



# Harambee II:

*From Synergy to Action -  
it IS life or death!*

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# Talking Points

- Community Agreements
- Adding to Our Lexicon
- Self Assessment and Observations
- Let's Ask the Experts
- Our Call to Action






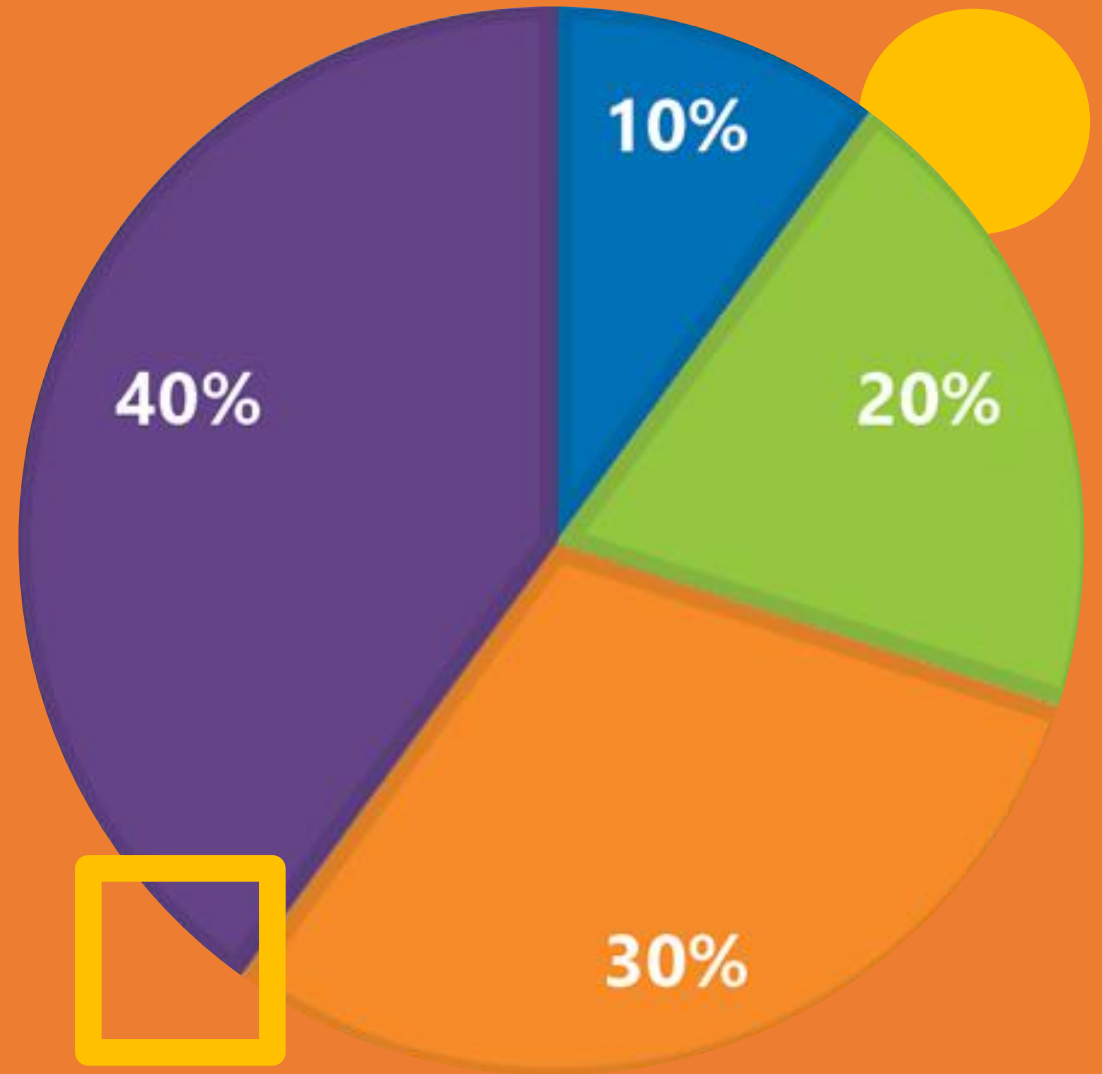
Malcolm X

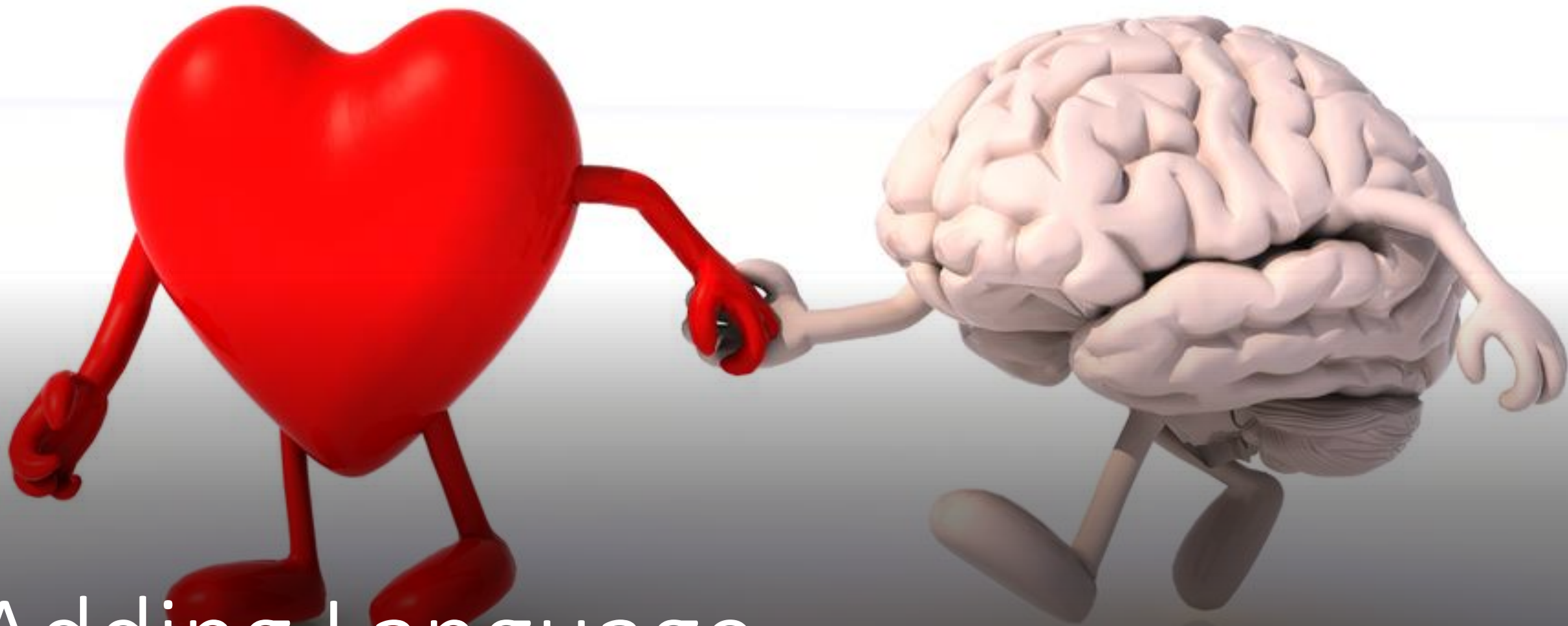
“I for one believe that if you give people a *thorough understanding* of what confronts them and the *basic causes that produce it*, they will create their own program, and when the people create a program, you get action..”

# Community Agreements

- Be Here Now
  - Suspend Judgement
  - Speak Your Truth - Respect Other's Truths
  - Speak From Your Personal Experiences
  - Be Mindful of Intent AND Impact
  - Practice "both/and" Thinking
  - Respect Confidentiality
- 

What do you think?





Adding Language



equity vs. equality  
health equity & birth equity

W O R D S

social determinants of health  
disparities & inequities  
social justice



infant  
mortality

maternal  
mortality

...is the death of a child during pregnancy or before one year of age.

...is the death of a woman during pregnancy or shortly after childbirth.





The human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities.

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reproductive  
justice




# types of oppression

individual, institutional and structural





# individual oppression



*...the beliefs, attitudes, and actions of individuals that support or perpetuate bias and mistreatment.*




...the ways in which organizational policies and practices engender disparate outcomes for different social groups.



institutional  
oppression



# structural oppression




*...the ways that history, ideology, public policies, institutional practices, and culture converge to maintain a social hierarchy that allows privileges or disadvantages to persist and adapt over time.*



“I Remember”

Recall the first time you realized that people were treated differently in Maternal Child Health based on their identity...



1

2

3

4

5

6

### Experience of Difference



Denial

Defense

Minimization

Acceptance

Adaptation

Integration

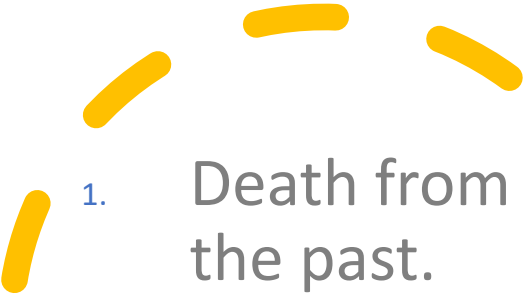
**Plan**

**Do**

Shift into Action





- 
1. Death from childbirth is a thing of the past.
  2. Maternal mortality is only a problem in developing countries.
  3. There's never been a safer time to have a baby.
  4. All women face an equal, miniscule risk of dying in childbirth.
  5. Maternal deaths are the result of incompetent medical care.
  6. Nothing can be done to reduce the maternal mortality rate.



six myths about  
**maternal mortality**



What are people believing about birthing families?

How have you countered beliefs in order to improve outcomes and overall health for birthing families?


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personal  
responsibility  
narrative



# *We Are Better Together*

Let truth come out the way it wants to come out . Let the hearers utilize a different area of themselves to try to understand. ~ Malidoma Patrice Some



# STRATEGIES TO OVERCOME RACISM'S IMPACT ON PREGNANCY OUTCOMES

## TYPES OF RACISM

**Institutionalized:** Differential access to the goods, services, and opportunities of society by race.

**Personally Mediated:** Prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race.

**Internalized:** Acceptance by members of the stigmatized race(s) of negative messages about their own abilities and intrinsic worth.

## REPRODUCTIVE JUSTICE

The human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities as defined by SisterSong Women of Color Reproductive Justice Collective.

## IMPACTS

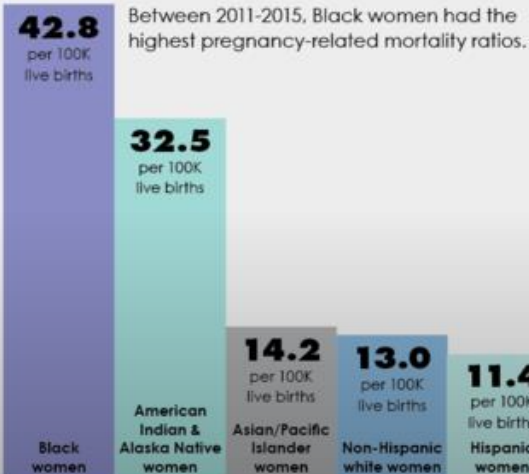
**Health Care Providers are Less Likely to Respond to the Concerns of Black Women**

Black women are

**22% less likely**

to receive an epidural than white women.

**Black Women are Most Likely to Die**



**Black Women Face Barriers to Accessing their Preferred Method of Contraception**

Black women report experiences of race-based discrimination and restrictive counseling when seeking family planning services.

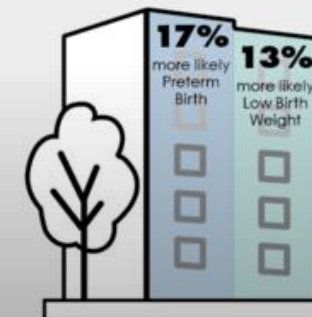


**Black Infants are More Likely to Die Before Their First Birthday**

The rate at which Black infants die within their first year of life is **more than twice** the rate of white infants.

**Black Infants are More Likely to Be Born Early**

Black women who live in the most segregated neighborhoods have an increased risk for poor birth outcomes as compared to Black women in less segregated neighborhoods.



## STRATEGIES

**Confront Your Own Racism and Act Against Personal Biases**

A survey of maternal-fetal medicine subspecialists revealed

**84%**

agree that disparities impact their practice, but only

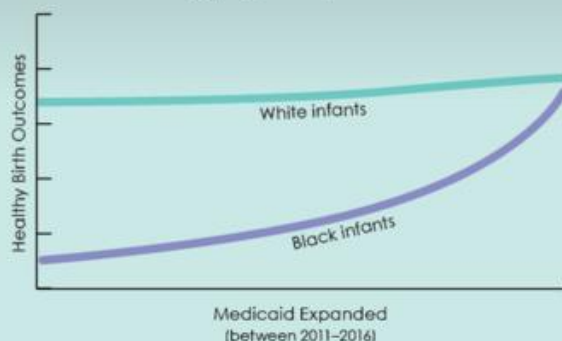
**29%**

**Offer Implicit Bias and Anti-Racism Training for Health Care Professionals**



**Expand or Extend Medicaid**

In states that expanded Medicaid between 2011-2016, Black-white disparities in key birth outcomes (preterm birth and low birth weight) significantly decreased:



**Increase Access to Quality, Comprehensive Reproductive Health Care**

If Black women delivered at the same hospitals as white women, nearly 1,000 Black women each year could avoid severe morbidity events during their delivery hospitalizations.



**Commit to Diversifying the Health Care Workforce & Leadership**

Relationships between patients and clinicians of the same racial or ethnic background are characterized by higher levels of trust and respect.

Black patients with Black physicians are **2.94 times**

more likely to report receiving all needed medical care compared to those with

Black patients with Black physicians are **1.74 times**

more likely to report receiving preventive care compared to those with other

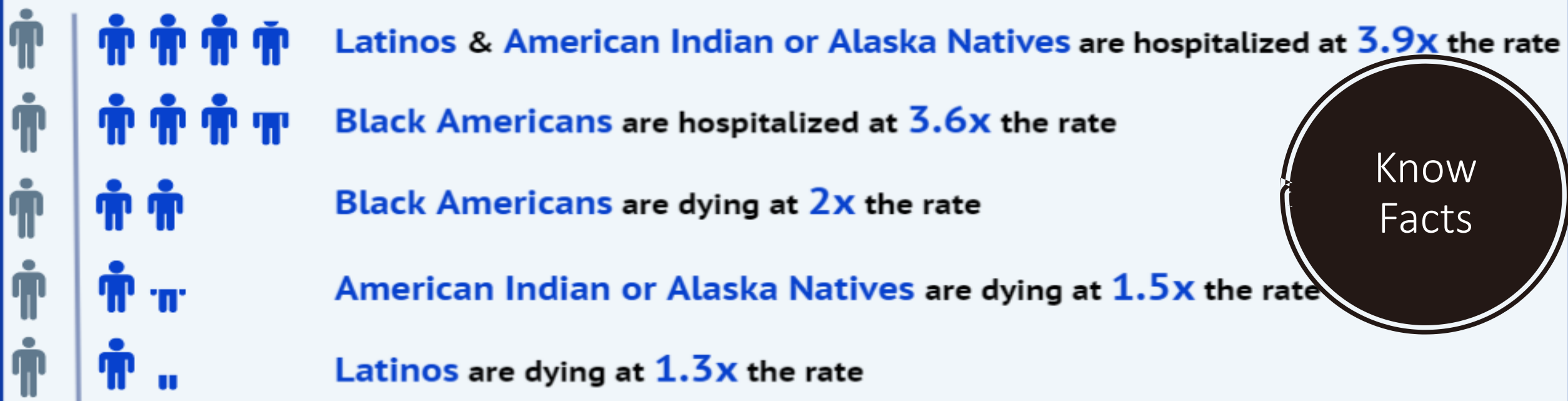
**Improve Maternal Health Data Collection and**

# Race, Treatment Bias & COVID-19

Resources have not been distributed equitably during the pandemic

## Severe cases and deaths are disproportionately Black, Latino and Native American

Compared to White Americans:



Includes only hospitalizations & deaths where race/ethnicity is known.

# A long history of racism in health care has impacted health and trust

There is a long history in the U.S. of racism, inferior treatment, discrimination and mistreatment of Black people and other people of color in the health care system

## Understand Historical Perspective

### Racial Inferiority Theories

U.S. medical schools routinely taught theories that created and perpetuated racial inferiority mythology and stereotypes

1700 -1950

### Tuskegee Syphilis Study

Investigators withheld treatment from hundreds of Black men to study the natural history of the disease

1932-72

### Racial Bias in Algorithms

Recent studies identified significant racial bias in health care algorithms, resulting in Black people being less likely to:

- Be eligible for intensive care management
- Receive timely diagnoses or appropriate care for heart failure, kidney disease, certain cancers & osteoporosis

2019

2016

### False Beliefs on Pain Perception

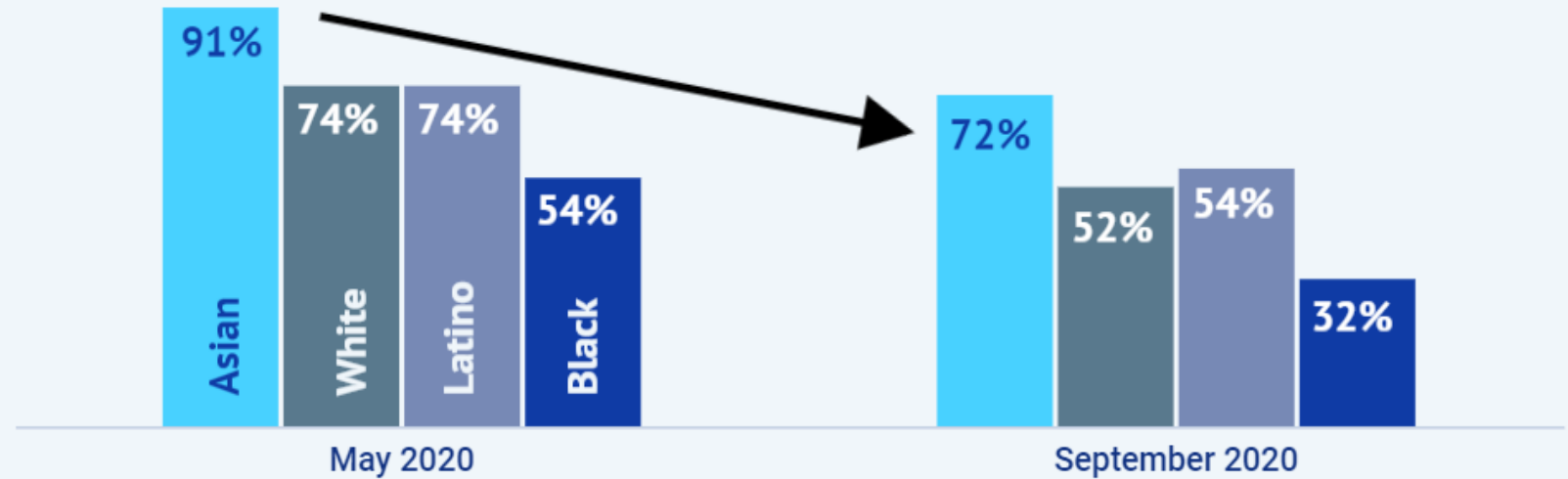
2016 study found that:

40% of first year white medical students and 25% of white residents believed Black people have thicker skin than White

Centuries of exploitation by medical professionals and researchers have led to a deeply rooted lack of trust within communities of color

## Vaccine hesitancy may impede COVID-19 vaccine efforts

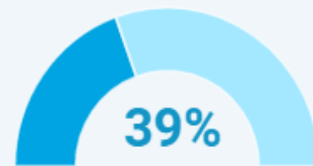
Surveys show declines in the percent of U.S. adults who say they would get a COVID-19 vaccine, with Black Americans being the most hesitant



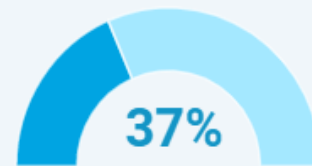
Concerns remain over the lack of diversity in clinical COVID-19 vaccine trials, potentially impacting vaccine validity and safety

Racial disparities in flu vaccination rates may inform COVID-19 efforts:

Vaccination rates during the 2018-2019 flu season:



of Black adults



of Latino adults

38%

of AI/AN adults

49%

of White adults

Be Less  
Certain &  
More  
Curious

National Institute for  
Health Care Management

# Shift the Dominant Narrative

National Institute for Health Care Management

## Racial bias in how federal financial relief resources were allocated to hospitals:

Initial federal relief funding -distributed based on revenue- resulted in smaller hospitals with large number of Black patients receiving disproportionately lower funding to manage a greater COVID-19 burden

Impact: Hospitals in predominantly Black communities had less funding for resources like testing and protective equipment



## Inequitable access to testing early in the pandemic:



Counties with a higher percentage of people of color had longer travel times to a testing location



Access to testing resources were initially limited or not available in minority communities

Zip codes with predominantly White populations had more testing sites per capita than zip codes with predominantly Black populations



Access to testing was lower in rural areas, and rural Black Americans were 1.7x as likely to be in a testing desert than the general rural population

## Variation in hospital resources, care and outcomes in March & April:

Patients at some community hospitals in New York City were 3X more likely to die than patients at medical centers in the wealthiest parts of the city



Patients admitted to hospitals with fewer ICU beds had a higher risk of death and the share of patients that received medications or supportive therapies varied widely by hospital



update care  
plans often

- Location for services and flexibility are everything!
- Expand our provision of culturally competent care and translation services
- Increase community outreach and engagement
- Encourage preventative care to manage preexisting conditions
- Establish equitable plans for care delivery during the pandemic
- Engage in safe non-traditional educational opportunities for families about vaccinations & other FREE services

# Disrupt Systems of Oppression and Privilege

- Have a Long-term strategy to address systemic racism and the impact upon community wellbeing
- Address the SDoH and the root causes of Health inequities explicitly
- Increase access to health insurance, telehealth, your programmatic resources – share them!
- Work more diligently within our fractured communities to build trust
- Identify and address bias within our organizations
- Require implicit bias, anti –racism training and dialogues about health equity and social justice!



# *We Are Better Together*

We cannot seek achievement for ourselves and forget about progress and prosperity for our community. Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own.

~ Cesar Chavez





Thank You!

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