



Build 2LEAD

WELLNESS INITIATIVE:

Lessons from Community Voices

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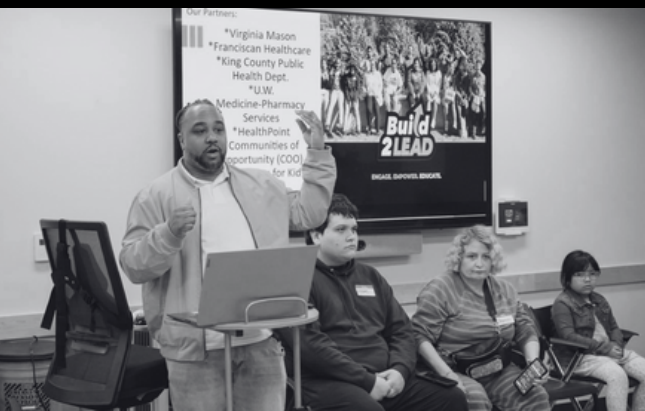


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Executive Summary

The B2L Legacy POWER Council, in collaboration with South King County communities, has undertaken a mission to develop shared agendas that enhance community health, economic opportunities, and connections.

Through this initiative, funded by Best Starts for Kids and Communities of Opportunity, the POWER Council is implementing a three-phased approach to create a community-based hub for mental, behavioral, and economic health initiatives.

This report focuses on Phase 1 of the POWER Council's work:

Listening to Black and Brown community members to understand how the healthcare system can improve access, navigation, medical care, and access to healthcare careers.

The insights gathered during this phase will inform the subsequent phases aimed at developing strategic plans and advocacy efforts for a more equitable healthcare system.

From July 2023 to June 2024, the B2L P.O.W.E.R. Council conducted eight listening sessions with 93 community members. These sessions, facilitated by POWER Partners, focused on healthcare careers, harm and healing, and access and navigation of the healthcare system. Participants engaged in surveys, polls, and group discussions, providing both quantitative and qualitative data that is organized into five key themes: diversity, access, navigation, experiences, and careers. The recommendations focus on creating pathway programs to increase Black and Brown representation in healthcare and ensuring that healthcare organizations, providers, and community-based organizations collaborate to achieve this goal.



EXECUTIVE SUMMARY

KEY FINDINGS

- **Healthcare Diversity:** Only 31% of participants felt that the healthcare workforce adequately reflects the communities it serves. Participants emphasized the importance of recruiting and retaining diverse healthcare providers to improve culturally resonant care and trust between providers and patients.
- **Healthcare Access:** Cost remains a primary barrier to accessing healthcare, with 37% of participants reporting that financial constraints prevent them from seeking care. Participants also noted a lack of knowledge about accessing medical records and scheduling appointments, highlighting gaps in healthcare literacy.
- **Healthcare Navigation:** Many participants found navigating the healthcare system confusing and overwhelming. Challenges in finding specialists and understanding how to access services contributed to a sense of disempowerment.
- **Healthcare Experiences:** Two-thirds of participants shared traumatic experiences in healthcare settings, citing discrimination, lack of interpreter access, and being ignored by providers. Positive experiences, however, improved trust in the healthcare system.
- **Healthcare Careers:** While participants expressed interest in pursuing healthcare careers, they faced barriers such as the high cost of education, lack of mentorship, and systemic bias. There is a clear need for more support and resources to help Black and Brown individuals enter and succeed in the healthcare field.



EXECUTIVE SUMMARY

KEY RECOMMENDATIONS

Recommendations for Healthcare Organizations:

1. **Collaborate with us to build mentorship pathway programs.** By collaborating with Build2Lead's existing programs for Black and Brown students, your healthcare organization can provide hands-on experiences that foster career interest.
2. **Allow us to survey your healthcare teams.** We are conducting surveys of healthcare teams to help organizations understand gaps in care and diversity efforts.
3. **Sponsor our events and programs to build connections.** Show your commitment to supporting our events that connect students with Black and Brown healthcare professionals by completing a Letter of Intent to partner with us on future opportunities.

Recommendations for Healthcare Providers:

1. **Join our P.O.W.E.R. Council:** Collaborate with community members and other healthcare professionals to address healthcare inequities and create solutions.
2. **Engage in our events to support Black and Brown youth and young adults:** Participate in events that connect BIPOC students with healthcare careers and professionals.
3. **Incorporate Build2Lead in your equity and inclusion strategies:** Partner with Build2Lead to strengthen your organization's DEI and anti-racism programs.

Recommendations for Community-Based Organizations:

1. **Join us as we create healthcare career pathway opportunities:** Help develop intentional pathways to healthcare careers for Black and Brown youth.
2. **Help other Black and Brown healthcare providers connect with communities:** Facilitate connections between healthcare providers and communities to address inequities.
3. **Facilitate your community and clients to get involved in our Community Council:** Encourage community members to join the B2L Community Council and contribute to advocacy action plans.

Key Terms & Definitions

This section provides definitions of key terms used throughout the report. These definitions are intended to clarify important concepts related to health equity, healthcare access, and workforce diversity, ensuring a shared understanding of the issues discussed.

- **Health Equity:** The attainment of the highest level of health for all people, achieved by addressing avoidable inequalities and ensuring that everyone has a fair and just opportunity to be as healthy as possible. This involves removing obstacles to health, such as poverty, discrimination, and their consequences.
- **Health Disparities:** Differences in health outcomes and access to healthcare across different population groups due to factors such as race, ethnicity, gender, socioeconomic status, and geographic location.
- **Culturally Resonant Care:** Healthcare that is respectful of, and responsive to, the cultural and linguistic needs of diverse patient populations. It aims to improve communication, trust, and patient satisfaction by recognizing and addressing cultural differences in healthcare settings.
- **Systemic Racism:** The structures, policies, and practices entrenched in various institutions, including healthcare, that create and perpetuate inequities for racial and ethnic minorities. This form of racism affects the quality of care and health outcomes for Black and Brown individuals.
- **Social Determinants of Health:** The non-medical factors that influence health outcomes, including economic stability, education, social and community context, health and healthcare, and the physical environment. These determinants often contribute to health inequities.
- **Healthcare Access:** The ability of individuals to obtain necessary medical services, which can be influenced by factors like cost, insurance status, proximity to healthcare facilities, and availability of culturally competent care.
- **Healthcare Navigation:** The process of accessing and moving through healthcare services, including scheduling appointments, finding specialists, understanding insurance, and accessing care. Barriers to effective navigation can lead to poorer health outcomes, especially for marginalized communities.

Background

Health inequities are systematic, avoidable, and unjust differences in health outcomes experienced by different groups.

In the United States, Black and Brown communities face significant health disparities due to deeply rooted systemic factors such as racism, socioeconomic inequality, and racist policies. These inequities manifest in social determinants of health, healthcare access, quality of care, and overall health outcomes.

SYSTEMIC CAUSES OF HEALTHCARE DISPARITIES

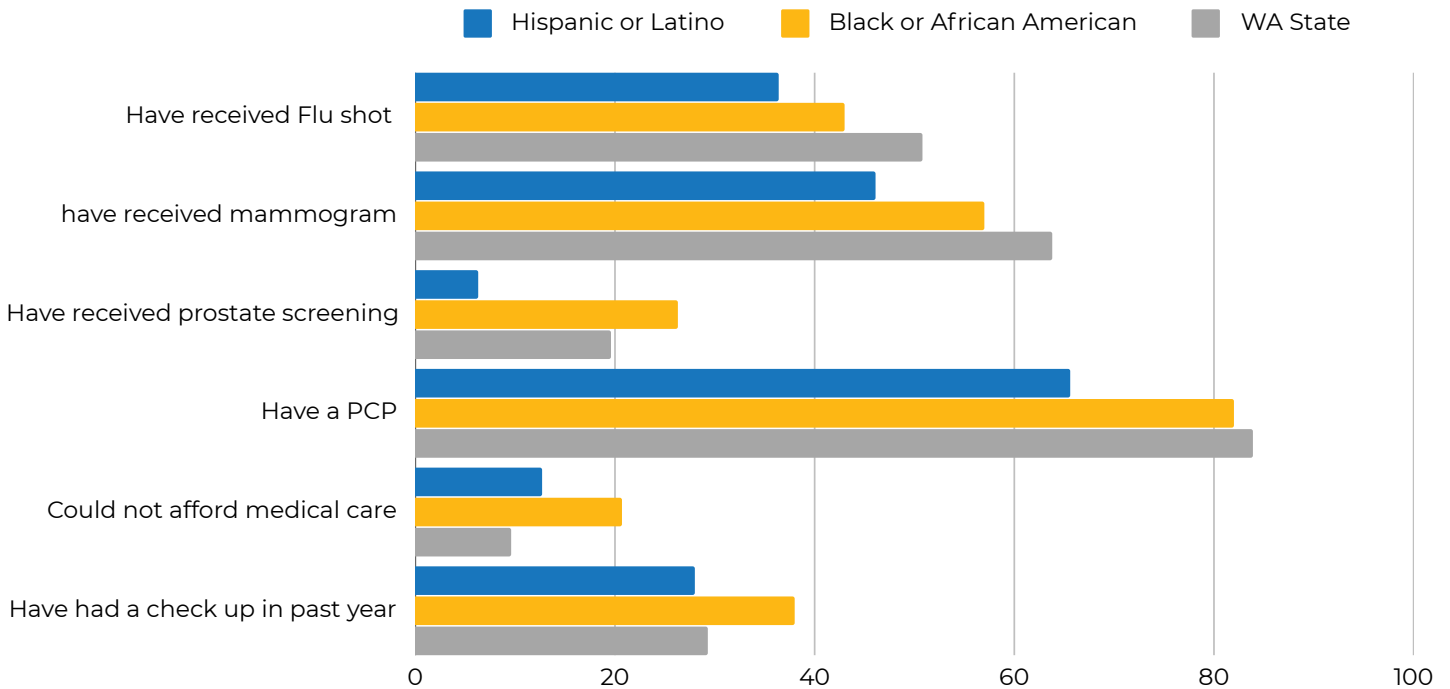
Nationally and in Washington State, health inequities are driven by the intersection of multiple systemic factors (Singh, 2017). These include the geographic distribution of healthcare services, socioeconomic barriers, and racial discrimination in healthcare delivery. **Social determinants of health**—the non-medical factors that influence health outcomes, such as economic stability, education, and access to healthcare—also play a critical role in causing these disparities (Healthy People 2030). For example, Black women are more likely to have low birth weight babies or experience infant loss due to racism, insurance status, and proximity to healthcare facilities (WA DOH, 2024).

Racism, both **institutional and interpersonal**, plays a central role in perpetuating health disparities (Jones, 2000). Even when controlling for factors that impact overall access like insurance and income, Black and Brown individuals receive lower-quality care and face barriers to accessing care. In Washington, **17% of Black** and **14% of Hispanic/Latino** individuals report experiencing **racial discrimination in a healthcare setting** (Behavioral Risk Factor Surveillance System, 2022).



BACKGROUND

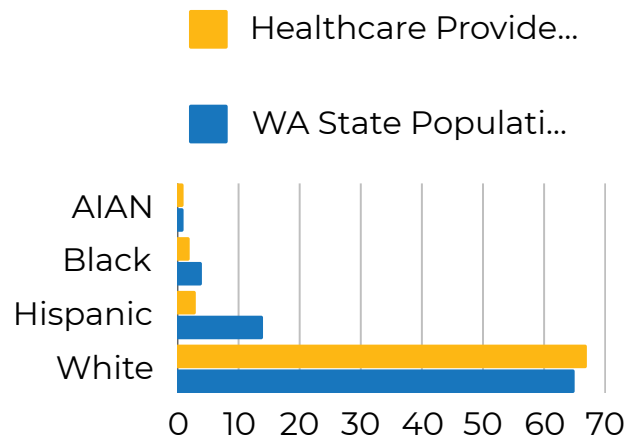
Data from WA Behavioral Health Risk Factor Surveillance System, 2022



PROMOTING EQUITY THROUGH WORKFORCE DIVERSITY

Undoing these systemic inequities requires attention to the policies, systems, and biases that advantage some communities over others. In healthcare, workforce diversity is a critical part of this effort. Increasing the number of Black and Brown healthcare providers increases culturally resonant care and patient-provider communication, helping to address the root causes of healthcare disparities (Truong, 2014).

When healthcare providers share the cultural and lived experiences of the communities they serve, patients report higher levels of trust and satisfaction with their care, and health outcomes improve (Takeshita, 2020).



BACKGROUND

In Washington State, however, the healthcare workforce does not reflect the state's diverse population. For example, while nearly 14% of Washington residents identify as Hispanic or Latino, only 3% of healthcare providers identify as this ethnicity (Washington Medical Commission, 2019). One study found that if the population of Hispanic and Black physicians doubled every year, it would take 92 years for Hispanic physicians and 66 years for Black physicians to correct the deficit in these groups (Mora, 2022). This mismatch between the demographics of healthcare providers and patients contributes to ongoing inequities in healthcare access and outcomes.



BARRIERS TO ENTRY OF BLACK AND BROWN YOUTH AND ADULTS INTO HEALTHCARE WORKFORCE

Black and Brown youth and adults face multiple barriers to entering and advancing in healthcare professions. These barriers include the high cost of education, lack of financial support, lack of awareness about the range of healthcare careers available, limited access to mentorship, and systemic bias within healthcare training and professional environments (Martin, 2018). Systemic racism within educational and workplace settings leads to feelings of isolation and makes it more difficult for Black and Brown healthcare professionals to advance in their careers. Research shows that participating in programs that target these barriers increases their interest in medicine.

To create an equitable healthcare system, it is essential to address these barriers through targeted pathway programs that support Black and Brown individuals from high school through professional training. These programs should provide mentorship, financial aid, and partnerships between community-based organizations, healthcare providers, and educational institutions to ensure that Black and Brown individuals can enter and thrive in healthcare careers.

The Team

The team for the B2L Wellness Initiative was selected from community and healthcare organizations to ensure a diverse range of perspectives and expertise.



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Mission, Vision, & Values

P.O.W.E.R.

**POWER. OWNERSHIP. WELLNESS.
EMPOWERMENT. RESILIENCE.**

MISSION

To dismantle and recreate the system of healthcare to better serve Black and Brown communities.

VISION

To increase pathways to healthcare careers, information, and access to care for Black and Brown communities. Realization of these pathways will mitigate the impact of negative social determinants of health, resulting in improved overall population health.

VALUES

“POWER” in Community: Our committed group of public, private, and institutional stakeholders believe in creating shared power structures for Black and Brown community members. We believe in creating a safe space for those most harmed by healthcare systems to cultivate solutions to the barriers placed by systemic racism and to become valued voices in elevating these solutions to executive-level leaders and government officials.

“Ownership” in Community: We believe in community owned ideas, solutions, experiences, stories and advocacy.

“Wellness” in Community: Our council believes in holistic wellness, and in affirming the need for equitable emotional, mental, spiritual, and physical health.

“Empowerment” in Community: We believe in recognizing and reclaiming the inherent power that all humans carry. For some of us, this will mean lifting up and restoring power to those who had it taken away and for others, transferring power out of our hands into those who have it taken away and participating in the redistribution of power and resources to make the mountains low and the valleys raised up for true diversity, equity, and inclusion.

“Resilience” in Community: We understand the power of non-traditional journeys and pathways to change. We believe in empowering these experiences while holding the system accountable for the harm caused in communities. We honor the spirit, grit, and overall determination of our communities even in the face of institutional and systemic racism within the system of healthcare.

Build 2 Lead Wellness Initiative

The B2L Legacy POWER Council works with the community to develop a shared agenda and decision-making processes that supports the development and implementation of solutions to better community health, increase economic opportunities, and forge and stronger community connections. This Communities of Opportunity-funded project included a three-phased approach to develop a community-based conduit of mental, behavioral, and economic health initiatives via year-long programming and a community-based hub. In centering community voice, strategic empowerment, and engagement, we foster equity through inclusive community connection, shared decision-making and clear roles, responsibilities, and scope of work for all involved.

Phase 1

Listen and learn from Black and Brown community members on how the system can be better to navigate within, better when serving those most impacted by structural and institutional racism, and better when planning on how to create career pathways

Phase 2

Work with community through a “Community Council” that helps the P.O.W.E.R Partners become the “P.O.W.E.R Council.” Selected community members join the council to strategize on how to make the system of healthcare more equitable, plan community informational events/workshops, develop framework for a center/space for continuous community engagement and empowerment.

Phase 3

P.O.W.E.R Council continues advocacy for a space, utilizes data and reports to advocate for stronger Diversity, Equity, and Inclusion initiatives within healthcare organizations, and city and state policies, and works with P.O.W.E.R Partners to inform leaders on how to better serve community.

HOW WE FACILITATE WELLNESS

Through our partnerships, we provide a **community-based coordination of care** model that assesses, connects, and collaborates with the community to achieve positive increases in Social Determinants of Health within the communities we serve.

Our partners include:

- Counseling and Mental Health Group
- Momentum Belonging Group (Virginia Mason Franciscan Healthcare)-(POWER Council)
- Morehouse School of Medicine (Healthcare Partner)
- UW Seattle Physicians Clinic (POWER Council)
- King County Public Health (POWER Council)
- More In Common Alliance (POWER Council)
- HealthPoint (POWER Council)
- Federal Way Public Schools
- Tacoma Public Schools

Each one of these partners offers specific services that impact:

- Proportion of children and adolescents who communicate positively with their family.
- Proportion of adults who talk to friends or family about their health.
- Proportion of adults who use IT to track health care data and communicate with providers.
- Proportion of adults who have a preventative health care visit within a calendar year.
- Community based prevention services.
- Proportion of adults who report poor communication with their healthcare provider.
- Proportion of adults with limited English proficiency who say their providers explained things clearly.
- Proportion of adults with clear understanding of their healthcare insurances.
- Proportion of youth who are introduced to Black and Brown healthcare professionals.
- Proportion of youth and young adults who understand the meaning of healthy relationships, and positive sexual health.
- Proportion of youth and young adults that get preventative mental health care in school.
- Interprofessional prevention education in health professions training programs.

Listening Sessions & Data Sources

OVERVIEW OF LISTENING SESSIONS

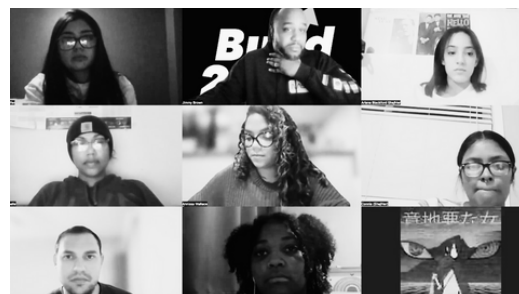
Participants from the listening sessions were recruited via community and organizational listservs and individual contacts. The B2L P.O.W.E.R. Council conducted 6 virtual and 2 in-person listening sessions from July 2023 - June 2024. These sessions were facilitated by P.O.W.E.R. Partners and included three themes:

1. Healthcare careers
2. Harm and healing
3. Access and navigation of the healthcare system

Before the listening sessions, participants were asked to complete a survey where they were asked questions about their social identities, as well as experiences and opinions related to healthcare access, navigation, and careers. During the session, participants completed polls as a conversation starter. They were then invited to participate in group discussions based on open-ended questions in all three themes. Finally, participants completed a follow-up survey with additional questions related to the three themes as well as an evaluation of the listening session.

DATA SOURCES

- Pre-listening session survey
- Live polls
- Zoom chat (for virtual sessions)
- Notes from listening session (taken by B2L staff)
- Verbatim transcripts from recorded sessions
- B2L team debriefing notes
- Post-listening session survey



Data Analysis

DATA ANALYSIS APPROACH

Data analysis was conducted via mixed methods rooted in a transcendental phenomenology. This approach was chosen as it focuses on the textual, contextual, and structural description of experiences of participants. It additionally enabled a focused analysis on the experiences of the Black and Brown community within healthcare settings, particularly those involving racist or other traumatic encounters (the phenomena under investigation). Moreover, it allowed for direct attention towards identifying viable solutions for establishing an equitable pathway pipeline to healthcare.

QUANTITATIVE DATA ANALYSIS

Quantitative data were analyzed using descriptive statistics. Categorical variables, including social identities and demographics, are presented as frequencies. Ordinal variables using integers (e.g., Likert scales) are presented as means.

QUALITATIVE DATA ANALYSIS

Listening sessions that were recorded were transcribed verbatim. Listening sessions that were unrecorded were analyzed using detailed facilitator notes. Consistent with transcendental phenomenology, qualitative data were analyzed using an inductive thematic approach. First, horizontalization was used to highlight significant statements, sentences, or quotes that provided an understanding of how the participants experienced each phenomenon. Next, the data analyst developed clusters of meanings from these significant statements into themes. These significant statements and themes were used to write a textural description of what participants experienced. Themes were iteratively developed, first presented to the P.O.W.E.R. council for member checking, revised as needed, and re-presented.

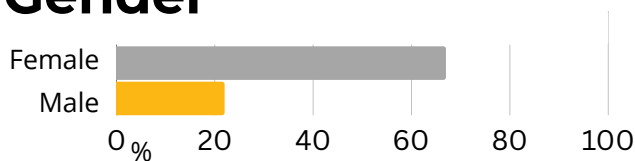
Findings are presented in this report as summary themes representing the “essence” of each phenomenon. Recommendations are presented both as direct suggestions from listening session participants and reactions to the findings from the professional and lived expertise of the P.O.W.E.R. council.

Findings

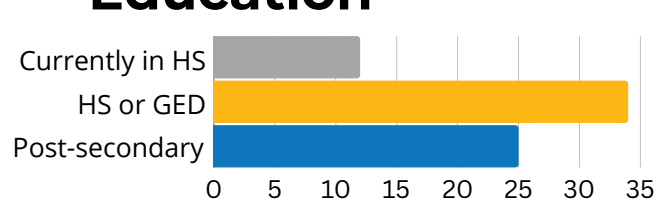
ABOUT LISTENING SESSION PARTICIPANTS

Of all listening participants (n = 93), the majority identified as female (72%) and had at least one child in the home (67%). The most common ethnic backgrounds were Black or African American (44%) and Hispanic or Latino/a (22%). For highest level of education attained, a plurality received a high school diploma or GED (47%), followed by post-secondary education (41%), and 13% were still enrolled in high school. Additionally, a plurality reported a household income of \$20,000 to \$40,000 (48%).

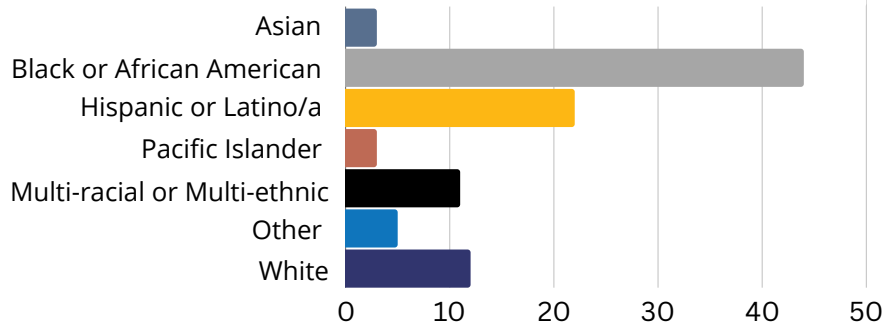
Gender



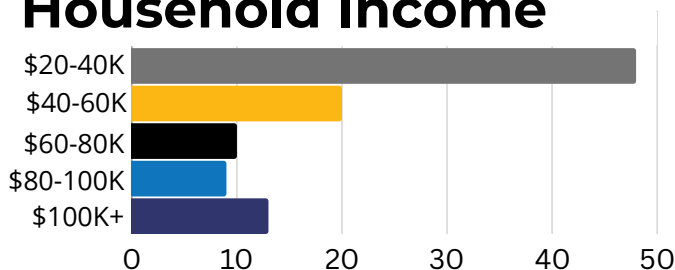
Education



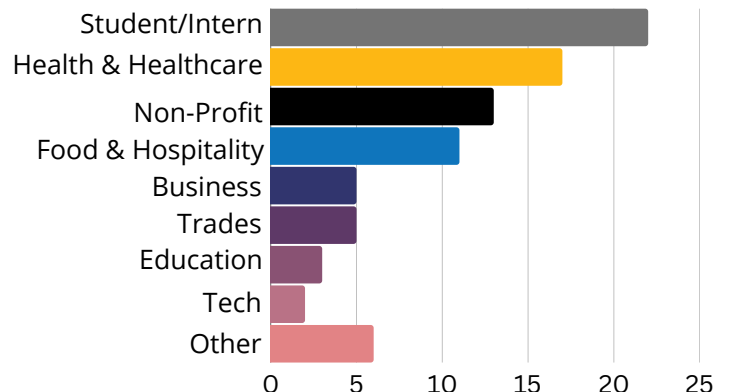
Ethnic Background



Household Income



Occupation



Healthcare Diversity

PERCEPTIONS ABOUT DIVERSITY

Only 31% of participants felt that there was sufficient diversity within the healthcare sector, and 33% believed that the healthcare field was adept at serving diverse patients. Additionally, just 32% thought that the healthcare industry effectively educates Black and Brown individuals on understanding the implications of their health history. These statistics reflect a significant gap in the diversity and inclusiveness within healthcare.

Without a diverse workforce, it is impossible to provide truly equitable care. Participants emphasized that healthcare systems lacking diversity are unable to fully understand or address the unique needs of Black and Brown communities. Achieving health equity is contingent on **recruiting, retaining, and supporting Black and Brown healthcare providers** who can bring critical cultural and contextual knowledge into care delivery.

CONSEQUENCES OF LACK OF DIVERSITY

Participants underscored the importance of having healthcare providers who come from the communities they serve. They highlighted several challenges, including language barriers, cultural differences, and a lack of resources, which collectively hindered effective communication and understanding between healthcare providers and patients.

The lack of diversity among healthcare providers often led to a sense of mistrust and discomfort among patients, particularly those from targeted communities. Participants emphasized the need for healthcare systems to actively recruit and retain a diverse workforce that mirrors the demographics of those with the highest needs and are the most underrepresented among the communities they serve. This approach would not only improve patient-provider communication but also foster a more inclusive and supportive healthcare environment.



“Being from Hawaii, growing up and seeing people that are in Western medicinal fields, having people bringing in that knowledge into that space makes a big difference. Because they’re not just having them take pills or [saying] “do this,” but also they’re focusing on the traditional ways that you can heal yourself.”

FINDINGS

INSTITUTIONAL SUPPORT FOR BLACK AND BROWN PROVIDERS

Participants highlighted that even when they did have experiences with providers who were diverse and from their community, the healthcare system was not always structured to fully support these providers in delivering care.

There was a consensus on the need for more training and resources to help all healthcare providers navigate cultural complexities, but more importantly, participants stressed the necessity of changing healthcare systems themselves. For Black and Brown providers to deliver equitable and authentic care, they must be able to work in environments that allow them to be themselves, without being constrained by white supremacist organizational constructs that affect patient care (e.g., rushed time, one-size-fits-all protocols) and provider wellbeing (e.g., limited access to affinity groups, wellness initiatives that encourage self-care, and professional development opportunities that increase providers' emotional intelligence).

“I have searched for a Black doctor [...] and you can't really find any. And that is disheartening because, us Black people have different things that we go through and it would be nice to talk to someone that understands and has gone through the same type of thing.”

CALL FOR SYSTEMIC CHANGE

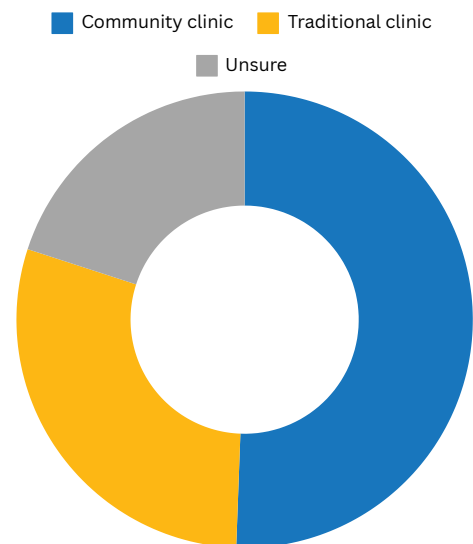
The creation of a more inclusive and supportive healthcare system that values diversity and actively works to address the unique needs of all community members was a recurring theme among the participants. They emphasized that systemic changes are essential to ensure that healthcare services are not only equitable but also accessible and **responsive to the diverse cultural and linguistic needs of all patients.** Participants highlighted the importance of implementing policies that provide ongoing cultural competence training for all healthcare staff and ensure that healthcare facilities are equipped with the necessary resources to serve a diverse patient population effectively. For example, continuous improvement opportunities through community voice feedback loops allow for real-time patient and provider feedback is crucial for providers to offer empathetic and effective care, tailored to the unique needs of diverse populations.

Healthcare Access

Healthcare access refers to the ease with which individuals can obtain needed medical services. This includes factors like availability, affordability, and proximity to healthcare facilities. Listening session participants highlighted several barriers to accessing healthcare.

- **Barriers to Regular Doctor Visits:** 37% reported cost as the primary barrier, 29% cited lack of time, and 15% mentioned location or transportation issues.
- **Knowledge of Accessing Services:** 35% did not know how to access their medical records or schedule appointments online.
- **Health Insurance Quality:** On a scale of 1-6, participants rated the quality of their health insurance at an average of 3.9.
- **Types of Healthcare:** 40% had private healthcare, while 58% had public healthcare.
- **Knowledge of Insurance Benefits:** 51% knew where to go to learn about their health insurance benefits.
- **Proximity to Doctors:** 74% reported their doctor is inside their city limits.

Where participants receive their healthcare



Participants frequently cited the high cost of healthcare as a major barrier to accessing necessary medical services. The expenses associated with office visits, medical procedures, and medications were often prohibitive, leading to difficult decisions about prioritizing healthcare over other basic needs such as food and childcare.

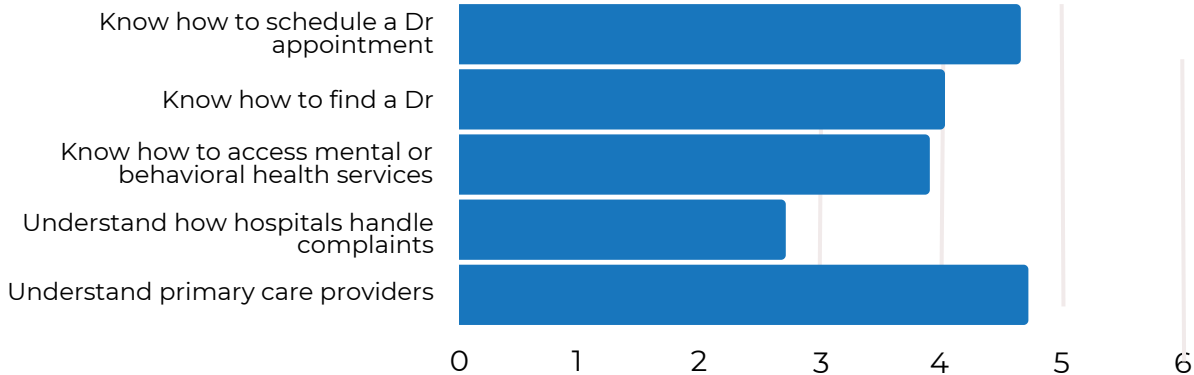


“I think that’s why a lot of people don’t go to the doctor because it’s super expensive. So they know maybe something’s wrong, but they’d rather not spend that money because they want to spend it on their kid or daycare or groceries.”

Healthcare Navigation

Healthcare system navigation involves the ability of individuals to effectively use and move through the healthcare system. This includes scheduling appointments, finding the best-fitting providers, and understanding how to access various healthcare services. Challenges navigating the healthcare system were noted, specifically related to accessing specialists, scheduling appointments, and addressing complaints.

On a scale of 1 to 6, how well do you...



Many participants expressed feeling disoriented and overwhelmed by the complexity of navigating different healthcare services and lack of transparency. The absence of clear information regarding provider availability and the steps needed to access care contributed to this sense of frustration and impeded their ability to make informed decisions about their healthcare. Many participants expressed a desire for more straightforward and accessible information to be given to them upon arrival or departure from their appointment to help them make informed decisions (e.g., a more culturally resonant After Care Summary).

“In the US, we’re just waiting [for the bill]. The bill is expensive or not, I don’t know. The doctor is the only place you go where you don’t know how much you’re spending. They don’t give you an invoice or tell you how much it’s going to be.”




Healthcare Experiences

TRAUMATIC OR NEGATIVE EXPERIENCES


Of all participants, two-thirds reported traumatic encounters in medical settings, leading to a fear of visiting healthcare professionals among 41% of participants.

Negative experiences included a lack of interpreter access, feelings of being ignored, unequal treatment based on wealth, and hospitals failing to follow up on complaints. Discrimination based on race, ethnicity, language proficiency, addiction history, or gender was reported by many participants.

Additionally, participants detailed provider behaviors that exacerbated these negative encounters and, subsequently, health outcomes. For instance, one participant felt uneasy when a provider entered their room without an introduction. Another participant expressed great distress due to a provider's insensitive delivery of test results and diagnosis. Many participants noted that providers typing or taking notes during appointments made them feel unheard, ultimately contributing to health inequities.




“Being a person of color, I often don’t feel like my words are valued when I’m at the doctor. It’s just really disregarded.”



“I’ve had several male providers call me ‘young lady,’ and I’m [in my late thirties]. I don’t feel like a young lady, and it makes me feel like they’re treating me like a child. So I’m kind of at a point now where I only ask for female providers.”


“It’s all about getting to the next patient in the next 15 minutes. And I know that’s been pushed by the system, but we have no providers that are pushing back and saying, “No, I need time with my patient to figure out what’s going on, to provide them the care that’s needed to keep them healthy.” And then we wonder why everyone has these high health disparities, diabetes, hypertension, cancer. Because there’s no time. [...] You better not come in addressing no more than one issue because any other issue won’t get addressed. And so it makes you not even want to make an appointment.”



FINDINGS

POSITIVE EXPERIENCES


Positive encounters with healthcare providers significantly influenced patients' overall perceptions and trust in the healthcare system. One participant explained how a single positive experience with a compassionate and attentive physician positively influenced her outlook on all other clinicians, enhancing her willingness to seek care and adhere to medical advice. Another participant shared that her trust in healthcare providers increased when they were transparent and honest about their uncertainties, appreciating authenticity and collaborative approach in her care.



“I come from a culture where relationship matters more than anything else. Even if I come to you asking for a service, even if you didn’t do that service, but you treat me well, you build that kind of relationship, I’ll go back happy and talk positively about you.”

RESISTANCE AND RESILIENCE

Some participants shared their proactive strategies to ensure they receive necessary care. These participants highlighted the importance of advocating for themselves by actively communicating their needs and concerns with healthcare providers. They emphasized the significance of being well-informed about their health conditions and treatment options, in order to make informed decisions. Additionally, they discussed the value of seeking out second opinions and collaborating with their healthcare team to develop personalized care plans tailored to their individual needs.



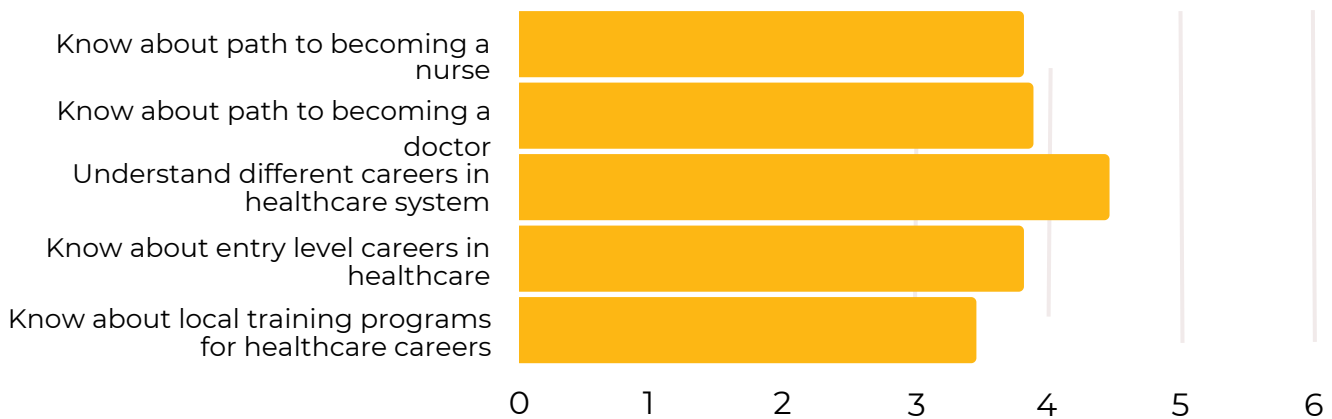
“I go in expecting care. I go in demanding care, because as my mom always said, “A closed mouth doesn’t get fed.” If we don’t treat our life like that, you’ll be dead.”

FINDINGS

Healthcare Careers

Several participants were actively or recently working in the healthcare sector and shared the barriers they overcame to do so. Others expressed a strong interest in pursuing careers in healthcare, although they had not yet taken steps toward entering the field due to lack of resources. Many participants cited their personal experiences with the healthcare system—both positive and negative—as powerful motivators to make a difference. They were particularly inspired by healthcare professionals who demonstrated empathy, competence, and a commitment to serving diverse communities.

On a scale of 1 to 6, how well do you...



BARRIERS TO ENTRY

Despite their interest, participants identified several barriers to entering the healthcare field. These included the high cost of education, lack of financial support, and limited access to mentorship and professional networks. These obstacles disproportionately affected individuals from low-income backgrounds and underrepresented communities, making it difficult for them to pursue and sustain a career in healthcare. Additionally, participants highlighted systemic issues such as discrimination and bias within educational and professional settings that further hindered their progress.



“There aren’t many doctors or nurses that look like me. It’s very apparent there is a lack of diversity in the medical field. Subconsciously it creates a mental block-- do I have what it takes to be in this field?”

SUPPORT AND RESOURCES NEEDED

To overcome the barriers to entering the healthcare field, participants emphasized the critical need for more targeted support and resources.

- **Financial Support:** Scholarships and financial aid are critical to offset the high costs of education and the rising cost of living.
- **Mentorship Programs:** Connecting Black and Brown individuals with experienced mentors is essential for navigating career paths and building professional networks.
- **Career Development:** Workshops on resume writing, interviews, and job searches are necessary to provide guidance for those entering the healthcare field.
- **Challenging Traditional Institutional Models:** Institutions must change to allow Black and Brown providers to work authentically, free from practices rooted in white supremacy, such as rigid time constraints and other limiting structures.
- **Culturally Connected Spaces:** Creating supportive spaces within institutions for Black and Brown healthcare professionals is crucial for fostering inclusion and combating isolation.

“Where I’m from, they were actually offering like a free medical assistant training course because they needed more people in that field. But I was still kind of intimidated. I think I didn’t know what all it entailed or if I could be a good fit for it. So I think having more information about what’s offered in those trainings that are free, and then what to expect might have made me less intimidated.”

Finally, participants advocated for partnerships between educational institutions, healthcare providers, and community organizations to develop pipeline programs. These programs would provide internships, job shadowing, and early exposure to healthcare professions, helping build a more diverse future workforce.

Recommendations



Invitation 2 Action

HEALTHCARE ORGANIZATIONS

1

Collaborate with us to build mentorship pathway programs

Participants in our listening sessions emphasized the importance of mentorship and pathway programs in overcoming barriers to healthcare careers. Many Black and Brown students lack access to mentorship and networking opportunities, which are crucial for career development. Build 2 Lead engages Black and Brown students through programs focused on leadership development, advocacy, and skill-building. By collaborating with us to create mentorship pathway programs, your healthcare organization can provide these students with hands-on experiences that foster career interest and readiness.

COLLABORATE

Melanin and Medicine

Build 2 Lead, in partnership with Virginia Mason Franciscan Health, Morehouse School of Medicine, and educational partners, has hosted two Melanin in Medicine events to connect students with Black and Brown healthcare professionals and explore healthcare careers. The events have featured breakout sessions on mental health, career navigation, and battling discrimination, while fostering connections between students, families, and Black and Brown clinicians.



2

Allow us to survey your healthcare teams

Listening session participants expressed the need for healthcare organizations to better support providers in delivering culturally resonant care. To address these issues, we propose conducting a survey of your healthcare teams (e.g., physicians, nurses, medical assistants, ancillary staff). The survey will gather insights on their perspectives on organizational support, their confidence in providing care to Black and Brown patients, and the inequities they encountered entering the field. This data will help your organization understand gaps in care and diversity efforts, aligning with the participants' call for systemic changes in provider training and support.

3

Sponsor our events and programs to build connections

Participants stressed the need for exposure to healthcare careers through pathway programs and community engagement. Build 2 Lead, in partnership with healthcare and educational institutions, has hosted successful "Melanin and Medicine" events that connect students with Black and Brown healthcare professionals. These events provide essential career guidance and networking opportunities. By sponsoring our programs and events, your organization can become an organizational partner to Build2Lead.

Show your commitment today by completing a Letter of Intent to partner with Build2Lead on future opportunities.



HEALTHCARE PROVIDERS

1

Join our P.O.W.E.R. Council

Build 2 Lead invites healthcare providers to apply to join the P.O.W.E.R. Council, a platform that empowers community members and healthcare providers to drive change in healthcare systems. The Council aims to:

1. **Listen and Learn:** Engage with community members and healthcare providers to understand the most pressing issues in healthcare, as discussed in our P.O.W.E.R. Listening Sessions.
2. **Build Solutions:** Collaborate with Black and Brown community members to address healthcare inequities and propose solutions to improve care and access.
3. **Cultivate Connection:** Foster ongoing learning, advocacy, and targeted connections between Black and Brown community members and providers.

GET INVOLVED

P.O.W.E.R. Council

The P.O.W.E.R. Council serves as an advisory board comprising healthcare providers, community health workers, and other health professionals. Its mission is to create pathways and pipelines for youth and young adults to pursue healthcare careers, promote equity in community healthcare, and provide support and professional development opportunities for BIPOC healthcare professionals. The Council also fosters community engagement initiatives within the healthcare system, encouraging participation from both new and experienced professionals.



2

Engage in our events to support Black and Brown youth and young adults

Participants stressed the need for exposure to healthcare careers through pipeline programs and community engagement. Build 2 Lead, in partnership with healthcare and educational institutions, has hosted successful "Melanin and Medicine" events that connect students with Black and Brown healthcare professionals. These events provide essential career guidance and networking opportunities. By sponsoring these events, your organization can actively foster a diverse future workforce, addressing participants' concerns about the lack of racial and ethnic diversity in healthcare careers.

3

Incorporate Build 2 Lead in creating a culture of inclusion.

Partner with Build2Lead to strengthen your organization's equity and inclusion strategies. Build 2 Lead offers expertise in working with Black and Brown communities and can collaborate with you to develop impactful programs, trainings, and events that foster community engagement. Incorporating Build2Lead into your initiatives ensures your efforts are grounded in addressing systemic barriers and promoting real change within healthcare systems.



COMMUNITY-BASED ORGANIZATIONS

1

Join us as we create healthcare career pathway opportunities

We are building a pathway program that will lead Black and Brown youth and young adults in intentional connections to high demand careers, such as Medical Assistants, Registered Nurses, Behavioral Health Providers, and Dental Assistants.

2

Help other Black and Brown healthcare providers connect with communities

B2L strives to center candid and courageous conversations on healthcare provider experiences, strategies, and best practices for dealing with inequities. Connect us with healthcare providers in your community who will participate in these conversations.

3

Facilitate your community and clients to get involved in our Community Council

Encourage your community members and clients to join the B2L Community Council, a platform for amplifying Black and Brown voices and building advocacy action plans for healthcare, education, and justice systems. Council members collaborate with B2L leadership to develop data-driven reports and generate solutions to better serve the needs of Black and Brown communities. Participants benefit from professional development, networking with healthcare leaders, and stipends for their contributions.

JOIN THE B2L COMMUNITY

Community Council

Build 2 Lead, is empowering community to be at the forefront of building innovative solutions to barriers to equity in healthcare. The Community Council is a group of community members who have participated in our listening sessions, and or have a passion to see a reduction in health equity and social determinants of health disparities across BIPOC communities. This community advisory board to the P.O.W.E.R council is charged with creating community-centric solutions to our community based and healthcare provider recommendations. We believe in creating funnels that provide shared P.O.W.E.R and decision making from the bottom-up.

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We are grateful for our partnerships with community organizations that help us provide a community-based coordination of care model that assesses, connects, and collaborates with the community to achieve positive increases in Social Determinants of Health within the communities we serve.

OUR PARTNERS INCLUDE:

- Counseling and Mental Health Group**
- Momentum Belonging Group (Virginia Mason Franciscan Healthcare)**
(POWER Council)
- Morehouse School of Medicine** (Healthcare Partner)
- UW Seattle Physicians Clinic** (POWER Council)
- King County Public Health** (POWER Council)
- More In Common Alliance** (POWER Council)
- HealthPoint** (POWER Council)
- Federal Way Public Schools**
- Tacoma Public Schools**



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