

Equity: a dream deferred



SACIM Presentation

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Arthur R. James MD, FACOG

Associate Professor, Dept. of Ob/Gyn

Ohio State University

Goal of this talk:



Add to urgency of achieving health equity.

Make the case for taking a SDOH approach to
ELIMINATE racial disparities in birth outcomes.

Lay the foundation for Dr. Ehlinger's discussion
about how we incorporate SDOH into our work.

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:

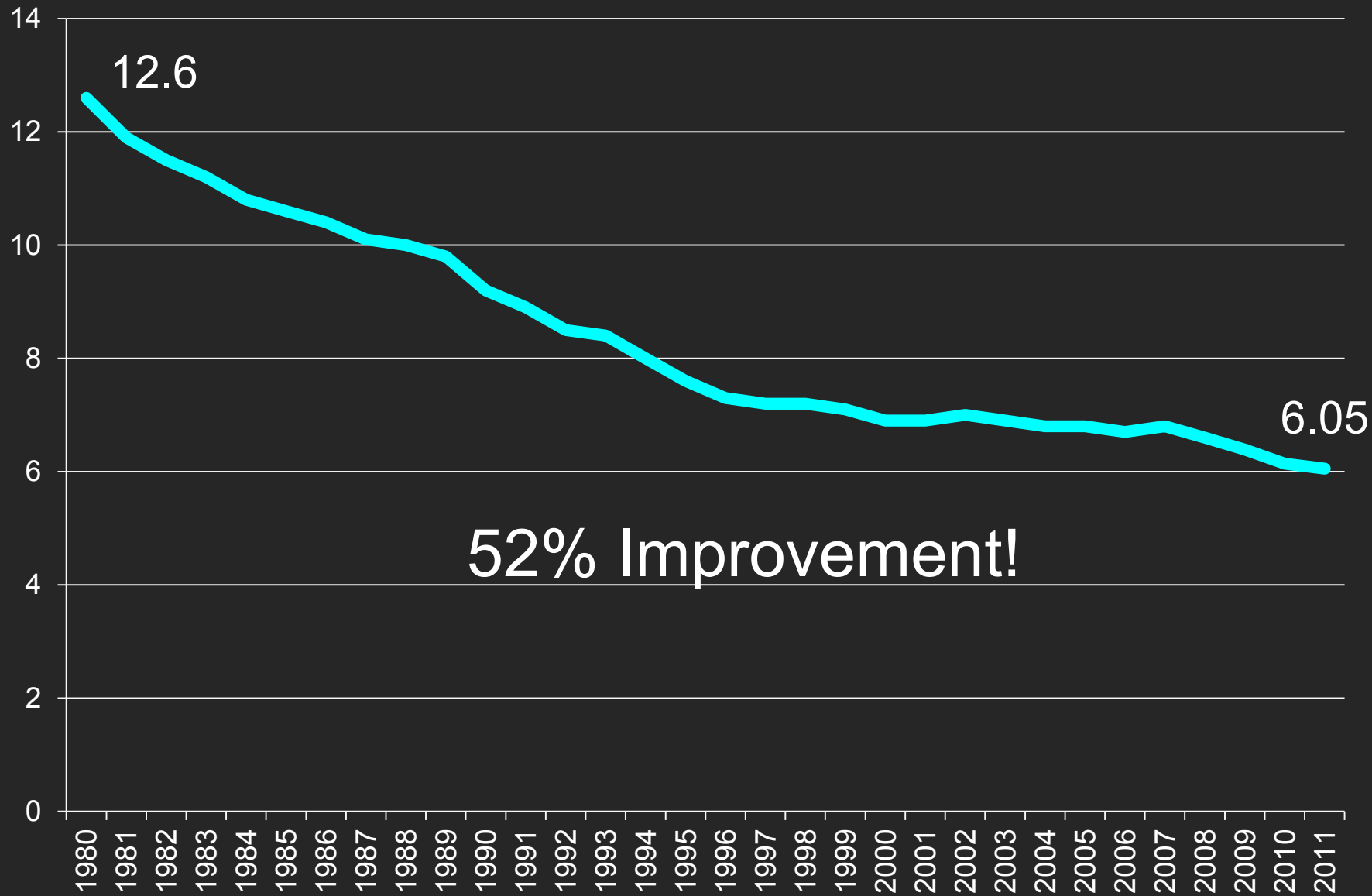


Multi-factorial. Rates reflect a **society's commitment** to the provision of:

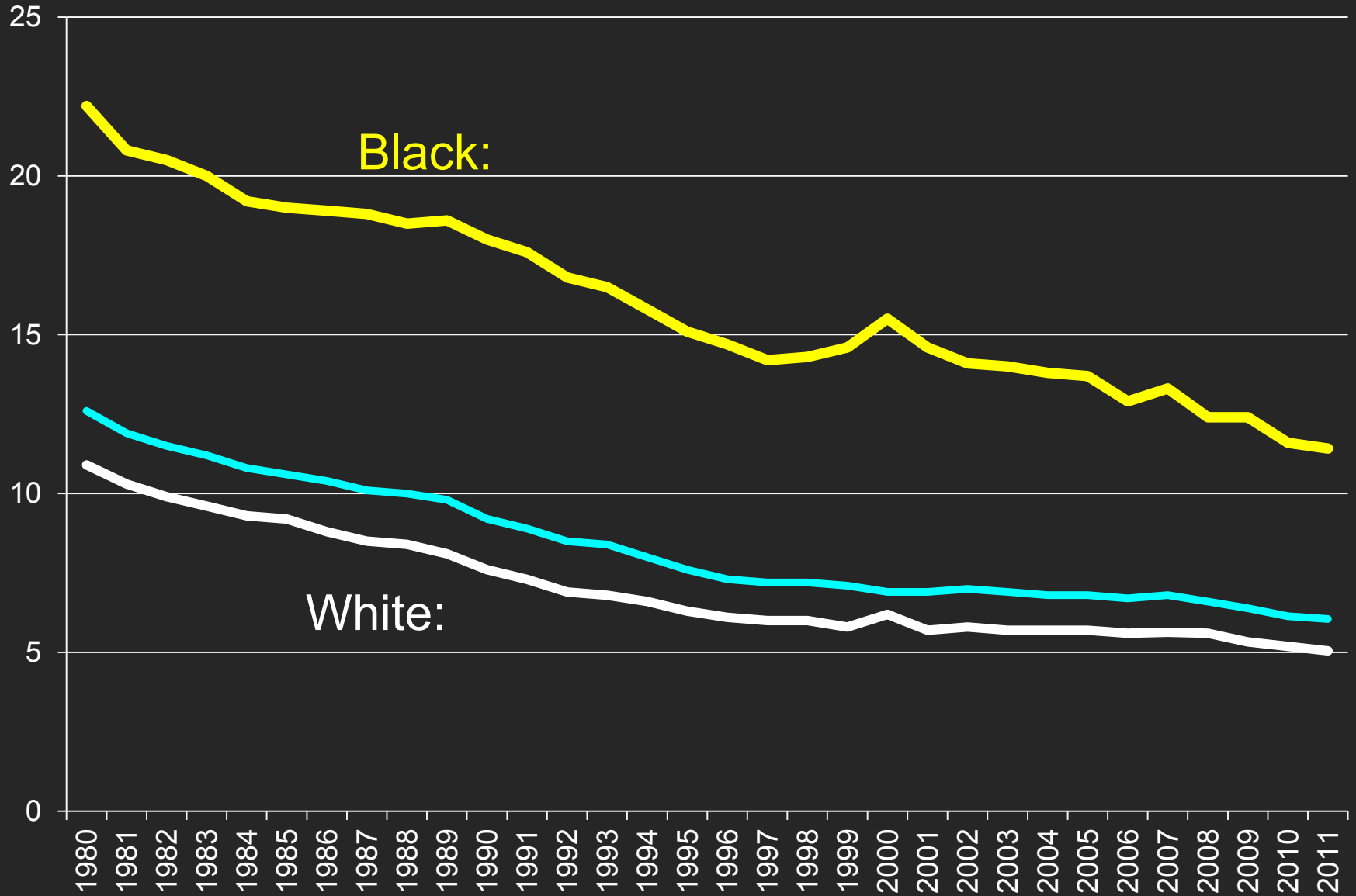
1. High quality health care
2. *Adequate food and good nutrition
3. *Safe and stable housing
4. *A healthy psychological and physical environment
5. *Sufficient income to prevent impoverishment

“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.”

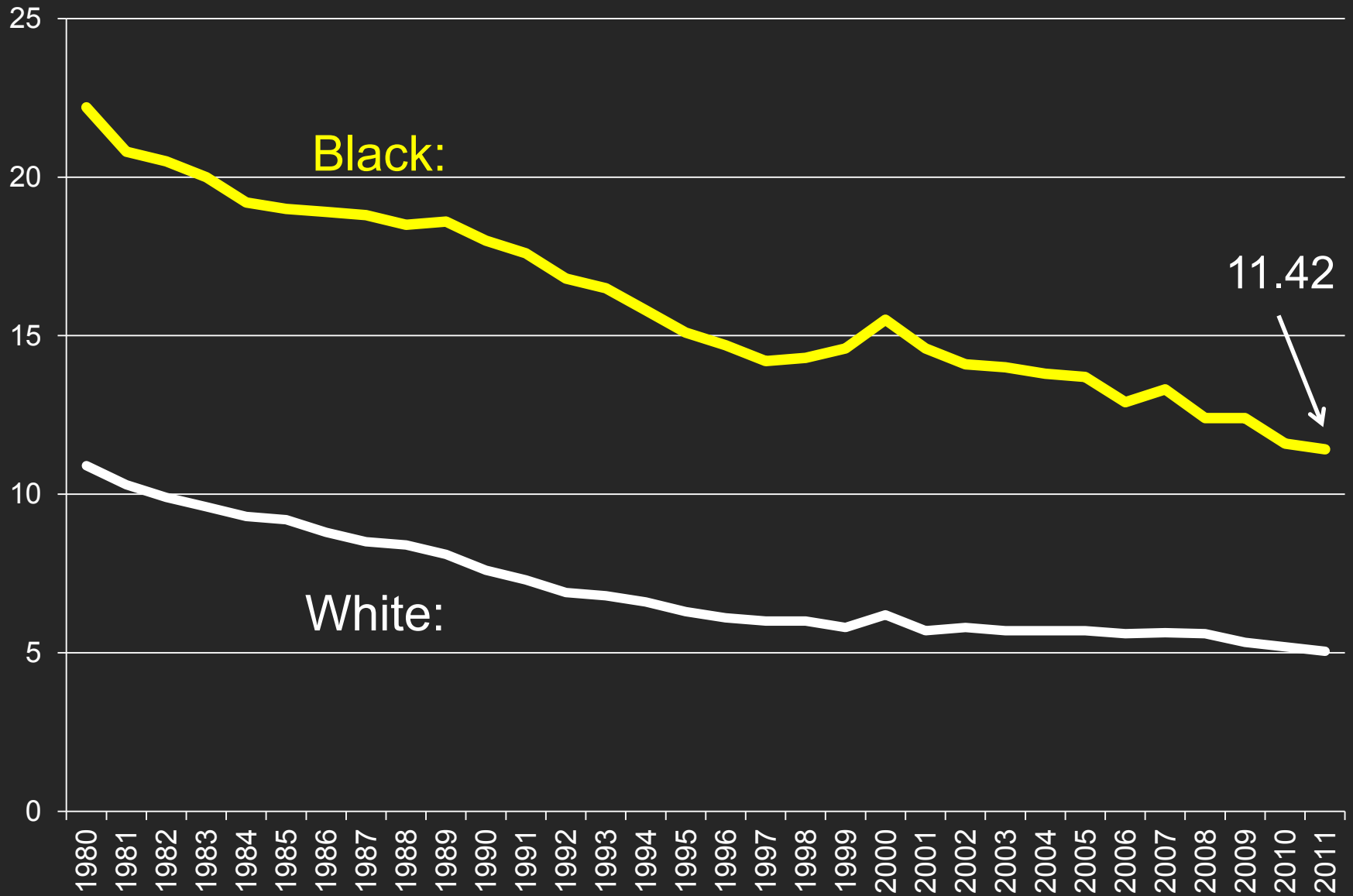
USA IMR: 1980-2011



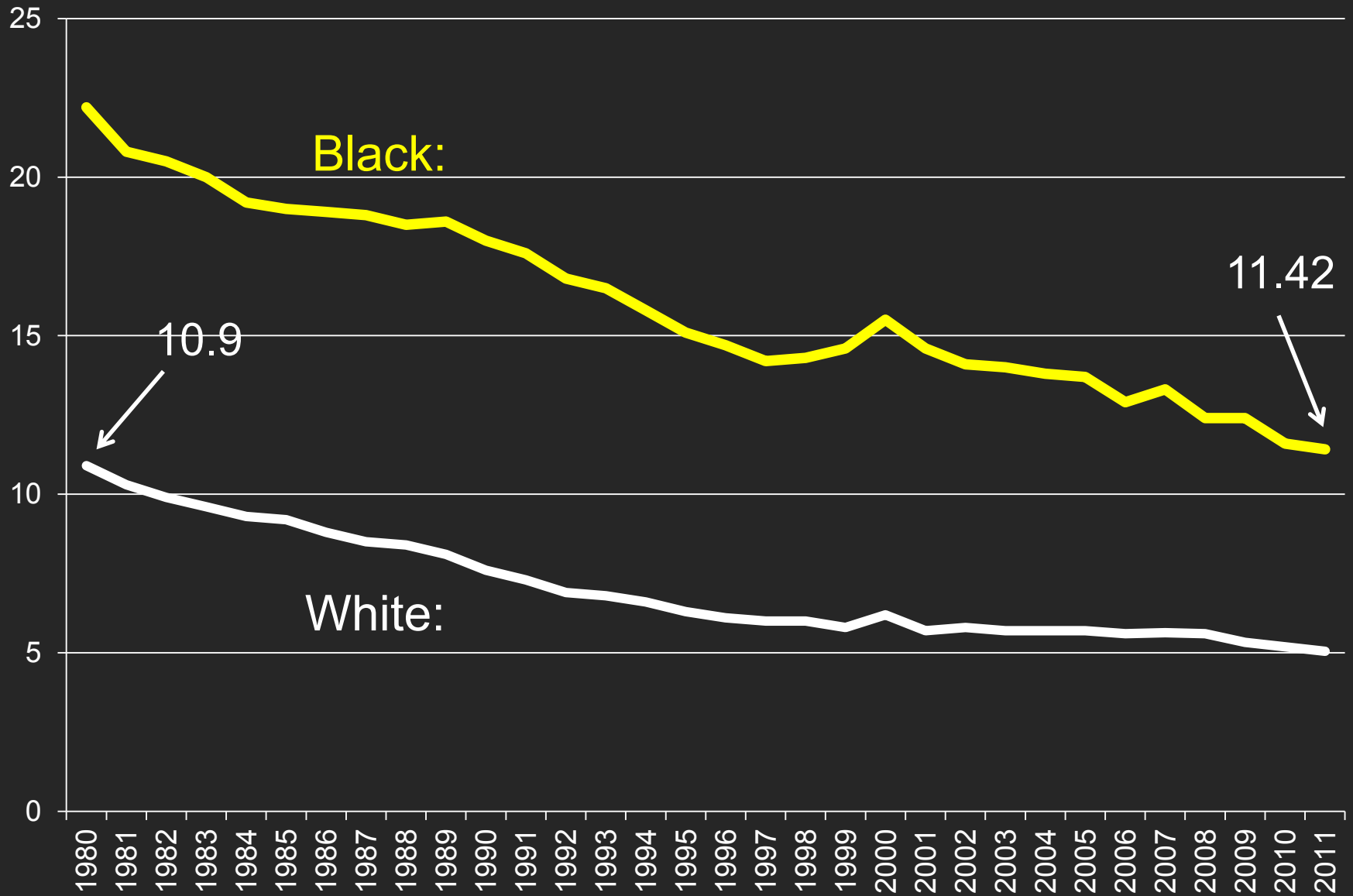
USA Total, White, and Black IMR: 1980-2011



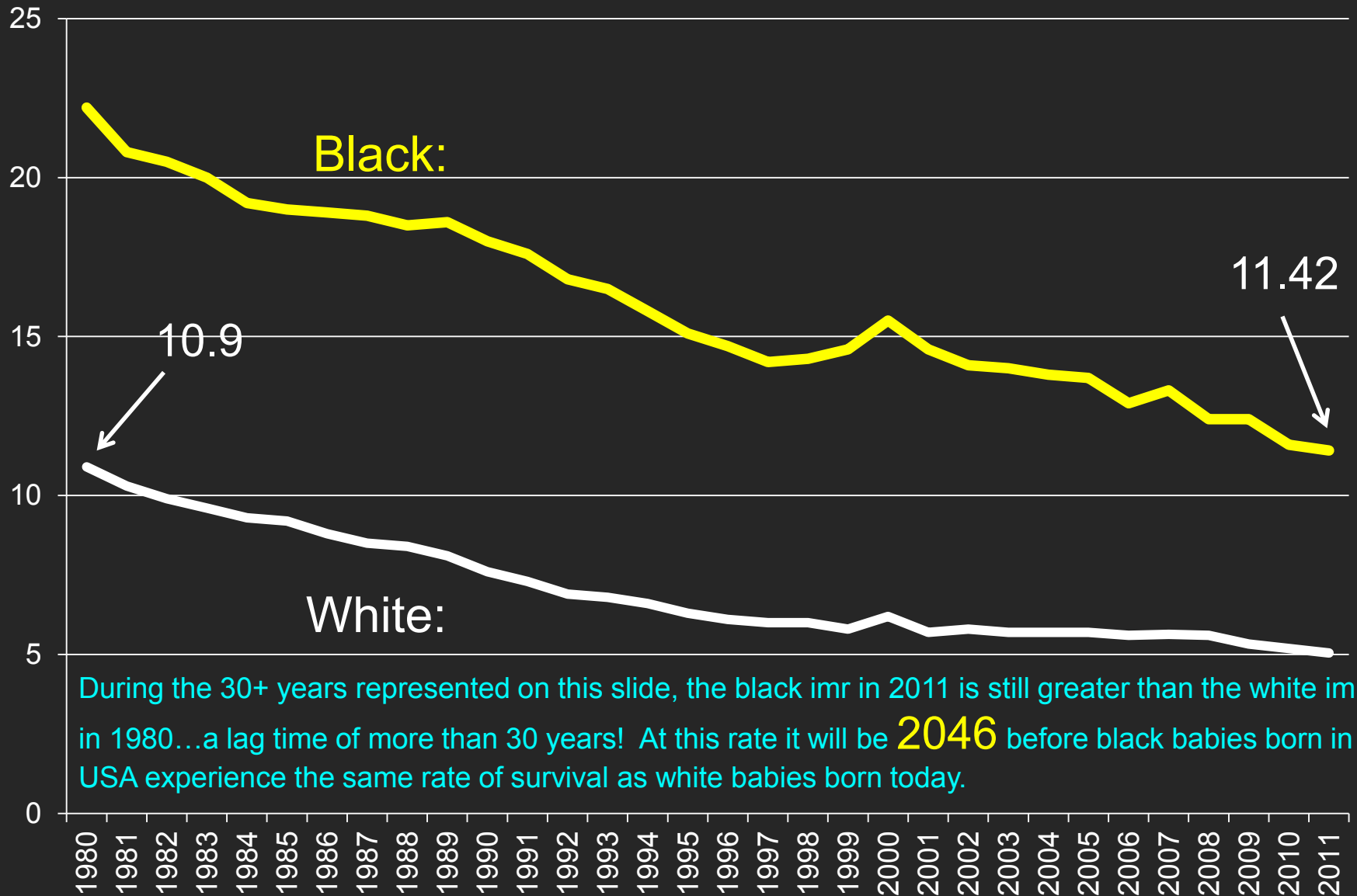
USA White and Black IMR: 1980-2011



USA White and Black IMR: 1980-2011



USA White and Black IMR: 1980-2011



During the 30+ years represented on this slide, the black imr in 2011 is still greater than the white imr was in 1980...a lag time of more than 30 years! At this rate it will be **2046** before black babies born in the USA experience the same rate of survival as white babies born today.



Why the disparity?

African American Citizenship Status: 1619-2015

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	62.1%
1865-1964	Jim Crow: virtually no Citizenship rights	99	25.0%
1964-2015*	"Equal"	51	12.9%
1619-2015	"Struggle" "Unfairness"	396	100%

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

87% of the African American experience has been during Slavery or Jim Crow!



The gap (black IMR > 2x white IMR, and black MMR >3-4x white MMR), and their persistence over time are some of the most egregious remnants of this AA experience...and these gaps represent the GREATEST challenge to MCH.

A. R. James

“The reason black people are so far behind now is not because of now, it’s because of then.”

Clyde Ross

The Case for Reparations, The Atlantic

(<http://www.theatlantic.com/features/archive/2014/05/the-case-for-reparations/361631/>)

So...how do you “keep up” in a race when the other team has a 350 year head start?

Today, we behave as if the Civil Rights Act leveled the playing field between Blacks and Whites and some point to the election of President Obama as evidence that America no longer has a race problem, but...

“You do not take a person who, for years, has been hobbled by chains and liberate him, bring him up to the starting line of a race and then say, "you are free to compete with all the others," and still justly believe that you have been completely fair”.

President Lyndon B. Johnson, 6/4/1965





...and what of our more
contemporary history?

*"Our nation is moving toward two societies,
one black, one white – separate and unequal."*



Illinois Governor Otto Kerner
Associated Press Photo

Released in 1968 (about the time of the 1964 Civil Rights Act), the Kerner Commission Report's goals were to:

- Reduce Poverty
- Reduce inequality
- Reduce Racial injustice
- Reduce crime
- Reduce fear
- Create responsible media that was less controlled by Corporate interests

The Commission said it was "time to make good the Promises of American Democracy for all citizens – urban and rural, White and Black, Spanish surname, American Indian and every minority group"

Kerner Commission: 1968

National Advisory Commission on Civil Disorders



- “Segregation and poverty have created in the racial ghetto a destructive environment totally unknown to most white Americans.
- What white Americans have never fully understood but what the Negro can never forget--is that **white society is deeply implicated in the ghetto**. White institutions created it, white institutions maintain it, and white society condones it.
- **It is time now to turn with all the purpose at our command to the major unfinished business of this nation.** It is time to adopt strategies for action that will produce quick and visible progress. It is time to make good the promises of American democracy to all citizens--urban and rural, white and black, Spanish-surname, American Indian, and every minority group.
- **Our recommendations embrace three basic principles:**
 1. **To mount programs on a scale equal to the dimension of the problems;**
 2. **To aim these programs for high impact in the immediate future in order to close the gap between promise and performance;**
 3. **To undertake new initiatives and experiments that can change the system of failure and frustration that now dominates the ghetto and weakens our society.”**

Kerner Commission: 1968

National Advisory Commission on Civil Disorders



One of the first witnesses to be invited to appear before this Commission was Dr. Kenneth B. Clark, a distinguished and perceptive scholar. Referring to the reports of earlier riot commissions, he said:

I read that report. . . of the 1919 riot in Chicago, and it is as if I were reading the report of the investigating committee on the Harlem riot of '35, the report of the investigating committee on the Harlem riot of '43, the report of the McCone Commission on the Watts riot...*(and today he might add the Department of Justice's Report on the Ferguson Police Department)*

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.**

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

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



Black America

There are many people who disagree,
making this a difficult conversation to have:

“You cannot legislate the poor into freedom
by legislating the wealthy out of freedom.
What one person receives without working
for, another person must work for without
receiving. The government cannot give to
anybody anything that the government does
not first take from somebody else.



When half of the people get the idea that they do not have to work
because the other half is going to take care of them, and when the
other half gets the idea that it does no good to work because
somebody else is going to get what they work for,
that my dear friend, is about the end of any nation. You cannot
multiply wealth by dividing it.”

What causes health inequities?

The **social determinants of health** are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

The structural roots of health inequities lie within **education, taxation, labor and housing markets, urban planning, government regulation, health care systems**, all of which are powerful determinants of health, and ones over which individuals have little or no direct personal control but can only be altered through social and economic policies and political processes.”

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.”

Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

Infant Mortality:

Premature Births

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Maternal pregnancy Complications

Placental or cord anomalies

Disparities

Social Determinants of Health/Lifecourse

Disparities in Birth Outcomes:

Social Determinants of Health:

Medical Problems:



Weathering

Racism

Housing

Incarceration rates

Fatherless households

Neighborhoods

Unemployment

Hopelessness

Policies

Stress

Poverty

No Insurance

“Medical baggage”

Limited Access to Care

Smoking

Substance Use

Under-Education **Lower graduation rates**

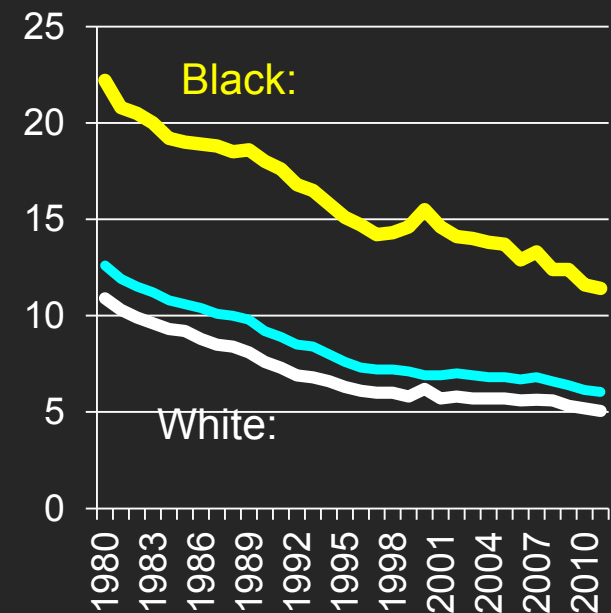
Family Support

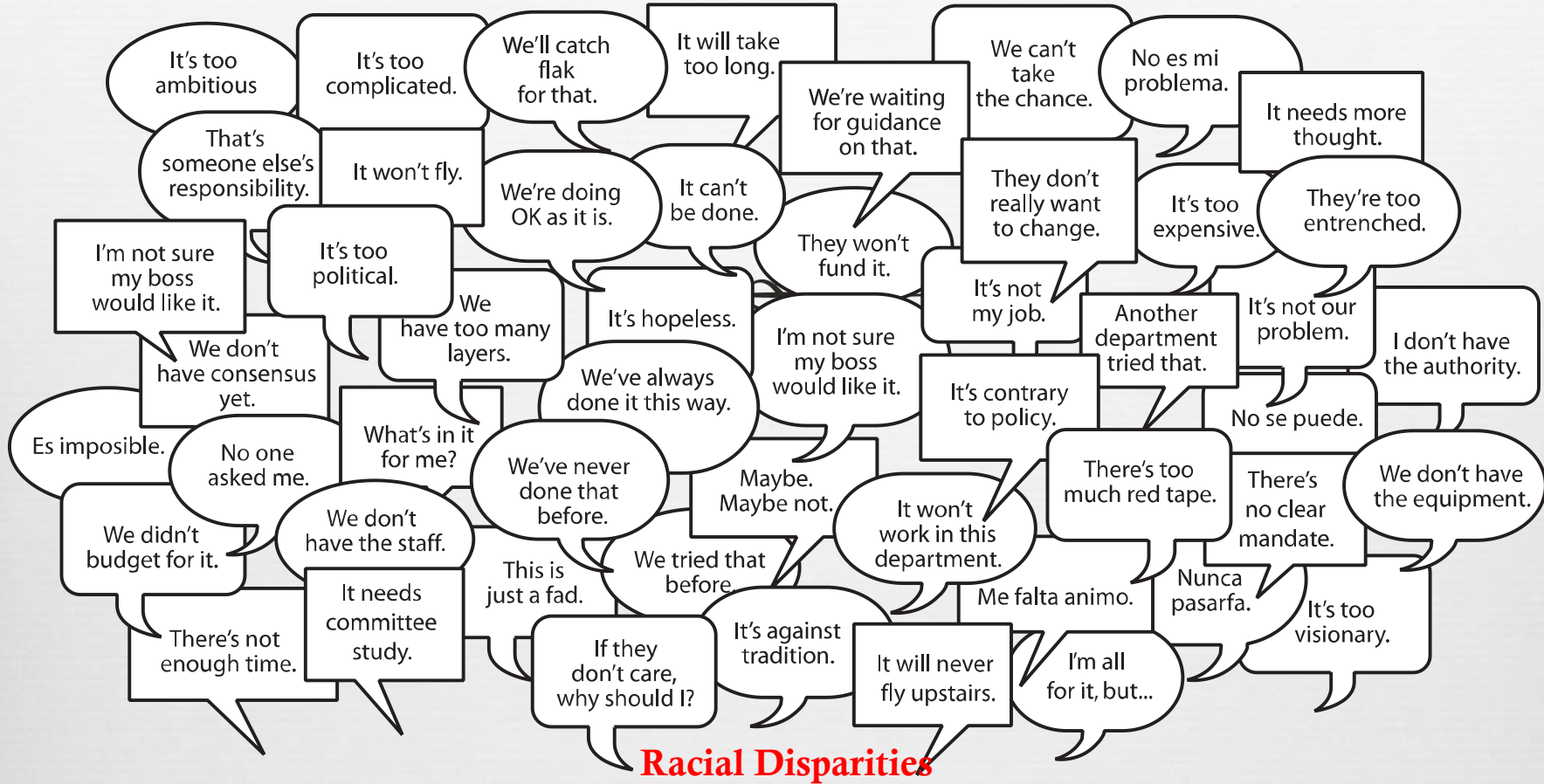
Poor Working Conditions

Teen Births

Nutrition

However, events like Hurricane Katrina, circumstances like USA incarceration rates, police killings of black males, & the persistent racial disparity in birth outcomes remind America that not all of us benefit from this Declaration equally...





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



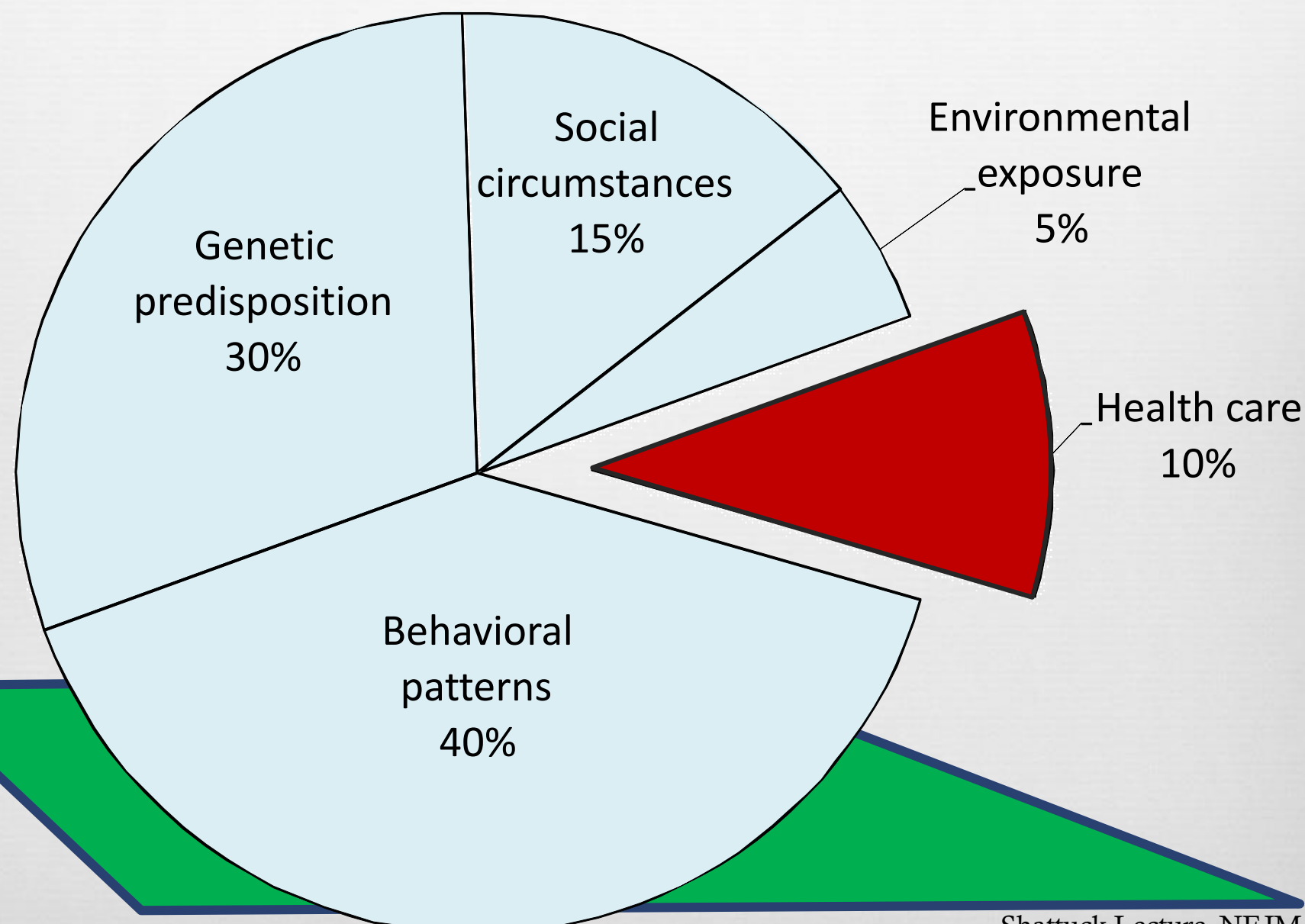
“...a moral obligation, a matter of social justice.”



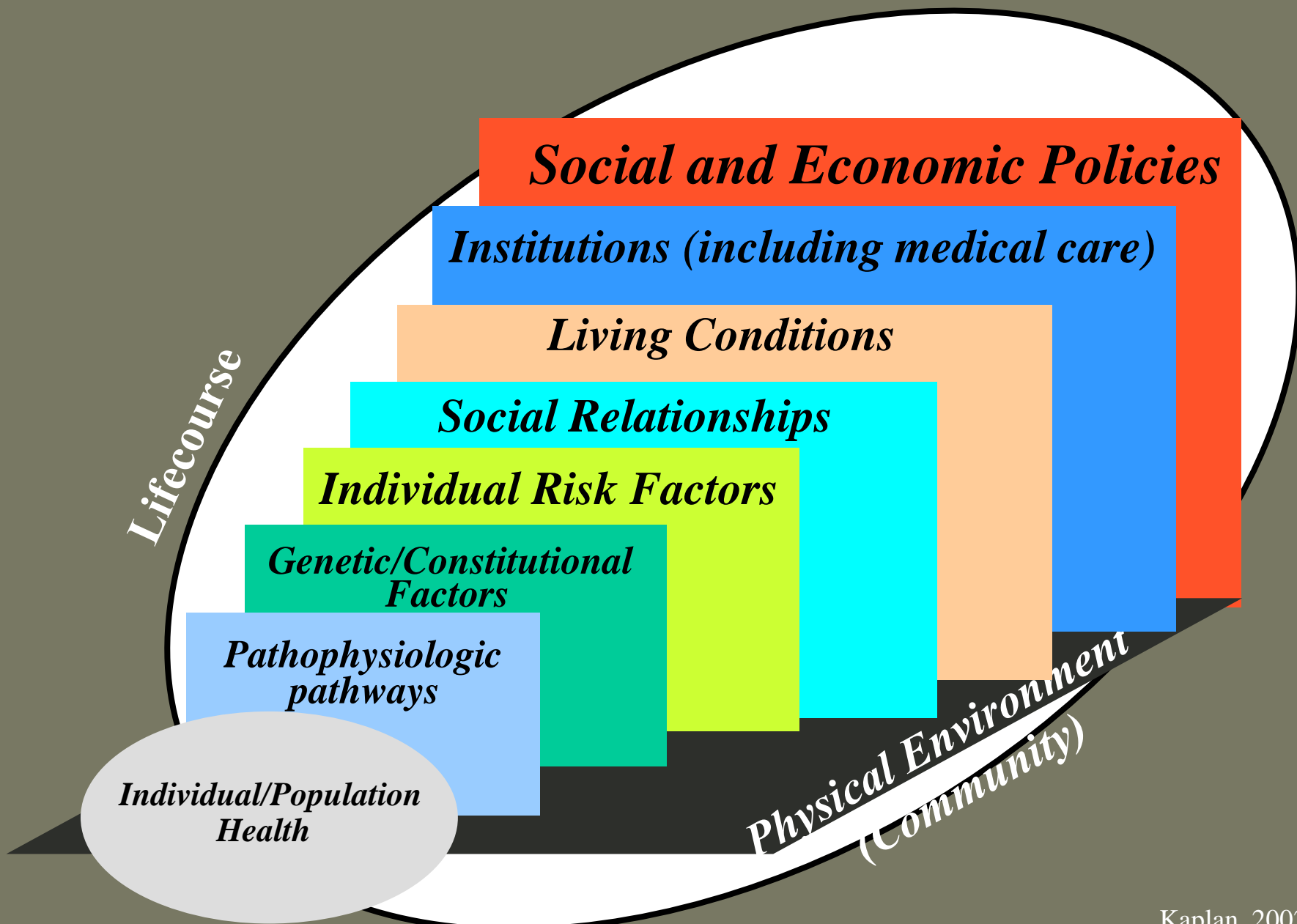
“In poor countries people die unnecessarily. In rich countries, too, the higher death rate of those in less fortunate social positions is (also) unnecessary...”

Our profession seeks not only to understand but also to improve things. Some doctors feel queasy about the prospect of social action to improve health, which smacks of social engineering. Yet, a physician 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 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.**”

What It Takes To Be Healthy:

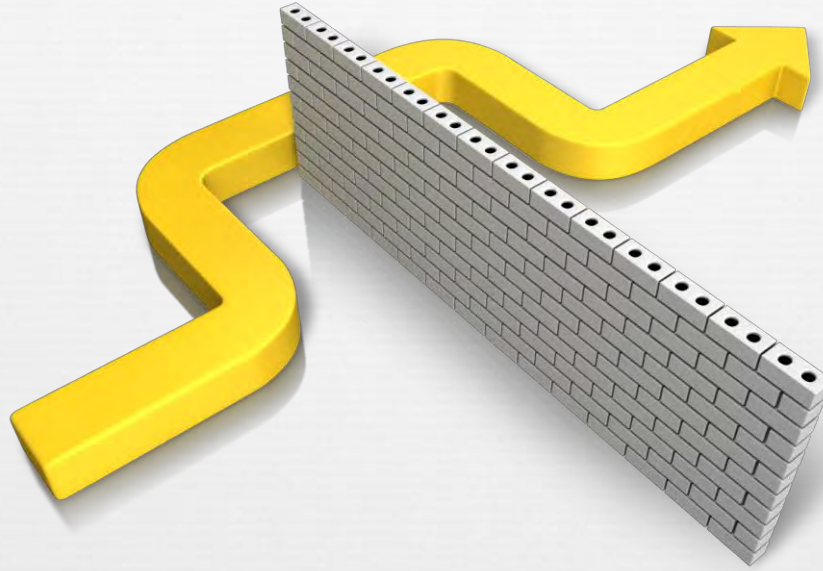


Determinants of Population Health and Health Inequalities



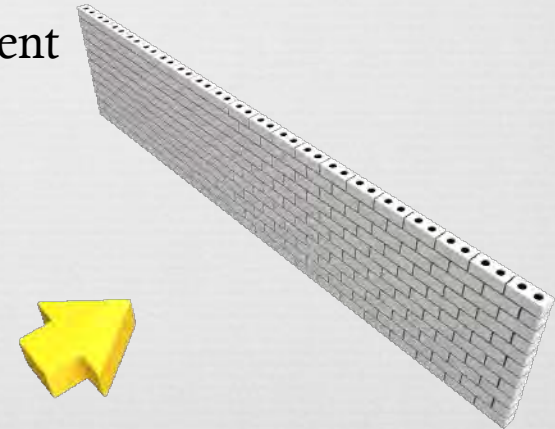
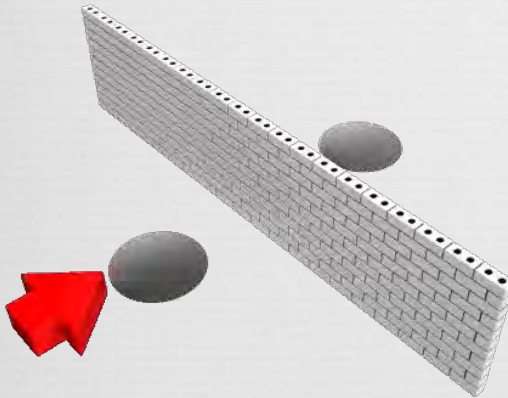
Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...

Most of these programs help



In some cases, they make a huge difference

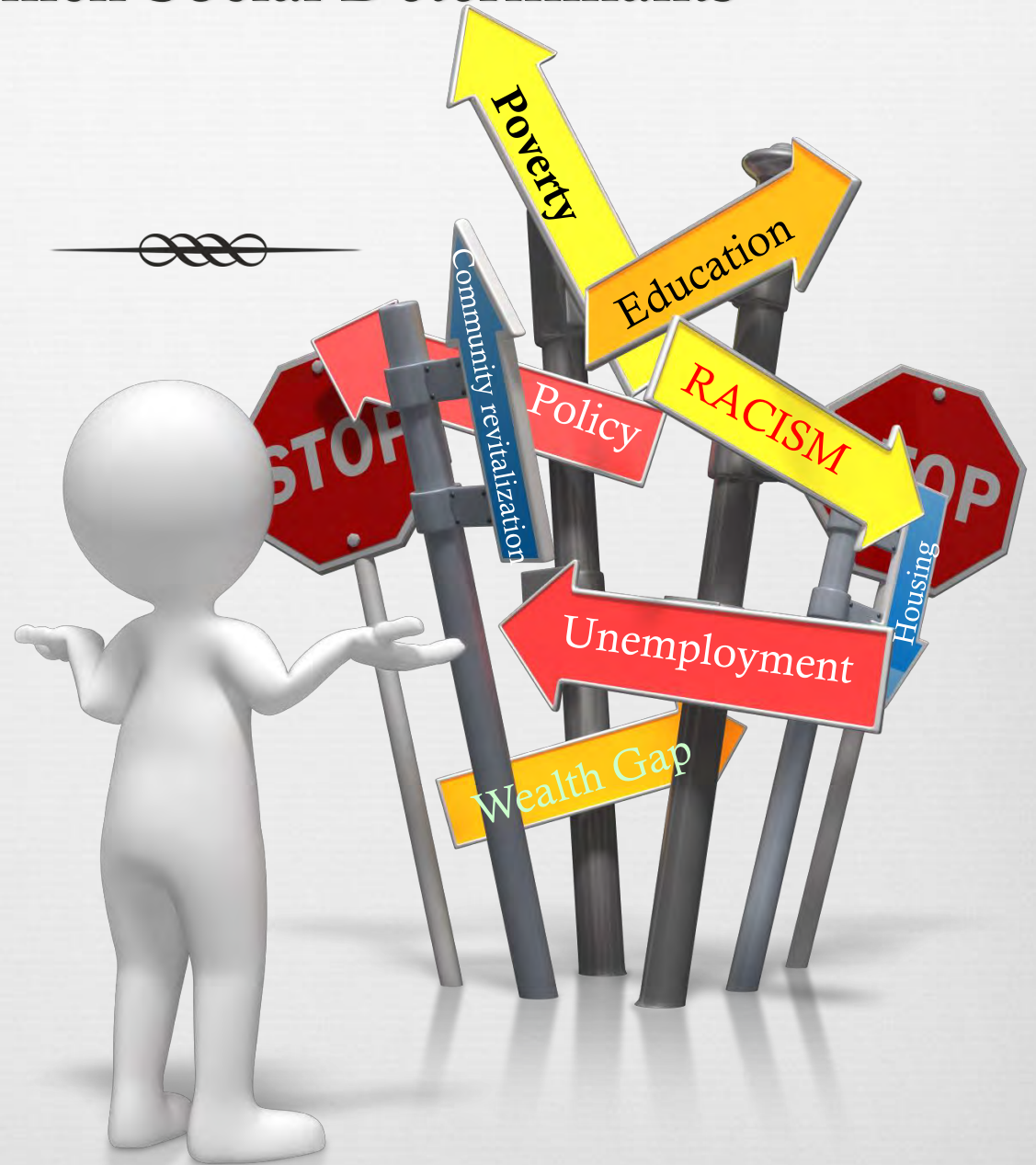
BUT...most programs represent temporary solutions. Once pregnancy ends, we return families to the same circumstances that required help in the first place.



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



We are often asked...which Social Determinants to improve?



This is happening on our watch...do we have the will and the courage to act...and to act NOW?



“We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there is such a thing as being too late. Procrastination is still the thief of time. Life often leaves us standing bare, naked, and dejected with a lost opportunity. The tide in the affairs of men does not remain at flood -- it ebbs. We may cry out desperately for time to pause in her passage, but time is adamant to every plea and rushes on. Over the bleached bones and jumbled residues of numerous civilizations are written the pathetic words, "Too late." There is an invisible book of life that faithfully records our vigilance **or our neglect**. Omar Khayyam is right: "The moving finger writes, and having writ moves on.”

Dr. Martin Luther King, Jr.

What will this “book of life” record about our efforts to eliminate these disparities?

Racial Disparities: 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.





“No more about us without us”

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

OMMA THE SACRAMENTO BEE © 2013 12/6 TCA

It always seems

impossible

until it's done.

-Nelson Mandela
1918-2013



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Thank You



Let America be America again.

Let it be the dream it used to be....

O, let America be America again—

The land that never has been yet—

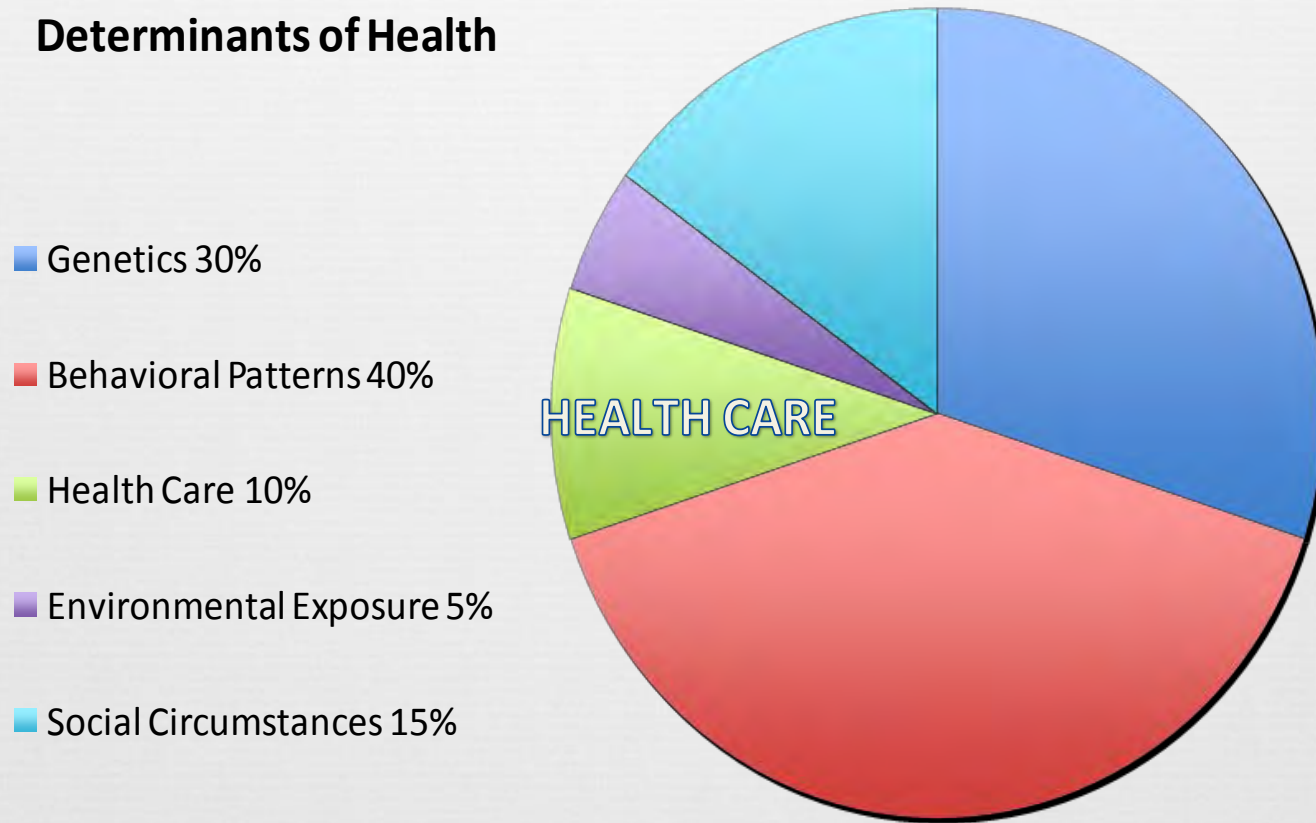
And yet must be—

the land where *every* man is free.

Langston Hughes

Factors Influencing Health Status

Determinants of Health



Social Causes of Death (2000)

- Less than High School graduation 245,000
 - (over 1 million deaths could have been avoided between 1996 to 2002 if all adults in US would have had a college education)
- Racial segregation 176,000
- Low social support 162,000
- Individual level poverty 133,000
- Income inequality 119,000
- Community level poverty 39,000