2023 State of Black Health
POLICY PLATFORM
The Center for Black Health & Equity
¡Salud!

HEALTH EQUITY IN FOCUS

PRESENTED BY THE CENTER FOR BLACK HEALTH & EQUITY

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SAN JUAN, PUERTO RICO
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¡Salud! The Center for Black Health & Equity (“The Center”) is proud to present this State of Black Health Policy Platform, published in conjunction with our 2023 State of Black Health Conference (“SBH”) under the leadership of The Center’s Equity-Centered Policies Unit.

The conference theme, “Health Equity in Focus,” is a salute to our conference host island, Puerto Rico, signifying the Center’s mission to advance the health and well-being of all Black people across the world. Health inequalities exist throughout the African Diaspora and Black people are suffering globally. Racial inequities are “consistently reflected in an inability to provide adequate health regardless of national policy or ideology” (e.g., African Americans experience less than adequate health care very similar to that of Black people in Britain, despite differing health systems). [1] Countries in Africa experience exploitation and oppression, causing poor health determinants. From Black people in the Caribbean to Latin America’s Africana Negra communities, Black people of African descent experience similar and poorer health outcomes due to a deep history of colonialism, anti-Blackness, slavery, and racism. [2] These disparities are deepened by global pandemics of infectious diseases like COVID-19 and climate disasters like Hurricane Maria in 2017.

Our host island Puerto Rico, a territory of the United States, has a centuries-long history of colonialism and slavery that deeply impacts health and health systems on the island. [3] Racial casting, often identified and understood through family history, genealogy, skin color, and hair texture, has resulted in poorer treatment and health outcomes for Negro (Black) populations. [4] While Black Puerto Ricans report healthier behavior (e.g., least likely to report ever smoking, most likely to report regular exercise), they are also most likely to report adverse health conditions, especially those associated with poor cognitive health (e.g., hypertension and diabetes). [5]

Understanding the state of Black health and the related determinants remain crucial to advancing global public health and public health in the U.S. Health disparities have existed for centuries, and current disparate outcomes Black people face are largely due to longstanding inequalities in law and policy, health care, and the social, economic, and environmental factors that impact our health and influence life expectancy. You will find that this policy platform addresses deeper causes of health outcomes that may seem “outside of public health,” but certainly are not (like how transportation policy impacts one’s ability to eat fresh foods, combat loneliness, and breathe fresh air).

This guide considers all Black people—across the U.S., around the globe, and of different economic status, gender, sexual orientation, age, abilities, and lived experiences. We hope it helps you be a part of healing communities and improving health overall.

¡Viva la melanina!

NATASHA PHELPS
DIRECTOR OF EQUITY-CENTERED POLICIES
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How to Use This Guide

Use this policy platform to inspire collaboration, inform research, use as a basis for community engagement and education, consider funding for community-based organizations reflective of the impacted populations, and learn more about the diverse aspects of life that impact Black health.

The issue summaries, proposed policy solutions, and resources listed for each topic in this resource are meant to support a variety of audiences think through public health and public policy issues from a health equity perspective. The guide is not exhaustive of all issues and solutions related to Black health, but it does highlight many of the disparities The Center, its partners, and communities across the globe are working to reduce. While the approaches and applications will vary depending on the laws and environment of different communities, we offer this policy platform as a list of topics, policy solutions, and resources that can be championed by your organization, agency, or coalition. Each solution offered is coupled with an evidence-based resource. Use the document to highlight the issue area, educate others, and engage in constructive conversation.

The policy platform is broken into the three issue areas covered at the 2023 State of Black Health Conference: 1) Chronic and Infectious Disease, 2) Institutional/Social Injustice, and 3) Economic Barriers. It covers many of the issues, research, programs, campaigns, and advocacy efforts that have led to reasonable, clear, promising, and transferable practices discussed at the 2023 SBH conference. References and citations supporting our findings are [numbered in brackets] and are listed in a “References” section at the end of the document.

The document is organized by three issue areas covered at the 2023 State of Black Health Conference:

- Chronic/Infectious Disease & Wellness
- Institutional/Social Injustice
- Economic Barriers

This resource uses “Black,” “African American,” and similar terms interchangeably to identify and address Black, African-descendant people in the United States and/or elsewhere in the world.
Cancer remains the second most common cause of death in the U.S., [6] significantly harming the health and well-being of patients and their communities at all phases of illness and recovery. Even cancer survivors (those “living with, through, and beyond a cancer diagnosis”[7] and their families face significantly challenging psychological, physiological, spiritual, and social aspects of survivorship.[8] Frequent, timely screenings and treatment are vital to avoid, treat, and survive a cancer diagnosis.

Unfortunately, African Americans have the shortest survival and highest death rate of any racial/ethnic group for most cancers in the U.S. One in every three Black people will be diagnosed with cancer in their lifetime and one in five Black men and one in six Black women will die from the disease. [9] This is due to a variety of factors—

African Americans are more likely to be diagnosed with other chronic diseases that increase cancer risk (e.g., diabetes) and are less likely to receive timely screenings due to less access to infrastructure, financial barriers, and medical mistrust. Systemic racism causes significant distress and “has perpetuated disproportionate poverty and reduced access to equitable care.” [10] As a result, Black people have a higher cancer burden and face significant obstacles to cancer prevention, detection, treatment, and survival. [11]
Cancer Screenings, Treatment, and Survivorship (continued)

For example, Black men are more likely to be diagnosed and die from prostate cancer than other racial/ethnic groups. [12] They are less likely than white men to be offered testing and, when diagnosed (even with early-stage prostate cancer) are less likely to receive information on treatment benefits, such as the abundance of data showing Black men experience improved outcomes with surgery. [13] These concerns extend to, and are uniquely difficult for, Black trans women and non-binary people diagnosed with prostate cancer, even after any gender-affirming surgery. Discrimination in medical care and a lack of data to inform appropriate treatment contribute to inequities. [14]

Solutions

1. Expand Medicare and Medicaid to eliminate cost barriers for African Americans and increase access to early cancer screenings and quality treatment options.

2. Increase state funding to early detection programs (e.g., National Breast & Cervical Cancer Early Detection Program)

Resources

- “Costs and Insurance Coverage for Cancer Screening” | American Cancer Society
- “The Costs of Cancer in the Black Community” | American Cancer Society Cancer
Racism and other forms of oppression impact the health and development of our minds and bodies in different ways throughout our lives. Therefore, it is important that efforts to address Black health consider age and life cycles. Beginning and continuing through early childhood, exposure to trauma, stress from racism, and other structural factors such as household income, food insecurity, and violence can have lasting psychological effects. [15]. Over one-third of all U.S. high school students reported feeling they had been treated badly or unfairly at school because of their race [16] and are thus more likely to experience poor mental health and less connection with people at school. [17] Black students experience higher suicide attempts. [18]

Structural racism also impacts Black women and people who experience menopause in midlife, causing an “insidious effect” on menopausal transition. [19] Black women reach menopause 8.5 months earlier than white women and have worse symptoms but are less likely to receive hormone therapy, other medical care, and mental health services, which can lead to bodily harm and discomfort, isolation, and mental health struggles. [20]
Life Courses – Aging While Black
(continued)

In 2023, the U.S. Surgeon General declared an epidemic of loneliness and isolation. [21] Loneliness “is associated with a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death” with an impact similar to “smoking up to 15 cigarettes a day.” [22] Loneliness causes poor quality of life and lower cognitive and physical functioning, such as increased risk of developing high blood pressure, experiencing a stroke, or developing dementia. [23] Black older adults' experience of loneliness differs from other racial/ethnic groups because of the disproportionate disadvantages and race-related experiences and stress that accumulated over their life course. [24] Black older adults that live in rural areas report significantly higher levels of loneliness, [25] which is alarming considering medical care access in rural areas is already limited.

Solutions

1. Allocate funding to study mental health of Black youth and young adults experiencing homelessness and/or with incarcerated parents and guardians.

2. Require state-funded insurance to compensate for community health workers (CHW) serving Black older adults and disabled people, especially in rural areas.

3. Assess use of the nationwide 988 Suicide and Crisis Lifeline by Black trans youth.

Resources

- “Ring the Alarm: The Crisis of Black Youth Suicide in America” | Congressional Report – Congressional Black Caucus
- “Our Epidemic of Loneliness and Isolation” | U.S. Surgeon General Report
Despite starting to smoke later, smoking less product, and trying to quit more than any other racial group, African Americans are significantly less likely to quit and more likely to die from smoking-related diseases than other racial groups. [26] Commercial tobacco use drives the three leading causes of death among Black Americans (heart disease, cancer, and stroke), and dramatically increases the risk of developing diabetes. [27] Exposure to the smoke and vapor from these products alone can damage health; there is no safe level of secondhand exposure. [28]. African American children and adults are more likely to be exposed to secondhand smoke than any other racial or ethnic group [29] and deaths caused by secondhand smoke exposure have a disproportionate impact on African Americans, [30] contributing to high rates of stroke, lung cancer, heart disease, low birthweight babies, SIDS, and asthma attacks.

Cigarettes, cigars, cigarillos, dissolvable tobacco, hookah, nicotine gels, pipe tobacco, electronic cigarettes or vapes, and various forms of smokeless tobacco are widely marketed in Black communities. Menthol, mint, and other sweet and fruity flavors are used by the tobacco industry to ease the harsh effect of its products chemicals on the throat and lungs.
Commercial Tobacco
(continued)

Nearly 9 in 10 (88.5%) African Americans aged 12 and older that smoke use menthol cigarettes. [31] African American middle and high school students have the highest rates of cigar use. [32] Flavored tobacco products drive health disparities.

The tobacco industry has always taken advantage of oppression and power dynamics to flood communities with expertly tailored marketing and poisonous products while thwarting evidence-based laws and policies that improve public health. Tactics include industry lobbying for preemption laws, where “upper levels” of government prohibit “lower levels” of government from passing laws that would prevent the harm caused by flavored tobacco (especially true in regions with higher population of African Americans).

Solutions

1. Encourage the Food & Drug Administration to finalize a rule prohibiting menthol in cigarettes and all flavors in little cigars so they cannot be manufactured.

2. Pass local and state clear air laws to eliminate secondhand smoke exposure in multiunit housing, worksites, and public places with an emphasis on culturally appropriate cessation methodologies and equity-centered enforcement.

3. Change health care system policies to include secondhand smoke exposure and patient cessation knowledge as required vitals for patient data gathering.

Resources

- “Decriminalizing Commercial Tobacco” | Consortium Statement
- Model Tobacco Retail Licensing Ordinance | Public Health Law Center
- No Menthol Sunday Resolution Example | City of Minneapolis
HIV (human immunodeficiency virus) is a virus that can attack the body’s immune system. With proper medical care, HIV can be controlled and those diagnosed can live long, healthy lives and protect their partners. Despite the progress in preventing and treating HIV in the U.S. since becoming an epidemic in 1981, substantial work remains to eradicate the virus and health disparities for Black people living with HIV.

From 2015 to 2019, HIV infections declined 8% overall but remained stable among Black people. [33] Although African Americans represent just 13% of the U.S. population, they accounted for 42.1% of all HIV infection cases in 2019 and 40% of all new HIV diagnoses in 2021. [34] 2020 data suggested African Americans were at least 7.8 times more likely to be diagnosed with HIV infection compared to the white population. [35] New HIV infections disproportionately affect Black gay and bisexual men, followed closely by Black women through heterosexual encounters. [36] Of all new HIV infections among transgender women, Black transgender women account for 62% of those diagnoses. [37] These disparities are especially concerning and potentially underestimated due to the limiting nature and impact of COVID-19 on testing, care-related services, and disease surveillance. [38]
Living with HIV
(continued)

To combat the HIV epidemic, public health systems and advocates must reduce stigma and prioritize HIV prevention and treatment, particularly in Black communities. Of the estimated 1.2 million people living with HIV in the U.S., only 87% are aware of their diagnosis, highlighting the need for increased testing and awareness. [39] Removing cost barriers to treatment is also an important tool to end the epidemic. Health insurance allows access to appropriate HIV medical care, particularly to antiretroviral therapy (ART), which helps people with HIV stay healthy and prevent transmitting HIV to others. [40] The Affordable Care Act provides Americans with health care coverage and insurance options regardless of pre-existing conditions, [41] and extends to the territories (e.g., Puerto Rico) with limitations on funding and the application of health insurance reform. [42] Uninsured Puerto Ricans with HIV may face an average lifetime cost of $510,000 to treat their infection. [43] On a global front, the intersection of health insurance and access to treatment for Black populations (e.g., pregnant women in Kenya) remains complicated to assess. [44]

Solutions

1. Expand Medicaid coverage nationally and encourage state-level funding to increase access to PrEP and PEP and HIV Medication Assistance Program for African Americans and other priority populations.

2. Amend state pharmacy regulations to waive refill limits on maintenance drugs.

3. Expand the number of states that require schools to teach students how to access testing and reliable health information as part of their sexuality education curricula.

Resources

- We the People: A Black Strategy to End HIV | Black AIDS Institute
- Laws and Policies Tracker | UNAIDS World Health Organization
As of July 26, 2023, 1,127,152 people in the U.S. are reported to have died as a result of the 2019 Novel Coronavirus (COVID-19). [45] However, official COVID-19 death trackers may have missed more than 170,000 deaths, and the true death toll may be above 1.2 million. [46] This undercounting of deaths is much more common in Black health data, [47] suggesting that the ongoing damage from COVID-19 is worse than previously known. [48]

The COVID-19 pandemic amplified the historic and current causes of disproportionate disease and mortality in African Americans. The Economic Policy Institute named racism, ablism, and economic inequality as three of COVID-19’s most deadly pre-existing conditions for Black workers. [49] These forms of systemic oppression, in addition to distrust of health care, disinformation on social media and internet sites regarding prevention (e.g., vaccination misinformation), environmental hazards and behaviors (e.g., exposure to secondhand smoke and smoking), and prevalence of pre-existing health factors (e.g., diabetes, heart disease) have resulted in disparate illness severity and death for Black people. For example, in May of 2020, 51% of COVID-19 deaths in South Carolina were African Americans, despite representing only 30% of the population. [50]

Emergency policy that resolved cost barriers to medical care were necessary to address COVID-19 health disparities, and the need for those policies still exist. When job and income loss rose in the beginning of the pandemic, enrollment in Medicaid increased substantially (from about 6 million people in March 2020 to almost 8 million). [51] The public health emergency declaration and coronavirus relief package passed by Congress in 2020 funded tracking, free testing, and vaccine distribution and allowed the federal government flexibility to waived or modify certain rules in public (Medicare, Medicaid, CHIP) and private insurance programs. States were barred from removing people Medicaid until May of 2023. [52] Since those pandemic protections expired, at least 3,289,000 people from 35 states and DC have lost their Medicaid health coverage. [53] Black people are “likely to be disproportionately impacted by this unwinding.” [54] It is important to continue to talk about COVID-19, which has traumatized our society.
COVID-19 (continued)

We are still attempting to understand and process the political, social, economic, environmental, bodily, and psychological impact—individually and collectively—that we have experienced for the past almost four years. [55] COVID-19 has led to crises including the monumental loss of parents, grandparents, guardians, and caregivers of Black children. [56]

Although many people believe COVID-19 has reached the endemic stage (contained and not spreading out of control), the virus is still spreading. Vaccination, masking, improving building ventilation, testing, and social distancing still provide significant protection. [57] Researchers and Black-led advocacy groups [58] are raising the alarm about the disparate racial outcomes connected to significant long-term effects of infection, including “long COVID syndrome” and permanent physical damage sustained during infection that can be disabling. [59] Ongoing discussion on COVID-19 management and lessons learned are key to preventing and preparing for any future pandemic. [60]

### Solutions

1. Advocate for local or state workplace protections for employees, especially those providing direct services and disabled and immunocompromised workers.

2. Develop health care system policy to require masking on medical facility grounds to protect the staff, visitors, and patients (especially the immunocompromised).

### Resources

- **Power & Immunity: An Informational Guide to Understanding Immunization and the COVID-19 Vaccine** | The Center & American Lung Association
- **Truth Check Training Series and Resources** | The Center
Black people bear a disproportionate impact from violence in the United States. Particularly, gun violence is a major cause of premature death, with more than 38,000 deaths annually. [61] It is deeply concerning that Black Americans are more than ten times likely to be murdered by firearms than white Americans, reflecting 61% of all gun homicide victims. [62] Gun violence is the leading cause of death for young Black males ages 15-34 (37% of homicide victims). [63]

The gun violence African Americans face is deeply systemic and can come in the form of state-sanctioned violence. Black Americans are three times more likely than white people to be fatally shot by police—“at least every other day, a Black person is shot and killed by police.” [64] Gun violence is also “highly concentrated in a relatively small number of neighborhoods that have historically been under resourced and racially segregated.” [65] These disparities underscore the urgent need to address police brutality and the economic and environmental factors driving gun violence.

Systemic racism also plays a significant role in perpetuating other types of violence. Black people experience domestic violence at higher rates—in their lifetimes, 45.1% of Black women experienced physical violence, sexual violence, or stalking from their intimate partner and 40.1% of Black men experience the same. [66]
Violence
(continued)

These forms of violence can lead to severe physical, emotional, and psychological consequences on individuals and communities, especially Black LGBTQ+ communities.

Since 2019, there has been a 93% rise in homicides of trans and gender-nonconforming people in the U.S. and Puerto Rico. [67] Black trans women and non-binary people in the U.S. “in particular experience some of the highest levels of killings, violence, poverty, policing, criminalization, and incarceration of any group[.]” [68] Although they make up approximately 13% of the American transgender community, Black trans women accounted for three-quarters of all known transgender murder victims in 2021. [69] The intersecting oppression and vulnerabilities faced by Black transgender and nonbinary people requires an urgent comprehensive effort to address their safety and well-being.

Solutions

1. Strengthen state and federal gun control laws by requiring universal background checks and prohibiting domestic violence offenders from accessing firearms.

2. Increase funding to state programs that reduce risk factors for crime and victimization (e.g., housing, culturally competent mental health care).

3. Enact state and federal policies that ensure trans and nonbinary people are assigned to incarceration facilities based on individual assessments of their safety.

Resources

- Intimate Partner Violence in the Black Community | Ujima (National Center on Violence Against Women in the Black Community)
Climate change is one of the most important public health issues of our time. From global warming (causing historic heat waves) and loss of sea ice (causing receding shorelines) to extreme winter storms that kill, the environmental impact on human life is significant and unfortunately is often worse for Black people. During the wildfire smoke peak in July of 2023, 70% of asthma-related emergency room visits in New York City were in ZIP codes with predominantly Black & brown residents. [70] The places where wildfire smoke has a disproportionate impact are also high priority on heat vulnerability maps as they have little shade and air filtration from trees and green space. [71] This fact is not a coincidence. Neighborhood differences in climate risk are rooted in past and present racism.

Many historically Black neighborhoods were designed to force a population to live, eat, and play near toxic air and groundwater. Key concerns grew in these neighborhoods regarding toxic waste, industrial pollution, air quality, water contamination, and extreme climate issues, which are proven to impact air quality, water quality, and food insecurity. Paired with other environmental issues like persistent high heat (which leads to chronic health problems on its own), health disparities in cancer, pulmonary health, sleep disruption, and COVID-19 continue to rise. [72] The designation of Black communities as “sacrifice zones” by the government has allowed led to significant health disparities. [73]

For example, in 1980 the U.S. government identified “Superfund sites,” where hazardous substances have been dumped, spilled, or otherwise released, posing a heightened threat to human health and the environment. [74]

Today, 73 million people live within 3 miles of a Superfund site and almost all of them are Black, Indigenous American, low-income, and/or burdened by existing environmental stressors. [75] In Georgia, for example, approximately 44% of residents living near the 18 Superfund sites in the state are Black. [76]
Environmental Justice
(continued)

Superfund sites cause serious environmental problems, including air pollution and the contamination of local water systems and aquifers, which can lead to immediate and chronic health issues. [77] The harm is multiplied by Black communities’ limited access to safe drinking water and complete indoor plumbing. [78]

Environmental justice is a Black issue. Sustainability serves as a connection to our Indigenous African ancestors who tended the land and people in harmony. The U.S. environmental justice movement today can be traced back to Black North Carolinians protesting a hazardous landfill in Warren County, sparking a wave of protests and arrests that revealed environmental problems in the U.S. disproportionately burden low-income Black and brown people. [79] Current American climate justice solutions must include more just preservation and regulation—it must be rooted in Black and Indigenous history, incorporate disability justice, and address systemic racism. [80]

Solutions

1. Pass a federal or state law (e.g., California Bill 685) recognizing the human right to water, which would fund and create legal standing for equitable access.

2. Update the federal Clean Water Act and Clean Air Act with a focus on disability justice, public health, and economic development for African Americans.

Resources

- Outside with My Black Self: Reconnecting to Nature | Episode from The Center’s Black Body Health: The Podcast featuring Jordan Bethea and Andrea Ramos
- Who Holds the Power: Demystifying and Democratizing Public Utilities Commissions | The Chisholm Project
Disability “refers to conditions that impair the body or mind and make it more difficult or impossible to do certain activities or functions of daily living by impacting a person’s vision, movement, thinking, remembering, learning, communicating, hearing, mental health and social relationships.” [81] According to the World Health Organization, disability has three dimensions: 1) impairment in a person’s body structure or function, or mental functioning (e.g., loss of a limb, loss of vision, memory loss); 2) activity limitation (e.g., difficulty seeing, walking, problem solving); and 3) participation restrictions in daily activities (e.g., working, engaging in social activities, obtaining health care). [82] Disability can be related to conditions present at birth (e.g., Down Syndrome) or later in life (hearing loss), associated with developmental conditions that become apparent through life (e.g., autism spectrum disorder, ADHD), related to an injury (e.g., traumatic brain injury), or caused by a longstanding condition (e.g., nerve damage and limb loss due to diabetes). [83]

Disability impacts one in four Black people in the United States, a higher rate than all racial groups except Native Americans. [84] Disabled people “are less likely to have private or employer-funded health insurance and access to preventative services, and more likely to report unmet healthcare needs, have lower social determinants of health (from poverty to unemployment to social isolation) and, as a result, have poorer health outcomes.” [85]

These disparities impact Black children. Disabled Black students are more likely to face challenges with biased disciplinary practices in schools and accessing quality, accommodating education. Students with disabilities “are only identified as gifted and talented at rates equal to one-eighth to one-sixth of their representation in the overall student population.” [86] Although Black identified disabled students are 17.7% of the U.S. K-12 student population, they make up 30.5% of in-school suspensions, 35.7% of the out-of-school suspensions, and 39% of the expulsions. [87] Black disabled students are the only race/ethnicity within disabled students “whose boys and girls were both disproportionally represented in suspensions and expulsions.” [88] These educational hurdles make it more difficult to achieve academic success and find work, which ultimately impacts health.
Diversity Within Blackness #1 – Disability

(continued)

The health equity crisis facing Black disabled people must matter to all Black people. The inequities compounded by COVID-19 were, and remain even heavier, for the Black disabled community. Many Black disabled and elderly Americans remain isolated to avoid potentially catastrophic illness in a world that has moved on from the pandemic. Using a disability justice framework on public health issues ensures we are advancing Black health in consideration of all Black people.

Solutions

1. Amend school policies to:
   a) incorporate restorative justice and counseling in lieu of purely punitive enforcement measures and b) change selection criteria of programs that identify and serve gifted students to consider disabled youth.

2. Ensure state Medicaid programs quality measures meet the federal CMS standard to improve the quality of home- and community-based services for Black older adults and individuals with disabilities.

Resources

- “Black and Disabled” Parts I & II | Episodes from The Center’s Black Body Health: The Podcast featuring Vilissa Thompson of Ramp Your Voice!
Recent years have broken records in terms of the unprecedented number of anti-LGBTQ+ laws enacted into law. [89] The same states regulating the information teachers can share regarding LGBTQ+ identities are also whitewashing Black history in schools. The result is more discrimination, harassment, violence, and oppression against Black transgender, queer, and gender non-conforming people, who are disproportionately likely to live in states without discrimination protections. [90]

Black LGBTQ+ Americans experience heightened levels of discrimination (at work, in health care and housing, and with police interactions) and regularly alter their behavior (avoid travel and public spaces like restaurants) to reduce the risk of a harmful experience [91], leading to gaps in economic status (e.g., financial and home instability) and health outcomes (e.g., poor mental health and suicide). [92]

In the U.S., Black trans women, femmes, and gender nonconforming people represent the highest relative rates for encountering violence, poverty, and incarceration. This group are also victims of murder at higher rates. Compounded marginalization and systemic barriers (e.g. housing and employment discrimination, hate crimes, healthcare disparities, and violence) impact their daily lives, well-being, and access to various resources.

As a result, “41% of Black trans people have been homeless (more than five times the general population), 34% of Black trans people have household incomes less than $10,000 (more than eight times the general population), and nearly half of the Black trans population has reported to have attempted suicide.” [93]
Diversity Within Blackness #2 – Gender and Sexuality (continued)

Anti-Black LGBTQ+ violence and discrimination are also deeply present in Puerto Rico, as they are the result of the same discrimination, violence, and hatred existing at the intersection of racism, homophobia, transphobia, misogyny, misogynoir, and other discrimination that is present in the continental U.S. Black trans Boricuas are working to address the same kind of police intimidation, harassment, and violence that African American trans women and femmes face. [94] Advancing LGBTQ+ policy protections and supporting public health research, funding, and programing focused on the diverse Black LGBTQ+ population can address this deeply entrenched public health crisis.

Solutions

1. Create a state-level task force to identify the most potential effective legislative and administrative changes to reduce discrimination and violence experienced by Black transgender women, femmes, and non-binary residents.

2. Improve federal, state, and local anti-discrimination laws (e.g., housing, health care) to explicitly protect people within the intersection of the gender and race classes.

Resources

- End the War on Black Trans, Queer, Gender Nonconforming and Intersex People | Movement 4 Black Lives
- A Resource for Black Families, Family Members, and Caregivers of Black Transgender, Non-Binary, and LGB Youth | Human Rights Campaign
There are more than 2 million Black veterans in the United States. [95] Even though African Americans serve in the U.S. military at disproportionately higher rates than other racial groups, discrimination and bias against Black service members and veterans has a demonstrable effect on nearly every facet of military life.

Race-based economic and health inequality in the military has grown enormously since the G.I. Bill was passed by the U.S. government. The G.I. Bill had the stated intention of helping all World War II veterans, however the actual structure denied benefits to the 1.2 million Black veterans that served during that time. [96] Black Americans shoulder a disproportionate share of service to the country but are not equally represented in senior positions. [97]

Black service members are 40-71% more likely to face military punishment (e.g., court-marshal) than their white colleagues across multiple branches. [98] Black military members are also more likely to work frontline jobs and sustain severe injuries during their service. [99]

Veterans, especially those who served in combat, leave service with complex, exhausting, and taxing mental and physical health issues. For Black veterans in particular, the challenges and discrimination they face while in the military, as veterans, and as Black people altogether can have a serious impact on their long-term physical and mental health. The experience alone of living with these problems (e.g., poverty, medical racism, veteran benefit denial, and PSTD) can lead some to behavioral health issues. There is a relationship between the stress faced as military personnel and veterans and substance use. [100] Veterans identify commercial tobacco use as a stress response. [101]
Diversity Within Blackness #3 –Veterans (continued)

Addressing mental health disparities among veterans requires ensuring equitable access to quality mental health providers, improved insurance coverage, and the availability and promotion of culturally relevant services to Black veterans, including tobacco cessation and behavioral health treatment.

Reparative measures are necessary to address the damage that continues to cause racial injustice in the military and to improve on the welfare of Black veterans.

### Solutions

1. Advocate for an advisory committee on African American affairs within the Department of Veterans Affairs.

2. Support reparative laws like the GI Bill Restoration Act, introduced to Congress.

3. Fund research to assess unique challenges faced by Black veterans and effective interventions based on the collection on mental health outcomes (e.g., simultaneously treating substance use disorder and nicotine addiction).

### Resources

- “Black Vets” Parts I - III | Episodes from The Center’s Black Body Health: The Podcast featuring Richard Brookshire of the Black Veterans Project
- “Black Veteran Sues Over Racial Disparities in VA Benefits Administration” | Yale Law School
African Americans are deeply underrepresented in national and state political power, despite constituting 13% of the American population. [102] Currently, only three (3) of all sitting U.S. senators are African American, and Maryland is the sole state boasting a Black governor. [103] Within the House of Representatives, African Americans are relatively better represented, with 59 members serving in the 118th Congress. [104]

The representation of African Americans in public office is of great importance, particularly to ensure a diversity of lived experience that shape policy agendas and thus better align with the needs of diverse constituents. Marginalized communities, such as disabled African Americans are almost never represented in the political process or government office, resulting in systemic inequalities, discrimination, and eventually health disparities. Black disabled people “cannot achieve equality unless they are part of government decision-making.” [105]

Black political power is also threatened by the suppression of the Black vote. Voter suppression laws, harassment tactics, and disinformation targeting African Americans of voting age has persistently plagued the United States at the federal, state, and local level. Despite constitutional guarantees of equal voting rights, a range of tactics ranging from redistricting to stringent absentee voting requirements have been employed to disenfranchise African American voters and impede political participation. [106] One in 19 African Americans of voting age is disenfranchised due to a felony conviction, a rate 3.5 times that of non-Black voting age people. [107]
Political Power
(continued)

Promoting cultural and political competency, funding and requiring critical thinking courses in school, fighting disinformation, support of volunteer election workers, and expanding voting rights are necessary actions to protect African Americans’ right to vote and democracy itself.

Protecting Black political power means working toward a more secure democracy that most effectively supports the health, prosperity, and well-being of its citizens. More Black intersectional representation in leadership will result in policy informed by the lived experience and diverse needs of those most impacted. Black political power is a catalyst for shaping policies, laws, and practices that actively counteract systemic oppression driving health disparities.

Solutions

2. Advocate and adopt policies that implement Automatic Voter Registration (AVR), same-day registration, early voting, nonpartisan redistricting, restoration of voting rights for the disenfranchised, and funding for well-resourced polling stations.
3. Amend K-12 school policy to require civics and media literacy in curricula.

Resources

- “How Conservatives Use Black Tabloids to Push Disinformation” | Ja’han Jones
- Democracy & Voting | NAACP
The health of pregnant people is an important indicator of the overall health of our country. [108] Racial health disparities in pregnancy, birthing, and postpartum reveal a low health grade for the United States. Black women are three to four times more likely to die from pregnancy-related causes, 2.1 times more likely to experience severe maternal morbidity, and 1.5 times more likely to have a preterm delivery when compared to white women. [109]

Multiple factors contribute to these disparities, but racism is the root cause of America’s Black maternal health crisis. Centuries of racism, mistreatment, and neglect by medical professionals has led to a distrust of the medical system and the construction of structural barriers to quality access to health care. A plethora of anecdotal evidence reveals, regardless of socioeconomic status, Black women are wholly ignored by doctors and other medical staff. [110] In many cases, this leads to maternal and child injury and death. Evidence-based pregnancy and delivery support strategies, like community-based doula plans, could drastically improve health outcomes. Doula-assisted mothers were four times less likely to have a low birthweight baby and two times less likely to experience a birth complication involving themselves or their baby. [111]

Additional disparities persist post-partum. Hospital maternity wards serving Black populations are less likely to help Black women initiate breastfeeding or offer lactation support. [112] Black women “are more likely than others to need to return to work earlier than 12 weeks and tend to be confronted with ‘inflexible work hours’ or conditions that make consistently nursing and expressing milk difficult.” [113] Education about the importance of breastfeeding should include Black mothers and breastfeeding parents, their families, employers, and the communities where they live, which will better position Black women to receive much-needed support.
Pregnancy and Birthing Justice

(continued)

As state governments across the country pass anti-choice laws, limiting the ability to obtain an abortion, it is even more important to address the public health crisis of Black maternal death and support parents in their ability to be healthy and raise happy, healthy children.

Solutions

1. Expand Medicaid and private insurance plans to authorize reimbursement of community doulas for expectant parents and lactation services.

2. Encourage states to extend eligibility of Medicaid and CHIP benefits for pregnant individuals from 60 days to 12 months postpartum, an option made permanent under the Consolidated Appropriations Act of 2023.

3. Advocate for federal and state laws requiring paid leave for new parents.

Resources

- Birthing Justice | A film streaming through PBS
- Maternal Health | The Center
Economic Barriers
Immigration, Asylum, and U.S. Economic Policy

The Black immigrant population in the U.S. has experienced remarkable growth over the past three decades. In 2019, their numbers reached 4.6 million, a substantial increase from approximately 800,000 in 1980. [114] Black people are also seeking refuge in the U.S. from global violence and oppression through humanitarian pathways (e.g., asylum), making up 12% of all Black immigrants. [115] Projections suggest that Black immigrants will comprise about one-third of the overall growth of the U.S. Black population by 2060. [116]

Although Black immigrants have made significant contributions to the advancement and diversity of the U.S. and the Black population, racism disproportionately affects Black immigrants and refugees in the immigration system, leading to unjust punishments that go beyond the challenges already faced by immigrants and refugees in the country.

Black immigrants are at a significantly higher risk of being targeted for deportation. While Black non-citizens comprise 7% of the U.S. immigrant population, they represent 20% of those facing deportation on criminal grounds. [117]

Black immigrants also face economic instability due to discrimination and their limited rights and liberties, which can lead to negative health determinants such as experiencing food insecurity. The Supplemental Nutrition Assistance Program (SNAP) (f/k/a “food stamps”) provides funding for food to families whose incomes do not exceed 130% of the Federal Poverty Level. However, federal restrictions limit the access of many non-citizen residents to SNAP benefits, resulting in significantly lower participation rates among Black immigrants compared to Black citizens. [118]
Immigration, Asylum, and U.S. Economic Policy
(continued)

Systemic racism exacerbates the challenges faced by Black immigrants across the board. It restricts access to quality education, increases interaction with law enforcement, and impedes employment opportunities. These limitations impede their ability to pursue affordable healthcare and hinder their overall socioeconomic advancement. [119]

Solutions

1. Expand access to federally funded social safety net programs, such as Supplemental Nutrition Assistance Program (SNAP) for eligible immigrants.

2. Support comprehensive federal immigration reform policy that includes equity-centered pathways to citizenship for Black undocumented immigrants.

Resources

- Our Stories and Visions: Gender in Black Immigrant Communities | BAJI
- Taxation Without Representation: African Immigrants in New York | The Black Institute
- The State of Black Immigrants | BAJI & NYU Law Immigrant Rights Clinic
Economic Barriers
Housing Instability

Healthy, affordable, and reliable housing is a significant benefit to a person’s health. Without adequate housing, many aspects of life are extremely challenging to navigate, creating increased exposure to life hazards. Housing instability in the United States is rooted in the centuries-long economic oppression of Black Americans, most starkly impacting the health of unhoused Black people. [120]

The definition of being unhoused includes those without reliable or fixed addresses, those sleeping in places not intended for human habitation, and those using public shelters. [121] In the U.S, African Americans “represent 13% of the population but 37% of people experiencing homelessness, and over 49% of homeless families with children.” [122] In Washington, DC, African Americans make up 86.4% of the homeless population but just 46.6% of the city population. [123]

These rates are disproportionately high for Black people and are disparately higher and increasing for LGBTQ+ and older Black people. [124] Poverty is a strong predictor of homelessness, and Black people are more likely to live in deep poverty than other racial/ethnic groups. [125] Ironically, research suggests that “African Americans enter homelessness with higher incomes and lower rates of mental illness and substance use disorders than white people. [126] Once unhoused, the risk of poor health can skyrocket in a number of ways, including through exposure to violence and infectious disease.
Housing Instability
(continued)

Housing instability is caused by several issues, often resulting in acute and chronic health problems. Black renters are more likely to experience housing instability and “have a significantly higher average eviction filing rate” along with “higher rates of smoking, obesity, lack of leisure time and physical activity, and sleeping fewer than seven hours.” [127] Considering the cultural encouragement and pressure to get out of renting and into home ownership, middle-age Black people are actually “more at risk for heart attacks and strokes if they have experienced foreclosure.” [128] Caregivers and children of housing-unstable families also have poor health outcomes associated with the instability.

Solutions

1. Create local community advisory committees, through local government, to assess the impact of racism and the criminalization of poverty and to identify recidivism challenges of people exiting jails and prisons (e.g., access to housing).

2. Fund down payment assistance programs (e.g., matched savings programs and tax credits) for low-income first-time homebuyers.

3. Prioritize housing construction subsidies for affordable housing developments with transit access to reduce transportation costs for low-income families.

Resources

- Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness | Los Angeles Homeless Services Authority
The COVID-19 pandemic revealed the deep-rooted racial inequities and health disparities within society, with Black people facing disproportionately higher infection and mortality rates. Over time, unexpectedly, and in a public health crisis, the burden of medical debt can strike us unexpectedly and grow exponentially, causing financial crises and endangering stable employment and housing.

The intersection of racial disparities in health and wealth has resulted in an unequal distribution of medical debt, with Black families bearing a disproportionate burden. Despite the Affordable Care Act, the crisis of medical debt continues to loom large, affecting 27.9% of Black households compared to 17.2% of White non-Hispanic households. [129] Non-Black households without health insurance are only slightly more likely to have medical debt than Black households with health insurance. [130]

Even for those who possess health insurance, its benefits are compromised if fear of associated costs prevents individuals from seeking timely medical care. [131] Healthcare models (e.g., the prevailing fee-for-service approach and cost-sharing mechanisms), create significant disparities in access to care.
Medical Debt
(continued)

Consequently, patients may avoid treatment and prescriptions or receive unnecessary or unwanted treatments, as profit-driven interests take precedence over the well-being of individuals and communities. [132] Fostering equitable and inclusive policies contributes to a future where medical debt is no longer a burden and health and well-being are accessible to all, regardless of race or socioeconomic status.

Solutions

1. Advocate for universal healthcare policies that reduce or eliminate cost sharing for medical services.

2. Challenge state health systems to implement comprehensive medical billing reform to address malign billing practices and surprise billing.

3. Advocate for government and non-profit funding for targeted medical debt forgiveness initiatives that prioritize Black, elderly, and disabled people.

Resources

- The Racial Health and Wealth Gap Impact of Medical Debt on Black Families | National Consumer Law Center
The problem of technological racism is becoming increasingly evident as scholars and activists recognize embedded biases in technology. When it comes to technological devices and advancements, the science itself reveals shortfalls related to race. A 2018 MIT study found “gender and skin-type bias in commercial artificial-intelligence systems,” with extremely disparate error rates of medical technology with darker skin tones. [133] The virtual world of the internet and social media is also a huge concern of racism in technology. Just as “racism exists in legal, educational and health systems, it also becomes codified in computer systems.” For example, a search for images of “professional hairstyles” and “unprofessional hairstyles” on Google provides results that equate natural Black hairstyles with unprofessionalism, which reflects real-life bias. [134] Culturally incompetent technology and algorithms created by a non-diverse workforce contribute to this inequity.

To prevent both foreseeable and unforeseeable consequences of technology, developing technology that benefits, instead of harms, neglects, or appropriates from African Americans is vital. The tech justice movement is working to ensure Black people have access to, and can benefit from, technological advancements that improve health outcomes, including addressing the tech illiteracy and infrastructure barriers to telehealth faced by older, less educated, and rural Black households with poor internet and broadband access. [135]
Technology & Health
(continued)

The “New Jim Code” refers to the hidden technological discrimination that mirrors the past era of Jim Crow laws. [136] Blind trust in the engineers “behind the curtain” of technology will be detrimental to Black health. We must consider how systemic racism and oppression show up in technological advancements and in lack of access, new privacy infringements, law enforcement surveillance and prosecution, economic security concerns, and security violations. Now and in the future, we must consider the most vulnerable among us, especially Black, lower-income older adults.

Solutions

1. Amend K-12 school policy to require critical thinking and digital literacy in curricula.

2. Support employer policies and initiatives to invest in and recruit Black technology professionals, especially for algorithm and AI development teams.

3. Regulate biodata technology to prevent built-in racial bias and restrict possession, use, and storage by the government, employers, and corporations.

Resources

- Racial Discrimination in Face Recognition Technology | Harvard
Economic Barriers
The Poverty Effect: Neurological and Mental Health

The mental and neurological health of citizens is shaped by their ancestry and the social, economic, and environmental backgrounds in which they are born, work and play, age, and grow. Additionally, intergenerational trauma can stem from biology, learned behaviors, and collective group experiences. Research suggests that trauma can affect a person’s DNA and potentially influence the health of future generations that have no first-hand experience with the original traumatic event(s). [137] Simply witnessing historic and present-day racial injustice (e.g., circulating videos and images of police brutality) can be psychologically damaging. [138] The trauma, harm, and loss from centuries of slavery and racial injustice has been so severe it can impact the neurologic and mental health of Black people alive today, who are navigating modern racism in their own lives.

Poverty and deprivation impacts youth and adult mental health and capacity. [139] African American citizens living at or below the poverty level are twice as likely to report serious psychological distress than non-Black people of the same socioeconomic status. [140] Low-income African American adults tend to report a constant feeling of emotional distress, including sadness, hopelessness, and feeling as if everything is an effort. [141] Poverty also causes neurological health issues, impedes early brain development, and stifles cognitive ability. African American children who experienced deprivation adversity (e.g., neglect, poverty) were found to have lower amygdala, hippocampus, and prefrontal cortex (PFC) gray matter volumes, which impede emotional functioning in response to threats and stress. [142]
The Poverty Effect: Neurological and Mental Health (continued)

Black Americans overall suffer a disproportionate number of neurological diseases and related deaths. [143] Black patients have less access to neurologic care, worse neurologic outcomes (e.g., stroke, epilepsy, Parkinson disease, dementia), and experience disproportionate morbidity and mortality from neurologic disease. [144] These neurodisparities “are not a consequence of biologic differences between races” but rather “racism and associated social determinants of health.” [145]

Solutions

1. Support funding for early childhood development programs (e.g., Head Start).
2. Amend professional requirements of neurologists to include field-specific health equity training and to assess cultural competency in any disciplinary review.

Resources

- Legacy of Trauma: Context of the African American Existence | Brandon Jones
- Healing Racial Trauma Through Somatic Anti-Racism Practices | Mariya Javed
Acknowledgments

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Design by Ashlee Woods.
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[113] Id.
[116] See Supra note 114.
[119] Id.
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[128] Id.


[130] Id.


[132] Id.


[142] See supra note 139.


[145] See supra note 143.