

# Welcome!

We are so glad you are here!

We will get started shortly.  
In the meantime, we invite you to intentionally enter this space.



Review today's agenda in your folder



Review the lunch options in your folder



Help yourself to hand sanitizer



Silence your cell phone



Grab a snack and coffee, tea or water



Stretch



Contribute to our gratitude board



Take a bio break

# Part 1: Infant Health Equity Skill-Building

Healthy Start Region 6  
Meeting

Monday, March 6 from 11:45-12:45






# Pre-Assessment

*Please take a moment to complete this brief pre-assessment:*



HEALTHY START REGION 6 REGIONAL MEETING





**“EQUITY”** ...in the Opportunity to Survive the 1st Year of Life:  
a dream deferred

Region VI Conference  
NICHQ: Healthy Start TA.

Arthur R. James MD, FACOG  
03/06/2023



# Infant Mortality:

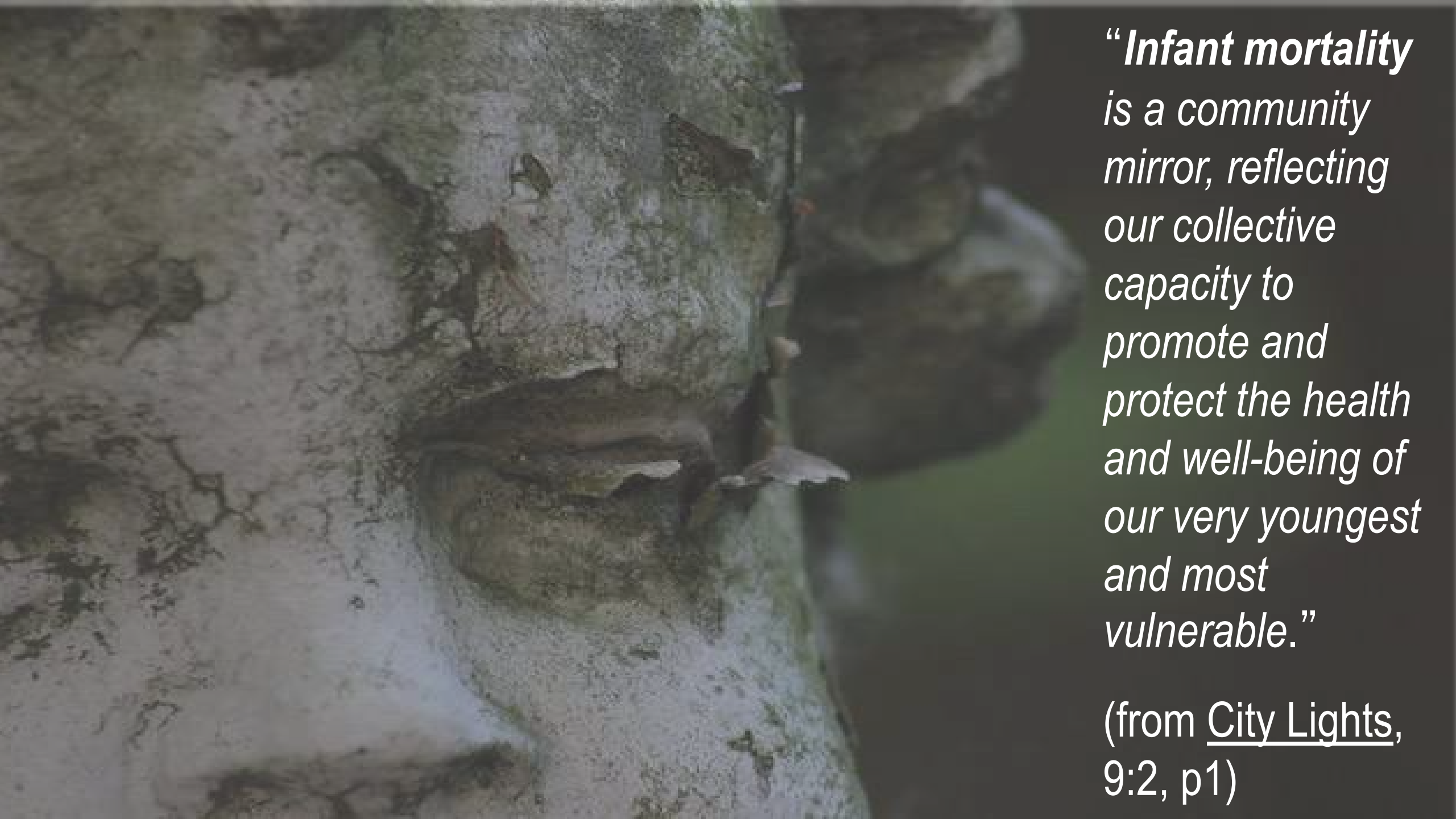
**Definition:** The death of any live born baby prior to his/her first birthday.

- Does not include abortions or miscarriages



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

*Julia Lathrop, Children’s Bureau, 1913*



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

*(from City Lights, 9:2, p1)*



# Infant Mortality is:

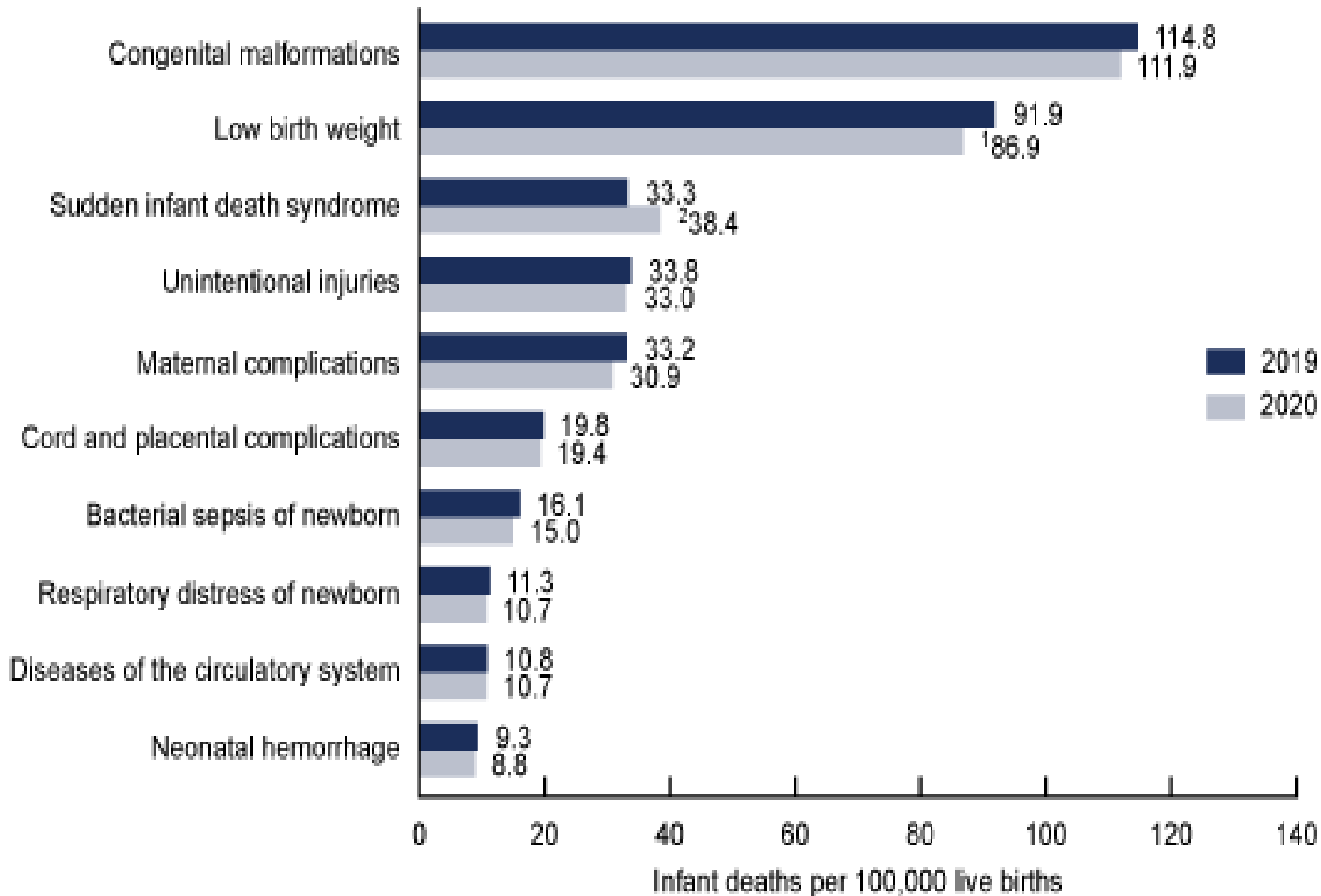
Multi-factorial. Rates reflect a society's commitment to the provision of:

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

} SDOH

“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 rates for the 10 leading causes of infant death in 2020: United States, 2019 and 2020



A total of 19,582 deaths occurred in children under age 1 year in the United States in 2020, with an infant mortality rate of 541.9 infant deaths per 100,000 live births. The 10 leading causes of infant death in 2020 accounted for 67.5% of all infant deaths in the United States.

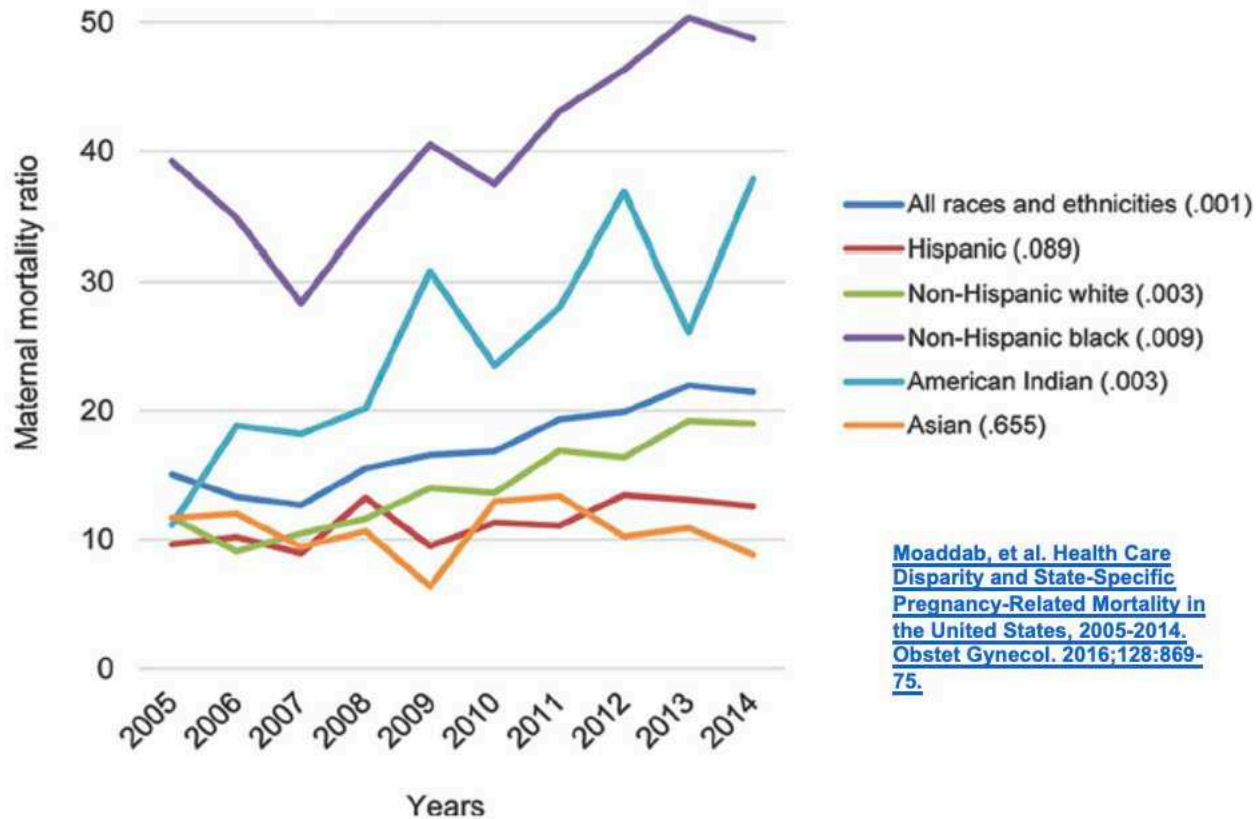


## **This Workshop...**

Will emphasize the Black/White racial inequity in the opportunity to survive the 1<sup>st</sup> year of life in the US and in Region 6.

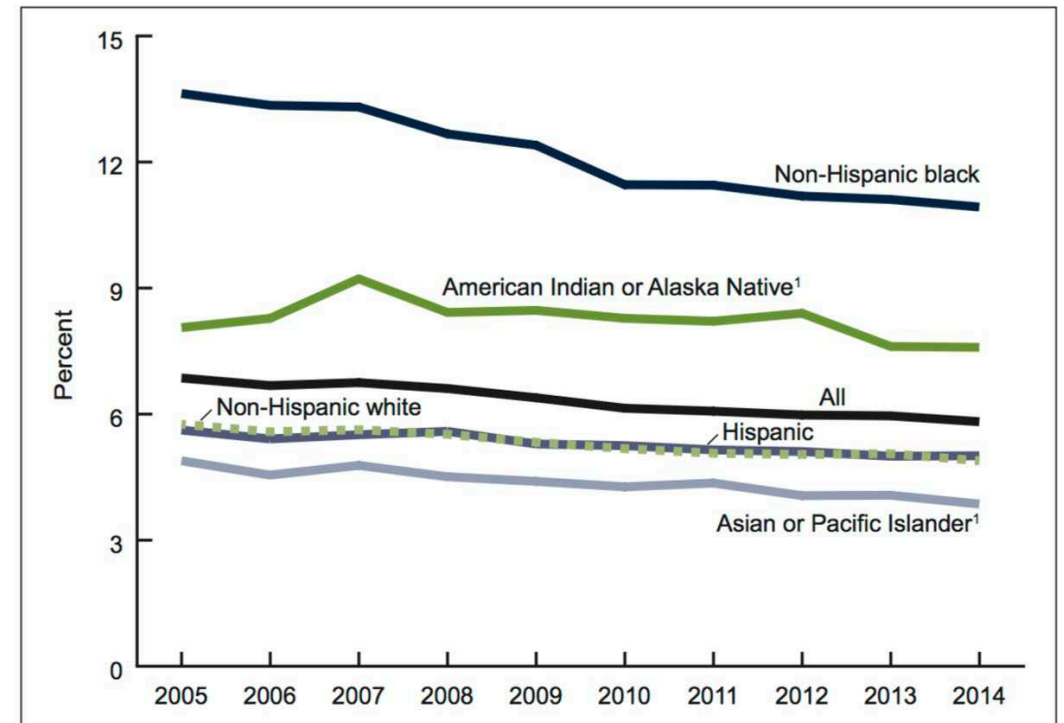
# US Maternal and Infant Mortality Rates, by RACE

Maternal Mortality: 2005-2014



Infant Mortality: 2005-2014

Figure 1. Infant mortality rates, by race and Hispanic origin of mother: United States, 2005–2014



<sup>1</sup>Includes persons of Hispanic and non-Hispanic origin.  
 NOTES: For "All" and each race and Hispanic origin group, the decline in the rate for 2005–2014 is statistically significant ( $p < 0.05$ ). Access data table for Figure 1 at: [https://www.cdc.gov/nchs/data/databriefs/db279\\_table.pdf#1](https://www.cdc.gov/nchs/data/databriefs/db279_table.pdf#1).  
 SOURCE: NCHS, National Vital Statistics System.

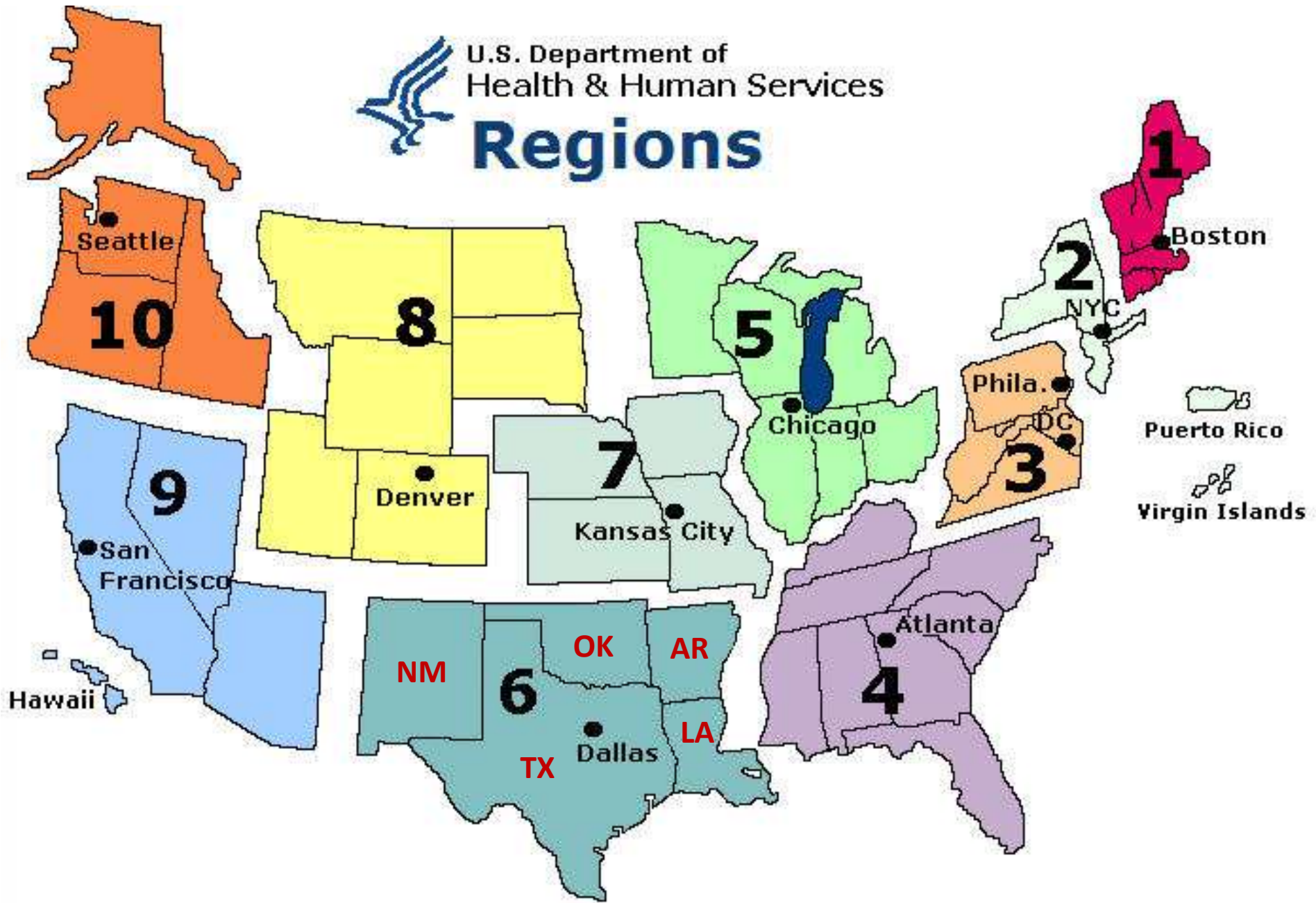
**The International Genome Project tells us that genetically we are all 99.9% the same. How do we explain this racial distribution of DEATH? How do we justify our long-term tolerance of this pattern?**



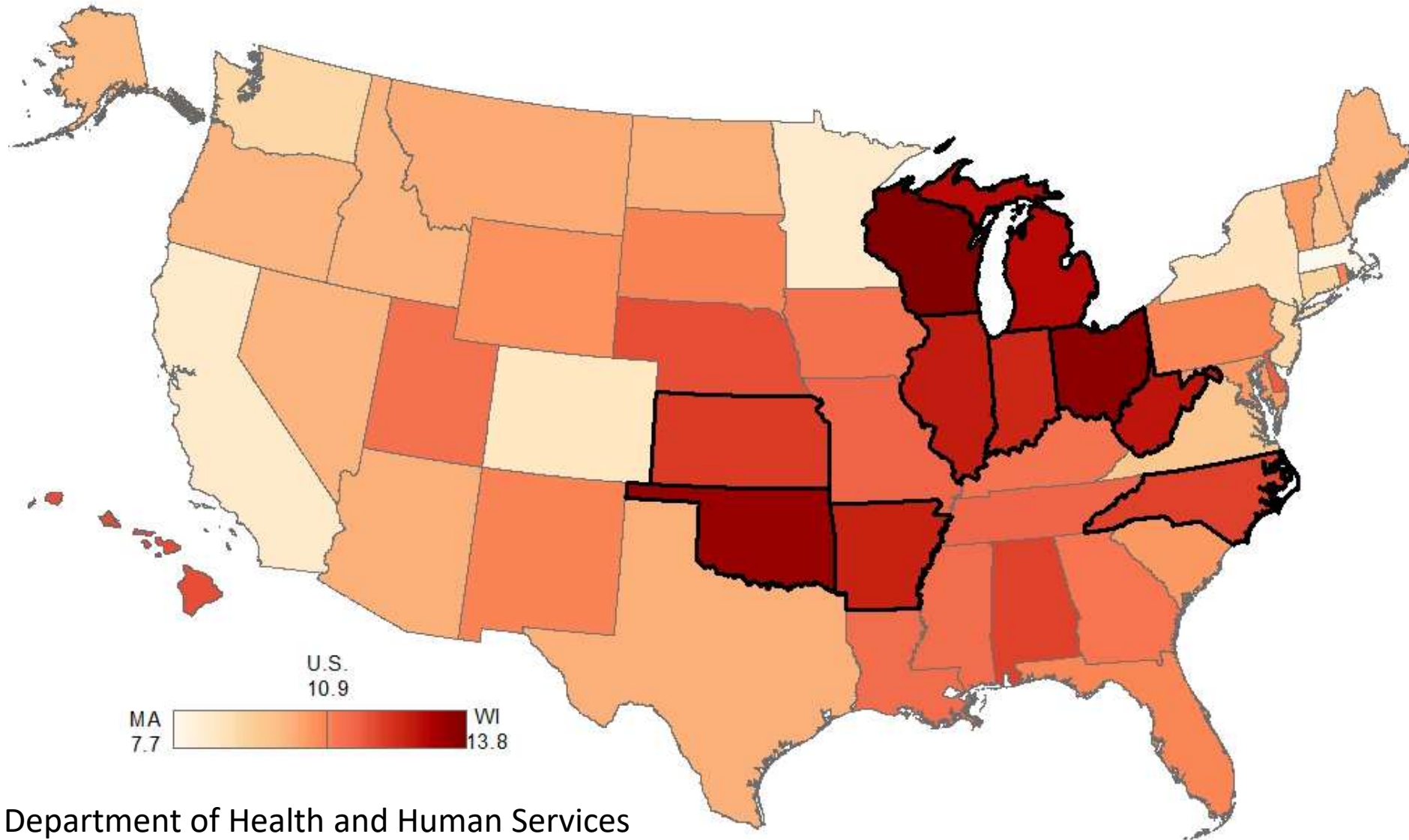


U.S. Department of  
Health & Human Services

# Regions



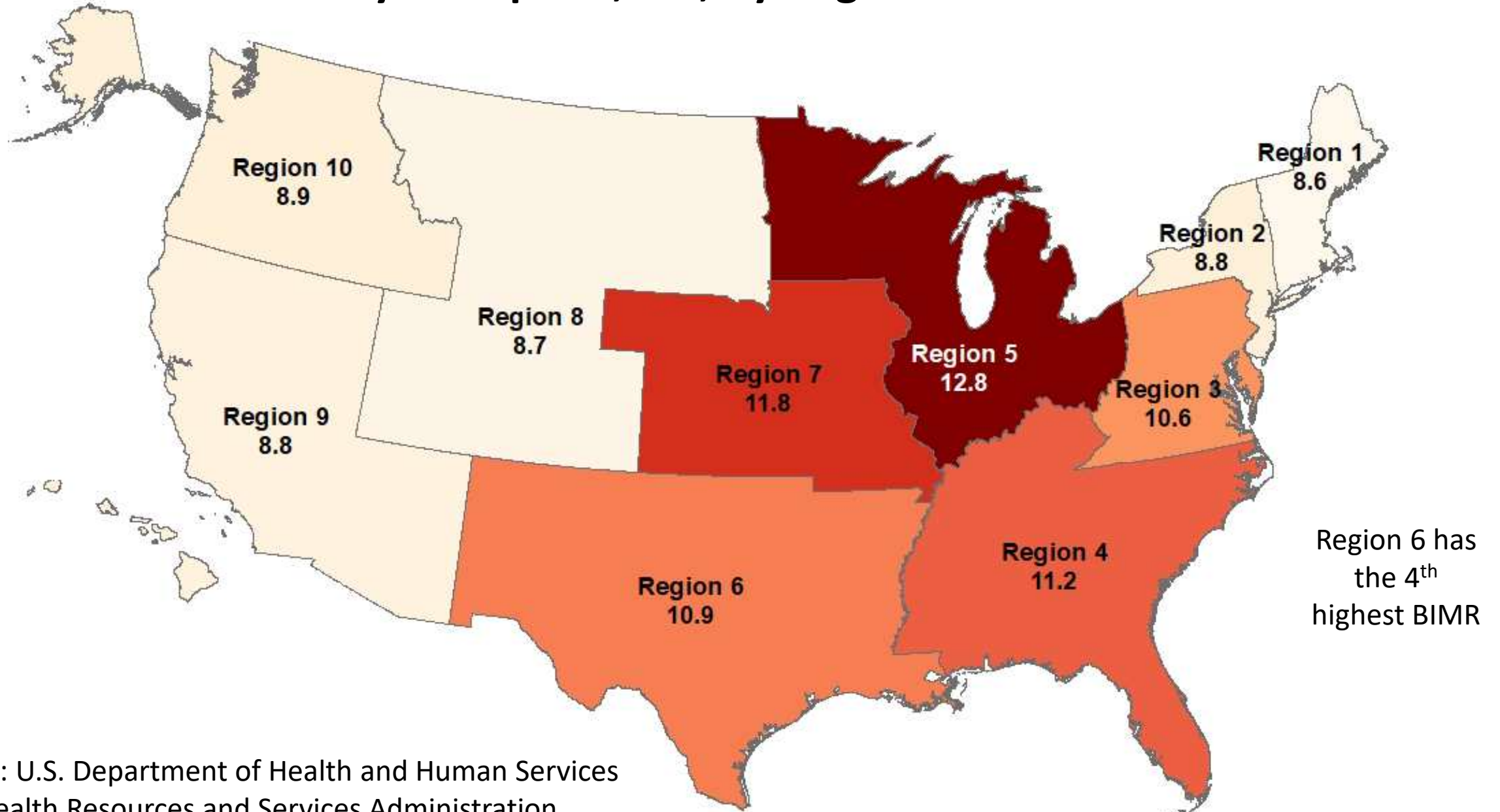
# Black Infant Mortality Rate per 1,000



Source: U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau

3 years of linked birth/infant death data (2016-2018)

# Black Infant Mortality Rate per 1,000, by Region



Source: U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau

3 years of linked birth/infant death data (2016-2018)



# USA Infant Mortality Rates per Region (3-yr aggregates, 2016-2018)

	Infant Mortality Rates per 1,000						Absolute Differences	
	Total	White	Black	Hispanic	AI/AN	API	Black-White	AI/AN-White
Region 1	4.4	3.5	8.6	5.2	8.4	3.0	5.1	5.0
Region 2	4.4	3.3	8.8	4.3	6.7	3.0	5.6	3.5
Region 3	6.2	4.8	10.6	5.2	6.6	4.2	5.8	1.8
Region 4	6.9	5.4	11.2	4.9	10.7	4.5	5.8	5.2
<b>Region 5</b>	<b>6.5</b>	<b>5.1</b>	<b>12.8</b>	<b>5.8</b>	<b>9.7</b>	<b>4.9</b>	<b>7.7</b>	<b>4.5</b>
Region 6	6.2	5.3	10.9	5.4	8.2	4.3	5.6	2.9
Region 7	6.0	5.2	11.8	6.1	8.6	4.4	6.5	3.3
Region 8	5.2	4.6	8.7	5.4	9.0	5.4	4.0	4.3
Region 9	4.6	3.7	8.8	4.5	8.2	3.6	5.1	4.5
Region 10	4.6	4.2	8.9	4.6	8.3	3.9	4.7	4.1
<b>U.S. Total</b>	<b>5.8</b>	<b>4.8</b>	<b>10.9</b>	<b>5.0</b>	<b>8.6</b>	<b>3.9</b>	<b>6.2</b>	<b>3.9</b>

Source: National Center for Health Statistics' Linked Birth / Infant Death Data Files, 2016-2018

Racial/ethnic categories are mutually exclusive with all racial categories being non-Hispanic and Hispanic ethnicity being of any race

AI/AN = American Indian / Alaska Native      API = Asian / Pacific Islander

Darker shading corresponds to higher rates and rate disparities

# Primary source of data for this presentation:

## National Vital Statistics Reports

Volume 70, Number 8

### Deaths: Final Data for 2019

by Jiaquan Xu, M.D., Sherry L. Murphy, B.S., Kenneth D. Kochanek, M.A., and Elizabeth Arias, Ph.D.,  
Division of Vital Statistics



July 26, 2021

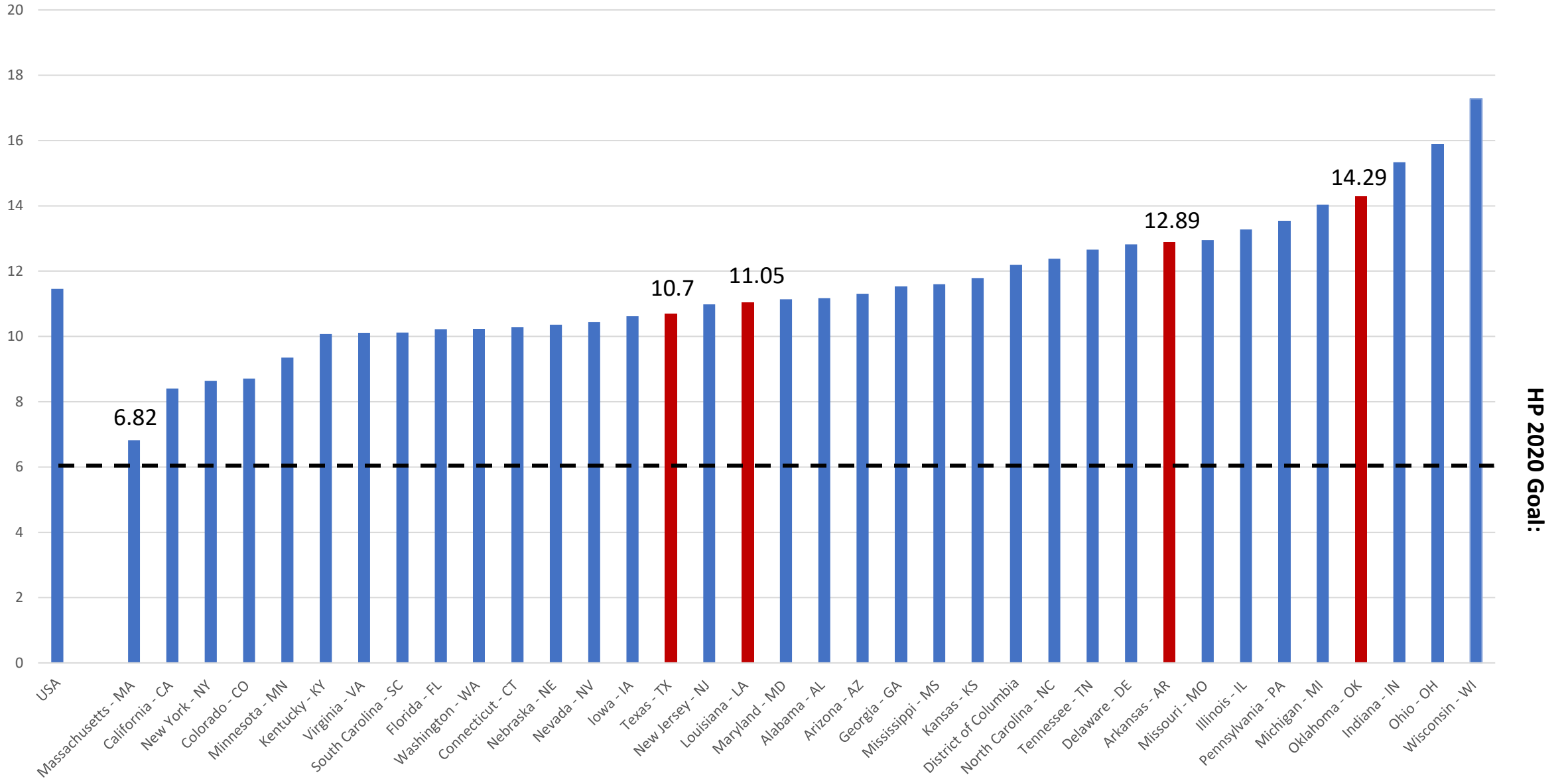
**Table 15. Number of infant deaths and mortality rates, by race and Hispanic origin for the United States, each state, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas, and by sex for the United States, 2019**

[Rates are infant (under 1 year) deaths per 1,000 live births in specified group. Infant deaths are based on race or Hispanic origin of decedent; live births are based on race or Hispanic origin of mother; see Technical Notes in this report. Race and Hispanic-origin categories are consistent with 1997 Office of Management and Budget standards; see Technical Notes]

Area and sex	Total <sup>1</sup>		Non-Hispanic, single-race white <sup>2</sup>		Non-Hispanic, single-race black <sup>2</sup>		Hispanic <sup>3</sup>	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
United States <sup>4</sup> .....	20,921	5.58	8,366	4.37	6,092	11.12	4,607	5.20
Male .....	11,674	6.09	4,719	4.81	3,342	12.00	2,571	5.68
Female .....	9,247	5.05	3,647	3.90	2,750	10.20	2,036	4.69
Alabama .....	449	7.66	186	5.57	219	12.03	36	7.33
Alaska .....	48	4.89	13	*	2	*	4	*
Arizona .....	429	5.40	124	3.88	49	10.79	192	5.71
Arkansas .....	251	6.86	137	5.94	79	11.29	23	5.63
California .....	1,879	4.21	410	3.39	212	9.48	994	4.87
Colorado .....	306	4.87	120	3.33	32	10.51	122	6.70
Connecticut .....	153	4.47	62	3.38	38	9.00	46	5.27
Delaware .....	66	6.25	16	*	32	11.41	8	*
District of Columbia .....	44	4.85	4	*	37	8.96	3	*
.....	.....	.....	.....	.....	.....	.....	.....	.....

Series of articles published each year by the NCHS.

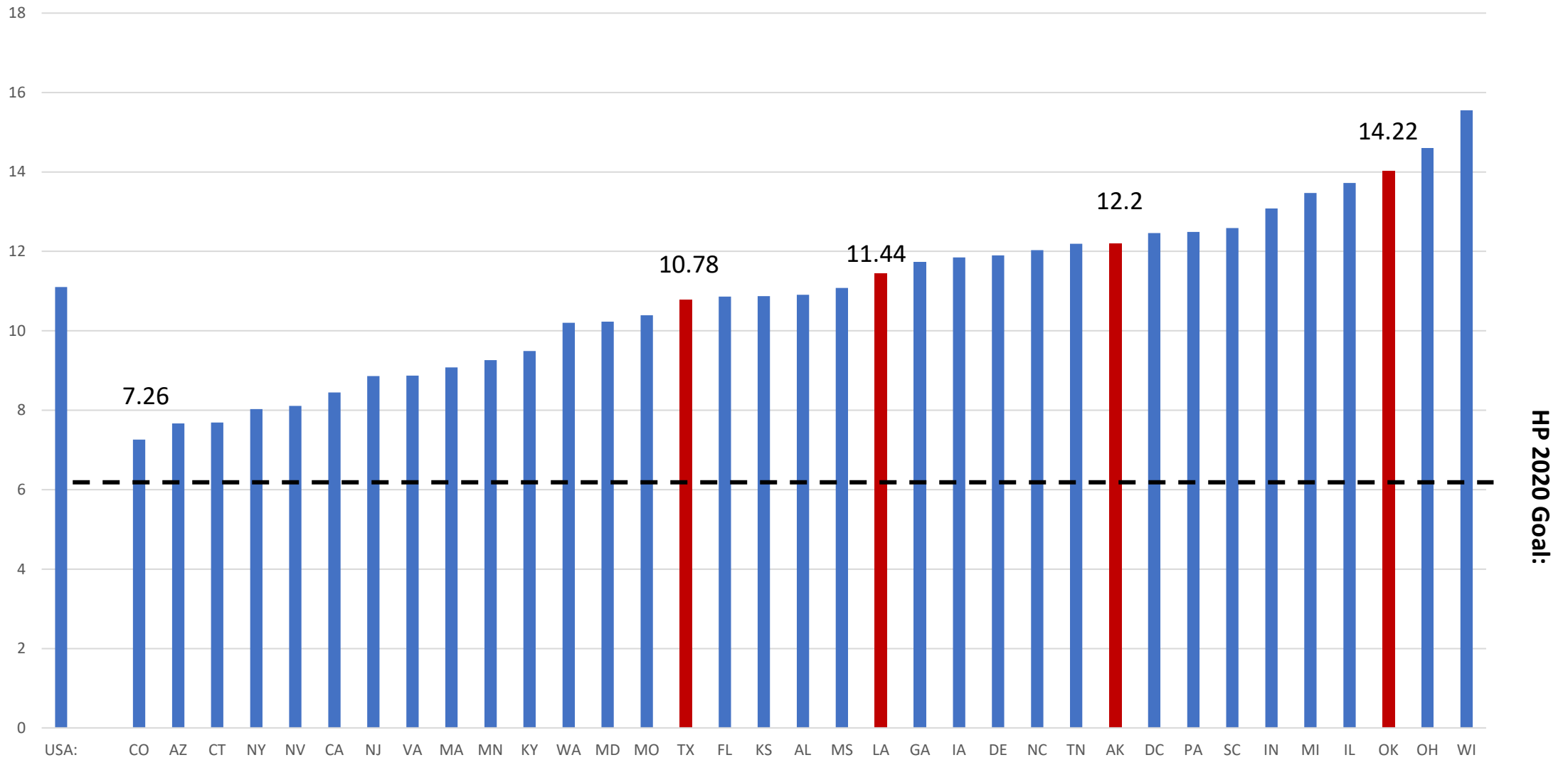
# 2017 USA Black IMR by States



Source: Deaths: Final Data for 2017, NCHS

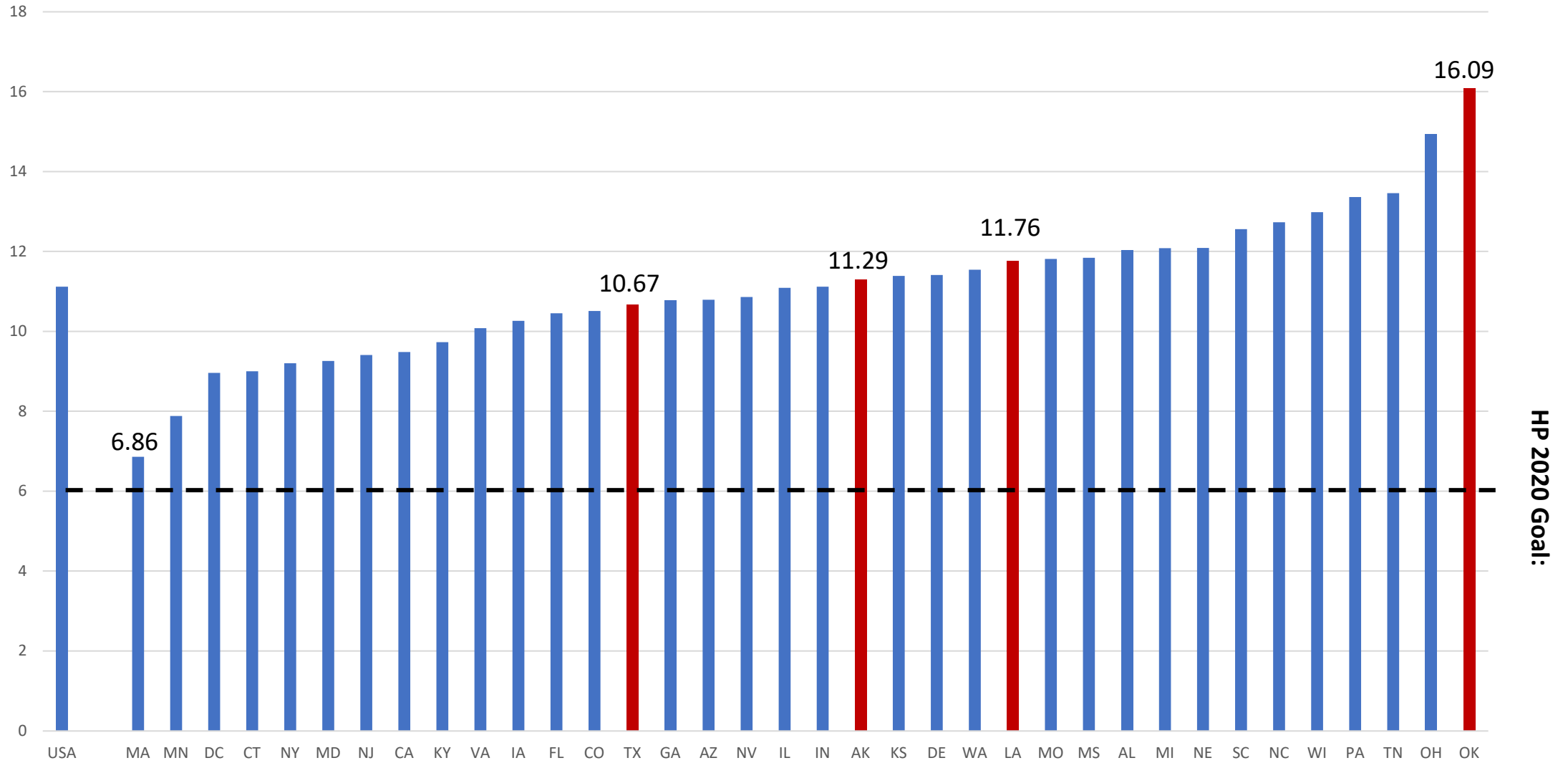


# 2018 USA Black IMR by States:



Source: Deaths: Final Data for 2018, NCHS

# 2019 USA Black IMR by States:



Source: Deaths: Final Data for 2019, NCHS

**Why investigate Infant Mortality?**

**&**

**Why an interest in inequities?**



# Accelerating Upstream Together: Achieving Infant Health Equity in the United States by 2030

Michael D. Warren, MD, MPH, Ashley H. Hirai, PhD, Vanessa Lee, MPH

# Accelerating Upstream Together:

“Infant mortality is a generally accepted barometer of the overall health and well-being of a population. In the United States, the infant mortality rate has steadily declined over the last century, to a rate of **5.6 deaths per 1000 live births in 2019**. Celebration of continued improvement can mask the reality that **20, 927** infants died in 2019 before reaching their first birthday. For perspective, assuming that a jumbo jet carries 400 people, the current number of infant deaths would be equivalent to a jumbo jet crashing, killing everyone on board, every week for an entire year. If that happened in this country, air traffic would likely halt after a crash or two, the government would investigate, and the industry would quickly deploy solutions to prevent further deaths. Yet, for infant deaths, it seems that our society is complacent to accept the slow, if steady, pace of progress as sufficient improvement. **Moreover, infant deaths are not evenly distributed across populations. Non-Hispanic Black, Native Hawaiian/Other Pacific Islander (NHOPI), and American Indian/Alaska Native (AI/AN) infants die at a rate of approximately twice that of non-Hispanic White infants** (2.4, 1.8, and 1.8 times greater, respectively). Populations with the highest infant mortality rates in the United States have the longest histories of racial subjugation, violence, and cultural trauma beginning with their forcible removal from native lands and loss of sovereignty.”

# Accelerating Upstream Together:

Putting the 20, 927 infant deaths in 2019 into perspective...



assuming that a jumbo jet carries 400 people...



# Accelerating Upstream Together:

**“...the current number of infant deaths would be equivalent to a jumbo jet crashing, killing everyone on board, every week for an entire year.”**

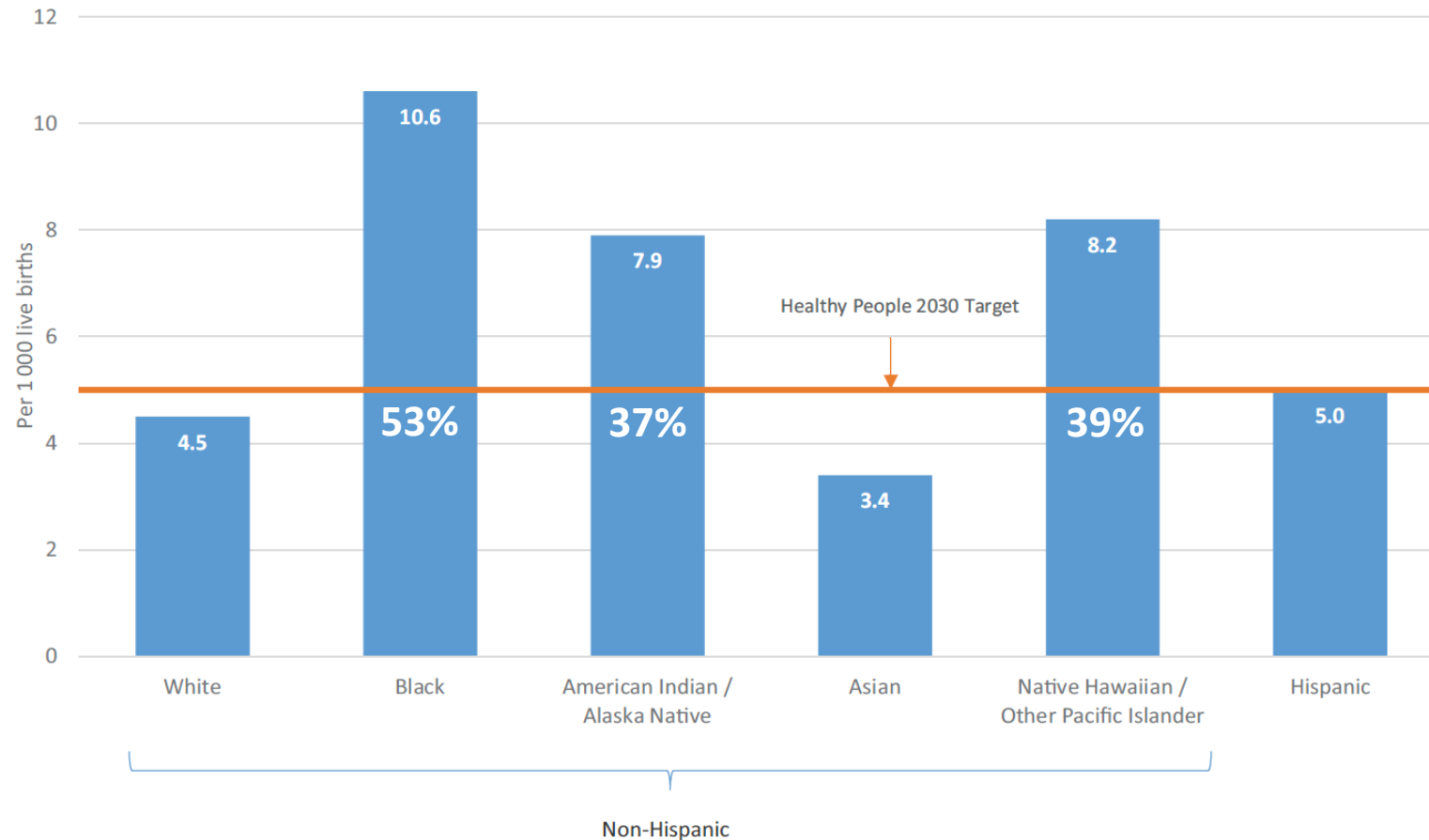


“As a nation, we cannot view the current infant mortality rate as acceptable, nor can we continue to accept that Black, NHOPI, and AI/AN babies have lower chances of surviving their first year of life than do their White, Hispanic, and Asian counterparts. We must accelerate the reduction of infant mortality rates, with a particular focus on accelerating equity.”



# USA 2019 IMRs, by RACE

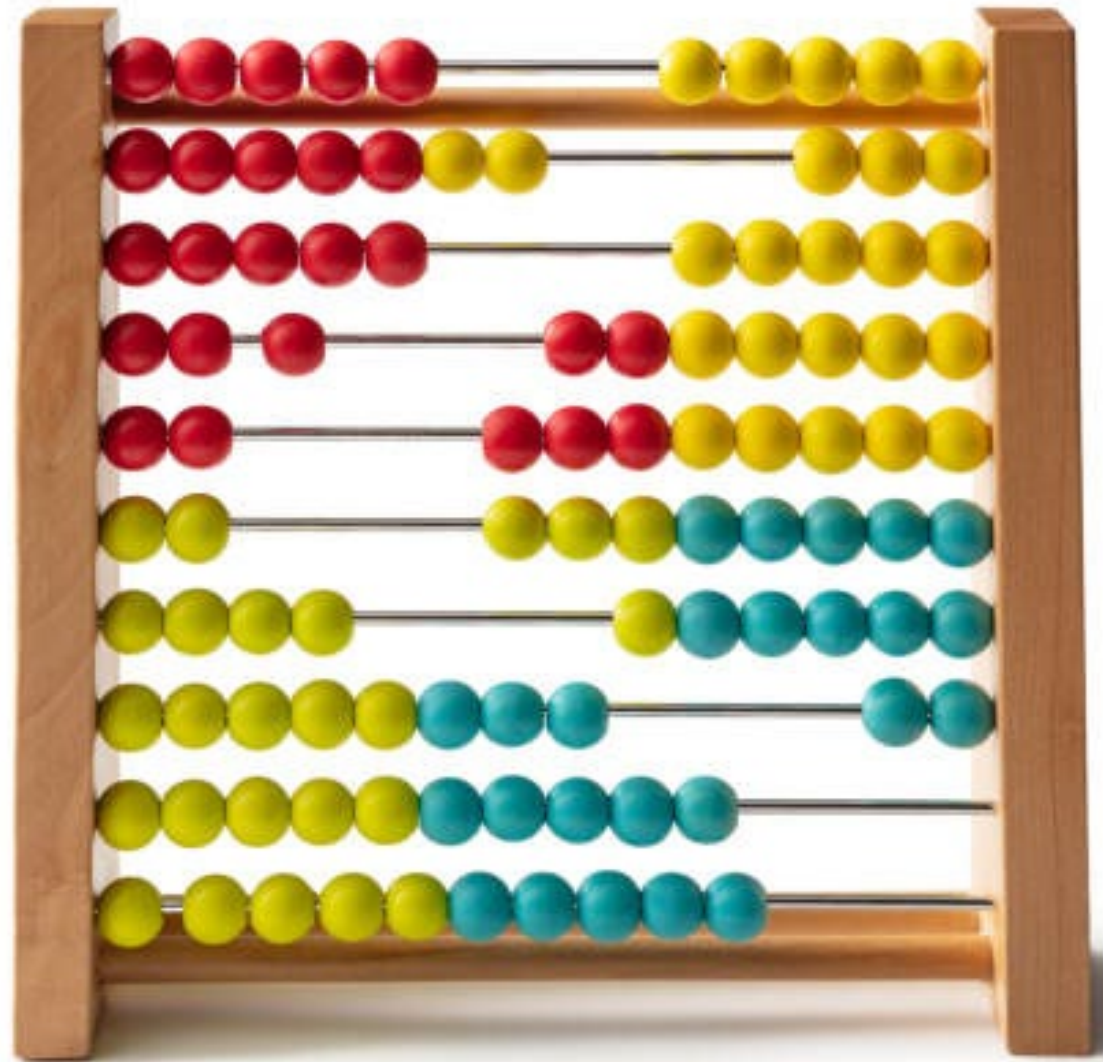
*% of improvement needed to achieve HP 2030 goal*



## FIGURE 1

Infant mortality rates by race/ethnicity, 2019. Source: National Center for Health Statistics. Period Linked Birth/Infant Death File 2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

**Texas IM Data:**



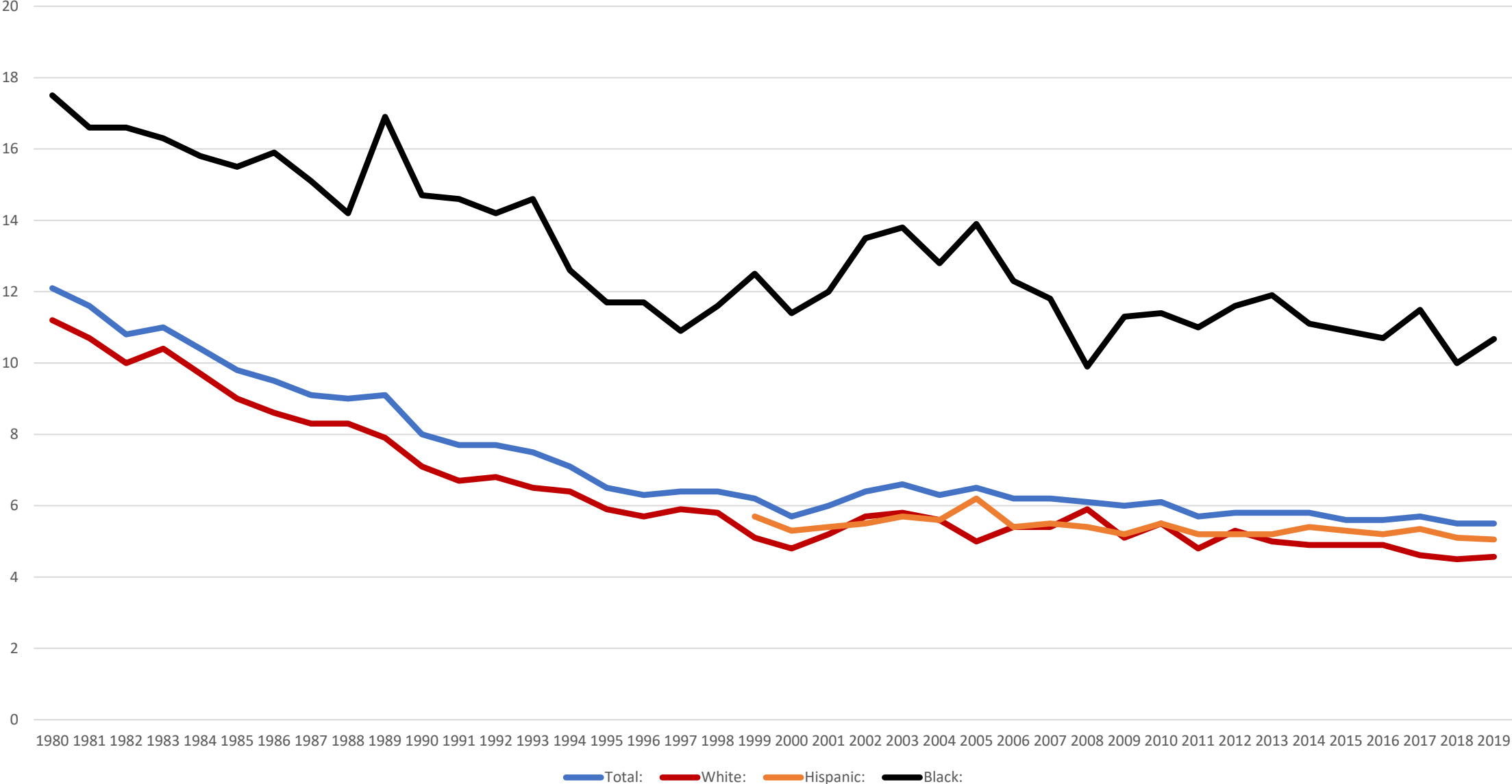
# Black to White Racial Disparity in Infant Mortality:

1. BIMR in Region 6
2. Texas IMR c/w other States
3. Disparity or Inequity ratio (TX)
4. “Survival Time-lag” between black and white infants (TX)
5. **Healthy People:** Infant deaths in reference to Healthy People Goals (TX)

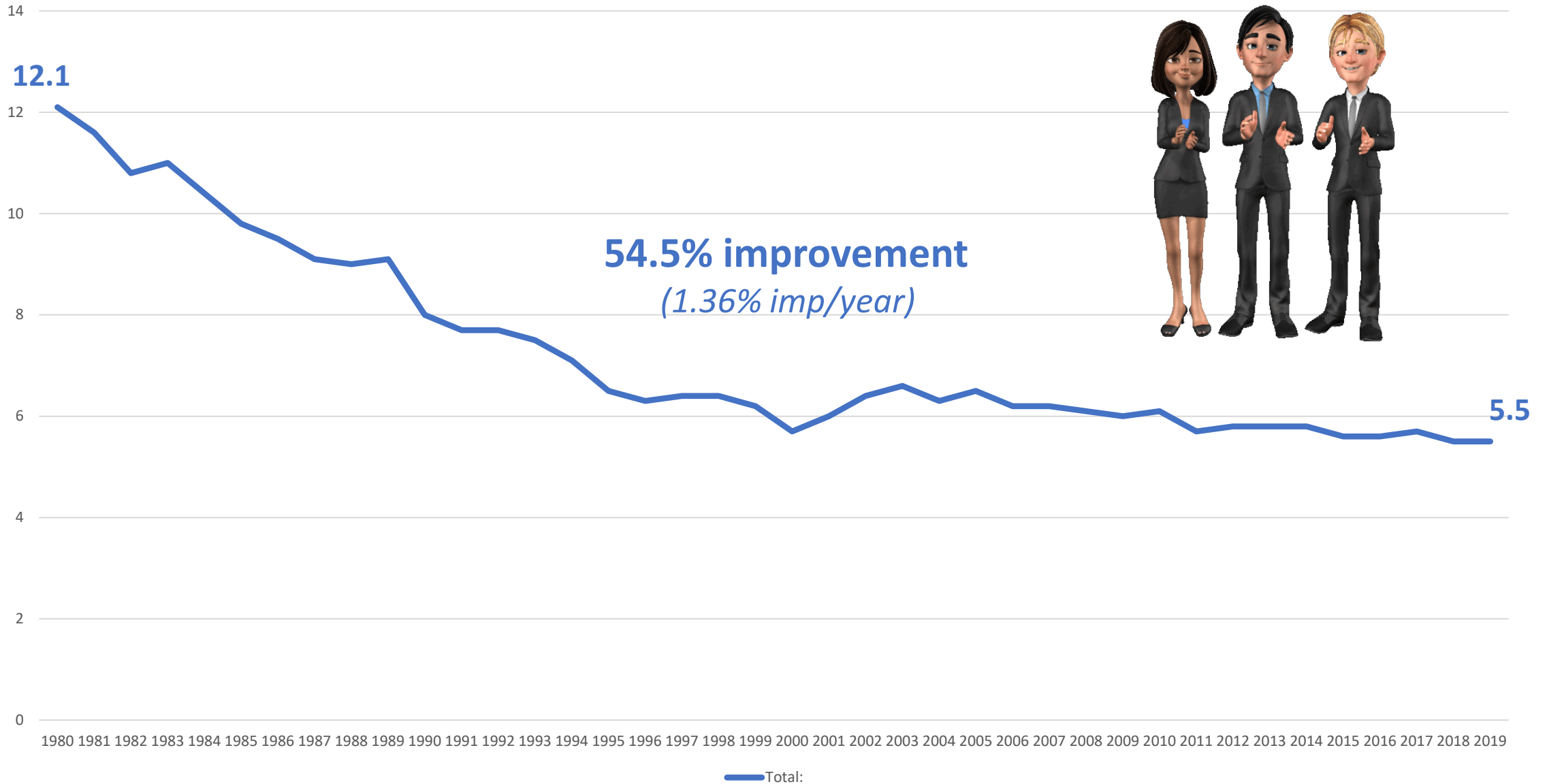




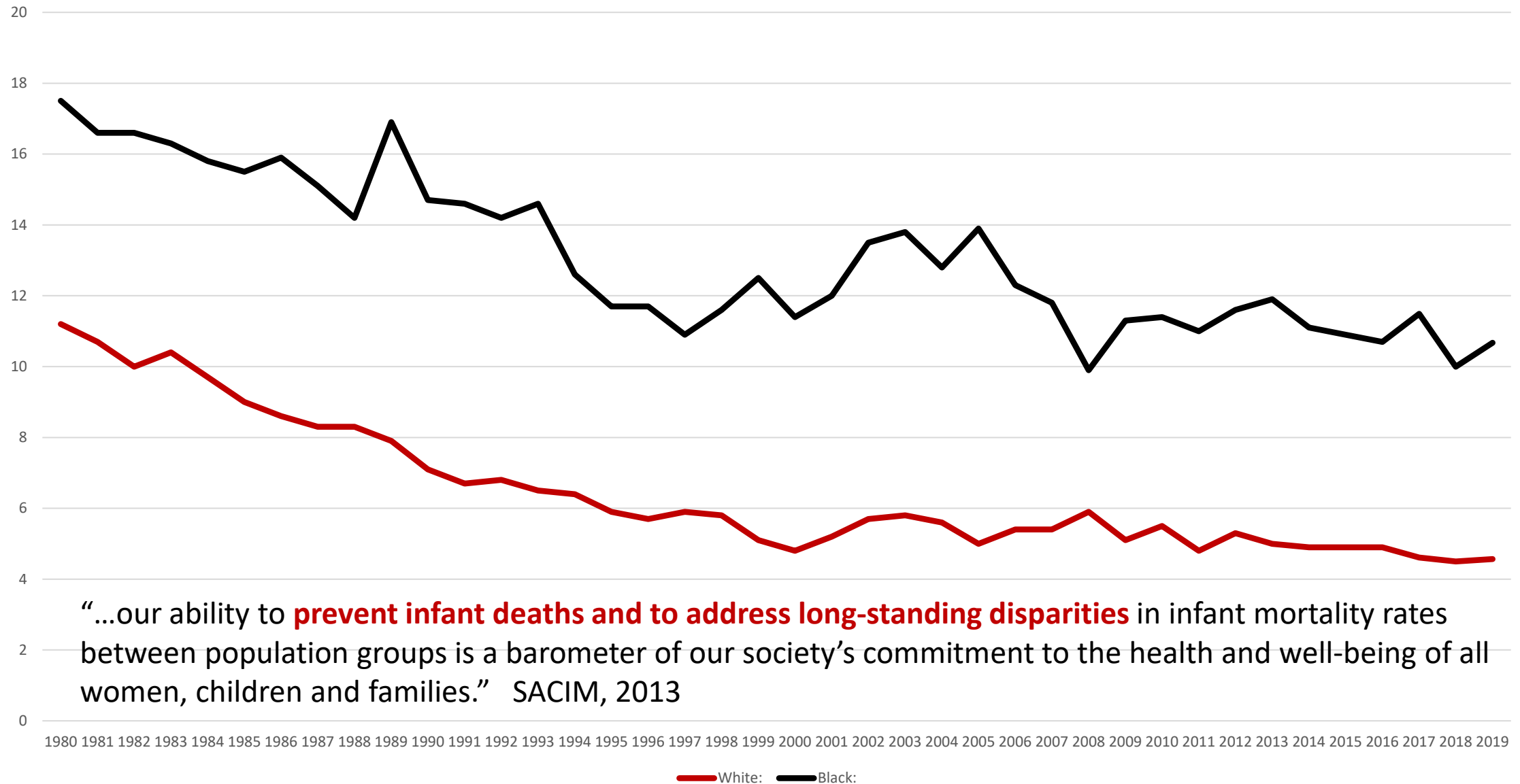
# Texas Infant Mortality Rates: Total, White, Hispanic & Black: 1980-2019



# Texas Total Infant Mortality Rate: 1980-2019 (40-years)



# Texas Infant Mortality Rates: White & Black: 1980-2019



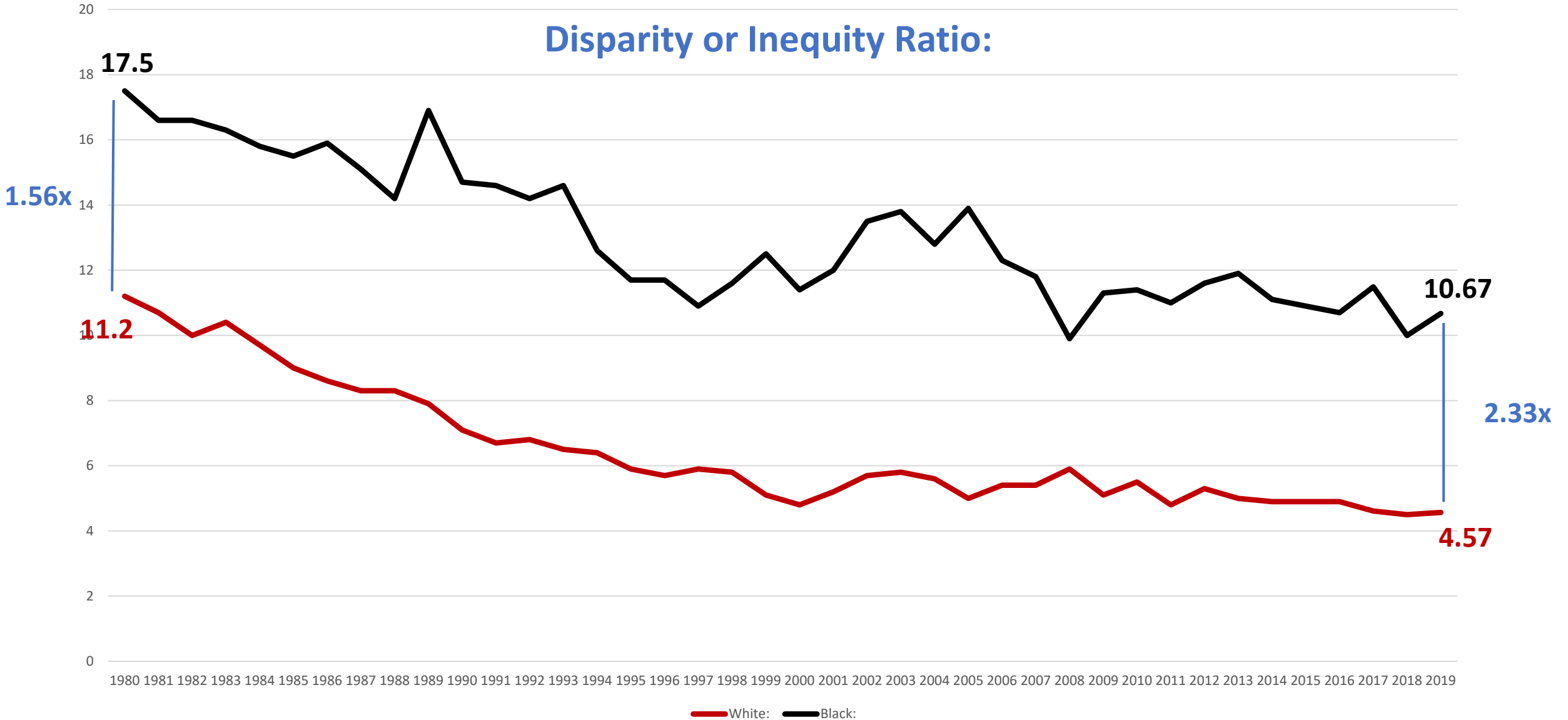
“...our ability to **prevent infant deaths and to address long-standing disparities** in infant mortality rates between population groups is a barometer of our society’s commitment to the health and well-being of all women, children and families.” SACIM, 2013

# Black/White Disparity or Inequity Ratio:



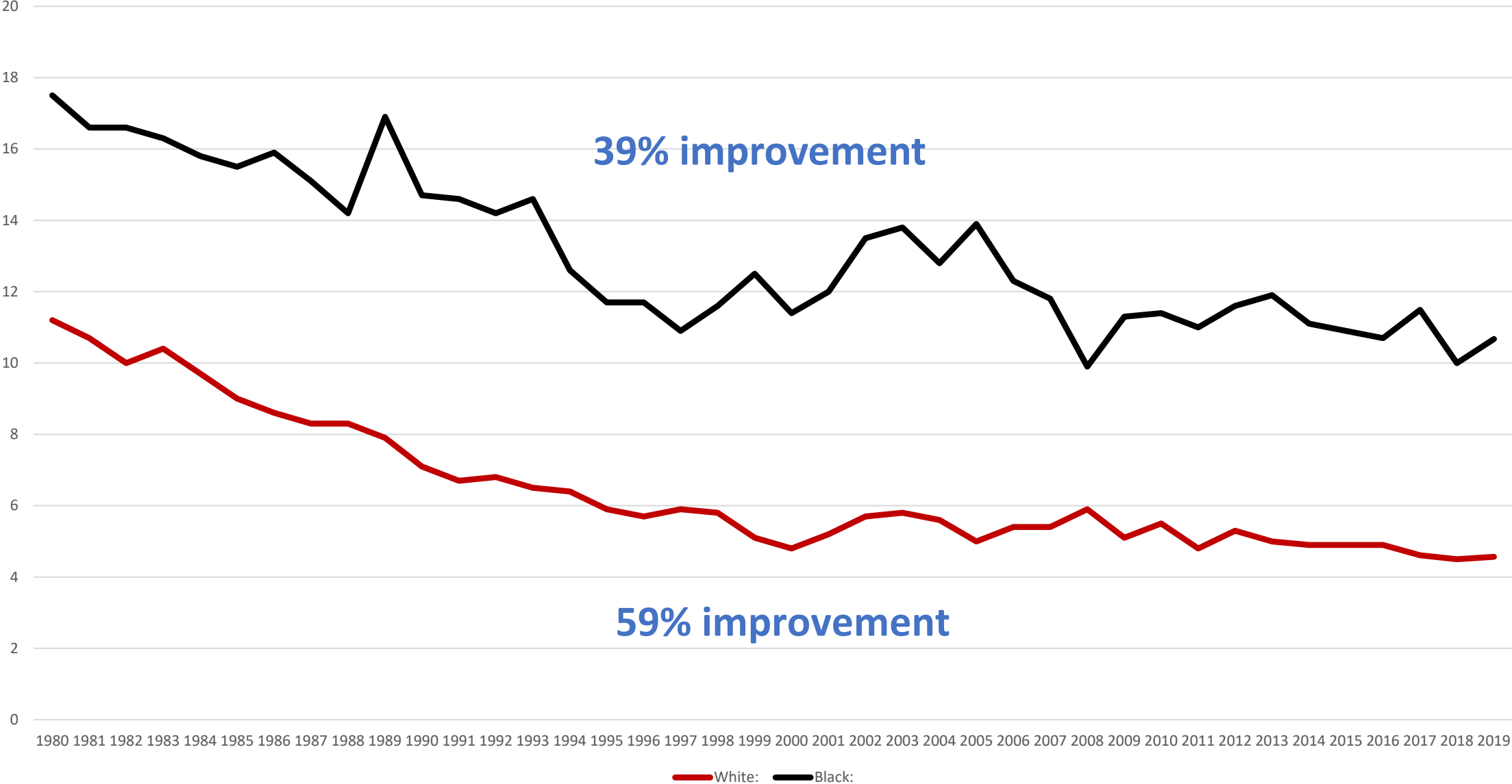
# Texas Infant Mortality Rates: White & Black: 1980-2019

Disparity or Inequity Ratio:

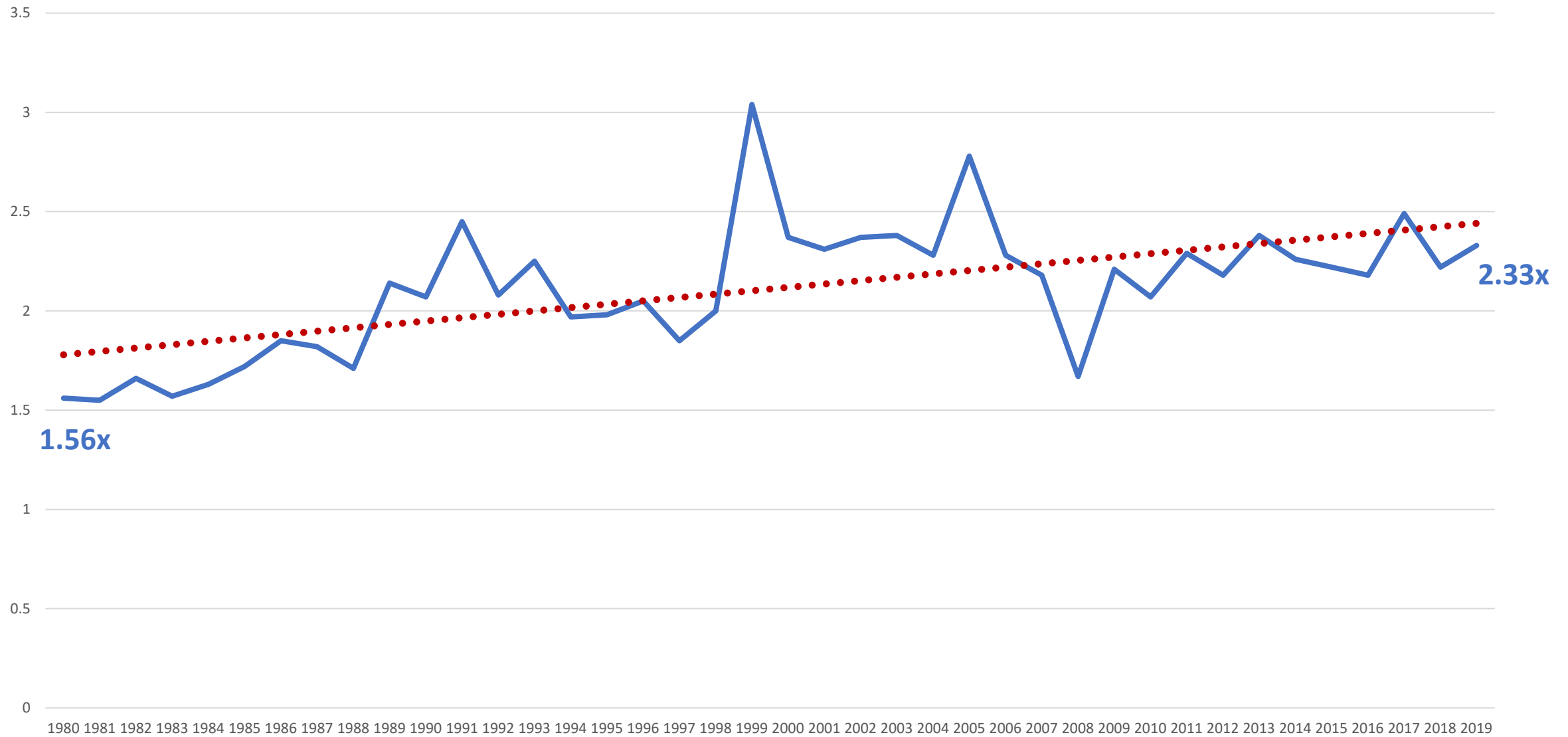




# Texas Infant Mortality Rates: White & Black: 1980-2019



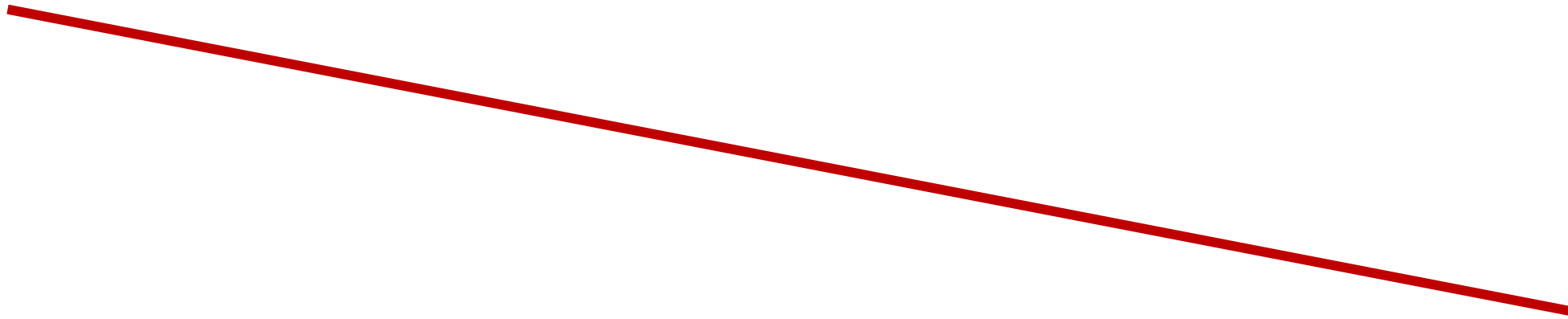
# Texas Annual Black/White IMR Disparity Ratios: 1980-2019 (with Trend Line)



If the B/W IMR Disparity Ratio was the same each year (i.e., that Black babies died at 2x the rate of White babies every year), the disparity graph might look like this...

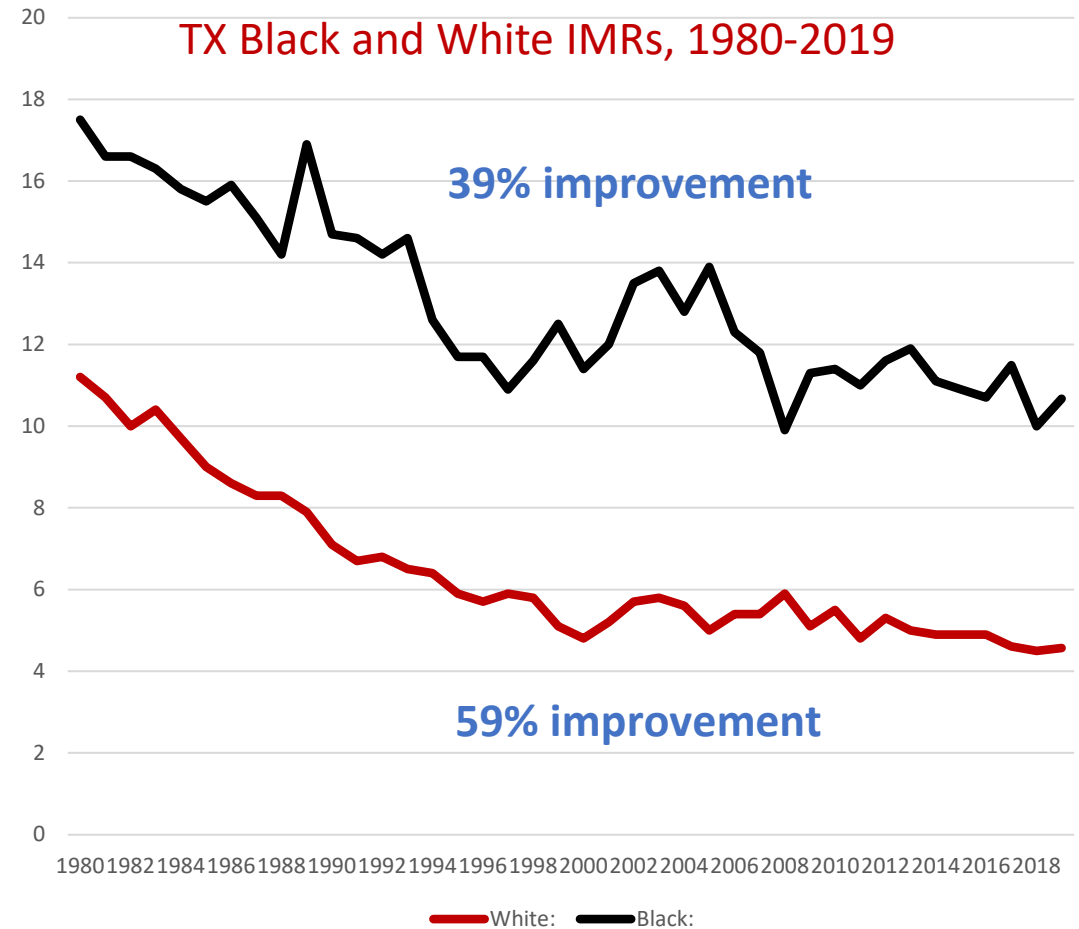
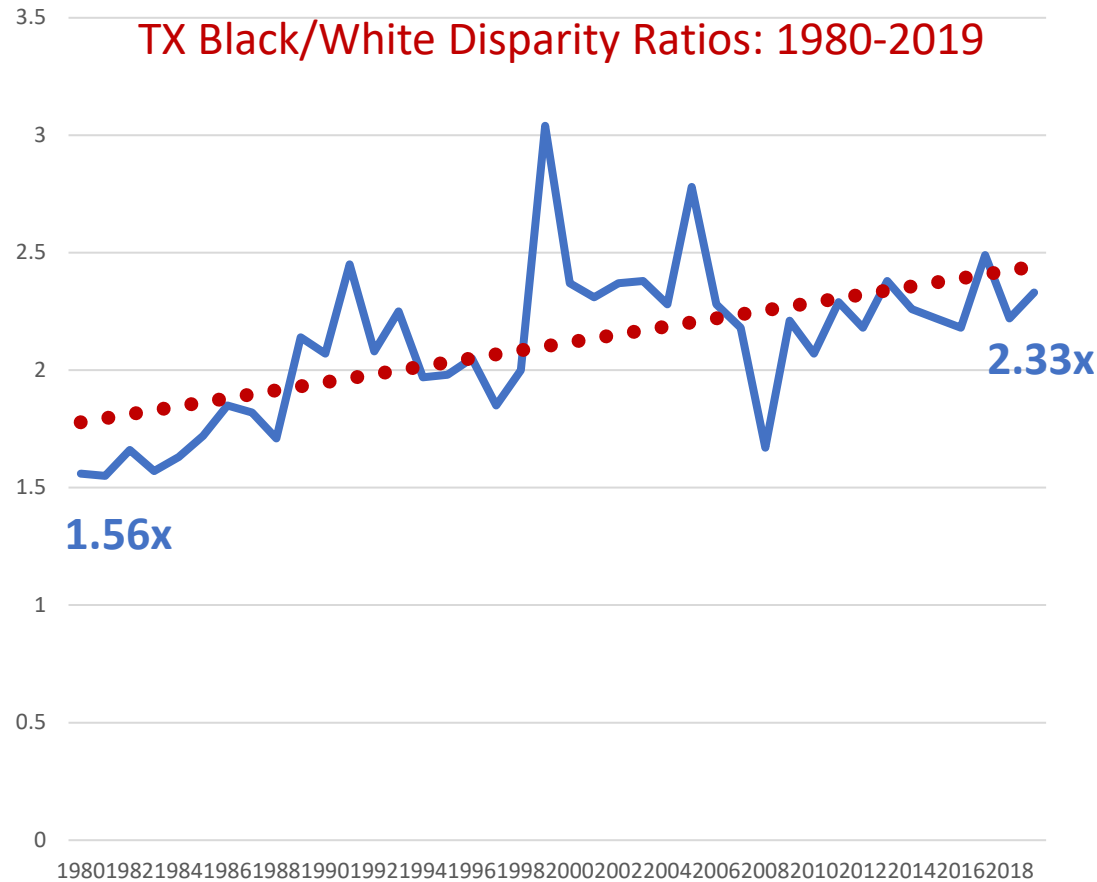


And if Black babies consistently died at rates less than White babies (i.e., the pattern needed for the BIMR to catch up to the WIMR...so Black babies eventually have the same opportunity of surviving the first year of life as White babies), the B/W disparity graph would need to look something like this...



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 “**unfair**”, “**unjust**”, “**immoral**” ...

Yet, for DECADES we have accepted IMR patterns that demonstrate that White babies survive the first year of life at multiples of the rate of Black babies...and no one complains. We behave as if this is normal. **THIS IS NOT NORMAL!!!!**

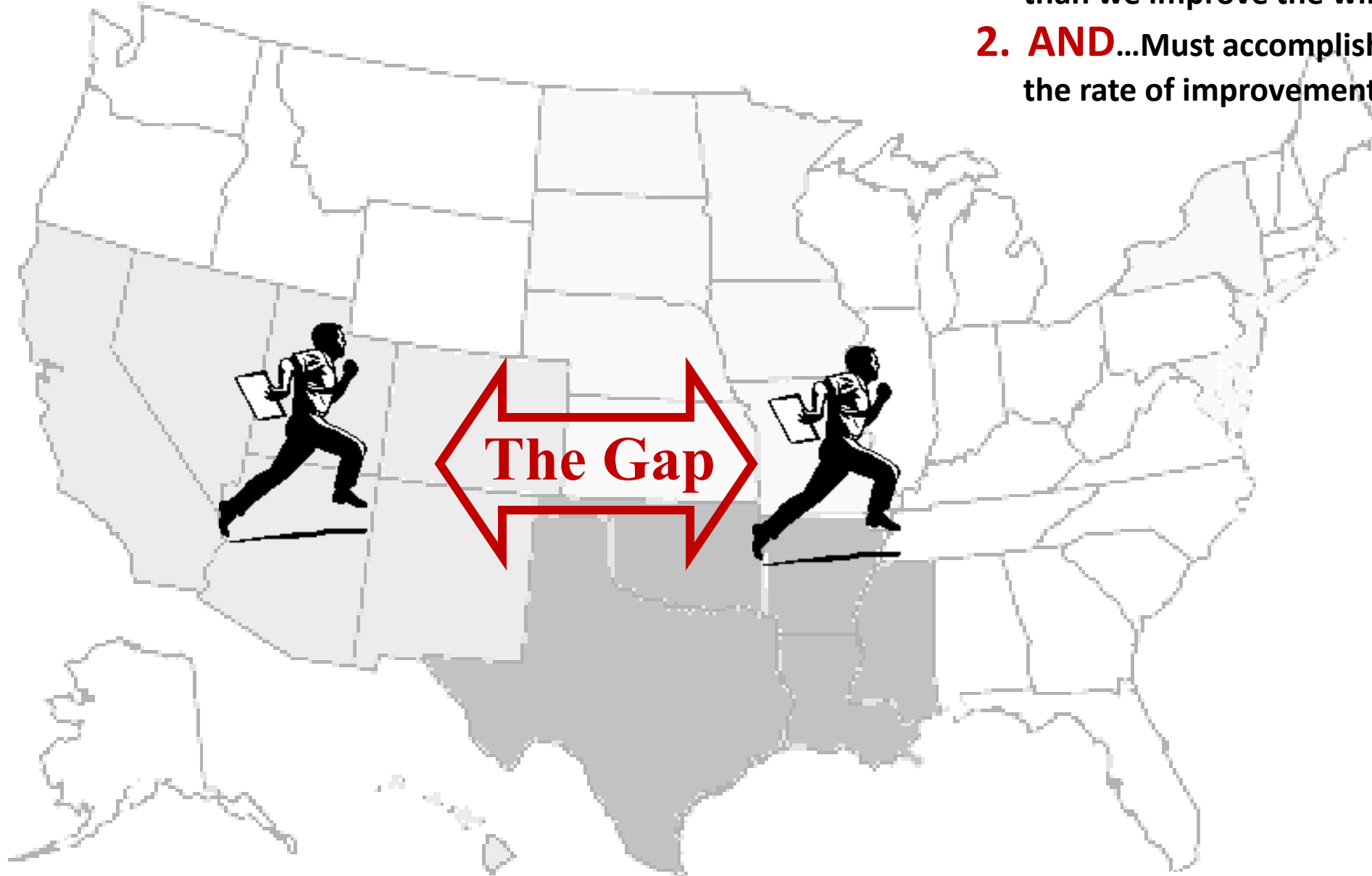




# Erasing the Gap(s):

To eliminate the disparity, we need to:

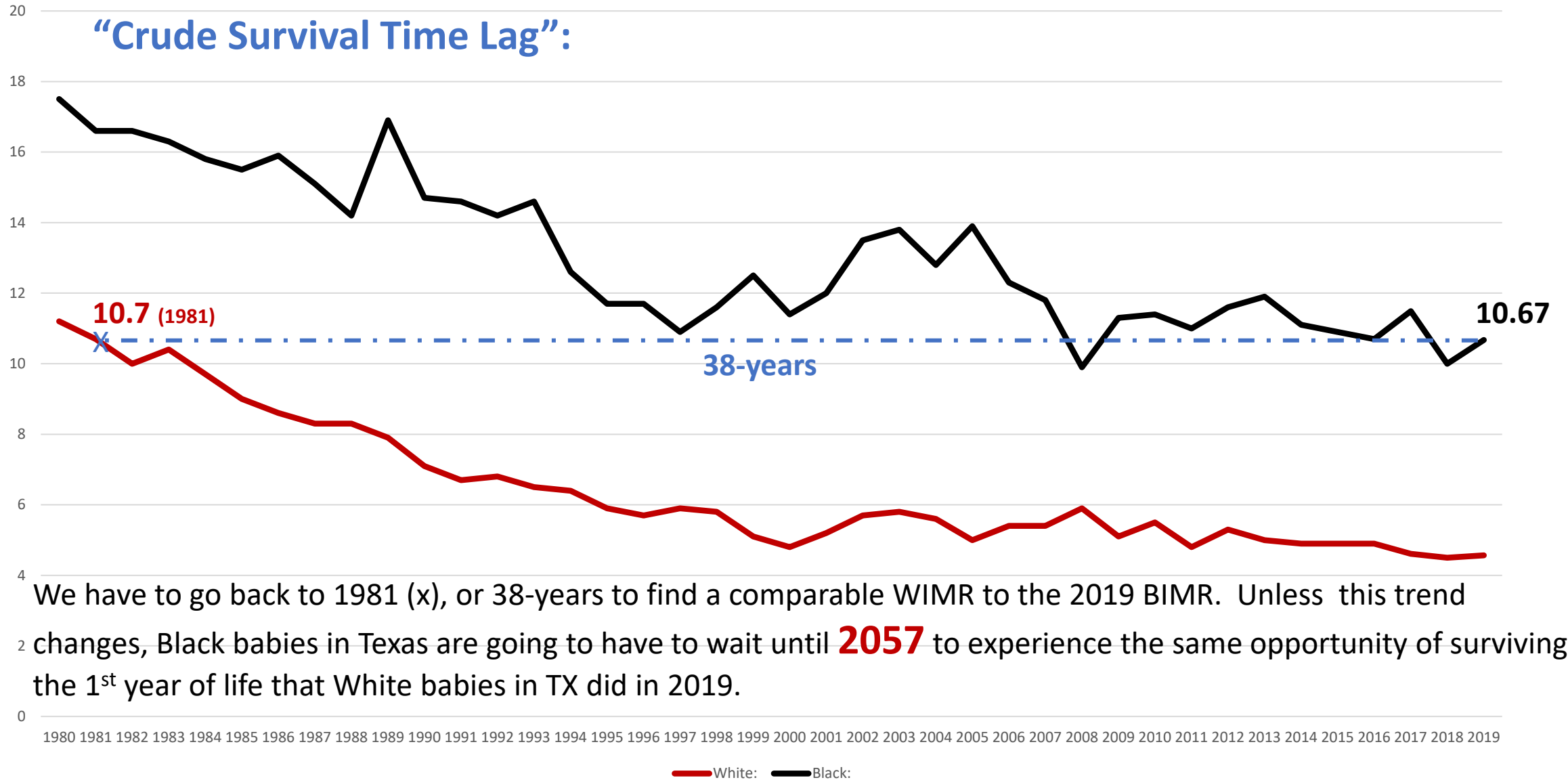
1. Improve the bimir at a faster pace than we improve the wimir
2. **AND**...Must accomplish #1 w/o compromising the rate of improvement of wimir



**“Crude Survival Time-Lag”:**



# Texas Infant Mortality Rates: White & Black: 1980-2019 (40-years)

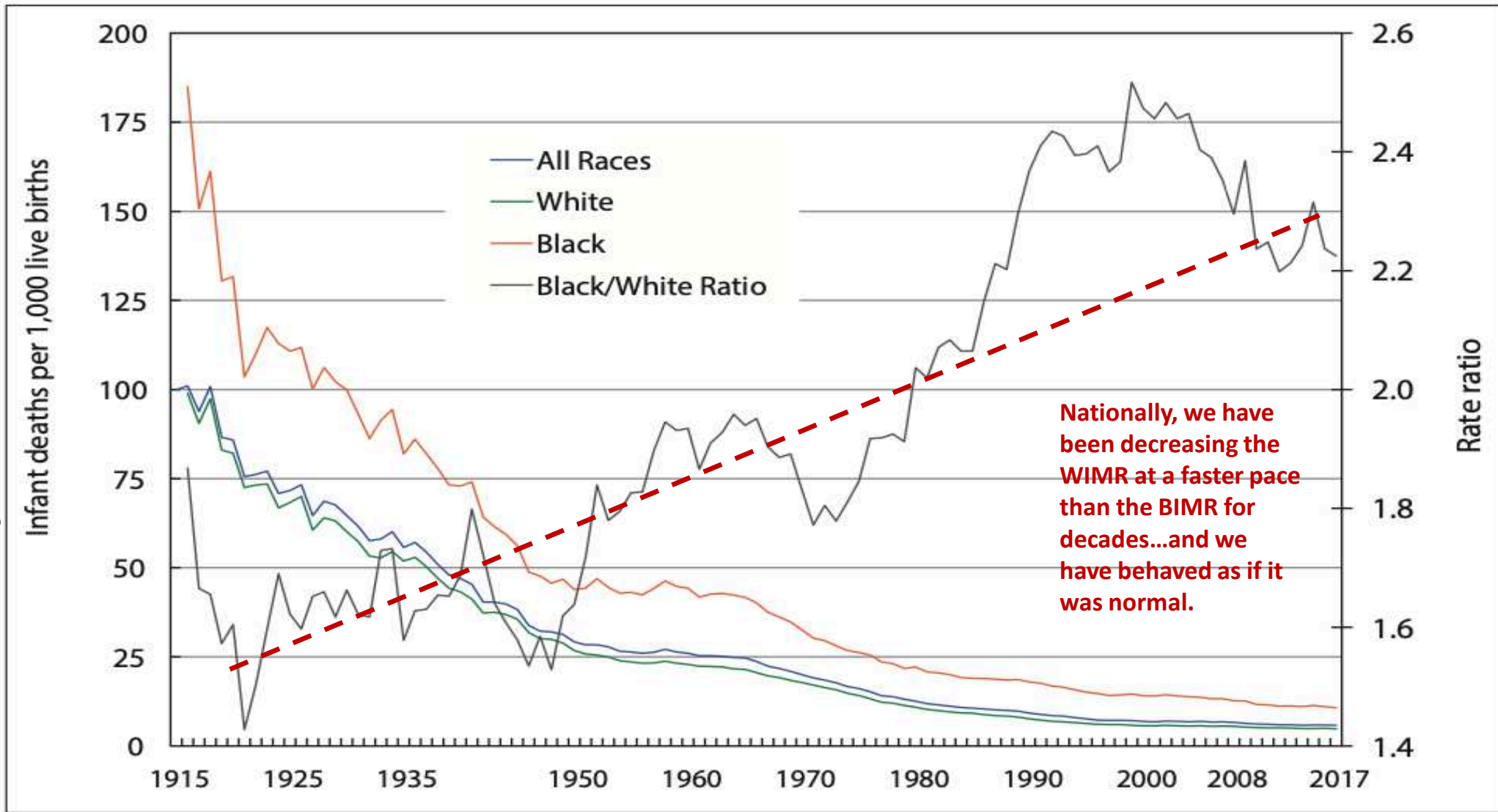


We have to go back to 1981 (x), or 38-years to find a comparable WIMR to the 2019 BIMR. Unless this trend changes, Black babies in Texas are going to have to wait until **2057** to experience the same opportunity of surviving the 1<sup>st</sup> year of life that White babies in TX did in 2019.

**Infant Mortality in the United States, 1915-2017: Large Social Inequalities have persisted for over a Century...& these social disparities contribute to disparities in IMRs**

**Gopal K. Singh, PhD, MS, MSc;1 Stella M. Yu, ScD, MPH2**

Trend line superimposed by art james



Nationally, we have been decreasing the WIMR at a faster pace than the BIMR for decades...and we have behaved as if it was normal.

**Figure 2: Infant Mortality Rate by Race, United States, 1915-2017**

**Source: US National Vital Statistics System.**

KICKING  
THE  
"CAN'T"  
DOWN  
THE ROAD

Mike Keefe THE DENVER POST 7-23-11

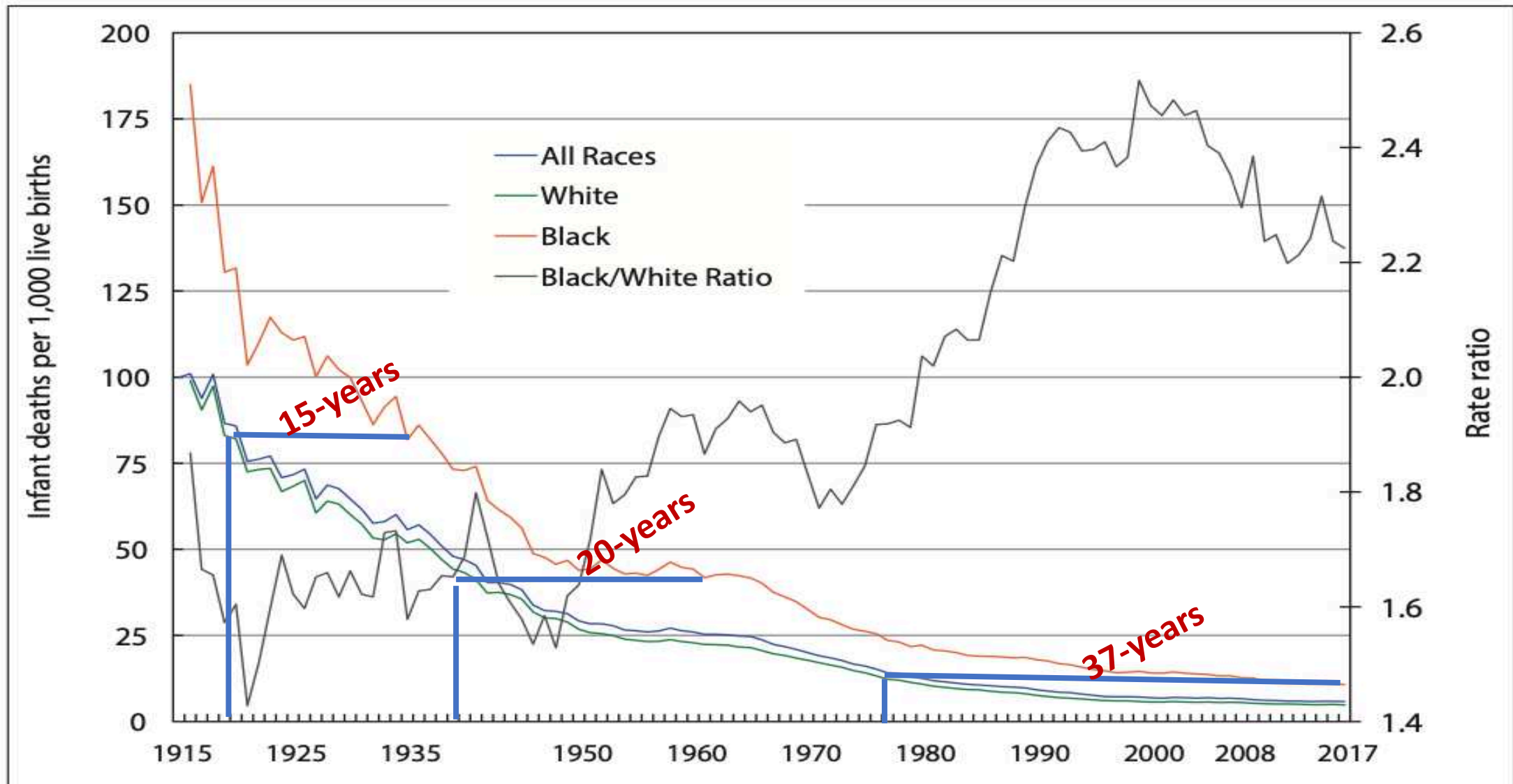


Black Maternal &  
Infant Mortality

EQUITY



The  
"Crude"  
Survival  
Time lag  
is getting  
larger  
over  
time



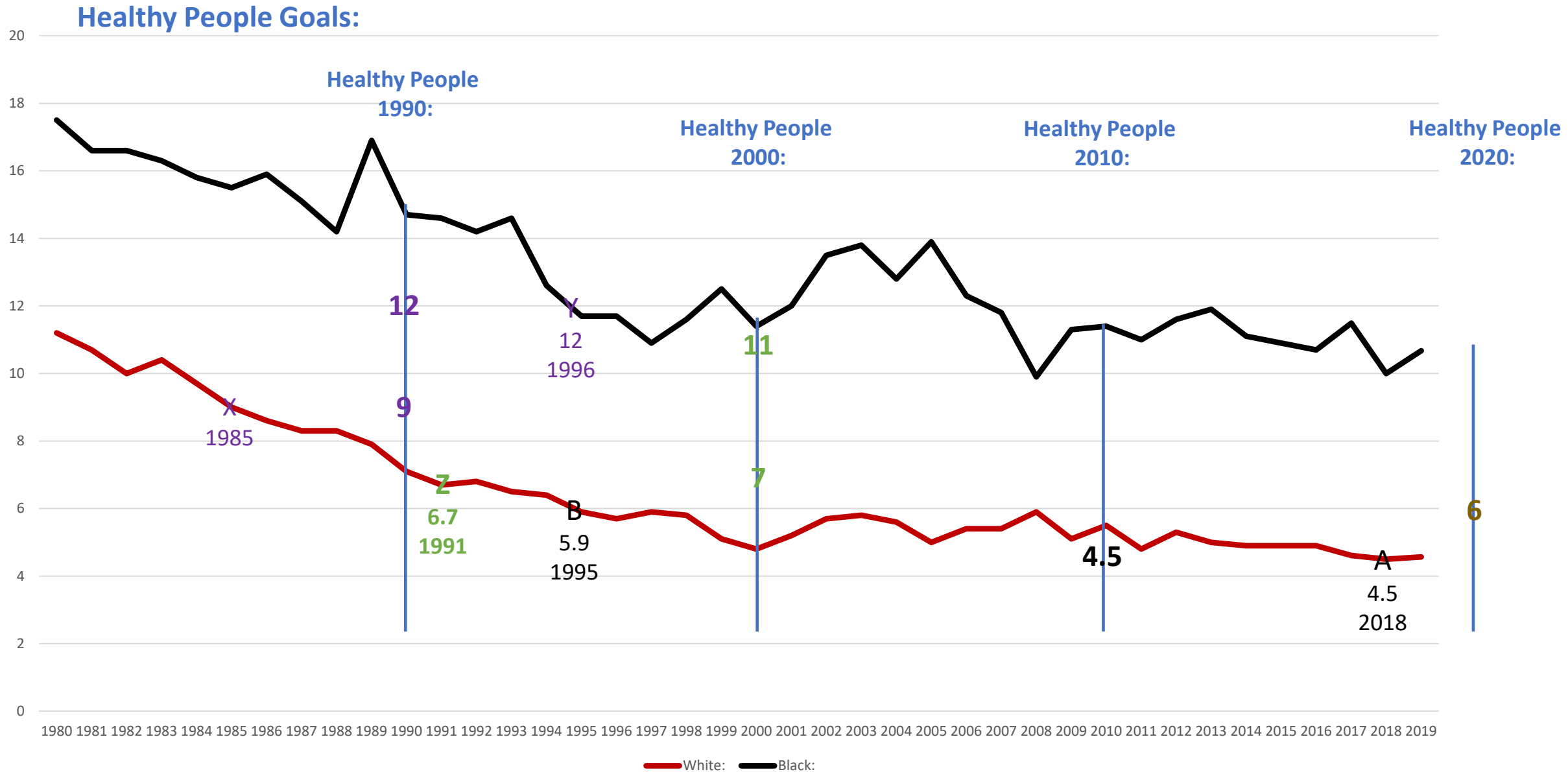
**Figure 2: Infant Mortality Rate by Race, United States, 1915-2017**

Source: US National Vital Statistics System.

# **“Healthy People” History & achieving Texas IMRs by B/W Race:**

- ***1990-Healthy People***
- ***2000-Healthy People***
- ***2010-Healthy People***
- ***2020-Healthy People***

# Texas Infant Mortality Rates: White & Black: 1980-2019



# Healthy People 2030: IMR Goal = 5

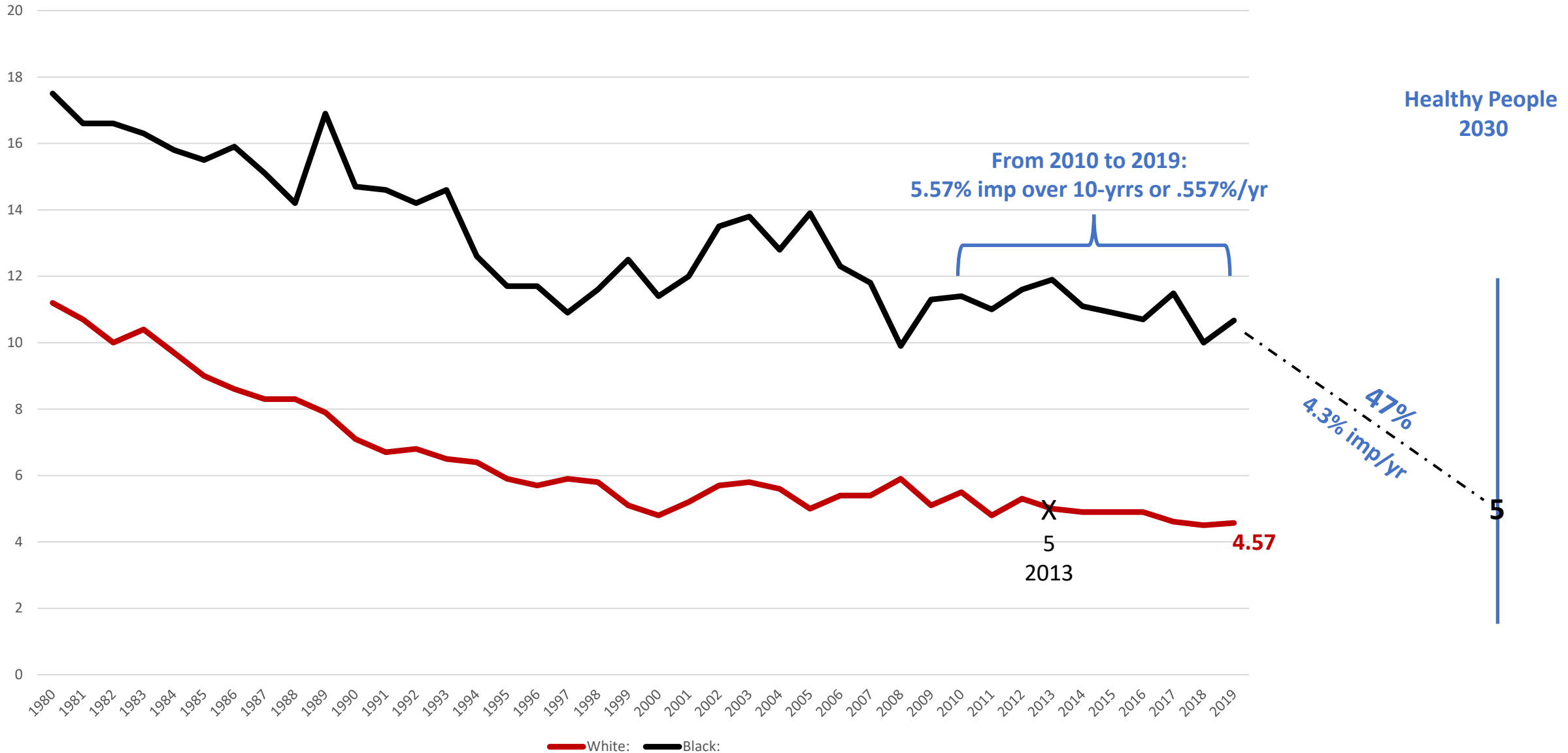
“Every year in the United States, thousands of infants die from causes like preterm birth, low birth weight, and sudden infant death syndrome. Although the rate of infant deaths has fallen over the past decade, there are disparities by race/ethnicity, income, and geographic location. Equitable, high-quality care for moms and babies and community-based interventions can help reduce the rate of infant deaths.

The U.S. Department of Health and Human Services released [Healthy People 2030](#), the nation's 10-year plan for addressing our most critical public health priorities and challenges. Since 1980, HHS has set measurable objectives and targets to improve the health and well-being of the nation.

**Healthy People has led the nation with its focus on social determinants of health, and continues to prioritize economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context as factors that influence health. Healthy People 2030 also continues to prioritize health disparities, health equity, and health literacy.”**

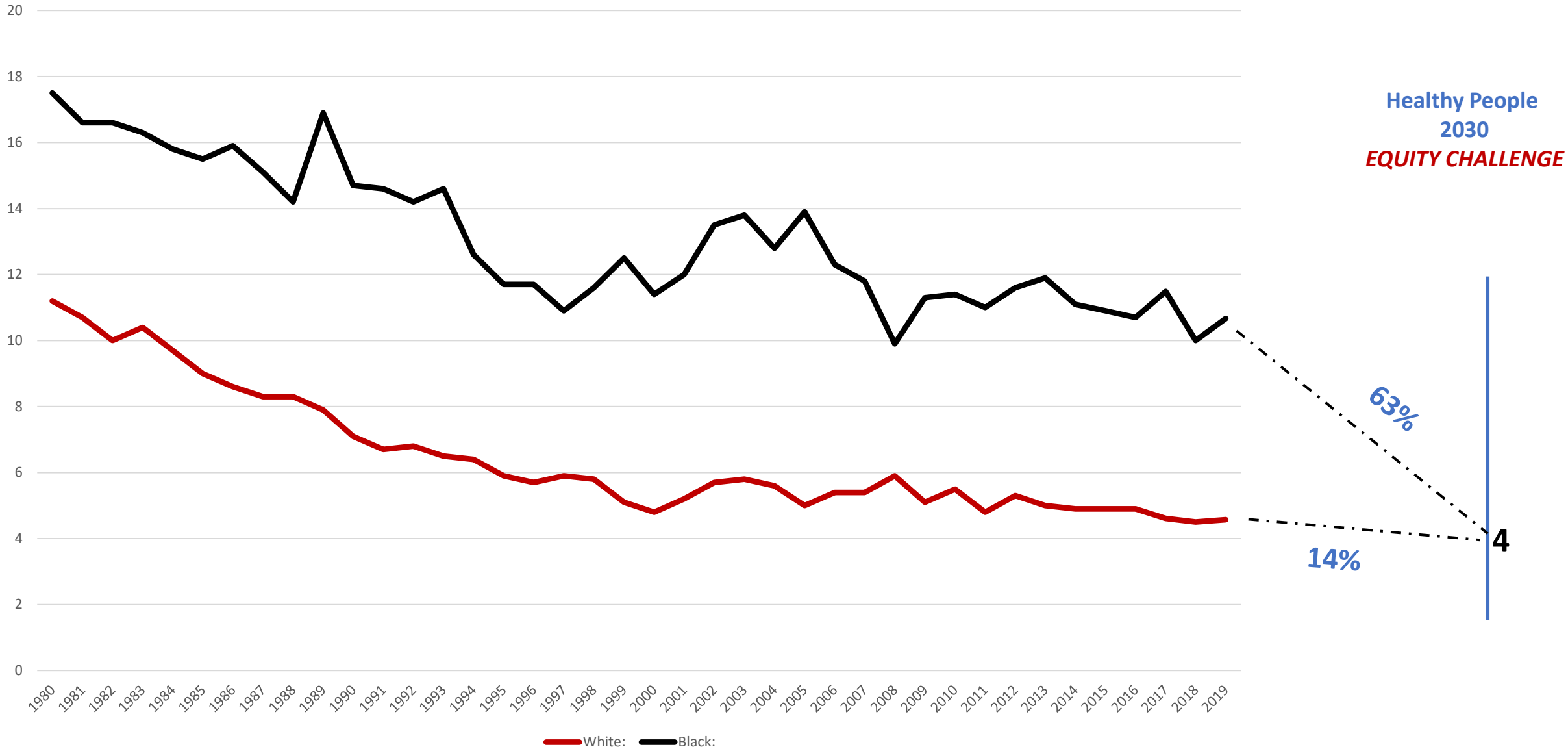
# Texas Infant Mortality Rates: White & Black: 1980-2019

Healthy People 2030 Goal:



# Texas Infant Mortality Rates: White & Black: 1980-2019

Healthy People 2030 Goal:





# Texas IMR Data:

Texas Infant Mortality:					
	Year:	Total:	White:	Hispanic:	Black:
	1980	12.1	11.2		17.5
	1981	11.6	10.7		16.6
	1982	10.8	10		16.6
	1983	11	10.4		16.3
	1984	10.4	9.7		15.8
	1985	9.8	9		15.5
	1986	9.5	8.6		15.9
	1987	9.1	8.3		15.1
	1988	9	8.3		14.2
	1989	9.1	7.9		16.9
	1990	8	7.1		14.7
	1991	7.7	6.7		14.6
	1992	7.7	6.8		14.2
	1993	7.5	6.5		14.6
	1994	7.1	6.4		12.6
	1995	6.5	5.9		11.7
	1996	6.3	5.7		11.7
	1997	6.4	5.9		10.9
	1998	6.4	5.8		11.6
	1999	6.2	5.1	5.7	12.5
	2000	5.7	4.8	5.3	11.4
	2001	6	5.2	5.4	12
	2002	6.4	5.7	5.5	13.5
	2003	6.6	5.8	5.7	13.8
	2004	6.3	5.6	5.6	12.8
	2005	6.5	5	6.2	13.9
	2006	6.2	5.4	5.4	12.3
	2007	6.2	5.4	5.5	11.8
	2008	6.1	5.9	5.4	9.9
	2009	6	5.1	5.2	11.3
	2010	6.1	5.5	5.5	11.4
	2011	5.7	4.8	5.2	11
	2012	5.8	5.3	5.2	11.6
	2013	5.8	5	5.2	11.9
	2014	5.8	4.9	5.4	11.1
	2015	5.6	4.9	5.3	10.9
	2016	5.6	4.9	5.2	10.7
	2017	5.7	4.61	5.35	11.49
	2018	5.5	4.5	5.1	10
	2019	5.5	4.57	5.05	10.67

In response to several race riots during 1967, President Johnson formed the Kerner Commission...and made the following statement...

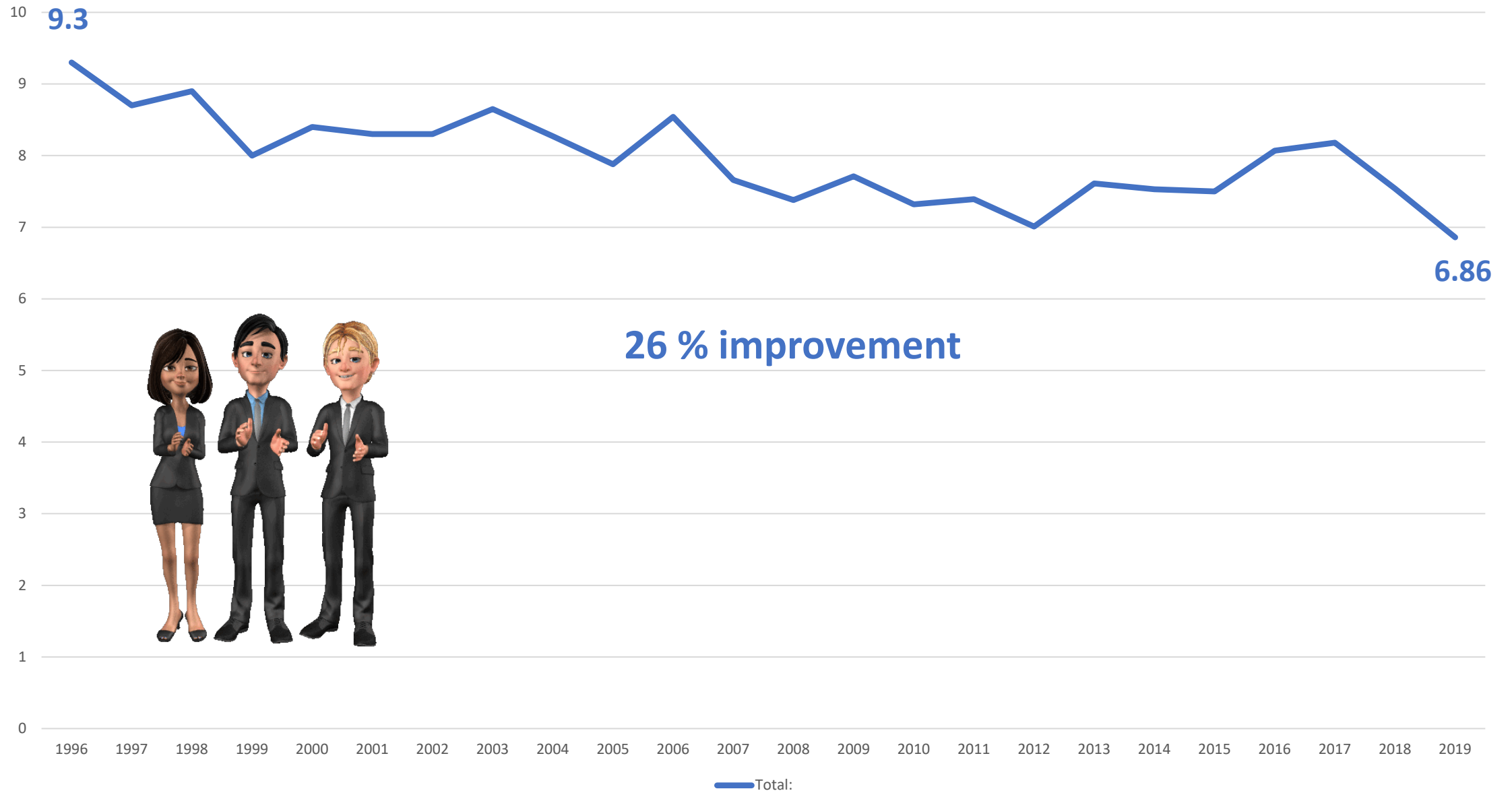


“.... The only genuine, long-range solution for what has happened lies in an attack—mounted at every level—upon the conditions that breed despair and violence. All of us know what those conditions are: ignorance, discrimination, slums, poverty, disease, not enough jobs. We should attack these conditions—not because we are frightened by conflict, but because we are fired by conscience.”

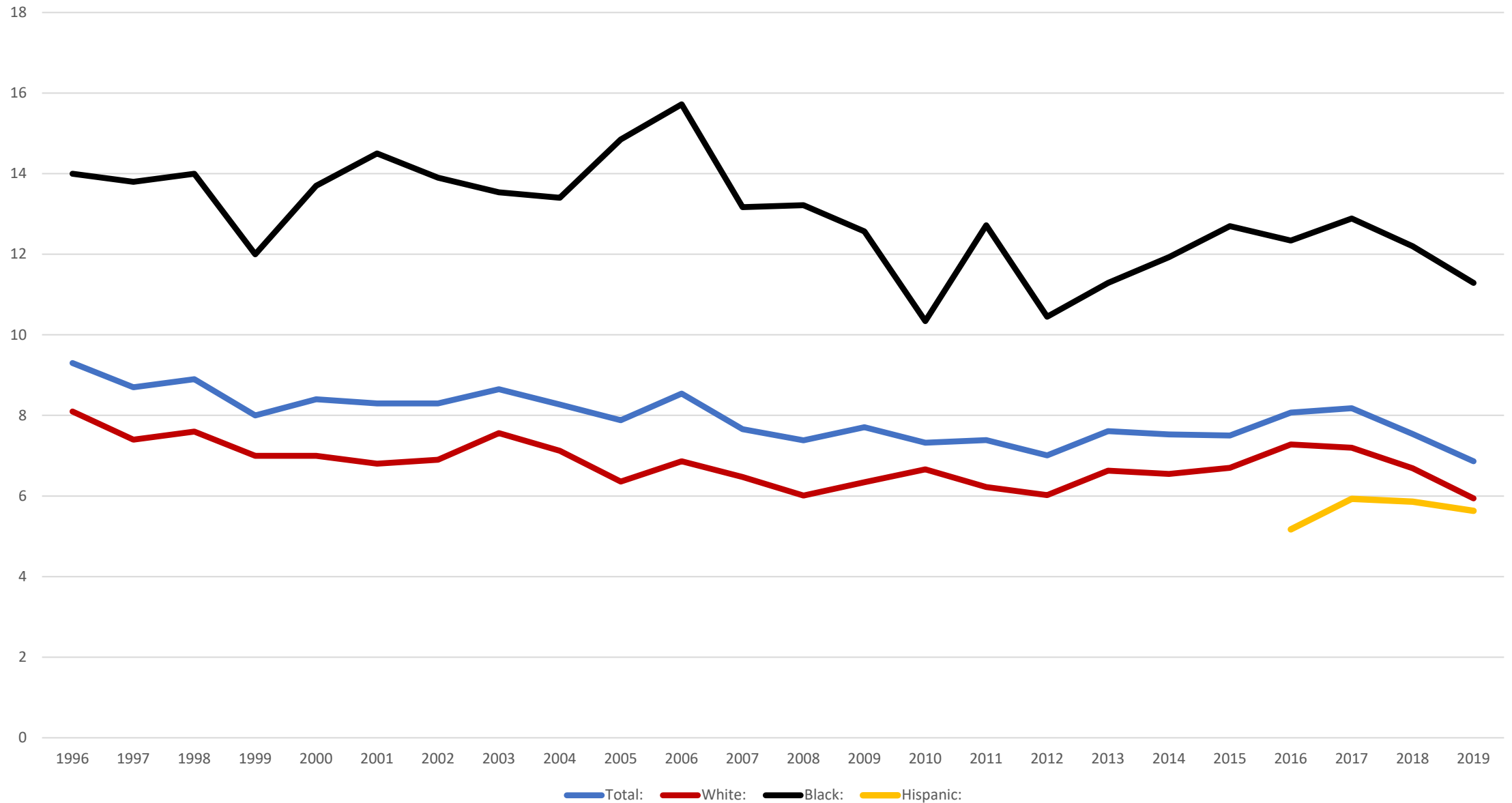
# **Region 6 individual States IMR Data, 1996-2019**

**Arkansas data:**

# Arkansas: Total IMR: 1996-2019 (24-years)

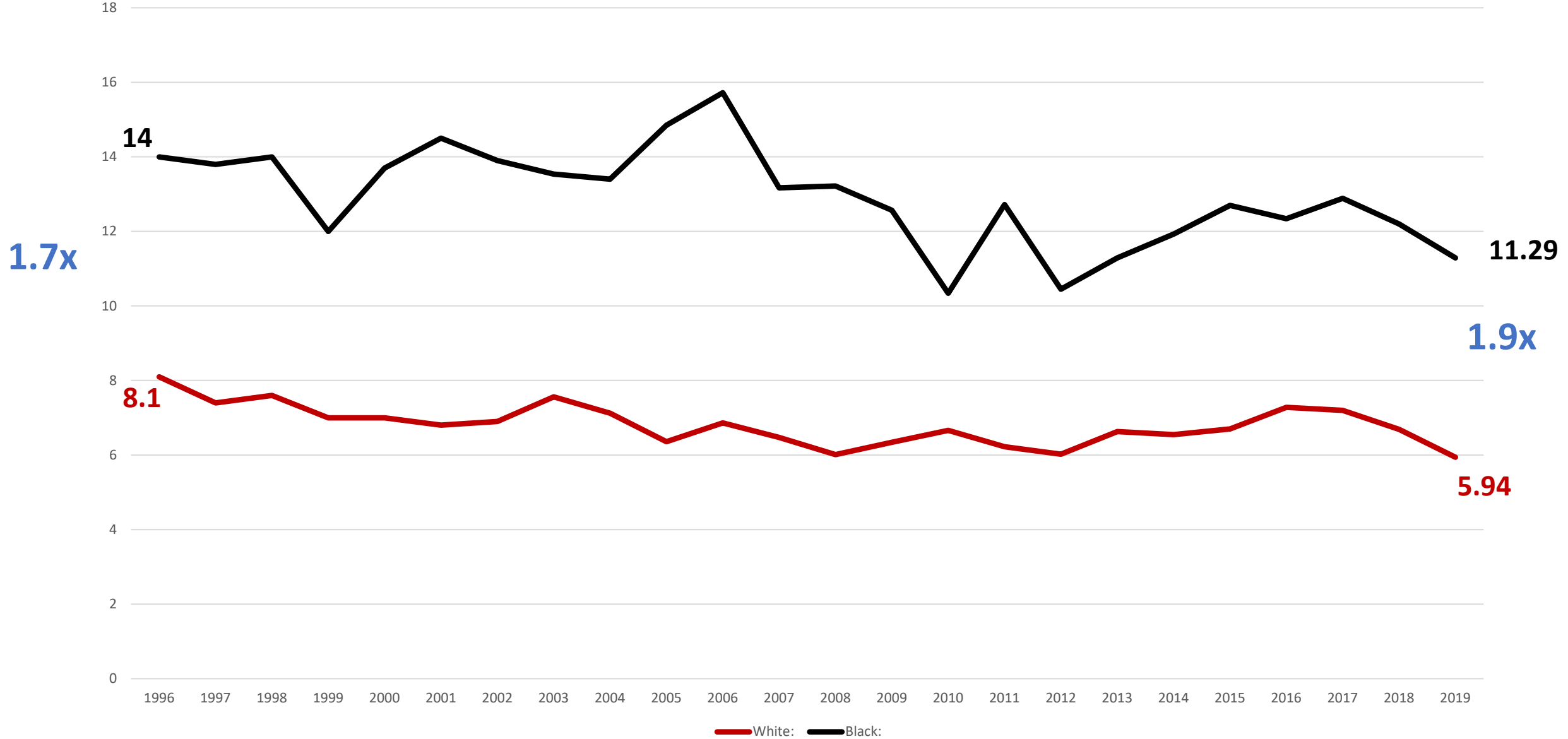


# Arkansas IMR's: Total, White, Black, & Hispanic: 1996-2019

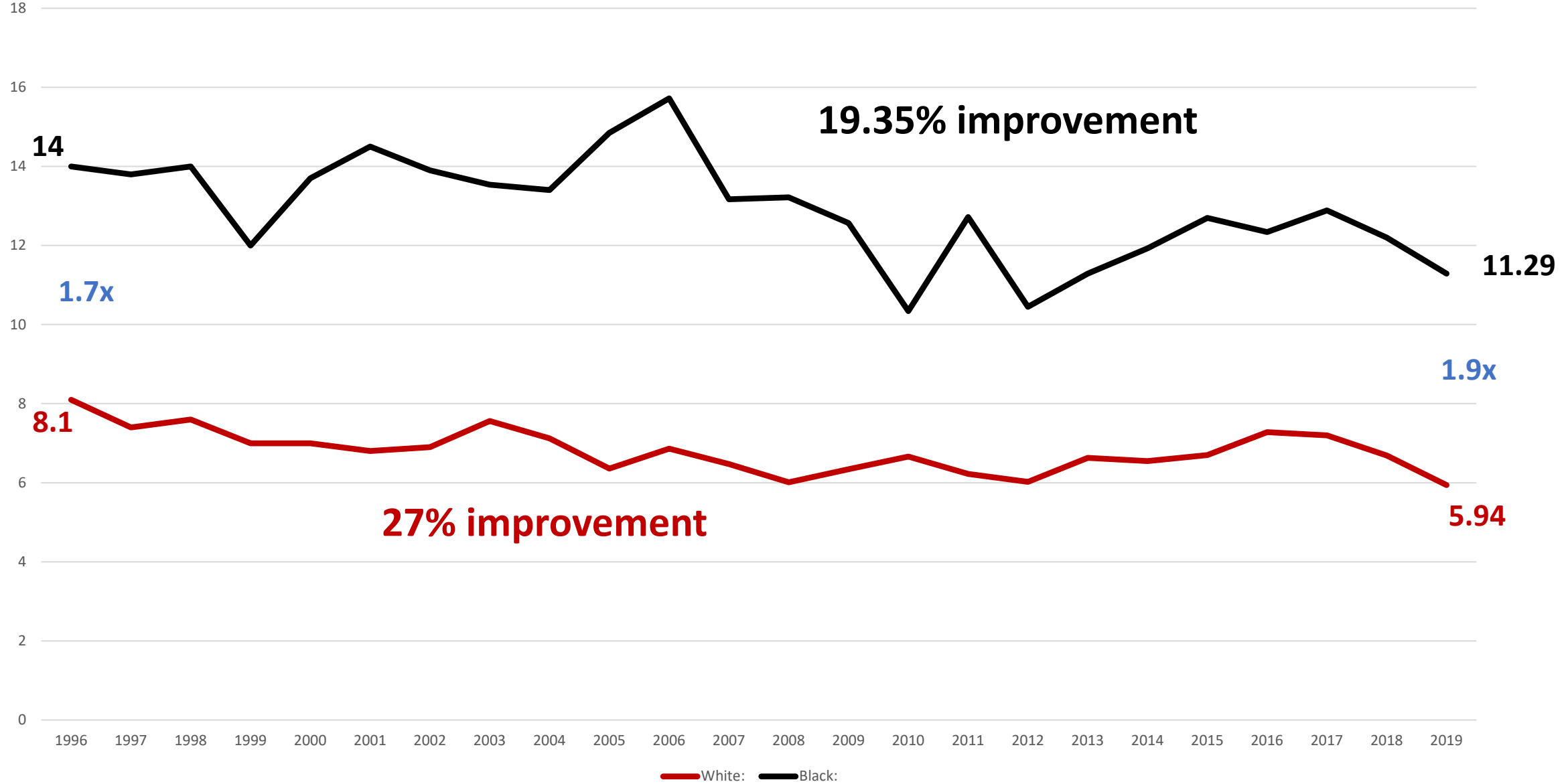




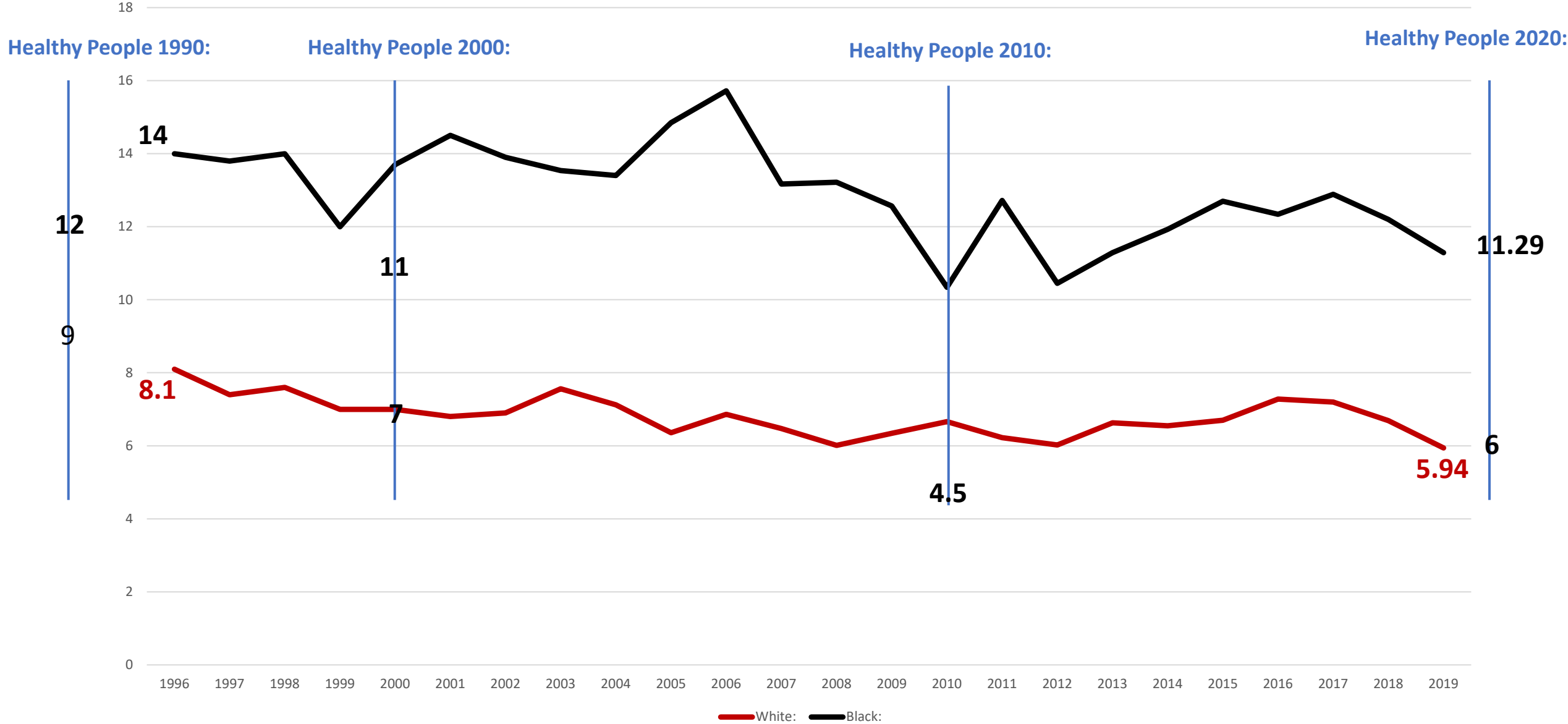
# Arkansas IMR's: White & Black: 1996-2019



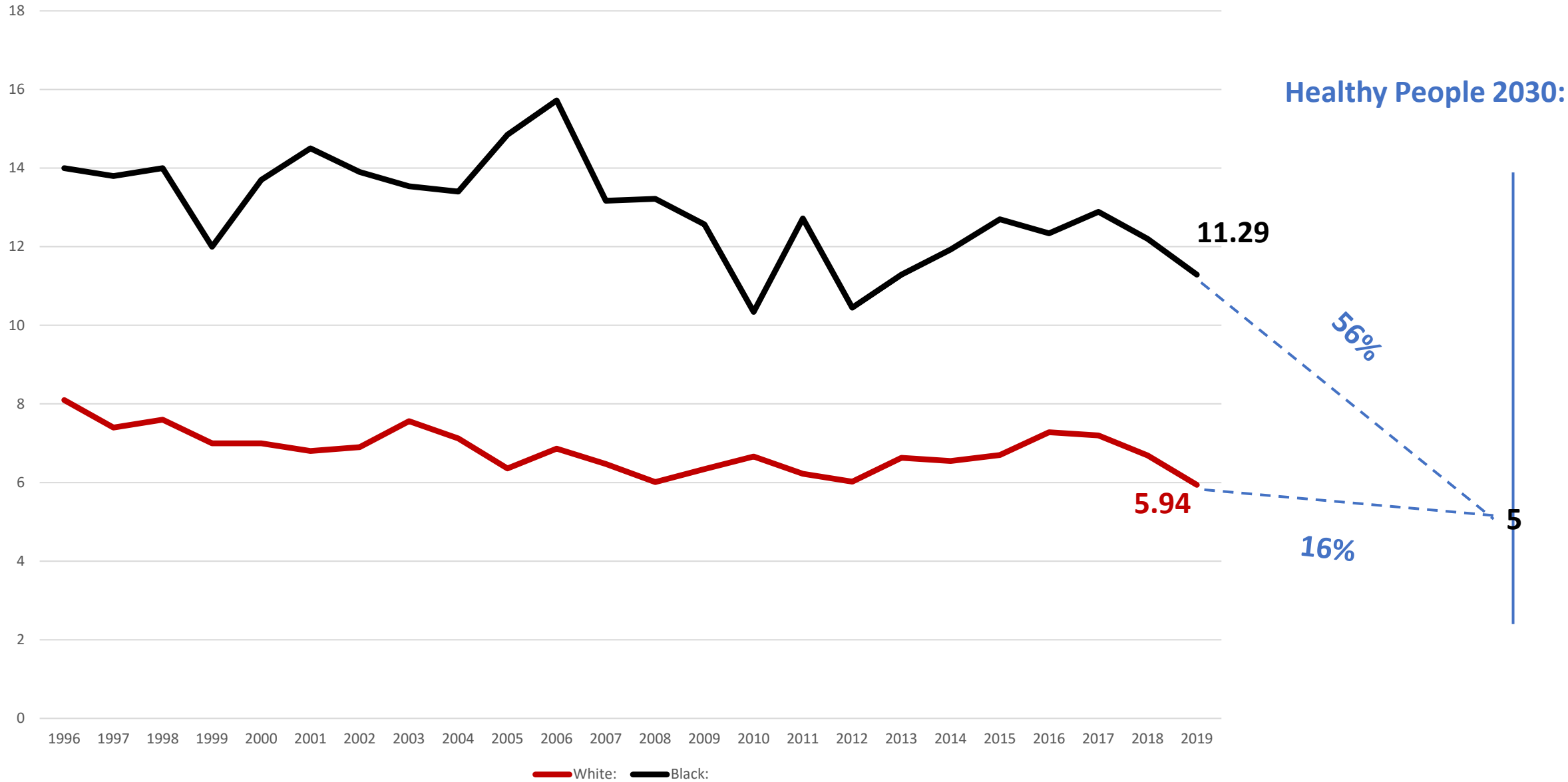
# Arkansas IMR's: White & Black: 1996-2019



# Arkansas IMR's: White & Black: 1996-2019

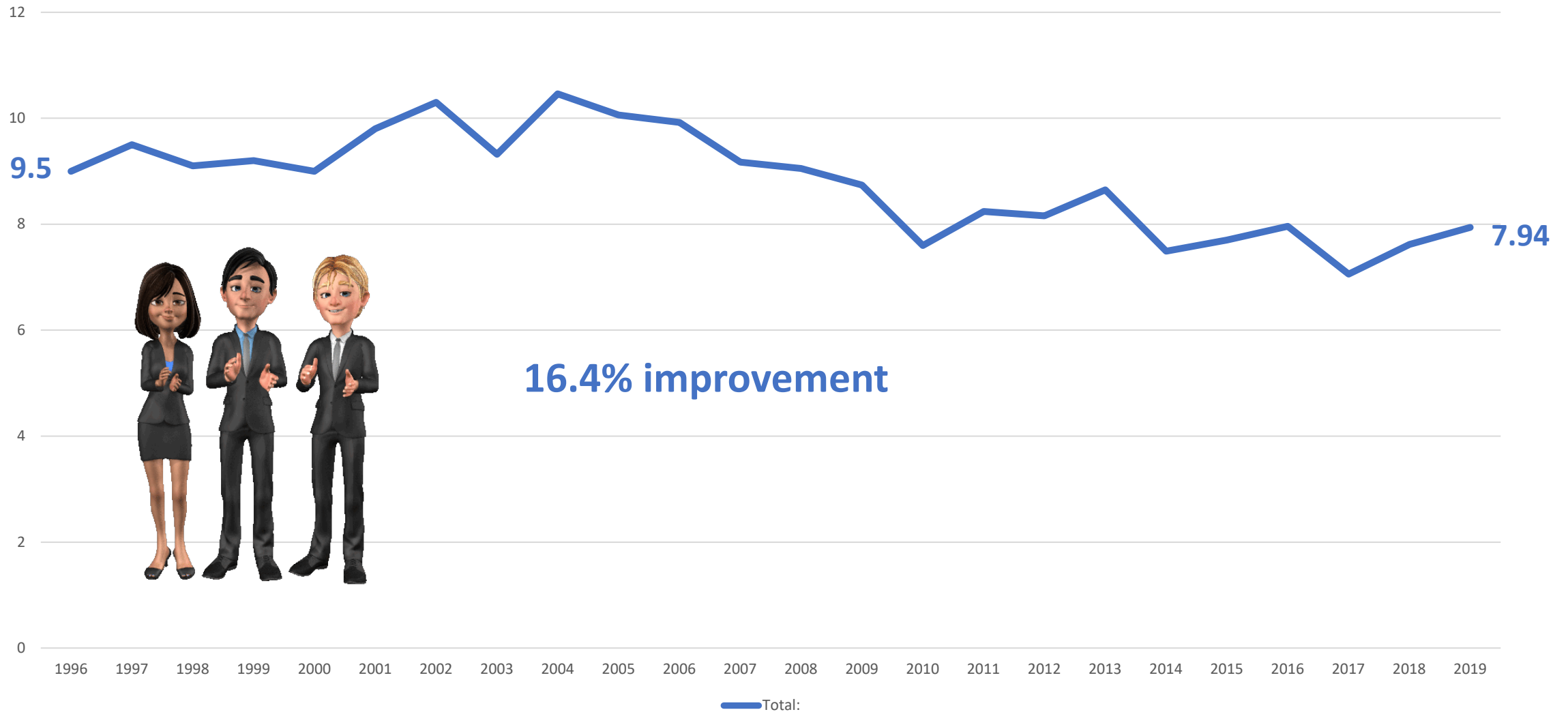


# Arkansas IMR's: White & Black: 1996-2019



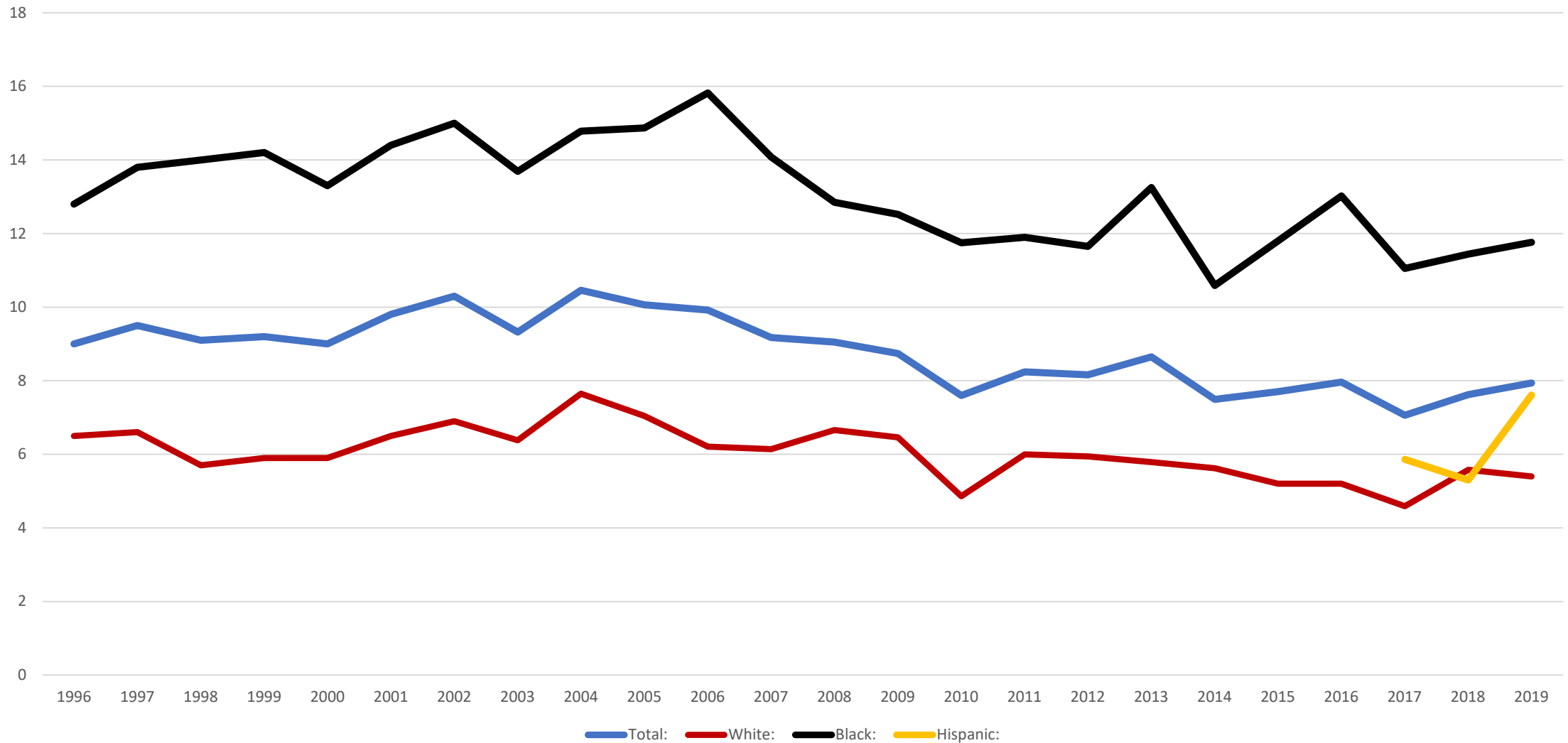
# Louisiana IMRs Data:

# Louisiana: Total IMR 1996-2019 (24-years)

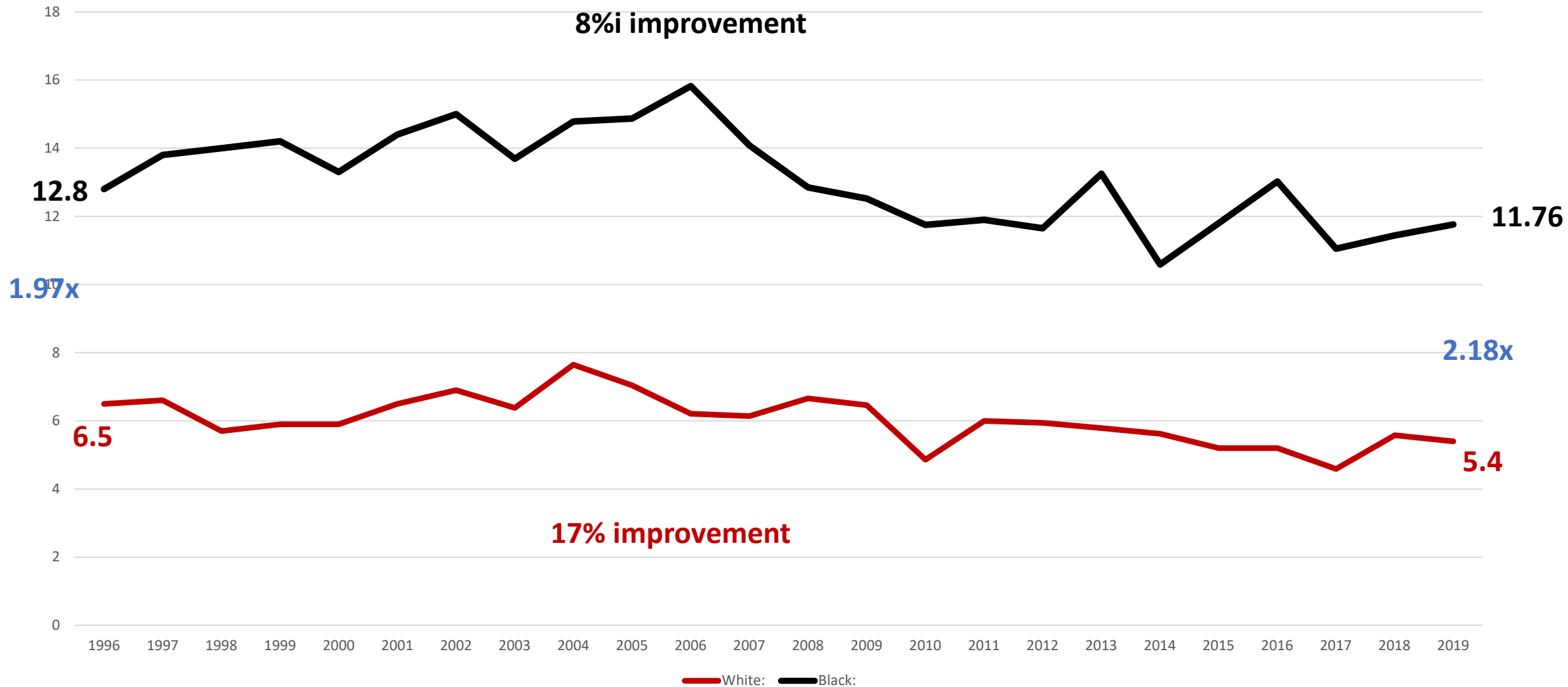




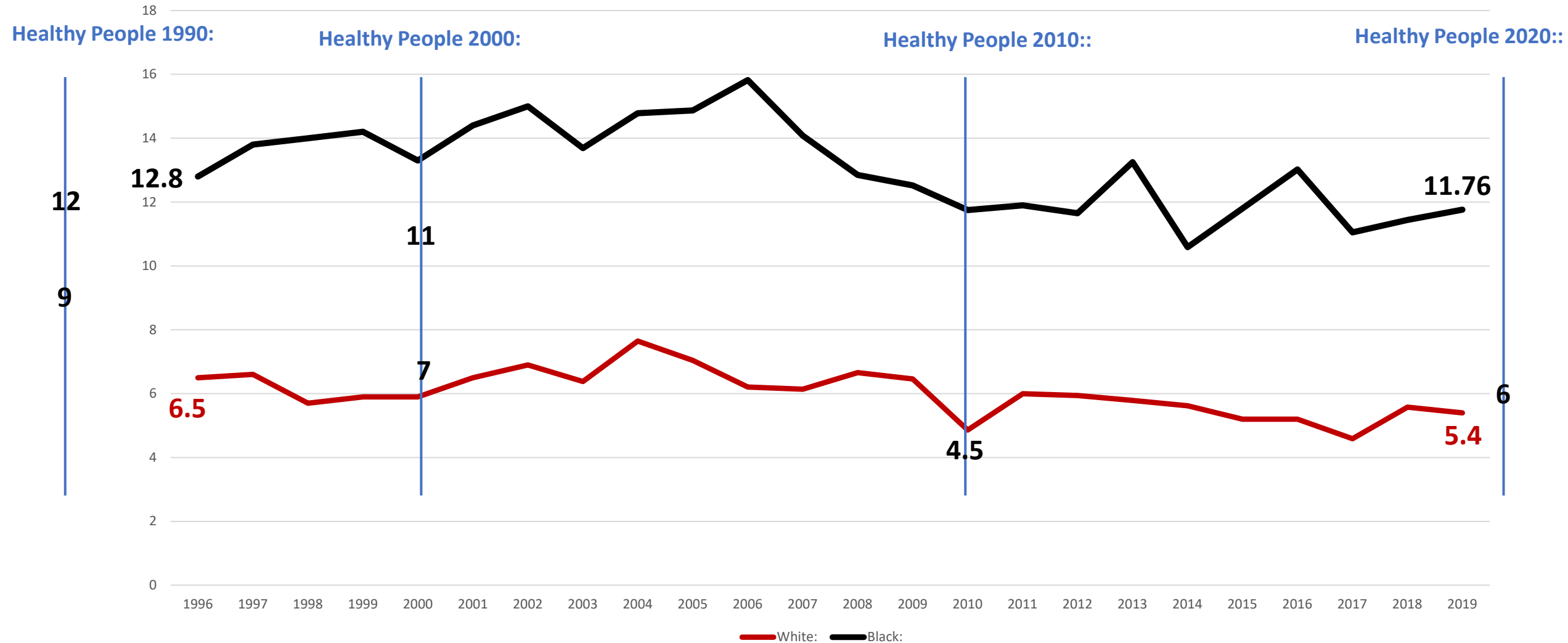
# Louisiana IMRs: Total, White, Black, & Hispanic, 1996-2019



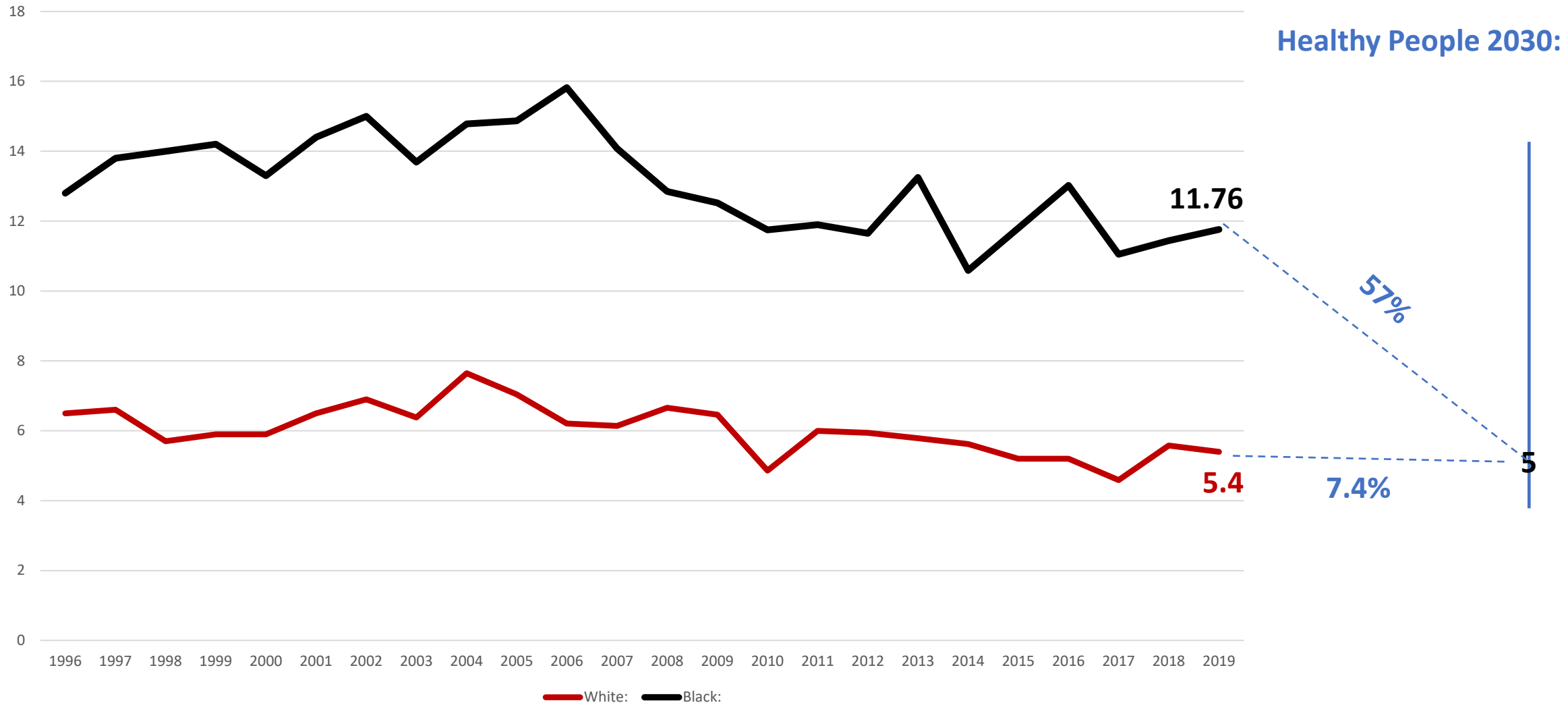
# Louisiana White & Black IMRs: 1996-2019



# Louisiana White & Black IMRs: 1996-2019

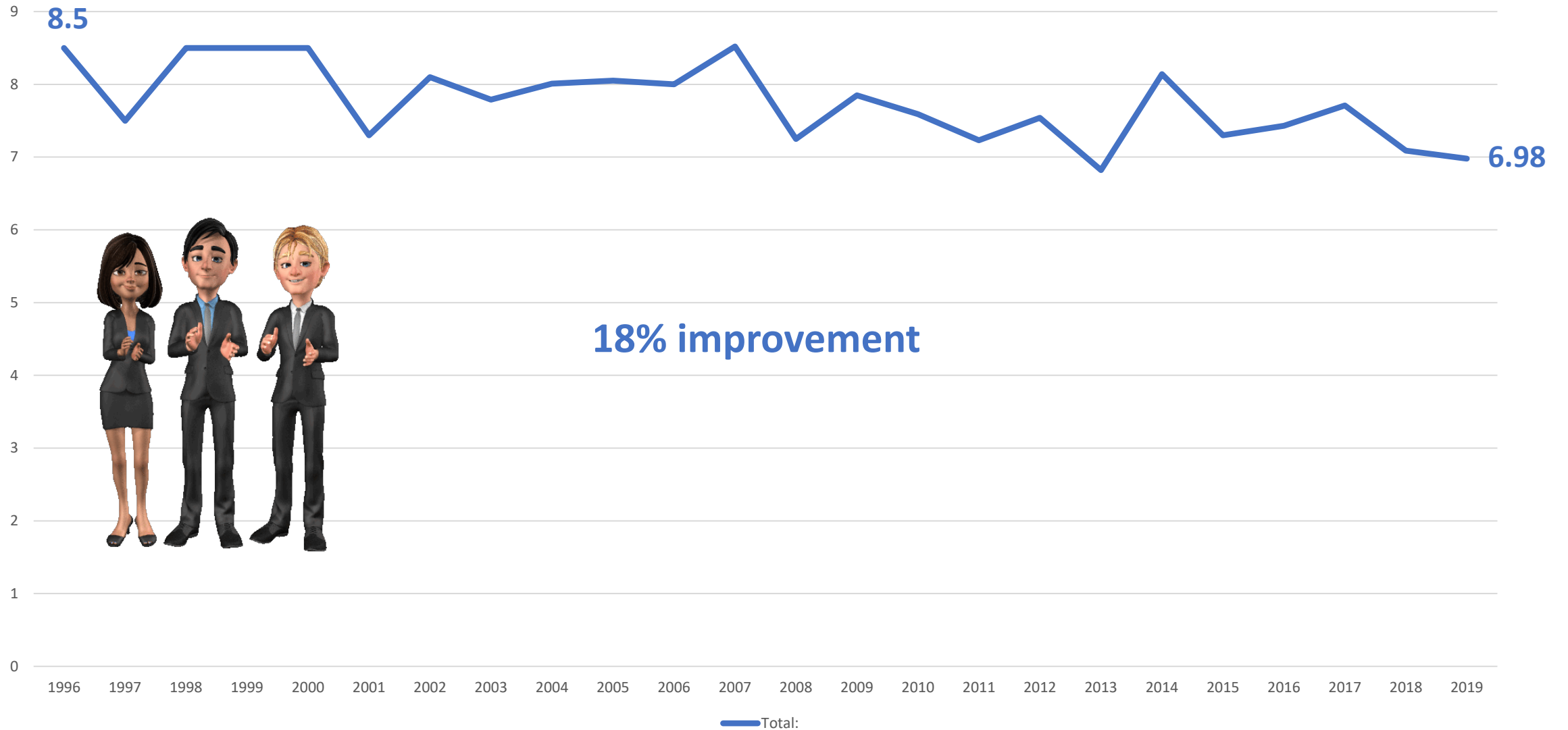


# Louisiana White & Black IMRs: 1996-2019



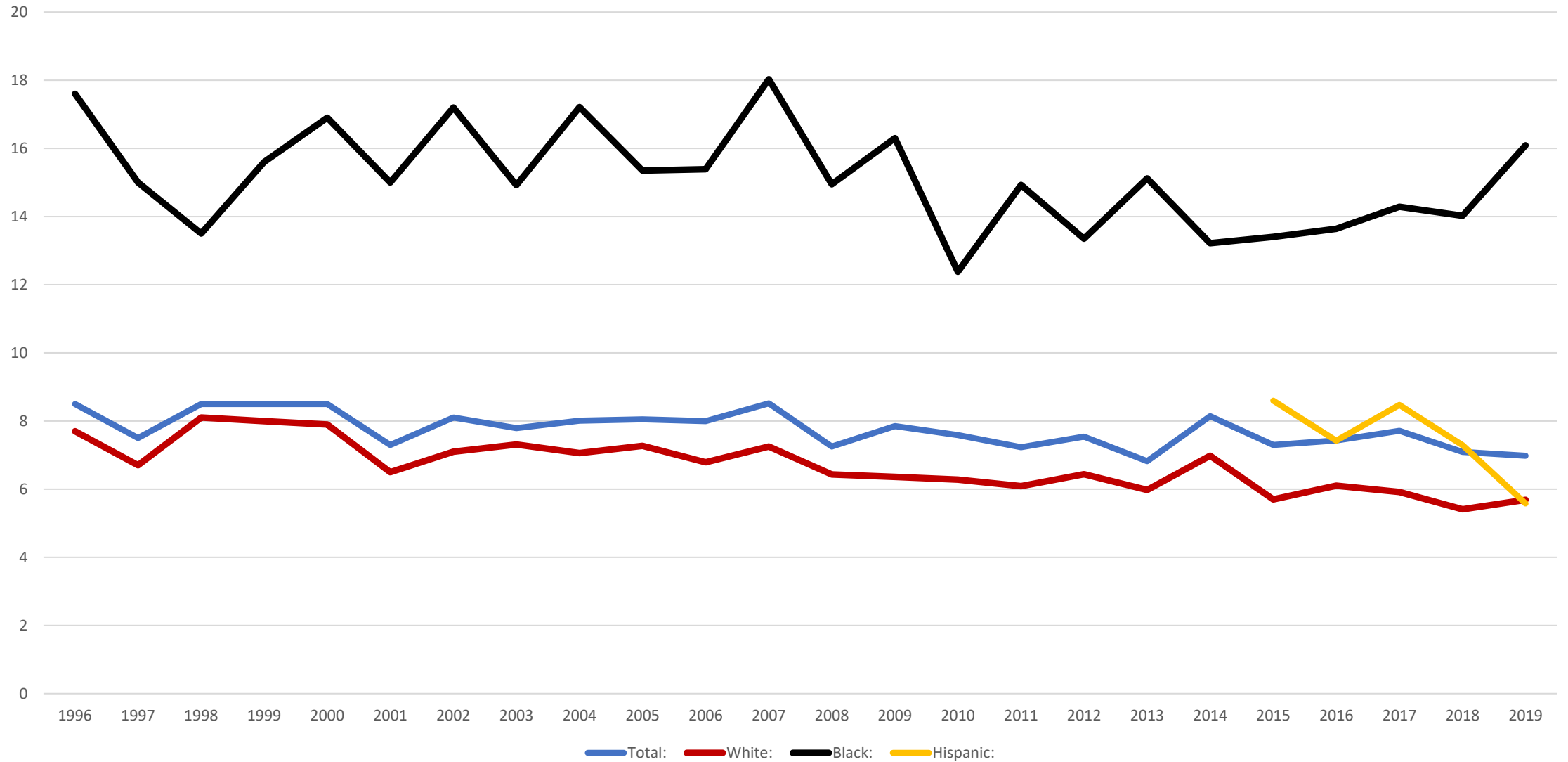
# Oklahoma IMR Data:

# Oklahoma Total IMR: 1996-2019 (24-years)

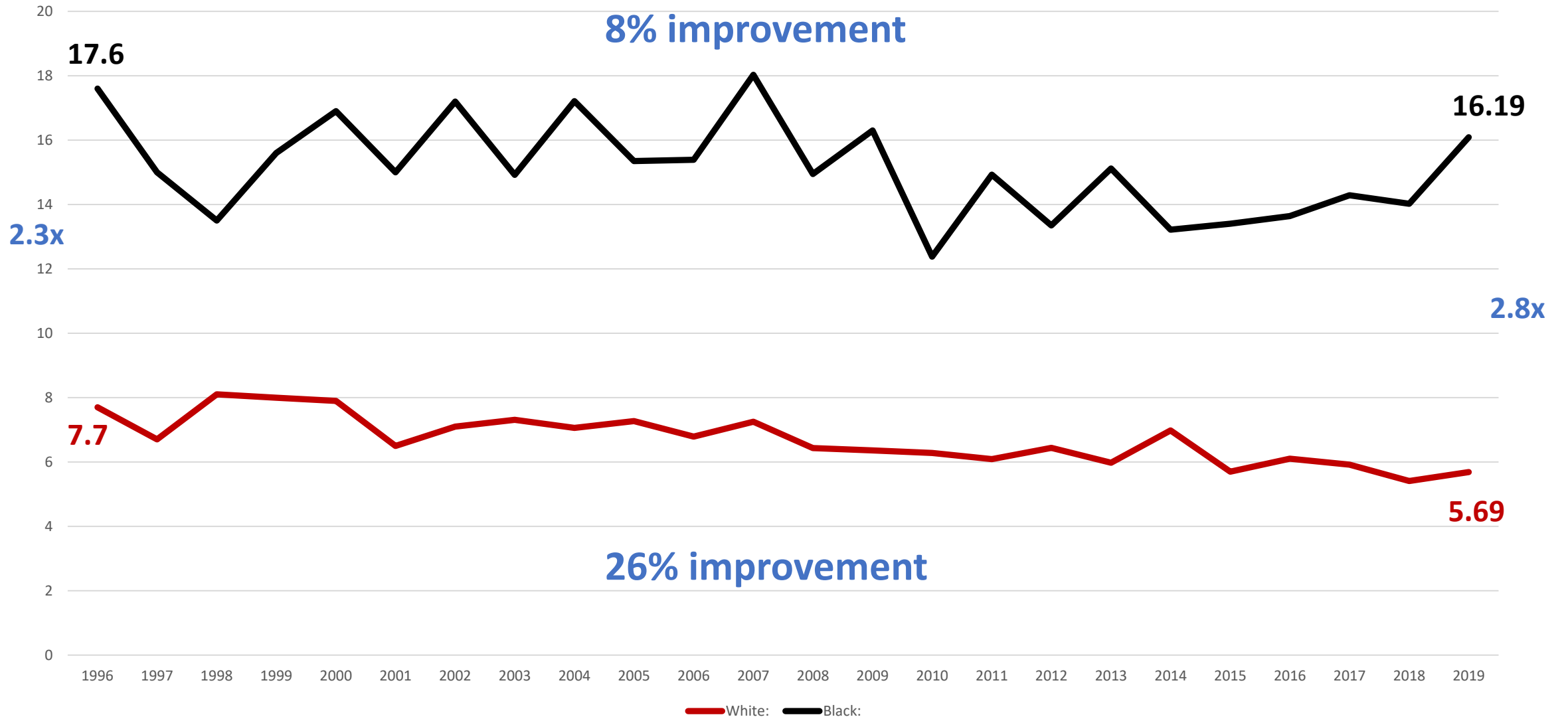




# Oklahoma IMRs: Total, White, Black, & Hispanic. 1996-2019



# Oklahoma White & Black IMRs: 1996-2019



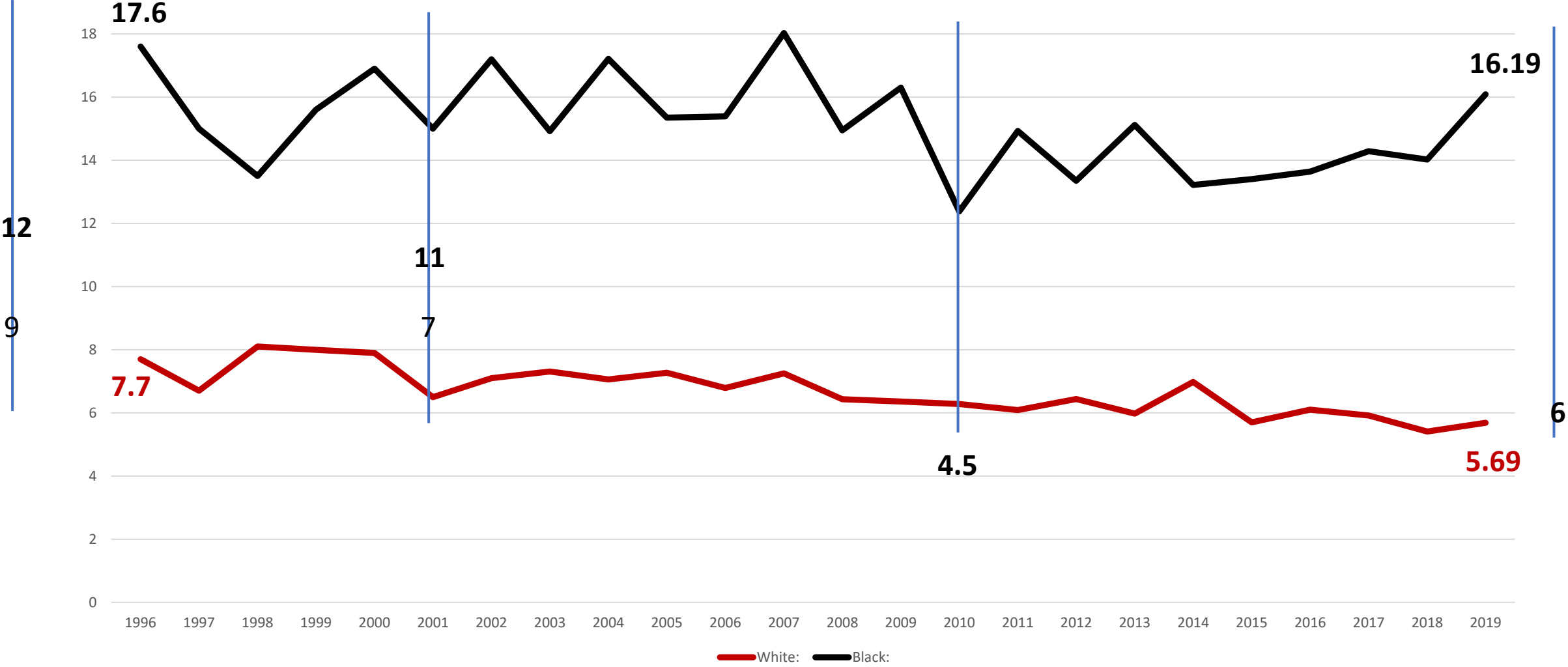
# Oklahoma White & Black IMRs: 1996-2019

Healthy People 1990:

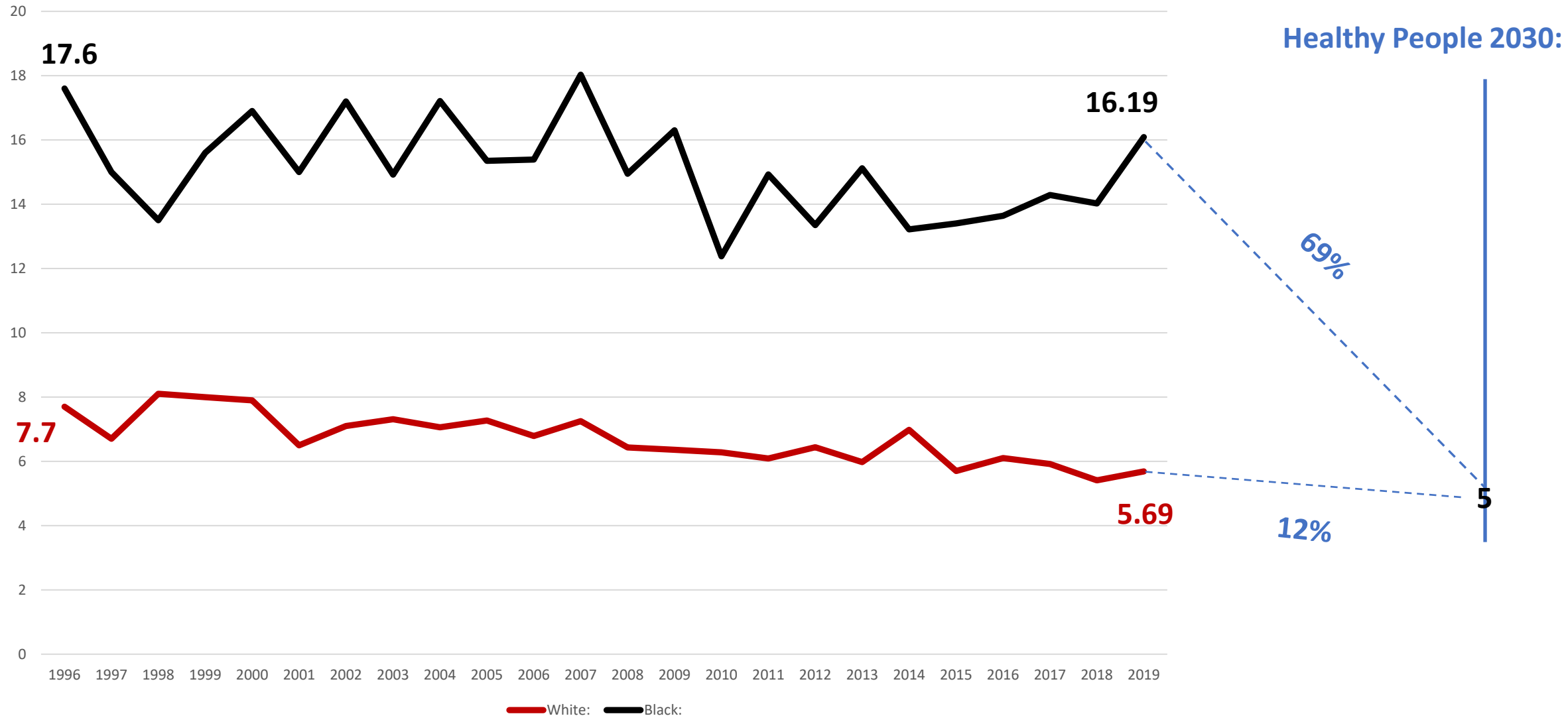
Healthy People 2000:

Healthy People 2010:

Healthy People 2020:

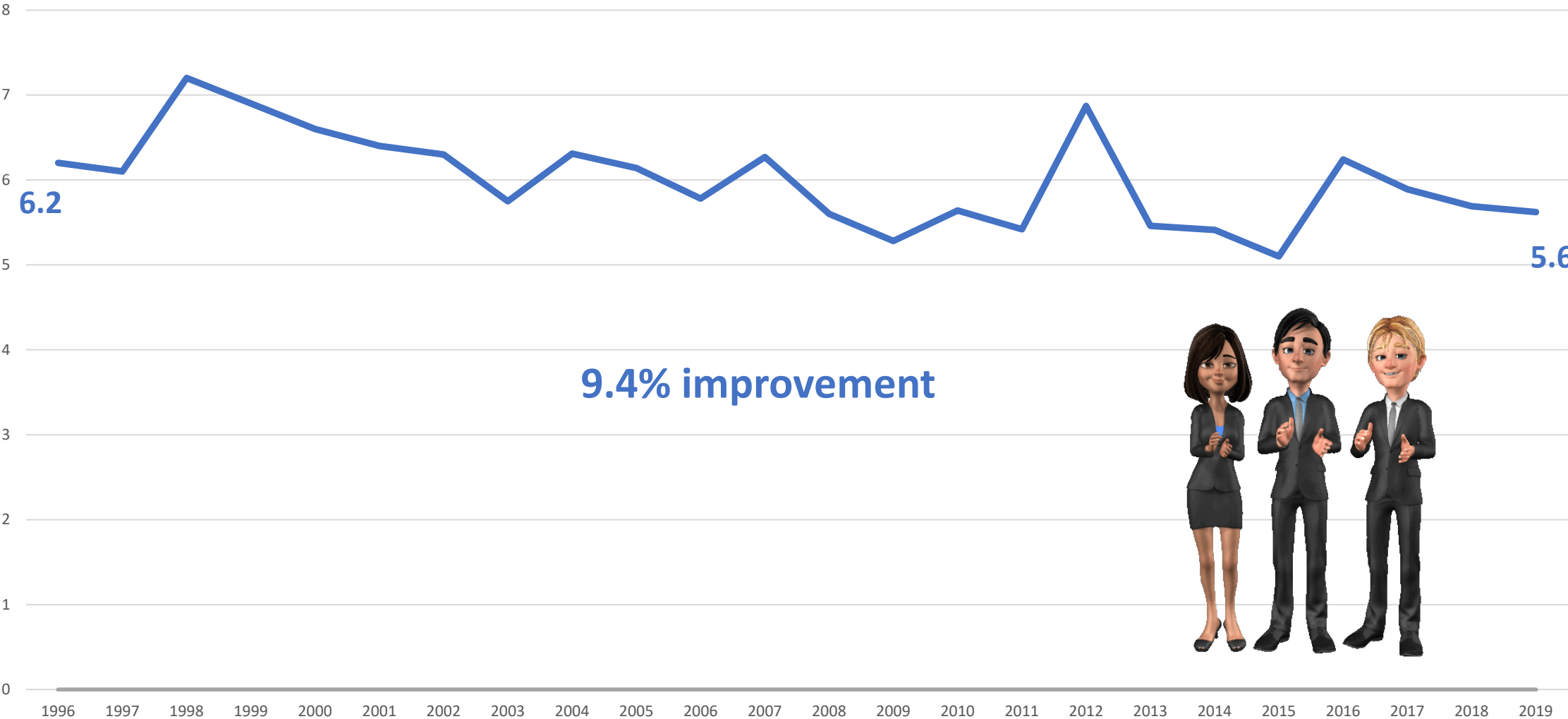


# Oklahoma White & Black IMRs: 1996-2019



# **New Mexico Infant Mortality Data:**

# New Mexico Total IMR: 1996-2019

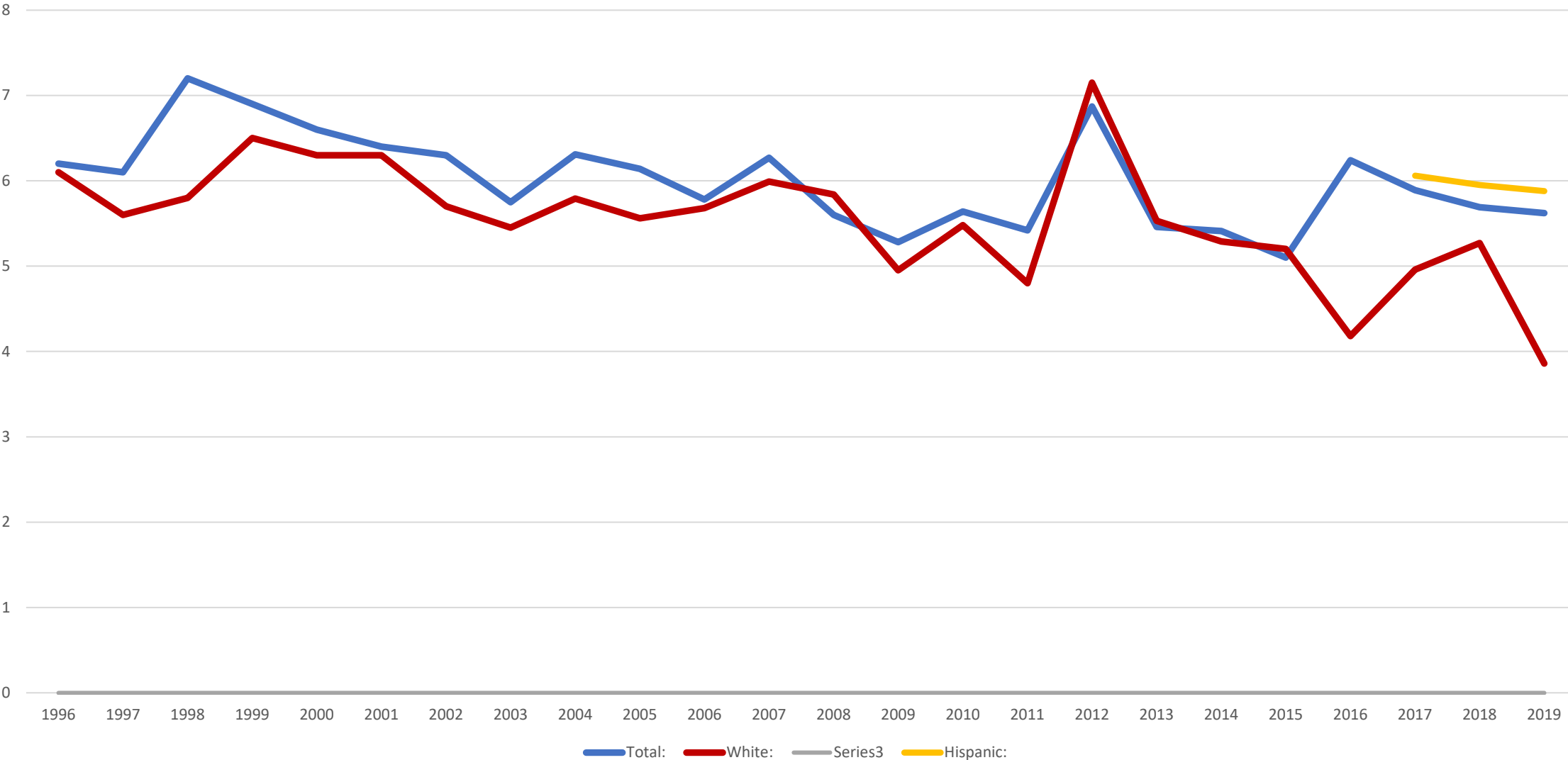


9.4% improvement



— Total: — Series3

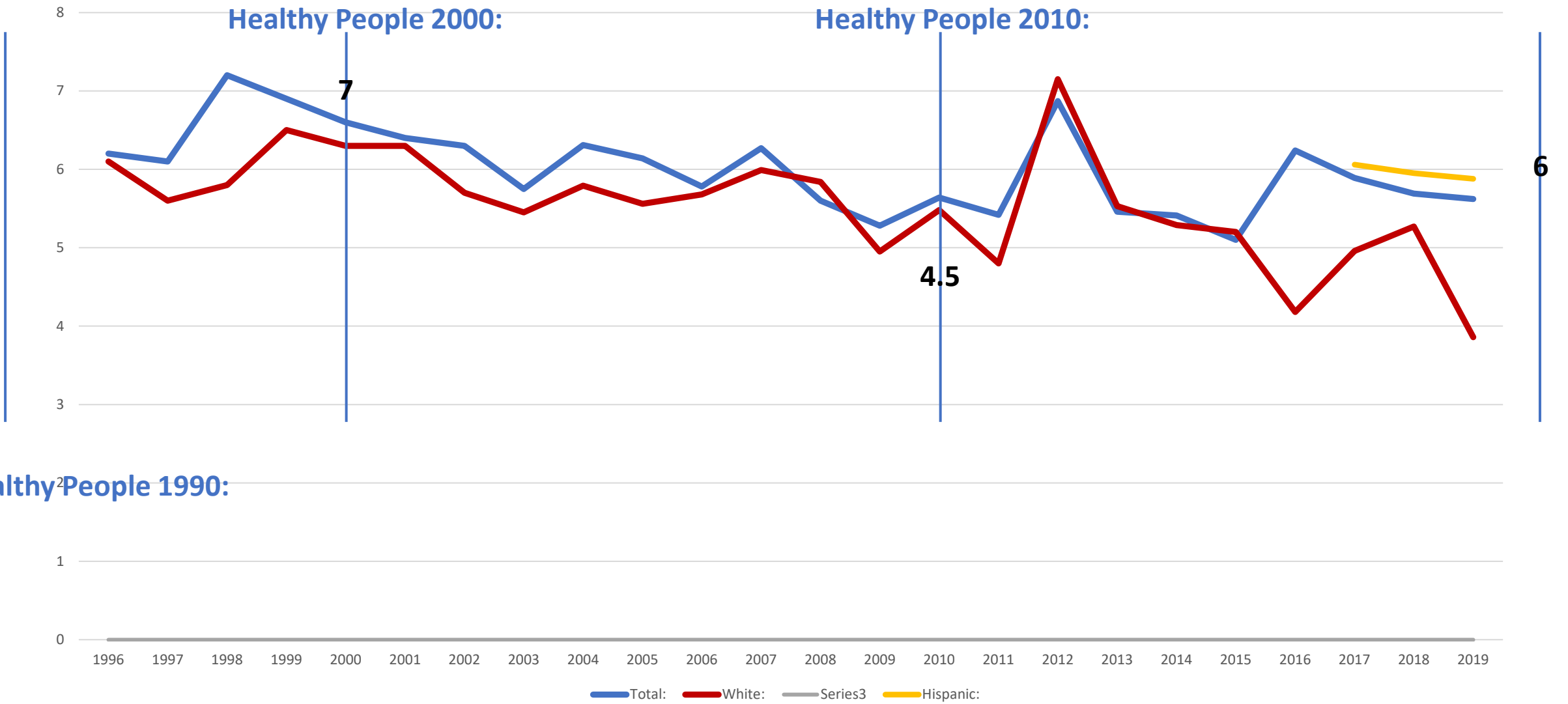
# New Mexico IMRs: Total, White, & Hispanic: 1996-2019



9

# New Mexico IMRs: Total, White, & Hispanic: 1996-2019

Healthy People 2020:



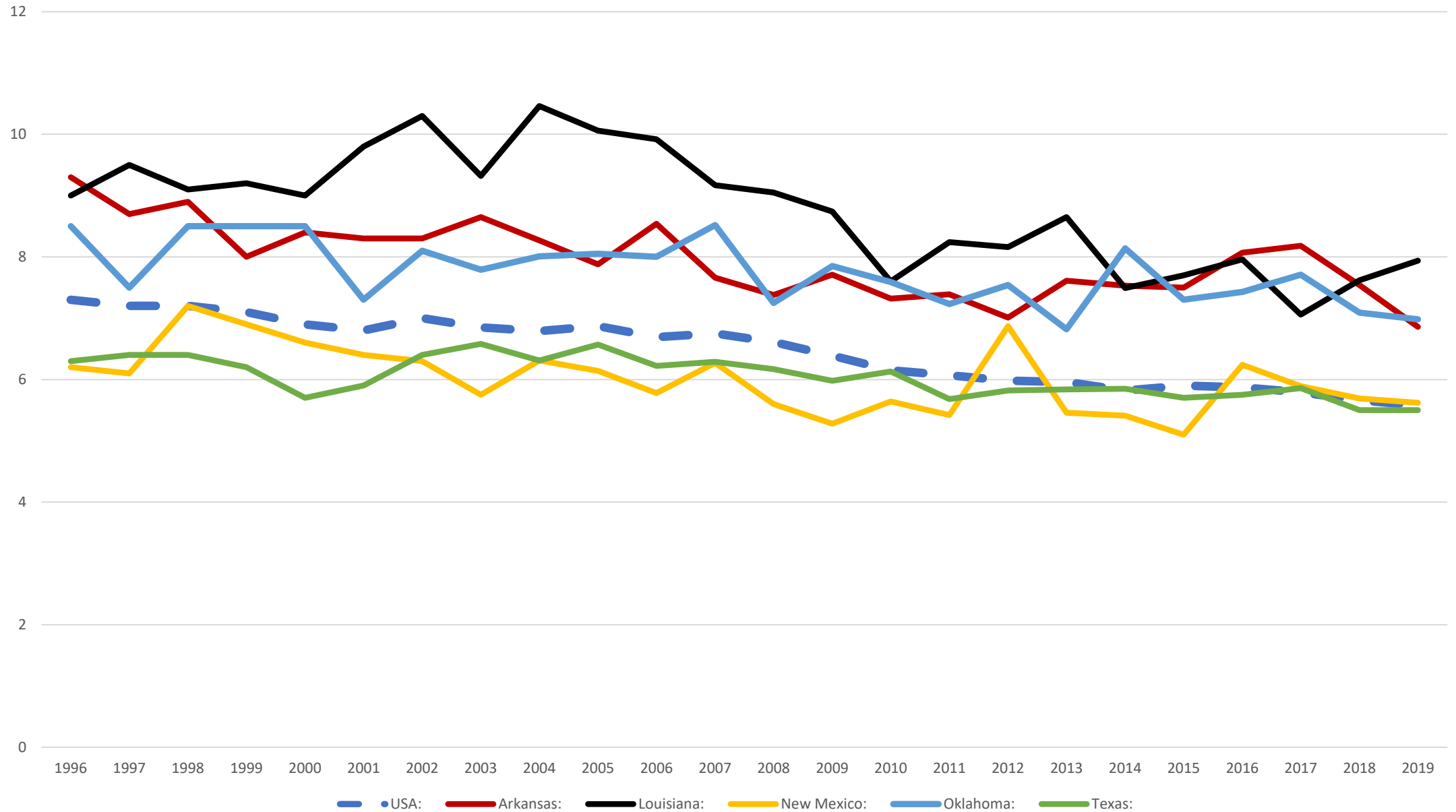
Healthy People 1990:

Annual incidence of Black births and infant deaths not considered statistically significant, so annual BIMR not calculated

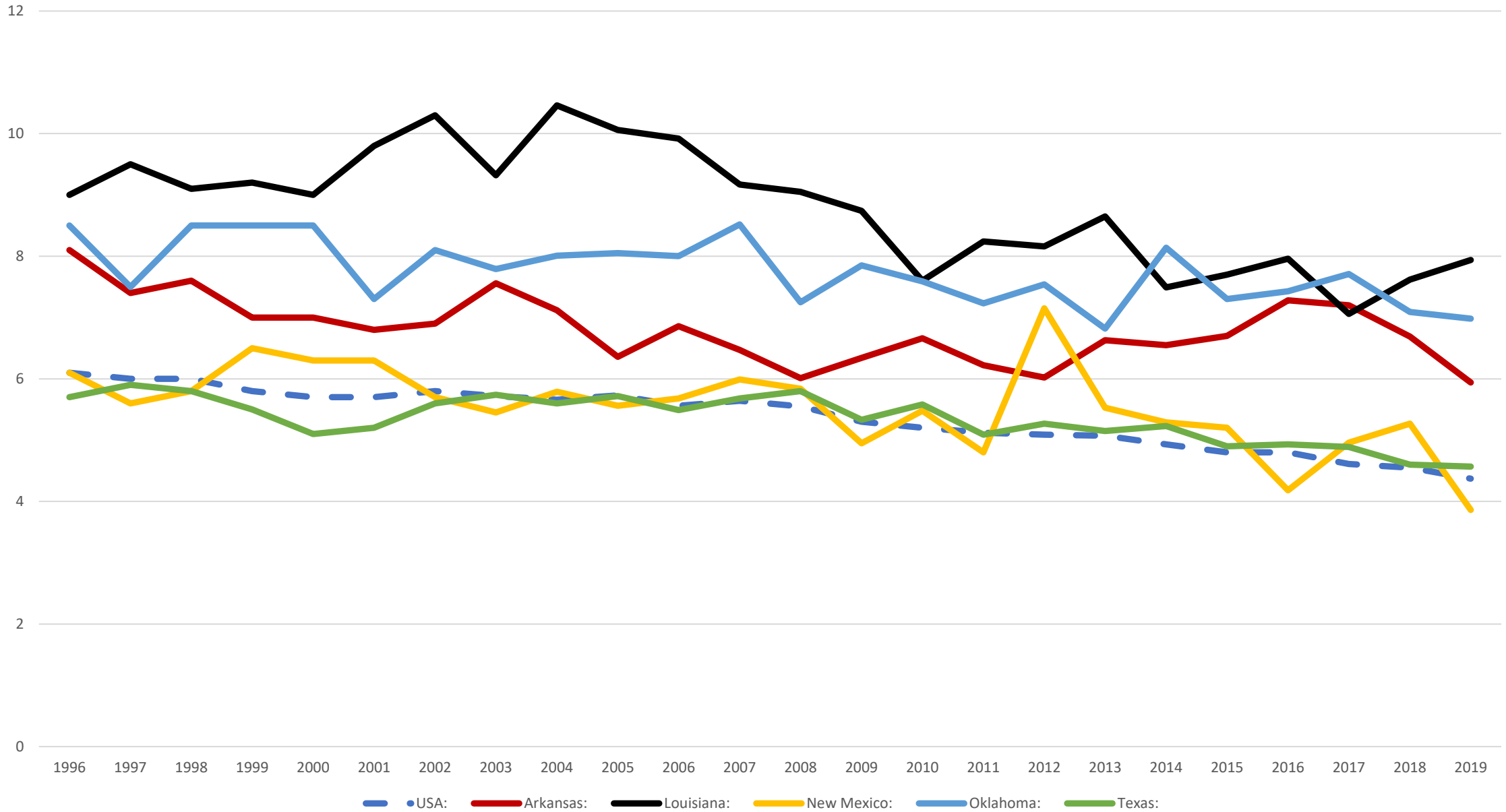


# **Region 6 States c/w USA IMRs**

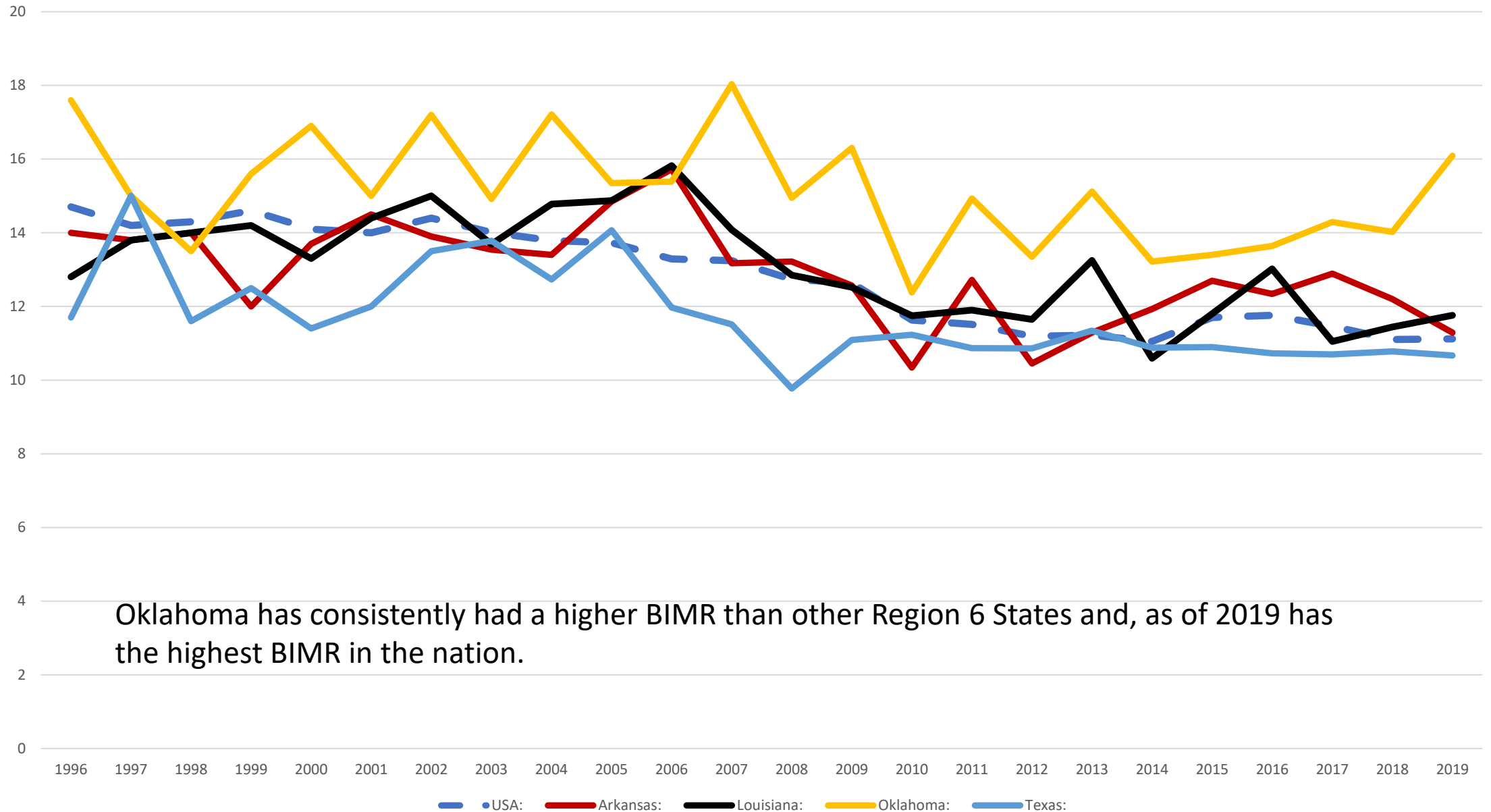
# Total IMRs: USA & Region 6 States, 1996-2019



# White IMRs: USA & Region 6 States, 1996-2019



# Black IMRs: USA & Region 6 States (except NM), 1996-2019



Oklahoma has consistently had a higher BIMR than other Region 6 States and, as of 2019 has the highest BIMR in the nation.



**Do Black babies matter?**

**Do Black babies matter as much as White babies?**



**Everyone says “yes” ....**

**BUT, the data & our actions  
don't support this response?**

**Why the  
Disparity ?**



# Black:White Disparity: Birth Outcomes

## Behavior?

- Some people blame the disparities on certain maternal behaviors...

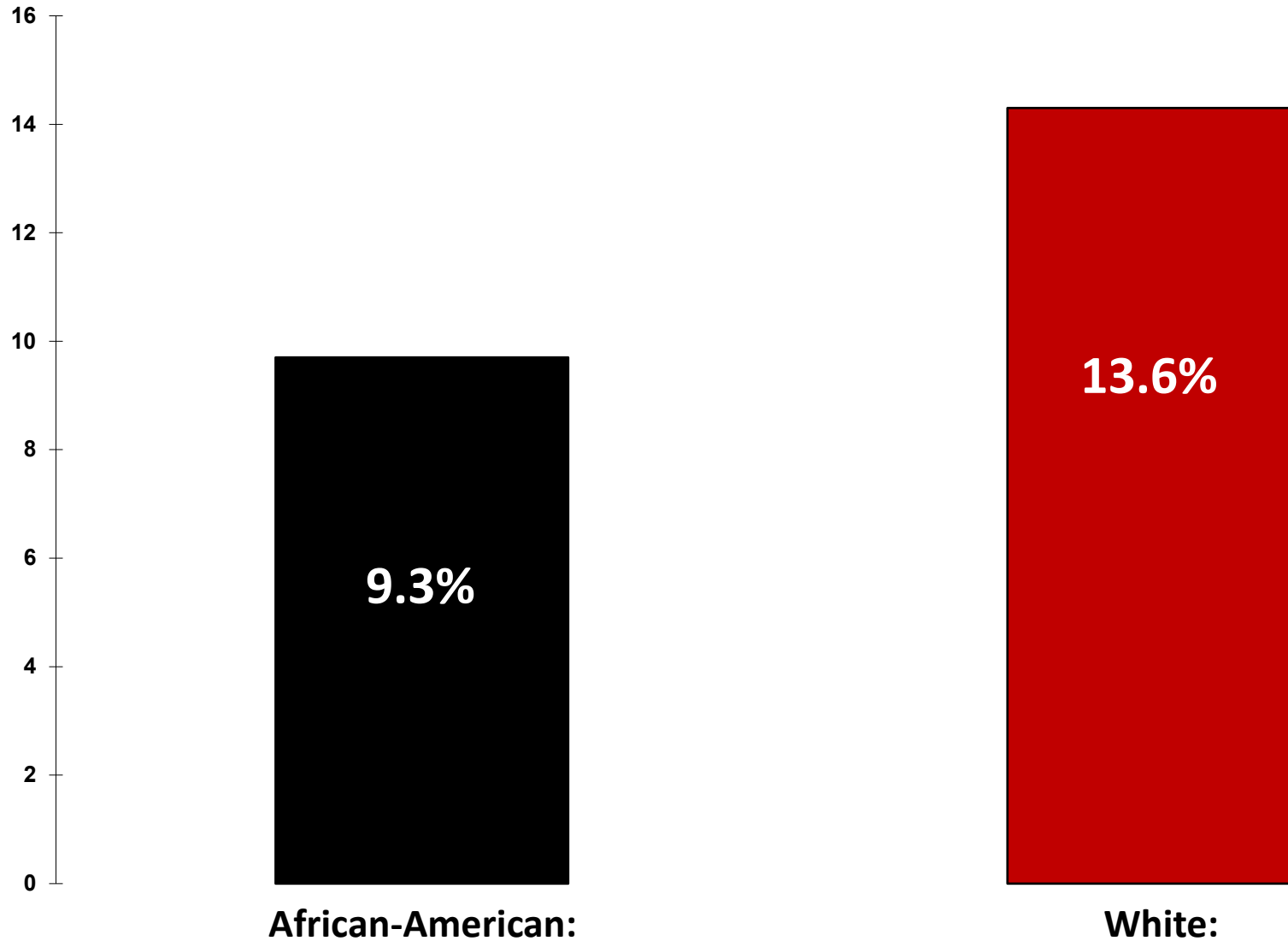


# Prenatal Smoking:

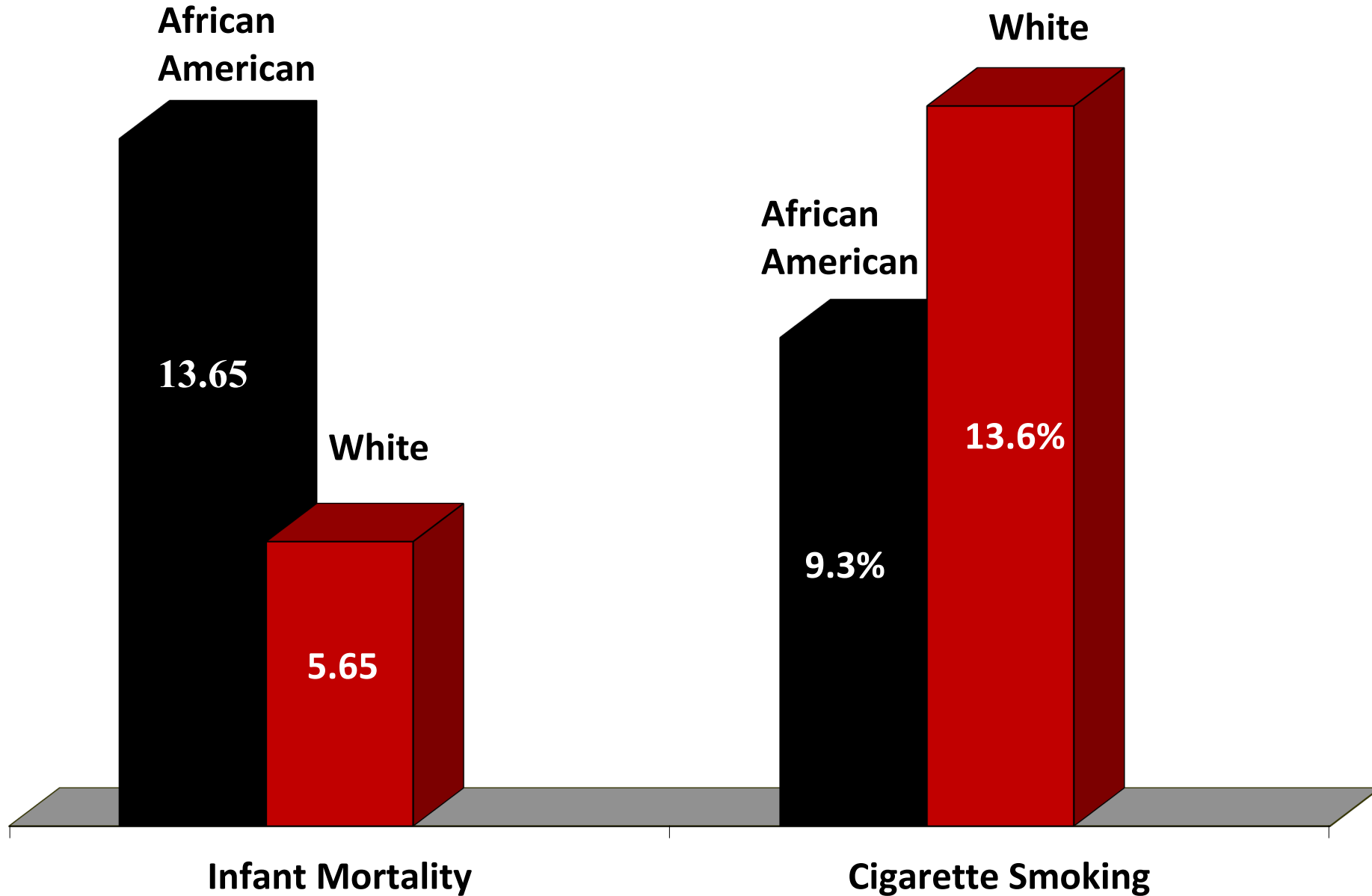
- Prematurity
- Low birth weight
- Spontaneous miscarriage
- Infant mortality

# Black:White Disparity: Infant Mortality & Cigarette Smoking

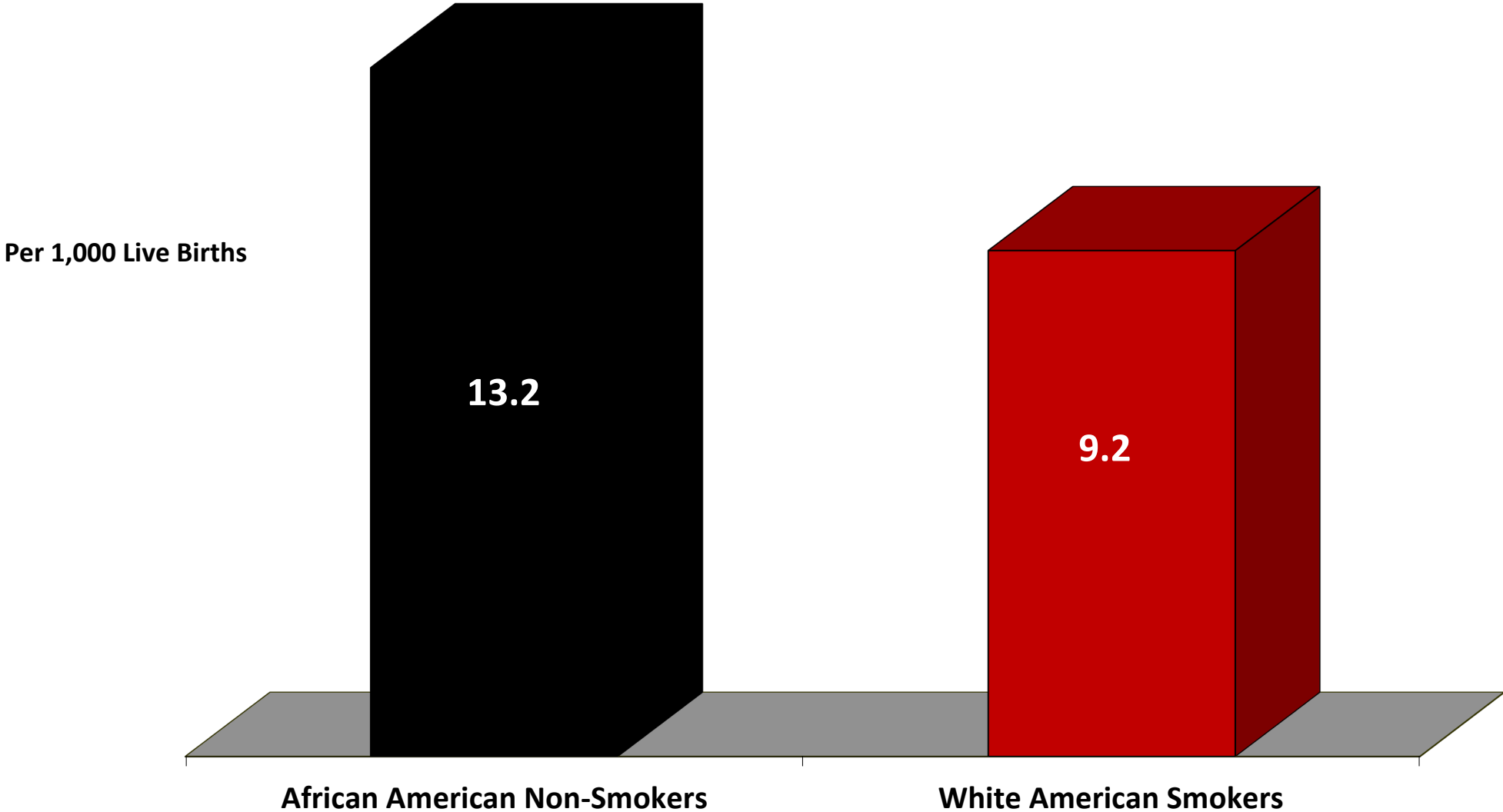
Percent of Women Who Reported Smoking During pregnancy



# Black:White Disparity: Infant Mortality & Cigarette Smoking



# Black:White Disparity: Infant Mortality & Cigarette Smoking

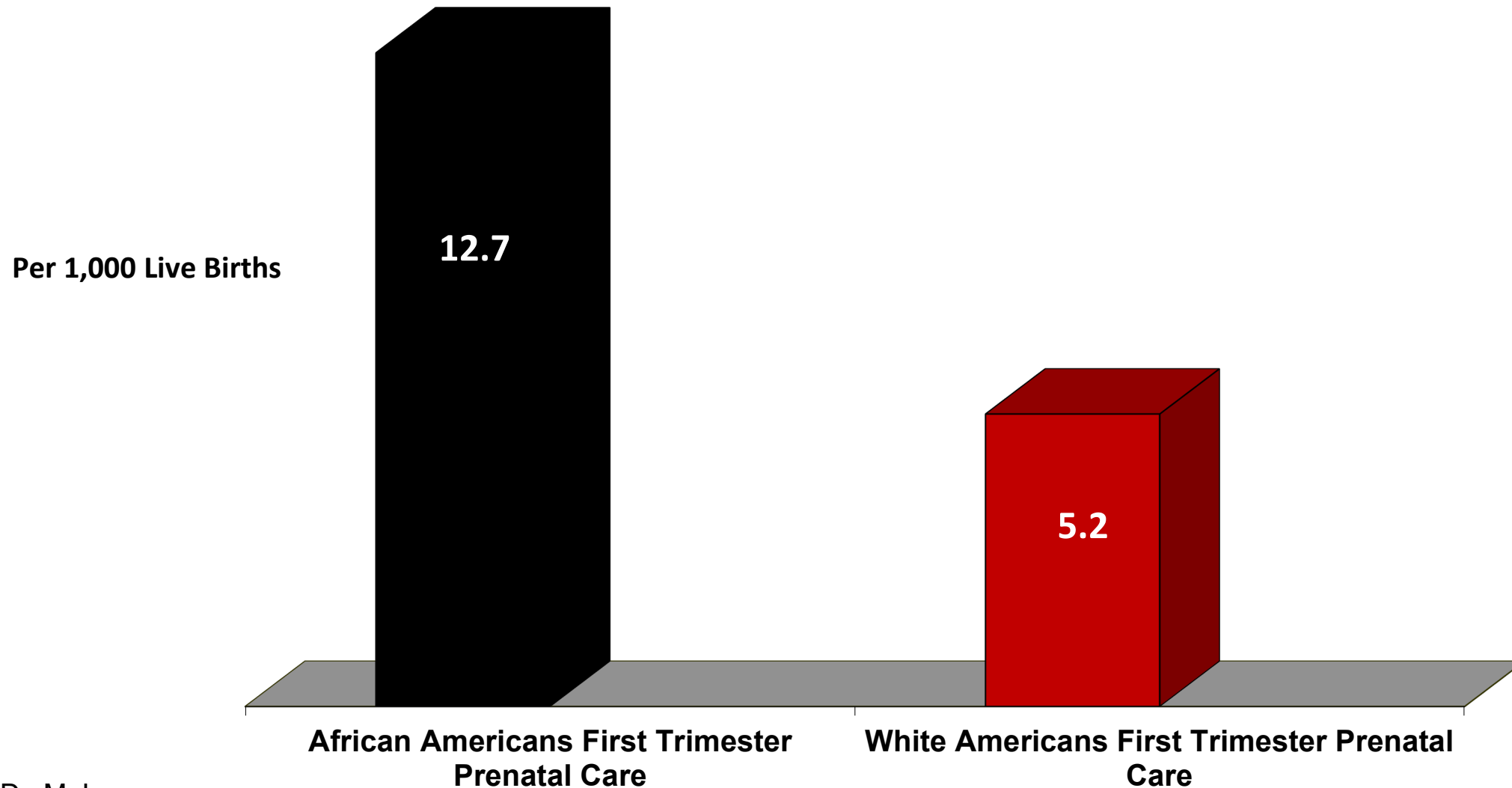


# Black:White Disparity Birth Outcomes

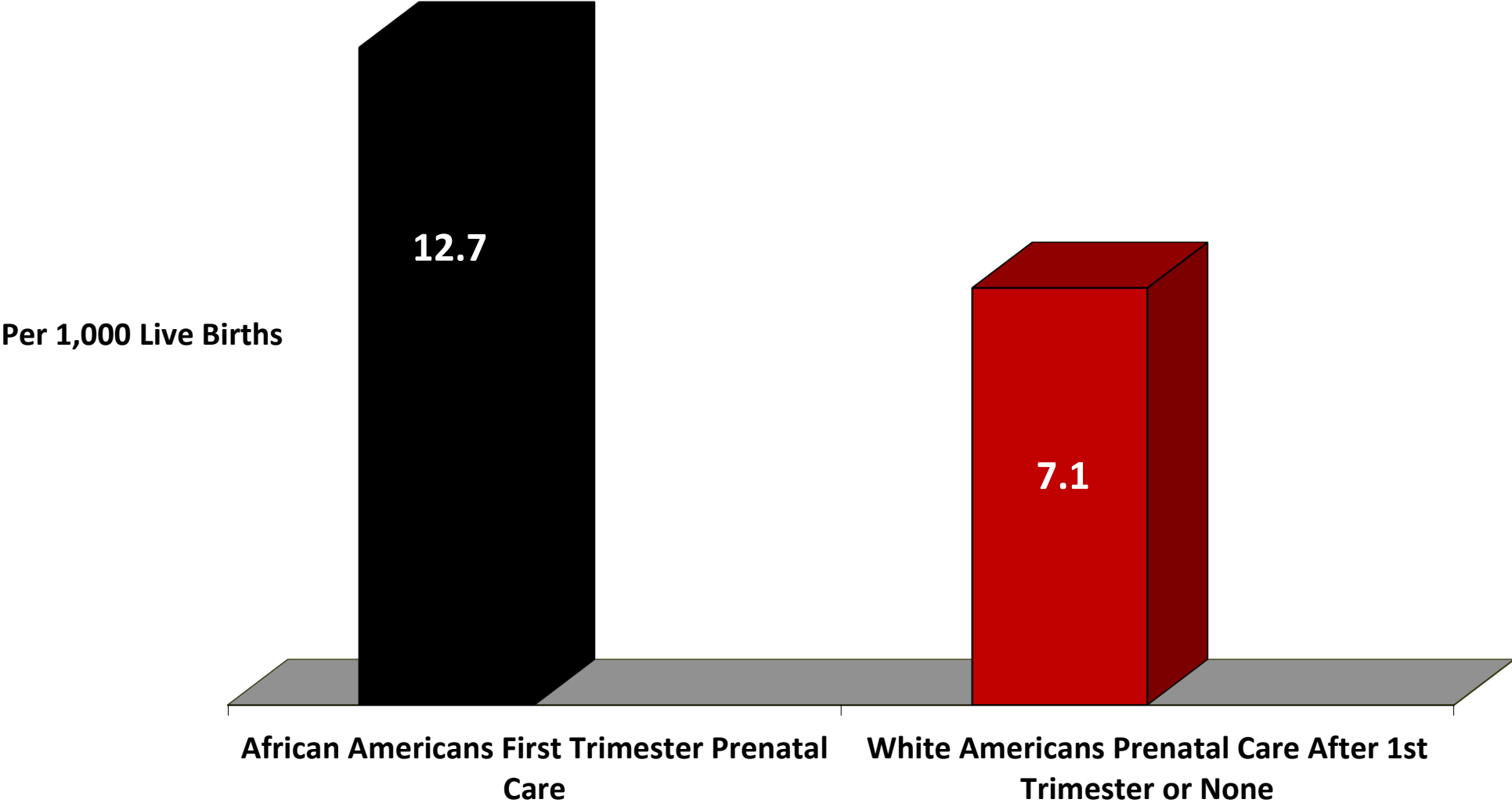
## Prenatal Care?

- Some blame the disparities on differential access to or utilization of prenatal care.

# Black:White Disparity: Infant Mortality & Prenatal Care



# Black:White Disparity: Infant Mortality & Prenatal Care



# Black : White Disparity Birth Outcomes

**SES?**

Household income?

Parental Education?

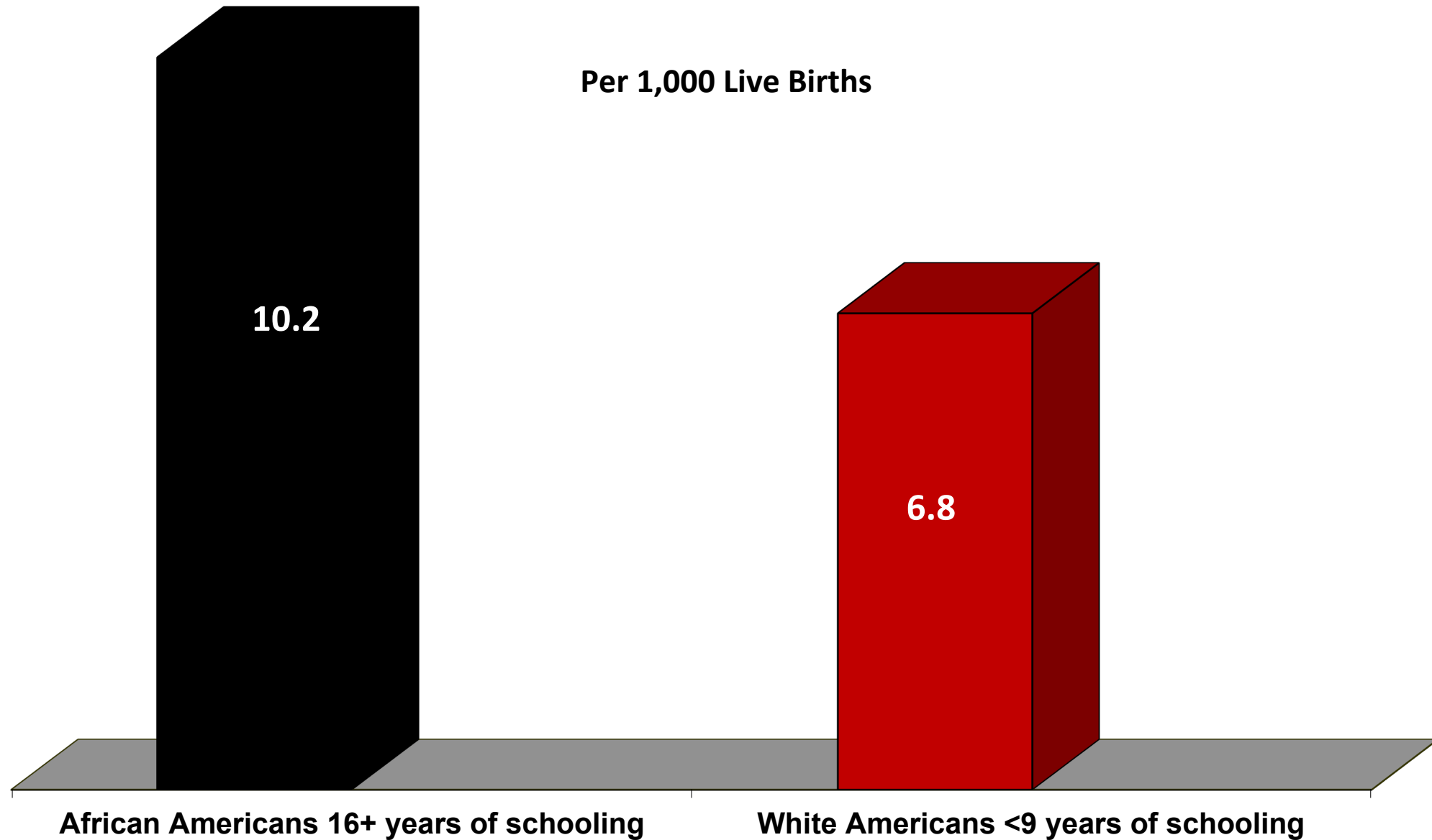
Occupational Status?

Neighborhood?

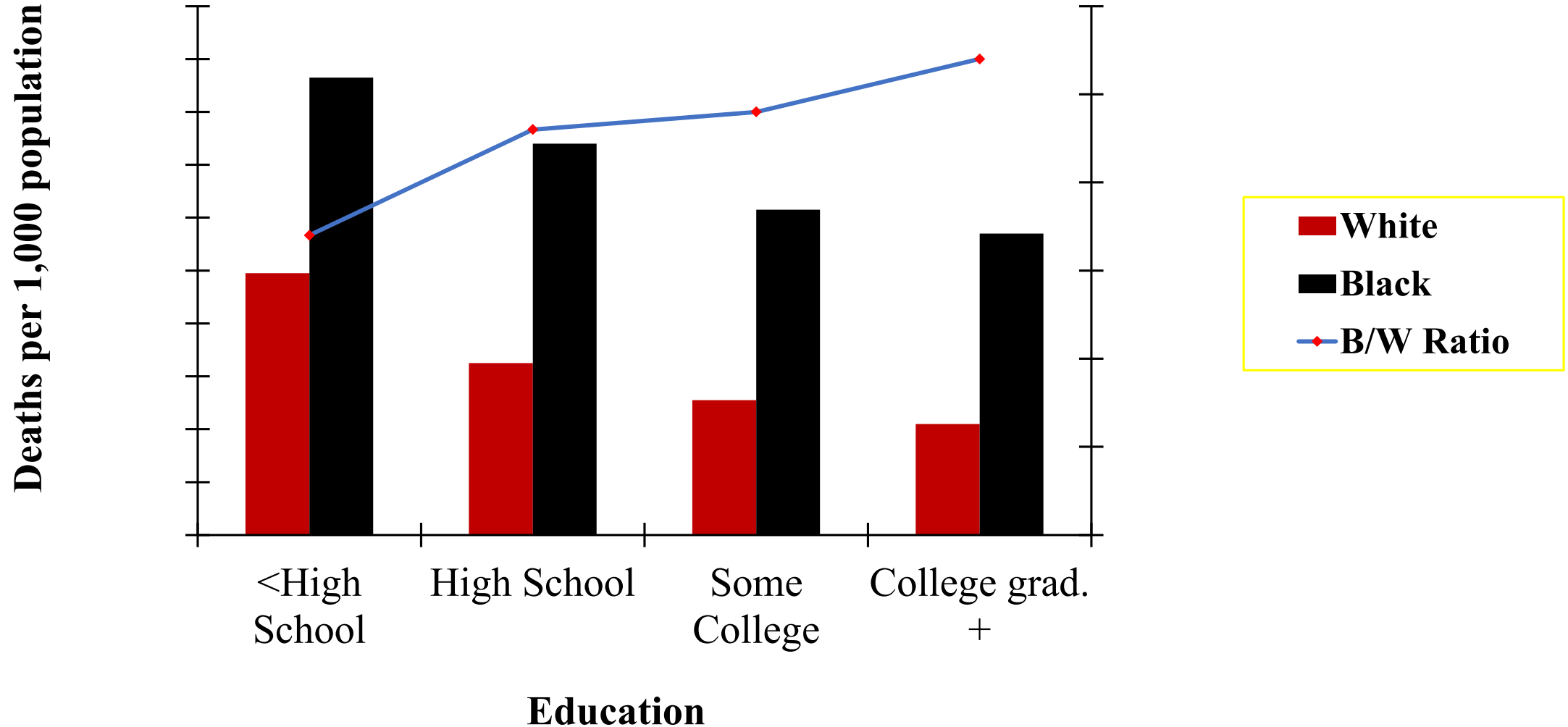
Housing Conditions?



# Black:White Disparity: Infant Mortality & Education



# Infant Death Rates by Mother's Education, 1995

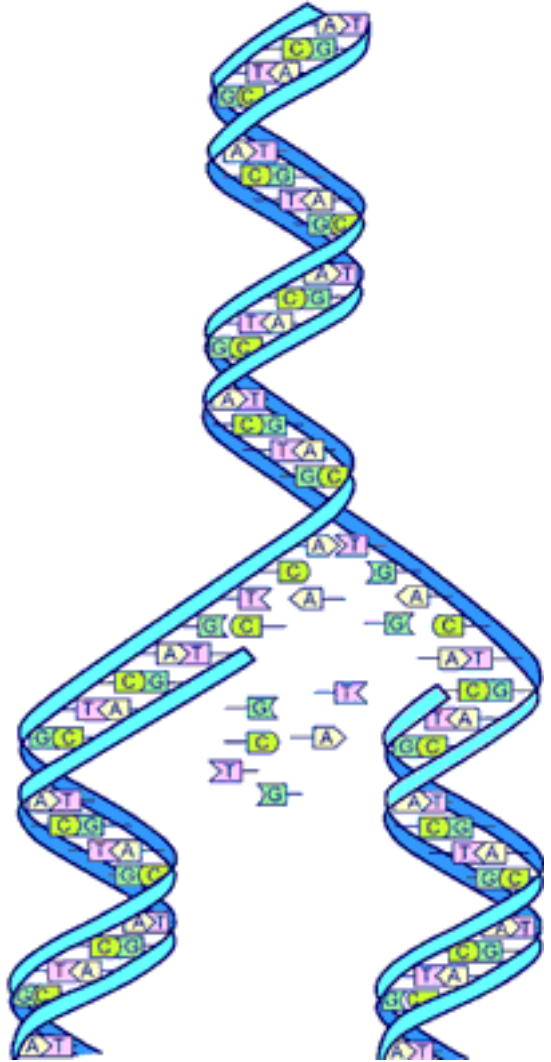


## Black:White Infant Mortality

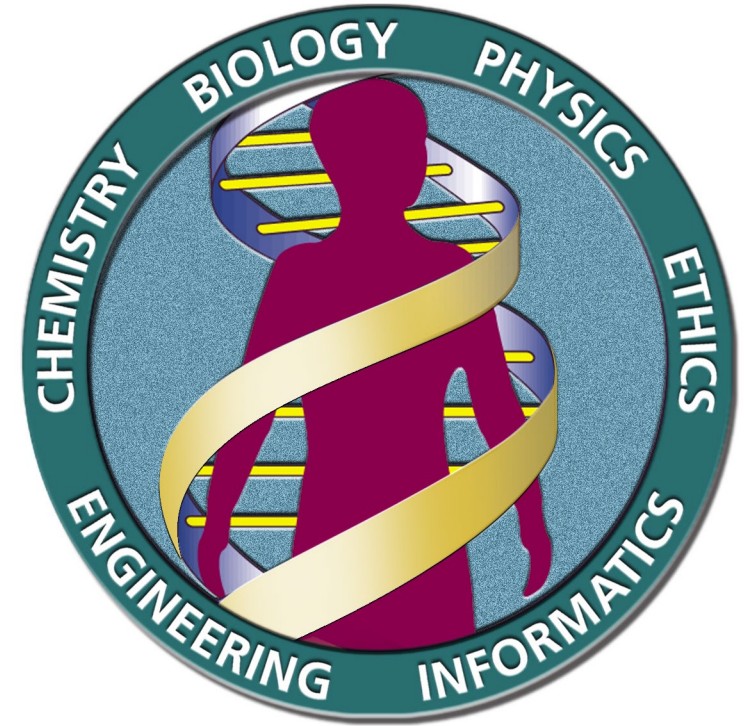
# Is it Genetics?

On the basis of the prior characteristics of the racial differences in infant mortality, it is not surprising that so many have concluded that the reason for the racial differences in birth outcomes must be because of some genetic difference(s) between Black people and White people.

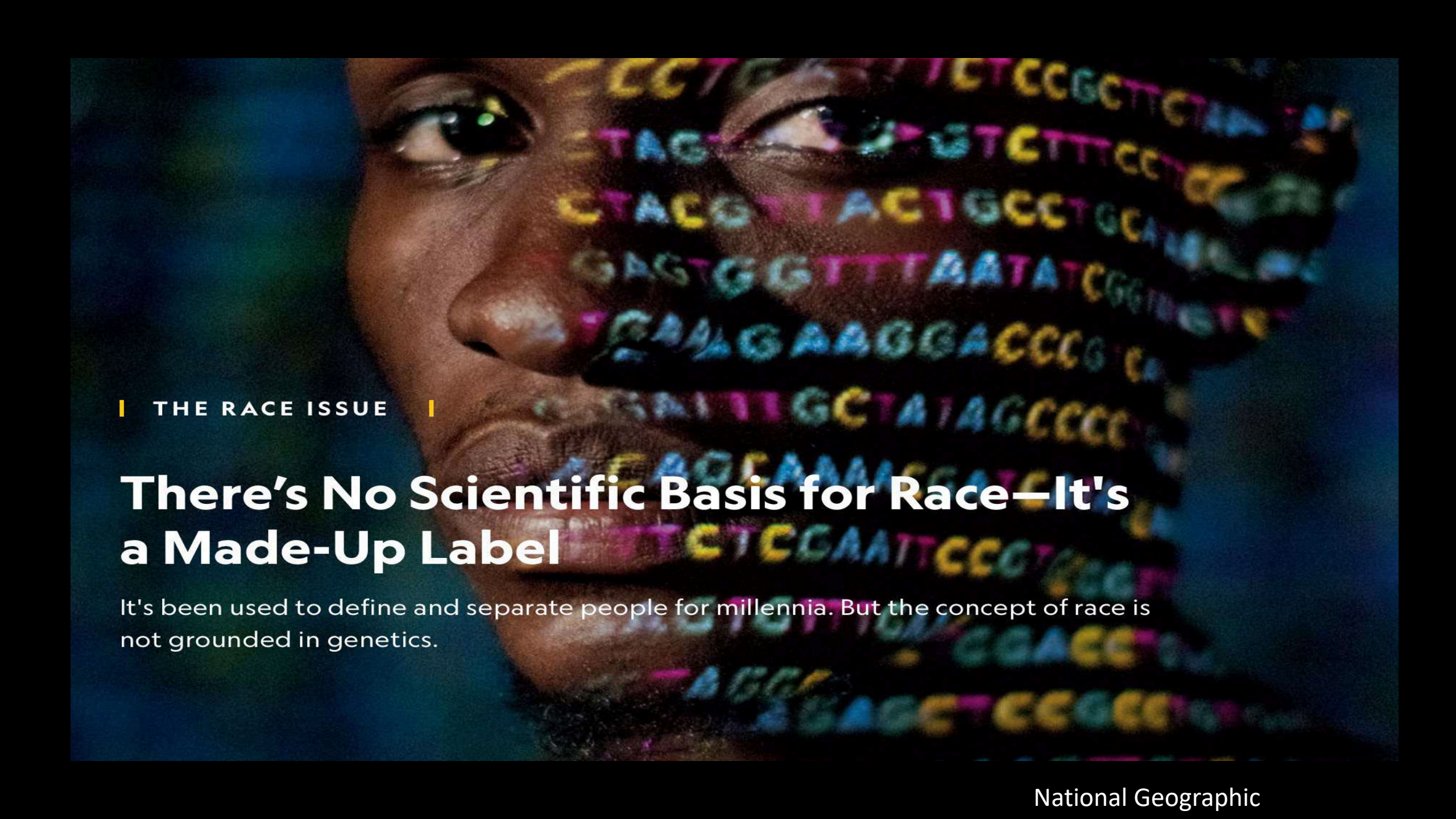
# The Human Genome Project:



The Human Genome Project (HGP) was an international scientific research project with the goal of determining the base pairs that make up human DNA, and of identifying, mapping and **sequencing all of the genes of the human genome from both a physical and a functional standpoint**. It remains the world's largest collaborative biological project.







| THE RACE ISSUE |

# There's No Scientific Basis for Race—It's a Made-Up Label

It's been used to define and separate people for millennia. But the concept of race is not grounded in genetics.

THE RACE ISSUE

# There's No Scientific Basis for Race—It's a Made-Up Label

It's been used to define and separate people for millennia. But the concept of race is not grounded in genetics.

BY ELIZABETH KOLBERT  
PHOTOGRAPHS BY ROBIN HAMMOND

“Over the past few decades, genetic research has revealed deep truths about people. **All humans are closely related—99.9% of our genetic make-up is the same**”

“Of course, just because race is “made up” doesn't make it any less powerful...

- Racial distinctions were written into the Jim Crow laws of the post- Reconstruction South and are now written into statutes like the Civil Rights Act, which prohibits discrimination on the basis of race or color. To the victims of racism, it's small consolation to say that the category has no scientific basis.”
  - In medicine today we debate issues like “race-based” clinical algorithms
  - As a country we are suppressing the opportunity for non-white people to vote
  - Tolerate racially disparate life expectancies, incarceration rates AND...most egregious...
    - We have tolerated this racially disparate opportunity to survive the 1<sup>st</sup> year of life

As a country, we are “fixated” on the **0.1%** genetic difference between us and we try to use it as an explanation for all racial disparities that exist in our society.

School drop-outs

Dishonest

Genetics

Inferior

Drug addicts

Despite the data:

- There are many who believe that the Black IMR cannot improve
- Many believe that the B-IMR is as high and as bad as it is because of “genetic” or group level flaws amongst those of us who are Black
- Essentially nobody believes that the B-IMR can be the same as the White IMR!

Malingering

Teen-aged pregnancies

Black people don't love their babies as much

Dead beat dads

IPV

Welfare Queens



# Disparities in Infant Mortality: What's Genetics Got to Do With It?

Since 1950, dramatic advances in human genetics

Richard David, MD, and James Collins Jr, MD, MPH

## **There is no genetic basis for RACE.**

“Race” is not a biological construct that reflects innate differences, but a social construct that precisely captures the impacts of racism. (Jones, AJP, 2000)

## **Biologically/physiologically babies of different “races” die from the same causes!**

The differences we observe in the infant mortality rates of different groups in the United States is not the consequence of inherent biologic or genetic differences, but is a reflection of the different “life-time” circumstances (socioeconomic, behavioral, psychological, etc.) experienced by different groups. (A. James)

# **Black:White Disparity: Birth Outcomes**

**Is Racism a contributor?**

# Health Care Quality:

“Every study of quality that’s ever been done where there was data on patient race, ethnicity, income and other characteristics finds that people who are members of racial and ethnic minorities, who are lower income, less well educated, in general, receive poorer quality of care”.

# Report of the Secretary's Task Force on

# Black & Minority Health

Margaret M. Heckler  
Secretary

U.S. Department of Health and  
Human Services

In 1985, the **Report of the Secretary's Task Force on Black and Minority Health**

(commonly referred to as the Heckler Report) stated:

**" Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native Americans and those of Asian/Pacific Islander heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology."**

# Report of the Secretary's Task Force on

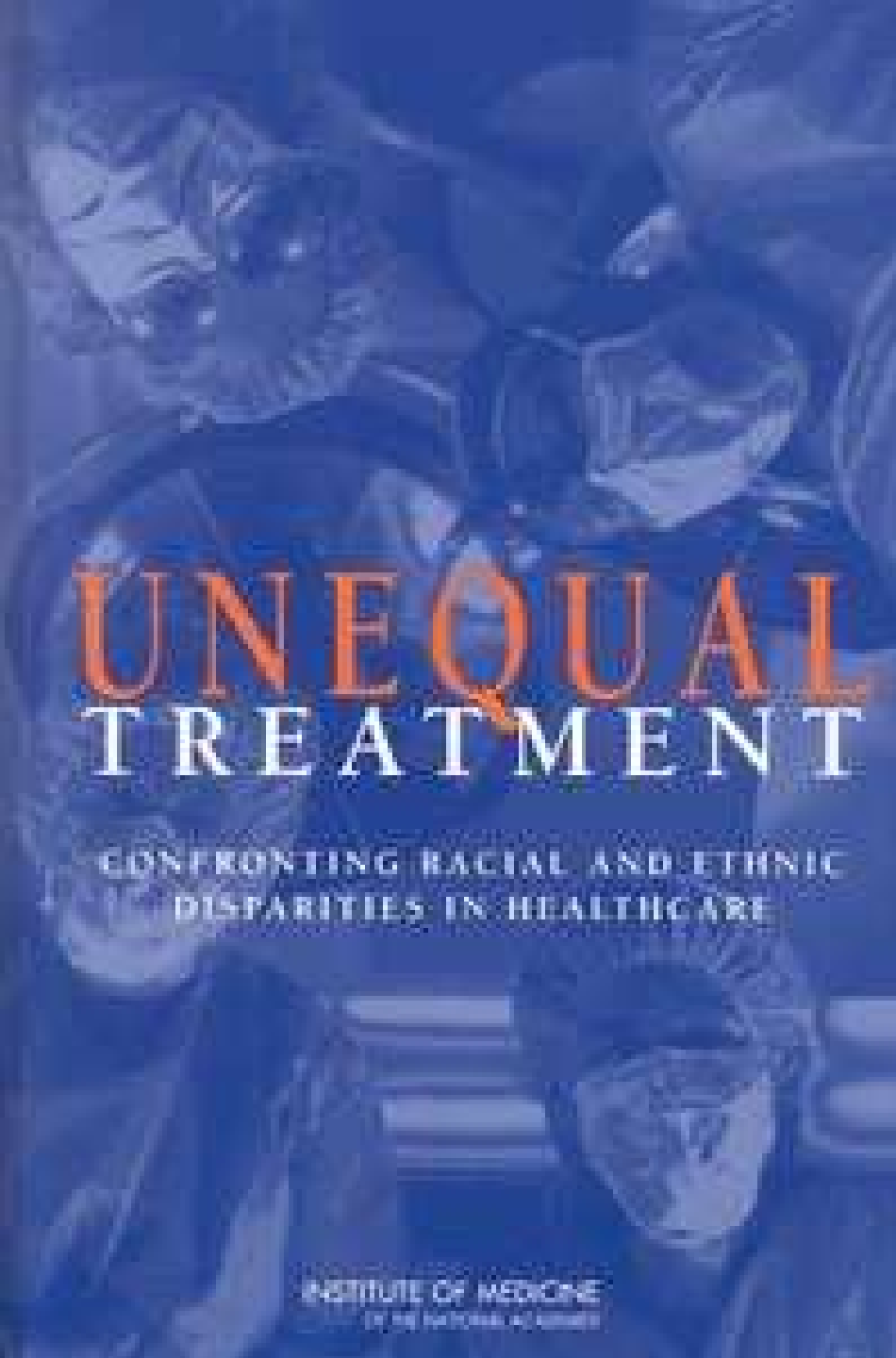
# Black & Minority Health

Margaret M. Heckler  
Secretary

U.S. Department of Health and  
Human Services

The Report found that there were 60,000 excess deaths to minority groups, especially to African Americans and that six causes of death accounted for more than 80% of mortality among Blacks and other minority groups compared with Whites. The causes included:

- Cancer;
- Cardiovascular disease and stroke;
- Chemical dependency (measured by deaths due to cirrhosis);
- Diabetes;
- Homicide and accidents (unintentional injuries); and
- **Infant mortality.**

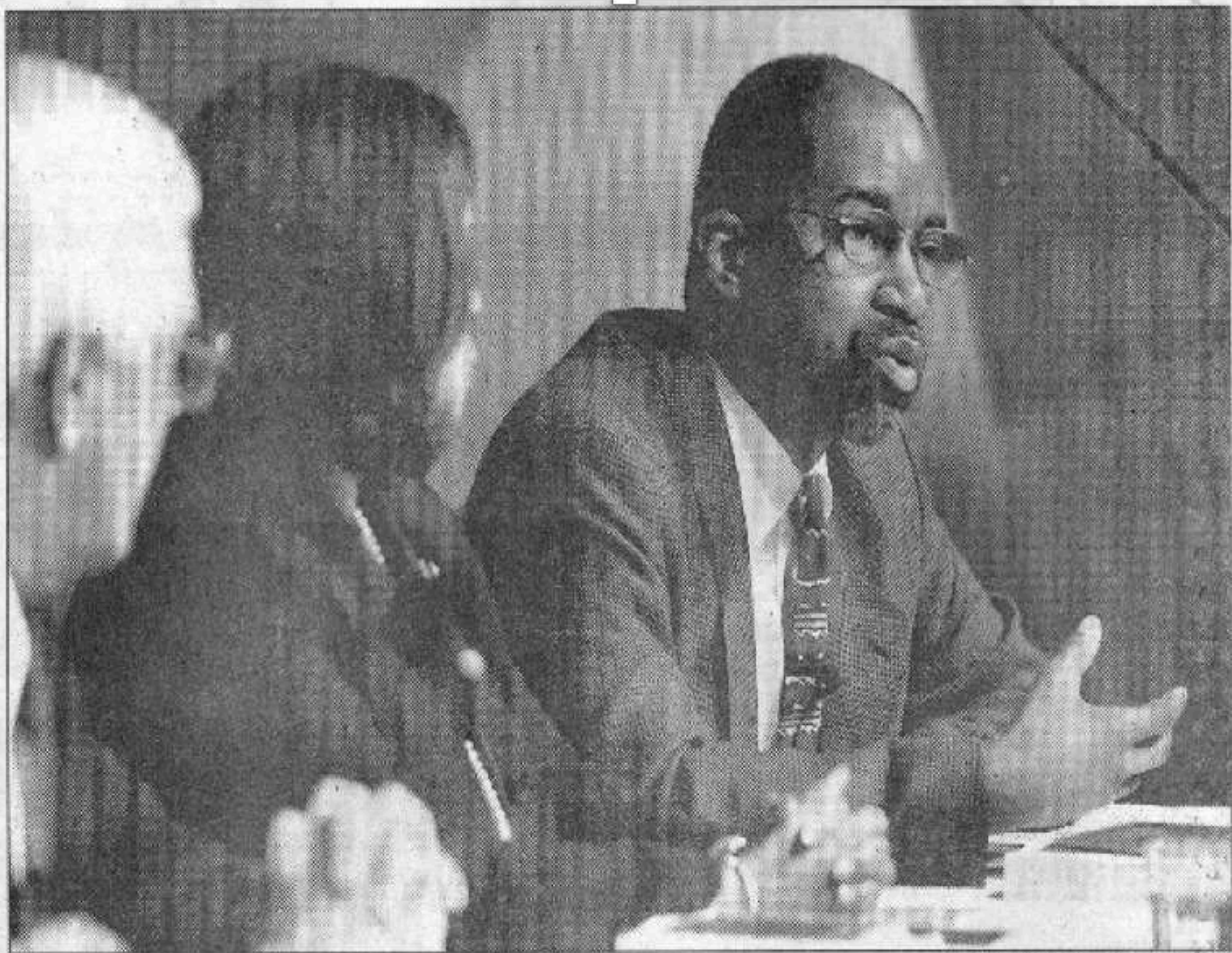


*USA Today*, March 22, 2002 “Racial Bias in Health Care”

“In unassailable terms, the report found that **even when their insurance and income are the same as those of whites, minorities often receive fewer tests and less sophisticated treatment for a panoply of ailments**, including heart disease, cancer, diabetes and HIV/AIDS. By stripping away the pretense that the differences can be explained by minorities' lack of access to timely care, the report should spur doctors and patients to question why racial disparities are tolerated in medicine.”



## “Unequal Treatment”: Black-White Health Gap:



BY SUSAN WALSH—ASSOCIATED PRESS

David Williams, a University of Michigan professor, right, says: “We have a health care system that is the pride of the world, but this report documents that the playing field is not even.”

“The stability of racial differences in health is striking. This is not an act of God. Neither does it simply reflect racial differences in individual behavior or biology. Instead, **considerable evidence suggests that these striking racial differences in health and their persistence over time reflect, in large part, policies and practices that are linked to the historic legacy of racism, and that legacy has created living conditions that are pathogenic for minority populations.**”

David R. Williams

# What If We Were Equal? A Comparison Of The Black-White Mortality Gap In 1960 And 2000

Closing this gap could eliminate more than 83,000 excess deaths per year among African Americans.

by **David Satcher, George E. Fryer Jr., Jessica McCann, Adewale Troutman, Steven H. Woolf, and George Rust**

**“USING 2002 DATA, AN ESTIMATED 83,570 EXCESS DEATHS EACH YEAR COULD BE PREVENTED IN THE UNITED STATES IF THIS BLACK-WHITE MORTALITY GAP COULD BE ELIMINATED...”**

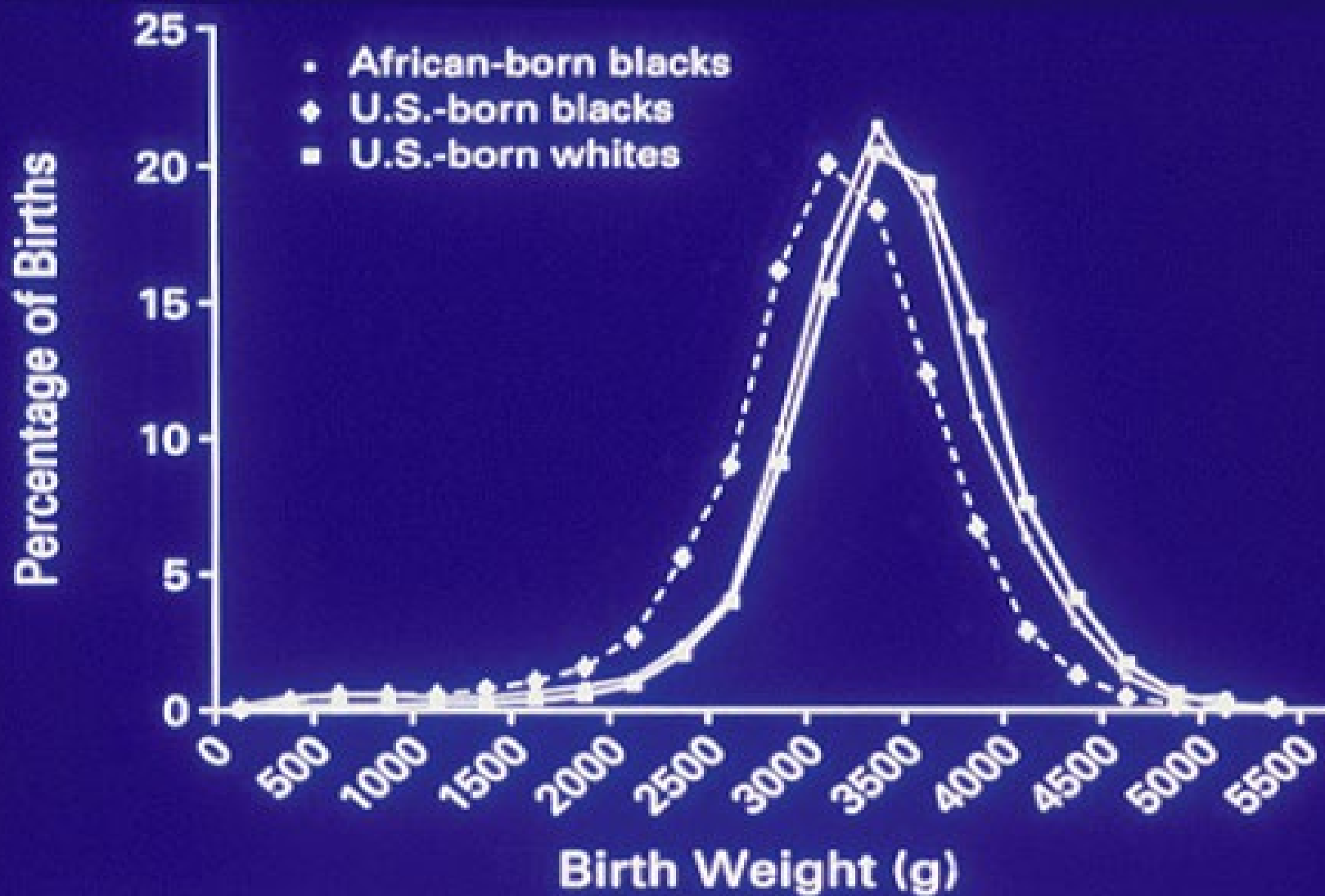
“THE 1985 TASK FORCE REPORT ON BLACK AND MINORITY HEALTH (*the Heckler Report*) RAISED NATIONAL CONCERN THAT 60,000 EXCESS DEATHS WERE OCCURRING ANNUALLY BECAUSE OF HEALTH DISPARITIES, PRIMARILY AMONG AFRICAN AMERICANS. HEALTHY PEOPLE 2010 NAMED THE ELIMINATION OF HEALTH DISPARITIES AS ONE OF TWO OVERRIDING GOALS OF THE NATION’S PUBLIC HEALTH AGENDA FOR *THE* DECADE. HEALTH DISPARITIES ARE OBSERVED ACROSS A BROAD RANGE OF RACIAL, ETHNIC, SOCIOECONOMIC, AND GEOGRAPHIC GROUPS IN AMERICA, BUT THE HISTORY OF AFRICAN AMERICANS, ROOTED IN SLAVERY AND POSTSLAVERY SEGREGATION, MOTIVATES OUR FOCUSED ANALYSIS OF BLACK-WHITE HEALTH DISPARITIES.”

Source: Health Affairs 24, #2 (2005): 459-464 , available on line : <http://content.healthaffairs.org/content/24/2/459>



# **Differing Birth Weight among infants of African-born BLACKS, U.S.-born BLACKS, and U.S.-born WHITES:**

*J.W. Collins Jr., MD, MPH 1983 UoM Medical School Prof., NWU School of Med*

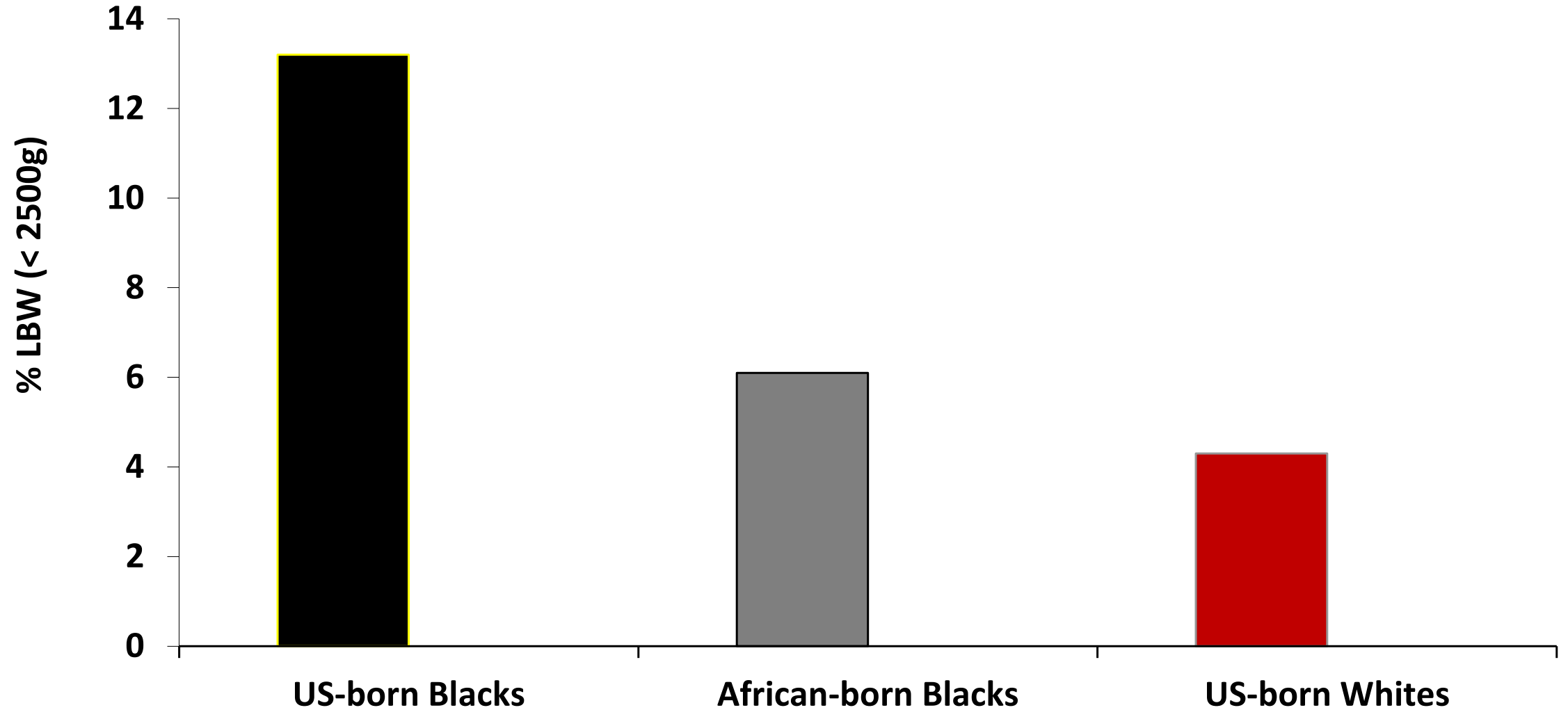


***Differing Birth Weight among infants of African-born BLACKS, U.S.-born BLACKS, and U.S.-born WHITES:***

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 Prof., NWU School of Med.

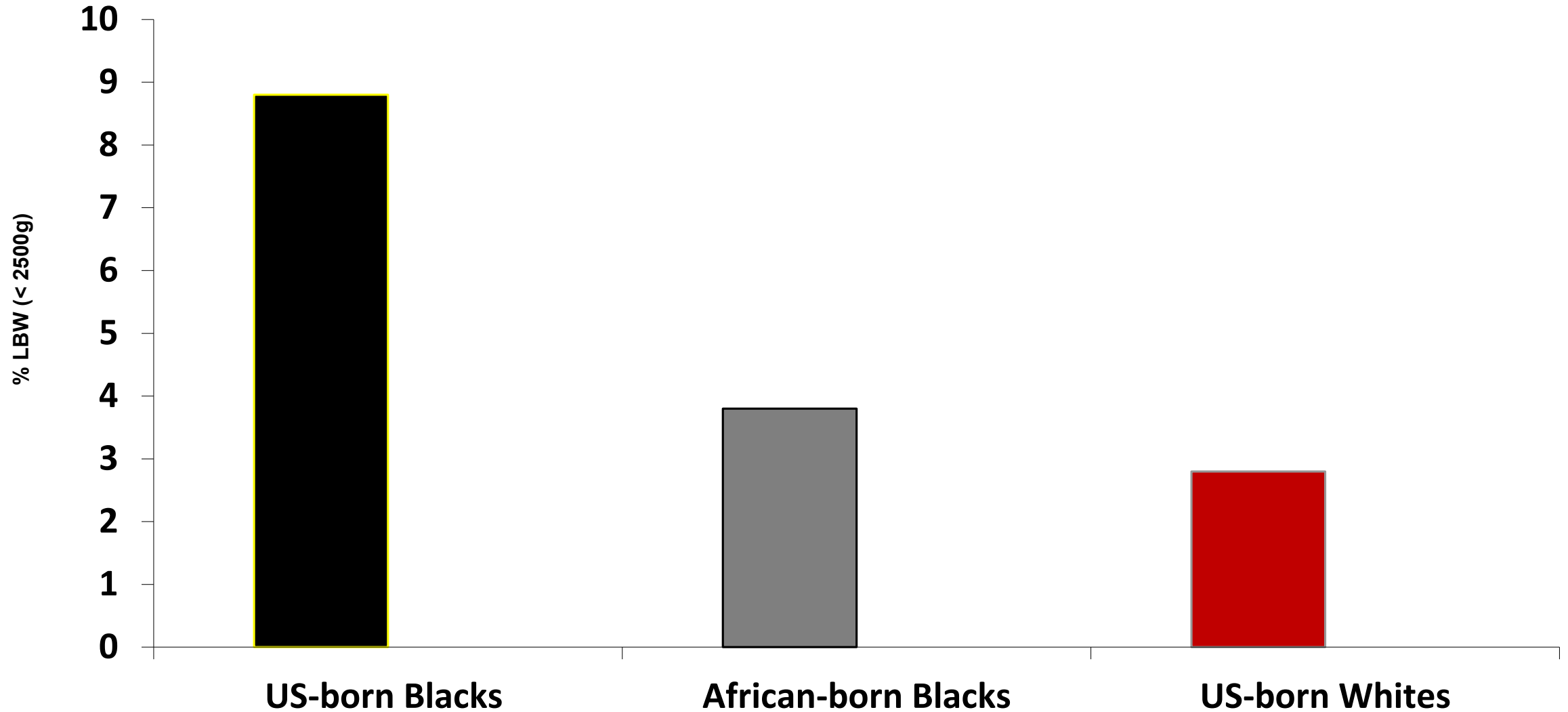
**Figure 1. Distribution of Birth Weights among Infants of U.S.-Born White and Black Women and African-Born Black Women in Illinois, 1980–1995.**

# Differing Birth Weight in Illinois: % *LBW*



(David and Collins, NEJM, 1997)

# Differing Birth Weight among *Low-risk* Women in Illinois



(David and Collins, NEJM, 1997)

**On the basis of this study Collins, et. al. concluded that chronic stress from racism was the main reason for the inequities in birth outcomes. The CDC (*initially*) disagreed!**

# “State-Specific Trends in U.S. Live Births to Women Born Outside the 50 States and Washington, D.C. (1990 and 2000).”

- Summary of MMWR findings included:
  - Higher percentages of education\*
    - except for Mexican, Central/S.American women
  - Lower percentages of teen birth
  - Lower percentages of unmarried
  - Despite later entry into prenatal care
    - Better birth outcomes (PTD, LBW)



American Journal of Epidemiology

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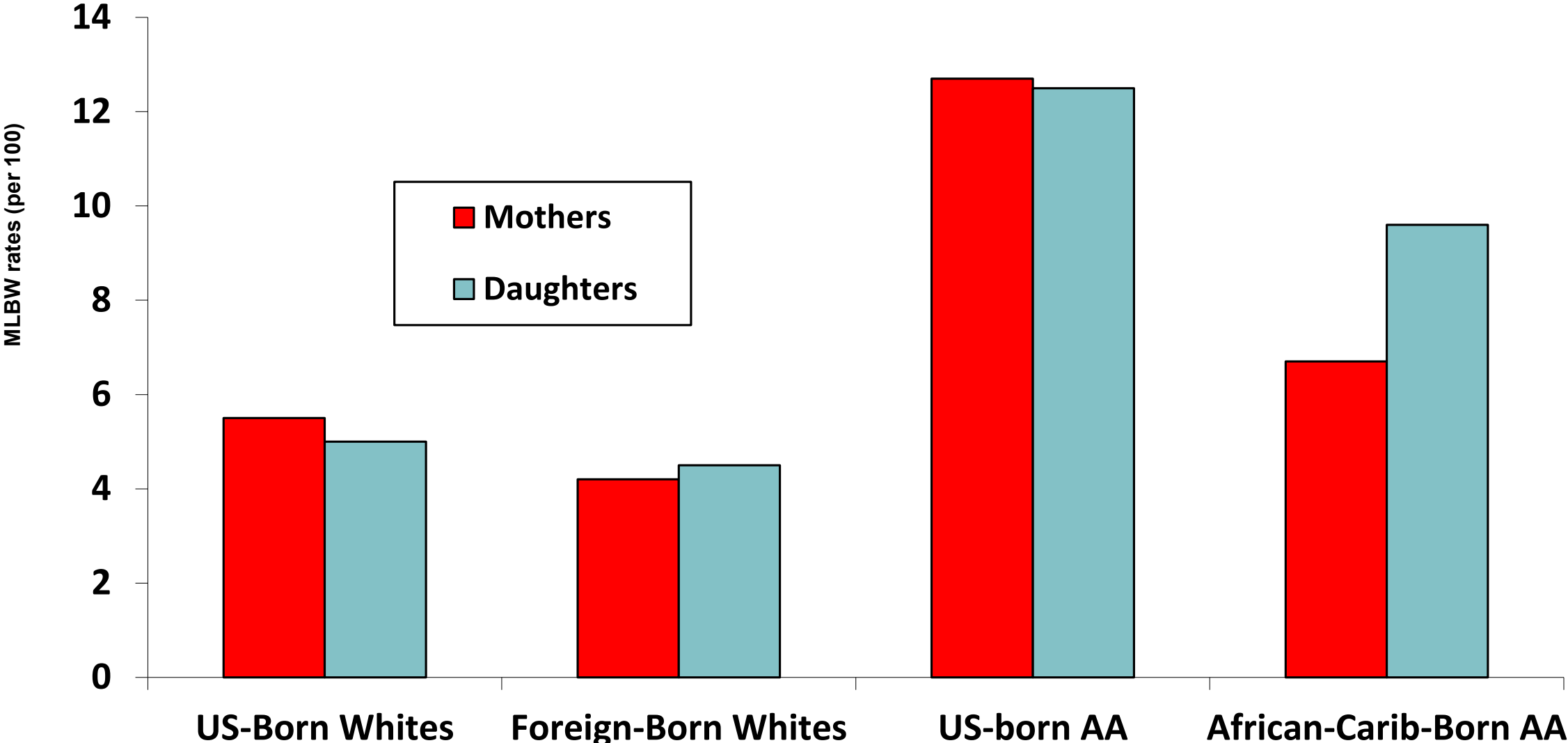
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## **Differing Intergenerational Birth Weights among the Descendants of US-born and Foreign-born Whites and African Americans in Illinois**

James W. Collins, Jr.,<sup>1</sup> Shou-Yien Wu,<sup>2</sup> and Richard J. David<sup>2</sup>

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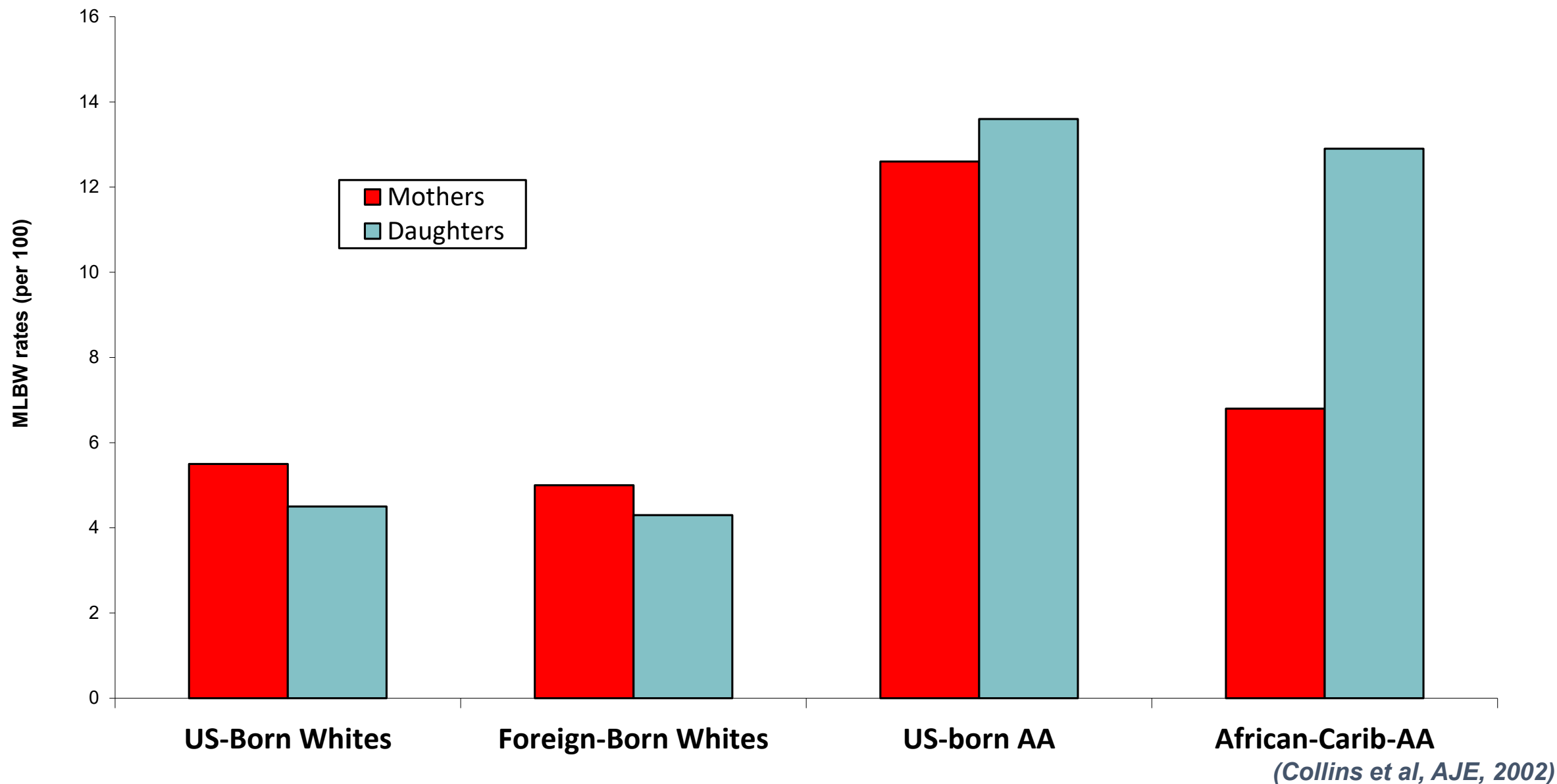
# ***MLBW Rates Across a Generation:***



*(Collins et. al., AJE, 2002)*



# MLBW Rates Among Infants of **Married** Women Across a Generation

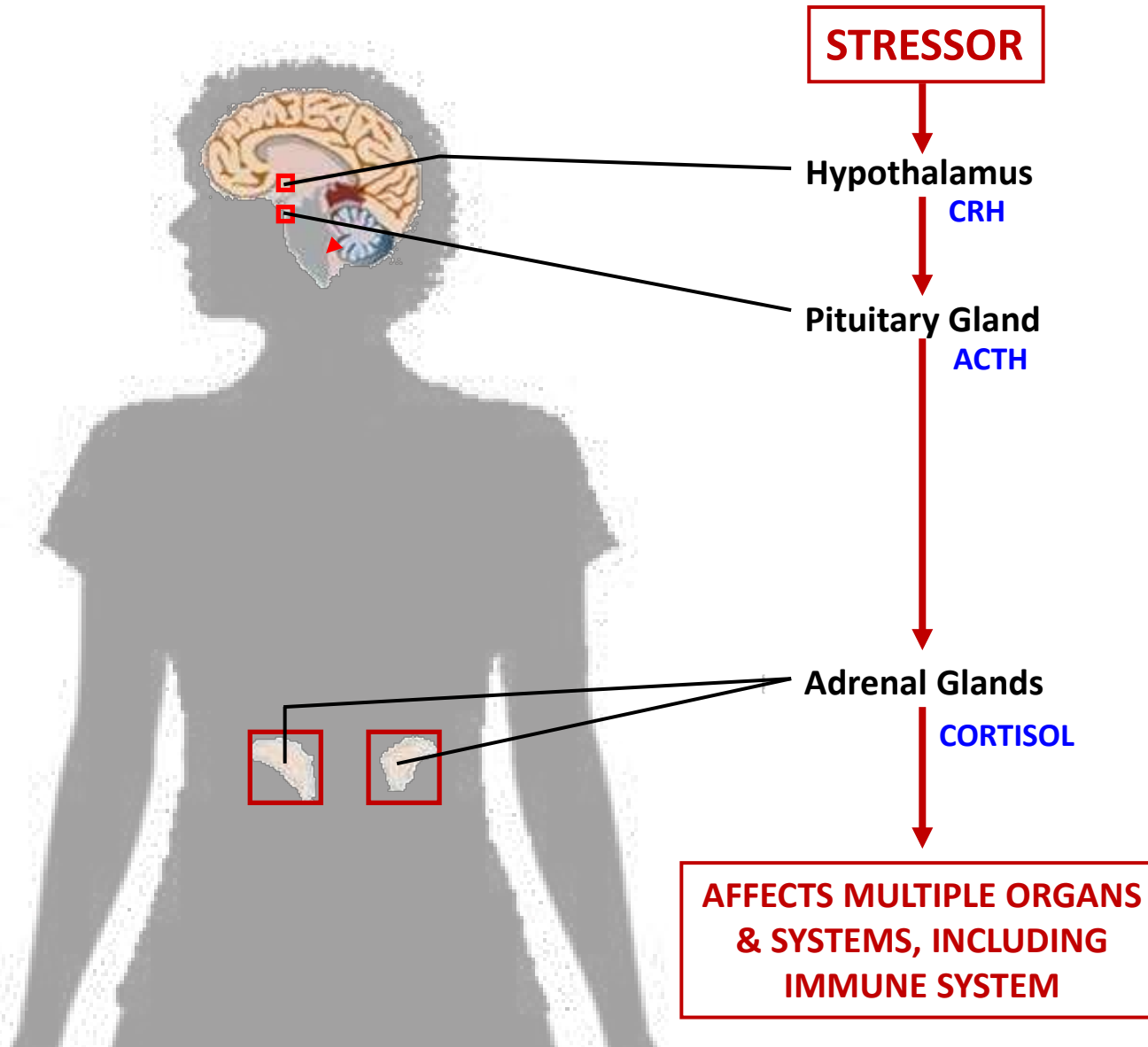




**The influence of Stress**

# The stress → PTB link: Biologically plausible?

Stress increases the risk of compromised clinical outcomes, not only in obstetrics, but for most disease processes. In obstetrics, the experience of substantial stress increases the risk of compromised outcomes for mother and baby...and for subsequent generations



Confirmatory research:

1. Barker's Hypothesis (The Fetal Origins of Disease)
2. Jimmy Collin's & Richard David's work re: Racism and incidence of LBW & VLBW babies
3. Arline Geronimus's work re "Weathering"
4. Shortened Telomere length and premature aging
5. David Williams
6. Nancy Krieger
7. Michael Lu

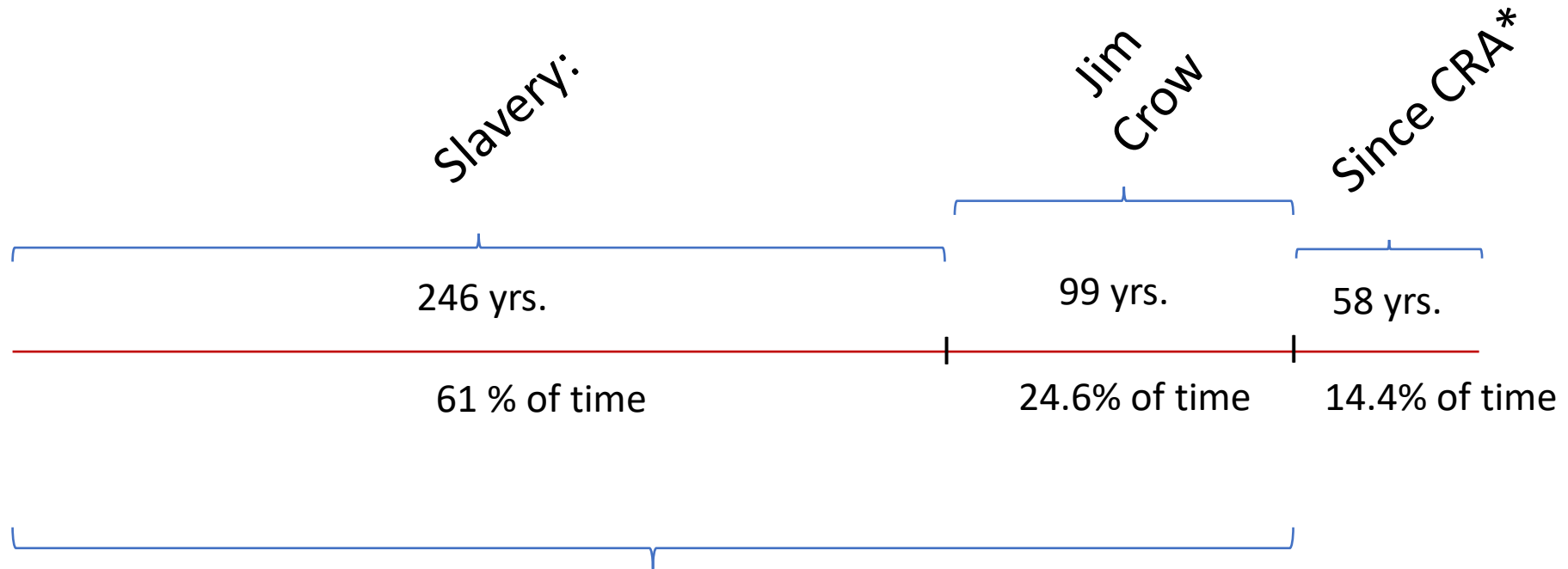
## African American Citizenship Status: 1619-2023

***I think a significant contributor for why our BIMR is so much higher than our WIMR is because of how our Nation has managed the issue of RACE.***

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	60.9 %
1865-1964	Jim Crow: virtually no Citizenship rights	99	24.5%
1964-2022*	"Equal"	59	14.6%
1619-2022	"Struggle" "Unfairness"	404	100%

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

# Time-line of African American Experience:



**86% of the AA experience either as Slaves or under Jim Crow**

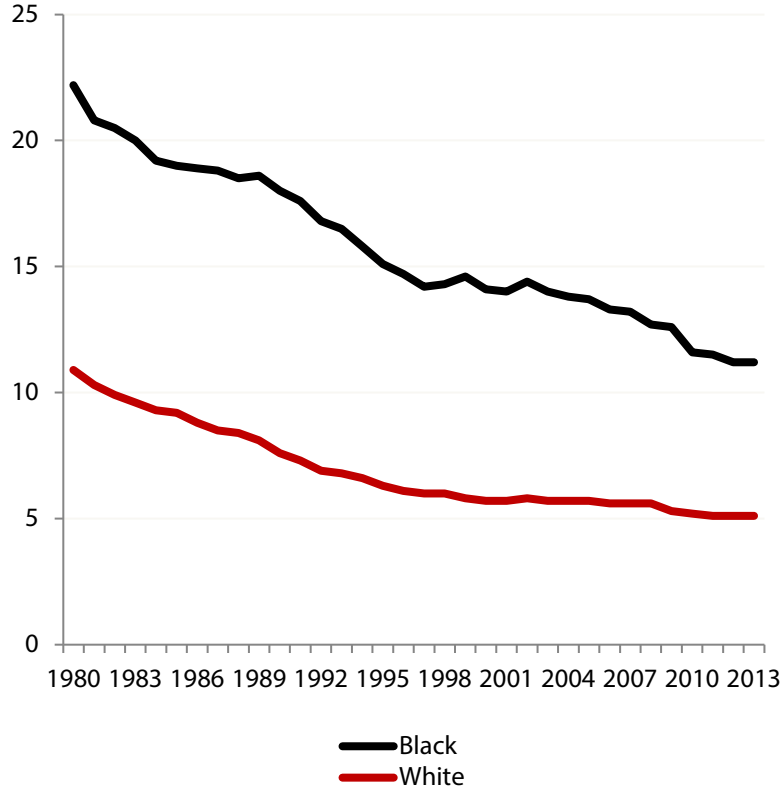
*“History, despite its wrenching pain, cannot be unlived, but if faced with courage, need not be lived again.”*

Eddie S. Glaude Jr., [Begin Again: James Baldwin's America and Its Urgent Lessons for Our Own](#)



## Events like

- Hurricane Katrina,
- The increased incidence of killing unarmed black people,
- Voter suppression... &
- Our disparate IMRs and MMRs all remind us that not all of us benefit from this Declaration equally.



## Race: the Power of an Illusion – Episode 1: The Difference Between Us



# 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**

Unnatural Causes:



Medical Problems:

Disparities in Birth Outcomes:

**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**

Substance Use

Under-Education

**Lower graduation rates**

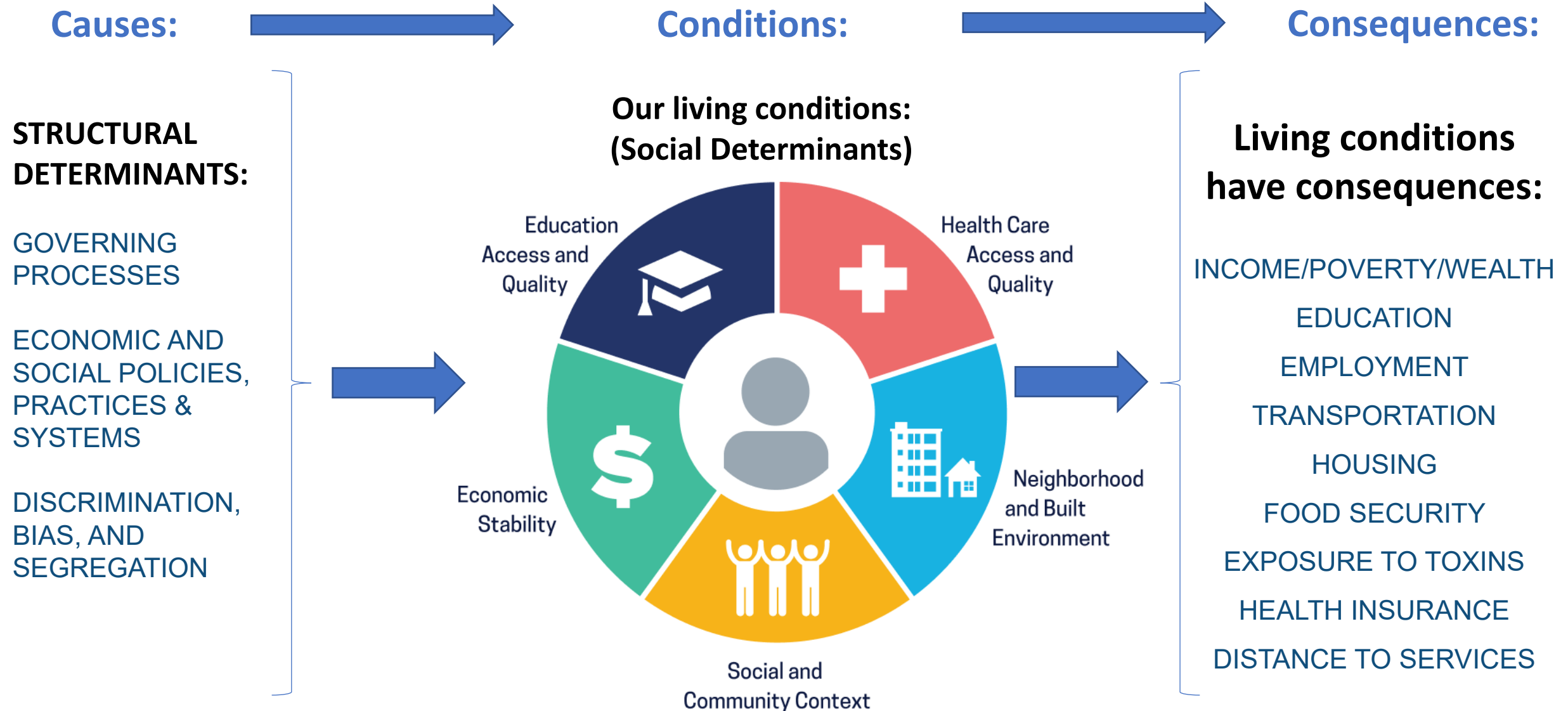
Family Support

Poor Working Conditions

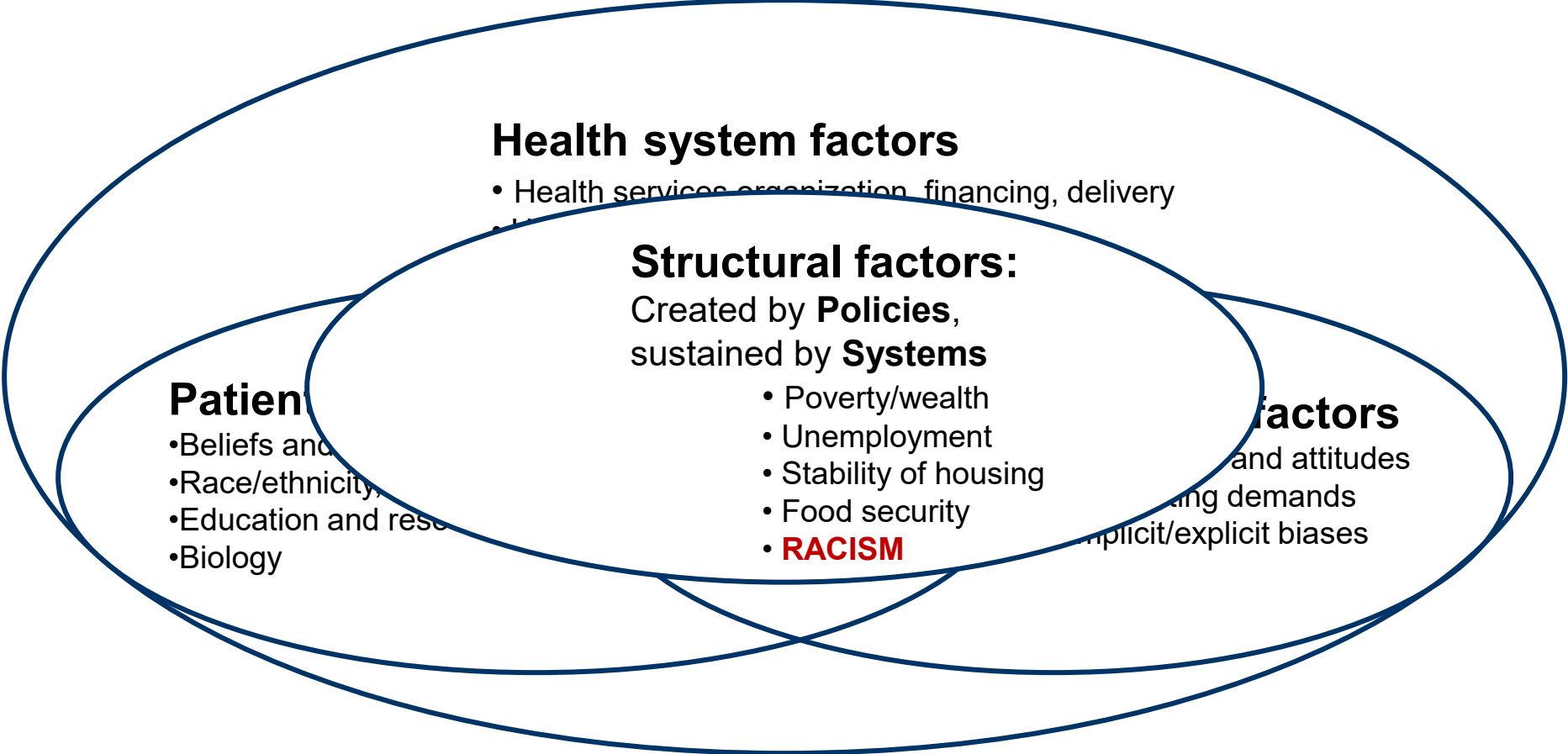
Teen Births

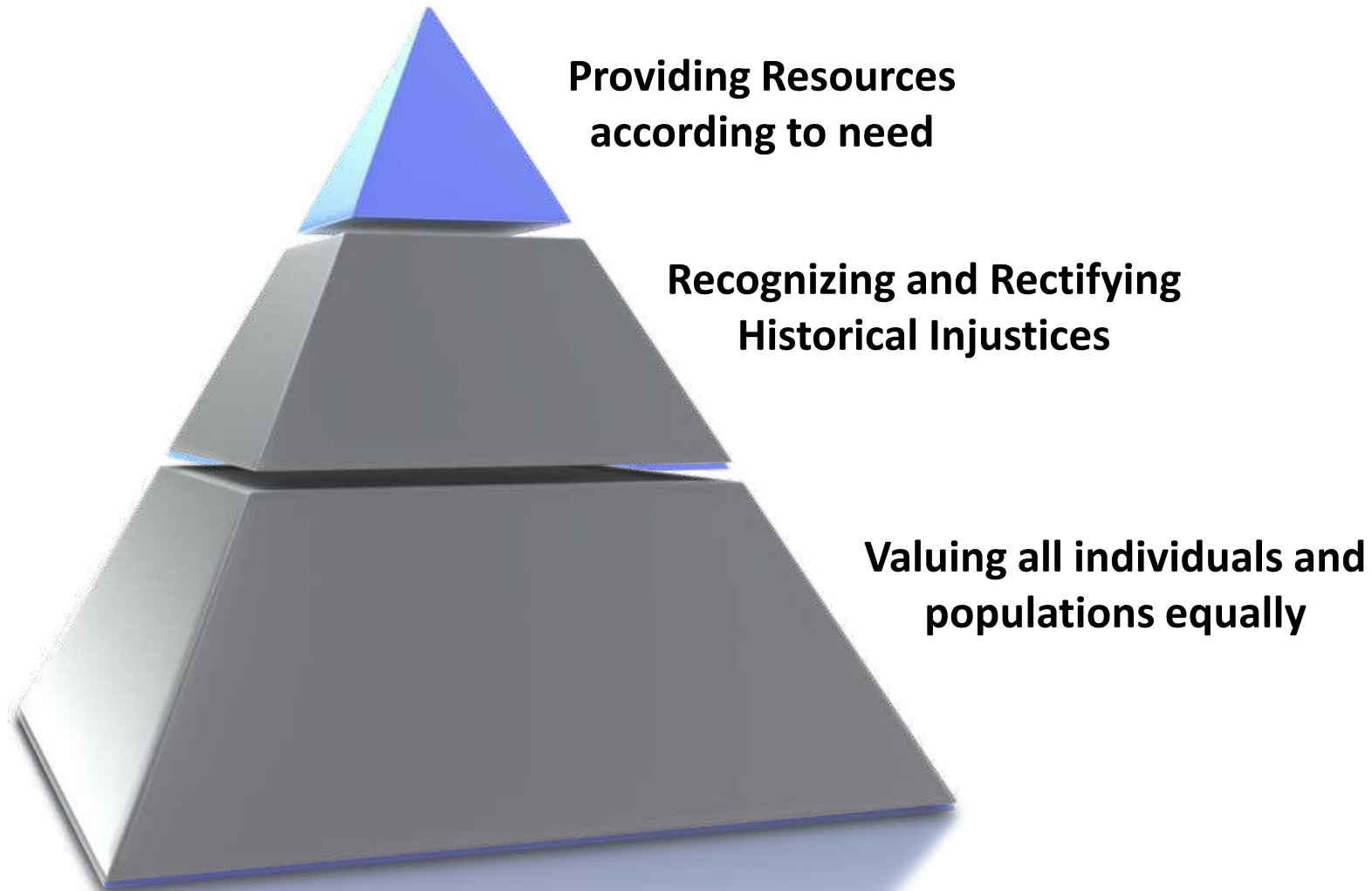
Nutrition

# Structural and Social Determinants of Health:



# Contributors to health and health care inequities:





# **Principles for Achieving Equity/Health Equity:**

# What's our Goal?

Neighborhood  
Revitalization



**Health Equity**  
Universal Health Insurance

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.”

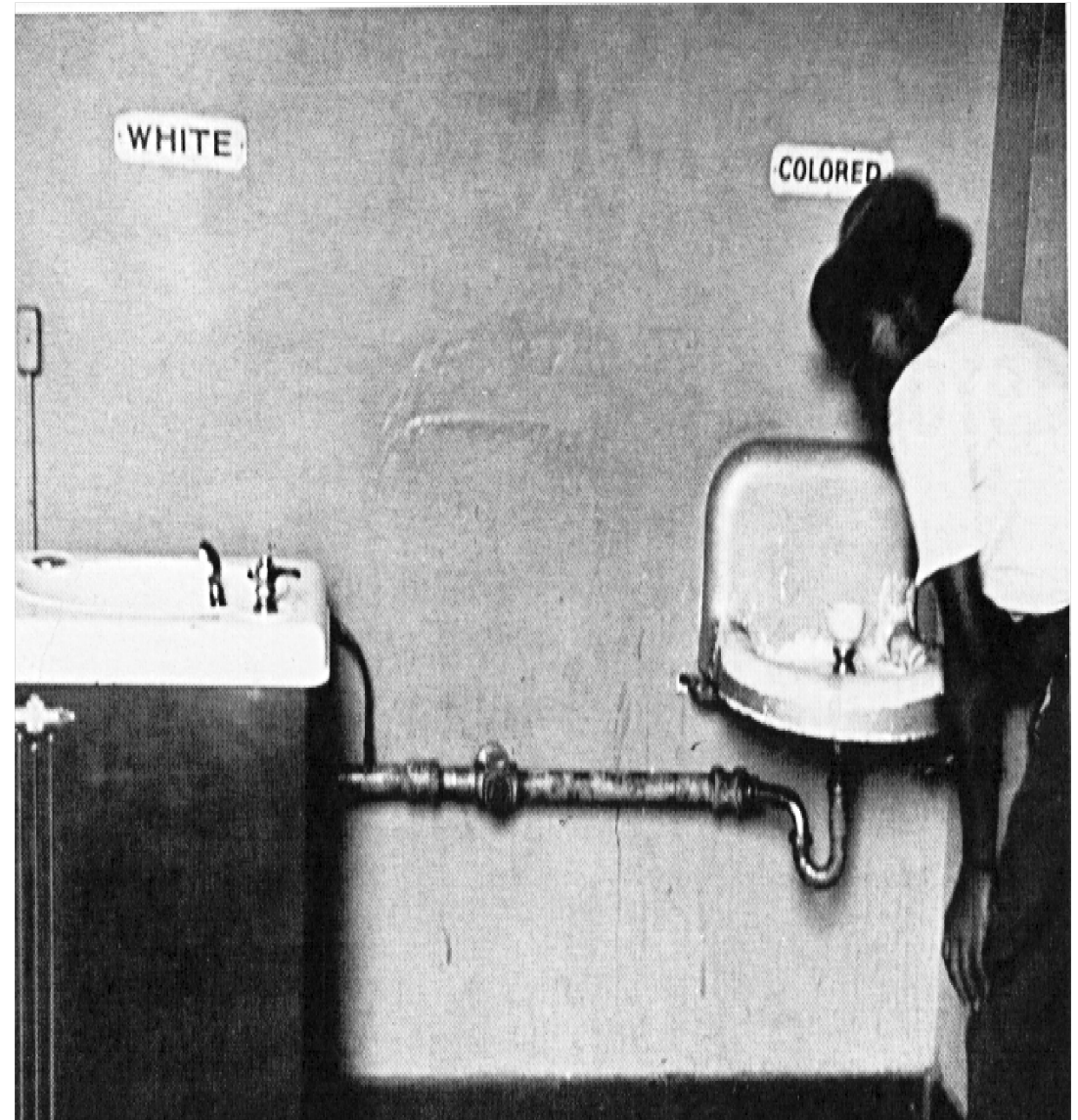


# Racial Disparities: are not “natural”... **we made it this way!**

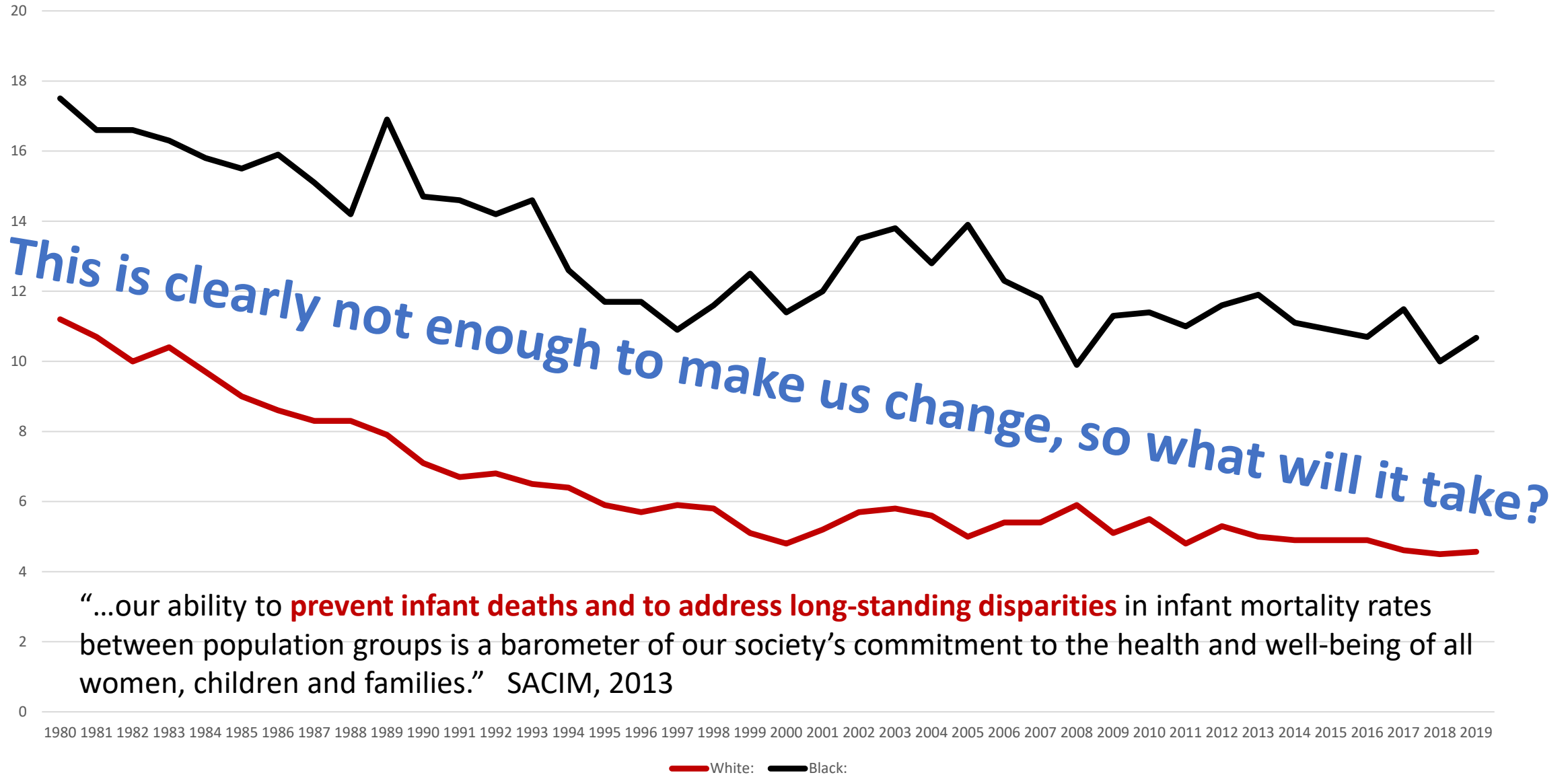
We often perceive racial health disparities as consequences of “nature”. As such, we convince ourselves that these differences are “fixed” or “hardwired”; a part of what is different about us as people and therefore cannot be changed.

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.

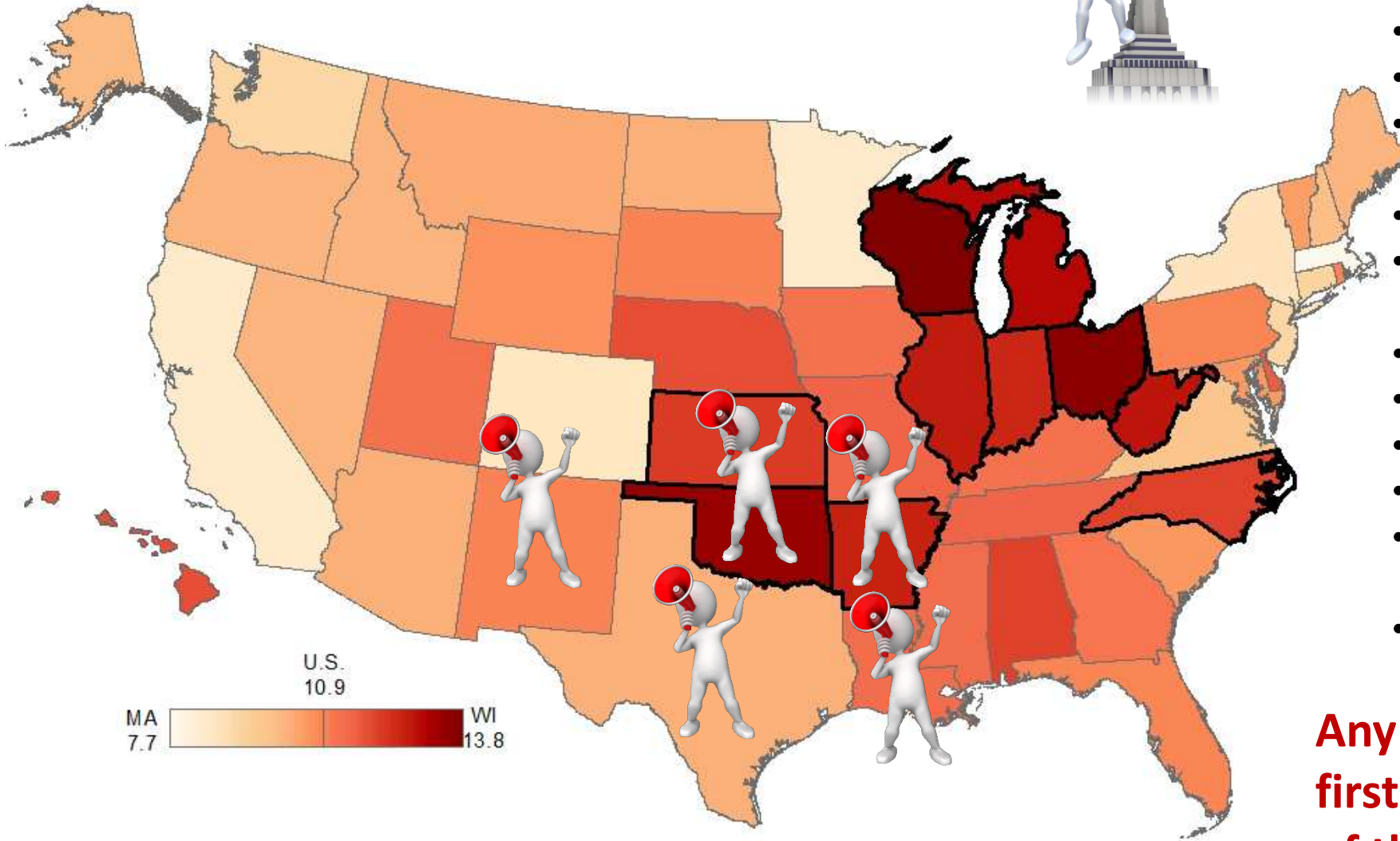


# Texas Infant Mortality Rates: White & Black: 1980-2019



“...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, 2013

**Your advocacy is essential**



**Every Mother & Baby Matters...**

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

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

Source: U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau

3 years of linked birth/infant death data (2016-2018)

**We have to change the narrative about the racial inequities in birth outcomes!!!!**

**“True compassion is more than flinging a coin to a beggar; it understands that an edifice which produces beggars needs restructuring.”**

Dr. Martin Luther King, Jr.



# *The Good Samaritan*





# The Parable of “The Good Samaritan”

Luke 10: 25-37

“A man was going down from Jerusalem to Jericho and he fell among robbers, who both stripped him and beat him, and departed, leaving him half dead. By chance a certain priest was going down that way. When he saw him, he passed by on the other side. In the same way, a Levite also, when he came to the place, and saw him, passed by on the other side. But a certain Samaritan, as he traveled, came where he was. When he saw him, he was moved with compassion, came to him, and bound up his wounds, pouring on oil and wine. He set him on his own animal, and brought him to an inn, and took care of him. On the next day, when he departed, he took out two denari, and gave them to the host, and said to him, Take care of him. Whatever you spend beyond that, I will repay you when I return.”

Now which of these three seemed to be a neighbor to him who fell among the robbers?”



Jerusalem

# Jericho Road

Jericho





Jerusalem

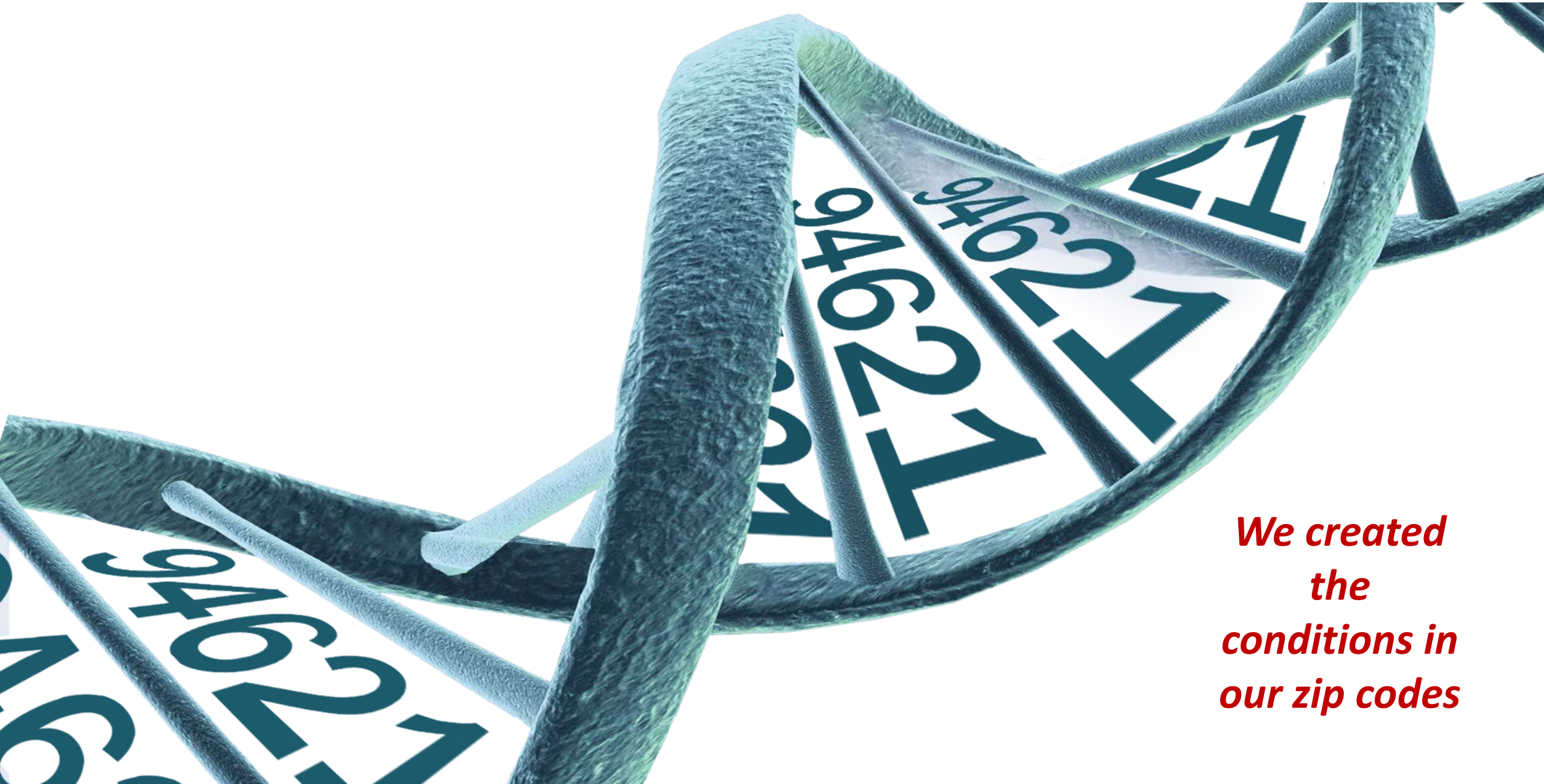
# Jericho Road

Jericho



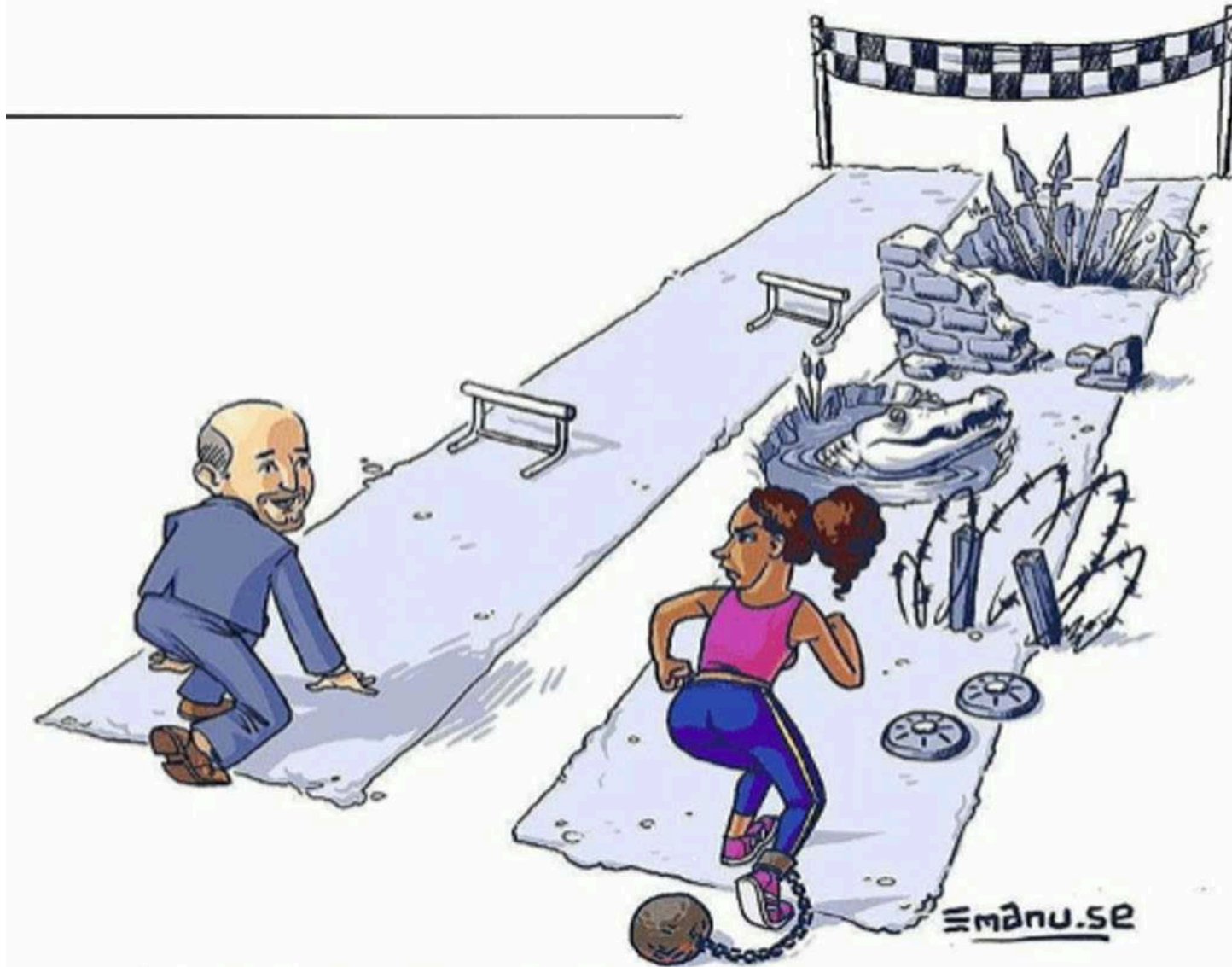


# ***Zip Code influences Health More Than Your Genetic Code***



***We created  
the  
conditions in  
our zip codes***

**We know how this road looks for some of us...**



“What’s the matter?  
It’s the same distance!”



Jerusalem

Jericho Road

Jericho

The works of  
Good Samaritans  
are wonderful and  
will *always* be  
necessary...

The Good Samaritan





# *Successful Good Samaritan Examples Include:*

- *Good Samaritan Laws  
(Including Ohio's)*
- *Good Samaritan Hospitals*
- *Good Samaritan Churches*
- *Good Samaritan Home Health Care*
  - *and many more...*

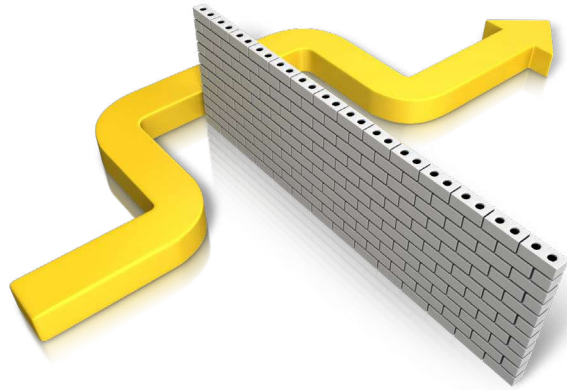


# *Programs Embracing the Good Samaritan Model:*

- *Healthy Start*
  - *MOMS2B*
- *Nurse Family Partnership*
  - *Managed Care*
    - *etc...*



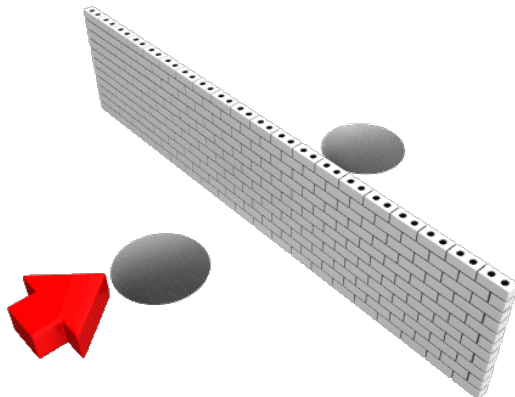
# Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...



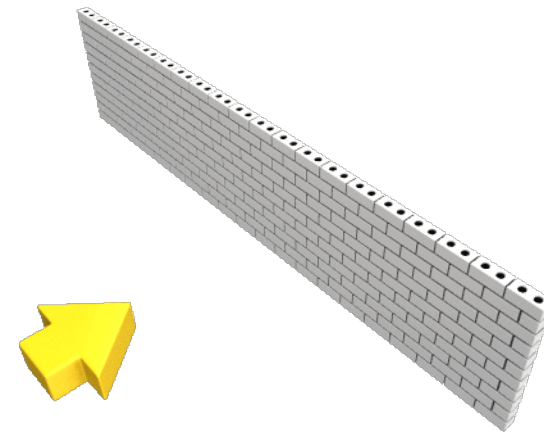
Most of these programs help

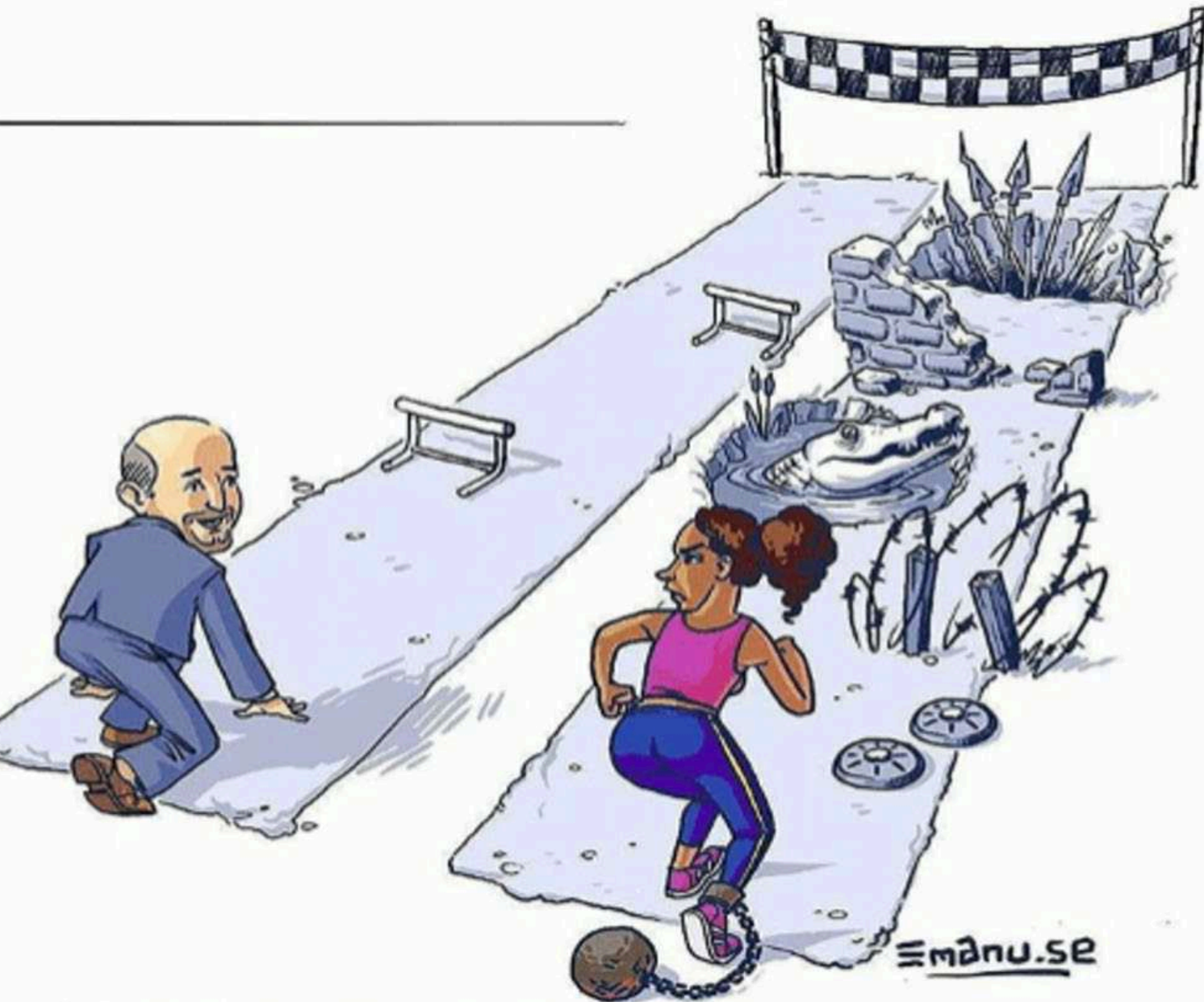


In some cases, they make a huge difference



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.





“What’s the matter?  
It’s the same distance!”

During pregnancy, our intervention prescriptions concentrate on “helping”. We...

- Help her carry the weight attached to her ankle
- Help her navigate around the barbed wire
- Help her dodge the alligator
- Help her climb or go around the brick wall
- Help her jump over the huge trap designed to swallow her

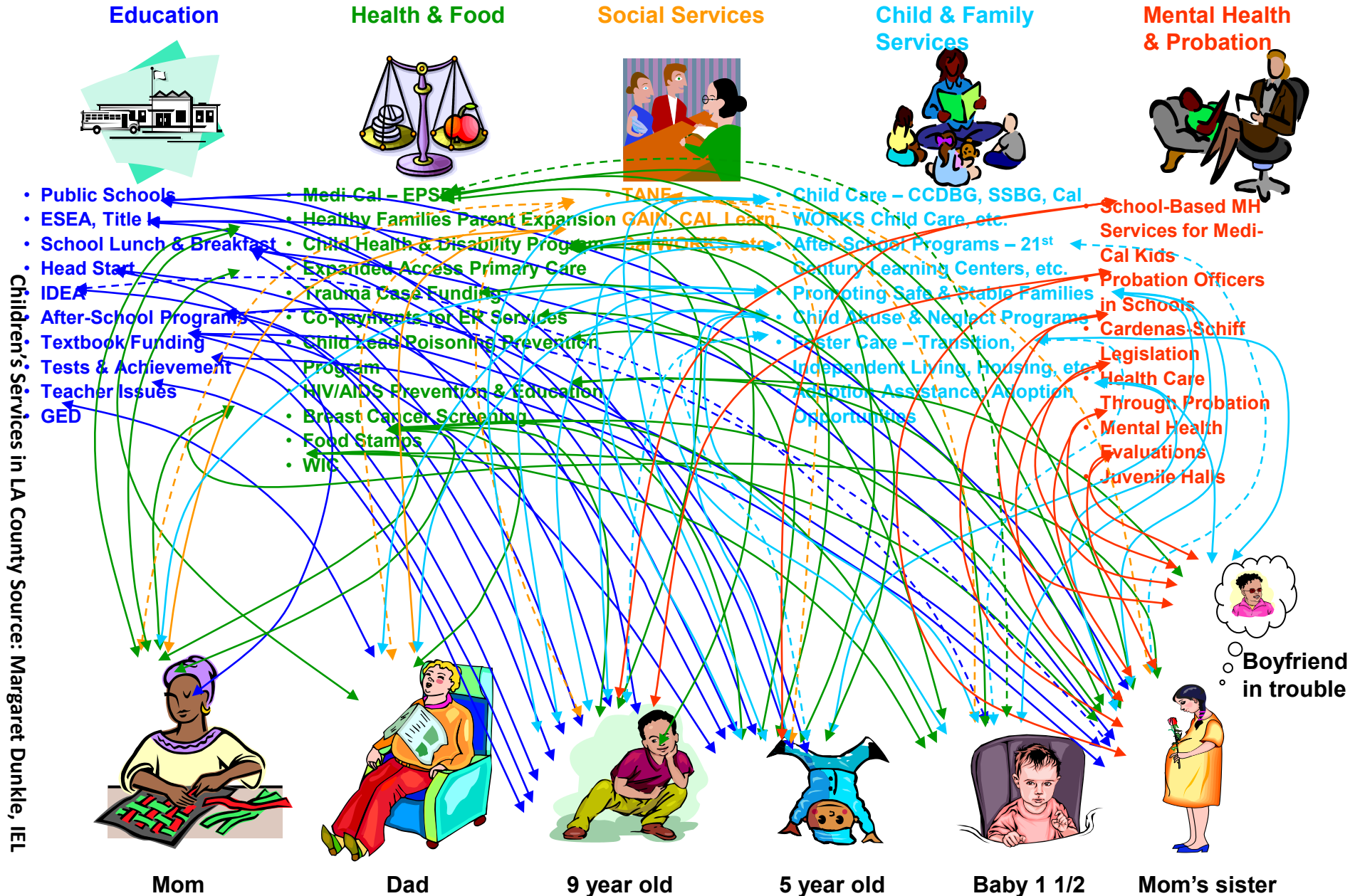
Then after her pregnancy...we withdraw our assistance and return her to the same circumstances that required our help in the first place.

When do we work to permanently remove all of the obstacles our society has put in her place?

When do we create as much of an opportunity for success for poc as we have for the majority group in this country?

**HOW LONG MUST THIS GO ON?**

# YMP Component & BIMA Element: DEVELOP & IMPLEMENT STRATEGIES





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

(WHO Commission on Social Determinants of Health, 2008)



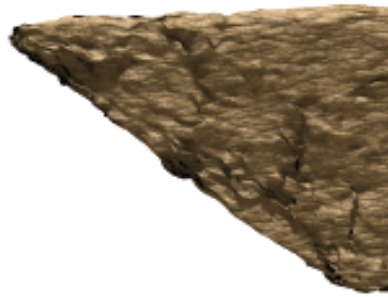
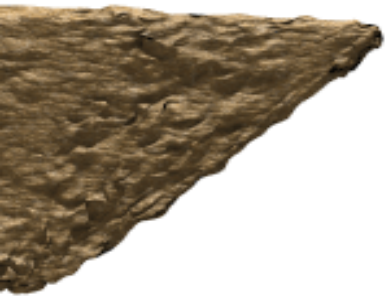
Un-Employment

Jerusalem

*Jericho  
Road*

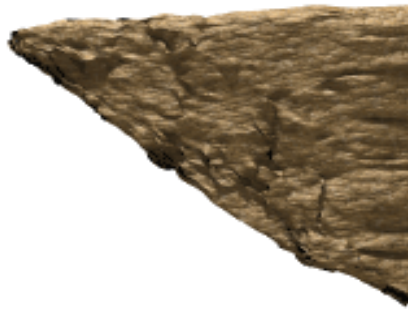
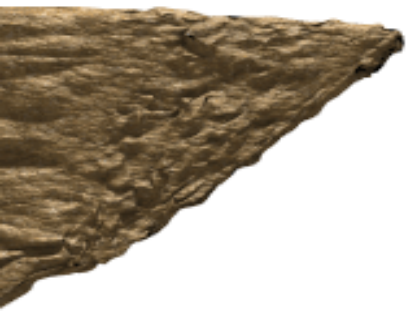
Jericho





**The way the rules have  
been set-up, some of us  
experience more of an  
opportunity to succeed  
than others...**

**This does not happen  
because some of us are  
better than or more deserving than  
others,**



**It does not happen because of  
group-level flaws amongst  
people of color.**

**THIS IS NOT NATURAL!!!!**



Jerusalem

# Jericho Road

Jericho





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

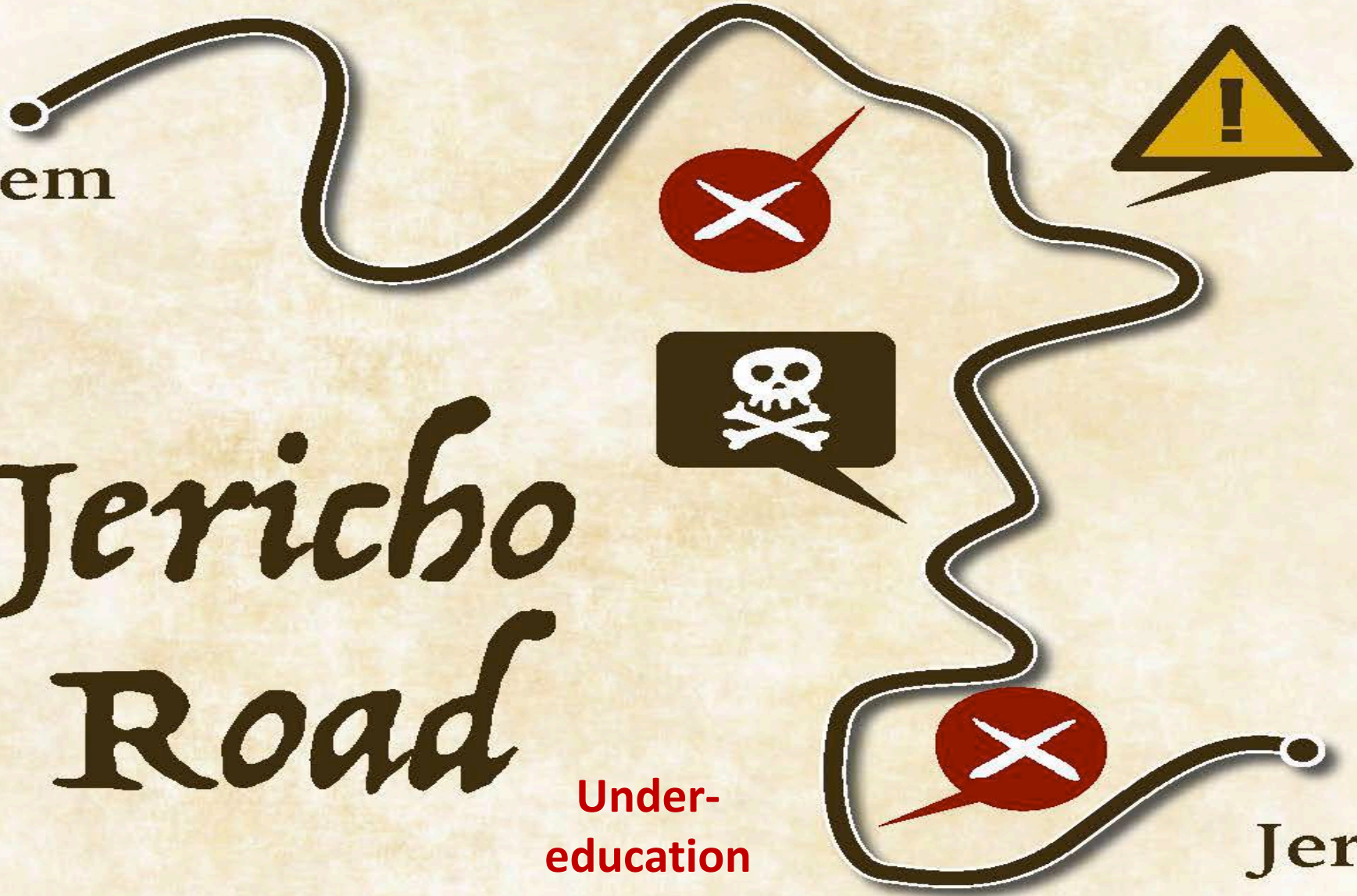


Jerusalem

# Jericho Road

Under-  
education

Jericho





Jerusalem

# Jericho Road

Jericho





Jerusalem

# Jericho Road

Jericho



Racism



Jerusalem

# Jericho Road

Jericho





Jerusalem

# Jericho Road

Place:  
Housing,  
Neighborhood  
Marginalization

Jericho





Jerusalem

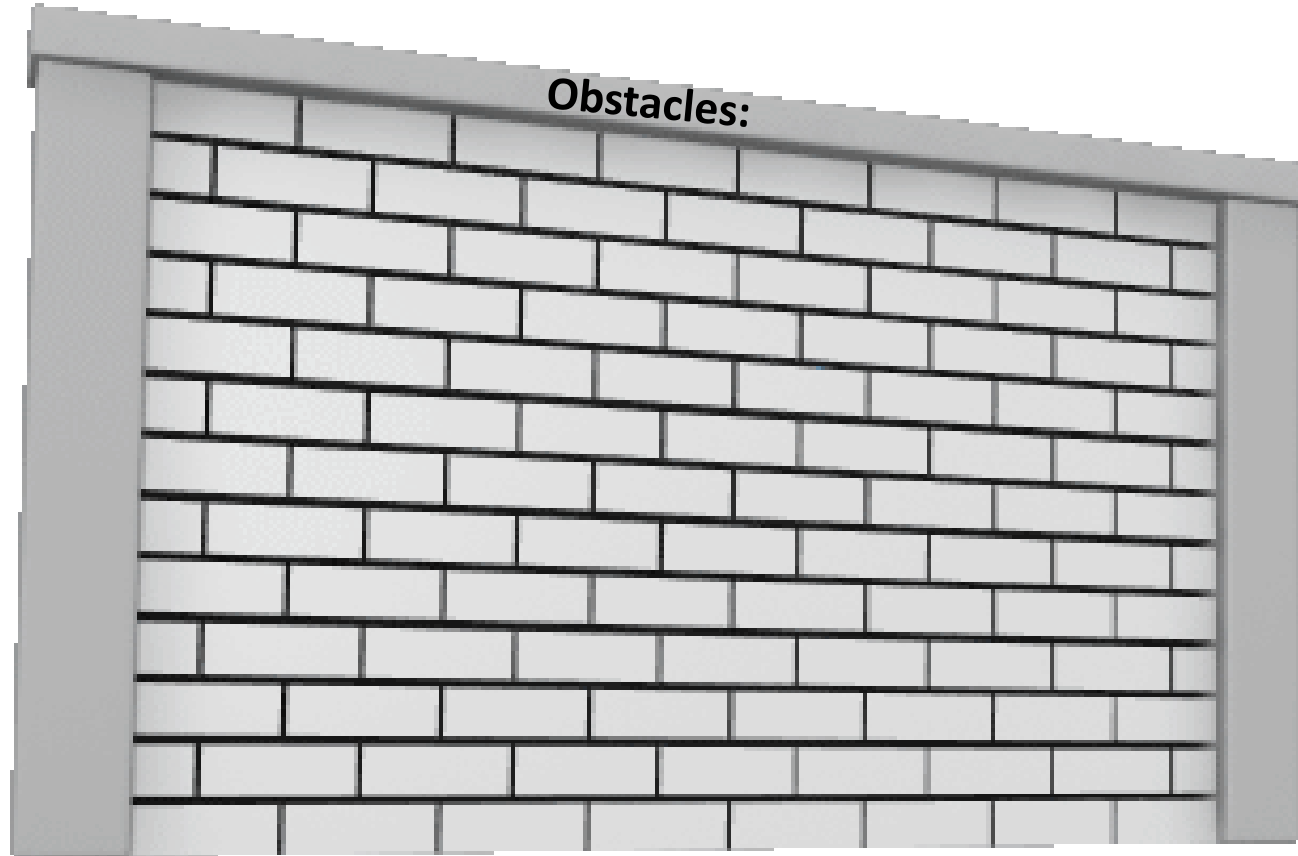
# Jericho Road

Poverty



Jericho

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





Jerusalem

# Jericho Road

Jericho





Happiness

# *Life Course Boulevard*

Health





## Regarding the resolution of RACISM:

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



***NOW IS OUR TIME!***

(James Baldwin, 1989, The Price of a Ticket) (Words in red: embellishments by art james)

“There is a famous black-and-white photograph from the era of the Third Reich. It is a picture taken in Hamburg, Germany, in 1936, of shipyard workers.... They are heiling (*saluting*) in unison, in allegiance to the Führer. If you look closely, you can see a man who is different from the others...He is surrounded by fellow citizens caught under the spell of the Nazis... He is the one man standing against the tide...”





**Regarding Maternal and  
Infant Morbidity and Mortality**

**Healthy Start's (HS) job is to stand I\  
in the gap...**

**To save our mothers and babies...**

**Until the gap is repaired!!!  
Until RACISM has ended.**

**We can never give up.**



**“On the one hand we are called to play the Good Samaritan on life's roadside** *(this is an important part of the “good work” of Healthy Start); but this “good work” should* be only an initial act. One day we must come to see that the whole Jericho Road must be transformed so that men and women will not be constantly beaten and robbed as they make their journey on life's highway. *(This should be the ultimate work of Healthy Start!)* **True compassion is more than flinging a coin to a beggar** *(or only helping someone during and right after pregnancy);* it is not haphazard and superficial. *True compassion* comes to see that an edifice which produces beggars needs restructuring. *(And so an important component of our work needs to become fixing Jericho Road, repairing the impediments that our patients encounter during their life’s journey...and that is the work of addressing the SDOH)* [LVL] [SEP]

**"A Time to Break Silence," at Riverside Church"**

**— [Martin Luther King Jr.](#)**

It always seems  
impossible  
until it's done.

-Nelson Mandela  
1918-2013



A close-up photograph of a person's hands holding a rectangular sign made of crumpled, light-colored paper. The sign has a rough, torn edge. The person is wearing a tan jacket and black fingerless gloves. The sign is held horizontally and contains the text "YOU CAN MAKE A DIFFERENCE" written in a dark, hand-drawn, sans-serif font. The background is slightly out of focus, showing a grey wall and a yellow object on the right.

YOU CAN MAKE  
A DIFFERENCE

Thank you





Questions?





**Contact information:**

**Arthur R. James MD, FACOG**

**[ajpppinapod@gmail.com](mailto:ajpppinapod@gmail.com)**



# References:

PEDIATRICS PERSPECTIVES

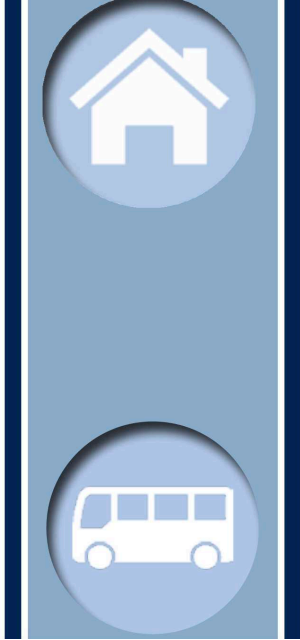
## Accelerating Upstream Together: Achieving Infant Health Equity in the United States by 2030

Michael D. Warren, MD, MPH, Ashley H. Hirai, PhD, Vanessa Lee, MPH

## Social Determinants of Health 101 for Health Care

Five plus Five

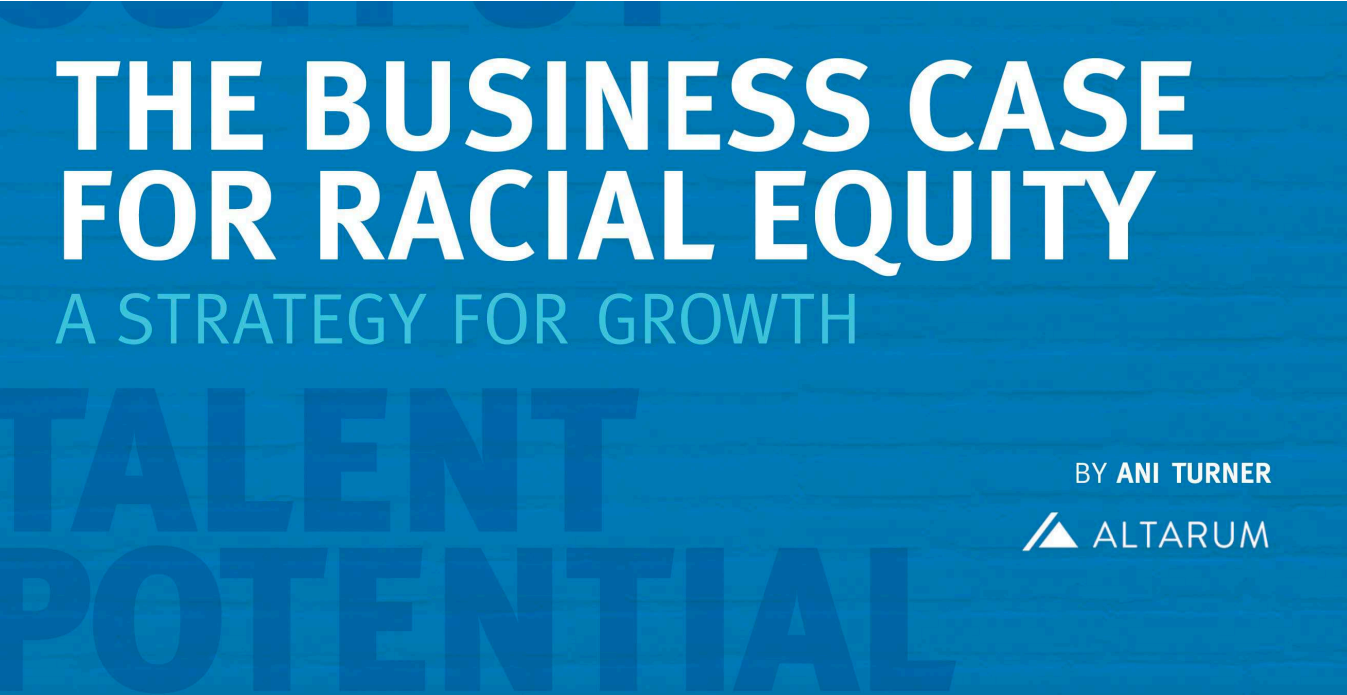
Sanne Magnan, MD, PhD, HealthPartners Institute; University of Minnesota  
October 9, 2017



A new approach  
to reduce infant mortality  
and achieve equity

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Policy recommendations to improve  
housing, transportation, education  
and employment





# Up Next

**12:45-1:45:**  
**Lunch Break**

**1:45-3:30:**  
**Part 2: Infant Health Equity  
Skill-building**

*HEALTHY START REGION 6 REGIONAL MEETING*

**NICHQ**  
National Institute for  
Children's Health Quality

HEALTHY  
**start**  
TA & SUPPORT CENTER



A photograph of a woman with long dark hair kissing a baby on the forehead. The image is split into two vertical panels. The left panel has a blue tint, and the right panel is in natural color. The text 'See you back here at 1:45!' is overlaid on the right panel in white.

**See you  
back here  
at 1:45!**

*HEALTHY START REGION 6 REGIONAL MEETING  
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*

**NICHQ**  
National Institute for  
Children's Health Quality

**HEALTHY  
start**   
TA & SUPPORT CENTER



# Part 2: Infant Health Equity Skill- Building

Healthy Start Region 6  
Meeting

Monday, March 6 from 1:45-3:30

 **HRSA**  
Maternal & Child Health

**NICHQ**  
National Institute for  
Children's Health Quality

HEALTHY  
**start**   
TA & SUPPORT CENTER

# Post Assessment

***Please take a moment to complete this brief post assessment:***



HEALTHY START REGION 6 REGIONAL MEETING

**NICHQ**  
National Institute for  
Children's Health Quality

HEALTHY  
**start**  
TA & SUPPORT CENTER





## Up Next

**3:30-3:45:**  
Quick break

**3:45-3:30:**  
Plenary: Overview & History  
of the CAN Model  
(IN SPANISH OAK)

*HEALTHY START REGION 6 REGIONAL MEETING*

**NICHQ**  
National Institute for  
Children's Health Quality

HEALTHY  
**start**  
TA & SUPPORT CENTER

A photograph of a woman with braided hair smiling warmly at a baby. The woman is on the left, and the baby is on the right, wearing a white hat and a pink outfit. The image is split vertically, with the left side having a blue tint and the right side being natural color.

# Thank you!

*HEALTHY START REGION 6 REGIONAL MEETING  
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*

**NICHQ**  
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Children's Health Quality

**HEALTHY**  
**start**  
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The logo for Healthy Start, featuring a stylized plant with green leaves and a red stem, positioned to the right of the text.