RACISM is the main reason for the racial disparities in birth outcomes

FYC was one of the first community-wide infant mortality reduction collaboratives to make this assertion!

In early 2019 ED challenged us to organize a conference to educate the community about this statement.
Cleveland Summit: “400-Years of Inequity”

November 2019

<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: “Chattel”</td>
<td>246</td>
<td>61.2%</td>
</tr>
<tr>
<td>1865-1964</td>
<td>Jim Crow: virtually no Citizenship rights</td>
<td>99</td>
<td>24.6%</td>
</tr>
<tr>
<td>1964-2021*</td>
<td>“Equal”</td>
<td>57</td>
<td>14.2%</td>
</tr>
<tr>
<td>1619-2021</td>
<td>“Struggle” “Unfairness”</td>
<td>402</td>
<td>100%</td>
</tr>
</tbody>
</table>

Cleveland Summit: “400-Years of Inequity”

November 2019

Action Oriented Summit:

1. Racism as a Public Health Crisis:

   - Anti-Racism in MCH
   - Healthy People 2030
   - Elimination of Racial Disparities in Birth Outcomes

2. Region V

3. Birth Equity

Key Presenters:

- Isabel Wilkerson
- John A. Powell
- Harriet Washington
“Canada remains a nation where a person’s colour, religion, culture or ethnic origin are determinants of health that result in inequities in social inclusion, economic outcomes, personal health, and access to and quality of health and social services. These effects are especially evident for racialized and Indigenous peoples as well as those at the lower end of the social gradient and those who are incarcerated (populations that are also disproportionately composed of racialized and Indigenous people).

Complicating this scenario are government and non-governmental systems that impose barriers on those in need which limits their ability to obtain the services and benefits that are easily available to most Canadians. Steps must be taken to eliminate these systemic barriers.”
Milwaukee declares Racism as a Public Health Crisis:

05/2019

In what’s being touted as an important first step in addressing decades of race-based inequality, Milwaukee County Executive Chris Abele signed a resolution Monday declaring racism a public health crisis.

“Everybody has been reading and hearing about the same set of statistics in Milwaukee for decades,” Abele said at yesterday’s signing, according to the Milwaukee Journal Sentinel. He went on to cite the county’s racial disparities in employment, education, incarceration, income and access to capital.
Cleveland/Cuyahoga County declare RAPHC

CLEVELAND, Ohio — Cuyahoga County has joined Cleveland, Akron and other Ohio locations in declaring racism as a public health crisis.

County Council on Tuesday unanimously approved the declaration, which is intended to help address systemic racism that results in shorter life expectancies, poorer health conditions, lower incomes and other adverse effects that disproportionately affects Black people.

"Racism is a sickness," Councilman Blaine Griffin, chairman of council's Health & Human Services Committee, told an earlier committee meeting. "We want to institutionalize racial equity."

July 07. 2020
Gov. DeWine: “Racism is a public health crisis”

8/13/2020

“It is wrong that in Ohio today, the overall life expectancy of African American Ohioans is four years shorter than white Ohioans. It’s wrong that African American Ohioans have a higher rate of heart disease, higher rates of hypertension and diabetes. It’s wrong that our African American citizens are 2½ times more likely to live in poverty, and African American children in Ohio are three times more likely to live in poverty than their white brothers and sisters,” DeWine said during his press conference.

https://www.daytondailynews.com/local/coronavirus-105426-total-cases-3755-deaths-reported-in-ohio/KCWMSAKUSRT0SOP7WDTHQNTQDY/
10/2020: Structural Racism is a Public Health Crisis: Impact on the Black Community...

“Racism has a long-standing history in the United States and across the world that permeates almost every institution. From the education system and the health care system to environmental issues, the criminal justice system, and the field of economics, Blacks and African Americans have suffered across multiple generations at the hands of the racist practices that plague each of these institutions.”

Nationally 208 areas have declared RAPHC. Only California (31) has more locations than Ohio (27)

https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2021/01/13/Structural-Racism-is-a-Public-Health-Crisis

https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations
Inaugural Organizations/Executive Committee: *YWCA, *Urban League, FYC, United Way, Birthing Beautiful, NAACP  (* = Co-Chairs)
Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

January 20, 2021. President Joe Biden
Section 1. Policy: “Equal opportunity is the bedrock of American democracy, and our diversity is one of our country’s greatest strengths. But for too many, the American Dream remains out of reach. Entrenched disparities in our laws and public policies, and in our public and private institutions, have often denied that equal opportunity to individuals and communities...It is therefore the policy of my Administration that the Federal Government should pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Affirmatively advancing equity, civil rights, racial justice, and equal opportunity is the responsibility of the whole of our Government.”
Region V of the United States: the National Epicenter for ...
Region V have had the highest BIMRs since the mid-1970s

Region V States: IN, IL, MI, MN, OH, WI

Regional BIMRs: 2016-2018

<table>
<thead>
<tr>
<th>Region:</th>
<th>Deaths:</th>
<th>Births:</th>
<th>IMR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS Region #1 CT, ME, MA, NH, RI, VT (HHS1)</td>
<td>105</td>
<td>13,834</td>
<td>7.59</td>
</tr>
<tr>
<td>HHS Region #2 NJ, NY (HHS2)</td>
<td>418</td>
<td>48,597</td>
<td>8.60</td>
</tr>
<tr>
<td>HHS Region #3 DE, DC, MD, PA, VA, WV (HHS3)</td>
<td>725</td>
<td>71,387</td>
<td>10.16</td>
</tr>
<tr>
<td>HHS Region #4 AL, FL, GA, KY, MS, NC, SC, TN (HHS4)</td>
<td>2,164</td>
<td>195,872</td>
<td>11.05</td>
</tr>
<tr>
<td>HHS Region #5 IL, IN, MI, MN, OH, WI (HHS5)</td>
<td>1,222</td>
<td>97,644</td>
<td>12.51</td>
</tr>
<tr>
<td>HHS Region #6 AR, LA, NM, OK, TX (HHS6)</td>
<td>890</td>
<td>84,445</td>
<td>10.54</td>
</tr>
<tr>
<td>HHS Region #7 IA, KS, MO, NE (HHS7)</td>
<td>215</td>
<td>19,234</td>
<td>11.18</td>
</tr>
<tr>
<td>HHS Region #8 CO, MT, ND, SD, UT, WY (HHS8)</td>
<td>34</td>
<td>5,473</td>
<td>6.21</td>
</tr>
<tr>
<td>HHS Region #9 AZ, CA, HI, NV (HHS9)</td>
<td>305</td>
<td>35,851</td>
<td>8.51</td>
</tr>
<tr>
<td>HHS Region #10 AK, ID, OR, WA (HHS10)</td>
<td>74</td>
<td>6,837</td>
<td>10.82</td>
</tr>
<tr>
<td>Total</td>
<td>6,152</td>
<td>579,174</td>
<td>10.62</td>
</tr>
</tbody>
</table>
Region V...highest BIMR in the Nation:

10 States with the highest BIMRs in 2018

<table>
<thead>
<tr>
<th>State</th>
<th>BIMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI</td>
<td>13.47</td>
</tr>
<tr>
<td>OH</td>
<td>13.42</td>
</tr>
<tr>
<td>IL</td>
<td>13.32</td>
</tr>
<tr>
<td>NE</td>
<td>13.23</td>
</tr>
<tr>
<td>WI</td>
<td>12.68</td>
</tr>
<tr>
<td>OK</td>
<td>12.57</td>
</tr>
<tr>
<td>AR</td>
<td>12.35</td>
</tr>
<tr>
<td>IN</td>
<td>11.91</td>
</tr>
<tr>
<td>SC</td>
<td>11.75</td>
</tr>
<tr>
<td>KS</td>
<td>11.65</td>
</tr>
</tbody>
</table>

Source: CDC Wonder/HRSA
Conversations with HRSA:

• HRSA:
  • October 2019 meeting with Dr. Michael Warren (MCHB Chief)
• Agreed to convene a face-to-face meeting of leadership from Region V States...
  • Then COVID Pandemic

• Formed Region V Planning Committee
  (Participants include representation from ODH)
  • Began meeting 3/2020, q month
  • Message: “Time to achieve EQUITY”
  • Agreed to arrange series of Webinars
    • Designed for Region V, but 500-600 participants from across the nation

• Region V Webinars:
  • February 2021:
    • Dr. Michael Warren: “Time to achieve Equity”
  • March 2021:
    • Dr. Donald Warne: Influence of Racism on Indigenous People
    • Dr. Arthur James: USA h/o of Racism as a contributor to Disparities in Birth Outcomes, emphasis on Region V
  • April/May 2021:
    • Dr. Vijaya Hogan: Steps to Achieve EQUITY
  • June 2021:
    • Dr. Kay Johnson: Policies
Region V:

What Can Region 5 Counties Do to Achieve Equity?

- 4 of the top 10 counties with the most excess deaths to prevent are in Region V
- Cook, Wayne, Cuyahoga, Milwaukee

<table>
<thead>
<tr>
<th>Black Infant Deaths to Prevent Annually</th>
<th>Black Infant Deaths to Prevent Monthly</th>
<th># Counties</th>
<th>% of Total Black Infant Deaths to Prevent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>&lt;1</td>
<td>71</td>
<td>4%</td>
</tr>
<tr>
<td>6-11</td>
<td>9</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>12-23</td>
<td>6</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>24-47</td>
<td>3</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>48-95</td>
<td>2</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>96-149</td>
<td>8-12</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

Region 5 States Are Primed To Accelerate Equity

- In the 2020 Title V Five Year Needs Assessments, the Top 5 Priority Needs identified in Region 5 include:
  - Neighborhood and built environment
  - Community-based care; community-clinical linkages
  - Reducing disparities
  - Transition of care
  - Social and community context

- All six states in Region 5 (IL, IN, MI, MN, OH, WI) chose measures to address these areas of need.
Conversations with HRSA:

Healthy People 2030: Infant Mortality

Reduce the rate of infant deaths — MICH-02

Status: Baseline only

Reduce the rate of infant deaths within 1 year of age

Baseline: 6.8 infant deaths per 1,000 live births occurred within the first year of life in 2017

Target: 5.0 infant deaths per 1,000 live births

Target Setting Method: Projection

Data Source: Linked Birth/Infant Death Data Set (ODH/CDH)

Learn more about data measurement for this objective

Ohio White & Black IMRs: 1970-2019 (49 years)

Healthy People 2000

Healthy People 2010

Healthy People 2020

Ohio has NEVER achieved any Healthy People goals for Black babies!

Healthy People 2030 Infant Mortality Rate Goal = “5”
Gov. Mike DeWine Creates Task Force To Combat Infant Mortality, Racial Disparities

Posted December 17, 2020 in Articles

Author: Alexis Oatman, Cleveland.com

CLEVELAND, Ohio-- Black infants in Ohio are 2.8 times more likely to die before their first birthday than white infants, according to the Ohio Department of Health’s 2019 Infant Mortality Report.

Ohio had 356 Black infant deaths in 2019 --an increase of 17 from 2018.

Gov. Mike DeWine on Thursday announced a new task force, Eliminating Racial Disparities in Infant Mortality, to combat the issue and protect babies’ lives.

“Since my first full day in office, when we created the Home Visiting Advisory Committee, we have been working to reduce infant mortality and the racial disparities that exist. The situation is unacceptable: Race and zip code should never dictate your health outcomes,” says DeWine.

During his press briefing Thursday, DeWine called the findings “extremely, extremely troubling,” says DeWine. “Two-point-eight times -- almost three times more likely to die as white infants, it’s simply unacceptable.”
Every Region V State has well established trends or patterns of improving WIMRs at a faster pace than improving BIMRs. Over time, this has resulted in an increase in disparity ratios.

Understanding the reliability of well established “trends” is important...

Unless we disrupt these patterns or trends, they allow us to reliably predict what to expect in the future. Unlike the math query (above), these patterns are not laws of nature...

WE CONTROL THEM!!!
Ohio White and Black IMRs by decade, 1990-2019:

From 1990 to 2019 the WIMR improved by 36%, the BIMR improved by 27%. To eliminate the racial disparity in birth outcomes, we have to sustain improving the BIMR at a faster pace than we improve the WIMR while, simultaneously, not slowing down our efforts to decrease the WIMR.

Data source: ODH
Task Force to Eliminate Racial Disparities in Birth Outcomes
(prior recommendations)

1. Provide comprehensive Reproductive Health Services
2. Eliminate Health Disparities
3. Prioritize Investments based on outcome and effectiveness
4. Health Promotion and Education to reduce PTB
5. Improve data collection: inform program & policy decisions
6. Quality Improvement
7. Address the effects of Racism
8. Increase Public Awareness
9. Develop, recruit and train a diverse network of health professionals
10. Establish a consortium to implement and monitor recommendations
**Purpose:** To serve as “one strategic guide for Ohio” to achieve reduction in the disparity of Black and white IM by addressing clinical, socio-economic and racial inequities that drive disparities in infant deaths. The plan was meant to be comprehensive and drive state-led and community-based action to increase access, opportunity, and resources in high-risk areas.

**Approach:** Set overall IM reduction goals: Overall 4.8, Black 6.0, White 4.5 (by 2020)

Considering the lifecourse perspective, the socio-ecological model and evidence-based or evidence informed practices, OCPIM identified seven strategic focus areas with specific goals and objectives. Collective impact framework drove plan implementation by workgroups aligned with focus areas with ODH as the backbone organization. Statewide engagement of OCPIM members and others including legislators and consumers as well as continuous communication was key to development of plan and early implementation. Opportunities to share plan successes, best practices, innovative ideas, challenges while building awareness occurred in biennial Summits convened OCPIM. OCPIM assumed responsibility for monitoring and reporting progress.

**Audience:** “…a reference for those interested in making a positive contribution to the effort to keep babies alive in the state and to reduce the racial disparity in infant mortality. OCPIM is calling on Ohio citizens, local communities, state/local, public/private agencies, and state leaders to work collaboratively to address Ohio’s infant mortality crisis.”

**Key Learnings:**
- Disparity elimination MUST be ultimately prioritized in goal setting, planning and implementation
- Ongoing leadership at all levels and resources are critical
- Infrastructure supported by need and opportunity is foundational to planning and implementation: OH Equity Institute, backbone organization, workgroup leadership, etc.
- Community level stakeholders must be engaged – hospitals and service providers, CBOs of all kinds, mothers/fathers, corporate leaders
- Political will and legislative/policymaker leadership drives funding, policy change
- **LONG-TERM, UNRELENTING COMMITMENT OF PUBLIC HEALTH AT STATE AND LOCAL LEVELS THAT TRANSCENDS LEADERSHIP CHANGE IS PARAMOUNT TO ANYTHING ELSE.**

**Major Accomplishments:**
- Common Agenda, On-going communication and reporting, Leadership, collaboration and investment (strategic focus areas)
- Specific Projects (Spacing, Progesterone Toolkit, Summits, expert speakers and consultation, other)
- SB 332 (HPIO Report, Spacing, Data/Reporting, Progesterone, Housing, Community Health Workers, Cultural Competency, other)
Joint anti-racism and Racial Equity statement:
Introduction to June 2021 SACIM presentation: joint organizational re
anti-racism and Racial Equity statement:

“We want to thank SACIM for inviting us to today’s meeting and, as someone who is not a President or CEO of a national organization, I also want to express my sincere appreciation to those of this group who are Presidents and CEOs for allowing me the honor of beginning this session.

20-years ago the genome project proved that we are genetically 99.9% the same. We no longer believe that our physiologic racial differences account for the centuries-long inequities in birth outcomes. How our country has managed the issue of RACE is the biggest contributor to these disparities. We also acknowledge that the persistence of these inequities represents the most troublesome and complex challenge facing Maternal Child Health.

During January of 2013 SACIM stated, “our ability to prevent infant deaths and to address long-standing disparities...is a barometer of our society’s commitment to the health and well-being of all women, children and families.” Yet today African American and Native American mothers and babies continue to die at 2-4x the rate of Whites.

It is our hope that this BOLD collaboration of AMCHP, CityMatCH, the National Healthy Start Association and NICHQ will empower all of us to take the necessary steps to face this challenge and thereby begin the hard work of eliminating “race-based” differences in the opportunity for mothers and babies to survive pregnancy, childbirth and the first year of life.”

Joint Organizational Commitment to Anti-Racism and Racial Equity

Association of Maternal and Child Health Programs (AMCHP)
CityMatCH
National Healthy Start Association (NHSA)
National Institute for Children’s Health Quality (NICHQ)
Declaration:

The following organizations hereby declare our commitment to undoing racism as it contributes to disparate health outcomes based on race:

- Association of Maternal and Child Health Programs (AMCHP)
- CityMatCH
- National Healthy Start Association (NHSA)
- National Institute for Children’s Health Quality (NICHQ)

We intend to eliminate racism by first examining our organizational practices and identifying ways for us to be more equitable and anti-racist in our operations.

We are determined to collectively adopt a shared approach that acknowledges racism as the most significant contributor to the racial disparities in birth outcomes.

We commit the combined strength and influence of our organizations to educate our respective constituencies, jointly advocate for change, hold each other accountable, expand the number of organizations willing to become a part of this effort and create tangible steps to root out racism wherever it exists.

We are ‘all in’ for shared accountability for addressing racism and eliminating racial inequities in MCH outcomes.
AMA: Embed Racial Justice and Advance Health Equity

The American Medical Association (AMA) is the nation’s largest professional association of physicians. The AMA is a unifying voice and is the physicians’ powerful ally in patient care. Fulfilling the AMA’s mission to promote the art and science of medicine and the betterment of public health requires an unwavering commitment to equity and a comprehensive strategy for embedding racial and social justice within our organization and domains of influence.

Advancing health equity through the AMA’s efforts entails a dedicated, coordinated and honest approach. It recognizes the harmful effects of the AMA’s past and targets the systemic inequities in the health care system and other social institutions. And it charts a path toward a more promising and equitable future for all.
Aspen Health Strategy Group:

“The rates of maternal mortality and morbidity in the U.S. are both astounding and disturbing. In the United States, approximately 700 women die each year as a result of pregnancy or delivery complications. An additional 50,000 women each year face short or long-term severe consequences to their health as an outcome of pregnancy or labor, including luminaries such as Serena Williams and Beyoncé. Black women have three to four times the risk of pregnancy related deaths as White women. Both maternal mortality and severe morbidity have been steadily increasing over the past years. And attention has been growing to wide racial and ethnic disparities in maternal health outcomes as well as gaps in maternity care services in many communities, particularly rural areas.”

WKKF: “stay tuned”...

On the basis of local, statewide, regional and national level infant mortality reduction efforts that we have been engaged in, WKKF approached us about wanting to provide some funding to support some of our work...at the local, State, Regional and National levels.

How this will look is still being worked out. We are in conversation with a WKKF Project Officer. A formal proposal has not yet been submitted.
CALL TO ACTION:

AFTER 5 YEARS, WE ARE ONLY JUST BEGINNING...

ON ALL FRONTS...WE HAVE TO DO MORE

MORE:
• Community Engagement
• FUNDING
• Advocacy
• Addressing RACISM
• Mitigating racial gap in the SDOH
Cuyahoga County Overall, White and African American IMR:
1995-2019

What will it take to achieve Healthy People 2030 goals for Black babies?

Healthy People 2030:
- 68% improvement
- 6.3% improvement/year

1995-2003 is Vital Statistics data & 2004-present is from Child Fatality Review. Because we do not have racial breakdown by ethnicity (i.e., black non-Hispanic) for historical data, all data by race alone.
Thank you

art james