

INDEXUS



What Healthy Black Women
Can Teach Us About Health



BLACK WOMEN'S
HEALTH IMPERATIVE

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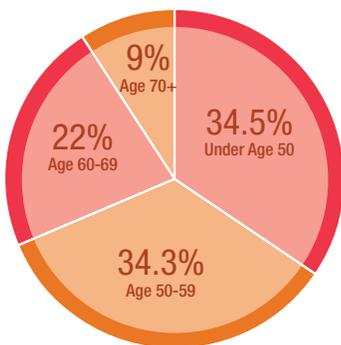
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About INDEXUS

IndexUS: What Healthy Black Women Can Teach Us About Health is the first health index focused exclusively on healthy Black women. It's based on 20 years of data from the Boston University Black Women's Health Study (BWHS)—specifically, information from 38,706 BWHS participants who reported their health as excellent or very good. In 2013, when they responded to questions about their health, the average age of women in this study was 55.

BY THE NUMBERS



48.6%
had completed college



31.8% were overweight
28.9% were obese



66.5%
had never smoked



88.4%
had access to health care

“There is far more right with Black women than wrong.”

What's RIGHT With Us

We have reason to celebrate.

We at the Black Women's Health Imperative have reached millions of women, sharing the latest research, life-saving programs and health-promoting policies. The 21 pictures on the cover represent the 21 million women and girls in the US whom we serve. It has been our privilege. But it is a rare opportunity to get to listen to Black women talk about their health; their voices, sorely needed, are seldom heard. Thanks to ESSENCE Magazine and the investigators of the Black Women's Health Study (BWHS), we have a unique and incredibly valuable opportunity to look at Black women's health, what is important to them—to us—and, most important, what we are doing to maintain and improve our health. **IndexUS** is a result of listening to Black women—almost 60,000 strong, beginning with ESSENCE Magazine subscribers. For more than 20 years, they—you—have answered all manner of questions about physical and mental health, diet, exercise, lifestyles and the stresses of everyday living.

BWHS, led by researchers at Boston University, has contributed more than any study to the understanding of Black women's health and wellness and the differences from White women and others. Over the past 20 years, as these differences have been examined, we've often learned that Black women's health is worse than White women's. And, we have learned that most of these differences are not due to genetics or biology, but to systems and structural barriers that prevent Black women and low-income women from choosing behaviors that help them to be as healthy as possible. And so, over time, we've come to accept a narrative that equates Black women with poor health, and poor health with poor

behavior. This is what we see in media and read in the language of research reports. Medical providers accept this narrative and, as a result, often do not offer Black women aggressive treatment or pain medication. Researchers accept this narrative and don't ask questions of data, or they don't collect data that might change the narrative. And policy-makers fail to advance legislation that would make engaging in healthy behaviors easier.

Despite the constant narrative that something is wrong with us, Black women see ourselves quite differently: More than 50 percent of women in the BWHS view their physical and mental health as very good or excellent. That is something to celebrate!

Black women exercise, we eat healthy, we're educated and we work hard. It's time to change the narrative. It's time for our story to be told in a way that shows who we really are when it comes to our health. We do not see ourselves as broken—stressed, yes, but not broken. We are inherently strong, resilient and passionate about our health. We are not defined by disease, obesity or poverty.

IndexUS is the first time our health story is being told from a position of strength. Instead of studying what makes us sick, **IndexUS** takes more than 20 years of research in the BWHS and explores what keeps us healthy. This report presents those findings in a way that we all can understand. We don't have to be physicians, epidemiologists or health professionals to know what this means for us and what we can do.

We hope policy-makers, funders and business leaders will read the report. There is valuable information here to understand the lived experiences of Black women and what this means for research, programs and policies.

But, the most important reader is us: the



everyday Black woman, doing her level best to be healthy and keep her family well.

Each section presents data, of course, but also real-life stories of everyday women, our triumphs and trials.

Sweet Honey in the Rock sang *Still Gotta Get Up in the Morning*, and don't we know it? More than anything, Black women want inner peace. We define our health in emotional terms. We want to be in control, confident and calm. After that, we want financial peace. We want to take care of our families, keep a roof over our heads and send our children to good schools. Only then do we focus on our physical health. In the first section of **IndexUS**, we explore the everyday stressors Black women face, the impact on our lives and what we can do to rise above those stressors to get closer to confidence and calm.

Too often, Black women's bodies are vilified. We're stereotyped as being fat and lazy. Some of us find ourselves in a no-win situation. Former First Lady Michelle Obama, for instance, was criticized for being too muscular, her workout routine too unladylike. Yet she set a wonderful example of healthy eating, nutrition and physical activity. So which is it? Every day, Black women are made to feel inadequate about our bodies by the media, well-meaning health providers, employers, friends and family. *Our Black Bodies*, *Our Full Selves* challenges this narrative and shows women in all their glorious shapes and sizes and the simple, easy things we can do to improve our nutrition and physical activity while accepting that we are valuable just because we woke up in the morning.

Unfortunately, illness is a very real part of life. Serious illness is not only devastating physically and emotionally, but financially as well. Medical expenses are the leading cause of bankruptcy in the United States. *The High Price of Health* puts a

real face on health and economics. We talk with experts who explain how the medical system is organized and why it works against us. They also talk about the very close relationship between health and wealth. The fact is, the wealthier you are, the healthier you are. And your ZIP code can determine not only how well you live, but how long you live.

How many of us have seen the sister, well into her 60s or 70s, who just looks good? We wonder, "how does she do it?" There is some truth to the saying age is "all in your head"—but not

The operative word is healthy. In this report, we look at sex through a justice lens; if we can't have policies to ensure access to contraception care, abortion care and non-judgmental medical care, then we can't be completely healthy. And if society continues to view people living with HIV and survivors of sexual violence as somehow weak or irresponsible, then we eliminate any chance for all of us to experience justice. We need to heal. The *Sexual Healing* section helps us along the path of caring for ourselves and achieving personal justice.

“We are inherently strong, resilient and passionate about our health. We are not defined by disease, obesity or poverty.”

always. Black may not crack on the outside, but we can pay the price on the inside. In *Nothing But a Number*, we explore what Black women say about aging and how stress can speed up the aging process. Luckily, there are things we can do to slow ourselves down and slow the aging process. That seasoned sister who looks so good? She's learned a thing or two and can teach us all.

And, finally, we have to talk about sex. It's part of who we are every day and, honestly, healthy sex is a good thing whether we're lesbian, straight, bisexual, transgender, queer or still discovering.

The Black Women's Health Imperative began 33 years ago as a self-care movement. We continue that movement today. There is far more right with Black women than wrong. We know that to be true, and we want every woman to believe it as well. This report tells the stories of everyday women to highlight the many ways we maintain and improve our health and to help change the narrative on Black women's lives. This report is dedicated to us. We are the ones we've been waiting for.

—Linda Goler Blount, President and CEO of the Black Women's Health Imperative



Still Gotta Get Up in the Morning

Well, enough said about that!
Still gotta get up in the morning
Well, enough said about that!
Still gotta get up in the morning

Verses:

You may be blue
Feelin' so bad
Wanna pull the covers
Up over your head

Gotta get outta bed
Put your feet on the floor
Put on your clothes
Get yourself out the door

Gonna go outside
Walk down the street
Gotta try to be decent
To each soul you meet

Well, it don't matter what it was that
Wiped you out
The sun is shinin'
The baby's up!
The sun is shinin'
The job is waitin'
The world is callin' your name
Still gotta get up in the morning
Still gotta get up in the morning
Still gotta get up in the morning
Get up!!

*Recorded by Sweet Honey in the Rock
Lyrics and Music by Bernice
Johnson Reagon (1995)*

Still Gotta Get Up in the Morning:

Stress & Mental Health

By Tamara Jeffries

How are you, sister? According to recent findings from the Black Women's Health Study, most Black women are feeling just fine, thank you. That's despite social, economic, community and other factors that seem determined to bring us down.

How do we hold on to our strength, our magic and our right minds? Utilizing the findings from this groundbreaking 20-year study, the Black Women's Health Imperative—the only national organization dedicated to improving the health and wellness of our nation's 21 million Black women and girls—offers some insight on how to recognize what good mental health looks like, how to stay in balance, and how to find good care when we need it.

*You may be blue
Feelin' so bad
Wanna pull the covers
Up over your head*

*Gotta get outta bed
Put your feet on the floor
Put on your clothes
Get yourself out the door*

Who hasn't had that morning? The morning that makes you feel as if the day has defeated you before you can even get to your feet? We've all been there. And we've all done the same thing: pushed ourselves up with a sigh, swung our feet onto the rug, and begun whatever rituals and rites we have to do to get ourselves up and moving.



Why? Because we're needed—and because, thank goodness, we can.

Sounding like something of a manifesto for Black women, “Still Gotta Get Up in the Morning”—from the a capella group Sweet Honey in the Rock—is lifted on double-clapped rhythms and deft harmonies. The music is almost willfully joyful. But a careful read of the lyrics reflects the complex relationship Black women have with their mental and emotional health.

Our ability to keep getting up may be why we report that we're in good mental health overall. That's according to recent findings from the Black Women's Health Study (BWHS)—and that's good news. But mental wellness is a slippery slope, and the family, social, economic and overall health conditions we face can be just enough to slip us up.

For example, family is important to us. It's a fountain of love, support, motivation and esteem. But Black women are more likely to be responsible for taking care of children and other family members, which can also be

a major source of stress. Strong community support and spiritual involvement is also important. But when we admit our anxieties and frustrations, we might be told to take it to the Lord and count our blessings because it could be worse. “*Enough said about that. Still gotta get up*”...

Seeing ourselves as mentally and emotionally strong is important to our overall well-being and ability to cope with whatever life brings. But it's also important to take real steps to protect and improve our mental health as we face the various pressures of our daily lives.

Getting on the Good Foot

Most often, when we hear the phrase “mental health”, we know we're likely to start talking about mental illness—rates of depression and anxiety, the tragedy of suicide, the prevalence of post-traumatic stress disorder (PTSD). Those are all legitimate concerns in the African-American community.

But what does mental health look like? Yes, it can look like contentment, peace and a sense

of equilibrium. Mental health doesn't mean a woman doesn't have bad times. Yet when she does, she is able to express grief, anger and pain, rather than letting it fester into poison. An emotionally healthy woman knows how to rest when she's tired and say “no thank you” if her plate gets too full. She knows how to pull away from drama but advocate for herself when necessary.

She isn't bothered by “ANTs,” says Linda Goler Blount, president and CEO of the Black Women's Health Imperative. ANTs, or Automatic Negative Thoughts, are what psychologists call the little whispers in your head that supply a stream of constant criticism: *You're not good enough. You shouldn't have done that. You're not smart enough. Who do you think you are?*

Blount sees a mentally healthy woman as one who puts on her own oxygen mask first. She goes into things very mindfully. She is very clear: “Here's what needs to happen for the family and for me,” says the public health advocate. A healthy woman cares for her family and she does her job, but she knows when to

draw a line. When she's done the best she can, she won't be pulled into guilt.

The fact that BWHS participants see themselves on the healthy side of the mental health spectrum is something to celebrate, says Blount. "Over 60 percent of Black women report very good or excellent mental health," she says. That's not what you hear in the media and in other research, but it tells us that Black women feel good about themselves—and that's a first step in getting even healthier. Based on the BWHS findings, the Black Women's Health Imperative has some suggestions on what we can do to keep ourselves well—mind, body and soul.

Feeling Good in Your Body

For 20 years, BWHS, led by researchers at Boston University, has been polling Black women on various aspects of their health. The 2011 survey asked participants how they rated

their own health. The data offered a telling snapshot of how sisters are getting along.

Study participants who reported good mental health also were in good physical health. They tended to practice other behaviors we consider healthy—exercising, watching their weight, eating well and not smoking—and they didn't have other health problems worrying them.

For example, women who reported very good or excellent mental health tended to be in the "normal" range for Body Mass Index (BMI). What does weight have to do with mental health? If you're in a healthy weight range, you're likely to feel good in, and about, your own body.

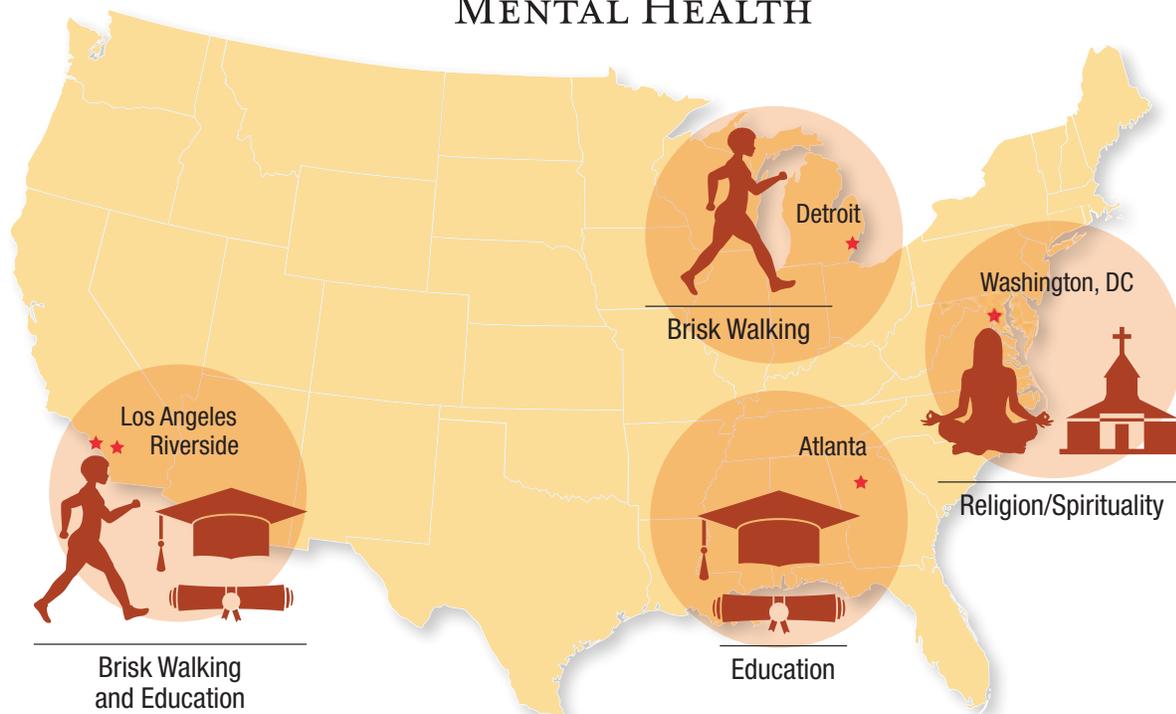
"Even overweight can look pretty average" among Black women, admits Kanika Harris, PhD, the Imperative's lead research advisor for the project. Consider the fact that a woman who is 5'5" and weighs 150 pounds is considered

"overweight" by medical standards. Where we're from, that barely classifies as thick! In fact, it's not uncommon for a woman to be complimented on a slight weight gain. That little junk in your trunk can help you feel confident and sexy.

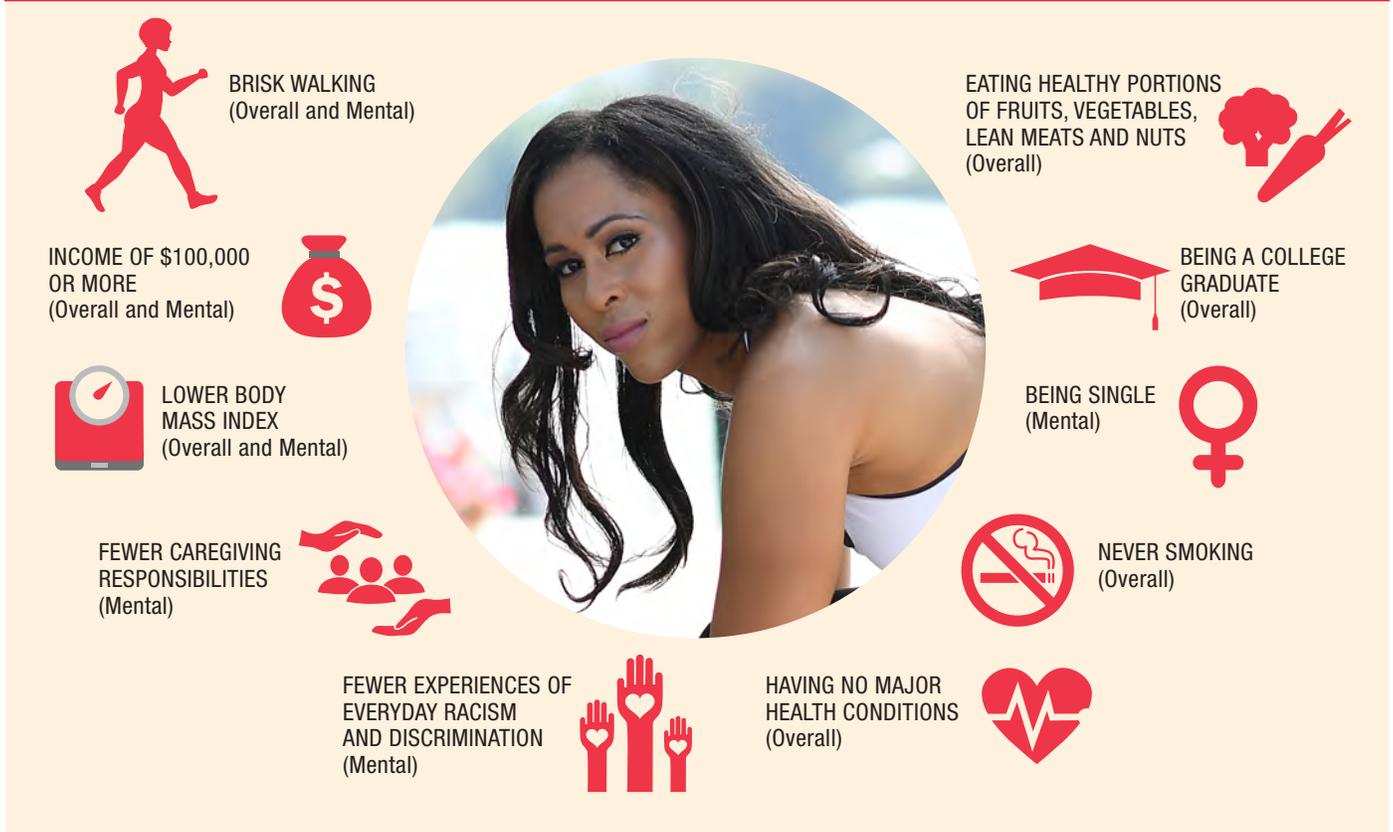
"The problem is that no one has defined thick," says Blount. "What we've done is normalized obesity." She gives the example of the woman who is consistently 100 pounds overweight but sees herself as medium sized because the rest of her family is so much bigger.

For most medical professionals, a pound or two over the limit isn't cause for alarm. But, when you begin to creep into the upper end of overweight or spill over into obesity, you are more likely to have pain and other conditions. The reality is, if you're carrying more pounds on your frame, that's more pressure on your joints, your feet, your back. Pain is stressful,

IMPORTANT FACTORS IN REPORTING GOOD OR EXCELLENT MENTAL HEALTH



Predictors of Good Overall Health & Good Mental Health



and chronic pain is associated with depression.

If you're overweight, you're also more likely to experience poor sleep or have other conditions such as diabetes, hypertension, heart disease, and even certain types of cancer—illnesses that can cause worry or concern. If your physical condition is chronically compromised, your mental health will be as well.

Walking back the weight can improve general health—and a healthy body is a good home for a healthy mind.

Keep on Moving

Income plays a significant role in how women view their level of mental health. “The findings reveal that the more money you have, the more likely you are to report good mental health,” Harris says.

BWHS participants who had the highest household income (over \$100,000) were more likely to report excellent or very good mental

health. No real surprise there. More money means you can afford health insurance, therapy appointments and a personal trainer to help you work out your frustrations. You may even be able to arrange a vacation getaway when things get really bad. And anyone who has ever worried about paying the power bill or dodged calls from debt collectors can tell you that being broke is pretty stressful.

But we've all heard the stats: According to the Bureau of Labor Statistics, Black women are paid 62 cents for every dollar White men make, 85 cents to every White woman's dollar, and 92 cents for every dollar a Black man earns. Does that mean we're destined to be deprived and depressed?

Not at all. In fact, in at least one area of mental self-care, the opposite may be true. Study participants who made the least money got the greatest health benefit from one simple, cheap, healthy exercise: walking.

“That is probably the most profound finding that came out of this study,” Harris says. According to epidemiologist Traci Bethea, PhD, who presented the results at the American Public Health Association's annual meeting in 2015, “the findings suggest that a woman of any socioeconomic status and women living with a major health condition can take steps toward feeling better by walking at a brisk pace and by maintaining or lowering her BMI to a ‘normal’ or ‘overweight’ range.” The respondents who took regular brisk walks—not just a casual stroll or idle meandering—said they felt better mentally, but the women who made under \$25,000 reported the greatest benefit.

Researchers aren't sure exactly why this is the case, but it's good news, especially for lower-income women. “It says that, when you're talking about health, there's something you can do,” Harris says. Anyone can take

a walk. Well, almost anyone. Public health experts know that the perceived safety of the neighborhood and the quality of infrastructure (sidewalks, parks, playing fields) has an impact on whether or not women feel comfortable exercising outside.

“From a policy perspective, we have to make sure that there are safe places to work out,” says Harris. That’s a local government problem, which gives you a chance to put your activism skills to good use—writing letters, attending local government meetings and advocating for what you need. Taking on a cause is good for your mental health, too.

Meanwhile, you can join groups that mobilize Black women to walk and run more.

No such group in your area? Recruit your neighbors, your coworkers, your sorors or church members to create a group dedicated to getting some exercise.

Deyna Hardison, a 45-year-old communications manager in North Carolina, started her own running group and later became an ambassador for Black Girls Run. She encourages people to start where they are. “Even if you do a walk/run, or just walk, just get out there,” she says.

Health Care, Self-Care

With the BWHS report indicating that so many women are in good mental shape, it would be easy to set mental health concerns aside as something we don’t have to worry about. But we know better.

While we may not be in mental health crisis mode, we are under a great deal of stress. We acutely feel the pressure of family obligations, the demands of our work, economic pressures and the expectations of us in our communities, not to mention just “being while Black” in



WHAT YOU CAN DO RIGHT NOW: The 10-Minute Walk

Walking in 10-minute increments three times each day has the same benefit as a brisk 30-minute walk. Here’s the trick: Walk at a moderate pace for 10 minutes, walk briskly for 10 minutes and walk at a moderate pace for 10 minutes. These short walks don’t have to be sequential, and it doesn’t matter what order you do them in or when—maybe going to work, at lunch and leaving work. Your body will thank you and your hair won’t care.

a country where that seems increasingly problematic. Our experiences being Black and female can nudge us to the edge of our capacity to cope. It’s only a short step from “chronically stressed” to “mental crisis”. In fact, if you look closely at how “stressed out” manifests—we’re irritable, exhausted, overwhelmed, unfocused, anxious, always waiting for the other shoe to drop—it can bear a striking resemblance to anxiety or depression.

We’re accustomed to being bent low, then snapping back—it’s one of our super powers. Or so we thought.

“The data shows that we don’t rebound,” says Blount of the Imperative. When we’re bombarded by stress and pressure repeatedly,

it can begin to take a toll on us in the form of mental crises or chronic health conditions. We need to recognize when a situation is nudging us toward the breaking point. The signs and symptoms may not be so clear.

Depression could come with tears and sadness—or it might leave you constantly irritable and angry or hopeless and unfocused. Yes, anxiety may make you feel antsy and nervous, but maybe it will manifest in the form of heart palpitations and shortness of breath, or restless, sleepless nights. Bipolar disorder can actually make you feel like a million bucks. You’ll be the most energetic, accomplished, creative person around—until it swings the other way and leaves you cowering under the covers unable to function.

Often, the symptoms of mental illness look like something else altogether. That’s why you have to be vigilant about telling your health care provider *everything* so your mental health doesn’t get overlooked. And, if your doctor suggests help for your mental or emotional state, be willing to seek help—psychological counseling or psychiatric intervention.

It’s old news that Black folks often avoid doctors of any kind. But if you start talking about going to a therapist, we really head in the other direction. Many of us prefer to take it to the altar or work it out over a glass of Merlot with our friends. That’s good support, but it’s not therapy.

“I disagree with the idea that anything but therapy is therapy,” says mental health activist Bassey Ikpe, a writer and performer. “People say ‘writing is therapy’ or ‘talking to my girls is therapy.’ It’s not therapy. In therapy, you receive feedback and perspective from someone who has your best interest at heart—someone who, for all intents and purposes, is neutral.”

“Our experiences being Black and female can nudge us to the edge of our capacity to cope.”

A therapist is trained and licensed to recognize, analyze and offer help for your symptoms. You can pour your heart out to your mother, your mentor or your minister; they’ll be able to offer sympathy. But a professional counselor is trained to help you see your problems clearly and objectively and offer tools to help you address and resolve them.

Initially, it may feel more comfortable to talk with someone who looks like you, but if you wait around to find a Black woman counselor, you may be waiting a *while*. Just a little over five percent of psychologists are African American, according to the American Psychological Association, so finding Black caregivers can be a challenge—especially if you’re not in an urban area. That doesn’t mean you can’t find a counselor who’ll be a good fit for your needs, though. There are counselors of all types who are trained to be culturally aware.

Don’t be afraid to ask friends for recommendations. (You might be surprised at how many people you know have a counselor.) Check out resources at the psychology departments at universities near you. *Psychology Today* maintains an online list of counselors by state, city and specialty area. These professionals often offer a free initial consultation. Talk to two or three to find someone who resonates before you dive into counseling.

Blount also urges us to hold our counselors, and other health care providers, accountable

for giving us the quality of care we need. “We tend to take a passive role when it comes to physicians and other providers,” Blount notes. “But don’t forget that you—or your insurer—are paying your doctors. Think of them as your personal consultants, hired to do a quality job.”

Keeping the Faith, Doing the Work

Religious or spiritual involvement is another factor that the BWHS findings associated with a healthy mental outlook. Women who said they were very involved in their church (or mosque, meditation center or other spiritual home) tended to report excellent or very good mental health. Not surprising, right? We tend to be a spiritual people with faith in a higher power and a willingness to call on our faith when we need bolstering.

Keeping your head to the sky and hope in the forefront is good medicine. Burying your head in the sand is not. When we do so, we may fail to notice our mental condition deteriorating in a way that faith alone can’t immediately fix. When depression has been tossing you around for weeks on end, even prayer can feel like a cry in the dark. And anyone telling you to “pray it away” hasn’t swum in the inky ocean of a mental health crisis.

That’s not to say you should toss your faith aside. Mental health is one of those areas where you have to call on all your resources. So, please do tap into the support and guidance

of your faith community. But if God leads you to a good therapist, go. Better yet, put on your walking shoes and walk to the appointment, because the exercise will help as well. Do everything you can—eating wisely, sleeping enough, minding your weight, cultivating support systems, taking a break—to support your mind and emotions. Because we need you, sister. The world is calling your name. ■



The Siwe Project

#noshameday

A poet with bipolar disorder launched the Siwe Project to fight the stigma around mental illness—and a hashtag to get people talking.

Bassey Ikpi noticed something significant on her Twitter feed recently. Someone had tweeted about the anniversary of surviving a failed suicide attempt. The response was an outpouring of support—a thread of retweets, likes and compassionate responses.

“That never would have happened five years ago,” says Ikpi, a writer and performer based in Maryland. “I have seen a difference in the way Black people are allowed to speak about mental health.”

And she’s seen the change firsthand. In 2004, while she was on tour with the Russell Simmons Def Poetry Jam, she was diagnosed with bipolar disorder. Since then, she’s spoken and written about her experiences grappling with the mood and energy swings that characterize bipolar disorder, finding good care, figuring out the right meds, coming to terms with the ongoing nature of her condition. “I was really transparent about my journey,” she says.

The response wasn’t always positive.

“When I first got on Twitter, I was in the middle of a pretty serious crisis, and I was chronicling the ups and downs. I got a lot of backlash,” she says. “Some people were saying thank you for doing this. . . . But there was also a lot of ‘Stop spreading your business’ and ‘This bitch is unstable.’”

That didn’t silence Ikpi. In fact, she became more determined to shed light on the issue. To encourage more openness, in 2010 she started The Siwe Project,

a nonprofit that promotes mental health awareness in the global Black community. By providing avenues for people to safely tell their stories, the organization aims to “encourage more people to seek treatment without shame”.

“I don’t take any credit for this, but in the years

“There is a correlation between shame and denial and treatment.”

since, I’ve seen a change,” she says. “There are still people who refuse to talk about it and who will ‘strong black woman’ themselves to death. But more people are stepping outside that shame and speaking for themselves.”

One of the initiatives of the Siwe Project is #noshameday. On the first Monday in July (National Minority Mental Health Awareness Month), Ikpi takes to social media, encouraging people to share their stories, offer support, and take steps toward getting help.

It’s about claiming ownership of our mental health, she says. “It’s a chance for people to say, ‘This is who I am, this is what I have, and this is what I’ve been through.’”

Claiming it is important, Ikpi says, because she has observed that many people who don’t talk about

their mental health issues also don’t seek help or treatment. “There is a correlation between shame and denial and treatment,” she says.

Though she uses social media to promote her anti-stigma message, she also encourages people to be careful about when, how and what they post

and share.

“Honesty and authenticity are important, but so is self-protection,” she says. “There is a difference between showing your scars and helping people peel your skin off.”

“When you use these social media spaces as a place to unload it can be very cathartic, but it can be damaging because you don’t know where it goes, how it’s received and how it will come back to you.” She emphasizes that sharing isn’t the same as therapy and encourages people to get the professional help they need.

“It’s just a hashtag at the end of the day,” she says. People want to have someone to ask them about their experience and to listen with compassion. “This is just to give them the space and the room. To help them see that it isn’t just them.” ■

Sister Sojourners:

From 'Strong Black Woman' to 'Carefree Black Girl'

By Tamara Jeffries

The myth of the “strong Black woman” isn’t entirely a myth. It’s how we’ve always gotten along in this world. Our ability to react, recover and rebound is something we’re proud of. Being able to make a way out of no way is a hallmark of our magic. But, as our favorite, fine, woke activist/actor Jesse Williams said: “Just because we’re magic doesn’t mean we’re not real.”

Contrary to popular opinion, Black can crack. The pressures of racism, sexism and socioeconomic uncertainties can impact us mentally and literally wear us out. For that reason, it’s imperative that we find ways to avoid stress and get aggressive about taking care of ourselves.

Race Against Time

Women who experience fewer incidences of everyday racism say they have better mental and social health, according to the BWHS data. It’s a good day when we can go about our business without being questioned, underestimated, harassed or humiliated. But even when we don’t experience overt attacks, we often face vicarious experiences and the subtle slights and digs we call microaggressions. It’s not just maddening

and hurtful, it also may be slowly poisoning us.

In a recent radio interview, Monnica Williams, PhD, director of the Center for Mental Health Disparities at the University of Louisville, explained that experiences of racism aren’t easily brushed off.

“Even if it’s at a very low level, if you’re experiencing it all the time, it can accumulate and cause symptoms similar to PTSD, such as depression, anxiety, nightmares, avoidance and so forth,” she explained.

Scientists now understand that such constant stress can make it harder to stay physically healthy as well, notes public health expert Kanika Harris, PhD. Stressful experiences release a flood of hormones—most notably, cortisol—in our bodies until the stressful situation is resolved. That’s normal. But constant stress means those chemicals in your body are in a regular state of imbalance and you’re less likely to snap back to “normal” or fight off disease.

So, imagine what happens to African-American women in the era of, say, Black Lives Matter, who worry about our sons, partners, fathers and brotherfriends, and who know that we and our girls aren’t safe from harm, either.

Ain’t I a Woman?

Consider, too, the pressures that come from being female in our society. Well into the new millennium, women are still primary caretakers of children and elders (and that’s particularly true in the Black community). We still shoulder more than our share of the housework. We still don’t get paid as much as men. At the same time, we’re encouraged to lean into our careers so we can push our way to the top—wherever that is.

As demands on our time and energy pile up, exhaustion sets in, then resentment creeps up behind it. In our mad scramble to fit it all in, we can lose focus and direction, making us less effective at everything. Then, when we can’t manage to do it all, we begin to feel inadequate and not good enough. It’s a cycle that Canadian researcher Michelle LaFrance says is a formula for depression: Trying to live up to constant and unrealistic expectations—and failing to do so—brings women down.

In the BWHS research, the women with the best mental health were those who had no caregiving responsibilities or, at most, only childcare. You aren’t surprised, are you? We love our families, but let’s admit it: It’s not easy



WHAT YOU CAN DO RIGHT NOW: 5-7-9, Just Breathe

Cortisol is a stress hormone that is released into our bloodstream when we’re afraid, worried or excited. In small amounts or for short periods of time, cortisol can be very helpful. But having elevated amounts of cortisol in our bloodstream for long periods of time is not healthy. If you’ve ever felt cloudy-headed for no particular reason, it may have been your body’s reaction to cortisol. On average, Black women’s cortisol levels are higher than those of White women, triggering our bodies’ inflammatory response. This raises our risk for diabetes, heart disease, stroke and some cancers. Elevated cortisol also has a weathering effect—essentially aging Black women much faster than White women. But help is just a breath away: 5-7-9 is an approach to lowering our cortisol levels that’s been proven effective. Here’s how you do it:

- Breathe in for 5 slow beats
- Hold that breath for 7 beats
- Breathe out for 9 beats

Do this 3 to 5 times, and you can lower the amount of cortisol in your bloodstream by up to 15 percent, slow your heart rate and clear your head.

to accommodate the needs of our children and elder relatives while juggling housework, “work work,” and other obligations. The stress can be overwhelming.

By All Means Necessary

There is something rewarding about being needed by family, important at the job, and of value to the people around you. Being “necessary” can be strong motivation to take care of yourself. But, for many women, the tendency is to keep doing for others, even when we’ve done plenty, and to neglect ourselves.

Hard work never hurt nobody, the old folks used to say. And there’s nothing wrong with putting your best effort toward something you value—whether that’s taking care of your elderly daddy, grinding to get that degree, or putting in some overtime on the work project with your name on it.

But that’s different from working ourselves into the ground because of external expectations, a false sense of obligation, or trying to prove something to someone. And we have to take into account that we’re not only pushing ourselves, but we’re being pressured by the race and gender roles that society forces on us.

Kanika Harris describes it as “constantly fighting for recognition of our humanity and citizenship.” That tendency to keep coping with and pushing through the chronic stress of race, gender and economic pressures has a name, thanks to anthropologist Leith Mullings: Sojourner Syndrome. Our sister sojourners keep surviving—but at a cost to our mental and physical health.

LaFrance’s research found that once women realized that they were not inadequate—that the system was rigged—they could push back against societal pressures, take more control of their situation and make healthy changes in their lives. That could mean asking for help at home or at work, letting go of unnecessary obligations and taking time for personal pursuits. If you’re baking cakes for the school

fundraiser because you love to bake, then whip out the mixing bowls and switch on the oven. But if your plate is already too full, it’s okay to show up with store-bought goodies or give them a raincheck.

And it’s not just about saying “no” to other people. It’s about saying “yes” to yourself—taking time to relax and do something that makes you happy. It’s perfectly appropriate to take some of your Black Girl Magic—that ability to make things happen for everyone else—and sprinkle it on yourself, too.

While you can’t avoid racism or sexism, you don’t have to be a passive victim. Taking action can give you a sense of empowerment, which may protect you from the ill effects. When you see the mothers, daughters and sisters of people who have been killed in police violence speaking out and taking an activist stance, you’re witnessing a form of healing and self-care.

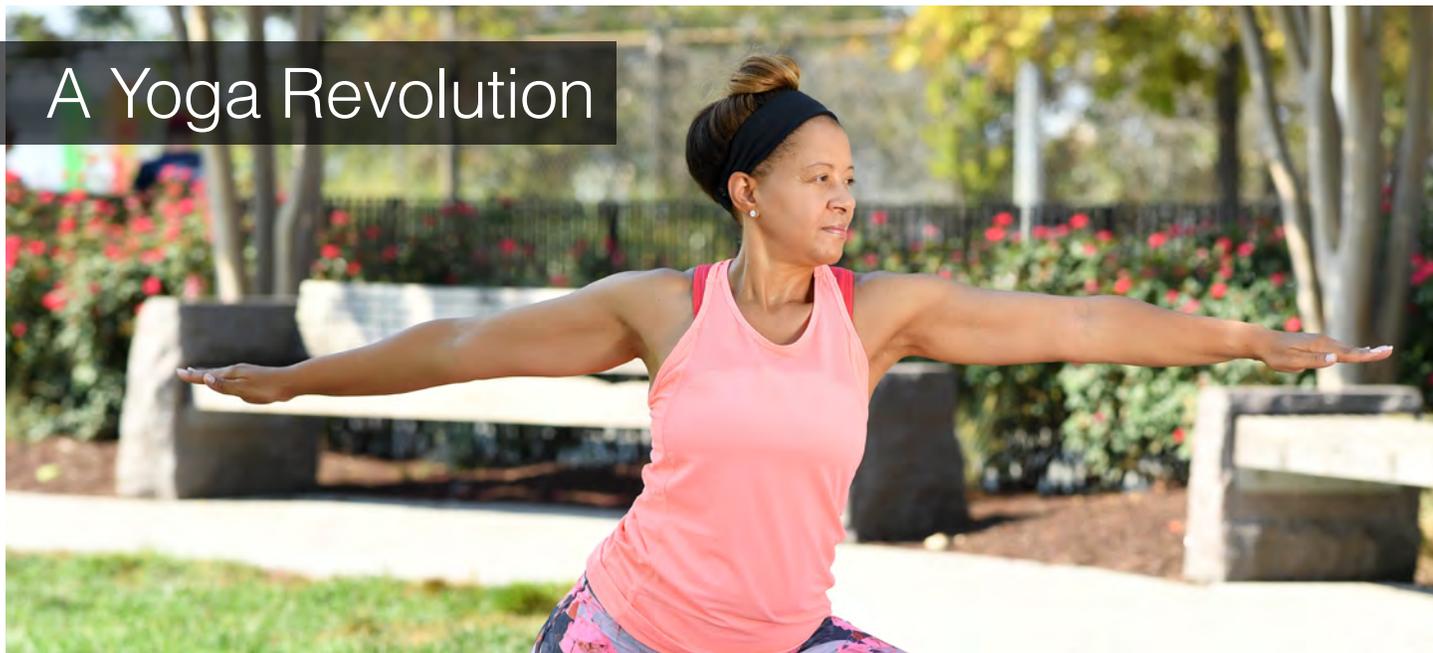
There are many ways to be proactive about deflecting the effects of sexism and racism. Frustrated mother Depelsha McGruder, for instance, started a Facebook page called Mothers of Black Boys United as a support group for Black parents.

“I simply wanted the comfort and connection of other moms who would understand my particular plight,” she wrote in an article on *The Root*. Within days, McGruder had 70,000 followers—and became the leader of a group determined to find strategies to address the problems facing our boys.

March, write, speak. Join an activist group or run for office. Creative expression, social engagement and political activism can not only help change the world; they can change you, too. ■



A Yoga Revolution



When a small Black college offers a yoga class, young women experience a new path to mental wellness.



Bennett College, a tiny women's college in Greensboro, N.C., may be the first historically Black college in America to offer yoga as a for-credit class. With a student body that hovers around 500, it also probably has the highest number of yoga teachers per capita of any school in the country: Currently, the college boasts three certified yoga teachers. I'm one of them.

Students had expressed some interest in yoga, but when the class was put on the books as a one-credit gym class—in the dreaded 8 a.m. time slot—I wondered if we'd get enough people to put their yoga mats where their mouths were. I hoped for 10 students—the class minimum.

Within two days, 70 students had signed up. What gives?

Yoga is trendy. (You know that's true when electric lady Janelle Monae has made a song about it.) There's a movement to make yoga classes more inclusive for people of color and various body types. (Not that Black folks haven't been down-dogging for years. The Black Yoga Teachers Alliance, founded in 2008, has members who have been practicing for 35 years.) And, as more research is being conducted about the quantifiable health benefits of yoga, doctors are "prescribing" it for conditions like high blood pressure, diabetes, arthritis and chronic stress. Not to mention that yoga pants are the most comfortable clothing item in the history of womankind.

But another reason for the class's popularity came to light as I read students' research papers. A number

of students wrote about yoga's impact on anxiety and depression and indicated that their concern about their own mental health brought them to the class.

Intrigued, I decided to conduct an informal survey to find out just how many of these young women experienced depression or anxiety. National averages for young people, for women and for African Americans (all separate data) hover around the 11-13 percent range. Among my students, almost 60 percent said they'd experienced depression or anxiety while at college.

That's five times the national averages—a stunning number, and a depressing one. But could there be hope imbedded in that number? What if students who signed up were lured by the promised stress-reduction benefits—in addition to what they (mistakenly) thought would be an easy, sweat-free gym credit? If indeed these young women took the class to glean the calming, meditative, stress-reducing benefits of yoga, it's an indication that they were taking steps toward self-care.

A more formal study is planned—one that will get a more representative sample of the student body at the college and will include some qualitative research that captures student narratives about their experiences with mental and emotional health issues.

While women looking to improve their mental health may need more than yoga, learning to flex, stretch, breathe and get centered is a good start.

—Tamara Jeffries

Plugging into (and Unplugging from) the Power of Social Media

When Philando Castile was shot during a traffic stop in Minnesota, on July 6, 2016, his partner Lavish Reynolds streamed the scene on Facebook Live. The image of him dying, a gun to his head and blood flooding his white shirt, was made more poignant by Reynolds's calm narration. Her recording is another sad but important documentation of attacks on Black lives. Thank God for cell phones.

Social media has become a powerful way for people to stay informed, share ideas, gather support and raise energy for other kinds of organizing. For many of us, our newsfeeds are our primary source of information. Even mainstream media takes its leads from what's trending on Twitter.

But being constantly bombarded by "news" also can be overwhelmingly stressful. These days, the 24-hour news cycle is made even more intense by the fact that we're carrying all that information in our hands, and our phones are pinging constantly, demanding our attention. It's hard to escape. It's addictive. But constant engagement can be harmful. Research has shown that constant exposure to violent or negative media can contribute to stress, depression, anxiety and even PTSD.

Linda Goler Blount, president and CEO of the Black Women's Health Imperative, is concerned that watching viral videos of racial violence is hurting our health. "Research has shown that stress and trauma from racially motivated events create reactions in Black women that are similar to post-traumatic stress disorder," Blount confirms. "These reactions include depression, lack of sleep, anger and an inability to get thoughts about what happened out of one's mind," even if you only saw a recording of the event, not the event itself.

Bottom line: Use your device to stay informed, raise your voice or engage in "hashtag activism." But know when it's time to power down—for your health's sake.



"Stress and trauma from racially motivated events create reactions in Black women that are similar to post-traumatic stress disorder."





Our Black Bodies, Our Full Selves

By Robin D. Stone

Many Black women might agree with Yvonne Gray of Chicago, who sums up her relationship with her body like this: “I’m comfortable with my body. I’m comfortable in my body. I just don’t like the weight that I’ve got on.”

With that, the 50-year-old gets at the heart of a critical issue facing Black women: We embrace our bodies—in all their curvaceous, voluptuous, brick-house thickness—while we tend to carry excess weight that can lead to chronic and potentially debilitating health conditions.

Findings from the Black Women’s Health Study reflect this paradox. The majority of Black women have high Body Mass Index (BMI). About 40 percent of study participants also reported living with one or more major health conditions—while, at the same time, almost half of participants reported having excellent/very good or good overall physical health.

We know that both BMI and body weight are generally recognized as broad measures of good health, but neither gets the job done perfectly. Both have been challenged as overestimating the prevalence of obesity—and therefore a high risk for health problems—for Americans in general, and for populations like older Americans and Black Americans in particular. In fact, some research has called for BMI cutoffs to be raised to reflect racial and ethnic differences in body structure and mass.

But efforts to dismiss these measures don’t take into account that Black women are less likely than White women to perceive their risk for developing weight-related health conditions in the first place. Changing this will take cultural shifts on many levels, including altering perceptions of what a “healthy” Black woman looks and feels like; adopting more healthful eating habits and increasing rigorous physical activity; and, perhaps most important of all, understanding how stress—and stress stoked by racism—contributes to excess weight.



The Stress-Obesity Connection

Black women are known for making a way out of no way. That's one reason our families, friends and coworkers turn to us: Whether on the job, at the church, in our families or in our communities, we often are at the hub of activity, getting things done. The problem is when we don't know how to say no to the extra work assignment or supporting the youth ministry or leading that annual fundraiser. We sometimes take on too much for our own good.

Those extras often are in addition to the demands we juggle at home. Family caregiving is more common among Black women, and research has shown a link between caregiving and poor physical and mental health.

Deirdre Lovell, 60, a massage therapist and

holistic wellness consultant in Brooklyn, describes the challenges of being sole caregiver to her 94-year-old mother, who has Alzheimer's and "needs assistance with almost everything" from feeding to bathing.

Lovell, a former professional dancer, is well aware of constant caregiving's toll on her mind and body: "Children are very active, so you burn up a lot of energy chasing them," she says. "With older people, you spend most of your time sitting, unless you're pushing a wheelchair." At the end of her days, she's exhausted "from the brain going fast but the body going slowly".

Stress is not always negative. The body's "fight or flight" instinct evolved as a survival mechanism, enabling humans and other mammals to shift to life-saving mode to

escape predators and other dangers. When stressed, the brain releases the hormones norepinephrine, epinephrine and cortisol. Muscles tense, the heart pounds, breathing quickens, pupils dilate, and blood sugar surges, providing a jolt of energy. Today's threat may not be a predatory animal but a car veering into your lane when you're behind the wheel. Your stress response kicks in, triggering that energy surge to put you on high alert and help you swerve out of the way.

But the insidious thing about the persistent, modern-day stress that many Black women face is that the body is on constant alert. "It's a smoldering kind of stress," says Elizabeth Ofili, M.D., chief of cardiology at Morehouse School of Medicine. What contributes to this "smoldering"? Caring for children and parents, workplace drama, financial struggles, living in an impoverished neighborhood, racial slights large and small.

"The data show that stress hormones never return to baseline," says Ofili, who leads research on heart disease in African Americans. This leaves Black women vulnerable to fatigue, lowered immune function and increased abdominal, or visceral, fat, which produces toxins that increase your chances of heart disease, high blood pressure, type 2 diabetes, inflammation that can cause cancers and a host of other health problems.

Linda Goler Blount, MPH, president and CEO of the Black Women's Health Imperative, breaks it down further: "What our bodies do when we are under stress is hang on to calories." She cites recent research: "If we give Black women and White women the same high-fat diet, Black women will gain more weight and gain it faster. If we give them both the same low-fat diet, Black women will lose less weight and lose it more slowly." That difference between the races is not only due to genetics or will power, but to "constant exposure to stress".

The Trouble We've Seen

The Black Women's Health Study showed that women who reported less frequent experiences of everyday racism said they had better overall health. Researchers are taking a closer look at racism as a stressor that is so pervasive we may not even know it when we experience it.

Black women have been identified as a group at high risk for depression, and some research links racism to depression, which is a contributing factor in binge eating and obesity.

"The data show there's a risk factor just for being Black," says Kanika Harris, PhD. "A lot of our humanity is not being recognized on a basic level. It starts the moment you feel you're invisible and experience that first racist situation from grade school. It stays with you, and you are impacted over time."

Melissa Lawson, 46, a married mother of two who lives outside Dallas, notes the effects of racism on her family's life. She worries for her 16-year-old daughter and 11-year-old son. "They're the minority in the area we live," she says. "I fear them being mistreated." She recalls when her daughter came home and said White schoolmates commented on her "greasy" hair, or when she's had to have the "talk" that Black parents do with their children about how to behave when interacting with the police.

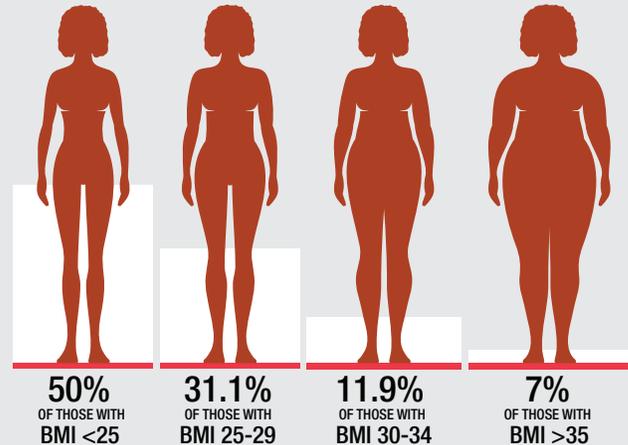
With the unending stream of unwarranted police shootings of African Americans (and, in their home state, the tragic death of Sandra Bland in police custody and an officer's terrorizing of a bikini-clad teenager at a pool party), Lawson says, "It bothers me that I have to have that discussion with them. But I think about what happens if they move the wrong way."

Lawson's concerns reflect the heightened stress that Black people experience every day. When the store security guard follows you from one department to another. When a traffic cop stops you for no apparent reason. When a White colleague with less experience

Women Reporting Very Good Health By Body Mass Index

Body Mass Index (BMI) is a weight-to-height ratio calculated by taking your weight in kilograms and dividing it by the square of your height in meters. A healthy weight BMI is 18.5 - 24.9.

(Source: Centers for Disease Control and Prevention)



Hate Crunches? Here's What You Can Do Instead

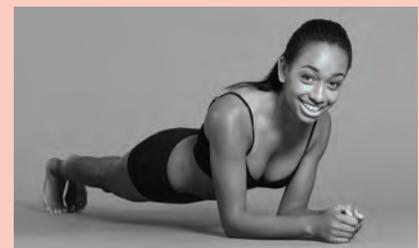
For women, a waist circumference of 35 or more inches is cause for concern (for men, it's 40 inches or more), signaling the presence of what physicians call "visceral fat." (For optimal health, some physicians advise, a woman's waist should be less than 30 inches.) This fat produces chemicals that put you at greater risk for heart disease that can make your body insulin-resistant, which can lead to diabetes, and can cause inflammation, which is linked to cancers. "The important measure here is waist-to-hip ratio," Linda Blount points out. "In other words, your waist should be smaller than your hips."

Brenda Grays-Holly, 53, a financial analyst in Southfield, Michigan, is challenged by what she calls her "expanding midsection," an issue all too familiar among women aging into menopause. She addresses the problem by not feeding her sweet tooth. "I'm trying to eat more salads and fruit and stay away from candy and cake and cookies," she says. She's also added daily crunches to her exercise regimen.

While crunches are tried and true, who really wants to do that?! Especially when there are

other things you can do to whittle your middle while strengthening more of your core:

Pilates—a physical fitness system based on sustained and controlled movements—does wonders because it targets not only your abdomen but also your oblique muscles, your back and your pelvis.



Planks—holding your body in a straight line suspended on your elbows and toes—also promotes toned abs and superior core strength. Try this daily planking challenge: Start by holding the pose for 10 seconds, then increase the time by 10 seconds every two or three days. Aim for a total of two to three minutes in 30 days, and you'll see and feel a huge difference.

Break from Stress

We sing the praises of working out and eating right, but if you're chronically stressed, there's only so much diet and exercise you can do to counter the fight-or-flight hormones flooding your body. And, if you're Black in America, whether you realize it or not, you are most likely chronically stressed.

Constant surges in a stress hormone called epinephrine cause wear and tear on your blood vessels and arteries, raising your blood pressure and increasing the risk of heart attack and stroke. Cortisol, a stress hormone that stimulates release of insulin and regulates blood sugar for energy, is especially problematic under constant stress because it does not know to stop. At elevated levels, cortisol boosts your appetite and increases storage of unused calories as fat, especially toxic visceral fat in the abdominal area.

Here are several tools you can use to reap the physical benefits of dialing down and destressing:

Reflection and Meditation. Meditative practices reduce risks for of a number of diseases, says the Imperative's Blount. "It clears the brain and enables synapses to function better." She cites studies that show that when children meditate, new neuropathways form in their brains, allowing them to better process information. Adult brains can respond in the same way.

Contemplative Movement. Yoga and Tai Chi are known to help reduce anxiety as they promote greater awareness of mind-body connections. With their emphasis on achieving and maintaining various poses, they emphasize meditative movement, deep breathing, flexibility and balance.

Seek Emotional Support. Talk to a friend, pray, turn to a pastoral counselor, or find a professional therapist. Blount stresses cognitive-based compassion therapy, which challenges automatic negative thoughts about self and others.

Rest. Be still, spend time alone; breathe deeply; venture out into nature and engage with the universe around you; get good sleep. Inadequate sleep can trigger the body's stress hormones.

Ask for Help. Recognize that you don't have all the answers, nor can you do it all. But make sure you ask the right people. Dr. Ofili of the Morehouse School of Medicine cites research that shows that women having chest pains will call everybody else—a friend, a sibling or our mama—before dialing 911.

See more destressing tips in our section on stress and mental health, beginning on page 7.

40.8% OF THOSE WHO
WALK BRISKLY
REPORT VERY GOOD OR EXCELLENT HEALTH



17.8% OF THOSE WHO
WALK CASUALLY
REPORT VERY GOOD OR EXCELLENT HEALTH

becomes your boss. As Kanika Harris says, "no one has to call you a 'straight-up n-----' for it to affect your health. There are systemic experiences—some we wouldn't identify as racism—that are so ingrained in the way we experience American life, they make it easier to understand why there's a deeper need for self-care."

The deeper need for care includes identifying racism as a key stressor. "You have to call it what it is," she says. "It takes a certain level of mindfulness to notice, 'I'm breathing faster than or not as deeply as I should be.'"

Not only do we need to take time for ourselves, we also need to put ourselves first. For those of us who struggle with this concept, consider shifting your perspective from being selfish to "self-full," a term offered by Kirkland Vaughans, a psychoanalyst in New York City. He likens it to when flight attendants warn you, in the event of trouble, "Put your oxygen mask on first before attending to anyone else, otherwise you may not be able to assist others. As a result of this self-care, we are all better off. Lawson, who at 5 feet 9 inches weighs 240 pounds, is coming to embrace that mantra when it comes to putting herself first. "I've wanted to be an attentive mom and have been living for everybody else," she acknowledges. "Somewhere in there I've lost myself." She juggles a high-pressure customer service job and family responsibilities with her husband, who works a night shift. "Sometimes I will eat to comfort myself, and I know I need to change that."

Eating Well and Moving Meaningful

We know that what you eat and physical exercise affect how you feel. The Black Women's Health Study found that brisk walking and a diet that follows heart-healthy Dietary Approaches to Stop Hypertension (DASH) guidelines—emphasizing fruits, vegetables, whole grains, fish, poultry, beans, seeds, and nuts—were strongly linked to reports of better overall health. It also found links between brisk walking and more vigorous exercise and reports of excellent or very good health.

Keisha I. Patrick, 37, a lawyer for a federal agency in Washington, DC, exemplifies our need to embrace both healthy diet and exercise. She is 5 feet, 2 inches and tips the scale at 110 pounds, but with a sobering diagnosis and a family history of diabetes, she is ever mindful of what she eats. "I'm not the picture of somebody who's pre-diabetic, but I am," she says. "I had to cut out extra carbs, cut out fruit juice—sweets are a real problem for me."

She carefully plans her meals for each week: baked salmon, chicken or ground turkey, veggies and brown rice, and smoothies loaded with fruits and leafy greens. But she knows that diet alone won't stave off diabetes.

Growing up with scoliosis, Patrick practiced a weight-lifting regimen that successfully straightened her spine. Today, she amplifies her workouts with strength training because she knows that muscles burn more calories than fat, helping to regulate her blood sugar long after cardio is done. Beyond that, she says, she likes the toned look that comes from working with weights.

Among Black folks, Patrick's quest to eat and live healthfully often makes her the object of envy and judgment, and the brunt of jokes. "People say I'm too skinny to be obsessed about my weight. They say, 'Girl, you can definitely have some more peach turnover.' But I can't. It's not about weight, it's about me not becoming diabetic."





No More Excuses

Crystal Adell had heard one too many excuses about why Black women don't exercise when she founded Black Women "Do" Workout! in 2009. Today, the grassroots effort to encourage and inspire fitness among Black women has more than 800,000 social media followers worldwide and promotes meet-up groups and events throughout the country. Like GirlTrek, which promotes walking and social justice, and Black Girls Run, a support group for runners of all levels, these groups emphasize community and the preventive power of exercise to keep Black women healthy.

From her base in Dallas, Adell encourages Black women to not simply fit exercise into our lives, but to change our lifestyles so that exercise is a natural part of what we do every day. "It's beyond going to the gym," she says, adding that her group introduces many Black women to new sports and activities. In addition to Zumba, African dance and kickboxing workouts like Turbo Kick, "we are about biking, camping, rock climbing, hiking, kayaking," she says. "Just because it's not something we do, that doesn't mean we can't."

With that change in perspective, Adell says, excuses don't stand a chance. Before starting any exercise routine, check with your health care provider. And use these tips—or excuse busters—to get you going:

Your excuse: I don't have enough time.

Excuse buster: Break up your routine. Research shows that you can achieve the same or better results in three 10-minute increments throughout the day as you would in a single 30-minute session. Try walking at a moderate pace in the morning, then briskly at lunchtime, then moderately at the end of the day.

Still pressed for time? Visit www.bwhi.org for a 7-minute workout of high-intensity activity that you can try. Scientists have found that bursts of training at maximum capacity provide benefits similar to hours of running or bike riding.

Your excuse: I'll sweat out my hair.

Excuse buster: Sneak movement into your day. Take the stairs instead of the elevator. Stand instead of sitting at your desk. Hop off the train or bus before your regular stop and walk the rest of the way. Don't circle the mall lot looking for the closest space to the entrance; park and walk the distance.

Preserve and protect your 'do with a soft, stretchy, satin-lined cap to help your hair retain its oils and moisture. When you're ready to bump up your routine, find a hairstyle that allows you to sweat and still look good. If it comes to choosing between your health and your hair, there should be no competition.

Your excuse: I'm so out of shape, it hurts to move.

Excuse buster: If you can, start by walking. It gets your heart rate up, gets you breathing more deeply, and works your hamstrings and quads. Evidence shows that walking is better for weight loss than many other exercises, Blount says. Go slowly to increase your endurance and strength. Other options include swimming and water workouts, which are less stressful to joints, and exercises while sitting.

Your excuse: I can't afford it.

Excuse buster: Get moving to dozens of freebie routines online, including the site of the American Council on Exercise, which features a library of training programs, workouts and expert advice. Adell hunts for cheap exercise DVDs at dollar stores. Invest in some fitness bands and adapt your own resistance-training routine. Take a walk or bike ride outside, which also will boost your Vitamin D.

Your excuse: I don't feel safe working out outside.

Excuse buster: Buddy up and reap the benefits of sistership, motivation and social support. Women who walk in groups report better overall emotional well-being, Blount says. Get to the mall early and walk the perimeter before shoppers come in. Organize a meeting between your walking group and your local police precinct to lobby for streets safe enough for you to walk.

A New Normal: Fit, Healthy and Beautiful

A part of changing cultural perceptions is adopting a “new normal” of how a healthy Black woman’s body should look. But size and weight are complex and emotional issues for us. Black women are more apt to compare themselves to one another rather than to White women held up as ideals in mainstream media. But, as bodies have increased in size, so have people’s expectations of what normal looks like. “It’s a convenient excuse—and this is not blaming—for not losing weight because there’s no real incentive when everyone around you looks like you,” Linda Goler Blount says.

The dynamics in our social networks, like peer pressure to conform, can also affect our perceptions and habits. “If you move to a new town and all of your new friends and colleagues are overweight,” Blount says, “the odds are 60 percent that you will become overweight.”

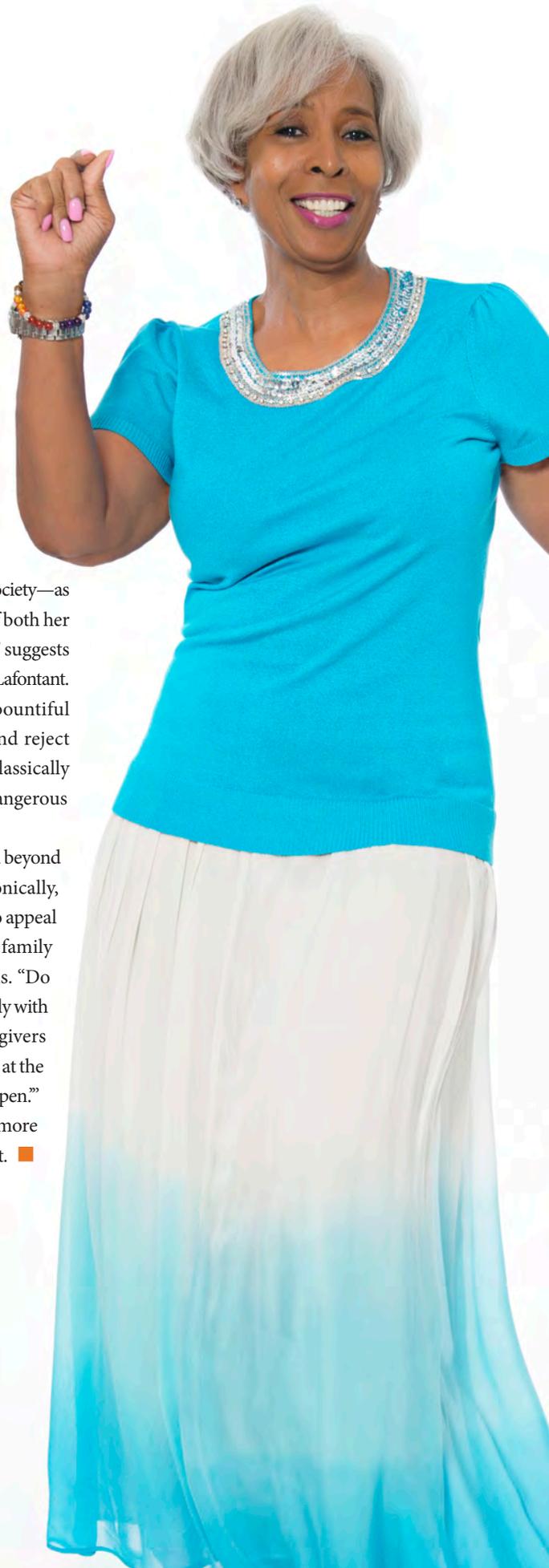
As one 2010 study shows, Black women sometimes underestimate the degree to which we are overweight and are less likely than White women to perceive our risk for developing weight-related health conditions. It is one thing to love your curves, but, as the study’s authors suggest, “While this may be protective to the self-esteem of African American women, it stands to reason that underestimating their weight category places these women at higher risk for continuance of overweight and obesity.”

Another theory is that we are expected to shoulder the weight of our family and community by carrying weight ourselves. “The size and shape of a Black woman’s body are often interpreted—within Black communities and in the larger society—as symbolic and immutable markers of both her degree of authenticity and strength,” suggests sociologist Tamara Beauboeuf-Lafontant.

While Black men celebrate our bountiful bodies, as we bask in their gaze and reject White culture’s notion of thin as “classically beautiful”, we have ventured into dangerous territory.

Blount wants to move the discussion beyond body size to fitness and health. Ironically, one way toward the new normal is to appeal to Black women who are caring for family members with health complications. “Do you want to be a burden on your family with chronic diseases?” she asks. “Caregivers become resentful. They begin to look at the person and say ‘this didn’t have to happen.’”

And, if caring for others makes us more mindful of caring for ourselves, so be it. ■





ABOUT

The Black Women's Health Study

The Black Women's Health Study (BWHS), approved by the Boston University Medical Center Institutional Review Board, is a prospective follow-up study of women across the United States who self-identify as Black.¹ Participants enrolled in the study in 1995 by completing health questionnaires sent to subscribers of ESSENCE magazine. The 59,000 participants were 21-69 years old at the start of the study and have completed questionnaires every two years. Validation studies show high accuracy of self-reported height and weight,^{2,3} physical activity,² dietary intake⁴ and medical diagnoses.^{5,6}

The study population for the analysis used to create IndexUS was restricted to the 38,706 participants who responded to the 2011 biennial questionnaire and answered the question on self-rated overall health. BWHS investigators examined various factors related to self-rated health by age, years of education, household income and major health condition.

The 2011 biennial BWHS questionnaire asked women to rate their overall health, physical health, mental health (including mood and ability to think) and social health (ability to carry out usual social activities and roles, at home, at work, within community, and responsibilities as a parent, child, spouse, employee, friend, etc.). The response categories were excellent, very good, good, fair and poor.

SAS 9.3 (SAS Institute Inc., Cary, NC) statistical software was used for all analyses. Statistical models using PROC GENMOD calculated risk ratios (RRs) and 95% confidence intervals (CI) for various categories of self-rated health.

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Distribution of Self-Reported Health, overall and by age, in 2011

Self-rated health	Overall		Physical		Mental		Social	
	N	(%)	N	(%)	N	(%)	N	(%)
Excellent/very good	18,971	(49.0)	16,837	(44.3)	23,637	(61.2)	23,719	(61.5)
Good	15,335	(39.6)	15,430	(40.6)	11,072	(28.7)	11,387	(29.5)
Fair/poor	4,400	(11.4)	5,733	(15.1)	3,888	(10.1)	3,467	(9.0)
Among women younger than age 50								
Excellent/very good	7,250	(54.3)	6,016	(45.6)	7,888	(59.2)	8,055	(60.4)
Good	4,877	(36.5)	5,201	(39.4)	3,832	(28.7)	3,972	(29.8)
Fair/poor	1,219	(9.1)	1,976	(15.0)	1,609	(12.1)	1,303	(9.8)
Among women ages 50-59 years								
Excellent/very good	6,389	(48.1)	5,778	(44.3)	8,047	(60.7)	8,015	(60.4)
Good	5,299	(39.9)	5,268	(40.4)	3,829	(28.9)	4,012	(30.3)
Fair/poor	1,597	(12.0)	1,998	(15.3)	1,372	(10.4)	1,231	(9.3)
Among women ages 60-69 years								
Excellent/very good	4,024	(46.8)	3,805	(45.2)	5,548	(64.7)	5,570	(65.1)
Good	3,549	(41.2)	3,423	(40.7)	2,372	(27.7)	2,337	(27.3)
Fair/poor	1,030	(12.0)	1,188	(14.1)	656	(7.6)	651	(7.6)
Among women age 70 or older								
Excellent/very good	1,308	(37.7)	1,283	(37.0)	2,154	(62.5)	2,079	(60.7)
Good	1,610	(46.4)	1,538	(45.9)	1,039	(30.2)	1,066	(31.1)
Fair/poor	554	(15.9)	571	(17.1)	251	(7.3)	282	(8.2)



We hope you're enjoying

INDEXUS

What Healthy Black Women Can Teach Us About Health!

*If you're not familiar with our organization,
or just need a refresher, allow us to (re)introduce ourselves.*



BLACK WOMEN'S
HEALTH IMPERATIVE

Who We Are

The only national organization dedicated solely to improving the health and wellness of the nation's 21 million Black women and girls — physically, emotionally and financially

What We Do

Identify the most pressing health issues that affect the nation's 21 million Black women and girls, and invest in the best of the best strategies, partners and organizations that share our goal: ensuring Black women live longer, healthier, more prosperous lives

How We Do It



ADVOCATE
for policies that improve health outcomes for Black women and families



MOBILIZE AND ENGAGE
women and organizations to advocate for health-promoting policies to achieve gender and racial justice



EDUCATE AND TRAIN
the next generation of leaders who will build the Black women's health movement



PROMOTE evidence and practice-based lifestyle change models that provide strategies for individuals and families to address health inequities



CHANGE THE CONVERSATION
and perception about Black women and their health to highlight the positive



TRANSLATE AND DISSEMINATE
research findings and information to strengthen the knowledge base on Black women's health

Our Programs and Initiatives

CYL² helps women—and men—lose weight, feel great and reduce their risk of type 2 diabetes and other chronic conditions. Participants get their very own lifestyle coach to teach them how to eat healthier and squeeze exercise and other physical activity into their daily lives. And since it's a group-based program, participants always have someone to keep them motivated and on track. CYL² is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention, and our program outperforms similar programs across the country.



My Sister's Keeper



My Sister's Keeper is our movement to empower women, build advocates and graduate leaders.

The program serves women attending Historically Black Colleges and Universities, training them on ways to support each other in making healthy choices, protect one another from intimate partner violence and understand how policies affect their health at the local and national level.

Let's Talk About PrEP!

Black women make up 13% of the female population in the US and 64% of all HIV infections among women. That's why we're talking to Black women about PrEP. PrEP, short for, pre-exposure prophylaxis, can reduce the risk of HIV infection from sex by more than 90 percent! But the majority of Black women don't know about it. Our Let's Talk About PrEP campaign brings the information to Black women where they are—at beauty salons, social events and even online. In 2016 alone, the campaign reached more than one million people.

#LetsTalkAboutPrEP



Learn more about our work, and how you can get involved, on our website, www.bwhi.org.



The High Price of HEALTH

By Tamara Jeffries

Wendy Robbins (not her real name) hadn't noticed the lump on her neck. It was her sister who saw it, who didn't like the looks of it, and who insisted she have it checked out. That was the beginning of Robbins' experience being diagnosed and treated for non-Hodgkins lymphoma. It is also the story of what happens when a woman has a disease she can't afford.

Wendy is an administrative assistant at a mid-sized college. At the time of her diagnosis, she also had a part-time gig answering phones at a call center in the evenings. From time to time, she'd do some housekeeping for a few select clients. That's three jobs, one with insurance, so you'd think that handling hospital bills would be a piece of cake. No cake here.

A major illness means that costs mount fast. For Wendy, it started with the biopsy, then six months of chemo, then six more months of follow-up procedures. "Every time I would go to the doctor it would be a \$70 co-pay," she says. Seventy dollars buys a lot of groceries for a single woman. It's gas money for the commute from one job to the other. It's a phone or electric payment—maybe both.

And that was just for appointments. She had procedures that cost up to \$9,000.

Though her insurance paid 90 percent of the costs, she'd end up with a \$400 bill here, a \$900 bill there. Who can afford that? The costs escalated so alarmingly that she sometimes avoided the appointments rather than add to her mounting medical debt.

She paid the bills as best she could. She held on to her jobs by wrangling her appointments in between. She leaned on her faith to swat back the stress of being in medical debt while fighting to beat her cancer. She did what Black women always manage to do: She kept on living.

If there's one thing that permeates, influences and impacts every aspect of health, it's economics. We know doctors visits cost money, prescriptions cost money, insurance costs money. Health care is a business. That's easy math.



EDUCATION IMPACTS HEALTH



of women who had **MORE THAN a college education** reported excellent/very good health



of women who had **LESS THAN a high school education** reported excellent/very good health

But economics is not just about monetary equations, says Rhonda V. Sharpe, PhD, an economist and founder of the Women's Institute for Science, Equity and Race (WISER), an organization that conducts research on issues related to women of color.

"[Economists] look at how people make choices or how things are allocated," she explains. Health economists may study whether we have the resources to get the things we need for good health, and how we identify, access and manage those resources. By looking at health systems and health behaviors, health economics can inform health policy and practice.

"What we need" includes things like affordable insurance; competent, accessible providers; access to a variety of healthy foods; flexible work schedules and equitable pay; opportunities for exercise; and even a safe place to live.

"There is nothing germane to how we live that isn't a determinant of health," says Linda Goler Blount, MPH, president and CEO of the Black Women's Health Imperative. That includes housing, transportation, education, family makeup, relationship status, social supports...you name it, and it can impact your health.

"The single greatest determinant of good health is socio-economic status," says Blount. "The single greatest determinant of socio-economic status is education."

And look at how it all ties together economically: Low-income neighborhoods have lower-resourced schools because the tax base is lower. Fewer resources generally equal lower



academic performance. “If we could fix poor performing schools,” Blount says, “we could reduce inequalities and disparities in wealth and health.”

Clearly, economics has an influence on all of those things. Like it or not, financial forces can determine our ability to access the things we need for good health—and thus make or break our health prognosis.

Do the Math

Economics touches every aspect of health, but income and access don’t explain every health concern Black women face. Thus, health economics is not a $1+1 = 2$ kind of problem. It’s an algebraic equation with many factors that have to be taken into consideration when you’re solving for X.

For example, we know higher education levels and higher income correlate strongly with better health. A Black woman who’s gotten some letters behind her name and moved into a higher income bracket would expect her health outlook to improve, too. Right?

Not necessarily. Many health disparities exist for Black folks regardless of income, education and other factors. And that seems especially true for conditions Black women face.

Take Black women’s birth outcomes: All things being equal, Black women still have more complications with pregnancy and birth. “When we control for everything in

the world, Black women are more likely to have low-birthweight babies, preterm births, and higher infant mortality rates,” says Tiffany Green, PhD, assistant professor in the Department of Healthcare Policy and Research at Virginia Commonwealth University School of Medicine.

“There is a big gap between White women with a PhD, for example, and me,” says Green. “The predicted infant mortality rate for people who look like me looks similar to those of White women with no college education.” In other words, a highly educated, financially stable Black woman with a high-level job is more at risk during pregnancy and birth than a White woman with a high school education. Why? Nobody knows exactly.

“Health care access is important, but that and income still can’t quite explain why there are

these big differences in health,” Green says. “You see racial disparities at VA hospitals, where ostensibly every veteran would be getting the same level of care. Even in countries like the UK where there is universal access to health care, racial disparities show up,” she says.

“There are not that many researchers doing research on Black women in particular,” says Green, who says she may be the only Black health economist in the country. And there are so many factors involved, she believes it’s going to take a village to get to any real answers. Historians, sociologists, anthropologists, epidemiologists, economists and others may be able to contribute a piece to the puzzle of Black women’s health.

From the work that’s already been done, though, there are some things that are pretty clear—and economics dips into many of them.



Home Is Where Your Health Is

“Housing is health care. If you don’t have housing, you don’t care about anything else.”

That Tweet, from ARC Health and Wellness in Toronto, touches on one of the reasons why having a safe home base is crucial to wellness. A home is a base from which to perform self-care—call a doctor, store your insulin or get a decent night’s rest.

A healthy home isn’t leaky, drafty or moldy. It doesn’t have lead in the paint or the pipes. Unfortunately, people who are forced by economic circumstances into substandard shelter have to deal not only with these critical maintenance issues but also the health effects that come with them.

It’s not just your house that affects your health; it’s also your neighborhood.

“Where you live really matters,” Green says. “Neighborhoods are one way to improve health.” Where you live can potentially affect your health behaviors.

Let’s say you live in a neighborhood with sidewalks, bike lanes and a clean, safe park. You’re more likely to take advantage of these—especially if you see your neighbors jogging, walking their dogs or watching their kids play outside.

If you own a home in this pastoral neighborhood, you’re likely to be outside tending your lawn (or sitting on the porch enjoying it). While you’re out there, you may stop to chat with your neighbors. That’s two more healthy behaviors, since research shows that spending time outdoors correlates with good health, as does having good social networks. In these ways, the thoughtful infrastructure and community culture of “good” neighborhoods offer almost subliminal health benefits. You’ll be healthier without even trying that hard.

For that reason, some women will buy a small home or rent a place in a neighborhood with good schools and other benefits. “Even if you live in the smallest house in a good

neighborhood, there are significant health benefits,” Blount says.

But the benefit of living in a “better” neighborhood may have less to do with the neighborhood itself and more to do with your choice to move there in the first place.

Because a Black woman’s internal aspirations and motivations can’t be easily measured, “We can’t say it is actually the neighborhood that is causing you to change your behavior,” Green says. “The characteristics that made you want to move to this neighborhood might also be correlated with health.”

In other words, the fact that you want to live in an environment that encourages a healthy lifestyle may mean you’d practice healthy behaviors—and thus have healthier outcomes—no matter where you lived. If that’s the case, then moving to a good neighborhood represents a major, conscious act of self-care—and the benefits multiply because you made that health-empowered choice.

Our Lives Matter

While so much attention is focused on Black men and boys in this era of Black Lives Matter, it’s African American women who are especially likely to be victims of violence. “The fact that no woman is more likely to be raped in America today than a Black woman is sobering,” writes the Imperative’s lead research advisor, Kanika Harris, PhD, in a summary report of findings from the Black Women’s Health Study. “Black women are more than three times as likely to be murdered as are White women and are, in fact, the most likely group of women in America to become a victim of homicide.”

Meanwhile, women are at the forefront of the fight for Black lives—protesting the unnecessary deaths of their brothers and sisters. Witness Mothers of the Movement, who advocate for policy and practice reforms in memory of their children who died as a result of police violence. Or, look at Patrisse Cullors, Opal Tometi and Alicia Garza, the three young women who founded Black Lives Matter after the death of Trayvon Martin.

Research shows that being active and raising your voice in times of strife can be cathartic. But, in order for Black women to maintain their health and strength, these political movements must make room for self-care. Women have to be able to give and receive support for our own bodies and minds.

When Charlotte, NC, was embroiled in protest over the police shooting of Keith Lamont Scott, a group of yoga instructors organized a “peace practice” in a local park. From 5 in the evening until the city’s 11:30 curfew, Keisha Battles and a multicultural group of yoga instructors offered meditative movement and relaxation practices “lovingly in support of racial justice, the end of police brutality, peace and unity.” Given yoga’s mental health benefits, this provided a healthy outlet for people’s frustrations—a space to re-center even while raising their voices for justice.

Stress Factor

Living in a more appealing neighborhood can also improve your stress level.

A 2008 study published in the journal *Social Science & Medicine* found that the perception or experience of crime and “neighborhood disorder” negatively impacts residents’ health, particularly mental health. People in violent neighborhoods are at greater risk for stress and depression. It can even manifest in conditions like PTSD.

Feeling unsafe in your neighborhood does a double whammy to your wellness: Not only will you miss out on the physical health benefits of outdoor activity, you will miss out on the mental health benefits as well. If you’re constantly peeping through the blinds, checking the locks or listening for gunshots, you’re experiencing steady doses of anxiety—which can have serious implications for your physical health. Stress can affect your digestion, give you headaches, prevent sound sleep and make you more susceptible to viruses, according to the National Institute of Mental Health. If you’re under stress, even your flu shot may not be as effective.

“Over time, continued strain on your body from routine stress may lead to serious health problems, such as heart disease, high blood pressure, diabetes, depression, anxiety disorder, and other illnesses,” according to NIMH. Coping with chronic stress also may lead to unhealthy behaviors like smoking, drinking excessively or taking drugs.

It’s no way to live, but we’re living it every day.

Green is involved with research that examines how where we live affects stress levels and the ability to cope with those stressors. The preliminary research reveals that Black women are dealing with an enormous number of stressors—work, childcare, family responsibilities, relationships and the rest.





This is another area where having more economic or educational resources doesn't necessarily lead to better health. "Some research suggests that educated Black women have high levels of stress from contending with racism and racial discrimination...an issue that is largely foreign to White women," writes Imperative researcher Kanika Harris. That's on top of the sexism that women of all races face. It's this kind of stress that slips under the radar. It's just part of life—so we don't take into consideration how it contributes to poor health and life expectancy.

However, Blount says researchers have developed studies sophisticated enough to prove the connection between stress and biology and body chemistry; they will be providing ammunition for advocates for women's health.

"[Now that] we can show that these things are real and not in people's heads, we can go to policy-makers with suggestions for policies that improve people's living environments," Green says.

When Black women realize the real impacts of stress on their lives and their health, they also may be encouraged to take action to reduce stress. At least they can let go of any tendency to blame themselves.

“...there is insurance.
The question is whether it fits
within your budget.”

Money Can Buy You Health

When you hear someone say “they’re throwing money at the problem,” that’s generally not a compliment. It implies a lack of insight or attention to underlying problems. But, at least to some extent, “throwing money” at Black women’s health can do some good.

“With money, health outcomes improve,” Blount says. If you lift a person out of poverty, her health gets better, according to research. Blount cites studies that show the sooner you can get a person out of the cycle of poverty, the better her long-term health outcomes. Whether someone is 30, 40 or even 50, an improvement in income correlates with an improvement in health.

“What happens is that you have access to better food, you can afford a gym membership, you can afford to live in a safer neighborhood,” Blount says. All those options can contribute to healthier behaviors.

In addition to providing you with healthy lifestyle options, being financially stable also means you can pay for health services when you do get sick.

“Health care isn’t scarce,” argues economist Rhonda Sharpe, PhD. “There’s plenty of health care. Look around you; there are plenty of places to go. And there is insurance. The question is whether it fits within your budget.”

Sharpe makes a fine point. In public health circles, there is ongoing discussion about the dearth of health care providers in African-American communities. If you live in a rural area, the nearest doctor may be two counties over. If you’re a veteran, the closest VA might

be in another part of the state. If you’re in certain places looking for a doctor who looks like you, well, good luck.

But none of that is an issue if you can drive to where the providers are more plentiful. The nearest, best provider may be just across town, but if you don’t have reliable transportation, getting there is an economic hardship.

And you need a flexible work schedule to make those appointments. Wendy Robbins couldn’t afford to take much time off work for her lymphoma treatments, for fear that she’d lose her jobs. So, she would schedule chemo so she could work a half-day at the college and still make it to the call center in the evening.

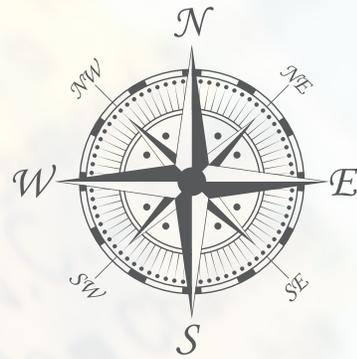
“I was mostly sitting, so it wasn’t so bad,” she says of her jobs. But she was exhausted. And it just seems reasonable that a woman taking chemo should be able to take a day off.

Likewise, just about anyone can *get* insurance

—especially since the advent of Obamacare. The issue is paying for it. If you have enough money to pay for your insurance, you’re good. If you live below the poverty line, you’ll be eligible for Medicaid and other assistance, so you’re covered.

But many middle-income people fall into a “coverage gap” where they make too much to receive Medicaid but not enough to afford to pay insurance premiums or get Affordable Care Act tax credits. The ACA was passed with the assumption that states would expand their Medicaid coverage to cover the gap. Nineteen states didn’t—including Texas, Florida, Georgia and North Carolina, states with sizeable populations of people of color. (By the way, if you’re single and childless in these states, you’re not eligible for Medicaid at all.) In those states, health coverage is still out of reach.





Southern Living

The Jim Crow South used to be a dangerously unhealthy place to live—poverty was the norm, lynchings were rampant, and life for many consisted of back-breaking, dawn-to-dark work in near slave-like conditions. With the promise of better opportunities and “what have we got to lose” motivation, Black people fled north and west. Between 1910 and 1970, some 6 million African Americans drained out of the South in a phenomenon known as the Great Migration.

Now the migration is reversing: Black folks are coming “home”. Today, nearly six in 10 African Americans (58%) live in the South. They’re coming for work and to retire. And they’re coming back to a wide range of health conditions.

If you’re in Atlanta, Nashville, Dallas or another major city, you probably have access to good quality care. But once you leave the metro areas, you see a decline in access and a decline in health among Black folks.

In rural areas, the nearest health clinic may be in another county. In some cases, doctors have schedules like traveling preachers did in horse-and-buggy days: They come to town a couple of times a month. If you can’t see your doctor then, you may wait weeks for another opportunity.

A third of the Black rural population lives in poverty, according to a report from the South Carolina Rural Health Research Center at the University of South Carolina. That means they are less likely to have health insurance and more likely to live in a community where fewer resources are available.

It’s not surprising then that the South has the highest rates of chronic disease and poor health outcomes, according to a 2016 Kaiser Family Foundation report.

However, some folks are moving south for reasons that may benefit their health. The cost of living tends to be lower, so there’s less financial stress. People can afford to buy a “nice” house in a “nice” neighborhood, which can contribute to better health.

They may be moving closer to family (some Black folks never left, after all), where they can reap the benefits of family and social networks—and perhaps aid in the care of family elders who are rooted there.

And for all the glamour attached to Northern urban centers, it comes in exchange for the racially charged culture of violence that we’ve seen flare up in areas like Chicago; New York; Baltimore; and Ferguson, MO. It used to be that the North seemed like a safer place for Black people. Not any more.

It may seem like a stereotype, but the Southern lifestyle and pace are easygoing. That may be why so many African American baby boomers are choosing to retire in the South, where their money goes further and they can look forward to a mild climate. Even many younger folks are looking for an exit from the concrete and cold weather.

Ultimately, the gap between negative health outcomes and the potential health benefits of being in the South may hinge on economics. Poorer Black folks with lower education levels may see worse health outcomes than those who are in a better financial situation to move back south. The need for better health across the board is another challenge for providers, public health policy-makers and the people they serve.



Shame, Blame and the Same Old Game

Many public health issues can't be fully solved without digging into economic details. In most cases, any medical solution to a health problem is going to have an economic component. Economists Sharpe and Green agree that they'd like to see providers, researchers and policy-makers ask more detailed questions when they're talking to people about their health care options.

"We look at the habits of Black women instead of the systems that impact them," Sharpe says. If a woman makes choices for herself or her family that are deemed unhealthy, we question why she made those choices: *Why doesn't she take her kids to the doctor? What is she feeding*

them that junk for?

"You're only looking at my habits and not looking at my opportunity set. What are my choices?" asks Sharpe. And what are solutions that address the obvious problem as well as the factors that go deeper?

When a Black woman's grocery bag doesn't include healthy, fresh vegetables, policy-makers rush in to help her recognize the error of her food ways. They may ply her with healthy eating workshops, make up a new food pyramid to include "culturally relatable food options", or dictate what she can buy with her food stamp benefits. But they miss the fact that there is no grocery store nearby that stocks fresh vegetables.

More importantly, they don't ask why that's the case. Linda Blount tells the story of a Michigan

grocery store that did booming business among people of color—until they moved the store just out of easy access to transportation. Why'd they move it? Eventually the unpleasant truth came out. "They didn't want 'those people' in their store," she says.

Let's call this song exactly what it is: systemic racism. Decisions are made with no consideration of the impact on people of color or women. Or, worse, decisions are made with the intent of negatively impacting disadvantaged populations. Either way, the impact is devastating to individual health and to the health and welfare of the community as a whole.

Some public health policy decisions are investments—there's an immediate cost, but a long-term health and financial benefit. But



if the expense requires raising taxes and the payoff is 10 or 20 years down the road—well beyond the next election cycle—it’s less likely to get a nod from legislators, Blount says.

Sometimes, policy-makers are looking so hard at the big picture, they ignore the simple things

that could make a difference for a person’s health long before new legislation could be passed or new rules enacted. That’s where common sense and community action come in.

Take, for example, the cancer center in a lower-income area of New York that had

a chronic problem with patients missing appointments. When someone took the time to ask why, they found that patients weren’t just being apathetic. They were too tired and sick for the long bus and subway rides to and from chemo.

The staff came up with a cheap and immediate solution: a coffee can. Patients, visitors and staffers could drop in a dollar or two, and patients could take out funds to get cab fare home. A simple, compassionate, community-minded solution.

What Can We Do?

From the policy side, “We need more research and studies,” says Tiffany Green. “We need more rigorous evidence about the effects of economic factors on Black women’s health.” For public health and economic scholars, more evidence means more ammunition for advocacy.

“If there is anything I want to be very clear about is that this is NOT about blaming women for their health status,” Green says. We can look at our behavior—and we do—but we also have to think about the economic factors that make it more difficult for Black women to be healthy.

Meanwhile, Black women can take charge of the factors that we can control. We can practice good self-care, thoughtfully using the resources we have available. We can practice “help care”—actively seeking assistance, information and opportunities for cooperative health efforts. And we can participate in activities that advocate for ourselves and our communities.

And, never be reluctant to speak up and ask questions, says the Imperative’s Blount.

“Make your doctor do his or her job,” she says. “Ask questions or take someone with you who will. You don’t let the cable people rush you. Don’t let your doctor rush you either.” You deserve a clear explanation of every treatment, every medicine, every medical term. ■



The Dilemma of the Food Desert

If a healthy diet is at the baseline of good health, then it's critical to have access to fresh greens, unprocessed meats, whole grains and other options that aren't loaded with fat, sugars, salt and chemicals.

But there are communities where the nearest place for groceries is in the gas station convenience mart and most meals come from the nearest fast food restaurant. Students open their lunch bags and find a bag of chips and a bottle of soda.

These grocery-deficient areas have been called food deserts. The USDA has a complex formula to define a food desert, but it's essentially a community where a majority of the people are poor and the nearest grocery store is a mile away in a city (10 miles away in rural areas). By the government's calculations, there are some 6,500 food deserts in the country.

Why the lack of a "real" grocery store? People everywhere have to eat, right?

A grocery store isn't a service; it's a business. Stores of all kinds choose locations where shoppers can and will pay for their goods. By that logic, it might make sense for a grocery company to plant itself in a wealthier ZIP code.

"But you can come to Prince George's (PG) County (MD), one of the wealthiest Black counties in the country, and there is no upscale, high-end supermarket," says economist Rhonda Sharpe, PhD. Why wouldn't a store of that caliber put down roots in a wealthy Black community?

Some folks will call it systemic racism: Black money isn't green enough.

PG is hardly a food desert, so the well-off African Americans who live there have access to a variety of grocery and restaurant options.

But what about places where they don't? Some cities have been addressing the problem with mobile pop-up markets in unused storefronts, shipping containers and even out-of-service city buses.

In other communities, citizens are gathering to form food co-operatives. For example, there is a worker-owned store partnering with local farmers near Oakland to resolve the food insecurity issue in northern California, and a community co-op in Greensboro, NC gained national attention as it raised funds to open a 10,000-square-foot grocery in a shopping center that had been empty for years.

Just because you provide peaches and kale doesn't mean people will eat them. After all, if you've spent years dining on cheeseburgers, beef jerky and chips, you may not have developed a taste for greens. In fact, you may not recognize the foods—Rhonda Sharpe says she once offered an apple to a little girl who didn't recognize it because it wasn't red—much less know how to prepare them.

A 15-year study from the University of North Carolina at Chapel Hill found that offering healthy food didn't automatically mean people would buy or eat it. These efforts to "green up" food deserts have to be community-based and collaborative. They need to include culturally relevant dietary education and cooking demonstrations, in addition to fresh, tempting tomatoes, corn and collard greens. ■



Sexual Healing

By Tamara Jeffries

I met K.P. in Atlanta when we were both fresh out of college, dreaming of becoming famous writers and doing the things that young Black women do in Atlanta: working and playing and living and loving life. K.P. always had a quick comeback and a contagious laugh and was game for adventure—which is how we ended up in a lukewarm hot tub at a pool party that we'd crashed after she heard about it from a friend of a friend. If "Carefree Black Girl" had been a thing back then, her face could have been on the T-shirt.

Her free and open attitude extended to her perspective on sex. I wouldn't have called her promiscuous. She was looking for the love of her life just like all of us were when we were 20-something. In the meantime, she wasn't denying herself the joy of sensual pleasure with the partner of her choice.

Right about now, you're expecting this story to transition to the part where something tragic happens: She ends up with AIDS and dies a broken woman or something. After all, we are talking about a Black woman and sex, so we're conditioned to expect the worst, having sat through enough church sermons and Big Mama lectures to reinforce that "bad girls" always get taught a hard lesson.

But, that's not how this story goes. She's a teacher now and is writing still. Her Facebook page is full of sunny pictures of herself in fierce sun hats, hugged up with her doting daughter, on vacation with friends, or dolled up for a night out. And she always wears the smile of someone well satisfied.



If only we all could be so free in ourselves. But sometimes it seems as if our Black-woman bodies have been battlefields since the time we were brought to this land—and we are still fighting to protect and take control of who we are, especially when it comes to sex and our sexuality.

It's important to embrace our sexual, sensual selves because, no matter how hush-hush we try to keep it, sex is an integral part of our overall health. Science tells us sex can strengthen our immune response, lower blood pressure and reduce the risk of a heart attack. The benefits of healthy intimacy include improving mental health as well. And it's not just the "sex" part of sex. We feel good when we have strong relationships and solid, committed partnerships. When the whole package is in place, sex is a wonderful bonus.

Our challenge: to claim our sexuality and our sex lives in a whole-hearted and healthy way.

Finding Sexual Justice

One of the first steps to sexual freedom is having policies that address our sexual and reproductive rights and represent overall reproductive justice.

While birth control or abortion may be the first things you think of when someone says "reproductive rights", the term "reproductive justice" creates a larger umbrella that covers issues faced by a wider group of women including low-income women and Black women. For example, while access to a safe abortion or affordable contraception is a reproductive rights issue for all women, reproductive justice seeks to address the underlying economic and access issues that make birth control practically unavailable to low-income women.



Our sexual wellness can be influenced by our economic condition, legal status, environment and quality of our relationships, as well as our freedom to choose when, how and with whom to make a family. Living with reproductive justice means we will not be coerced into long-term birth control or told how many children we should have. It means we can raise our children in a safe environment.

“A woman cannot make an individual decision about her body if she is part of a community whose human rights as a group are violated, such as through environmental dangers or insufficient quality health care,” writes Loretta Ross, national coordinator of SisterSong, a reproductive justice collective that focuses on women of color.

Consider this: If you can’t afford health care—or your insurance plan doesn’t cover contraceptive care—then your ability to control your sexual well-being has limits that a woman with comprehensive care does not. That wary woman in a relationship with a partner who is abusive or controlling can’t manage her sexual well-being as well as a sister in a healthier relationship can. Ditto the sister who has to care for her aging parents and her children and is too busy to even think about anything else.

Reproductive justice work, then, includes activism around birth control and abortion, intimate partner violence, incarcerated mothers, HIV prevention and care, adoption and fostering, and a host of other concerns. “It includes the right to have a baby or not have a baby and the right to raise children in a safe and healthy environment,” says Linda Goler Blount, president and CEO of the Black Women’s Health Imperative.

Reproductive Rights and Reproductive Justice

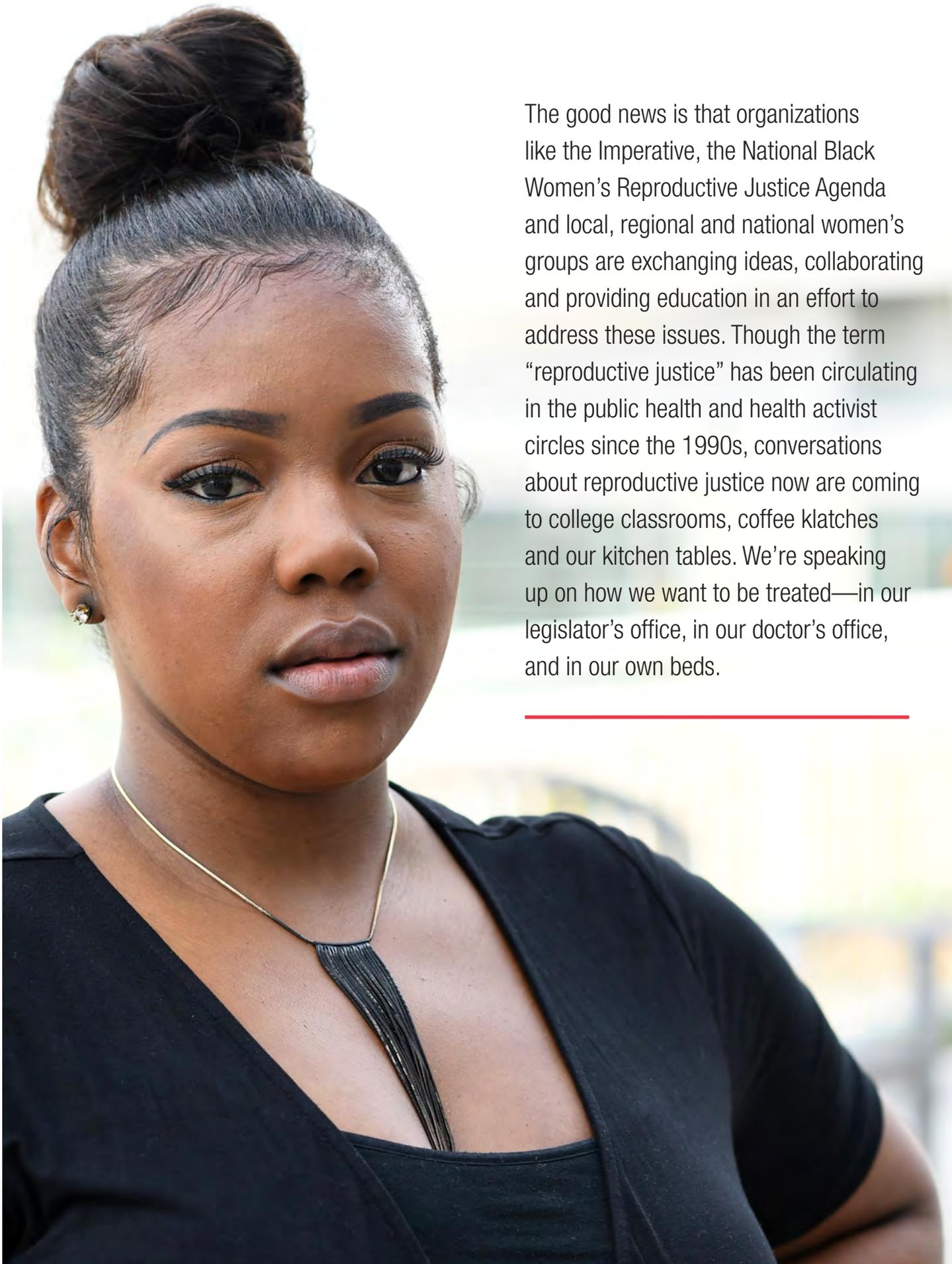
These terms might seem interchangeable, but there’s a distinction between the two.

Many organizations focus on a woman’s right to choose when or whether to have children and to have access to quality reproductive care. They tend to focus on abortion rights, contraception coverage and obstetrics care.

Reproductive justice takes that a step further. Loretta Ross, in the Reproductive Justice Briefing Book produced by the UC Berkeley School of Law, defines the concept this way: “Reproductive Justice is the complete physical, mental, spiritual, political, social, and economic well-being of women and girls.”

Beyond the right to decide whether or not you’ll have children, reproductive justice proponents engage in activism around a woman’s right to marry (or not) and to decide when and to whom, the right to define what family means, and rights for same-sex partners and transgender people. It even acknowledges the right to sexual pleasure. Perhaps most importantly, reproductive justice addresses the intersection of our sexual health and identity with race, gender and class.

Both reproductive rights and reproductive justice proponents agree that reproductive freedom should be a universal human right.



The good news is that organizations like the Imperative, the National Black Women’s Reproductive Justice Agenda and local, regional and national women’s groups are exchanging ideas, collaborating and providing education in an effort to address these issues. Though the term “reproductive justice” has been circulating in the public health and health activist circles since the 1990s, conversations about reproductive justice now are coming to college classrooms, coffee klatches and our kitchen tables. We’re speaking up on how we want to be treated—in our legislator’s office, in our doctor’s office, and in our own beds.

“1 woman in 32 will be infected with HIV in her lifetime.”

The Complicated Threat of HIV

A significant threat to our sexual health is HIV infection and AIDS. *Still.*

While the number of new cases of HIV fell 42 percent between 2005 and 2014, according to the Centers for Disease Control and Prevention (CDC), the infection rate for Black women is still high. Among all women diagnosed with HIV, more than 60 percent are Black women. Some estimates say that 1 woman in 32 will be infected with HIV in her lifetime, according to the CDC.

“This is a real issue,” says Blount of the Black Women’s Health Imperative. Though gay or bisexual brothers are most affected by the disease, we’re fooling ourselves if we think infection will just pass women by.

Women are at even greater risk than men, because it’s easier to contract HIV and other sexually transmitted infections from a man than it is for a man to contract HIV from a woman.

“If you’re having sex, you’re at risk,” she says.

That means having sex with anyone. Almost 90 percent of Black women get HIV from having sex with heterosexual men (as opposed to through drug use or some other means). Some of the risk comes from being in a relationship that you think is monogamous...but isn’t. Maybe you’ve tossed out the condoms because you’re married (or at least have agreed that your thing is exclusive). One unfaithful slip could be enough to bring home an infection you can’t get rid of.

The scenario of the cheating partner bringing home a disease sounds like the plot of a Tyler Perry movie—and it’s not something we want to think about. But also consider the fact that what we call faithful is being monogamous with one person at a time. After a breakup, we move on to be faithful with the next boo. This kind of serial monogamy can be as risky as having multiple partners at once, especially if your social circle is small.

We cannot overlook the impact of the small social circle. It may be that you’re part of a closed cultural community, but it’s primarily “concentrated poverty [that] keeps you in your neighborhood,” says Blount. There are poor, urban communities where residents don’t travel outside of a three or four block radius. In small, rural towns, the pool of potential partners is also small. That can lead to a kind of “sexual recycling,” where you find yourself in a relationship with someone who has slept with other people you’re connected to. If just one of those people has a sexually transmitted infection, it can end up being passed around like a bowl of popcorn.

What can you do to address the problem? Nobody’s telling you to give up the pleasure of sexual partnership, but be real about the sexual history you’re building—and don’t be naïve about the sexual history of the person you have sex with. Make sure you and your partner are tested, but you still need to practice safer sex no matter what. ■

Let’s Talk About PrEP!

One in 32 African American women will be infected with HIV. That’s an alarming statistic. If you want to remain HIV-negative, PrEP may be for you.

PrEP stands for pre-exposure prophylaxis. It’s a regimen that involves getting tested, using condoms and taking a daily pill that is proven to reduce HIV infection by more than 90 percent.

“The research shows that roughly 250,000 Black women are at high risk for HIV,” according to Blount. This includes sex workers, women with HIV positive partners, partners with unknown/undisclosed HIV status or women who inject drugs or have partners who do.

Learn more at letstalkaboutprep.com



Your Health Depends On It

Looking for other HIV prevention practices? Try voting and community activism. Your political and community engagement—voting in national and local elections, going to city council meetings, petitioning legislators and getting involved with social justice groups—can help push legislation to improve social and economic conditions and influence health-related policies.

It's a long-term game. For example, pressing legislators to increase school funding can lead to better-resourced schools. Better schools yield more competitive graduates who can get better paying jobs with benefits. A “good” job means health insurance, the ability to live in a safe environment, access to high-quality foods, disposable income for recreation and any number of other healthy things money can buy. It also affords you mobility that broadens your pool of potential partners.

Another political and policy issue that impacts sexual health has to do with prison rates.

“Our incarceration policies mean that in some ZIP codes, as many as 30 percent of men can be in jail or in prison,” Blount points out. That shrinks our social networks—namely, the pool of potential partners heterosexual women have.

Drug policies also have a broad impact on injection drug use, which in turn can have a downstream impact on HIV infection as well.

You can see how any and everything we do can circle around to our health.

Your current political efforts may not help your own situation, but they will build a foundation for the next generation. Do something.

The Virus and Violence

We think of women's health issues in boxes (the diabetes box, the depression box, the hypertension box). In fact, our health concerns are more like a maze of rooms with doors that lead from one space to another. Take HIV. We think of it as a physical illness—and it is. But it also intersects with emotional health and personal relationships. Though medications and treatment are allowing women (and men) to live physically healthier lives, some “side effects” of HIV are depression, anxiety, shame and stigma. And the side effects have side effects: Because low self-esteem and relationships usually don't mix, women with HIV may find themselves in co-dependent, violent or emotionally abusive relationships. One CDC report indicates that HIV-infected women are twice as likely to experience intimate partner violence (IPV) as other women.

Some of this may have to do with how a woman became infected in the first place: If she uses drugs or exchanges sex for money, she may be in a situation that puts her more at risk for both HIV and IPV. Once a woman is diagnosed, fear of losing her partner—or being unwanted by another one—may be why she justifies staying in an abusive relationship.

The challenging complexity of dealing with the physical and emotional impact of an HIV diagnosis is one reason that health advocacy groups, including the World Health Organization, suggest that psychological counseling should be part of HIV care.

The HIV/AIDS Prevention and Care Services Locator, found at AIDS.gov, can help you find the nearest mental health provider who specializes in HIV/AIDS concerns. If you're in crisis, you can call the Suicide Prevention Hotline at 1-800-273-TALK (8255).



Why Obamacare is Sexy

Whatever you may say about Obamacare, the Affordable Care Act (ACA) certainly offers benefits for women's sexual wellness. It expanded services so that women have more access to preventative gynecological care, including pre- and post-natal services and all forms of FDA-approved birth control. Also covered: contraception education, HPV testing, HIV and cervical cancer screening and counseling for sexually transmitted infections. If anything important is going on “down there”, it's covered by Obamacare.

A significant part of the coverage includes making services like screenings for breast cancer and cervical cancer available without a co-pay, which is good news for cash-strapped sisters.

One thing that has an impact on how well we can enjoy sex is how well and how easily we can regulate our birth control. The ACA requires plans to cover women's contraceptive coverage without a co-pay. We have access to the pill, rings, IUDs and other methods. This has the potential to increase birth control use, which, in turn, will reduce unintended pregnancy. (In the event that your method fails, emergency birth control is also covered, and some insurance plans cover abortion services.)

Overall, ACA policies mean that almost 7 million low-income women now have health insurance. “However, the research also shows that free and reduced-cost screening programs are still needed to support the other millions of women who remain uninsured,” says Kanika Harris, PhD, the Imperative's lead research advisor on the Black Women's Health Study.



Nothing But a Number?

Healthy Aging

By Robin D. Stone

They say that “Black don’t crack,” and, by the looks of many of us, that timeworn expression is true. Mothers resemble daughters, and folks are often hard-pressed to guess our age. Black women worry less about visible signs of aging than women of other races, research shows. And, almost half of the Black Women’s Health Study participants report having excellent/very good or good overall physical health.

There’s also some truth to the adage “you’re only as old as you feel.” Recent research in *JAMA Internal Medicine* found that older people who felt three or more years younger than their actual age had a lower death rate than those who felt their actual age or older.

But melanin and affirmations will get us only so far. While melanin helps protect our skin from the ravages of the sun and feeling younger keeps us keeping on, internally, many Black women are aging faster than our years, contending with chronic health conditions that our parents did not face until well into their twilight. The fact is, among African Americans in some urban areas, 50 may as well be the new 80.

One researcher documented the phenomenon of aging prematurely, coining the term “weathering,” particularly among Black women. Weathering may occur when stressors “impair your health and increase the risk of early aging, chronic disease and early death,” says Arline Geronimus, ScD, a professor of health behavior and health education at the University of Michigan. Weathering is reflected in the BWHS sample, as the proportion of women rating their health as very good or excellent declined with age—from 54.3 percent among women younger than 50 to 37.7 percent among women 70 and older.



While years of education and greater household income are among the key predictors of better self-rated overall health, according to the BWHS, they are no match for weathering. Black women may live just as long as White women who have the same levels of income and education, Dr. Geronimus says, but they may spend more of their lives living with disability, often because of health conditions associated with being obese.

We see the effects of weathering in birth outcomes—a key measure of how a particular population is doing. Even well-educated Black women experience high rates of pregnancy complications, infant mortality and low birth weights, often related to obesity. “The data show that education is the highest predictor of low birth weight for babies—but that’s not the case for Black women,” says Kanika Harris, PhD. “A White woman who dropped out of high school is more likely to have better birth outcomes than a Black woman who graduated from college.”

Black women are especially vulnerable to weathering because of the cumulative impact of external stressors like racism and environmental pollution, and our own internal stressors like trying to do too much for too many. In fact, in the BWHS, two factors associated with better self-rated overall health were less frequent experiences of racism and no caregiving responsibilities. The push to be strong and in a hostile environment can leave many of us under stress and at greater risk for obesity and other chronic conditions like diabetes, hypertension, heart disease and some cancers. We are also more prone to autoimmune disorders like lupus, gynecological problems like fibroids, and, as we age, neurological problems like Alzheimer’s. “The weathering hypothesis shows how stress affects the body,” Harris says. “New research by Geronimus

and colleagues reveal that over-exposure of stress hormones can wear down our bodies and has also been linked to the shortening of telomeres.” Telomeres help to keep our chromosomes from deteriorating. If they shorten due to stress, Harris says, cellular dysfunction may result and can potentially cause serious problems to our organ systems.

But weathering does not have to be your destiny, and growing older does not have to mean growing sick and tired. By adopting the long view and making key lifestyle changes, you can steer clear of serious illness and live a long, healthy, happy life.

WHAT YOU CAN DO NOW: Practice Pilates to Strengthen and Lengthen

At 64, Dyane Harvey-Salaam is well aware of how her body is speaking to her in ways that it never did in her younger years. At 5 feet 2 inches and 130 pounds, the former professional dancer is mindful of her need to keep moving, although in different ways than she once did. “At 50, I was still pushing my body the way I did in my 30s and 40s—demanding that it perform regardless of chronic injury or pain,” she says. “Something shifted when I hit 55.”

Years ago, Harvey-Salaam turned to Pilates, the physical fitness system based on sustained and controlled movements, to cope with a dance injury. She stuck with it as it helped her build core strength and enhanced her understanding of her body. Today, Harvey-Salaam, who now runs a dance studio in Harlem with her husband, still embraces Pilates, which is gentle on the joints yet can be rigorous enough to challenge even the most athletic 60-somethings. “It’s almost spiritual — you’re breathing, focusing on controlling your body and mind, breathing and elongating your spine. It’s like feeding your muscles,” she says.



Faces of Black Women's Health model, not Dyane Harvey-Salaam.

What You Can Do to Age Healthfully— Prevention Prescriptions

A key question to ask, regardless of your age is, “What decisions am I making that will make me healthier or increase my chances of getting sick?” advises Gayle K. Porter, PsyD, a clinical psychologist and co-founder and director of the Gaston-Porter Health Improvement Center in Potomac, MD.

Aging well is about prevention, says Porter, co-author of *Prime Time: The African American Woman’s Complete Guide to Midlife Health and Wellness*. “If you want to prevent some things, you don’t smoke. You don’t have unprotected sex to reduce chance of getting an STD. As we age, we promote good health habits and reduce things we can avoid.”

A big part of prevention is knowing your body, getting age-appropriate screenings and following up. Here are three things you can do today to steer clear of serious problems tomorrow:

- **Eat Clean**

Eat more whole, unprocessed and unpackaged foods. Avoid added salt and sugar, and processed or cured meats. A poor diet contributes to the risk factors for heart disease and stroke, such as high cholesterol and triglycerides, obesity, high blood pressure and diabetes. Heart disease and stroke is the No. 1 killer of women in general, and Black women are affected disproportionately and have a greater risk of dying from stroke at earlier ages. “I can’t tell you the number of cases that I come across where people who are hospitalized for massive heart attacks, stroke and end-stage renal disease in their 20s and 30s,” says Michelle Gourdine, MD, principal consultant of Michelle Gourdine and Associates, a health care consulting firm, and author of *Reclaiming Our Health: A Guide to African American Wellness*. Swap out fruit for sweets or crispy veggies for crunchy, salty snacks. Cultivating a habit of eating quality foods will help sustain you as you grow older.

- **Keep It Moving**

Aim for 30 minutes of rigorous exercise a day. That could even be three, 10-minute walks. (See *No More Excuses*, p. 24.) In addition to increasing endurance through cardio work, be sure to mix it up with hand weights or bands to strengthen muscles, and yoga or Pilates to promote flexibility. If you haven’t been active, check with your doc before you start an exercise regimen.

- **Be Aware of Mind-Body Dynamics**

Studies show that depression is a risk factor for heart disease. “If you are depressed and it’s not treated, your risk of having a fatal heart attack increases significantly,” Porter says. Depression also looks different in Black women: “We were taught that women who got depressed eat less and become reclusive,” Porter says. That’s not true for us. “Eating is the way many of us handle it. We are looking for a \$4 buffet where we can eat \$89 worth of food.” Black women are also more apt to be angry than reclusive, she says. And to those who dismiss the notion of psychotherapy or suggest you can pray the pain away, Porter says: “Nothing goes as well with prayer as therapy. Seeking help is not a badge of dishonor but a sign of strength.”





How to Counteract the Effects of Aging

- **Adopt an Attitude of Gratitude** – Studies show that as we grow older, we become more optimistic than younger people. Being optimistic protects against stressors and helps to cultivate a sense of inner peace. You can focus on the positives in your life by acknowledging all that you're grateful for. "That doesn't mean you can't be appropriately angry or demand justice," says Porter, a clinical psychologist, "but that has to be balanced with how grateful I am that the sun is shining and I can see it." Document the little things and big ones in a daily gratitude journal, and over time you can look back on your own entries to sustain you.
- **Lean on Life Experience** – Wisdom comes from having traveled certain paths in your life, understanding where you've come from, and knowing who you are and where you want to go. It's that sense of confidence that allows you to respond to challenges that might rattle a younger person facing them for the first time. Wisdom helps you adapt to changes and even crises in your career and personal life. It also helps you to look ahead and be prepared for what's to come.
- **Nurture Old Connections and Make New Ones** – Studies show that having social supports sustain you as you age, protecting against depression. Connect with family and friends regularly, and be open to making new friends. At the same time, know that it's okay to let go of unhealthy relationships. One way to make connections is to volunteer: Get active in community groups, tutor or support a local not-for-profit. Community organizing — being involved in political and social change — is also a way to get engaged while addressing systemic sources of weathering.
- **Exercise Your Brain** – It's never too late to try new things and develop new skills. If you've ever wanted to learn another language or pursue a new hobby, now is the time to go for it. Keeping the brain active builds on reserves of brain cells and possibly generates new brain cells, protecting against Alzheimer's disease. Whether it's attending plays or concerts, taking a class at your local community college or cultivating your garden, you'll stimulate your mind, possibly connect with others, and pursue something meaningful and fulfilling.



Staying Healthy Through the Decades

At 34 years old, Mimi Woods recognizes that she can't live the way she did in her 20s. "My 34-year-old body is totally different than my 24-year-old body," says the New York City licensed school social worker and performance artist. "There was a time when I could have heavy food and get on stage and dance my heart out," she says. "Now if I feel bloated, I work and feel different. I'm noticing things changing and have to be more intentional about how I take care of myself?"

Woods is mindful that high blood pressure, diabetes and fibroids run in her family, problems she connects to eating habits and stress. At 5 feet, 8-1/2 inches tall, she maintains her weight at 157 pounds by dancing and performing.

But Woods also understands that a key to aging well is striving for a mix of spiritual, mental and physical well-being. "It's the foods you eat, the relationships you have, the situations you put yourself into," she says. "You can eat veggies and drink water but if your mental well-being is not aligned, you're not at your fullest healthy potential."

Practicing this philosophy is a critical foundation of a wellness action plan for life, says Porter, noting that if you cultivate healthful habits early, you will continue them in your later years. "Most of us have habits of disease — not health," she says. "We don't eat to live, we live to eat. We don't move as much as possible; we move as little as possible. We sit too much. As early as possible, we must start incorporating physical and emotional habits of health."

Here's what every Black woman should be doing for her health in her 20s, 30s, 40s, 50s, 60s and beyond.

20s: Lay the Foundation for Your Best Life

These are your go-go years, but don't take a sharp mind and resilient body for granted: lack of sleep, a diet of junk foods and not exercising will all catch up with you. Now is the time to cultivate a palate for whole foods and to add eight glasses of water daily to your list of "adult beverages." Aim to make your own meals at least 60 percent of the time, take your lunch to work at least once a week and have a meatless meal at least once a week. Find a primary care doc if you don't have one already—many young people mistakenly think they don't need regular checkups. See your internist, gynecologist and dentist at least once a year for preventive care. Strengthen your support network—especially if you've relocated for work or your relationship. And since women in their

20s are more likely to contract a sexually transmitted infection, make condom use your top priority—not just for birth control but for your sexual health.

30s: Build on (or Start New) Healthy Habits

These are your prime childbearing years, and Black women experience higher rates of infant death or low birth weight as well as higher rates of maternal death. "You want to be in optimal health to have a healthy baby. This makes it even more imperative to pay attention to diet and exercise," says Michelle Gourdine, MD, author of *Reclaiming Our Health*. Recognize that, as you adopt a healthier lifestyle, you may face peer pressure to follow your friends. "You're making decisions which may seem unpopular or unnecessary."

Be sure to get a baseline mammogram at age 35 if you have a history of breast cancer in your family, or at 40 if not. Learn how to do a monthly breast self-exam and get a clinical breast exam during your annual visit to your provider. Early diagnosis and a quick response can mean all the difference for your survival: While Black women are less likely to develop breast cancer, when it does appear, it tends to come at a younger age and show up in more advanced forms. Black women are also 30 percent more likely to develop triple negative breast cancer, an aggressive form of the disease with fewer treatment options.

Finally, don't forget to get your zzzzz's: "Young people feel like they can get by on two to three hours," Gourdine says, "but at least 7 hours of sleep are necessary for the body to recover from all that it's been through in the day."

Healthy Living Through the Years



20s:

- Find a primary care provider and start getting regular annual checkups
- See a gynecologist every three years and a dentist twice a year for preventive care
- Always use condoms
- Drink eight glasses of water a day
- Have a meatless meal at least once a week



30s:

- Continue with regular checkups
- Continue to pay attention to your diet as well as safe-sex practices
- Commit to a regular exercise program if you haven't already
- Get a baseline mammogram at age 35 if you have a family history of breast cancer
- Aim for at least seven hours of sleep each night



40s:

- Annual routine physical
- Annual well-woman visit, which includes a Pap smear at least every three years
- Yearly mammogram starting at 40
- Work with your health provider to monitor BMR (Basal Metabolic Rate), waist-to-hip ratio, heart rate, blood pressure and blood sugar
- Practice safe sex



50s:

- Get a baseline colonoscopy at 50
- Check your thyroid, especially if you are suddenly fatigued
- Annual routine physical
- Annual well-woman visit and Pap smear at least every three years
- Yearly mammogram
- Practice safe sex



60s, 70s & Beyond:

- Continue well-visit checkups
- Carefully manage any chronic health conditions
- Adjust your diet to acknowledge your slowing metabolism
- Keep it moving—and incorporate strength training into your routine to support stronger bones
- Practice safe sex

40s: Make Time for You, Too

Your 40s is a prime decade for advancing your career and nurturing your family. But it's also when you may let your health fall by the wayside. Don't skip your annual exams: a routine physical; an annual well-woman visit, including a Pap smear at least every three years; and a screening mammography every year starting at 40.

"Typically, we don't go because we say we don't have time," Gourdine says. But regular checkups allow your docs to monitor key health indicators like BMR (Basal Metabolic Rate), waist-to-hip ratio, heart rate, blood pressure and blood sugar. They also may note signs of perimenopause as estrogen levels begin to fluctuate and your period becomes less predictable. Consider treatments to ease perimenopause-like symptoms such as hot flashes and difficulty sleeping. And don't disregard early warning signs of chronic conditions. "If you don't make changes in diet and lifestyle—and you can start with aiming

to lose just five to seven percent of your body weight—as you progress through your fourth decade, those signs and symptoms will catch up with you."

50s: Screen for Everything—and Follow Up

Your children are grown or near-grown, giving you more freedom to enjoy your life, but you may also have aging and ailing parents to care for—not to mention grandchildren and even great-grandchildren. Caregiving comes with its own stressors, which also can distract you from taking care of yourself. But now is the time to up your prevention game. At 50, get a baseline colonoscopy to check for polyps, growths on the inner surface of your large intestine which, if undetected, can lead to cancer. Check your thyroid, especially if you are suddenly fatigued, lose your appetite but gain weight, or feel down for an extended period of time. An underactive thyroid (hypothyroidism) produces symptoms similar to depression.

Hypothyroidism also can lead to high blood pressure, high cholesterol and heart disease. Continue to get your screening mammograms and routine physicals, and closely monitor any health conditions you have. And you don't have to wait until your doctors' appointments; you can do some tests at the drugstore or at home. For instance, you can pick up a blood pressure cuff for as little as \$20.

60s, 70s & Beyond: Keep Active, Embrace Change

You've worked hard to arrive at your best years; now stay healthy enough to enjoy them. Continue well-visit checkups and carefully manage any chronic health conditions. Your metabolism continues to slow, so adjust your diet accordingly. Keep it moving to protect against heart disease and other conditions, and be sure to incorporate strength training in your routine to support stronger bones. And definitely get it on: One study showed that two-thirds of sexually active women



WHAT YOU CAN DO NOW: Breathe Easy, Stress Less

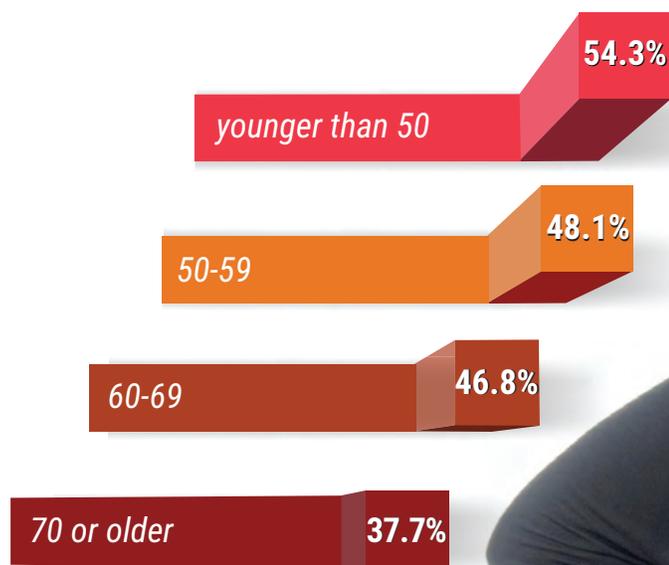
One of the quickest, easiest ways to calm your nerves is as simple as taking a breath. Breathing comes naturally, but few of us know how to use our breath to ease stress. Deep, rhythmic, mindful breathing can stimulate a "relaxation response" in your body, a state of deep rest that instantly decreases your heart rate, blood pressure, rate of breathing and muscle tension, according to the American Institute of Stress (AIS).

One deep breathing technique from the AIS is the "quieting response," a powerful combination of visualization and deep breathing known to stop acute stress in as little as six seconds. Want to see how it works? Try it now:

- "Smile inwardly" with your eyes and mouth and release the tension in your shoulders. (Notice this powerful release; this is where most people hold their muscle tension.)
- Imagine holes in the soles of your feet. As you breathe in, visualize hot air flowing through these holes, moving slowly up your legs, through your abdomen and filling your lungs. Relax your muscles sequentially as the hot air moves through them up your body.
- When you exhale, reverse the process so you envision hot air coming out the same holes in your feet.

Repeat whenever you need a dose of calm.

Women Who Report Excellent/Very Good Health by Age



(with a median age of 67) were moderately or very satisfied with their sex lives. Pamper your skin with gentle exfoliation and super-rich moisturizers. And be comfortable and compassionate with yourself. “Relish the time to slow down—but that doesn’t mean it’s time to sit down,” Dr. Gourdine says. “Things that were elevated may be sagging; wrinkles appear here and there. Hair texture, gray hairs—it can be an adjustment to accept it all and be okay with it. Appreciate the changes as signs of your wisdom and a life well lived.”

Keep in mind that weathering is complex. While one definition is to erode from constant battering, it also means to come through, “as in weathering a storm and not to be totally vanquished,” says Arline Geronimus, ScD, the health researcher who coined the term. So many of us have weathered years of oppression by pulling together, standing up (or sitting in), speaking truth to power to fight injustice, and building institutions to help our families and communities thrive. As our collective strength enables us to withstand stressors today, each of us must ensure enough strength to sustain us through our tomorrows. ■



Why Black Women's Health Matters to You

If we lived in a society where health equity was a reality, here's what could happen:



There would be 2,400 fewer deaths due to breast cancer each year



Infant mortality rates would drop by 35%



The average life expectancy for Black women would rise from 78 years to 82 years



High school and college graduation rates for Black girls and women would increase by 50% and 25%, respectively



The poverty rate for Black women and their families would be cut in half



The net impact to the U.S. economy would be \$250-\$300 billion



Your Role in Black Women's Health

Black women:

Love yourself!

We've heard it a million times, but if you don't love you, no one else can.

Breathe, relax, let your shoulders down.

Even five minutes of 5-7-9 breathing will lower your stress level, slow your heart rate and help clear your head.

Ask for help.

Make a list of everything, and we mean everything, hanging over your head. Then make a list of everyone and anyone who CAN help you, and ask them to help you.

Seek professional help, too.

If you think you might be depressed or anxious or need help, get it. You're worth it!

Eat. Don't starve yourself.

Eat more vegetables (those that are not white or beige) than meats. Save bread and desserts for special occasions.

Be aware.

Keep track of the food you eat. Research shows the very act of writing down what you eat every day results in significant weight loss. There are plenty of apps to make it easy.

Walk!

If you're out of shape, start slow. Try 10-minute increments, three times a day. Walk moderately fast, briskly, then moderately fast. You don't have to run—but you can if you want to.

Take the stairs.

A recent study showed men and women who added only one flight of stairs to their daily routine lost an average of 16 pounds in one year. That's all they did.

Spend for the future.

It's not how much money you make, it's how much you spend. Pay yourself first. Even small amounts add up quickly.

Don't smoke —ever.

If you are a smoker, try to quit. The more times you try, the more likely you are to succeed.

Love yourself!

Did we mention this? It's the most wonderful, beautiful and healthy thing you can do.

Your Role in Black Women's Health

Policy-makers:

Repeal the Hyde Amendment.

Penalizing women in low-income communities by preventing them from having access to safe abortion care is unfair and condemns them to a lifetime of poverty because they cannot plan their families in a way that is best for them.

Oppose implementing the U.S. Preventive Services Task Force screening mammography guidelines.

Instead, fund research so we can learn why more Black women are getting breast cancer and why 12-15% of breast cancers in Black women occur under in women younger than 50.

Implement the diversity provisions of the Affordable Care Act (ACA).

These provisions must be implemented and enforced to effectively reduce and, eventually, eliminate health disparities.

Expand Medicaid in all states.

Medicaid improves access to care, helps reduce health disparities and stimulates states' economies.

Expand ACA to include a public option.

This will increase competition, in turn, lowering the costs of other plans in the marketplace. In addition, talk to your fellow policy-makers about the opportunity to purchase health coverage across state lines.

Expand access to Pre-Exposure Prophylaxis (PrEP).

Black women have the highest rate of HIV infection of all women. PrEP prevents infections, but many Black women don't know about it. As a policy-maker, make larger investments to agencies working to increase knowledge about, and access to, PrEP for Black women.

Provide equal pay for all women.

As of November 2016, Black women make, on average, 64 cents to every dollar earned by White men. Policy-makers should prioritize closing the racial and gender wage gap.

Provide sustainable public health funding.

To avoid reactionary funding attempts that do not adequately address public health emergencies—such as the drinking water crisis in Flint, Michigan, and the Zika and heroin (opioid) epidemics—Congress must increase the level of emergency public health funding in its budget.

Fund more Black researchers and researchers of color.

Fewer than 5% of NIH-funded researchers are Black. Fund more research focused on Black women. How many longitudinal studies have been conducted on Black women? One.

Your Role in Black Women's Health

Researchers:

Conduct more research into the diseases that affect Black women to better understand the higher incidence and mortality rates.

For example, the incidence rate of breast cancer has increased, and 12-15% of breast cancers in Black women occur under the age of 50. Why?

Be aware of the impact of researcher bias.

Bias influences what data are collected, what questions are asked of the data and how the data are interpreted.

Provide the appropriate context for reporting data.

When we say Black women have a 42% higher mortality rate from breast cancer, and nothing else, we give the non-scientific community the impression it's because they're Black. We know that's not the case.

Incorporate the lived experiences of Black women and women of color into research at the bench, the bedside and the community.

How we respond to institutional, interpersonal and environmental stressors impacts our health-seeking behavior and disease expression.

Increase diversity in clinical trials.

Black women and women of color participate in research studies. There's no such thing as the hard to reach—only the hardly reached. Make reaching them a priority.

Share your time, talent and treasure.

Join with us at the Black Women's Health Imperative to make a greater impact on Black women's health. Remember, we can't do our work without resources.

Be a partner.

Partnerships are key to help us replicate and scale our evidence-based programs, which are informed by in the lived experiences of Black women.

Supporters:

Promote health and prevention.

Selling health is difficult, and selling prevention is nearly impossible. Support the Imperative, amplify our messages and adopt our workplace wellness program.

We have cause for concern.

Not since the battles of the Civil Rights Movement have we seen such overt racism and vicious attacks on people in this country. Cell phones have allowed us to see the most horrific images of men and women killed by police officers, violent protests in the streets, and our politicians denigrating immigrants behind closed doors. The 2016 presidential election campaign has taken a toll on our country—on our very psyche. It was marred by vitriolic, xenophobic, sexist, racist statements, and it brought out the worst in politicians and segments of society who felt disaffected and angry. Immediately after Donald Trump was elected, there was an increase in racist, hate-filled speech across the nation.

We don't know what will happen to our access to health care. We could lose access to life-saving prevention services now covered under the Affordable Care Act. Millions of women could be thrown out of Medicaid. But we do know some things: We do know that the new administration will seek to deny us access to complete reproductive services including abortion care. If and when this happens, we will see more of our sisters, friends and daughters die needlessly. We will see hard-working mothers and fathers, living on the economic edge, pushed into life-long poverty. And we will see their children become stuck in low-income neighborhoods in cities and rural areas with little possibility of escape.

And yet, we must have hope and we must fight for our health care rights. It starts with us—with how we treat ourselves.

My sisters, we need to practice self-care now more than ever!

— *Linda Goler Blount, President and CEO
of the Black Women's Health Imperative*



About Black Women's Health Imperative

The Black Women's Health Imperative is the only national organization dedicated to improving the health and wellness of our nation's 21 million Black women and girls—physically, emotionally and financially.

Mission:

To lead the effort to solve the most pressing health issues that affect Black women and girls in the U.S. Through investments in evidence-based strategies, we deliver bold new programs and advocate health-promoting policies.

Vision:

Black women enjoy optimal health and well-being in a socially just society.

Bold Goal:

To increase the number of healthy Black women in the U.S. from 9.5 million to 12.5 million by 2020.



BLACK WOMEN'S
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