AND SO WE PRESS ON

A COMMUNITY VIEW ON AFRICAN AMERICAN HEALTH IN WASHINGTON STATE

2019 RESEARCH REPORT

"The future rewards those who press on ... I'm going to press on."

PRESIDENT BARACK OBAMA

CONTENTS

DIGGING DEEPER INTO THE NUMBERS

Curious about what the quantitative/numbers research shows about African American health and health disparities in Washington state? Take a look at Appendix I, which contains updated statewide data from the *Creating an Equitable Future* report.

INTRODUCTION

In 2017, African Americans constituted only 12 percent of opioid deaths in the United States. The overwhelming majority of those who died—78 percent—were white.[1]

In the context of many statistics that show health challenges for African Americans, having this low percentage is hopeful for our community. Digging deeper, though, the truth of the why is complicated and painful. Racism, implicit bias, and structural barriers play significant roles.

It is true that many who suffer from opioid addiction, regardless of race, have some things in common—most notably poor health and poverty, lack of opportunity, and substandard living and working conditions.[2]

But the fact is that Black patients are half as likely as white patients to be prescribed pain medications in emergency rooms—a result of efforts to curb prescription drug abuse.[3,4] In other words, this low number, at least in significant part, is due to implicit bias and the results of systemic racism.

This is but one example of the effects of bias and racism—and of dangerous assumptions about the Black body—on the health of African American men, women, and children. One recent study found that African American women die in childbirth three to four times more often that do white women, regardless of income or education.[5] Another showed that pediatricians' unconscious (implicit) attitudes and stereotypes negatively impact the treatment of Black children with asthma and ADHD.[6]

There is coming to be a recognition that racism is a key determinant in health outcomes. Racism has been shown to be a fundamental cause of racial differences in socioeconomic status. And socioeconomic status, in turn, is a fundamental cause of health inequalities. Racism also creates basic inequalities in access to resources, power, and healthcare, which affects health and longevity.[7]

The inequalities and barriers experienced by African Americans also come with a long history of unauthorized and often secret experimentation on Black bodies. This experimentation has included testing vaccines, trying new medical procedures, and intentionally not addressing the pain of Black patients.[8] Such practices have naturally created an overall distrust and wariness of the medical establishment across the Black community.

Even as these challenges exist, we can point to many reasons for hope—found both in responses to structural racism and in the strength of our community. The American Academy of Pediatrics, for example, recently recognized racism as a social determinant of health:

The American Academy of Pediatrics is committed to addressing the factors that affect child and adolescent health with a focus on issues that may leave some children more vulnerable than others. Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families.[9]

In our community, individuals are working to protect their health by educating themselves and working to find culturally appropriate providers that have strong interpersonal skills as well as technical know-how.[10] In this document you'll find many ways we're examples of how the Black community is working to better our everyday lives. So read on.

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out of 100,000 births ended in fatality for African American women, vs. 13 deaths for white women.[5]

"The tragedy of illness at present is that it delivers you helplessly into the hands of a profession which you deeply mistrust."

GEORGE BERNARD SHAW, PREFACE TO *THE DOCTOR'S DILEMMA*

INTRODUCTION

STARTING AT YOUR KITCHEN TABLE

Imagine yourself at your kitchen tabletop, sharing good food with your closest family and friends. And now imagine the conversation you might have as you reveal what it's like to live in your body, mind and soul, sharing your challenges and offering support, ideas, and options for new ways of thinking about your own health and well-being.

This report is the beginning of that conversation. Led by participant voices, each section explores themes related to a given topic:

DEFINING HEALTH AND WELL-BEING

What do we mean when we say we're healthy? What does well-being mean to us, and how are we doing?

ACCESSING CARE

What does access to health insurance and culturally appropriate care look like, and how are we taking charge of our own care?

PROMOTING HEALTHY LIVING ENVIRONMENTS

The places we live, work, and play have a significant role in our everyday lives. Study participants share what life is like for them.

OVERCOMING SOCIAL AND MENTAL HEALTH CHALLENGES

Health is so much more than our bodies. What experiences impact our overall well-being?

MOVING FORWARD

Study participants share resources for providers, tools, and perspectives that serve their health and well-being.

We hope this will be a resource that spurs conversations at your actual kitchen table and in your community right where you are.

INTRODUCTION

STUDY OVERVIEW

What you hold in your hands is the result of over 580 community voices articulating how we experience health and well-being in Washington state today. It is the second in a series of reports intended to expand on *Creating an Equitable Future in Washington State: Black Well-being and Beyond*, published in 2015.

Creating an Equitable Future took a purely numbers (quantitative) look at the Black experience in the areas of economic security, education, criminal justice, health, and civic engagement, painting a compelling and robust picture of Black Washingtonians' lives. This report builds on the statistical analysis on health and well-being included there; read together, the two are a powerful combination.

Because Creating an Equitable Future was published in 2015, we have updated the health section of that report with current data where needed. You can see this updated section by turning to Appendix I.

METHODOLOGY AND RESEARCH DESIGN

The three organizations sponsoring this report worked with researchers to develop a survey that was distributed widely throughout community networks, both online and onsite in community agencies. Researchers also conducted five context interviews with community leaders working in the area of health and well-being for African Americans in Washington state. In all, 588 responses were collected from across the state in the spring and summer of 2019, primarily through the online survey. Please see Appendix II for the survey questions.

OUR REPORT SUPPORTERS

This report was supported by three organizations that have historically served the Black community:

Byrd Barr Place

Urban League of Metropolitan Seattle

Washington State Commission on African American Affairs

For the study, we focused on the experience of those who self-identify as Black or African American who were born in the United States and are descendants of slaves, rather than Blacks as a whole (which would also include those born outside the United States). Thirteen percent of our respondents identified as multiple and/or other races.

This report focuses primarily on the many overarching themes that emerged in our research. But recognizing that there is not one unifying experience across the state, we reviewed the data for significant differences across socioeconomic status and geographic location (eastern and western Washington). Where significant differences were found, they are explored.

Finally, it is important to note two limitations to this inquiry. First, because most data was collected online, there was no way to ensure that participants completed all questions. Data was cleaned to ensure integrity, and researchers attempted to preserve responses, even if incomplete. Second, while every effort was made to reach a cross section of our community, a disproportionate number of self-identified women responded to the survey (68 percent) vs. self-identified men (31 percent).

While these limitations have some impact, we are confident that the voices represented throughout this report effectively communicate the broad and varied experiences of our community.

PARTICIPANTS

Of the 588 participants, 81 percent live in the three adjacent western counties of King, Pierce, and Snohomish—the state's most densely populated counties—and 5 percent live in eastern Washington. These numbers generally mirror those of the larger population: 80 percent of the 261,743 Black Washingtonians reside in these three counties; 8 percent live in eastern Washington.[11]

INTRODUCTION

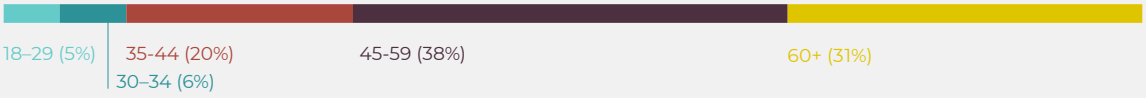
DEMOGRAPHICS

A demographic sketch of our 588 participants:

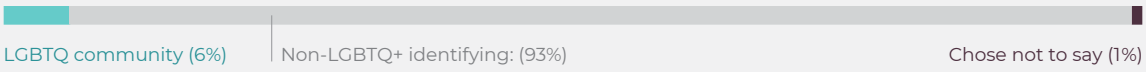
RACE

GENDER

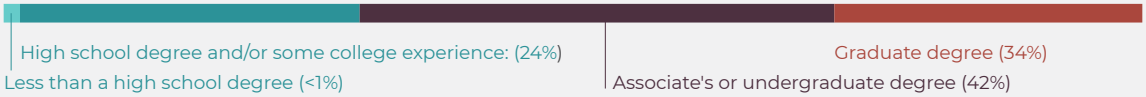
AGE



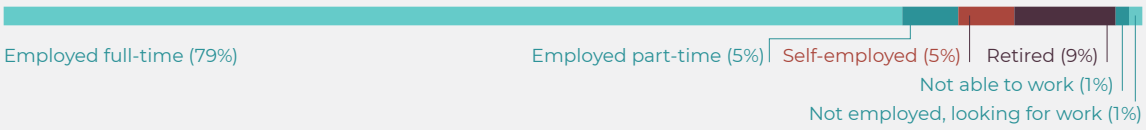
LGBTQ+



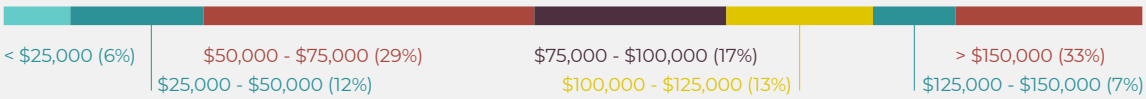
EDUCATION



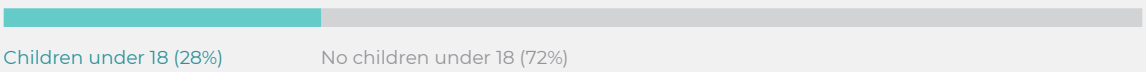
EMPLOYMENT



HOUSEHOLD INCOME



CHILDREN AT HOME



SECTION I

DEFINING HEALTH AND WELL-BEING

"[I] don't know. Haven't thought about this before. I do want to be healthy though, and I want that for my family."

"I wish I knew what healthy looked like. It seems as though everyone around me and myself are always sick and dealing with something. I know it doesn't have to be this way, but it's been like this my whole life."

Before attempting to understand participants' experiences related to health and well-being, we wanted first to understand how participants define the term itself. Health: What does that mean, exactly? As you can see from the quotes above, it can be a challenging question to answer.

Most participants defined health as being related to physical bodies:

"Health looks like a normal body weight, ability to engage in desired physical activities, rarely getting colds/flu."

"Being able to recover from illnesses and injury, feeling good physically and mentally on a daily basis."

"Being the proper weight for my height and build and not being on medication."

Others specifically identified access to resources and health care providers that understand them:

"Feeling supported in your community, including [by] your employer, having a support network and access to good/equitable health care with providers who are genuinely interested in your well-being."

"Having doctors and clinics that can relate to Black health."

"Having equal access to medical treatment and being healthy all the way around, from having access to fresh produce in the grocery markets to having less liquor and smoke shops present in marginalized communities."

Others defined health even more broadly:

"Safe clean home neighborhoods, healthy food options, affordable living, and safe places for children to play."

"Connected to family, loved by at least one person, at least one good friend, eating regular healthy meals, comfortable home in a safe neighborhood, relatively good physical health, belief in God."

"Having access to clean water, fresh fruits, and vegetables, clothing that is functional, housing, comfortable bedding, health and dental insurance and receiving regular care at a low price, having access to reliable transportation, having a job with a salary that is enough to cover my bills and living expenses. Having loving and supportive platonic and romantic relationships, having the time and energy to dedicate to spiritual practices, moving my body, opportunities to stimulate my mind and learn new things, making the time to have intellectual and creative conversations, and being able to eat home-cooked meals."

It is this third group that reflects the definition we used when setting out on this inquiry.

Before attempting to understand participants' experiences related to health and well-being, we wanted first to understand how participants define the term itself.

SECTION I

DEFINING HEALTH AND WELL-BEING

UNDERSTANDING DETERMINANTS OF HEALTH

We chose the broader definition because our lives are not lived in a vacuum, and our everyday encounters impact our health in ways that are sometimes hard to see. We recognize that the health and wellness of an individual is the product of a range of factors called determinants of health. The U.S. Department of Health and Human Service's Healthy People 2020 framework defines it this way:

The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health. They include:

- **Social and physical factors:** Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as *social and physical determinants of health*, they impact a wide range of health, functioning, and quality-of-life outcomes.
- **Health Services:** Both access to health services and the quality of health services can impact health.
- **Individual choices:** Individual behavior also plays a role in health outcomes.
- **Biology and genetics:** Some biological and genetic factors affect specific populations more than others. For example, older adults are biologically prone to being in poorer health than adolescents due to the physical and cognitive effects of aging.
- **Policymaking:** Policies at the local, state, and federal level affect individual and population health. Increasing taxes on tobacco sales, for example, can improve population health by reducing the number of people using tobacco products.[12]

THINKING BEYOND HEALTH

"[Health is] joie de vivre—waking up in the morning clear-headed and ready to go. Regular exercise, minimal pain, healthy relationship with spirit, managing depression, and mindful eating."

There has been increased interest in recent years in incorporating the concept of well-being in considerations of health. According to The Centers for Disease Control and Prevention:

Well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good.[13]

Dr. Benjamin Danielson of Seattle Children's Odessa Brown Children's Clinic calls wellness "kinetic energy that can be focused on what matters to you"—family, community, activism, faith, work, and so on.

By taking a broader view of health, we can see the many factors that affect our energy and everyday experience of the world. By focusing on wellness, we may also have reason to make healthier choices.

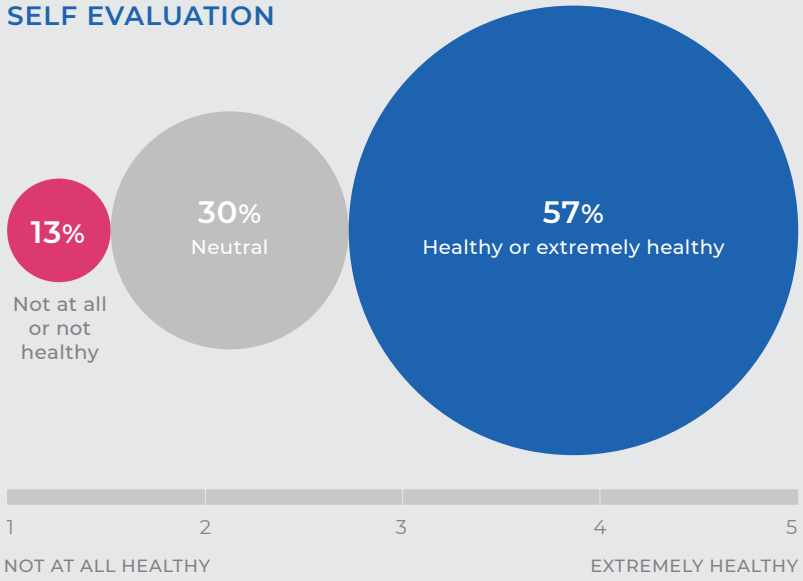
ASSESSING INDIVIDUAL AND FAMILY HEALTH

Participants were asked to rate the health of themselves and their families. They generally rated their own health as better than that of their families.

The results are shown in the diagrams at right.

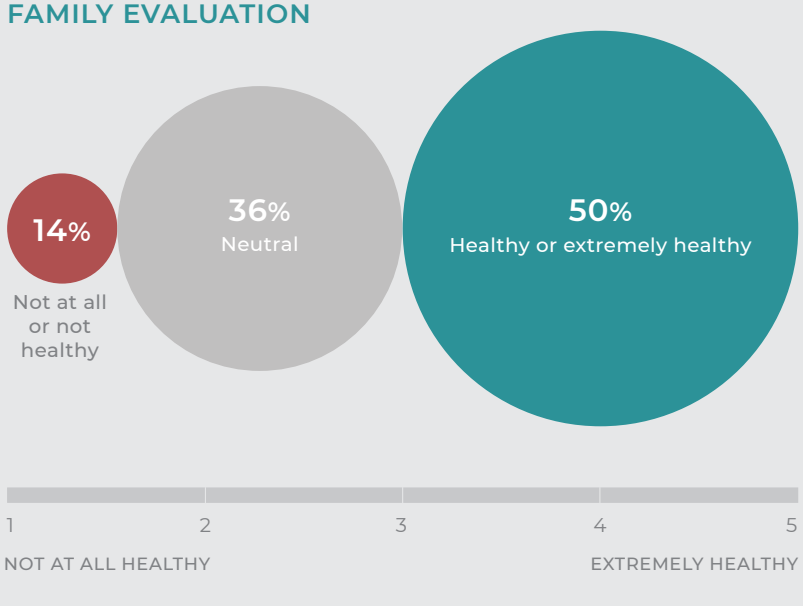
Dr. Benjamin Danielson of Seattle Children's Odessa Brown Children's Clinic calls wellness "kinetic energy that can be focused on what matters to you"—family, community, activism, faith, work.

SELF EVALUATION



Once participants defined health, they were asked to first rate themselves.

FAMILY EVALUATION



The numbers skewed a bit lower when rating their family overall.

SECTION I

DEFINING HEALTH AND WELL-BEING

CARING FOR EACH OTHER

Some participants described the challenge of wanting to support family members in taking care of their health but not being sure how to help or feeling overburdened:

"A lot of my family members are stuck in their ways and will continue to eat how they always have."

"My mother has dementia, and my brothers are alcoholics. This leaves me and my sister to carry much of the burdens."

"Some family members don't take their health and well-being seriously. They rely on medication and emergency room visits."

"I am continually educating to my family about making healthy choices. I try to model the behavior that I want to see."

Some participants talked about the challenge of wanting to support family members to take care of their health but not being sure how to help or felt overly burdened. Many others discussed the importance of mutual support and care—and doing things together.

Women, in particular, discussed the active role they play in helping family members stay well or offering support in illness:

"My wife and I go to the gym to exercise together and jog the neighborhood together weekly or better. My wife cooks good healthy food."

"I have to push them, or they won't do anything, health-wise. I do all of the cooking so make healthy meal choices for them."

"If anyone is sick in my family, members will come together to pray for the member. If anyone can help in financial ways, they will. Rarely are family members drastically ill, and other members are able to help."

PERSONAL CHOICES AND SYSTEMIC RACISM

"I do not have hypertension. I do not have diabetes. I do not and have never had asthma. I have given birth multiple times without any problems with my children, including my twin pregnancy. I currently walk 4 miles daily. I kayak. I ride my bike, and I'm still healthy and BLACK."

"There are so many racist practices, policies, laws, and rules in place, and it seems that brown people are under attack because white people are afraid of losing power. This impacts every part of our lives, and especially our health. I try to make a difference in my little part of the world, but I am extremely worried about us all."

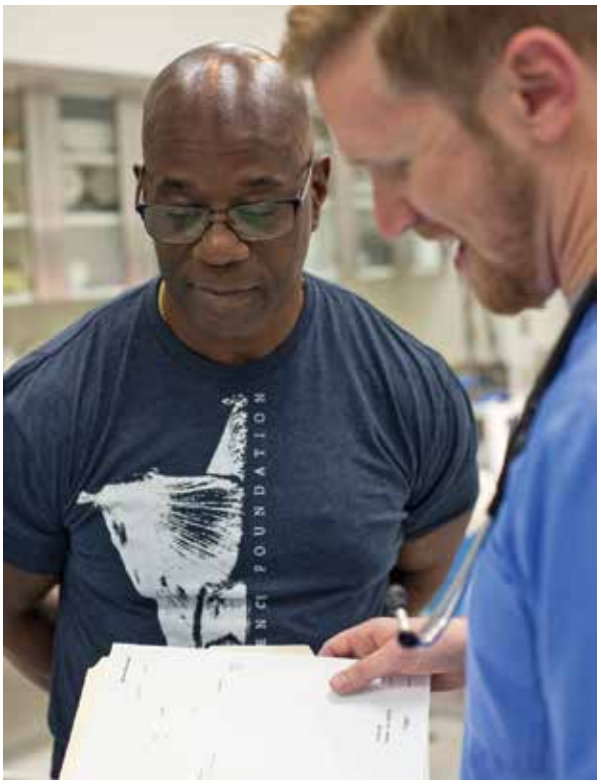
"I am intentional about (1) choosing to be happy, (2) choosing to make healthy choices about what I consume, (3) choosing to maintain healthy relationships, (4) trusting and believing that I am led by God in all that I do."

"[I am] mentally tired of racial divides in America, overstressed. Sick and tired of being sick and tired."

A theme that echoes throughout this report is the tension participants experience between personal choices and systemic racism—and the impact of racism on their health. The tension is real: While we may make personal choices that impact our lives in positive ways, there is a growing body of research and evidence that shows experiences of racism have an effect on our physical health, with one study associating discrimination with high blood pressure.[14]

Still, many participants' responses encouraged taking charge of what is in one's control, in order to create the best outcomes possible. *"I do everything within my power to stay healthy, engaged, and active,"* said one participant.

This is not an either/or proposition; both personal choices and systemic racism are clearly at play in our everyday lives. We all have moments we are able to influence and moments we are not. The opportunity we have is to identify where we are able to take charge of our well-being and step into it with the greatest authority we can muster.



SECTION II

ACCESSING CARE

The Affordable Care Act (ACA) of 2010, known as Obamacare, has had a significant effect on the number of insured individuals and families in Washington state. In 2014, when it was first implemented, the state saw its total number of uninsured individuals decrease by 41 percent, compared to 19 percent across the United States.[15]

The number of uninsured Black Washingtonians decreased from 16.1 percent in 2013 to just 6.3 percent in 2016. That's great news. However, it is important to note that white Washingtonians saw a decrease from 12.7 percent in 2013 to 4.2 percent in 2016.[16] This means that white Washingtonians began with an uninsured rate 3.4 percent lower than Blacks and saw a greater decrease in their overall uninsured rate: 67 percent, compared to 61 percent for Black Washingtonians.

There is still much work to do.

ACCESS TO HEALTH CARE

To understand participants' level of access to care, we asked them if they had healthcare coverage, and if so, what kind.

The results are shown in the diagrams on the following page.

NOT ALL HEALTHCARE IS CREATED EQUAL

"I'm lucky to be working and have insurance. In addition, I can afford with my health benefits and income to be able to pay for my medications. I know I'm fortunate, however many are not."

"Healthcare premiums don't allow us to see the doctor when needed."

"My family has a lot of chronic illnesses. Someone is always sick and have to go to the doctor or emergency room."

"To keep [family] members healthy we [have] retained health insurance and take regular visits to the doctor."

Not surprising, those with higher incomes ($75,000 or more) were more likely to have comprehensive, low deductible/ co-pay insurance. Nearly all (93 percent) of those with higher incomes reported having a comprehensive plan, while only 78 percent with incomes below $75,000 did. Conversely, 9 percent of those with incomes below the $75,000 threshold reported having Apple Health (Medicaid) as their primary health insurance, while only 2 percent above this threshold used Apple Health.

Cost is a significant consideration when thinking about access. Washington State Insurance Commissioner Mike Kreidler has said of the ACA:

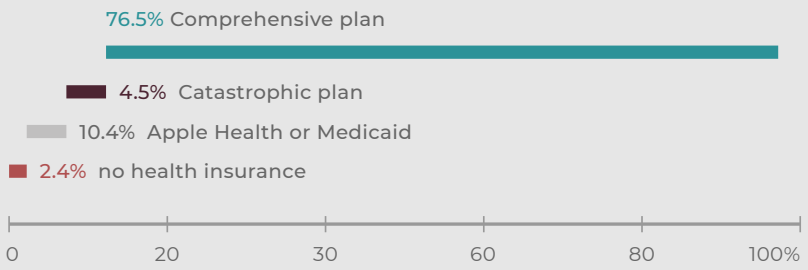
The Affordable Care Act is doing what it was designed to do—helping people access health insurance. But we must do more as a country to address the cost of health care. People have health insurance they can't afford to use because deductibles are too high and prescription drug costs are skyrocketing, contributing significantly to rising premiums.[17]

One important way that people can be empowered to take costs—and therefore healthcare options—into their own hands is to have solid choices in plans. But access to health insurance options differs significantly based on geographic location in Washington state. In King, Pierce, and Snohomish counties, residents can choose, on average, between 24 health plans offered through four insurers; residents in eastern Washington have, on average, half as many options for plans and insurers.[18] Ferry county in eastern Washington has no insurers at all, and seven other eastern counties have only one insurer.

Simply put, Black Washingtonians in rural parts of the state have fewer choices for healthcare coverage and therefore fewer options to find a plan that fits both their care and their economic needs.

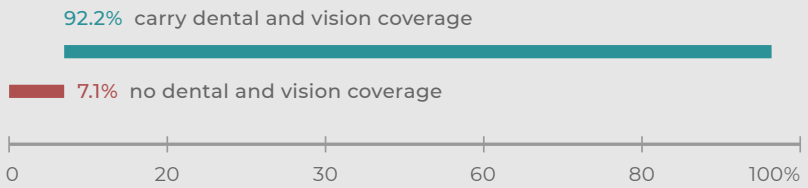
PARTICIPANTS—AND THEIR FAMILIES'—ACCESS TO HEALTH CARE

HEALTH CARE COVERAGE: INDIVIDUALS



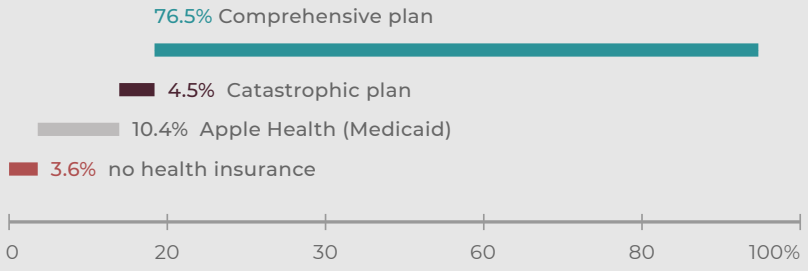
The participants in this study had a very high rate of medical insurance, as shown at left.

DENTAL + VISION COVERAGE: INDIVIDUALS



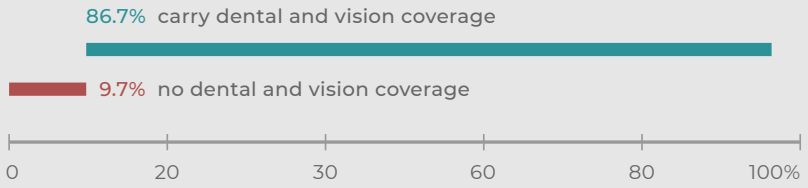
Dental and vision coverage was also quite high.

HEALTH CARE COVERAGE: FAMILIES



While the percentages are lower, participants shared that their families also have a high rate of medical insurance.

DENTAL + VISION COVERAGE: FAMILIES



Dental and vision coverage was also quite high among family members.

SECTION II

ACCESSING CARE

ACCESS TO CULTURALLY AWARE INFORMATION AND PROVIDERS

"I think I have access to great medical information and providers … While my personal physician is extremely open and listens/responds well to my individual needs, I'm not sure how culturally competent she really is."

"I do not have, nor do I seek 'culturally aware' medical and mental healthcare professionals. The providers I have were chosen based upon background, location, costs, and expertise."

"There is an extreme shortage of medical providers that are people of color and/or culturally competent. I drive 20 minutes away from my home to access a health care provider that is culturally competent."

While three-fifths (61 percent) of participants indicated they had access to good, culturally aware medical and mental healthcare information, only slightly more than half (53 percent) indicated they had access to culturally aware medical and mental healthcare providers.

"I have lost 100 lbs. since 2012, and still many physicians look at how much I weigh now and say I need to lose more weight. I have gone from a size 24-26 to a size 8-10. But of course being African American and being muscular, I weigh more than the standard benchmarks, which are not for us."

"My family is intentional about healthy eating, exercise, and spiritual growth. We are all a little "thick" genetically, due to the ramification of slavery breeding. However, we don't let that define us and we strive to be healthy, daily."

Despite the past experimentation that has been done on Black bodies, very little medical research is currently done to understand racial and/or ethnic differences. For instance, while African Americans and Latinos make up 30 percent of the current U.S. population, we account for less than 10 percent of all participants in genetic studies.[19] As a result, African Americans and other racial and ethnic groups are treated based on "average human" (read: white), characteristics, which are often not accurate.

This inequity is slowly being recognized: A research company has recently formed to address the significant gap in genetic information available for study from Africa.[20] Such information could provide vital opportunities for culturally specific and culturally aware preventative care and screening for people of African ancestry.

A LACK OF CULTURALLY AWARE CARE

"Health care providers tend to not take the pain of my family seriously. They do not listen to my grandmother when she says she is in pain and therefore do not provide her with medicine that can address her pain. I was sent home many times before I was diagnosed because the doctors kept telling me that I just had the flu, when really I had an autoimmune disorder."

"Providers operate with implicit bias against people of color, and specifically Black people. It appears that they don't want to serve us. It also appears that they treat us more like animals or slaves, without compassion or quality of service."

We asked participants to tell us about their experiences in the healthcare system. A few are highlighted above. Many of these stories centered around:

- Body mass index (BMI) charts that are not appropriate for all body types.
- Assumptions and bias (implicit and explicit) based on skin color. Participants were falsely assumed to have many children, be on Medicaid, not know their own bodies, fake ailments to get drugs, eat badly, and not be able to afford the cost of care.
- Dismissive behaviors of healthcare providers.
- The high cost of care and a call for universal healthcare.

SECTION II

ACCESSING CARE

THE IMPORTANCE OF TRUST

"We do have access to providers, but not culturally responsive providers. I recommend that African Americans do their own homework and not allow a non-culturally responsive provider to take your choice away."

"We have a family physician we have been seeing for 25 years, so he knows our family history. Continuity is an important part of our health care."

"I do not trust white physicians … I believe they do less for my health than they would do for a white person. I think there is an implicit bias that prevents appropriate care. I see it all the time. My family experiences it. [I only go] in emergency as a last resort. I pay a bunch of money to a system I do not trust and [that] does not have my best interest at heart."

Many participants say it is important to have a Black medical provider—not just a culturally aware one. In these cases, participants reported that Black providers are more difficult to find or maintain a long-term relationship with. A number of participants stated that in the absence of being able to find a Black provider, they have sought out clinics or services that serve a different part of their identity, such as Gay City or Planned Parenthood.

ALTERNATIVE SOURCES OF INFORMATION

"[I use] sidewalks and parks and have candid conversations with family members about 'taboo' health topics."

"I rely on my friendship group. There are no providers that look like me."

"YouTube, WebMD, and driving long distances to find care."

"God, each other, primary care physician and dentist, medical insurance and the Internet. In that order."

"We have a health program at our church that we take part in with the children."

The challenge of finding culturally aware care has meant that many participants augment their sources of information, citing family and friends and health food stores as credible resources. Internet resources such as YouTube, WebMD, Mayo Clinic, email, podcasts, and social media are also seen by some as places to get medical and health advice.

NATUROPATHIC CARE

"We use natural medicine (modalities) as much as possible, but we pay out of pocket, for most of these providers aren't covered by insurance. Allopathic doctors don't listen and don't give you ample time. They also don't provide ample resources/referrals."

"We share information and resources regarding our health with one another. We tend to see nontraditional providers who are about preventative care, rather than treating symptoms."

There was also a strong theme of using naturopathic options and staying clear of formal medical systems as much as possible. While there may be different reasons for doing so (necessity vs. having options), this theme cut across income lines.

Many participants say it is important to have a Black medical provider—not just a culturally aware one.

SECTION III

PROMOTING HEALTHY LIVING ENVIRONMENTS

The physical environments in which we live, work, and play have a profound impact on our health and our lives. The World Health Organization defines our living environment as "all the physical, chemical, and biological factors external to a person, and all the related behaviors."[21]

It includes everything we come into contact with on a daily basis: our built environments, our homes, the air we breathe, the water we drink, the foods we eat, and our physical and psychological spaces, just to start.

We asked participants to rate their living environment in four primary areas:

- The extent to which it promotes health and well-being
- The extent to which they have access to green spaces
- The extent to which it is free of pollution
- The extent to which they have access to fresh, healthy foods

Overall, we did not find many differences across the state. However, responses were different when taking into account urban vs. rural environments, with those in urban environments reporting generally higher levels of exposure to noise, air, and other pollution, as well as experiencing the negative effects of the increasing homelessness rates in Washington state.

PROMOTING HEALTH AND WELL-BEING

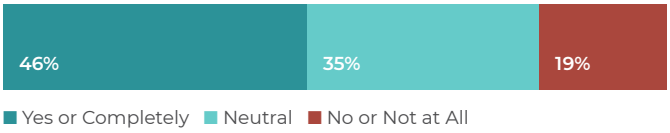
"There is a statue of Buddha in my front yard and chimes of different sorts that ring out in the breeze. I live in a quaint home of 825 square feet. It's me and my small pet— what else could anyone ask for. My community can be hectic, but then I have a choice to be in the comfort of my home or out in the chaos. It is my sanctuary."

"Even as a person of color, I am part of gentrifying/displacing in my community. It is a mixed moment to help retain a neighborhood's racial history but also contribute to its socioeconomic displacement. We do want communities of color to break cycles of economic degradation, right? Yet the attainment of income privilege still feels so sporadic and unbalanced among Black people in this country; the individual economic successes are almost alienating."

"As it gentrifies, more amenities are available, and yet interactions with neighbors are worse. I often get the feeling that I'm not wanted here by white folks, yet I'm watching business after business being opened where there are very few folks of color patronizing. The only place in town where I could buy Black hair products when I moved to Seattle is now a microbrewery where I am stared at when I pass on the sidewalk. Yet there is still plenty of gun violence, and my grandchild is forced to shelter in place at Garfield HS on a fairly regular basis. Not good for HER mental health, I'm sure."

"My environment does not have people who look like me ... which is not great for my health and well-being ..."

Asked to rate the accuracy of the statement "I believe that the neighborhood I call home promotes health and well-being," responses were:



While many factors affect this rating, as discussed below, there was a strong theme around the role of gentrification shifting neighborhoods in both positive and challenging ways. In one recent study, Seattle was ranked the third most gentrifying city in the United States.[22]

Participants reported that while gentrification brings with it more options and resources, it has also brought about more isolation from community, less connection, and a sense of being surrounded by businesses and other community anchors that don't support their Black identity.

SECTION III

PROMOTING HEALTHY LIVING ENVIRONMENTS

9.1%

of Black students in Washington experienced homelessness in 2017–18.

As of January 2018, Washington estimated a population of 22,304 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Of that total, 1,800 were family households, 1,636 were Veterans, 2,184 were unaccompanied young adults (aged 18–24), and 6,158 were individuals experiencing chronic homelessness.[23]

According to one count on January 25, 2019, there were a total of 11,199 individuals experiencing homelessness in King County. Fifty-two percent of the population was unsheltered, living on the street, or in parks, tents, vehicles, or other places not meant for human habitation.[24] While there are many factors that may lead someone to homelessness, the spike in homelessness is attributed to rising rents and increased opioid use.[25]

One particularly tragic aspect of this increase is that students of color are disproportionately more likely to experience homelessness. Black students have the highest rate of homelessness, with nearly one in 11 (9.1 percent) experiencing homelessness in 2017–18. [26]

ACCESS TO GREEN SPACES

"Recently my neighborhood has undergone improvements, and we now have better sidewalks and parks. It didn't used to be this way when more Black people lived here though."

"Park is off the beaten path and I don't feel safe going there. Shootings in the area. Lack of appropriate bus and transportation. Lack of activities in the neighborhood for children."

"We have a high level of crime (thefts) in our neighborhood. Police will not come out unless there is actual physical violence that occurs."

"We are fortunate to live in a walkable, clean, and green area. It is expensive, however, and that is a downside. Not a lot of Black neighbors, but other neighbors of varying racial and ethnic backgrounds."

When asked how much they agree with the statement "I have access to parks and nature in my neighborhood," responses were:

Most participants stated that they have some access to nature, green spaces, parks, or walkable neighborhoods. Challenges in accessing these resources included:

- Dangerous or unsafe walking conditions, i.e., the need for better sidewalks, roads, and lighting
- Traffic or congestion that creates unsafe environments for those on foot or people-powered transportation
- Theft, guns, and other forms of violence
- The increase in homelessness

A number of participants talked specifically of the growing challenge of homelessness facing many of our communities. While expressing empathy, they also named a significant desire to access parks and other public spaces in their community—and cited safety as a primary concern and limitation:

"I work in South King County with the homeless population. There are limited resources out there, and the resources that are available are not advertised well enough."

"The homelessness issue impacts the health and well-being of all involved."

SECTION III

PROMOTING HEALTHY LIVING ENVIRONMENTS

ACCESS TO POLLUTION-FREE ENVIRONMENTS

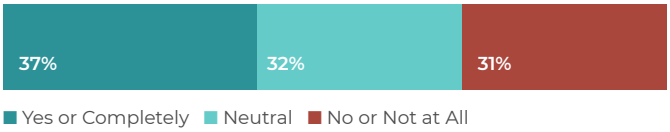
"I live in the ghetto next to a place that crushes cars and a grain processing station."

"There is a freeway right by my home, and the dust that accumulates is thick and black. It is noisy in Renton along Highway 167."

"Everyone in any given community has the opportunity to turn negatives into a positive. We must unite for the betterment of all communities."

"I'm fortunate. My house has a beautiful park next to the sound across the street. There are folks from all incomes, races, religions, backgrounds. But we don't connect with each other."

When rating the accuracy of the statement "My neighborhood is free of noise, air, and other pollution," responses were:

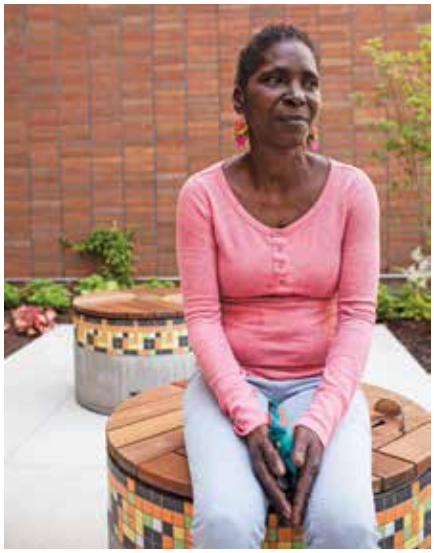


Not surprising, those in urban areas generally reported a much higher level of noise pollution (congested traffic, construction, and airplanes), and more air pollution (again, from congested traffic and construction) and light pollution.

There is a growing effort in Washington state to build an environmental justice movement. Environmental justice is defined by a recently proposed state bill as "the fair treatment of all persons, regardless of race, color, national origin, ethnicity, language, disability, income or other demographic or geographic characteristics with respect to the development, adoption, implementation, and enforcement of environmental laws, regulations, and policies."[27] While the bill, known as the Healthy Environment for All (HEAL) Act, did not pass, it has highlighted the reality that communities of color and lower-income households face a disproportionate threat from air, water, and land-based pollution in the Seattle metro area and across the state.[28]

"Everyone in any given community has the opportunity to turn negatives into a positive. We must unite for the betterment of all communities."

STUDY PARTICIPANT



SECTION III

PROMOTING HEALTHY LIVING ENVIRONMENTS

ACCESS TO HEALTHY, FRESH FOODS

"If you don't have a car in my neighborhood you will be limited to the healthy food you can access at an affordable price, but there is ready access to unhealthy low-cost foods. I drive to the same chain grocery stores in neighboring communities, and they have better selections and options for more affordable prices."

"I live on Beacon Hill. It's not a food desert, but the grocery stores are mostly for the Asian Pacific Islander community, fruit stands, or a way over-priced Red Apple. Then we have the crappy Safeway that looks way different than the Safeway in white folks' neighborhoods. The visual is insulting. It's like they think Black folks have never traveled to Ballard. We know how Safeways look totally different from white to Black neighborhoods."

"I wish there were more convenient healthy alternatives that were not expensive. You pay more to be healthy."

"In my neighborhood, most of [our neighbors] have gardens, and we share with each other. Or if they have extra food they won't need, they share too."

When rating the accuracy of the statement "I have access to fresh and healthy food within my neighborhood," responses were:

"I wish there were more convenient healthy alternatives that were not expensive. You pay more to be healthy."

STUDY PARTICIPANT

When asked to rate their level of access to fresh and healthy foods, a majority of participants self-reported having access. However, their narratives told a different story, as does the mapping of their zip codes. Challenges fell into two primary categories.

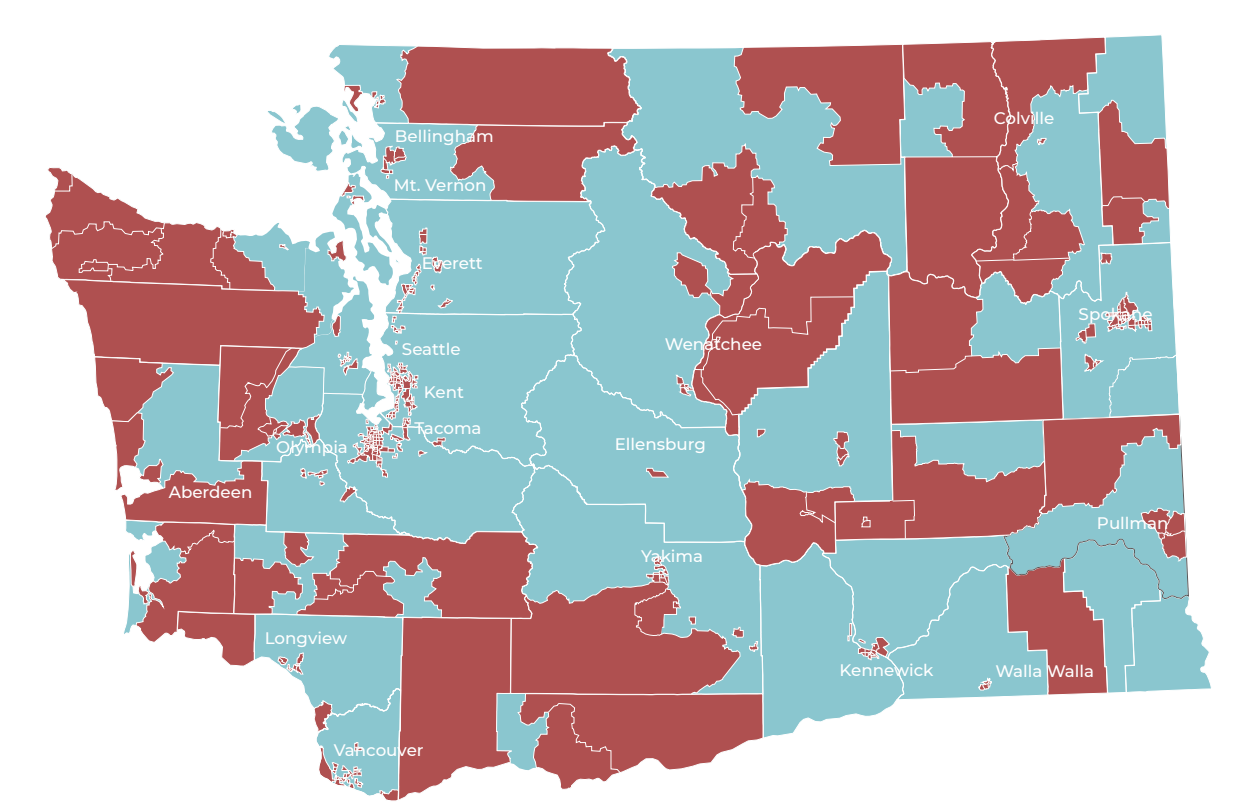
First, fresh food may be available but financially out of reach. Numerous participants noted that in order to buy healthy, fresh foods at a fair price, they needed to travel further out of their neighborhood. Either that, or they needed to be prepared to pay more—which worked for some participants, and not for others.

Second, many participants noted that fresh food was not nearby, but they could access it if they traveled by car or public transportation. Many of these participants live in what is called a food desert.

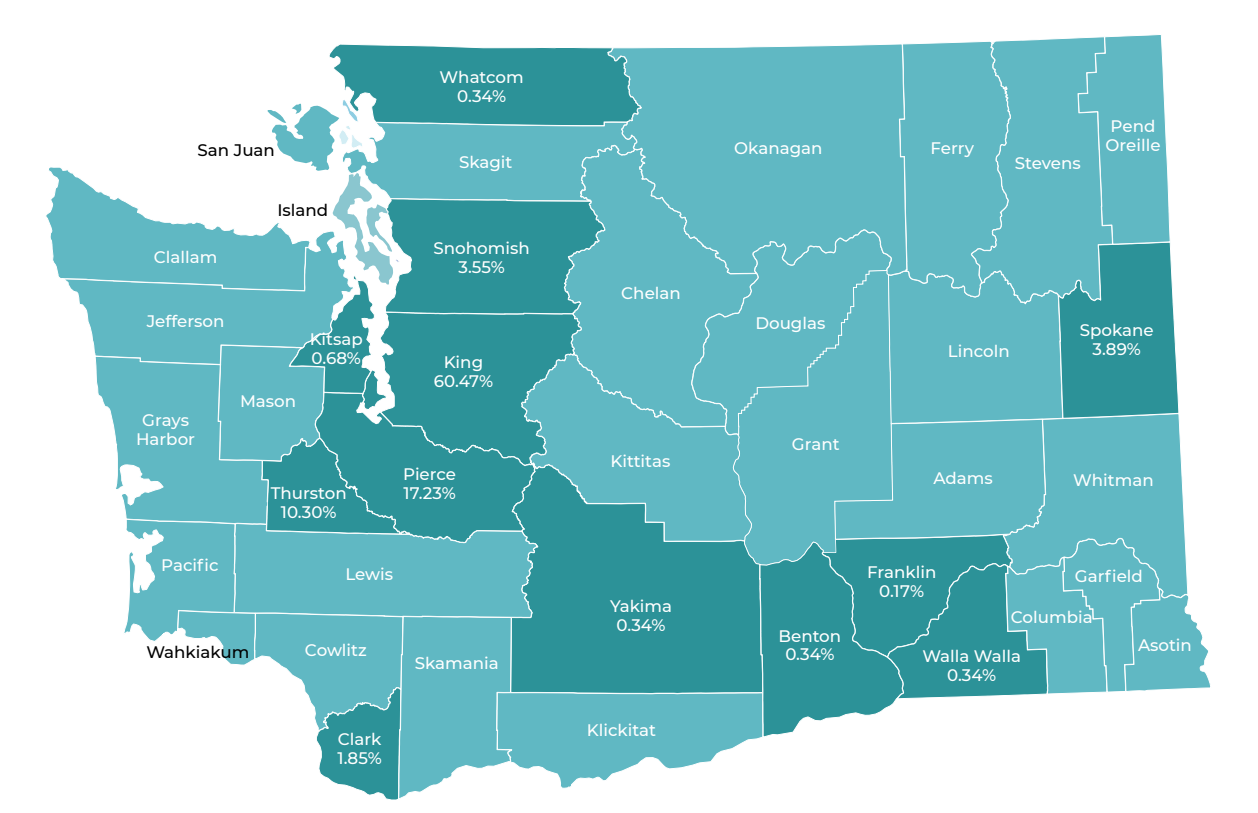
The USDA defines food deserts as communities void of fresh fruit, vegetables, and other healthful whole foods. This is largely due to a lack of grocery stores, farmers markets, and healthy food providers. To qualify as a "low-access community," or food desert, 20 percent of people within a given census tract must earn below the poverty line. In urban areas, 33 percent or more must reside more than one mile from a supermarket or large grocery store, and in rural areas the distance is increased to 10 miles.[29]

Because this mapping is complex, we have created two maps showing which census tracts have significant food deserts within them and the counties where our study participants live.

There are innovative efforts to address the access gap happening in other parts of the country. Washington D.C., for instance, will be piloting a program that provides free taxi rides to grocery stores up to three miles away for those in identified food desert communities.[30] Such easily replicated efforts can begin to create real food equity.



Food Desert Zones in Washington State (from the USDA Food Access Research Atlas; shown in red).[31]



Location of Study Participants

SECTION IV

OVERCOMING SOCIAL AND MENTAL HEALTH CHALLENGES

Health is about the whole of us, body, mind, and spirit.
This section is about exploring both our challenges and our true power and strength.

As one participant put it:

"What helps me stay hopeful is knowing that things can get better. Seeing others [who] once struggled and suffered like I have and then changed their life circumstances gives me hope that I, too, can change my life."

"I am a positive person. I am still blessed with hope inside of me. Glass is always 1/2 full. All things get better with time as long as you don't do things to make your situation worse."

"I've seen it all, but I've chosen not to be that. I am a catalyst for change and project that ambience to those I meet and greet."

ADVERSE EXPERIENCES

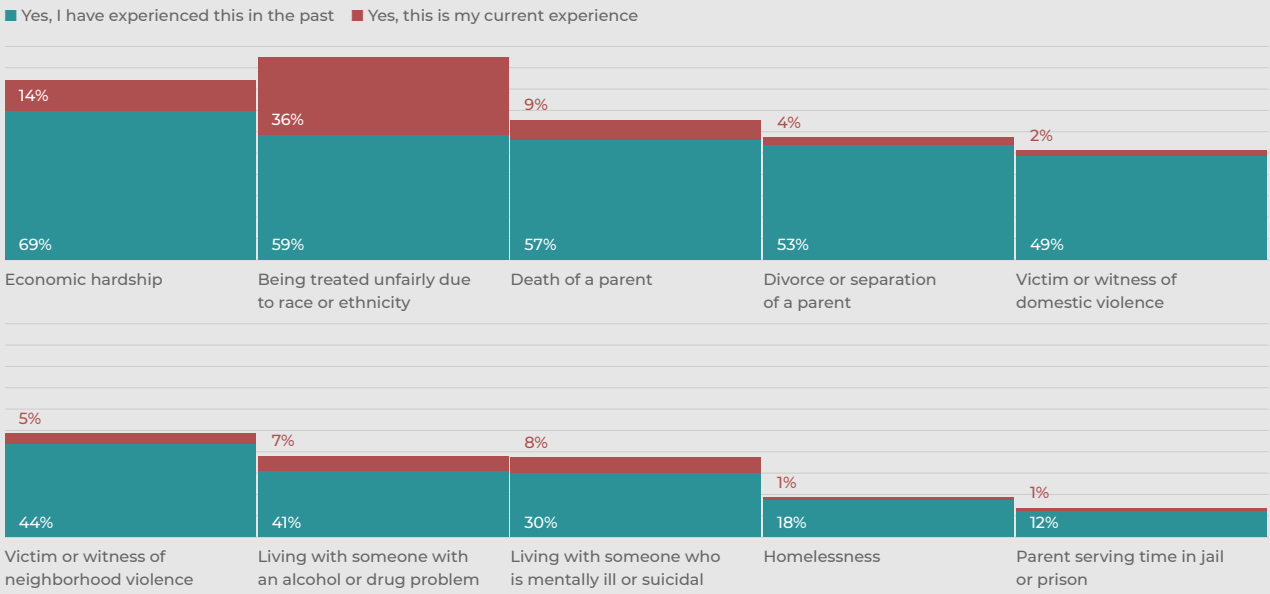
"I am the person I am because of the experiences I have had. I am much stronger than the average person, I feel."

"I choose not to answer these questions because these problems extend beyond this neighborhood and involve all races, class, ages, and status of people."

A growing body of research suggests that stress resulting from adverse experiences in childhood can harm the maturing brains of children and have health consequences that last well into adulthood. The more adversity a child experiences, the greater the risk for cardiovascular disease, lung and liver disease, depression, violence, smoking, drug and alcohol abuse, obesity, risky sexual behaviors, and early death.[31]

We wanted to understand participants' experiences related to some of these markers. The following table offers a glimpse into their lives.

ADVERSE EXPERIENCES



SECTION IV

OVERCOMING SOCIAL AND MENTAL HEALTH CHALLENGES

Participants were generous in sharing stories of both vulnerability and perseverance—of moving forward and beyond these challenges. Several key themes arose from these stories.

FINANCIAL INSTABILITY

"Economic hardship is one that impacts families for generations. It is a cycle that they can't remove … [and it] also means the younger generations can't afford college or higher education, and that is something they can't control. That limits their opportunities for success. This is why the cycle continues and we are unable to build generational wealth."

"Having a high income for some years now has allowed me to avoid many of the stressors that I faced in my impoverished childhood. Although the fear of racially based poor treatment will be with me forever, my daily experiences no longer have active racial components. While systematic racism will always be present, active engagements such as poor service or demonstrably different treatment is not as obvious as it was throughout my childhood and young adulthood. "

"I don't have economic hardship, but if I had a serious medical or housing emergency, it would devastate our family's current stability. Precarious situation."

Running through many stories was a strong theme of financial instability—its impacts not only on an individual's current reality but also on future generations. *Voices Rising: African American Economic Security in King County*,[32] the 2017 predecessor to this report, explored these dynamics at length. One statistic cited there echoes through these stories: If the average Black family wealth continues to grow at the same pace it has over the past three decades, it would take Black families 228 years to amass the same amount of wealth that white families have today. That's just 17 years shorter than the 245-year span of slavery in this country.[33]

STRUCTURAL AND SYSTEMIC RACISM

"Someone asked me if I thrive in Seattle; I had never thought about it. But I do not thrive. Shootings and killings flash across my mind often. I wonder if I'll have enough money until I die."

"When I moved into my house, a police officer approached me and asked me what I was doing at MY house! My then husband told him to leave, and we filed a complaint."

"I am finally understanding what it means to have to be twice as good to be seen as just passible. I also know what it feels like not to be twice as good. Sometimes that just does not happen."

"I've had a range of racism-informed experiences. As a child I had experiences like being turned away from public pools because of the color of my skin and getting into fights because I was not Black enough. As a young adult I have been preferentially pulled over for DWB. I have been walking next to white peers and I was the only one told to get off the streets by police, while they were left alone. As an adult, I have had the experience of being frisked, cuffed, and put in the back of cruisers on more than one occasion when I was the one who called the police. I have been stopped by police for apparently 'fitting the description …' Professionally I have been the token, I have been asked to explain Black culture to white people, I have been asked to 'fix' in some way, white peoples' racism."

"Being targeted professionally because of race and ethnicity and not given merit based on achievement, skills, or education."

Structural and systemic racism were called out again and again through the stories that participants told about their past, their present, and their beliefs about the future. Profiling, incarceration, police brutality, professional disregard in primarily white workspaces, and internalized racism experienced while living in primarily white neighborhoods were just a few of the ways racism was discussed. Participants expressed concern for their children's futures and uncertainty about what may lie ahead for them, with one person stating:

"It is hard for Black seniors. We are shunned by society and the healthcare system. I feel shuttled around due to my health and not having enough money to pay for premium service."

SECTION IV

OVERCOMING SOCIAL AND MENTAL HEALTH CHALLENGES

MENTAL HEALTH CONSIDERATIONS

"My partner has an alcohol [problem] and is mentally unstable (bipolar) but feels he does not need to take medication. Taking fish oil tablets will take care of this, he says (right)."

"My father suffers from mental health issues and lives in the home with my husband, my mother, and myself. It's difficult to find good culturally relevant mental health resources. The mental health [issues] lead to him drinking, and we manage this at home, and it's challenging."

"There is not enough education about mental illness and how to handle encounters in the community."

Clearly, repeated adverse experiences of structural and systemic racism and discrimination bring about stress and mental health challenges. It can be difficult to reach out for help for a number of reasons.

One big barrier to getting needed support is what some researchers call double stigma—the stigma often associated with mental illness, combined with the stigmas of racial stereotypes and discrimination.[34] There are other barriers as well, as shown at right.

Finding ways to move beyond these barriers and remove the stigma, so that individuals—and communities—can get the support and healing they deserve is paramount to liberation and the ability to live into one's full potential.

"There is not enough education about mental illness and how to handle encounters in the community."

STUDY PARTICIPANT

BARRIERS TO GETTING NEEDED SUPPORT

INDIVIDUAL BARRIERS

Fear/Mistrust

Denial/Avoidance

Beliefs/Attitudes

Economic

ENVIRONMENTAL BARRIERS

Family/Significant Other

Resources

INSTITUTIONAL BARRIERS

Time/Limitations/Capacity

Attitudes of Mental Health Professionals

Rules/Guidelines for Participation[35]

"To be truly radical is to make hope possible rather than despair convincing."

RAYMOND WILLIAMS

SECTION V

MOVING FORWARD

We asked participants what they rely on—what keeps them hopeful and pushing forward.

STAYING HOPEFUL

Connections

- Faith in God/prayer
- Family and friend support
- Self-care/strong mindset

"My Faith ... Period."

"The need to always do better in all aspects of my life motivates me. What would help is to organize all of the activities and goals, then help with figuring out the roadmap to getting them done. If I had someone that could help me prioritize all of the things I have in the works and maybe to check in with from time to time to see my progress and give me guidance. Right now, I am doing it on my own, the best I know how."

"Realizing how many amazing folks are out there who see the same things and are doing good work. When I see my brother, sisters, cousins, uncles, aunties, happy and successful. When we laugh together. We can literally do ANYTHING together because WE are magical :)"

"I think not allowing myself to wear a label that says I'm [a] domestic violence victim or any of the issues that I've had in the past don't define me. I can break the cycle if I want, and that is something I do on a daily basis. Not living in the past is the best thing anyone can do to help themselves."

Mindset

- Belief in younger generation
- Work to stay optimistic/stay in gratitude

"I stay hopeful by doing the best I can—tending to the parts of the garden I can reach. It helps to witness those I have affected positively begin to do the same in their own lives."

"I am an optimist and try to see life as abundant."

"Our world can't help but course correct. Things will change whether we do it or it is done to us. We humans are our existential threat."

"My kids and grandchildren, just knowing they rely on me and love me."

Engagement

- Planning for the future, including life insurance and financial planning
- Taking action/advocating, protesting, speaking out, voting

"I show up at Vancouver City Hall meetings and allow them to see my face and speak up to the injustices, blatant and obvious racism. I encourage other 'Woke Folk' not to hide or be ashamed because our Black is and will always be Beautiful!"

"[I] vote."

"[I have] retirement plans and investments, and a financially savvy spouse."

"That fact that more Black people are inclined to fight back, change narrative(s), and call a spade a spade. Things that make me stay hopeful are my family and friends, music and dance, love, Black Excellence, and Beyoncé' (like for reals, the HOME-COMING documentary is a 'balm for the soul')."

"I stay hopeful by doing the best I can—tending to the parts of the garden I can reach. It helps to witness those I have affected positively begin to do the same in their own lives."

STUDY PARTICIPANT

SECTION V

RESOURCES

We asked study participants for resources and recommendations, including ideas and advice related to staying healthy and finding culturally aware providers.

The following lists are not vetted; nor are they comprehensive. Please use your own judgement in accessing resources.

TIPS FOR STAYING HEALTHY

- Choose fresh foods and stay away from fast/processed foods as much as possible. Cook at home. One resource for learning how to do this is *Good and Cheap: Eat Well on $4 a Day* (books.leannebrown.com/good-and-cheap.pdf).
- Shop at farmers markets. Seattle's market has a food access program (and many other markets do, too). (seattlefarmers-markets.org/programs-events/foodaccess)
- Lifestyle movement, like walking after dinner and spending time outdoors. Aim for at least 25 minutes per day.
- Participate in a religious/spiritual community or meditate.
- Seek mental health support.
- Get enough sleep.
- Use a sit/stand desk for work (make your own).
- Keep a journal.
- Bike to work.
- Dance!

RECEIVING CULTURALLY AWARE CARE

Advice

- Be proactive and trust yourself. Be prepared to advocate and push as needed.
- Ask questions, and bring your questions written down to talk about one by one.
- Get a second opinion.
- When a request for testing or other treatment is denied, ask that the denial is recorded in your medical chart.
- Ask to see medical charting notes.
- Bring an advocate/health navigator with you to your appointment.
- Have the provider close their eyes before you describe your symptoms. Include in this description the characteristics of a person that doesn't look like you (race, size) and ask what they would recommend for that person.
- Ask specifically how to find a provider/specialist of color (Black/African American).

Clinics

- CHAS Health (Statewide)
- Country Doctor Clinic (Seattle)
- The Everett Clinic (Everett)
- Family Medicine of Yakima (Yakima)
- Gay City (Seattle)
- Neighborcare Centers (King County)
- Planned Parenthood (Statewide)
- Seattle Children's Odessa Brown Children's Clinic (Seattle)

Information

- Balm in Gilead (balmingilead.org)
- Sisters from AARP (sistersletter.com)

Medical

- Genevieve Courtney, Institute of Complimentary Medicine (icmedicine.com)

Dental

- Beacon Hill Dental Associates (Seattle)
- Seattle Braces (seattlebraces.com, Seattle)

Therapists

- Ashley Wright, MSW (ashleywrightmsw.wordpress.com)
- Dr. Michael Kane (lovingmemore.com)
- Dr. Phil Brown (beacontherapy.com)
- Nile's Edge (nilesedge.com)
- Kristal McKinney, MSW, LICSW (mindfultherapygroup.com)

SECTION V

RESOURCES

Access Points for Free Health Care in King, Pierce, and Snohomish Counties

King County

- Consejo provides linguistically and culturally appropriate behavioral healthcare and social services to the Latino community.
- Cornerstone Medical Services in Federal Way provides primary care, naturopathic medicine, acupuncture, chiropractic services, massage therapy, limited labs, and social service referrals to low-income, uninsured individuals.
- King CarePoint in Fall City serves underinsured and uninsured patients in Snoqualmie Valley with primary care.
- New Hope Health Center in Tukwila provides walk-in-chronic and acute medical care and counseling services.
- Project Access Northwest provides referrals for specialty-medical and dental care, as well as case management ofthat care for low income, underinsured and uninsured King, Kitsap, and Snohomish County residents.
- Puget Sound Christian Clinic has locations in Seattle,
- Lynnwood, and Snohomish, providing medical, dental, and-mental healthcare to low-income, uninsured patients.
- Rainier Valley Community Clinic provides individualized, high-quality midwifery care on a sliding fee scale that starts at zero, and also accepts Medicaid.
- Rotacare Free Clinic Bellevue provides free medical care, health screenings, and medical referrals every Saturday on a walk-in basis.
- Rotacare Free Clinic Lake City is located in North Seattle-and offers free medical care once a week on a walk-in basis.
- Rotacare Free Clinic Renton provides free medical care every Saturday on a walk-in basis.
- Seattle Union Gospel Mission provides free narcotic-free dental care, including dentures, to low income patients by appointment.
- Swedish Community Specialty Clinic in Seattle offers advanced medical and dental care at no cost to the patient.

Pierce County

- Key Free Clinic in Lakebay offers nonemergency medical care and referrals.
- Mom and Me Mobile Medical Clinic in Buckley will provide mobile medical care. This clinic is still under development.
- Neighborhood Clinic in Tacoma offers free urgent medical care to patients who cannot afford or access healthcare.
- Pierce County Project Access in Tacoma provides referrals to specialty medical and primary care.
- Trinity Neighborhood Clinic in Tacoma provides free medical services.

Snohomish County

- Mercy Watch serves homeless patients in Snohomish County with free medical care.
- Puget Sound Christian Clinic has locations in Seattle, Lynnwood, and Snohomish, providing medical, dental, and mental healthcare to low-income, uninsured patients.
- Safe Harbor Free Clinic in Stanwood provides free urgent and chronic medical care as well as dental services.

CREATING A HEALTHY LIVING ENVIRONMENT

The primary feedback from survey participants was to get educated and do things locally to support your community in being healthy and a great place to live.

- Consider starting a community garden or volunteering with a local farmers market.
- Participate in activities that cultivate connections in your community: block clubs, neighborhood clean-ups, or helping neighbors with chores or helping them get to where they need to be.
- Participate in a local faith community.
- Educate yourself about environmental disparities by exploring:
  - The City of Seattle's Equity and Environment Agenda (seattle.gov/environment/environmental-progress/environmental-justice)
  - The Healthy Environment for All (HEAL) Act (app.leg.wa.gov/billsummary?BillNumber=5489&Year=2019)
  - The Washington Environmental Disparities Map (fortress. wa.gov/doh/wtn/WTNIBL)

SECTION V

WHAT'S NEXT

What's Next for You

Throughout the pages of this report are voices of Washingtonians who are pressing forward and pointing the way toward greater health and wellness and the full self-expression of all in our communities. In this decidedly crucial time in our nation's history, we need everyone to step boldly into their power, right now, exactly where we are. We encourage you to:

- Share this report with others.
- Host conversations in your home, community center, or faith community about how to support each other in health and wellness.
- Educate yourself and others on local and state initiatives related to health access, environmental justice, and the social safety net. Join with others to get involved.

What's Next for Your Community Partners

You are not alone. The community organizations that supported this study are committed to championing your voices and joining with you in creating the change we need by:

- Participating in national and regional convenings, as well as peer learnings, on the topics identified in this survey.
- Advancing the research by developing and integrating health policies, programs, and practices into their work.
- Distributing materials that educate others on equitable health outcomes for African Americans in Washington state.
- Building and strengthening partnerships with government agencies, legislators, and community and philanthropic organizations who can support equitable health outcomes for African Americans.
- Advocating for greater public-private investment in, and sustainability of, state and local health and human service delivery systems throughout the state.

We hope this report spurs you to action in the service of yourself, your family, and your community. Join with others. Start anywhere. Start small. Start now.

AUTHOR / SPONSOR INFORMATION

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SPONSOR ORGANIZATIONS

- Byrd Barr Place
- Urban League of Metropolitan Seattle
- Washington State Commission on African American Affairs

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LETTER

MOVING INTO THE FUTURE—TOGETHER

What you hold in your hands represents the shared commitment of three organizations—Byrd Barr Place, the Urban League of Metropolitan Seattle, and the Washington State Commission on African American Affairs. *And So We Press On: A Community View on African American Health in Washington State* is the third in a series of reports assessing barriers to success, including education, housing, and jobs. It was made possible by funders Kaiser Permanente, Pacific Hospital PDA, Premera Blue Cross, Seattle Foundation, and Swedish Medical Center; their support plays a vital role in advancing equitable health care.

And So We Press On is qualitative in nature, painting a picture of the daily lives of African Americans. Along with the accumulating quantitative data on Black health and well-being, it represents a snapshot of how our community defines and experiences wellness.

Health, well-being—these are inherently private and intimately personal matters. To the 588 study participants from across the state who shared their stories with us, we owe a debt of gratitude. Through their generosity, they validate the experiences of the Black community and advance our understanding.

From these stories of vulnerability and perseverance, of suffering and thriving, several themes emerge: defining health and well-being, accessing care, promoting healthy living environments, overcoming social and mental health challenges, and moving forward with culturally appropriate providers, tools, and perspectives.

This report explores the physical and social determinants of health and the impacts of adverse experiences such as financial instability. It considers individual choices and the effects of systemic racism, the challenges of caring for ourselves and for one another.

There is much to celebrate in the findings: Nearly half of study participants live in neighborhoods that promote their health and well-being, and three-fifths have access to culturally aware medical and mental healthcare information. Study participants report high rates of medical insurance for themselves and their families.

Yet healthcare and insurance policies are of varying quality, with Black Washingtonians in rural parts of the state enjoying significantly fewer choices than urban dwellers, and with many participants statewide reporting a lack of culturally aware medical providers. Access to affordable, healthy food is similarly uneven.

We hope this report will spark conversations about African American health and well-being around the kitchen table and in the halls of power. It is intended to be a community resource, to help inform decision-making, and to raise awareness among funders and policy-makers of the inequities that must be addressed.

Our shared vision is an equitable health future for all Washingtonians. What we see today is a community taking charge of our own well-being, making deliberate and conscious choices in our daily lives, advocating for our own health and that of our neighbors, and summoning the strength to press on.

We hope this report will spark conversations about African American health and well-being around the kitchen table and in the halls of power.

APPENDIX I

CREATING AN EQUITABLE FUTURE: HEALTH SECTION UPDATE

42%

The number of Black children with more than two adverse childhood experiences (see box page 37), compared to 24 percent of children overall.

60%

The number of Black children living in families with economic hardship—the most common adverse experience children face—compared to the state average of 39 percent.

23%

The number of Black working-age (18 to 64) adults without health insurance, compared to the state average of 19 percent.

PLEASE NOTE: What follows is the health section of the *Creating an Equitable Future* report, a quantitative study written in 2015. In order to offer the fullest picture of health and well-being for African Americans in Washington State, this section has been updated with current statistics where identified.

Good health is essential to quality of life, and our health is substantially affected by the environments in which we live. Living in a safe home, having enough food to eat, having stable employment, attending good schools, and living in neighborhoods where people trust one another and feel protected are all essential to a healthy life.[36]

Such social conditions play a significant role in the health of Black Washingtonians. Lack of economic and educational opportunities have made it harder for Black people to find stable, living-wage employment that allows families to meet basic needs like housing and food, as well as invest in their own future or that of their children. In addition to the threat to physical well-being posed by hunger or not having a safe place to call home, the mental stress of such instability can reach levels so toxic that it can take a toll on every aspect of child and family health,[37] with consequences that can last well into the future.

MAJOR OBSTACLES TO EQUITY IN HEALTH

Improving the health and well-being of Black Washingtonians is largely dependent on how much progress we make on removing the social and economic barriers to opportunity they face, including:

Adverse experiences and "toxic" stress. A growing body of research suggests that stress resulting from adverse experiences in childhood can harm the maturing brains of children and have health consequences that last well into adulthood. The more adversity a child experiences, the greater the risk for cardiovascular disease, lung and liver disease, depression, violence, smoking, drug and alcohol abuse, obesity, risky sexual behaviors, and early death.[38]

APPENDIX I

CREATING AN EQUITABLE FUTURE: HEALTH SECTION UPDATE

UPDATE: More than twice as many Black children in Washington state have had two or more adverse experiences as children in the state overall. This means that the disparity is greater than previously described in the 2015 report.

Over forty-three percent of Black children in Washington state have had two or more adverse experiences, compared to 18 percent of children overall.[39] Economic hardship is the most common adversity children face.[40] Fifty-eight percent of Black children live in families with economic hardship (defined as families at or below 200 percent of the federal poverty level), compared to the state average of 37 percent.[41]

Access to health insurance. All people should have the opportunity to see a doctor when they are sick, regardless of their ability to pay. Access to affordable health care increases the chances that people will seek care in a timely manner, which benefits the health of children and families, as well as the public's health. Since the original report was written, The Affordable Care Act improved access to health care for the nearly one million Washingtonians who were previously uninsured. For Blacks with health insurance, 33 percent have coverage through Apple Health (Medicaid) compared to the statewide average of 20 percent overall,[42] and the program has dramatically reduced the number of uninsured children, with only 3 percent lacking insurance.[43]

The latest data on race, also updated since the original report, shows that work remains to close gaps in health care coverage for Black, working-age adults (age 18 to 64), as well as for Black people born outside of the United States. Of working-age adults in Washington state, 11.7 percent lacked health insurance in 2017, while the rate for working-age Black people was 12.7 percent. For Black people born outside the United States, the rate was even higher: 19 percent.[44]

EXAMPLES OF ADVERSE EXPERIENCES

Economic hardship

Victim of or witness to neighborhood violence

Divorce or separation of a parent

Death of a parent

Parent serving time in jail or prison

Victim of or witness to domestic violence

Living with someone who is mentally ill or suicidal

Living with someone with an alcohol or drug problem

Being treated unfairly due to race or ethnicity

APPENDIX I

CREATING AN EQUITABLE FUTURE: HEALTH SECTION UPDATE

Environmental injustice. People of color and those with lower incomes have historically suffered from disproportionately high levels of exposure to pollution from toxic waste, landfills, sewage facilities, and industrial sites compared to the population as a whole.[45] This has been linked to higher levels of lead poisoning, asthma, cancer, and other diseases in the Black community.[46] Currently, there is no comprehensive statewide data on environmental injustice in Washington state. However, national data, paired with data in Washington state showing lower levels of economic security and higher rates of asthma among the Black population as a whole, warrant investigation into how environmental risks faced by Black Washingtonians impact their health.

MAKING PROGRESS ON HEALTH EQUITY: KEY GAPS TO CLOSE

Social and economic inequality affects the health of many Black Washingtonians from birth onward, playing out across multiple dimensions of health and well-being.

Compared to their peers in Washington state, Black people:

Are more likely to be born at low birth weight. Babies born at a low weight (less than 5.5 lbs.) are less likely to survive than babies born at a normal weight, and have a higher likelihood of experiencing a range of negative health outcomes in childhood and adulthood.[47] Updated data states that ten percent of Black babies are born at low birth weight, compared to 6.4 percent of all babies.[48]

Have higher rates of childhood asthma and obesity. Research suggests that the quality of the natural (e.g., air quality) and built environments (e.g., access to healthy food and parks, walkable neighborhoods, and housing quality) plays a major role in health outcomes. In Washington state, Black children still have higher rates of both obesity and asthma than their peers (32.5 percent of Black students have been diagnosed with asthma compared to 20.5 percent of non-Black students).[49] The two illnesses are strongly linked to economic inequality and environmental factors.[50]

Have higher rates of mortality and lower life expectancy. Barriers to economic and education opportunities accumulate over time and are strongly associated with higher rates of illness and premature death in the Black community. Overall age-adjusted mortality among Black people (823 per 100,000, is significantly higher than the state rate (685 per 100,000).[51] A Black baby born in Washington state today has a life expectancy four years shorter (76) than the state average (80).[52]

DIALOGUE FOR AN EQUITABLE FUTURE

All Washingtonians deserve the opportunity to lead healthy, productive lives. When children are healthy they do better in school, and when adults are healthy they are better workers and parents—all of which benefit communities and the economy. Recognizing the strong relationship between social, economic, and educational opportunities and good health is essential to improving health in the Black community. Below we highlight a set of questions that policymakers should explore with the Black community to advance health equity in Washington state.

1. What stories help illustrate how systemic barriers to social and economic opportunities harm health in the Black community? Are there policies that would improve the overall health of Black Washingtonians until equity is achieved?

2. What are the major health concerns of Black people from different cultural backgrounds and ages, as well as men and women?

3. What community-led responses to adverse experiences and toxic stress will bolster the health of the Black community as a whole? Are the adverse experiences that African-American children face similar to or different than those of children born outside of the United States?

4. What policies need to be enacted so that everyone in the Black community has adequate access to health insurance and care? Are there different strategies needed for African-Americans and Black people born outside of the United States? Has the Affordable Care Act improved access to health care for the Black community as a whole?

5. What strategies do Black families use to remain healthy in challenging environments? What are the main drivers of higher mortality in the Black community? Are Black people born outside of the United States more or less healthy than African Americans?

APPENDIX II

SURVEY QUESTIONS

Following is the text of the survey to which participants responded.:

Did you know that, compared to all Washingtonians, Black people:

- Are more likely to be born at low birth weight?
- Have higher rates of childhood asthma and obesity?
- Have higher rates of mortality and lower life expectancy?

It is true. Help us understand why this is so. This survey will take between 15 minutes and 20 minutes to complete—please feel free to share only what is comfortable for you.

This research is being conducted by a collaboration of African American serving nonprofits. If you have any questions about the survey or how we will use the information, please contact Angela Powell at: 206-660-0492 x1.

About You

Help us know a bit more about you. This will help us as we compare your answers with others and make sure we gain a strong picture of our community in Washington State. We will not have any way to track your responses to you personally.

You can write on the backs of the pages if you need more space for any answer! Note: Be sure to clearly label which question you're answering.

1. I am:

- Male
- Female
- Another gender identity (please specify):

_____

- Prefer not to say

2. I am:

- Under 18 years old
- 18-29 years old
- 30-44 years old
- 35-44 years old
- 45-59 years old
- 60 years old or older
- Prefer not to say

3. I identify as part of the LGBTQ+ Community:

- Yes
- No
- Prefer not to say

4. The highest level of school I have completed is:

- Less than high school degree
- High school degree or equivalent (GED)
- Some college, but no degree
- Associate degree
- Bachelor degree
- Graduate degree
- Prefer not to say

5. I have children under the age of 18:

- Yes
- No
- Prefer not to say

6. I am:

- Employed, working full-time
- Employed, working part-time
- Self-Employed
- Retired
- Not able to work
- Not employed, looking for work
- Not employed, NOT looking for work
- Prefer not to say

APPENDIX II

SURVEY QUESTIONS

7. The total amount of money (gross income) my household earned last year was:

- $0 to $9,999
- $10,000 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999
- $ 75,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $174,999
- $175,000 to $199,999
- $200,000 to $249,999
- $250,000 and up
- Prefer not to say

8. How do you racially identify?

- Black or African American
- From multiple races
- Prefer not to say
- Another racial identity (please specify):

_____

9. In which zip code is your home located?

10. Anything else you'd like us to know about you?

Overall Health

11. How do you define health and wellbeing for yourself and your family? What does being healthy look like to you in your life?

12. Based on the definition of health you just offered, how would you rate YOUR OWN health and wellbeing?

1 2 3 4 5

Not at all healthy Neutral Extremely healthy

13. Why did you answer the way that you did? What are things that you do to keep YOURSELF healthy as you define it? Are there specific health issues you face? What are they?

14. Based on the definition of health you just offered, how would you rate YOUR FAMILY'S health and wellbeing?

1 2 3 4 5

Not at all healthy Neutral Extremely healthy

15. Why did you answer the way that you did? What are things YOUR FAMILY does to keep members healthy as you define it? Are there specific health issues your family faces? What are they?

Access

16. Do YOU currently have health insurance?

- Yes – Comprehensive Plan: Access to low/no cost preventative medicine and low deductibles/co-pays.
- Yes – Catastrophic Plan: No access to low/no cost preventative medicine, and high deductibles/co-pays.
- Yes – Apple Health (Medicaid)
- No
- Prefer not to say

17. Do YOU currently have dental and vision coverage?

- Yes
- No
- Prefer not to say

18. Does YOUR FAMILY currently have health insurance?

- Yes – Comprehensive Plan: Access to low/no cost preventative medicine and low deductibles/co-pays.
- Yes – Catastrophic Plan: No access to low/no cost preventative medicine, and high deductibles/co-pays.
- Yes – Apple Health (Medicaid)
- No
- Prefer not to say

APPENDIX II

SURVEY QUESTIONS

19. Does YOUR FAMILY currently have dental and vision coverage?

- Yes
- No
- Prefer not to say

20. My family and I have access to good, culturally aware medical and mental healthcare INFORMATION.

1 2 3 4 5

Not at all Neutral Completely

21. My family and I have access to good, culturally aware medical and mental healthcare PROVIDERS.

1 2 3 4 5

Not at all Neutral Completely

22. What resources and providers do you rely on to keep you and your family healthy? Do you have any specific recommendations?

23. Are there any specific experiences with the healthcare system that you would like to share?

Living Environment

24. I believe that the neighborhood I call home promotes health and wellbeing.

1 2 3 4 5

Not at all Neutral Completely

25. I have access to fresh and healthy foods within my neighborhood.

1 2 3 4 5

Not at all Neutral Completely

26. My neighborhood is free of noise, air, and other pollution.

1 2 3 4 5

Not at all Neutral Completely

27. I have access to parks and nature in my neighborhood.

1 2 3 4 5

Not at all Neutral Completely

28. What do you want us to understand about how you experience your neighborhood and local community?

Challenges

29. Many of us have had experiences that are beyond our control and have nothing to do with our worth or what we deserve as individuals or as a community. Have you ever had any of these experiences? Please check all that apply. Again, as with all questions in this survey, no information will be personally tracked back to you.

EXPERIENCE	Yes, I have experienced this in the past	Yes, this is my current experience	No, I have not experienced this
Economic hardship			
Homelessness			
Divorce or separation of a parent			
Death of a parent			
Parent serves time in jail or prison			
Victim or witness of domestic violence			
Victim or witness of neighborhood violence			

30. Please share anything you would like to about your experiences.

31. What are your biggest worries or concerns?

32. Do you have resources and support for the worries and concerns you've named? What are they?

33. Thinking about the worries and concerns you mentioned, what helps you stay hopeful? And what do you think can help?

34. Is there anything that hasn't been asked that you would like to add?

APPENDIX III

SOURCES

1 Kaiser Family Foundation (2019) Opioid Overdose Deaths by Race/Ethnicity. Available at: kff.org/other/state-indicator/opioid-overdose-deaths-by-raceethnicity/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

2 Dasgupta, N., Beletsky, L. , & Ciccarone, D. (2018) Opioid Crisis: No Easy Fix to Its Social and Economic Determinants, American Journal of Public Health 108, no. 2: pp. 182-186. Available at: ajph.aphapublications.org/doi/10.2105/AJPH.2017.304187

3 Holpuch, A. (2016) Black patients half as likely to receive pain medication as white patients, study finds. The Guardian. Available at: theguardian.com/science/2016/aug/10/black-patients-bias-prescriptions-pain-management-medicine-opioids

4 Singhal, A., Tien, Y-Y, Hsia, RY. (2016) Racial-Ethnic Disparities in Opioid Prescriptions at Emergency Department Visits for Conditions Commonly Associated with Prescription Drug Abuse. Available at: journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0159224

5 Martin, N and Montagne, R. (2017) Black Mothers Keep Dying After Giving Birth: Shalon Irving's Story Explains Why, NPR. Available at: www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why

6 Sabin, J. A., & Greenwald, A. G. (2012) The influence of implicit bias on treatment recommendations for 4 common pediatric conditions: pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma. American Journal of Public Health, 102(5), 988–995. Available at: ncbi.nlm.nih.gov/pmc/articles/PMC3483921/

7 Link, B. and Phelan, J. (2015). Is racism a fundamental cause of inequalities of health?, Annual Review of Sociology. Available at: annualreviews.org/doi/abs/10.1146/annurev-soc-073014-112305

8 Washington, H. (2006) Medical Apartheid, published by Harlem Moon. Available at: the-eye.eu/public/concen.org/Harriet%20A.%20Washington%20-%20Medical%20Apartheid%20-%20The%20Dark%20History%20of%20Medical%20Experimentation%20on%20Black%20Americans%20from%20Colonial%20Times%20to%20the%20Present%20%28pdf%29%20-%20roflcopter2110%20%5BWWRG%5D/Harriet%20A.%20Washington%20-%20Medical%20Apartheid%20%28pdf%29%20-%20roflcopter2110%20%5BWWRG%5D.pdf

9 Jacobs, E. A., Rolle, I., Ferrans, C. E., Whitaker, E. E., & Warnecke, R. B. (2006) Understanding African Americans' views of the trustworthiness of physicians. Journal of general internal medicine, 21(6), 642–647. Available at: ncbi.nlm.nih.gov/pmc/articles/PMC1924632/

10 Dooley, G., Dougé, & Trent, M. (2019) The Impact of Racism on Child and Adolescent Health. Pediatrics. Available at: pediatrics.aappublications.org/content/144/2/e20191765

11 United States Census Bureau, American Community Survey Data. Available at: https://www.census.gov/programs-surveys/acs/data.html.

12 Office of Disease Prevention and Health Promotion (2019) Determinants of health. Available at: healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health

13 Centers for Disease Control and Prevention (2018) Well-being concepts. Available at: cdc.gov/hrqol/wellbeing.htm#three

14 Harrell, J. P., Hall, S., & Taliaferro, J. (2003) Physiological responses to racism and discrimination: an assessment of the evidence. American Journal of Public Health, 93(2), 243–248. Available at: ncbi.nlm.nih.gov/pmc/articles/PMC1447724/

15 Mounts, T. & Yen, W. (2018) Research Brief No. 86, Washington State Health Services Research Project. Available at: ofm.wa.gov/sites/default/files/public/dataresearch/researchbriefs/brief86.pdf

16 ibid.

17 Office of the Insurance Commissioner Washington State (2016) 13 insurers approved to sell 154 health plans in Washington's individual market. Available at: insurance.wa.gov/news/13-insurers-approved-sell-154-health-plans-washingtons-individual-market

18 Office of the Insurance Commissioner Washington State (2018) 2019 Exchange individual market: Plans by carrier and metal level (on exchange and both). Available at: insurance.wa.gov/sites/default/files/documents/2019-approved-individual-health-insurers-and-plans_1.pdf

APPENDIX III

SOURCES

9 Pérez-Stable, E.J. (2018) Communicating the Value of Race and Ethnicity in Research. Science, Health, and Public Trust. Available at: nih.gov/about-nih/what-we-do/science-health-public-trust/perspectives/science-health-public-trust/communicating-value-race-ethnicity-research

20 Molteni, M. (2019) The Massive Overlooked Potential of African DNA. Available at: wired.com/story/the-massive-overlooked-potential-of-african-dna/

21 World Health Organization (2006) Preventing disease through healthy environments.

22 Balk, G. (2019) Seattle is the third most gentrifying U.S. city – but that might not be as bad as you think, study finds, Seattle Times. Available at: seattletimes.com/seattle-news/data/seattle-ranks-near-top-for-gentrification-but-that-might-not-be-as-bad-as-you-think-study-finds/

23 United States Interagency Council on Homelessness (2019). Washington Homelessness Statistics. Available at: usich.gov/homelessness-statistics/wa/

24 Applied Survey Research (2018). Count us in: Seattle/King county point-in-time count of persons experiencing homelessness. Available at: allhomekc.org/wp-content/uploads/2018/05/FINALDRAFT-COUNTUSIN2018REPORT-5.25.18.pdf

25 Department of Commerce (2017). Why is homelessness increasing? Available at: commerce.wa.gov/wp-content/uploads/2017/01/hau-why-homelessness-increase-2017.pdf

26 Schoolhouse Washington (2019). Students experiencing homelessness in Washington's K-12 public schools. Available at: schoolhousewa.org/wp-content/uploads/SchoolhouseWA_OutcomesReport_2019.pdf

27 Washington State Legislature (2019). SB 5489 – 2019-20. Available at: app.leg.wa.gov/billsummary?BillNumber=5489&Year=2019

28 Beason, T. (2019). The HEAL Act would put environmental justice on the map in Washington State, Seattle Times. Available at: seattletimes.com/seattle-news/environment/the-heal-act-would-put-environmental-justice-on-the-map-in-washington-state/

29 American Nutrition Association (2019) USDA defines food deserts. Available at: americannutritionassociation.org/newsletter/usda-defines-food-deserts

30 Laris, M. (2019) D.C. to provide food taxi rides to grocery stores for communities east of the Anacostia, The Washington Post. Available at: washingtonpost.com/local/trafficandcommuting/dc-to-provide-free-taxi-rides-to-grocery-stores-for-communities-east-of-the-anacostia/2019/08/08/12e16a70-b9ff-11e9-b3b4-2bb69e8c4e39_story.html?noredirect=on

31 Child Trends (2013) Adverse Experiences: Indicators on Children and Youth. Available at: childtrends.org/wp-content/uploads/2013/07/124_Adverse_Experiences.pdf

32 Voices Rising: African American Economic Security in King County. Available at: byrdbarrplace.org/community-engagement/report-voices-rising/

33 Asante-Muhammed, Dedrick, Collins, Chuck, Hoxie, Josh and Nieves, Emanuel (2016) The Ever-Growing Gap: Without Change, African American and Latino Families Won't Match White Wealth for Centuries. Available at: ips-dc.org/wp-content/uploads/2016/08/The-Ever-Growing-Gap-CFED_IPSFinal-2.pdf

34 Link, B. and Phelan, J. (2015). Is racism a fundamental cause of inequalities of health?, Annual Review of Sociology. Available at: annualreviews.org/doi/abs/10.1146/annurev-soc-073014-112305

35 Gary, F. (2006) Stigma: Barrier to mental health among ethnic minorities. Issues in Mental Health Nursing, 26(10), 979-999.

36 Hines-Martin, et. al. (2003) Barriers to mental health care access in an African American population, Issues in Mental Health Nursing.

37 Centers for Disease Control: cdc.gov/socialdeterminants/

APPENDIX III

SOURCES

38 Child Trends (2014) Adverse Childhood Experiences: National- and State-Level Prevalence downloaded from childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf on December 22, 2014

39 Child Trends (2013) Adverse Experiences: Indicators on Children and Youth downloaded on October 19, 2014 at childtrends.org/wp-content/uploads/2013/07/124_Adverse_Experiences.pdf

40 National Survey of Children's Health 2016–2017, Indicator 6.13: Adverse childhood experiences (childhealthdata.org/browse/survey/results?q=5545&r=49, use select subgroup feature to view data by race)

41 Child Trends (2013) Adverse Experiences: Indicators on Children and Youth. Downloaded on October 19, 2014 at childtrends.org/wp-content/uploads/2013/07/124_Adverse_Experiences.pdf

42 Budget & Policy Center analysis of Integrated Public-Use Microdata (IPUMS) 2017 5-year American Community Survey Data (ipums.org)

43 American Factfinder ACE Data. Available at: https://datacenter.kidscount.org/data/tables/33-children-18-and-below-without-health-insurance

?loc=49&loct=2#detailed/2/49/false/871,870,573,869,133,38/any/305,306

44 Budget & Policy Center analysis of Integrated Public-Use Microdata (IPUMS) 2017 5-year American Community Survey Data (ipums.org)45 Budget & Policy Center analysis of Integrated Public-Use Microdata (IPUMS) 2017 5-year American Community Survey Data (ipums.org)

45 Bullard, Robert (1993) Environmental Justice and Communities of Color. Sierra Club Books: San Francisco, CA; Junejo, S. (2017) Front and Centered Report. Available at: frontandcentered.org/wp-content/uploads/2017/01/MTCA-Report_1-25-17.pdf

46 See the National Black Environmental Justice Network (nbejn.org/) for a summary of research on the negative impact of environmental injustice on health outcomes.

47 Weinstock, M. “The potential influence of maternal stress hormones on development and mental health in offspring.” Brain Behav Immun. 2005:19(4) 296 to 308 and Barker, DJ. “The developmental origins of insulin resistance.” Horm Res. 2005; 64(Suppl. 3):2

48 Center for Health Statistics, Washington State Department of Health Natality Table D2b: Birth Weight in Grams by Mother’s Multiple Race for Residents, 2016.

49 Washington State Budget and Policy Center Analysis of 2016 Healthy Youth Survey Data.

50 Smith, Lauren A.; Hatcher-Ross, Juliet I.; Wertheimer, Richard; Kahn, Robert S. “Rethinking Race/Ethnicity, Income, and Childhood Asthma: Racial/Ethnic Disparities Concentrated Among the Very Poor.” Public Health Rep. 2005 Mar–Apr;120(2):109–16.

51 Washington State Department of Health, Center for Health Statistics, Mortality Data, 2017.

52 ibid.

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