Black Women Deserve Better

Black Women and Girls Policy Agenda
“You don’t make progress by standing on the sidelines, whimpering and complaining. You make progress by implementing ideas.”

Shirley Chisholm
INTRODUCTION

California is often seen as the golden standard when it comes to health and wellness of Americans. However, hidden within the Golden State’s numbers are the major health disparities of women of color, low-income families and undocumented people. Historically, policies and regulations have continuously left Black women behind, blocking us from accessing the resources and opportunities necessary to create healthy communities. The impacts of these actions are clearly seen today when looking at any of the major health indicators. Black Women for Wellness has put together this policy platform with the goal of highlighting Black women and girls’ health and wellness using a reproductive justice lens.

REPRODUCTIVE JUSTICE

“Reproductive Justice is the human right to control our bodies, our sexuality, our gender, our work and our reproduction.” (1) It is a framework created by women of color that expands beyond the womb, encompassing the many intersections of having a child, not having a child and being able to raise a family with dignity and respect. Reproductive justice centers human rights at its core and can only be achieved when all women and girls have the complete social, economic and political resources and power to make the best decisions for themselves and their families without shame, guilt or stigma.

Addressing the wide range of reproductive justice inequities requires an intersectional approach that recognizes the history and barriers that communities of color face. Although policies are important they are not a silver bullet. A combination of policy and cultural shift is essential to relieving systemic and institutional barriers, and creating the radical change needed for true equity for Black women and girls.

When we use the terms women and/or girls it is inclusive of cis and trans women and girls. Black is an umbrella term used here referring to individuals who identify themselves as Black/African descent, including but not limited to: African American, Afro-Latinx, African, and Caribbean. Even though “African American” and “Black” do not mean the same thing, there will be parts of this report where we use African American simply because we do not have the broader data, or it is the term that was used in gathering the research and scientific data.
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CIVIC ENGAGEMENT

Over the last 20 years, Black women have been slowly growing in our percentage of the vote, with 2012 marking the first time Black women outvoted any other demographic as it pertains to registered voters casting a ballot (70%). In the 2016 presidential election, Black women dipped in turnout to 64%, but still remained one of the highest voting demographics. In California, Black women voted at a higher rate than the national average with 68.8% of registered Black women in California casting a ballot.

Although Black women have been flexing our voting muscle at the polls, we are not seeing our efforts pay off in terms of health inequities and lack of Black women political representation. Nationally, Black women are underrepresented in office. Black women make up less than 1% of statewide offices (i.e. attorney general, governor, controller) and less than 4% in both Congress and state legislative offices. Black women are also glaringly absent from the Supreme Court. A Black woman has never served on or been nominated for the Supreme Court.

BLACK WOMEN IN OFFICE
City, county, and state political offices are particularly important for the future of Black women in office. Local elected positions are the launch points for Black women into higher offices.

Currently, there is only one Black woman in the California State Senate, and two Black women in the Assembly. They are no Black women on the city council of Los Angeles, the largest city in California; and it was only last year (2016) when California sent a Black woman to the U.S. Senate in Washington D.C., where she sits as the only Black woman in the nation's highest legislative body. In California, there are no Black women holding any statewide elected offices.

POLICY RECOMMENDATIONS

1. Public financing of state and local elections.
2. Expanding state and local funding for student and young adult internship programs to work in state and local office.
3. Review of California Voting Right Act to make sure all counties are in compliance with the law.
4. Same day registration and voting.

More than 8 out of 10 Black adults in a recent poll believe that the country is on the wrong track, including the vast majority agreeing that access to affordable health care, birth control, abortion, mass incarceration, education and affordable housing will be/is negatively affected by the President's policies.
Black communities have a deep and painful history with the criminal justice system. The ways in which narratives are told perpetuates ideas of whose bodies are valued, whose bodies are criminal and whose bodies are believed. These harmful narratives mixed with policies and procedures deepen inequities in the criminal justice system. Black women and girls are often seen in the media as hyper-sexualized, angry, and both sub and superhuman. When Black women and girls are seeking justice, these false and harmful caricatures not only deny the ability for us to be viewed and treated fairly, it strengthens the oppressive systems that feed on the labor of Black bodies. Furthermore, it reinforces the erroneous idea that the bodies and not the institution itself that is the issue. This section will highlight several aspects of the criminal justice system.

TRAFFICKING

In California, sex trafficking has rapidly grown in recent years. In 2015, there were 141 children between the ages of 10 and 17 arrested for prostitution. Ninety-six percent of those arrested were girls, and 72% were Black. A large percentage of sex trafficking victims are also in the foster care system. In Alameda County 41% of trafficking victims from 2011-2012 were from foster youth group homes. Black girls and foster youth are the most trafficked victims as well as the most ignored and stigmatized. Even though there has been legislation in California aimed to protect victims and decriminalize sex work, more work needs to be done.

INCARCERATION

The number of incarcerated individuals in America has increased in the past 30 years from 500,000 to over 2.2 million (1980 to 2015). The United States now has the highest incarcerated population in the world. Black people are incarcerated at more than five times the rate of White people. Black women are three times more likely to be incarcerated than White women. Black girls and young women make up one-third of all girls and young women in the juvenile justice system, but only make up 14% of the general youth population. Black girls are 20% more likely than White girls to be formally charged in the context of a juvenile delinquency case.

Among Black transgender individuals, 47% have been incarcerated at some point in their lives. This is more than twice the percentage of transgender women of all races/ethnicities (21%). High incarceration rates among Black transgender women are believed to be connected to stigma, discriminatory enforcement of laws, profiling, and police tactics. Once incarcerated, Black transgender women face an extremely high prevalence of sexual assault and violence. A California study examining the differences between the rates of sexual violence among incarcerated women and transgender individuals, found that 59% of transgender people experience sexual assault.

California has the ninth highest difference between Black and White incarceration rates in the country. Black people are incarcerated at a rate of 1767 per 100,000 compared to 201 per 100,000 for White populations. In state facilities, Black women make up 32% of incarcerated women, while White women make up 34% of the population. These high rates of incarceration can be linked to institutional policies and practices as well as interpersonal bias and racism.

HOMICIDE

Overall, homicide rates in California have been declining for the last 20 years with a few spike clusters between 2006-2015. Black populations are consistently the second largest racial/ethnic group of victims, following Latinos. In 2012, while there was a decline in the percentage of White and Latino
homicide victims, the percent of Black victims increased by 3.2%. (23)

Women are more likely than men to be murdered by their spouse. In 2015, the number of women murdered by a friend/acquaintance was nearly equal to the number of women murdered by a spouse/family member. (24) Conversely, men were slain by a friend more than seven times as much as by a spouse/family member. During that same year, Black women between the ages of 25 -29 were the largest percentage (19.6%) of homicide victims. (25) This data highlights the fact that women are more likely than men to be murdered by their spouse, and nearly three women are murdered every day in the U.S. by a current or former romantic partner. (26) A Center for Disease Control and Prevention (CDC) national report on homicides states Black women were most likely to be killed by a spouse, with over half of Black women homicides due to intimate partner violence. (27)

INTIMATE PARTNER VIOLENCE AND DOMESTIC VIOLENCE

Intimate partner violence is connected to the high homicide rates among women and domestic violence. In California, 36% of women have reported having been subject to rape, physical violence, or stalking. (28) In a study looking at domestic violence survivors in 2015, there were 162,302 calls for assistance, and out of these calls, 42% of them involved a weapon and 80% of them involved a personal weapon (hands, fists, and feet). There was also an increase in domestic violence calls by 11% from 2011-2015. (29)

Black women are found to be impacted by domestic violence at rates 35% higher than White women. (30) In addition, Black women are murder by men at a rate two times as high as White women (2.43 per 100,000 versus 0.96 per 100,000). (31) The average annual hospital encounter caused by assault for Black women is 1,000.6 per 100,000 women, which is around 2.6 times higher than Native American women, the second highest average in California (379.3 per 100,000). California’s average is 259.9 per 100,000. (32)
BAIL

The average cost of bail is $10,000 and statistics show 37% of incarcerated people cannot afford to pay it. (33) Specifically, it has been found that Black, Latino, and Native Americans are twice as likely to be stuck in jail. (34) The median annual pre-incarceration income for Black women in local jails that are unable to post bond is $9,083, which is the lowest income of any racial/ethnic groups. (35) Additionally, this statistic fails to account for the fact that populations of color face higher bail amounts on average than White defendants with similar charges. (36) The result is that Black populations are found to be more likely than Whites or other minorities to be in jail. (37) This temporary incarceration has been connected to disrupting employment opportunities, family life, and making it more difficult for the defendant to prepare for court. (38)

TICKETS AND MINOR INFRACTIONS

California has the harshest penalties and fees for traffic violations in the country. A $100 ticket can end up costing $490 after fees. (39) These extremely high fines and fees result in unpaid tickets, which lead to drivers license suspensions and civil assessment fees (usually an additional $300). (40) In 2015, 4 million drivers (about 1 in 6) had their licenses suspended for not paying a ticket or appearing for a citation. (41) This system of generating revenue traps low-income individuals in a cycle where they are unable to pay for the ticket, resulting in a suspended license and job loss due to inability to drive.

The impact of these fines and tickets can be seen in low-income Black communities. One study found a correlation between 50 cities with the highest fine rates and the proportion of Black residents in the city. Also, these increasing rates have been linked to decriminalization efforts, which incentivized the criminal justice system to ticket and fine to generate revenue. (42)

IN CERTAIN CITIES AND STATES, DRIVING IS ESSENTIAL FOR EMPLOYMENT; IT HAS BEEN FOUND THAT A DRIVER’S LICENSE IS A MORE ACCURATE PREDICTOR OF LONG TERM EMPLOYMENT THAN A GED. (43)
POLICY RECOMMENDATIONS

TRAFFICKING

1. Decriminalize prostitution, particularly for sex workers.
2. End of incarceration for “protection from trafficking” and lock doors policies.
3. Funding for afterschool programs, housing and food programs for young people at risk for trafficking.

INCARCERATION

4. Ending all state funding for privatization of prisons and jails.
5. Ending unfair wage practices in prisons and jails. Companies using prison labor will have to pay minimum wage.*
6. Independent reviews of all fatal incidents by police officers.
7. Independent reviews of all police officer involved use of force.
8. The public record of complaints filed against all police officers, sheriff, Peace Officers, California highway patrol and other law enforcement entities.*
9. The requirement for police officers or any other law enforcement custody to contact parents or guardians of any minor custody within 6 hours of taking into custody.
10. Decriminalization and ending incarceration for crimes of poverty, instead replace with probation or volunteer work.
12. Review and update police use of force regulations that includes de-escalation training and strengthening of consequences for officers found using excessive force.*
13. A State, County or City ban putting anyone under the age of 12 on “gang” list.
14. Ending use of gang injunctions, especially with minors.

INTIMATE PARTNER VIOLENCE/SEXUAL HARASSMENT/SEXUAL ASSAULT

15. Mandatory screening for intimate partner violence at all intake process for state programs.
16. Community intervention protocols and resources for people who are suspected of committing low-level violence against a partner or family member, particularly for victims that do not want to use criminal justice system but need interventions.
17. Streamlining of services for intimate partner violence survivors applying for CalWORKs, temporary housing, food assistance and child care. Victim’s income will be considered zero.
18. Removing the requirement for a restraining order against partner before applying for state program assistance when fleeing partner violence.
19. Create a hotline and investigation unit for sexual assault and sexual harassment for victims that are worried about retaliation from employment or Blacklisting.
20. Include mental health services as an essential benefit in healthcare insurance for both public and private plans with no co-pay.

BAIL AND TICKET

21. Reorganizing/Reforming bail, so that it takes into account a person’s ability to pay, their flight risk based on evidence-based research standards, employment restrictions, and if he/she/they are a parent.
22. Reforming bail that is only used for incentive for appearance in hearing or trial.
23. Reforming ticket procedure to be on a sliding scale base on income.
24. Create mandatory repayment plans for all those who request financial hardship for paying ticket.
25. Yearly independent review on ticketing procedures that looks at race, geographical location, and gender of those ticketed.
26. Updating process for court appearance including online scheduling for court appearances and options outside of standard working hours to go to court.
27. More resources and funding for public defenders, including hiring more public defenders to decrease caseloads.

*Recommendations from the Vision for Black Lives
The ability to achieve autonomy is inextricably linked to one’s economic prosperity. The economic prosperity of Black women in America has been influenced by many social policies and actions. While Black families control a significant amount of buying power, the dollars of the average Black woman go directly into basic needs for herself and her family. According to a recent Nielsen report, African Americans buying power is estimated at 1.5 trillion dollars by 2021 (currently at 1.2 trillion dollars). (44) Currently, California has the third largest Black consumer market at $87 billion. (45)

Historically, Black women have been blocked from educational opportunities as well as high paying jobs in science and technology fields. This discrimination is linked to dramatically lower wages for women of color which are connected to economic inequities. Paying for vital health resources like child care, mortgage/rent, food, and diapers is a hardship if one earns only half as much pay for the same work as a White man.

EMPLOYMENT

Black women make up 8% of private sector jobs. The majority of Black women work in the local, state, or federal government sector (education, social assistance, and public administration). (46) Black women are less likely to be in Science, Technology, Engineering and Math (STEM) fields and the private sectors than other races/ethnicities. Nationally, Black women earn on average $13 per hour, while Asian women earn $18 an hour and White women earn $17. (47) The average hourly wage for Black women is almost half of what Asian men earn ($24 an hour) and a little over half of what White men earn ($21). (48)

In California, Black women make an average of $44,631 a year (around $23 an hour), which is the median among racial/ethnic groups. (49) About 38% of working Black women are in managerial or professional occupations. Additionally, Black women are paid 63 cents for every dollar made by a White male for doing the same job, which results in them spending an additional seven months or more to earn what a White male makes in a year. (50) The discrepancies in wages between gender and racial/ethnic groups stem in part from the lack of opportunity and support for Black women in high paying technology and science fields, in addition to discrimination based on gender and race. (51)

Although many Black women in California have a high school or higher education, Black women in California have the highest unemployment rate of all racial/ethnic groups (17%). (52) This rate is substantially higher than the average unemployment rate for women in California (11%). (53) One of the factors contributing to unemployment rates among Black women is the decrease of public sector jobs, (which have historically offered more employment opportunities to women of color). (54) The recession in 2008 resulted in wide scale employment downsizing within the state and local government, which disproportionately affected Black women.

In addition, Black women experience employment discrimination based on natural hairstyles. Recently, there has been media coverage surrounding Black women being told to change their hair, fired from jobs, or refused jobs because of their natural hairstyles. (55)

NATURAL HAIR DISCRIMINATION

Employers have the right to refuse or terminate employment based on dreadlocks, which opens the door to discrimination from a wide array of other natural hairstyles. This decision stemmed from a lawsuit in Alabama where a woman had a job offer rescinded because of her dreadlocks. The U.S Circuit Court of Appeals declared that dreadlocks are not an “immutable characteristic of Black persons,” so it does not violate the Civil Rights Act of 1964 which prohibits employment discrimination. (56)
RENT AND UNAFFORDABLE HOUSING

Low wages among women of color combined with rising rents has resulted in a population that is increasingly rent burdened. In 2016, Black communities used 44% of their income to afford rent, up from 40% from five years ago. For single Black mothers spent 70.9% of their median income on fair market rent. There are also discrepancies in rent affordability across cities. In San Francisco, it takes an average of 75% of one’s income to cover rent in predominately Black neighborhoods, compared to 49% in predominantly White communities. These figures are excluding the price of utilities which have increased since the early 2000’s. The standard metric for affordability is 30%.

In recent years, low-income families rent burden increased from 42% to 52% spending at least half their income on rent from 1991-2013. The unaffordable rents layered with racial and gender discrimination are linked to increased evictions and homelessness among Black women, who are found to be disproportionately evicted from their living spaces compared to other demographics.

CHILD CARE

Child care is another financially and emotionally taxing issue faced by Black women. Because of the high cost and percentage of income spent on child care, especially in California, many Black women either have to rely on informal arrangements or work part time. There are currently child care subsidies for individuals who earn less than 70% of California’s median income, with people in CalWORKs given priority. However, due to the large demand, the subsidies are not guaranteed and do not meet the demand needed for many low-income Californians.

Black women have the highest or equal to the highest workforce participation for women of any racial/ethnic group since the early 1970’s. Almost 75% of Black children under the age of six years old have parent(s) in the workforce, compared to 63% of non-Black households. The average annual cost of childcare for an infant and a 4-year old is almost $18,000, which is 42% of the median income for a Black family. Black women may turn to informal childcare or drop out of the workforce in response to high childcare costs. In California, child care is found to be 79.3% of single mothers’ income.

PREDATORY LENDING

Low-income communities turn to payday loans to afford rent, groceries, and other necessities when paychecks are short or unexpected expenses come up. Payday lenders, well aware of this, often set up shop in high poverty, low-income Black communities. Payday loans are infamous for creating a cycle of debt, resulting in the consumer having to take out additional loans to pay their original debt, which sends them into long-term spiraling debt. In fact, more than four-in-five single-payment payday loans have been found to be reborrowed in a month. These loans have an annual percentage rate of around 390%, and as the consumer reborrows, fees and interest rates increase. Controlling for all other factors, race and gender have been found to be the two key determinants as to whether a borrower receives a high-cost loan. Within real estate, Black women are 5.7% more likely to receive a subprime mortgage and 8.5% more likely to receive a high-cost subprime mortgage than Black men. The difference is even more staggering compared to White men, Black women are 256% more likely to receive subprime loans.
WORK PLACE DISCRIMINATION | TAXES

1. Stronger regulations are preventing wage theft, including protections for overtime pay.
2. Anti-Discrimination laws in place that protect women from being fired for wearing "natural" hair styles such as braids or locs.
3. Requiring new construction and businesses to have a local hire clauses that include gender and is reflective of the neighborhood demographics.
4. Free training and classes for high tech jobs for low and middle income families including computer coding, training on clear energy technologies, urban planning and engineering.
5. Restructuring tax code that is more progressive, particularly at the state and local level including raising taxes on those with the top 3% of income.*
6. For the new marijuana economy opening up in California, ensure grants and no interest loans for people of color and women led business, community agreements on local hires, and protections from dispensary monopolies.
7. Create mechanisms for sharing tax revenues between neighboring localities to reduce tax flight and segregation.*
8. Reduce sales and gross receipts taxes and shift these toward luxury taxes and taxes on extractive and polluting industries.*
9. Ensure that property taxes and other local taxes are income sensitive.*
10. Apply conservation pricing on utilities, so lower-income households pay a lower rate and bulk or excessive users such as commercial and industry pay higher rates.*
11. Extending worker protections to incarcerated people.*
12. Create legislation that moves formerly incarcerated people into a protected class and makes it illegal for public or private employers to discriminate against workers with a criminal background.*
13. Protect pregnant and parenting women from discrimination in the workplace, particularly protecting women from being fired for becoming pregnant.**

*Recommendation from the vision for Black lives
** Recommendation from Naral Pro Choice - California

CHILDCARE

1. Implement a universal child care program run by the City, County, or State that provides low cost or deeply subsidized rates for working families, specifically focused on assisting low and middle-income families.
2. Expanding CalWORKS to include child care assistance for single mothers and low-income families with child(ren) that is not dependent on minimum work requirements.

PREDATORY LENDING

1. Cap payday loan interest rates at 20% and also limit the number of times borrowers can refinance or reborrow in a month.
2. Cap on loan amounts from payday lenders.
3. Create government backed, low interest alternative lending programs for low and middle-income adults.
4. Expand state programs to help first-time low and middle income homebuyers. Programs should include down payment assistance, low interest rates and housing assistance education to help future homeowners navigate the process.
5. Create a 7-year ban on predatory debt companies in which Companies can no longer sue after seven years, threaten or harass for debt collection (including if debt is sold).
6. Ban the selling of debt that is over 7 years old.

AFFORDABLE HOUSING

1. Streamlining affordable housing and Section 8 processes to make it easier for people to apply well as increasing the number of vouchers available.
2. Requiring developers to make 30% of their buildings affordable housing, open to any families making up to 400% of the federal poverty line.

3. Creating alternate ways to qualify for housing that is not solely based on credit checks including programs that look at people holistically (looking at rental history, employment, co-signers, etc).

4. Increase housing vouchers for temporary assistance and extending temporary emergency assistance to at least six months.

5. Increase temporary housing programs that include wrap around assistance on site.

6. Cities and states creating land trusts that offset high housing cost.

7. Establish an emergency housing assistance department to avoid foreclosures.

8. Updating city rental control regulations that require approval of rent increases of more than 50% and also requires rent history to be disclosed to potential renters if asked.

9. State, County or Citywide electronic public database of health and housing violations of rental properties.
EDUCATION

Compared to national statistics, California is lagging behind in education milestones for women. Roughly 3% of women in California age 25 and over have not completed any formal education compared to around 1% across the United States. However, education and access to good education is more than a degree and access to schools. Black women face high rates of student debt, suspensions, and sexual assault in or surrounding school, which impact not only their educational achievements but their opportunity for upward mobility and livelihood.

EDUCATIONAL ATTAINMENT

Black women have been leading the way for women of color when it comes to education obtainment. Black women were the first racial/ethnic group more likely than men of the same race to have a Bachelor's degree (during the early 1980’s). There are higher percentages of Black women enrolled in college and earning degrees than ever before. Nationally, Black women earn 68% of associate degrees, 66% of Bachelor's degrees, 71% of Masters Degrees, and 65% of Doctorates awarded to Black students. Additionally, there are a higher percentage of Black women enrolled in college than other racial groups (9.7%).

In California, Black women represent the second highest percentage of women age 25 and over with at least a high school diploma.

SCHOOL LOANS

Student loan debt is directly linked to having the freedom to choose certain opportunities once one graduates. The decision making on what career paths one takes, as well as access to lower interest rates when purchasing a car or house changes dramatically with student loan debt. Women are found to hold two-thirds of student debt in the United States which is equal to $800 billion. Black graduates owe $7,400 more on average than their White peers, which triples after four years to a $25,000 debt gap. Increases in student debt is linked to borrowing for graduate school (45%), undergraduate school borrowing (30%), and from net repayments and negative amortization (25%) (experiencing interest accumulation faster than payment received). Also, Black graduates are more likely to default on their debt within 4 years of graduation compared to White students (7.6 versus 2.4). Black women take on more debt than any other group, and 57% of Black women repaying loans have stated that they are unable to pay other essential expenses within the past year.

SCHOOL TO PRISON PIPELINE

Girls who are suspended face significantly greater likelihood of dropping out of school and are more likely to be in the criminal justice system. It is well documented that Black boys are more than three times as likely than their White counterparts to receive a suspension. The suspension rate for Black girls is even worse. Black girls are six times more likely to receive out of school suspension than their White counterparts. In 2011-2012, a national study found that Black girls were more than three times as likely as White girls to be arrested or referred to law enforcement. In addition, suspensions and other run-ins with school security and in-school police are high for Black girls and teenagers. Zero tolerance policies at schools combined with negative perceptions and stereotypes from faculty can lead to Black girls not viewing school as a safe place for education.
POLICY RECOMMENDATIONS

1. Bill of Rights for Students - Requiring the state of California to fully and adequately fund the public education system through 12th grade, which includes limiting the number of students per teacher ratio, all students having enough textbooks to take home, all students having access to technology tools and software.*

2. Free tuition for all students making under 400% of the poverty line.


4. State-specific student loan forgiveness for people who work at non-profit organizations specifically serving underserved communities.

5. State-specific school grants for underserved students going into Science Technology Engineering Art Math (STEAM) fields.

6. State-specific student loan forgiveness for students entering the medical field that work for at least five years in underserved communities.

7. Creating a database that tracks sexual harassment complaints at all public school kindergarten through 12th grade as well as college campuses.

8. Requiring all public schools to share sexual harassment policy (age appropriate) with students on campus.

9. Requiring all public schools to have a Title 9 coordinator on campus to handle sexual harassment cases between students, staff, administrators and between students and staff.

10. Establish programs that focus not only on recruiting Black girls, but also keeping them in the field of STEAM.

11. Banning criminal disclosure box on state school and funding school applications.

They were 16.3 out of school suspensions and 1.9 in school suspensions per 100 Black females enrolled compared to 1.5 and 1.9 for White females in 2014. (88)
ENVIRONMENT

The health of our communities is directly connected to the health of the environment in which we live, breathe, drink, and walk. Healthy homes and access to resources are a few of the necessary elements to build healthy, thriving communities. Communities of color bear the burden of extreme levels of pollutants in their environment, displacement due to gentrification, exposure to dangerous chemicals in their homes and workplace, and limited access to fresh produce. Environmental racism has both a physical and emotional health impact on communities. These environmental stressors combined with social stressors disproportionately impact Black communities.

URBAN OIL DRILLING

Urban oil drilling sites are commonly overlooked regarding emergency preparation. To ensure the safety of communities, sites need to be inspected on a regular basis for proper upkeep and storage of equipment. Currently, sites in Los Angeles are inspected by agencies that include City and County fire department, Air Quality Management District, state Department of Oil, Gas and Geothermal Resources, and the Department of Water and Power. California has approximately 50,000 oil wells that are located across the entire state. Certain regions have been historically rich with oil and over time have developed a large quantity of oil infrastructure and drilling activity. Los Angeles was once the center of world oil production and is currently home to the largest urban oil field in the country. These continuous high rates of extraction have resulted in depleted oil reservoirs, and oil corporations have turned to dangerous unconventional drilling techniques to extract oil such as, gravel packing, directional drilling, steam injection, acidizing, and fracking.

Acidizing, common in L.A., requires injecting thousands of pounds of acid (a combination of hydrochloric acid, hydrofluoric acid, among others) into the ground to break up the rock or enhance oil flow. This technique has occurred within 10 feet of homes in low-income communities in Los Angeles. A common misconception is that the standards for drilling sites are the same regardless of the economic status of the community. In more affluent parts of Los Angeles, oil extraction activity is confined to soundproof walls painted blue to blend in with the sky. However, in low-income communities of color, there is no safety, comfort, or emergency preparation standards in place. Often residents in low income areas do not know there is an oil drilling site in their community.

Oil extraction activities have been associated with many different pollutants that are linked to negative health outcomes. Recently, there have been concerns regarding proximity to an oil or natural gas development facility and birth outcomes. Chemicals used and released in oil and natural gas extraction such as volatile organic compounds (VOCs), heavy metals, and endocrine disruptors, are found to be reproductive and developmental toxicants. Exposure to these toxic chemicals is linked to infertility, miscarriage, impaired fetal growth, and low birth weight.

Even though there is a lack of data and epidemiological research into maternal and child health impacts, research has shown that the proximity and density of natural gas wells are connected to congenital heart defects and neural tube defects in women living within 10 miles of a well.

There are a series of exemptions that facilities use to bypass conducting Environmental Impact Reports (EIRs). Oil drilling sites, such as the Jefferson drill site in South Los Angeles, have not been required to conduct reports because drilling begun before California Environmental Quality Act (CEQA) was in place. Another example is Kern County which claimed that one EIR was enough to authorize 72,000 new wells over 20 years.

AIR POLLUTION

Increased exposure to indoor and outdoor air pollutants are linked to higher rates of negative respiratory health outcomes. Black Americans are
nearly three times as likely to be hospitalized or killed by asthma as White Americans.\textsuperscript{103} Specifically, Black women face high rates of respiratory diseases and health outcomes linked to pollutants. African American women were found to be 20\% more likely than White women to have asthma in 2015.\textsuperscript{104} These figures are especially pertinent in California, which has some of the highest levels of air pollution in the country. Black women ages 18 and older are found to have the second highest asthma rates of all racial/ethnic groups following American Indian/Alaska Native.\textsuperscript{105}

In addition to increasing respiratory diseases, air pollution has been linked to high blood pressure and heart disease.\textsuperscript{106} Black women have the second highest rate of heart disease and high blood pressure (6.1\% and 43.1\%) of all racial/ethnic groups.\textsuperscript{107}

**CLIMATE CHANGE**

Climate change is making air pollution worse by altering regional weather patterns and impacting the location of pollutants, quantity of pollutants (such as ozone, NOx, VOCs), and formation of smog. The physical geography of California is also playing a large role in the rising smog levels. Increasing temperatures and higher quantities of pollutants combined with wind patterns and physical barriers such as mountains result in areas with high quantities of trapped air pollutants.\textsuperscript{108} One clear example of this is the city of Los Angeles which is surrounded by the San Gabriel and San Bernardino mountains. Los Angeles has some of the worst air quality in the country (number one for ozone and fifth for year round particle pollution).\textsuperscript{109}

Changing regional weather patterns are causing heat waves or extreme heat events to become more common, which is increasing the risk of heat-related mortality. Specifically, in urban areas, large quantities of asphalt, tall buildings, and limited trees cause an effect known as an urban heat island. This phenomenon occurs when cities are substantially warmer than the surrounding areas.\textsuperscript{110} Climate change is intensifying urban heat islands and increasing the risk of mortality in certain communities from circulatory and respiratory diseases. Risk factors for heat-related illnesses and deaths include age, gender, health status, location, and income status.\textsuperscript{111} Black communities experience a large proportion of these risk factors, and they are the most common victims of heat waves. Climate change is predicted to increase heat deaths in Black communities with models indicating that most heat illnesses and deaths are expected to occur in the East and Midwest in large cities.\textsuperscript{112}

**FOOD DESERTS**

The negative impacts of policies on the health and well-being of Black communities can also be seen in the lack of access to fresh foods, known as food deserts. During the New Deal, middle-class White families moved to the suburbs. Supermarkets were one of the businesses that followed suit in attempts to chase the population with the largest presumed purchasing power.\textsuperscript{113} Data released by the U.S Department of Agriculture showed that nearly 1 million Californians live in food deserts and 46\% of them are classified as low-income.\textsuperscript{114}

Access to fresh produce and healthy food are directly linked to health problems such as diabetes and obesity. Processed, empty-calorie foods can result in poor health outcomes overall, and a predisposition to a variety of diseases such as heart and blood vessel diseases.\textsuperscript{115}

**TOXICS IN BEAUTY PRODUCTS**

Women are the primary users of beauty products and apply between 9 and 15 products a day equal to about 126 unique ingredients.\textsuperscript{116} Personal care products are not regulated by the Food and Drug Administration (FDA) before entering the market for safety or toxicity and “a cosmetic manufacturer may use almost any raw material as a cosmetic ingredient and market the product without approval from the FDA.”\textsuperscript{117} The lack of testing or safety requirements has resulted in chemicals such as carcinogens, endocrine disruptors, and other body system toxins in products catered to women. There are clear patterns of inequity regarding exposure and women of color use products with more toxic chemicals than other races/ethnicities. One area of concern is endocrine disrupting chemicals (EDC) (hormone mimickers). Products used by Black women are more likely to contain parabens (one common EDC found in beauty products) and other hormone-like chemicals than
products used by White women.\textsuperscript{(119)} The social drivers of personal care product use among Black women are important considerations in exposure and health discussions. Historically, hair has been connected to opportunities, and women with straight, shiny more European-like hair were more likely to get jobs, move up in the workforce, and gain access to parts of society that were closed to women of color. Natural hair and hairstyles were seen as unprofessional, and women used a variety of methods (perms, flat-iron, pressing comb) to attain straight and socially accepted hair. With the expansion of the natural hair movement, Black women have begun to embrace their natural hair and wear natural styles to work. However this is not without risk, hair discrimination is still quite prevalent among Black women in the work place.

Chemicals used in personal care products are linked to a range of health outcomes. Relaxers and other hair products used predominantly by Black women contain sodium chloride and calcium chloride, chemicals that can burn the scalp and cause lesions or wounds that allow easy entry of chemicals into the body.\textsuperscript{(120)} Endocrine disruptors (which can be found in many types of personal care product) are being linked to a range of reproductive and developmental health outcomes, including, precocious puberty (thelarche and menarche), uterine fibroids, developmental disorders (cryptorchidism and hypospadias), and breast cancer.\textsuperscript{(128)} The increasing evidence that products used by Black women are more likely to contain endocrine disruptors could contribute to the higher mortality and morbidity rates from endocrine-related disorders and diseases experienced by this population.\textsuperscript{(122)}

Exposure during critical developmental periods (prenatal and prepubertal) are of large concern because the endocrine system regulates some body system processes which are vulnerable during developmental periods.\textsuperscript{(123)}\textsuperscript{(124)} Precocious puberty may also be connected to adult obesity, adult-onset asthma, shorter adult stature, hyperinsulinemia and metabolic syndrome, and type 2 diabetes.\textsuperscript{(125)}\textsuperscript{(126)}\textsuperscript{(127)} Black adolescents on average start menarche earlier than other races/ethnicities (6 month difference), and only a portion of the contributing factors have been identified.\textsuperscript{(128)}\textsuperscript{(129)}

The lack of transparency between companies and the public has resulted in uncertainty surrounding which chemicals are in the products and potential health outcomes from the product use. Consumers need this information available to make informed decisions regarding product purchases and their health.

To learn more about toxic exposures to Black women and girls through personal care and beauty products, please check out Black Women for Wellness’ Natural Revolution - One Hair Story 2016 report.

### HISTORICAL PRECEDENCE

Environmental racism and environmental justice refer to the burdening of environmental hazards on people of color and low-income communities. Typically these terms refer to the placement of highways, factories, or other industrial facilities in or near communities of color. Placement of hazardous facilities are often found in communities of color due to an assumed lack of political clout and resources.\textsuperscript{(89)} In the 1980’s, research supported what communities suspected and found that race is the most significant predictor of living near hazardous facilities. A 1987 report titled, Toxic Waste and Race in the U.S. found that 33% of people who lived within two miles of hazardous waste facilities were people of color.\textsuperscript{(90)}

Since then, there have been efforts to protect public health by regulating polluters, limiting emissions, and establishing the Office of Environmental Justice within the Environmental Protection Agency. With these improvements, there were hopes that health outcomes and exposure would improve for communities of color. In 2007, there was an update to the Toxic Waste and Race in the U.S. which found that 56% of residents within two miles of a hazardous waste facility were people of color. The efforts the U.S. has made in the past 20 years have resulted in an increase of people of color who live close to polluters by 20%.\textsuperscript{(91)}
POLICY RECOMMENDATIONS

OVERALL ENVIRONMENT

1. Strengthening CEQA to include community input in health and environmental assessments
2. Updated CEQA to require assessment for every new industrial or polluting activity. If activity is expanded, additional sub-reviews should be required to examine the impacts of the increased activity on the community
3. Strengthen requirements for EIR’s community impact assessment
4. Require pre-existing facilities located within two miles of sensitive land use to install air quality monitors (type determined by air quality management district) that are constantly monitored by local air quality management districts and public health agencies. If the levels of pollutants exceed standards or if residents express concerns, the monitoring agencies need to have staff that respond promptly.
5. Revitalization of public parks
6. Increasing tree and green space in urban areas as well as bike paths
7. Additional light rail or subway lines connected to routes of major highways and congested streets

OIL DRILLING

1. Require yearly review of oil drilling sites to ensure emergency preparation, safety and upkeep, and storage of equipment.
2. Require oil drilling sites create a disaster plan that is distributed to surrounding communities and emergency response agencies.
3. Require oil drilling sites to install signage that clearly lists the phone numbers of local air quality monitoring districts and the specific department to call and report odors along the perimeter of the facility.
4. Moratorium on oil drilling until the safety of drilling could be proven.
5. 2,500 foot buffer zone around drill sites located proximate to homes, schools, churches, healthcare facilities and other sensitive land uses.*

FOOD DESERT

1. State and local funding for community garden programs in food deserts.
2. Support local communities efforts to invest in their neighborhoods through programs such as urban gardens, neighborhood grocery stores, and food cooperatives based on evidence-based research.
3. Incentivizing grocery stores with tax breaks to build new stores in urban food deserts Create a city, county, or statewide program that includes diabetes and other disease prevention classes, exercise classes, gardening classes and healthy eating classes offered free to communities with documented health inequities.

*Recommendation from STAND LA
While in most western countries, health disparities, in general, have been declining, the United States has seen the opposite effect. In 2015 life expectancy declined for Americans for the first time since 1993. California has a similar story, particularly when it comes to women of color. Although Black women and girls are more likely to have a college education and a higher income than Black women in other parts of the country, we still see egregious rates of health inequities. This section will explore several health areas of concern for Black women and girls.

**GENERAL HEALTH**

Overall, one of the strongest indicators of health is life expectancy. In California, the life expectancy for women (83.5) is two years more than the average for women across the US as a whole (81.3). However, the life expectancy for Black women in California is 78.3 years of age, over 5 years less than the average Californian woman.

Although we know the Body Mass Index (BMI) is flawed when it comes to Black women, it is still an indicator of health concern when it comes to weight-related illness. At 39%, Black women have a higher rate of obesity than White women. Black women have the second highest rates of California women unable to find healthy, fresh fruits and vegetables in their neighborhood. Black Americans are 77% more likely to have diagnosed diabetes than White Americans. In Los Angeles County, Black people over the age of 40 have the second highest prevalence of diabetes. Black 18-39 years old have the highest prevalence.

**HEALTH INSURANCE**

Access to quality, affordable healthcare leads to positive health outcomes and overall better quality of
life. The vast majority of Black women in California have some sort of insurance (94%). However, 1 out of 3 Black women delay care due to excessive copays, deductibles or other financial issues. In fact, 15% of women in California have indicated that there was a time in the past 12 months that they needed to see a doctor but could not because of the cost.

**MENTAL HEALTH**

Mental health is often a missing part of healthcare for many Black women. Stereotypes of the strong Black women exasperate mental health issues reinforcing to Black women, her family, and medical practitioners that she has a higher tolerance for emotional distress. According to the Office of Minority Health, Black people are 20% more likely to report serious psychological distress than Whites. Fewer than half of Black people received treatment for a major depressive episode. Although Black teenagers are less likely to die from suicide, they are more likely to attempt suicide than their White counterparts. Between 1980 to 1995, the suicide rate for Black children between the ages of 10 and 14 increased by 233%. Poverty is also another factor that impacts mental health. Where an individual stands on the poverty line is a direct correlation to their level of emotional distress.

Blacks are more likely to be undiagnosed and untreated due to cultural issues such as stigma, shame as well as lack of access to healthcare. African Americans are more likely to seek help outside of “traditional” methods for mental health issues.

**Policy Recommendations**

1. Medicare for all - single payer health insurance.
2. Universal health insurance for all children under five.
3. Increase reimbursement rates for Medical Providers.
4. The inclusion of oral care, vision care and mental health as an essential benefit provided by health insurance plans.
5. An oversight board of dental health plans that set baselines of services for all dental insurance.
6. Streamline public health plans to include mental, dental, and vision care insurance plans into one plan.
7. Make public health plans available to all residents who are 450% FPL or below to buy into program.
8. State or city program for emergency dental health funding for low to middle-income families that do not have and cannot afford dental insurance.
9. Overhaul of dialysis program, ensuring staff has adequate time to clean and disinfect equipment and patients have protections from predatory practices.
10. Cultural competence training for all medical professionals.
11. Integrating social determinants of health into health files and care plans, including housing, lawyers and other social workers on staff at hospitals and clinics as well as including social determinant data in electronic files (i.e. data about poor housing accommodations, or no access to clean water).
12. Funding for a mobile clinic that serves low and middle-income communities as well as undocumented.
13. Increase resources for clinics in medically underserved communities. Increase funding for culturally competent mental health providers and trainings.
REPRODUCTIVE HEALTH

THE ABILITY TO DETERMINE, WHEN, WHERE, IF AND HOW TO HAVE CHILDREN IS ESSENTIAL TO WOMEN’S ABILITY TO LIVE FULL AUTONOMOUS LIVES. THIS SECTION WILL COVER THE FOLLOWING:

- Genetics and Assisted Reproductive Technologies
- Maternal and Infant Health
- Sexually Transmitted Infections
- Unintended Pregnancies
- Sex Education

GENETICS/ASSISTED REPRODUCTION TECHNOLOGIES

The world of genetics and reproductive technologies is not commonly raised as a reproductive justice issue in need of immediate action. However, between the new gene editing technologies as well as growth in assisted reproductive technologies such as surrogacy and in vitro fertilization (IVF), the new frontier is here, with very little policy guiding it. The science of genetic modification and its application to human beings is progressing rapidly. Much of the research is being conducted by biotechnology and pharmaceutical corporations; with any resulting products marketed in a consumer and profit-seeking context. Also, the lack of community or government oversight makes it unlikely that there will be adequate attention to equity, safety, ethics, or any understanding of scientific research in the historical context of oppression of women, including sexism, racism, classism, heterosexism, disability oppression, xenophobia and more. The politics around beauty, interwoven with capitalism creates another layer to the gene debate. When the ideas of racial capital defined here as, “resource drawn from the body and can be related to skin tone, facial features, and body type,” are still based on achieving able body Whiteness, the ethical questions around gene editing becomes more complex.

FERTILITY AND OTHER ASSISTED REPRODUCTIVE TECHNOLOGIES (ARTs)

According to the Center for Disease Control (CDC), California has 75 fertility clinics. These are clinics that voluntary report to the CDC. However, a commercial website reveals 162 clinics, almost double the number listed by the CDC reported clinics. A news report looking at in vitro fertilization practices showed that only a minority of clinics transferred one embryo at a time, the method safest for women. Transferring more than one embryo could have severe health and medical issues for the mother and the multiple fetuses.

Currently there is a ban in California on paying egg donors to use their eggs for research, but not for fertility purposes. The procedure of harvesting eggs for both IVF and research are the same, and the long-term consequences, including possible links to cancer and infertility, are not known due to an absence of research in this area. Short-term consequences can include ovarian hyperstimulation syndrome, which can cause harm, including death in rare instances.

Another controversial field in reproductive technologies is commercial surrogacy, an arrangement in which the surrogate mother is compensated for her services beyond reimbursement of medical expenses, whether she is a traditional surrogate or gestational/host surrogate. Traditional surrogacy refers to a genetic
relationship to the intended parent(s) or a sperm
donor. Gestational or host surrogacy is when the
surrogate is not genetically related to the child, (i.e. egg
donation or IVF). The first successful host surrogacy
pregnancy was in 1985, where a Detroit woman carried
a baby girl to term giving birth in April of 1986.\(^\text{151}\)

In 1993, when a surrogate mother wanted the keep
the child, the California Supreme Court decided "when
a fertilized egg is formed from the reproductive cells
of a husband and wife and is then implanted into the
uterus of another woman, resulting in a child that is
unrelated to her genetically, the natural parents are the
husband and wife."\(^\text{152}\) Currently, California has deemed
both types of surrogacy legal. Hosting surrogacy has
raised issues around the rights of surrogate vs. the
right of the intended parent(s), particularly when it
come to abortion and health and life habits of the
surrogate while she is pregnant.

**Human Gene Editing**

Human gene editing is another new field, where
California seems to be ground zero. They are two types
of gene editing. Somatic gene editing, also known as
gene therapy makes changes to the individual. These
changes are not inherited by offspring.\(^\text{153}\) Germline
editing, however, is a process of engineering genes
that are inherited by offspring.\(^\text{154}\) Although both types
of gene editing are currently used in agriculture, most
countries in the world have some type of regulation
against using human germline editing for reproduction.
Somatic gene editing is already in the early stages
of use with humans. Currently, conversations around
genome editing are in the news regularly, as precise
gene editing has become less expensive with the
discovery of Clustered Regularly Interspaced Short
Palindromic Repeats (CRISPR).

In 2016 researchers were able to conduct germline
editing on a human embryo, a controversial technique
where there is no explicit regulation.\(^\text{155}\) The U.S.
scientists have stated that these experiments are for
research purposes only, with no intention to start a
pregnancy with the edited embryos. However, a few
researchers have said that they want to start clinical
trials as soon as possible.

Human genome editing and other advancements
in science related to genetics creates complicated
questions for us as a society and particularly here in
California. A recent news report shows that five of the
new seven genetic engineering business are based
here in California.\(^\text{156}\)
**Sexual Health**

The ability to determine how and when to have children, as well as being able to have consensual, sex-positive intimate relationships is essential to being a fully autonomous individual. Black women and girls are balancing negative hypersexualized media, respectability politics, lack of consent culture, and lack of access to care when navigating their sexual health.

**Sexual Transmitted Infections**

Sexually transmitted infections disproportionally impact Black young women and teens. According to the California Department of Public Health, Black women and teens rates of chlamydia and gonorrhea are almost 5 to 6 times as high as their White counterparts. The disparities are even higher when looking at HIV and syphilis.

Although sex education is essential to combating STIs rates, it does not cover the variety of issues impacting the factors that lead to sexually transmitted infections. Factors such as self-esteem, access to care and resources, and cultural expectations and pressures create an environment for STIs to flourish. In addition, STIs are not limited to youth. Older Black women are the fastest growing group of new HIV cases and Black women over 30 are still disproportionately impacted by STIs.
UNINTENDED PREGNANCY

Almost half of all pregnancies (48%) in California are unintended. Although, unintended pregnancies are declining nationally, women between the ages of 18 - 24 and low-income women are the most at risk for an unintended pregnancy. Research shows the further women slip under the federal poverty line, the more at risk they are for having an unintended pregnancy. Nationally, Black women have double the rates of unintended pregnancies than White women.

A 2011 study on Black youth found that 90% said they didn’t want to get pregnant while young, but over 67% have had sex without using contraception. More than 1 in 3 Black females said they had unprotected sex because their partner didn’t want them to use contraception. Of the teens who have had sex, almost half (45%) said they were pressured to have sex. More than 7 out of 10 Black youth believed the media sends the message that Black females’ most important quality is their sex appeal.

WHAT DOES UNINTENDED PREGNANCY MEAN?

"An unintended pregnancy is one that was either mistimed or unwanted (45% of all pregnancies). If a woman did not want to become pregnant at the time the pregnancy occurred but did want to become pregnant at some point in the future, the pregnancy is considered mistimed (27% of pregnancies). If a woman did not want to become pregnant then or at any time in the future, the pregnancy is considered unwanted (18% of pregnancies)."

An intended pregnancy is one that was desired at the time it occurred or sooner. When calculating unintended pregnancy rates, women who were indifferent about becoming pregnant are counted with women who had intended pregnancies, so that the unintended pregnancy rate only includes pregnancies that are unambiguously unintended."
**Policy Recommendations**

1. Simple consent for STI screening, and add full STI screening as a part of annual routine wellness as well as pap smears.
2. STI screening should be included in both private and public health insurance plans with no co-pay.
3. Include wrap-around services for positive STI/HIV/AIDS diagnoses including - treatment, free check-up, offering of preventive medications (i.e. PREP and PEP).
4. Expanded tele-health services for pregnancy termination.
5. Expand access to birth control, and medication abortion by providing it over the counter.
6. All healthcare insurance coverage includes infertility treatment and in vitro fertilization.
7. Ensure that women have the right to make their own decisions about using or not using gene editing or other reproductive technologies.
8. Ensure equal access regardless of income to all new advances in somatic gene editing technologies.
10. Funding for research on the long term impact of egg donorship on fertility.
11. Creation of a committee on human genome engineering and assisted reproductive technologies that include community, organizations, researchers, academics, scientist and medical professionals that is multicultural and intersectional to discuss regulations and legislation for these new and emerging technologies at a state level.
12. Ensure that ART information is accurate and that resources and services are culturally and linguistically competent.

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**Youth in the Foster Care System**

Youth in the foster care system have additional obstacles obtaining comprehensive sex education from school. Almost one-third of foster youth do not attend the same school for the full school year. (168) Foster youth have significantly higher rates of unintended pregnancy and STIs rates than non-foster youth.
MATERNAL MORTALITY

Maternal mortality rates among all women in California have been declining since 2006 where it was at a 20 year high at 16.9 per 100,000 live births. Despite these significant gains in overall maternal deaths, Black mothers then and now, still have rates four times as high as the next highest ethnic group, a disparity that persists even after controlling for socioeconomic status. Currently, California’s Black maternal mortality is 26.4 per 100,000 live births, compared to the average for all ethnic groups at 7.3 per 100,000 live births. According to the Center for Disease Control, the top factors leading to pregnancy-related deaths include cardiovascular disease and other heart conditions, infection, hemorrhage (severe bleeding) preeclampsia (high blood pressure), and stroke. However, for Black women, there is more to the story. Almost one in three Black women give birth via c-section in California. Black women are 40% more likely to receive substandard care compared to their White counterparts. Also, poor women of all races have some of the highest rates of receiving substandard care (60%) than wealthier peers. Black women report experiencing racism from staff and health professionals during their pregnancy care as well as unique and pervasive stressors related to racism and social inequities that can impact the health of the pregnancy. Black women also have higher rates of homicide and suicide during and sometimes because of their pregnancy than White women. Nationally, the fourth leading cause of death for Black women is complications from pregnancy.

INFANT MORTALITY AND INFANT HEALTH

Much like the rates of maternal mortality, infant mortality shares the same unacceptable health disparities. California has an infant mortality rate 4.7 per 1000 live births. However the Black infant mortality is almost double, at 9.7 deaths per 1000 live births. The counties of Fresno, Los Angeles, San Bernardino, Sacramento, and Alameda have some of the highest rates of infant death. In the U.S. the most common causes of infant death are preterm birth, low and very low birth weight and sudden infant death syndrome. Black women in California have the highest rates of low and very low birth weight across socio-economic backgrounds.
32% of Black mothers of children under 18 reported someone has had sex with them without their permission or consent - in other words, almost 1 in 3 Black moms said they have been raped.
POLICY RECOMMENDATIONS

1. Mandatory racial bias training for all health professionals providing maternity care including preconception, prenatal, intrapartum and postpartum professionals.
2. Universal pregnancy care for all women under 400% of the federal poverty line.
3. Screening and wrap around services for pregnant women, particularly those who are at risk of intimate partner violence. This includes emergency housing, health insurance, and cash assistance.
4. Health insurance coverage of certified midwives for private insurance on par with Medical.
5. The inclusion of lactation counselors as an essential health benefit for private insurance as well as Medicaid.
6. Medical coverage for at least three postpartum visits.
7. Independent evaluation of managed care plans coverage of prenatal care.
8. Funding for gestational diabetes management
10. Reparations for women of color who were force sterilized by the State of California.


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ABOUT BLACK WOMEN FOR WELLNESS

Organized by six women in 1997, Black Women for Wellness (BWW) has a mission to enhance the health and well-being of Black women and their families through education, advocacy, empowerment and community organizing. We are a multi-generational membership-based organization, utilizing civic engagement, community education, policy, and media outreach to address the health inequities of Black women and girls.

bwwla.org

ABOUT BLACK WOMEN FOR WELLNESS ACTION PROJECT

Black Women for Wellness Action Project is a new sister organization of Black Women for Wellness with the mission to build the electoral and political power of Black women and girls in California through civic engagement, advocacy, leadership development and the political process.

bwwactionproject.org

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