

INSURANCE PROVIDERS

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 Caucasian women.
- 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.
- More than 1 in 10 Black women are uninsured; they are also more likely to be under-insured.

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 INSURANCE PROVIDERS CAN DO

1. Understand the specific challenges that Black women with breast cancer face in getting access to high-quality and affordable care.
2. Understand racial inequities in access to healthcare and take action to close these gaps.
3. Provide insurees with help in understanding their own insurance plan and the resources they have access to.



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SUGGESTED COMMITMENTS

1. Determine whether your existing policies and processes might potentially disadvantage minorities. Conduct an impact assessment to compare the level/quality of coverage for white insurees vs. insurees of color, and look at the factors you can improve on.
2. Ensure your advertisements and marketing materials depict diverse patients and speak to Black people, especially when it comes to cancer insurance policies.
3. Communicate openly about the free preventative treatments that are covered by your plans, like genetic test counseling for women with a family history, mammography screenings, annual well-woman visits, etc.
4. Ensure that patients with breast cancer, especially metastatic, have easy access to case managers who can help them navigate their insurance plan.
5. Work to increase diversity within your own workforce and provide employees with cultural competency training.
6. Consider extending coverage of breast cancer screenings to younger women, and providing specific incentives for Black women to obtain breast cancer screening.
7. Consider covering costs related to clinical trials (e.g. extra blood tests).

