

“EQUITY”...in infant mortality:

a dream deferred

**Arthur R. James MD, FACOG
December 04, 2018**

“Vicissitudes” Artist, Jason DeCaires Taylor

What happens to a dream deferred?


Does it dry up
Like a raisin in the sun?
Or fester like a sore –
And then run?
Does it stink like rotten meat?
Or crust and sugar over
Like a syrupy sweet?
Maybe it just sags
Like a heavy load
Or does it explode?

Harlem

by Langston Hughes

Objectives:

By the end of this lecture I hope to...

1. Review Nation's Black:White legacy regarding infant mortality goals.
2. Demonstrate how history and past discriminatory practices have contributed to racial disparities
 - a. Present evidence that suggest racial disparity is 'not natural', but man-made.
3. Discuss STRUCTURAL Determinants
 - a. Suggest the importance of taking a STRUCTURAL and Social Determinants approach to "undo" this disparity.
4. Understand "Proportionate Universalism" or "Targeted Universalism"
5. A graphic of the year 2019 where the digits are filled with the American flag's stars and stripes.

Disclosures:

I am a member of:

- Secretary's Advisory Committee on Infant Mortality (SACIM)
 - Term ends 12/2018
- Co-chair: March of Dimes/Centers for Disease Control's Health Equity Work Group
- Centering HealthCare Institute, Inc. Board of Directors
 - Term ends 1/1/2019
- GABE Advisory Board
- Center for Excellence, University of Illinois @ Chicago, School of Public Health
- Global Infant Safe Sleep Center (GISS)
- Consultant: First Year Cleveland (FYC)
- Interim Medical Director: Care Alliance Health Center

Conflict of Interest:

- **None**

I believe:

1. That the racial disparity in birth outcomes is the most problematic MCH challenge facing this nation.
2. That RACE is a social construct, not a biological construct.
 - a. As such, I do not believe that our physiologic racial differences offer adequate explanation for maternal or infant morbidity and mortality disparities .
3. Racism, historical and contemporary, is a “root cause” contributor to disparities.
4. If the eradication of Racism was up to black people and/or people of color, it would have been resolved a long time ago.
 - a. Governmental Agencies (i.e., HHS/HRSA), white people, and white organizations have to want to dismantle Racism and lead the charge to do so.
 - i. **Understanding this is essential for saving our mothers and babies**


Infant Mortality:

Definition: The death of any live born baby prior to his/her first birthday.

“The most sensitive index we possess of social welfare . . . ”

Julia Lathrop, Children’s Bureau, 1913





*“ Infant mortality
is a community
mirror, reflecting
our collective
capacity to
promote and
protect the health
and well-being of
our very youngest
and most
vulnerable.”*

(from City Lights, 9:2, p1)

Infant Mortality is:

Multi-factorial. Rates reflect a society's commitment to the provision of:

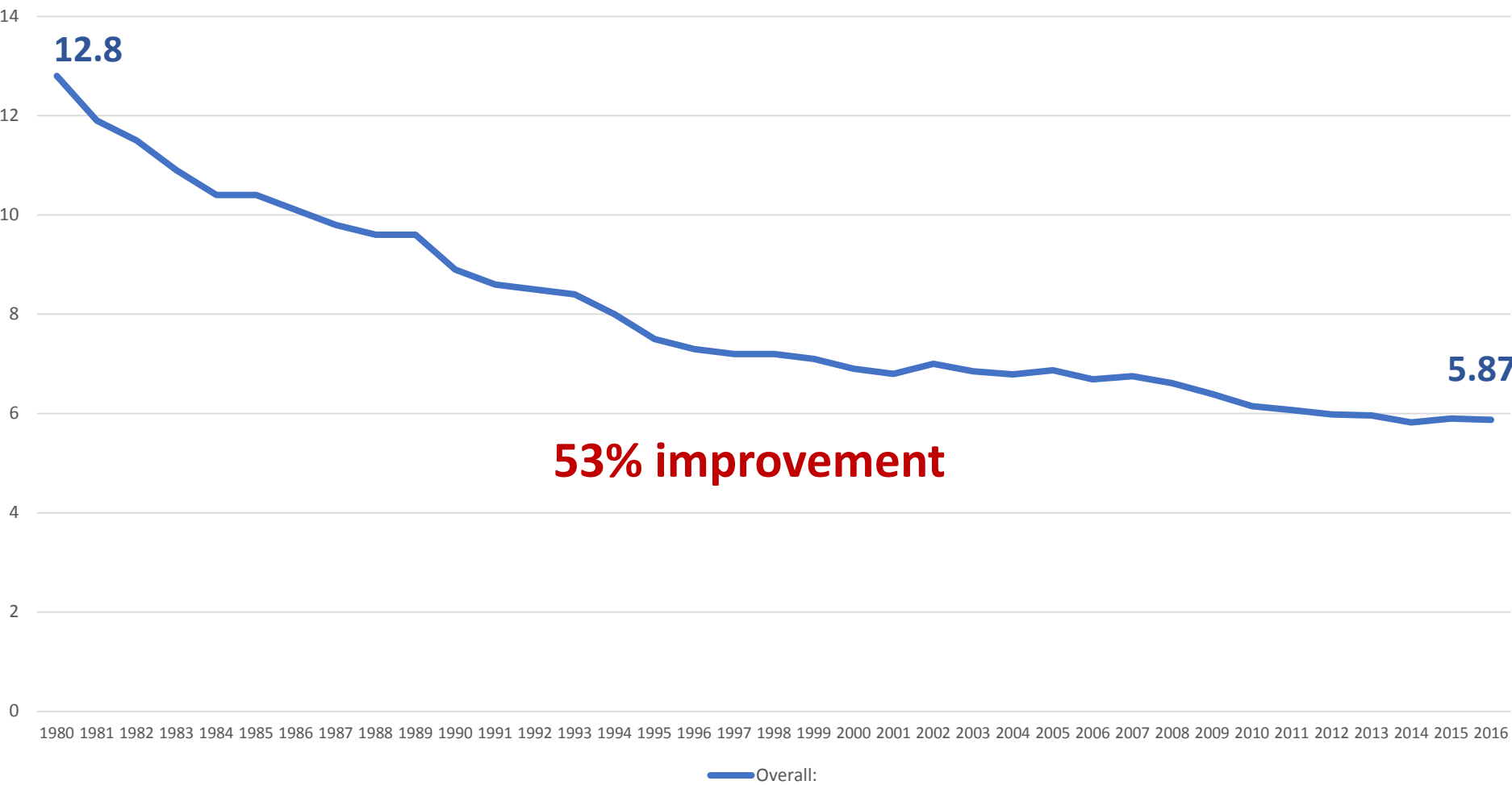
1. High quality health care
2. *Adequate food and good nutrition
3. *Safe and stable housing
4. *A healthy psychological and physical environment
5. *Sufficient income to prevent impoverishment

“As such, our ability to **prevent infant deaths and to address long-standing disparities** in infant mortality rates between population groups is a barometer of our society's commitment to the health and well-being of all women, children and families.”

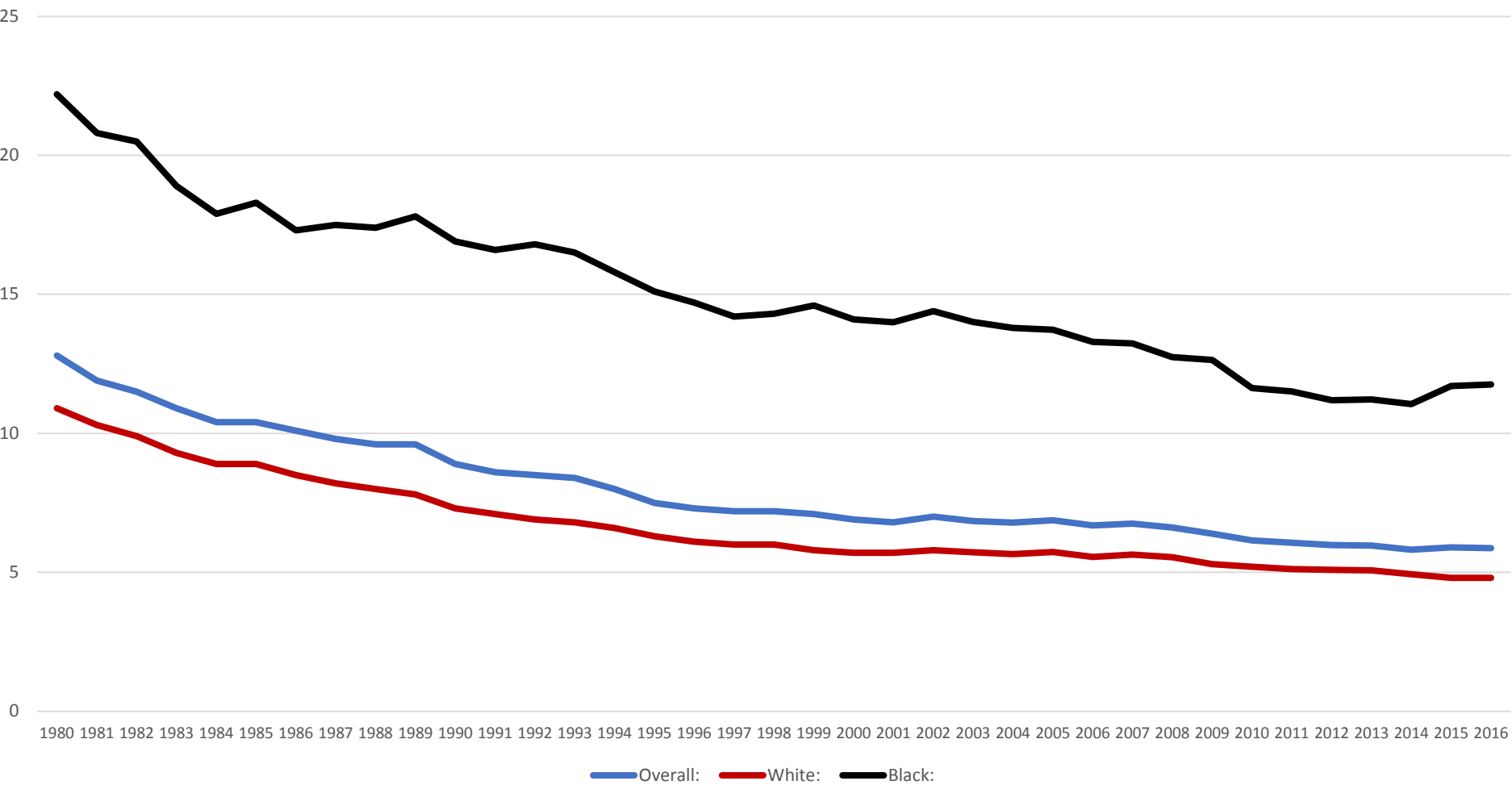
National Infant Mortality Data:

- **Overall IMR (over time)**
- **Characteristics of Black:White Racial Disparity in IMR**

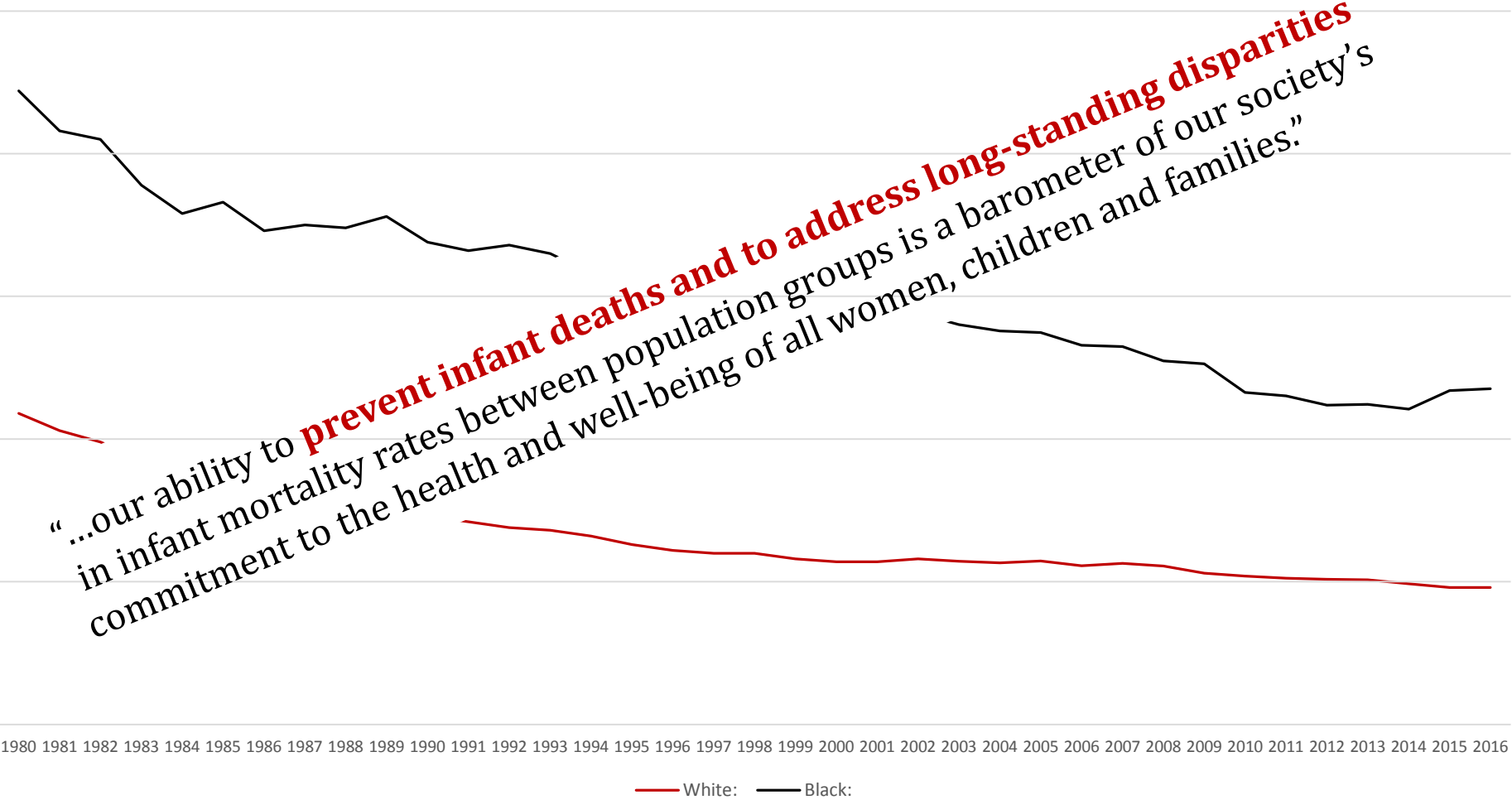
1980-2016: US Total IMR



US IMR, 1980-2016: Total, White, and Black Race



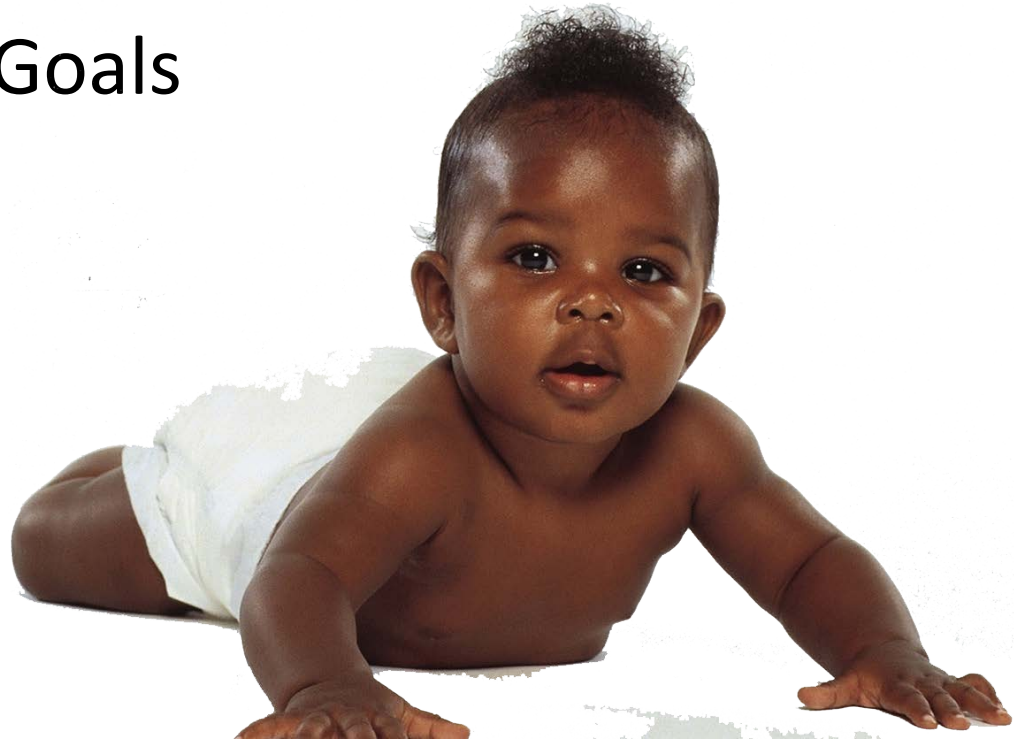
US IMR, 1980-2016: Total, White, and Black Race



Source: data from NCHS, quote from SACIM 2013

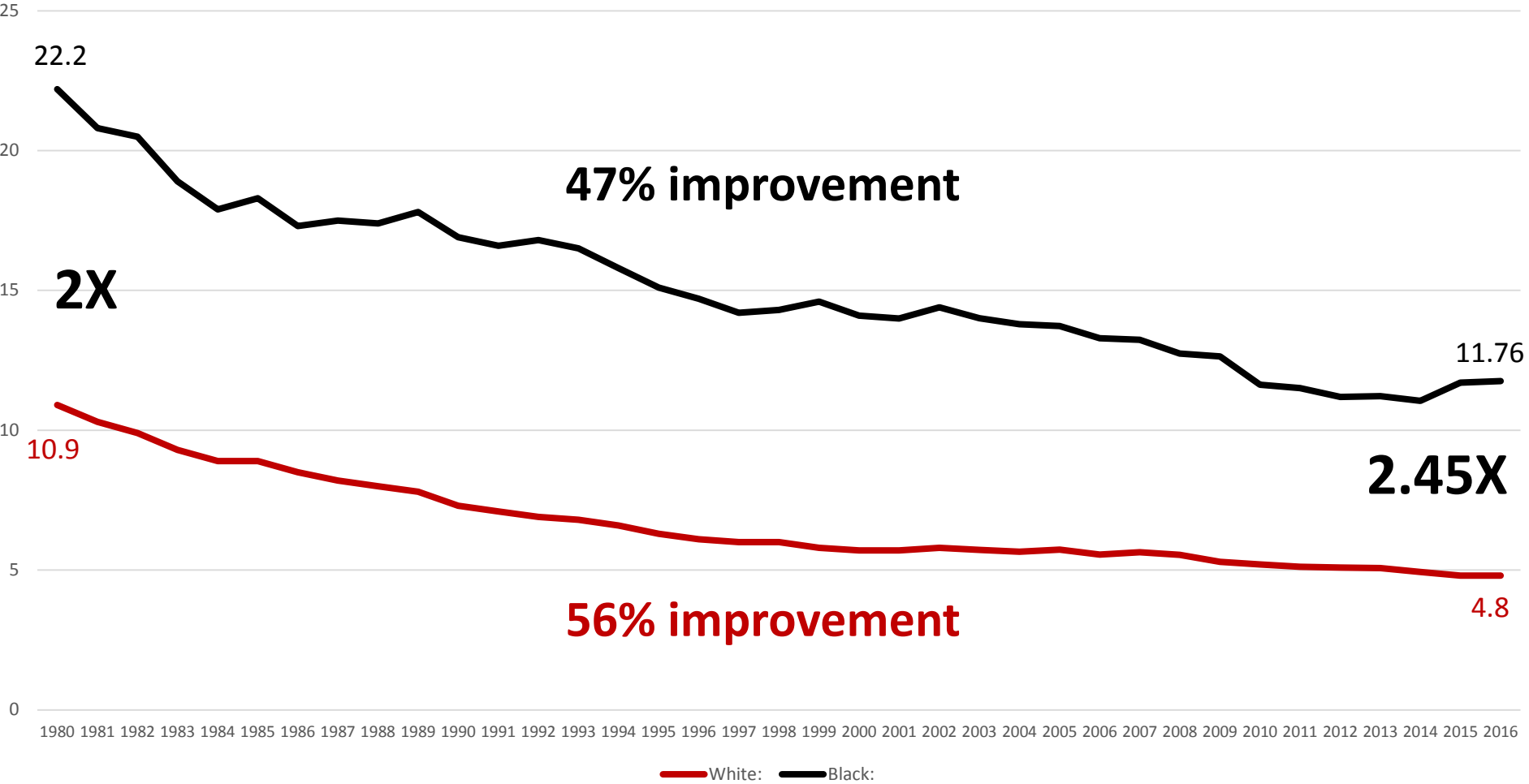
Black to White Racial Disparity in Infant Mortality:

- 1. Disparity Ratio:** 2016 Black infant deaths more than **2x** that of Whites
- 2. “Survival Interval”** or difference between black and white infants
- 3. Healthy People:** Infant deaths in reference to Healthy People Goals



US IMR, 1980-2016: White and Black Race

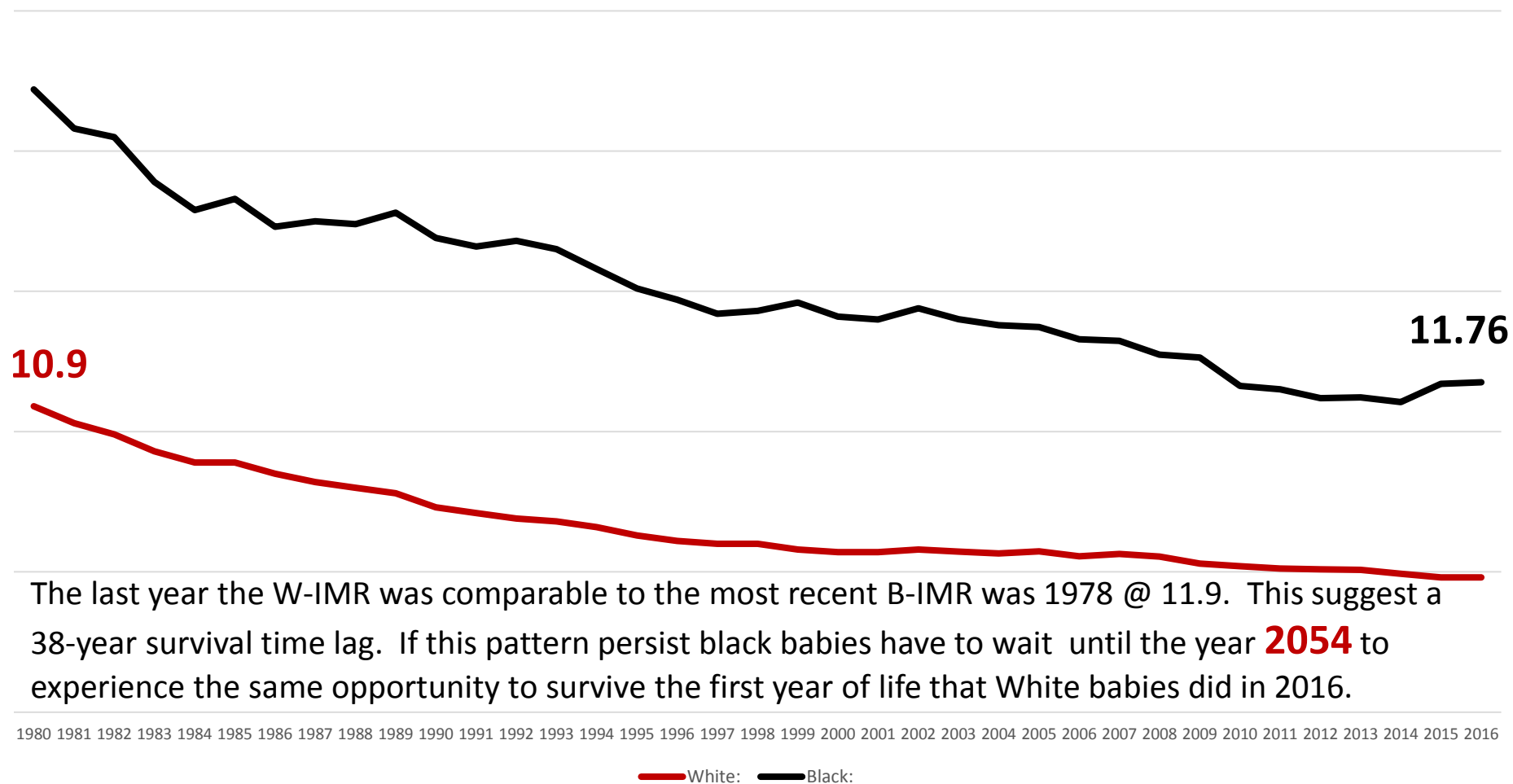
Disparity Ratio:



Survival Interval/Gap:

US IMR, 1980-2016: White and Black Race

Survival Time-lag:

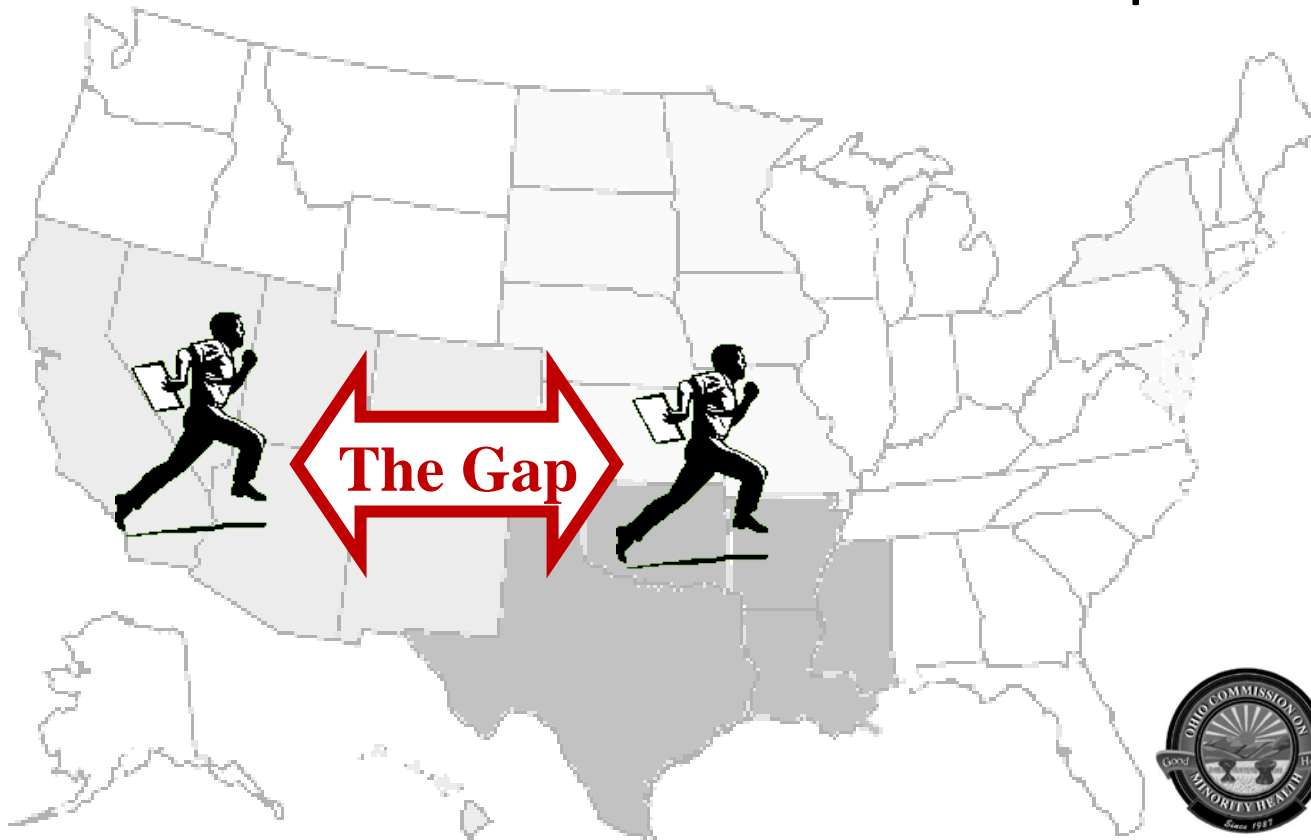


The last year the W-IMR was comparable to the most recent B-IMR was 1978 @ 11.9. This suggest a 38-year survival time lag. If this pattern persist black babies have to wait until the year **2054** to experience the same opportunity to survive the first year of life that White babies did in 2016.

Erasing the Gap(s):

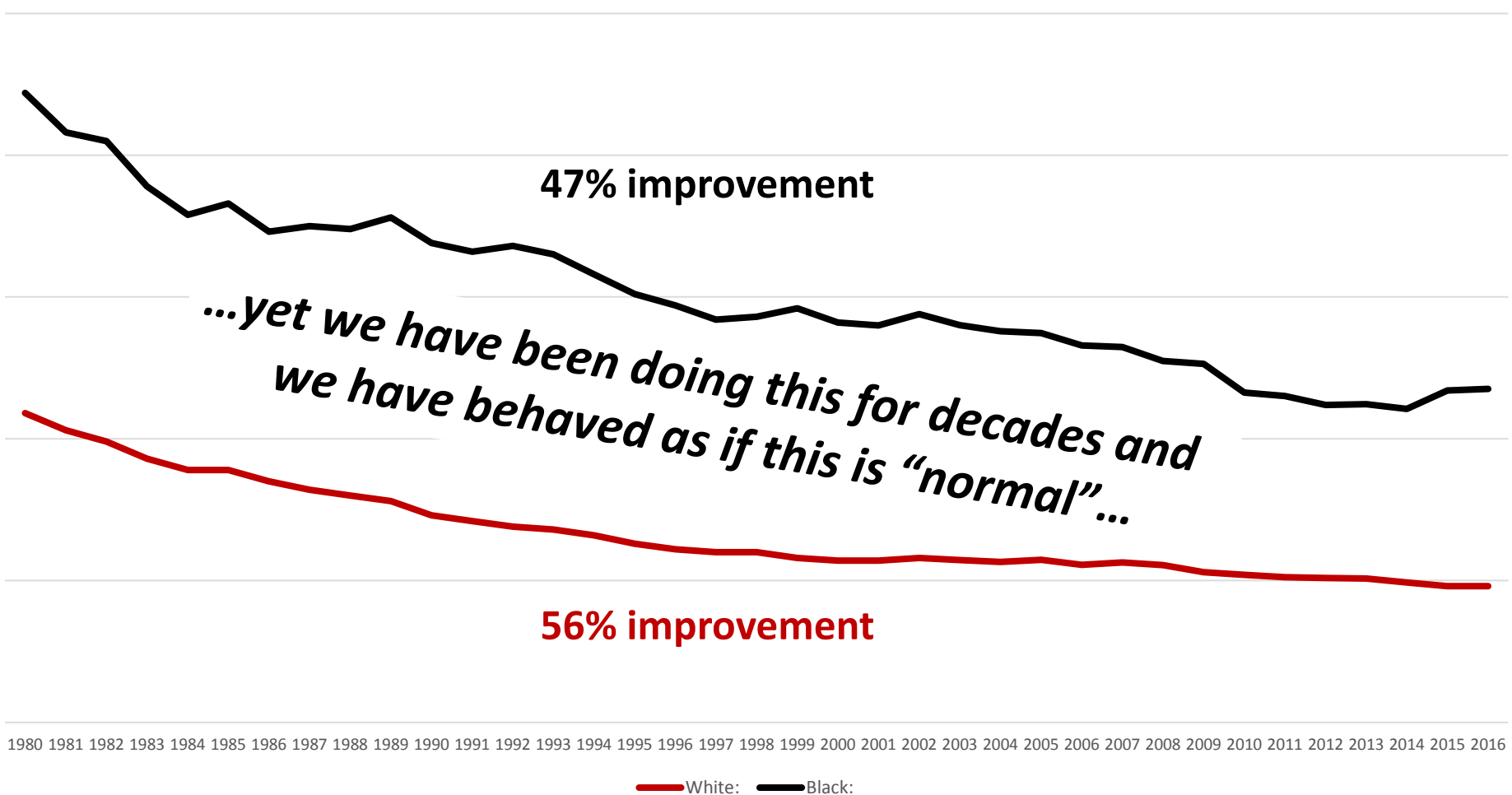
To eliminate the disparity, we need to:

1. Improve the bimir at a faster pace than we improve the wimir
2. Must accomplish #1 w/o compromising the rate of improvement of wimir

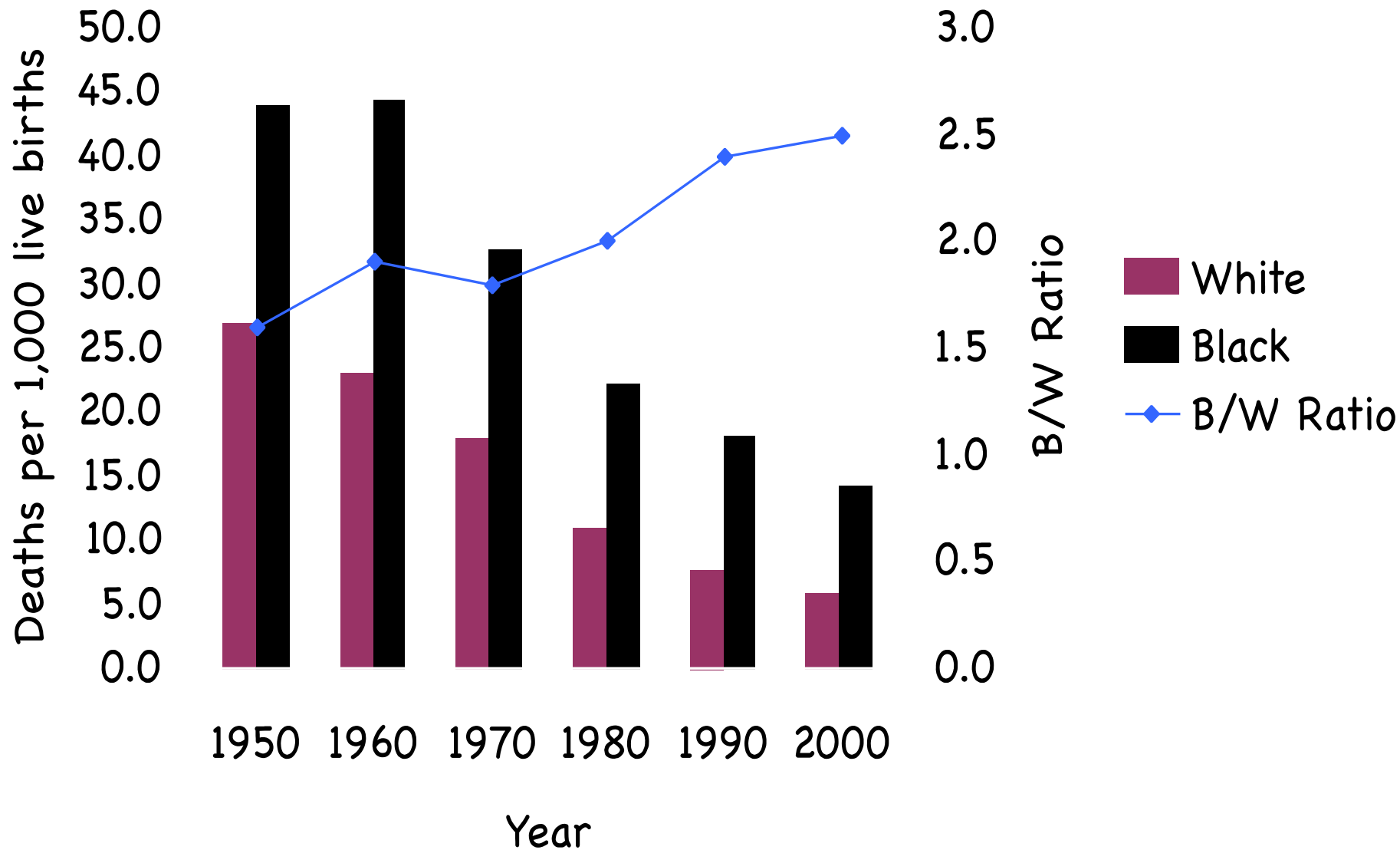


The thought of striving to improve the rate of survival for one group at a faster pace than for another group **BOTHERS many people...they complain that doing so would be immoral, unfair, unjust...**

US IMR, 1980-2016: White and Black Race



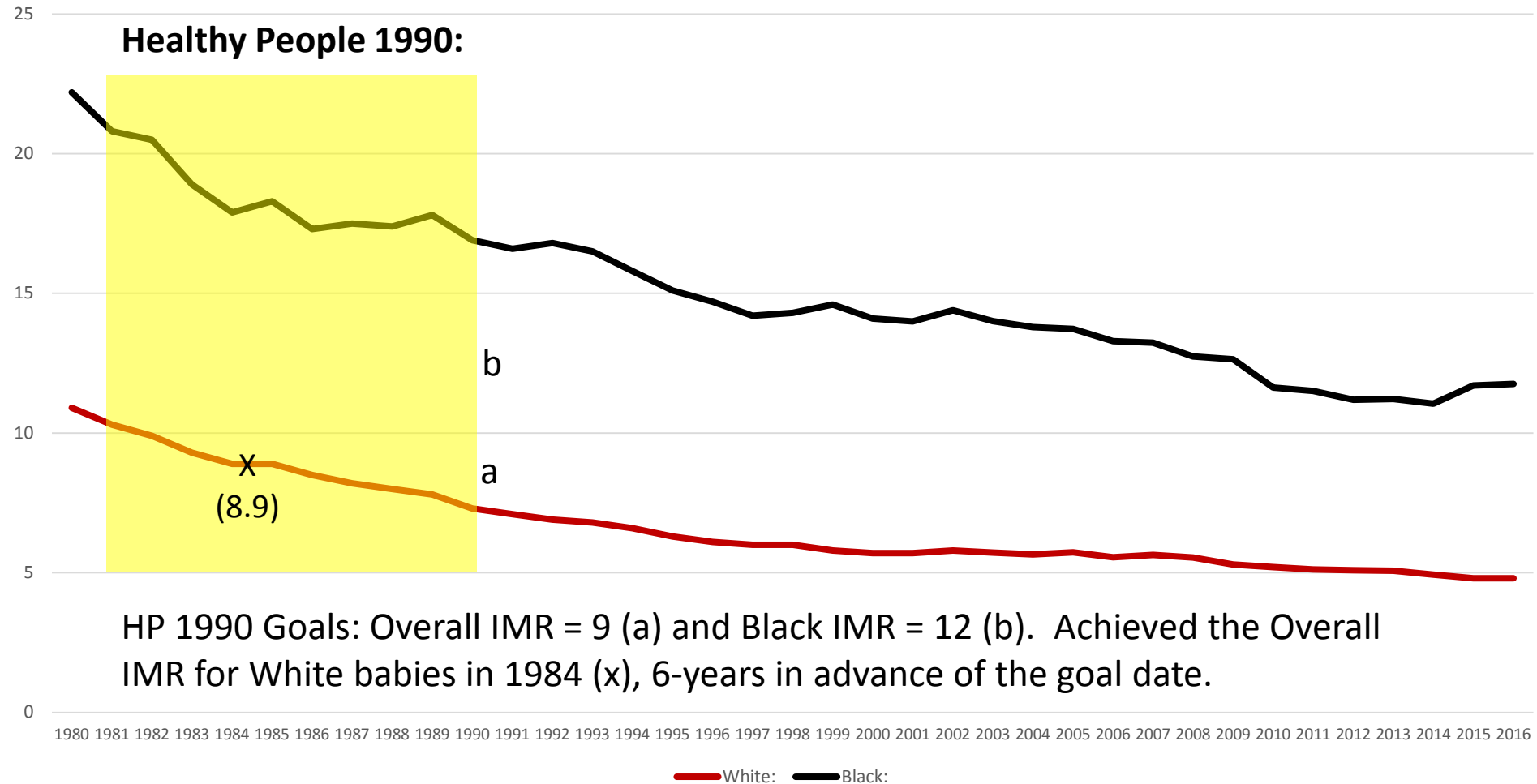
USA Black:White Infant Mortality Rates, 1950-2000:



“Healthy People” History & IMRs:

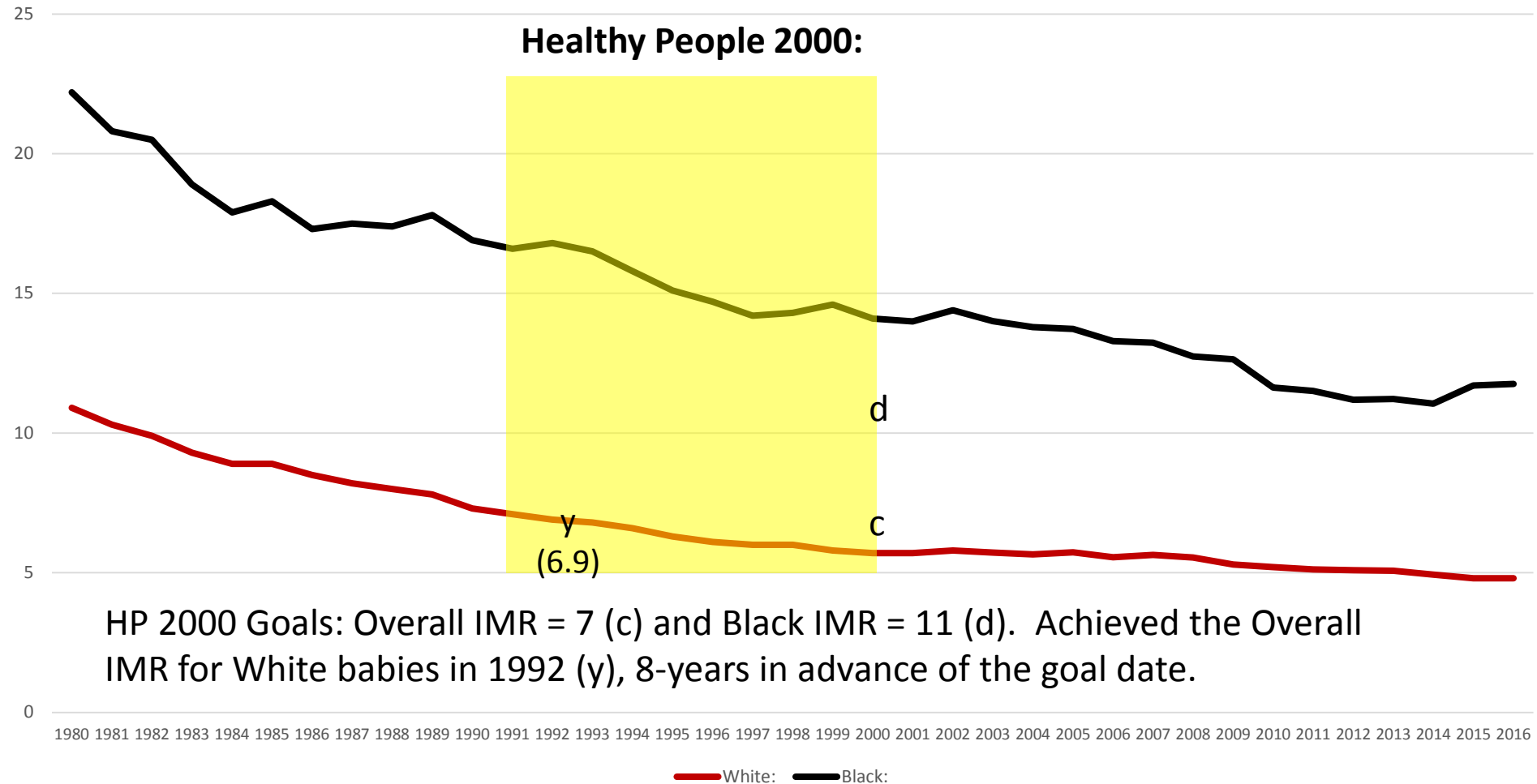
- 1979-The Surgeon General’s Report on Health Promotion and Disease Prevention
- 1980- Promoting Health/Preventing Disease: Objectives for the Nation
 - 1985: “Heckler Report”: HHS Secretary’s report on racial disparities in health.
 - ID’d 6 areas of health that together accounted for > 80% of the mortality observed among Blacks and other minority groups in excess of that in Whites.
 - One of these areas was infant mortality.
 - Hoped that it would be the beginning of the end of racial health disparities
- ***1990-Healthy People***
- ***2000-Healthy People***
- ***2010-Healthy People***
- ***2020-Healthy People***

US IMR, 1980-2016: Total, White, and Black Race



HP 1990 Goals: Overall IMR = 9 (a) and Black IMR = 12 (b). Achieved the Overall IMR for White babies in 1984 (x), 6-years in advance of the goal date.

US IMR, 1980-2016: Total, White, and Black Race



HP 2000 Goals: Overall IMR = 7 (c) and Black IMR = 11 (d). Achieved the Overall IMR for White babies in 1992 (y), 8-years in advance of the goal date.

Healthy People 2010:

■ 2 Overarching Goals

- *Increase the quality and years of healthy life*
- *Eliminate health disparities*
 - *Only one IMR Goal (4.5) for the entire population*

■ 28 Focus Areas

- *Maternal Child Health*

■ 467 specific objectives

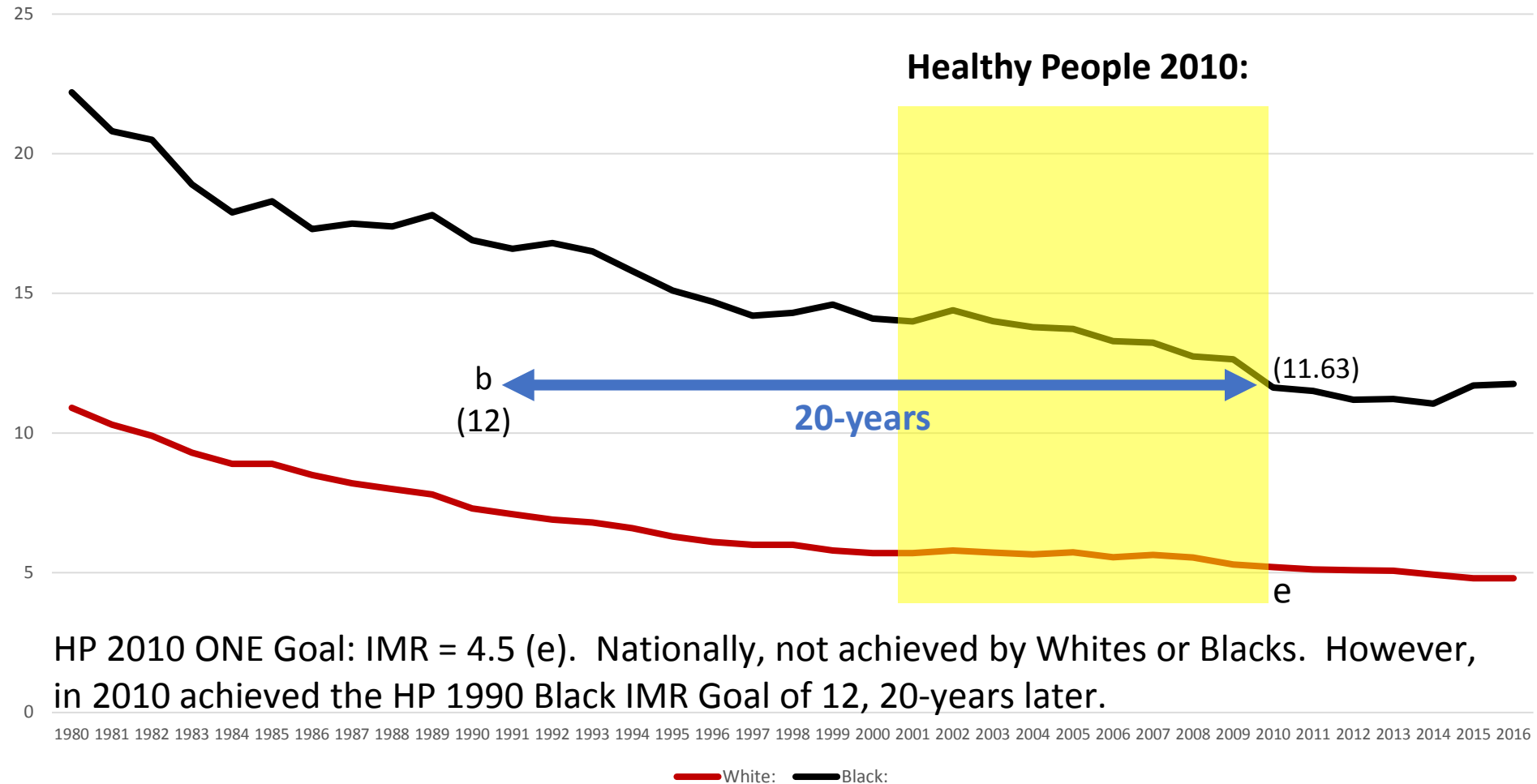
- *Infant Mortality: goal of 4.5 deaths/1,000 live births*
For the first time...one goal for all races



Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services



US IMR, 1980-2016: Total, White, and Black Race



What's new?

Recent Declines in Infant Mortality in the United States, 2005–2011

Marian F. MacDorman, Ph.D.; Donna L. Hoyert, Ph.D.; and T.J. Mathews, M.S.

Key findings

- Following a plateau from 2000 through 2005, the U.S. infant mortality rate declined 12% from 2005 through 2011. Declines for neonatal and postneonatal mortality were similar.
- From 2005 through 2011, infant mortality declined 16% for non-Hispanic black women and 12% for non-Hispanic white women.

Infant mortality is an important indicator of the health of a nation (1,2). This report describes the recent decline in the U.S. infant mortality rate from 2005 through 2011. Changes in infant mortality rates over time are examined by age at death, maternal race and ethnicity, cause of death, and state. The linked birth/infant death data set (linked file) is generally the preferred source for infant mortality rates by race and ethnicity (3,4). This is particularly important for racial and ethnic groups other than non-Hispanic white, non-Hispanic black, and Hispanic. For these three groups, rates calculated from the mortality and linked files have been very similar for many years, and trends are unlikely to differ (3–5). Thus, data from the mortality file are used for this analysis because of their greater timeliness (3,6). Data for 2011 are preliminary (6). Because preliminary data are not available by state, data for the 2005–2010 period were used for the geographic analysis.

<http://www.cdc.gov/nchs/data/databriefs/db120.pdf>

National Vital Statistics Reports

Volume 61, Number 8

January 24, 2013



Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set

By T.J. Mathews, M.S. and Marian F. MacDorman, Ph.D., Division of Vital Statistics

A reformatted, typeset version of this report will replace the current version.

Abstract

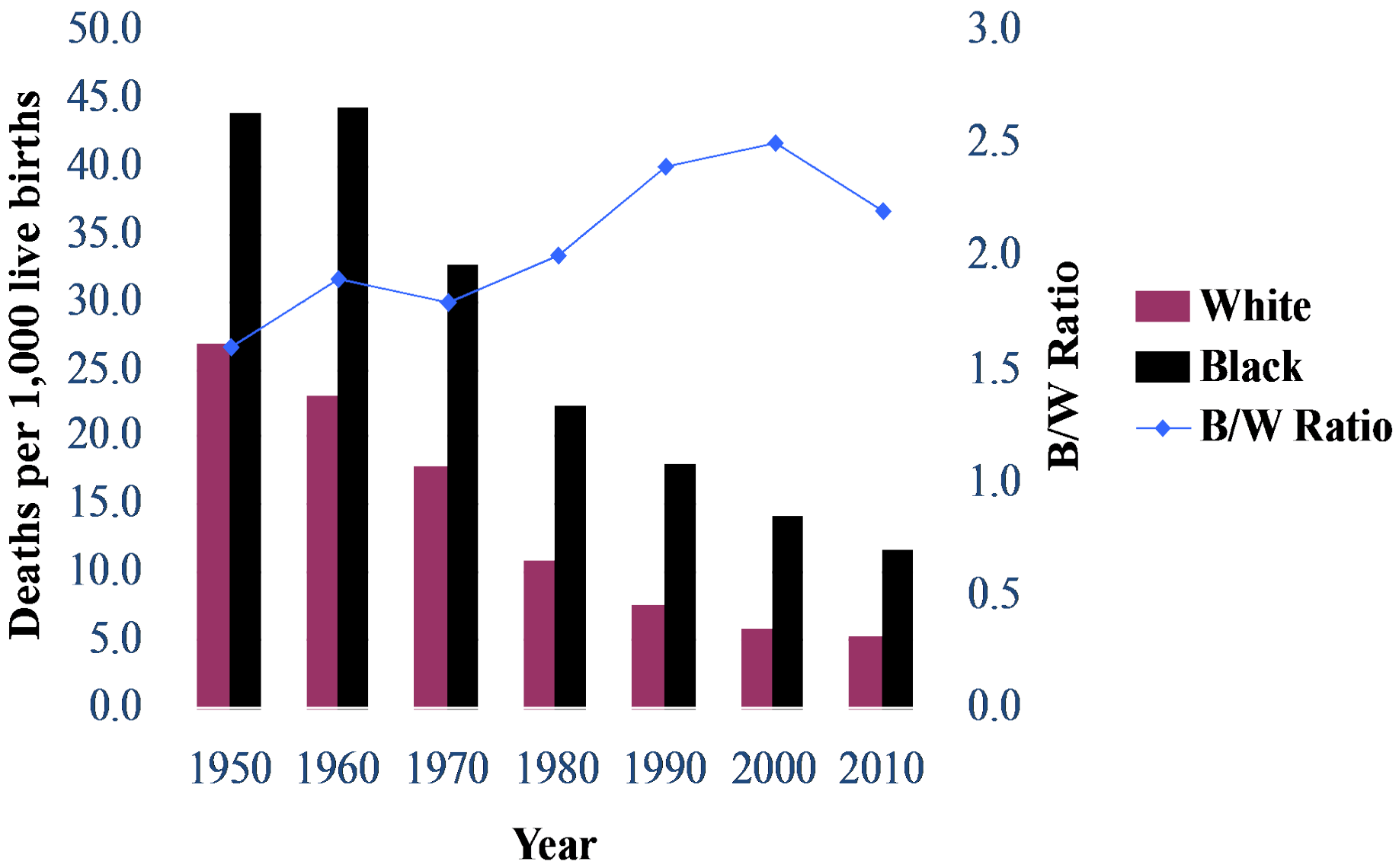
Objective: This report presents 2009 period infant mortality statistics from the linked birth/infant death data set (linked file) by maternal and infant characteristics. The linked file differs from the mortality file which is based entirely on death certificate data.

http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf

Recent Declines in Infant Mortality in the United States, 2005-2011

- Following a plateau, from 2000 through 2005, the US IMR declined 12% from 2005-2011.
 - Declines in the neonatal and postneonatal mortality rates were similar
- **From 2005-2011 IMR declined**
 - **16% for Black women**
 - **12% for White women**
 - **9 % for Hispanic women**
- IMR declined for 4 of the 5 leading causes of infant death from 2005-2011.

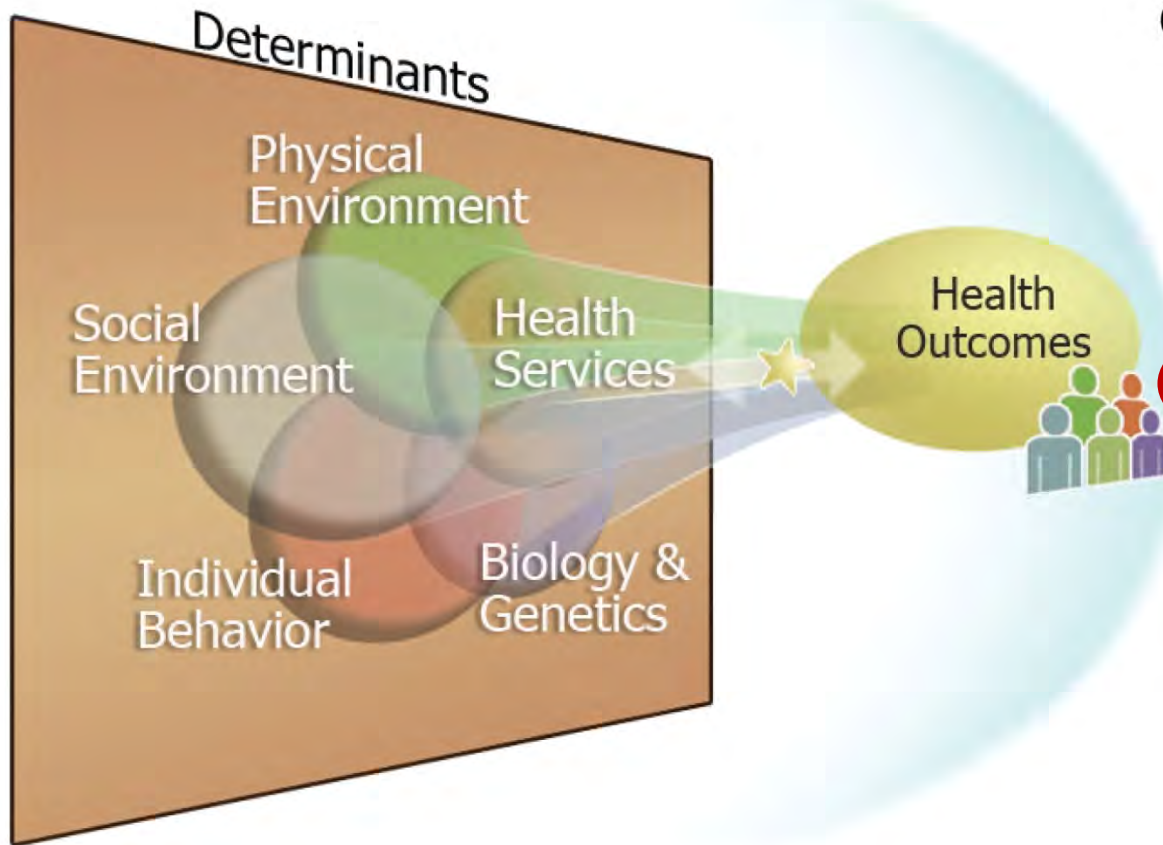
USA Black:White Infant Mortality Rates, 1950-2010:



Source: National Center for Health Statistics, 2012

Healthy People 2020

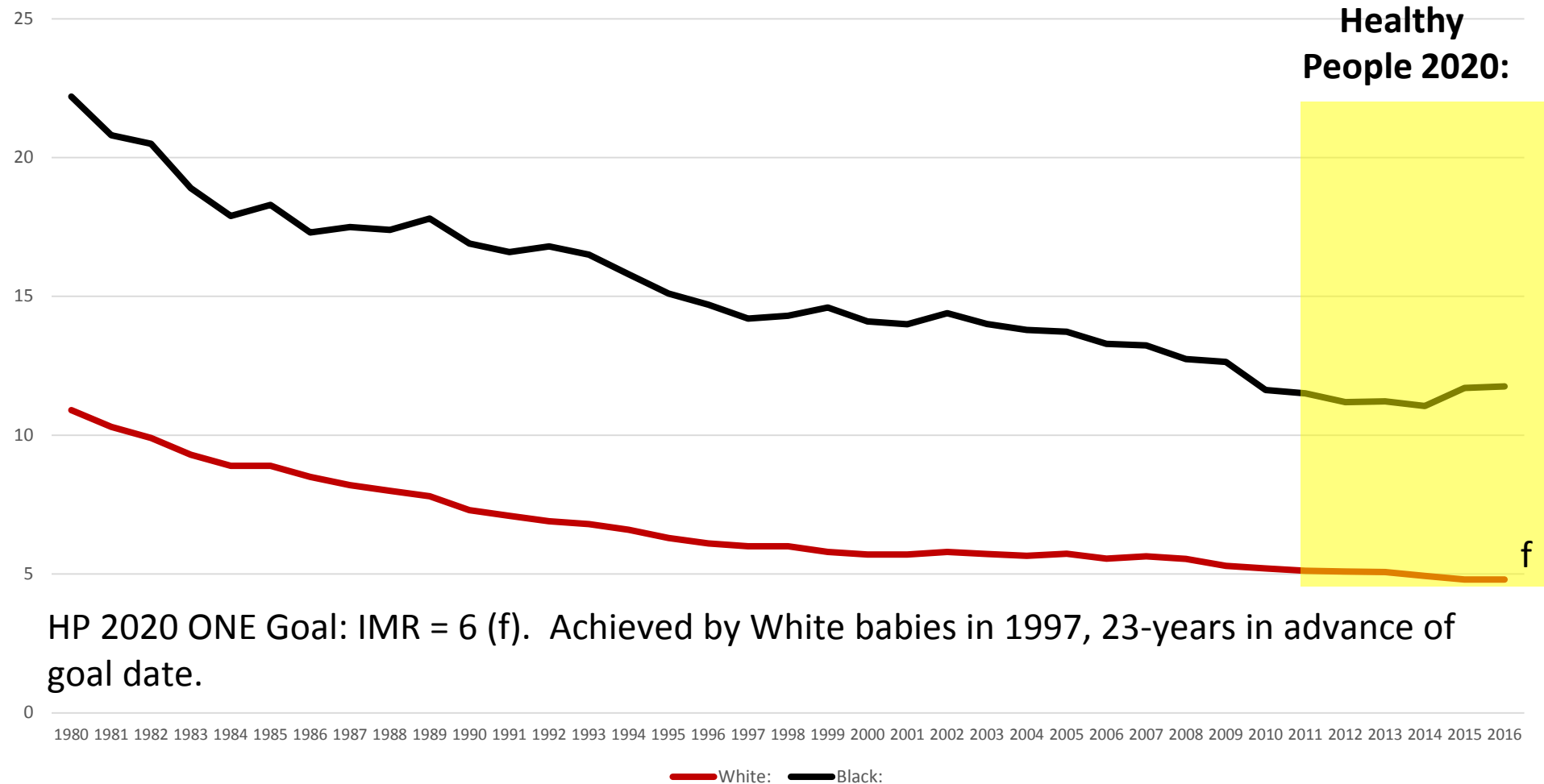
A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

US IMR, 1980-2016: Total, White, and Black Race



HP 2020 ONE Goal: IMR = 6 (f). Achieved by White babies in 1997, 23-years in advance of goal date.

Patterns/Trends:

Our Nation has a well established, racially determined pattern for achieving HP-IMR Goals. Based on 37-years of experience (1990-2016)...

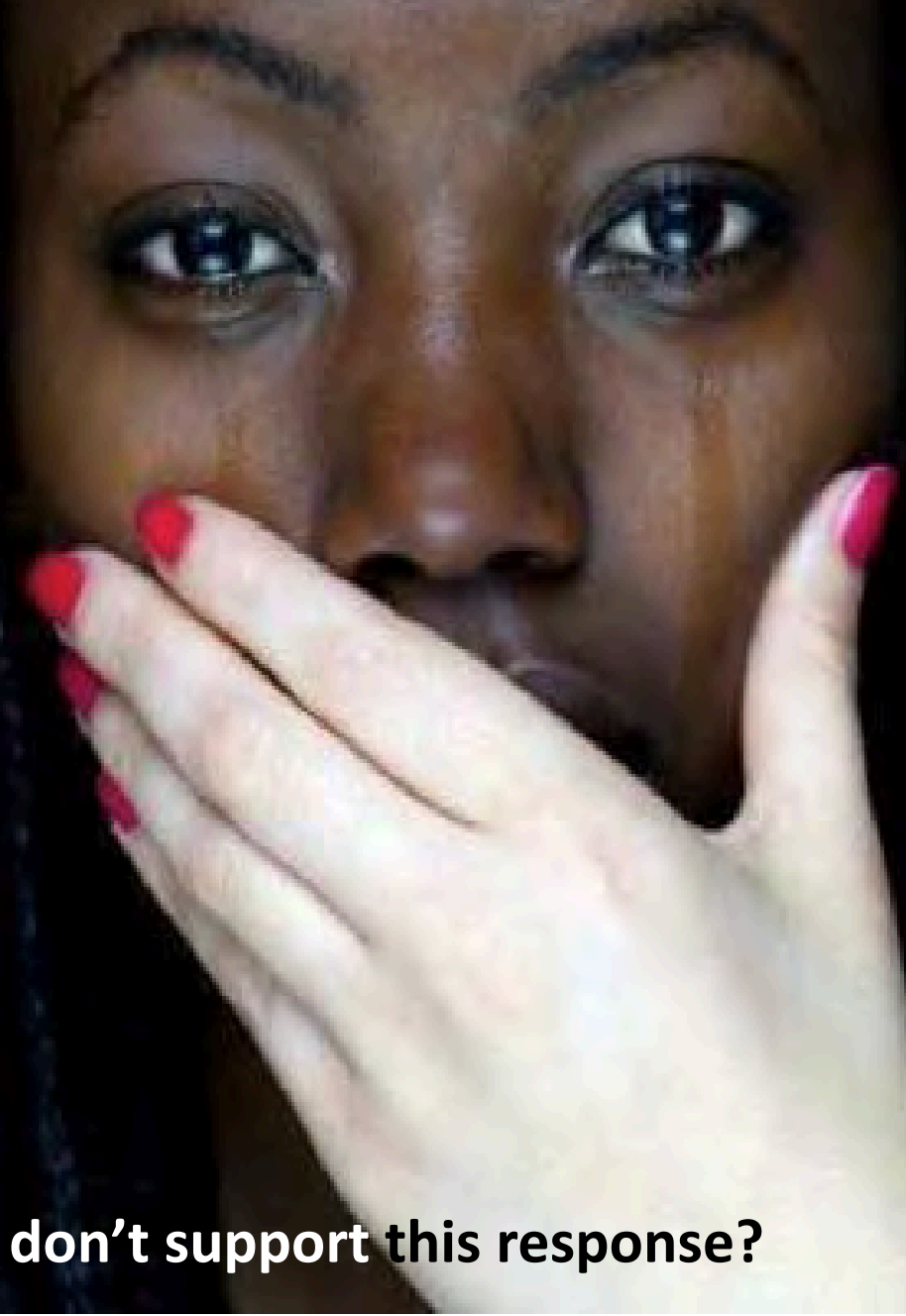
- **Achieved 3 of 4 Overall HP IMR Goals for White babies in advance of the goal dates...**
- **After nearly 4 decades achieved only 1 HP-Black IMR Goal and that was well after the goal date ...even when two of the BIMR goals were much higher than the WIMR Goals (1990, 2000)**



Do Black babies matter?

Do black Babies matter as much as White babies?

Everyone says “yes”



But, our actions don't support this response?

School drop outs

Genetics

Drug addicts

Despite the data, there are many who believe that the Black IMR cannot improve. And many who do believe it can improve believe that it is as high/bad as it is because of group level flaws amongst those of us who are Black. Essentially nobody believes that it can be the same as the White IMR!

Black people don't love their babies as much

Teen-aged pregnancies

Welfare Queens

Dead beat dads

IPV

2011-2013 USA Infant Mortality Rates, by State and by Race, from Worse to Best:

Overall:		White:		Black:		Hispanic:	
USA	6.01		5.06		11.25		5.09
MS	9.25	WV	6.99	KS	14.18	RI	7.22
AL	8.57	AL	6.92	WI	14	PN	6.99
LA	8.35	ME	6.77	OH	13.57	OH	6.92
DE	7.64	MS	6.76	MI	13.13	KS	6.84
OH	7.6	AR	6.7	IL	12.93	KY	6.75
AR	7.41	OK	6.51	AL	12.9	ID	6.68
SC	7.23	IN	6.46	UT	12.89	OK	6.54
NC	7.2	KY	6.4	IN	12.87	MS	6.35
IN	7.19	OH	6.31	DE	12.82	AR	6.15
OK	7.17	LA	6.15	PN	12.66	IN	6.09
TN	7.16	TN	6.09	NC	12.57	MO	6.08
*MA	4.21	*NJ	3.20	*MA	6.90	*IA	2.65

*Best Rates in Green

NCHS: 8/6/2015

HEALTHY START

For the past 27 years...

- In different neighborhoods
- Different demographics
- Different Races: Ghettos, Barrios, Reservations
- Despite inadequate funding
- No matter how high risk the population
- No matter how under-resourced the community

*"2015 Preliminary (100-site)
Cumulative HS IMR = 4.8"*

HS has REPEATEDLY produced IMRs better than the national average...

More than most MCH Organizations in this country, HS has proven to us that this disparity does not have to exist.

**Why the
disparity?**

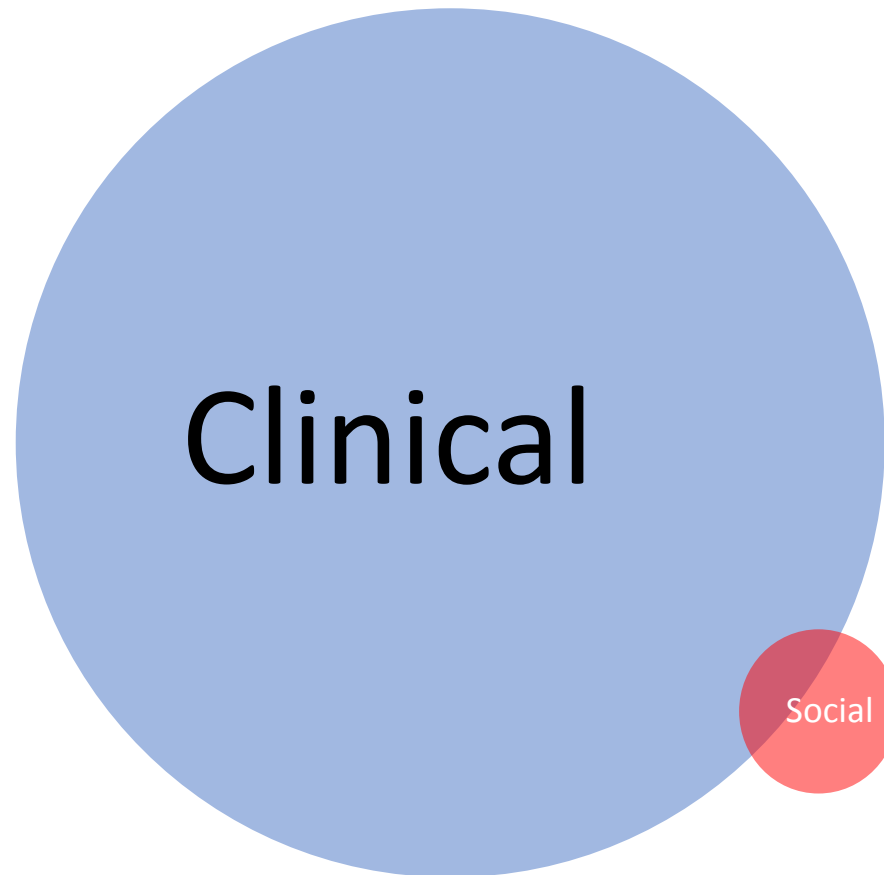


Social Determinants of Health:

Infant mortality is an internationally recognized measure of a society's ability to provide food, housing, income, education, employment and health care to its citizens



Clinical-Social Dyads (CSDs)



Infant Mortality:

An iceberg floating in the ocean, with the tip above water and a much larger base below. The iceberg is white and jagged, set against a dark, stormy sea and a cloudy sky. The text labels are overlaid on the iceberg, with the top tip being the smallest and the submerged part being the largest.

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

Infant Mortality:

Premature Births

Congenital Anomalies

SUID

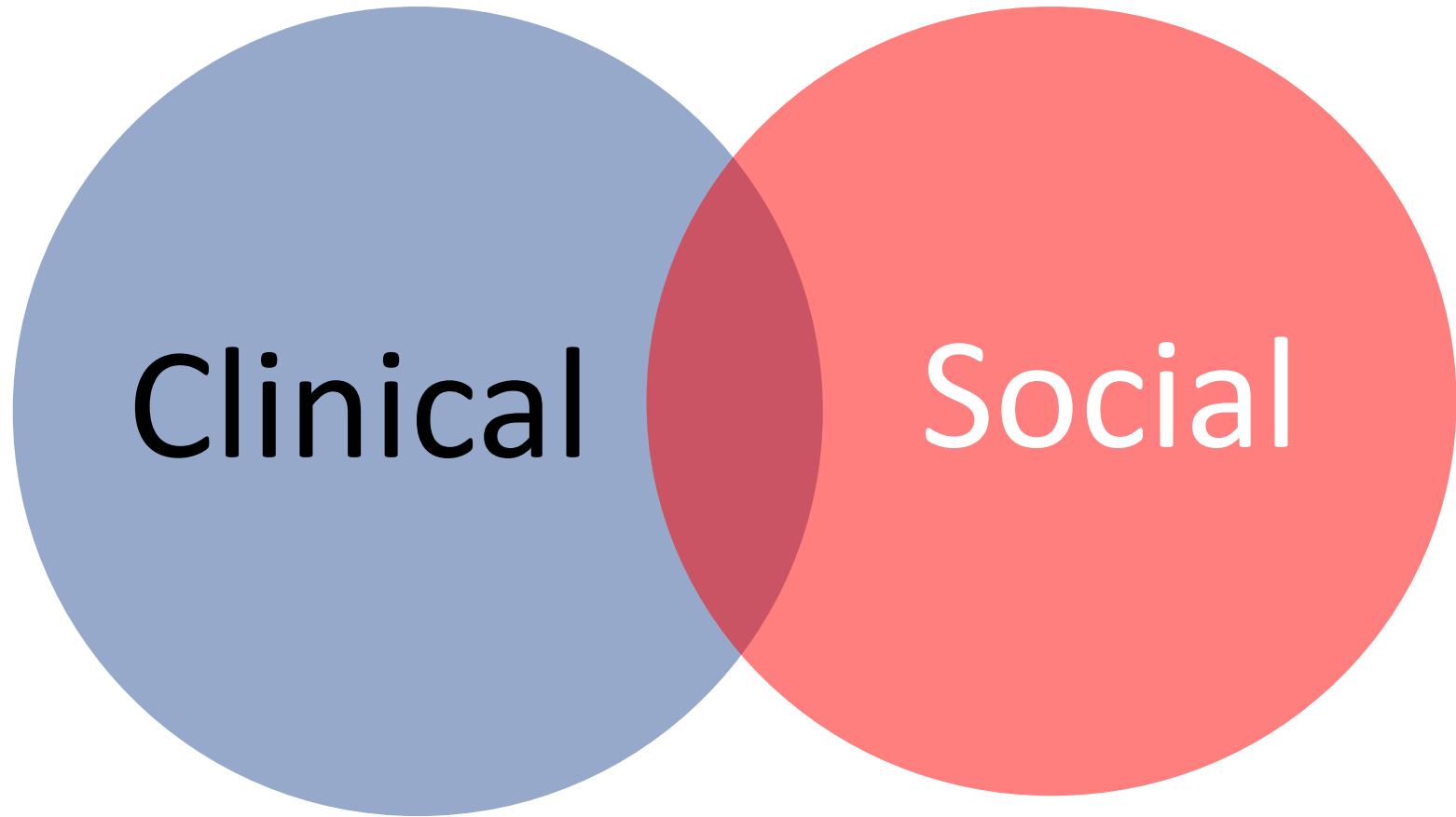
Maternal pregnancy Complications

Placental or cord anomalies

Disparities

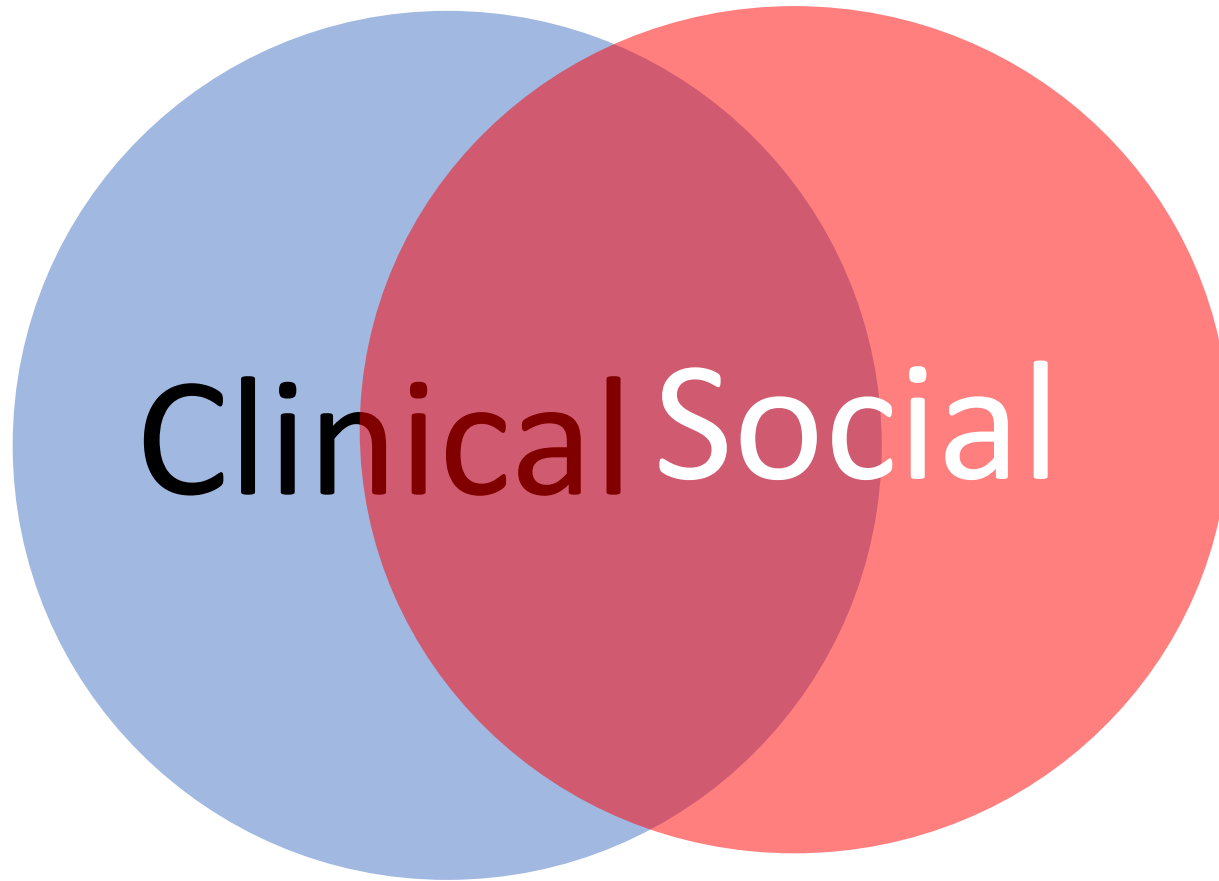
Social Determinants of Health/Lifecourse

CSD's:



I think the non-clinical is at least as important as the clinical

CSD's:



I also think we make our best decisions in the area of overlap, where “clinical” and “non-clinical” work together for the best interest of the patient. I am also of the opinion that working in this area of overlap is part of the reason why programs like HS, Case-management, NFP, and Centering experience much of their success.

Disparities in Birth Outcomes:

Social Determinants of Health:

Medical Problems:



Weathering

Racism

Housing

Incarceration rates

Fatherless households

Neighborhoods

Unemployment

Hopelessness

Policies

No Insurance

Stress

Poverty

“Medical baggage”

Language

Limited Access to Care

Smoking

“Othering”

Substance Use

Under-Education

Lower graduation rates

Family Support

Poor Working Conditions

Teen Births

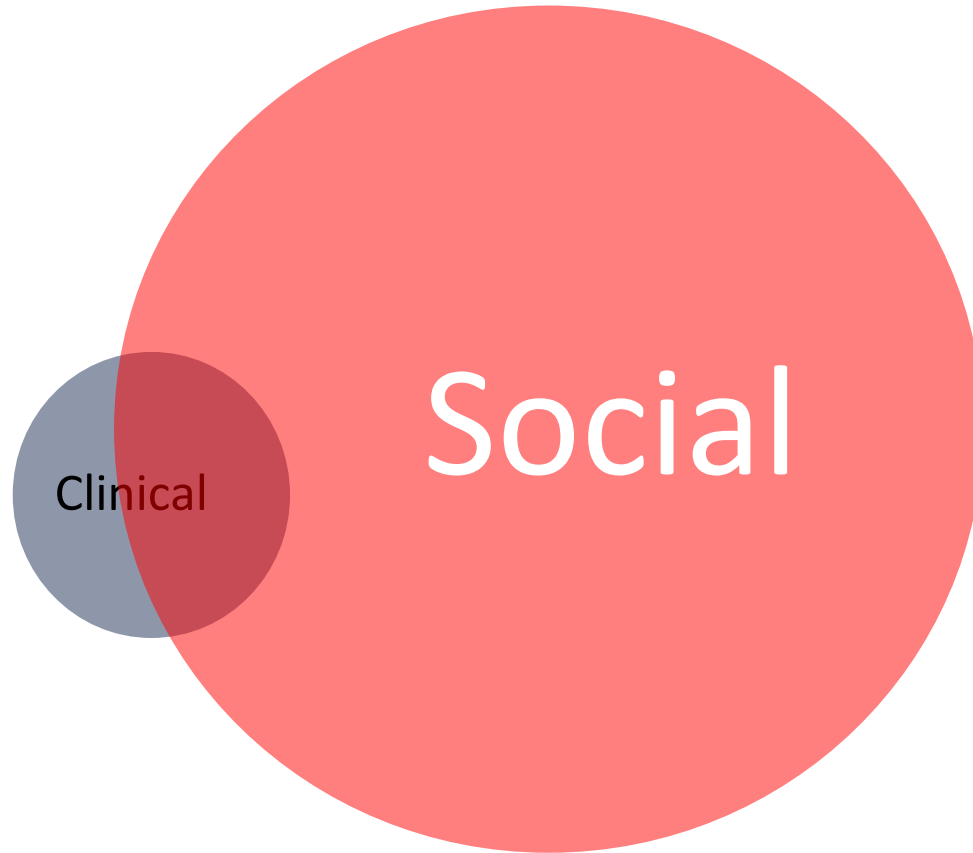
Nutrition

World Health Commission on the Social Determinants of Health (2008):

“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”

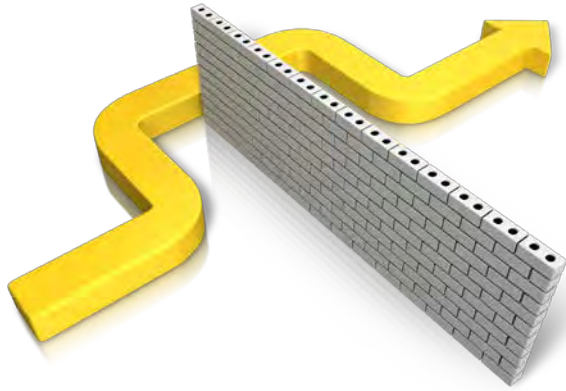


CSD's:



In my opinion, this is probably how our public health investments and prescriptions should look.

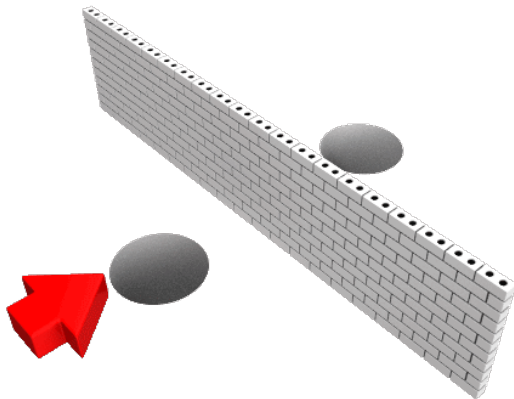
Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...



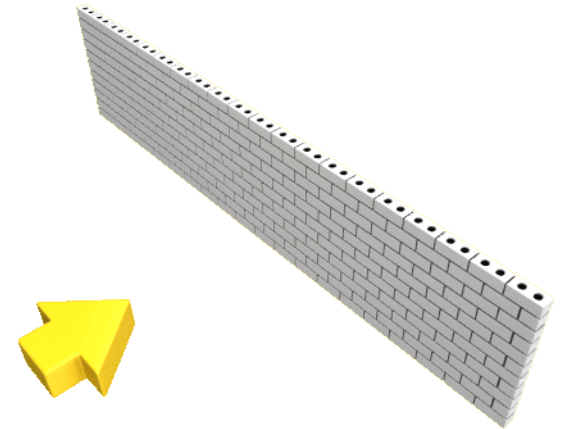
Most of these programs help



In some cases, they make a huge difference



BUT...most programs represent temporary solutions. Once pregnancy ends, we return families to the same circumstances that required help in the first place...and the cycle repeats itself pregnancy after pregnancy AND generation after generation.



YMP Component & BMA Element: DEVELOP & IMPLEMENT STRATEGIES

Education



Health & Food



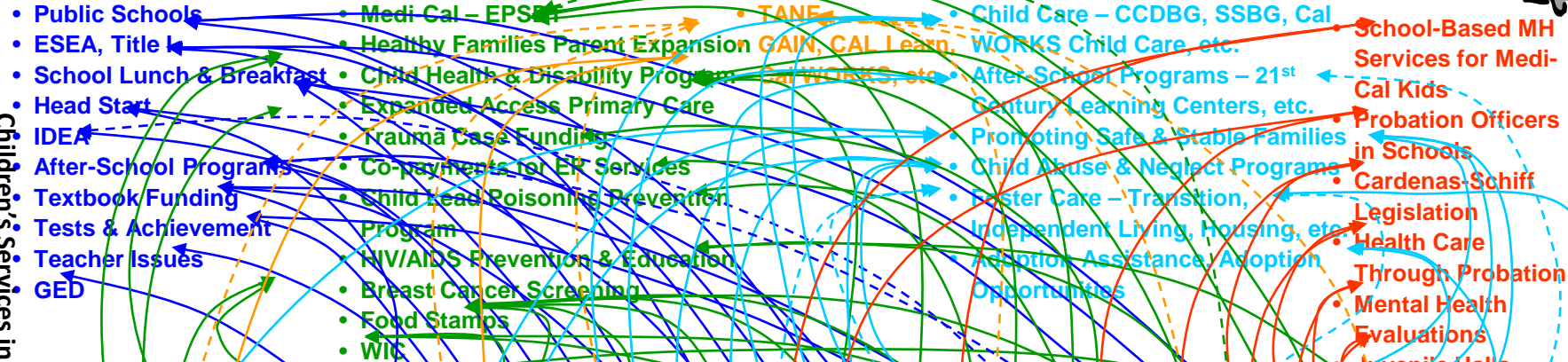
Social Services



Child & Family Services



Mental Health & Probation



Children's Services in LA County Source: Margaret Dunkle, IEL



Mom



Dad



9 year old



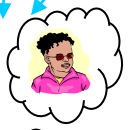
5 year old



Baby 1 1/2



Mom's sister



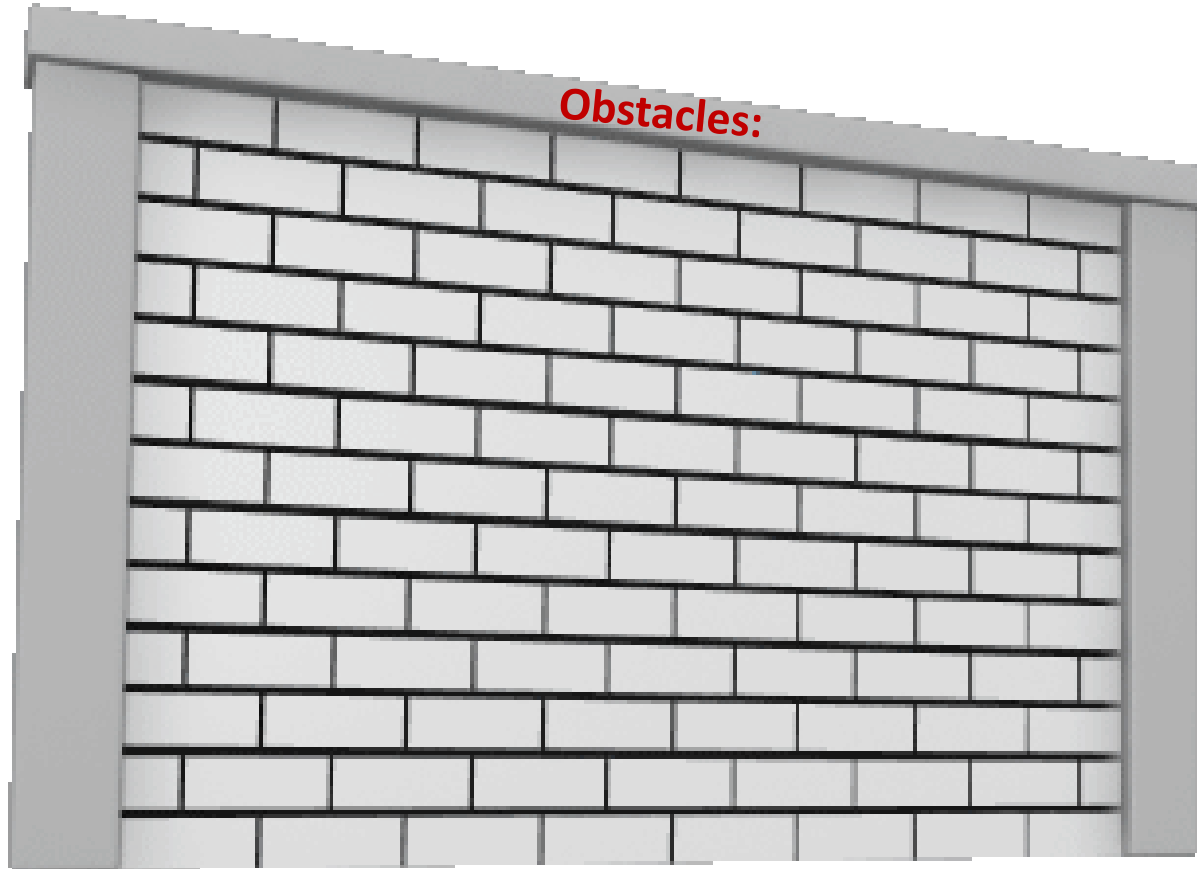
Boyfriend in trouble

Why treat people's illnesses without changing the conditions that made them sick?

(WHO Commission on Social Determinants of Health, 2008)



A Social Determinants approach: challenges us to “eliminate the obstacles”



I am often asked...which Social Determinants to improve?

Every community is different:

- Begin where you reach consensus
 - Where the community has the most strength or greatest will (i.e., Education, Transportation, Employment, Housing, etc.)
- But schedule a time-table for on-boarding interventions that address all of the Social Determinants

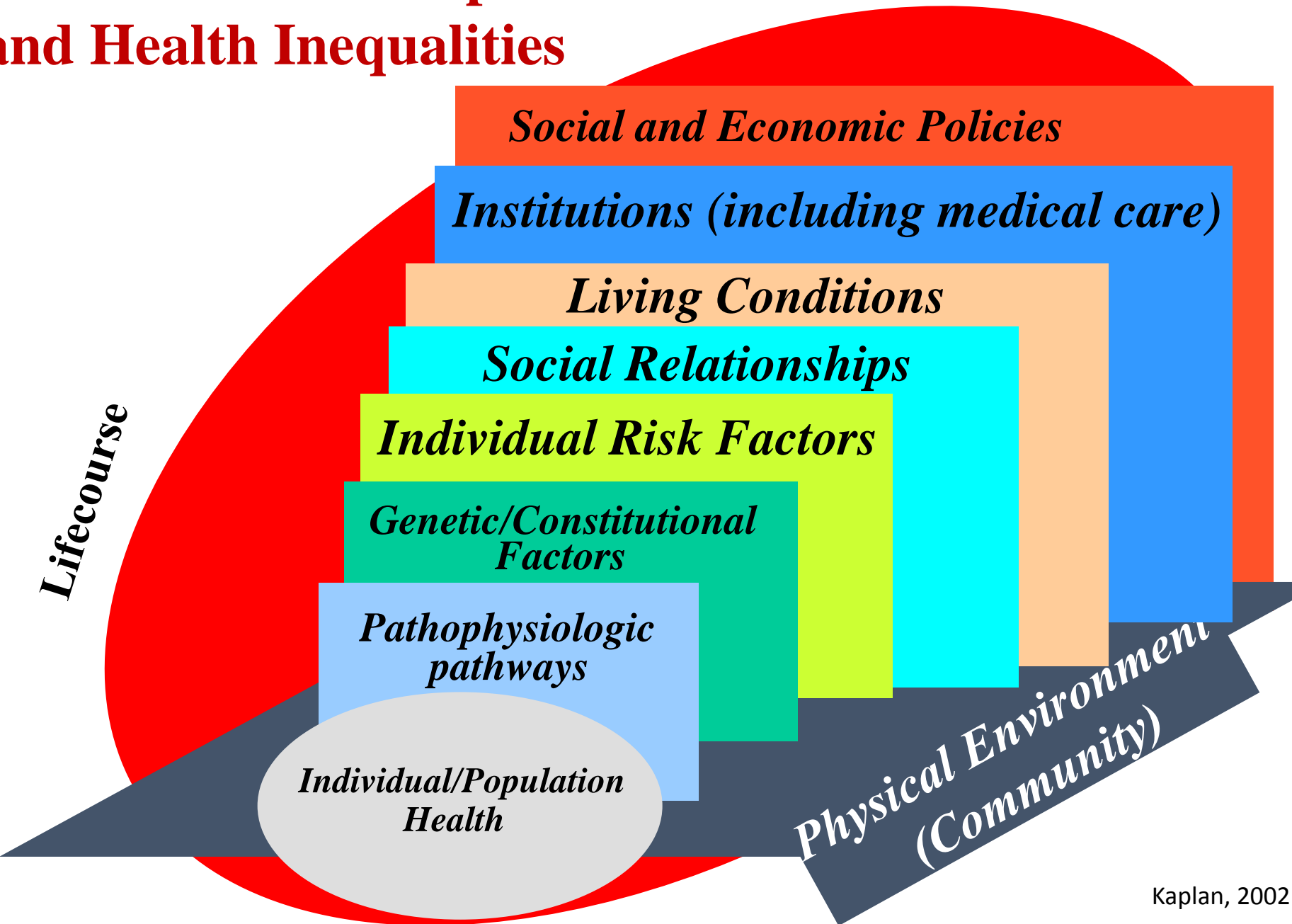




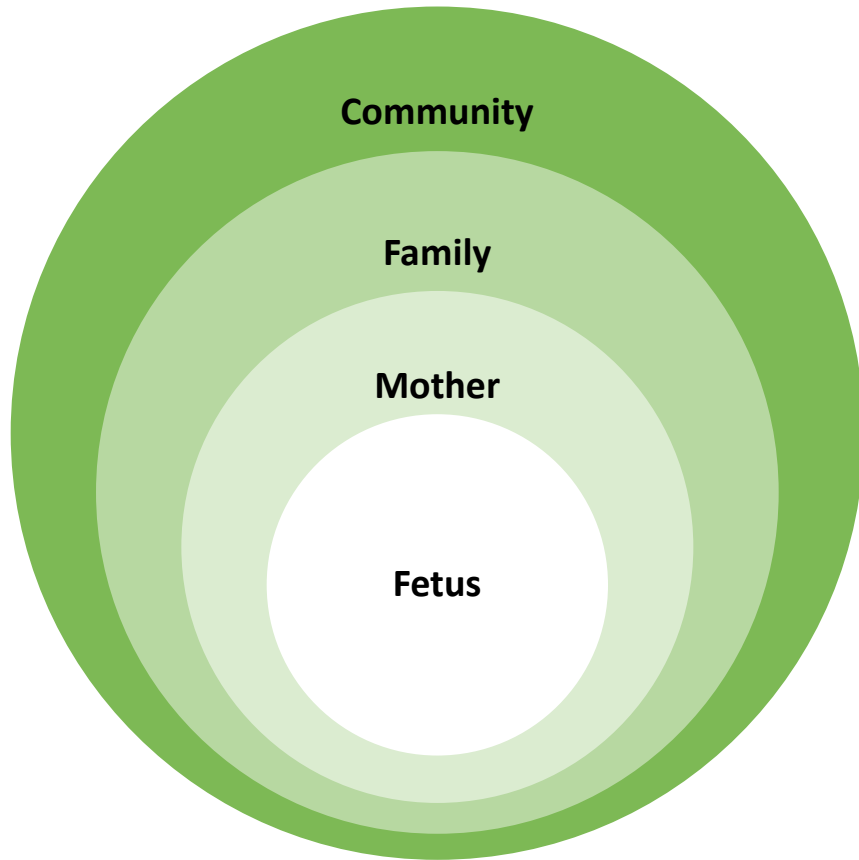
“...a moral obligation, a matter of social justice.”

Our profession seeks not only to understand but also to improve things. Some doctors (*and people in public health*) feel queasy about the prospect of social action to improve health, which smacks of social engineering. Yet, a clinician faced with a suffering patient has an obligation to make things better. If she sees 100 patients the obligation extends to all of them. **And if a society is making people sick?** We have a duty to do what we can to improve the public’s health and to reduce health inequalities in social groups where these are avoidable and hence inequitable or unfair. **This duty is a moral obligation, a matter of social justice.”**

Determinants of Population Health and Health Inequalities



The Circles of Influence:



The health of the mother and fetus rely on **more than just prenatal care.**

- *“While the mother is the environment of the developing fetus, the community is the environment of the mother.”* Dr. Lawrence Wallack, “Going Upstream for the Health of the Next Generation”
- ***“When a flower doesn't bloom, you fix the environment in which it grows, not the flower”***
Alexander Den Heijer

The Basic Idea:

Socioeconomic position, race/ethnicity and gender all structure the likelihood of multiple exposures at multiple points in time – over the entire lifecourse from conception to old age.

It is this life-long cascade of interacting multiple exposures, balanced against available resources, that are the important determinants of how social inequalities leave their imprint as health disparities.

Social Determinants, i.e., Poverty, and constructs such as “Race” are intertwined...with each making the other worse. Racism represents a particularly damaging and pervasive exposure. For the poor, it is the venom in the bite of poverty. It is intricately woven into every domain of American life and has cumulative detrimental effects throughout an individual’s lifetime, across all domains, and across generations.

EQUITY/Stress:

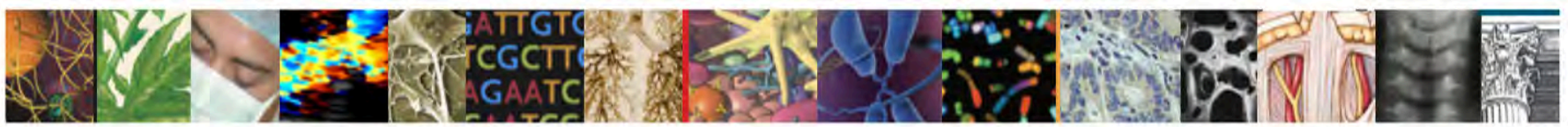
December 2017 | Issue Brief

Living in an Immigrant Family in America: How Fear and Toxic Stress are Affecting Daily Life, Well-Being, & Health

Samantha Artiga and Petry Ubri

Executive Summary

Immigration policy has been and continues to be a controversial topic in the U.S. Over the course of the election and since taking office, President Trump has intensified national debate about immigration as he has implemented policies to enhance immigration enforcement and restrict the entry of immigrants from selected countries the Administration believes may pose a threat to the country. The climate surrounding these policies and this debate potentially affect 23 million noncitizens in the U.S., including both lawfully present and undocumented immigrants, many of whom came to the U.S. seeking safety and improved opportunities for their families.¹ They also have implications for the over 12 million children who live with a noncitizen parent who are predominantly U.S.-born citizen children.²



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

DECEMBER 1, 2016

Structural Racism and Supporting Black Lives — The Role of Health Professionals

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.

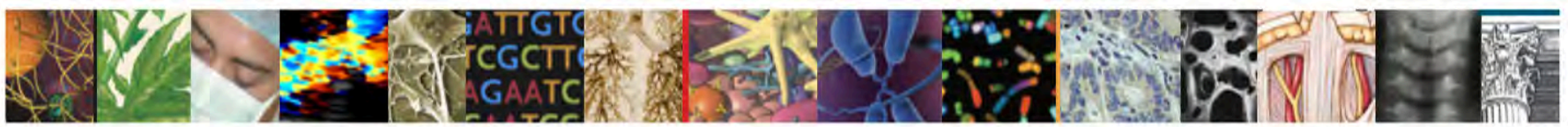
On July 7, 2016, in our Minneapolis community, Philando Castile was shot and killed by a police officer in the presence of his girlfriend and her 4-year-old daughter. Acknowledging

the role of racism in Castile's death, Minnesota Governor Mark Dayton asked rhetorically, "Would this have happened if those passengers [and] the driver were white? I don't think it would have." Such

in the medical literature. Most physicians are not explicitly racist and are committed to treating all patients equally. However, they operate in an inherently racist system. Structural racism is insidious, and

believe that as clinicians and researchers, we wield power, privilege, and responsibility for dismantling structural racism — and we have a few recommendations for clinicians and researchers who wish to do so.

First, learn about, understand, and accept the United States' racist roots. Structural racism is born of a doctrine of white supremacy that was developed to justify mass op-



The NEW ENGLAND JOURNAL of MEDICINE

We pose a similar question regarding the survival of black babies...would we tolerate these high rates of infant death if we knew our babies could survive at a better rate...and the dying babies were White?

Perspective

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STRUCTURAL Determinants (policies/systems/"isms")



CONDITIONS (Social Determinants)

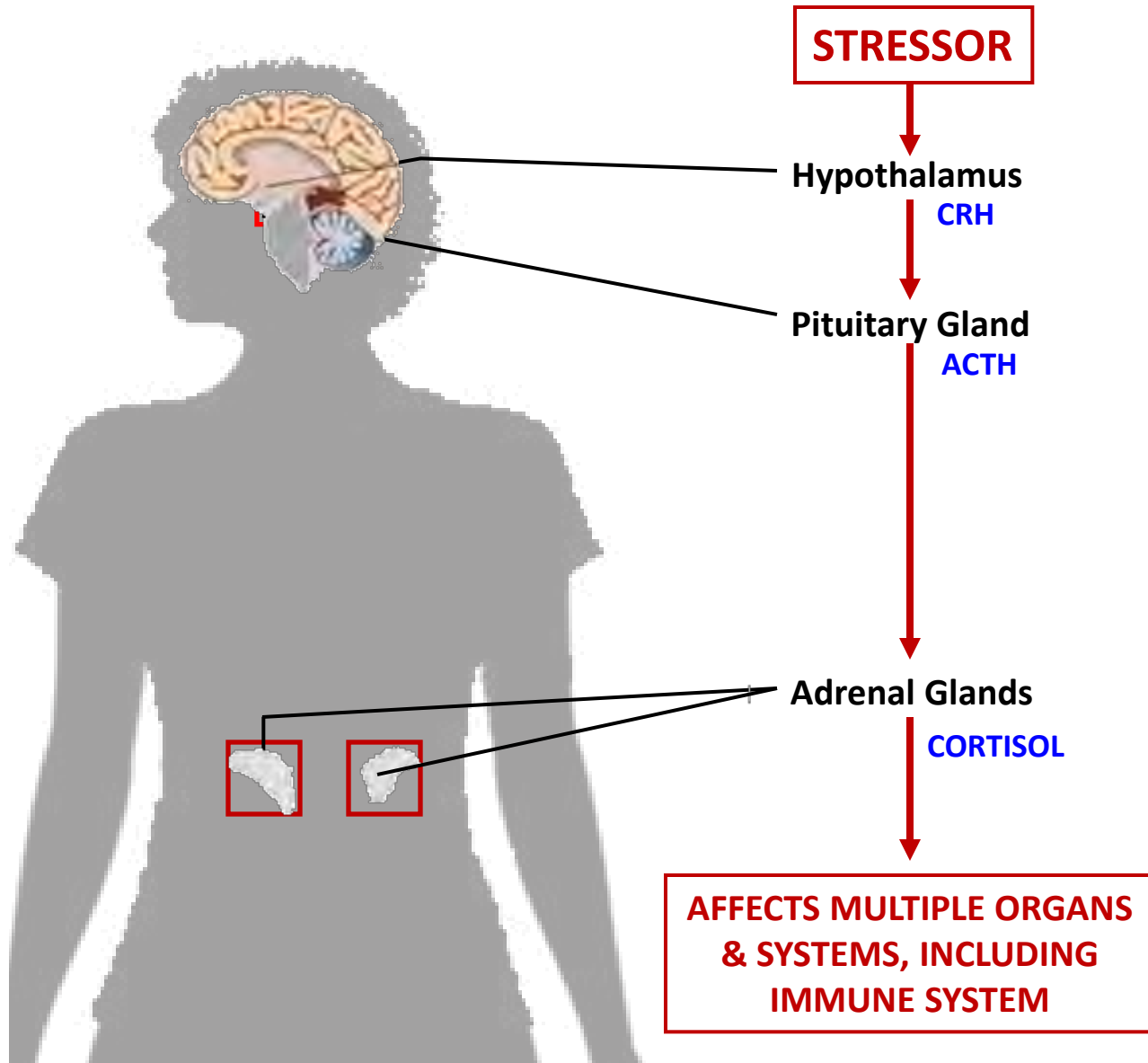


CONSEQUENCES ("marginalization", increased risk for compromised outcomes)



The stress → PTB link: Biologically plausible?

A common observation in cases of comorbidity is for one disease to promote or enhance the contagiousness of another disease by facilitating its access through body defenses to susceptible tissues.

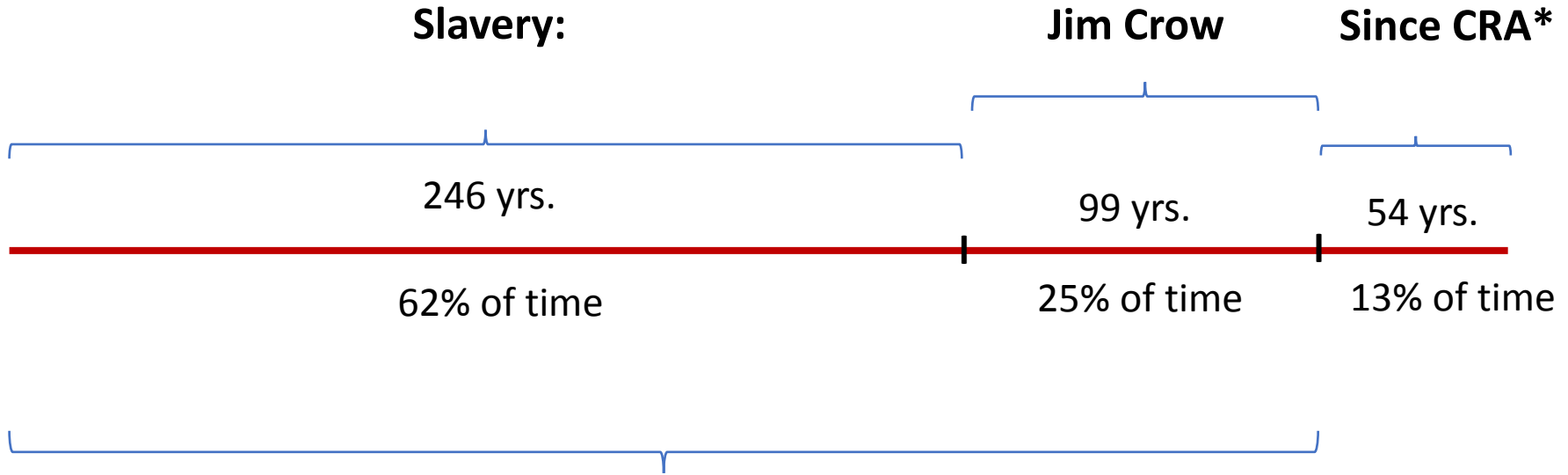


African American Citizenship Status: 1619-2018

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	62%
1865-1964	Jim Crow: virtually no Citizenship rights	99	25.0%
1964-2018*	"Equal"	54	13%
1619-2018	"Struggle" "Unfairness"	399	100%

* USA struggles to transition from segregation & discrimination to integration of AA's

Time-line of African American Experience:



87% of the AA experience either as Slaves or under Jim Crow

Brief History of the African American Experience:

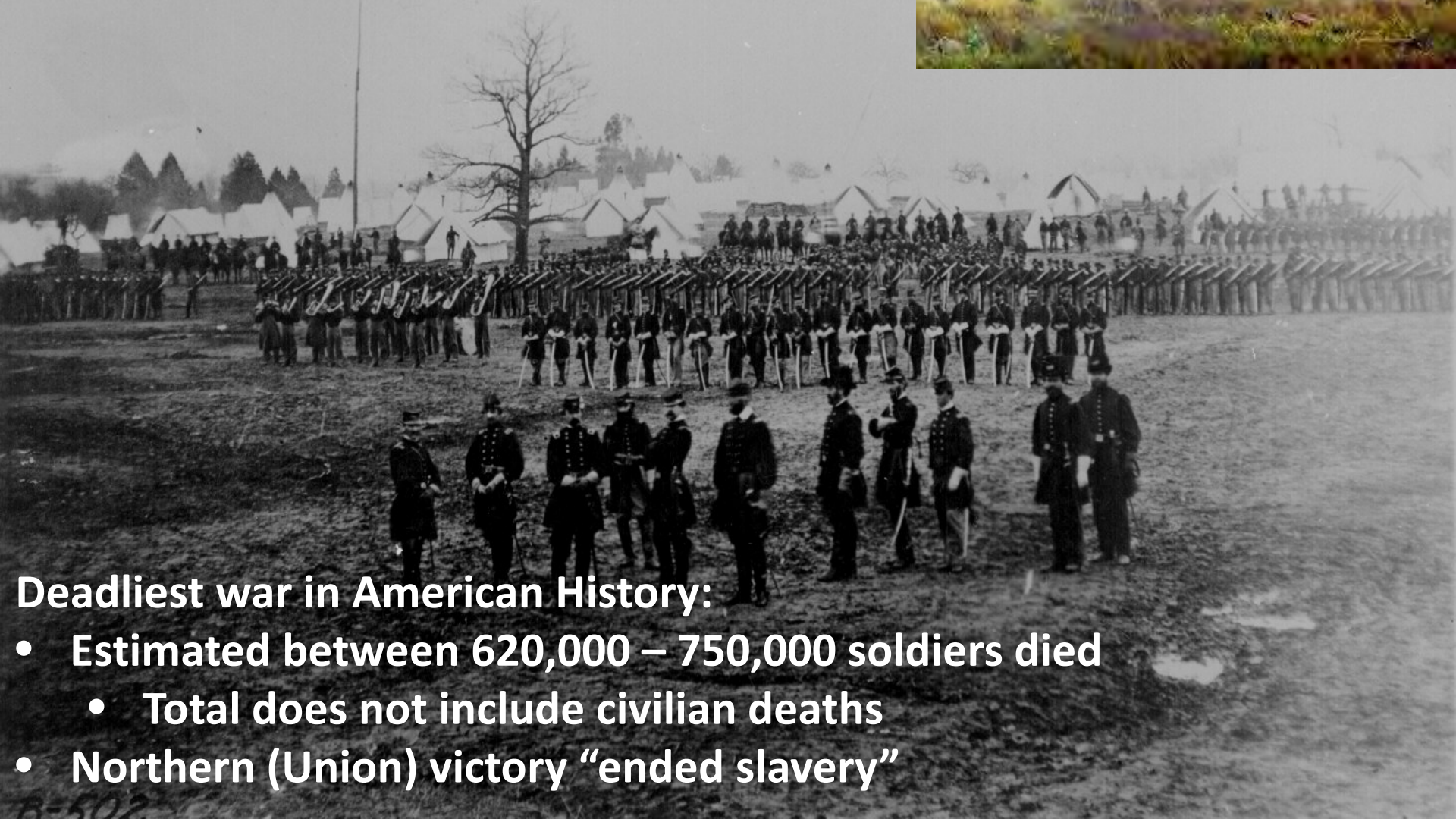
American Slavery: 1619-1865

246 years of being treated as if you are someone's property

- **At least 12-generations**
 - **Born a slave, expected to die a slave**
- **Worked from sun-up to sun-down**
- **Beaten/Whipped/Raped/Hung**
- **Illegal to learn to read**
- **By 1865 the USA was the largest slaveholding country in the world!**



Civil War: 1861-1865



Deadliest war in American History:

- Estimated between 620,000 – 750,000 soldiers died
 - Total does not include civilian deaths
- Northern (Union) victory “ended slavery”

B-502

Civil War Amendments

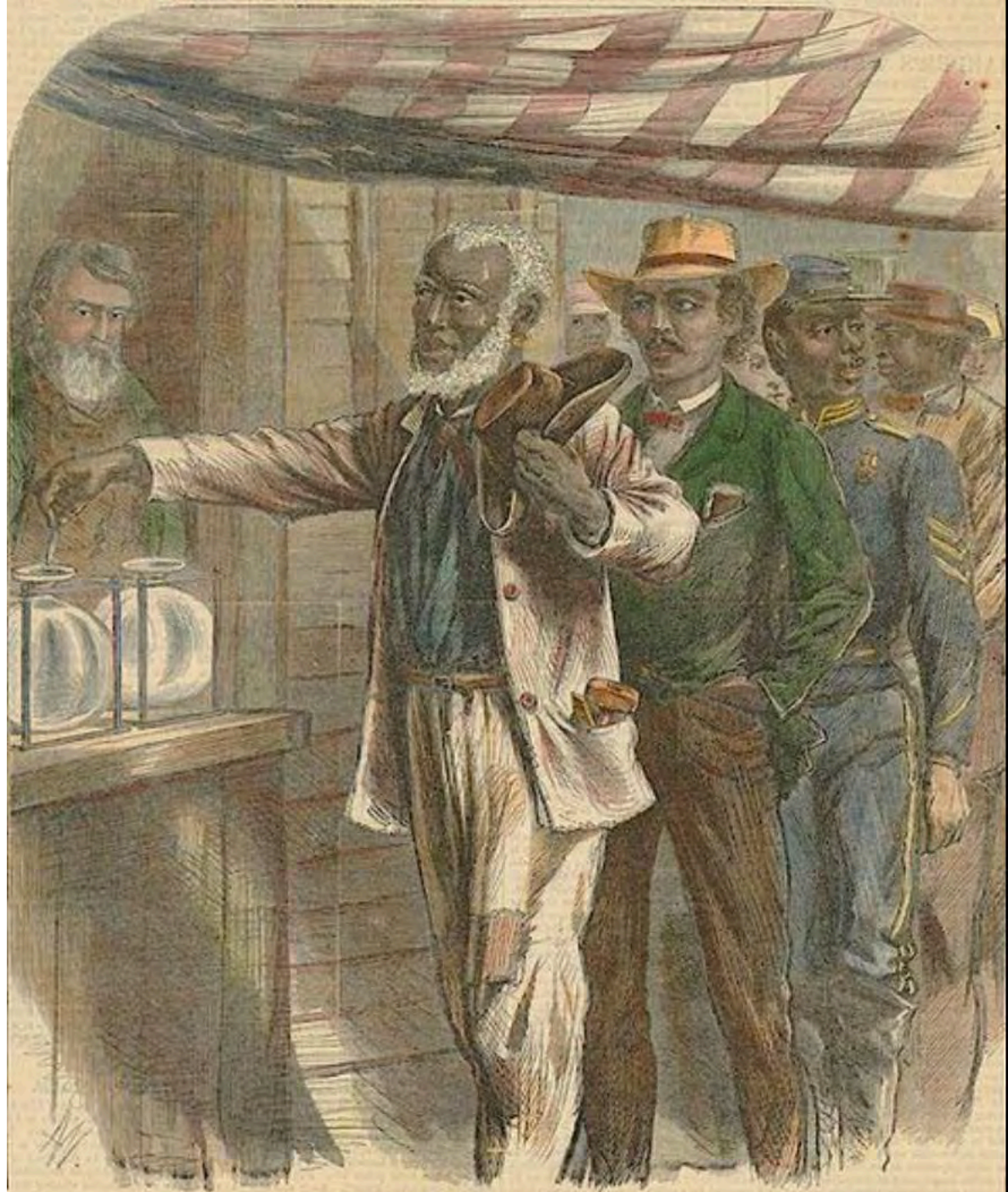
- 13th Amendment
 - Abolishes slavery
- 14th Amendment
 - Makes former slaves citizens of the U.S.
 - All people born in the U.S. (except Indians or visitors) are citizens
- 15th Amendment
 - Gives all men the right to vote, regardless of “race, color, or previous condition of servitude”

Reconstruction Era: 1865-1877

African Americans vote
for the first time.

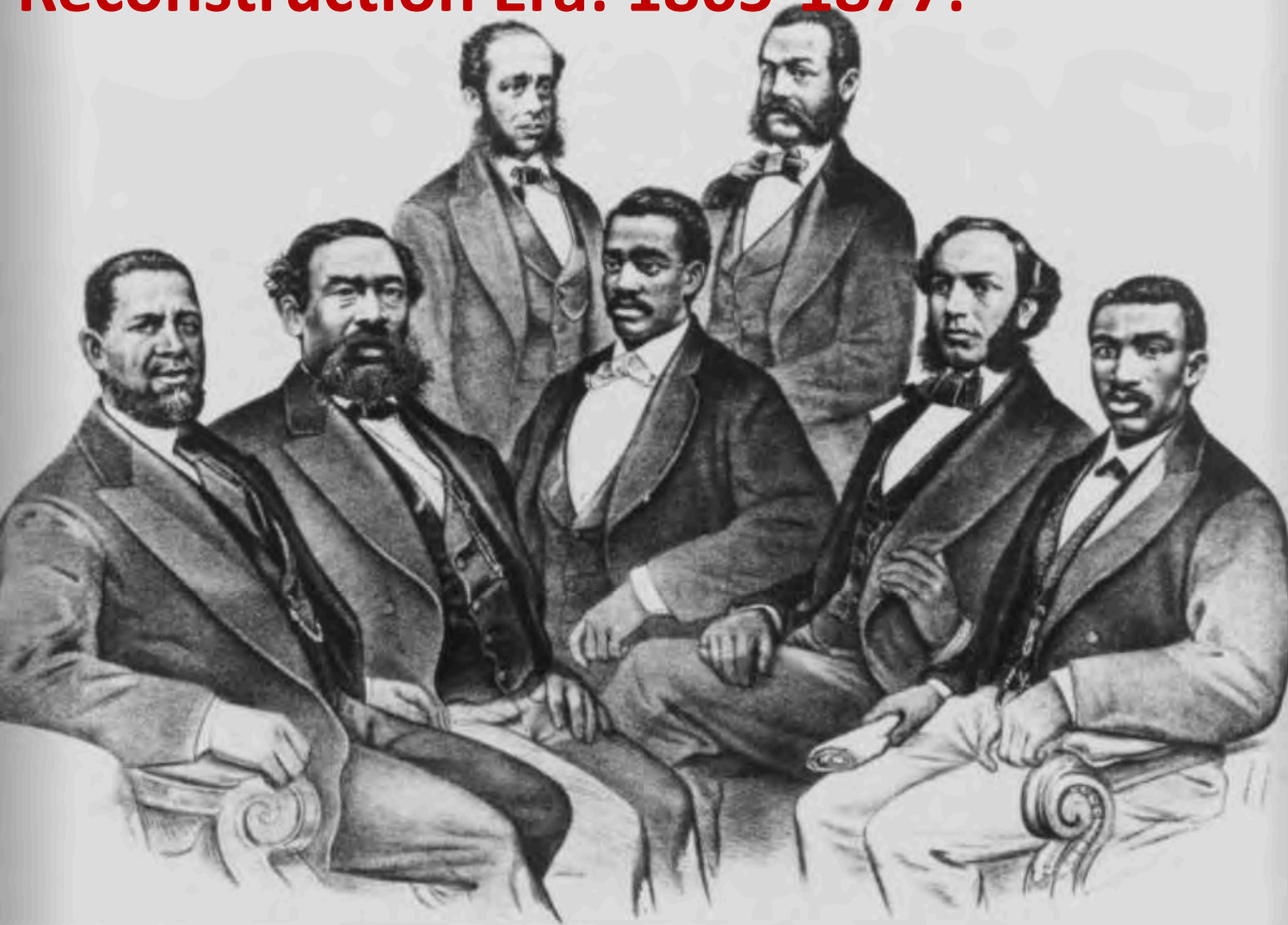
(1867 on the cover of
Harper's Weekly)

Engraving by Alfred R. Waud



"THE FIRST VOTE."—Drawn by A. R. WAUD.—(SEE PAGE FIVE.)

Reconstruction Era: 1865-1877:



Sketched group portrait of the first black senator, Hiram Revels, as well as black representatives in Congress during the Reconstruction Era. Circa 1870-1875.

The first black senator, H.R. Revels of Mississippi (far left) and representatives in the 41st and 42nd Congress of the United States during Reconstruction. On view in *The Rights of All: Blacks and the U.S. Constitution* at the Schomburg Center for Research in Black Culture, 135th Street and Lenox Avenue, April 26 to July 25, 1987.

Reconstruction Era: 1865-1877:

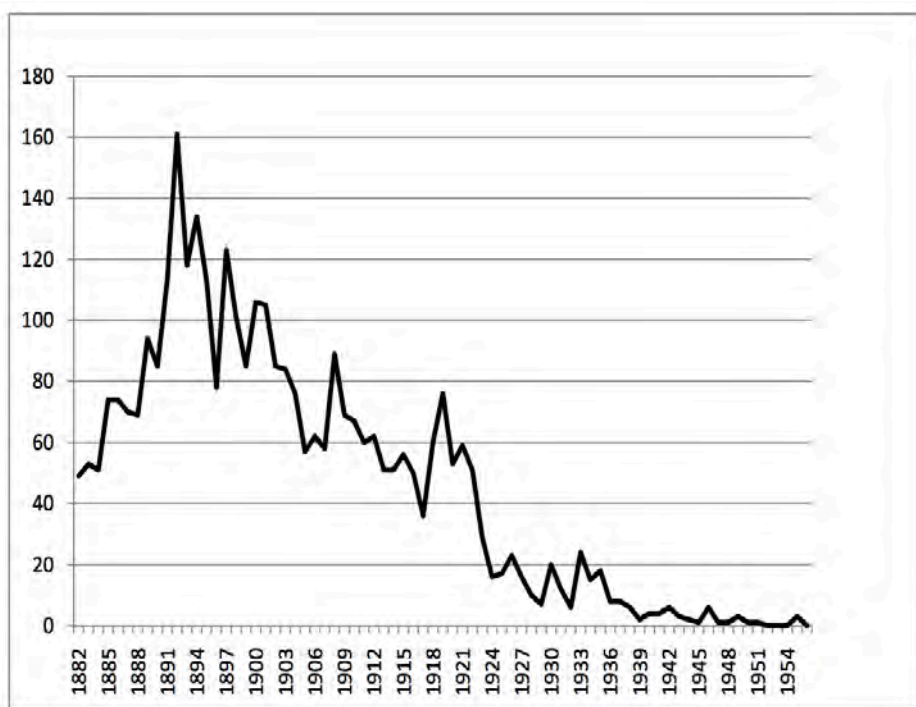


Despite federal intervention, **white supremacist organizations like the Ku Klux Klan and The White League terrorized African-Americans in the South.**

Early in Reconstruction, the federal government was able to curtail some of the violence, but as the Southern states rejoined the U.S. government, and laws restricting Confederates from holding office were done away with, Southern states passed laws restricting the federal government from intervening to help black Americans in the South.

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks, Jews and other groups.



Source: University of Missouri – Kansas City School of Law,
<http://www.law.umkc.edu/faculty/projects/ftrials/shipp/lynchstats.html>
Data from the Archives of Tuskegee University

Figure 14.1 Lynchings of Blacks per year, 1882-1964.



The memorial captures the brutality and the scale of lynchings throughout the South, where more than **4,000 black men, women and children, died at the hands of white mobs between 1877 and 1950**. Most were in response to perceived infractions – walking behind a white woman, attempting to quit a job, reporting a crime or organizing sharecroppers.

Jim Crow Era: 1865-1960s



1866: Ku Klux Klan founded: terrorization of Blacks.

1870s – 1960s: Jim Crow laws were laws created to enforce racial segregation and preserve the southern way of life. Under the Jim Crow system, “whites only” and “colored” signs proliferated across the South at water fountains, restrooms, bus waiting areas, movie theaters, swimming pools, and public schools. African Americans who dared to challenge segregation faced arrest or violent reprisal.



Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks.



1870s – 1960s: Jim Crow laws were laws created to enforce **racial segregation** and preserve the **southern way of life**. Under the Jim Crow system, “whites only” and “colored” signs proliferated across the South at water fountains, restrooms, bus waiting areas, movie theaters, swimming pools, and public schools. African Americans who dared to challenge segregation faced arrest or violent reprisal.

In 1896, the Supreme Court declared Jim Crow segregation legal in the *Plessy v. Ferguson* decision. The Court ruled that “separate but equal” accommodations for African Americans were permitted under the Constitution. **This helped “legitimize” Jim Crow segregation and facilitated its adoption across much of the entire United States.**



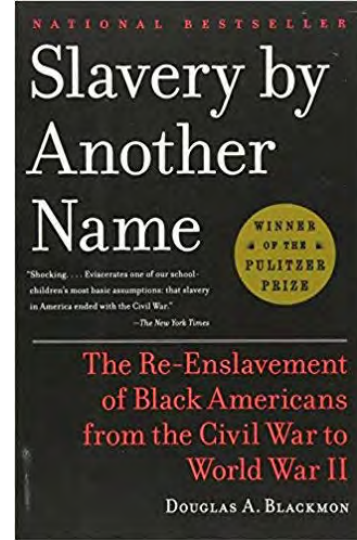
Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery. Under laws enacted specifically to intimidate blacks, tens of thousands of African Americans were arbitrarily arrested, hit with outrageous fines, and charged for the costs of their own arrests. With no means to pay these ostensible “debts,” **prisoners were sold as forced laborers to coal mines, lumber camps, brickyards, railroads, quarries and farm plantations.** Thousands of other African Americans were simply seized by southern landowners and compelled into years of involuntary servitude.

Government officials leased falsely imprisoned blacks to small-town entrepreneurs, provincial farmers, and dozens of corporations—including U.S. Steel Corp.—looking for cheap and abundant labor. Armies of “free” black men labored without compensation, were repeatedly bought and sold, and were forced through beatings and physical torture to do the bidding of white masters for decades after the official abolition of American slavery.



Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.



1932 – 1972: The Tuskegee Experiment was a notorious medical research project involving 389 poor African-American men that took place from 1932 to 1972 in Macon County, Alabama. The men in the study had syphilis, a sexually transmitted infection, but didn't know it. Instead they were told they had “bad blood” and given placebos, even after the disease became treatable with penicillin in the 1940s.

- By the end of the study, only 74 of the test subjects were still alive. Twenty-eight of the men had died directly of syphilis, 100 were dead of related complications, 40 of their wives had been infected, and 19 of their children had been born with congenital syphilis.



Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

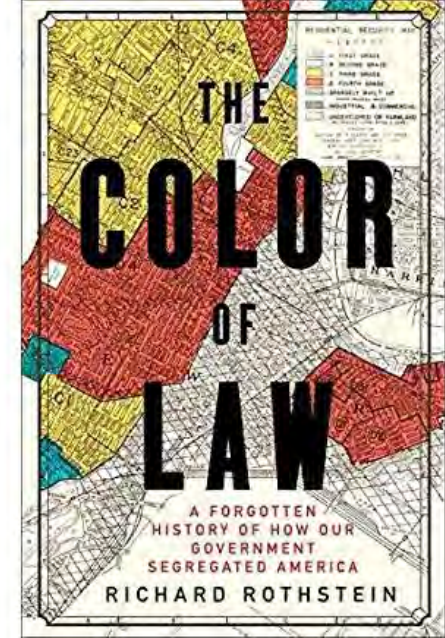
1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment

1930s – now: Housing discrimination. Restrictive Covenants, Redlining, etc..

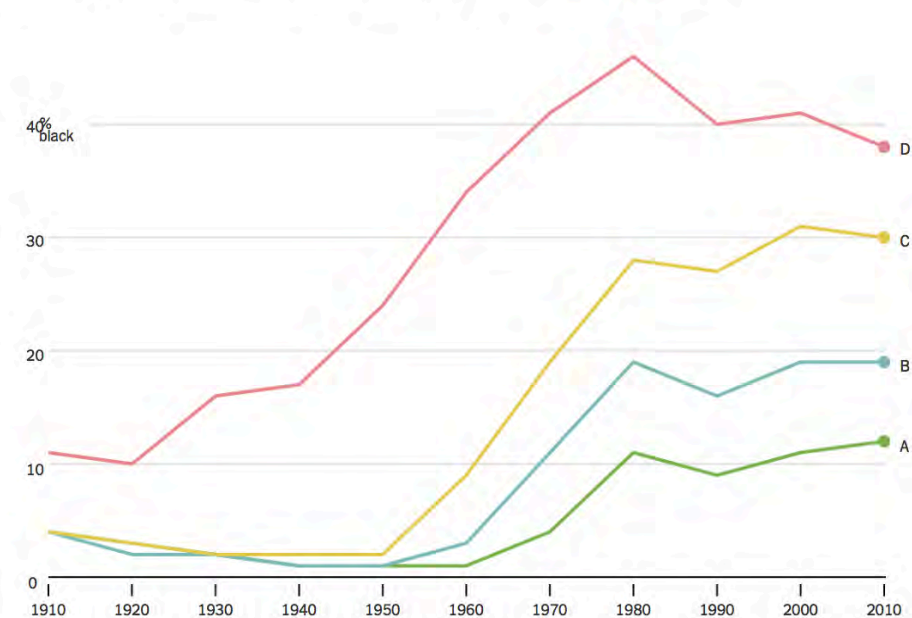
According to Richard Rothstein: **“Today’s residential segregation is not the unintended consequence of individual choices and of otherwise well-meaning law or regulation but of unhidden public policy that explicitly segregated every metropolitan area in the United States. The policy was so systemic and forceful that its effects endure to the present time.”**



Jim Crow Era: 1865-1960s

1930s – now: Housing discrimination

Redlined Neighborhoods Have the Highest Share of Black Residents
D-rated neighborhoods were considered 'hazardous,' A-rated neighborhoods the 'best.' AUG. 23, 2017



Data from 149 cities mapped by the Home Owners' Loan Corporation in the 1930s.
Source: 'The Effects of the 1930s HOLC "Redlining" Maps' by D. Aaronson, D. Hartley, B. Mazumder.

“Of the 171 largest cities in the U.S., there is not even one city where whites live in equal conditions to those of blacks

The worst urban context in which whites reside is considerably better than the average context of black communities.”

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment

1930s – now: Housing discrimination.

1944 -- The GI Bill “Instead of seizing the opportunity to end institutionalized racism, the federal government did its best to shut and double seal the postwar window of opportunity in African Americans’ faces. It consistently refused to combat segregation in the social institutions that were key for upward mobility: education, housing, and employment. Moreover, federal programs that were themselves designed to assist demobilized (returning) GIs and young families systematically discriminated against African Americans.” (Paula S. Rothenberg, White Privilege: Essential Readings on the Other Side of Racism)

Jim Crow Era: 1865-1960s

1944: The GI Bill, a series of programs that poured \$95 billion into expanding opportunity for soldiers returning from World War II. The G.I. Bill helped 16 million veterans attend college, receive job training, start businesses and purchase their first homes.

African-American veterans received significantly less help from the G.I. Bill than their white counterparts. Written under Southern auspices, **"the law was deliberately designed to accommodate Jim Crow."** It was "as though the G.I. Bill had been earmarked 'For White Veterans Only.' " Southern Congressional leaders made certain that the programs were directed not by Washington but by local white officials, businessmen, bankers and college administrators who would honor past practices. As a result, thousands of black veterans in the South -- and the North as well -- were denied housing and business loans, as well as admission to whites-only colleges and universities. They were also excluded from job-training programs for careers in promising new fields like radio and electrical work, commercial photography and mechanics. Instead, most African-Americans were channeled toward traditional, low-paying "black jobs" and small black colleges, which were pitifully underfinanced and ill equipped to meet the needs of a surging enrollment of returning soldiers.

WHEN AFFIRMATIVE ACTION WAS WHITE An Untold History of Racial Inequality in Twentieth-Century America. By Ira Katznelson

**After passage of the Civil Rights
Act: 1964 -- now**

Post Civil Rights Act: 1964 -- present

EQUITY? We keep knocking on this door...“the same analysis, the same recommendations, and the same inaction.” Dr. Kenneth B. Clark

- And during my life time...
 - Brown vs. Board of Education (1954)
 - Sit-in Movement of the 1960s
 - Freedom Riders
 - Birmingham Protests
 - The March on Washington
 - Civil Rights Act (1964)
 - Mississippi Freedom Rides
 - Selma to Montgomery March
 - Voting Rights Act (eroded)
 - Race Riots of the 1960s
 - Kerner Commission Report (1968)
 - No Action
 - “Black Power”, Malcolm X
 - Dr. Martin Luther King, Jr.
 - Affirmative Action (now, essentially gone)
 - Current Urban Unrest...
 - Police shootings
 - Black Lives Matter
 - Take a Knee



Black America

Post Civil Rights Act: 1964 -- present

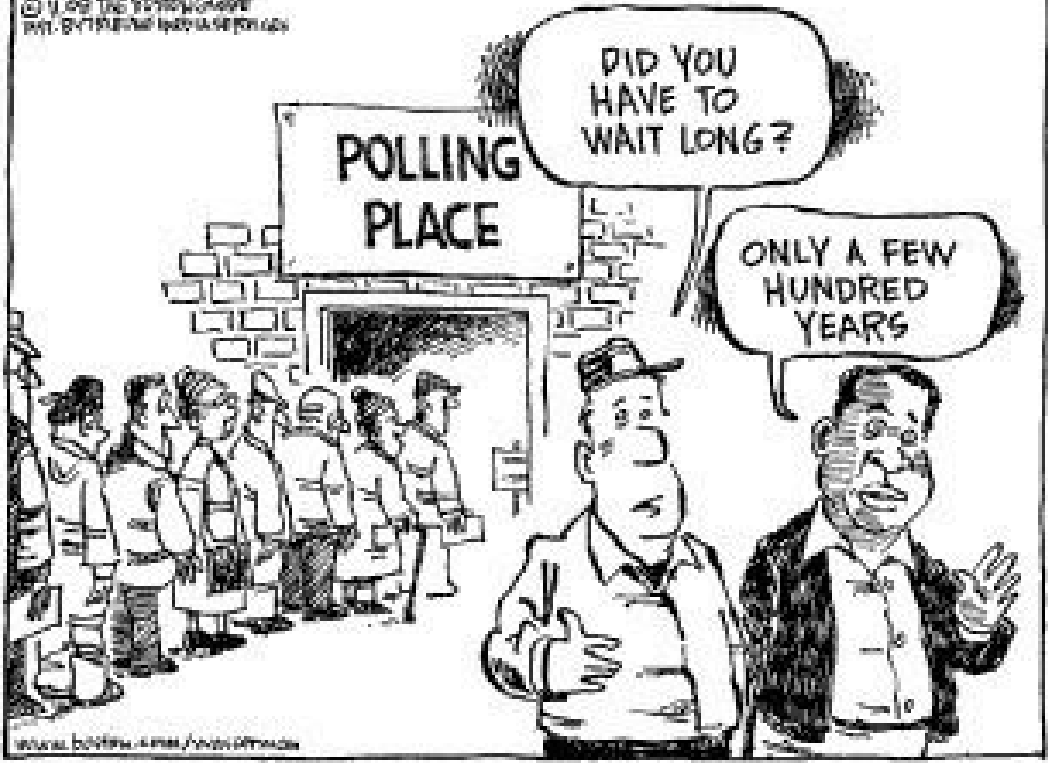
1965 Voting Rights Act: was ratified by Congress and signed by President Lyndon B. Johnson in 1965 to address discrimination at voting and registration booths that made it difficult for blacks to vote. Some states were requiring blacks to pass literacy tests and answer questions on complex points of law, while white citizens weren't required to meet any literacy requirements. The Voting Rights Act put the federal government -- rather than individual states -- in charge of monitoring and establishing voting procedures.

After the [Civil War](#), the [15th Amendment](#), ratified in 1870, prohibited states from denying a male citizen the right to vote based on “race, color or previous condition of servitude.” Nevertheless, in the ensuing decades, various discriminatory practices were used to prevent African Americans, particularly those in the South, from exercising their right to vote.

During the civil rights movement of the 1950s and 1960s, voting rights activists in the South were subjected to various forms of mistreatment and violence. One event that outraged many Americans occurred on March 7, 1965, when peaceful participants in a [Selma to Montgomery march](#) for voting rights were met by [Alabama](#) state troopers who attacked them with nightsticks, tear gas and whips after they refused to turn back.

Sources: <https://www.history.com/topics/black-history/voting-rights-act>
<https://classroom.synonym.com/voting-rights-act-1965-7320747.html>

WASSERMAN
© 1998 THE NEW YORKER
PWT. BY THE NEW YORKER MAGAZINE



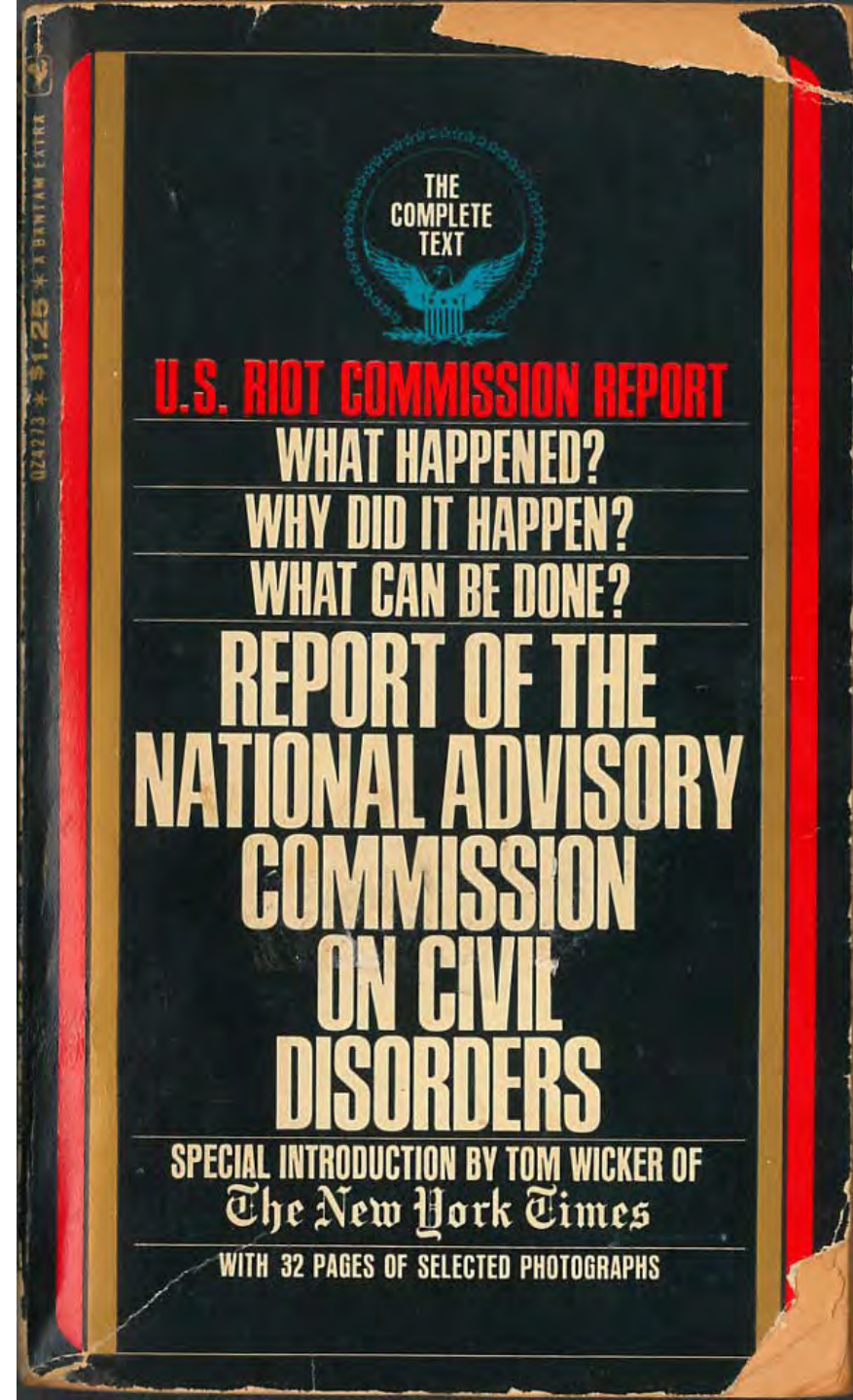
www.nytimes.com/nytimes.com

Post Civil Rights Act: 1964 -- present

1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

1968: Kerner Commission Report:

“Our nation is moving toward two societies, one black, one white— separate and unequal.”



1968 Kerner Commission Report:

‘I must again in candor say to you members of this Commission--it is a kind of Alice in Wonderland--with the same moving picture re-shown over and over again, **the same analysis, the same recommendations, and the same inaction.**’ (Dr. Kenneth B Clark)

Every 10-year updates of the original 1968 report: document **disparities are getting worse...**

- 1978
- 1988
- 1998
- 2008
- 2018: “Healing Our Divided Society” (2/2018)



Post Civil Rights Act: 1964 -- present

1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

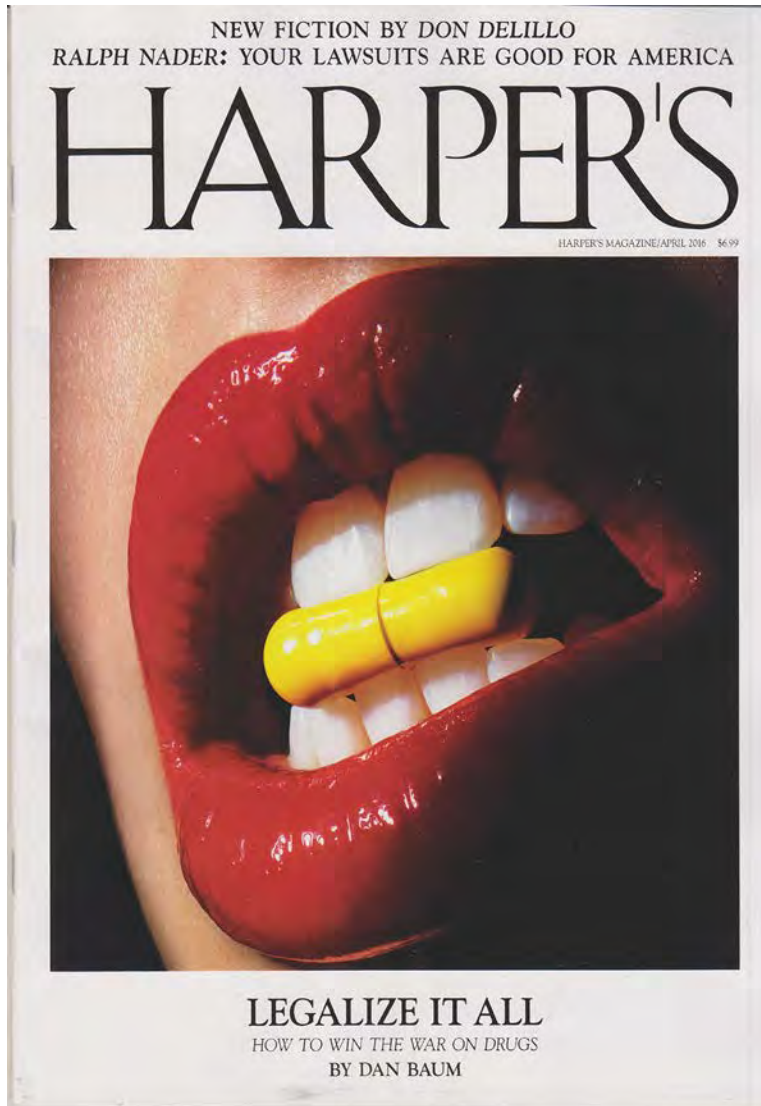
1968: Kerner Commission Report:

1968-now: War on Drugs/Mass Incarceration

Mass incarceration in America:



Aide says Nixon's war on drugs targeted blacks & hippies:



Washington (CNN): One of Richard Nixon's top advisers and a key figure in the Watergate scandal said **the war on drugs was created** as a political tool to fight blacks and hippies, according to a 22-year-old interview recently published in Harper's Magazine.

"The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people,"

former Nixon domestic policy chief John Ehrlichman [told Harper's writer Dan Baum](#) for the April 2016 cover story.

Ronald Reagan and 'War on Drugs'

October 14, 1982, President Ronald Reagan re-declared a “war on drugs,” doubling-down on an initiative that was started by Richard Nixon. Reagan declared that illicit drugs were a direct threat to U.S. national security and through a series of legislation, like the mandatory minimum sentencing laws of 1986, made a hard right turn away from a [public health approach to drug use](#).

By creating mandatory minimum sentencing, drug offenders faced lifetime consequences for minor infractions, yet the focus on tough sentences for crack and not powder cocaine meant the people going to prison were largely black and brown. The media seemed to play along, hyping up threats with racist coverage that largely ignored rampant cocaine use amongst whites and sensationalized the crack problem in inner-city black neighborhoods.

“The War on Drugs is a war on people, but particularly it’s been a war on low-income people and a war on minorities. We know in the United States of America there is no difference in drug use between black, white and Latinos.

But compared to whites, Latinos experience a 2x increased risk of arrest for drug use, and Blacks a 4x increased risk.

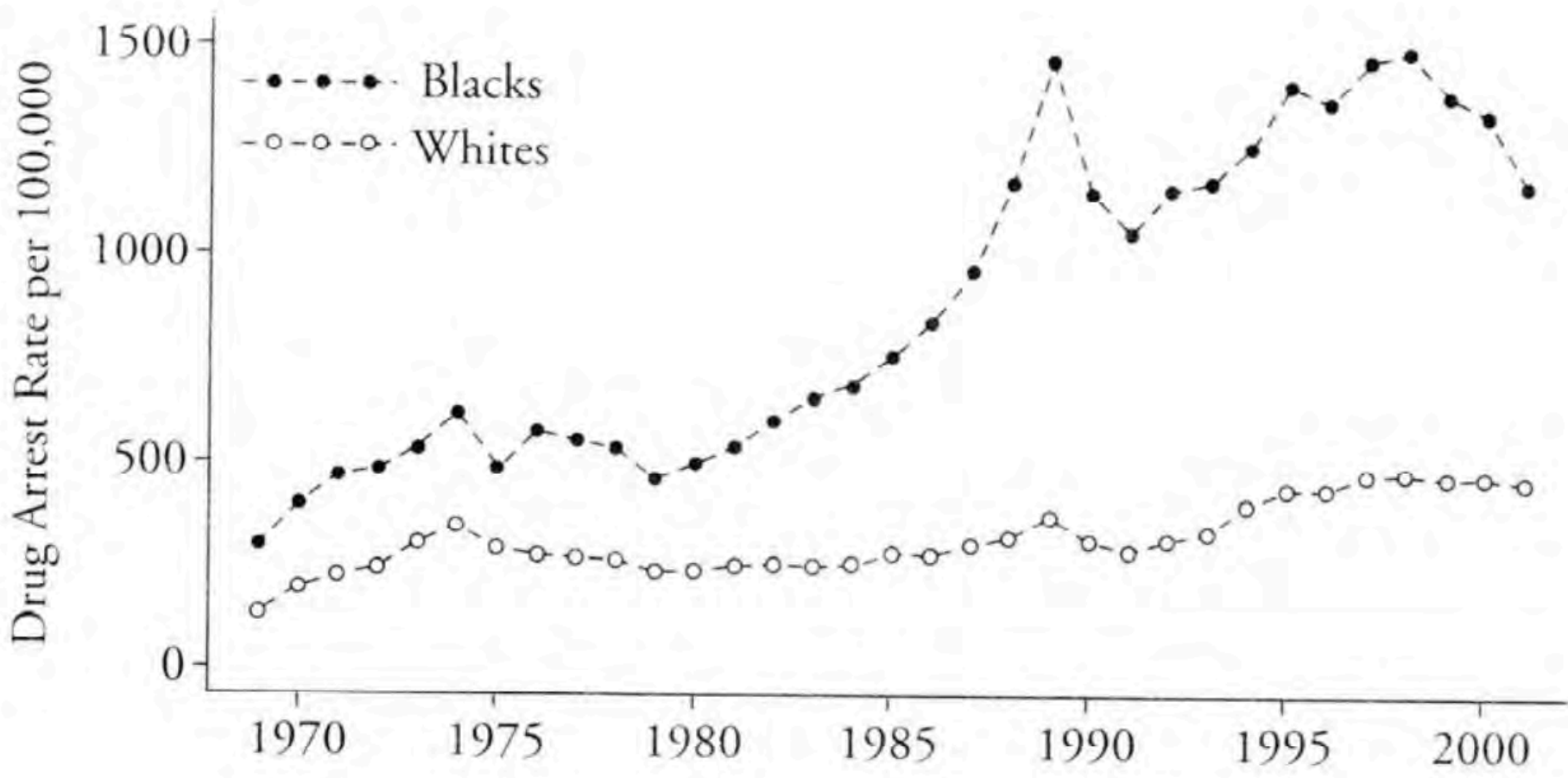
This drug war has done much to destroy, undermine, sabotage families, communities, neighborhoods, & cities.”

Cory Booker



“The war on drugs has been the engine of mass incarceration. Drug convictions alone constituted about two-thirds of the increase in the federal prison population and more than half of the increase in the state prison population between 1985 and 2000...”

[Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*](#)



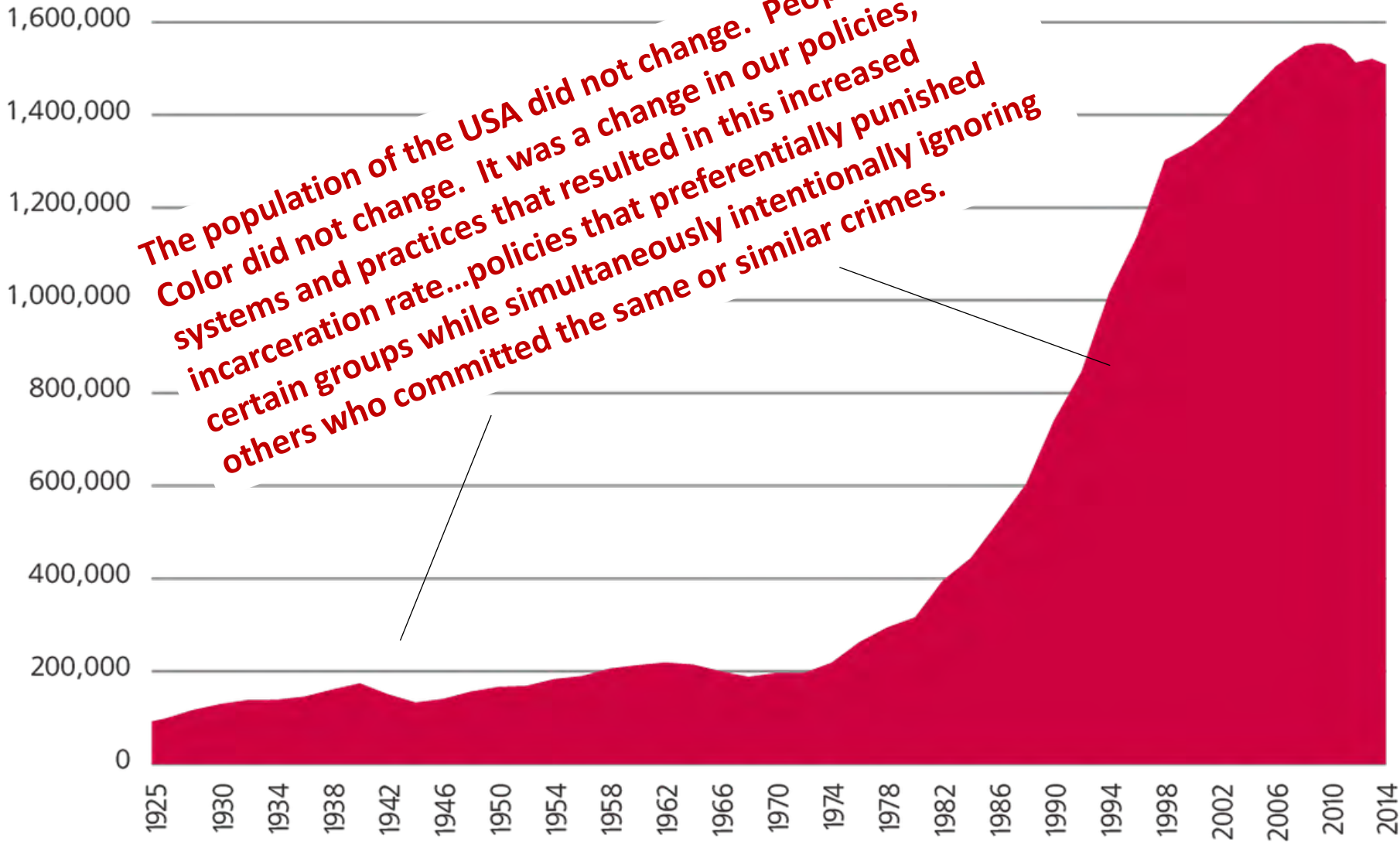
Source: Bruce Western, *Punishment and Inequality in America* (New York: Russell Sage Foundation, 2006), p.46

Figure 14.16 Arrests for Drug Offences, 1971-2001

U.S. State and Federal Prison Populati-

925-2014

Number of People



Source: Bureau of Justice Statistics *Prisoners Series*.

10-24

NOW THAT'S WHAT
I CALL A HANDY
ENFORCEMENT
TOOL!



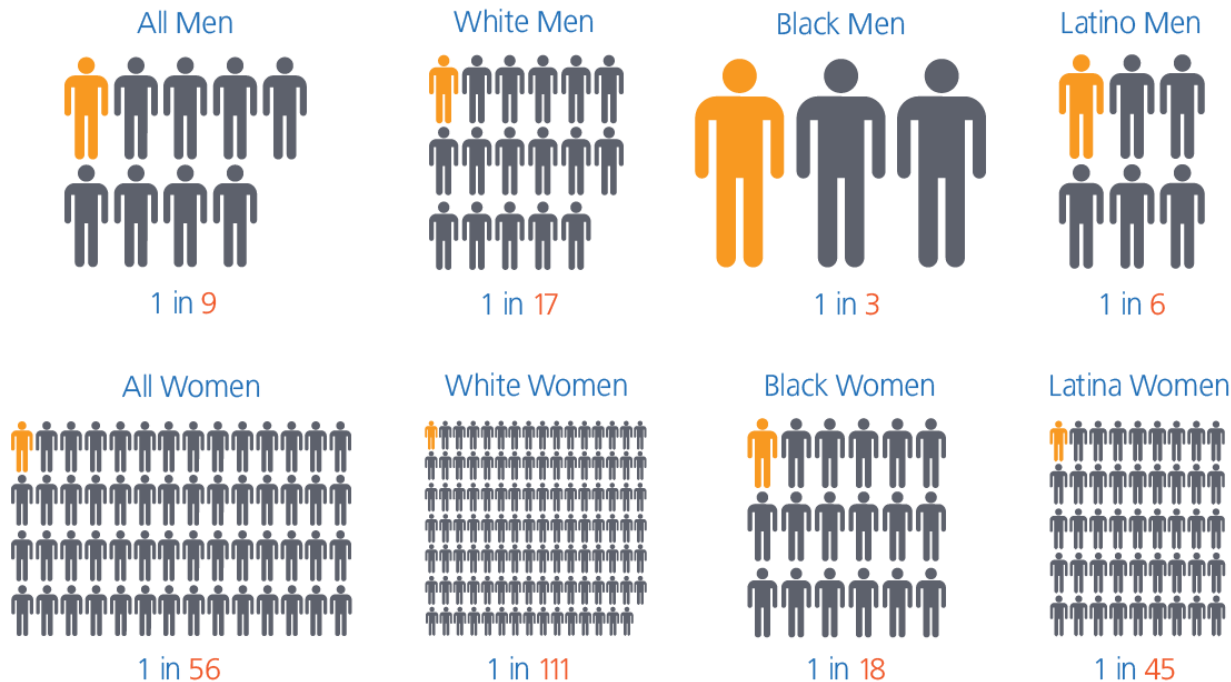
St. Petersburg Times

don
addis

Criminal Records Nationally:

Disproportionate impact on certain communities

Lifetime Likelihood of Imprisonment

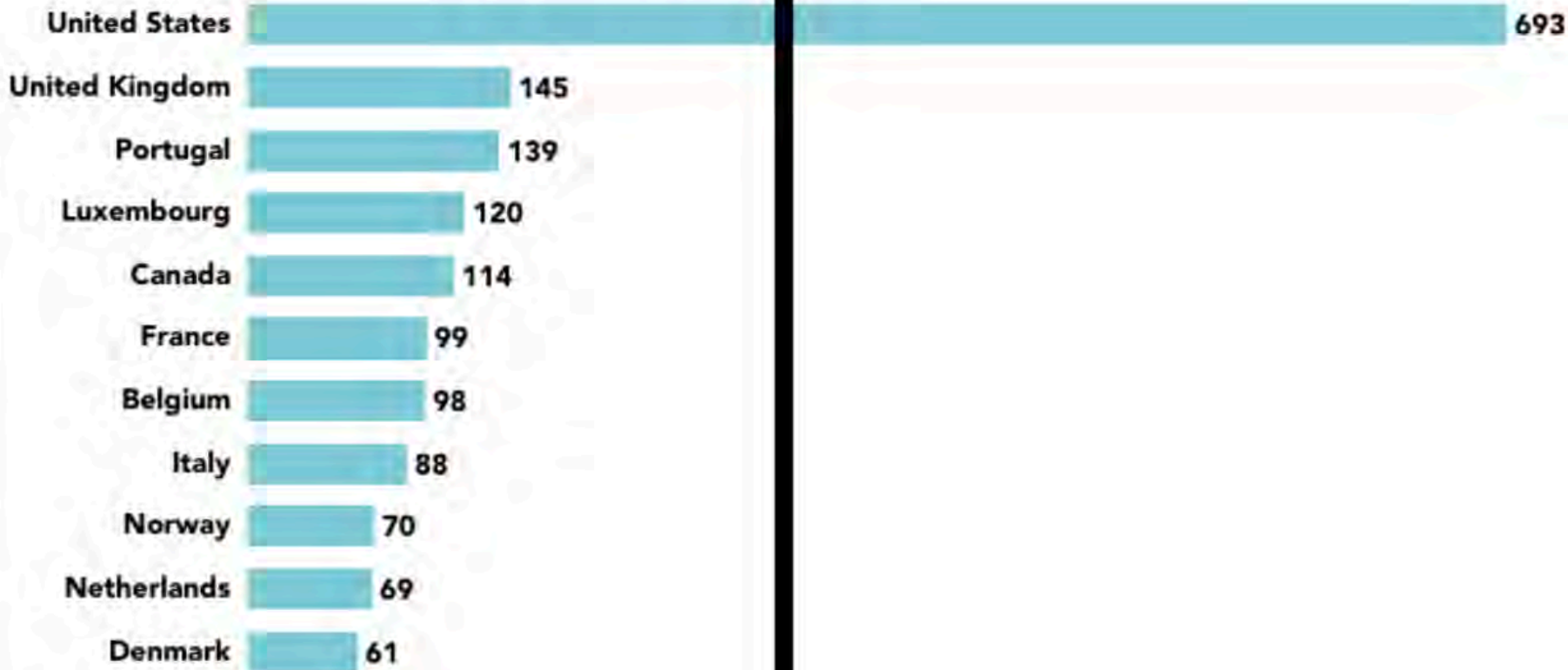


Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, D.C.: Bureau of Justice Statistics.

INCARCERATION RATES

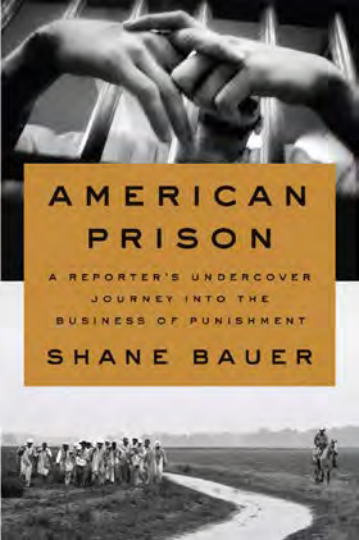
AMONG FOUNDING NATO MEMBERS

INCARCERATION RATE
(per 100,000 population)



When President Nixon declared war on drugs on June 17, 1971, about 110 people per 100,000 in the population were incarcerated. Today, we have 2-3 million prisoners: 743 people per 100,000 in the population.

The U.S. has 5% of the world's population, but 25% of its prisoners.



American Prison

“We have about eighty thousand people in solitary confinement in this country, more than anywhere in the world.”

“The United States imprisons a higher portion of its population than any country in the world. In 2017 we had 2.2 million people in prisons and jails, a 500 percent increase over the last forty years. We now have almost 5 percent of the world’s population and nearly a quarter of its prisoners.”

“... profit motive has shaped America’s prison system for the last 250 years. Private prisons do not drive mass incarceration today; they merely profit from it. Who will end up in prison is not determined by the prisons but by police, prosecutors, and judges. **The reasons for our overinflated prison system are complex and highly debated, but few scholars deny that racism has been a major factor.”**

Post Civil Rights Act: 1964 -- present

1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

1968: Kerner Commission Report:

1968-now: War on Drugs/Mass Incarceration

1970-now: Today's racialized response to drug users



Now:

The USA
Medicalized
response to
Opioids:
85-90% White
& much more
lethal than
Crack (64,000
overdose
deaths
primarily
from Opioids
in 2016)

1970-now:

The USA
criminalized
response
to CRACK
Cocaine:
devastating
communities
of color

IN CONGRESS, JULY 4, 1776.

A DECLARATION

BY THE REPRESENTATIVES OF THE
UNITED STATES OF AMERICA,
IN GENERAL CONGRESS ASSEMBLED.

WHEN in the Course of these Events, it became necessary to explain to the World the Reasons which had compelled us to declare our Independence, we determined, as well as to state to the Powers of Europe, the Rights and Wrongs to which the Laws of Liberty and of Nature had entitled them, a short History of the Oppressions which had brought us to this Declaration.

We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness.

That to secure these Rights, Governments are instituted among Men, deriving their Just Powers from the Consent of the Governed, that whenever any Form of Government becomes destructive of these Ends, it is the Duty of the People to alter or to abolish it, and to institute new Government, laying its Foundation on such Principles, and organizing its Powers in such Manner, as to them shall seem most likely to effect their Safety and permanent Enjoyment. Prudence in this and in every other Case, demands that the same should be effected by a Peaceable and lawful Resistance. We have therefore recourse to this last Remedy, shewing that the only Remedy is the Declaration of Independence.

We declare that the United States of America are, and of Right ought to be, a free and independent State, that she is absolved from all Allegiance to the British Crown, and that all former Attachments to that Crown, are hereby totally dissolved. That she has assumed the sole and exclusive Right of levying War, contracting Alliances, sending and receiving Ambassadors, entering into all Sorts of Agreements with other States, States or Kingdoms, setting on Foot, and maintaining Armies, and Fleets, and doing all other Acts and Things which independent States may lawfully do.

That the Declaration of Independence, which we have solemnly published and signed, in and for the United States of America, is hereby confirmed and approved. That the same is in full Force and Effect, as if it had been declared and approved by the united Voice of the whole People of the United States.

That the Declaration of Independence, which we have solemnly published and signed, in and for the United States of America, is hereby confirmed and approved. That the same is in full Force and Effect, as if it had been declared and approved by the united Voice of the whole People of the United States.

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U.S. Declaration of Independence

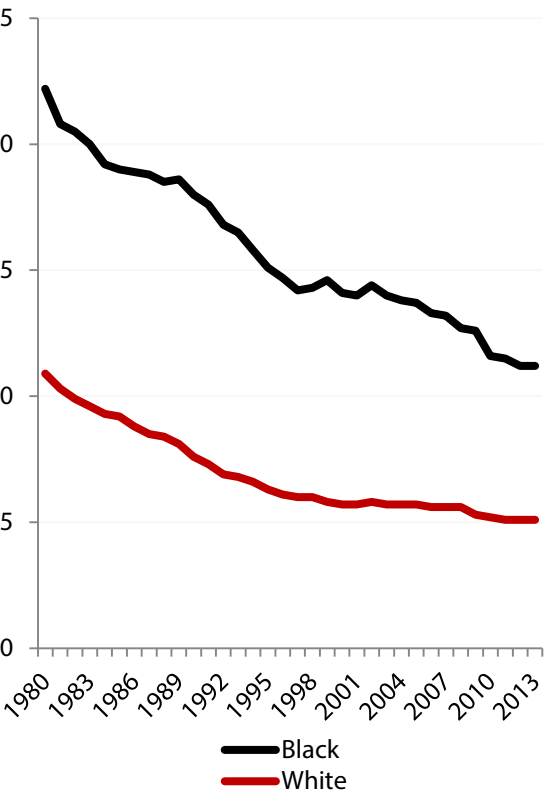
The second paragraph of America's founding document states:

"We hold these truths to be self-evident, **that all men are created equal**, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

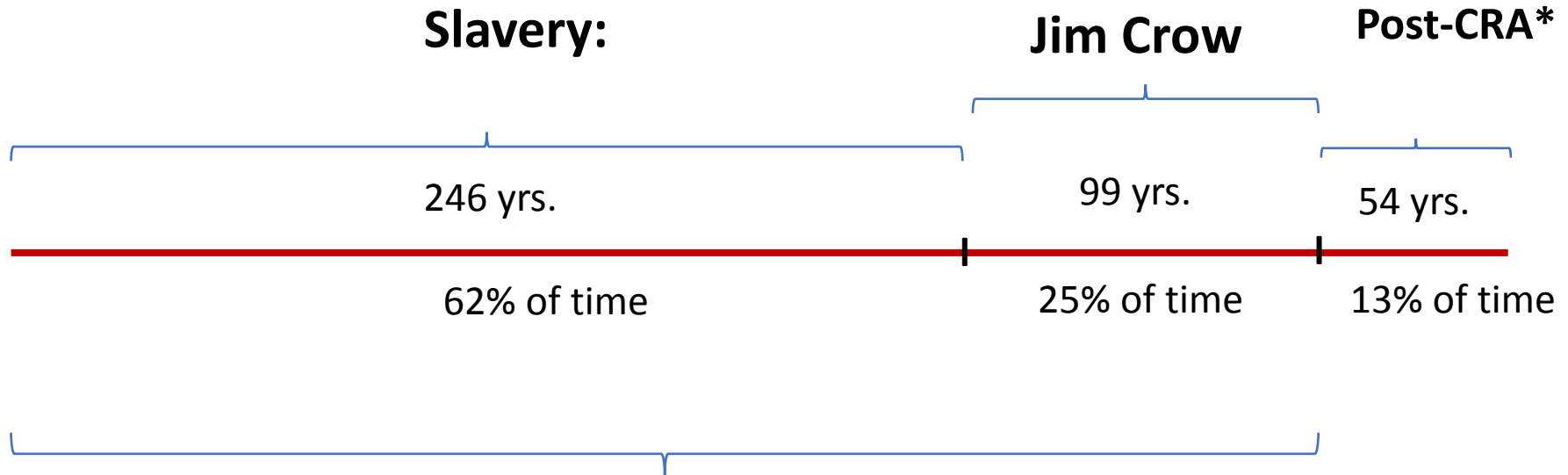
Signed in Congress and by ROBERT of DE CONGRESS.
JOHN HANCOCK, PRESIDENT.

APPROVED,
 CHARLES THOMSON, SECRETARY.

Events like Hurricane Katrina, the increased incidence of killing unarmed black people, our country's high incarceration rate of POC... & our disparate IMRs all remind us that not all of us benefit from this Declaration equally.



Time-line of African American Experience:



87% of the AA experience either as Slaves or under Jim Crow

Hx. characterized by an uninterrupted continuum of providing substantial advantage to Whites while, simultaneously, exposing African Americans to substantial disadvantage.

“Disparities in health, education, employment, and wealth, along with persistent residential segregation, are vestiges of a long history of oppression and denial of fundamental human rights.

The legacy of racial injustice shadows this nation and African American Communities in the form of persistent infant mortality disparities.

True healing must emerge through acknowledgement, reconciliation, and amelioration of the inequalities that continue to disproportionately burden African Americans and other people of color.”

Dr. Gail Christopher, 2005

“Focusing on prenatal care in our public health policy prescription for infant mortality disparities:

- ignores the *historical and* socioeconomic context in which women *and people of color* live,
- medicalizes a problem that is socially and historically complex, and thus
- contributes to the illusion that there is a ‘medical policy bullet’ that can provide a comprehensive and efficacious solution”

Frisch & Lantz 1999

Racial Disparities: “are not natural”... **we made it this way?**

We often perceive racial health disparities as consequences of “nature”. As such, we convince ourselves that these differences are “fixed” or “hardwired”; a part of what is different about us as people and therefore cannot be changed.

Similarly, we also often see America as it is instead of an America as it should be...and we accept the difference between the two as “normal”.

However, these disparities are differences that we created, differences that occur as a consequence of systems that we put into place. Therefore, we know they can be changed and would suggest that their persistence is in part because of our unwillingness to “undo” what we have done.



What's our Goal?

Health Equity

Universal Health Insurance

Neighborhood
Revitalization

Access to Care

Poverty Reduction

Decrease
Health Disparities

Cultural Competency

Immigrant Deportation



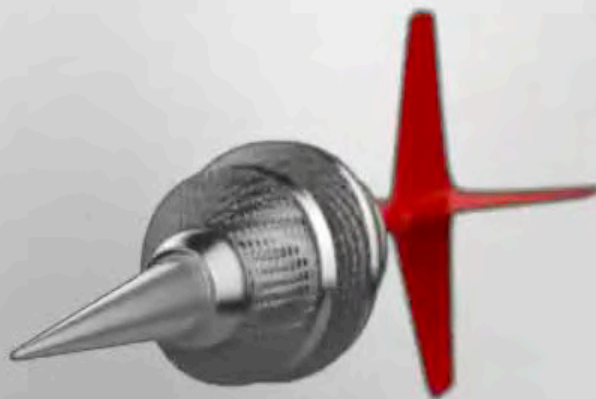
“ **Social inequality kills.** It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death.

- Poverty and discrimination,
- Inadequate medical care,
- and violation of human rights

all act as powerful social determinants of who lives and who dies, at what age, and with what degree of suffering.”

Nancy Krieger (2005). Health Disparities and the body. Boston: Harvard School of Public Health

EQUITY should be our primary goal...all else is derivative



According to the Annie E. Casey Foundation:

Race Equity and Inclusion Action Guide



7 STEPS TO ADVANCE AND EMBED RACE EQUITY
AND INCLUSION WITHIN YOUR ORGANIZATION

THE ANNIE E. CASEY FOUNDATION

“Race holds a central place in our society’s deepest and most persistent patterns of social inequities, exclusion and divisions. Racial disparities, discrimination and segregation are widespread and continue to undermine our nation’s social fabric. **Without equity, economic stratification and social instability will continue to increase and far too many families and children will continue to lag behind.** Without inclusion, many are marginalized economically, politically and culturally, facing bias and barriers when seeking basic opportunities for security and advancement.”

Our sobering Reality:

Despite having sacrificed a tremendous # of lives in a Civil War that ended Slavery...within 12-years our government essentially abandoned the freed slaves in exchange for providing **State's Rights** and the re-establishment of the **“Southern Way of Life”**. As of today this “way of life” marginalizes and demeans African Americans and other people of color & it has spread throughout the entire USA (housing discrimination, racially restrictive covenants, suppression of voting rights, gerrymandering, separate but equal, DACA, police shootings, the manner by which our national leadership demeans people of color, etc.)

- **The NORTH won the Civil War, but the “SOUTH” seems to have won the peace!**

At the end of the Civil War the United States was the largest Slave-holding Country in the world. Fast forward 100-years and our country has arrested enough of the descendants of those slaves that now the United States of America has the highest incarceration rate of any nation on earth.

Bottom-line: As citizens of the United States of America, African Americans are dependent on the same government that enslaved and oppresses us...to SAVE US! And after nearly 400-years, this government has proven that being fair to us is not something its been willing to consistently commit to.

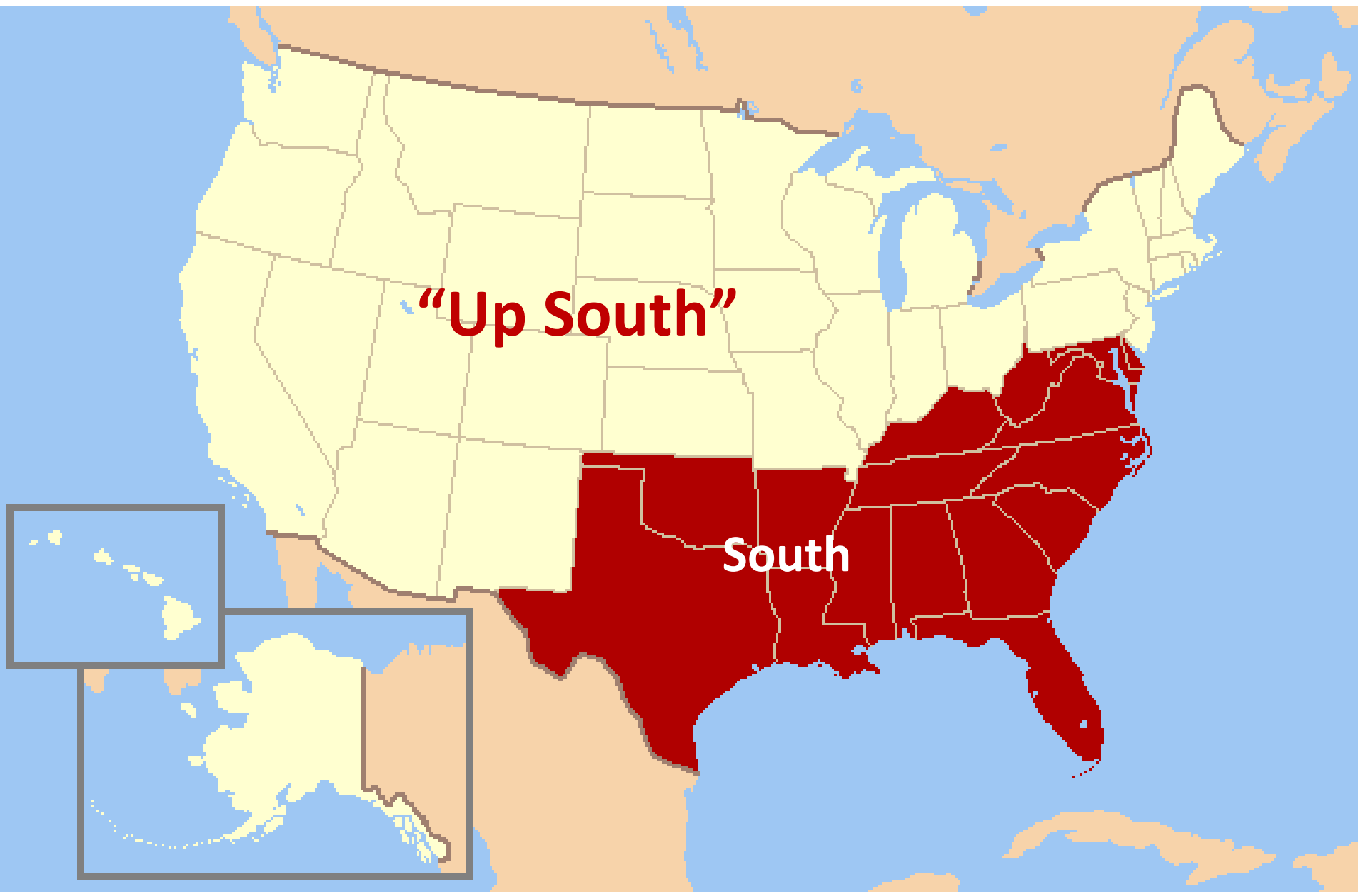


U.S. Department of
Health & Human Services

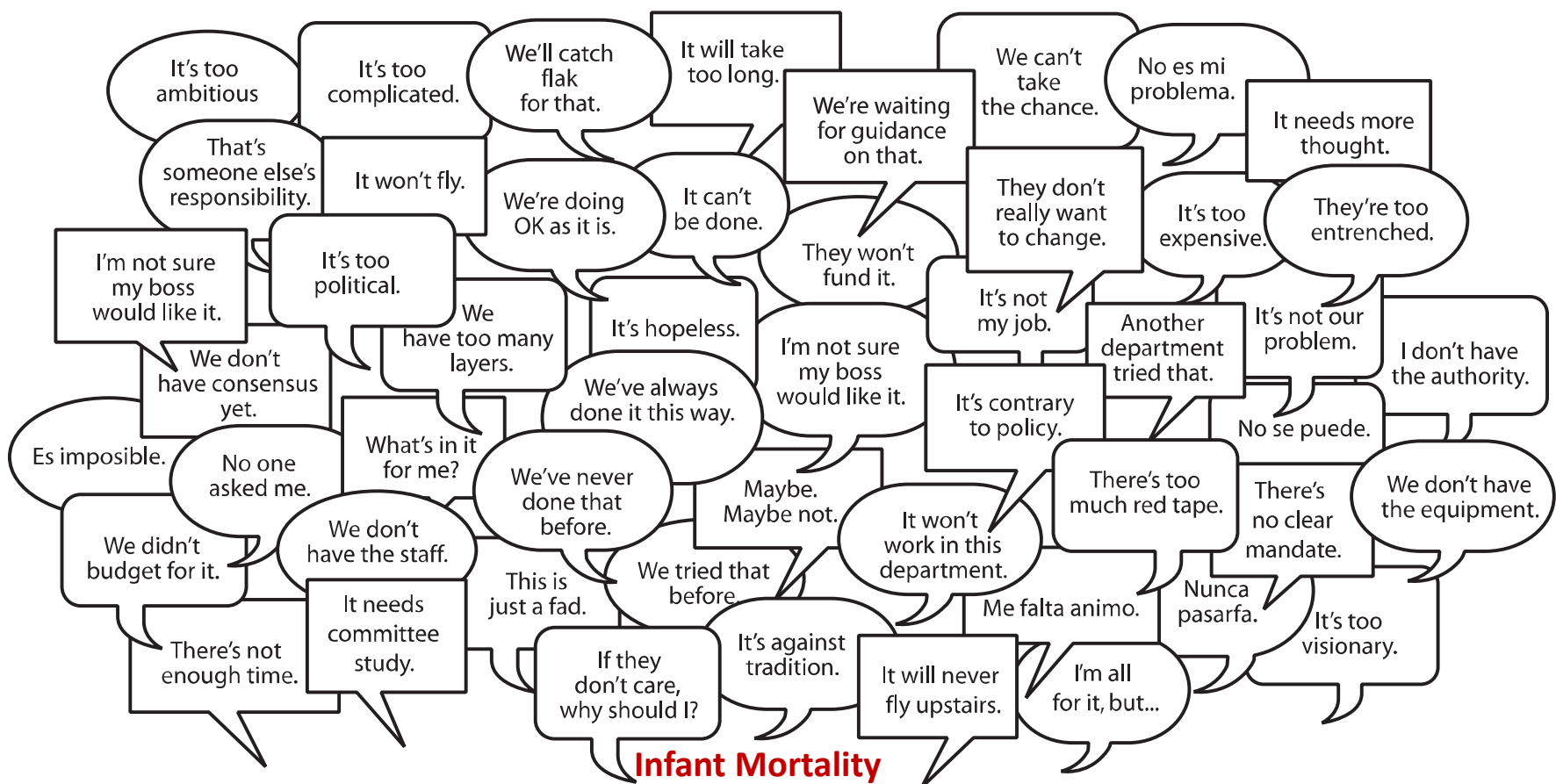
Regions



Regions of the USA through a Racial EQUITY lens...



Eliminate Excuses:



Infant Mortality Racial Disparities



We continue to find excuses to avoid eliminating racial disparities...But, we must muster the courage to go through this door.

Relationship:

“Inclusion”

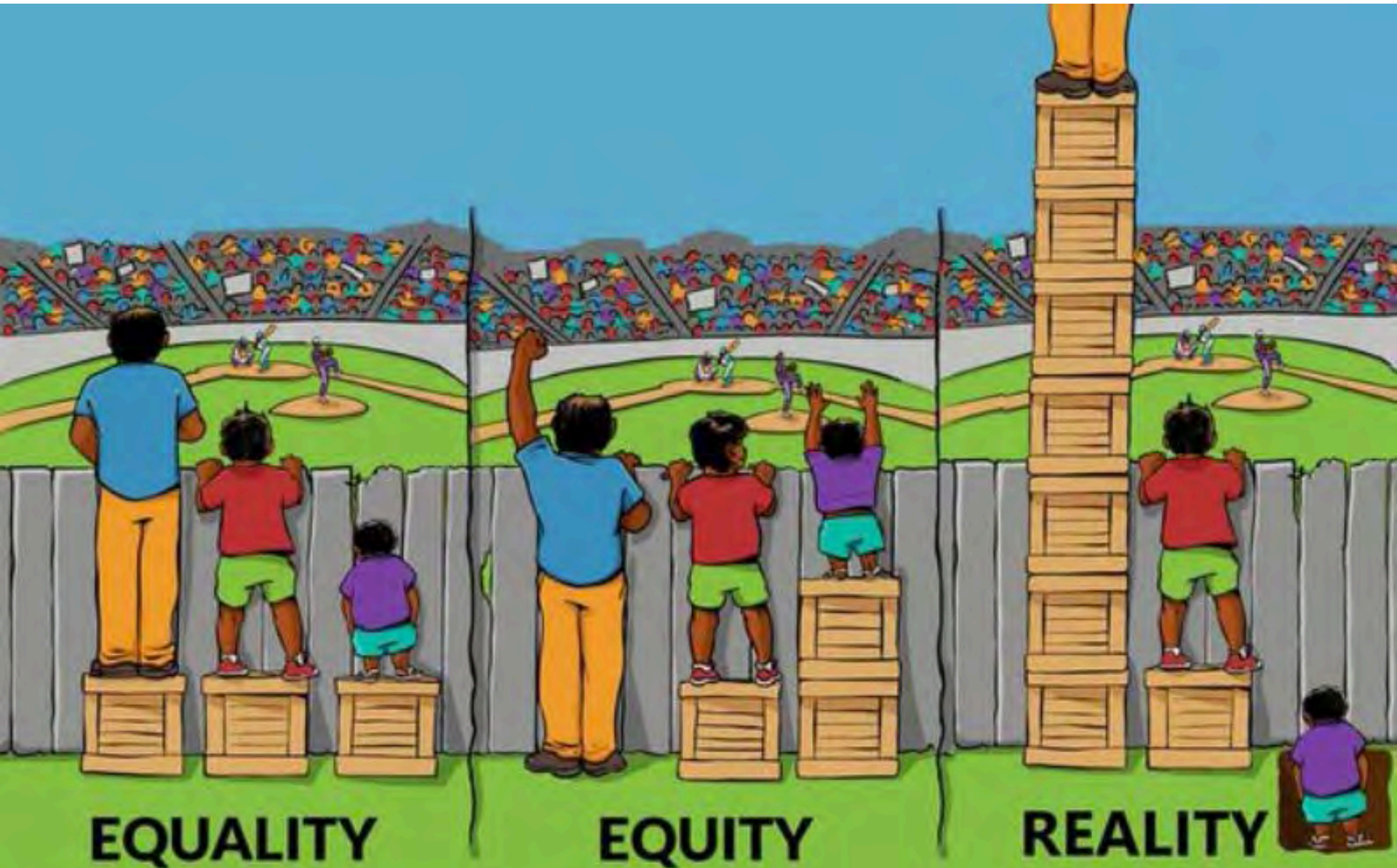


No more about us without us

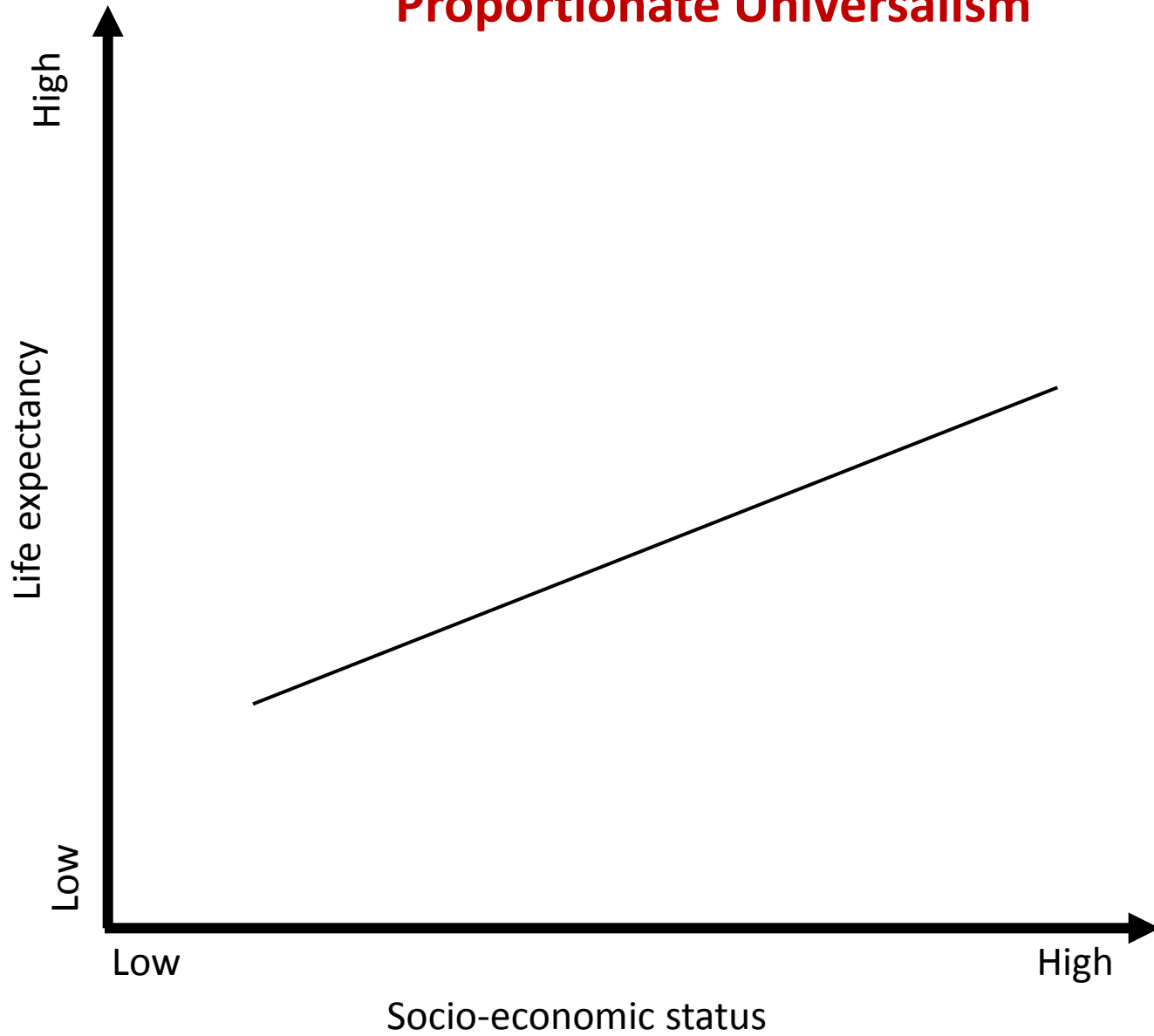
STOP trying to fix the Black
Community for the Black
Community

Proportionate Universalism or “Targeted Universalism”

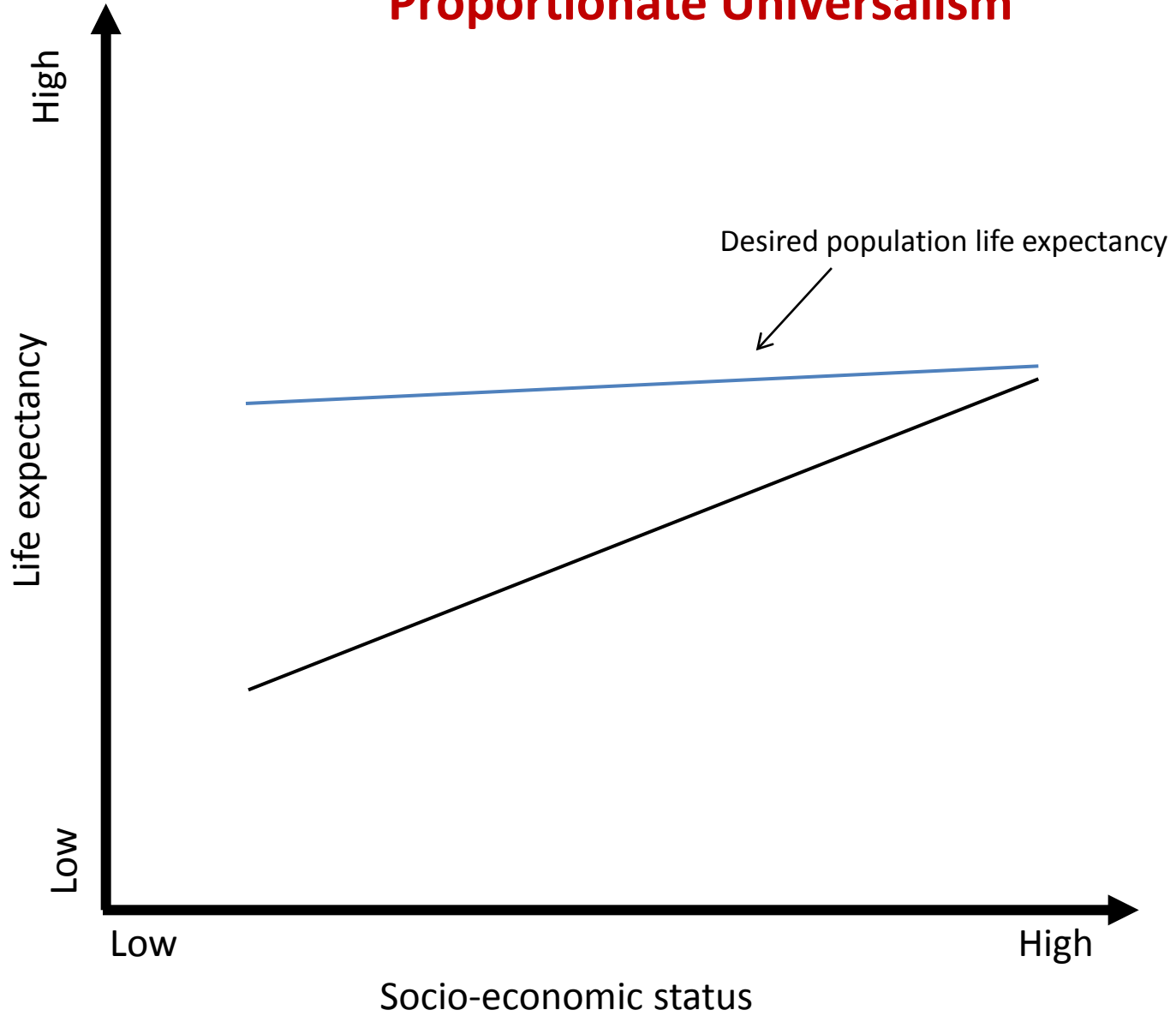
Aim for Equity – Not Equality...while understanding our Reality.



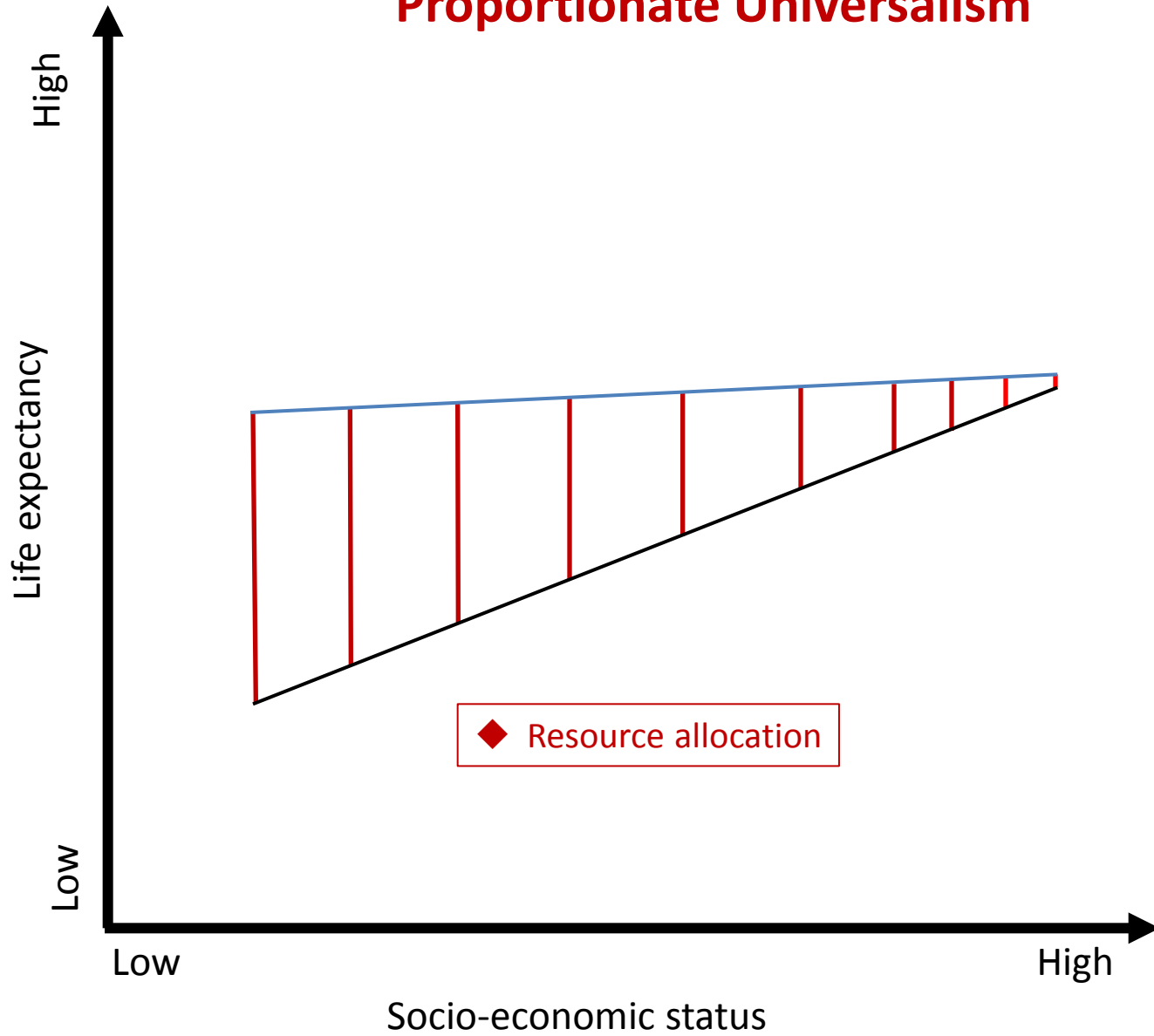
Proportionate Universalism



Proportionate Universalism



Proportionate Universalism



Key themes from the evidence

- Reducing health inequalities is a matter of social justice – where inequality is avoidable by policy means it is unfair and unjust.
- Health inequalities result from social inequalities – requires action on the social determinants – the causes of the causes
- **Action across all the policy objectives is necessary across the social gradient with a scale and intensity proportionate to the level of disadvantage.** (Proportionate universalism)
- Reducing health inequalities is vital for the economy – cost of inaction immense .
- Concerted action with a shift to prevention across central and local government, the NHS, 3rd and private sectors and community groups.
- Empowering individuals and communities reduce health inequalities .



Life Course:

A 12-Point Plan to Address MCH Across the Life Course

Improving Health Care Services

- 1. Provide** interconception care
- 2. Increase** access to preconception care
- 3. Improve** the quality of prenatal care
- 4. Expand** health care access over the life course

Strengthening Families and Communities

- 5. Strengthen** father involvement in families

- 6. Enhance** service coordination and systems integration
- 7. Create** reproductive social capital in communities
- 8. Invest** in community mental health, social support, and urban renewal

Addressing social and economic inequities

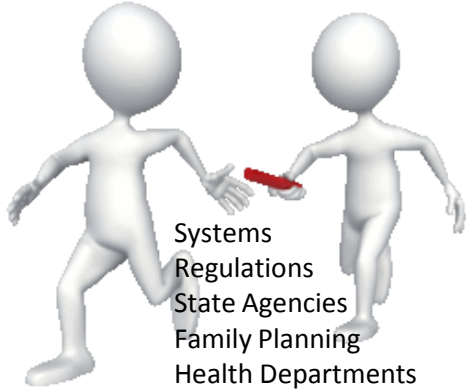
- 9. Close** the education gap
- 10. Reduce** poverty
- 11. Support** working mothers and families
- 12. Undo** racism

It takes a Village...

(no single organization has the resources, scope of influence or expertise to eliminate racial disparities in infant mortality by themselves...it will take all of us)

Infant Mortality Reduction is not a sprint, it is a “Relay-Marathon” ... and it takes the entire Village

Policy

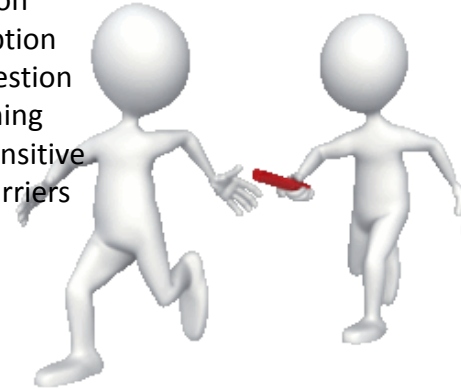


Systems
Regulations
State Agencies
Family Planning
Health Departments
Justice/Injustice
EQUITY/inequity
Inclusion/Marginalization
Federal/State/Local

Public Health

PCMH
Access
Insurance
Quality Care
Preconception
Inter-conception
One Key Question
Family Planning
Culturally Sensitive
Language barriers

Clinical

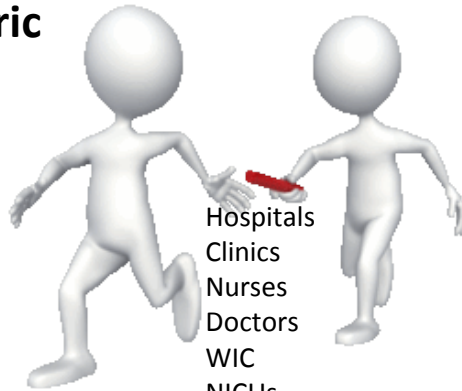


Community:

Business
Schools
Transportation
Jobs/employment
Housing
Local Government
Pubic Safety
Racism
Green Space
Etc.

Obstetrical

Pediatric



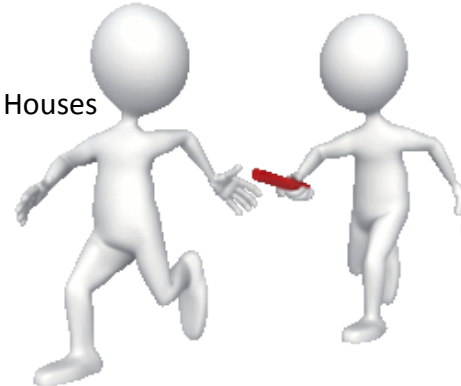
Hospitals
Clinics
Nurses
Doctors
WIC
NICUs
Breastfeeding
Safe Sleep
LBW/Preterm

Church
Food security
Safety
Support Network
Crime
Drugs
Abandoned Houses
Day Care
Gangs

Neighborhood

Mother & Family

Father involvement
Married
Single parenthood
IPV
Poverty
Diet
Age
Health
Capacity of parents to care for themselves & their children



Advocacy:

“Strong Science”



“Pristine Evidence”

By themselves are not good enough...

we must advocate AND mobilize to save our babies.

Advocacy can be challenging because, as individuals, some (many) of us work for organizations that prohibit advocacy -- or the organization might insist that you can only say what they approve of...even if it is not always in the best interest of improving infant mortality or improving the racial disparity in birth outcomes. You have to follow your personal “moral compass.”



Turning up
the Volume
on Infant Mortality

Every Baby Matters!

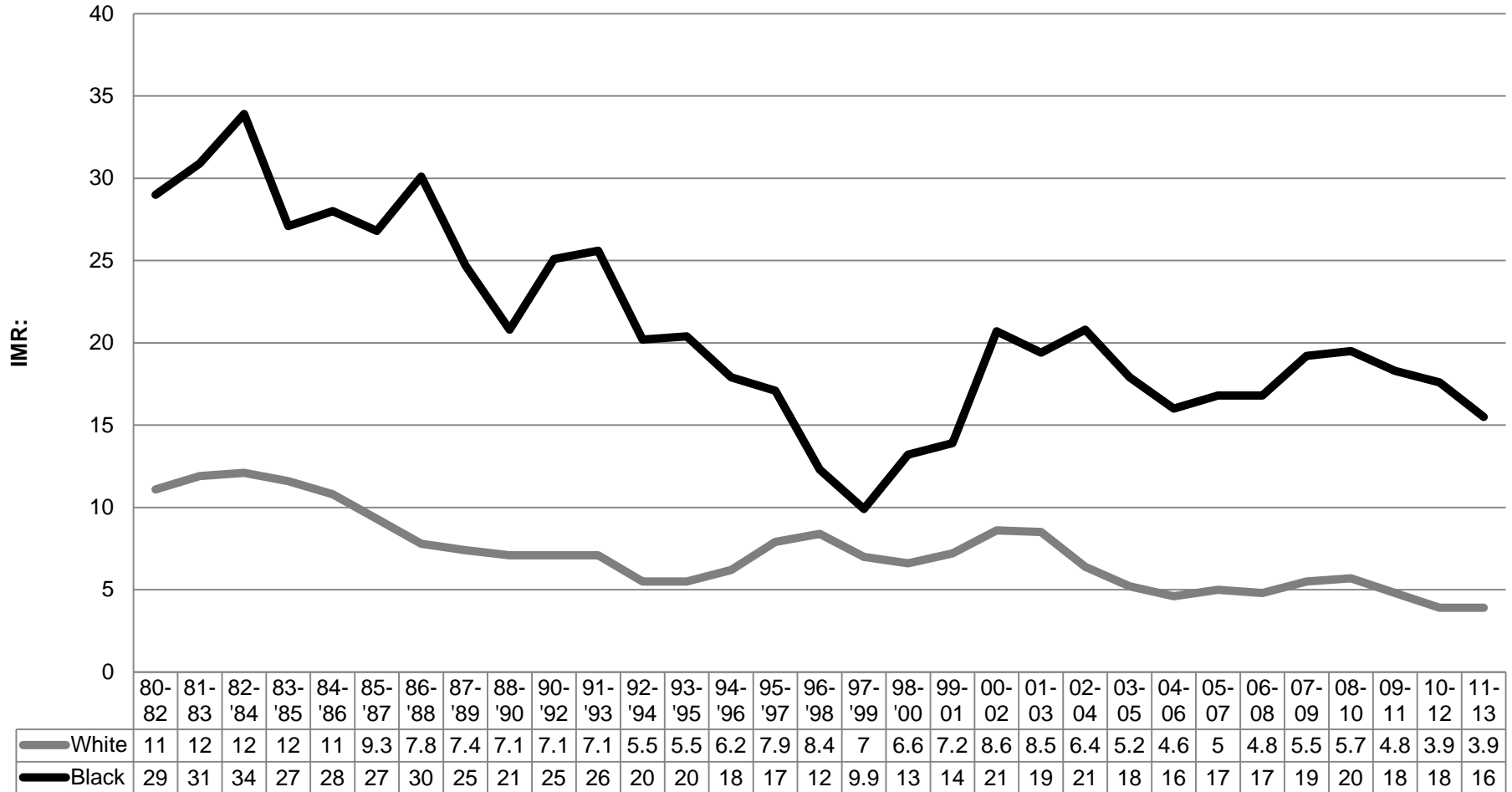


Every Baby Matters...

- White, Black, Brown, or Yellow
- Rich or Poor
- Rural or Urban
- From the North, South, East or West
- Republican or Democrat
- From a family that is “Right-to-Life” or “Pro-Choice”
- Citizen or Immigrant
- Teen or Older Mom
- Whether or not Mom uses drugs, drinks Alcohol, or smokes cigarettes
- College graduate or not, your position MUST be that...

Any baby who takes her or his first breath within the borders of the USA is our responsibility and we can and must do better!

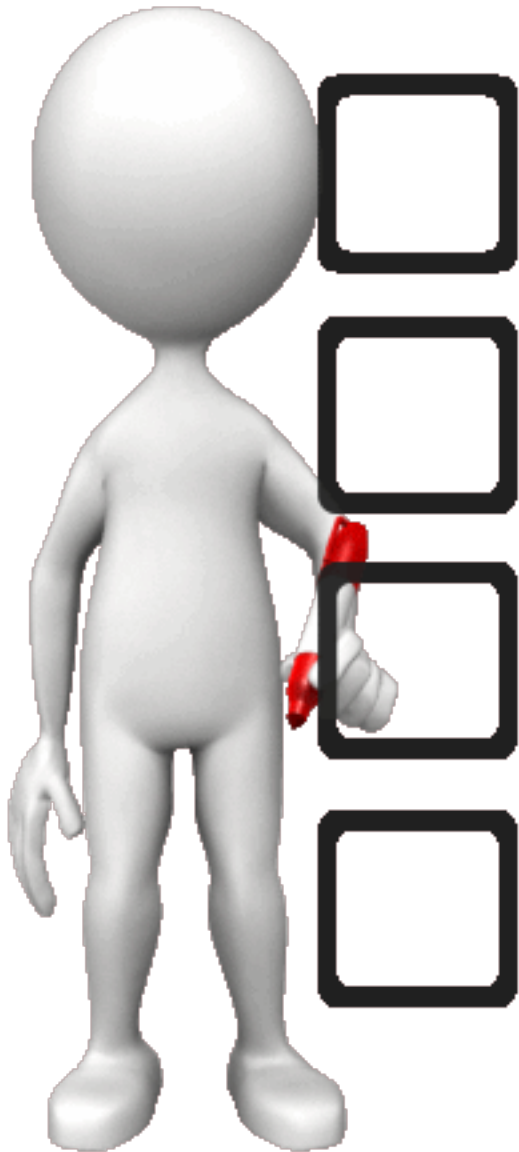
Kalamazoo County, Michigan IMR, 3-year aggregates, from 1980-2013, by Black, White Race



“The only thing necessary for the triumph of evil is for good men and women to do *(and say)* nothing.”

Edmund Burke

Issues to deal with if we are to achieve EQUITY:



Racism: reconciliation

Capitalism: distribution of wealth

- Disparity is built into Capitalism
 - So is EXPLOITATION!!!

Passivism: our willingness to tolerate the intolerable

Collective Impact: essential in these politically divisive times

2019

400-year recognition of
African American SLAVERY

...and 400-years is enough!!

art james



Regarding the resolution of RACISM:

“You have always told me it takes more time. It’s taken my father’s time, my mother’s time, my uncle’s (*and aunt’s time*), my sister’s and brother’s time, my niece’s and my nephew’s time...(*and before them it took my grand parent’s, great grandparent’s, and great great grandparent’s time. And now it denies ANY time for too many black babies*). So...HOW MUCH ***MORE*** TIME DO YOU WANT for *racial* progress?”

NOW IS THE TIME!

(James Baldwin, 1989, The price of a ticket)

(Words in red: embellishments by art james)

Other stuff:

I have not talked about:

- Access to care
- Family Planning
- Safe Sleep
- Breast Feeding
- Preconception/inter-conception Care
- Decreasing teen pregnancies
- Eliminating smoking and drug use during pregnancy
- Fatherhood involvement
- Progesterone
- Group Prenatal care
- Perinatal Regionalization
- Community Health Workers
- WIC
- Collective Impact (essential)
- Racism (not enough said during this talk)
- FIMR/CoIIN/CIC
- Etc.

Please know all of these and many many others are extremely important and they all represent interventions you should be doing.



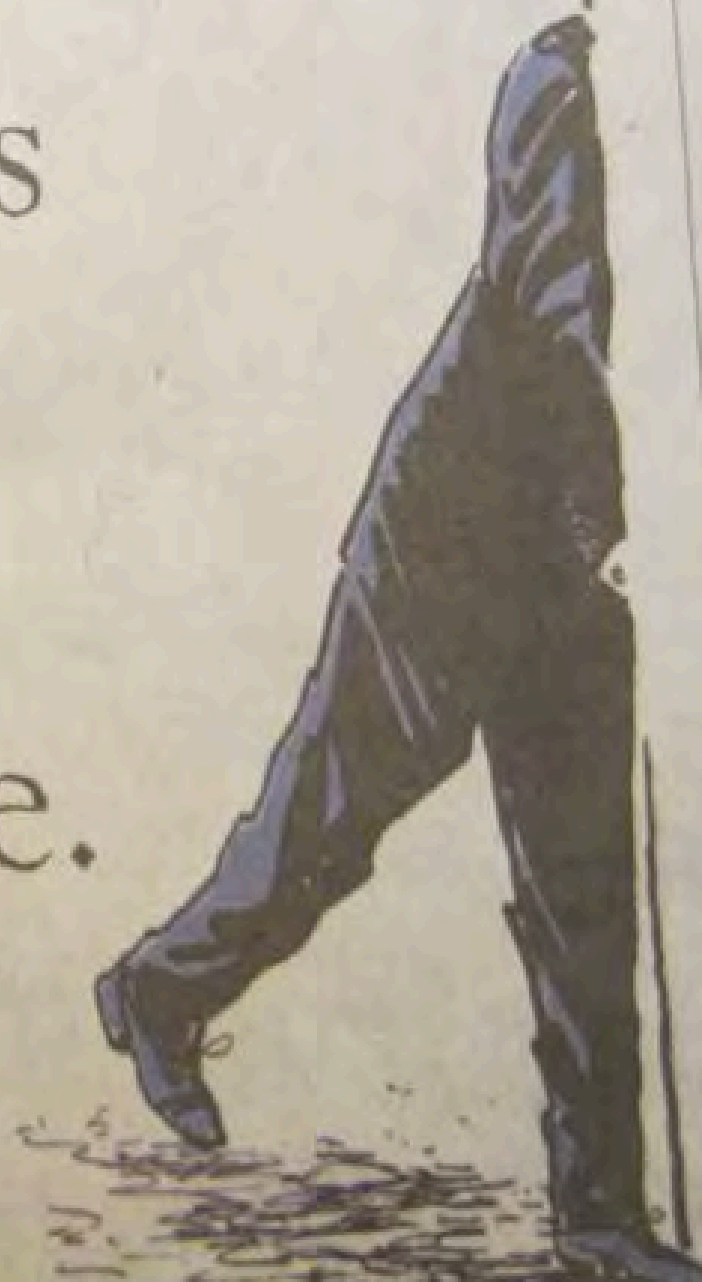
July, 2013:
Sickened by the
acquittal of
Trayvon Martin's
killer, labor
organizer Alicia
Garza wrote, "I
continue to be
surprised at how
little **BLACK LIVES
MATTER.**"



Little Black Lives Matter... too

It always seems
impossible
until it's done.

-Nelson Mandela
1918-2013





Thank you



Questions?

Contact information:

ajpppinapod@gmail.com