

designed to engage and empower African American women across the socioeconomic spectrum of our community to live healthier lives – body and mind.

our mission

To lead the efforts to eliminate racial and ethnic health disparities in Greater Cincinnati through advocacy, education, and community outreach.



The mission of the Black Women's Health Movement (BWHM) is the same as the Heath Gap's.





what we did

- Conducted a national, state and local research and literature review examining:
 - Women's health issues and initiatives
 - Black women's health issues and initiatives
 - Prevalent health diseases within the African American community
 - Socioeconomic impacts on health in general and among African American families
 - African American habits and practices relating to health
 - Mental health issues and initiatives among women, Black women, and African Americans in general































what we did continued

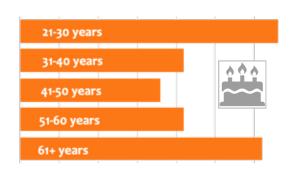
- Conducted qualitative and quantitative research among 114
 Black women in Cincinnati, across socioeconomic factors.
 - Nine Focus Group discussions with with an average of seven women per group
 - In-depth interviews with 17 women
 - Quantitative surveys in-person and online

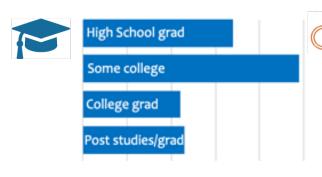
neighborhoods &

Avondale . Bond Hill . Colerain . College Hill . Columbia Tusculum . Covington .

municipalities represented

Evanston . Fairfield . Golf Manor . Kennedy
Heights . Lincoln Heights . Madisonville .
Mt. Airy . Mt. Auburn . Mt. Healthy . North
Avondale . North College Hill . Northside
OTR . Price Hill . Roselawn . Sharonville
Springfield . Walnut Hills . West End
Westwood . Wyoming













- Initial focus groups
- Analysis and ideation
- Perspective from thought leaders
- Literature review
- In-depth qualitative interviews
- More perspective from thought leaders
- Evolvement committee meetings
- Additional perspective with community leaders







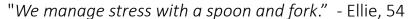


- Most of the women in our research know or assume there are health disparities
 between White and Black Americans, but talking about disparities is not a source of motivation.
- Socioeconomics divide, but Black women know they face the same issues despite income and education levels.



what we learned

1. Black women want to live healthier lives.





- The women in our research know they should and need to "do better" but admit eating as usual (less healthy) is the default.
 - There is an attitude of *I deserve this* with food. Food is a reward, in
 addition to being a source of
 replenishment.

"Black women die of preventable diseases every year because we refuse to recognize that convenience and unhealthy foods ruins our body and ultimately shortens our lifespan."

- Donna, age 47



what we learned

1. Black women want to live healthier lives.

National research studies in 2011 and 2015 found:

- More than 60% of African American adults do not meet recommendations for moderate physical activity.
 - 67% agree exercising is important
 - 56% agree overweight increases disease risks
 - 85% agree on necessity of exercise and health
- Reported barriers are similar to local barriers: time, motivation, fatigue, not being sure how much activity is enough, and hair (ruining style).







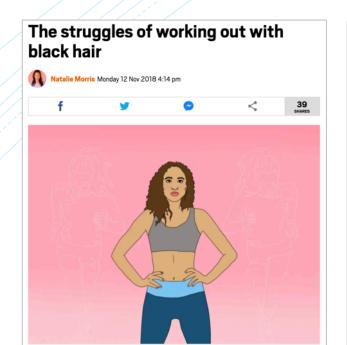
"We tend to want to do better, we just don't know how [to start, to find the time, to be consistent, to not let other things get in the way]."

- Karen, 29











HOME - HAIR

9 Hairstyles for The Gym and Women With Natural Hair





Hair Is A Major Obstacle To Exercise For Black Women — But We Ran A 10K Anyway

ARIANNA DAVIS, CHANNING HARGROVE AUGUST 21, 2018, 10:00 AM









by Asia Millia Ware | 13 December 2018





About 40 percent of Black women avoid exercising because of their hair — and the two of us are among them. For many Black women, the costs and time associated with style upkeep is an ever-looming excuse to avoid the gym. But this March, while training for a 10K, we challenged ourselves to find hair solutions that would allow us to run on the regular, putting our exercise routine before our grooming rituals for a change.





- 2. For the majority of the women we talked to, physical health is measured by the absence or how well major diseases are managed (high blood pressure, high cholesterol, diabetes, etc.).
 - Feeling healthy and the ability to function without hinderance = healthy.
 - Nationally, 51% of adult African Americans agree it is possible to be overweight and healthy (41% don't).





The most concerning health issues that emerged during our research are in line with the top 3. national health issues and disparities.



DIABETES mortality per 100,000 black women 32.2 white women 14.9



MENTAL HEALTH 50% fewer blacks receive treatment & prescription drugs



incidence similar. mortality rate per 100,000 black women 30 white women 22.5 (OH 30.8 v 20.8)

BREAST CANCER



US 39.8% black 46.8%, white 37.9%

OBESITY

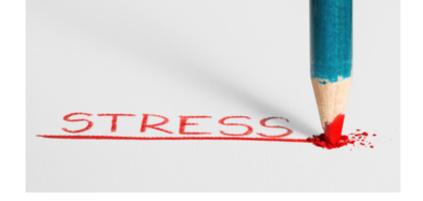


HEART DISEASE mortality per 100,000 black women 277.4 white women 200.5



MATERNAL mortality per 100,000 live births black women 42.8 white women 13





4. All agreed that all women overall face a multitude of life stressors that affect their health; and they believe that stress is a *major* health issue and risk for Black women.



"I hate having to think about if it's racism or just rudeness. I have to check with my family – am I tripping or is this real?"
- Kelly, age 34

 Being marginalized, dealing with racial, gender microaggressions and instances of overt racism negatively impact selfesteem and causes significant stress overtime.

"Racism is a part of life. I try not to let discourage it me. It won't stop me."
- Paula, 61



13 HEALTH GAP



- The women noted a common tendency across generations to have a "lack of regard for self" due to trying to balance the responsibilities within their many social roles. Often leading to:
 - acceptance of poor personal relationships
 - discomfort with ethnicity/racial identity
 - poor self-concept
 - lack of resources to adequately take care of personal and family responsibilities
 - constantly striving to be the "strong one" in the family who takes care of everyone
 - a sense of being overwhelmed by life demands.





- 5. The stigma of mental health in the Black community is prevalent, but getting better.
 - Many believe mental health counseling has merit and would recommend it for others, but it's not necessarily for herself.
 "I will figure it out."



"I wish we could make it more acceptable to talk about this and seek help and care." - BST, age 32

US OFFICE OF MINORITY HEALTH MENTAL HEALTH

- African Americans are 20% more likely to experience serious mental health problems than the general population.
- The rate of African-American adults who receive treatment/counseling is half the rate of White adults (including psychotropic prescription medications).
- Most low-income African-Americans who suffer from mental health issues only access treatment when they are incarnated, hospitalized or homeless.



- 6. Across age groups and socioeconomic factors, help is needed to navigate healthcare barriers.
 - Many report feeling disconnected, not listened to or/and dismissed at doctor's offices.
 - Want relevant information from trusted, community-verified sources.
 - Most know they need to own their healthcare; it is sometimes difficult to balance being direct and avoiding the perception of 'the angry Black woman' stereotype.
 - Faces of color are often preferred, but culturally competent practitioners are more than sufficient.



"I have a good OB/GYN female doctor (white, young) that I like. I would prefer to have a black female OB/GYN, but they are hard to find and get into, especially with my insurance." – Mila, 46

"I know I represent all of us in their eyes. So, I try not be that person or make that stigma a reality." - Jaime, 37





7. Focusing on Black women is focusing on African American families.

 Healthcare, homecare, food shopping and preparation, childcare are typically the responsibility of mother in both single and two-parent families.







designed to engage and empower African American women across the socioeconomic spectrum of our community to live healthier lives — body and mind.

The core values for BWHM are the same for all Health Gap initiatives.

Meet people where they are

Recognize people want to do better

Promote a judgementfree environment

Offer relevant programming supported by community partners

Create and maintain a community health dialogue



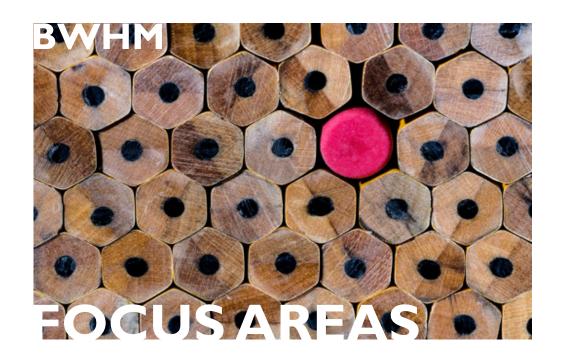
Measure outcomes

Utilize Evidence-Based best practices and seek expert input

Be inclusive – across socioeconomic spectrum, generations, life stages

Reimagine the wheel; learn from other programs around country















TH

PHYSICAL HEALTH

Living with Chronic Disease

- o Diabetes
- Breast Cancer
- o High Blood Pressure/Heart Disease
- o Reproductive Health
- Maternal Health

Eating Your Way

- o In the Kitchen Circles
- Eating Mindfully

Move Your Way

- o Neighborhood Walking Groups
- o Partnerships with area exercise centers
- Expert plan designed for you

Greater Cincinnati Greenbook
Community Resource Guide



Restore & Uplift

- o Together We Rise Group
- My Half of the Relationship
- o Within my Control
- Reclaiming Me [sexual abuse]
- o The Weight of My Weight
- Self-Care without Sacrifice





- Do More with your Finances
- Supporting AA businesses
- Negotiation skills at Work
- Financial Basics for Adolescents/ Young
 Adults

- Systematic/Institutional Navigation & Action
 Supporting AA businesses
- o Real Options After High School
- Mentorships
- The Arts Telling our Story



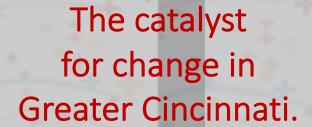








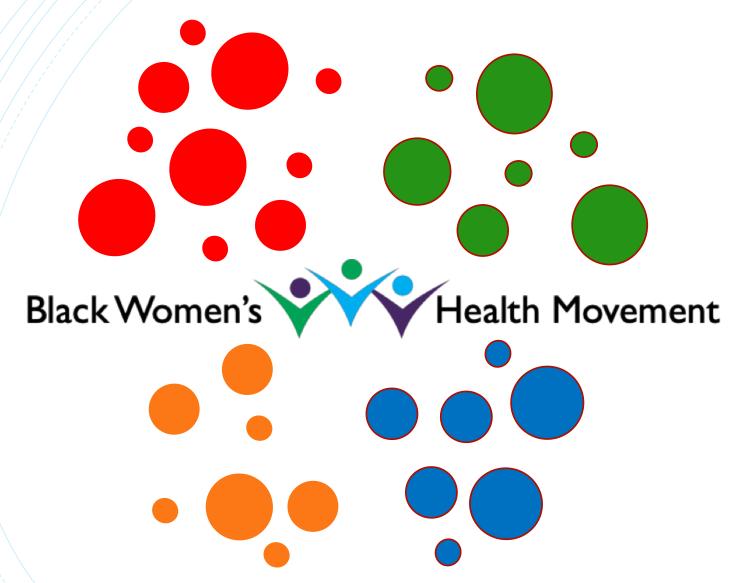




Our experience impacting over 365,000 people regional uniquely enables us to mobilize this movement of individuals, organizations, businesses and providers.



Goal: Realize our potential.



Claudia Abercrombie Nadine Allen Daphne Baines Karen Bankston Karen Bankston Annette Bell Allie Bickett Janine Boyd JUANITA Brent Dr. Latonya Brown-Puryear Dr. Kathy Burlew Stephanie Byrd Erica C. Crawley Angela Crew Dr. Nzingha Dalila Faith Daniels Twinkle Dawson Kersha Deibel Tamaya Dennard Sedrick Denson Dr. Estrilita Dixon Powell Jasmine Drever Nikki Drye Dianne Ebbs Yvonne Edmonds-West Melanie Ervin-Denson

Celeste Greece Lauren Hardin Renee Harris Ruby Hemphill Reva Henderson Paula Hicks-Hudson Valda Hilton Stephanie Howse Catherine D. Ingram Stephanie Jackson Olivia James Mina Jefferson Shelly Jefferson Halmer Andrea Johnson Andrea Johnson Lesley Jones **Ebony Jones Lesley Jones** Diane Jordan Bernadine Kennedy Kent **Eloide Killins** Christie Kuhns Paula Lampley Jenny Laster Jan Michele Lemon Kearney Kathye Lewis **Ebony Lynn** Robyn Mahaffey Canyse Martin Kim Miginnis Laura Mitchell

Melba Moore

Dr. Lisa Newton Meeka Owens Morgan Owens Tia Patterson Kelli Prather Alicia Reese Daphne Robinson Jasmine Ruff Annie Ruth Keizayla Sambro Toni Selvy-Maddox **Yvette Simpson** Traci Sippel Phyllis Sloan Meredith Smith **Bonita Smith** Margo Springs Trazana Staples Victoria Straughn **Emilia Strong Sykes** Alicia Townsead Janaya Trotter Daniyiel Walker Carol Walker Jamilia Walker Vanessa White Arnetta Whitehead Verna Williams Elaysha Wright Kathy Wright Cathy Wright Kim Yates

Cathy Young

a special thank you





Ashley FORTE

Tavia Galonski Jessica Gassett

Jill Gassett

Anna Ghee

Yvonne Gray



Text BWHM to # 33777 then follow the instructions!





JANUARY

△ Emailing individuals and organizations to provide ways to engage.

FEBRUARY/MARCH

- Meetings of the Minds
 - Mindful Health 2/29/2020
- Physical Health 3/7/2020
- Economic Health 3/14/2020
- Community Health 3/21/2020
- △ BWHM Symposium date and location forthcoming.







WHICH ARE YOU MOST PASSIONATE ABOUT? & WHY?











work to do

Define consistent and simple, measures and protocols across movement elements to gauge how we are moving the needle to improve the quality of lives – body and mind.





What does do better mean?

- 1. Preparing foods with less fat and salt, and flavor
- 2. Exercising in way that fits her lifestyle and her spirit
- 3. Regular medical health assessment with the right practitioners
- 4. Redefine our social networks
- 5. Having the time, mindspace and resources (*financial means, adequate health coverage) to do 1-4.

"We tend to want to do better, we just don't know how." Krystal, 29 yrs. old

*The significant disparity in income of AA women inherently influences food choices and increases the subsequent risk of chronic disease morbidity and mortality.



sources

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