

Reducing Barriers to Care in Black Communities

Planned Parenthood's mission is to ensure that all people have access to high-quality, affordable health care, no matter their ZIP code, race, income, insurance, sexual orientation, gender identity, disability, or immigration status.

Studies have shown that a lifetime of systemic discrimination takes a significant toll on the health of Black people. A long history of anti-Black racism, inequities in economic, educational, and health resources, and targeting of Black communities by law enforcement and the criminal justice system have created health disparities that threaten the well-being of many Black people. These inequities can be worse for those who also face the added barriers of sexism, xenophobia, homophobia, transphobia, ableism, and classism.

The preventive health care services that Planned Parenthood provides – including contraception, prenatal care, breast and cervical cancer screenings, annual exams, and STI testing and treatment – can help to close the following health disparities and create positive health outcomes for our patients:

Breast Cancer: The breast cancer death rate in the U.S. is 40 percent higher for Black women than White women.¹ Planned Parenthood provides breast cancer screenings and helps patients access treatment. Without access to this care, racial disparities in breast cancer rates could persist or even widen.

Family Planning: Though rates of unintended pregnancies have dropped significantly overall in the last 30 years, Black women are still roughly twice as likely to experience an unintended pregnancy

as White women.² Access to contraception helps people prevent unintended pregnancies, plan their families, and improve their health. Planned Parenthood provides contraception to 244,000 Black female patients each year.

Disability: Black people with disabilities may experience the additional barriers of ableism, medical discrimination, and financial constraints when it comes to seeking sexual and reproductive health care. Lack of accessibility and accommodations can also significantly reduce access to health care for people with disabilities. Through online appointments, telemedicine, the Chat/Text program, and other options for receiving care, Planned Parenthood is committed to providing full, accurate, and accessible health care, regardless of disability status.

Health Insurance: Because of present-day and historical barriers rooted in racism, Black people in the United States are more likely to have low incomes³ and more likely to be uninsured⁴ or rely on federally funded programs,⁵ like Medicaid or Title X, to access reproductive health care. Planned Parenthood is proud to provide care through public insurance programs to help bridge this gap in access, and we will continue to fight to protect and expand access to these programs.

HIV/AIDS: By the end of 2015, African American women comprised 59 percent of women living with HIV in the United States,⁶ and Black gay and bisexual men as well as other men who have sex with men (MSM) are more affected by HIV⁷ than any other group in the U.S. Planned Parenthood offers HIV and STI counseling, screening, and

treatment – as well as prevention tools like pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). In 2017, Planned Parenthood affiliates provided more than 4.7 million tests and treatments for sexually transmitted infections, including more than 740,000 HIV tests, and diagnosed more than 240,000 STIs.

Immigrant or Refugee Status: Increased attacks on immigrant communities – including the termination of Temporary Protected Status (TPS), the repeal of DACA, harsh immigrant enforcement, and the heightened risk of detention, deportation, and family separation – can contribute to a culture of fear for undocumented Black immigrants and keep too many from seeking the lifesaving health care they need.⁸ Planned Parenthood believes that health care has no borders and is proud to provide care regardless of immigrant or refugee status.

Maternal Mortality: Maternal mortality is the sixth most common cause of death among women ages 20-34 in the U.S.,⁹ and Black women are dying at more than three times the rate of White women.¹⁰ Researchers believe that the chronic stress triggered by racism and discrimination is a contributing factor to Black women dying from complications of pregnancy and childbirth.¹¹ Ensuring more women have access to Medicaid coverage for early, adequate,

and consistent health care may be able to help close this devastating gap in health outcomes. Planned Parenthood works to protect and expand access to Medicaid, and supports organizations fighting for Black maternal health.

Sexual Orientation and Gender Identity: For Black people who are LGBTQ, the added barriers of homophobia and transphobia can result in medical discrimination, financial constraints that bar access to private insurance, trouble finding a culturally competent provider, and even violence at the hands of medical professionals.¹² Planned Parenthood aims to provide high-quality, nonjudgmental health care that affirms patients' identities, families, and sexualities.

Working in Partnership

To holistically serve communities of color in the U.S. and around the world, Planned Parenthood is investing energy and resources into dismantling the barriers to accessing sexual and reproductive health care. Planned Parenthood provides nonjudgmental health care for all people and works alongside our partners and communities of color to break down oppressive systems that prevent equity in health. This effort goes far beyond the core health care services Planned Parenthood provides.

For more information, visit **Black Women's Health Imperative** at www.bwhi.org, **SisterSong Women of Color Reproductive Justice Collective** at SisterSong.net, In Our Own Voice at blackrj.org, and **The National Birth Equity Collaborative** at birthequity.org.



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- 3 "Poverty Rate by Race/Ethnicity," Kaiser Family Foundation, 2016. <https://www.kff.org/other/state-indicator/poverty-rate-by-raceethnicity/>
- 4 "Key Facts about the Uninsured Population," Kaiser Family Foundation, 2017. <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- 5 "Distribution of the Nonelderly with Medicaid by Race/Ethnicity," Kaiser Family Foundation, 2016. <https://www.kff.org/medicaid/state-indicator/distribution-by-raceethnicity-4/>
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- 7 "HIV Among African American Gay and Bisexual Men," Centers for Disease Control and Prevention, 2018. <https://www.cdc.gov/hiv/group/msm/bmsm.html>
- 8 "Increased Immigration Enforcement and Anti-Immigrant Rhetoric Has Potential 'Chilling Effect' on Health Care Access," Paul Fleming and William Lopez, 2018. <https://sph.umich.edu/pursuit/2018posts/increased-immigration-enforcement-and-anti-immigrant-rhetoric-has-potential-chilling-effect-on-health-care-access.html>
- 9 "Leading Cause of Death in Females," Centers for Disease Control and Prevention, 2015. <https://www.cdc.gov/women/lcod/2015/all-females/index.htm>
- 10 Pregnancy Mortality Surveillance System, Centers for Disease Control and Prevention, 2018. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>
- 11 "Nothing Protects Black Women From Dying in Pregnancy and Childbirth," Propublica, 2017. <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>
- 12 "The problems with LGBTQ health care," The Harvard Gazette, 2018. <https://news.harvard.edu/gazette/story/2018/03/health-care-providers-need-better-understanding-of-lgbtq-patients-harvard-forum-says/>