



Center for Anti-Racism and Community Health

ARCH | INFORMATION SHEET

Led by inaugural Director Dr. Wendy E. Barrington, the ARCH Center is a community-driven academic hub focused on combating racism and racialization across populations. Initiated by concerned campus and community activists in 2016, UW administration seeded over \$1 million to establish the ARCH Center which will serve as an accountability mechanism for the continued anti-racist transformation of the UW and beyond.

OUR APPROACH

We recognize that racism and the racialization of all peoples in the U.S. is buttressed and informed by anti-Indigeneity and anti-Blackness derived from legacies of colonization. We therefore center the experiences of Indigenous and Black peoples to interrogate fundamental racist mechanisms in U.S. systems. We recognize that all communities that reside in the U.S. are affected by manifestations of these racist mechanisms which requires intersectional approaches to co-create solutions for disruption and repair.

LIVING OBJECTIVES

-  **Develop the evidence base** for anti-racist research **methodologies to address** anti-Indigeneity, anti-Blackness, and health inequities.
-  **Nurture and develop** Black and Indigenous scholars and **anti-racist researchers** by creating space and supportive conditions for transformational justice organizing, teaching, research, and action.
-  Establish institutional structures and use **partnership frameworks** to support **community-driven** anti-racist research and practice.
-  Establish a foundation of **critical race theory in health sciences** research, teaching, practice, and service.
-  Serve as a **trusted resource for academic and practice partners, communities, and policymakers** for the implementation and evaluation of anti-racist strategies.

ANTI-RACIST STRATEGIES

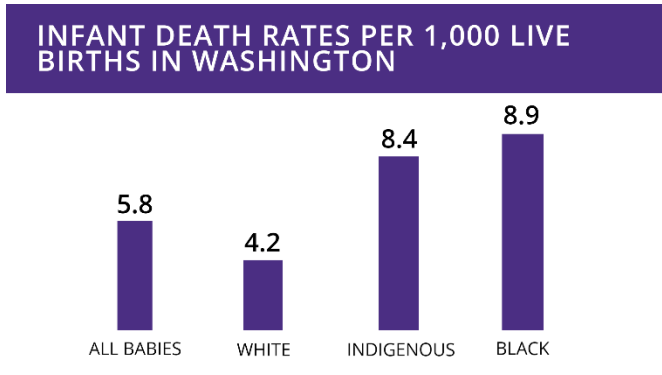
Guided by the Public Health Critical Race Praxis framework ([Ford, Collins, Airhihenbuwa 2010](#)), we work in partnership to evaluate anti-racist strategies as well as reshape narratives that perpetuate health disparities. We support anti-racist strategies that disrupt white supremacy culture norms in policies, practices, and relationships by:

“Centering in the Margins”	Raising Racial Consciousness and Critical Mass	Health Equity Action
<ul style="list-style-type: none">Valuing expertise of affected communities to identify and prioritize issuesPositioning and supporting BIPOC leadershipIncluding affected communities in decision-making processes	<ul style="list-style-type: none">Examining and naming how processes of racialization operate within contextsCiting and amplifying BIPOC contributionsExpanding ideas of “right” or “good” to increase ways for success	<ul style="list-style-type: none">Resourcing solutions identified by affected communitiesBalancing power dynamics in interpersonal encounters and organizational practiceUsing activism as mechanism for praxis and accountability

RACISM ACROSS LIFE STAGES

Maternal & Child Health

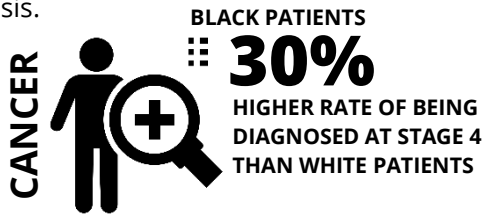
Babies born to Black or Indigenous mothers in Washington are half as likely to reach their first birthday as white babies. Access to care is one of many contributing factors to this disparity—delivery of prenatal services is about 20% lower among Black and Indigenous mothers compared to white mothers.



Source: [Washington Department of Health](#)

Cancer Screening

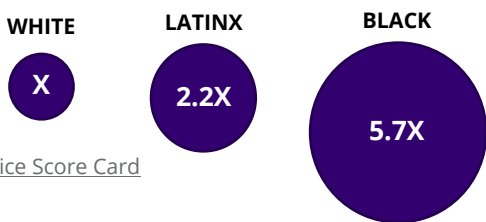
Black cancer patients in Washington have a 30% higher rate of being diagnosed at advanced stage of cancer than white cancer patients. This disparity in health service delivery means that Black patients are less likely than white patients to survive their cancer diagnosis.



Source: [Fred Hutchinson Cancer Research Center](#)

Policing

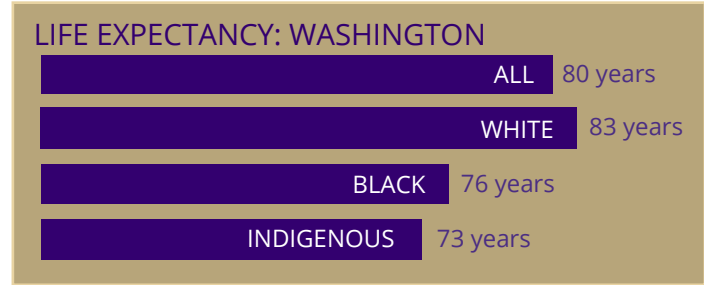
Policing in Washington state is harming communities of color. Based on population, a Black person was 5.7 times as likely and a Latinx person was 2.2 times as likely to be killed by police as a white person in Seattle.



Source: [Police Score Card](#)

Life Expectancy, Homelessness & Education

In Washington, Indigenous people have among the highest death rates in the state and experience a life expectancy of 72 years compared to a life expectancy of 83 years among white people. Many factors across the life span contribute to this disparity including inequitable access to housing, education, and quality health care.




Across the state, Black, Indigenous, and Pacific Islanders experience homelessness at higher rates than white individuals. Washington high schools are also failing to achieve equitable graduation rates for students: white students graduate at a rate of 83%, while Black students graduate at 74%.

Sources: [Washington Department of Public Health](#), [Washington State Health Assessment](#), [National Center for Education Statistics](#).

“We as a society are not healthy. We can do better by prioritizing change that will benefit those most impacted by structural racism. We can do better by centering, uplifting, and championing the strengths of communities at the margins. In solidarity, every community will benefit from these strategies of radical inclusion.”

-Dr. Wendy E. Barrington, Inaugural Director of the UW Center for Anti-Racism and Community Health



LEARN MORE

- Sign up at the ARCH website for our email list: sph.uw.edu/arch
- Donate at: giving.uw.edu/arch
- Contact us: archcenter@uw.edu