

# Improving Health & Wellness for Black Women Through Anti-Racist Clinical Care

**AIDS Clinical Conference Series**

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# Welcome!

## Agenda

- I. Introductions
- II. Learning Objectives
- III. Historical Consideration and Present-Day Manifestations
- IV. The Current State of Black Women's Health & Wellness
- V. Black Women Greying with HIV
- VI. Achieving Health Equity Through Anti-Racist Clinical Care





Black Women's Learning Institute  
*Our Story*

# Learning Objectives

- Summarizing the Continuing Disparities and Inequities in HIV Epidemiology
- Discuss the Gap in PrEP Equity for Black Women
- Describe the Connection between Chronic Stress and HIV Acquisition, Pathogenesis and Treatment for Black Women
- Define Anti-Racism and Describe the Role of Anti-Racist Clinical Care in Health Outcomes for Black Women





When asked about their experiences with discrimination from health care providers, and improvements they would like to see in the health care system, Black women responded:

# ENGAGE. EMPOWER. EDUCATE.

A NATIONAL SURVEY  
ABOUT BLACK WOMEN'S  
HEALTH & WELLNESS

"I had a bad experience with a doctor which is why I won't go unless it's a Black woman. They never really have your best health interests at heart."

"I would love for our doctors to know that we are fully human, just like the other women that they treat"

"Doctors that actually listen to Black people"

"If healthcare providers took Black women's health concerns more seriously and weren't dismissive about it"

"That we are treated more fairly and not like a junkie when we are in pain"

"More representation of Black women Providers who actually care about Black women, yes we are strong, but we still need support"

"Terminate racial discrimination in hospitals"



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WHITE PAPER

# ANTI-RACIST CLINICAL CARE:

Improving Health Outcomes  
For Black Women



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[WWW.BWLI.ORG](http://WWW.BWLI.ORG)



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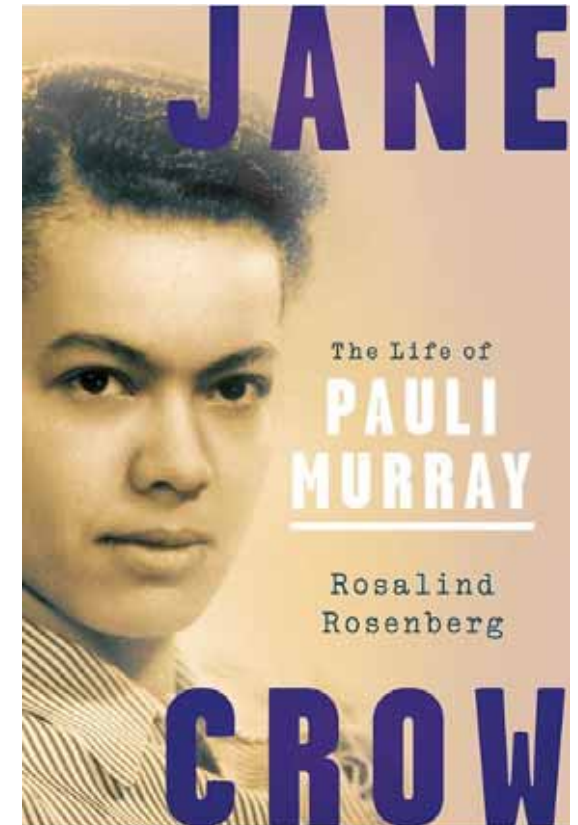
# Historical Context

- Evidence suggests that studying an accurate history of injustice leads to greater perspective-taking and a stronger endorsement of a more fair and equitable society.



## Historical Context (cont'd)

- Black women have a distinctive vantage point from which to understand the intersection of race and gender shaping their unique experience of oppression
- Over the past hundred years, Black feminists such as Pauli Murray and Kimberlé Crenshaw created terminology and tools (like Jane Crow and intersectionality) that have helped many of us work toward freedom and fairness.



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# Hidden Biases

- In a 2016 study of 222 medical students & residents, historically racist ideologies about differences in pain tolerance between Blacks & Whites persisted
- Trainees who believed that Black people are not as sensitive to pain as White people were less likely to treat Black people's pain appropriately



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## Hidden Biases (cont'd)

- In this study, 40% of first & second year medical students endorsed the belief that Black people's skin is thicker than White people's.
- Half of the participants in the study agreed with one or more of these false statements:
  - “Black people's nerve endings are less sensitive than White people's.”
  - “Black people's blood coagulates more quickly than White people's.”
  - “Blacks, on average, have denser, stronger bones than Whites.”



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# Present Day Legacy of Racism in Healthcare

Amplifying the stories of Black women are highlighted to show the real-life manifestations of history in today's health care system....

- Epidemiologist with the CDC & lieutenant commander in the US Public Health Service Commissioned Corps
- She had a B.A. in sociology, two masters degrees and a Ph.D. in sociology and gerontology
- Dr. Irving gave birth to her daughter Soleil in January 2017
  - A few days after returning home from the hospital, she began experiencing pain at the site of her c-section incision
  - She had alarmingly high blood pressure, chronic pain, constant severe headaches, dramatic swelling in her legs, and she gained 9 pounds in 10 days.
- **Despite reporting these issues, doctors sent her home multiple times and her concerns were dismissed**
- She died a week later in the hospital due to complications from high blood pressure
- Education and a successful career did not act as protective factors for Dr. Shalon Irving



“I see inequity wherever it exists,  
call it by name, and work to  
eliminate it.”  
– Dr. Shalon Irving

# PrEP + Black Women

“Primary health care providers may make judgments about candidates for PrEP based on conscious and unconscious stereotypes – such as hypersexuality – and prejudice that disadvantage Black women. Identifying how intersectional stigma in clinical encounters disadvantages Black women is crucial to increasing their access to the medication.”

- Dr. Shawnika Hull



The rate of new HIV infections among **Black women is 10x** that of White women and 4x that of Latina women.

MARCH 10

**National Women and Girls HIV/AIDS Awareness Day**  
Prevention and Testing at Every Age. Care and Treatment at Every Stage.

Disparities in HIV continue as Black or African American women continue to be disproportionately affected by HIV. Black or African American women accounted for 54% of the new HIV diagnoses.



NWGHAAD 2024 Fact Sheet

# The Burden of Color

Black Women have Disproportionate Rates of:

- Global maternal mortality and morbidity
- Cardiovascular Disease
- Diabetes
- Breast Cancer
- Stroke
- HIV
- Chronic Stress
- *It's racism, not race, that affects Black women's health*



<https://accesshealthnews.net/the-weathering-of-black-women-and-its-implications-on-health-and-mortality/>  
<https://aidsvu.org/resources/deeper-look-hiv-in-black-communities/>



# The Weathering Hypothesis

(Geronimus, 1992)

Chronic exposure to socioeconomic disadvantage, marginalisation and discrimination leads to early health deterioration.



# Weathering + Black Women



- Among Black women, discrimination attributed to racism and sexism is associated with elevated stress
- Studies found that by age 45, half of Black women had high allostatic load scores, while by age 64, more than 80% did.
- Chronic stress over the life course has been shown to increase the already present levels of inflammation and decrease immune response in the body.



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# Chronic Stress + HIV Progression



- Research indicates that there is a correlation between chronic stress and adherence to HIV treatment
- There is also a relationship between stress levels & decreased CD4 counts and increased viral load, which can contribute to the progression of HIV disease.



- Black women in the US have lower percentages of being linked to care
- Black women in the US have lower viral suppression rates (55%) than other groups

# Menopause and HIV

- For women living with HIV, it can be tricky to tell when menopause begins
- This is because many women with HIV have abnormal periods related to medical conditions associated with HIV
- Researchers have also found that the drop in estrogen that happens during menopause may affect a woman's CD4 Count
- Some research suggests that women with HIV start menopause three to five years sooner than other women
- Another study found that menopausal symptoms potentially affect a patient's ability to take antiretroviral therapy as prescribed

<https://www.healthywomen.org/condition/how-hiv-affects-menopause>



# Menopause and HIV (Cont'd)

- Living with HIV may worsen menopause symptoms
  - Research suggest symptoms may be more severe
- Finding care may be a challenge
  - Providers who specialize in menopause may lack experience when it comes to treating women living with HIV
- Information is key

<https://www.healthywomen.org/condition/how-hiv-affects-menopause>



# Black Women & Menopause



## What Does it Mean to Take an Anti-Racist Approach?

*“The first obstacle we find is that organizations don’t have a shared definition of racism, so it is hard to even talk about it. If you think that racism is merely people saying mean things to each other and I think it is a system of advantage based on race it will be impossible to co-design any solutions together.”*

—ABIGAIL ORTIZ, M.S.W., M.P.H., DIRECTOR OF COMMUNITY HEALTH PROGRAMS, SOUTHERN JAMAICA PLAIN HEALTH CENTER



# White Paper Recommendation Quick Wins

## Individual Level

- Acknowledge that racism in healthcare and clinical practice exists
- Take the Implicit Association Test, a self reflection tool that measures attitudes and beliefs people may be unwilling or unable to report
- Learn what it means to be anti-racist and be intentional about practicing an anti-racist approach in clinical settings
- Attend trainings on diversity, cultural humility and anti-racist practices.



# White Paper Recommendation Quick Wins (cont'd)

## Interpersonal Level

- Educate self & others within your sphere of influence around medical mistrust, the historical context of racism and its current manifestations in the US
- Mitigate racist practices by addressing and holding yourself and your colleagues accountable for racist comments and harmful discriminatory behavior
- Connect with your patient's story by actively listening and become familiar with the consequences of chronic stress that many Black people experience in the US





# White Paper Recommendation Quick Wins (cont'd)

## Community Level

- Develop meaningful partnerships with Black-led community organizations, key stakeholders, and community vetted organizations that value racial equity and provide services through an intersectional lens
- Create a Community Advisory Board to elicit feedback on community needs and program/service implementation.



# White Paper Recommendation Quick Wins (cont'd)

## Organizational Level

- Form a racial equity caucus to ensure staff is working toward creating a safe and welcoming work environment free of discriminatory practices and microaggressions
- Begin to build institutional trustworthiness, recognize that trust building can take time, but it is important to begin this process now
- Hire staff that reflect the patient population, especially in leadership; representation matters
- Provide ongoing trainings in diversity, cultural humility and anti-racist practices for staff and leadership
- Examine institutional policies and procedures.



# BWLI's Next Phase

- The Rebecca Lee Crumpler Center of Excellence for Black Women's Health
  - Leadership Development Academy for Black Cisgender and Transgender Women
  - Examine the barriers and facilitators of LA-ART uptake among Black cisgender and transgender women
  - Social Media Campaign: The Beauty in Wellness
- Health Literacy Library
  - HIV discussion guide, education materials, community conversations tools, video resources
- YouTube Series: Our Story Our Voices
- NMAC Coalition for Justice and Equality Across Movements
  - Policy Priorities
    - Anti-Racist Clinical Care
    - Health Literacy
    - Translational Research



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## VII. RESOURCES

### **The Racial Healing Handbook**

<https://www.annelleesingh.com/downloads>

### **In Focus: Reducing Racial Disparities in Health Care by Confronting Racism**

<https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism>

### **"Not Racist" Is Not Enough: Putting in The Work To Be Anti-Racist.**

<https://www.npr.org/2020/08/24/905515398/not-racist-is-not-enough-putting-in-the-work-to-be-anti-racist>

### **Confronting Racism in Healthcare**

<https://www.commonwealthfund.org/publications/2021/oct/confronting-racism-health-care>

### **Medical Apartheid by Harriet A. Washington**

<https://www.mahoganybooks.com/9780767915472>

### **Killing the Black Body by Dorothy Roberts**

<https://www.mahoganybooks.com/9780679758693>

### **Healthcare Triage: Racial Disparities in Healthcare are Pervasive**

<https://theincidentaleconomist.com/wordpress/healthcare-triage-racial-disparities-in-healthcare-are-pervasive/>

### **Under The Skin: The Hidden Toll of Racism on American Lives and on Our Nation**

<https://www.mahoganybooks.com/9780385544887>

### **Using Patient-Reported Outcomes to Improve Health Care Quality**

<https://www.commonwealthfund.org/publications/newsletter-article/using-patient-reported-outcomes-improve-health-care-quality>

### **BU Center for Anti Racism research**

<https://www.bu.edu/antiracism-center/the-center/>

### **How to be Antiracist**

<https://www.mahoganybooks.com/9780593395707>

### **Understanding Microaggressions**

<https://www.youtube.com/watch?v=e4N5Gb76cZc>

### **Professionalism: microaggression in the healthcare setting**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7984763/>

### **TEDx Talk: Combating Racism and Place-ism in Medicine**

[https://www.youtube.com/watch?v=0bnm\\_UPTRM](https://www.youtube.com/watch?v=0bnm_UPTRM)

### **Racial Disparities in Healthcare are Pervasive**

<https://www.youtube.com/watch?v=T2mkYemCmo>

### **Why Race Matters: Women & HIV**

<https://www.thewellproject.org/hiv-information/why-race-matters-women-and-hiv>



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THANK YOU  
FOR YOUR ATTENTION!

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