



# **Younger Generations Health Project**

# Introduction

## Research Question

- What is the problem of maintaining health and other demographic data on Urban Appalachians as the third-, fourth-, and fifth-generations come along? How do we solve this problem?

## Purpose

- Identifying perceived health issues of the younger generations as well as ways to identify younger generation Urban Appalachians.

## Progress

- Conducted 6 key informant interviews, participated in 2 story circles, reviewed existing literature



# Physical Health Issues

- Cancer (Colon, Lung, Leukemia)
- Breathing issues (Asthma)
- Diabetes (Mostly type 2, some type 1)
- Strokes/ Heart attack
- Cardiology problems/ Blood clots/ Blocked Arteries
- High blood pressure/ high cholesterol
- Brain bleeding/ Brain damage
- UTIs
- Cysts
- Hernias
- Cirrhosis of the liver
- Back issues
- Cystic fibrosis
- Mesothelioma
- Hunger
- Poisoning due to pollution (Queen City Barrel), lead paint
- COVID-19
- Drug Addiction/ Babies being born addicted due to parental use
- Congenital defects/ genetic abnormalities
- COPD
- Tooth decay
- Cavities
- Bad dental alignment
- Temporomandibular Disorders
- Surgeries and complications due to surgeries (botched surgeries) for above mentioned problems

# Mental Health Issues

**Anxiety is perceived to be more prevalent among younger generations and to be increasing since the pandemic. Depression is believed to be more prevalent among Urban Appalachians than other populations. Addiction is seen as a rising and ongoing concern. Key point: Mental illness is not necessarily, and is often not, formally diagnosed.**

## **Illnesses/Disorders:**

- Anxiety
- Depression (Major Depressive Disorder)
- Suicidality
- Eating Disorders
- Trauma (PTSD)
- Panic Attacks
- Addiction/ Chemical Dependency (more so among adults and teens)
- Gender Dysphoria (more so among children and teens)
- Bipolar Disorder (more so among adults and teens)
- Personality Disorders (more so among adults)
- OCD
- ADHD/ ADD
- Dyslexia

## **Conditions:**

- Autism
- Down Syndrome

## **Societal Causes:**

- Domestic Violence/ Abuse/ Neglect
- Bullying
- Addiction
- Generational Poverty
- Joblessness
- Military service

# Causes of Illness/ Death

- Post-industrial decline
- Joblessness
- Poverty
- Addiction (including alcohol and cigarettes)
- Poor Diet/ Lack of access to good food (food deserts)
- Lack of education/ knowledge/ awareness
- Lack of access to resources
- Lack of opportunity and healthy outlets
- Lack of parental/family support
- Accidents (car/vehicle accidents, overdose, on the job accidents for adults, bad falls, Sudden infant death syndrome from unsafe sleeping habits)
- Abuse/ neglect
- Congenital defects/ genetic abnormalities
- Undiagnosed mental illness
- Parents not making health choices for their children



# Barriers to Healthcare



## Financial:

- Getting and managing insurance is difficult; people lack access to good (or any) insurance
- Government healthcare is not necessarily good
- Lots of insurers (including Medicaid and Buckeye) don't cover dental
- Lack of work flexibility
- Lack of employment
- Cost of care is too high/ Lack the needed wealth

## Accessibility:

- No doctors in the neighborhood anymore
- Lack of Transportation
- Low number of available hospital beds
- The good doctors don't come to Appalachian communities because they won't make much money
- Nearly impossible to get appointments during the school day (kids miss school, parents miss work)
- Long wait times to get appointments/ see doctors/ have medical info transferred or reviewed
- Rehab programs won't take people because the patient is either too strong or not strong enough for the program, no middle ground

## Cultural:

- Lack of trust in doctors/ anxiety around the medical field
- Anxiety about a possible diagnosis
- Opting to trust tradition and what is familiar
- People wait too long to see doctors
- People not socialized to go to doctors/ Not socialized to get preventative care
- Generational predispositions against going to the doctor

## Past Poor Treatment:

- Past medical malpractice
- Not being listened to by doctors
- Not wanting to see the doctor because of past poor treatment because of:
  - How you talk
  - Your accent
  - Where you are from
  - Your weight (Might be seeing doctor for something completely unrelated to your weight but your doctor focuses on your weight)

# Tracking

## **How Urban Appalachians are Historically Identified:**

- Through conversation and learning about the individual's life and family history
- Knowing the person/ knowing a person's family/ if the person is part of their own family
- Genealogical research

## **Issues in identifying:**

- Language used (Appalachian vs from the Mountains)
- Still some stigma in identifying as Urban Appalachian
- Future generations (3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>) don't feel comfortable identifying as Appalachian because they didn't have the same life experiences as their Appalachian family members

# Potential Ways to Conduct Future Research

- Need List of all units in the population (list of addresses in the neighborhoods) use random selection technique, try to contact selected households and try to get them to respond to your survey (web-based, door to door, or phone)
- Get data on whoever we can get and make sure I have pretty good ideas of current residence, but also get the name(s) of a close friend(s) and phone number(s) so we can try to recontact them in five years and if we can't find them, we have their friend to try to find out where they are, can ask the same questions and get idea of how health and wellbeing have changed over time
- Accelerated cohort design, when there's a plan for a reinterview of the same people over time. For example, interview 8, 10-, 12-, 16-, and 18-year-olds to get the span, and when you reinterview them, you'd have all the people 2-6 years later





# Conclusion

- Lots of lung issues across the board
- Not a lot of alcohol use among younger generations, but a lot of marijuana use
- Lots of trauma among younger generations
- Not too many stable families
- Younger people do tend to be healthier due to mandatory school programs and the presence of clinics in schools
- Increase in violence and bullying
- Seems like young people these days are having less safe sex and having sex earlier, reverse in reproductive rights and access to birth control
- Young people seem to be more comfortable seeing doctors, including getting more screenings
- Perceived increase in birth defects
- Perception of education getting worse and electronics leading to more misinformation
- Women's health is being talked about more
- There is more awareness about the problems facing the neighborhoods now than ever

**Questions?**