

Achieving Equity in Black Women's Health



International Black Women's
Public Policy Institute

www.ibwppi.org | 3915 Cascade Rd. Suite T147 Atlanta, GA 30331 | 404-549-3469

The Black woman has played an integral role in the development and success of the United States. Not always acknowledged or counted as a person, her unique story is inseparably woven into the American fabric. From 1619 to 1865, America used her womb to birth the enslaved people that provided the United States with an agricultural advantage and the economic foundation it continues to benefit from today.¹ Despite America's state-sanctioned violence against her, she survived. Through her diligence, fortitude, and strength, the Black woman has raised her family, loved, and worked in the most inhospitable situations, and yet, she remains an active and ardent participant in American society.

As a loyal voting bloc, viable economic base, and stabilizing force within her family and community, Black women continue to be key contributors to the success of America. Politically, they shape America's elections with historic turnouts and seek elected offices at the state and federal levels. Economically, they are the fastest-growing segment of entrepreneurs. They have the highest rate of growth (67 %) out of other groups and contribute a great share in the overall \$1.2 trillion spending power of Black people overall.² They are aunts, daughters, mothers, and sisters. They are artists, clergy, doctors, essential workers, lawyers, small business owners, and soldiers. Despite their significant impact, Black women face substantial challenges related to deeply entrenched socioeconomic and racial inequality that negatively impacts their health outcomes.

When competing priorities of healthcare, public health, and political systems collide, Black women, become one of the vulnerable populations left behind. As a first-world nation with a GDP of \$260 billion in 2019, it is time to confront historic health inequities with bold policies.³ Prioritizing Black women's health needs is a good investment for America because it will not only decrease the onset of chronic health conditions and preventable diseases. It will also promote health literacy and equality, while saving lives and decreasing burdens on the nation's healthcare system.

The International Black Women's Public Policy Institute (IBWPPI) is committed to giving Black women agency in creating policy solutions that would benefit their health, wellness, and safety. In 2009, we invited women to a focus group to discuss a sampling of significant issues for Black women that we believe should be addressed. Including the voices of Black women from the United States, the Caribbean, and Africa, helped us better frame our issues that later became the foundation for our policy agenda. While the listed topics are not exhaustive, we have identified pressing issues based on our conversations with our constituency. Below we have outlined and offered solutions to five areas that we believe should be addressed immediately: COVID-19, Mental Health, Maternal Mortality, Breast Cancer, and HIV/AIDS.

1. A History of Slavery in the United States, National Geographic, accessed June 10, 2020, <https://www.nationalgeographic.org/interactive/slavery-united-states>.

2. Taryn Finley, "African-American Women: Our Science, Her Magic," Huffington Post, accessed April 21, 2020, https://www.huffpost.com/entry/black-women-nielsen-report_n_59c3fec2e4b06f93538d3a05.

3. "United States GDP Growth Continues Exceeding Expectations," White House, accessed April 21, 2020, <https://www.whitehouse.gov/articles/united-states-gdp-growth-continues-exceeding-expectations/>.

Examining the Historical Legacy of Black Women's Health

To paint the complete picture of the health status of Black women, one must start at the beginning or introduction of Black women to the Americas. The transport of slaves from the African continent to the New World was barbarous and dehumanizing, given slave ships were incubators for infectious diseases. Slaves were forced to lay in chains next to human carnage, in body waste, and survive with little food and water.⁴ The physical, social, and mental brutalization that those survivors and their descendants endured is a testament to the remarkable strength of the human spirit.

Black women were treated as breeders and forced to bear children with their White captors, and male slaves who exhibited optimal physical ability.⁵ Deemed biologically inferior; they were treated as specimens by the medical community for testing and forced to live in poor conditions with a lack of regard for their health.⁶

From slavery to Jim Crow, Black women have borne the brunt of gender and racial inequities. The social and health indicators of Black women, their access to health care, and morbidity and mortality rates underscore a solemn legacy of generations of racial and social injustices.

Health Disparities

While diseases themselves are not biologically racist, the societal structures that assign more value to some lives over others negatively influence the health outcomes of Black women. The systems of oppression that persist through these crises unfairly disadvantage some individuals and communities and places unfair advantages to others.⁷ When it comes to Black women's health, these oppressive systems carry over into the research, diagnosis, and treatment areas. Racial and gender gaps exist in clinical research trials, limiting the understanding of the unique biological differences Black women have and their symptoms and susceptibility to diseases.⁸

For example, Black women are more likely to be diagnosed with triple-negative cancer but less likely than white women to be recommended for genetic testing.⁹ Research bodies like the American Medical Association have a powerful role in publishing biomedical research that center Black women, diversifying medical education initiatives and being a strong voice in the courts and legislative bodies.

4. A. Vyann Howell, Angela Belyue-Umole, Cynthia Prather, Khiya J. Marshall, Taleria R. Fuller, William L. Jeffries, and Winifred King, "Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity," accessed April 21, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6167003/>.

5. Ibid.

6. Ibid.

7. Saybin Roberson, "Diddy's 'Black America & Coronavirus' town hall stressed the importance that 'no one will save us, but us,'" Revolt, accessed April 21, 2020, <https://www.revolt.tv/2020/4/10/21216558/diddy-covid-19-town-hall-recap>.

8. Eliseo J. Pérez-Stable, Jennifer Alvidrez, Winnie W. S. Mak and Rita W. Law, "Gender and Ethnic Diversity in NIMH-funded Clinical Trials: Review of a Decade of Published Research," Administration and Policy in Mental Health and Mental Health Services Research, accessed April 21, 2020, <https://link.springer.com/article/10.1007/s10488-007-0133-z>.

9. "Black Women and Breast Cancer: Why Our Diagnosis and Care are Different," Black Women's Health Imperative, accessed April 21, 2020, <https://bwhi.org/2017/07/20/black-women-breast-cancer-diagnosis-care>.

The American Heart Association found that 36% of trial participants cardiovascular and cardiometabolic diseases were women, and four percent were Black or African American.¹⁰ If Black women continue to be understudied in medical research, and their needs are not fully accounted for in the continuum of care; major health disparities will continue to persist.

The lack of social safety nets, limited medical and health resources, access to clinics, and affordable healthcare further exacerbate health disparities and relegate Black women to being among the unhealthiest groups in the United States. Black women particularly fare high on the list of chronic diseases as one in two Black women have heart disease, 20 % of Black women over 20 years old have been diagnosed with diabetes, and Black women are 39 % more likely to die from cancer than White women.¹¹

They rank the lowest in earnings as the Institute for Women's Policy Research reported that one-third of Black women are in the bottom earnings quartile (34.1 %) and make 67 cents on the dollar compared to White males.¹²

Ultimately, with so much death and subjugation over hundreds of years, the resilience of Black women is a story of survival. The strength Black women have exhibited in breaking the generational chains of trauma is extraordinary. Still, even the strongest amongst us need direct support and advocacy to carry the fight for equity and inclusion in healthcare policies.

Disparities at a Glance

Black women fare lower when compared to other groups for social and health indicators. A snapshot of Black women's political and economic gains, contrasted with their health outcomes, sheds light on the health and economic status of Black women.

Political and Economic Gains

- Fifty years after Shirley Chisholm became the first Black woman elected to Congress, 25 Black women hold office in the House of Representatives. Five Black women won seats in the House during the 2018 midterm election, and all but one of these Representatives are under 45 years old.¹³

10. "Women and Minorities Lacking in Research and Clinical Trials for New Cardiometabolic Medications," American Heart Association, accessed April 21, 2020, <https://newsroom.heart.org/news/women-and-minorities-lacking-in-research-and-clinical-trials-for-new-cardiometabolic-medications>.

11. "The Status of Black Women in the United States," Institute for Women's Policy Research, accessed April 21, 2020, https://www.domesticworkers.org/sites/default/files/SOBW_report2017_compressed.pdf.

12. Ibid.

13. "State of Black Woman in the U.S. & Key States, 2019," Black Women's Roundtable, accessed April 21, 2020, <https://www.ncbcp.org/assets/2019BWRReportBlackWomenintheU.S.2019FINAL3.22.19.pdf>.

- U.S. Senator Kamala Harris (D-California) is one of three African Americans and the only woman currently serving in the U.S. Senate. She was elected on January 3, 2017, and was a candidate for the Democratic nomination in the 2020 presidential election.¹⁴
- Black women are leading in state and local governments. The three Black women that serve as lieutenant governors include Juliana Stratton (D-Illinois), Sheila Oliver (D-New Jersey), and Jenean Hampton (R-Kentucky). Black women mayors head eight of the 100 largest cities in America. Leticia “Tish” James was elected as New York State’s Attorney General, the first woman to hold that office in the state’s history.¹⁵
- Black women turned out to vote in the 2012 presidential elections at a rate of 66 %, the highest out of all gender and racial/ethnic groups.¹⁶
- Between 2003 and 2012, the number of businesses owned by Black women increased by 178 percent, the largest increase among all ethnic groups of women and men.¹⁷
- Black women participate in the workforce at higher rates (62.2 %), making them one of two racial/ethnic groups with the highest labor participation.¹⁸
- The share of Black women obtaining bachelor’s degrees increased by 23.9 % between 2004 and 2014. This is the largest increase among all groups.¹⁹
- Overall, Black women continue to excel in higher education and degree attainment. During the 2016-17 academic year, Black women earned 64 % of all bachelor’s degrees earned by Blacks; 70 % of all master’s degrees earned by Blacks; 68 % of all research doctorates awarded to Blacks and 65 % of all professional practice doctorate degrees earned by Blacks.²⁰

Health and Economic Disparities

- When working full-time, year-round, Black women make just 67 cents on the dollar compared to their White male counterparts.²¹

14. “African American Senators,” United States Senate, accessed May 20, 2020,

https://www.senate.gov/history/Photo_Exhibit_African_American_Senators.htm.

15. "State of Black Woman in the U.S. & Key States, 2019," Black Women's Roundtable, accessed April 21, 2020,

<https://www.ncbcp.org/assets/2019BWRReportBlackWomenintheU.S.2019FINAL3.22.19.pdf>.

16. "The Status of Black Women in the United States," Institute for Women’s Policy Research, accessed April 21,

2020, https://www.domesticworkers.org/sites/default/files/SOBW_report2017_compressed.pdf.

17. Ibid.

18. Ibid.

19. "State of Black Woman in the U.S. & Key States, 2019," Black Women's Roundtable, accessed April 21, 2020,

<https://www.ncbcp.org/assets/2019BWRReportBlackWomenintheU.S.2019FINAL3.22.19.pdf>.

20. Ibid.

21. "The Status of Black Women in the United States," Institute for Women’s Policy Research, accessed April 21,

2020, https://www.domesticworkers.org/sites/default/files/SOBW_report2017_compressed.pdf.

- Black women occupy 28 % of the service industry jobs, which is the occupational group with the lowest wages and has the greatest likelihood of lacking paid benefits and paid sick days.²²
- Non-elderly Black women lacked health coverage at 16.5 %, even with implementing the *Affordable Care Act (ACA)*. Many of the states that place in the bottom third in the country in terms of Black women’s health insurance coverage are states in which Medicaid expansion has not been adopted since the implementation of the ACA.²³
- Only 30 % of Black mothers are currently guaranteed paid leave under the *Family Leave Act*.²⁴
- Quality childcare is unaffordable for Black women as the costs supersede their income in all but two states by 20 %.²⁵
- The average annual heart disease mortality rate for Black women is the highest among the largest racial and ethnic groups of women (177.7 per 100,000).²⁶
- Black women are three to four times more likely to experience a pregnancy-related death than white women.²⁷
- Black women’s average incidence of AIDS is five times higher than any other racial and ethnic group of women.²⁸
- Black women’s median annual earnings (\$34,000 for those who work full-time, year-round) lags most women’s and men’s earnings in the United States.²⁹
- In 2013, the median wealth for single black women without a bachelor’s degree was just \$500 compared to \$8,000 for white women without a bachelor’s degree.³⁰

COVID-19

The COVID-19 pandemic has magnified the health inequities that harm Black women, their families, and communities on a national scale. After being pressured by lawmakers, including Senators Kamala Harris (D-California), Corey Booker (D-New Jersey), and Elizabeth Warren (D-Massachusetts), along with members of the Congressional Black Caucus, the Centers for Disease Control and Prevention (CDC)

22. Ibid.

23. Ibid.

24. Ibid.

25. Ibid.

26. Ibid.

27. Ibid.

28. Ibid.

29. Ibid.

30. Ibid.

released preliminary data that revealed Black people are disproportionately represented as they make up 30 percent of COVID-19 patients but are only 13 % of the population in the United States.³¹

Although racial data is incomplete and constantly changes for 75 % of the CDC's patient database, it is consistent with other reports on racial data.³² According to current data, Black's makeup a third of fatalities based on state and local data. In Wisconsin, African Americans make up 40 % of COVID- 19 fatalities but only represent six percent of the population. Black New Yorkers are dying at double the rate of White New Yorkers or Asian New Yorkers. In Chicago, Black residents made up 70 % of COVID-19 related deaths, although they are 30 % of the population.³³ In Milwaukee County, the figure is 81 percent, although the Black population is 27 % of the county's overall population.³⁴

Black women face acute health risks and stressors that can be exacerbated during this health pandemic. They are more likely to be the head of the household or the sole breadwinner for their families. The stress of being a strong matriarch can take a toll on one's physical and mental health.

Black women who make up a significant segment of service workers-are less likely to have health care coverage and workers' protections.³⁵ Twenty-eight percent of Black women occupy service industry jobs that have low wages and do not offer paid leave.³⁶ Many essential workers such as home care workers, bus drivers, restaurant employees, and grocery store workers do not have the luxury of telecommuting. They make the hard decision between earning a living and risking their lives. Black communities have been hit the hardest as CNN reported that the unemployment rate among Blacks is 6.7 %, compared to 6 percent for Latinx and four percent for White Americans.³⁷

Anna North of Vox poignantly stated, "Beyond poverty, several factors contribute to poor health among black people, from racism in medical settings to the physical health effects of discrimination. Redlining and other forms of housing discrimination have made black Americans more likely to live in

31. Zeeshan Aleem, "New CDC data shows Covid-19 is affecting African Americans at exceptionally high rates," accessed April 21, 2020, <https://www.vox.com/coronavirus-covid19/2020/4/18/21226225/coronavirus-blackcdcinfection>.

32. Ibid.

33. Erin Einhorn, "African Americans may be dying from COVID-19 at a higher rate," Yahoo, accessed April 21, 2020, <https://news.yahoo.com/african-americans-may-dying-covid-132500749.html>.

34. Ibid.

35. "The Status of Black Women in the United States," Institute for Women's Policy Research, accessed April 21, 2020, https://www.domesticworkers.org/sites/default/files/SOBW_report2017_compressed.pdf.

36. Ibid.

37. Catherine Powell, "Color of COVID: The racial justice paradox of our new stay-at-home economy," CNN, accessed April 21, 2020, <https://www.cnn.com/2020/04/10/opinions/covid-19-people-of-color-labormarketdisparities-powell/index.html>.

neighborhoods affected by environmental contamination, which federal and state officials have been slow to respond to, in turn raising rates of chronic illness.”³⁸

Across the board, the data shows that class, race, and access to health care have consistently been at play when analyzing health disparities. Indeed, the COVID-19 pandemic exposes the structural inequities that have been deeply seeded in our society. Yet, it presents an opportunity to finally turn the tide of justice and address maternal health disparities, environmental racism, gaps in health care coverage, and adequate paid leave.

Mental Health

As pillars of their communities, Black women are often told that they are, or should strive to be, “strong Black women.” This “strong Black women” phenomenon often has negative effects and deters Black women from seeking professional help for their mental health issues. Black women report feelings of sadness, hopelessness, and worthlessness more often than White women.³⁹ A myriad of external factors, including economic insecurity, racism, and social exclusion, can cause stress and anxiety, which can later become depression. According to the Office of Minority Health, Black people are 10 % more likely to experience serious psychological distress than White people.⁴⁰ Like many communities, Black people, struggle with seeking help for mental distress. Trusted matriarchs, caretakers and leaders, struggle with the everyday stresses of life and too often are told to “sweep it under the rug ” and to wait until you “snap out of it” or to simply pray about it, but Black women should be encouraged to seek professional help when needed.⁴¹

In the Black community, there is a reluctance and inability to access mental health services. Approximately 30 % of Black people with mental illness in the United States receive mental health treatment, compared to the national average of 43 %.⁴² When Black people are misdiagnosed, receive inadequate treatment, or encounter mental health professionals lacking cultural competence, it deters them from initially seeking or staying in treatment. Conscious or unconscious bias may result in misdiagnosis or poor quality of care for Blacks. For example, Black women are more likely to report physical symptoms that relate to their mental health symptoms, but mental health professionals may not recognize it.⁴³

38. Zeeshan Aleem, "New CDC data shows Covid-19 is affecting African Americans at exceptionally high rates," accessed April 21, 2020, <https://www.vox.com/coronavirus-covid19/2020/4/18/21226225/coronavirus-blackcdcinfection>.

39. "African American Mental Health" National Alliance on Mental Illness," accessed April 21, 2020, <https://www.nami.org/Support-Education/Diverse-Communities/African-American-Mental-Health>.

40. Ibid.

41. Ibid.

42. "Depression in Black Women: How Do You Know If You're Depressed?" Black Women's Health Imperative, accessed April 21, 2020, <https://bwhi.org/2017/07/31/depression-black-women-know-youre-depressed>.

43. Ibid.

IBWPPI supports the following solutions to address mental health disparities for Black women:

Policy Solutions

Expand access to mental health services for Black women and girls. Closing the gap in inequities in treatment will create sustainable outcomes. Supporting legislation that addresses rising suicide rates among black youth will combat the growing epidemic in the United States.

Expand and protect access to trusted community-based providers. Increase funding for culturally competent providers that provide mental health services for Black women and girls. Service providers that are Black woman-owned, minority-owned, or serve predominately Black populations have more agility to design and implement programs, procedures, and treatment services free from bias and cultural impediments.

Advocate for mandated training and sensitivity to cultural diversity for providers. Persons of various cultural and religious backgrounds, sexual orientations, gender identities, languages or disabilities may have unique characteristics that sometimes cause them to be partially or poorly served or excluded from existing treatment, training, and rehabilitation programs. All providers should be equipped with the skills and competencies to serve all populations effectively.

Maternal Mortality

Reproductive justice is a term coined by Black women that links reproductive justice with social justice. According to SisterSong, the first organization that was founded to build a reproductive justice movement, the term is defined as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”⁴⁴ It is through this framework and philosophy, IBWPPI advocates for Black mothers, babies, and families.

Policymakers, healthcare providers, and communities must work together to improve Black maternal health. Systemic barriers that prevent Black mothers from receiving adequate care, medical coverage, and bias-free treatment, must be addressed to improve maternal health outcomes.⁴⁵ To achieve optimal health and well-being, we need to build a continuum of care for Black mothers who are culturally competent, bias-free, and prioritize their needs for their entire life span.

In a report published by Black Mamas Matter Alliance, Sunshine Moses stated, “Most medical providers do not know Black history, do not know Black female history and are not required to. Consequently, it is easy for providers to make a lot of racial and racist assumptions about Black women’s conditions and

44. "Reproductive Justice," SisterSong, accessed April 21, 2020, <https://www.sistersong.net/reproductive-justice>.

45. Black Women’s Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities," National Partnership, accessed April 21, 2020, <https://www.nationalpartnership.org/our-work/health/reports/blackwomens-maternal-health.html>.

knowledgebase (or lack thereof). This way of providing care results in providers and staff being prescriptive in ways that have little to do with understanding Black women's reality."⁴⁶

Black maternal health disparities are wide-ranging. Black women who are relatively healthy may suddenly face life-threatening consequences just by being pregnant. Serena Williams, a world-renowned tennis athlete, experienced pregnancy complications and shared her personal experiences with the news media. Williams was short of breath one day after delivering her baby and suspected she was having a pulmonary embolism. After requesting a CT scan and being brushed off, her physician discovered blood clots that could have proven to be fatal.⁴⁷ "Doctors are not listening to us, just to be quite frank," Williams said. 'I was in a really fortunate situation where I know my body well, and I am who I am, and I told the doctor: 'I don't feel right, something's wrong.' She immediately listened."⁴⁸

Unfortunately, many Black women do not have the same sense of urgency or feel empowered to take their health into their own hands when visiting hospitals or clinics. Black women are three to four times more likely to die from childbirth than their White counterparts.⁴⁹ Heightened risks of maternal deaths among Black women span income and education levels. Black women are more likely to experience fibroids, which are benign tumors that grow in the uterus, at three times the rate of White women.⁵⁰ They are more likely to display signs of preeclampsia, a condition that involves high blood pressure, earlier in pregnancy compared to White women.⁵¹

Implicit and explicit bias amongst health care providers has received national attention. United States Representatives Alma Adams (D-North Carolina) and Lauren Underwood (D-Illinois), co-founders and co-chairs of the Black Maternal Health Caucus, and U.S. Senator Kamala Harris (D-California) introduced a resolution to recognize Black Maternal Health Week in April 2020. Twenty-two percent of Black women reported discrimination when going to a hospital or clinic. Black female patients have complained that providers have dismissed their health concerns and did not take urgent action or allowed them to see a physician when they were experiencing pain or discomfort.⁵²

Access to quality reproductive health care remains a persistent issue among Black mothers. There is a coverage gap, especially among Black women who live in Southern states that have chosen not to expand Medicaid coverage, which leads to poor health outcomes.⁵³ A study found that Black-serving

46. "Setting the Standard for Holistic Care of and for Black Women," Black Mamas Matter, accessed April 21, 2020, http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf.

47. Britni Danielle, "Serena Williams Says Black Women Are Dying During Childbirth Because 'Doctors Aren't Listening To Us,'" Essence, accessed April 21, 2020, <https://www.essence.com/news/serena-williams-doctors-listening-black-women-during-pregnancy/>.

48. Ibid.

49. Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities, "National Partnership, accessed April 21, 2020, <https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>.

50. Ibid.

51. Ibid.

52. Ibid.

53. Ibid.

hospitals performed worse on 12 of 15 birth outcomes including elective deliveries, non-elective cesarean births and maternal mortality. Many Black women lack access to the reproductive health care that they need for family planning and improved health outcomes for themselves and their children. Disparities in contraceptive care have led to more unintended pregnancies among Black women in comparison to all other ethnic groups.⁵⁴

Solutions

Expand and maintain health care access for Black mothers. Pregnant mothers who do not have health care coverage often delay or forgo prenatal care in their first trimester, which increases the risk of maternal mortality. Ensuring health care access for Black mothers is fundamental in saving lives and improving maternal health.

Provide culturally competent, patient-centered care that is responsive to Black mother's needs. Review policies requiring state hospitals to track and publish data on healthcare for Black women, including maternal mortality rates and pregnancy-related conditions, as well as require implicit bias training for healthcare providers.

Expand and protect access to trusted community providers. Community health care providers play an essential role in providing Black women with basic and maternal health care services. Without these vital resources, many Black women would not have information about or access to birth control, annual exams, Pap tests, and other essential preventive care.

Expand paid family and medical leave. Lawmakers should pursue robust, comprehensive paid leave policies that are accessible and affordable for all working people.

Breast Cancer

Breast cancer affects all groups, but factors such as age, race, ethnicity, income, and insurance coverage can significantly affect whether individuals will survive. Black women are 39 percent more likely to die from breast cancer, although diagnoses are similar between Black and White women.⁵⁵ One in nine Black women will develop breast cancer in their lifetime.⁵⁶

The journey of a Black and White breast cancer patient can be markedly different due to biological differences and access to care. From a biological standpoint, Black women tend to be diagnosed at a younger age as the median age for diagnosis for this population is 58 versus 61 for all races estimated at 61.⁵⁷ This means Black women are being diagnosed before the recommended age before getting their first mammogram, which medical experts' debate, but 40 is generally agreed upon age for women should they want to. When Black women are diagnosed, they tend to be diagnosed at a later stage.

54. Ibid.

55. "Black Women and Breast Cancer: Why Our Diagnosis and Care Are Different," Black Women's Health Imperative, accessed April 21, 2020, <https://bwhi.org/2017/07/20/black-women-breast-cancer-diagnosis-care>.

56. Ibid.

57. Ibid.

where the disease has advanced and there is less time to treat it.⁵⁸ A study found that it took 62 days for a Black woman to be diagnosed with cancer versus 40 days for a white woman.

Black women are more likely to be diagnosed the triple-negative disease at twice the rate of White women, although it makes up only 15 percent or 20 percent of all breast cancers.⁵⁹ Women with triple-disease are more likely to have the BCRA gene mutation, yet Black women are less likely to be referred to genetic testing than White women. Triple-negative disease is usually more aggressive and fatal and is diagnosed at a younger age.⁶⁰

Facilitating early detection, diagnosis and treatment are essential to saving more lives. Public education campaigns are needed to encourage Black women to get more regular screenings to reduce the number of diagnoses at a late stage. Cancer research has advanced where a diagnosis does not have to be life-threatening as treatments are more effective than ever before.

IBWPPI supports the following to decrease breast cancer incidences among Black women:

Policy Solutions

Increase access to the entire continuum of care for Black women. Increase screening rates, provide timely access to diagnostic testing, and improve access to comprehensive, quality healthcare coverage and cancer treatment care to decrease breast cancer mortality for Black women.

Increase healthcare coverage for breast cancer patients and survivors. Provide uninsured and underinsured women access to no-cost and affordable screening, treatment, and education/outreach services. Expand access for Black women and their families to undergo genetic counseling.

Maintain and increase funding for cancer research. Study familial cancer syndromes that are prevalent among Black individuals. Explore the risk factors of environmental exposure and carcinogens in urban communities and potential linkages to breast cancer.

Support policies that require the inclusion of Black participants in clinical research trials. Require the collection and reporting of gender, race, and ethnicity data for government-funded and private research.

Increase funding for community-based preventative education efforts to curb breast cancer incidences among Black women. Educate Black women on healthy lifestyle habits and tobacco cessation that can reduce risk factors for breast cancer.

HIV/AIDS

The HIV/AIDS pandemic has largely gone under the radar in recent years despite consistently high infection rates in Black communities over the last few decades. Once considered a highly fatal disease, most individuals living with the disease can live long, healthy, sexually active lives thanks to medical advancements.

58. Ibid.

59. Ibid.

60. Ibid.

While HIV infection rates have dramatically decreased in recent years, the rates among Black women are alarmingly high. Black women are still an extremely vulnerable population as they accounted for 6 in 10 new HIV Infections among women in 2016.⁶¹ Although Black individuals are 13 percent of the population, they make up 44 percent of all infections among adults and teenagers. Blacks account for the highest number of transmissions in almost all states except for the western part of the country.⁶² Public health campaigns targeting Black communities, such as Black Entertainment Television's (BET) Wrap-it-Up campaign, helped to debunk myths and counter stigmas, but more needs to be done to increase community awareness.

Discrimination and stigma prevent Black women and girls from seeking the information they need to get tested, identify treatment options and ways to protect themselves from HIV, and disclosing their status.⁶³ Having a poorer mental health status, unstable housing, lack of transportation, and lack of trust in health care providers can further contribute to Black women's vulnerabilities. Longstanding forces of economic inequality, poverty, and incarceration can serve as both causes and effects of behaviors that result in HIV. A lack of insurance coverage puts Black women in jeopardy of their care and medication options. Moreover, the refusal to expand Medicaid under the *Affordable Care Act* in Southern states has greatly impacted Black populations in the age of the HIV/AIDS crisis.⁶⁴

Mothers are living with HIV experience unique mental health issues that may disrupt effective parenting. It has been reported that their greatest source of stress is their parental responsibilities compounded by the psychological and medical demands they face when living with a chronic, life-threatening condition. In fact, mothers living with HIV report compromised parenting skills across various parenting domains, including poorer and/or less frequent family routines, insufficient parental monitoring, and poorer mother-child relationships.⁶⁵ Low-income and unemployed mothers face barriers to accessing affordable healthcare and paid medical leave, which will have adverse effects on their health and their families. Studies show that the unemployment rate is higher with individuals infected with HIV, and returning to work is a great concern as they fear repercussions of poor health, medication management and disclosure, and discrimination.⁶⁶ Community-based organizations that take a holistic approach to care for their clients are poised to play a major role in helping Black women living with

61. Shamard Charles, "HIV hits black women hardest, CDC report says," NBC, accessed April 21, 2020, <https://www.nbcnews.com/health/womens-health/hiv-hits-black-women-hardest-cdc-report-says-n1003891>.

62. "What Black Women Should Know About HIV/AIDS," Black Women's Health Imperative, <http://blackwomenshealth.org/elevate/what-black-women-should-know-about-hiv-aids.html>.

63. Ibid.

64. Ibid.

65. Murphy, Marelich, Armistead, Marelich, Herbeck, "Parenting Deficits of Mothers Living with HIV/AIDS who have Young Children," National Institutes of Health, accessed June 10, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4300537>.

66. "What is the impact of HIV on families?" World Health Organization, accessed June 20, 2020, https://www.euro.who.int/data/assets/pdf_file/0009/74664/E87762.pdf.

HIV. Providing them with comprehensive supports that include mental health services and housing and employment programs, can better meet their psychological, physical, and social needs.⁶⁷

Ultimately, the HIV epidemic must be a topic that is kept at the forefront of the public policy agenda. There is a clear, urgent need for HIV prevention and education that is culturally sensitive, women-centered, and community-driven to address this crisis that has claimed millions of lives.⁶⁸ Black women and girls should have access to comprehensive sexual health education, especially in Southern states have repealed efforts at the school level.⁶⁹ IBWPPI advocates for the following to curb the HIV/AIDS crisis in the Black community:

Policy Solutions

Advocate for expanded access to voluntary testing and connect those in need to treatment and care as early as possible. Efforts to expand HIV testing will help greater numbers of people learn their HIV status, allow those who test positive to seek early treatment and reduce their risk of transmitting HIV. Consider more voluntary, routine HIV testing of prisoners upon entry and release to reduce the impact of incarceration as a driver of new HIV infections within the Black community.

Advocate for more community-based, culturally relevant HIV prevention education efforts. Knowledge is a critical first step for stopping the spread of HIV, yet far too many Black people do not have accurate information about how HIV is transmitted or can be prevented. Increase funding for culturally relevant HIV prevention education programs to help Black women learn effective ways to protect themselves and their partners.

Advocate for the expansion of substance abuse prevention programs, drug treatment, and other preventative public health measures. Reduce the number of HIV infections in the Black community caused by injection drug use and expand clean needle exchange programs to minimize the risk of infection through needle sharing. Increase access to Pre-Exposure Prophylaxis (PrEP), condoms, unused syringes/needles, and any other tools that can help prevent the transmission of HIV.

Support sexual health education in schools. Support laws that mandate school districts implement comprehensive sex education as evidence-based public health interventions are shown to improve sexual health knowledge, skills, and attitudes.

Advocate for increased healthcare coverage and wrap-around support services for individuals with HIV. Provide uninsured and underinsured women access to no-cost and affordable testing, treatment, medication, and mental health services. Increase funding for parental support groups, permanent housing, educational and employment programs to benefit Black women and their families.

67. "HIV/AIDS Policy Agenda for Black Women," Black Women's Health Imperative, accessed June 20, 2020, https://bwhi.org/wp-content/uploads/2019/12/BWHI_HIV-AIDS-Policy-Agenda_v17_Final.pdf.

68. "What Black Women Should Know About HIV/AIDS," Black Women's Health Imperative, accessed June 10, 2020, <http://blackwomenshealth.org/elevate/what-black-women-should-know-about-hiv-aids.html>.

69. Ibid.

Conclusion

After 400 years, Black women have earned a return on their American investment in the form of policies that will directly support not only their health and wellness but their communities. American leaders must address the health disparities Black women face with COVID-19, mental health services, maternal mortality, breast cancer, and HIV/AIDS. The lack of social safety nets limited medical and health resources, and access to clinics and affordable healthcare, further exacerbate health disparities and relegate Black women to being among the unhealthiest groups in the United States. IBWPPI's suggested policy solutions can be a starting point for real and equitable change for Black women, their families, and communities. Including their voices and prioritizing their needs in public policy debates and discussions will ensure that our democracy is representative, open, and inclusive.

IBWPPI's goal is to forge partnerships with organizations to conduct and communicate research that will inspire public dialogue and help shape public policy guided by Black women's experiences. We aim to advance the movement with Black women activists who are organizing their communities to ensure their voices are heard in the halls of Congress and at the ballot box. We hope this paper serves as a call to action for members of the public to join our fight to raise awareness and support policies that will improve the health and wellness of Black women.

Since our founding in 2009, IBWPPI stands ready to work with advocates, community members, community-based organizations, health care providers, political leaders, and practitioners to improve the well-being and safety of Black women. Investments in their health will have positively affect the economy with greater participation in the workforce, decreased loss of life among mothers, infants, and children, and more healthy and vibrant communities. Elevating Black women's voices and encouraging leaders to shape policy at the state and federal levels can help bring about the fundamental structural changes needed to enhance an entire demographic's quality of life. Black women play a vital role in the productivity, wealth, and success of this nation, and addressing health care disparities affirms their humanity and benefits all of society. Black women matter. Their families matter. Their voices matter. Their lives matter.

List of Federal Legislation

Bill	Lead Bill Sponsor	Bill Status	Bill Summary
S. 3424 / H.R. 6142, <i>Black Maternal Health Omnibus Act of 2020</i>	Sen. Harris, Kamala D. [D-CA] and Rep. Underwood, Lauren [D-IL]	<i>Pending - Introduced both in the Senate 3/10/20 and in the House 3/9/20</i>	This bill directs the Department of Health and Human Services (HHS) and other agencies to address maternal health outcomes among minority populations. HHS must (1) establish task forces to address social determinants of health, maternal mental and behavioral health, and other topics; and (2) award grants for maternal mortality review committees, innovative maternity care models, and other purposes. Continue reading here.
S. 1926 / H.R.3815, <i>PrEP Access and Coverage Act</i>	Sen. Harris, Kamala D. [D-CA] and Rep. Schiff, Adam B. [D-CA]	<i>Pending - Introduced both in the Senate 6/20/19 and in the House 7/17/19</i>	Guarantee insurance coverage for PrEP and create a grant program to fund uninsured patients' access to this life- changing medication. Read the Senate bill and click here to read the House bill.

H.R.1643, <i>PrEP Assistance Program Act</i>	Rep. Watson Coleman, Bonnie [D-NJ]	<i>Pending - Introduced 3/8/19</i>	This bill requires the Department of Health and Human Services to establish a grant program that supports pre-exposure prophylaxis (PrEP) programs in states, U.S. territories, and Indian tribes. PrEP is a method of HIV prevention in which high-risk individuals take daily medications to reduce the chance of infection. Continue reading here .
S. 1524 / H.R. 2720, <i>Real Education for Healthy Youth Act of 2019</i>	Sen. Booker, Cory [D-NJ] and Rep. Lee, Barbara [D-CA]	<i>Pending - Introduced both in the Senate on 5/16/19 and in the House on 5/15/19</i>	To provide for the overall health and well-being of young people, including the promotion of lifelong sexual health and healthy relationships, and for other purposes. Funds teacher training on sex education and provide grants for comprehensive sex education to public or private entities that focus on adolescent health and education or have experience with training sex educators Read the Senate bill here and the House bill here .
H.R. 5469, <i>Pursuing Equity in Mental Health Act of 2019</i>	Rep. Watson Coleman, Bonnie [D-NJ]	<i>Pending - Introduced 12/18/19</i>	Addresses mental health issues for youth, particularly youth of color, and for other purposes. Continue reading here .
H.R. 5939, <i>Triple-Negative Breast Cancer Research and Education Act of 2019</i>	Rep. Jackson Lee, Sheila [D-TX]	<i>Pending – Introduced 02/21/20</i>	To provide for research and education with respect to triple-negative breast cancer, and for other purposes. Read the House bill here .
S. 782 / H.R. 1533, <i>Improving Access to Mental Health Act</i>	Sen. Stabenow, Debbie [D-MI] and Rep. Lee, Barbara [D-CA]	<i>Pending – Introduced in both the House on 3/5/19 and the Senate on 3/13/19</i>	This bill amends title XVIII (Medicare) of the Social Security Act to increase the Medicare reimbursement rate for clinical social worker services. The bill excludes clinical social worker services from the prospective payment system in which predetermined amounts form the basis for payment under Medicare. Read the Senate bill here the House bill here .
S. 840 / H.R.1784, <i>Healthy Families Act</i>	Sen. Murray, Patty [D-WA] and Rep. DeLauro, Rosa [D-CT]	<i>Pending - Introduced in the Senate and House on 03/14/19</i>	This bill provides for paid and unpaid sick leave for employees to meet their own medical needs and those of their families. Read the Senate bill here and House bill here .

List of COVID-19 Legislation

S.3721 / HR 6763, <i>COVID-19 Racial and Ethnic Disparities Task Force Act of 2020</i>	Sen. Harris, Kamala D. [D-CA] and Rep. Kelly, Robin [D-IL]	<i>Pending - Introduced in the Senate 05/13/20</i>	A bill to provide for the establishment of a COVID-19 Racial and Ethnic Disparities Task Force to gather data about disproportionately affected communities and provide recommendations to combat the racial and ethnic disparities in the COVID-19 response. Read the Senate bill here or House bill here .
S.3721 / HR 6763, <i>COVID-19 Racial and Ethnic Disparities Task Force Act of 2020</i>	Sen. Harris, Kamala D. [D-CA] and Rep. Kelly, Robin [D-IL]	<i>Pending - Introduced in the Senate 05/13/20</i>	A bill to provide for the establishment of a COVID-19 Racial and Ethnic Disparities Task Force to gather data about disproportionately affected communities and provide recommendations to combat the racial and ethnic disparities in the COVID-19 response. Read the Senate bill here or House bill here .

H.R. 6213, <i>No Cost for COVID-19 Testing Act</i>	Rep. Wilson, Frederica S. [D-FL]	<i>Pending - Introduced in the House 03/11/20</i>	This bill requires private health insurance plans to cover testing for COVID-19 (i.e., coronavirus disease 2019) without imposing cost sharing for the duration of the public health emergency declared on January 31, 2020. This includes the cost of administering such approved tests and visits to health care providers for testing. Continue reading here.
H.R. 6585, <i>Equitable Data Collection and Disclosure on COVID-19 Act</i>	Rep. Kelly, Robin L. [D-IL]	<i>Pending - Introduced in the House 4/21/20</i>	To require the Centers for Disease Control and Prevention to collect and report certain data concerning COVID–19. Data includes but is not limited to race, ethnicity, sex, age, tribal affiliation, socioeconomic status, disability status, and county. Continue reading here.
H.R.6244, <i>To amend titles XVIII and XIX to provide for coverage at no cost sharing of COVID-19 testing under the Medicaid program and Children's Health Insurance Program.</i>	Rep. Kelly, Robin L. [D-IL]	<i>Pending - Introduced in the House 03/12/20</i>	This bill requires COVID-19 testing and related visits to be covered without cost-sharing under the Children's Health Insurance Program (CHIP) and Medicaid. Continue reading here.
H.R. 6382, <i>Fair Housing Enforcement Emergency Act of 2020</i>	Rep. Green, Al [D-TX]	<i>Pending - Introduced 03/24/20</i>	This bill provides support for fair housing enforcement during the COVID-19 (i.e., coronavirus disease 2019) public-health emergency. Specifically, the bill authorizes additional grants under the Fair Housing Initiatives Program and the Fair Housing Assistance Program, both administered by the Department of Housing and Urban Development (HUD); authorizes additional staffing for the Office of Fair Housing and Equal Opportunity to respond to fair housing complaints arising out of the emergency; authorizes the office to carry out a national media campaign to inform the public of expanded housing rights during the emergency; and requires HUD to prohibit owners of federally assisted dwellings from showing occupied units to prospective tenants during the emergency. Continue reading here.
H.R.6848 - <i>Pandemic Protection Act</i>	Rep. Bass, Karen [D-CA]	<i>Pending - Introduced 05/13/20</i>	To temporarily preserve eligibility for foster care benefits, and suspend certain education and work requirements, for youth who would otherwise age out of eligibility for the benefits during a health emergency or disaster declared with respect to the coronavirus pandemic, and for other purposes. Continue reading here.
S.3563 / H.R.6445, <i>Food Assistance for Kids and Families During COVID-19 Act of 2020</i>	Rep. Hayes, Jahana [D-CT]	<i>Pending - Introduced 04/03/20</i>	The bill modifies the Supplemental Nutrition Assistance Program (SNAP, formerly known as the food stamp program) to require USDA to (1) notify retailers of the existing opportunities through which they can deliver groceries to SNAP participants; and (2) authorize public-private partnerships between itself, authorized SNAP retailers, and community-based organizations to support grocery delivery during the COVID-19 national emergency. Read the Senate bill here and House bill here .
S. 3651 / H.R. 6430, <i>Suspend School Meal Debt Act</i>	Sen. Smith, Tina [D-MN] and Rep. Omar, Ilhan [D-MN]	<i>Pending – Introduced 04/03/20</i>	To require that school food authorities and local educational agencies not collect unpaid meal fees during the COVID–19 pandemic. Read the Senate bill here and House bill here .

H.R.6460, <i>To provide funding for needed child and adult care so that essential workers can report to work during the COVID-19 pandemic.</i>	Rep. Davis, Danny K. [D-IL]	<i>Pending – Introduced 04/07/20</i>	To provide funding for needed child and adult care so that essential workers can report to work during the COVID-19 pandemic. Read more here.
H.R. 6510, <i>SNAP Online Purchasing Flexibility Act of 2020</i>	Rep. Omar, Ilhan [D-MN]	<i>Pending - Introduced in the House 04/14/20</i>	Expand SNAP benefits to allow online grocery shopping in the wake of the COVID-19 health pandemic. Continue reading here.

Legislation to Watch

S. 3912 / H.R.7120, <i>Justice in Policing Act of 2020</i>	Sen. Booker, Corey [D-NJ] / Rep. Bass, Karen [D-CA]	<i>Pending - Introduced in the Senate and the House 06/08/20</i>	This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It includes measures to increase accountability for law enforcement misconduct, to enhance transparency and data collection, and to eliminate discriminatory policing practices. Read the Senate bill here and House bill here .
H.R. 35, <i>Emmett Till Antilynching Act</i>	Rep. Rush, Bobby L. [D-IL]	<i>Pending - Introduced in the House 01/03/19</i>	This bill establishes a new criminal civil rights violation for lynching. Specifically, a person who conspires to commit certain civil rights offenses (e.g., a hate crime act) is subject to criminal penalties. Continue reading here.
S. 3701 / H.R. 6814, <i>The Supporting Connectivity for Higher Education Students in Need Act</i>	Sen. Klobuchar, Amy [D-MN] and Rep. Eshoo, Anna G. [D-IL]	<i>Pending - Introduced in the House and Senate in 5/12/20</i>	Provides \$1 billion to colleges and universities to pay for at-home internet connections for students in need. Funding would be prioritized for historically Black colleges and universities, Hispanic-serving institutions, Tribal colleges and universities, and minority-serving institutions, as well as rural-serving institutions. Read the Senate bill here and House bill here .
S.3739 / H.R. 6685, <i>Protect Our Women and Waive Emergency Requirements (POWER) Act</i>	Sen. Casey, Robert [D-PA] and Rep. McBath, Lucy [D-GA]	<i>Pending - Introduced in the Senate on 5/14/20 and the House on 05/01/20</i>	Allow centers and organizations supporting survivors and those experiencing domestic violence to receive federal funding more easily under the Family Violence Prevention Services Act (FVPSA) and continue their work. Read the Senate bill here and House bill here .