanawha County Poverty Rate African American Children under 569.7% Kanawha County Poverty Rate Caucasian Children under 525.2%
African American children tended to live in households with lower incomes than non- African American children. Almost three quarters (69.7 percent) of

than non-African American children. Almost three quarters (69.7 percent) of African American children lived in households with annual incomes of less than \$10,000, compared to 15.5 percent of non-African American children. African American children were also more likely (72.3 percent versus 63.1 percent) to live in households with annual incomes below 200 percent of the federal poverty level (FPL).

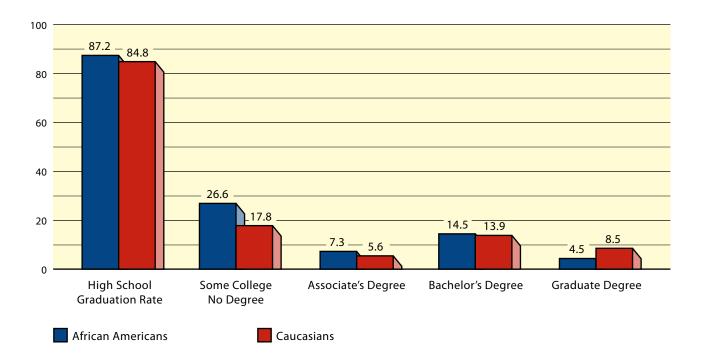


This map shows the increase in poverty levels in African American neighborhoods.

Education

Kanawha County Education Attainment Over 25 2005-2008

	African American	Caucasian
Less than 9th Grade	3.4%	4.9%
9th to 12th, No Diploma	9.5%	10.3%
High School Graduate	87.2%	84.8%
Some College–No Degree	26.6%	17.8%
Associates' Degree	7.3%	5.6%
Bachelor's Degree	14.5%	13.9%
Graduate Degree	4.5%	8.5%



Source: American Community Survey 2005—2007-3 Year Estimate

African Americans 25 and over completed more years of education than Non-African Americans. Over one quarter (26.6 percent) of African Americans had completed some college compared to 17.8 percent of whites.

Education Achievement Gap

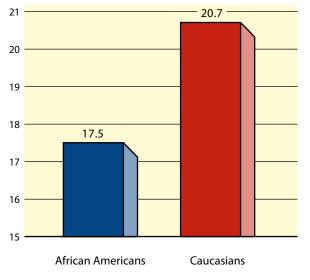
The No Child Left Behind (NCLB) Act of 2001 required assessment in reading and mathematics in grades 3 to 8 and one grade at the high school level. These assessments continue from year to year demonstrating the academic achievement gap existing between Black students and their White peers.

The following data are from the "2007-08 NCLB Report Card from Kanawha County."

Percent of Students at or above Mastery Level

	All	White	Black	Hispanic	Asian
Percent Proficient Reading					
2005-2006	79.9	81.5	68.4	68.3	88.4
2006-2007	79.8	81.3	68.7	75.4	94.2
2007-2008	80.1	81.1	72.2	72.6	92.0
Percent Proficient Math					
2005-2006	74.1	76.2	57.2	66.7	93.2
2006-2007	72.8	74.9	56.9	66.2	93.1
2007-2008	73.4	75.0	61.3	65.1	91.5
Percent Proficient Science					
2005-2006	83.5	85.5	68.3	77.8	94.2
2006-2007	83.4	85.4	69.1	73.4	94.2
2007-2008	84.4	86.0	72.9	83.8	93.0
Percent Proficient Social Studies					
2005-2006	74.7	77.0	57.9	65.5	87.0
2006-2007	74.3	76.6	58.0	59.7	88.4
2007-2008	74.8	76.8	59.8	71.4	88.4

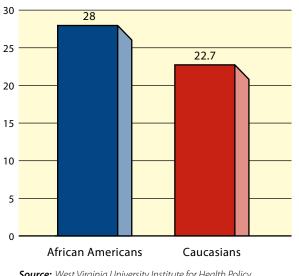
ACT Composite Scores Out of 36 Points Possible (2009)



Source: West Virginia Department of Education West Virginia Education Information System (WVEIS) African American student composite scores slightly increased from 17.3 to 17.5 over a 5-year period. Although there was an increase, their scores were less than the state average of 20.1 and most do not meet the WV Promise Scholarship requirements of an overall composite score of 22.

Health Care Access

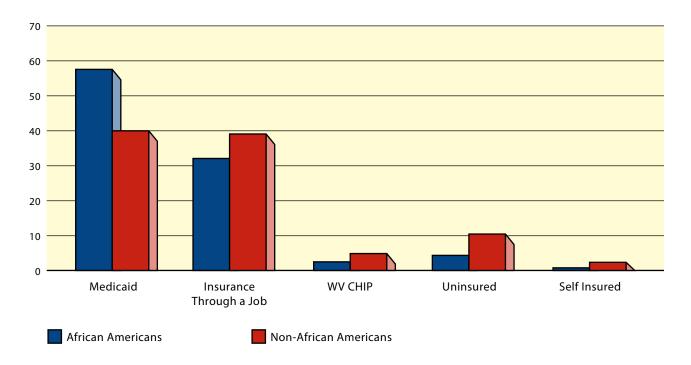
West Virginia Uninsured by Race



Source: West Virginia University Institute for Health Policy West Virginia Healthcare Survey 2001 A total of 28 percent of African American West Virginians lacked health care coverage while 22.7 percent of white residents had no coverage. If they had health insurance, African American adults were more likely to have public employer health insurance, Medicaid, and self-purchased health insurance. Caucasian adults were more likely to have health insurance through a private employer.

Health Insurance Coverage for Children 0-18

Insurance Type	Percent of African American Children with this Type of Insurance	Percent of Non-African American Children with this Type of Insurance
Medicaid	57.5	39.8
Insurance through a Job	32.2	39.1
WV CHIP	2.5	4.9
Self Purchased	1.0	2.3
Uninsured	4.5	10.4

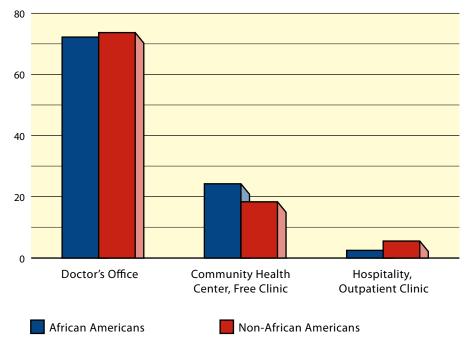


Source: West Virginia University Institute for Health Policy West Virginia Healthcare Survey 2003

African American children are least likely to be uninsured. Most are enrolled in Medicaid (57.5 percent). However, African American children were less likely to be enrolled in the WV CHIP program. African American children were more likely to be diagnosed with a chronic health condition.

Children 0-18 Usual Place of Care

Place of Care	Percent of African American Children as Their Usual Place for Care	Percent of Non-African American Children as Their Usual Place for Care
Doctor's Office	72.1	73.6
Community Health Center or Free Clinic	24.3	18.4
Hospital Outpatient Clinic	2.6	5.7

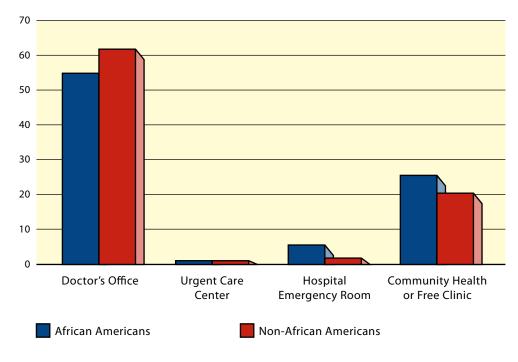


Source: West Virginia University Institute for Health Policy West Virginia Healthcare Survey 2003

African American children are more likely identified with community health centers or local clinics as their usual place for care. Although most children received the medical care that they needed, 1.3 percent of African American children did not receive the needed care.

Adults Age 19-64 Primary Care Providers

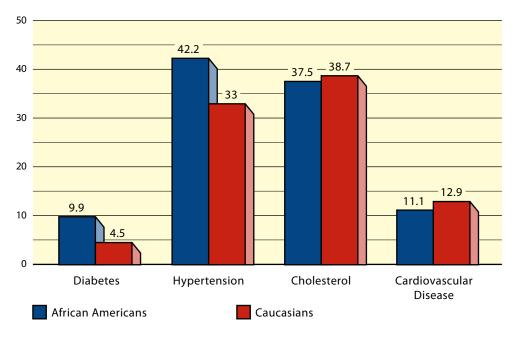
Place of Care	Percent of African American Adults as Their Usual Place for Care	Percent of Non-African American Adults as Their Usual Place for Care
Doctor's Office	54.8	61.8
Urgent Care Center	1.2	1.3
Emergency Room	5.5	1.8
Community Health Center or Free Clinic	25.4	20.5



Source: West Virginia University Institute for Health Policy West Virginia Healthcare Survey 2003

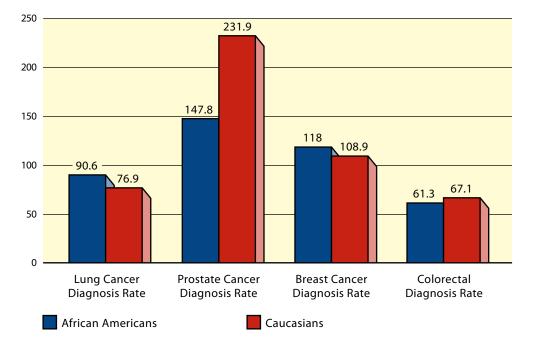
African Americans were more likely to have seen physician assistants or health care practitioners. African Americans are more likely to have a hospital emergency room or a free clinic as their Usual Site of Care, while non-African American adults visited a Doctor's office.

Prevalence of Disease Diagnosis by Race



Source: West Virginia Bureau for Public Health Office of Epidemiology & Health Promotion Health Statistics Center

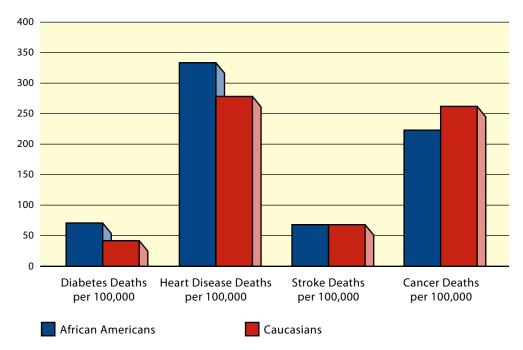
In West Virginia, about 9.9 percent of African American Adults have diabetes, more than double the rate of their white counterparts. African Americans have a higher rate of hypertension at 42.2 percent compared to 33 percent for Whites. Cholesterol levels for African Americans are lower than Caucasians by 1 percent. African Americans contract cardiovascular disease at a lower rate but have a higher mortality rate.



Average Annual Cancer Diagnosis/Incidence Rates by Race

Source: West Virginia Bureau for Public Health Office of Community Health Systems & Health Promotion

County Disease Prevalence Mortality Rate



Source: West Virginia Bureau for Public Health Office of Epidemiology & Health Promotion Health Statistics Center

Diabetes

Diabetes presents a major health problem in West Virginia especially among the state's African American residents. The diabetes mortality rate of African Americans residing in Kanawha County is 71.8 per 100,000 and the county's white residents mortality rate is 43.1 per 100,000.

Heart Disease

African Americans in West Virginia are more likely to die from heart disease than their White counterparts. African Americans residents of Kanawha County had a heart disease mortality rate of 334.5 deaths per 100,000 populations, compared with 278.8 deaths per 100,000 among Caucasian residents.

Stroke

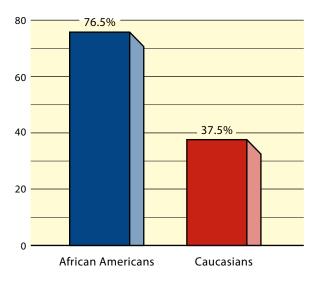
African Americans in Kanawha County are slightly more likely to die from a stroke than whites. The mortality rate from stroke among African Americans in the state was 68.0 deaths per 100,000 population, the rate among the states white population was 67.7 per 100,000 population.

Cancer

African Americans had a cancer mortality rate of 223.4 deaths per 100,000 population, the rate among white residents was 263.7.

Pregnancy

Percentage of Unmarried Births by Race of Mother

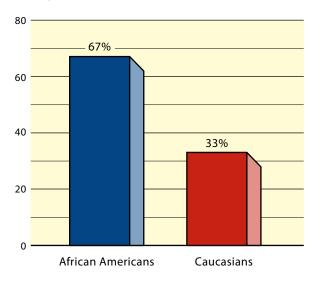


Source: West Virginia Bureau for Public Health, Health Statistics Center

75.6 percent of African American women in West Virginia gave birth as single women. 37.5 percent of White women gave birth as single women.

Possible Unplanned Pregnancy Rates by Race

Rates per 1,000 females



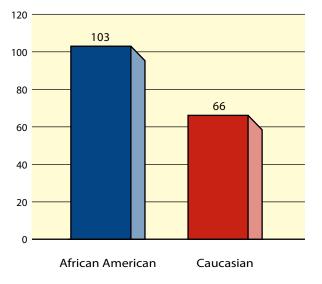
Unplanned pregnancy reduces the opportunity for healthy maternal behavior such as optimum pre-natal care and adequate child spacing. Unplanned pregnancy lies behind the majority of abortions. Children born as the result of unplanned pregnancy are at greater risk of:

- Low birth weight
- Preterm birth
- Lower cognitive scores on a range of measures

Source: The Alan Guttmacher Institute. (2004). U.S. teenage pregnancy statistics: Overall trends, trends by race and ethnicity and state-by-state information.

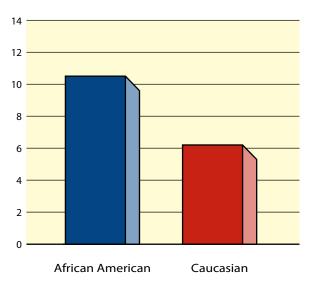
Teen Pregnancy by Race

Rates per 1,000 females of the same race



Source: The Alan Guttmacher Institute. (2004). U.S. teenage pregnancy statistics: Overall trends, trends by race and ethnicity and state-by-state information) Teen pregnancy in West Virginia is disproportionately higher among the state's African American population with 103 pregnancies per 1,000 African American teens versus 66 pregnancies per 1,000 White teens.

Infant Mortality Rates by Race Infant deaths per 1,000 births



Despite the fact that infant mortality rates have decreased among all races over time, a significant disparity between African American and white infants has remained, with African American infants dying at a consistently higher rate than white infants in both the state and the nation.

Kanawha County Infant Mortality rates for **African Americans 10.5 per 1,000 births.**

Kanawha County Infant Mortality rates for **Caucasians 6.2 per 1,000 births.**

Source: Bureau for Public Health Office of Health Statistics Center, 2006

Kanawha County Recreation Facilities

City of Charleston Recreation Centers Offer:

- Youth Lounge offers billiards, foosball and air hockey, and a variety of board games are available for check out.
- Weight Rooms offer a wide variety of strength-training equipment.
- Fitness Labs have treadmills, exercise bikes and cardio glide machines.
- Ladies-only Fitness Lab at North Charleston Community Center
- Gymnasium open for public use, unless being used for scheduled activities.

Kanawha County Parks Offer:

 Playground Areas, Asphalt Tennis Courts, Athletic Fields, Basketball Courts, Swimming Pools, and Walking Tracks.

Facility	Address	Phone
City of Charleston Recreation Centers		
Chandler Neighborhood Center	2000 Arnold Drive, Charleston	304-348-8068
Paul Dunbar Recreation Center	100 Second Avenue, Charleston	
North Charleston Community Center	2009 7th Avenue, Charleston	304-348-6884
Kanawha City Community Center	3511 Venable Avenue, Charleston	304-348-6484
Roosevelt Neighborhood Center	502 Ruffner Avenue, Charleston	304-348-0529
Martin Luther King Jr. Community Center	314 Donnally Street	304-348-6404
City of Charleston Parks (Walking)		
Hadadd Riverfront Park		304-348-6860
Magic Island		304-348-6860
Daniel Boone		304-348-6860
Cato Park		304-348-6860
Kanawha County Parks		
Shawnee Park	Route 25, Dunbar	304-341-8030
Coonskin Park	Greenbrier St. Charleston	304-341-8000
Pioneer Park	Route 61 East Bank	304-949-3500
Meadowood	Coal River, Tornado	304-341-8000
State Park		
Kanawha County Kanawha State Forest	R5, South Charleston	304-558-3500

Conclusion

The data in this report confirm what many in the African American community have suspected, observed, and lived for years. There are disparities in any area of society that one chooses to investigate. These disparities are severe and are perpetuated by systemic inequality, which desperately needs to be changed.

Community-based health promotion programs, such as health fairs, smoking cessation programs, exercise classes, cooking demonstrations, and chronic disease self-management approaches, permeate the public health landscape. These efforts have their place, but are insufficient by themselves. In many instances, these are after-the-fact solutions and only serve as mitigating factors in limiting the devastation caused by underlying social determinates. Therefore, it is important to understand that programmatic implementation alone will not substantially improve the health status of African Americans. A more refined systemic, environmental, and structural change process is definitely needed.

Race and Ethnic Approaches to Community Health (REACH) seeks to be a process for such change. REACH works to ensure that there are fresh vegetables available in communities of color, that facilities exist for exercise programs and that those suffering from a chronic disease accept the responsibility for self management. However, REACH also argues that when African Americans in Kanawha County earn 38 percent less than whites, when 69 percent of children under five live in poverty and when the infant mortality rate for African Americans is almost twice that of whites, much more needs to be done.

The data in this report do not indicate or suggest an either/or approach when it comes to programmatic implementation versus a social determinant of health change process. What the data indicates is there are areas where specific policy change is needed. These changes need to occur at the agency as well as the state level. Further, the community must be an integral part of the development and implementation of these changes. The specific recommendations for policy change are listed in the next section.

Policy Recommendations

Office of Minority Affairs

The data in this report indicate the conditions in which African Americans live in the state of West Virginia in general and Kanawha County in particular. Efforts to address these issues at the agency level are sporadic at best and in many instances nonexistent. What is needed is a state Office of Minority Affairs charged with coordinating agency level policies and programs to eliminate the aforementioned problems.

State Earned Income Tax Credit

Poverty rates for African-Americans in Kanawha County are nearly three times as a high, and incomes are nearly half compared to Whites. At the federal level, the Earned Income Tax Credit (EITC) has been one of the most successful anti-poverty and pro-work polices ever enacted. Each year the federal EITC pulls thousands of families in West Virginia out of poverty. West Virginia could build on the success of the national EITC by joining the 24 other states that have adopted a state EITC. A State EITC would further remedy the problem by supplementing income and improving tax fairness. This could mean the difference between economic security and poverty for a number of African Americans families in Kanawha County. For more information on a State EITC go to www.wvpolicy.org or www.wvasf.org/abi.

Taking Full Advantage of the Recovery Act: Unemployment Insurance Modernization and Emergency TANF Funds

The unemployment figures presented in the report represent three-year averages (2005-2007) and do not reflect the current severe decline in employment since 2008. Since the recession began in November 2008, Kanawha County has lost approximately 5,000 jobs (August). The unemployment rate in the county for African Americans is 10 percentage points higher than Whites. This means the economic downturn will disproportionally impact the minority community. One policy solution that would partly mitigate this problem would be to modernize our state unemployment insurance system.

The American Recovery and Reinvestment Act (ARRA) of 2009 provides the state with \$22 million if it adopts at least two improvements to its Unemployment Insurance system by September 2011. These improvements could include allowing part-time workers and those with compelling family reasons to be eligible for benefits. For more information, see: Paul Miller, "Unemployment Insurance Modernization: \$33 Million at Stake for WV Workers," WV Center on Budget and Policy, March 2009; available at http://www.wvpolicy.org/ downloads/2009session/UnempPoints030609.pdf

ARRA also provides additional funding that could help employ more African Americans in Kanawha County. The TANF Emergency Fund, which is currently untapped by our state, could allow the state or another entity to create a subsidized employment program that specifically targets low-income communities. For instance, the state of New York used the funds to create a "Green Jobs Corps" program that provides "provide public assistance recipients and other low-income individuals with employment opportunities in "green jobs." For more information, see http://www.otda.state.ny.us/main/ directives/2009/LCM/09-LCM-09.pdf

Data Collection

There is not one single data-gathering agency that collects scientifically significant data on the state's African American population. The Department of Health and Human Resources should over-sample those counties that have substantial African American populations so that current data are always available on this minority population.

Education

Data demonstrate the academic achievement gap that exists between African American students and their peers beginning on an early elementary school level. Therefore, it is essential we address the achievement gap as early as possible through a two-pronged approach. The first step is to reauthorize House Bill 4669 on continuing professional school development and to allocate more funds to provide academic enrichment programs in locations where there are concentrations of poor and minority students, including more early pre-school programs and after-school programs. On a county level the school boards should continue efforts to aggressively recruit minority teachers, and other professionals to work in the school system and they should be given greater flexibility to employ teachers who are trained or experienced in working with African American families.

The second step is an effort to ignite and empower African American communities, specifically parents and guardians of school age children. We recommend the establishment of one-stop family advocacy centers in communities with a high concentration of African American students. Center staff would be trained to assist parents/guardians in navigating the education and healthcare systems. They would serve as a resource providing information and support to assist families in overcoming obstacles that prevent them from taking a more proactive role in the education of their child.

Economic Development

The Neighborhood Housing and Economic Stabilization Program for low-income minority neighborhoods (HB 2950) was passed in the 2008 legislative session. This initiative should be expanded to include the thirteen counties in the state that contain eighty five percent of the African American population. If this initiative is expanded and properly funded it would be extremely effective in eliminating many of the conditions stated in this report.

The Partnership of African American Churches (PAAC)

is a 501 (c) 3 collaborative, non-profit, faith based community development corporation, based in Charleston, WV. While PAAC serves all communities, it intentionally targets African American communities in West Virginia. The PAAC is a specific initiative driven organization focusing on holistic health which encompasses, education, physical health-absence from disease, economic, crime prevention and integrating comprehensive youth development intrinsic to its core programmatic solutions.

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