



Health



Health is holistic well-being. It reaches beyond the physical and into the mental, emotional, and spiritual. When the conditions for health in all of those realms take place, health is the natural result. It asks us to imagine what life is like when we are truly flourishing. Many Black Washingtonians are working around what currently exists to get there, further underscoring the need for Black-owned health centers.

Contextual Factors Related to Health

Known, ongoing racism is built into medical practice. Medicine is a practice. And “modern” medicine was built on practices of racism, the destruction of non-white knowledge and knowledge systems, and ableism. The saying goes, when you know better, you do better, but are we? The history of racial inferiority built into “objective” measures like kidney and lung function or pain management directives are not new. There are too many examples to name.

Without a race adjustment for kidney function:

- 3.3 million (10.4%) more Black Americans would reach diagnostic threshold for Stage 3 Chronic Kidney Disease.
- 300,000 more would qualify for beneficial nephrologist referral.
- 31,000 more would be eligible for transplant evaluation and waitlist.¹³⁸
- Medical students at the University of Washington have raised this issue.¹³⁹

C-section deliveries are associated with higher rates of maternal mortality and severe maternal morbidity. They also cost more.

- Washington healthcare providers charge \$8,572 a vaginal birth on average and \$11,781 for a c-section.¹⁴⁰
- From 2018 to 2020 in Washington, cesarean delivery rates were highest for Black infants (34%) compared to the statewide average of 28.1%.¹⁴¹



Medical racism is taught

Not enough is being done to correct ongoing medical racism, starting with schools.

Healthcare professionals, including Black professionals, are trained using biased materials and within systems built on racist practices. They are faced with challenging professors and institutions from the time they are educated well into their careers. Passed in 2021, SB 5229 requires health equity continuing education for licensed professionals and dictates that communities most impacted are involved in developing course information.¹⁴² It's a start, but if we want to eliminate medical racism we must identify and address the ways it has been embedded into the training environment — and then internalized throughout a system, expressed in research, the day-to-day administration of care, policy, and more.

Continuing to treat the symptoms, not the root causes

Our medical system, as Black people are acutely aware, focuses on treating symptoms rather than addressing root causes. The ‘social determinants or drivers of health’ is a framework that considers the conditions that are foundational to addressing human health. Conditions like clean air, healthy housing, nutritious food, transportation, living wages, good schools, and a supportive community are all well known to be essential to our health. Clinical care, a last resort for many, is only 20% of the equation.

In a 2021 research poll, Black Americans attributed health inequities to a lack of access to quality care where they live. The second most common reason was environmental factors.¹⁴³ New local data shows how racist urban planning decisions made decades ago (i.e., redlining) continue to negatively and disproportionately impact Black health in our state today through divestment and continued pollution.¹⁴⁴

Chemicals that interfere with hormones — including pesticides, plasticizers, and flame retardants — are connected to infertility and to preterm birth.¹⁴⁵ The amount of chemicals we are exposed to depends much on where we live and work and what types of products and food we can afford. Racism is functioning across all of our systems and is making us sick.

Ongoing health inequities cost everyone, especially us

The real cost of health care includes things like the cost of healthy food and the cost of living in low-pollution, transit accessible neighborhoods. Additionally, the disjointed nature of referral systems result in costly uncoordinated care. Research shows that 30% of medical costs for Black, Hispanic, and Asian Americans are excess costs related to health inequities. Direct and indirect cost of inequities cost the U.S. economy an estimated \$309 billion.¹⁴⁶ It seems obvious — our health systems have yet to operate in ways that reflect this understanding. The amount of time Black families spend looking for quality care is costly, as is navigating complex insurance rules and the out-of-pocket costs that remain. In 2017, the estimated cost of unpaid labor from caregivers was \$470 billion nationally.¹⁴⁷ It's as if our systems don't reflect the interconnected nature of our lives.

Public health leaders must leverage the full power of their own cross sector framework to protect the health of Black communities. Declarations of racism as a public health crisis do little to create accountability and better practices across the systems that directly impact our health. What we know about the impact of racism and social determinants on Black people's lives, requires public health systems to be fundamentally different.

Insurance and who “deserves” care

Since 2015, the number of people who don't have insurance has reduced from 23% to 7%. Despite 93% of Black Washingtonians having insurance, 37% of us are on Medicaid and experience gaps in coverage... so the conversation on universal healthcare continues.^{153, 154} Insurance plans are not covering the cost of care for the things we need the most. Tubman Center for Health & Freedom completed a local study of obstacles and solutions relevant to the health of marginalized community members.¹⁵⁵ The report shows cost and racism/discrimination are the two top barriers to care.¹⁵⁶

We've been conditioned to accept that quality health care is a condition of employment, signaling that if you don't work, you don't deserve to be in excellent health. You matter beyond what you can produce. If we really believe that, then we must ensure that people receive excellent care, starting with preventative measures, no matter the amount of money they are able to pay.

Sickness as a business model

Despite attempts to move toward a pay-for-value model, our sickness is still profitable to healthcare systems. According to the Washington State Department of Commerce, the healthcare industry in our state makes over \$31.6 billion in sales.¹⁴⁸ The net income after taxes made by health carriers, or life insurance companies, in Washington state in 2020 was more than \$8.1 billion.¹⁴⁹ Until 2021, hospitals were not required to give much detail publicly in their financial reporting. In the coming years, because of E2SHB 1272 we'll have more data on where that money is expended within the system.¹⁵⁰

Plenty of research shows that prevention costs less than emergency care, yet we spend so much more on emergency care models. The healthcare sector is the largest employer in the U.S. and one of the fastest growing industries globally. It currently isn't in the financial interest of any of the 900,000+ businesses that make up the U.S. healthcare industry to ensure we have fewer sick people.¹⁵¹ In hospitals where pay equity is poor, CEOs made on average 26 times more than the average hourly worker and in some cases up to 60 times more in major teaching hospitals.¹⁵² Structural shifts in how health care is financed and administered is critical.

Community Identified Approaches to Health

As we begin to manifest the societal conditions for well-being, health care as we know it today will drastically shift. We'll be able to easily get the care we need, when we need it from people we know, love, and trust. Black researchers, scientists, care providers, and community members will work together across sectors to develop innovations built on the wisdom of our ancestors. The experience of health care will once again feel caring, loving, and supportive.

Redefine what care means

Care is not just something we deserve in crisis. It is loving attention to the conditions necessary for our well-being. Tending to our well-being requires tending to what keeps us well. It is more than a surgery, a diagnosis, or a prescription.

- Address mind, body, emotions, and spirit in all health care interactions. See all of us — we are so much more than Black bodies.
- Learn and understand our histories — individually and generationally — with deep humility.
- Help us ask the questions we don't know to ask when we seek care.
- Care for the family (blood or chosen) and community, not just the individual. We are connected.
- Fund free, ongoing therapy for Black people and families.
- Restructure systems and their many interactions to center our dignity and humanity.
- Leverage institutional power to advocate for policies that shift societal conditions to promote Black well-being — housing, employment, education, public safety.
- Support and care for Black care workers. They are doing more than their fair share.

Address ableism and racism in the health care ecosystem

Valuing health also means acknowledging all of the ways we've accepted ableist views as a fundamental part of our health care, undergirding the way our society functions. Our practices are rooted in a deep history of viewing humans, especially Black bodies, as capital.

- Create community-led accountability mechanisms to report incidents of racism. Licensure of facilities and providers should be impacted by reports of ongoing racism.
- Train providers using public health and structural competency frameworks.
- Address racism and elitism in the training environment, including curricula, teaching, and practice.
- Prioritize the very young and the very old, viewing people as integral parts of social systems.
- Fund Black-led research and give grants and scholarships to Black people to enter health fields, especially medicine, policy, and research.
- Enact government policies at every level that are comprehensive across social determinants with a specific focus on addressing racism.

Fund Black-owned, initiated, and operated care

Access is as much about physical location as it is money, language, mood, visual appeal, education, and time. Where and how care happens matters.

- Invest in Black-owned care hubs that prioritize access, social connection, and prevention.
- Invest in Black-owned behavioral health services.
- Expand Black home-based care models that pay care workers well.
- Invest in Black-owned hospice spaces to care for our elders.

Create responsive, coordinated care models that address all social determinants of health

Caring for the whole human includes addressing the mind, body, and spirit, which means forming new and different relationships among physicians, dentists, optometrists, and holistic, traditional, or spiritual practitioners.

- Build the relationships across sectors that allow providers to directly connect people to what they need (i.e., housing, dental, classes, financial aid, legal).
- Work toward coordinated billing across types of care.
- Strengthen referral systems to ensure people are not just referred but get served.
- Expand and support telehealth options.
- Make the time in appointments to ensure people understand what is being explained.
- Incorporate food, herbs, social connection, and arts as medicine.

Restructure the way insurance works and what it covers

Until we have an entirely new model of resourcing care, Tubman Center for Health and Freedom's WELL US Study outlines important changes insurance companies and managed care plans can make to support the well-being of Black Washingtonians who society has marginalized the most.

- All insurance plans, including state plans, should follow the Every Category of Provider Law.
- Add more providers in-network to improve access and choice.
- Provide premium reimbursement for providers caring for communities who society marginalizes.
- Cover the cost of vitamins, medicinal herbs, and indigenous and ancestral medicines.



Address family and community, not just the individual

The focus on the individual, the family, and the community is critical to Black well-being. We are connected. We are both individuals and part of a broader collective.

- Ask about family and community dynamics and history beyond physical manifestations of sickness and disease.
- Build provider knowledge of family resources that are culturally appropriate.
- Conduct comprehensive family assessments that include the unified expertise of multiple providers — traditional and not.
- Provide culturally responsive, community-designed resources for relationship health.
- Provide incentives to implement systemwide comprehensive approaches to integrated, holistic care.
- Invest in Black behavioral health centers that include a focus on relationship health.

Reflect well-being in employer business models and policies

Black-led organizations are beginning to prioritize our well-being over what we can produce for an employer, our community, and even our own families. Build and implement operational models and practices that produce healing, rather than constantly working to heal from systems that continue to harm us.

- Rest. Get support to rest. Support each other in taking turns to rest.
- Shift employer business models to offer rest and adequate pay, such as 4-day work weeks, flexible schedules, additional paid parental leave, and capped salary ratios.
- Implement new leadership models that build in shared power, support, and rest.
- Offer sabbaticals and respite programs for Black leaders, particularly women.
- Implement some version of guaranteed basic income.
- Increase the length of parental leave in policies.
- Stop incentivizing “grind” culture directly and indirectly. Overworking is not cute.

Thank you for spending time with this report. Throughout the process there were so many questions we asked, but couldn't yet answer. As a community, we have data to collect, discussions to hold, and connections to make. We hope you are activated by the approaches identified and the data presented.

To support collective action, please access the simple discussion guide on our website. Use it to elevate to our collaborations and organizing statewide, and in doing so, work in ways that manifest Black well-being.



