

BHT Racism Policy Statement

Background:

Better Health Together convenes cross-sector leaders across 6 counties of eastern Washington to radically improve how we delivery community health. We strive for health equity - *where institutions support every individual in achieving their full health potential regardless of identify, environment, or lived experience*. When we look at the decision-making tables, we notice most of the leaders are white. When we look at who is most impacted by the work of these agencies, the data shows us people of color carrying the unjust burden of the greatest barriers. This disparity tells us we are working in a white-dominant system, and if we are not intentional about applying an anti-racist lens to everything we do we are at risk for perpetuating behaviors of [white-supremacy culture](#), such as perfectionism, defensiveness, and sense of urgency.

White supremacy culture has enabled systemic racism and oppression resulting in patterns such as:

- While 91% of hospital CEOs across America are white¹, Spokane's Native American and Black communities lost 61% and 48% more years of life to early death than white people in 2018.
- While 86% of America's psychologists are white², Hispanic communities face the greatest rate of depression, and Native Americans and Black communities are most likely to lose someone to an opioid overdose in our region.
- While 95% of teachers in Spokane Public Schools are white and a third of the students are people of color³, Black students were twice as likely to be suspended in 2018.⁴
- While 80% of America's police officers⁵ and 71% of district court judges are white, black people in Spokane were made to sit in jail and an average of 12 days longer than white people.^{6 7}
- In Spokane, Native Hawaiian and Asian Pacific Islanders make up less than 1% of the population, but a third of positive cases for COVID-19, reflecting nationwide trends of people of color being placed in positions that make them more susceptible to the virus.⁸

We cannot ignore these patterns, and the unjust impact they have on health. BHT moves to adopt a policy position that racism is a public health crisis, so we may continue to center our work and deepen our commitment around addressing the root causes of health inequity in our community.

¹ [ACHE](#)

² [APA](#)

³ [OSPI](#)

⁴ [OSPI](#)

⁵ [New York Times](#)

⁶ [Inlander](#)

⁷ Any data point with source unlisted came from www.countyhealthinsights.org

⁸ [KHQ](#)

Position statement: Racism is a public health crisis

Racism is not just when a person treats someone else differently because of their race.

Racism is a developed false idea used to justify a culture whose behavior has positioned white people to dominate positions of power while perpetuating avoidable and unjust health outcomes for people of color for over 400 years.

BHT is committed to building an anti-racist community and opposing oppression in all forms – not only to stand against systemic oppression, but to invest in radical change and steward the process that will lead us to a better future.

We commit to critical analysis of how white-supremacy culture is influencing our decision making, and to acting on opportunities to disrupt cycles of discrimination and oppression.

Prompts for anti-racist and anti-oppression reflection in decision making:

- How is this decision being influenced by characteristics of white-supremacy culture?
- Where are we taking opportunities to disrupt white-supremacy culture in this decision?
- How and when have the people who will be impacted by this decision been included in decision making?
- How have we assessed and addressed how difference in identity, environment, or lived experience may be influencing this decision?
- How does this decision help to shift the power away from those who typically have the most?
- What don't we know?

A note on the evolving equity journey:

We have yet to see an anti-racist world, but we believe we can build one. We do not strive for perfection in our equity journey, but an openness to learn and willingness to be moved. We will make mistakes, and those mistakes will help us grow. We strive to build accountability in our work that will prevent and reduce the harm to those who have already been impacted by oppression along the way. We owe so much of our learning to people of color and members of other oppressed groups who have taken on a great burden in sharing their experiences of oppression in order for us to see how we must do better. To that end, we do our best to express our commitment as we know how to live it out today in this document, however, **our commitment to anti-oppression work is evolving and how we communicate and activate our commitment to this work will also evolve and grow.**