Systemic Barriers and Community Support: Improving Healthcare Outcomes for Black Women and Femmes

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ACKNOWLEDGEMENTS

FOREWORD

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Health in Her HUE was created to empower Black women and women of color, and our allies, to share, learn, and innovate around the health issues that disproportionately affect Black women. Throughout this journey, emerging research continues to underscore: the importance of connecting Black patients with culturally congruent and culturally responsive healthcare providers; providing access to health content that is tailored to the needs of Black women and women of color; and fostering a strong sense of community among Black women.

A priority for us at Health in Her HUE is to change the narrative about Black women's healthcare experiences. We do this by frequently asking Black women and women of color to define their experiences on their terms and share what they want and need from the U.S. healthcare system and medical community. Additionally, when Black women share their experiences and needs, it can inform the development of health interventions that are specifically tailored to our community, resulting in more effective prevention and treatment strategies.

Health in Her HUE will periodically generate reports that offer impactful, practical, and applicative insights for healthcare providers, hospitals, health plans, public health agencies, and others. These insights will foster and support equitable access to quality healthcare, specifically tailored to the needs of Black women and women of color.

EXECUTIVE SUMMARY

Introduction

Many Black women report specific negative experiences within the healthcare system, where they often feel discriminated against, isolated, and unseen. According to a survey by Pew Research, younger Black women, ages 18-49, have a higher likelihood of reporting negative healthcare experiences compared to other demographic groups, with 71% recalling at least one negative encounter with healthcare professionals. The COVID-19 pandemic caused significant disruptions in routine healthcare services, and Black women encountered greater barriers in accessing these services, resulting in increased stress and anxiety, as well as higher rates of complications and the worsening of chronic conditions. Given the historical harms and biases that are still pervasive within the U.S. healthcare system, amplifying Black women's voices and creating space for them to express their needs and feelings is crucial for driving meaningful change.

Methodology

The survey targeted Black and biracial Black women and femmes (including both cis and non-cis individuals) aged 18 and older, living in the United States, with a focus on California, Maryland, Minnesota, and Tennessee, though 29% of responses came from other states. Data collection occurred from April to May 2024 via Qualtrics XM, an enterprise survey technology used to find, screen, and incentivize participants through double-opt-in market research panels. Health in Her HUE partnered with Qualtrics to determine the sample size necessary for statistically significant results and to program and refine the survey for data quality. After data collection and initial quality checks, data analysis was conducted using Qualtrics tools, PostgreSQL, and Excel. Initial data trends were identified in PostgreSQL, followed by deeper statistical analyses, including correlations and significance tests such as contingency tables, Pairwise Comparison tables, Fisher's Exact Tests, and Chi-Squared tests with Qualtrics' Stats iQ tool. For qualitative data, the Text iQ tool was employed to identify common themes using keyword queries and sentiment analysis.

Main Findings

Despite 74% of the Black women and femmes surveyed reporting their current health status as "Good" to "Excellent," significant health concerns and disparities were identified through this study. Respondent's **primary medical concerns** included:
- Cardiovascular health,
- Weight management,
- Diabetes,
- Mental health,

- Reproductive health, and
- Cancer.

Non-medical concerns included the high cost of medical care and insurance coverage, difficulty finding Black healthcare providers, and not feeling heard or taken seriously within the U.S. healthcare system, thereby often having their pain dismissed or diminished.

The data from this study supports the concept that chronic stress from systemic racism and oppression contributes to adverse health outcomes for Black women and femmes. The study results showed a correlation between experiencing negative emotions (such as anxiousness, exhaustion, and fear) and being a Black woman/femme/person who self-reported poorer health status and healthcare avoidance. Conversely, respondents who felt positive feelings over the past four weeks (such as hopeful, accepted, and proud) reported better engagement with healthcare providers.

Respondents also reported that headlines of police brutality, environmental racism, COVID-19 disparities, and high maternal mortality rates within the Black community negatively impacted their emotional, social, and psychological well-being. These factors contribute significantly to feelings of fear and anxiety related to childbirth and the safety of their children due to systemic healthcare failures.

Community seems to play a crucial role in health outcomes for Black women and femmes. 64% (n=567) of respondents valued community highly, and 61% engaged in health discussions with their social networks. Moreover, we found a statistically significant correlation between valuing community and levels of trust in healthcare providers, hospitals, and the healthcare system. These findings provide insight into the influence of community in fostering trust and proactive health behaviors among Black women and femmes. Therefore, supportive social networks are essential in helping Black women and femmes navigate the healthcare system.

Lastly, the analysis showed a correlation between gender identity and healthcare avoidance. Cisgender women reported feeling more recognized and respected in the healthcare system than non-cisgender femmes, who more frequently avoid medical care due to fear of discrimination.

A Plan for Moving Forward

Based on these findings, several steps can be taken by health plans and the healthcare community to improve health outcomes for Black women and femmes:

Recommendations

1. Holistic Healthcare Approaches
Develop culturally sensitive programs and healthcare delivery models that consider and aim to mitigate the impacts of chronic stress due to systemic oppression on health.
2. Community Engagement
Leverage community networks to foster trust, promote health literacy, and encourage proactive health behaviors. Support groups and community initiatives can help address the emotional and informational needs of Black women and femmes.
3. Workplace Programs
Partner with employers to create supportive, health-conscious work environments that prioritize mental health and emotional well-being. A correlation was found between a positive workplace and both reduced healthcare avoidance and increased comfort within the healthcare system. Develop corporate health programs tailored to the needs of Black women and femmes, focusing on self-advocacy and providing education on navigating the healthcare system.
4. Healthcare Provider Education
Train healthcare providers to recognize and address biases so that they are able to listen to and validate Black women's and femmes' experiences and pain. One crucial part of achieving this will be promoting diversity in healthcare staff to reflect the community they serve. This includes health plans reducing barriers to having more Black doctors in-network.
5. Targeted Intervention for Non-Cisgender femmes
Ensure healthcare settings are inclusive of non-cisgender identities and reduce barriers to safe and affirming healthcare spaces. This includes health plans reducing barriers to having more queer and non-cis Black doctors in-network.
6. Policy Advocacy
Advocate for systemic changes to address racial disparities in healthcare outcomes, especially as it relates to maternal health and chronic disease management. Decrease barriers to access quality, preventative healthcare by lowering healthcare and insurance costs, improve insurance coverage, and provide accessible educational resources about health plans within the Black community.
7. Research
Continue prioritizing research that centers the voices of Black women and femmes, allowing them to express their needs and their first-hand experiences within the healthcare system.

OBJECTIVE

The driving purpose of this research was to directly capture insights from Black women and femmes, thereby amplifying their voices and publishing data that can be used to transform how the healthcare system perceives and serves them and their needs in the United States. Providing a platform for Black women and femmes to articulate their experiences firsthand provides valuable insights that can serve as a foundation to redesign healthcare systems and policies, ensuring they are responsive and equitable to the needs of Black women and women of color.

Health in Her HUE aims to translate this firsthand knowledge into actionable insights and informed strategies for health plans, notably Blue Cross Blue Shield of Minnesota and other Blue Cross Blue Shield health plans, to optimize services to better meet the needs and preferences of Black women and femmes. The ultimate goal is to enhance their healthcare experiences and outcomes, with a long-term vision of pioneering innovative solutions that advance health equity.

This is meant to be a starting point for further research, extending beyond the geographical scope of this survey to encompass the entirety of the United States. Future research endeavors will delve deeper, moving beyond broadly collecting data on general attitudes and experiences to investigate specific topics and challenges encountered by Black women and femmes within the healthcare system.

INTRODUCTION

In the United States, Black women, who make up about 14.3% of women, have made remarkable progress and notable contributions across families, communities, businesses, governments, and healthcare.[1] Despite these achievements, they continue to face significant levels of unfair treatment and systemic discrimination.[2] Many Black women report specific negative experiences within the healthcare system, where they often feel discriminated against, isolated, and unseen. According to a survey by Pew Research, younger Black women, ages 18-49, have a higher likelihood of reporting negative healthcare experiences as compared to other demographic groups, with 71% reporting recalling at least one negative encounter with healthcare professionals. Additionally, 34% of Black women reported that their women's health concerns were not taken seriously by medical professionals. In response to feeling unseen, 52% of younger Black women have had to advocate for proper care in healthcare settings.[3]

Due to discrimination and having their concerns frequently disregarded, Black women continue to experience substandard and delayed medical treatment.[4] This results in postponed diagnosis of serious conditions such as cancers, cardiovascular diseases, diabetes, reproductive and maternal health issues, and mental health challenges. Consequently, these conditions are often diagnosed at more advanced disease stages, making treatment complicated and very expensive.[5,6,7] A study found that 84% of maternal deaths are preventable.[8] An 11-year analysis involving over 9 million hospital deliveries revealed that Black women faced a 53% greater risk of dying during childbirth in a hospital setting, regardless of income, insurance type, or other social determinants of health.[9] Furthermore, Black women encounter barriers in seeking mental health services. Black women face a heightened risk of depression and anxiety; however, the utilization of outpatient mental health services is lower when compared to white women, and Black men.[10] In 2018, 8.7% of African-American adults received mental health services compared with 18.6% of non-Hispanic white adults.[11]

The COVID-19 pandemic caused significant disruptions in routine healthcare services such as preventative care, chronic disease management, and reproductive health services. Black women encountered greater barriers in accessing these services, resulting in increased stress and anxiety, as well as higher rates of complications and the worsening of chronic conditions.[12] Additionally, Black women had higher rates of COVID-19 infections and mortality compared to other racial groups.[13] They faced difficulties in accessing COVID-19 testing and treatment, partly due to the limited availability of testing sites in predominantly Black neighborhoods.[14] The COVID-19 pandemic exacerbated the existing disparities and negative health outcomes faced by Black women.

Given the historical harms and biases that are still pervasive within the U.S. healthcare system, amplifying Black women's voices and creating space for them to express their needs and feelings is crucial for driving meaningful change. By optimizing services based on Black women's needs and preferences, we can develop informed strategies to enhance and redesign healthcare systems and policies that will ultimately benefit all patients. This will promote health equity, enhance mental health and wellness, and foster innovative solutions. Ensuring that Black

women are heard and their experiences validated is a fundamental step toward achieving a more inclusive and equitable healthcare system and society.

SCOPE

This study primarily focuses on the healthcare experiences and concerns of Black women and femmes in four U.S. states: Minnesota, California, Tennessee, and Maryland. Initially, the research was intended to concentrate solely on Minnesota. However, due to the relatively small population of Black women and femmes who live in Minnesota and are part of the respondent pools available through Qualtrics XM, achieving a representative sample size was a concern. Consequently, the study's scope was expanded to include additional states where Health in Her HUE has collaborative relationships with Blue Cross Blue Shield companies.

Despite this expansion, a targeted effort was made to ensure substantial representation from Minnesota. The goal was to collect at least 70 complete responses from this state, which was considered realistic considering the time frame and respondent pool available. Ultimately, the study gathered 567 survey responses, including 81 from Minnesota. For a detailed breakdown of respondents by state, please refer to Figure 3 in the appendix.

To honor the original focus on Minnesota, Health in Her HUE committed to conducting a detailed sub-analysis of the data from Minnesota respondents to assess the state's unique circumstances and identify and highlight any notable findings specific to this state.

The primary areas of data examination in this paper include:

- **Principal Health Concerns:** Identifying the main health issues reported by Black women and femmes.
- **Self-Reported Health Status:** Analyzing factors that influence higher or lower health status reports among respondents.
- **Healthcare System Experiences:** Evaluating the experiences of Black women and femmes within the healthcare system, focusing on their levels of trust and comfort.
- **Social Networks and Community Engagement:** Investigating the role of social networks and community engagement in health-related decision-making and the promotion of health-positive behaviors.
- **Socio-Political Events:** Assessing the effects of socio-political events on the well-being of respondents.
- **Work Environment Dynamics:** Exploring how workplace environments influence health and well-being.
- **Systemic and Structural Stress:** Understanding the impacts of systemic oppression and chronic stress on the health of Black women.

METHODOLOGY

The target population for this survey comprised Black and biracial Black women and femmes (both cis and non-cis individuals), aged 18 years or older, residing in the United States, with a particular focus on California, Maryland, Minnesota, and Tennessee. Despite the primary focus on these four states, 29% of the data collected came from respondents residing in other states. For a comprehensive breakdown of respondent demographics, including marital status, household income, health insurance status, gender identity, and the highest level of education completed, please refer to **Figures 1-8** in the appendix.

Data collection was facilitated through Qualtrics XM, an enterprise survey technology solution utilized to locate, screen, and incentivize survey respondents via double-opt-in market research panels. Health in Her HUE collaborated with Qualtrics to determine the requisite sample size necessary to attain statistically significant results, based on the cumulative population figures of the four target states. Following the definition of both the target population and sample size, the Qualtrics team collaborated closely with Health in Her HUE to program and refine the survey structure, ensuring the resulting data's high quality. The data collection phase commenced in April 2024 and concluded in May 2024.

After Qualtrics completed data quality checks and cleaning, the analysis phase employed a hybrid approach, utilizing Qualtrics tools, PostgreSQL, and Excel. Basic data trends were initially identified through analysis conducted within a PostgreSQL database. Subsequently, a deeper statistical analysis was performed. Correlations and statistical significance were assessed via contingency table analysis, Pairwise Comparison tables, Fisher's Exact Tests, and Chi-Squared tests, leveraging Qualtrics' Stats iQ tool. For open-textbox questions, Qualtrics' Text iQ tool facilitated text analysis, identifying common themes through keyword queries and sentiment analysis.

FINDINGS

Among the Black women and femmes surveyed, 74% reported their health status as ranging from "Good" to "Excellent," while 26% described their health as ranging from "Fair" to "Poor" (see Figure 9). The **top health concerns** identified by respondents in order of frequency mentioned included:

1. **Cardiovascular Health:** Concerns related to blood pressure, cholesterol, and heart disease.
2. **Weight Management:** Issues surrounding obesity, weight loss, and maintaining a healthy weight.
3. **Diabetes:** Management and prevention of diabetes.
4. **Mental Health:** Challenges with anxiety, stress, and depression.
5. **Reproductive and Sexual Health:** Conditions such as fibroids, menopause, endometriosis, polycystic ovary syndrome (PCOS), and breast health; and
6. **Cancer:** Concerns regarding various forms of cancer.

In addition to these medical concerns, respondents also highlighted several non-medical issues, such as the high cost of medical care and insurance coverage, difficulties in finding Black healthcare providers, and not feeling heard or taken seriously because of their racial identity.

Despite these challenges, 36% of respondents agreed that they "feel seen as human by" and "valued in their interactions within" the healthcare system in America (see Figures 11 and 12). In addition, there was a statistically significant correlation between this positive perception and having a household income exceeding $75,000.

The Role of Chronic Stress and Systemic Oppression in Shaping Health Disparities

Dr. Arline Geronimus's research on the concept of "weathering" demonstrates that chronic stress from systemic and structural racism and oppression contributes to adverse health outcomes for marginalized communities.[1] The correlations found between the emotions and attitudes of respondents and their health status and experiences within the healthcare system support this concept.

Data revealed a relationship between education levels and self-reported health status. For instance:
- Individuals with trade, technical, or vocational training tended to rate their overall health as "Fair" at statistically significant rates; and
- In contrast, those with a doctorate degree more frequently reported "Very Good" or "Excellent" health.

When asked about their feelings over the past four weeks, 59% of respondents described the experience of being a Black woman in the U.S. as a "Neutral Time" (neither distinctly positive nor negative) (see Figure 13). The most common emotions expressed were:

- **Overall:** Anxiousness, Hopeful, Exhaustion
- **Positive:** Hopeful, Accepted, Proud
- **Negative:** Anxiousness, Exhaustion, Fear

Black women's experiences within the healthcare system often reflect deep-seated fears and concerns.

> *"I'm mortified to have children because my fear is I will die while giving birth. Doctors do not believe [Black] women when they cry out that they are in pain... I'm afraid I won't be taken [seriously]."* Another expressed, *"I am nervous to have children because of the [maternal] mortality rates and I am scared of the safety of my children with the shooting rates."* Yet another echoed, *"I'm afraid to have kids because health care systems don't care about [Black] women or babies." - Respondent*

Respondents reporting negative emotions such as anxiousness, anger, confusion, fear, exhaustion, sadness, hurt, or loneliness, showed significant correlations with:
- Rating their overall health as "Fair."
- Avoiding medical care due to fears of discrimination or poor treatment based on race/ethnicity; and
- Disagreeing or feeling neutral about the statement, *"I feel I am able to discuss my health needs with my doctors."*

Conversely, respondents who reported positive emotions like excitement, happiness, hopefulness, joy, contentment, or peace over the past four weeks, were more likely to:
- Seek medical care without fear of discrimination; and
- Strongly agree with the statement, *"I feel I am able to discuss my health needs with my doctors."*

When asked about the impact of headlines of police brutality, shootings of Black children and adults, environmental racism, the unequal impact of the COVID-19 pandemic on the Black community, and high maternal mortality rates among Black women, respondents overwhelmingly indicated these events had major and/or minor negative impacts on their well-being (see Figures 14-18). The most affected areas were:

- **Emotional Well-Being:** Stress management, resilience, and the ability to experience positive emotions.

- **Social Well-Being:** Sense of belonging, relationship-building, and community engagement; and
- **Psychological Well-Being:** Self-acceptance, purpose, and personal growth.

One respondent encapsulated the sentiment by stating, *"It stresses me out to hear that my people are being treated like we don't matter."* Similarly, responses frequently mentioned feelings of anxiety, grief, sadness, despair, anger, stress, hopelessness, and fear of leaving the house.

Community and Care: How Social Networks Influence Health and Trust in Healthcare

A significant 65% of respondents indicated that community is "Very Important" or "Important" to them (see Figure 19). Additionally, 61% of respondents reported engaging in health discussions within their social networks (see Figure 20). These conversations often occurred in communal settings where respondents expressed they felt most seen and valued:

1. Home with immediate or extended family
2. Church or other spiritual/faith settings
3. Fellowship circles (e.g., mom/parenting groups, girlfriend circles, youth groups)

The survey also revealed that 59% of Black women and femmes agreed that community-based healing should be integrated into medical healthcare practices (see Figure 21). Subsequent analysis revealed the profound impact the community had on their experiences within the U.S. healthcare system.

In addition, there was a strong, statistically significant correlation between respondents who valued community highly and those who trusted healthcare providers. Specifically:
- Those who consider community "Very Important" or "Important" were more likely to report that they "Always" or "Often" trust doctors, local hospitals, and the U.S. healthcare system to act in their best interest and provide optimal care.
- Conversely, respondents who felt community was "Not Important" more frequently expressed that they could only "Sometimes" or "Rarely" trust these entities.

Further analysis showed that respondents who strongly agreed that community was an essential part of their identity also exhibited a statistically significant correlation with consistently trusting healthcare providers and institutions. On the other hand, those who strongly disagreed that community was central to their identity were more likely to report lower levels of trust ("Sometimes" or "Never") in doctors, local hospitals, and the U.S. healthcare system.

Another statistically significant correlation existed between valuing community and engaging in health discussions within social networks. The types of social support respondents received when making health decisions included:

1. **Instrumental Support:** Financial assistance, material goods, or services.
2. **Informational Support:** Advice, information, and guidance; and
3. **Emotional Support:** Sympathy, care, concern, understanding, esteem, affection, love, trust, and acceptance.

Outside of family, friends, and significant others, work and coworkers ranked among the top sources of social support. Respondents identified their work environment as significantly impacting their:

- **Emotional Well-Being:** Stress management, resilience, and the ability to experience positive emotions; and
- **Social Well-Being:** Sense of belonging, relationship-building, and community engagement.

A positive work environment is indicated by someone who "Often" or "Always" feels supported and like they can be themselves at work, whereas a negative work environment is one in which the respondent "Often" or "Always" feels isolated and experienced discrimination, bias, and/or microaggressions at work.

Further supporting the hypothesis that community supports health-promoting behaviors, there was a statistically significant correlation between access to a positive work environment and:

- *Not* avoiding medical care for fear of racial or ethnic discrimination; and
- Strongly agreeing that they felt comfortable discussing their health needs with their doctors.

In contrast, those working in negative environments showed statistically significant correlations with:
- Avoiding medical care due to fears of discrimination or poor treatment based on race/ethnicity; and
- Strongly disagreeing with the statement that they felt comfortable discussing their health needs with their doctors.

How Gender Identity Shapes Healthcare Experiences

Many Black women and femmes navigate the complexities of intersecting identities and lived experiences. The influence of gender identity on perceptions and behaviors is critical to this research.

Our survey data revealed significant differences in healthcare experiences between cisgender and non-cisgender respondents:

- **Perception of Being Seen as Human:** Cisgender women reported feeling more recognized and respected as human beings by the U.S. healthcare system compared to their non-cisgender counterparts.
- **Building Connections with Healthcare Providers:** Cisgender women indicated they found it easier to establish a connection with their healthcare providers and felt more at ease discussing their health needs with their doctors than non-cis femmes.
- **Avoidance of Medical Care Due to Fear of Discrimination:** There was a statistically significant correlation showing that cisgender women were less likely to avoid seeking medical care out of fear of racial or ethnic discrimination. Conversely, non-cisgender femmes showed a statistically significant correlation with avoiding medical care due to concerns about racial or ethnic discrimination.

These findings underscore the nuanced ways in which gender identity intersects with racial and ethnic identity, shaping healthcare experiences and access for Black women and femmes.

MINNESOTA SUB-ANALYSIS

Among the Black women and femmes surveyed in Minnesota, 76% reported their health status as ranging from "Good" to "Excellent," while 24% described their health as "Fair" to "Poor" (see Figure M.8). The primary health concerns identified by respondents, in order of frequency, included:

1. **Weight Management:** Issues surrounding obesity, weight loss, and maintaining a healthy weight.
2. **Cardiovascular Health:** Concerns related to blood pressure, cholesterol, and heart disease.
3. **Mental Health:** Challenges with anxiety, stress, and depression.
4. **Diabetes:** Management and prevention of diabetes; and
5. **Reproductive and Sexual Health:** Conditions such as fibroids, menopause, endometriosis, polycystic ovary syndrome (PCOS), and breast health.

Between 40-50% of respondents agreed that they felt valued, seen as human, and safe to be themselves and express their needs within the healthcare system in America (see Figures M.9, M.10, M.11). Additionally, 52% expressed that they were able to build a connection and relationship with their healthcare providers, and 68% agreed that they were able to discuss their needs with these providers (see Figures M.12 and M.13).

When asked to provide further insight into their healthcare experiences, most respondents reported having neutral to positive experiences within the Minnesota healthcare system. Despite some negative experiences, they typically found providers who could meet their needs with some effort. Some respondents mentioned not having personally experienced negative interactions but knew friends or family members who had.

Interestingly, despite these sentiments, 42% indicated they have avoided seeking healthcare out of concern that they might face racial or ethnic discrimination. This is compared to 29% of respondents overall across all states (see Figures M.14 and 10).

Among those who shared negative experiences, the most frequently mentioned obstacles were healthcare providers not listening, being dismissive, and not taking their pain seriously. One respondent stated, *"[Because I am] a [Black woman,] they believe I don't feel pain or [that] it's all in my head."* Another commented, *"I often feel like [doctors are] either rushing or [not interested] in finding out what's wrong with me [because I am a Black woman]... It's kind of like [they] get me in [the office] and hurry to get me out."*

In a more extreme case, a respondent shared, **"Doctors have told me I wasn't in the level of pain I was in. I've been questioned [about] why I need certain opioids, [with doctors] insinuating that I may be an addict."**

Our analysis found that levels of trust in doctors, local hospitals, and the U.S. healthcare system among Minnesota respondents were similar to those of respondents in all states (see Figures 22-23 and Figures M.15-M.17). Additionally, there was a similar correlation between feelings of trust and the importance of community, though this correlation was not statistically significant.

The importance of community and health-related discussions within social networks was similar between the general population and the Minnesota sub-population. However, the type of support received when making health-related decisions was more focused on emotional (i.e., sympathy, care, concern, understanding, esteem, affection, love, trust, and acceptance) and informational support (i.e., advice, information, and guidance) rather than instrumental support (i.e., financial assistance, material goods, or services) (see Figure M.18).

The top communal settings where respondents felt seen and valued were:
1. Home with immediate or extended family
2. Work
3. Fellowship circles (e.g., mom/parenting groups, girlfriend circles, youth groups)

In the Minnesota sub-population, Work replaced Church/Spiritual/Faith settings compared to the general population. Moreover, there was a statistically significant correlation between respondents who felt they could be themselves at work and their general trust in doctors and hospitals in their communities.

When asked about their feelings over the past four weeks, 57% of respondents described the experience of being a Black woman in the U.S. as a "Neutral Time" (neither distinctly positive nor negative) (see Figure M.19). The most common emotions expressed were:

- **Overall:** Anxiousness, Hopeful, Proud
- **Positive:** Hopeful, Proud, Accepted
- **Negative:** Anxiousness, Fear, Hurt

The impact of headlines of police brutality, shootings of Black children and adults, environmental racism, the unequal impact of the COVID-19 pandemic on the Black community, and high maternal mortality rates among Black women were very similar to the general population with Minnesota respondents also overwhelmingly indicating these events having had major and/or minor negative impacts on their well-being (see Figures M.20-M.24). However, Minnesota respondents reported a much higher impact on their emotional well-being (i.e., stress management, resilience, and the ability to experience positive emotions) than the general population (see Figures M.25-M.29).

Overall, similar trends were observed between the sub-population of Black women and femmes in Minnesota and respondents in other states. Given the slightly increased importance of work as part of respondents' social networks and support in Minnesota, there is an opportunity for the

healthcare system and health plans to focus on improving health outcomes through corporate programs and partnerships with companies. Health plans with employer contracts can invest in offerings for Black women and femmes at those companies. Likewise, when addressing their needs, emphasis should be placed on self-advocacy and educating healthcare providers to avoid dismissing or diminishing the pain and experiences of Black women and femmes.

DISCUSSION

These findings shed light on the self-assessed health status and principal health concerns reported by Black women and femmes in the four states of focus, reflecting a range of medical and non-medical challenges. They highlight the primary healthcare needs within the community and provide a starting point from which the healthcare system and health plans can start assessing and addressing them.

This analysis explored the role of chronic stress and systemic oppression in shaping health disparities among this group of Black women and femmes. Drawing from Dr. Arline Geronimus's concept of "weathering," correlations between the emotions and experiences of the respondents and their reported health status, perceptions, and behaviors within the healthcare system supported the notion that chronic stressors exacerbate health inequities[15]. For this reason, there is an urgent need for holistic interventions that effectively remove systemic obstacles to equitable healthcare access.

Apart from that, approximately 50% of respondents surveyed agreed that healing is a social experience and cannot occur if a person still feels oppressed in society (see Figures 25 and 26). Furthermore, 61% of respondents indicated that they wished their doctors incorporated holistic healing modalities alongside conventional medical interventions, indicating a desire for a balanced approach to healthcare delivery (see Figure 27).

Similarly, the findings illuminated the significance of community as a catalyst for fostering trust and proactive health behaviors among Black women and femmes. The correlation between valuing community and levels of trust in healthcare providers highlights the crucial role of supportive social networks in navigating the healthcare system. Positive work environments were associated with higher levels of trust and engagement with the healthcare system, while negative work environments correlated with increased healthcare avoidance and distrust. A hypothesis for this correlation is that social networks and communal settings promote health literacy and empowerment.

Through offerings like Community Conversations, Care Squads, and online Community Forums, Health in Her HUE has an opportunity to directly drive health-positive behaviors and improve health outcomes for Black women.

Finally, the survey responses showed significant differences in healthcare experiences between cisgender and non-cisgender respondents, highlighting the intersectionality of gender identity and racial identity in shaping healthcare access and perceptions. These findings emphasized the need for healthcare providers and health plans to recognize and address the nuanced needs of the intersectional identities of Black women and femmes. By recognizing and affirming the experiences of people of varying gender identities, healthcare systems can work towards

fostering inclusive and equitable care environments that prioritize the health and well-being of all individuals.

NEXT STEPS

Based on the findings, we recommend the following steps for health plans and the healthcare community to improve health outcomes and create a more equitable healthcare system for Black women and femmes. These steps include:

- **Holistic Healthcare Approaches:** Develop culturally sensitive programs and healthcare delivery models that consider and aim to mitigate the impacts of chronic stress due to systemic oppression on health.
  - **Actionable Steps:**
    - Implement longitudinal and culturally sensitive medical training as a foundational pillar for medical students and healthcare providers at all levels.
    - Create integrated healthcare models that include mental health and wellness and social support services to more easily meet the evolving needs of Black patients.
- **Community Engagement:** Leverage community networks to foster trust, promote health literacy, and encourage proactive health behaviors. Support groups and community initiatives can help address the emotional and informational needs of Black women and femmes.
  - **Actionable Steps:**
    - Establish support groups and community health initiatives that address the healthcare topics and needs of = Black women and femmes. Examples include Health in Her HUE's Care Squad program, virtual Community Conversations, and online Community Forums.
    - Partner with local community organizations, community health workers, and community health centers to provide health education and resources to target populations within the community.
- **Workplace Programs:** A correlation was found between a positive workplace and both reduced healthcare avoidance and increased comfort within the healthcare system.
  - **Actionable Steps:**
    - Partner with employers to create supportive, health-conscious work environments that prioritize mental health and emotional well-being.
    - Develop corporate health programs tailored to the needs of Black women and femmes, focusing on self-advocacy and providing education on navigating the healthcare system.
- **Healthcare Provider Education:** Train healthcare providers to recognize and address biases enabling them to listen to and validate the experiences and pain of Black women and femmes. Promoting diversity in healthcare staff to reflect the communities they serve is crucial to this effort. This includes health plans reducing barriers to having more Black doctors and doctors of color in-network.

- **Actionable Steps:**
  - Implement regular and ongoing bias training and cultural competency workshops for healthcare providers to empower them in delivering culturally competent and inclusive patient-centered care.
  - Promote diversity and inclusion within healthcare staffing to better reflect the communities served.
  - Ensure involvement from all organizational levels in discussions aimed at implementing and sustaining diversity and inclusion initiatives.
  - Recruit more Black doctors and doctors of color in-network to reduce barriers to accessing care.
- **Targeted intervention for Non-Cisgender Femmes:** Ensure healthcare settings are inclusive of non-cisgender identities and work to reduce barriers to safe and affirming healthcare spaces. This includes advocating for health plans to increase the number of queer and non-cis Black doctors in-network.
  - **Actionable Steps:**
    - Educate and train healthcare providers on the unique needs of non-cisgender patients.
    - Advocate for health plans to include more queer and non-cisgender Black doctors. Where these are limited, provide appropriate resources that patients can leverage instead.
- **Policy Advocacy:** Promote systemic changes to address racial disparities in healthcare outcomes, especially as it relates to maternal health and chronic disease management. Work to decrease barriers to accessing quality, preventative healthcare by lowering healthcare and insurance costs, improving insurance coverage, and providing accessible educational resources about health plans within the Black community.
  - **Actionable Steps:**
    - Lobby for policies that reduce healthcare and insurance costs and enhance insurance coverage.
    - Provide accessible and equitable educational resources about health plans within the Black community
- **Research:** Continue prioritizing research that centers on the voices of Black women and femmes, allowing them to express their needs and first-hand experiences within the healthcare system.
  - **Actionable Steps:**
    - Fund and support studies focused on the healthcare experiences of Black women and femmes.
    - Disseminate research findings to the community at large to inform policy and drive changes in the healthcare ecosystem.

FUTURE CONSIDERATIONS

Expand the Study Nationwide

With increased support and funding, we plan to expand our study to collect data from across the entire United States, rather than limiting it to four states. This broader scope will enable us to gather more comprehensive data and gain a deeper understanding of the health concerns and needs of Black women and femmes across diverse regions in the United States.

Focus on a Health Topic of Concern

Survey respondents expressed concerns regarding Heart Health, Weight, Diabetes, Mental Health, Reproductive and Sexual Health, and Cancer. Future research should prioritize identifying which of these health topics warrants primary focus for further investigation. By pinpointing the most pressing health issues, researchers can explore the underlying causes of these health disparities and develop targeted interventions that address the unique needs and preferences of Black women and femmes.

Monitor Health-Promoting Behaviors

As part of Health in Her HUE's community offerings, we will closely monitor our members' health-promoting behaviors. This includes tracking participation in health programs, adherence to preventive measures, and engagement in lifestyle changes. By analyzing these behaviors, we can identify effective strategies and areas needing improvement, ultimately enhancing the health outcomes of Black women and femmes.

Community Support and Trust in Healthcare

A crucial aspect of our future research will involve examining why individuals feel greater trust in doctors, hospitals, and the healthcare system when they engage with community support. By exploring this connection, we aim to uncover the mechanisms through which community support fosters trust and how it can be leveraged to improve healthcare experiences and outcomes for Black women and femmes.

Research on Gender Identity and Health Outcomes

Further research is needed to understand how gender identity affects the health outcomes of Black women. This includes examining the unique challenges faced by non-cisgender individuals within the healthcare system and identifying barriers to receiving safe and affirming care. Our goal is to develop inclusive healthcare practices that address the needs of all Black women, regardless of gender identity.

Final Thoughts

Addressing the health concerns of Black women and femmes is crucial for achieving health equity. By expanding our study nationwide, focusing on specific health topics, monitoring health-promoting behaviors, exploring the role of community support, and researching the impacts of gender identity, we can drive meaningful change. These efforts will not only improve health outcomes for Black women and femmes but also contribute to a more inclusive and equitable healthcare system. The potential impact of these changes is profound, leading to healthier lives and stronger communities.

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APPENDIX

DEMOGRAPHICS

Figure 1 - What is your age?

Legend:
- 65+
- 55-64
- 45-54
- 35-44
- 25-34
- 18-24

14%, 18%, 18%, 18%, 18%, 15%
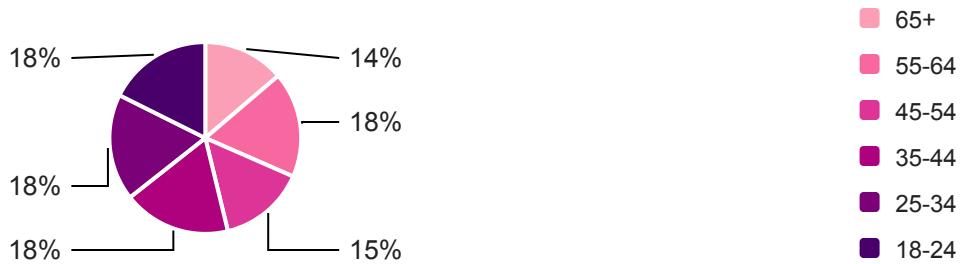
Figure 2 - How do you identify your gender?

Legend:
- None of the above
- Gender expansive
- Agender
- Gender nonconforming
- Nonbinary
- Trans man
- Trans woman
- Cis-man
- Cis-woman

91%, 1%, 3%, 1%, 3%, 1%
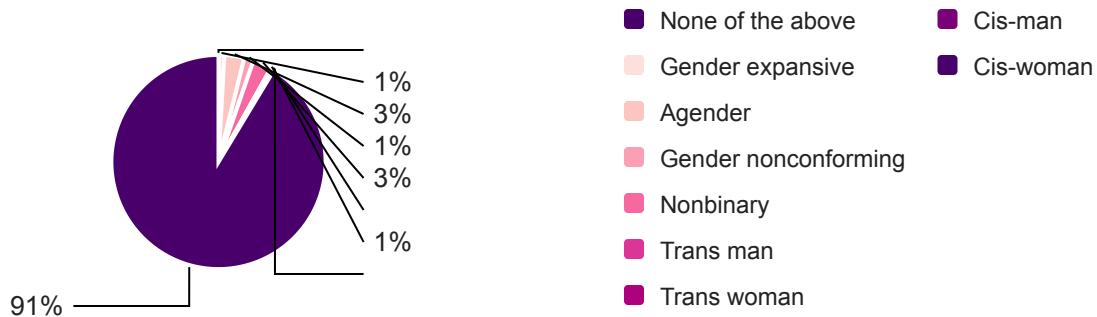
Figure 3 - In which state do you currently live?

States: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia, West Virginia, Wisconsin
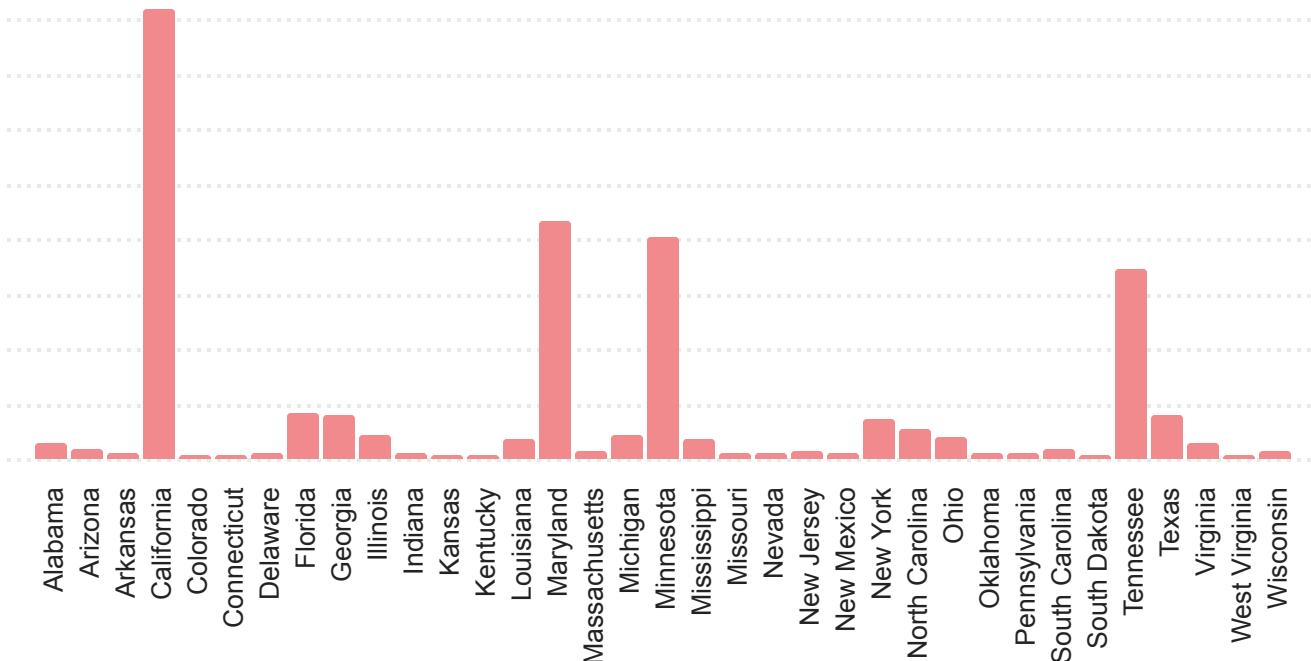
Figure 4 - What is your marital status?

- 3%
- 13%
- 5%
- 50%
- 30%

Legend:
- Separated
- Divorced
- Widowed
- Married or domest...
- Single, never mar...
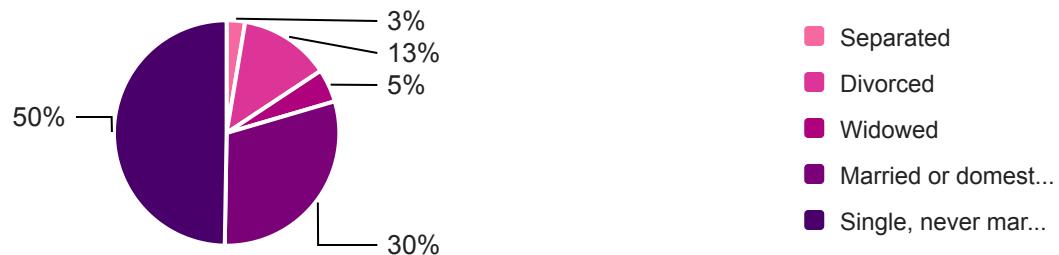
Figure 5 - What is your annual household income?

Under $25,000 | $25,000 - $49,999 | $50,000 - $74,999 | $75,000 - $99,999 | $100,000 - $149,999 | $150,000 and above | Prefer not to disclose
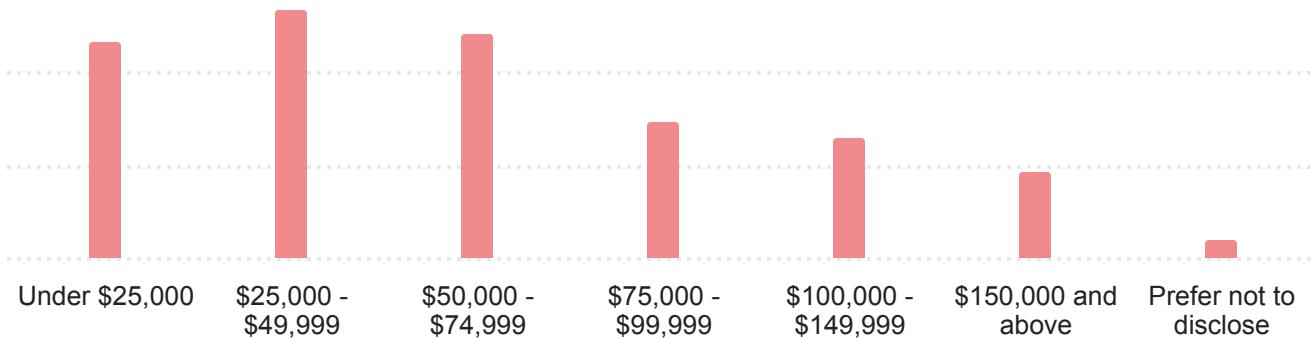
Figure 6 - What is your current Health insurance status?

Insured via Employer | Insured via Medicaid | Insured via Medicare | Insured via self-purchase (Marketplace) | Insured via family member | Currently without health insurance
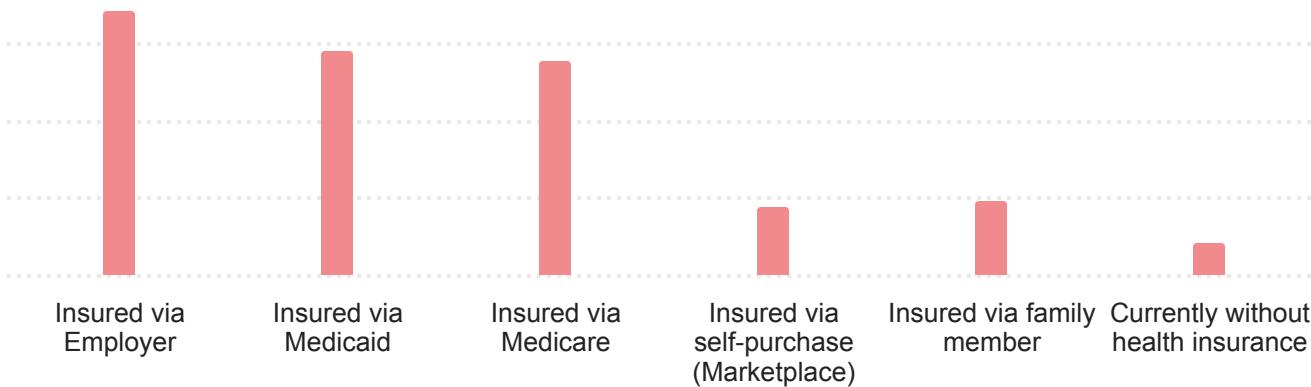
Figure 7 - What is the highest degree or level of school you have completed?
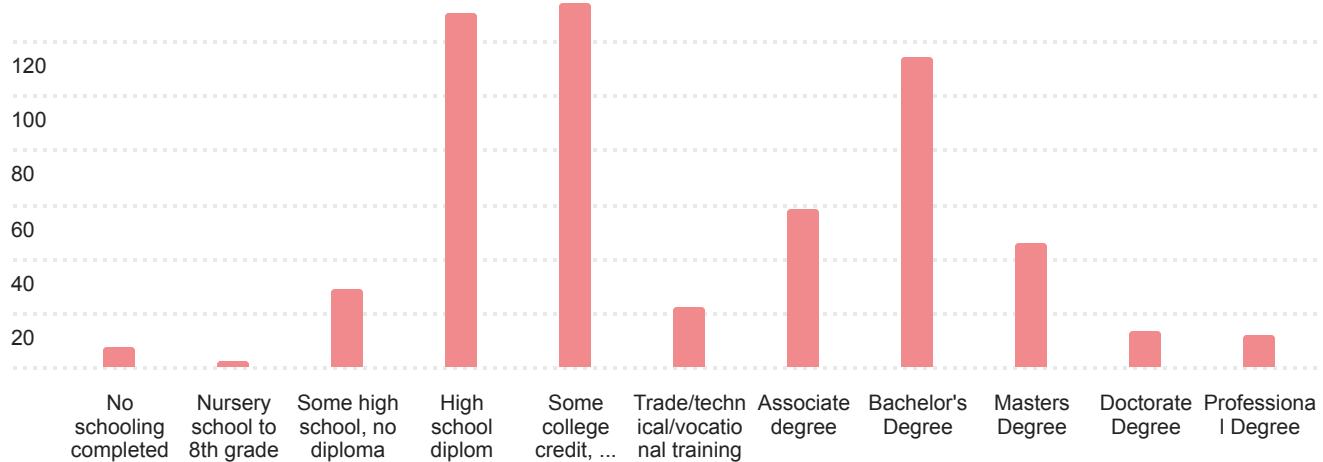
Figure 8 - What is your current employment status? (Select all that apply)
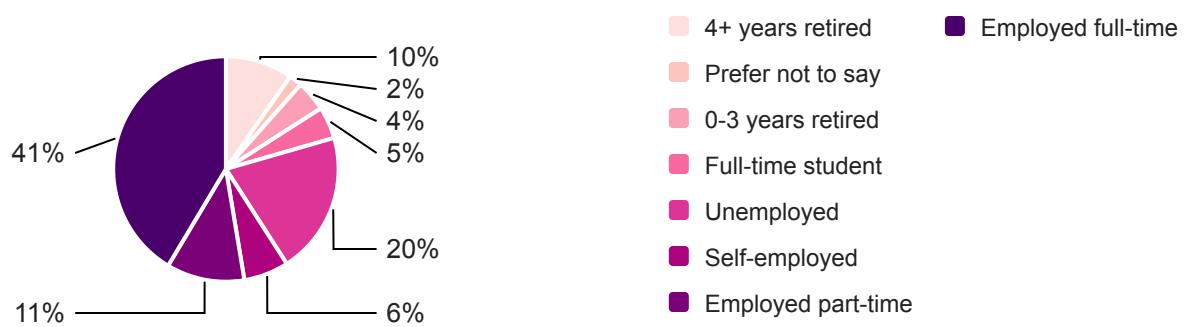
Figure 9 - How would you rate your current health status on a scale of 1 to 5?

| 1 - Poor Health | 2 - Fair Health | 3 - Good Health | 4 - Very Good Health | 5 - Excellent Health |

Figure 10 - Have you ever avoided going to a doctor or seeking health care for yourself out of concern that you would be discriminated against or treated poorly because of your race/ethnicity?

29%

63%

7%

Yes
Unsure
No

Figure 11 - How much do you agree or disagree with the following statement? "I feel seen as human by the healthcare system in America."

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
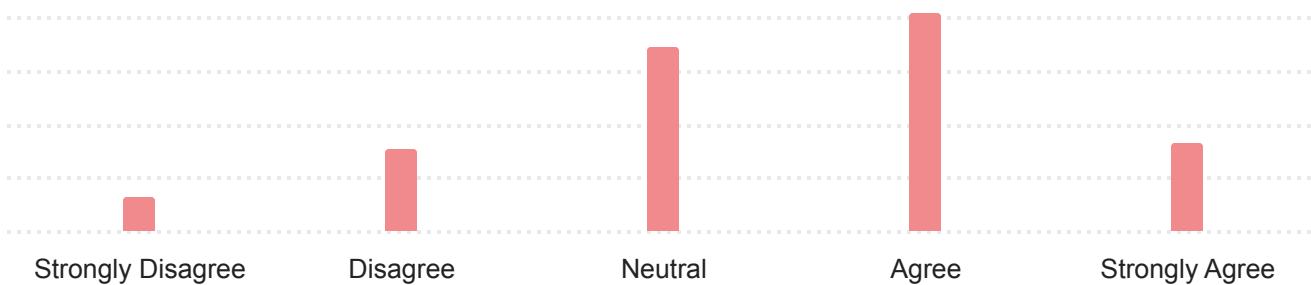
Figure 12 - How much do you agree or disagree with the following statement? "I feel valued in my interactions within the healthcare system in America."

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
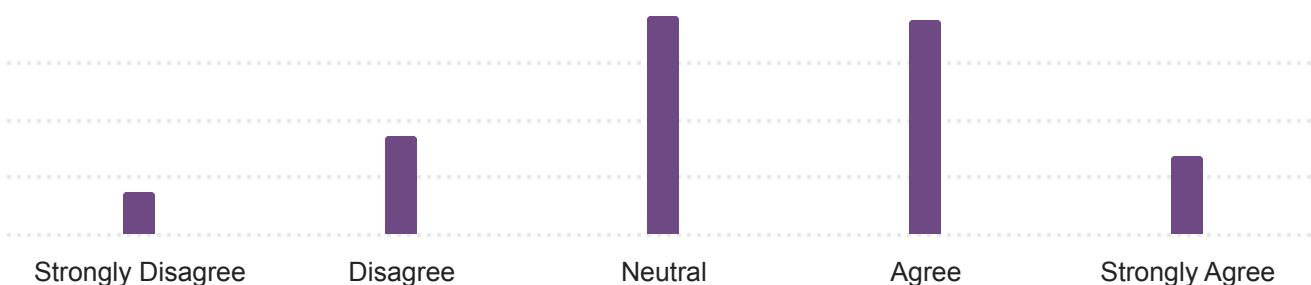
Figure 13 - Do you believe this is a good time or bad time to be a Black Woman in the United States?
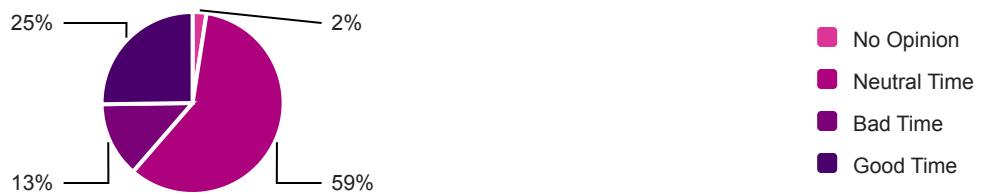
Figure 14 - Overall, have the incidents/headlines of police brutality and misconduct nationwide had an impact on you?
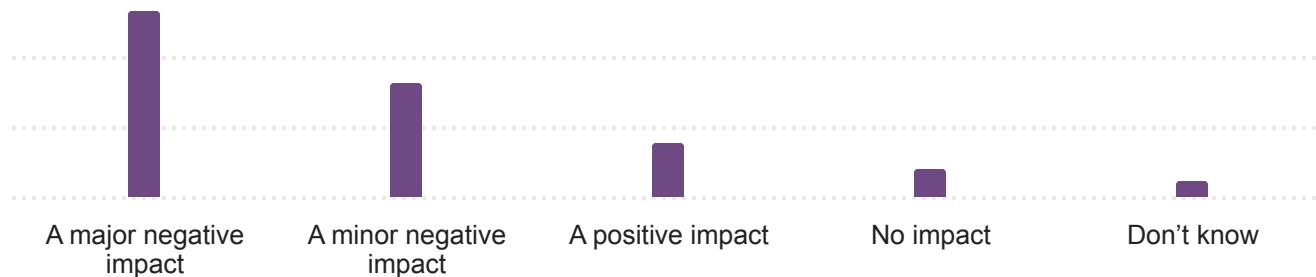

Figure 15 - Overall, have the shootings of Black children and adults in various parts of the country had an impact on you?
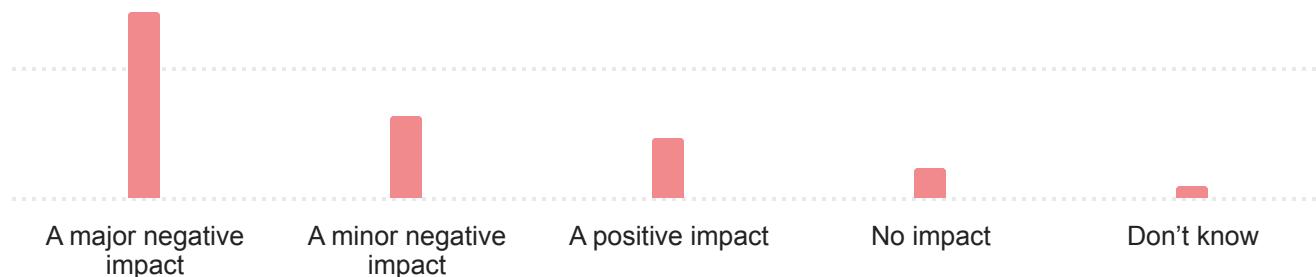
Figure 16 - Overall, have incidents/headlines of environmental racism had an impact on you? Examples: Flint, Michigan Water Crisis, increased rates of chronic and terminal illness in marginalized communities due to coal/chemical/oil refinery plants being placed in those communities, food deserts, increased incidence of asthma in marginalized communities due to higher levels of pollution, etc.
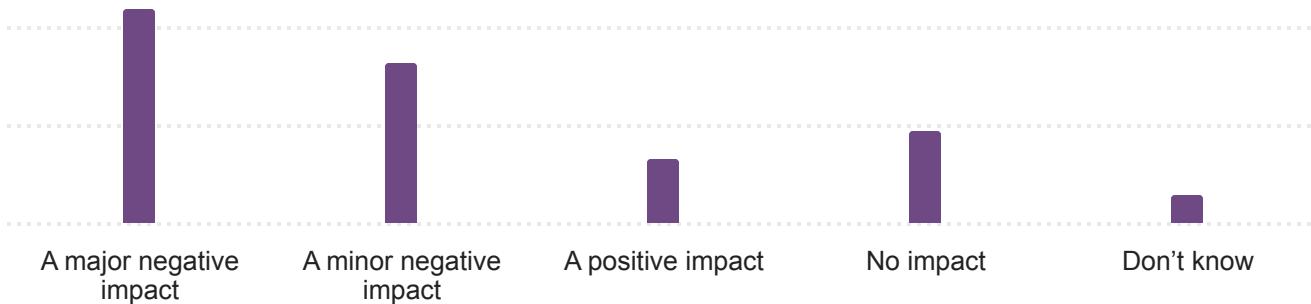
Figure 17 - Overall, have the unequal mortality rates of the COVID-19 pandemic in the Black community had an impact on you?

Figure 18 - Overall, have the headlines on the high rates of maternal mortality in Black women had an impact on you?
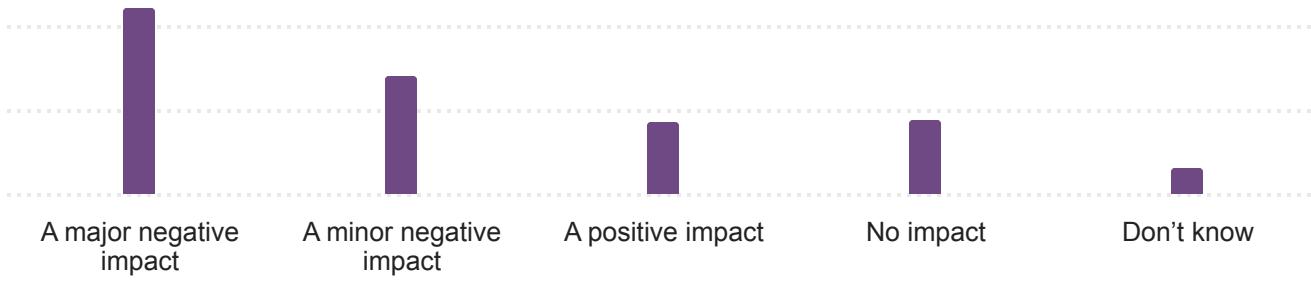
Figure 19 - How important is community to you?

- 2%
- 12%
- 22%
- 31%
- 34%

Legend:
- Very Important
- Important
- Moderately Important
- Slightly Important
- Not Important
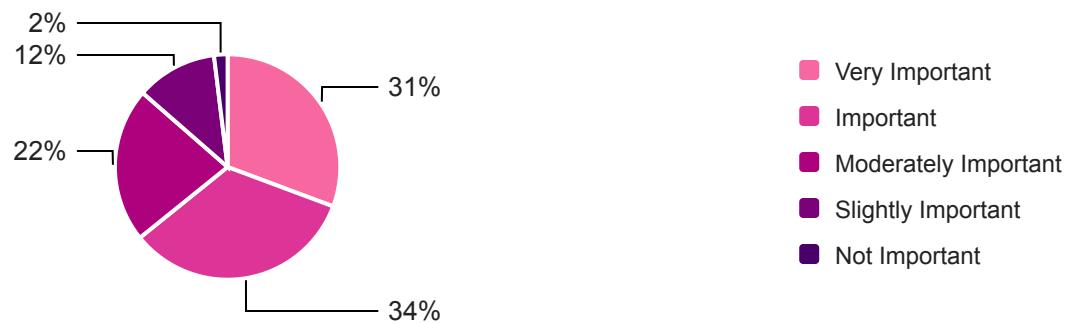
Figure 20 - Do you engage in discussions on health with those in your social network?


- 26%
- 13%
- 61%

Legend:
- Yes
- Unsure
- No
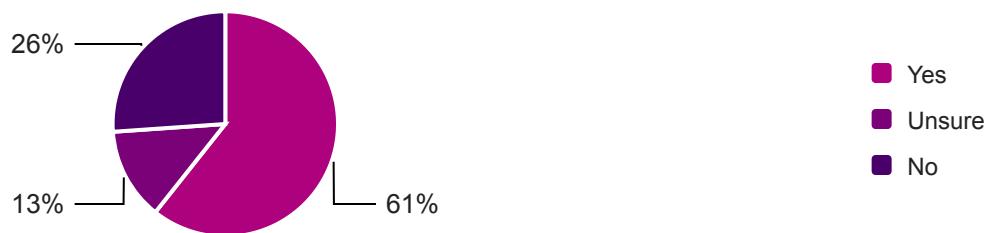
Figure 21 - How much do you agree or disagree with the following statement? "Community based healing should be a part of medical health care practices."

- 3%
- 5%
- 34%
- 19%
- 40%

Legend:
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
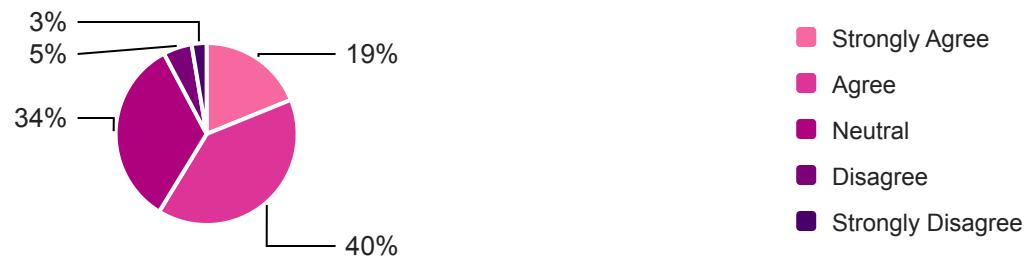
Figure 22 - How much of the time do you think you can trust your doctors to do what is right for you?
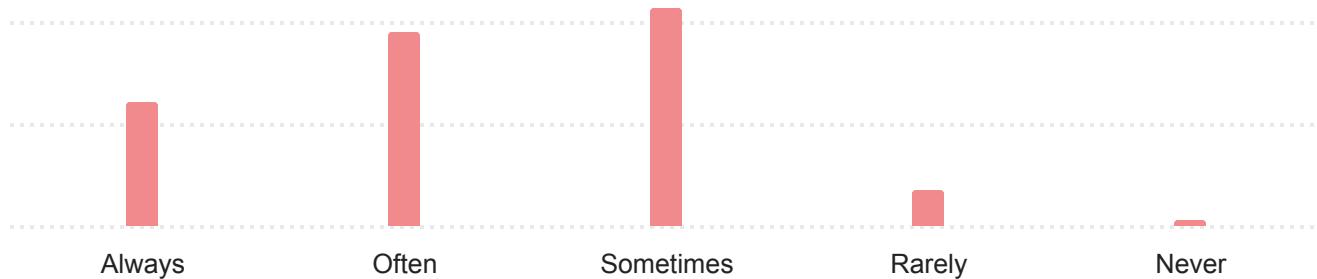

Figure 23 - How much of the time do you think you can trust your local hospitals in your community to provide you with the best care?
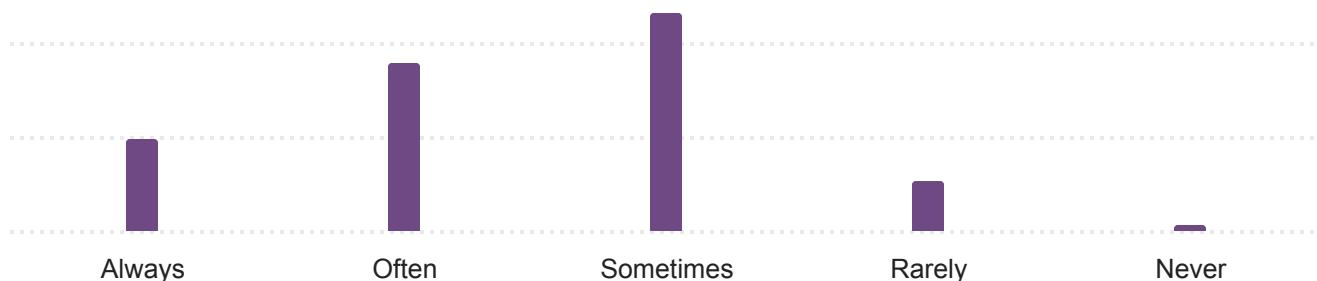

Figure 24 - Overall, how much of the time do you think you can trust the U.S. healthcare system to do what is right for you?
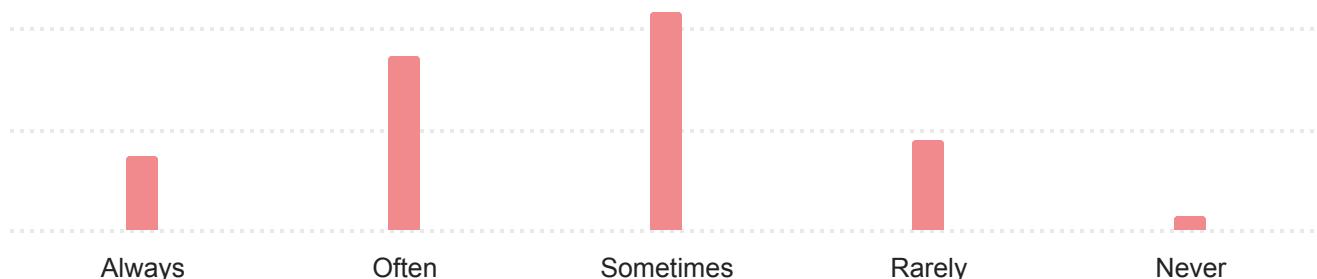
Figure 25 - How much do you agree or disagree with the following statement? "I believe healing is a social experience."

Strongly Agree	14%
Agree	36%
Neutral	34%
Disagree	13%
Strongly Disagree	4%

Figure 26 - How much do you agree or disagree with the following statement? "Healing in any form cannot occur if I still feel oppressed in society."

Strongly Agree	17%
Agree	32%
Neutral	32%
Disagree	14%
Strongly Disagree	5%

Figure 27 - How much do you agree or disagree with the following statement? "I wish my doctors balanced healing practices equally with medical services and treatments."

Strongly Agree	23%
Agree	38%
Neutral	32%
Disagree	5%
Strongly Disagree	2%
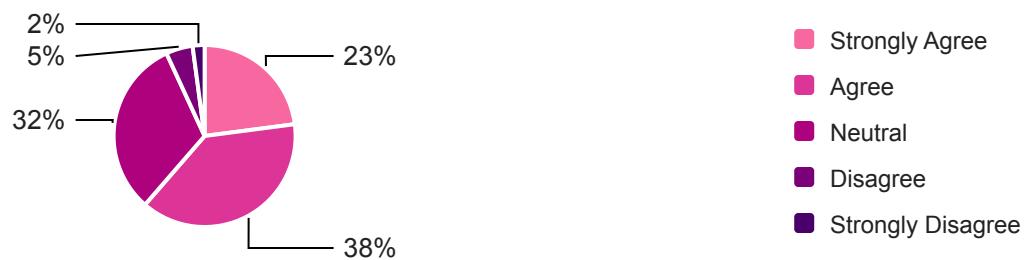
MINNESOTA SUB ANALYSIS

Figure M.1 - What is your age?

- 65+
- 55-64
- 45-54
- 35-44
- 25-34
- 18-24

4%
5%
12%
26%
27%
26%
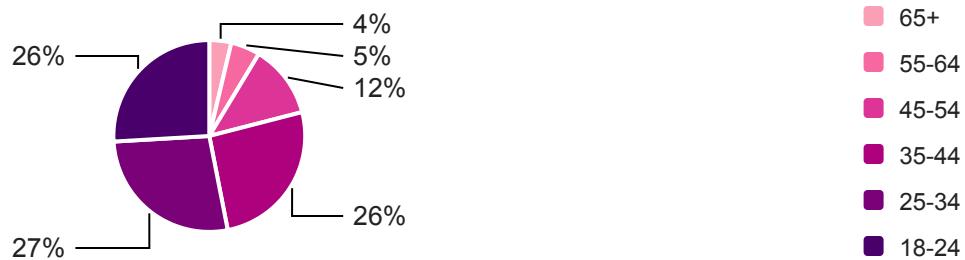
Figure M.2 - How do you identify your gender?

- None of the above
- Gender expansive
- Agender
- Gender nonconforming
- Nonbinary
- Trans man
- Trans woman
- Cis-man
- Cis-woman

9%
1%
1%
1%
88%
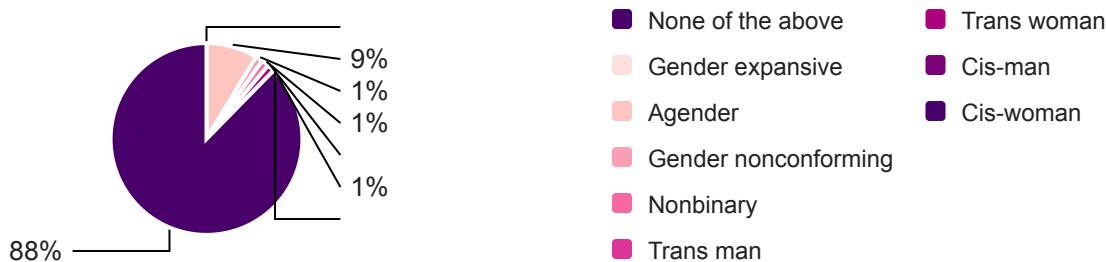
Figure M.3 - What is your marital status?

- Separated
- Divorced
- Widowed
- Married or domest...
- Single, never mar...

4%
7%
23%
65%
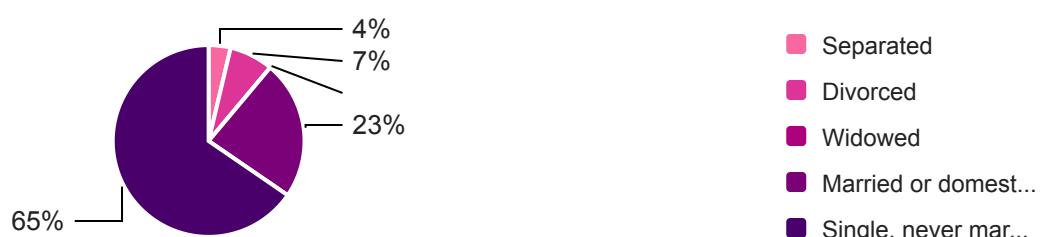
Figure M.4 - What is your annual household income?

Under $25,000 | $25,000 - $49,999 | $50,000 - $74,999 | $75,000 - $99,999 | $100,000 - $149,999 | $150,000 and above | Prefer not to disclose
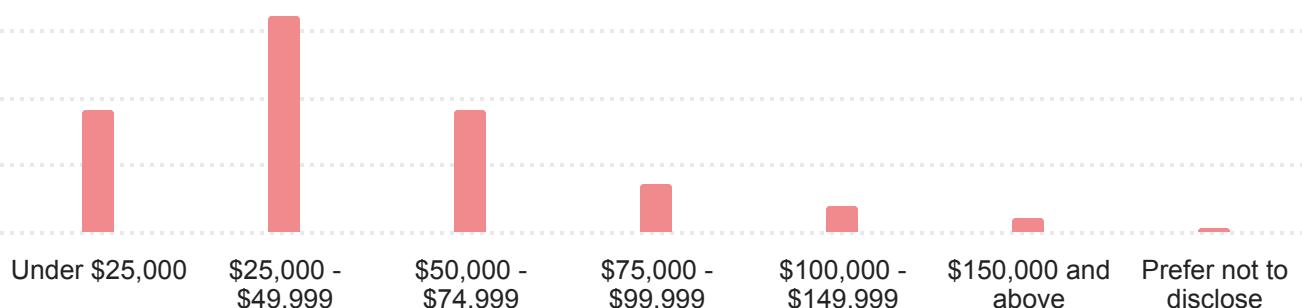
Figure M.5 - What is your current Health insurance status?

| Insured via Employer | Insured via Medicaid | Insured via Medicare | Insured via self-purchase (Marketplace) | Insured via family member | Currently without health insurance |
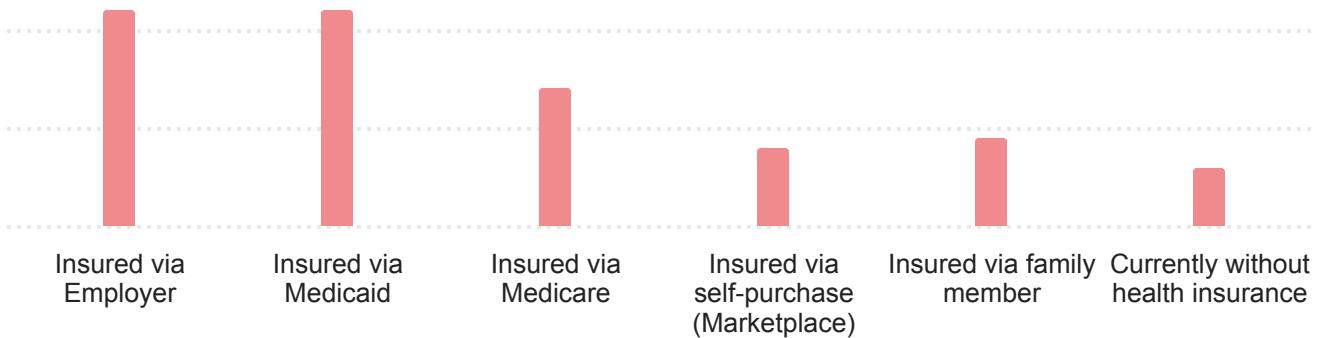
Figure M.6 - What is the highest degree or level of school you have completed?

| No schooling completed | Nursery school to 8th grade | Some high school, no diploma | High school graduate, diploma ... | Some college credit, no ... | Trade/techni cal/vocation al training | Associate degree | Bachelor's Degree | Masters Degree | Doctorate Degree | Professional Degree |
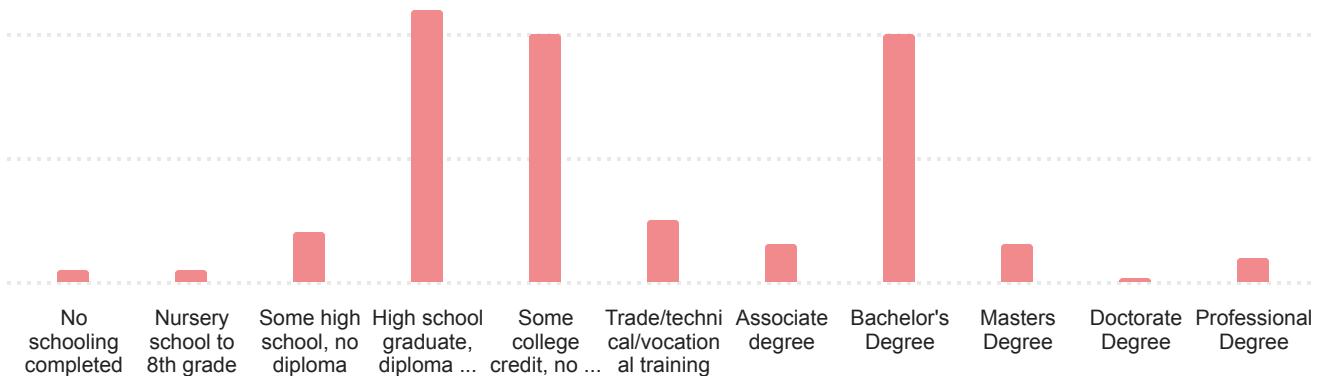
Figure M.7 - What is your current employment status? (Select all that apply)

42%

16%

2%
2%
1%
8%
23%

6%

- 4+ years retired
- Prefer not to say
- 0-3 years retired
- Full-time student
- Unemployed
- Self-employed
- Employed part-time
- Employed full-time

Figure M.8 - How would you rate your current health status on a scale of 1 to 5?

Figure M.9 - How much do you agree or disagree with the following statement? "I feel valued in my interactions within the healthcare system in America."


Figure M.10 - How much do you agree or disagree with the following statement? "I feel seen as human by the healthcare system in America."
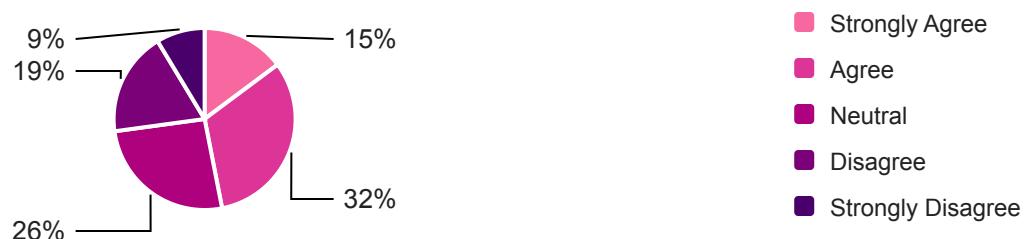

Figure M.11 - How much do you agree or disagree with the following statement? "I feel safe (the ability to be myself, raise concerns and questions) in the healthcare system in America."

Figure M.12 - How much do you agree or disagree with the following statement? "I am able to build a connection and relationship with my doctors and healthcare providers."

⬤	Strongly Agree
⬤	Agree
⬤	Neutral
⬤	Disagree
⬤	Strongly Disagree

Figure M.13 - How much do you agree or disagree with the following statement? "I feel I am able to discuss my health needs with my doctors."

|	
⬤	Strongly Agree
⬤	Agree
⬤	Neutral
⬤	Disagree
⬤	Strongly Disagree
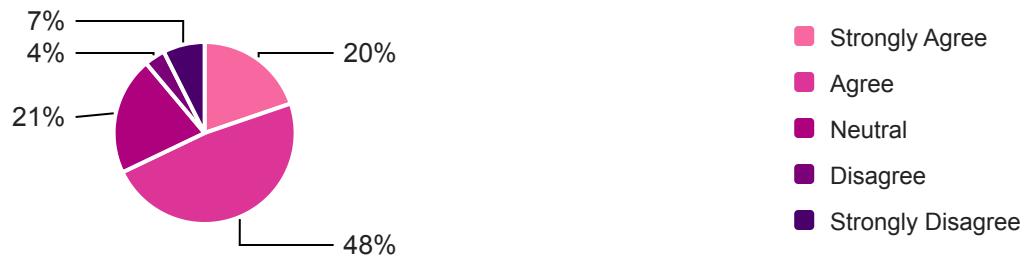
Figure M.14 - Have you ever avoided going to a doctor or seeking health care for yourself out of concern that you would be discriminated against or treated poorly because of your race/ethnicity?


⬤	Yes
⬤	Unsure
⬤	No
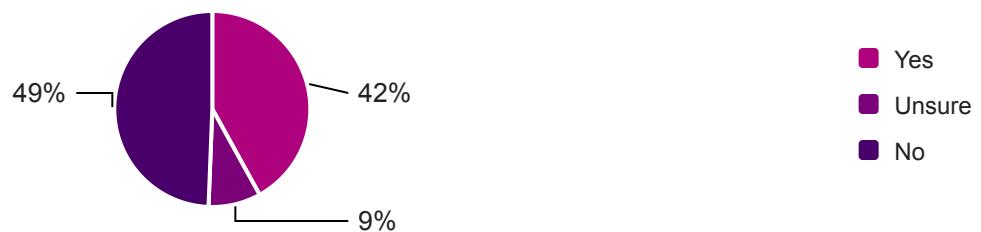
Figure M.15 - How much of the time do you think you can trust your doctors to do what is right for you?


| Always | Often | Sometimes | Rarely | Never |
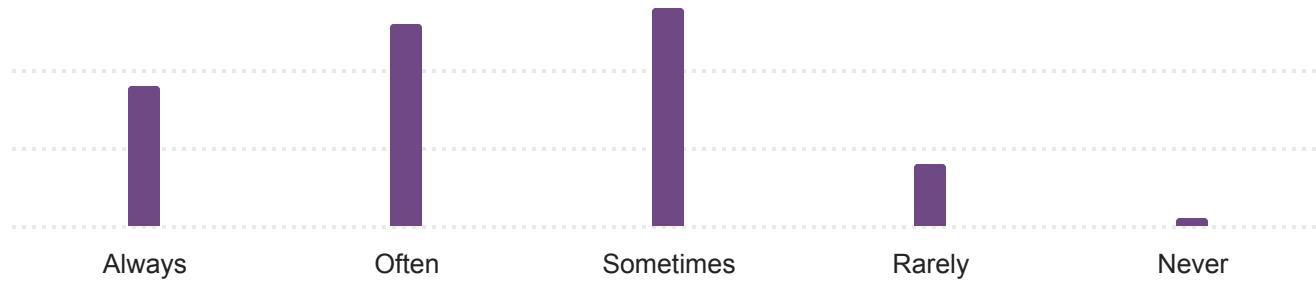
Figure M.16 - How much of the time do you think you can trust your local hospitals in your community to provide you with the best care?


| Always | Often | Sometimes | Rarely | Never |
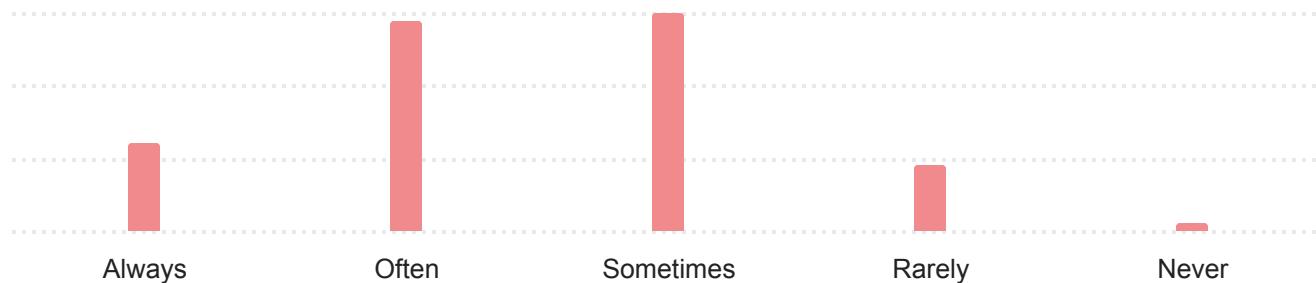
Figure M.17 - Overall, how much of the time do you think you can trust the U.S. healthcare system to do what is right for you?

| Always | Often | Sometimes | Rarely | Never |
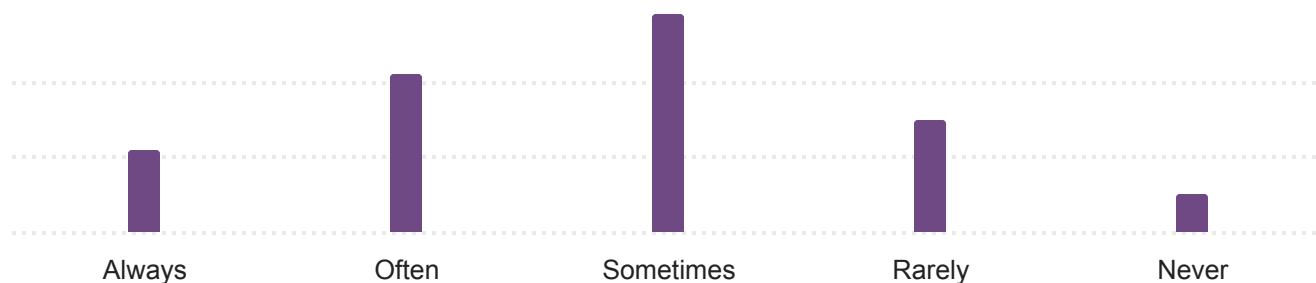
Figure M.18 - When it comes to making decisions regarding your health, what type of social support do you get from individuals in your social network? (Choose as many as you like)
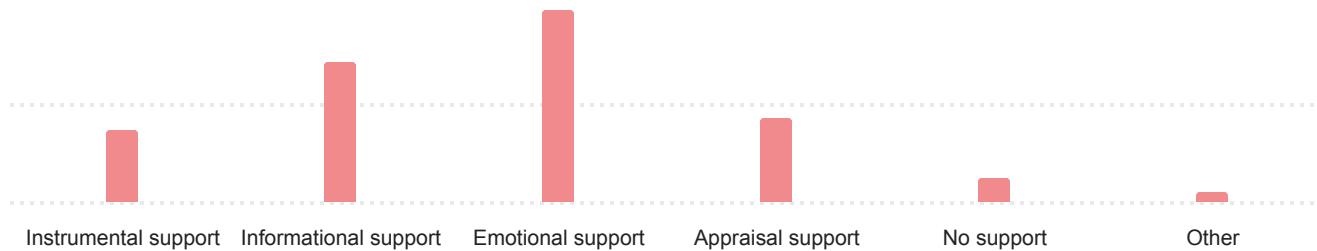

Figure M.19 - Do you believe this is a good time or bad time to be a Black Woman in the United States?

Figure M.20 - Overall, have the incidents/headlines of police brutality and misconduct nationwide had an impact on you?

Figure M.21 - Overall, have the shootings of Black children and adults in various parts of the country had an impact on you?
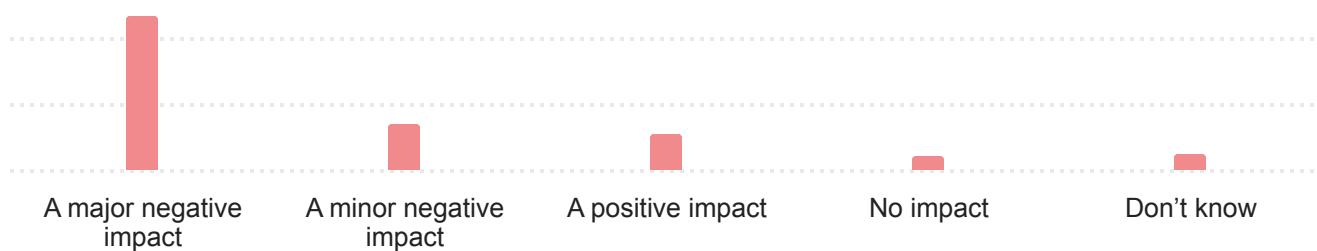
Figure M.22 - Overall, have incidents/headlines of environmental racism had an impact on you? Examples: Flint, Michigan Water Crisis, increased rates of chronic and terminal illness in marginalized communities due to coal/chemical/oil refinery plants being placed in those communities, food deserts, increased incidence of asthma in marginalized communities due to higher levels of pollution, etc.

Figure M.23 - Overall, have the unequal mortality rates of the COVID-19 pandemic in the Black community had an impact on you?


Figure M.24 - Overall, have the headlines on the high rates of maternal mortality in Black women had an impact on you?
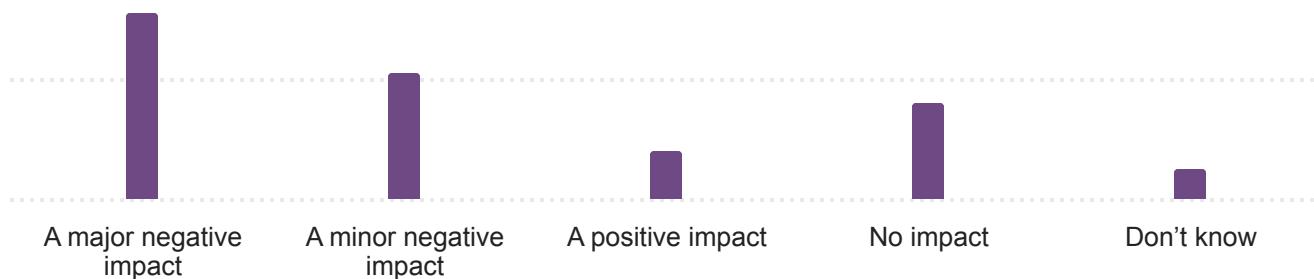
Figure M.25 - Which component(s) of your well-being have been impacted by incidents/headlines of environmental racism? (Select all that apply)

| Psychological Well-being | Emotional Well-being | Social Well-being | Physical Well-being | Financial Well-being | None |
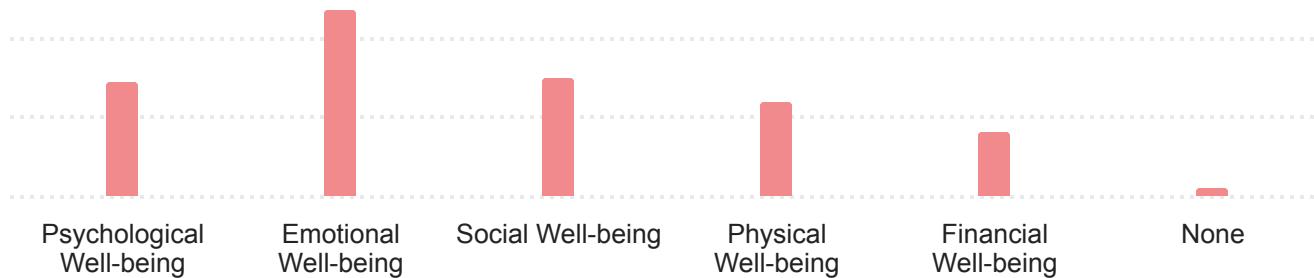
Figure M.26 - Which component(s) of your well-being have been impacted by incidents/headlines of police brutality and misconduct nationwide? (Select all that apply)

| Psychological Well-being | Emotional Well-being | Social Well-being | Physical Well-being | Financial Well-being | None |
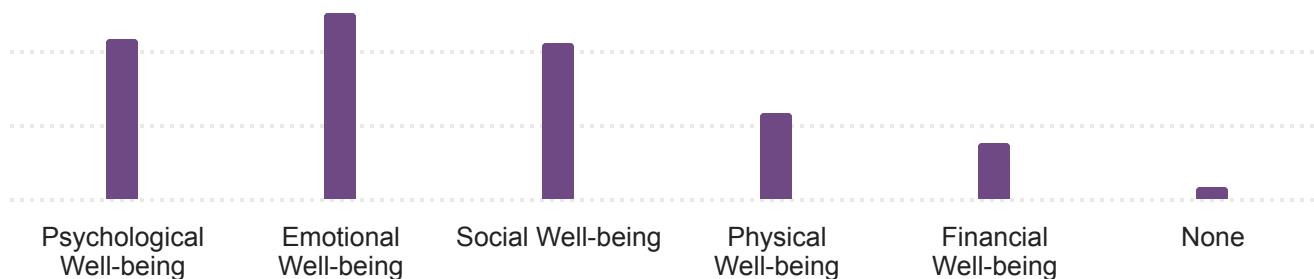
Figure M.27 - Which component(s) of your well-being have been impacted by the unequal mortality rates of the COVID-19 pandemic in the Black community? (Select all that apply)


| Psychological Well-being | Emotional Well-being | Social Well-being | Physical Well-being | Financial Well-being | None |
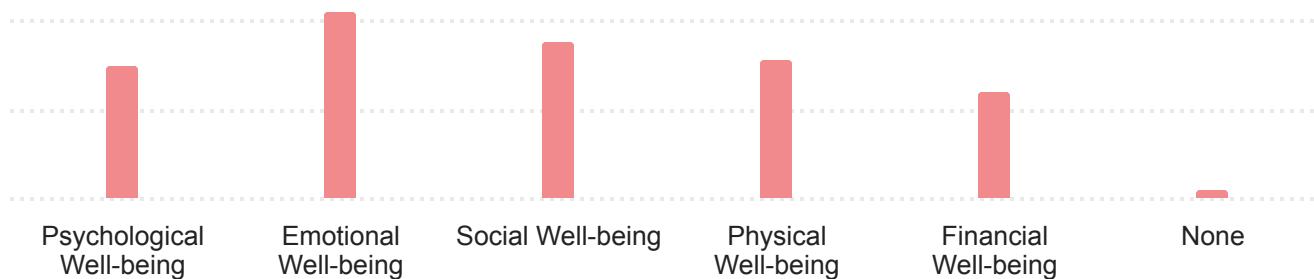
Figure M.28 - Which component(s) of your well-being have been impacted by incidents/headlines of environmental racism? (Select all that apply)

| Psychological Well-being	Emotional Well-being	Social Well-being	Physical Well-being	Financial Well-being	None
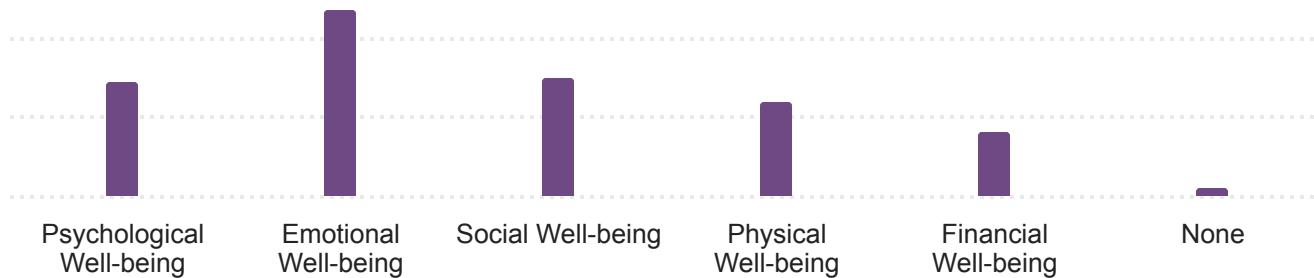
Figure M.29 - Which component(s) of your well-being have been impacted by the high rates of maternal mortality in Black women? (Select all that apply)

Psychological Well-being	Emotional Well-being	Social Well-being	Physical Well-being	Financial Well-being	None
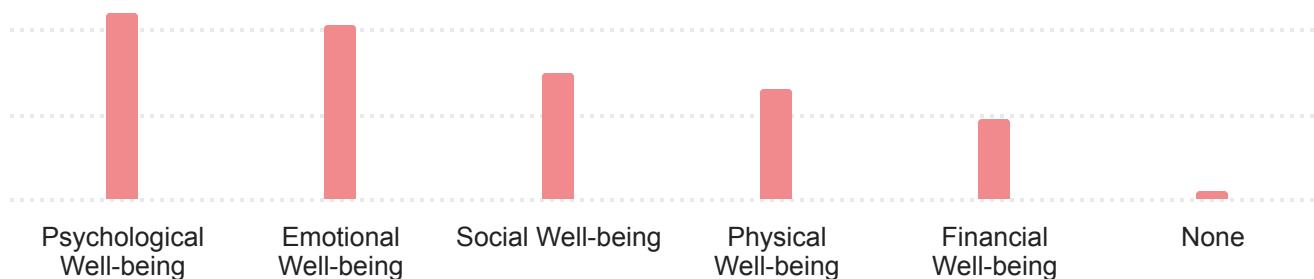
Default Question Block

Dear Black Woman,

We know you've seen the headlines, and the many reports showing that Black women generally fare worse in many health categories – like breast cancer, heart disease, maternal mortality, and others. Despite all of the evidence on these worse outcomes, to date, minimal solutions have been developed to address the specific needs of Black women.

Health In Her Hue (HIHH) reaffirms the importance of moving beyond just pointing to the disparities to developing helpful solutions. Health In Her Hue (HIHH), is a digital platform that is Black founded, Black owned, and for Black Women. Our goal with this survey is to change the narrative, and have Black women share what they want and need from healthcare. In order to do so, we ask that you amplify your voices and needs by responding to the attached survey.

You're probably wondering what we're going to do with the survey results. We are committed to using your responses to uplift and respond to the health needs of Black women. The results will be used to inform how we expand HIHH's offerings and features. We know addressing this issue is going to take much more than HIHH's platform, so we also plan to publish a report that we intend to influence healthcare policy and practices for Black women across the United States.

Trust is a core value of the Health In Her HUE team. We guarantee that your responses are confidential and will be reported in the aggregate. If you have any questions about the survey, please email us: info@healthinherhue.com

The survey is estimated to take 20-25 minutes to complete.

We really appreciate you taking the time to share your story and experiences with us!

Block 1

Tell us more about you.

How do you identify yourself?

○ I identify as Black

○ I identify as Biracial Black

○ None of the above

What is your age?

○ 18-24

○ 25-34

○ 35-44

○ 45-54

○ 55-64

○ 65+

In which state do you currently live?

⌄

What is your annual household income?

○ Under $25,000

○ $25,000 - $49,999

○ $50,000 - $74,999

○ $75,000 - $99,999

○ $100,000 - $149,999

○ $150,000 and above

○ Prefer not to disclose

How do you identify your gender?

○ I identify as a cis-woman

○ I identify as a cis-man

○ I identify as a trans woman

○ I identify as a trans man

○ I identify as nonbinary

○ I identify as gender nonconforming

○ I identify as agender

○ I identify as gender expansive

○ None of the above

Do you identify with having the lived experience of a woman or fem?

○ Yes

○ No

EndOfSurvey

Thank you for your time, but you do not meet the qualifications for this survey. If you are interested in learning more about Health In Her HUE, please visit our website.

Block 2

Thank you for agreeing to participate. Honest responses and your full attention are very important for research such as this. Do you anticipate any distraction or issue that would cause your to answers to not be the best answers you could give?

○ I will participate in good faith and will answer the questions to the best of my ability

○ I do not intend to respond honestly, or to pay attention

○ I cannot promise either way

Share your health status and interactions with the U.S. healthcare system with us.

How would you rate your current health status on a scale of 1 to 5?

○ 1 - Poor Health

○ 2 - Fair Health

○ 3 - Good Health

○ 4 - Very Good Health

○ 5 - Excellent Health

What is the biggest concern you have regarding your health ?

What is the biggest concern you have regarding your
health ?

Have you ever avoided going to a doctor or seeking health care for yourself out of concern that you would be discriminated against or treated poorly because of your race/ethnicity?

○ No

○ Unsure

○ Yes

How much of the time do you think you can trust your doctors to do what is right for you?

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

How much of the time do you think you can trust your local hospitals in your community to provide you with the best care?

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

Overall, how much of the time do you think you can trust the U.S. healthcare system to do what is right for you?

○ Always

○ Often

○ Sometimes

○ Rarely

○ Never

Please share with us your interactions, experiences, and the care you receive within the U.S. healthcare system.

How much do you agree or disagree with the following statement?

"I feel safe (the ability to be myself, raise concerns and questions) in the healthcare system in America."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I feel seen as human by the healthcare system in America."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I feel valued in my interactions within the healthcare system in America."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I am able to build a connection and relationship with my doctors and healthcare providers."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I feel I am able to discuss my health needs with my doctors."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

Block 3

Share with us your experiences, preferences, and thoughts on how your community and social networks influence your daily life and health.

How do you define community ?

[   ]

Who would you include in your social network?
We define "social network" as the interpersonal relationships, interactions, and connections you have with other individuals. (Select all that apply)

☐ Acquaintances

☐ Boss

☐ Classmate(s)

☐ Counselor(s)

☐ Coworker(s)

☐ Family member(s)

☐ Friend(s)

☐ Neighbor(s)

☐ Pet(s)

☐ Significant Other/Partner

☐ Social Media/Online Network

☐ Sorority or Social Club Members

☐ Spiritual/Faith/Church Family

☐ Teachers/Professors

☐ Your Doctors/Health care Providers

☐ [_____] Other

How important is community to you?

○ Not Important

○ Slightly Important

○ Moderately Important

○ Important

○ Very Important

To what extent do you feel seen and valued in the following settings within your community?

Use the following scale (0 = N/A, 1= Not at All Seen, 2 = Rarely

Seen, 3 = Occasionally Seen, 4 = Mostly Seen, 5 = Seen a Great Deal).

	0	1	2	3	3	4	5	
Work	○							☐
Church/Spiritual/Faith Setting	○							☐
Health Care Facility	○							☐
School/College/University	○							☐
Home with immediate or extended family	○							☐
Social Setting: Hair salon, gym, etc.	○							☐
Sorority or Social Club	○							☐
Fellowship circles (mom/parenting group, girlfriend circle, youth group, hobby interest groups, etc.)	○							☐

How much do you agree or disagree with the following statement?

"My community is an essential component to my identity."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"My connection to my community is important to me."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"The well-being of my community is more important than my own personal wellbeing."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

Do you engage in discussions on health with those in your social network?

○ No

○ Unsure

○ Yes

When it comes to making decisions regarding your health, what type of social support do you get from individuals in your social network?

(Choose as many as you like)

☐ Instrumental support – The provision of financial assistance, material goods, or services (e.g. money, labor in kind, tangible support)

☐ Informational support – The provision of advice/information/guidance

☐ Emotional support – Offering sympathy, care, concern, understanding, esteem, affection, love, trust, acceptance

☐ Appraisal support - Giving appropriate feedback to help decision-making, constructive criticism

☐ No support

☐ Other

Block 4

Share with us your perspectives and sentiments regarding significant socio-political topics and events in the U.S.

Overall, have the shootings of Black children and adults in various parts of the country had an impact on you?

○ A major negative impact

○ A minor negative impact

○ A positive impact

○ No impact

○ Don't know

Which component(s) of your well-being have been impacted by the shootings of Black children and adults in

various parts of the U.S.?

(Select all that apply)

☐ Psychological Well-being (self-acceptance, attitude toward self- purpose, and growth)

☐ Emotional Well-being (ability to practice stress management, be resilient, generate/experience positive emotions)

☐ Social Well-being (sense of belonging in local and larger community, existing with others building relationships, caring for others)

☐ Physical Well-being (ability to maintain good health, sustain healthy practices, and having energy)

☐ Financial Well-being (economic stability, job security, financial predictability, ability to make informed financial decisions)

☐ None

Overall, have the incidents/headlines of police brutality and misconduct nationwide had an impact on you?

○ A major negative impact

○ A minor negative impact

○ A positive impact

○ No impact

○ Don't know

Which component(s) of your well-being have been impacted by incidents/headlines of police brutality and

misconduct nationwide?

(Select all that apply)

☐ Psychological Well-being (self-acceptance, attitude toward self- purpose, and growth)

☐ Emotional Well-being (ability to practice stress management, be resilient, generate/experience positive emotions)

☐ Social Well-being (sense of belonging in local and larger community, existing with others building relationships, caring for others)

☐ Physical Well-being (ability to maintain good health, sustain healthy practices, and having energy)

☐ Financial Well-being (economic stability, job security, financial predictability, ability to make informed financial decisions)

☐ None

Overall, have the unequal mortality rates of the COVID-19 pandemic in the Black community had an impact on you?

○ A major negative impact

○ A minor negative impact

○ A positive impact

○ No impact

○ Don't know

Which component(s) of your well-being have been impacted by the unequal mortality rates of the COVID-19

pandemic in the Black community?

(Select all that apply)

☐ Psychological Well-being (self-acceptance, attitude toward self- purpose, and growth)

☐ Emotional Well-being (ability to practice stress management, be resilient, generate/experience positive emotions)

☐ Social Well-being (sense of belonging in local and larger community, existing with others building relationships, caring for others)

☐ Physical Well-being (ability to maintain good health, sustain healthy practices, and having energy)

☐ Financial Well-being (economic stability, job security, financial predictability, ability to make informed financial decisions)

☐ None

Overall, have incidents/headlines of environmental racism had an impact on you?

Examples: Flint, Michigan Water Crisis, increased rates of chronic and terminal illness in marginalized communities due to coal/chemical/oil refinery plants being placed in those communities, food deserts, increased incidence of asthma in marginalized communities due to higher levels of pollution, etc.

◯ A major negative impact

◯ A minor negative impact

◯ A positive impact

○ No impact

○ Don't know

Which component(s) of your well-being have been impacted by incidents/headlines of environmental racism?

(Select all that apply)

☐ Psychological Well-being (self-acceptance, attitude toward self- purpose, and growth)

☐ Emotional Well-being (ability to practice stress management, be resilient, generate/experience positive emotions)

☐ Social Well-being (sense of belonging in local and larger community, existing with others building relationships, caring for others)

☐ Physical Well-being (ability to maintain good health, sustain healthy practices, and having energy)

☐ Financial Well-being (economic stability, job security, financial predictability, ability to make informed financial decisions)

☐ None

Overall, have the headlines on the high rates of maternal mortality in Black women had an impact on you?

○ A major negative impact

○ A minor negative impact

○ A positive impact

○ No impact

○ Don't know

Which component(s) of your well-being have been impacted by the high rates of maternal mortality in Black women?

(Select all that apply)

☐ Psychological Well-being (self-acceptance, attitude toward self- purpose, and growth)

☐ Emotional Well-being (ability to practice stress management, be resilient, generate/experience positive emotions)

☐ Social Well-being (sense of belonging in local and larger community, existing with others building relationships, caring for others)

☐ Physical Well-being (ability to maintain good health, sustain healthy practices, and having energy)

☐ Financial Well-being (economic stability, job security, financial predictability, ability to make informed financial decisions)

☐ None

If you'd like to provide more context, please share more about how these news headlines and political events have impacted you.

[   ]

Block 5

Reflect on your emotional experiences and provide input that will help us support emotional wellbeing.

Pick the **TOP THREE** emotions that best represent your feelings over the last **four weeks** about being a Black woman/fem/person.

☐ Accepted

☐ Angered

☐ Anxiousness

☐ Confused

☐ Contentment

☐ Energetic

☐ Excitement

☐ Exhaustion

☐ Fear

☐ Happiness

☐ Hopeful

☐ Hurt

☐ Joyfulness

☐ Liberated

☐ Loneliness

☐ Peace

☐ Proud

☐ Sadness

☐ Shame

☐ Shock

Do you believe this is a good time or bad time to be a Black Woman in the United States?

○ Good Time

○ Bad Time

○ Neutral (Sometimes Good Time, Sometimes Bad Time)

○ No Opinion

Block 6

Share your thoughts and experiences about various aspects of your previous or current work environment.

What is your current employment status?

(Select all that apply)

☐ Employed full-time

☐ Employed part-time

☐ Self-employed

☐ Unemployed

☐ Full-time student

☐ 0-3 years retired

☐ 4+ years retired

☐ Prefer not to say

Please select the industry that most closely aligns to your current or past work.

○ Accounting and finance

○ Business services

○ Construction, Repair, and/or Maintenance

○ Education

○ Entrepreneurship

○ Government

○ Health care

○ Technology

○ Legal

○ Manufacturing

○ Non-profit section

○ Media

○ Restaurants, bars, and food service

○ Retail

○ Not Applicable

○ [   ] Other

Are you in a manager or senior leadership role?

○ No

○ Yes

How often do you experience the following statement?

"I feel isolated at work."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

How often do you experience the following statement?

"I feel supported at work."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

How often do you experience the following statement?

"I experience discrimination and bias at work."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

How often do you experience the following statement?

"I experience microaggressions at work."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

How often do you experience the following statement?

"I feel I have to be very careful about my appearance at work."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

How often do you experience the following statement?

"I feel like I can be myself at work."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

How often do you experience the following statement?

"I have to watch what I say and how I say it at work."

○ Never
○ Rarely
○ Sometimes
○ Often
○ Always

How often do you experience the following statement?

"During my routine office check-up visits, my doctors ask about my work environment and work dynamics."

○ Never
○ Rarely
○ Sometimes
○ Often
○ Always

How often do you experience the following statement?

"I openly share my work environment and dynamics with my doctors and healthcare providers."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

How often do you experience the following statement?

"I want my doctors to ask about my experiences at work."

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

Overall, has your work environment and work dynamics had an impact on you?

○ A major negative impact

○ A minor negative impact

○ A positive impact

○ No impact

○ Don't know

Which component(s) of your well-being have been impacted by work environment and work dynamics?

(Select all that apply)

☐ Psychological Well-being (self-acceptance, attitude toward self- purpose, and growth)

☐ Emotional Well-being (ability to practice stress management, be resilient, generate/experience positive emotions)

☐ Social Well-being (sense of belonging in local and larger community, existing with others building relationships, caring for others)

☐ Physical Well-being (ability to maintain good health, sustain healthy practices, and having energy)

☐ Financial Well-being (economic stability, job security, financial predictability, ability to make informed financial decisions)

☐ None

Block 7

As healthcare has evolved, many have gradually recognized the importance of different forms of medicine and healing that are steeped in culture and history.

Please answer the next set of questions based on **how you personally define healing.**

How much do you agree or disagree with the following statement?

"I believe healing is a physical experience."

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

How much do you agree or disagree with the following statement?

"I believe healing is a social experience."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I believe healing is a psychological experience."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"Healing is an individual responsibility, so I seek out my own healing."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"Healing in any form cannot occur if I still feel oppressed in society."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"Community based healing should be a part of medical health care practices."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I wish my doctors prioritized healing practices over medical treatments."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I wish my doctors balanced healing practices equally with medical services and treatments."

○ Strongly Disagree

○ Disagree

○ Neutral

○ Agree

○ Strongly Agree

How much do you agree or disagree with the following statement?

"I wish my doctors worked with traditional spiritual healers to impact my health."

○ Strongly Disagree
○ Disagree
○ Neutral
○ Agree
○ Strongly Agree

Share with us your story on what healing in healthcare would look like to you

(50 words max)

Block 8

Which of the following ethnicities do you most identify with?

○ African

○ African American/ Black American

○ Caribbean

○ Latina/o/e/x

○ Asian

○ Pacific Islander

○ South Asian

○ Indigenous

○ Middle East and Northern Africa (MENA, SWANA)

○ [   ] Other

What is your marital status?

○ Single, never married

○ Married or domestic partnership

○ Widowed

○ Divorced

○ Separated

What is your current household size (including self)?

○ 1

○ 2

○ 3

○ 4

○ 5

○ 6+

There are times individuals provide regular, unpaid care or assistance to a family member or friend who has a health condition, long-term illness or disability. This family member or friend could be an adult or a child. Sometimes assistance looks like cleaning to intensive medical/nursing or personal care. Tasks can include shopping, house cleaning, cooking, giving medications, toileting assistance, driving to appointments, and more. This can also involve emotional, financial, and social support. We define this as caregiving support."

Based on the description of caregiving provided, do you provide caregiving support to a family member or friend within or outside of your household?

○ Yes, to someone living in my household

○ Yes, to someone living outside of my household

○ Yes, to individuals both inside and outside of my household

○ No, I do not provide caregiving support to anyone inside or outside my household

Based on the previous question, what kinds of caregiving support do you provide for your family member(s) or friend(s)?

(Select all that apply)

☐ Companionship (talking, reading, keeping company, emotional support) or Supervision

☐ Transportation (driving to doctor's appointments, driving for errands)

☐ Homemaking (shopping, cleaning, preparing meals)

☐ Personal care assistance (feeding, bathing, toileting, dressing, grooming)

☐ Health care/ Medical Assistance (help with medications, wound care)

☐ Financial assistance (paying bills, managing budget)

☐ None of these activities

☐ Other

What is your current Health insurance status?

○ Insured via Employer

○ Insured via Medicaid

○ Insured via Medicare

○ Insured via self-purchase (Marketplace)

○ Insured via family member

○ Currently without health insurance

What is the highest degree or level of school you have completed?

○ No schooling completed

○ Nursery school to 8th grade

○ Some high school, no diploma

○ High school graduate, diploma or the equivalent (for example: GED)

○ Some college credit, no degree

○ Trade/technical/vocational training

○ Associate degree

○ Bachelor's Degree

○ Masters Degree

○ Doctorate Degree

○ Professional Degree

Thank you for sharing! We would love to follow up with you to share the report once it's published.

Please share your email so we can follow up with the report (we promise we will <u>NOT</u> spam you with unwanted emails!)

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