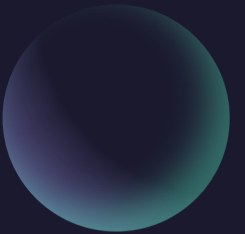




Addressing Health Disparities in Black Women

By Leisha McKinley-Beach



Objectives

Address

Address the role of cultural humility in successful health outcomes for Black women

Discuss

Discuss the importance of partnership vs. dictatorship with clinical providers during medical visits with Black women

Provide

Provide an overview of health disparities among Black women and strategies to address them

Dedication

Today's session is dedicated to Dr.
Tosha Rogers



- *Throughout this presentation, we will use the term “Black” to refer to people of the African diaspora.*

Across the African Diaspora





Our Time Together

- *If the content becomes too heavy please prioritize your mental health and do what's best for you in the moment*
- *We still have an amazing opportunity to learn from each other even in a virtual environment. Let's engage as much as possible by using chat feature.*

Who is she?

- **Include in the chat Black women from your circle who were gone to soon because of health disparities.**
 - **You don't have to use names (if you don't want to) but identify the role she played in your life**
1. **Mother**
 2. **Sister**
 3. **Client**
 4. **Girl friend**
 5. **Neighbor**
 6. **Colleague**
 7. **Daughter**

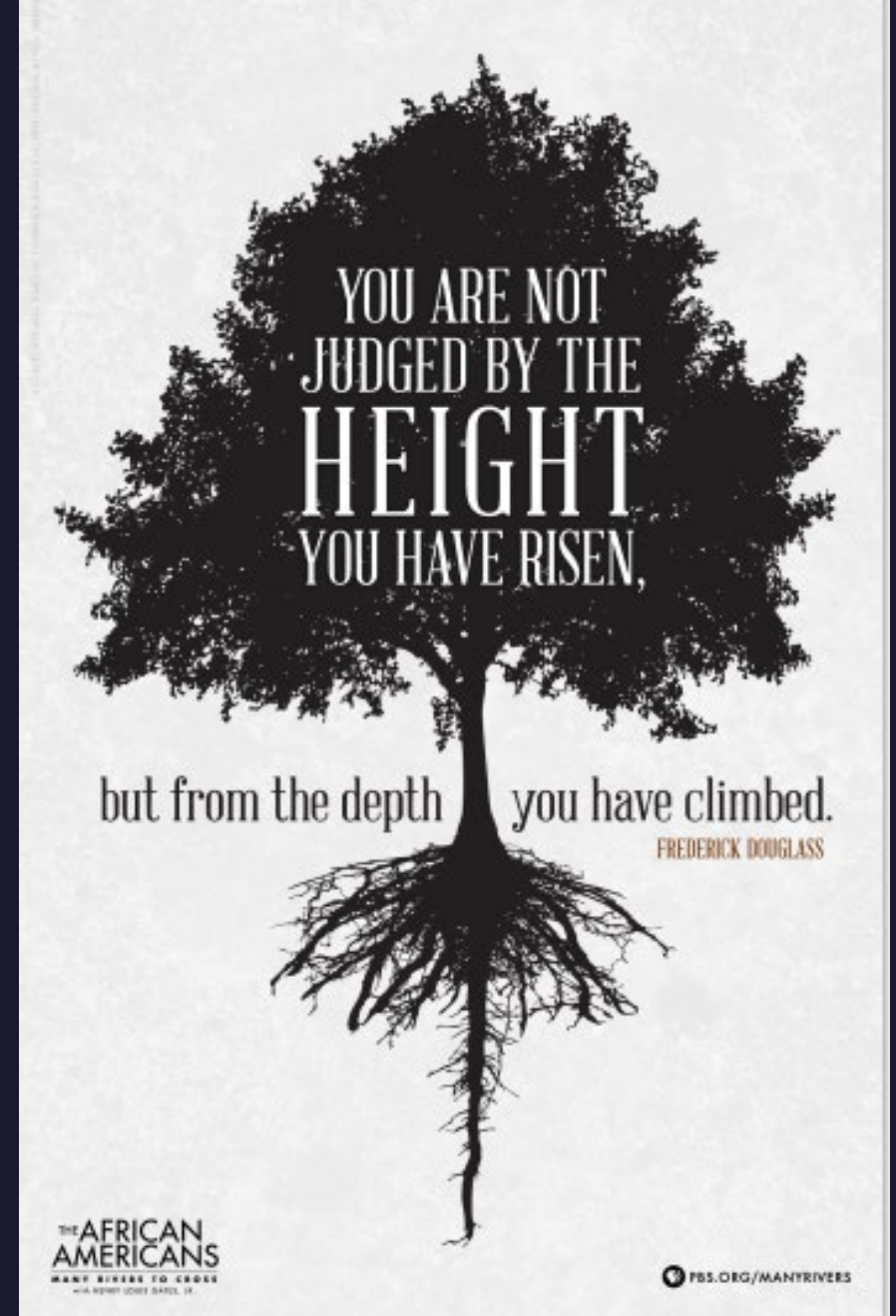
Where we've been is impacting our health outcomes NOW

White Males

White Females

Black Males

Black Females



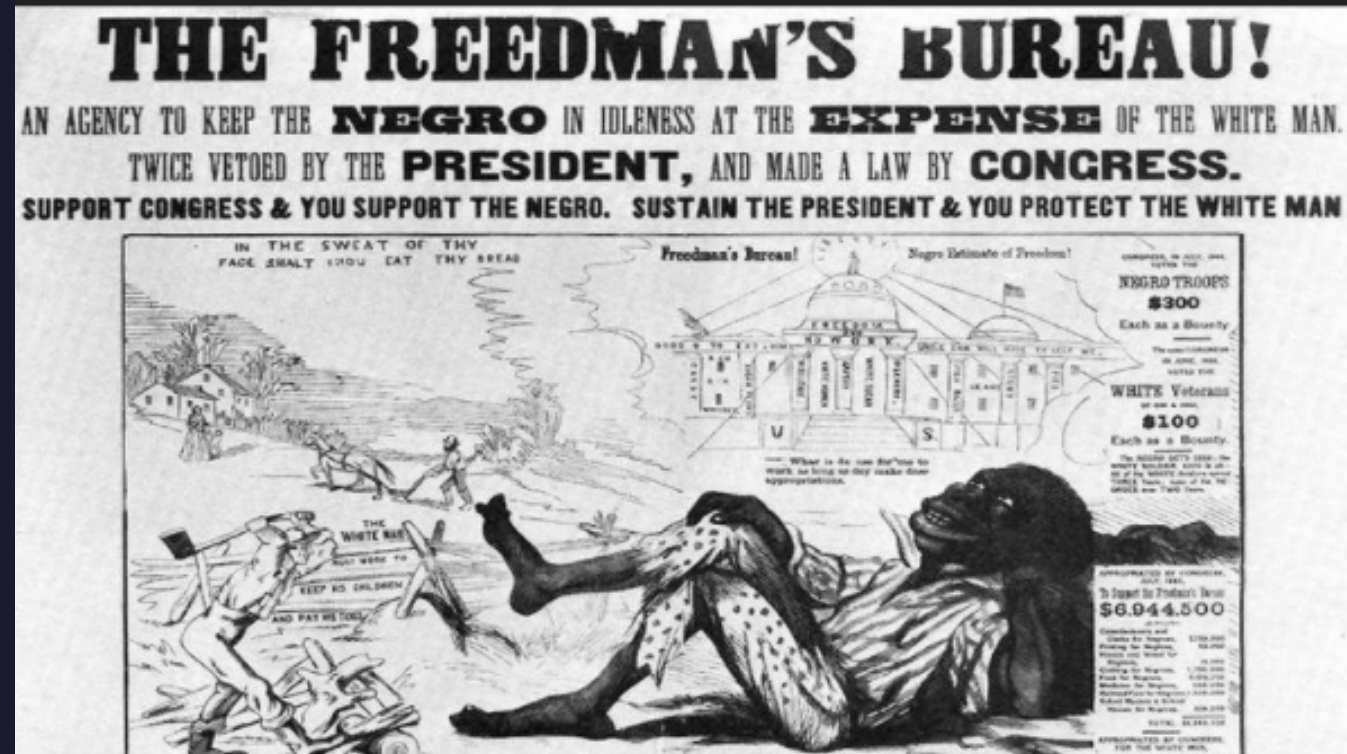
Freedmen's Bureau

Former slaves are now dying in high numbers bodies are “littering the streets” and NOW it is a public health crisis because it is affecting the majority population so the first Federal healthcare program is established called the

“Freedmen’s Bureau Medical Division.”

Poorly staffed

Lack necessary supplies (bedding, medicine, enough small pox vaccines)





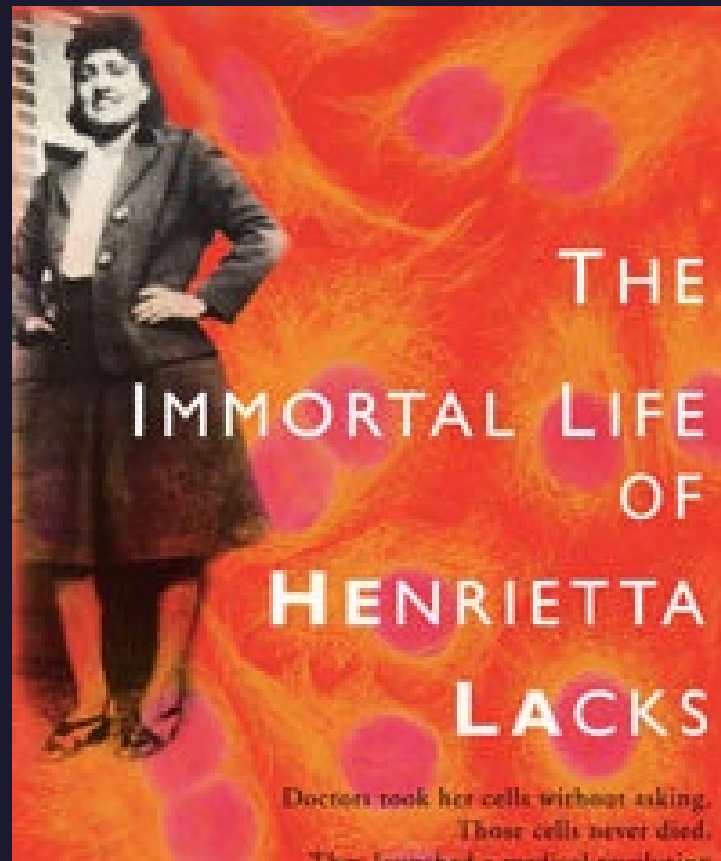
Theory for poor health among black Communities Receiving Government Support

- **“The high death rate is nature taking it’s course. Black people are not dying from lack of basic necessity, they are dying because they are biologically inferior to white people and ill-suited for freedom. Black people are going extinct and to provide any resources to prevent that would be wasteful and foolish”**
- **The theory became mainstream and was argued in the house of representatives**



Fannie Lou Hamer

“Mississippi Appendectomies



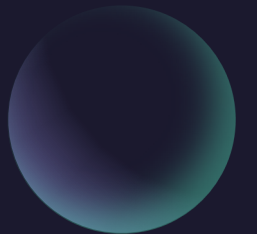
Henrietta Lacks

Birth control

“Negroes don’t want children they can’t take care of, but we are afraid to trust you when your offered help has so often turned out to be exploitation.” –

Urelia Brown, a Black social worker speaking on family planning in 1972

Health Disparities Among Black Women



Cardiovascular Disease

- Cardiovascular diseases kill nearly 50,000 Black women annually
- 49 percent have heart diseases
- Only 1 in 5 Black women believes she is personally at risk
- Only 58% of Black women are aware of the signs and symptoms of a heart attack
- Black women are less likely than white women to be aware that heart disease is the leading cause of death
- Contributing factors: Diabetes, smoking, high blood pressure, high cholesterol, physical inactivity, obesity and a family history of heart disease

Blood Disorder

Black women are disproportionately impacted by anemia (deficiency of red blood cells or of hemoglobin in the blood) and sick cell anemia

“You’re not in pain, you just looking for a fix”



Maternal Morbidity and Mortality

- It is estimated that Black women are nearly four times more likely to die while pregnant or within 1 year postpartum than their White and Latina counterparts.
- These disparities are seen across educational and socioeconomic status among Black women
- Clinical factors: Some of the leading causes of maternal morbidities resulting in pregnancy-associated death occur more Black women (*e.g.*, hemorrhage, infection, thrombotic pulmonary/other embolism, and pregnancy-associated hypertensive disorders).
- Non-clinical factors: Quality of hospitals (Black women given birth in lower quality hospitals or hospitals with higher rates of maternal morbidity). Some research has found that if Black women gave birth at the same hospitals as White women, Black severe maternal morbidity rate would decrease by 47.7%, from 4.2% to 2.9% (1.3 events per 100 deliveries per year)

I Can't Breathe

- Serena Williams developed a pulmonary embolism after her surgery, meaning that a blood clot had made its way to her lungs. "I just remember getting up and I couldn't breathe



Mental Health

- Racial discrimination is a toxic “uncontrollable or unpredictable” stressor that is associated not only with poor physical health but also with psychological stress
- Cultural influence on mental health: “Take it to the Lord and Leave It There.”
- Stigma influence on mental health: “I’m not crazy” “Therapy is for White people”



Participants: Other Cultural Beliefs Regarding Mental Health



Maternal Mental Health: “You Will Always Be My Baby”



Sabrina Fulton



Wanda Cooper-Jones



Tamika Palmer



COVID

- *A recent research study looked at the impact of race and gender on COVID deaths in Georgia and Michigan. The Study revealed that Black women are dying at three times the rate of White and Asian men. The only group higher than Black women are Black men in these jurisdiction.*

“You won’t put a
needle in my
family arm with
that attitude”



Participants: Racial or gender differences
observed during the COVID Pandemic



A Black doctor alleged racist treatment before dying of covid-19: 'This is how Black people get killed'

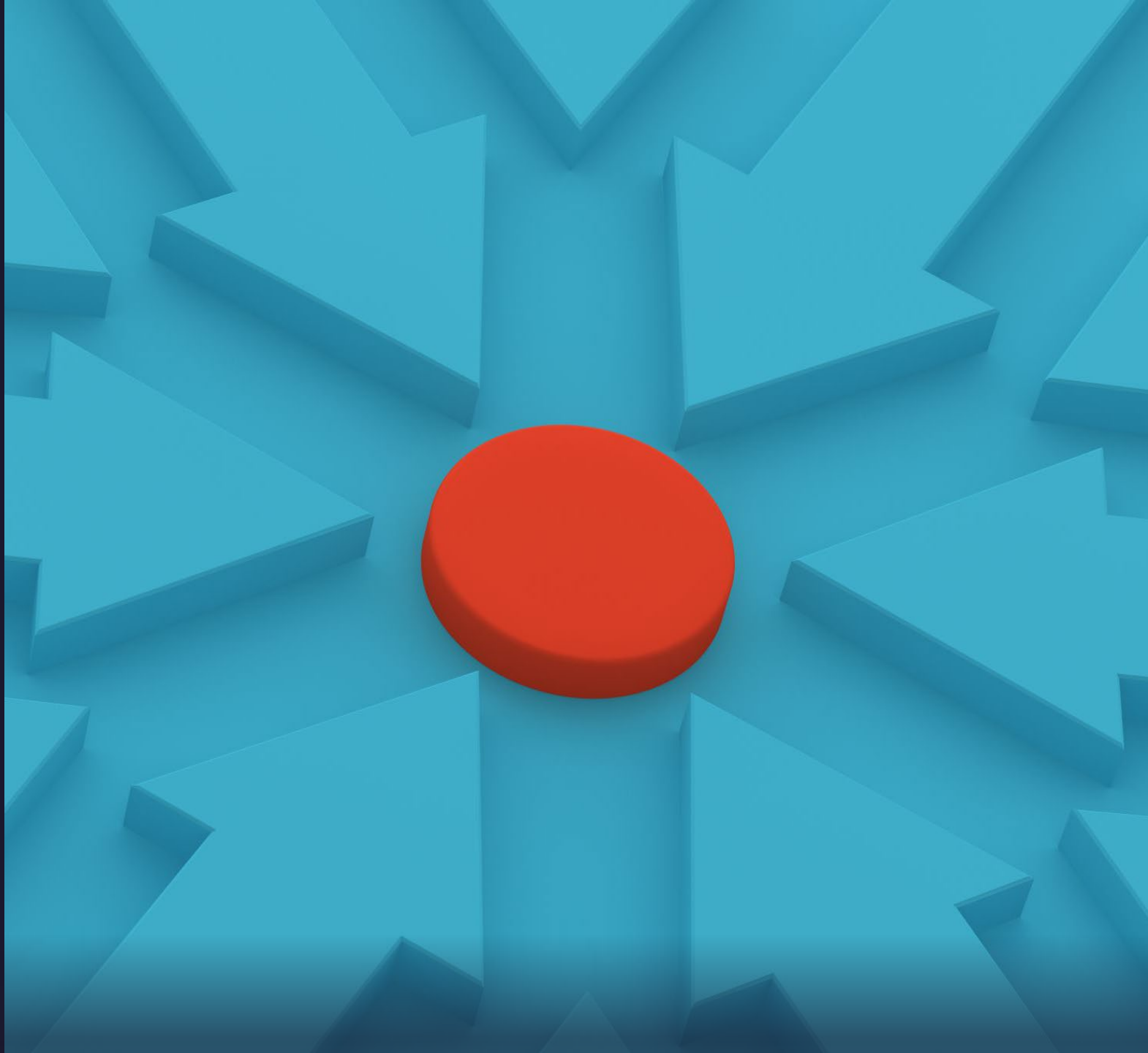
In a Facebook video, Susan Moore says the response to her request for pain medication made her 'feel like a drug addict.'



Moore, 52, died this week, another victim of a virus that is [ravaging African Americans](#) and exposing racial disparities and discrimination rampant in the nation's health-care system. Her video, first shared in physicians' Facebook groups and more broadly after Moore's death, has become a rallying cry to confront bias in the medical system.



Solutions



Cultural humility

Declaring racism as a public health crisis

See Black Women



Participants: Other Solutions?



Cultural Humility



Cultural Competency vs. Cultural Humility

“Cultural competency is a goal while cultural humility is a mindset”

Cultural Competence vs Cultural Humility

	 CULTURAL COMPETENCE	 CULTURAL HUMILITY
Goals	Building an understanding of different cultures	Encourages personal reflection and growth to increase cultural awareness of service providers
Values	Knowledge training	Introspection, co-learning
Shortcomings	Based on academic knowledge rather than lived experience	An exploration with no end point
Advantages	Promotes skills-building, establishes minimum performance expectations in clinical practice	<ul style="list-style-type: none">• Encourages lifelong learning with an appreciation of the journey• Attempts to lessen destructive power dynamics



Principles of Cultural Humility

1. Life-long commitment to critical self-reflection, self-evaluation, & critique.
2. Commitment to challenging power imbalances.
3. Accepts responsibility to engage in actions that eliminate institutional discrimination.



What is Cultural Humility in a Medical Model?

- *Medical staff have to give up the concept of “I’m the expert” and adopt that the care experience is a partnership*
- *“You might be the medical expert but I’m the expert over LMB.”—Leisha with an attitude*



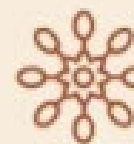
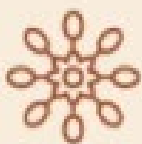
- **“Cultural humility teaches us that the story is still being written through shared knowledge and experience and none of us will have the whole story on our own”—Sarah Richards-Desai**





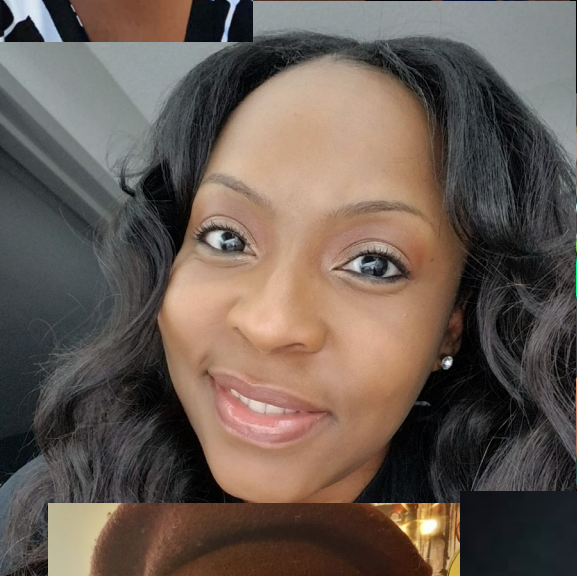
Declaring
Racism As A
Public
Health
Crisis

See Us!!!!!!



**The sun
does not
ask
permission
to shine &
neither do
I.**







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