



— CREATING —
AN
EQUITABLE
FUTURE
IN WASHINGTON STATE

20
15

BLACK WELL-BEING & BEYOND



HEALTH

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.⁴³

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,⁴⁴ with consequences that can last well into the future.



42%

The number of Black children with more than two adverse childhood experiences (see definition box), 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.

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 (see table for definition) 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.⁴⁵ Forty-two percent of Black children in Washington state have had two or more adverse experiences, compared to 24 percent of children overall.⁴⁶ Economic hardship is the most common adversity children face.⁴⁷ Black children and families in Washington state have a rate of economic hardship one-and-a-half times higher than the state average.⁴⁸

EXAMPLES OF ADVERSE EXPERIENCES

- Economic hardship
- Divorce or separation of a parent
- Death of a parent
- Parent served time in jail or prison
- Victim of or witness to domestic violence
- Victim of or witness to neighborhood 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

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. The Affordable Care Act is already improving access to health care for the nearly one million Washingtonians who were previously uninsured,⁴⁹ and our state's health insurance program for children, Apple Health, has dramatically reduced the number of uninsured children.⁵⁰ The latest data on race, however, 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. Nineteen percent of working-age adults in Washington state lacked health insurance in 2012, while the rate for working-age Black people was 23 percent. For Black people born outside the United States, the rate is even higher: 32 percent.⁵¹

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.⁵² This has been linked to higher levels of lead poisoning, asthma, cancer, and other diseases in the Black community.⁵³ 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 (see outcomes next page) 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 pounds) 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.⁵⁴ Eleven percent of Black babies are born at low birth weight, compared to six percent of all babies.⁵⁵

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 have higher rates of both obesity and asthma than their peers,⁵⁶ two illnesses that are strongly linked to economic inequality and environmental factors.⁵⁷

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 (885 per 100,000) is significantly higher than the state rate (677 per 100,000).⁵⁸ A Black baby born in Washington state today has a life expectancy four years shorter (76) than the state average (80).⁵⁹

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 among 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?
6. How can we better protect the Black community from environmental toxins and promote healthy and sustainable natural and built environments in Black communities?

