BLACK WOMEN VOTE:

The 2018 National Health Policy Agenda

BLACK WOMEN'S HEALTH IMPERATIVE

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BLACK WOMEN'S HEALTH IMPERATIVE

CONTENTS

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BLACK WOMEN'S
HEALTH IMPERATIVE

BLACK WOMEN VOTE:
THE 2018 NATIONAL HEALTH POLICY AGENDA

Dear Supporters:

The Black Women's Health Imperative (BWHI) is excited to release its inaugural legislative agenda, ***Black Women Vote: The 2018 National Health Policy Agenda*** to build upon Black women's political influence, ballot power, and commitment to civic participation for the upcoming elections. Given the current political climate – in which everything from voting rights, environmental protections, and pay equity to women's autonomy under Roe v. Wade is under attack – it is imperative that Black women lead the charge to protect these rights and disrupt health disparities through strategic policy and advocacy.

The agenda is based on four pillars: Access to Quality and Affordable Health Care; Equitable Responses to Public Health Emergencies; Sufficient Diversity in Clinical Research; and Increased Funding to Support HBCUs. Under each pillar, the agenda includes a thorough yet non-exhaustive list of the most pressing health issues facing Black women today, with concrete policy recommendations to help move toward real solutions.

When Black women galvanize, organize, and strategize around the social, economic, and political issues most important to us, we change the material conditions of our communities and the entire nation. It is 2018, and Black communities still suffer from a lack of wealth and adequate resources. We also suffer from a lack of access to quality and affordable health care, environmental pollution, and other inequities that all contribute to negative health outcomes. BWHI is releasing this agenda with the hope that it will be expanded upon and applied widely to ensure progress on these issues for years to come.

Black women were integral in shaping the platforms and issues during the 2016 election season, and we will continue to be invaluable as leaders going into midterms this year. This agenda will give the nation a modern blueprint for how to solve health inequities for Black women and girls. However, this document will only be as powerful as the policymakers, practitioners, academics, and community leaders who embrace its foundation.

Given the impact women made on recent political outcomes, 2018 has been called the "Year of the Woman". This is why the work of BWHI matters even more today and for the future. Join us as we continue to amplify Black women's leadership to push this agenda forward. Black women's health, the health of our families and communities, and the health of the nation as a whole depend on it.

Sincerely,

Linda Goler-Blount
President and CEO

EXECUTIVE SUMMARY

The health crisis faced by Black women and girls has spiraled. Policymakers, health care providers, and community-based organizations must pay close attention to the adverse effects of disparate funding, underrepresented research, unhealthy conditions, and social attitudes about the well-being of Black women. The Black Women's Health Imperative (BWHI) presents ***Black Women Vote: The 2018 National Health Policy Agenda***, a foundational policy blueprint to be executed by Black women. It offers evidence to both policymakers and practitioners as to why the health and wellness of more than 21 million Black women matters in the United States.

For 35 years, BWHI has been the only national organization dedicated solely to improving the health and wellness of Black women and girls physically, emotionally, and financially. BWHI advances and promotes Black women's health through three focus areas: Wellness Programs; Policy and Advocacy; and Research Translation.

In the areas of policy and advocacy, BWHI evaluates and develops national and state public policies to address the most critical issues facing Black women's health.

These include:

- Reproductive health and justice
- Maternal mortality and morbidity
- Cardiovascular disease and hypertension
- Breast, lung, colorectal and cervical cancer
- Diabetes
- HIV/AIDS
- Mental health

What is the National Health Agenda for Black Women?

The National Health Policy Agenda for Black Women was created to help inform and support partnerships with policymakers and other stakeholders on the critical health policy issues that impact and improve the well-being of Black women. This Agenda also provides an opportunity for voters to engage in substantive policy discussions – particularly around key health policy issues impacting Black women and girls – and to seek meaningful solutions.

Black women voters have demonstrated their political power leading up to the 2018 and 2020 national elections. With 603 Black women running for elected office in 2018, the opportunity to leverage their voice could not be timelier. At the federal level alone, there are a record 97 Black women running for Congress. BWHI's policy agenda provides a roadmap to measure candidates' overall support of issues that disproportionately impact Black women. It is a tool to hold lawmakers accountable at a time when many of our public policies and programs are under attack.

The Agenda also serves as a pathway for key decision-makers who are being tasked with taking action on behalf of their constituencies. This targeted policy approach will ensure that Black women's health outcomes from birth to death are not treated as secondary to those of other women in our country.

What is the National Health Policy Agenda for Black Women?

Why is the Agenda Needed Now?

Over the years, the Federal Government has decreased investments in the care of women of color in general and for Black women specifically. The drop in both the policy and funding focus on women's health has accelerated over the past 18 months; reductions, in turn, affect health care coverage and reimbursement, public health and emergency response management, clinical research, and even the sustainability of Historically Black Colleges and Universities (HBCUs).

The Affordable Care and Patient Protection Act (ACA) has consistently been undermined and targeted for repeal without a sufficient replacement under the current Administration. This is despite notable improvements in health care through the ACA, including a significant decrease in the number of uninsured and underinsured Americans and an increase in access to preventive screening services. Certain legislators continue to work toward its repeal, and the Administration has sought to undermine the program through regulation. Black women will disproportionately suffer from new insurance rules, as new insurance products will not need to offer meaningful coverage and can charge the beneficiary more based on age and gender. These new insurance programs are also intended to draw healthy and younger individuals away from the national health exchanges, increasing the costs for those who have benefited from ACA programs. State and federal legislators have sought to weaken the protections for pre-existing conditions and essential health benefits, providing a very stark reminder of what is at stake.

Attacks on Medicaid have had a negative impact on Black women's health. As a lifesaving provider of health care for low-income individuals and families, Medicaid is targeted for spending cuts, new work

requirements, and coverage changes. A recent decision by Kentucky's governor to drop dental and vision care is a prime example of what is happening at the state level. For the children, the mothers, and the disabled and elderly who depend on Medicaid for their care, these changes make it easy to wonder who these public servants are serving with their legislative and regulatory efforts to dismantle Medicaid.

BWHI seeks to empower our supporters to advocate on both the local and national levels through the dissemination and execution of the Agenda, which can be adapted and expanded upon to include state-level policy, especially for community-based organizations looking to engage and mobilize their bases around specific policies that impact Black women and girls' health.

The Four Pillars of the National Health Policy Agenda for Black Women

The Four Pillars of the National Health Policy Agenda for Black Women

At BWHI, it is our hope that the Agenda will help guide the work toward ensuring that all Black women and girls are able to live happier, longer, and healthier lives. To address the growing disparities in health equity for Black women and girls, the Agenda rests upon the following four pillars:

Pillar I: Access to Quality and Affordable Health Care

Black women are disproportionately subject to disparities in reproductive and maternal health outcomes, cancer deaths, and chronic disease diagnoses and outcomes. This is largely due to gaps in access to quality and innovative care.

This first pillar asserts that Black women's health outcomes depend on the *accessibility, availability, and affordability of quality care*. Access to quality, affordable care will allow health care providers to detect and treat health issues more effectively in Black women, which can potentially lead to a reduction and, hopefully, elimination of health disparities impacting Black women.

BWHI seeks to generate and leverage evidence that strongly support the prioritization of the following policy and community-level issues for Black women and girls:

1. **The Preservation of the Affordable Care Act (ACA), including meaningful and affordable insurance coverage**
2. **The Strengthening of Medicaid and Protection of Medicare**
3. **Patient Access to Affordable Prescriptions**
4. **Access to High Quality Maternal Health Resources**
5. **Reproductive Health, Rights, and Justice**
   - Title X
   - Access to Affordable Contraception
   - Access to Safe, Legal Abortion
   - Comprehensive Sex Education
   - Access to Care for Endometriosis and Uterine Fibroids
6. **Access to Cancer Prevention, Screening and Treatment Services**
   - Breast Cancer
   - Lung Cancer
   - Colorectal Cancer
   - Cervical Cancer
7. **Improved Cardiovascular Health**
8. **Education and Advocacy for Preventive and Diagnostic Resources** (Diabetes, HIV/AIDS, Sickle Cell Anemia, and Mental Health)

In each of these areas, BWHI advocates for targeted funding and programs to address the disproportionate, and often grave, consequences for Black women and girls. BWHI also compels policymakers and health care practitioners to be more proactive in increasing the life expectancies and quality of lives for these women and their families.

Pillar II: Equitable Responses to Public Health Emergencies

Health equity can mean many things to different populations and organizations. To BWHI, it means eliminating, in and among communities, health disparities that are based on race, education, income, or other environmental and social determinants.

World and national public health emergencies devastate entire communities, especially low-income communities of color. These afflictions can come from water contamination such as in cities like Flint, Michigan; opioid dependence; Zika outbreaks; Ebola outbreaks; extreme weather and hurricanes; wildfires; outbreaks of HIV, measles, and other infectious diseases; and mass casualty events through gun violence. Black women and their children suffer adverse health outcomes when the conditions of their environment are not sufficiently addressed. Black women across the country are organizing and spearheading efforts to raise awareness in our communities about the impacts of environmental racism.

Consequently, the Agenda advocates for direct funding and intervention to take on three core areas as they relate to Black women and girls: Access to clean water; opioid addictions; and gun violence.

Pillar III: Sufficient Diversity in Clinical Research

Black women are vastly underrepresented in clinical research and trials. Increased clinical trial diversity helps researchers improve treatments for diseases that disproportionately affect Black women and ensure the safety and effectiveness of new therapies for everyone. Historical racism, discrimination, and exploitation in medical research against Black women has led to distrust in research trials and therefore a reticence to join them. Federal preventive screening guidelines are based on evidence which too often includes few or zero Black women, resulting in clinical guidance which may be inaccurate for diseases with a disproportionate impact on Black women, such as cervical and breast cancers. Recruiting diverse researchers and physicians to care for Black women, their families, and their communities will increase cultural competency, community trust, and overall well-being.

The Agenda outlines a plan for appropriate identification of diverse researchers and institutions that can embrace the experiences of Black women in clinical and experimental trials and research.

Pillar IV: Increased Funding to Support HBCUs

Black women comprise the vast majority of the student population at Historically Black Colleges and Universities (HBCUs) earning bachelor's and master's degrees. HBCUs need additional funding to ensure that Black women's educational endeavors and opportunities for economic advancement are supported. The sustained funding will help HBCUs build capacity, leadership, and culturally and linguistically relevant approaches to issues affecting college-aged Black women, such as reproductive and sexual health education and responses to intimate partner violence (IPV) and sexual assault.

As part of the Agenda, BWHI emphasizes our *My Sister's Keeper Program*, which currently has nine chapters on HBCU campuses; mobilizes young, Black, college-aged women to join the reproductive justice movement; creates awareness of the importance of sexual and reproductive health across the lifespan; and builds a network of student leaders who will grow into civic and political leaders to advocate on behalf of reproductive justice policy matters.

The Agenda will also provide guidance so that HBCUs ensure their medical schools are part of the national dialogue on resolving health disparities in the US.

BWHI is excited to release this inaugural legislative Agenda. Based on these four pillars; the nation will now have a blueprint for how to solve health inequities for Black women and girls.

BLACK WOMEN VOTE:
The 2018 National Health Policy Agenda

The Four Pillars of the National Health Policy Agenda for Black Women

As our nation advances through the 2018 election cycle and prepares for the 2020 elections, the four pillars of the Agenda are meant to help guide and inform elected officials on the legislative and policy priorities they can adopt or advance to help reduce health disparities and ensure Black women and girls – and all women of color – are able to live happier, longer, and healthier lives.

BHWI has developed four pillars — areas of focus — to help inform legislative and policy priorities for the current and upcoming election cycles.

I. Access to Quality and Affordable Health Care: Areas of High Priority for Black Women's Health

A. Affordable Care and Patient Protection Act (ACA)

Despite its imperfections, the ACA has successfully made health insurance more accessible, secure, reliable, and affordable for millions of Americans, including a large number of Black women. The The ACA requires for coverage of pre-existing conditions, and essential health benefits and has reduced coverage disparities by nearly seven percent for Black women[1], allowing them to access routine health care treatment and check-ups with a primary care physician. Access to women's preventive services with no copay helps address Black women's disproportionate risk of conditions that qualify as pre-existing conditions – including diabetes, hypertension, obesity, cancer, and HIV/AIDS – by expanding their ability to access timely counseling, screening, and treatment.

In addition, the Essential Health Benefits requirement under the ACA to cover prenatal and maternity care helps ensure the health and safety of Black mothers and their families. Section 1557 of the ACA also protects Black women's health by prohibiting discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. The law covers individuals with pre-existing conditions at the same rate as healthy people, which allows Black women to remain covered without fear of high medical debt, one of the leading causes of bankruptcy.

Policy Recommendations: BWHI supports and recommends preserving and improving upon the Affordable Care Act to ensure millions of Americans retain access to affordable, quality health care, and thus fervently opposes all repeal and replace efforts. BWHI opposes the development of insurance products which are allowed to be exempt from the ACA insurance requirements and would result in coverage that is both costly and meaningless. BWHI supports retaining investments in minority health clinics to combat health disparities and ensure access to essential health care services.

BWHI also supports and recommends the *Jeanette Acosta Invest in Women's Health Act*, introduced by Congressman Jimmy Gomez (CA-34), Congresswoman Val Demings (FL-10), and Congressman Darren Soto (FL-9), which would create new grants to expand preventative health care services, improve specialty training for treating low-income and women of color, and require the Department of Health and Human Services to conduct research to better understand and address the health care needs of women across the country.

B. Medicaid and Medicare

Medicaid provides essential coverage and access to comprehensive health care services to Black women, especially those who are low income. In fact, nearly one-third (31 percent[2]) of Black women of reproductive age are enrolled in the Medicaid program. Medicaid covers a wide range of reproductive health care services, including family planning; STI testing and treatment; and pregnancy-related care, including prenatal services, childbirth, and postpartum care. Medicaid finances more than half of all births in the United States.[3] In addition to receiving family planning and maternity care benefits, Black women can also use Medicaid's long-term services that support them as they age, which includes access to mental health services, management of chronic disease, and disability care. As Black women age, Medicare as a federal health care safety net becomes even more essential.

Policy Recommendations: BWHI supports and recommends Medicaid expansion in all 50 states; the protection of Medicaid as a safety net program with no harmful waivers such as work requirements, premiums, or time limits; opposition to any efforts to exclude trusted providers of family planning services and expanded coverage and reimbursements for services that help reduce racial disparities such as postpartum care and doula services to reduce the high rate of maternal deaths.

C. Access to Affordable Medicine and Biosimilars

A biosimilar is a biologic medicine that is highly similar to a previously approved reference biologic currently on the market, but it usually is a more affordable option for many patients who rely on biologic treatments. Biosimilar medicines offer solutions that provide greater access to these advanced therapies for patients. As biosimilars become more widely available in the United States, they expand therapeutic options, enhancing the likelihood that patients will be able to begin treatment with biologic medicines. An analysis by Avalere Health for the Biosimilars Council shows that 1.2 million US patients could gain access to biologics by 2025 as the result of biosimilar availability.[4]

These data also suggest that women and lower income and elderly individuals would disproportionately benefit from access to biosimilar medicines, which can greatly improve health outcomes for Black women. For example, after analyzing records from almost 800,000 Medicare beneficiaries, researchers found that Black psoriasis patients on Medicare may be less likely to receive biologic treatment, and that economic and geographic factors play a part in access to biologics. Researchers found that patients who did not have a Medicare Part D low-income subsidy – which offers assistance to people who qualify in paying for prescription drug costs – were 70 percent less likely to use biologics. In addition, Black patients were approximately 70 percent less likely, compared with White patients, to be on biologics.[5]

Policy Recommendations: BWHI supports and recommends access to affordable lifesaving drugs, including biosimilars, and policies that give biosimilars an opportunity to provide competition in the market and expand patient access to critical medicines.

D. Access to High-quality Maternal and Infant Health Resources

Black maternal and infant health is in crisis. Black women are three to four times more likely to die from complications of pregnancy or childbirth than White women.[6] There are also devastating racial disparities in infant mortality for Black women. According to research, Black infants in America are now more than twice as likely to die than White infants – a racial disparity that is actually wider now than it was in 1850 – 15 years before the end of slavery.[7] This racial disparity persists regardless of age, socioeconomic status, education, and other factors. In fact, a Black woman with an advanced degree is more likely to lose her infant than a White woman with less than an eighth-grade education.[8] The crisis of maternal mortality for Black women also persists across class lines.

Although Black women are disproportionately impacted by risk factors related to pregnancy, such as hypertension or gestational diabetes, these factors are made worse by the compounded stress of racial discrimination and lower quality health care.

Policy Recommendations: BWHI supports The Mothers and Offspring Mortality and Morbidity Awareness (MOMMA) Act[9] introduced by Congresswoman Robin Kelly of Illinois. BWHI supports and recommends access to quality health insurance and programs that protect women's health throughout their lifetime and foster healthy pregnancy and postpartum outcomes for Black women and their babies; access to programs that identify and treat social disparities and other conditions that increase maternal mortality risks, including hypertension, diabetes and obesity; training for providers that encourages a patient-centered practice and culturally sensitive care; improved medical and family leave policies and support resources for young parents and caregivers; funding for comprehensive data collection and reporting on maternal morbidity and mortality across the country, including state-level maternal mortality data; and funding and support for robust accountability measures for when institutions fail Black women, including state maternal mortality review teams that assess all pregnancy-associated deaths in order to identify commonalities and potential solutions.

E. Reproductive Health, Rights, and Justice

Black women, regardless of age, income, or education, should have access to the full range of reproductive health services – including access to affordable contraceptives and safe, legal abortion – free from discriminatory barriers. BWHI recognizes, however, that the legal right to reproductive health services is not sufficient without also addressing the social, political, and economic inequalities that affect Black women's ability to access the services. Reproductive Justice (RJ) – the human right for Black women and girls to control their bodies, their sexuality, their gender identity, their work, and their reproduction – is key.

Policy Recommendations: BWHI supports and recommends policies that address the social determinants of health, such as access to housing, education, and jobs, as crucial to achieving reproductive justice.

- ### Title X

  The Title X Family Planning Program is the only federal funding stream dedicated solely to reproductive health services for low-income women in the United States. The Title X Family Planning Program provides funding to clinics and health care organizations so that they can provide free or low-cost HIV/STI screenings, breast and cervical cancer screenings, and contraceptives counseling. Recently, there has been a trend from policymakers to propose rules that would redefine eligibility for Title X funding, prohibiting ("gagging") doctors, nurses, and other providers from referring Title X patients to abortion services in an ultimate attempt to defund Title X clinics and other abortion service providers. Defunding Title X clinics by attacking the Title X family planning program would have dire consequences for Black women, many of whom rely on these clinics and other community health centers as their primary source of care.

Policy Recommendations: BWHI supports and recommends the preservation of women's preventive services coverage under Title X by fully funding eligible Title X Program providers regardless of abortion practices or beliefs.

- ### Access to Affordable Contraceptives

  Access to affordable contraceptives is critical to the health and well-being of Black women. It allows Black women the opportunity to grow the family they have, have a family in the future when they are capable of providing for it, or to not have children at all. Unintended pregnancy is one of the leading causes of college drop out. Access to affordable contraceptives, including all forms of birth control, helps college-aged women effectively and safely prevent unplanned pregnancies which ensure Black women can continue their education and advance their budding careers. Also, some forms of birth control help alleviate some of the gynecological conditions that disproportionately impact Black women, including ovarian cancer and uterine fibroids. The current Administration released two federal regulations that took effect immediately and created new religious and moral exemptions from the ACA's contraceptive coverage benefit for employers, schools, individuals, and insurers. This adds yet another barrier to affordable contraceptives. Also, the costs of contraceptives were prohibitive to many Black women before the ACA; thus, Black women were less likely to consistently use contraceptive methods. Contraceptives should be provided at little or no out-of-pocket cost and without discrimination.

Policy Recommendations: BWHI supports and recommends access to affordable contraceptives through the maintenance of the ACA's contraceptive coverage benefit with no religious or moral exemptions, as well as support of the Protect Access to Birth Control Act[10].

- **Access to Safe and Legal Abortion**
  Policies that restrict access to safe and legal abortions disproportionately affect Black women, particularly those who are low income. Black women are often targeted by anti-abortion campaigns that use thinly-veiled racism and sexism to shame those who use abortion services. This is true despite the fact that Black women account only for 39 percent of all legal abortions, as compared to 51 percent among White women[11], according to the most recent data. Abortion, at any point during a pregnancy, is a complex and personal decision that a Black woman has the right to make for herself with the care and guidance of her medical provider.

Policy Recommendations: BWHI supports and recommends equitable access to abortion; the reversal of the Hyde Amendment through the EACH Woman Act[12]; and legislation that reverses violations of the constitutional rights guaranteed by Roe v. Wade, such as the Women's Health Protection Act[13].

- **Comprehensive Sex Education**
  Black youth deserve medically accurate information about sex that allows them to make healthy decisions about their sexuality. Comprehensive sex education – as opposed to abstinence-only education – is effective at assisting young people to make healthy decisions about sex and to adopt healthy sexual behaviors. BWHI supports health education programs that provide health-promoting or lifesaving information about sexuality-related topics, including HIV; are medically accurate or have scientifically been shown to be effective; discourage gender or racial stereotypes; are sensitive and responsive to the needs of certain youth, including survivors of sexual abuse or assault, sexually active youth, pregnant or parenting youth, or individuals with varying gender identities or sexual orientations; and are consistent with the ethical imperatives of medicine and public health.

Policy Recommendations: BWHI supports and recommends comprehensive sex education and re-introduction of the Real Education for Healthy Youth Act[14].

- **Endometriosis and Uterine Fibroids**

  Although it is difficult to pinpoint the exact incidence rate of endometriosis among Black women, research estimates it affects 1 in 10 women during their reproductive years.[15] Endometriosis is characterized by pelvic pain and the presence of endometrial tissue external to the uterine cavity, but its cause remains unknown and there is currently no cure. Due to numerous factors, such as the racial empathy gap and lack of awareness of endometriosis, providers sometimes dismiss Black women's chronic pelvic pain or presume it to be due to other conditions like uterine fibroid tumors, which are very common in Black women, or PID (pelvic inflammatory disease, a pelvic infection).

  Uterine fibroids or leiomyomas are benign tumors of the uterine muscle (myometrium) and the leading cause of hysterectomy. In fact, Black women have a higher cumulative risk of uterine fibroids, three times greater incidence and relative risk of fibroids, and earlier age of onset than their White counterparts. In addition, Black women are 2.4 times more likely to undergo hysterectomy.[16] Unlike with endometriosis, it is clear that Black women are disproportionately burdened by uterine fibroids. In the Black Women's Health Study, a causal relationship was found between racial discrimination and uterine fibroid tumors.[17] More research on treatment alternatives for fibroids; improved access to Black women for alternatives to fibroid treatment, including medication and minimal surgical options. For both endometriosis and fibroids, improved awareness of these conditions is needed for Black women.

Policy recommendations: BWHI supports and recommends increased funding and research of the effects of stress and racism on reproductive health – building on the Black Women's Health Study – and research into treatment alternatives for fibroids, as well as research into endometriosis subtypes and pain management endometriosis subtypes and pain management, as well as ensured access to affordable birth control to manage endometriosis. BWHI supports improving screening methods for patients, such as the inclusion of questions about pelvic pain. BWHI supports investment in new and innovative technologies to measure pain and provide alternatives to surgical solutions.

F. Access to Cancer Prevention, Screening, and Treatment Services

Black women bear a disproportionate burden of cancer compared with other groups. NIH data show that African-Americans have the highest mortality rate of any racial or ethnic group for all cancers combined and for most major cancers.[18] African-American women with cancer have higher death rates despite having a lower incidence rate of cancer overall, when compared to White women.[19] Cancer disparities in incidence and death rates for African-American women are exacerbated for low-income women because of the prevalence of environmental factors that increase cancer risk. These environmental factors can include lack of access to healthy foods, limited opportunity for physical activity, and targeted campaigns by tobacco and fast food companies.

The causes of cancer disparities are complex and consist of several systemic factors related to social, economic, cultural, environmental, and health care barriers; reducing these disparities does involve not an easy fix. Unequal access to quality cancer prevention, early detection, and treatment are particular factors that increase Black women's cancer burden; in fact, the mortality rates for some of these cancers are the worst in states in which Medicaid and public health programs are poorly funded and provide the least coverage. BWHI aims to continue to spread awareness, translate cancer research, and promote effective policy and systems change to eliminate these disparities. The following four cancers are focus points due to the availability of evidence-based strategies and solutions.

Breast Cancer

Breast cancer is the most commonly diagnosed cancer among Black women.[20] Currently, Black women are 39 percent more likely to die from breast cancer than White women. Breast cancer incidence rates are also higher among Black women than White women under age 45. The median age of diagnosis is 59 for Black women, compared to 63 for White women, with a greater percentage being diagnosed in their 40s and younger.[21] As a result of increased detection by screening mammography breast cancer incidence rates among White women and Black women have converged. While the incidence rates for White women have stabilized, the rates continue to increase, albeit slowly, in Black women. Racial disparities in breast cancer mortality care often is attributed to the prevalence of obesity in Black women.[22] However, these disparities just as likely caused by systemic issues related to poverty, access to screening and quality of treatment and provider bias.

- ### 3D Mammography

  Studies have shown that breast tissue density is one of the strongest predictors of risk for breast cancer and that the risk of cancer for women with dense breast tissue, many of whom are women of color, is much greater.[23] In particular, Black women tend to have more dense breast tissue, which limits the sensitivity of a 2D screening mammography, thus requiring improved screening technologies such as early detection and screening by appropriate methods. Studies have shown that 3D mammography appears to be more effective at detecting lesions in dense breast tissue than 2D mammography.[24] Even though screening mammography rates for Black and White women are about the same, cancers are detected later in Black women, who are more likely to die from breast cancer than White women; this suggests a need for more access to 3D screening technology. In addition, these issues were not given the attention they deserve in the 2015 federal preventive screening guidelines for mammography, which proposed raising the age for screening mammography from age 40 to age 50 and failed to include 3D mammography in its recommendation for an A or B grade. Thankfully, this guideline changed and has been placed in a moratorium through the Protecting Access to Lifesaving Screenings (PALS) Act, legislation for which BWHI was a leader in developing and passing.

Policy Recommendations: BWHI supports and recommends the elimination of annual deductibles, copayments, and coinsurance payments ("cost-sharing") for all screening mammograms, including those provided to women more frequently than current federal screening guidelines, such as annual mammograms for women starting at age 40. BWHI also supports the elimination of cost-sharing for diagnostic imaging for breast cancer, including diagnostic mammograms, breast ultrasounds, and breast MRIs. BWHI supports the full coverage of 3D mammography without copays, coinsurance, or deductibles. Black women in need of screenings beyond standard mammograms should not have to pay any additional out-of-pocket expenses for these screening and diagnostic tests.

Colorectal Cancer

Colorectal cancer (CRC) is the third-leading cause of cancer death among US women. However, Black women have the highest incidence and death rates from colorectal cancer as compared to women of other race and ethnicities.

These numbers are exacerbated by disproportionate burden in access to care, including less CRC screening by Black women compared with White women. The United States Preventive Services Task Force (USPSTF) recommends that all adults who are 50 to 75 years old be screened for colorectal cancer every 10 years as long as no lesions are found. Screening both prevents cancer by finding and removing precancerous lesions and prevents cancer death by finding early cancerous lesions that can be treated successfully. Quality treatment and follow-up care is key to reducing the colorectal cancer burden for Black women.

Policy Recommendations: BWHI supports and recommends increased access to screening tests that detect and remove adenomatous polyps that lead to colorectal cancer, funding for culturally relevant public education into the importance of colorectal cancer screening targeting Black women and prevention strategies for colorectal cancer, and policies that ensure that Black women receive the recommended surgical treatment and adjuvant chemotherapy for colorectal cancer.

Lung Cancer

Lung cancer is the leading cause of cancer deaths for Black women, with related death rates currently at 34.4/100,000. The data show that, while African-American women are less likely to smoke than White women, they are about as likely to develop lung cancer and die from lung cancer as White women.[25] The exact cause of this disparity is not clear; however, researchers believe it is interaction of biological, environmental, political, and cultural factors. Cancer experts note the importance of curbing smoking before it starts, especially for Black teen girls, and increasing the availability of smoking cessation services for current smokers. These methods have been shown to prevent lung cancer and lung cancer deaths. Because people who begin smoking at younger ages are more likely to become regular smokers, it is imperative that programs intervene early. Studies have shown that there are more inducements to start and continue smoking in lower-income neighborhoods and in neighborhoods with more Black residents, particularly due to targeted marketing by tobacco companies.[26] Although tobacco is not the only cause of lung cancer, it does contribute to 80 to 90 percent of lung cancer deaths.[27] Lung cancer screening is now recommended for high-risk individuals, but it can be prohibitively expensive; therefore, smoking cessation services will be key for decreasing lung cancer in Black women and girls, especially in their teen years.

Policy Recommendations: BWHI supports and recommends increased lung cancer prevention efforts that are accessible and culturally appropriate for Black women and girls, including the expansion of fresh start programs teen education programs and smoking cessation services. BWHI supports increased access to affordable screening for individuals at high risk due to its potential to dramatically improve lung cancer survival rates by finding the disease at an earlier, more treatable stage. BWHI also supports funding for more research into the unique ways social determinants such as poverty and environmental stress impact Black women and contribute to high rates of lung cancer.

Cervical Cancer

Black women are dying from cervical cancer, also known as "the silent killer," at more than two times the rate of White women. Moreover, Black women are more likely to be diagnosed at later stages with more aggressive forms of cervical cancer than any other racial group.[28] Cervical cancer is entirely preventable through regular screening cancers and is highly treatable if found early. Also Human papilloma virus (HPV) vaccine prevents almost all cervical cancer, as well as other HPV-related cancers. Access to the HPV vaccine, which protects against viruses that cause cervical cancer, testing for HPV, PAP testing for cervical cancer and quality treatment are imperative in ensuring the prevention, early detection and successful cure of cervical cancer in Black women. In 2017, the US Preventive Services Task Force proposed dropping co-testing (HPV test plus Pap test) from its draft federal guidelines for cervical cancer screening. These draft guidelines were based on evidence gathered largely from Caucasian women in studies mostly based in Europe, so it is no surprise the preventive health needs of Black women failed to be recognized within them. BWHI voiced its opposition to these draft guidelines and supported a legislative effort to place a moratorium on this change. Fortunately, as of August 21, 2018 the USPSTF gave an A grade to its recommendation for co-testing.

Policy Recommendations: BWHI supports and recommends increased access to the HPV vaccine, as well as more outreach and public education to increase vaccination and screening of vulnerable, hard-to-reach populations. BWHI supports the development of HPV vaccines that target the HPV subtypes most common in Black women. BWHI supports co-testing – combining the HPV test and Pap test – as the preferred screening option and standard of care, as well as increased access to appropriate follow-up and treatment for those with abnormal screening results. The recent JAMA study on HPV testing reiterated that HPV testing is more sensitive than Pap testing in finding cervical cancer, but neither test alone finds as many cancers as both tests do together; therefore, co-testing must be maintained to provide women the most complete screening available.

G. Cardiovascular Health

Heart disease is the number-one killer of Black women, with cancer and stroke as other leading causes of death. According to the American Heart Association, among African-American women ages 20 and older, nearly half (48.3%) already have cardiovascular disease (CVD). CVD kills nearly 50,000 African-American women annually, but only one in five African-American women believes she is personally at risk.[29] Major risk factors for heart disease include diabetes, smoking, elevated blood pressure, high blood cholesterol, physical inactivity, obesity, and a family history of heart disease – factors that all disproportionately impact Black women. Research also shows that prolonged exposure to stress, as from coping with perceived racism, may produce higher cortisol reactivity. Cortisol – a stress hormone – in Black women can lead to higher rates of obesity[30], which increases the risk of heart disease and other chronic illness. Efforts to improve the heart health of Black women should be a top policy priority.

Policy Recommendations: BWHI supports and recommends increased access to preventive care and affordable cardiovascular medicines and medical devices, increased funds for public health campaigns that educate Black women about their risk of heart disease, funding for culturally tailored and appropriate programs to assist in managing stress, and the increased representation of Black women in trials for medicines that improve cardiovascular health.

H. Diabetes

Compared to the general population, Black people are disproportionately affected by type 2 diabetes.[31] For Black women, the risk is great: They are two-to-four-times more likely than White women to have the disease. Type 2 diabetes affects 1 in 4 Black women ages 55 years and older and is listed as the fourth leading cause of death for all ages. Diabetes is also more prevalent, affecting nearly 12% of all Black women ages 20 and older.[32] As Black women age, the risk of developing type 2 diabetes increases. While Black women ages 20 and older represent 15% of all diabetes cases, they only account for 13% of the total female population in the US.[33] Black women are especially at risk due to high rates of obesity, lack of physical activity, and stress. Many health care providers do not screen for prediabetes, so Black women who are at risk for getting type 2 diabetes often are not aware that it can be prevented.

While Black women are less likely to develop gestational diabetes during pregnancy, those women who are diagnosed, have the greatest risk among all race and ethnic groups, of getting type 2 diabetes later. That risk is almost 10 times greater. Gestational diabetes places women at higher risk for future health issues and the risk of developing type 2 diabetes is increased for the child. One of the risks for gestational diabetes is polycystic ovary syndrome and between 5% and 10% of women of reproductive age (18–44) are affected.[34]

- **BWHI Community-based Program: Change Your Lifestyle. Change Your Life. (CYL^2)**

  CYL^2 is the branded National Diabetes Prevention Program (National DPP) offered by BWHI. The National DPP is based on more than a decade of research that proved how individuals at risk for getting type 2 diabetes could reduce those risks – thereby delaying the onset of the disease – by losing 5% of their weight and maintaining 150 minutes of physical activity weekly. CYL^2 is a year-long group-based program using trained lifestyle coaches to teach participants how to make healthier food choices, increase physical activity, and manage stress. These positive lifestyle changes also help them avoid hypertension, heart disease, and numerous other chronic conditions.

  BWHI was one of the original six grantees awarded a 5-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) under DP12-1212, Preventing Type 2 Diabetes Among High Risk, to scale the newly launched program in 2012 in CA, IN, MD, MI, and TN. In 2017, BWHI was awarded a second cooperative agreement under DP17-1705, scaling the National Diabetes Prevention Program in Underserved Areas. CYL^2 is being delivered in very rural counties of AL, LA, and MS, all places where the program did not exist in counties that are part of the CDC-designated Diabetes Belt. BWHI is also working with two former DP12-1212 partners to expand the program in rural underserved counties in IN and TN. Under DP17-1705, BWHI will work with partners to increase the awareness of prediabetes, increase clinician screenings and detection for prediabetes, apply best practices to retain participants, and engage public and private payers to sustain the program. The BWHI provider network, EDGE (Educate, Deliver, Guide, Empower), was formally launched in 2017 to serve as a resource for diabetes prevention in communities of color.

Policy Recommendations: BWHI supports adding prediabetes (diabetes prevention) screenings to the annual well-woman visit; increased clinician screening, detection, and referral of adults with prediabetes; increased funding for awareness programming and public education initiatives about the prevalence of prediabetes and how to prevent type 2 diabetes; and increased benefit coverage for diabetes prevention. BWHI supports and recommends continued insurance coverage of preventive screening for gestational diabetes.

HIV/AIDS

The Black community has been disproportionately affected by HIV/AIDS since the beginning of the epidemic, and that disparity has increased over time. Black women have the highest rate of new HIV diagnoses among all women (about 4,500, or 60%, in 2016), and the rate of new diagnoses among Black women (26.2) is 15 times the rate among White women and nearly five times the rate among Latinas.[35] Several complex factors contribute to this disproportionate HIV/AIDS burden, including poverty, lack of access to health care, higher rates of some sexually transmitted infections and smaller sexual networks, lack of awareness of HIV status, and stigma. Black women also are most likely to have been infected through heterosexual transmission, the most common transmission route for women overall.[36]

These racial disparities are particularly alarming considering the efficacy of pre-exposure prophylaxis (PrEP), a daily pill that has been shown to reduce the risk of HIV infection from sex by more than 90 percent.[37] While two-thirds of people who could potentially benefit from PrEP are Black, they account for the smallest percentage of prescriptions to date. However, even with new HIV diagnoses continuing to occur disproportionately among Black women, data show a 40 percent decrease in new diagnoses for Black women between 2008 and 2015.[38] This is encouraging news as BWHI continues to advocate for policy solutions that promote HIV prevention.

- **BWHI Community-based Program: On Our Own Terms**
  BWHI launched "On Our Own Terms" (OOOT), a national strategy to improve sexual health and HIV outcomes for Black women, in December of 2017. The strategy is supporting collaborations, solutions, and policies guided by the lived realities of Black women related to HIV, reproductive health, and overall wellness. Through OOOT, BWHI is creating a national network of Black women's and other organizations to strengthen community assets, deliver innovative solutions, and make a lasting impact on the health and wellness of Black women and other women of color.

Policy recommendations: BWHI supports and recommends increased access to preventive services for sexual and reproductive health, and funding for HIV prevention efforts, including public education about the benefits of PrEP and access to PrEP prescriptions.

I. Mental Health

The majority of racial disparities in mental health exist in regard to mental health care services. Black Americans often receive poorer quality of care and lack access to culturally competent care. Black women, in particular, have been found to utilize these mental health services irregularly, due in part to lack of proximity to services, lack of insurance coverage, mental health stigma, and distrust of mental health professionals due to historic and present discrimination and bias.[39] This distrust may be a result of the way physician-patient communication differs for Black Americans and White Americans. One study found that physicians were 23 percent more verbally dominant and that they engaged in 33 percent less patient-centered communication with African-American patients than with White patients.[40] Recruiting diverse researchers and physicians to care for Black women, their families, and their communities will increase cultural competency, community trust, and overall well-being. It is also essential for Black women to have access to mental health professionals who look like them and can empathize with their stories. Culturally competent mental health professionals are critical to understanding the weight and impact of Strong Black Woman Syndrome and other stigmas surrounding Black mental health so that Black women are well supported.

LGBT youth are more likely to experience bullying, violence victimization, sexual assault, and other threats to their health and well-being. Previous studies have found that transgender students also face these challenges and more. Many face rejection and discrimination from peers and school staff, at home, and in their communities. These young people, which include Black cis and trans girls, have even higher rates of persistent sadness and suicidal ideation.[41]

Chronic Stress

According to the National Institute of Mental Health (NIMH), the continued strain of routine stress can lead to serious health problems, such as high blood pressure, depression, and some cancers. Black women's stress levels may also make them more prone to autoimmune disorders like lupus, gynecological problems such as incompetent cervix, and, as they age, neurological problems such as Alzheimer's disease. We know that stress is real, but we also know we need to learn to manage it. It is inarguable that all women endure stress in this society. However, Black women in particular, and women of color in general, face not only the stresses of sexism and classism but also the stresses of racism. Coping with chronic stress without support likely leads to finding solutions in unhealthy behaviors such as excessive drinking, taking drugs, or self-medicating through food. Most would say that this is not the way to live, yet many Black women are living it every day. Together, we must turn the tide.

Policy Recommendations: BWHI supports and recommends increased access to mental health services. BWHI supports insurer reimbursements to ensure mental health treatment is covered under insurance plans with little or no out-of-pocket costs, as well as increased diversity, equity, and inclusion in the mental health profession through minority pipeline programs and cultural competence training. BWHI further recommends an in depth look at racism in the mental health care delivery system.

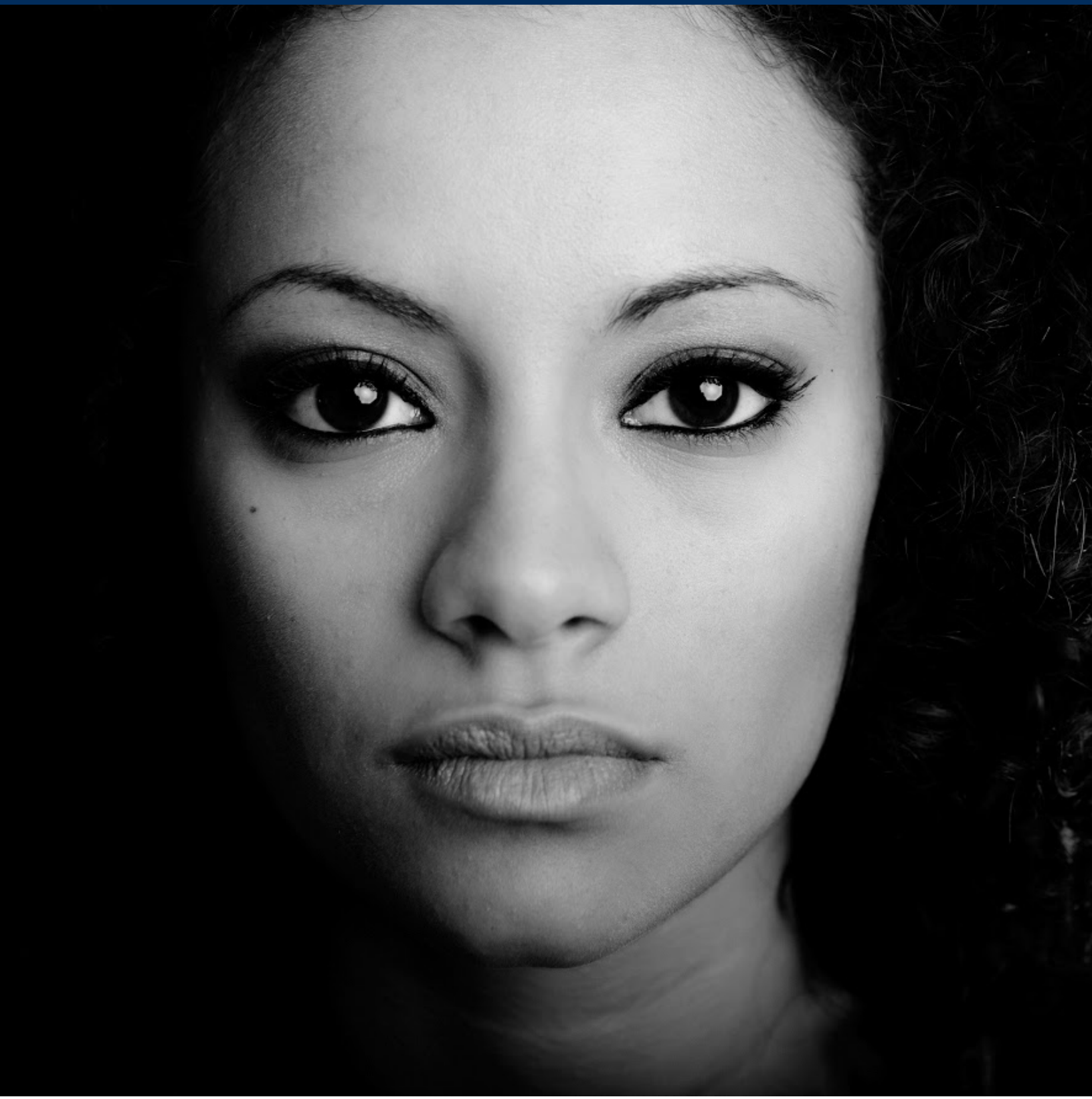
J. Sickle Cell Disease

In the US, approximately 100,000 people have sickle cell disease (SCD) and 2 million people have the genetic trait.[42] SCD affects the oxygen-carrying red blood cells. While normal red blood cells with HbS are round with a doughnut-like indentation to carry oxygen, the HbS gene causes the red blood cells to become abnormally crescent-shaped and rigid. Sickled red blood cells get caught in the body's smaller blood vessels, blocking normal blood flow and causing severe pain and damage to the delicate tissues of the lungs, eyes, spleen, kidneys, and liver. People with one copy of the HbS gene are "carriers" of the sickle cell trait and may experience some symptoms. People with two copies of the gene develop sickle cell anemia/disease, which can be deadly. In the US, Black people are the majority of people with SCD; about 1 in 13 Black children are born with the sickle cell trait and about 1 in every 365 Black children are born with SCD.[43] Yet, Black children are among the least likely to be included in SCD-related clinical trials.

Policy Recommendations: BWHI supports and recommends the introduction and consideration of the Sickle Cell Disease Research, Surveillance, Prevention, and Treatment Act of 2018[44] introduced by US Senator Scott (R-SC) and US Senator Booker (D-NJ), as well as continued coverage of sickle cell treatment under Medicaid and Medicare. BWHI supports the collection of data on the prevalence and distribution of SCD, funding for SCD public health initiatives to improve access to care and health outcomes, targeted inclusion of Black people with SCD in clinical trials, and increased support for health agencies to identify and evaluate strategies for prevention and treatment of SCD complications.

BLACK WOMEN VOTE:

The 2018 National Health Policy Agenda



II. Equitable Responses to Public Health Emergencies

A. Access to Clean Water

Low-income communities and communities of color are disproportionately impacted by contaminated water, which can cause a variety of health problems, especially for children. According to analysis of data from the National Health Examination Surveys from 1988 to 2014, Black children are twice as likely as White children and three times as likely as Mexican American children to have elevated levels of lead in their blood.[45] While the health crisis around lead contamination in Flint grabbed headlines, many communities nationwide are facing similar challenges. Small and rural communities, who rely on private wells or whose water systems lack the resources to deal with polluted sources, may be hit the hardest.

Policy Recommendations: BWHI supports and recommends stronger environmental protections to ensure we are protecting the health of the public; this includes preventing any repeal of the Clean Water Rule and protecting the Environmental Protection Agency (EPA); stopping pollution before it happens; and continued efforts to ensure all communities have access to safe, clean air, water, and land. BWHI supports access to safe, clean water through policies that increase funding for our nation's water infrastructure needs; prioritize nature-based solutions; uphold environmental, health and safety standards; and make water affordable for everyone.

B. Opioid Crisis

Although the current opioid crisis has largely been painted as an over-prescription issue for rural, White America, its devastating impact is widespread in the lives of Black women and their families all over the country. In Washington, DC alone, the number of opioid overdose deaths among Black residents more than tripled between 2014 and 2017. More than 80 percent of opioid deaths in DC were among the city's Black population.[46] Nationally, the drug death rate also is rising most steeply among Black communities, especially in urban cities. The CDC reports that deaths rose by 41 percent in 2016.[47] Fentanyl and Carfentanil – synthetic drugs much more potent than heroin – are at the center of this epidemic for Black communities. Black patients have historically been less likely to be prescribed pain narcotics due to racist beliefs around pain tolerance and the likelihood of substance abuse. As a result, Black communities missed the initial surge in opioid use but are feeling the effects now. In order to address this crisis, all aspects of health and addiction must be addressed, including the ways in which over-policing and incarceration impacts drug addiction. It must be treated as the urgent public health crisis it is, with compassion, as opposed to moral judgment, for all who live with this chronic disease.

Policy Recommendations: BWHI supports and recommends funding for minority-led institutions programs, initiatives, and awareness campaigns that debunk myths and fight stigma about the opioid crisis in Black communities; continued coverage of Suboxone treatment by Medicaid and Medicare; additional funding in the Appropriations Bill for CDC, Substance Abuse and Mental Health Services (SAMHSA), and Health Resources and Services Administration (HRSA) to address opioids and incorporate a strong enforcement strategy for opioid-related public health initiatives; and maintenance of the Office of National Drug Control Policy.

C. Toxins in Beauty and Menstrual Care Products

The high levels of harmful chemicals and other toxic ingredients in beauty and menstrual care products marketed specifically to Black women and other women of color is an issue of environmental justice. Studies show that women of color are being exposed to higher levels of toxic chemicals from beauty products in comparison to White women.[48] One in 12 beauty products marketed to Black women contains harmful ingredients.[49] Harmful ingredients such as steroids, mercury, and even excessive levels of estrogen are used in skin-lightening face creams, hair relaxers, and straighteners. Douching products are often marketed to Black women, but these products may contain harmful chemicals such as Diethyl phthalate (DEP), which can cause congenital disabilities.

Menstrual care products such as tampons and menstrual pads also have been found to contain harmful ingredients. New independent-product testing results reveal undisclosed toxic chemicals in tampons, including carbon disulfide, methylene chloride, toluene, and xylene. Previous testing of tampons and menstrual pads have found pesticide residue, parabens, and phthalates linked to hormone disruption, antibacterial chemicals such as triclosan, and various carcinogens including styrene and chloroform. Given the fact that tampons are used by up to 70 percent of menstruating women in the US, more regulation of menstrual products is needed.[50] Tampons, pads, and menstrual cups are considered "medical devices" by the FDA but are not subject to ingredient labeling. As a result, a full list of ingredients used in these products rarely is disclosed publicly.[51] This lack of transparency and disclosure is harmful to Black women as they continue to consume these products without adequate information.

Policy Recommendations: BWHI supports and recommends mandatory testing and disclosure of ingredients in beauty and menstrual care products; updating federal standards governing the safety of personal care products; policies that increase the affordability of alternatives to tampons and pads; and training for health professionals to counsel patients about the potential risks of exposure to hidden chemicals in their beauty and menstrual care products.

D. Gun Violence

Gun violence is a public health issue by which Black women are disproportionately affected. Based on a 2015 study from the Violence Policy Center on homicide data, Black women were more than 13 times as likely to be murdered by a man they knew than by a stranger.[52] A gun was the weapon used in 58 percent of homicides, and 88 percent of murders were not related to another felony crime.[53] Black women's lives are cut short much too often by the men in their lives and that this phenomenon is exacerbated by access to guns; this also includes gun violence perpetrated by police against Black women which is harder to quantify due to a lack of data and reporting.

Policy Recommendations: Several studies conclude that high rate of gun ownership correlates with more gun violence whether it is homicides, suicides, or domestic violence. In an effort to prevent more violence against Black women, BWHI supports and recommends federal policies that include common sense restrictions on the ownership and purchase of guns.

E. Incarceration and Money Bail

Across the United States today, around 450,000 people[54] – approximately 70 percent of all incarcerated people – sit in jail because they cannot pay bail, not because they have been convicted of a crime. Black women are commonly held in jail with high bail amounts for minor offenses, and the jails then fail to provide adequate medical care; this has a devastating impact on Black women's physical and mental health. Sandra Bland died in a Waller County, TX jail in 2015 after an unconstitutional traffic stop and was ordered a bail amount of $515 that her friends and family could not afford to pay. The same month of Sandra's arrest, five other Black women died in jails around the country while waiting to post bail, the majority on minor shoplifting charges. Several cases involved jail officials failing to provide medical care.[55] In addition, horrifying conditions in jails and prisons result in Black women being shackled during childbirth, separated from their children, and having their reproductive health needs ignored.

Money bail is incredibly lucrative for insurance companies and private bail agents at a profit of $1.4 to $2.4 billion a year.[56] These payments are overwhelming paid by Black people. For example, in Maryland's poorest communities, for-profit bond premiums cost families more than $250 million, not including interest or fees over five years.[57] The system is fundamentally unfair and continues to prey on poor communities of color, especially women, who comprise the fastest-growing jail population.[58] Addressing the ways in which the criminal justice system disproportionately impacts Black women is a crucial step toward improving Black women's health overall.

Policy Recommendations: BWHI supports and recommends ending money bail; ending the policy of shackling incarcerated pregnant women; legislation that requires investigation into the for-profit bail industry; ongoing oversight; and investment into alternatives to money bail, such as avoiding detention through citations, pre- or post-charge diversion, earlier hearings, and automated phone and text messages.

BLACK WOMEN VOTE:
The 2018 National Health Policy Agenda

III. Sufficient Diversity in Clinical Research

A. Diversity in Clinical Trials

Black women are vastly underrepresented in clinical research and trials. Increased clinical trial diversity helps researchers improve treatments for diseases that disproportionately affect Black women. One of the key reasons we need Black women in clinical trials is to ensure that the discoveries, treatments, interventions, and prevention strategies will be applicable to this population. It is paramount to understand the diseases that affect Black women and how certain drugs metabolize in Black women to create the most effective treatments. Fewer than 5 percent of NIH-funded researchers are Black.[59] Only one longitudinal study has been conducted on Black women. As a result, the unique genetic, biological, and societal conditions experienced by Black women are not accounted for when developing drugs, vaccines, and treatments for many diseases and medical conditions. Other barriers may influence participation in clinical research among the Black community, such as issues of trust due to historical experimentation and exploitation and a lack of customized messages tailored to the population.

- **BWHI Research: All of Us Research Program**

  BWHI has joined 13 other national community groups and health care provider associations for the All of Us Research Program, part of the National Institutes of Health (NIH), to help raise awareness about the program. The program is an effort to engage 1 million or more volunteers across the country to build one of the largest, most diverse datasets of its kind for health research. BWHI is helping to educate Black women and their families about the benefits of participation in this landmark project to accelerate breakthroughs in precision medicine. BWHI will be conducting a variety of activities as part of its involvement in the program, including community events, gathering public input, training program ambassadors, leading social media campaigns, and developing additional messaging that speaks to historical discrimination and the value of participation for Black women and girls.

Policy Recommendations: BWHI supports and recommends focused research around Black women to better understand health disparities, including higher incidence and mortality rates from chronic conditions and increased funding and support for research focused on prevention and treatment for ovarian, breast, and cervical cancers. BWHI also supports funding for research that incorporates Black women's experiences into maternal health research and clinical trials to fully understand how the women respond to interpersonal and environmental stressors during pregnancy and childbirth.

B. Diversity in the Workforce

People of color, including Black women, are underrepresented in the American health care workforce. The Affordable Care Act (ACA) established a number of initiatives to address this issue, but the initiatives are in constant threat of losing funding. For example, the National Health Care Workforce Commission has yet to meet because Congress has not authorized its funding. The funds for these initiatives were intended to invest in the training of culturally diverse health care paraprofessionals, such as home health aides; be allocated for scholarships and loan forgiveness; help create community health teams that allow providers to diversify their own care teams; and lead to the development of cultural competency curricula for training the health care workforce. Without adequate funding and authorization from Congress, these initiatives will not be able to fulfill their purpose of providing quality care for communities of color.

International medical graduates entering US residency programs are very important to the diversity of the health care workforce. The current administration has proposed policies that could delay or even deny visas for non-citizen international medical graduates, many of whom come from countries in Africa and Latin America.

Delays or denials of H-1B visas for non-citizen international medical graduates can have a serious downstream impact on patients' access to care in both the immediate and near future. Community health centers, federally qualified health centers, and teaching hospitals rely on these medical residents to provide care to thousands of patients each year.

If the visas are not approved in the near future, patients will face treatment delays and gaps in care due to the lack of medical care providers, particularly in rural and urban areas that serve Black women. A policy of delaying or denying visas for continued medical training will contribute to a longer-term shortage of physicians, ultimately resulting in Black women having fewer options for life-saving care.

Policy Recommendations: BWHI supports and recommends expanding multifaceted partnerships and funding for the health care workforce that is more representative of diverse communities and increases diverse leadership of health professionals in educational institutions and hospitals; inclusion of culturally competent training into the licensure and accreditation training of physicians, nurses, and other health professionals; diversity report cards for hospitals related to health care outcomes and ethnicity; the Health Equity and Accountability Act (HEAA); maintenance of the Office of Minority Health (OMH), Office of Women's Health (OWH), and National Institute on Minority Health and Health Disparities (NIMHD); efforts to diversify the workforce to include Black clinical researchers, diversify the disease research being funded, and increase the pipeline of researchers with a focus on health disparities; expediting the process for H-1b visas for non-citizen international medical graduates; increased funding to CDC/NIH for diversity in clinical trials; and culturally competent training for health professionals generally.

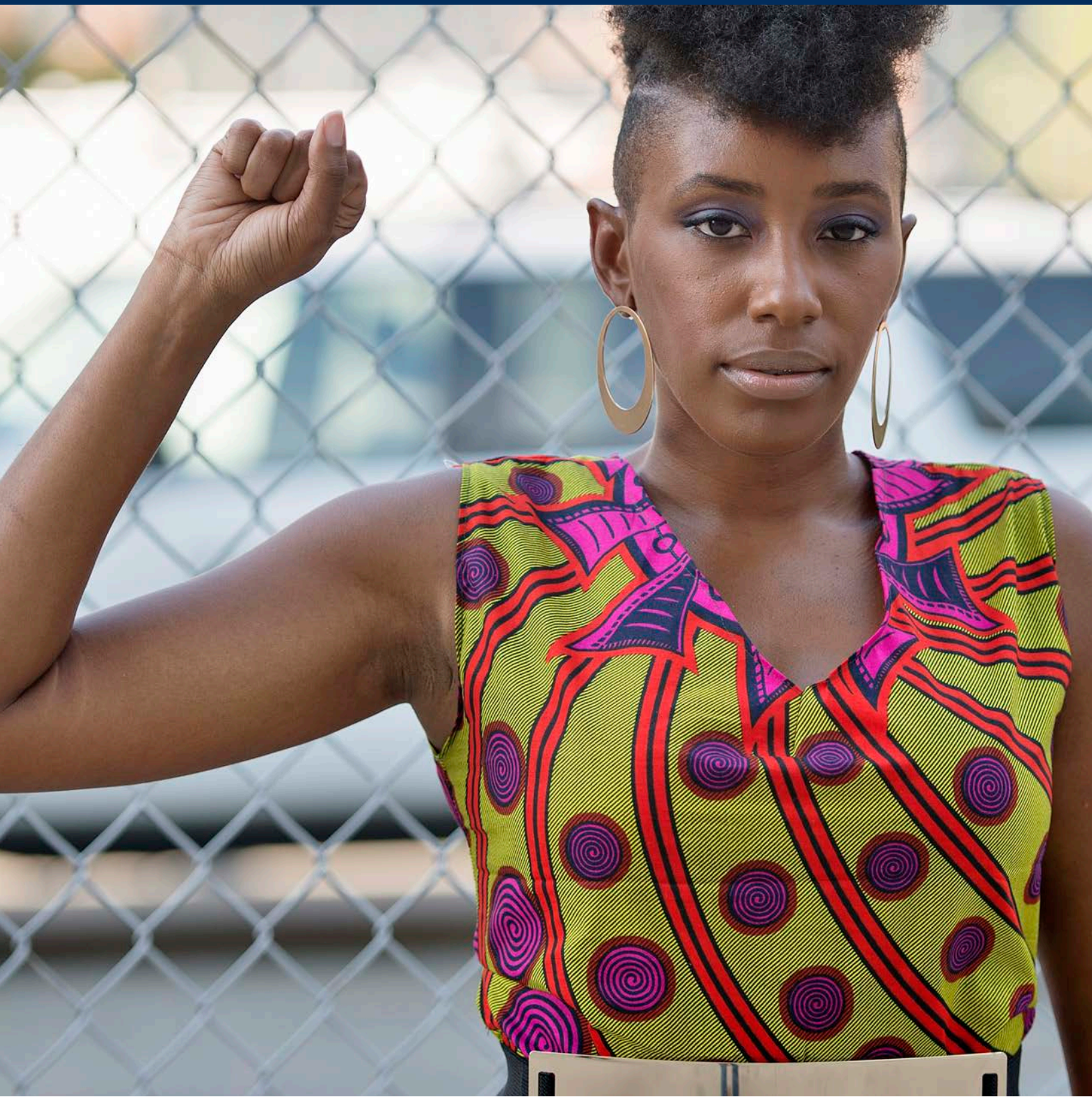
C. Diversity in Tech

The health care industry is in dire need of more professionals of color who are leveraging technology to benefit the health and wellness of individuals across our nation, including the health and wellness of Black women. These professionals could create more inclusive technology and solutions to the health disparities Black women disproportionately face, such as the advent of the 3D technology and its impact on breast cancer disparities.

There also is a need for diversity in tech investment funding for Black women entrepreneurs and other women of color creating startup companies. As a Fast Company study pointed out, only 5 percent of venture funding went to women in 2015 and 1 percent went to African-Americans.[60] We need policy solutions that can eliminate the bias and discrimination rife within the tech industry and within tech funding decisions.

Policy Recommendations: BWHI supports and recommends enhanced access to technology programs; initiatives that increase the number of Black women in tech and startups with investment funding; and efforts that help build networks of Black women in tech, including those eligible for board positions.

BLACK WOMEN VOTE:
The 2018 National Health Policy Agenda



IV. Increased Funding to Support HBCUs

A. Funding for Historically Black Colleges and Universities

HBCUs have a profound impact on the health and well-being of Black women, especially Black college-aged women. Black women comprise the 65% of the student population at HBCUs earning bachelor's and master's degrees; these women go on to earn advanced degrees, become doctors and researchers, and contribute their expertise and lived experience to the health care field. They dream up solutions to health policy dilemmas, create new health treatments, and innovate technology for the 21st century.

In fact, HBCUs significantly contribute to the creation of African-American science degree holders: agriculture (51.6 percent); biology (42.2 percent); computer science (35 percent); physical science (43 percent); and social science (23.2 percent). Forty percent of African-American members of Congress, 50 percent of African-American lawyers, and 80 percent of African-American judges graduated from HBCUs.[61] HBCUs need additional funding to ensure that Black women's educational endeavors and opportunities for economic advancement are supported. The sustained funding will help HBCUs continue to offer all students, regardless of race, an opportunity to develop their skills and talents and strengthen the pipeline of students who go on to do work that improves health outcomes for Black women.

- **BWHI Policy Initiative: My Sister's Keeper Program (MSK)**

  MSK is BWHI's leadership-building initiative for Black women attending college intended to promote reproductive justice, build advocates, and graduate leaders. In 2017, BWHI organized an MSK National Policy Summit. BWHI invited students and their faculty advisors from seven HBCU chapters across the country to attend the summit, which was held in Washington, DC. During the summit, students participated in a policy conference and visited Capitol Hill, where they discussed the importance of reproductive health services – including contraceptive access – with their state representatives. The summit was a great success, with expert federal and state policy training, 26 Congressional office visits, and positive feedback from all attendees. BWHI supports policies that help cultivate the leadership of college-aged Black women on HBCU campuses and continued funding for programming that brings awareness to the health issues that disproportionately impact their lives.

MSK
My Sister's Keeper
A BWHI PROGRAM

Policy Recommendations: BWHI supports and recommends increased funding for HBCU and minority-serving institutions in the FY19 budget through expanded HBCU partnerships with federal agencies; renewed funding for the White House Initiative on HBCUs; continued programming from the Historically Black Colleges and Universities (HBCU) Congressional Caucus; increased funding for Pell Grants and PLUS Loans and maintenance of the Student Loan Forgiveness Program; building partnerships with HBCU medical schools; increased HBCU medical school recruitment for Black students and ensuring that Black health professionals, including OB/GYNs, are trained to provide care for Black women with cultural competence; increased support and funding for graduate medical exchange programs, such as sending Black medical students to Escuela Latinoamericana de Medicina in Cuba for a diverse, affordable graduate medical education; and funding to support all educational efforts to improve the delivery of culturally effective care and to ensure that Black women receive timely, accurate and high-quality diagnoses and treatments for all conditions.

B. Gender-based Violence Against Black Women on Campus

Sexual and relationship violence are serious public health problems that have dire consequences for all women. Sexual and relationship violence is a "continuum of behaviors and actions that includes but is not limited to sexual/gender-based harassment, sexual coercion, sexual abuse, stalking, sexual assault, rape, dating violence, and domestic violence."[62] Specifically, sexual assault occurs when a person is unable to or does not consent to sexual activity. The CDC reports that about one in five women (22 percent) experiences an attempted or complete sexual assault during their college years.[63] Black women are particularly vulnerable to sexual and relationship violence because of systemic racism and sexism, both on their college campuses and within society at large. Also, about 4 out of every 10 Black women (43.7 percent) have been or will be the victim of rape, physical violence, and/or stalking by an intimate partner in her lifetime.[64] In Black communities, sexual and relationship violence within the community often are tied to risk factors such as lack of adequate access to employment, quality education, stable housing, affordable contraceptives, and a living wage.

Sexual Assault on Campus

Sexual assault on HBCU campuses is a very real issue in the lives of young Black women. As many as 9.7 percent of Black women undergraduates at an HBCU report experiencing sexual assault.[65] This percentage is less than those reported at Predominantly White Institutions (PWIs), but the data show that reporting is low across all campuses. The Department of Justice's Office on Violence Against Women is facing large cuts to its funding. This office administers grants to the important "Reduce Sexual Assault, Domestic Violence, Dating Violence, and Stalking on Campus Program." Without this funding, HBCUs and other institutions of higher education will struggle to respond to instances of sexual assault, domestic violence, and other forms of gendered violence in the way that justice requires. These institutions also will lack technical support to continue their programs.

Under the current administration, funds likely be will reallocated from areas of sexual assault to other areas that support more criminalization of immigration and border security efforts. This will have a negative impact on Black women at HBCUs who already are at risk of having their cases mishandled due to complex factors of funding, political will, and interpretations of Title IX.

Policy Recommendations: BWHI supports and recommends the reauthorization of funding of the Violence Against Women Act, the Family Violence Prevention Act and Victims of Crimes Act, and anti-gender-discrimination policy and campus sexual violence policy enforcement such as Title IX – Educational Amendments Act on college campuses; ensuring that school officials and staff have training and skills on crisis interventions that identify and address young victims of physical abuse, sexual abuse, and sexual exploitation; funding for advocacy programs and support services for victims of domestic violence or intimate partner violence (IPV) to reduce the stigma attached to seeking help; ensuring that survivors of physical abuse, sexual abuse, and sexual exploitation have access to sexual and reproductive health care including preventive care, mental health services, and abortion services; and establishing DOJ training for all law enforcement officials to focus on and address crisis interventions, mediation, de-escalation tactics, implicit bias, community relations, and appropriate engagement with Black women experiencing trauma.

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