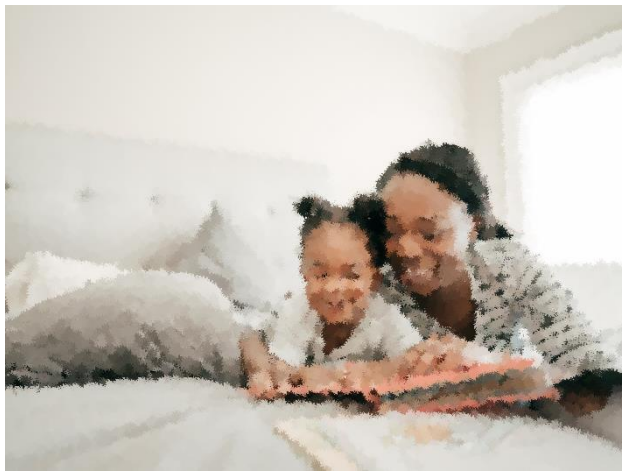
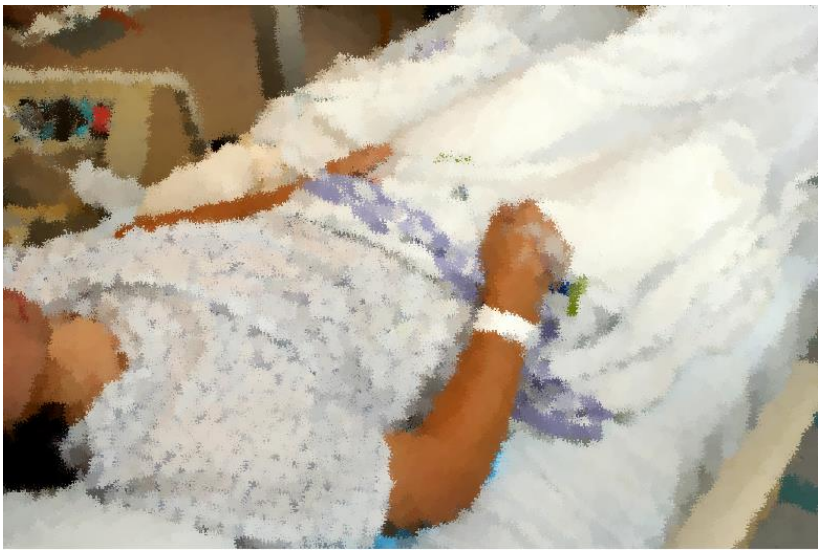
BLAZE

INDUSTRY RESEARCH TRENDS REPORT VOL. 1:

BLACK HEALTH





INTRODUCTION

Elimination of bias is a matter of life or death

The United States is one of only 13 countries in the world where more women die in childbirth today than they did 25 years ago, and African American women are three to four times more likely to die than whites. In some states, this statistic is as high as 6 times or more, depending on where they live.

All too often, those in the Black community are encouraged to seek higher education and well-paying jobs to escape the dangers that marginalization causes. The glaring truth is that black exceptionalism nor respectability politics shield the Black population from the life-threatening impacts of poor healthcare. Dean Michelle A. Williams of the Harvard T. Chan School of Public Health put it this way - "a Black woman with an advanced degree is likelier to lose her baby than a white woman with an eight-grade education."

If researchers and analysts are only reaching as far back as the last 50 years to survey the country's "improvement in access to healthcare," they aren't peeling back the layers far enough. Discrepancies seen today reach as far back as slavery, when the well-being and humanization of Black bodies were completely disregarded. Furthermore, there are centuries of narratives and stereotypes that continue to inform the approaches that physicians apply towards the healthcare provided to Black communities.

Thank you for taking the time to read and understand the Blaze Industry Research Trends Report Vol. 1: Black Health. I am very proud of this work created by our Research Analyst, Neema Kamau. I hope that you find it empowering.

Casey Richardson, *Founder of* BLAZE GROUP LLC

How can the United States provide greater healthcare accessibility?

The National Healthcare Quality and Disparities Report (NHQDR) which reports on the national progress in health care quality improvement—found that healthcare in the United States had improved overall from 2000 to 2016. Five of the nine core health care access areas that were reported to be improving included two measures related to access to health insurance, two measures assessing timely access to care, and one measure assessing patients' access to services when there is a need.[1]

However, despite the NHQDR's findings, access to health insurance remains a huge area of need especially among minority races in the U.S. Admittedly, the NHQDR notes that "although the overall trend in access to care has improved, significant disparities by race persist." The existence of such disparities impacts whether patients have an ongoing source of healthcare and whether they receive timely healthcare. What's important to note here is that the significant disparities (by race, ethnicity, household income, and location of residence) cited by the NHQDR, mainly apply to Black and Hispanic communities. These are the communities that often make the lowest household income, live in zip-codes that receive the least attention when it comes to infrastructural improvements and most importantly, receive the least quality services across numerous areas because of their race. So, when the NHQDR says that access to health insurance is improving in general but "significant disparities persist for access", it should be clear that those for whom these disparities exist (and whose access-to-healthcare-statistics continue to lag) are mainly the Black and Hispanic communities.

While the term "health disparities" comes up more often recently, the National Center for Biotechnology Information which is part of the National Institute of Health notes that[2] **"there has never been a time in the United States without racial**

[1] 2021 National Healthcare Quality and Disparities Report.
https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2021qdr-final-es.pdf
[2] Toward a Historically Informed Analysis of Racial Health Disparities Since 1619. National Library of Medicine. National Center for Biotechnology Information. NIH.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727310/#:~:text=Although%20the%20term%20%E2%80%9Chealth%20disparities,American%20landscape%20for%20400%20years.

health injustices." Through the 19th and 20th centuries, African American communities have battled poor health and lack of access to healthcare which were only exacerbated by other socio-economic struggles such as housing segregation, crowding and heavy manual labor.

Contemporary civil rights lawyer Bryan Stevenson noted that "slavery didn't end in 1865, it just evolved!"[3] Just as many racially driven issues in society today, the onset of racially divided healthcare can be traced all the way to slavery where slave owners, rather than providing care - or better yet, not enslaving people in the first place - envisioned Black bodies as in need of discipline "to remain sound". Slaves were subjected to sexual abuse, violence, separation, starvation, disruption among other horrors.[4] On the other hand, to heal their communities, the enslaved used skills from their homelands (making herbal medicine and communal support). But, even with the end of the Civil war, Black people continued to suffer due to a cruel, underdeveloped, and racist Southern public health system.

Smith SL, writer of *Sick and Tired of Being Sick and Tired*[5] notes that the demands that African Americans made to government leaders went unheard. After being denied access to support, the mutual aid societies and separate medical / nursing schools that African Americans formed could not be sustained due to the economic distress that affected the Black communities. Worst of all, according to the National Library of Medicine, there was the political concern that provision of public health services to Black communities would cause "dependency on governmental largess" and in turn "undermine White Authority and support Black Citizenship" [6]. Clearly, just as is the case today, it was more important to protect the welfare of political leaders of that time than it was to ensure that all members of community (especially the Black people who toiled in pain daily) were well cared for and protected!

[3] Seslowsky E. Bryan Stevenson says "slavery didn't end in 1865, it just evolved." Available at: https://www.cnn.com/2018/12/07/politics/bryan-stevenson-axe-files/index.html. Accessed July 17, 2019.
[4] National Library of Medicine. Toward a Historically Informed Analysis of Racial Health Disparities since 1619. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727310/#:~:text=Although%20the%20term%20%E2%80%9Chealth%20disparities,American%20landscape%20for%20400%20years.
[5] Smith SL. Sick and Tired of Being Sick and Tired. Philadelphia, PA: University of Pennsylvania Press; 1995
[6] National Library of Medicine. Toward a Historically Informed Analysis of Racial Health Disparities since 1619. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727310/#:~:text=Although%20the%20term%20%E2%80%9Chealth%20disparities,American%20landscape%20for%20400%20years.

According to the National Library of Medicine, throughout the 20th century "health became central to the continued struggle for equality" thanks to the efforts of civil rights leaders, women's organizations, Black churches, and Black healthcare physicians. However, another issue came to a head that exacerbated an already deplorable public system — mass incarceration, especially among Black communities, increased. Those imprisoned were deprived of prison healthcare. Consequently, the illness of Black bodies, especially their mental health, suffered.

Fast forward to the 21st century, various measures have been put in place to ensure access to healthcare insurance including to low-income communities. **In 2010, the passage of the Affordable Care Act (ACA) allowed among other provisions, the opening of health insurance marketplaces, or exchanges, which offer premium subsidies to lower-and middle-income individuals[7]. Further, the Act increased funding to federally qualified health centers, which provide primary and preventive care to more than 27 million underserved patients, regardless of ability to pay.** The centers charge based on individual's income and provide free vaccines to uninsured and underinsured children. To offset uncompensated care costs, Medicare and Medicaid provide disproportionate-share payments to hospitals whose patients are mostly publicly insured and uninsured. State and local taxes help pay for additional charity care and safety-net programs that are provided through public hospitals and local health departments. Finally, insured individuals have access to acute care through a federal law that requires most hospitals to treat all patients requiring emergency care including women in labor, despite ability to pay, insurance status, national origin, or race.

Despite the tremendous impact of the ACA, and the reported increase in access to health insurance reported by the NHQDR, healthcare solutions including access to health insurance remains a struggle for Black communities and the disparities in access continue to mirror those that impacted these communities from the very beginning. It's the 21st century, yet the United States continues to have unequal rates of access to health insurance with those among the Black and Hispanic communities (who have the lowest access rates among the entire population). **The CDC reports that in 2021, the percentage of insured Hispanic and Black adults aged between 18-64 years was 30.1% and 14.1% respectively (fig. 1).** In the same year, however, the

[7] International Healthcare System Profiles United States. The Commonwealth Fund. https://www.commonwealthfund.org/international-health-policy-center/countries/united-states

percentage of uninsured non-Hispanic White and Asian adults was as low as 8.7% and 6.3% respectively.[8]

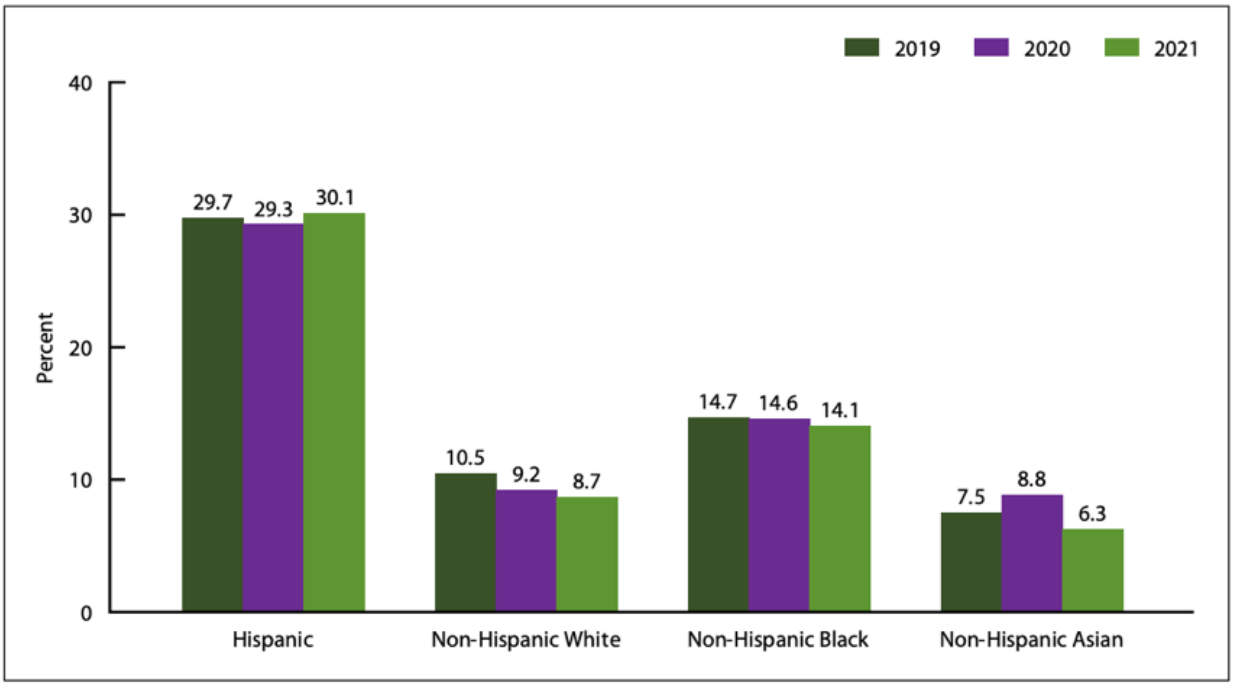


Fig. 1: *Percentage of adults aged 18–64 who were uninsured, by race and ethnicity and year: United States, 2019–2021*

Unlike many other developed nations, the United States does not provide universal healthcare to its citizens or visitors[9]. Instead, the cost of medical care is covered by either private or public insurance such as Medicare, Medicaid, Children's Health Insurance Program, and military health insurance programs (all of which are funded by federal taxes). Private Insurance is the dominant form of coverage for two-thirds of Americans[10], with 55% of it being employer-sponsored and 11% purchased by individuals from for profit and non-profit carriers.

[8] Health Insurance Coverage. Early Releases of Estimates From the National Health Interview Survey, 2021. CDC. https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202205.pdf
[9] Healthcare in the United States: The Top Five things you need to know. https://medical.mit.edu/my-mit/internationals/healthcare-united-states
[10] International Healthcare System Profiles United States. The Commonwealth Fund. https://www.commonwealthfund.org/international-health-policy-center/countries/united-states

There are numerous risks that can easily result from not having health insurance. **People without health insurance are more likely to receive an initial diagnosis in the advanced stages of a disease, die or suffer permanent impairment following an accident or sudden-onset condition, or live with a chronic condition[11].** For any American, race notwithstanding, the cost of covering health expenses in the absence of health insurance can be high enough to lead one into debt. For instance, according to HealthCare.gov[12], the average cost of a 3-day hospital stay is around $30,000. Unfortunately, the majority of low-income families make below $51,852 annually and are, therefore, unable to cover such expenses. It's important to note that majority of these low-income families are in the Black communities.

In 2020, according to Census.gov[13], Hispanics and Black races had the highest uninsured rate across all ages at 18.3% and 10.4% respectively. On the other hand, the number of uninsured people within the Asian and non-Hispanic Whites races was at about half the number of uninsured Black races at 5.9% and 5.4% respectively. In terms of coverage, non-Hispanic whites had the highest rate of coverage (73.9%) followed by Asians (72.4%). As for working-age adults in 2020, the percentage of those without health insurance coverage was highest among the Black and Hispanic races at 14.3% and 24.9% respectively, compared to 7.7% for both non-Hispanic White and Asian races respectively.

Ultimately, the data from these various institutions still reflects a perpetual story of the devalued human experience for Black people. Despite glowing reports that emphasize the increase in access to healthcare, contextualized statistics to date continue to highlight a very different story.

We need not lose sight of the underlying issue. The provision of equal access to health insurance in America, especially to Black people, is a step closer to eliminating persistent healthcare inequalities, but it is not a solution to the root cause of the issue at hand. Healthcare services (including medication prescribed, insurance plans

[11] Health Consequences of Being Uninsured. National Immigration Law Center. https://www.nilc.org/issues/health-care/health-consequences-of-being-uninsured/#:~:text=People%20without%20insurance%20are%20also,more%20prone%20to%20premature%20death.

[12] Protection from High Medical Costs. HealthCare.gov. https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/

[13] Health Insurance Coverage in the United States: 2020. Census.gov. https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-274.pdf

offered, and research conducted to produce medication) need to be readdressed with the state of Black bodies and obstacles of low-income families in mind.

Slavery caused a heavy toll on Black bodies and them to disease and suffering that was never experienced by the free. Most importantly, we cannot continue to ignore decades and centuries of narratives and stereotypes that constituted the approach to healthcare provided to Black Communities. Michelle A. Williams, Dean at Chan school highlights the ridiculous stereotype that was rooted in slavery, which was that "Black people do not feel pain in the same way whites do." This was a notion that the slave owner used to justify whipping and other abuse. Michelle notes that sadly, this narrative has made its way into scientific theory and a study published in 2016 — yes 2016 — and that medical students still believe it. Linda Villarosa, a professor at City College of New York journalism and a mother noted that "in many hospitals, the spirometer (used to measure lung capacity) is given a 'racial correction' because of the perception that African Americans have inferior lungs."[14] This is a falsehood that Professor Villarosa tracked back to writings from Thomas Jefferson.

If healthcare services (including research, medical prescriptions and other interventions) continue to be created and provided by providers and researchers who ignore the infuriating and ridiculous narratives that characterize the Black Community, the real state of healthcare in this country will continue to go unaddressed. Sadly, the misleading statistics on improvement in access to healthcare will continue to be representative of only White and Asian communities.

"The U.S. is one of only 13 countries in the world where more women die in childbirth today than they did 25 years ago, and African American women are three to four times more likely to die than whites".[15] Dean Michelle A. Williams of the Harvard T. Chan School of Public Health, reminds us that "a Black woman with an advanced degree is likelier to lose her baby than a white woman with an eight-grade education."[16]

[14] How Slavery Still Shadows Healthcare. The Harvard Gazette. https://news.harvard.edu/gazette/story/2019/10/ramifications-of-slavery-persist-in-health-care-inequality/
[15] How Slavery still shadows healthcare. The Harvard Gazette. https://news.harvard.edu/gazette/story/2019/10/ramifications-of-slavery-persist-in-health-care-inequality/
[16] How Slavery still shadows healthcare. The Harvard Gazette. https://news.harvard.edu/gazette/story/2019/10/ramifications-of-slavery-persist-in-health-care-inequality/

Addressing unequal access to healthcare services and the elimination of healthcare injustice in the United States will require that health-related research, medication, and solutions include "greater engagement with history aimed towards examining the specific mechanisms and social factors that produced health disparities in the past", notes the National Center for Biotechnology Information. Indeed, the healthcare system cannot provide solutions while ignoring the root causes of the problems it seeks to solve. Data used to create these solutions has, from the very beginning, been selective – showing complete disregard for the state of Black people's bodies. Worse yet, much of the work to date has been reliant on false narratives and stereotypes. If the United States is to have equal access to healthcare for all races and communities, it must be willing to engage with the deep historical issues that have long characterized the Black experience.

REPORT AUTHOR

NEEMA KAMAU is a Research Analyst at Blaze Group LLC. She is a recent graduate of Duke University's Fuqua School of Business, where she earned a M.S. in Quantitative Management: Business Analytics and Finance. Neema earned her B.S. in Finance from Gordon College, where she graduated summa cum laude in 2020. She also does work in the Private Equity space, including research material and valuation models on transportation, telecommunication, and electricity infrastructure opportunities in sub-Saharan Africa. Her work has informed the deployment of investor capital into various projects.