

BLACK WOMEN'S HEALTH MANIFESTO

As the UK swiftly heads towards 4th July and one of the most critical general elections of our time, the Black Women's Health Manifesto (BWHM) collective has outlined EIGHT progressive policy/action recommendations for the next government to advance inter-generational Black women's health.

The BWHM collective is an informal coalition of individuals and groups, including Black women with lived experience and expertise across different intersectional identities. These include representatives from community organisations, clinicians and researchers that are united by an ambition to co-create a shared vision and tool to guide the transformation of Black women's health and wellbeing across their life course; harnessing current relevant data, evidence and community-driven insights.

We call on the next government to go far beyond vague, unaccountable policies to clearly defining and delivering on intentional and bold commitments. Embracing the words of the American poet and activist, Maya Angelou, "as we know better, we must do better."

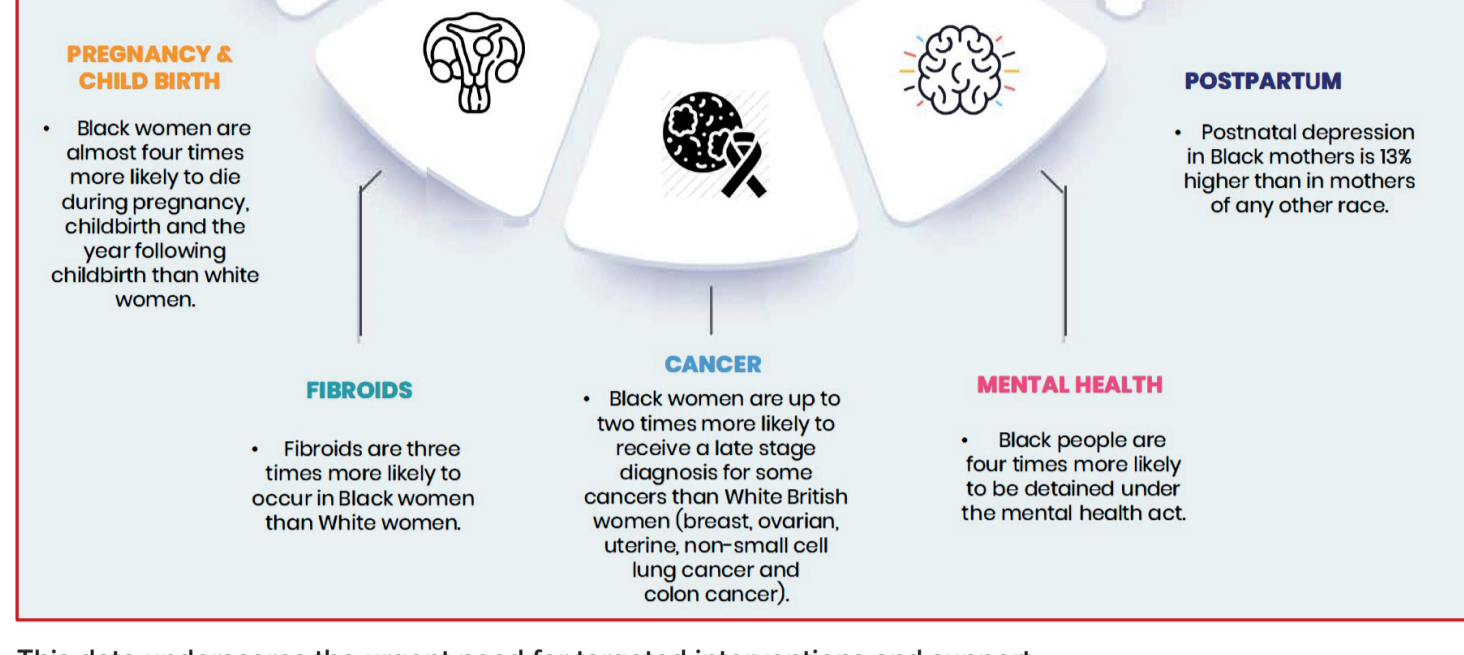
WHY DO WE NEED A BWHM?

Within the UK, there are clear and persistent inequities in relation to health, wellbeing and life chances, particularly across the axes of race, gender and socioeconomic status.

Women play a critical role in the social, economic, and political landscape of the UK. Unfortunately, despite the existence of the NHS, the UK has a distinct gender health gap; with women having worse health outcomes than men.

In the pursuit of achieving equity for women's health, it is imperative to acknowledge and address the intersecting factors of race and gender.

Black women face profoundly unique and unjust health challenges across their life course, specifically stemming from an intricate interplay of socioeconomic factors, racial discrimination, and unequal access to healthcare.



This data underscores the urgent need for targeted interventions and support.

England's Women's Health Strategy extensively described a 10-year plan to advance the health of women and clearly highlighted the disparities in health outcomes between different demographic groups as a key area of focus for future research and interventions.

However, we have had decades of academic evidence of stark inequalities and inequities, hence we need to move away from further researching the problem and towards co-creating solutions that are relatable to communities and culturally appropriate.

If we are to truly shift the dial on Black women's health in the UK, intentional, focused, responsive action with measurable outcomes is imperative.

We cannot continue to ignore racism and systemic structural patterns that have preceded, and culminated in, the inequities we see today. This action must occur within the healthcare system, across government and across wider society.

RECOMMENDATIONS

- 1** Support organisations to become anti-racist, promoting equity and social justice across in policy and practice
- 2** Develop and implement a national, cross-agency and inter-disciplinary Black women's health and wellbeing strategy
- 3** Co-develop good practice guidelines and measurable and practical Black women's health improvement frameworks for adoption by commissioners and integrated care boards
- 4** Prioritise maternal health equity for Black women
- 5** Prioritise the modernisation and reform of the Mental Health Act to optimise the access, experience and outcomes of Black women across mental health and social care services.
- 6** Develop an enhanced system to support Black women's empowerment and agency across healthcare
- 7** Allocate ring-fenced funding to research focused on Black women
- 8** Develop and incorporate education and learning on the intersection of race, gender and health into undergraduate and post-graduate education programmes and workforce learning and development programmes

We urge the next government to prioritise Black women's health and reduce preventable and unacceptable health outcomes through the following eight recommendations.

#1 Support organisations to become anti-racist, promoting equity and social justice across in policy and practice

Summary – The racism and social injustice faced by Black women is well evidenced, with Black women at the receiving end of racial discrimination, racial inequity in the workplace, micro-aggressions and less pay for the same or similar work undertaken. In addition, they are more likely to be invisible in the workplace when opportunities for career progression arise. Accelerated ageing results from racist practices and leaves Black women at greater risk of chronic stress and higher morbidity and mortality across several health indicators such as cardiovascular disease.

We call for public institutions and those procured to deliver services from the public purse to enact a review of all policies to ensure that they are anti-racist and that from floor to board, all staff providing services have undergone training and education and embedded anti-racist practice, which is monitored and managed through annual appraisal processes.

We call for all public institutions, and any that are commissioned to provide public services, to review all existing policies and ensure that they are anti-racist. Anti-racist practice should be monitored and managed through annual appraisal processes.

We call for all public organisations, and any that are contracted to deliver services or research with resources commissioned by government, to undertake mandatory approved anti-racist education and training programmes. This will include all staff from board to floor.

We call for all agencies commissioned to provide services and engage the public using government resources, to host organisational activities and allocate resources including equality, diversity and inclusion teams that hold the power to support the cultural and environmental transition to becoming anti-racist - i.e. hosting conferences, workshops.

#2 Develop and implement a national, cross-agency and inter-disciplinary Black women's health and wellbeing strategy

Summary – For the Women's Health Strategy to be effective, sustainable and inclusive, it should include the needs of all women. Black women face some of the worst health outcomes and are disproportionately at higher risk of multiple morbidities (two or more long-term conditions) across the life course. Co-creating, co-designing and co-implementing a plan of action with Black women will be more effective and will help to achieve the overall aim of addressing the inequalities persisting across health for Black women. We call on the government to put into place robust accountability structures and adequate sustainable resources across departments and multi-agencies so that culturally focused initiatives and targets for prevention (Cardiovascular disease / diabetes / cancers / mental health), screening, diagnosis, treatment, mental wellbeing, safeguarding and holistic care can be set to close the Black women's health gap within a decade. These interventions should be co-prioritised with Black women.

We call on the government to ensure that new outcomes effectively measure and authentically incorporate Black women's experiences and satisfaction across care settings. It is important that the actions to reduce health disparities optimise Black women's health literacy and adopt evidence-based behaviour-change initiatives / technology to advance health outcomes.

We call for the update and refinement of NHS guidelines and national policy to incorporate a Black women's lens in all policies; such as policies that support paid leave for women who experience miscarriage, women with lupus and other debilitating, often unseen. Such conditions should be given equity in relation to disability status, and women with sickle cell disease should be granted access to free prescriptions in order to manage their condition.

#3 Co-develop good practice guidelines and measurable and practical Black women's health improvement frameworks for adoption by commissioners and integrated care boards

Summary – We endorse the implementation and evaluation of a co-created and co-developed Black Women's Framework that provides a blueprint guide for Integrated Care Boards to set goals and actions for transforming the care given to Black women.

We call on the government to enhance the public health infrastructure by restoring the public health grant to its 2015 level, with an annual £1 billion boost as supported by the Health Foundation, with ring-fenced funding for Black women's health and wellbeing in each Integrated Care Board.

#4 Prioritise maternal health equity for Black women

Summary – Extend the wider determinants of health to include social factors such as racial trauma and discrimination, which are implicated in the reality that Black and mixed-race women remain at disproportionately high risk of maternal mortality compared to White women. Black women are at a higher risk of miscarriage and pre-term birth. They are also more likely to suffer from more serious pregnancy complications and their babies are more likely to die in the first year of delivery.

We call on the government, policy makers and public health practitioners to support tailored community and healthcare-based initiatives. This support should enable Black women to have access to person-centred prenatal, maternity, and postpartum care that is high-quality, respectful, culturally appropriate and psychologically safe, to ensure Black women have healthy pregnancies and healthy children.

We call on the government to set targets to close the maternal mortality gap and to apply penalties for providers that fail to achieve the targets set.

#5 Prioritise the modernisation and reform of the Mental Health Act to optimise the access, experience and outcomes of Black women across mental health and social care services.

Summary – Black women are more likely to be exposed to poor mental health, which has often been imposed upon them by unjust historic, systemic and institutional systems. Despite this, the recent attempts to reform the Mental Health Act have failed and, Black women are still four times more likely to be detained, 11 times more likely to be given a community treatment order and more likely to encounter police involvement in their mental health diagnosis.

We call on the government to reform the outdated Mental Health Act, which does not consider the intersectional experiences of Black women and does not recognise the historical trauma brought about by the intergenerational trauma of oppression and subjugation.

#6 Develop an enhanced system to support Black women's empowerment and agency across healthcare

Summary – Black women repeatedly describe their experiences of not feeling heard, believed, and protected within their interactions with the health and social care system.

We call on the government to spearhead tailored initiatives to ensure that Black women are aware of their rights and that healthcare providers fulfil their responsibilities.

These include:

- Establishing improved culturally sensitive systems for feedback and complaints across health and social care; particularly maternity services
- Putting in place inclusive health champions and peers across healthcare – Primary, secondary, and community to support care navigation and advocacy
- Scaling up advocacy for:
 - undocumented immigrants and those affected by 'hostile environment' policies
 - those in custody of the criminal justice system
 - those in other systems such as fostering
 - those with intersectional health needs, e.g. birthing people from the LGBTQ+ communities, those living with disabilities (visible and invisible)

#7 Allocate ring-fenced funding for research focused on Black women

Summary – There is an evidence base that highlights the health conditions which affect Black women disproportionately across the life course; however, there is a dearth of research to explain the reasons for these disparities. More studies must be carried out and more progress made in relation to the evidence for worse mortality and morbidity rates spanning a range of health outcomes for Black women. In order for Black people to be involved, the work needs to be co-led and co-delivered by Black women.

We call for the government to actively address the lack of representation in research applications – pertaining not only to Black women, but also background – for example, those from academic / community based / allied health backgrounds.

Key actions include:

- Prioritise inclusion of Black women in clinical trials to better inform research and understand health disparities, including higher incidence and mortality rates from chronic conditions.
- Mandate investment into research on conditions which disproportionately affect Black women, e.g. women's mid-life health; menopause and beyond, particularly in regard to the impact of the menopause, its early onset and heightened symptoms experienced by Black women. Other health issues known to have an acute impact on Black women, including fibroids, endometriosis, breast cancer, gynaecological cancers and infertility also necessitate further investigation.
- Carry out an annual healthcare experience survey for Black women / longitudinal UK Black women's health study.
- Support the translation of research advancements into improved health outcomes for Black women.

#8 Develop and incorporate education and learning on the intersection of race, gender and health into undergraduate and post-graduate education programmes and workforce learning and development programmes.

Summary – Across the UK, we do not have mandated education and training for doctors, nurses, pharmacists, allied health professionals, social workers, housing professionals, education professionals and local authorities which incorporates learning on race, gender and health.

Equity, Diversity and Inclusion (EDI) training across health providers are insufficient to ensure that providers develop appropriate policies and deliver culturally safe care on the intersection of race, gender and health for Black women.

We call on the government to mandate culturally safe education and training programmes co-designed with Black women that is endorsed by vanguards, Integrated Care Boards leaders and leaders across NHS England, Department of Health, Health Education England.

ACKNOWLEDGEMENTS

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We would also like to thank all of the women who shared their views and perspectives across the different workshops. These include voices from the CAHN International Women's Day breakout session and the London Inspire Black Health Inequalities Summit. We heard from hundreds of Black women during these workshops.

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