

DIAGNOSTIC INDUSTRY

GUIDE TO INCLUSION

PLEGDE

WORKING WITH HEALTHCARE
PROVIDERS TO END RACIAL
DISPARITIES.



Tigerlily Foundation
#InclusionPledge



THE FACTS

- Breast cancer death rates are 40% higher among Black women than white women.
- Black women are consistently underrepresented in clinical trials, representing less than 5% of participants.
- Triple-negative breast cancer is more common in Black women.
- Black women are often diagnosed at later stages, when treatments are more costly and options limited.

PURPOSE

- The #InclusionPledge provides a transparent and tangible framework across stakeholders to identify and track equity actions, holding organizations accountable to making specific, measurable outcomes that will result in dismantling systemic barriers and co-creating solutions that will result in health equity for Black women and end disparities in our lifetime.

WHAT YOU SHOULD KNOW ABOUT BLACK WOMEN & BREAST CANCER

- Too often, Black women face biases and discrimination from healthcare providers, which can have life or death consequences and cause psychological and emotional trauma. Medical racism also leads to mistrust of medical professionals.
- Black women are critically underrepresented in clinical trials, resulting in drugs and treatments being developed without considering efficacy and adverse effects for them.
- Black people and especially Black women are also critically underrepresented among healthcare professionals. As a result, Black patients do not always see themselves represented in their providers, and receive care that lacks cultural and racial sensitivity.
- Black women are disproportionately affected by socio-economic and systemic challenges that limits their access to medical care, healthy lifestyle-promoting activities and environments, and support systems.
- Breast cancer is typically depicted as a disease that affects white women, which affects Black women's decision to get screenings and take prevention measures.

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WHAT STAKEHOLDERS IN THE DIAGNOSIS INDUSTRY CAN DO

1. Understand that current breast cancer screening guidelines do not work well for Black women, leaving many to be diagnosed at younger ages with more aggressive cancers.
2. Adapt products and services to the needs of younger women; as Black women are more likely than white women to develop cancer before the age of 50.



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SUGGESTED COMMITMENTS

1. Ensure that the screening products you manufacture (like mammographs) are adequately tailored to younger women's bodies - as Black women are more likely to get diagnosed younger, and with more aggressive forms of cancer.
2. Advocate for more Black women to receive genomic testing, especially when they have a family history of breast cancer.
3. Work with patients' individual situations to provide more affordable access to testing.
4. Educate health care providers to increase referrals of genetic testing for Black women.
5. Be mindful of marketing: when depicting women getting tested for breast cancer, make sure you include Black women.
6. Encourage the development of methods of early detection and detection in younger women.
7. Improve access to digital breast tomosynthesis for Black women: although DBT improves cancer detection among women of all ages and races, significantly fewer Black women have access to the exam.

