**THE FACTS**

- Breast cancer death rates are 40% higher among Black women than white women.
- Black women represent only 5% of women in breast cancer clinical trials.
- TNBC is more common in Black women.
- 71% of Black women are single parents.

**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 SYSTEMIC BARRIERS**

- Racism today, sometimes results in biased decision-making by medical providers, researchers, and people in positions of power.
- Black women are among the least represented groups in clinical trials.
- Black women are not being recruited into the medical field and are not given adequate opportunities to pursue medical training.
- Black women face socio-economic, psycho-social, and systemic challenges that limit access to medical care, health-promoting activities and environments, and support systems.

**WHAT YOU SHOULD KNOW ABOUT RACIAL BARRIERS**

- Medical racism results in mistrust of medical professionals by patients due to both historical and present-day experiences of harmful and exclusionary practices.
- Underrepresentation increases health risks for Black women and limits the impact of the clinical trial.
- Breast cancer is typically depicted as a disease that affects white women.
WHAT HEALTHCARE TEAMS SHOULD UNDERSTAND BEFORE THEY ENTER A PATIENT'S ROOM

1. Understand the abuse that has caused the mistrust in the medical system amongst African Americans.
2. Educate yourself on possible emotional and mental traumas.
3. Be prepared to offer resources to eliminate barriers.
4. Strengthen patient confidence in medical system.

SUGGESTED COMMITMENTS

1. Listen to and believe Black women and invite Black patients and professionals the opportunity to actively participate and educate during programming.
2. Offer opportunities for Physicians to check their biases through assessment.
3. Create an education series to elevate cultural competency through cross-cultural training.
4. Bring in experts to provide training to teach to actively interrupt bias. Bias and anti-racism training sessions should be ongoing.
5. Brainstorm methods and develop initiatives to encourage participation in clinical trials while answering questions and addressing hesitancy directly.
6. Commit to listening, learning, and sharing about any potential hesitation from the patient to help eliminate medical mistrust.
7. Recommend the Inclusion Pledge and facilitate introductions to other partners in order to advocate and activate the inclusion of Black women across initiatives impacting their breast and overall health.