



Black Women's Health Forum

Panel Discussions: Black Maternal Health, Clinical Trials, and Racism and Weathering

This document serves as a companion guide to the discussion panels at the Black Women's Health Forum, hosted by Black Women's Health Imperative and moderated by Crystal P. Tyler, Rhia Ventures Chief Health Officer.

Panel 1: Black Maternal Health

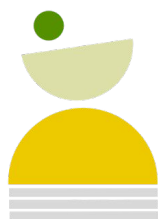
- Understand social and historical factors that contribute to U.S. Black maternal health disparities.
- Review community-based models, such as midwifery and doula care, can enhance prenatal, birthing, and postpartum experiences for birthing people of color.
- Discuss the role of advocacy and policy change in improving maternal health outcomes and identify actionable steps to influence policy and public perception, especially in the context of the upcoming presidential election.

Historical and Social Factors

- The legacy of slavery, racism, and systemic oppression has created longstanding inequities and barriers to care for Black Americans.
- Black birthing people are more likely to experience poverty, lack access to quality prenatal care, and reside in underserved communities with fewer healthcare resources.
- Studies have shown that Black women's pain and concerns are often dismissed or undertreated by medical professionals due to implicit biases and racism.
- There are demonstrated inequities in access to quality family planning services, prenatal care, and reproductive health education, which contribute to racial disparities in health outcomes.

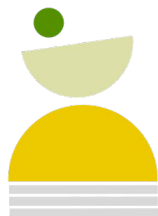
Value of Community-Based Models

- When midwives and doulas are from the same community they serve, they have an opportunity to provide culturally competent care that respects and incorporates the traditions, values, and preferences of the community.
- Community-based models promote continuity of care throughout the prenatal, birthing, and postpartum periods, building trust and strong patient-provider relationships, which is linked to improved maternal health outcomes..
- Doulas and midwives act as advocates, empowering birthing people of color to have more agency and voice in their care experiences.
- Community-based providers deeply understand the unique challenges and disparities facing birthing people of color and can help navigate systemic barriers to equitable care.



Policy, Advocacy, and Influence to Impact Maternal Health Outcomes

- Robust advocacy efforts are crucial for raising awareness about the maternal health crisis – particularly the disproportionate impacts on birthing people of color – and putting pressure on policymakers to take action.
- Policy changes like expanded Medicaid coverage for pregnancy and postpartum care, requirements for hospitals/states to provide data on maternal outcomes, and increased funding for research could significantly improve outcomes.
- Narrative change and influence through media campaigns, celebrity/influencer involvement, and grassroots organizing can build political will for maternal health reform.
- Specific actions like voter education, phone banking, and lobbying elected officials at all levels of government can help translate public awareness into policy change.





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Panel 2: Clinical Trials

- Explore historical reasons for clinical trial mistrust among Black communities (Tuskegee, forced surgeries, etc.)
- Examine current barriers to participation (lack of diversity among researchers, transportation issues, safety concerns, etc.)
- Discuss health impacts of lack of representation of Black women in clinical trials.
- Explore current efforts by the medical/research community to rebuild trust, increase diversity in trials, and drive more inclusive research benefitting Black health.
- Identify priority clinical trials and key opportunities for Black women to increase participation in order to improve preventative care and treatments for conditions disproportionately affecting this population.

Clinical Trial Mistrust: Historical Context

- History of Unethical Experimentation - During the 19th and 20th centuries, many unethical experiments were conducted on Black Americans without consent, including surgical experiments, exposure to diseases, and testing of drugs and contraceptives.
- Forced Sterilizations - Many Black women, especially in the South, were forcibly sterilized against their will in the 20th century under racist eugenic policies aimed at limiting reproduction.
- Racial Discrimination in Healthcare - long standing racial discrimination, segregation, and inequality in accessing quality healthcare in the U.S. has fostered mistrust of medical institutions among Black communities.

Barriers to Clinical Trial Participation

- Lack of diversity among researchers and clinical trial staff, leading to mistrust and communication barriers between participants and research teams.
- Transportation issues and logistical challenges, as many clinical trial sites are located far from predominantly Black neighborhoods, making access difficult for those without reliable transportation.
- Safety concerns and historical trauma from unethical medical experimentation on Black communities (e.g. Tuskegee syphilis study), contributing to distrust of the medical system.
- Socioeconomic factors like poverty, lack of insurance coverage, childcare responsibilities, and inflexible work schedules that make it harder to commit time to participating in trials.



Health Impacts of Exclusion from Clinical Trials

- Medications and treatments may be less effective or have different side effect profiles when not properly tested on diverse populations like Black women due to genetic and biological differences.
- Health disparities and inequities may be exacerbated if clinical data does not capture how conditions manifest or how interventions perform in Black female patients.
- Lack of diversity in trials means medical knowledge may overlook unique risk factors, symptoms, or disease progression patterns present in Black women for various conditions.
- Exclusion from trials denies Black women the potential benefits of early access to new experimental therapies and prevents their health needs from being adequately studied.

Current Efforts to Rebuild Trust

- Researchers should focus on building community partnerships and engaging trusted leaders, clinicians, and organizations within Black communities to raise awareness and invite discussion about clinical trial participation.
- Similar to community-based models in doula and midwifery care, there should be an intentional focus on racial and ethnic diversity among research staff, as well as cultural competency training among researchers to foster trust and improve communication with potential Black participants.
- Locating clinical trial sites in more accessible community spaces like churches, clinics, and neighborhoods with larger Black populations to reduce transportation barriers.
- Supporting more research and data collection focused specifically on health disparities and risk factors impacting Black women across disease areas, including advocating for federal funding.

Priority Clinical Trials/Key Areas for Improvement

- Clinical trials for new drugs/therapies targeting conditions with high prevalence in Black women like obesity, diabetes, hypertension, certain cancers, and maternal health complications.
- Trials evaluating preventative interventions and screening approaches tailored to genetic/biological factors and barriers faced by Black women for diseases like breast cancer.
- Participation in large genomic research studies and biobanks to grow understanding of how genetics/biology interact with social determinants for Black female health.

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Panel 3: Racism and Weathering

- Understand the concept of "weathering" and its impact on the physical and mental health of Black women.
- Explore how racism manifests and contributes to negative outcomes in various aspects of life, such as birth outcomes, work environments, and communities, for Black women.
- Recognize the unique challenges and pressures faced by Black women, including the expectation to "be all things to all people," and how these factors can affect their overall well-being.
- Identify strategies and approaches for Black women to prioritize joy, healing, and mental health in their lives and for future generations, including the role of employers, community leaders, healthcare providers, and personal support systems.

What is Weathering?

- **Weathering** is a concept introduced by public health researcher Arline Geronimus to describe the cumulative effects of chronic stress caused by racism and discrimination on the mental and physical health of Black individuals- particularly Black women.
- This phenomenon suggests that the health of Black women may begin to deteriorate at earlier ages compared to their white counterparts due to constant exposure to social and economic adversity.
- Weathering can impact physical and mental health by: accelerating the aging process, increasing inflammation and risk of chronic diseases, increasing rates of maternal mortality and morbidity, and elevating stress levels and exacerbating mental health concerns.

Manifestations and Impacts of Racism on Black Women's Lives

- Higher rates of maternal mortality and chronic health conditions associated with chronic stress lead to health disparities and adverse birth outcomes for Black women.
- Workplace discrimination (e.g. microaggressions, limited career advancement, and pay gaps).
- Community-level issues like neighborhood segregation, environmental racism, and limited access to high-quality resources (healthcare, grocery stores, education, etc.)
- Economic disparities resulting from hiring discrimination, limited access to capital, and cumulative effects of historical policies.

Unique Challenges Faced by Black Women

- Black Women often face pressure to be “all things to all people”, which can lead to neglecting one’s own needs and wants and unrealistic expectations of resilience.
- Intersecting forms of race and gender discrimination create compounded stressors in various life domains.
- Pressure to be exceptional in order to overcome systemic barriers, while balancing cultural expectations with personal aspirations.
- Emotional labor of navigating both racism and sexism, often while carrying the burden of advocacy for their communities.

Strategies for Black Women to Prioritize Joy, Healing, and Mental Health

- Personal practices: engaging in self-care, boundary-setting, culturally competent therapy, cultivating supportive community connections
- Workplace initiatives: Implementing DEI programs (with accountability goals and trackable metrics of success), offering mentorship opportunities and mental health support tailored to Black Women’s specific experiences.
- Community support: wellness programming, fostering opportunities for intergenerational connection, creating intentional narrative shifting (and shifting of harmful narratives) of Black women in media and culture.
- Improvement of healthcare systems: Addressing implicit bias in medical settings, implementation of culturally-competent and responsive care practices, and advocating for research focused on medical issues that disproportionately affect Black women.

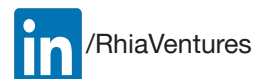
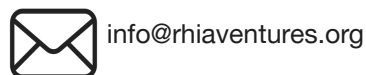


Speakers:

Moderator, Dr. Crystal P. Tyler, Rhia Ventures brings over 15 years of experience advancing reproductive and maternal health equity. As the Chief Health Officer at Rhia Ventures, she translates the needs of the women and birthing people most affected by systemic inequity into programming that fosters equitable reproductive health products and services. Most recently, Crystal served as the Executive Director of Ci3 at the University of Chicago, a research center addressing the social and structural determinants of adolescent reproductive health and well-being through design, storytelling, play, and policy change.

Panel 1: Black Maternal Health

- **Marlee-I Mystic** is a San Francisco native and certified sound practitioner who brings holistic wellness through education and spiritual guidance. As a doula, Marlee-I specializes in supporting the mother-child journey through prenatal education, natural birthing, and postnatal care via Mystic Mothering services.
- **Kaiayo Shatteen** is an Apprentice Midwife and Perinatal & Postpartum Consultant dedicated to improving birth outcomes for BIPOC and LGBTQIA communities. Kaiayo creates herbal body products and facilitates Childbirth Education Classes for Black Birthing People with Alameda County Public Health Department.
- **Dantia Hudson** is a birth/postpartum doula, breastfeeding educator, childbirth educator, and yoga instructor. Dantia's expertise spans research publications, health behavior analysis, and focuses on health disparities, program design, and reproductive health.
- **Jyeshtha Wren Isis** is a full scope midwife with Alameda Health System and founder/program director of BElovedBIRTH Black Centering. A UCSF Nurse-Midwife/Women's Health Nurse Practitioner graduate, Jyeshtha focuses on birth justice, racism-based birth outcome disparities, and serving marginalized communities of color.





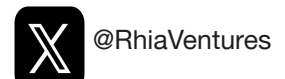
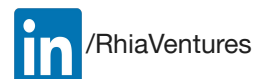
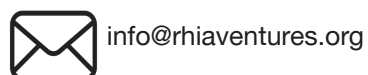
Speakers:

Panel 2: Clinical Trials

- [Nada Hanafi](#) is a Life Sciences and MedTech leader with over 22 years of experience, including 12 years at FDA as Senior Science Health Advisor. As founder of MedTech Strategy Advisors and co-founder of MedTech Color, she focuses on regulatory strategy and advancing representation of people of color in the medical technology industry.
- [Dr. Stacey Hunt](#) is a dermatologist and president of Sinkler-Miller Medical Association. At The Permanente Medical Group, she serves as Regional Medical Director for both the Skin of Color Clinic and Health Equity initiatives in Medical Specialties, focusing on addressing healthcare disparities.
- [Dr. Candice Thompson](#) is a surgical oncologist and clinical assistant professor at Stanford University School of Medicine, where she serves as Medical Director for the Office of Cancer Health Equity. Fellowship-trained at Stanford and specialized in oncoplastic techniques, she focuses on breast cancer treatment and research, with particular interest in addressing healthcare disparities in the Black community.

Panel 3: Racism and Weathering

- [Dr. Kanika Harris](#) is a behavioral health scientist and director of maternal and child health at the Black Women's Health Imperative. A mother of three and doula, she serves as Maryland's maternal health equity advisor and DC's lactation commission expert. She's currently co-directing "Listen to Me," a documentary on Black maternal health and racism in American healthcare, funded by Black Public Media.
- [Brandi Howard](#) is president and CEO of East Bay Community Foundation, leading their work on inclusion and racial justice in Alameda and Contra Costa counties. A third-generation Oaklander and former doula, she previously served as chief of staff at San Francisco Foundation and led public health initiatives in NYC. She is also a lecturer, consultant, and mother of four who brings her commitment to racial equity and community-centered leadership to transform outcomes in the East Bay.
- [Tenesha Duncan](#) is the founder and CEO of Orchid Capital Collective, where she directs funding for community-driven reproductive care initiatives. With over a decade in reproductive health and justice, she combines expertise in direct service, care improvement, and venture capital to advance reproductive and economic justice.





[Black Women's Health Imperative](#) is the first non profit organization created by Black women to help protect and advance the health and wellness of Black women and girls. BWHI believes in and recognizes the humanity of all women and girls across the spectrum of gender identity and sexual orientation. BWHI believes that the audacity and love of womanhood and girlhood are expansive, encompassing, and whole, and they create space for all those who identify as women or girls. BWHI stands with our partners and our community in embracing the breadth of experiences and language in acknowledging womanhood, including those who are transgender, nonbinary, gender fluid, and birthing people irrespective of their biological or assigned sex at birth. At the heart of their advocacy is the recognition of commonality—be it cultural, social, or historical experiences—that binds women and girls together. BWHI understands the importance of context and celebrates the diverse ways in which individuals interact with and express their identity as women.

[Rhia Ventures](#) is a women-led nonprofit seeking to advance reproductive and maternal health equity by intentionally leveraging capital to center the needs, experiences, and perspectives of historically marginalized people in decision-making. The Rhia Ventures [Ecosystem Building](#) program supports early-stage reproductive and maternal health entrepreneurs and investors with building and growing in a way that incorporates a health equity lens and a culture of impact management and measurement.

