



Briefing: Black Health Equity

October 5, 2023



Why Address Anti-Black Racism in California Health Systems?

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California Health Care Foundation
Black Health Equity Briefing
October 5, 2023

Why focus on Black Californians?

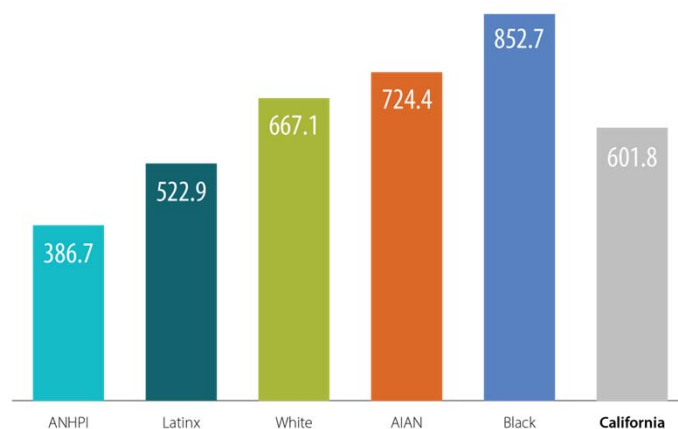
- Structural, anti-Black racism was encoded in our health care system from its inception.
- Black Californians experience the highest morbidity and mortality across most conditions when compared to every other racial group.
- California has the fifth-largest Black population in the nation and, because of geographic diversity, what we learn here can guide policy and practice nationally.*
- COVID-19 heightened the attention paid to Black health equity in health care, public health, and Black communities — so much so that harm in the health care system is explicitly addressed in the California Reparations Taskforce's recommendations.

* Black Californians were 5.7% of California's 2020 population. Source: [US Census, 2020](#).

In California,
Black people die
at a rate over 40%
higher than
Californians
overall.

Death Rate, by Race/Ethnicity California, 2019

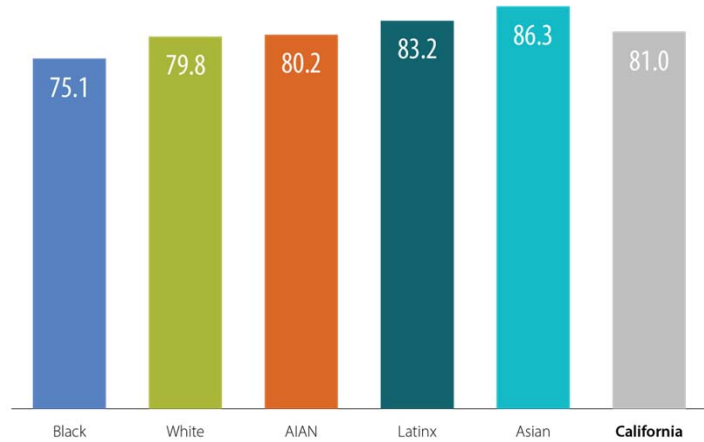
AGE-ADJUSTED RATE PER 100,000 POPULATION



Notes: California total includes those whose ethnicity is "not stated." ANHPI is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses Asian or Pacific Islander, Hispanic or Latina, and Black or African American.
Source: "Underlying Cause of Death 1999-2019," CDC WONDER Online Database, Centers for Disease Control and Prevention, 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

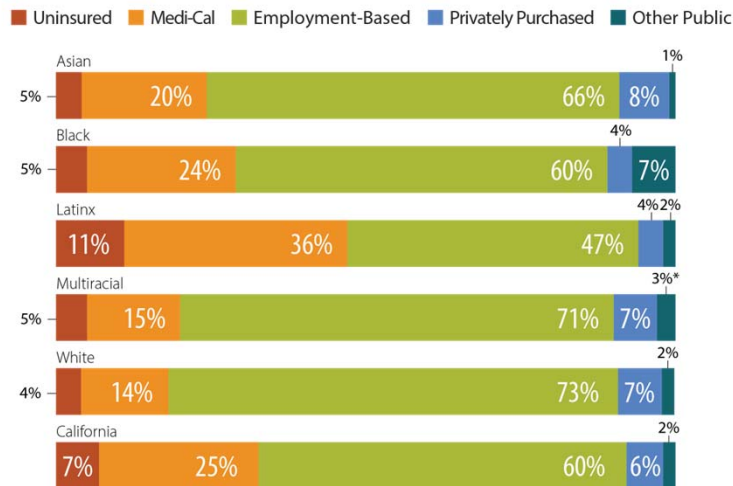
And they live shorter lives — almost six years shorter than the California average.

Life Expectancy, by Race/Ethnicity California, 2021



Notes: AIAN is American Indian and Alaska Native. Source uses Latino and Native American.
Source: "Life Expectancy by State 2021," World Population Review, accessed February 21, 2021.

Health Insurance, by Race/Ethnicity California, 2020



* Statistically unstable.
Notes: Includes age 0 to 64. Insurance status is self-reported. Medi-Cal may include those with restricted-scope benefits. Other public includes Medicare only, Medicare & Medicaid, Medicare & Others, and Other Public. Source uses Latino, Black or African American, and Two or more races. Estimates for American Indian and Alaska Native and Native Hawaiian and Pacific Islander are not shown because the results were statistically unstable. Segments may not total 100% due to rounding.
Source: "AIACHHS," UCLA Center for Health Policy Research, accessed October 7, 2021.

And this is *despite* high rates of health insurance coverage.

Anti-Black racism is encoded into our health care system.

“The practice of the Negro doctor will be limited to his own race, which in its turn will be cared for better by good Negro physicians than by poor white ones. . . . The Negro must be educated not only for his sake, but for ours. . . .”

The Negro needs good schools rather than many schools — schools to which the more promising of the race can be sent to receive a substantial education in which hygiene rather than surgery, for example, is strongly accentuated.”

—Abraham Flexner, *The Flexner Report*, 1910

Impact: While the *Flexner Report* had some positive impact on the quality of medical education, the impact on Black physicians and Black communities was devastating.

- Five of seven Black medical schools and their associated hospitals and clinics closed. (Howard and Meharry remained.)
- [Black physicians were limited](#) to second-tier education and excluded from specialties and clinical practices. Some estimate we [have 35,315 fewer Black physicians](#) today as a result.
- Black people’s access to care, to Black doctors, and to quality care was restricted.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

—Martin Luther King, *Convention of the Medical Committee for Human Rights held in Chicago, March 1966*

“We are vulnerable. We see things that some people may never see. And we have these holes because of the way we’ve been treated everywhere else. We get discriminated [against] in the street, discriminated against at work, and even within groups of friends, but one place you should feel safe is at the doctor’s.”

—35-year-old Black man, Central Valley, *Listening to Black Californians*, 2021

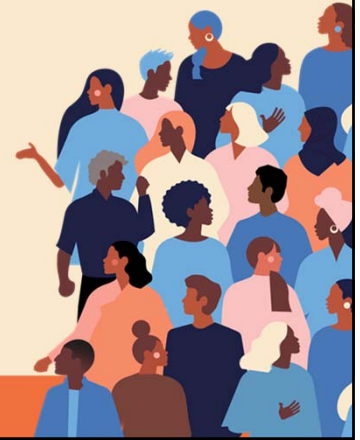
“There is no system in this country that was designed for the benefit of Black people. We have to demand more of every system that touches our lives, including the health care system, especially because it’s so essential to our well-being.”

—Female participant, LGBTQ+ Focus Group, *Listening to Black Californians*, 2022

Black Californians Are Leading the Charge for Health Equity Institutions Are Lagging Behind

 Listening to
Black Californians

Shakari Byerly, Managing Partner, EVITARUS



The Listening to Black Californians statewide survey is one of the largest-scale surveys to date focused on the health care experiences of Black Californians.

EVITARUS used multiple-frame sampling to achieve a population sample of 3,325 adults in California who self-identify as Black or African American — a sample large enough to detect both shared and divergent experiences.

The survey was preceded by 100 in-depth interviews and 18 focus groups with Black Californians around the state to understand their perspectives of health, experiences with the health care system, and attitudes toward the broader social context in the state.



Key Findings: In-Depth Interviews

- **The in-depth interviews paint a portrait of a community under pressure — yet resilient.**
- Perceptions of health and **approaches to self-care illuminate agency, resilience, savvy, and Black Californian’s commitment to health** — for themselves, their families, and their communities.
- Experiences with racism in health care, and more broadly, had **enduring, traumatic impacts on health and well-being**, physically and psychologically.
- Participants expressed a range of **aspirations** and **expectations** centered around the imperative of **patient-centered, holistic approaches** to care.



In Their Own Words The Impact of Experiences with Racism

“It’s exhausting. I’m trying to be myself, I’m trying to function like everybody else in society. But when people [question] my existence, it’s exhausting. . . . And you got to work extremely hard to prove yourself as innocent, and it’s like without being aggressive, because, some people, they already have the bias that oh, well, Black women are angry. Their mouthpieces are ghetto, and they want to fight.

I’m not like that, you know? So it’s like, you got to fight against the bias, but at the same time, protect yourself . . . It’s stressful. You know, because what I do know is when you stress, your chances of having a heart attack is high. When you stress, you lose sleep, you gain weight, depression comes . . . it’s crazy because it’s like, I’ve done my research. We’re all the same color, you know — Black, White, Asian — we are all the same color.”

—33-year-old Black woman, San Francisco Bay Area



The Impact of Experiences with Racism In Health Care

In Their Own Words

“It is hard to be an advocate [for yourself] if people fear you.

When you walk into a room **people already assume certain things about you.** Whether they think are you stupid. Whether they think if you are not smiling all the time, you somehow have issues [even when experiencing pain]. And on top of that, it is hard to be taken seriously.

It is a constant uphill struggle. And it is not just health, it is across the board.”

—37-year-old Black man, San Francisco Bay Area



Key Findings: Focus Groups

- In the focus group discussions, participants highlighted how the **culture of health care as a business compounds racism** and particularly burdens low-income and uninsured community members.
- There was a clear **imperative for centering and equipping the community in advancing change.**
- Participants identified **Black doctors and health care leaders as foundational** to change.
- Participants called for **greater focus on holistic, person-centered care.**
- Many underscored the need for better training and medical education.
- Participants suggested a mix of **incentives and consequences** for system actors.



In Their Own Words

Perspectives on Racism and the Health Care System

“You also have to remember all these situations were set up to prove that White people were superior to Blacks — sociology, psychology, anthropology, all those, health — all those sciences were built and designed to say that White people were superior. So health care was not really meant for Black people. It was not really meant, or they didn’t want to give it to Black people. It runs deeper than a lot of social aspects. It runs back to the whole thing of racism and that superiority complex that we are better than you.”

—Black man, Men Ages 40 and Older Focus Group

“I think it’s all about money, it’s not about caring, it’s not about healing, it’s about how many pills can we get you on...no matter what race, they are going to push the pills, but for us they make it seem like mandatory.”

—Black woman, Women Ages 40 and Older Focus Group



The survey results reveal that Black Californians are highly intentional in their pursuit of physical and mental health.

Here are things that some people do because they think that these things will help them maintain or improve their health. For each one, please tell me how much effort, if any, you put into doing it.

THOSE WHO ANSWERED “A GREAT DEAL / QUITE A BIT”

Speaking up about your concerns when you go to the doctor (even when they do not ask)

85%

Getting appropriate screenings or preventive care

77%

Tracking indicators of personal health or symptoms (i.e., blood pressure, glucose, cholesterol, and sleep patterns)

71%

Working to reach or maintain a healthy weight

71%

Exercising during your leisure time

57%



Racism in health care harms all Black Californians. Women, those who identify as LGBTQIA+, and those with a physical disability or mental illness bear the greatest burden.

Have you ever been treated poorly by a doctor, dentist, nurse, or other health care provider because of your race or ethnicity?

THOSE WHO ANSWERED "YES"

Respondents with a mental health condition (n = 771)

47%

LGBTQIA+ respondents (n = 330)

43%

Respondents with a disability (n = 663)

40%

Medi-Cal enrollees (n = 572)

37%

Overall: 31%



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Key Findings: Survey

Most Black Californians are insured (89%), have a regular provider (85%), and have had at least one visit in the last year (91%).

Despite these deep investments,
nearly one-third (31%) of Black Californians has been treated unfairly by a health care provider because of their race or ethnicity.



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The Impact of Experiences with Racism in Health Care

In Their Own Words

“Absolutely no doctor, no nurse believed me when I told them I wasn’t feeling well after my c-section.

They sent me home. I had a sky-high fever because of an infection and ended up having to be rushed back to the hospital, rushed into surgery, and they had to get all the infection out.

But if I hadn’t continued to advocate for myself, I could have easily been one of those numbers.”

—60-year-old Black woman, San Francisco Bay Area



Key Findings: Survey

- **More than one in four Black Californians (26%) avoids care due to concerns** they will be treated unfairly or with disrespect, including:
 - 42% of women age 35–44
 - 41% of Black Californians who identify as LGBTQIA+
 - 35% of Medi-Cal enrollees
- **Many Black Californians have adopted protective measures** in preparation for a health care visit (e.g., studying their conditions, altering dress or speech, minimizing questions).



Black Californians Have a Clear Vision for Addressing Racism in Health Care

- **Patient-provider relationships are important** to Black Californians:
 - 98% want a provider who listens to them
 - 93% want a provider who will discuss specific health goals
 - 47% want a Black or African American doctor

“I feel like a lot of minorities go in for something and they're dismissed. You know, your pain isn't real...you know? So I feel like a part of quality care would definitely be listening to your patients and their needs and trying to figure out what's wrong with them instead of just dismissing them and saying that they're lying. I think that's one of the main things about giving someone quality care, because that's what you're there for is to fix what is wrong with them.”

—25-year-old Black Man, Inland Empire



The Results Make Clear the System Needs to Change

84% of Black Californians desire community-based education on how to navigate the health care system and advocate for quality care.

“Start in the communities, start letting them know that, hey, you have a right to expect this type of care. You are entitled to this type of care, because how can people know what to expect if they never know they was entitled to have it? If I never treat you like a human being, then you think that's the way you supposed to be treated.”

—63-year-old Black woman, Inland Empire



The health care system needs to better reflect the needs and experiences of Black patients.

I am going to read you a list of suggestions made to address racism and discrimination in health care. After each suggestion, please tell me if you believe the item to be extremely important, very important, somewhat important, not too important, or not at all important when it comes to addressing racism and discrimination in health care.

THOSE WHO ANSWERED "EXTREMELY/VERY IMPORTANT"

Increasing the number of...

Black health care leaders



Black doctors, nurses, and other health care providers



Black-led, community-based clinics and medical practices



Ensuring high-quality, equitable care requires those who oversee the system to take action.

I am going to read you a list of suggestions made to address racism and discrimination in health care. After each suggestion, please tell me if you believe the item to be extremely important, very important, somewhat important, not too important, or not at all important when it comes to addressing racism and discrimination in health care.

THOSE WHO ANSWERED "EXTREMELY/VERY IMPORTANT"

Ensuring that there are financial consequences and other accountability measures when incidents of racism or discrimination occur



Requiring that doctors, nurses, and other health care professionals receive implicit bias training



Broader recognition of the history and existence of racism in medicine



Tying accreditation for doctors and hospitals to improvements in health disparities and ratings of patient experiences



Equitable Care Is Within Reach

Black Californians have shown perseverance in their pursuit of good health and stand ready to redouble their efforts and combine forces for collective action.

Health systems, medical training programs, and state policymakers have the authority to make this vision of an equitable health care system a reality.



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