

Policy brief:

Black Health in Washington State

Black health is a public health crisis



Every 7 minutes, a Black person dies prematurely in the United States.¹



That is 200 Black people dying every day who would not die if the health of Black and white people were equal.¹

- Black Americans fare the worst or are among the worst for key health indicators including: maternal mortality, infant mortality, asthma rates, cancer rates, food insecurity, evictions, homelessness, unemployment, COVID-19 cases, and overall life expectancy.



Infants born to Black birthing people died at 2 times the rate of King County overall.²



Black Washingtonian HIV rates are six times higher compared to whites.³



Black Washingtonians have the highest rates of hypertension.³



Black Washingtonians have some of the highest obesity prevalence rates.³

- What can we do to create healthy systems to promote growth, aging, and a life of abundance for our youth? **These overdue changes are what we are looking for in 2022.**

Black-led is the way forward



- 80-90% of health outcomes are driven by the social determinants of health.⁴ Even the CDC's Health Impact Pyramid emphasizes that focusing on the social determinants of health has the greatest potential impact.⁵ Health disparities are not solely driven by genetics or race, but rather the conditions in which people are born, grow, live, work, and age.
- Community-led is widely recognized as gold-standard public health practice.
- By tapping into our lived experiences and strengths, community-driven research moves the community forward in reshaping systems of power that do not serve us.
- Tubman Center for Health & Freedom is a Black-led organization seeking to establish a network of highly-connected clinics across the region that are tailored to the needs of all people marginalized by mainstream medicine. Currently, Tubman Health is working on its Capital Campaign to raise \$30 million to establish its flagship clinic in South Seattle. Learn more about their work at tubmanhealth.org.
- African American Health Board is proposing and building capacity to complete a state-wide Black Community Health Needs Assessment. Learn more about their work at aahbwa.org/.



- Only 1.9% of NIH Research Project Grant Program grantees are African American.⁶
- Less than 2% of federal COVID recovery funding went to Black-owned organizations.⁷
- As a result of the Great Recession (2008), lawmakers in Washington State cut more than \$10 billion from foundational public services, including public health.⁸ These cuts, and the absence of progressive community investments, have harmed the health and well-being of people across Washington. Now, exacerbated by the COVID-19 pandemic; Black, Indigenous, and other communities of color bear the brunt.
- Amidst the COVID-19 pandemic, how have resources (e.g., federal ARPA dollars) been used to address the health of communities most marginalized by the current system? **Let's make these funds accessible to community-led efforts to address health disparities.**

Community workforce development



- Based on 2008 data, only 1 percent of physicians in Washington identify as Black/African American.⁹
- Racialized weathering is real and impacts Black people on the cellular level. In one study, exposure to discrimination and segregation during the juvenile years predicted adult inflammation.¹⁰ Black people face racism in all aspects of life, including when at work, trying to provide for their families. Disrupting inequities will require us to think beyond the traditional domains of health policy. We need to take care of our workers.
- Racial concordance between healthcare providers and patients has been found to improve communication, patient satisfaction, and health outcomes.¹¹ We must resource healthcare workers from our community.
- We know that all students do better when they have a Black teacher,¹² and all patients have better health outcomes when they are treated by a Black health care provider. Black doctors are more likely to provide healthcare in underserved areas, treat a higher proportion of Medicaid patients, and provide higher quality of care for Black patients than non-Black doctors.¹³
- With a premier institution, the University of Washington, in our backyard, what pathways are we creating to resource our workforce from the community?

Other barriers in the current system

- **Medical mistrust** in the Black community, the result of racism and exploitation, is interfering with health-seeking behaviors.¹⁴
- Insurance reimbursement is an issue across the board. Insurance coverage continues to be a barrier to accessing the methods of care that our community wants and needs.
- D4A coalition and Seattle Indian Health Board are independently working on Medicaid reimbursement policy. Surge Reproductive Justice is advocating to establish birth doulas as a profession in Washington as a pathway to allow for reimbursement.
- A 2017 study showed that if a birthing person has continuous labor support, as doulas provide, it leads to better outcomes for the birthing person and the baby.¹⁵

1. Williams, D. R. (2016). *How racism makes us sick*. TED. Retrieved December 9, 2021, from https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick?utm_campaign=tedsread&utm_medium=referral&utm_source=tedcomshare.
2. *Birth data - vital statistics*. (2015). Washington State Department of Health. (n.d.). Retrieved December 9, 2021, from <https://www.doh.wa.gov/DataandStatisticalReports/HealthStatistics/Birth>.
3. *State Health Assessment*. Washington State Department of Health. (2018). Retrieved December 9, 2021, from <https://www.doh.wa.gov/DataandStatisticalReports/StateHealthAssessment>.
4. Adler, K. G. (2018, June 1). *Screening for social determinants of health: An opportunity or unreasonable burden?* Family Practice Management. Retrieved December 9, 2021, from <https://www.aafp.org/fpm/2018/0500/p3.html#:~:text=Consider%20that%2080%20percent%20to,major%20contributor%20to%20health%20outcomes>.
5. Centers for Disease Control and Prevention. (2018, October 19). *Health impact in 5 years*. Centers for Disease Control and Prevention. Retrieved December 9, 2021, from <https://www.cdc.gov/policy/hst/hi5/index.html>.
6. Bernard, M. A., Johnson, A. C., Hopkins-Laboy, T., & Tabak, L. A. (2021, November 11). *The US National Institutes of Health Approach to Inclusive Excellence*. Nature News. Retrieved December 9, 2021, from <https://www.nature.com/articles/s41591-021-01532-1>.
7. Black community owned health Institutions. King County Equity Now. <https://www.kingcountyequitynow.com/blog/invest-in-black-health-institutions/>.
8. Babayan M. Now is the time to invest in the health of Washington's people and communities. Budget and Policy Center. <https://budgetandpolicy.org/schmudget/now-is-the-time-to-invest-in-the-health-of-washingtons-people-and-communities/>. Published July 22, 2020.
9. *Washington state's practicing physician workforce*. (2010). Retrieved December 9, 2021, from <https://ofm.wa.gov/sites/default/files/public/legacy/researchbriefs/2010/brief058.pdf>.
10. Discrimination, segregation, and Chronic Inflammation: Testing the Weathering explanation for the poor health of Black Americans. Developmental Psychology. <https://eric.ed.gov/?id=EJ1192004>. Published September 30, 2018.
11. Racial diversity in health care workforce leads to improved outcomes in minority populations. Robert Graham Center - Policy Studies in Family Medicine & Primary Care. <https://www.graham-center.org/rgc/press-events/press/all-releases/011921-racial-diversity-health-care-workforce-improved-minority-pop-outcomes.html>. Published January 19, 2021.
12. *The long-run impacts of same-race teachers Seth ... - NBER*. (2021). Retrieved December 9, 2021, from https://www.nber.org/system/files/working_papers/w25254/w25254.pdf.
13. *Why black patients treated by Black Doctors Fare Better*. Roman HealthGuide. (2021, March 13). Retrieved December 9, 2021, from <https://www.getroman.com/health-guide/black-doctors/>.
14. Jacobs EA, Rolle I, Ferrans CE, Whitaker EE, Warnecke RB. Understanding African Americans' views of the trustworthiness of physicians. *Journal of general internal medicine*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924632/>. Published June 2006.
15. Bohren MA; Hofmeyr GJ; Sakala C; Fukuzawa RK; Cuthbert A; (n.d.). *Continuous support for women during childbirth*. The Cochrane database of systematic reviews. Retrieved December 9, 2021, from <https://pubmed.ncbi.nlm.nih.gov/28681500/>.