

EQUITY in Infant Mortality... a Dream Deferred

**“Matters, Measures, and Momentum: Addressing
Infant Mortality in the Kansas City Region”**

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Nationwide Children’s Hospital**

May 11 , 2018



They had a dream...

The Trouman Group

“EQUITY”...

a dream deferred

“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 attendees will...

1. Appreciate how history and past discriminatory practices have contributed to racial disparities
2. Contribute to the understanding of Missouri's Black:White legacy regarding infant mortality goals.
3. Present evidence that suggest racial disparity is 'not natural', but man-made.
4. Discuss STRUCTURAL Determinants
5. Suggest the importance of taking a STRUCTURAL and Social Determinants approach to "undo" this disparity.
6. Understand "Proportionate Universalism" or "Targeted Universalism"
7. 

Disclosures:

I am a member of:

- Secretary's Advisory Committee on Infant Mortality (SACIM)
- March of Dimes/Centers for Disease Control's Health Equity Work Group
- Centering HealthCare Institute, Inc. Board of Directors
- GABE Advisory Board
- Center for Excellence, University of Illinois @ Chicago, School of Public Health
- Global Infant Safe Sleep Center (GISS)

Conflict of Interest:

- I have no conflicts of interest

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



A close-up photograph of a tree trunk, showing a large, irregularly shaped hollow or cavity in the bark. The bark is light-colored and textured, with some darker, possibly charred or decayed areas around the opening. The background is dark and out of focus.

“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

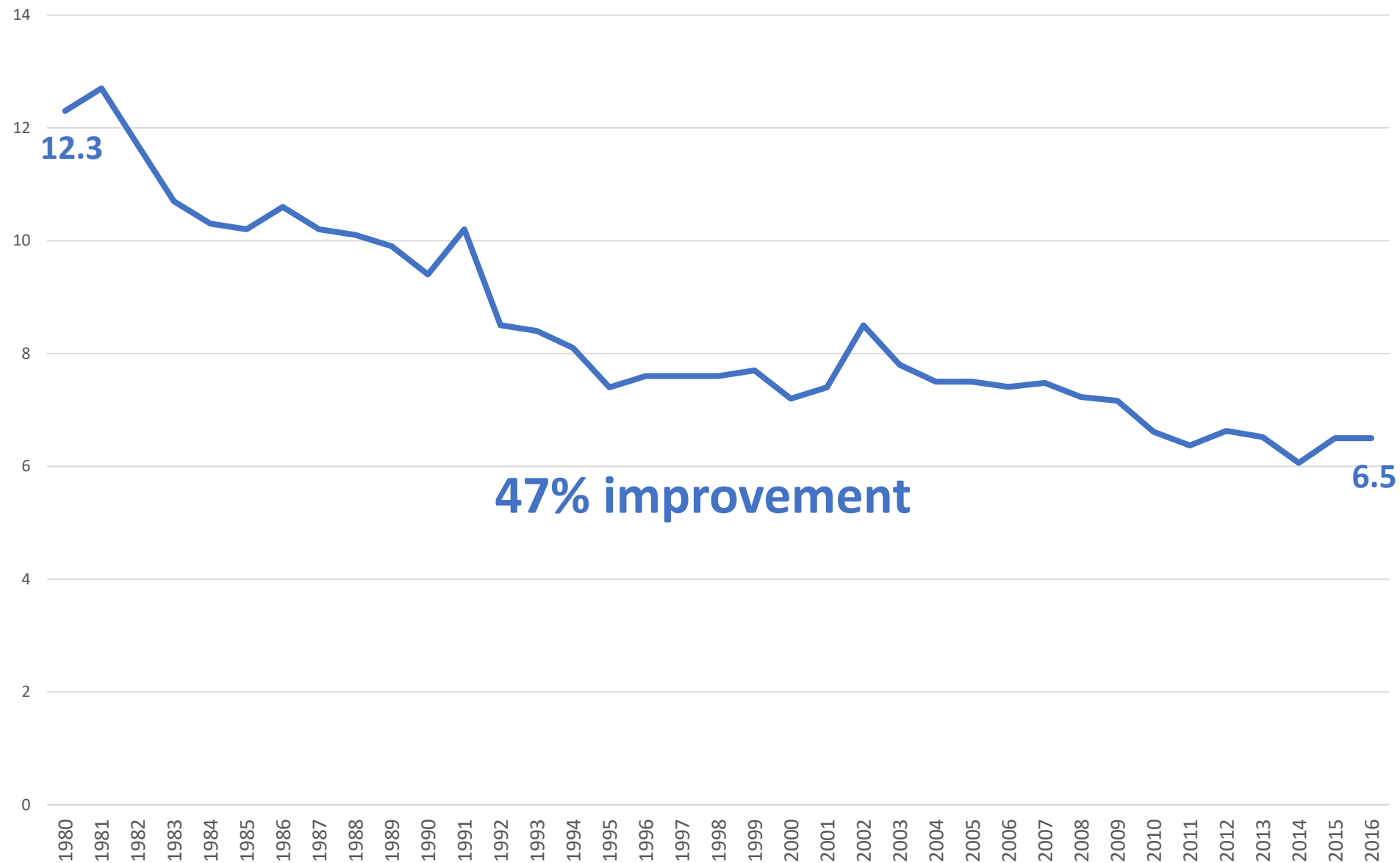
“As such, our ability to **prevent infant deaths and to address long-standing disparities** in infant mortality rates between population groups is a barometer of our society's commitment to the health and well-being of all women, children and families.”

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



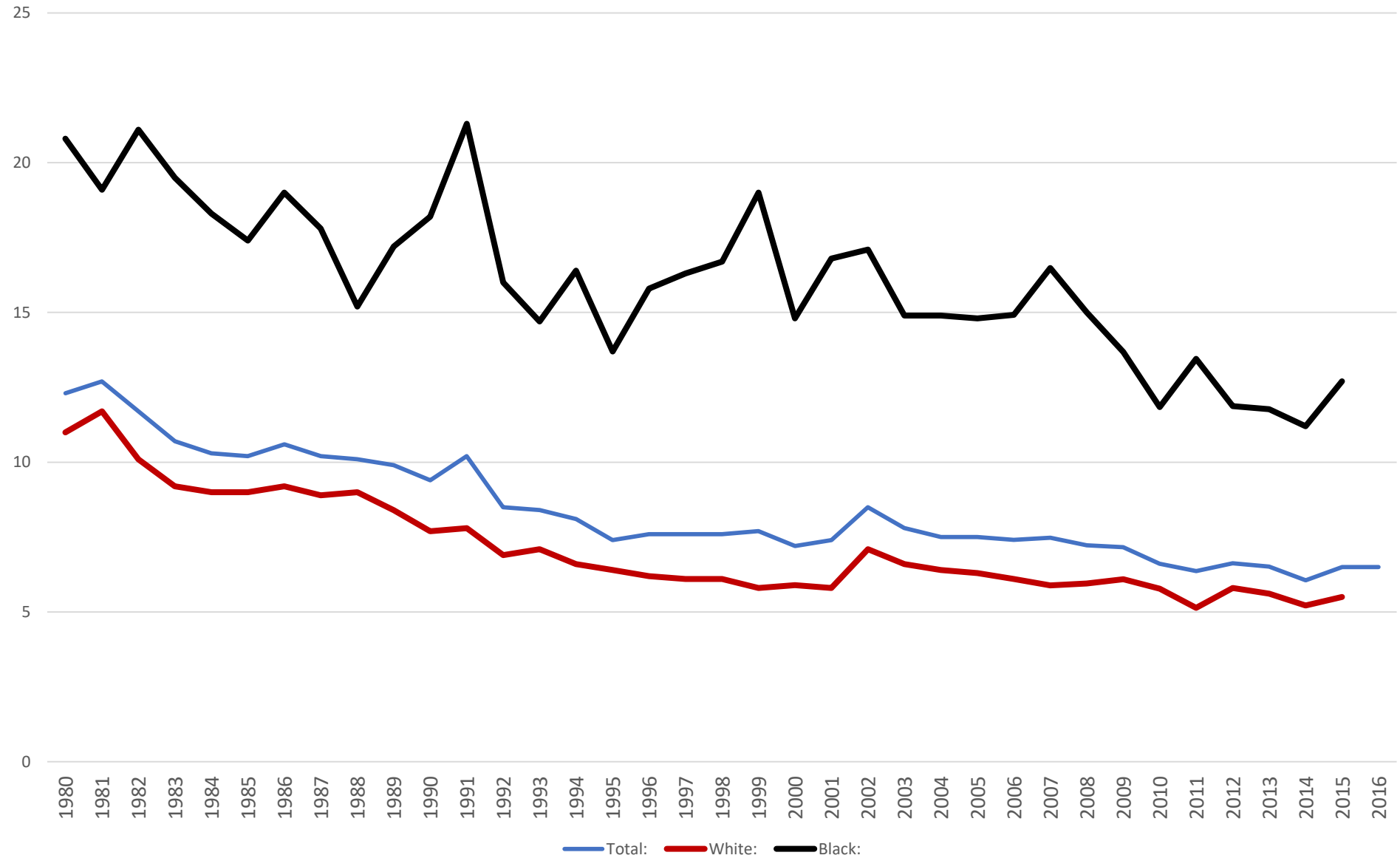
Missouri Infant Mortality Data:

Missouri Overall IMR: 1980-2016



Source: MO. Dept of Health & NCHS

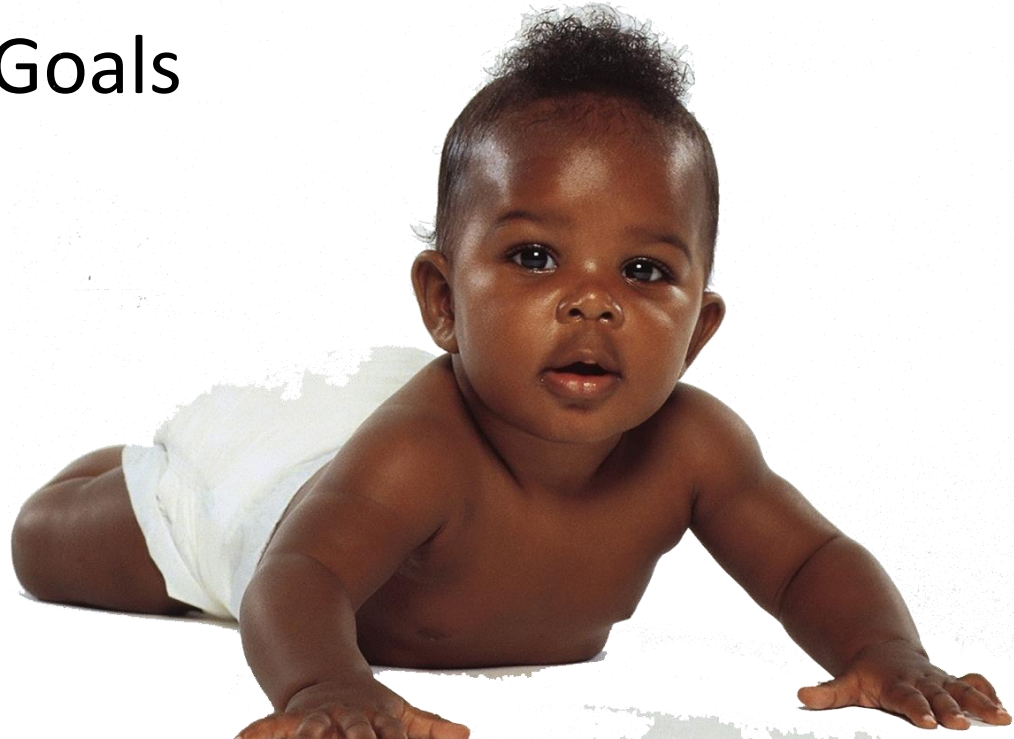
Missouri IMRs: Total, White, & Black Race, 1980-2015



Source: MO. Dept of Health & NCHS

Black to White Racial Disparity in Infant Mortality:

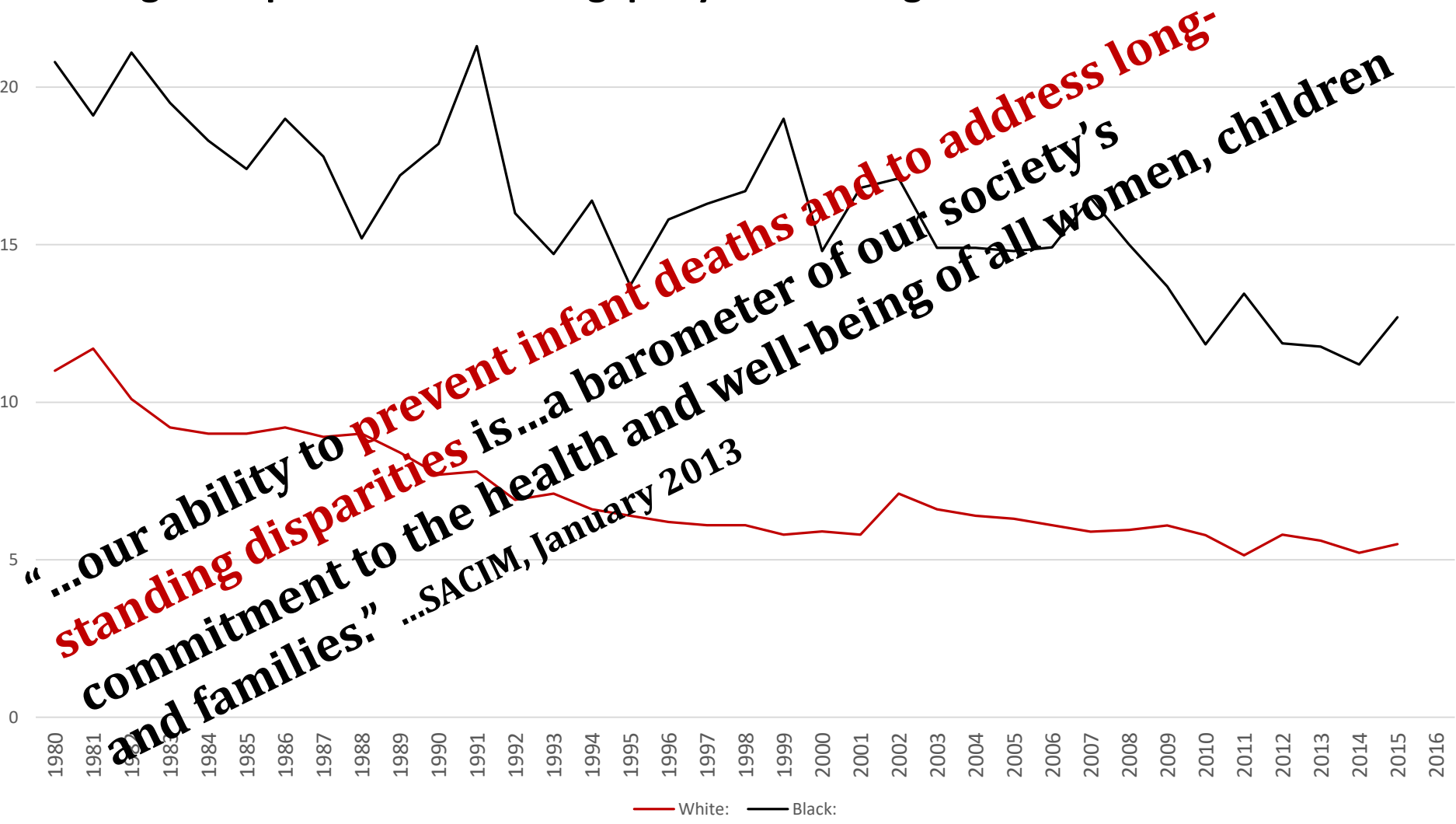
- 1. Disparity Ratio:** 2015 Black infant deaths more than **2x** that of Whites
- 2. “Survival Interval”** or difference between black and white infants
- 3. Healthy People:** Infant deaths in reference to Healthy People Goals



Missouri IMRs: White & Black Race, 1980-2015

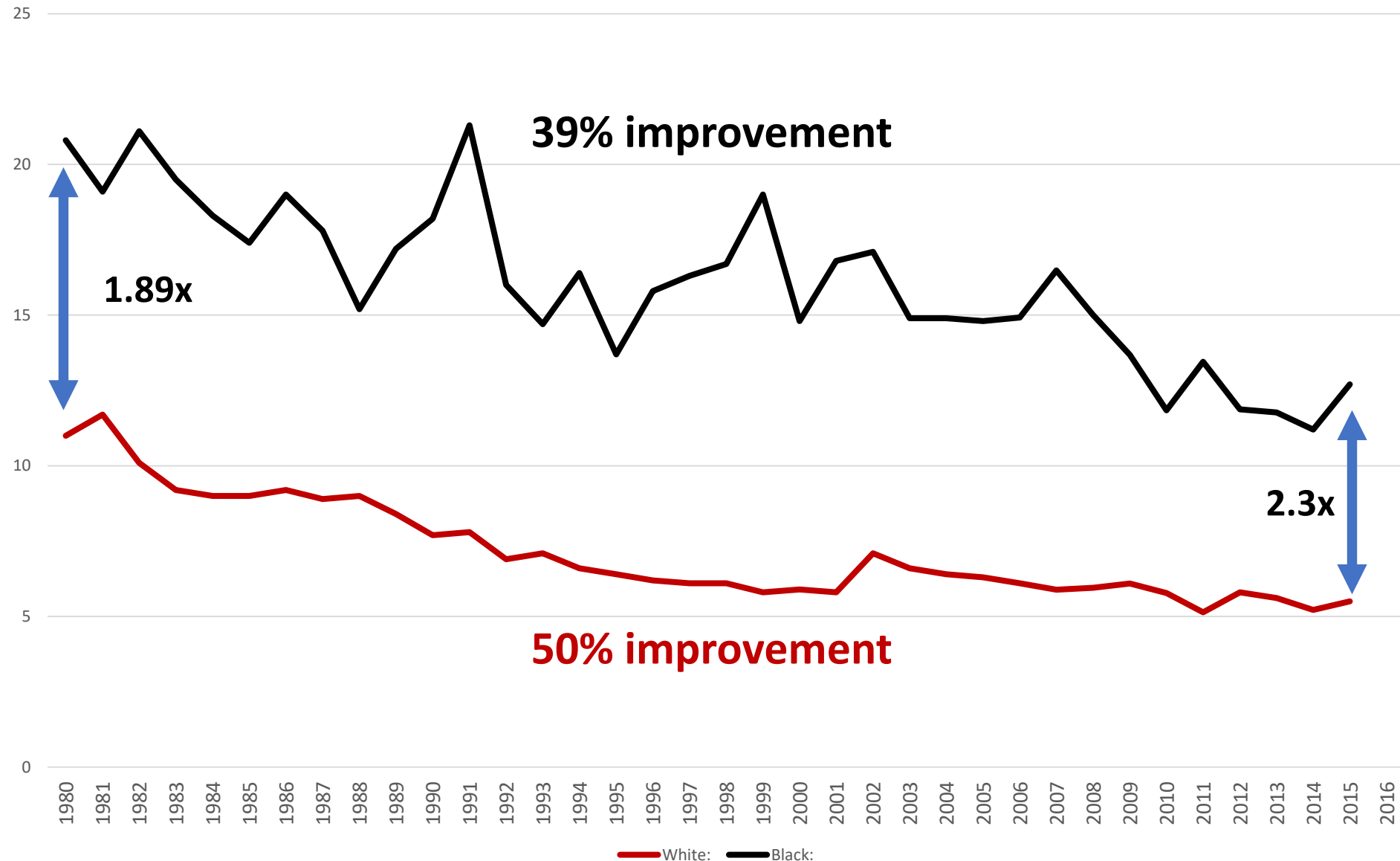
Disparity:

The long-term persistence of this gap says something about us...



Source: MO. Dept of Health & NCHS

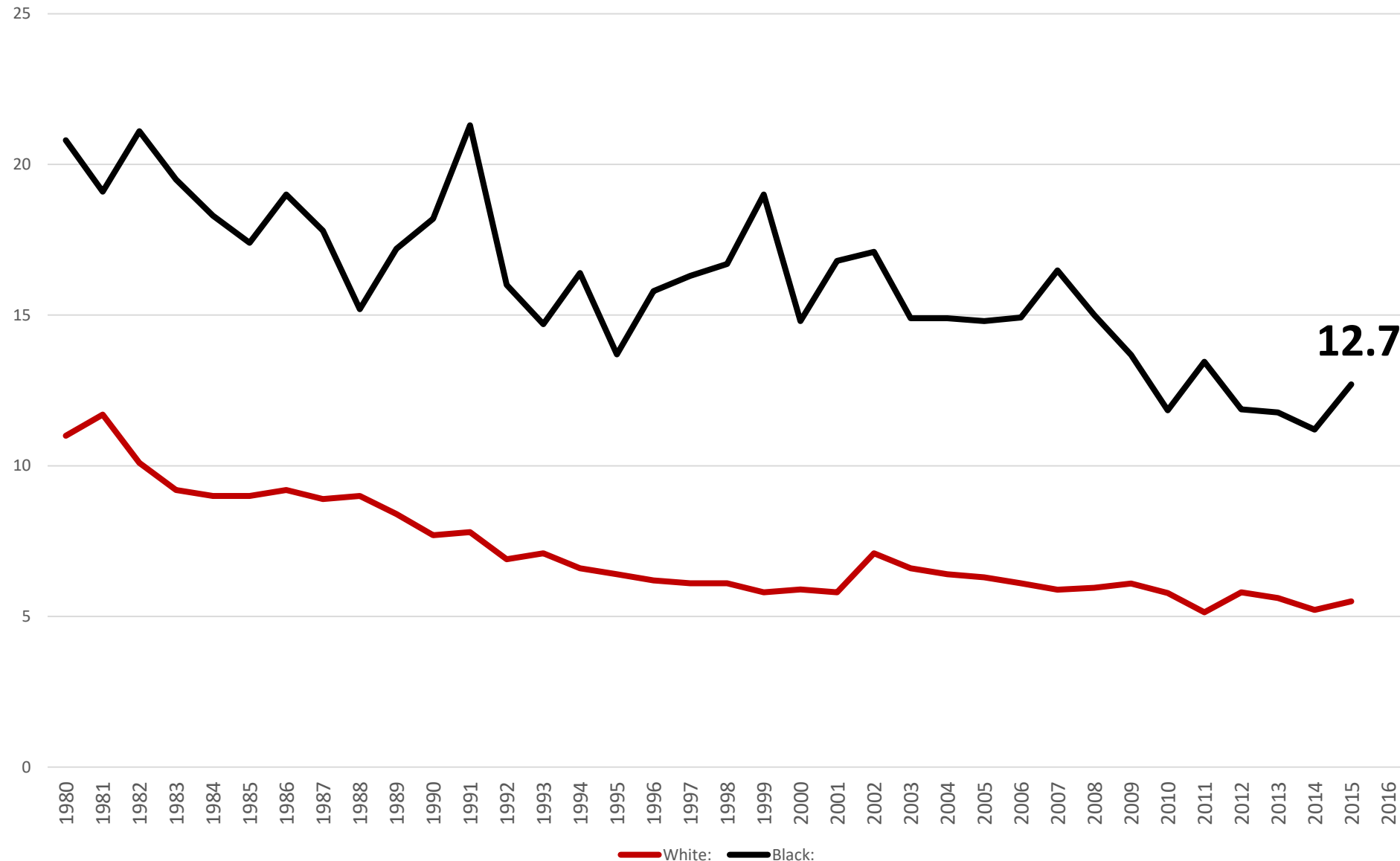
Missouri IMRs: White & Black Race, 1980-2015



Survival Interval/Gap:

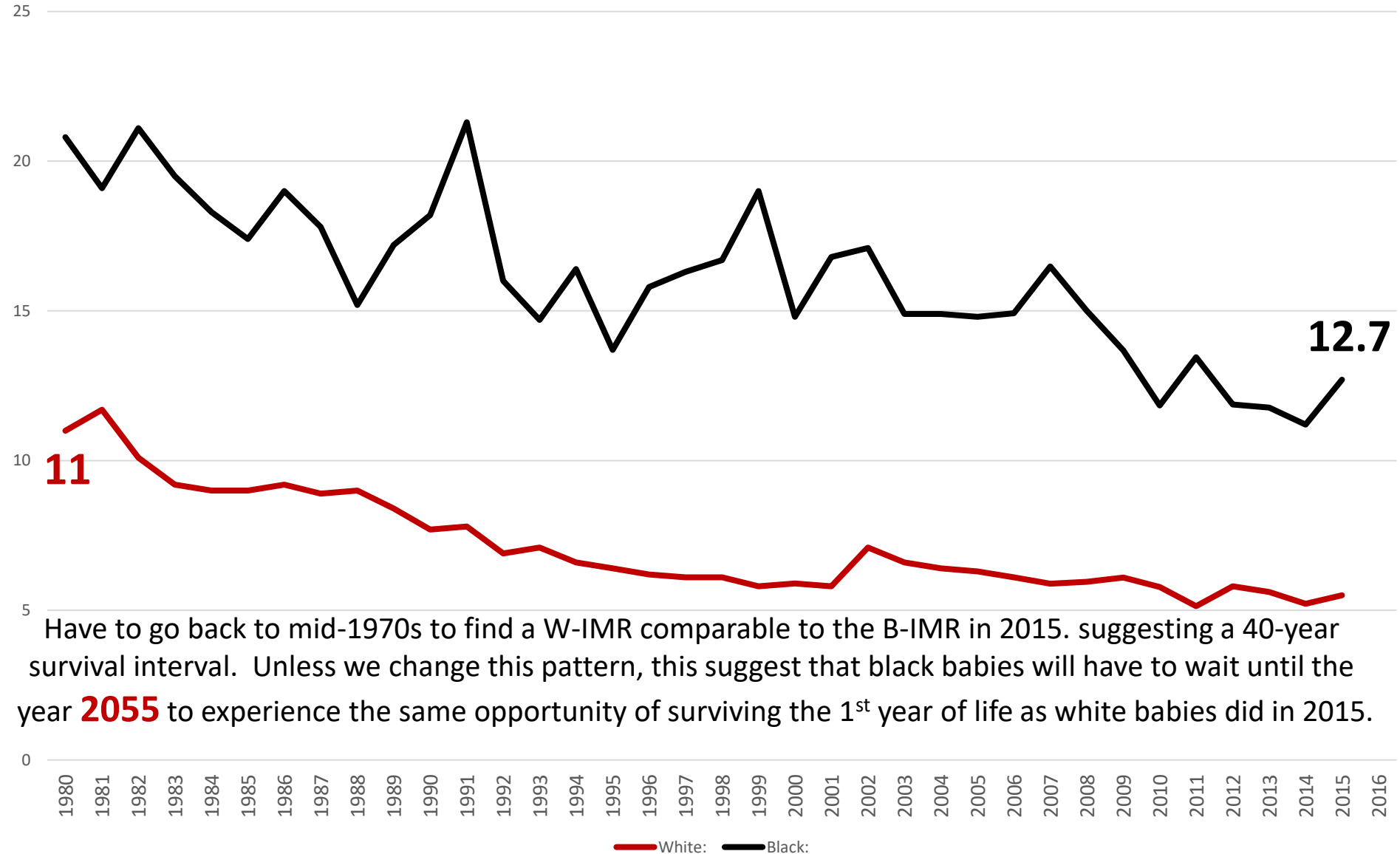
Missouri IMRs: White & Black Race, 1980-2015

“Survival Interval”



Missouri IMRs: White & Black Race, 1980-2015

“Survival Interval”



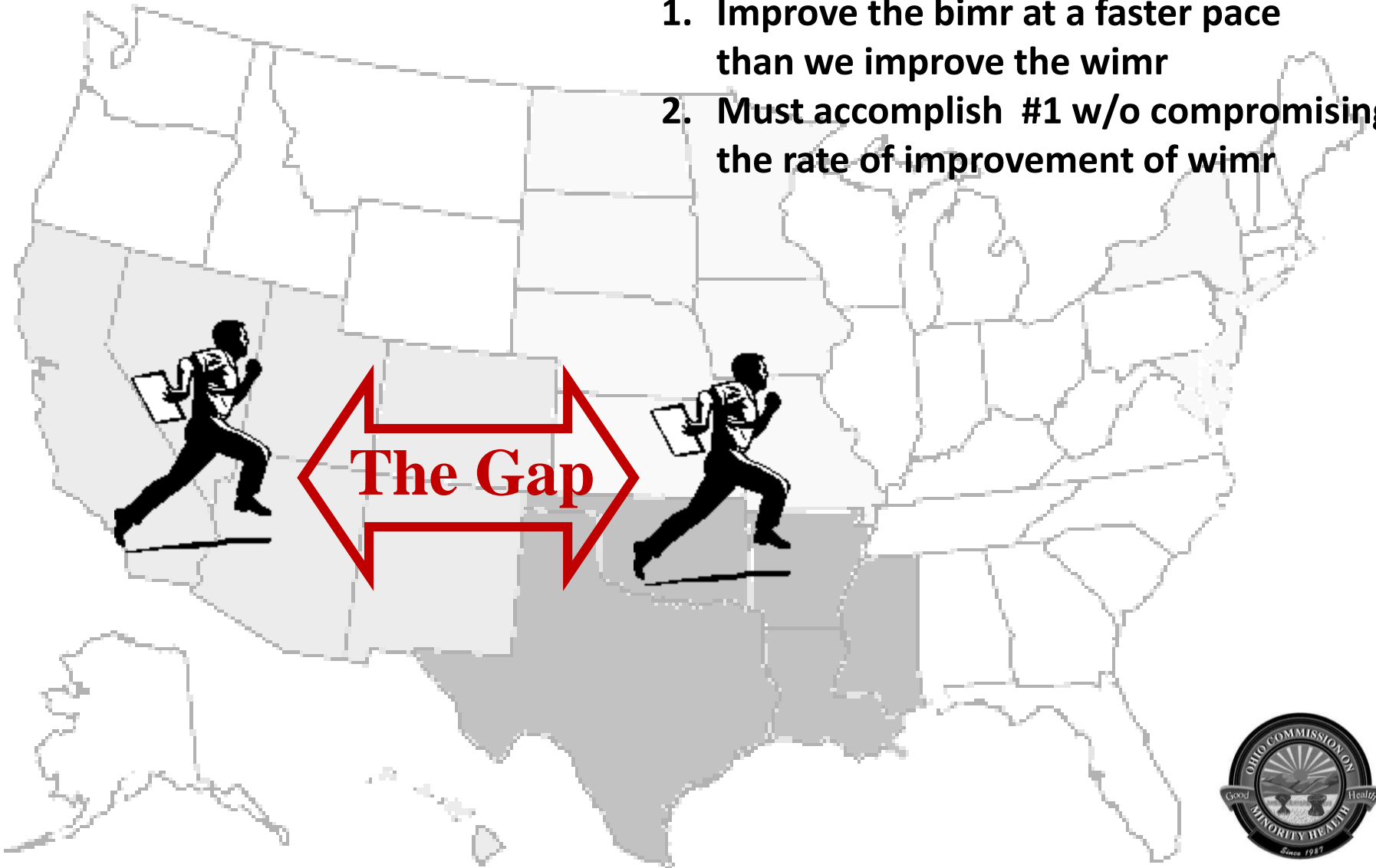
Have to go back to mid-1970s to find a W-IMR comparable to the B-IMR in 2015. suggesting a 40-year survival interval. Unless we change this pattern, this suggest that black babies will have to wait until the year **2055** to experience the same opportunity of surviving the 1st year of life as white babies did in 2015.

Source: MO. Dept of Health & NCHS

Erasing the Gap(s):

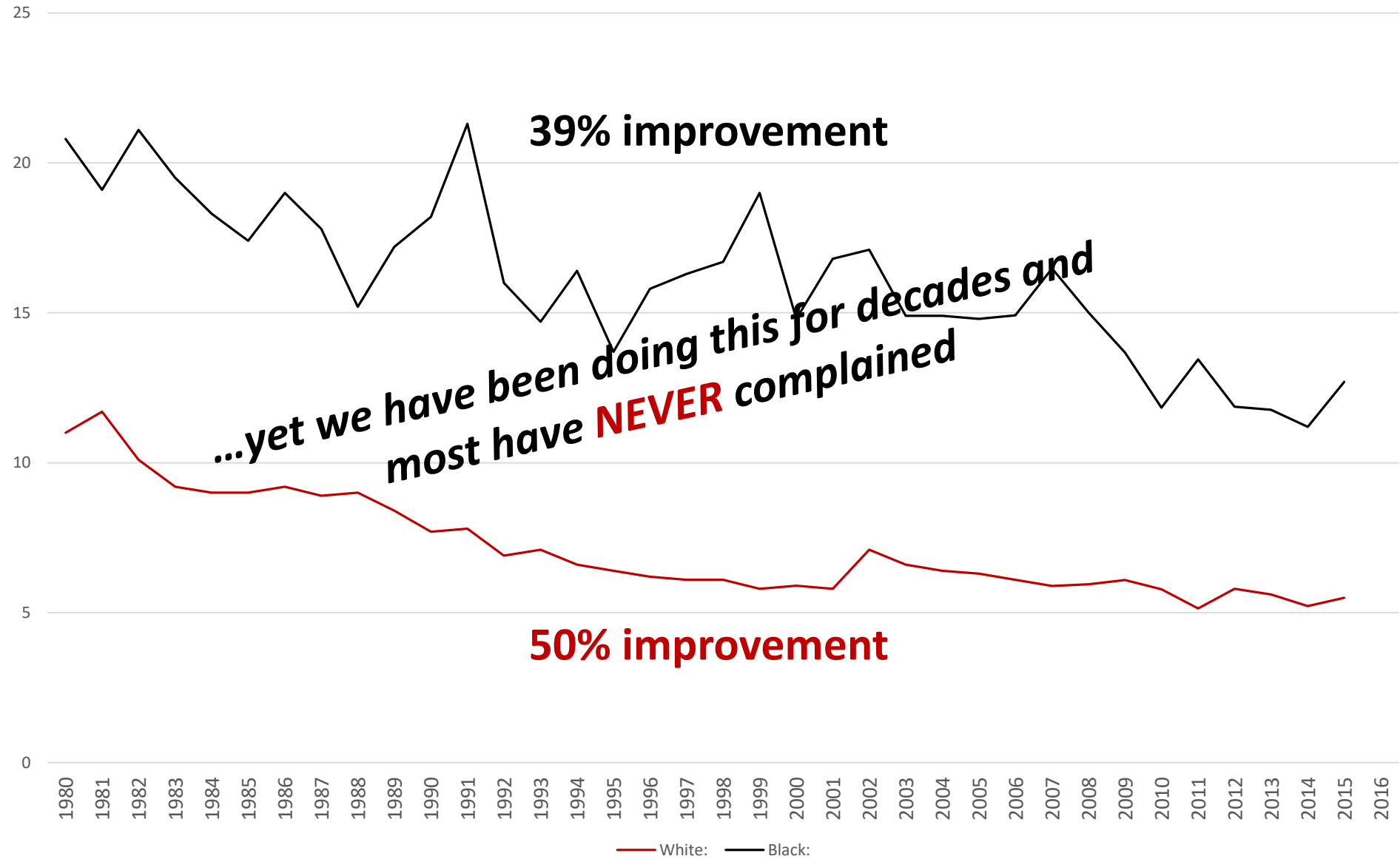
To eliminate the disparity, we need to:

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 more than for another group **BOTHERS many people...they complain that doing so would be immoral, unfair, unjust...**

Missouri IMRs: White & Black Race, 1980-2015



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

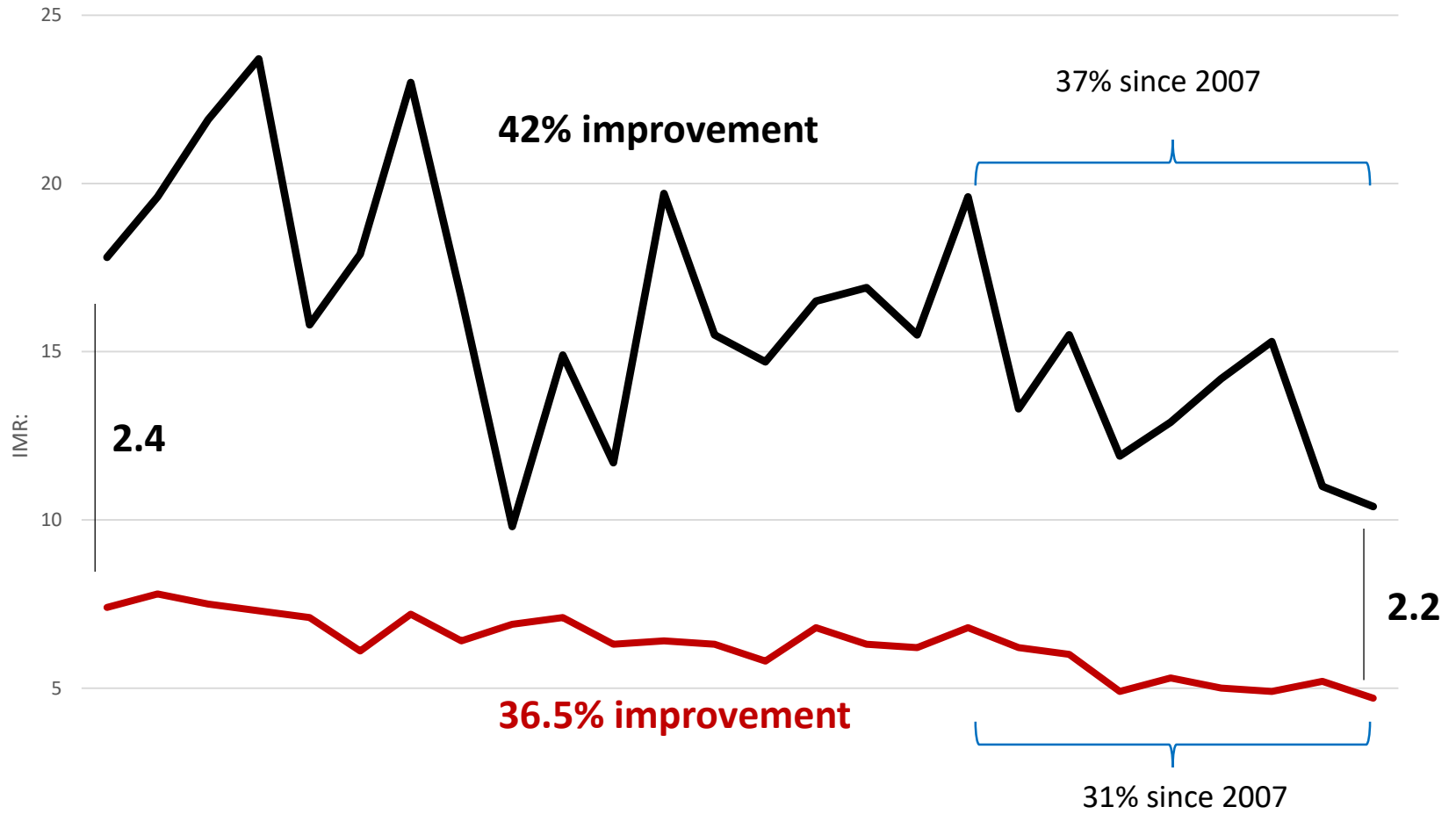
Objective: This report presents 2009 period infant mortality statistics from the linked birth/infant death data set (linked file) by maternal and infant characteristics. The linked file differs from the mortality file which is based entirely on death certificate data.

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.

Kansas White & Black Infant Mortality Rates: 1990-2015



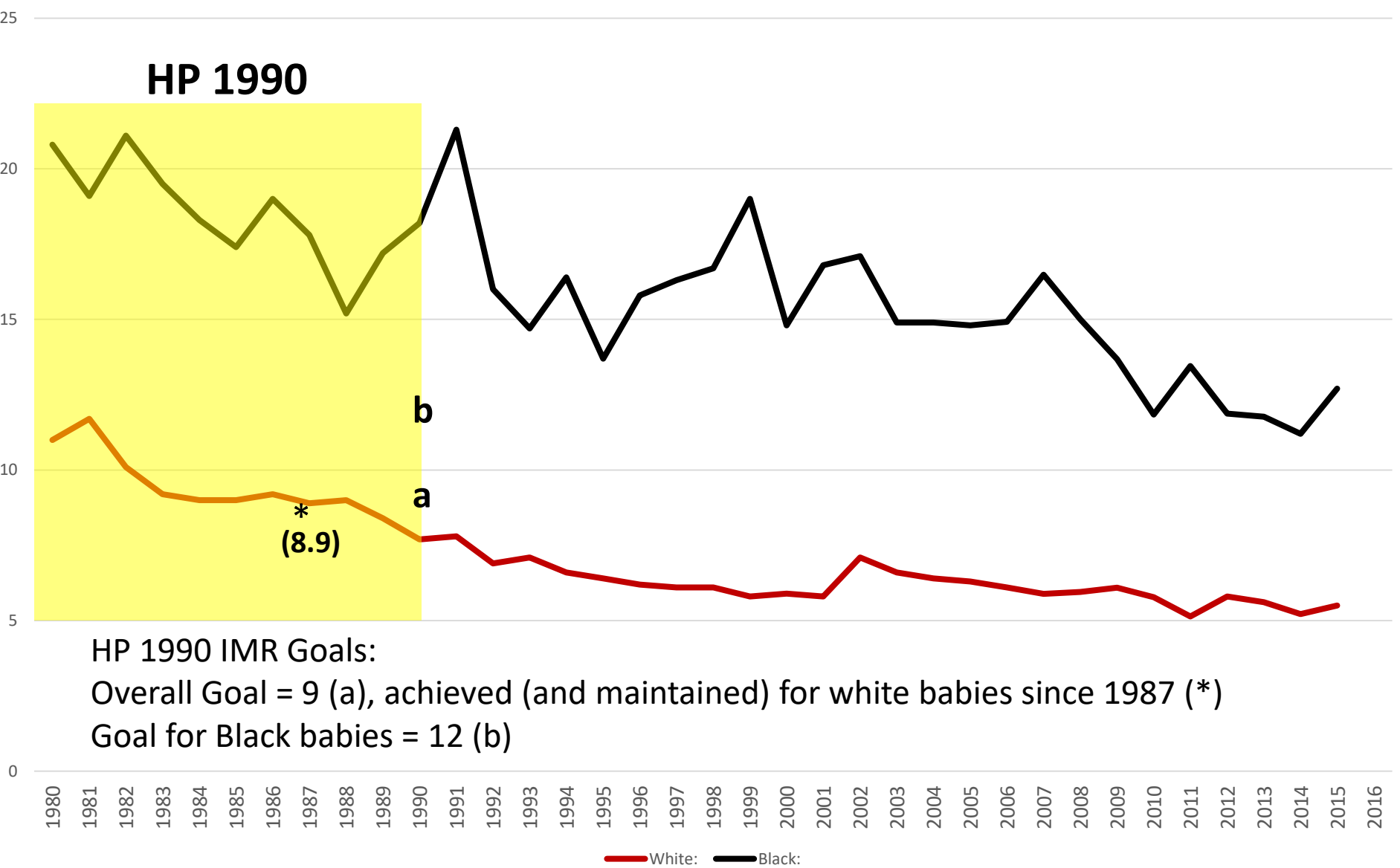
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
White:	7.4	7.8	7.5	7.3	7.1	6.1	7.2	6.4	6.9	7.1	6.3	6.4	6.3	5.8	6.8	6.3	6.2	6.8	6.2	6	4.9	5.3	5	4.9	5.2	4.7
Black:	17.8	19.6	21.9	23.7	15.8	17.9	23	16.6	9.8	14.9	11.7	19.7	15.5	14.7	16.5	16.9	15.5	19.6	13.3	15.5	11.9	12.9	14.2	15.3	11	10.4

Source: Kansas Department of Health and Environment

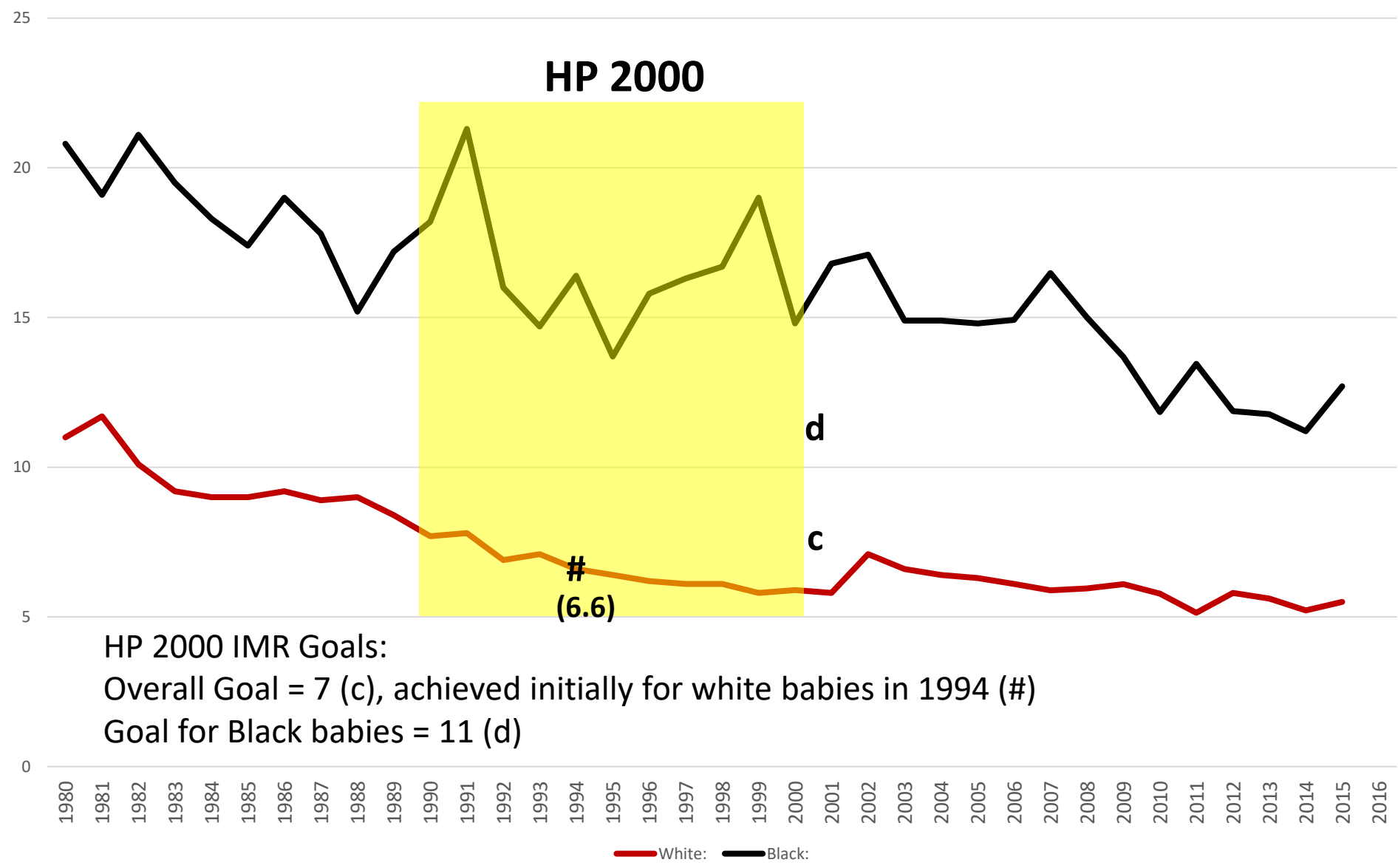
“Healthy People” history & Missouri’s IMRs:

- 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***

Missouri IMRs: White & Black Race, 1980-2015



Missouri IMRs: White & Black Race, 1980-2015



HP 2000 IMR Goals:
 Overall Goal = 7 (c), achieved initially for white babies in 1994 (#)
 Goal for Black babies = 11 (d)

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

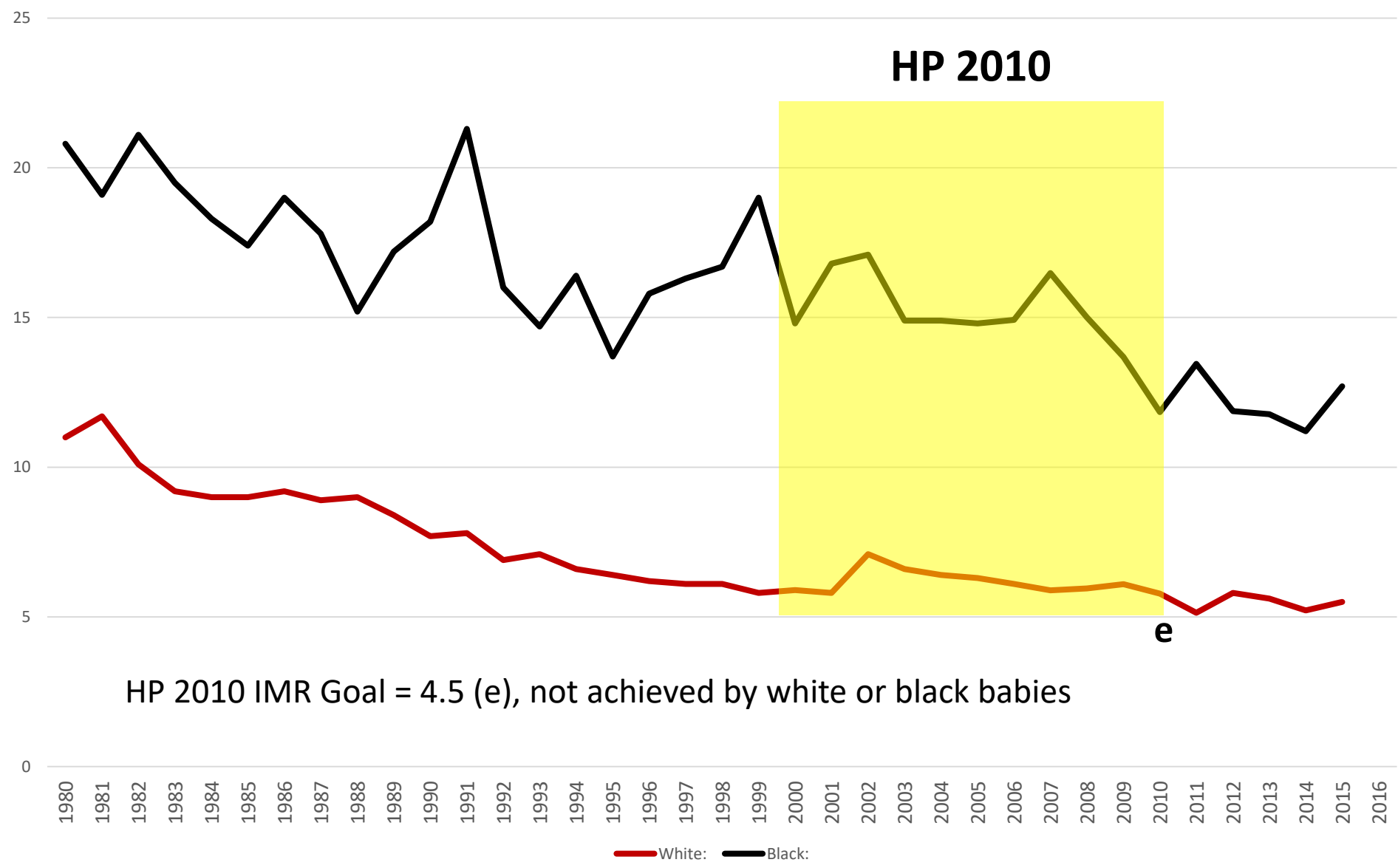
- *Infant Mortality: goal of 4.5 deaths/1,000 live births*
For the first time...one goal for all races



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

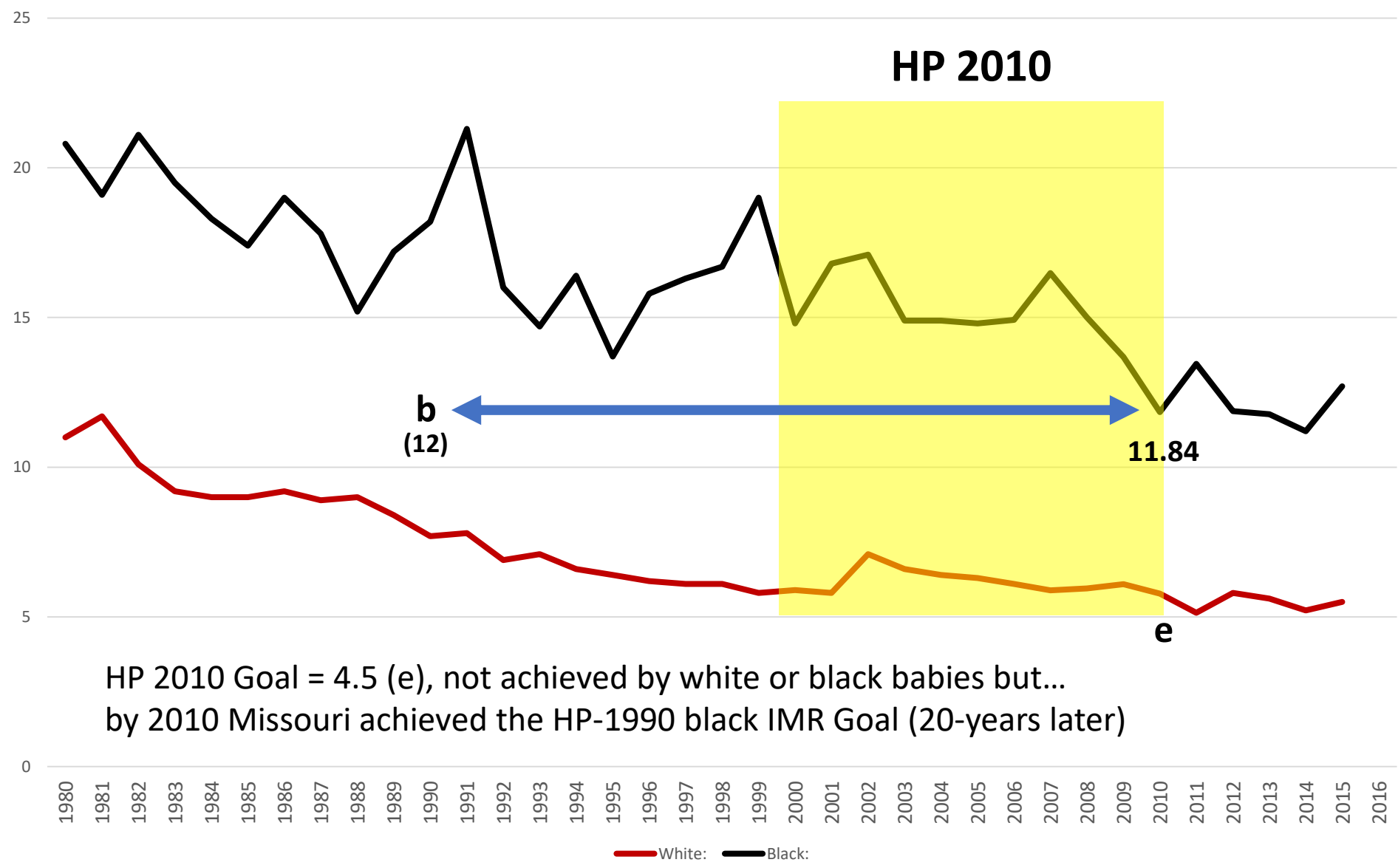


Missouri IMRs: White & Black Race, 1980-2015



HP 2010 IMR Goal = 4.5 (e), not achieved by white or black babies

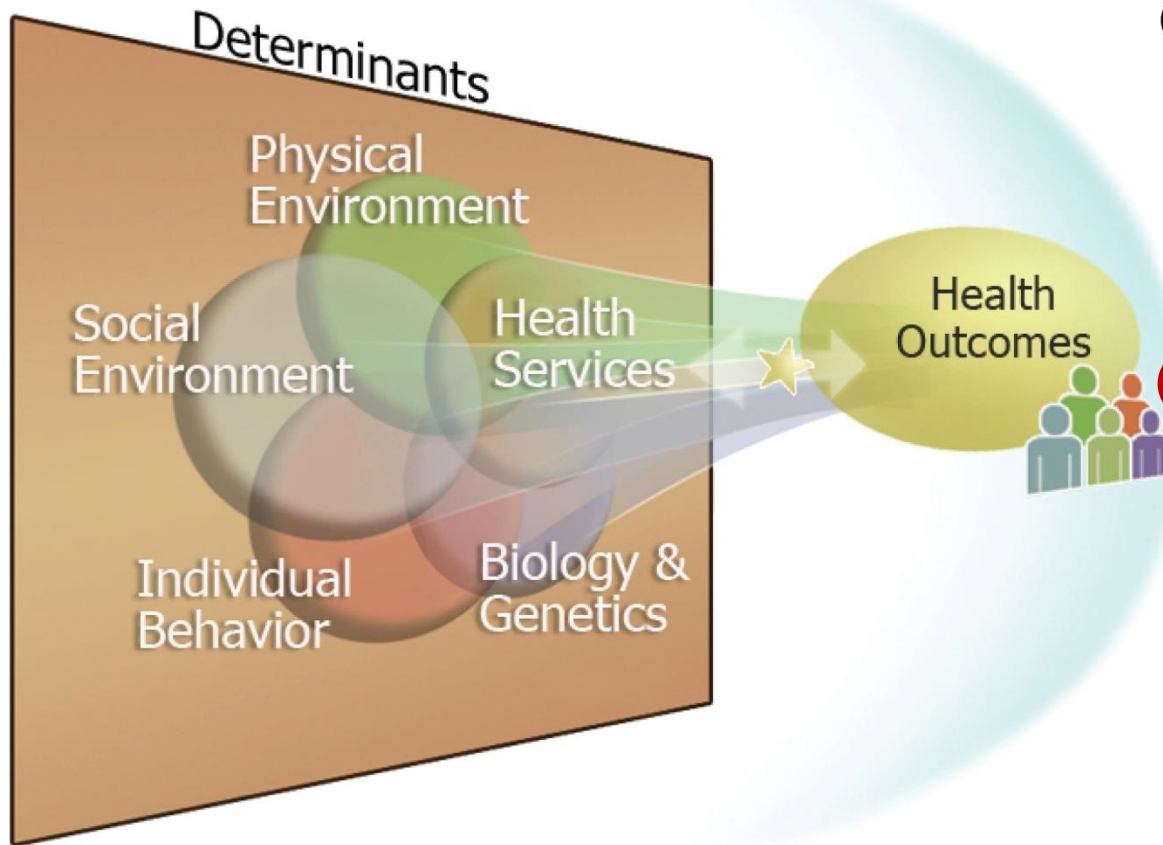
Missouri IMRs: White & Black Race, 1980-2015



HP 2010 Goal = 4.5 (e), not achieved by white or black babies but...
 by 2010 Missouri achieved the HP-1990 black IMR Goal (20-years later)

Healthy People 2020

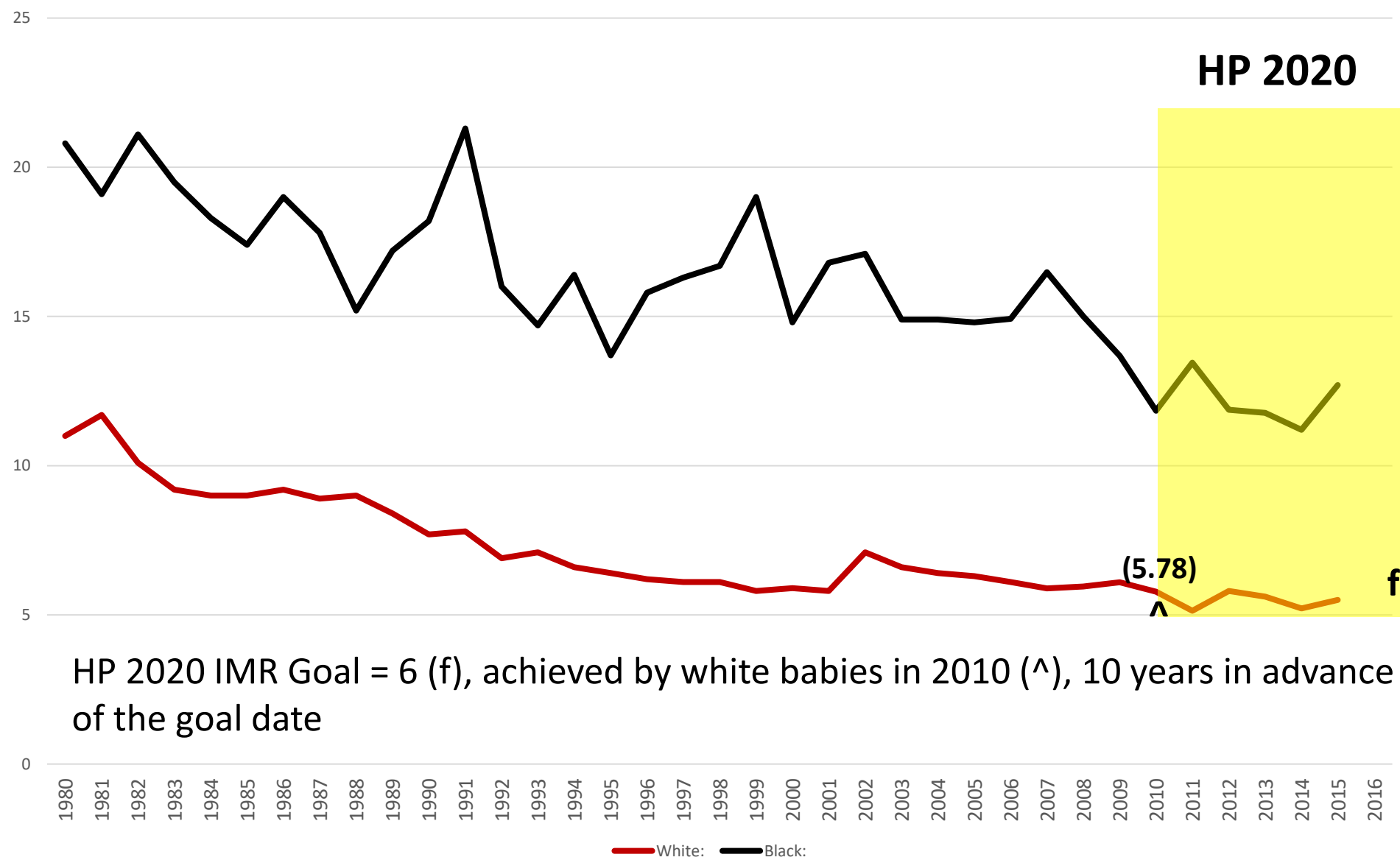
A society in which all people live long, healthy lives



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.

Missouri IMRs: White & Black Race, 1980-2015



HP 2020 IMR Goal = 6 (f), achieved by white babies in 2010 (^), 10 years in advance of the goal date

Patterns/Trends:

Missouri has a well established, racially determined pattern for achieving HP-IMR Goals. Based on 36-years of experience (1990-2015)...

- **Achieve HP-White IMR Goals in advance of the goal dates...**
- **Achieving HP-Black IMR Goals well after the goal dates ...even when the BIMR goals were much higher than the WIMR Goals (1990, 2000)**

2, 4, 6, 8,.....

5, 10, 15, 20....



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
^MO:	6.49		5.44		12.18		

***Best Rates in Green**

^MO. Rates

NCHS: 8/6/2015

HEALTHY START

For the past 27 years...

- In different neighborhoods
- Different demographics
- Different Races: Ghettoes, 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:

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

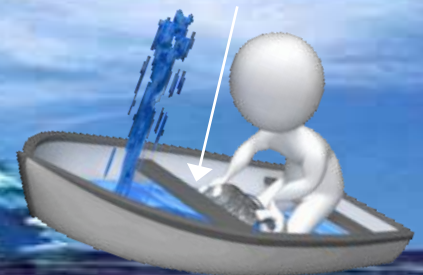
Disparities

Social Determinants of Health/Lifecourse

Disparities in Birth Outcomes:

Medical Problems:

Social Determinants of Health:



Weathering

Racism

Housing

Incarceration rates

Fatherless households

Neighborhoods

Unemployment

Hopelessness

Poverty

No Insurance

Policies

Stress

Limited Access to Care

Smoking

“Medical baggage”

Language

“Othering”

Substance Use

Under-Education

Lower graduation rates

Family Support

Poor Working Conditions

Teen Births

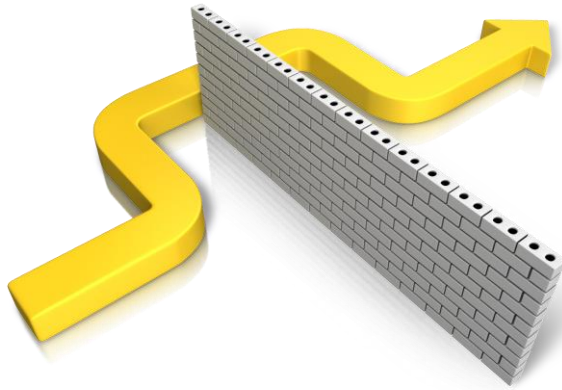
Nutrition

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.”



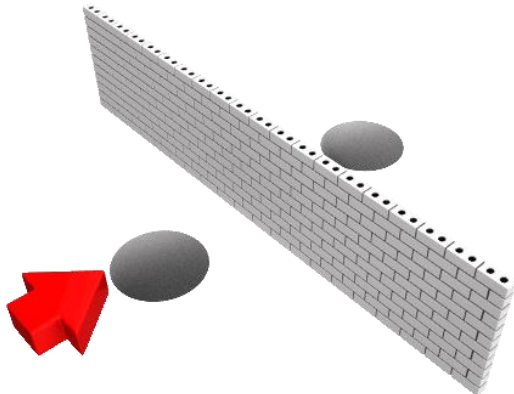
Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...



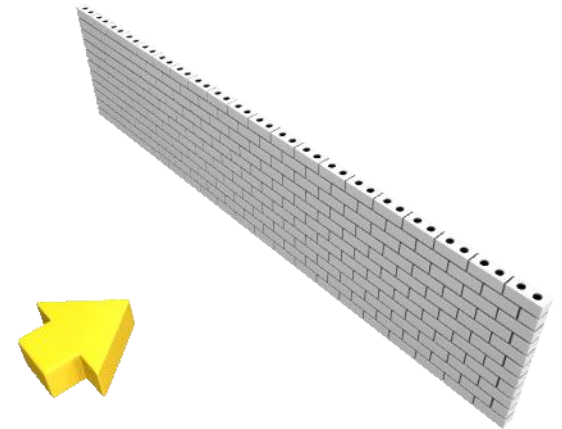
Most of these programs help



In some cases, they make a huge difference

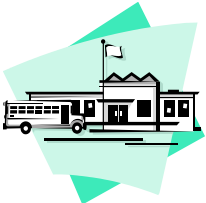


BUT...most programs represent temporary solutions. Once pregnancy ends, we return families to the same circumstances that required help in the first place...and the cycle repeats itself pregnancy after pregnancy AND generation after generation.



YMP Component & BIMA Element: DEVELOP & IMPLEMENT STRATEGIES

Education



Health & Food



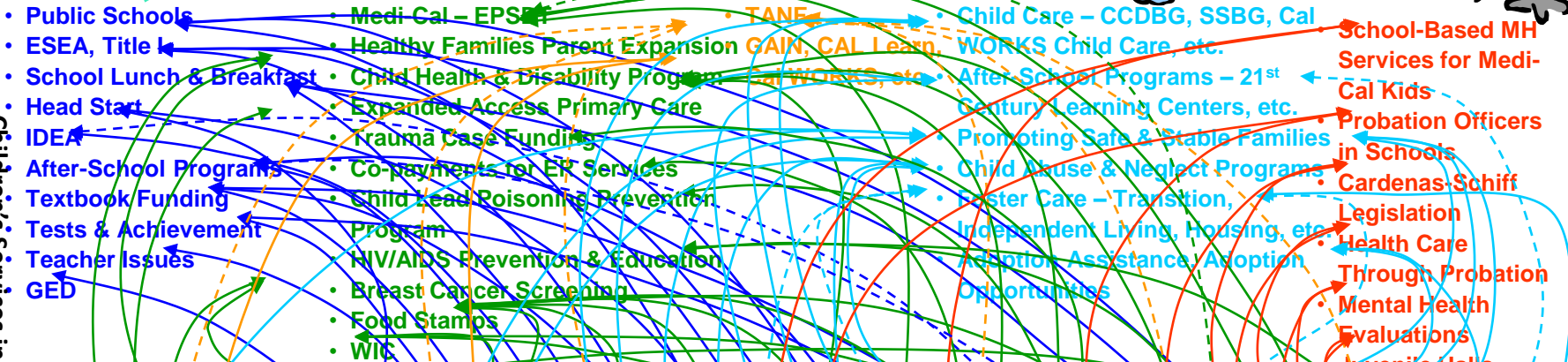
Social Services



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



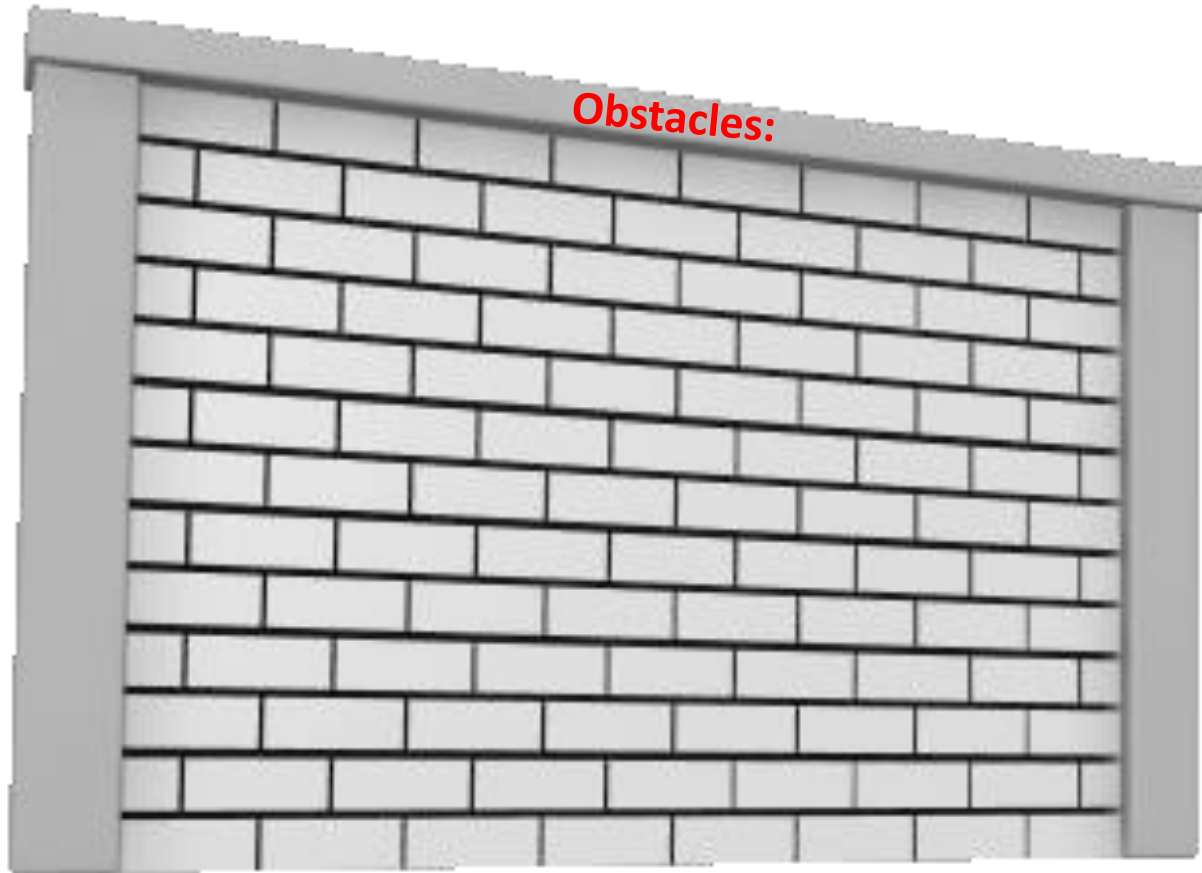
Boyfriend in trouble

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”



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

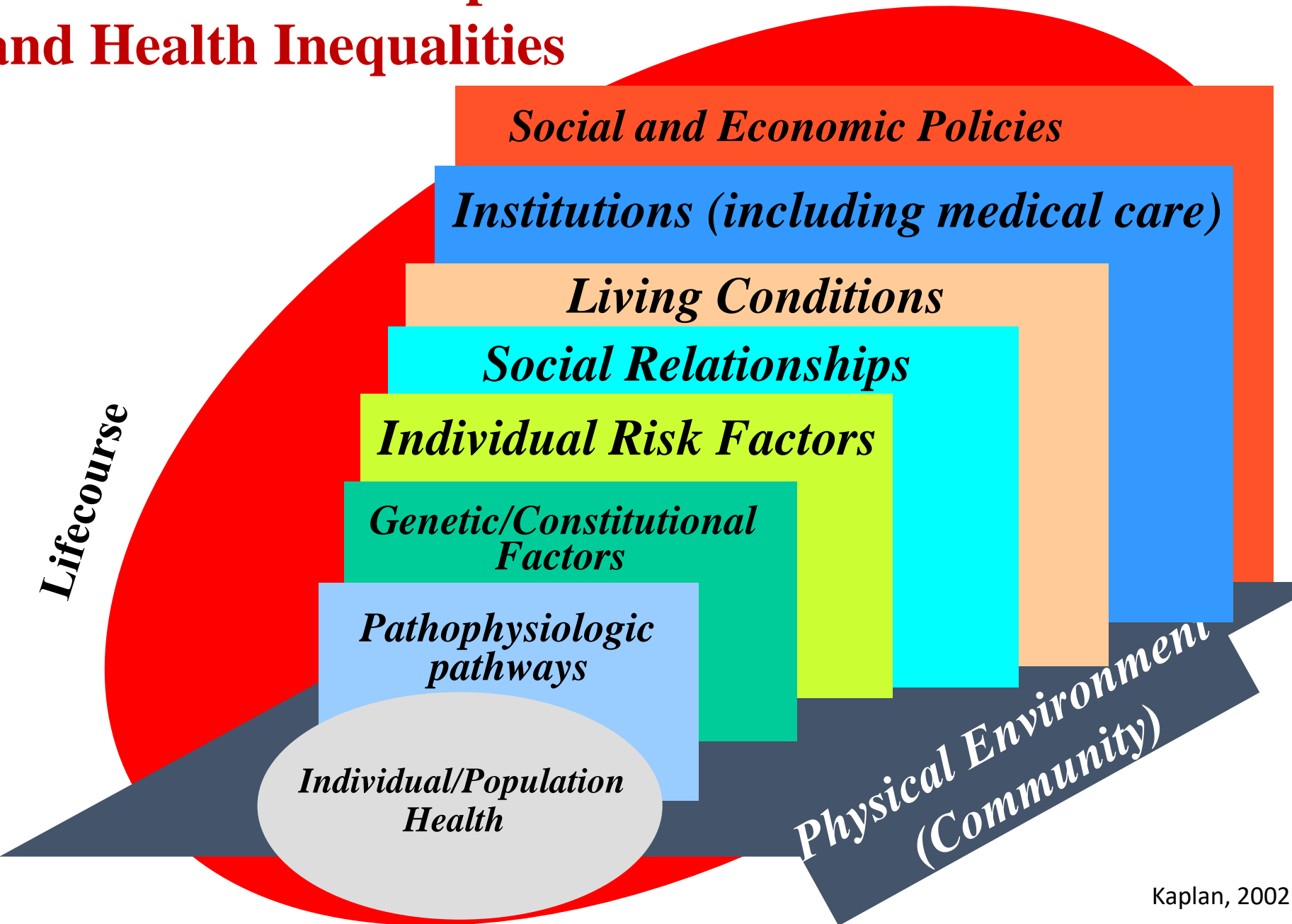




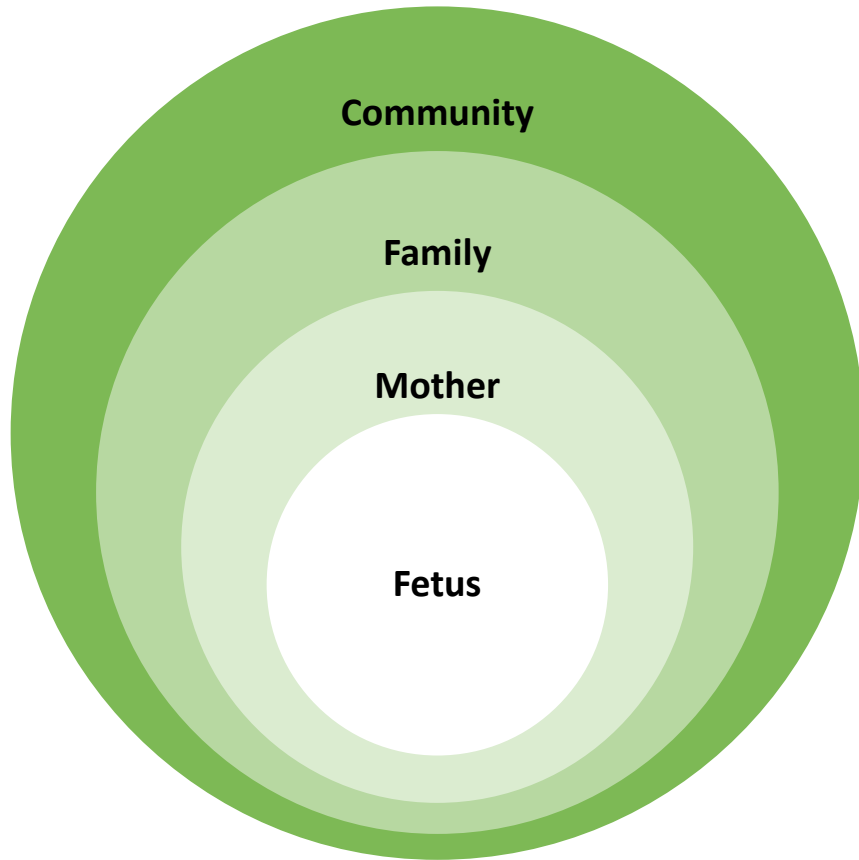
“...a moral obligation, a matter of social justice.”

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.

Poverty and “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-



STRUCTURAL Determinants
(policies/systems/"isms")



CONDITIONS (Social Determinants)

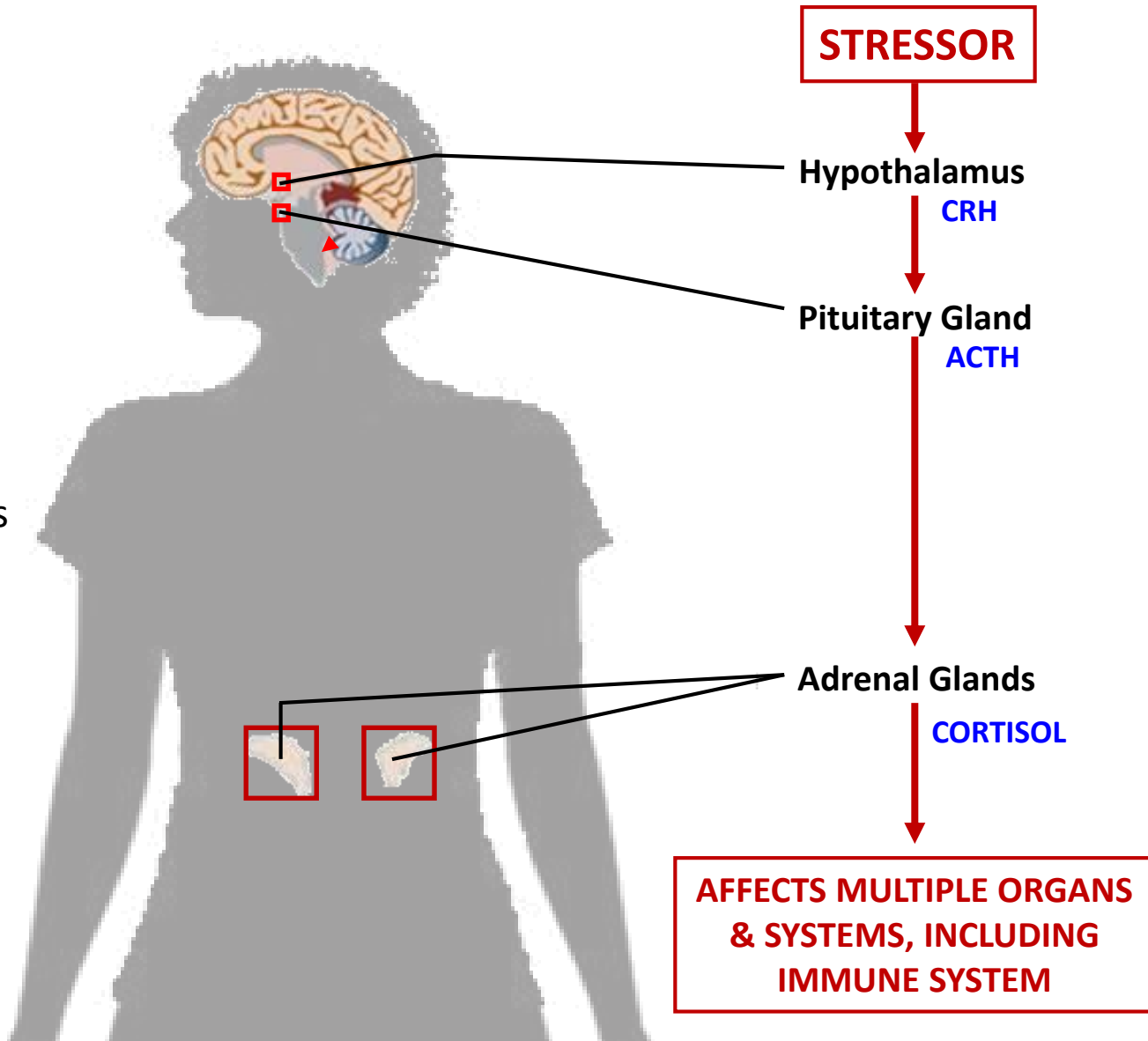


CONSEQUENCES ("marginalization", increased risk for
compromised outcomes)



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.

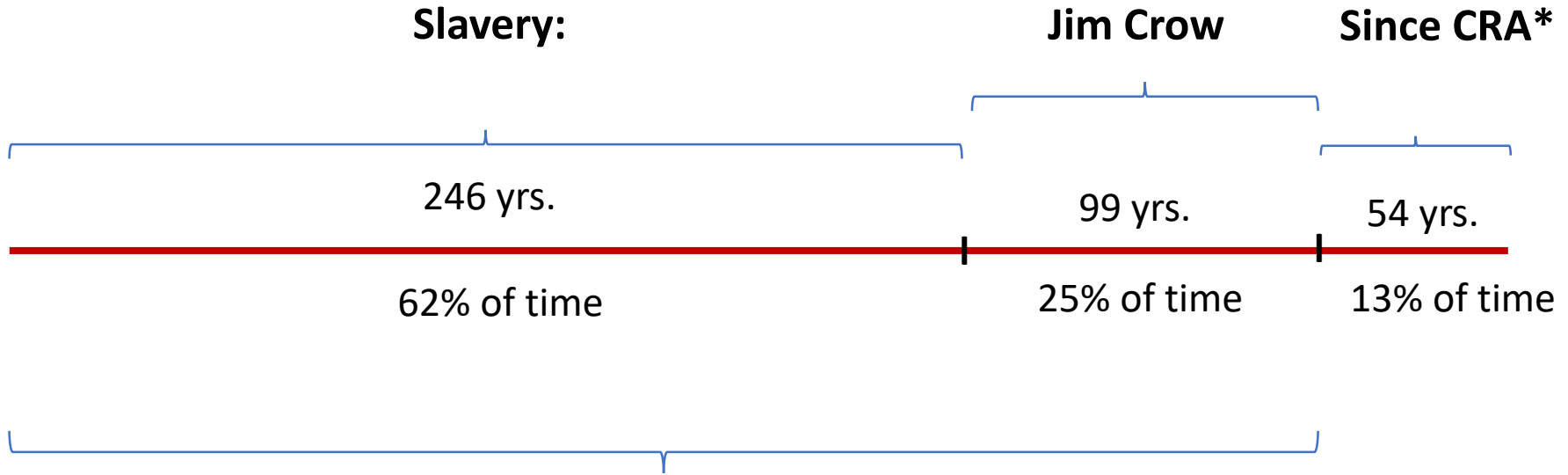


African American Citizenship Status: 1619-2018

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

*CRA: Civil Rights Act

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”

Civil War Amendments

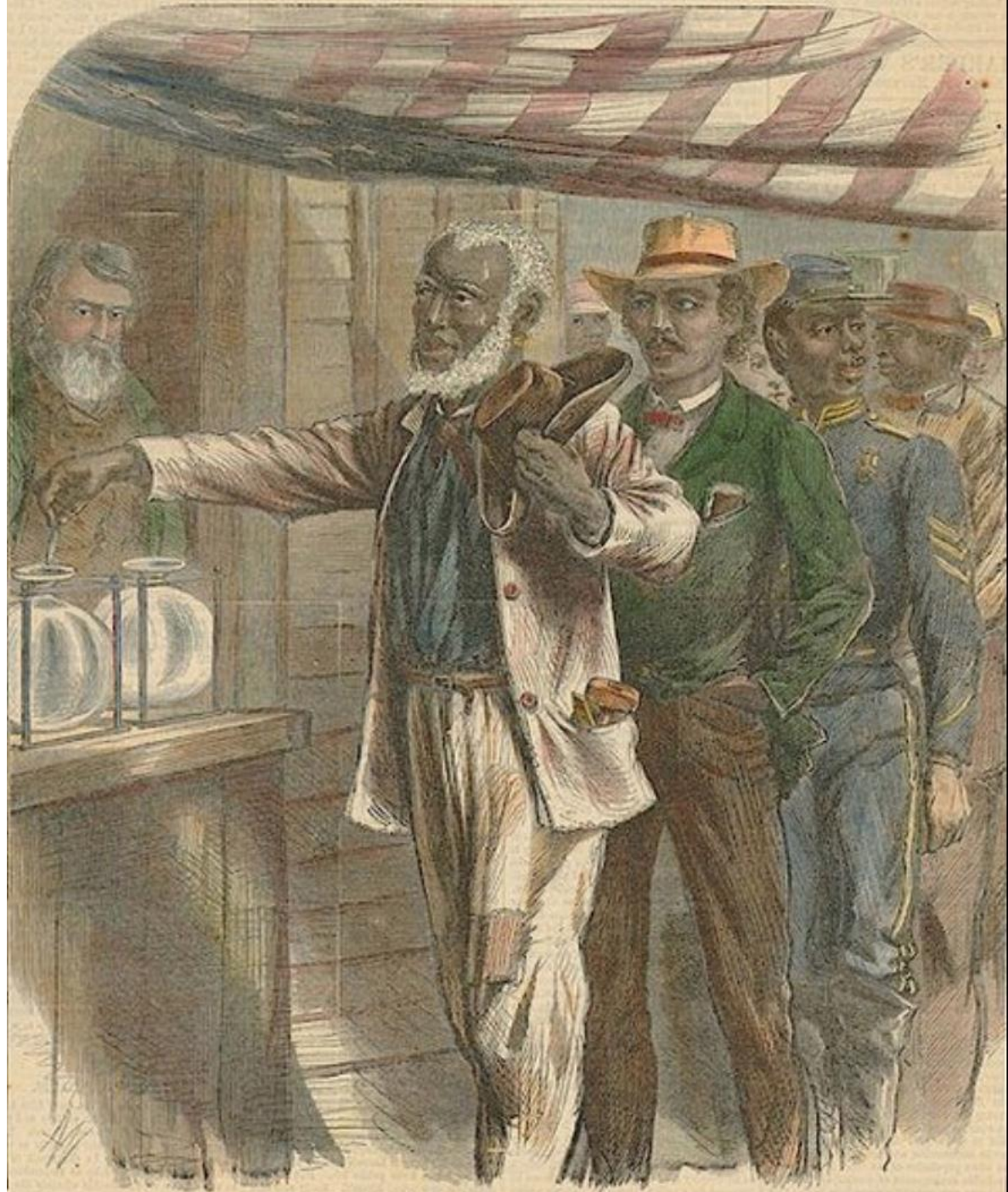
- 13th Amendment
 - Abolishes slavery
- 14th Amendment
 - Makes former slaves citizens of the U.S.
 - All people born in the U.S. (except Indians or visitors) are citizens
- 15th Amendment
 - Gives all men the right to vote, regardless of "race, color, or previous condition of servitude"

Reconstruction Era: 1865-1877

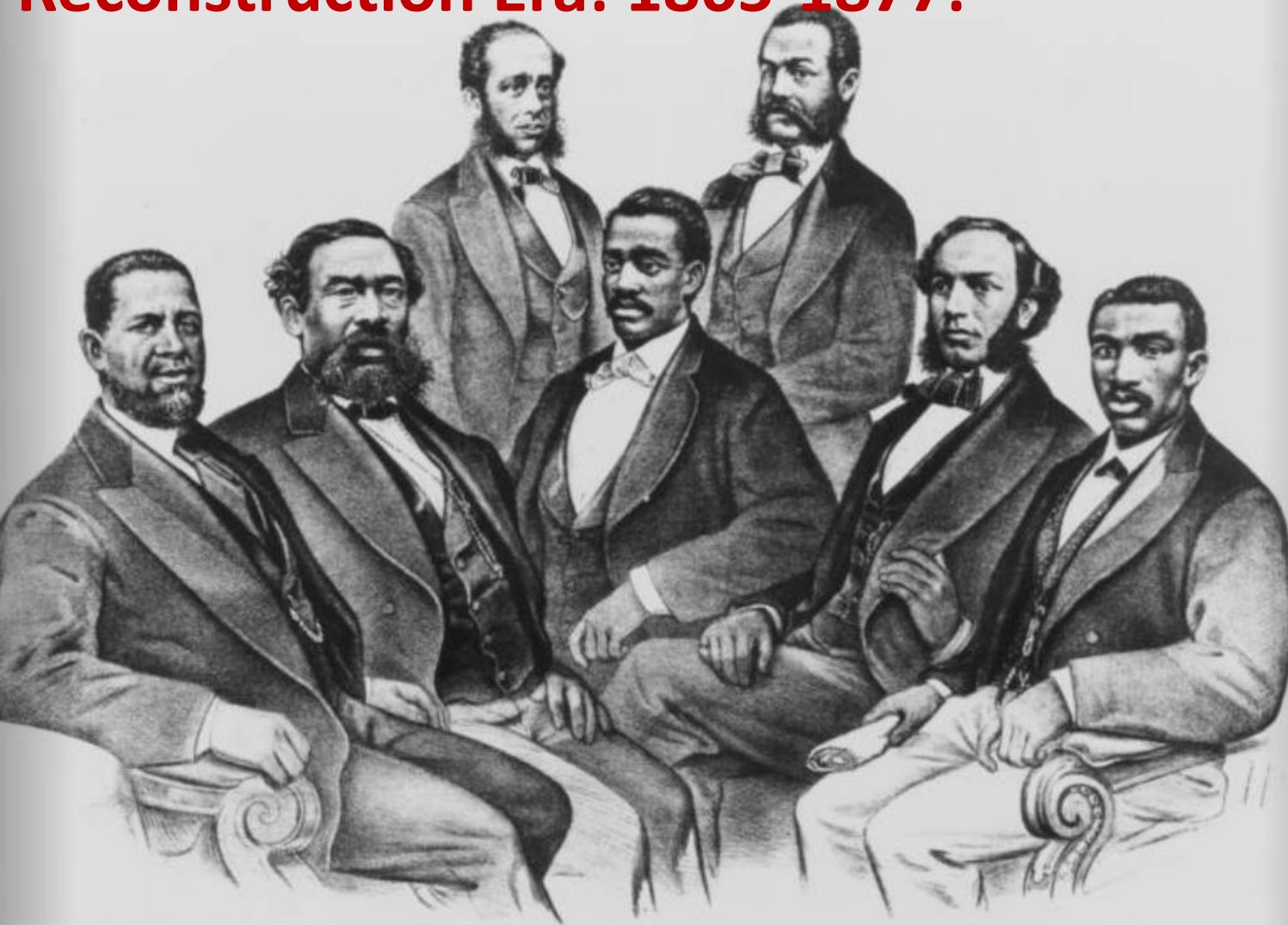
African Americans vote
for the first time.

(1867 on the cover of
Harper's Weekly)

Engraving by Alfred R. Waud



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:

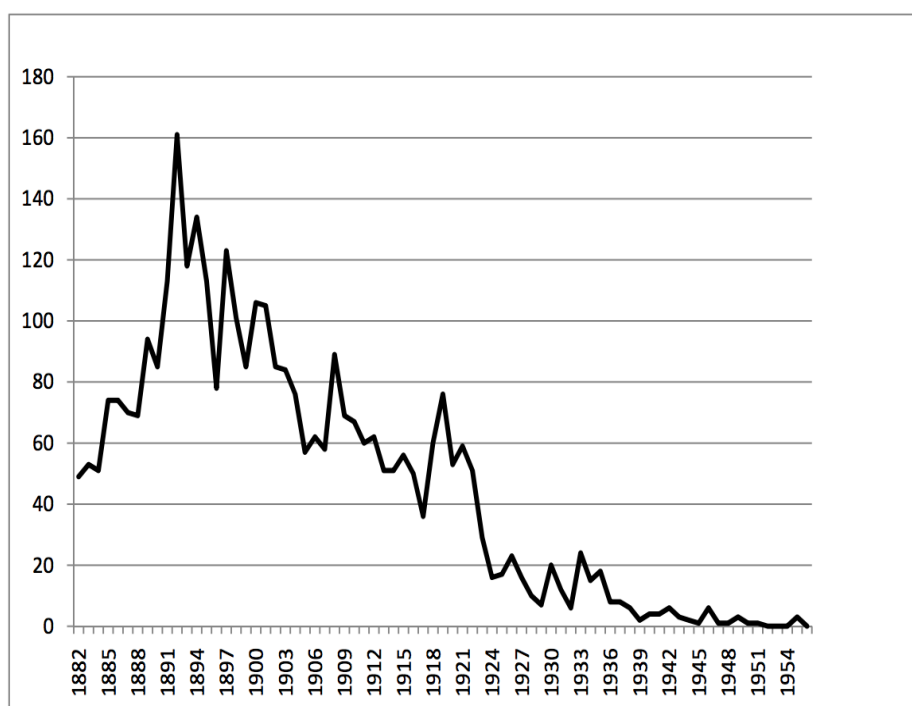


Despite federal intervention, **white supremacist organizations like the Ku Klux Klan and The White League terrorized African-Americans in the South.**

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.



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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.**



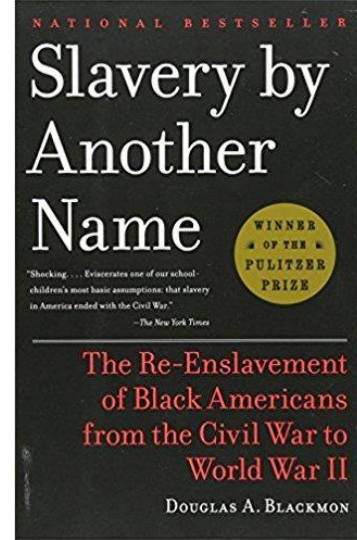
Jim Crow Era: 1865-1960s

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.

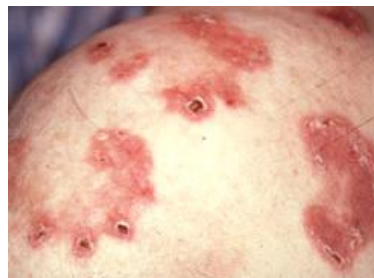
1870s – 1960s: Jim Crow laws

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.

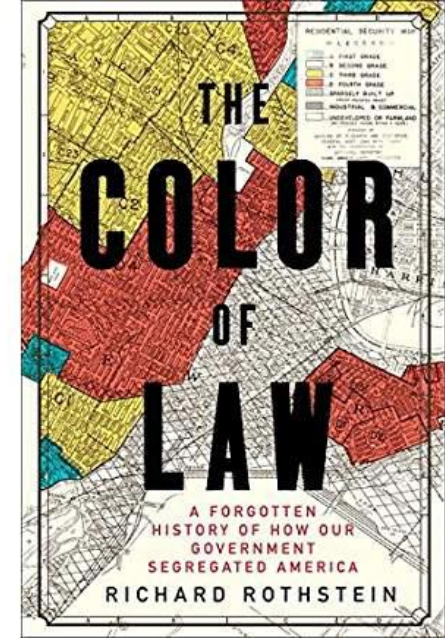
1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment

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

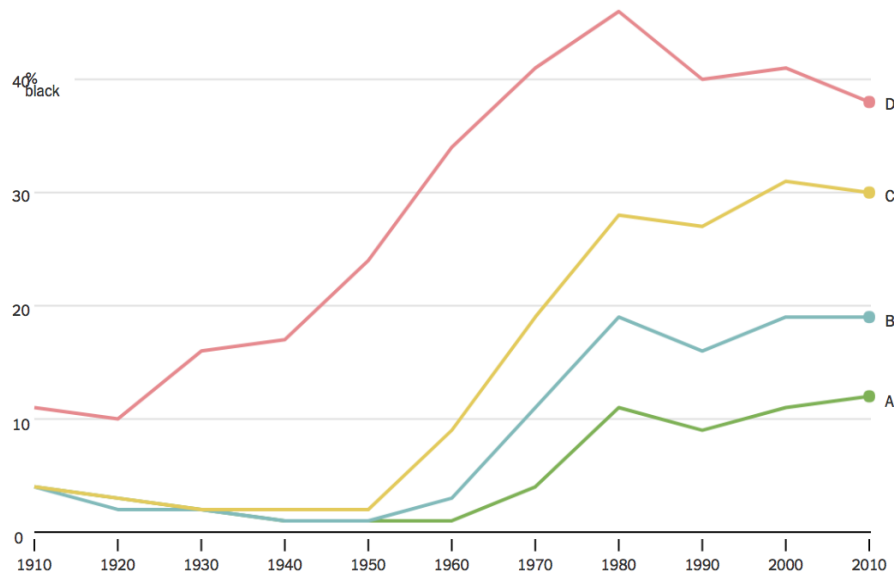
According to Richard Rothstein: **“Today’s residential segregation is not the unintended consequence of individual choices and of otherwise well-meaning law or regulation but of unhidden public policy that explicitly segregated every metropolitan area in the United States. The policy was so systemic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

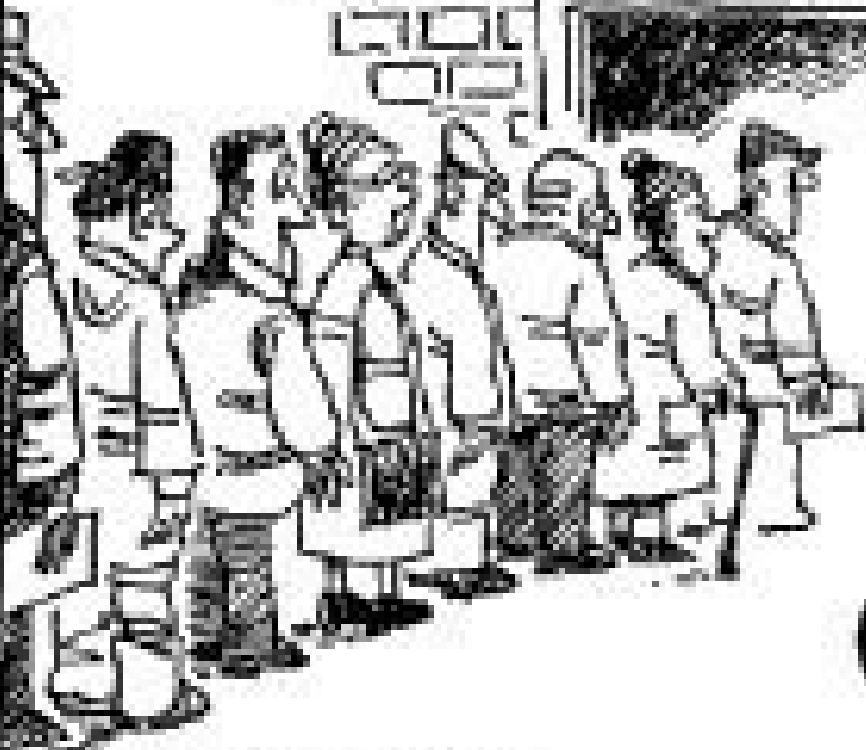
Sources: <https://www.history.com/topics/black-history/voting-rights-act>

<https://classroom.synonym.com/voting-rights-act-1965-7320747.html>

POLLING
PLACE

DID YOU
HAVE TO
WAIT LONG?

ONLY A FEW
HUNDRED
YEARS

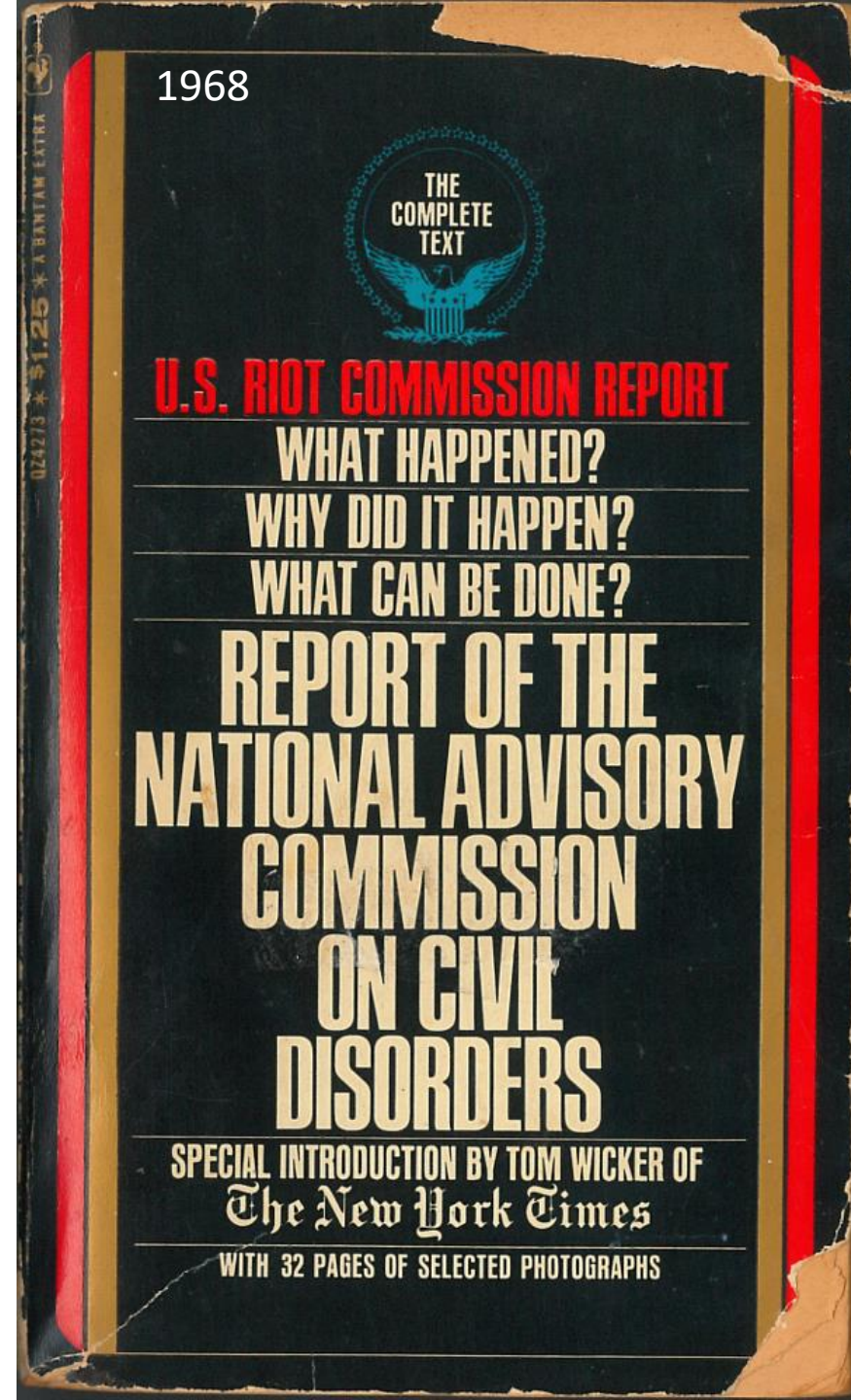


Post Civil Rights Act: 1964 -- present

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:

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

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

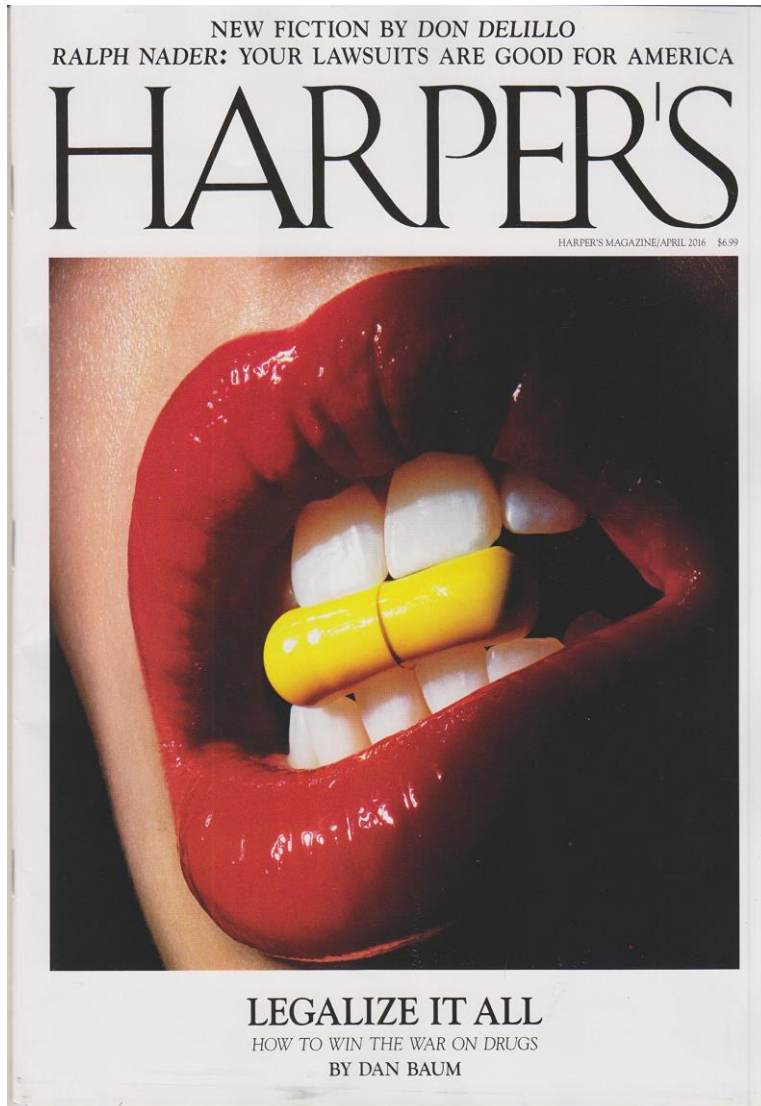
1968: Kerner Commission Report:

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.

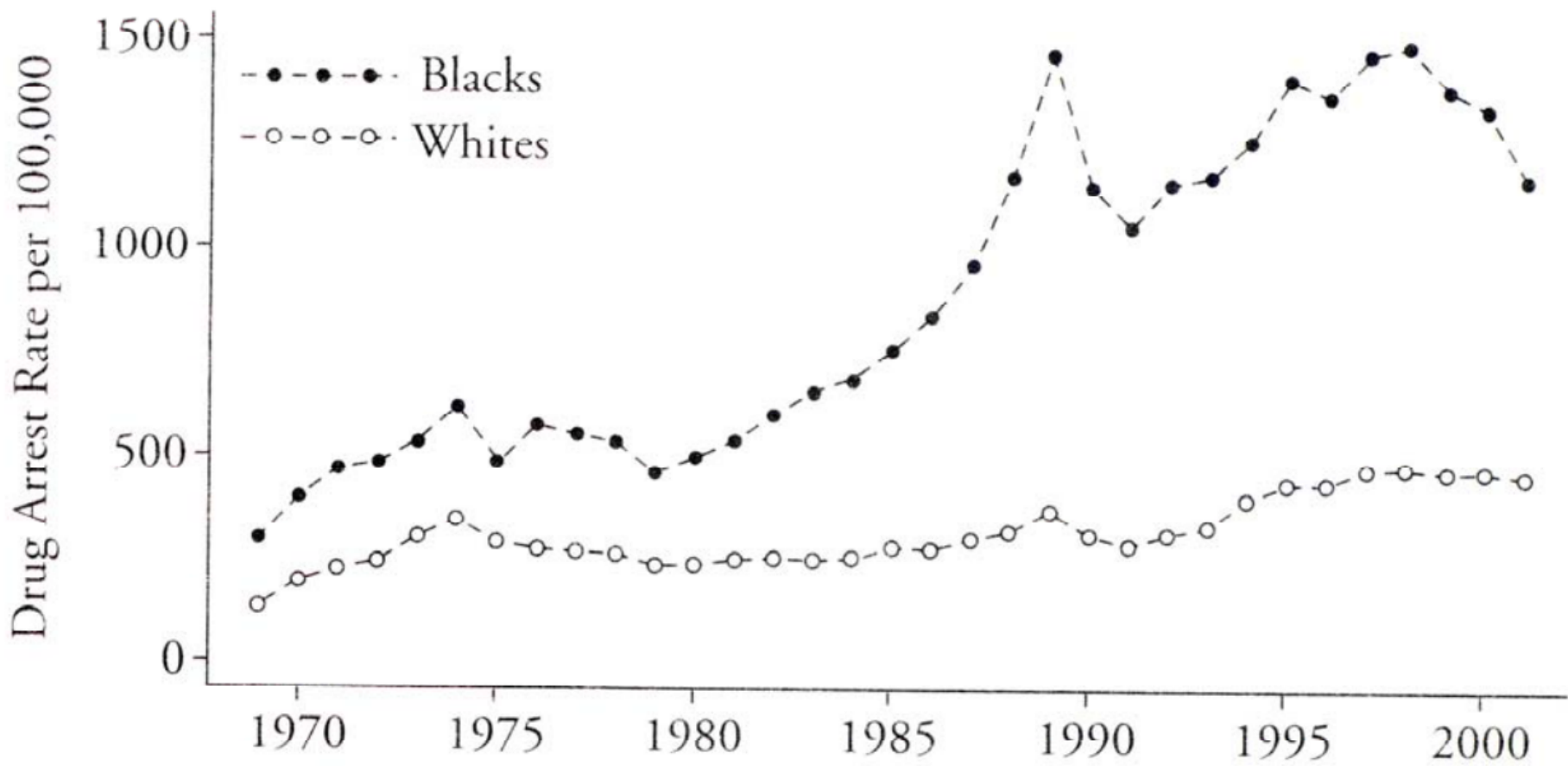
But compared to whites, Latinos experience a 2x increased risk of arrest for drug use, and Blacks a 4x increased risk.

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...”

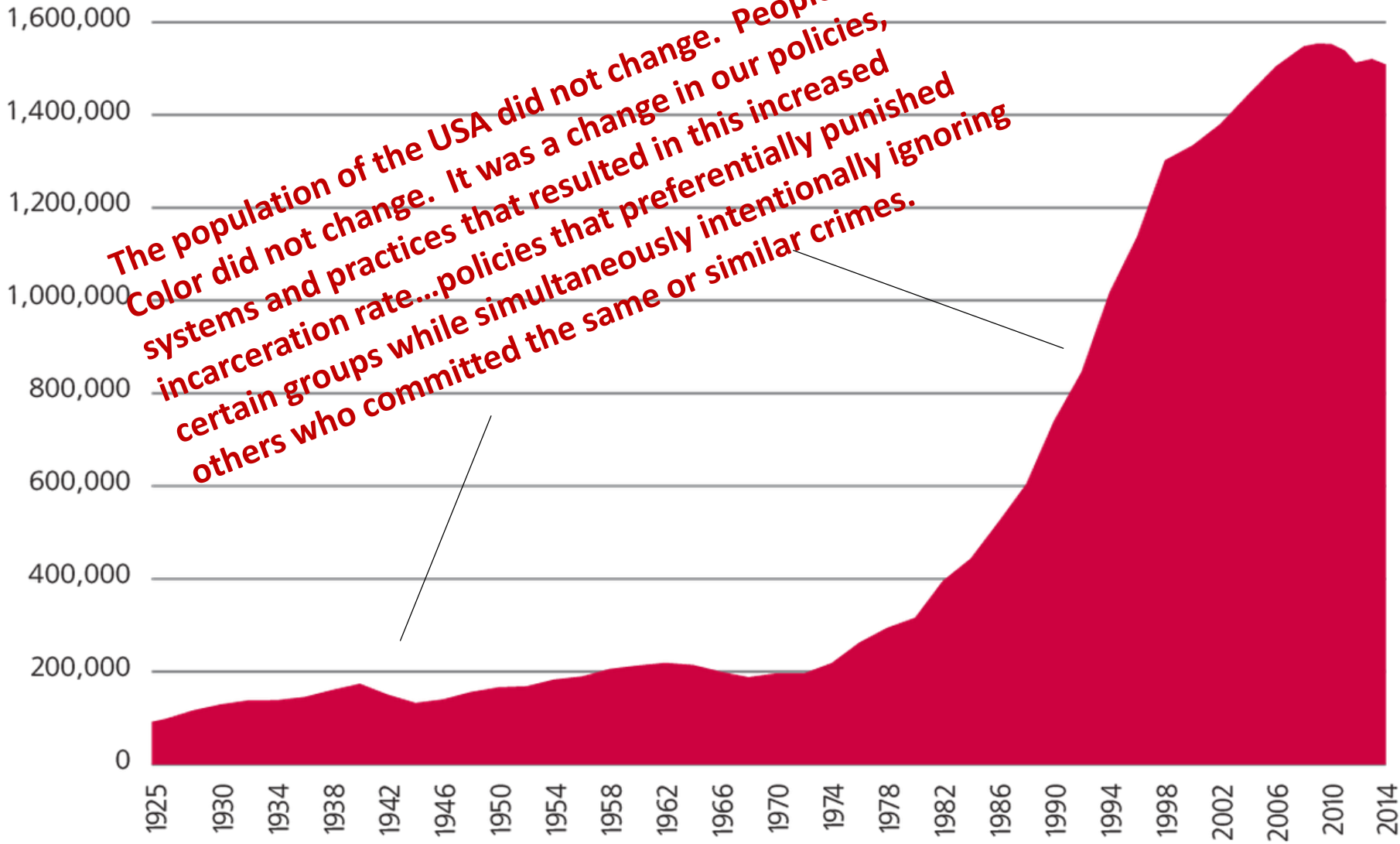


Source: Bruce Western, *Punishment and Inequality in America* (New York: Russell Sage Foundation, 2006), p.46

Figure 14.16 Arrests for Drug Offences, 1971-2001

U.S. State and Federal Prison Population, 1925-2014

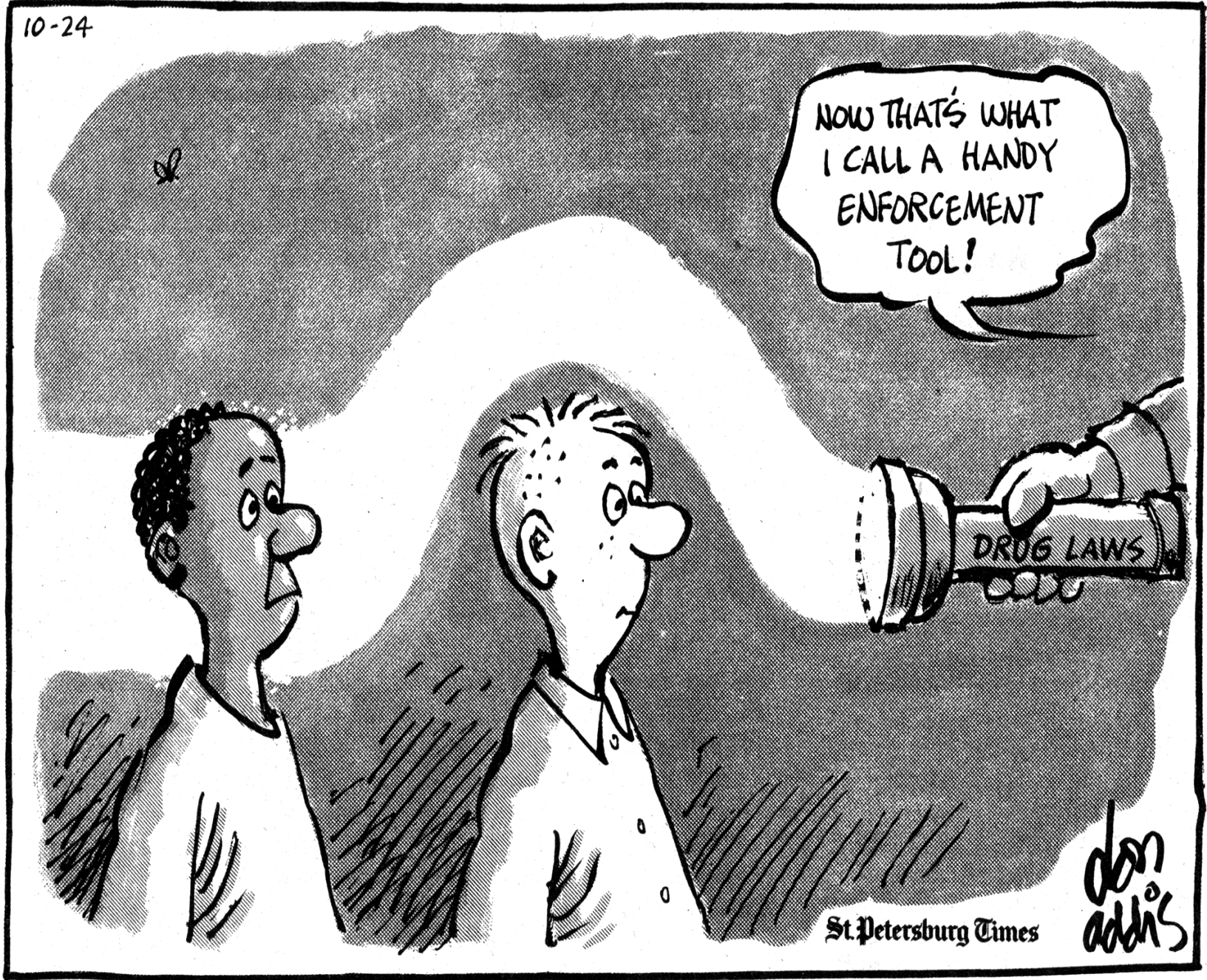
Number of People



Source: Bureau of Justice Statistics *Prisoners Series*.

10-24

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



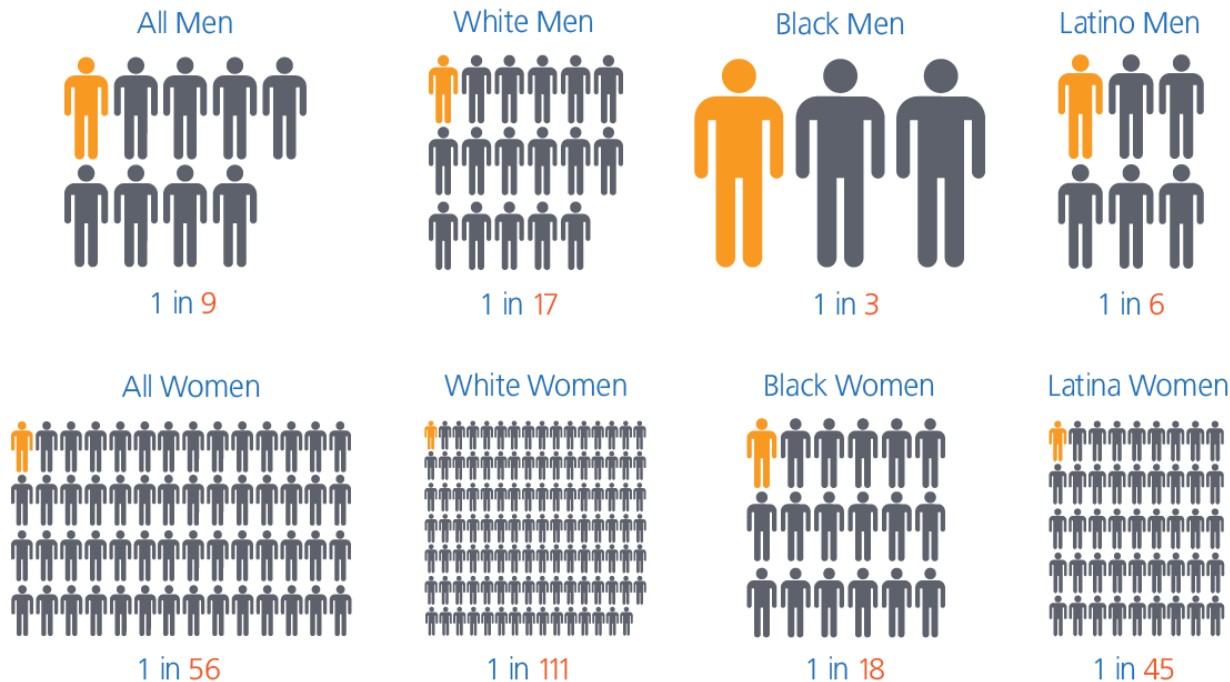
St. Petersburg Times

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.

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 human Events, it becomes necessary for one People to dissolve the Political Bands which have connected them with another, and to assume among the Powers of Earth, the separate and equal Station to which the Laws of Nature and of Nature's God entitle them, a decent Respect to the Opinions of Mankind requires that they should declare the causes which impel them to the Separation.

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, and that whenever any Form of Government becomes destructive of these Ends, it is the Right of the People to alter or to amend it. That the Security of the Liberty and Safety of a People requires the most solemn and effectual Resolutions of the People, in the Exercise of the Right of Self-Determination.

We therefore the Representatives of the United States of America, in General Congress assembled, solemnly publish and declare, that these United Colonies are, and of Right ought to be free and independent States; that they are absolved from all Allegiance to the British Crown, and that all former Connections with that Kingdom, are and ought to be dissolved. That the Declaration of Independence, now read, is the Act of the People, and is the Declaration of Independence of the United States of America, from Great Britain, and is the Declaration of Independence of the United States of America, from the King of Great Britain, and is the Declaration of Independence of the United States of America, from the Parliament of Great Britain, and is the Declaration of Independence of the United States of America, from the British Empire, and is the Declaration of Independence of the United States of America, from the British Crown, and is the Declaration of Independence of the United States of America, from the British People, and is the Declaration of Independence of the United States of America, from the British Nation, and is the Declaration of Independence of the United States of America, from the British Kingdom, and is the Declaration of Independence of the United States of America, from the British Majesty, and is the Declaration of Independence of the United States of America, from the British Throne, and is the Declaration of Independence of the United States of America, from the British Empire, Kingdom, Nation, Majesty, Throne, Crown, People, and all other British Authority whatsoever.

We do hereby declare our Independence of Great Britain, and we do hereby declare our Independence of the Kingdom of Great Britain, and we do hereby declare our Independence of the Parliament of Great Britain, and we do hereby declare our Independence of the British Empire, and we do hereby declare our Independence of the British Crown, and we do hereby declare our Independence of the British People, and we do hereby declare our Independence of the British Nation, and we do hereby declare our Independence of the British Majesty, and we do hereby declare our Independence of the British Throne, and we do hereby declare our Independence of the British Empire, Kingdom, Nation, Majesty, Throne, Crown, People, and all other British Authority whatsoever.

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U.S. Declaration of Independence

The second paragraph of America's founding document states:

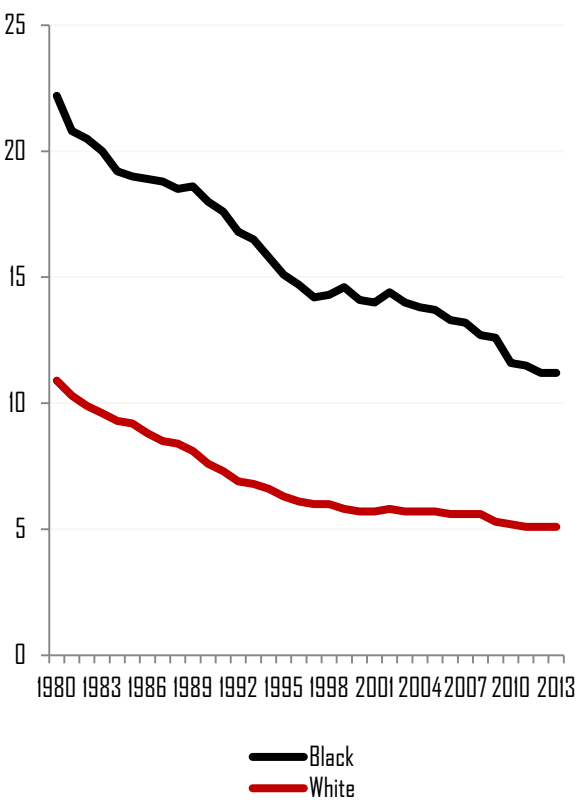
"We hold these truths to be self-evident, **that all men are created equal**, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

Signed by Order of the Congress in the City of Philadelphia, the fourth day of July, 1776.

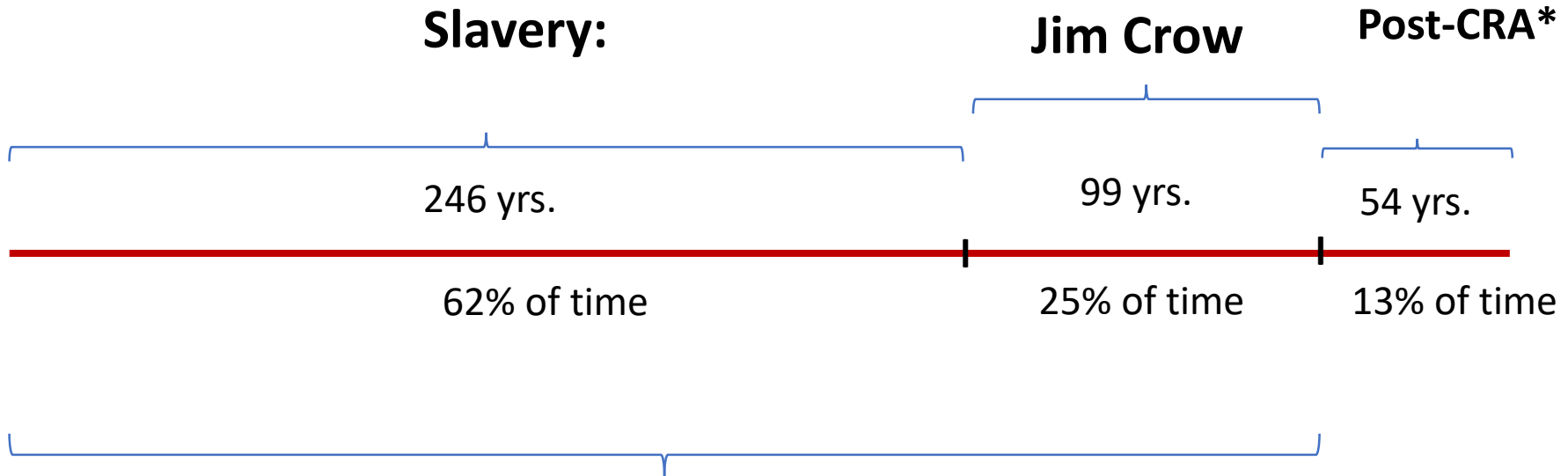
JOHN HANCOCK, PRESIDENT.

AVERY 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.



The Real Narrative About What Creates Health Inequities:

- Disparities are not just because of lack of access to health care or to poor individual choices.
- **Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.**
 - Especially, populations of color and low income
 - Structural Racism

What's our Goal?

Health Equity

Universal Health Insurance

Neighborhood
Revitalization

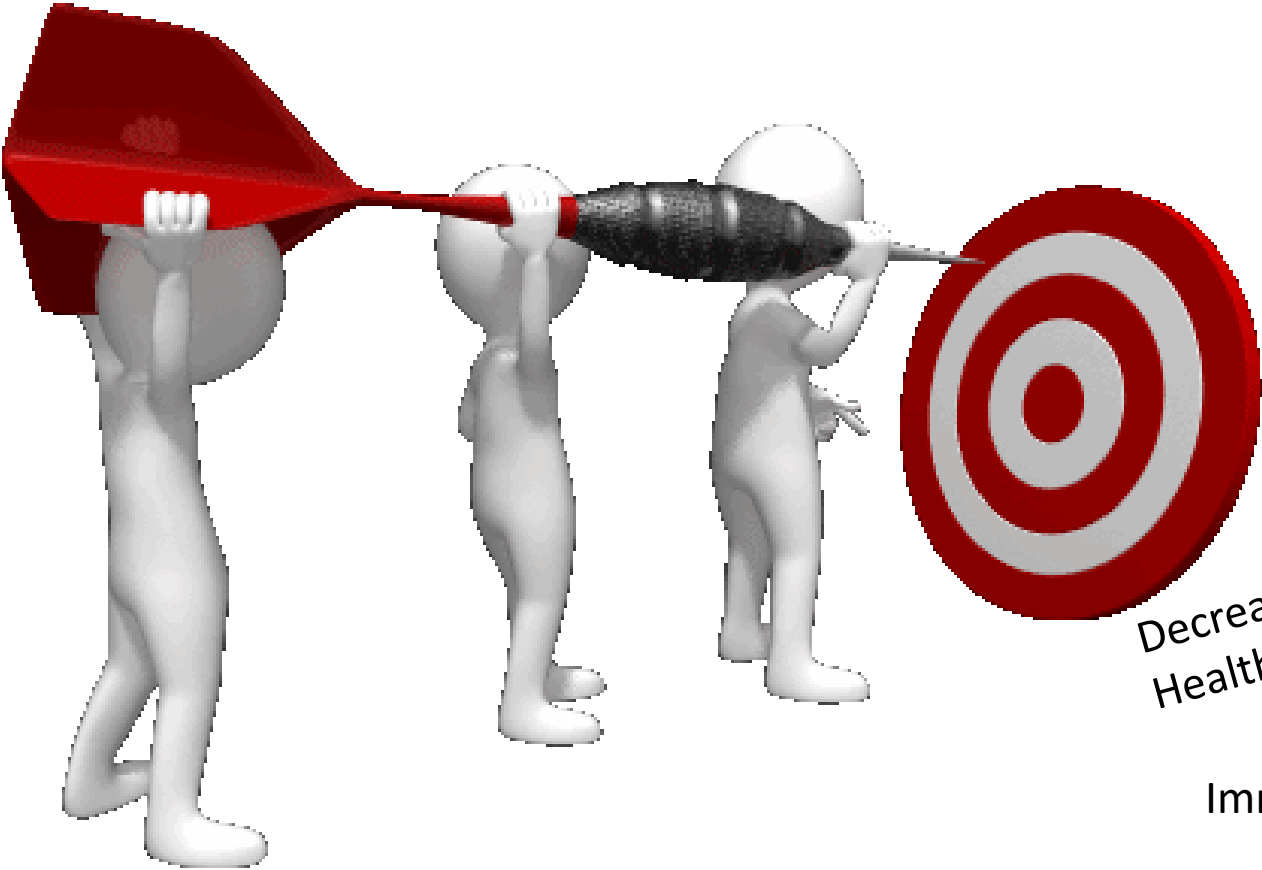
Access to Care

Poverty Reduction

Decrease
Health Disparities

Cultural Competency

Immigrant Deportation



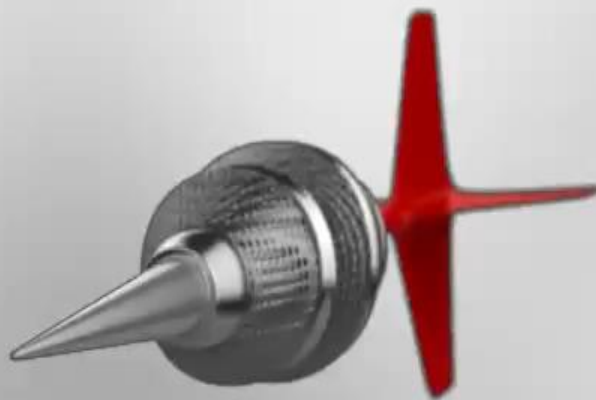
“ **Social inequality kills.** It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death.

- 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



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!**

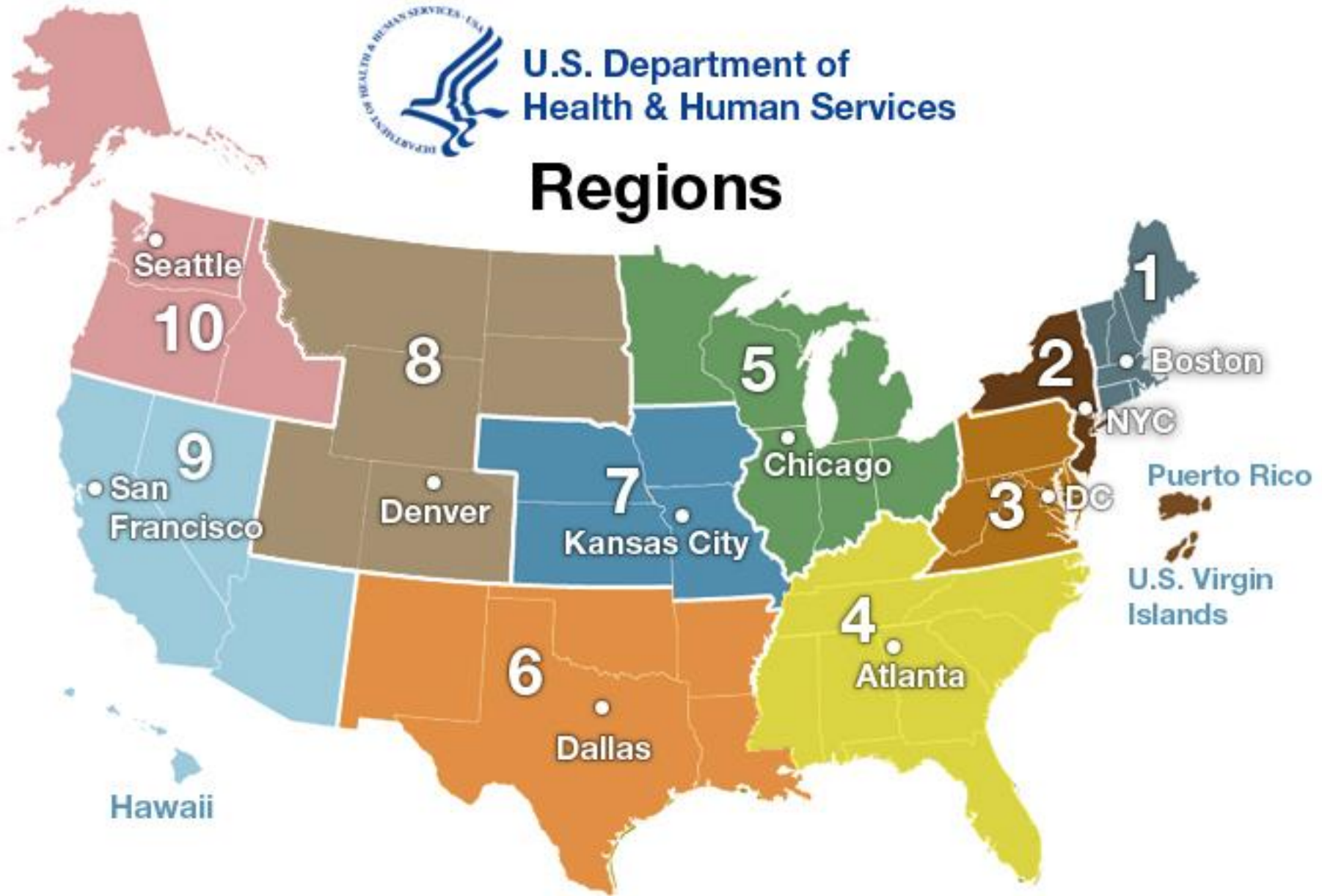
At the end of the Civil War the United States was the largest Slave-holding Country in the world. Fast forward 100-years and our country has arrested enough of the descendants of those slaves that now the United States of America has the highest incarceration rate of any nation on earth.

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.

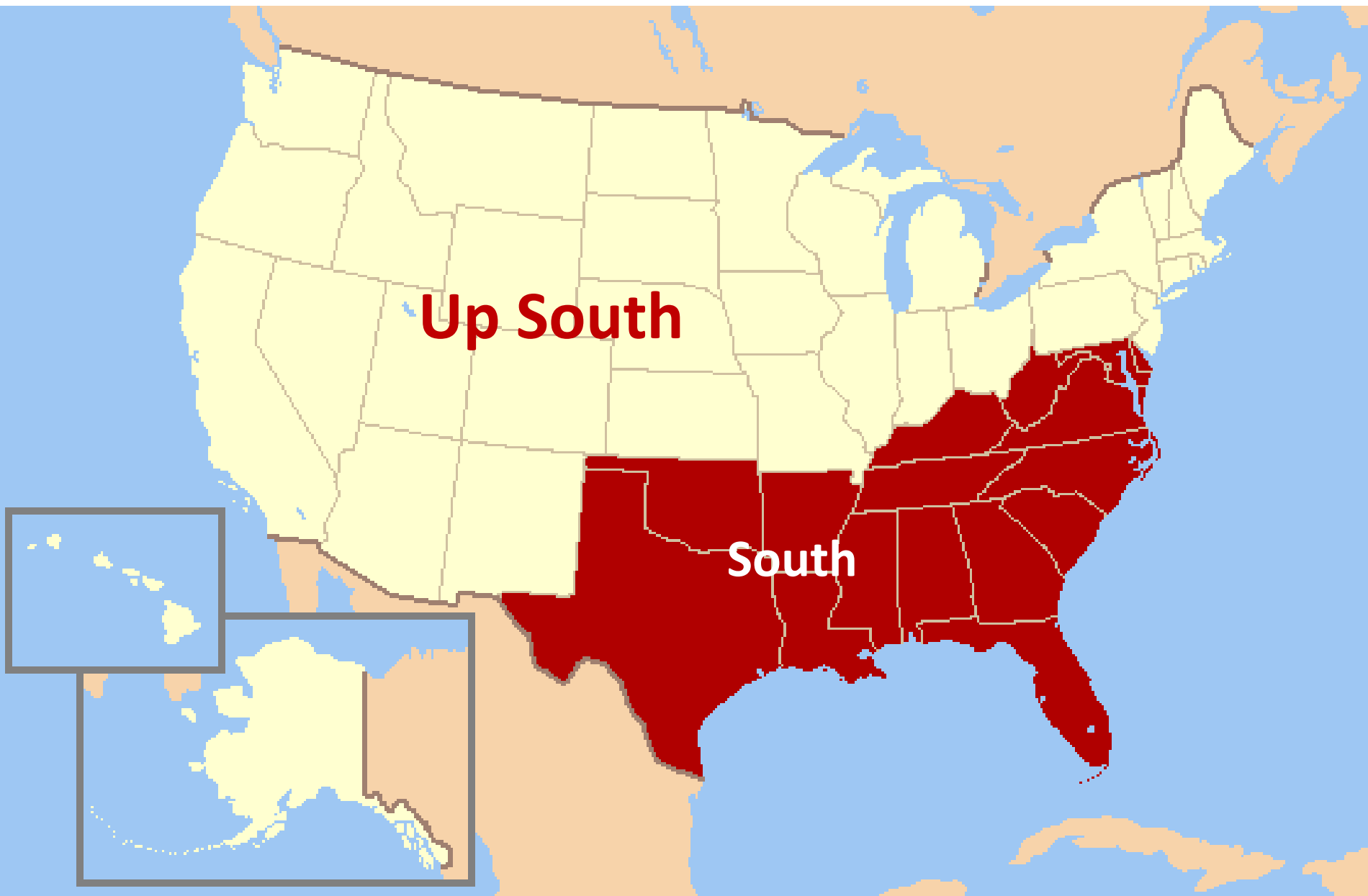


U.S. Department of
Health & Human Services

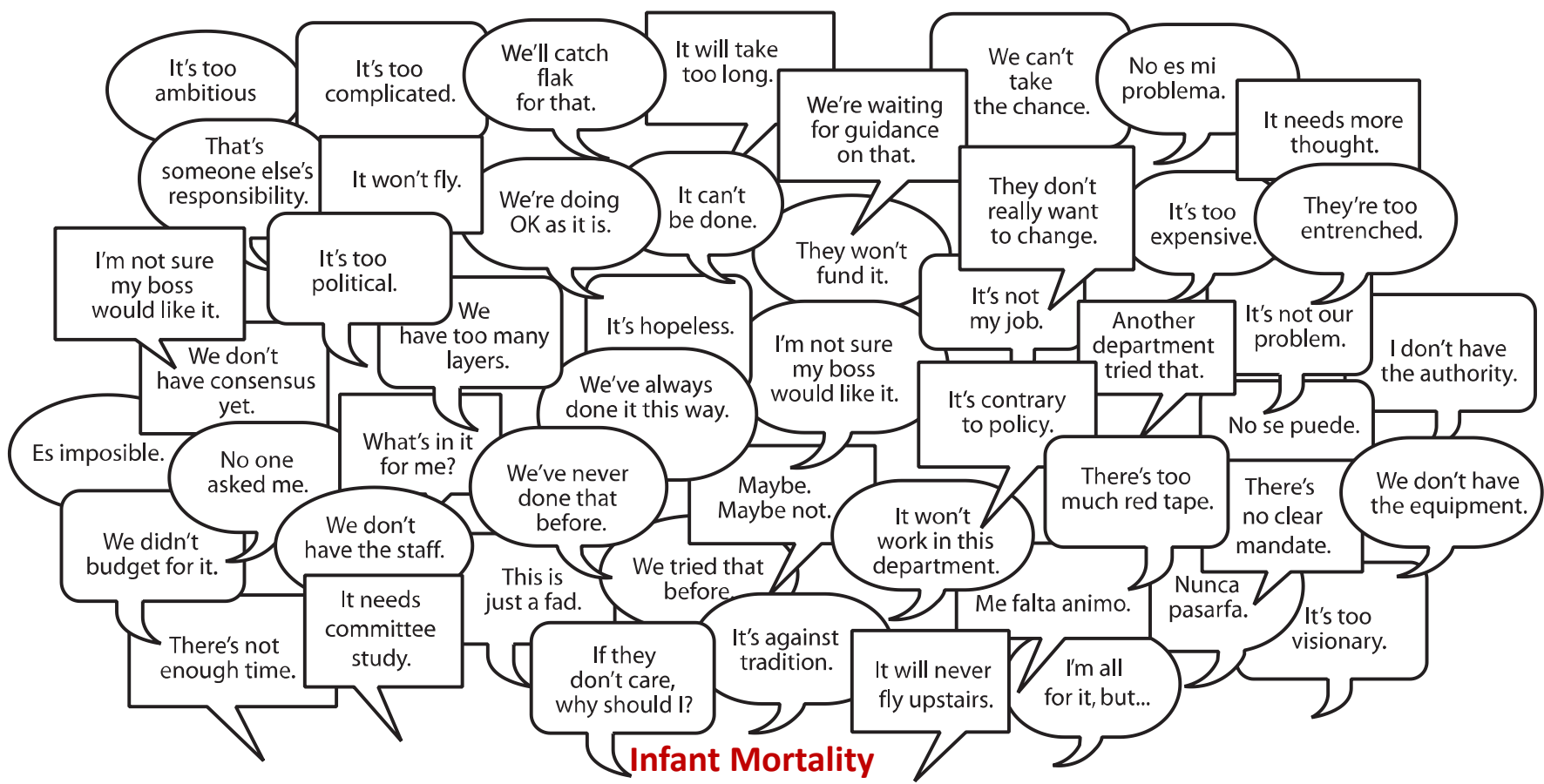
Regions



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”



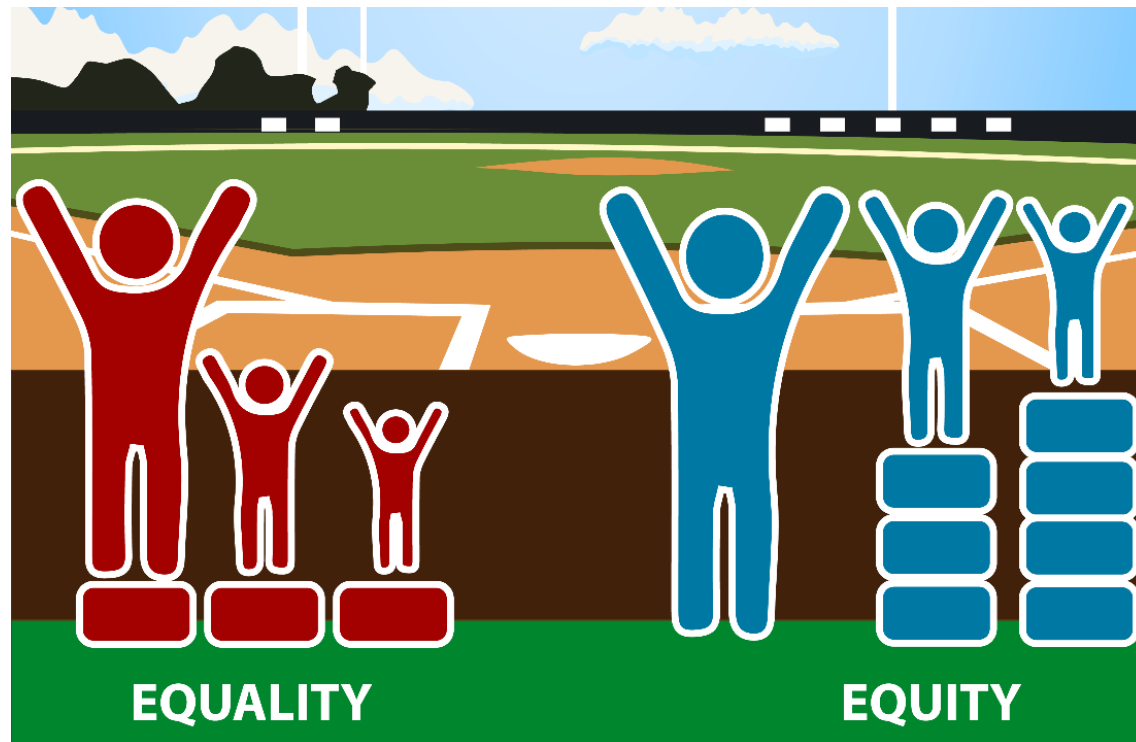
No more about us without us

STOP trying to fix the Black
Community for the Black
Community

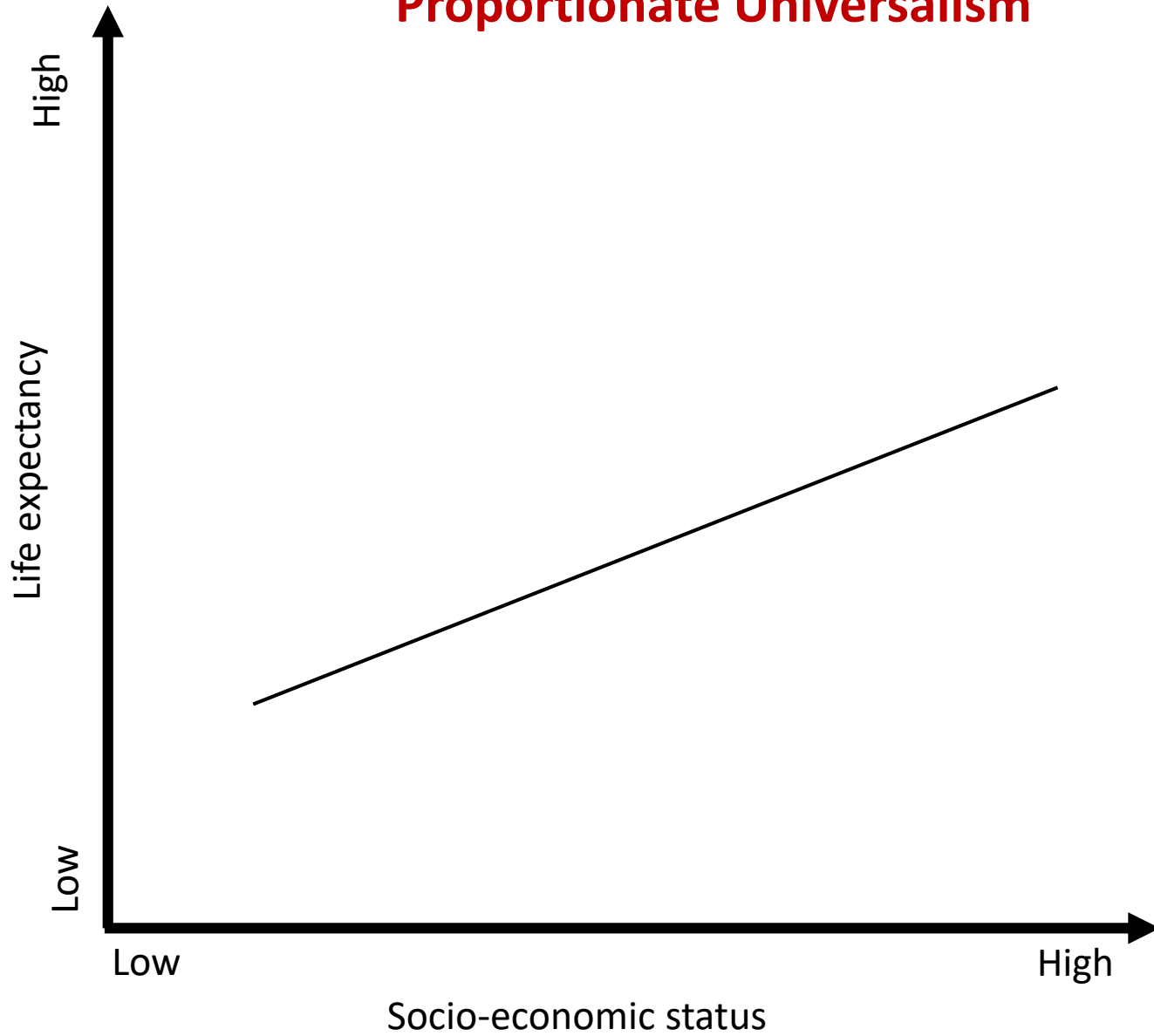
Proportionate Universalism or “Targeted Universalism”

We Need to Aim for Equity – Not Equality

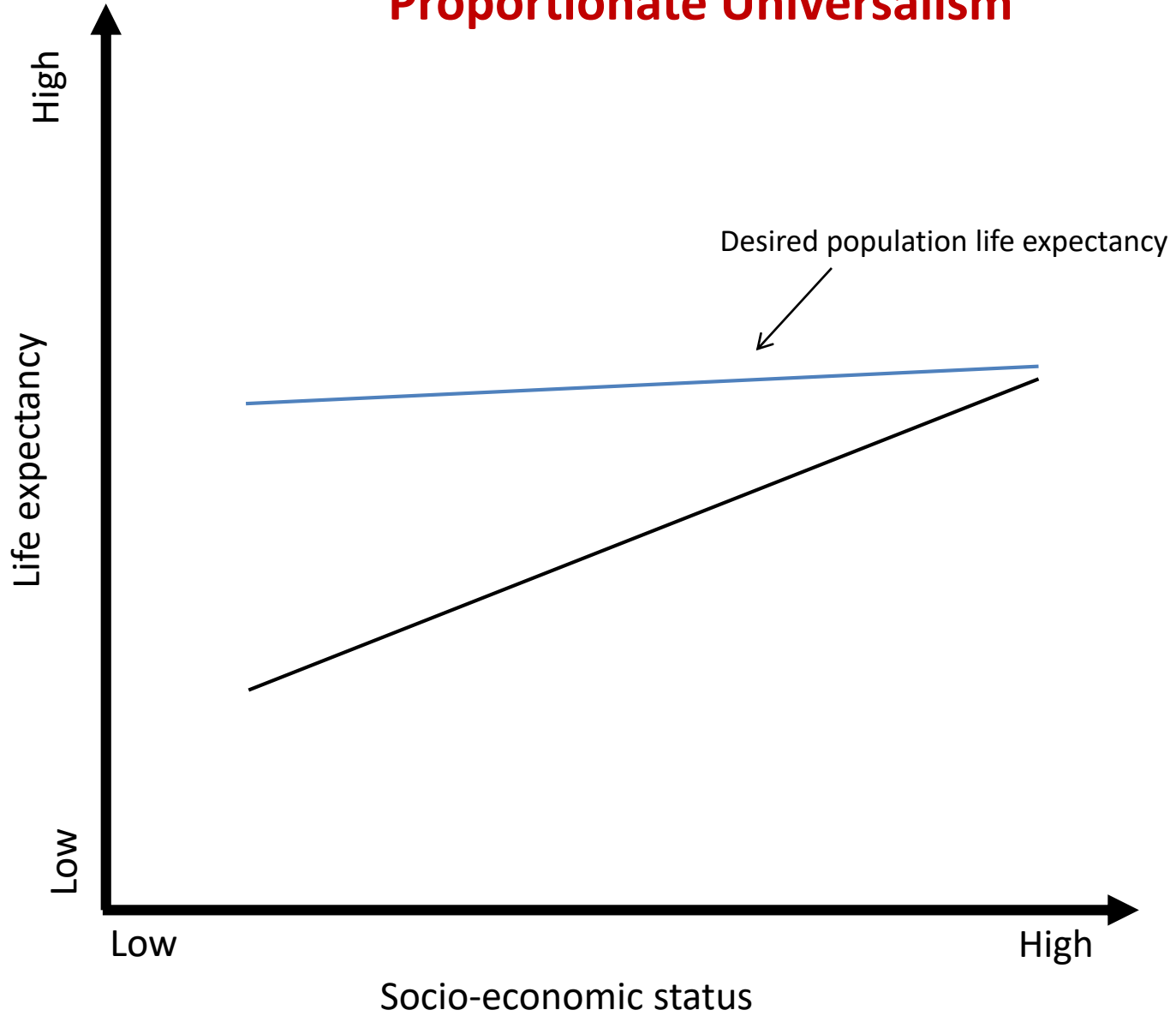
- ❑ We must invest more to shorten the time it will take to reach the same infant mortality rates for Black infants as for White infants



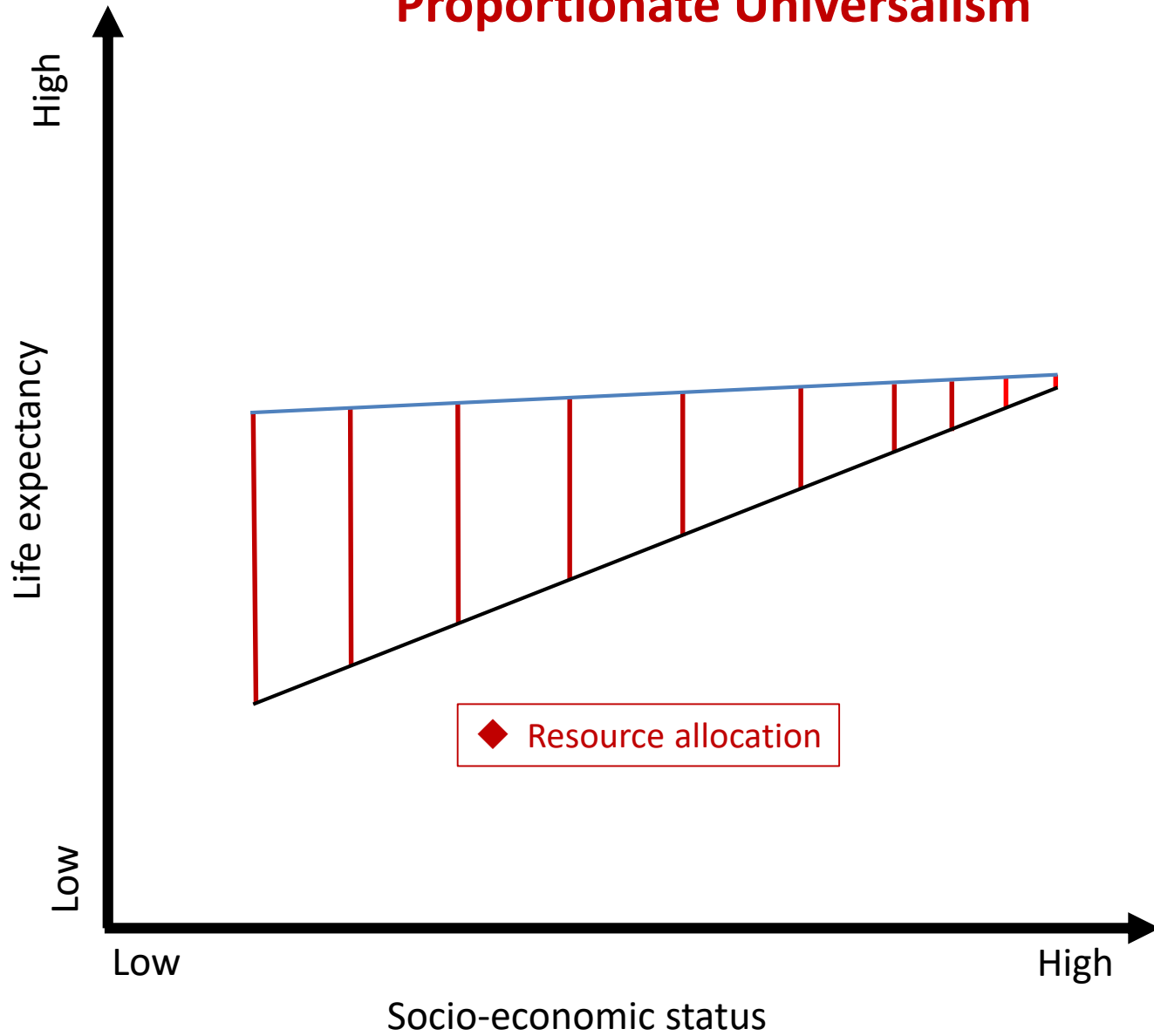
Proportionate Universalism



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

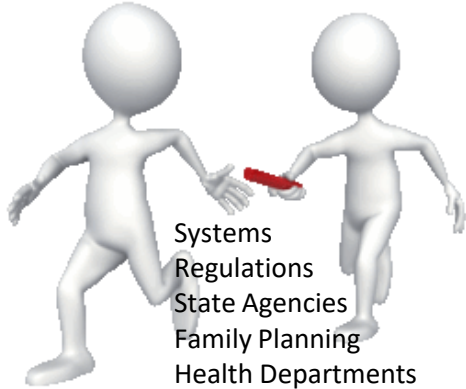
9. **Close** the education gap
10. **Reduce** poverty
11. **Support** working mothers and families
12. **Undo** racism

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 takes 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

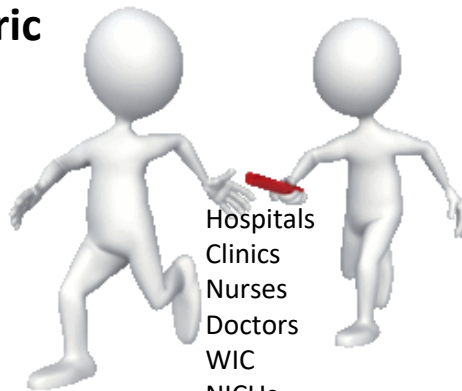


Community:

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

Obstetrical

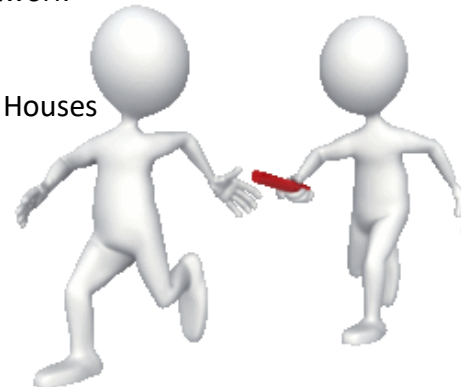
Pediatric



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”

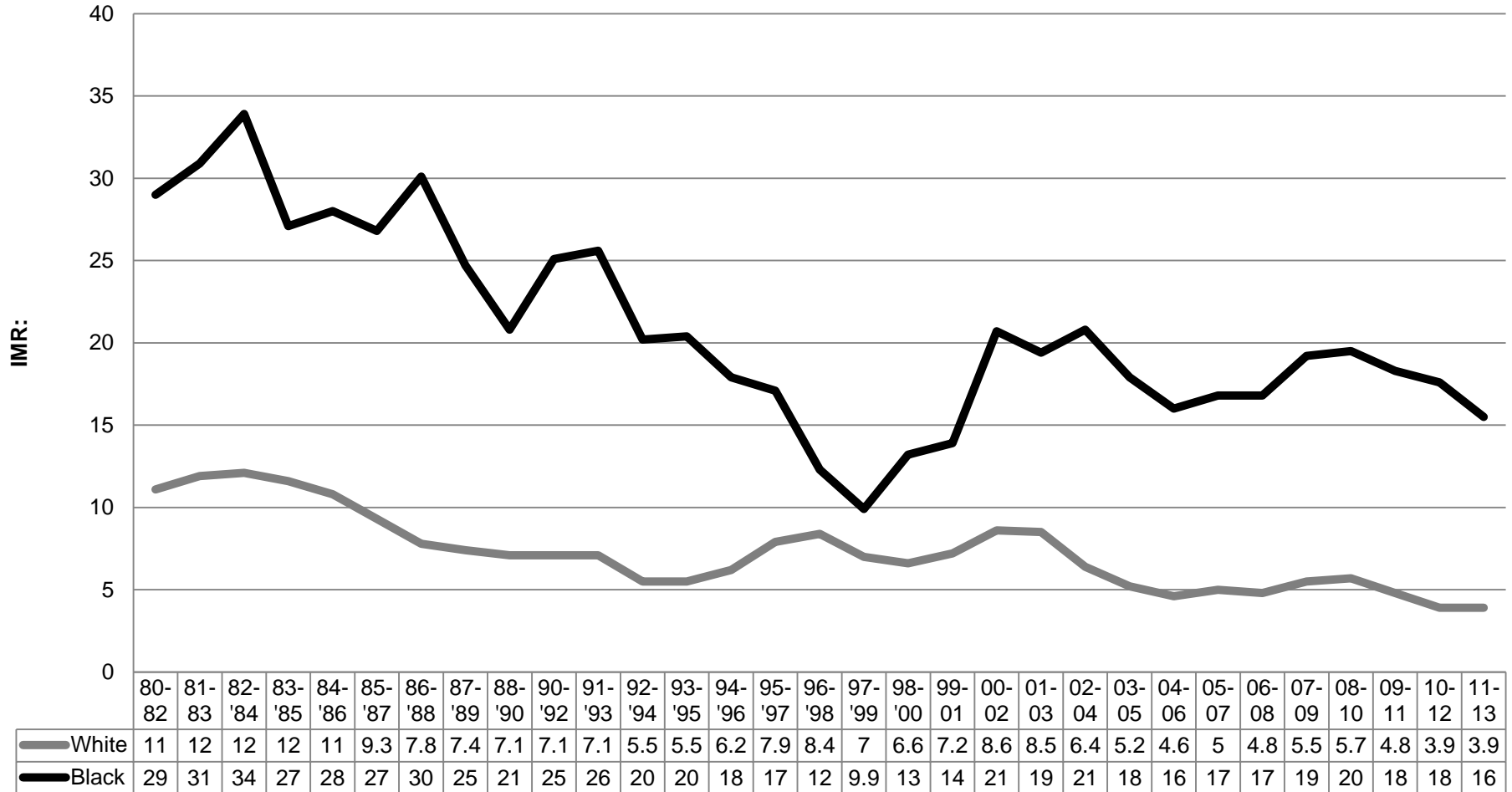
“Pristine Evidence”

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.”

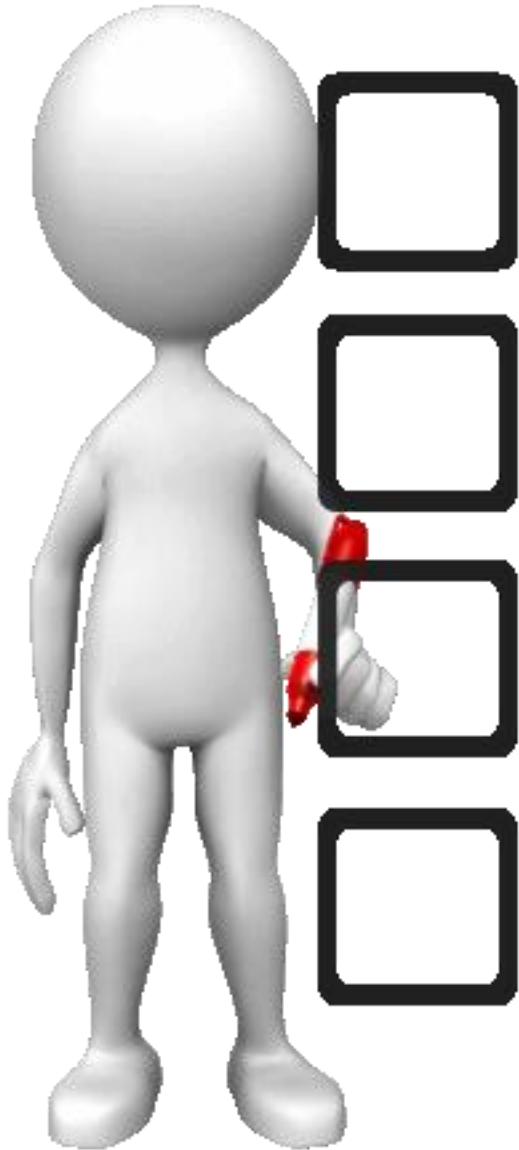
Kalamazoo County IMR, 3-year aggregates, from 1980-2013, by Black, White Race



“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 before we can 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, especially amongst people of color

“The future is a place that is created, created first in the mind and will, created next in activity. The paths are not to be found, but made, and the activity of making them, changes both the maker and the destination.”

John Schaar



...because 400 years is enough

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.

A woman with long dark hair, wearing a blue patterned top, is holding a large white sign that reads "BLACK LIVES MATTER." in bold black letters. She has her mouth open as if shouting or chanting. The background is a blurred crowd of people at a protest, with some holding other signs. The scene is lit with warm, bokeh-style lights, suggesting an evening or indoor setting with many lights.

**BLACK LIVES
MATTER.**

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

Excerpts from
“And Still
I Rise”

You may write us down in history
With your bitter, twisted lies,
You may trod us in the very dirt
But still, like dust, we'll rise

Did you want to see us broken?
Bowed head and lowered eyes?
Shoulders falling down like teardrops,
Weakened by our soulful cries.

You may shoot us with your words,
You may cut us with your eyes,
You may kill us with your hatefulness,
But still, like air, We'll rise.

**Out of the huts of history's shame
We rise
Up from a past that's rooted in pain
We rise
Leaving behind nights of terror and fear
We rise
Into a daybreak that's miraculously clear
We rise
Bringing the gifts that our ancestors gave,
We are the dream and the hope of the slaves.
We rise
We rise
We rise.**

It always seems
impossible
until it's done.

-Nelson Mandela
1918-2013





Thank you



Questions?

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