The 10th Annual Texas Conference on Health Disparities:

U.S. Black:White Racial Disparity in Infant Mortality:

EQUITY: a dream deferred

Arthur R. James MD, FACOG
Associate Professor, Department of OB/Gyn
Ohio State University
June 11, 2015
“EQUITY: a dream deferred”

Goals for this Presentation:
   a. Increasing B/W Ratio of infant deaths
   b. How long its taking Black IMR to catch up to White IMR
2. Discuss importance of looking at racial disparities through an historical lens
3. Discuss essential elements necessary to ELIMINATE disparities
   a. Emphasis on Social Determinants of Health
4. 2019
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
According to SACIM, 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.”

* = non-clinical measure
USA Total, White, and Black IMR: 1980-2011

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

“...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.”...SACIM

NCHS

54% improvement in the w-imr and 48.6% improvement in the b-imr
USA White and Black IMR: 1980-2011

Black:

White:
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.
Erasing the Gap(s):
With Equity, inputs may need to be different to achieve equal outcomes.

This is Equity

MDCH, Health Equity Learning Labs 2013, provided by Hogan, V., Rowley, D., Berthiaume, R. and Thompson, Y, University of North Carolina at Chapel Hill. Adapted from [http://indianfunnypicture.com/search/equality+doesn%27t+mean+justice](http://indianfunnypicture.com/search/equality+doesn%27t+mean+justice)
Health Disparity:
Defining Health Disparity:

What are “health disparities”?

“Health disparities are differences in the incidence and prevalence of mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.”

NIH Strategic Plan to Reduce and Ultimately Eliminate Health Disparities, 2001
Disparity = a difference

Two quantities that are not equal

Rate A ≠ Rate B
What’s the difference between “health disparity” (inequality) and “health inequity”?
Disparities (inequalities) in health are based on observed differences:

- Poor people die younger than rich people.
- Infants from lower socio-economic families have lower birth weights.
- Smokers get more lung cancer than non-smokers.
- Women live longer than men.
- Black babies die at higher rates than white babies.
**Inequities** in health are based on ethical judgments/decisions about those differences:

- Should poor people die younger than rich people?
- Should infants from lower socio-economic families have lower birth weights?
- Should smokers get more lung cancer?
- Should women live longer than men?
- Should black babies die at higher rates than white babies?
Epidemiologists can measure health disparity or inequality...

However, some process of socio-political discourse is required to assess which disparities are an affront to sense of social justice and thus require intervention.
Healthy People 2010
Goals:

• Increase quality and years of healthy life

• Eliminate health disparities
HP 2010 Priority Areas for “Eliminating” Disparities:

- Diabetes
- Immunizations
- HIV/AIDS
- Cardiovascular disease (CVD)
- Cancer
- Infant Mortality
  - Decrease infant mortality rate to \( \leq 4.5/1,000 \)
“We must eliminate disparities in health”

“For all the medical breakthroughs we have seen in the past century, we still see significant disparities in the medical conditions of racial groups in this country.

What we have done through this initiative is to make a commitment - really, for the first time in the history of our government - to eliminate, not just reduce, some of the health disparities between majority and minority populations.”

D. Satcher, US Surgeon General
USA Black:White Infant Mortality Rates, 1950-2000:

Source: National Center for Health Statistics, 2003
## Healthy People IMR Goals:

(Healthy People)

<table>
<thead>
<tr>
<th>Goals:</th>
<th>HP-1990:</th>
<th>HP-2000:</th>
<th>HP-2010:</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-IMR:</td>
<td>“&lt; 9”</td>
<td>“&lt; 7”</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>(1988 @ 8.8)</td>
<td>(1992 @ 6.9)</td>
<td></td>
</tr>
<tr>
<td>B-IMR:</td>
<td>12</td>
<td>11*</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>(2010 @ 11.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B/W Ratio:</td>
<td>1.34</td>
<td>1.57</td>
<td>1</td>
</tr>
</tbody>
</table>

* = as of 4/29/2014 we still have not accomplished this goal
### Evolution of Healthy People:

<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overarching Goals</strong></td>
<td><strong>Decrease mortality: infants-adults</strong></td>
<td><strong>Increase span of healthy life</strong></td>
<td><strong>Increase quality and years of healthy life</strong></td>
<td><strong>Attain high quality, longer lives free of preventable disease...</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Increase independence among older adults</strong></td>
<td><strong>Reduce health disparities</strong></td>
<td><strong>Eliminate health disparities</strong></td>
<td><strong>Achieve health equity, eliminate disparities...</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Achieve access to preventive services for all</strong></td>
<td></td>
<td></td>
<td><strong>Create social and physical environments that promote good health...(SDOH)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Promote quality of life, healthy development, healthy behaviors across life stages...(Lifecourse)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic Areas</th>
<th>15</th>
<th>22</th>
<th>28</th>
<th>42*</th>
</tr>
</thead>
</table>

| # Objectives | 226 | 312 | 467 | > 580 |

*39 Topic areas with objectives
USA Black:White Infant Mortality Rates, 1950-2010:

Source: National Center for Health Statistics, 2003
Lifecourse:

Explicitly considering time

John Lynch, UoM
McGill University (7/05)
We can think about inequalities in infant health as partly the result of processes acting over the lifecourse of the parents.
Childhood Conditions

Inequalities in birth outcome infant health

Inequalities in adult health

Prevailing Social Policies & Circumstances

The Lifecourse and Health Inequalities

- Time – individual lifecourse (Generational)
- Cohort specific effects (AA’s)
- Place specific effects
- Across Domains

Lynch
A multi-level and multi-time point model
A Lifecourse Approach – The Basic Idea

- Many illnesses, like heart disease, stroke and cancer, have natural histories that involve long latency periods.

- Thus, it is logical to assume that exposures earlier in life have a role to play in the development of diseases (Barker’s Hypothesis).

- Adopting a lifecourse perspective, means trying to assess the role of “early-life”, “life-long”, and perhaps “generational” exposures – be they biological, psychological, behavioural or socioeconomic – and then trying to understand how they interact and accumulate over the lifetimes of individuals and populations to eventually manifest as disease (Weathering Hypothesis).
Political Economy

Discrimination

Culture

Institutions

History

Structural Macrosocial Factors

Distal Social Connections

Work

Proximal Social Connections

Individual Characteristics

Genetic Characteristics

Pathobiology

(including medical sequelae of non-medical antecedent events)

Lifecourse

Conception

Health Status

Old Age

Lynch (2000)
Determinants of Population Health and Health Inequalities

- Social and Economic Policies
- Institutions (including medical care)
- Living Conditions
- Social Relationships
- Individual Risk Factors
- Genetic/Constitutional Factors
- Pathophysiologic pathways
- Individual/Population Health

Kaplan, 2002
Why the B/W disparity?

- Teen Births
- Non-compliance
- Genetic Births
- Congenital Anomalies
- Access to care
- Higher drop-out rates
- Drug Use
- Black People Don't care
- Late Prenatal Care
- Paternal Involvement
- Lack of Resilience
- Preterm Birth Rates
- Poverty
- Racism?
- Unintended Pregnancies
What is Racism and is it a contributor to the Disparity?
Going Public

Levels of Racism: A Theoretic Framework and a Gardener’s Tale

Camaras Phylikis Jones, MD, MPH, PhD

ABSTRACT

The author presents a theoretic framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate these differences.

She then presents the allegory about a gardener with 2 flower boxes, red and pink roses, and red and pink flowers. This allegory illustrates the relationship between the 3 levels of racism and may guide our thinking about how to intervene to mitigate the impacts of racism on health. It may also serve as a tool for starting a national conversation on racism. (Am J Public Health. 2000;90:1212–1215)

Racism is the most persistent and pervasive form of racism in health outcomes experienced in this country, yet for the most part they remain poorly explained. Indeed, rather than vigorously exploring the basis of differences, many scientists either adjust for race or restrict their studies to one racial group. Ignoring the etiologic cues embedded in group differences impedes the advance of scientific knowledge, limits efforts at primary prevention, and perpetuates ideas of biologically determined differences between the races.

The variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the racial classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a judge, and this racial classification has profound impact on daily life experiences in this country. Thus, the variable “race” is not a biological construct but reflects innate differences. But a social construct that precisely captures the impacts of racism.

For this reason, some investigators now hypothesize that race-associated differences in health outcomes are in fact due to the effects of racism. In light of the Department of Health and Human Services’ Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010, it is important to be able to examine the potential effects of racism in causing race-associated differences in health outcomes.

Levels of Racism

I have developed a framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate these differences. In this framework, institutionalized racism is defined as differential access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests itself as a source of disadvantage. It is structural and has been embedded in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as a function of the need.

Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differences in education, housing, gainful employment, and more. With regard to access to power, examples include different access to information (including one’s own history), resources (including wealth and organizations), and more (including voting rights, representation in government, and control of the media). It is important to note that the association between socioeconomic status and race in the United States has its origins in discrete historical events but persists because of the contemporary structural factors that perpetuate these historical injustices. In other words, it is because of institutionalized racism that there is an association between socioeconomic status and race in this country.

Personally mediated racism is defined as prejudice and discrimination, where prejudice means differential treatment of others on the basis of race, and discrimination means intentions of others accord-

1212 American Journal of Public Health

August 2000, Vol. 90, No. 8

Jones CP. Levels of racism: A theoretical framework and a gardener’s tale. AJPH 2000;90:1212-5
What is racism?

A system
What is racism?

A system of structuring opportunity and assigning value

Camara P. Jones MD, MPH, PhD
What is racism?

A system of structuring opportunity and assigning value based on phenotype ("race")
What is racism?

A system of structuring opportunity and assigning value based on phenotype ("race"), that

Unfairly disadvantages some individuals and communities
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A system of structuring opportunity and assigning value based on phenotype ("race"), that

Unfairly disadvantages some individuals and communities

Unfairly advantages other individuals and communities

Camara P. Jones MD, MPH, PhD
What is racism?

A system of structuring opportunity and assigning value based on phenotype ("race"), that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Undermines the potential of the whole society

Camara P. Jones MD, MPH, PhD
Forms of Racism:

• Personally mediated
• Internalized
• Institutional

Camara Jones: “The Gardeners Tale”
Personally-mediated racism:

Differential assumptions about the abilities, motives, and intents of others, by “race”.

• These assumptions can result in…
• Prejudice and Discrimination

• Examples:
  – Police brutality
  – Physician disrespect
  – Shopkeeper vigilance
  – Waiter indifference
  – Teacher devaluation
Internalized racism:

Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth.

“There is a level in which some of us live, defeated long before we actually die because, “at the bottom of our hearts, we believe the lies racism has told about us.” (James Baldwin, in a letter written to his nephew)

• Examples:
  – Self-devaluation
  – “White man’s ice is colder”
  – Resignation, helplessness, hopelessness
    Accepting limitations to our full humanity
A Girl Like Me: (excerpt, film made in 2005)
Institutionalized racism:

Differential access to the goods, services, and opportunities of society, by “race”.

• Examples:
  – Housing, education, employment, income
  – Medical facilities
  – Clean environment
  – Information, resources, voice

• Explains the association between SES and “race”

• According to Dr. V. Hogan:
  – Concept of “intent” = irrelevant
  – Can take the form of non-action in face of need

Camara Jones, V. Hogan
“The GI Bill” (A Story of Embedded Racial Inequity)
## Philip’s Story:

<table>
<thead>
<tr>
<th>Child Born Right After WWII</th>
<th>Father’s Status</th>
<th>GI Bill: FHA &amp; VA loans</th>
<th>Consequences for Child’s Education</th>
<th>Consequences for Child’s Well-being in Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income, White</td>
<td>White veteran, high school diploma, from Philadelphia</td>
<td>Able to use low-interest mortgage provisions to move family from public housing to segregated suburban home ownership</td>
<td>Family borrowed from home equity to support child’s college education (first in family to go to college)</td>
<td>Philip gets professional job, buys own house, inherits appreciated house when father dies</td>
</tr>
</tbody>
</table>

The Annie E. Casey Foundation
# Thomas’s Story:

<table>
<thead>
<tr>
<th>Child Born Right After WWII</th>
<th>Father’s Status</th>
<th>GI Bill: FHA &amp; VA loans</th>
<th>Consequences for Child’s Education</th>
<th>Consequences for Child’s Well-being in Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income, Black</td>
<td>Black veteran, high school diploma, from Philadelphia</td>
<td>Could not access home loan b/c of racially-restrictive underwriting criteria; family remained in rental housing in the city</td>
<td>Family could not afford to send child to college; high school diploma is from under-resourced segregated school</td>
<td>Thomas works in minimum wage jobs, continues to live in family home, considers joining the Army, has to borrow $ when father dies to give him decent funeral</td>
</tr>
</tbody>
</table>
## Juan’s Story:

<table>
<thead>
<tr>
<th>Child Born Right After WWII</th>
<th>Father’s Status</th>
<th>GI Bill: FHA &amp; VA loans</th>
<th>Consequences for Child’s Education</th>
<th>Consequences for Child’s Well-being in Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income, Latino</td>
<td>Latino veteran, high school diploma, from Texas</td>
<td>Could not access home loan b/c of racially-restrictive underwriting criteria; family remained in rural rental housing</td>
<td>Family could not afford to send child to college; high school diploma is from under-resourced language segregated and racially segregated school</td>
<td>Juan works in minimum wage jobs, continues to live in family home, marries newcomer Latina, sends part of family’s limited income to her extended family in Mexico</td>
</tr>
</tbody>
</table>
Fast Forward to Today . . .

**Philip’s Children:**

Philip gives children his father’s appreciated house

They live in thriving communities

Their college education’s paid by home equity

Philip establishes trust fund

**Thomas’ and Juan’s Children:**

They have no houses to inherit

They live in disinvested communities

At work, they complete college on work study and student loans, with subsequent starting debts to pay back

Thomas and Juan have few personal assets to leave grand children

The Annie E. Casey Foundation
Racism and the GI Bill:

These stories followed only one aspect of the GI Bill: home loans. If job training, educational support, and small business loans were also tracked, additional layers of unequal opportunity would be revealed.

“The record is very clear that 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)

Social policy created over 60 years ago continues to have a disparate impact today and therefore challenges the assumption that discrimination is a thing of the past. Past discrimination has ongoing consequences for today’s population because benefits and disadvantages accumulate over time…from one generation to the next.
Bottom Line:

In America, being classified as Black, Asian, Native American or Latino has never carried, and still doesn’t carry, the same advantages as being classified as White.

–The “advantage” of being White, and the “disadvantage” of belonging to other ethnicities is often measured by SES.

–Our usual characterization of ethnic minorities emphasizes the consequences of their disadvantages and suggest that they are the result of basic group-level flaws…relative to Whites. We rarely emphasize the substantial advantages Whites have preferentially provided to themselves…often at the expense of ethnic minorities.
What are Embedded Racial Inequities?

the accumulated advantages for whites as a group

the accumulated disadvantages for people of color as a group.

produced by public and private sector policies and practices (that preferentially provide advantage to one group while simultaneously exposing another group to disadvantage).
Embedded Racial Inequities?
Their effects are reinforced by:

1) Dominant U.S. norms and values
2) Differential perceptions and images of people of color and whites
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."
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...
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.
History:

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

The importance of looking at disparity through an historical lens...

The Case for Reparations, The Atlantic Journal
(http://www.theatlantic.com/features/archive/2014/05/the-case-for-reparations/361631/)
In American Bondage

The European slave trade was both lucrative and brutal. Historians estimate that between 10 and 15 percent of the slaves who left Africa died along the route of the "Middle Passage."

<table>
<thead>
<tr>
<th>Slaves arriving:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>West Indies</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Brazil</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Spanish Empire*</td>
<td>2,500,000</td>
</tr>
<tr>
<td>N. America, U.S.</td>
<td>500,000</td>
</tr>
<tr>
<td>Europe</td>
<td>200,000</td>
</tr>
</tbody>
</table>

*Including Cuba. Source: Hugh Thomas, "The Slave Trade"
The bound labor of at least twelve generations of black people”…

“Slavery was a coercive system sustained by the mobilization of the entire society, and its maintenance rested on the use of unimaginable violence and the constant threat of violence.”

Slavery and the Making of America
Jim Crow: 1865-1964

Jim Crow was the name of the **racial caste system** which operated between 1865 and the mid-1960s. Jim Crow was more than a series of rigid anti-Black laws. It was a way of life. Under Jim Crow, African Americans were relegated to the status of second class citizens. **Jim Crow represented the legitimization of anti-Black racism.** Many Christian ministers and theologians taught that Whites were the Chosen people, Blacks were cursed to be servants, and God supported racial segregation. Craniologists, eugenicists, phrenologists, and Social Darwinists, at every educational level, buttressed the belief that Blacks were innately intellectually and culturally inferior to Whites.
### African American Experience: 1619-2015

<table>
<thead>
<tr>
<th>Time Span:</th>
<th>Status:</th>
<th>Years:</th>
<th>% U.S. Experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1619-1865</td>
<td>Slaves:</td>
<td>246</td>
<td>62.1%</td>
</tr>
<tr>
<td></td>
<td>“Chattel”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1865-1964</td>
<td>Jim Crow:</td>
<td>99</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>virtually no</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citizenship</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1964-2015*</td>
<td>“Equal”</td>
<td>51</td>
<td>12.9%</td>
</tr>
<tr>
<td>1619-2015</td>
<td>“Struggle”</td>
<td>396</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>“Unfairness”</td>
<td></td>
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</tr>
</tbody>
</table>

* USA struggles to transition from segregation & discrimination to integration of AA’s
Time-line of African American Experience:

- **Slavery:** 246 yrs. (62% of time)
- **Jim Crow:** 99 yrs. (25% of time)
- **Since CRA:** 51 yrs. (13% of time)

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

*CRA: Civil Rights Act*
1968: Kerner Commission Report
Released in 1968, the Kerner Commission’s Report 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”
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.
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.**
“-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
Infant Mortality:

- Premature Births
- Congenital Anomalies
- SUID
- Maternal pregnancy Complications
- Placental or cord anomalies

Arthur R. James
Infant Mortality:
- Premature Births
- Congenital Anomalies
- SUID
- Maternal pregnancy Complications
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Disparities:
- Social Determinants of Health/Lifecourse
Disparities in Birth Outcomes:

Social Determinants of Health:

- Racism
- Fatherless households
- Poverty
- Limited Access to Care
- Under-Education
- Lower graduation rates
- No Insurance
- Housing
- Incarceration rates
- Neighborhoods
- Unemployment
- Policies
- Smoking
- Weathering
- “Medical baggage”
- Substance Use
- Stress
- Hopelessness
- Family Support
- Poor Working Conditions
- Nutrition
- Teen Births
- A. R. James
EQUITY? We keep knocking on this door...

- The Civil War:
- 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
  - Dr. Martin Luther King, Jr
  - 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
  - Heckler Report (1985)
  - Affirmative Action (now, essentially gone)
  - Unequal Treatment (2002)
  - Current Urban Unrest...Ferguson, Baltimore...

Black America
We find all kinds of excuses to avoid eliminating racial disparities...
To achieve equity in infant mortality, we must muster the courage to go through this door.

Arthur R. James MD
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.
SDOH Approach:
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 (and between different population groups).

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.”

WHO Commission on the Social Determinants of Health
“...a moral obligation, a matter of social justice.”

“The medical profession (and Public Health) seeks not only to understand but also to improve things. (But) Many professionals feel queasy about the prospect of social action to improve health...because it 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’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.”

Marmot, Health in an Unequal World
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.
YMP Component & BMA Element:
DEVELOP & IMPLEMENT STRATEGIES

Education

Health & Food

Social Services

Child & Family Services

Mental Health & Probation

- Public Schools
- ESEA, Title I
- School Lunch & Breakfast
- Head Start
- IDEA
- After-School Programs
- Textbook Funding
- Tests & Achievement
- Teacher Issues
- GED

Medi-Cal – EPSDT
Healthy Families Parent Expansion
Child Health & Disability Program
Expanded Access Primary Care
Trauma Case Funding
Co-payments for ER Services
Child Lead Poisoning Prevention
Program
AIDS Prevention & Education
Breast Cancer Screening
Food Stamps
WIC

Child Care – CCDBG, SSBG, CalWORKS Child Care, etc.
GAIN, CAL Launder, CalWORKS, etc.
After-School Programs – 21st Century Learning Centers, etc.
Co-payments for ER Services
Child Abuse & Neglect Programs
School-Based MH Services for Medi-Cal Kids
Probation Officers in Schools
Cardenas-Schiff Legislation
Health Care Through Probation
Mental Health Evaluations
Juvenile Halls

- School Lunch & Breakfast
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Mental Health Evaluations
Juvenile Halls

Boyfriend in trouble

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
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?

Poverty
Education
RACISM
Unemployment
Wealth Gap
Policy

Infant Mortality
Racism
Under resourced community
Poverty
School dropout
Teen Pregnancy
Ethnic Minority
...because 400 years is enough!
2019: “Mother Mattie Bennett Plan”... because 400 years is enough!

- In just 4 years this Nation will acknowledge the 400 year anniversary of the arrival of Africans to the shores of America.

- 246 years as Slaves, 99 years under “Jim Crow”, 51 years (13%) since the Civil Rights Act...

- AA’s have never had equality – in fact, we have had marked inequality – so why should we strive for health equity? Why should we care? Why now?

- We cannot continue to allow black babies to die at 2-3 times the rate of whites, or a black maternal mortality rate that is 3-5 times the rate of other groups.

- It is wrong to accept that we have to wait another 35 years before black babies born in our country have the same survival opportunity as white babies born today.

- 400 years of this is enough...
2019: “Mother Mattie Bennett Plan”

- Call to Action:
  - Challenging national MCH leadership to address racial disparities by developing a comprehensive plan for the elimination of disparities in infant mortality and introduce that plan to the nation by 2019!
  - Comprehensive:
    - So needs to address the clinical and non-clinical contributors to compromised birth outcome.
2019…
because our mothers, fathers, and our babies need our help…

…because 400 years is enough!
They had a dream...
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
It always seems impossible until it’s done.

— Nelson Mandela
1918–2013