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Confronting the effects of racism and moving toward justice

By Michael K. McIntyre, The Plain Dealer

We were in a grocery store in Lakewood, or maybe it was the corner convenience store — it was so long ago, I’m not entirely sure -- when a black man walked in.


“Mom, look, a chocolate man!” said 4-year-old me, loud enough to silence the cash registers. I meant no harm and clearly had no experience with black people, who I later learned were the people who lived “on the East Side.” I lived on the West Side, with the other white people.

The man acted as if he hadn’t heard me and made his way to the Pepsi case. My mom was mortified, and she got down to my eye level, telling me between her clenched teeth: “Not. Another. Word.”

Later, in the car, she told me that it was wrong to call that man a chocolate man because he might think I was making fun of him. She was a stickler for correct words, teaching me by then that I was a caucasian. And he was a negro, she told me. (No one said African-American back then.)

As I grew up, I heard a different n-word to refer to East Siders. It was said as casually as a four-year-old saying "chocolate man." I remember saying it, as if it were just a slang version of the word my mother had taught me.

In high school, I had one black classmate – my first. Nice guy. Mr. Popular. I liked him a lot. I knew by then that the n-word wasn’t casual slang, but a damaging, searing insult. I didn’t use it. But I still heard it.

When I went to college, I was exposed to more diversity than I’d ever seen. But even then, when I came home, plenty of people – people I knew and people I didn’t -- had no problem saying the n-word. And, beyond the language, having the sense that they were superior simply because of the shade of their skin.

I stayed silent when they said it and that was wrong.

Today, I don’t hear that word often, and I’m not silent if I do. My wife and I have been intentional about talking to our children about race and racists they may encounter. I’m proud of the adults they have become.

Clearly, not everyone sees this as a priority. The word is still spoken and the sense of racial hierarchy is still intact. A black student in Hudson found that out Oct. 4 when she walked into a bathroom to hear students using what an investigation determined was “racially offensive language.”

I don’t know where their ignorance comes from. My ignorance as a child was born of geography and segregation — for 13 years, I only saw white. Education and exposure led to self-reflection, and the realization that even if I didn’t believe that I’d ever been a “racist,” I was filled with prejudice and implicit bias. I needed to be intentional about breaking through all that.

I learned that there are people who are racists -- I still know some -- but also that racism isn’t just about individual people; it’s about societal structures that have denied, and still deny, opportunities to people of color. It’s about a nation and an economy that was founded on the racist stain of slavery. And that the fallout of all of that is still evident today.

There’s a movement in Cleveland to put this all out on the table and to confront the effects of racism and move toward justice. A national summit in Cleveland Nov. 8 and 9 seeks to frame racism as a public health crisis. “400 years of Inequity: A Call to Action” – which harkens back to the arrival from Africa of the first slaves in the colonies – offers a real opportunity for racial healing in a city that needs it.

“We can look back in our history and see how hearts and minds have been changed,” said Margaret Mitchell, CEO of the YWCA Greater Cleveland, which is leading the initiative along with First Year Cleveland. “Healing and reconciliation has to be a part of what happens here.”

And to the many I know who’d say, “Let’s move on.” Who say slavery is a vestige of the past. We’ve had a black president. Everyone can achieve if they just work hard enough?

“The evidence, the data, is clear. The data is overwhelming,” said Mitchell, citing poverty and infant mortality and incarceration and joblessness in minority communities. “It’s important to memorialize the truth around 400 years of inequity, of structural systematic power over people based upon race.

The final day keynote speaker at the summit is Dr. Gail Christopher, a Glenville native who worked for years at the prestigious W.K. Kellogg Foundation on issues involving race and health. She now works to spread her Rx Racial Healing method across the country.

It’s simple, really. We talk to each other. We share our stories. We see “ourselves in the face of the other.”

It’s about “doing the work,” she told me, and “building public will and a critical mass of people committed to eliminating the idea of racial hierarchy and its consequences.”

Small healing circles in cities and on college campuses across the country are starting to tear down walls, she said.

“It’s the work we have to do as a country,” she told me. “We have to do it. We’re at that precipice now.”
By Robert Higgs, cleveland.com

CLEVELAND, Ohio – City Council voted Monday to extend for another year an initiative to reduce Cleveland’s high rate of infant mortality.

The ordinance would commit $500,000 toward that effort, dubbed First Year Cleveland. It would become effective if Mayor Frank Jackson signs the legislation. That could happen as soon as Tuesday.

First Year Cleveland is a partnership among the city, Cuyahoga County and Case Western Reserve University.

Its mission is to raise awareness of infant mortality, promote safe practices for mothers to follow with their children and to develop long-term solutions to infant mortality.

Cuyahoga County has one of the highest infant mortality rates in the country. The rate is an average of the number of infants who die before their first birthday per every 1,000 live births.

That rate was about 8.5 deaths per 1,000 live births in the county in 2018, according to First Year Cleveland. In 2018, there were 118 infant deaths in the county.

Through July 2019, the county infant mortality rate was 9.07, according to preliminary data. It was 10.5 deaths per 1,000 births in 2015.

The goal of the initiative is to reduce the infant mortality to 6.0 by 2020, with special emphasis among African-Americans. Black infants accounted for 67% of the deaths in 2018.

Cleveland Director of Public Health Merle Gordon said the emphasis is on three key areas:

Reducing the racial disparity rate in Cuyahoga County by 50 percent in 2020 and to zero by 2025.

Reducing the preterm birth rate in Cuyahoga County rate from 14.9% in 2015 to less than 10% by the end of 2020.

Reduce the number of sleep-related deaths to five by the end of 2020. There were 27 such deaths in 2015.

“Our work ahead is to understand the disparities and the contributing factors,” Gordon told City Council’s Finance Committee Monday afternoon. “This is an ongoing relationship and hopefully moving toward the elimination of disparities.”
Facing up to an ongoing legacy

By Lydia Coutré

Four hundred years after the first ship holding enslaved Africans reached port at Jamestown, Va., two Cleveland organizations are hosting a summit to examine the connection between this legacy and today’s racial disparities.

Since August of 1619, millions were forced into slavery, an institution that ultimately helped build the economic foundation of the United States.

First Year Cleveland and The YWCA Greater Cleveland are hosting “400 Years of Inequity: A Call to Action,” on Nov. 8 and 9 at the Cleveland Public Auditorium at 500 Lakeside Ave. East.

The two organizations believe that the inequitable social conditions forced upon slaves and their descendants are the primary explanation for today’s racial inequities.

Considering 246 years of slavery and 99 years of Jim Crow laws, “you are really talking about 350 years of purposeful, intentional oppression based upon race, the color of your skin,” said Margaret Mitchell, president and CEO of YWCA Greater Cleveland.

After slavery ended, the mistreatment of African Americans continued, codified at every level into laws, policies and practices designed to accommodate Jim Crow. Circumstances remain unfair for African Americans, which is demonstrated by racial disparities in health, economic security, housing, the justice system and beyond.

Dr. Arthur James — national maternal and infant health expert; advising consultant, First Year Cleveland — said it’s critical to understand that these disparities are not natural; they’re man-made.

They exist, he said, because this is the way society was created.

“The only good news in that is if we made it that way, then we can unmake it,” said James, who also helped organize the summit and will be a featured speaker.

1619 through the end of the Jim Crow era represents 86% of the historical African American experience, James noted. Even since then, many would argue, the playing field has not been equal.

“How can we expect there not to be disparities?” James asked. “It’s that imbalance in opportunity that, in my opinion, accounts more for the disparities that we see in this country than anything else.”

As for work being done already in the region, Mitchell pointed to Cleveland Neighborhood Progress’ work in the Racial Equity Institute and United Way of Greater Cleveland’s move to identify and name racism as a deeply rooted issue in the community as it focuses on addressing poverty.

“I have been amazed, not being a Clevelander, at just the growth, particularly in the last five years I would say, as a community,” Mitchell said. “I think there has been a lot of work done by great organizations and individuals, individual work to recognize that it’s time to begin the process of dismantling the nuances that we have remaining in place that are negatively impacting descendants of slaves.”

Poverty exists throughout the three counties that United Way serves here, but the majority of those experiencing poverty are people of color, said Augie Napoli, president and CEO of United Way of Greater Cleveland, which is a sponsor of the summit.

If people don’t buy the need to erase disparities on a moral ground, which they should, Napoli said, they can buy in on economic grounds.

He cited a study which found that raising the average earnings of people of color to match those of whites by closing gaps in health, education and opportunity would generate an additional $1 trillion in earnings (a 15% gain). That would translate to an additional $2.7 trillion in economic output or gross domestic product. Such a boost to the GDP would be estimated to reach $8 trillion by 2050, according to the W.K. Kellogg Foundation.

In Northeast Ohio alone, racial equity would increase the region’s GDP by 12% per year, PolicyLink estimates.

The two-day summit will feature speakers, skills-building and educational breakout sessions, performances, exhibits and an opportunity to connect with people who share a commitment to equity and justice.

“In this country, we won’t resolve racism until white people decide they’re going to resolve racism, because if it was up to black people ... it would have been resolved a long time ago,” James said.
A Devastating Blow

Conference sheds light on racism’s impact on health.

In August, America marked the 400th anniversary of the first slaves arriving from Africa in 1619. To most, perhaps, those days are long behind us. Others believe that racial discrimination, for the most part, ended with the 1960s civil rights movement.

However, officials at YWCA Greater Cleveland and First Year Cleveland, a nonprofit that aims to reduce Cuyahoga County’s relatively high rate of infant mortality, don’t see it that way. They say racism and the history of slavery continue to affect us today.

Dr. Arthur James, a retired obstetrician-gynecologist and First Year Cleveland consultant, says the long-term impacts of slavery and racism show in first-year mortality rates. Nationally, black babies die at twice the rate as white babies, and in Cuyahoga County, it’s four times the white rate.

“We had 246 years of slavery, then another 100 years of Jim Crow laws that discriminated against African Americans,” says Dr. James, formerly a professor at The Ohio State University and national maternal and infant health expert.

“Those two periods represent 86 percent of the 400 years of African-American experience in this country. That’s 86 percent of unfairness that occurred in this country in terms of employment, education, poverty rate and home ownership,” Dr. James adds. “The cumulative impact of all that disparity contributes to why we have such substantial differences in birth outcome.”
On Nov. 8 and 9, First Year Cleveland and YWCA Greater Cleveland will host a conference, “400 Years of Inequity: A Call to Action,” at the Cleveland Public Auditorium. The conference is open to the public. The lineup of speakers will include national leaders with expertise on racial justice, equity and history.

At the end of the conference, both organizations plan to ask Cleveland and Cuyahoga County councils to declare that racism is a public health crisis. That’s what Milwaukee County in Wisconsin did in May. Officials there said black babies are not as healthy as white babies due to stress from various sources on black mothers.

“It will take a long time to address this issue,” Dr. James says. “It will be a challenge. The important thing is to acknowledge that racism kills people and compromises health.”

Margaret Mitchell, president and CEO of YWCA Greater Cleveland, says YWCA Greater Cleveland is the perfect partner for the conference. Some may not realize that eliminating racism, as well as empowering women, has been a part of YWCA’s mission for decades. “You can see how slavery hundreds of years ago is still impacting our psyches and causing unconscious and conscious acts of racism today,” Mitchell says. “We see so many ways in which the community wrestles with this.”

Health care is one example. A 2016 study by the University of Virginia revealed racial bias in pain assessment and management. Medical students believed that black people experience less pain than whites.

“Where does that come from?” Mitchell says. “We have to look back hundreds of years when slaves were considered less than a person. And as a result, you feel less pain. It’s a deep, deep bias. Who could logically believe this?”

For more information on the summit, visit ywcaofcleveland.org or firstyearcleveland.org.
National action summit headed to Cleveland

YWCA Greater Cleveland and First Yard Cleveland will hold its 400 Years of Inequity: A Call to Action summit from 7 a.m. to 5 p.m. Nov. 8 and Nov. 9 at Public Auditorium, 500 Lakeside Ave. in Cleveland.

Speakers include Isabel Wilkerson, John A. Powell, Harriet A. Washington, Darrick Hamilton, Stacey Stewart and Gail C. Christopher. The speakers will discuss racial injustice, equity and history.

To register, visit bit.ly/32aTPOo.
Should Cleveland declare racism a public health crisis?

Racism. A word evoking a wide range of both defensive and offensive emotions. It deeply divides our country, our states and even our city. Cleveland. A place where slaves fleeing bondage came for a taste of freedom. They called it “Station Hope.”

Yet, when slavery ended, racism prevailed. What is its impact today?

This year marks 400 years since the first Africans arrived on these shores involuntarily. Ronnie Dunn, interim chief diversity officer and associate professor of urban affairs at Cleveland State University, convened a committee to observe this momentous anniversary.

“The reason I called the planning committee together, I knew it was coming up, and nothing was being done. Something of this magnitude couldn’t go unobserved,” he says.

Most importantly, the committee wanted it to be a collaborative effort.

Dubbed Project 400, the commemoration kicked off in August with a series of events, including a conference at CSU. A Call to Action summit titled 400 Years of Inequity is slated for Friday and Saturday, Nov. 8 and 9, at Public Auditorium. Project 400 continues with the Kuumba Arts Festival on Saturday, Dec. 7, at Berkman Hall Auditorium on the CSU campus. Other events are being added to the calendar, Dunn said.

The notion of racism as a public health crisis will be examined at the 400 Years of Inequity summit, convened by the YWCA of Greater Cleveland and First Year Cleveland, an infant mortality reduction program. Guest speakers include renowned authors and lecturers Isabel Wilkerson, John A. Powell, Harriet Washington, Darrick Hamilton, and Dr. Gail Christopher.

“Structural racism is not going to be eradicated in our lifetime, but this is the appropriate time to make a concerted effort to have the important conversations,” Dunn says.

This notion isn’t new, he says. Milwaukee first declared it, and a study by the city of Seattle found racism embedded in every level of government. This summit is part of that legacy of work, Dunn says.

“The residual effects of slavery are apparent,” he says. Dunn hopes to enlighten and change the narrative in the dominant community and shift the focus to eradicating the existing structural racism. “Only in the last 55 years have we experienced full citizenship. This country has not had a sustained effort to eradicate racism. We’re experiencing a second reconstruction, and you see the backlash.”

Descendents of African slaves have experienced significant levels of disparities, says Margaret Mitchell, executive director of YWCA Greater Cleveland. “When you look, you see. Look at lead. This is a tragedy that has an effect.”

She rattled off some of the determinants to make her case. “Infant mortality. The justice system. You see the impact.”

The YWCA and First Year Cleveland have been actively agitating in these spaces for a long time, Mitchell says.

“Racism must be addressed to improve birth outcomes,” she says. “We have a long history, but we’ve come to that point where it’s clear, systematic racism is affecting everyone.”

The summit will address how slavery’s legacy continues to impact America’s legacy, she says. “Why are we still experiencing what we see in 2019? Look at the number of police brutality cases in 2019, 2018, 1919, and 1918. And we know this has been systemic, and it keeps people afraid, disempowered, and confused.”

Cleveland is prime for this summit because some powerful work is already happening here, Mitchell says. “In unusual places, people are talking about race,” she says.

“Cleveland is a city of haves and have nots. You can look at the social determinants scales and rates of the impact of racism.”

Housing. Redlining. Education. Lead. Infant mortality, she said. “We perform poorly. We can easily build a list. The fact that we’ve normalized these poor outcomes, it’s unreal.”

What do we stand to lose? Mitchell says. “There’s a big economic cost to all this. Bridging the wage gap alone would have a positive impact on Northeast Ohio.”

This summit isn’t about being angry or threatening, it’s a time of truthful reckoning, she says. She asks attendees to bring a high level of humanity, to honor the ancestors.

“It’s time to get results. It’s time to build new systems that have equity,” she says.

Cleveland community leaders have made it clear they believe racism, both historical and contemporary, contributes significantly to the racial disparity in birth outcomes, says Dr. Arthur James, who heads the Kwan Institute for the Study of Race and Ethnicity at Ohio State University. They have been in talks with city and county leaders to consider declaring racism a public health crisis.

In December 2018, the Canadian Public Health Association made such a declaration, James says, as did Milwaukee County, Wisconsin, in May 2019. As a consequence, First Year Cleveland and the Greater Cleveland YWCA invited representatives from Milwaukee County to the summit to discuss their declaration on a plenary panel.

“We live in a research-oriented society that not only challenges us to ‘provide data’ but to also respond to what the data tells us,” James says.

“Just as a large body of knowledge informs us of the connection between poverty, unemployment, homelessness, undereducation, food insecurity, etc., and health outcomes, that same body of knowledge informs us that marginalization and racism adversely influence our health. The data is there, yet we have elected not to act on it, not to declare that racism harms many of our citizens, and that it has been doing so for centuries. It is my hope that making such a declaration brings more attention and focus on the harmful effects of racism and results in the implementation of many more laser-focused efforts to eliminate racism as part of our efforts to improve the public’s health.”
Cuyahoga County, Cleveland receive 'F' grade on preterm birth rates

CUYAHOGA COUNTY — The March of Dimes released its 2019 report card on maternal and infant health on Monday, and while Ohio received a C- for its preterm birth rate, Cuyahoga County and the city of Cleveland fared worse.

The county earned a grade of F for its preterm birth rate, as did the city of Cleveland. According to the report card, 14.5% of babies born in Cleveland are premature, or more than three weeks early.

Local organizations, from the Cuyahoga County Board of Health to First Year Cleveland and others, are working to bring those rates down.

The problem

First Year Cleveland, founded in December 2015, said infant mortality rates have declined in Cuyahoga County since its founding. However, the March of Dimes report card, which First Year Cleveland said is based on 2017 data, is a reminder that there is still a lot of work to be done.

“These rates should alarm all of us,” Bernadette Kerrigan, executive director of First Year Cleveland, said. “It means our community is not making our most precious children and moms a top priority.”

Kerrigan described the process of lowering preterm birth rates as “a marathon, not a sprint.” She said the organization had increased home visiting and doubled the number of parents that have visitors in their homes for wraparound services. Additionally, there’s an increased focus on group prenatal care.

However, she said, parents and providers are also beginning to talk about racism and how it affects preterm births and infant mortality, especially since African American babies are more likely to be born early than babies of other races.

“That is all African-American families, no matter what your education or income,” Kerrigan said.

Ideally, Kerrigan said, First Year Cleveland wants to reduce preterm birth rates to 10% in the next two years, meriting a C grade from the March of Dimes, and then hopes to make even more progress in the next four or five years.

Why babies are born premature

Dr. Arthur James, an OB/GYN and pediatrician, is a consultant for First Year Cleveland. He said preterm birth is the number one cause of babies not surviving to their first birthday.

“Prematurity is complicated, in that we don’t know the real cause for why women deliver prematurely,” James said.

While socioeconomic status plays a role, James said, African Americans are represented disproportionately on the lower end of the socioeconomic status ladder. He said the report card indicated African American women are 49% more likely to have preterm babies than other groups.

“Access to care, providing quality prenatal care are very important to us,” James said. “But beyond what we provide in terms of clinical care, it’s very important for us to address the social determinants of care. So the quality of people’s lives in general significantly influenced the outcomes we experience and health overall, particularly where infant mortality is concerned.”

Out of all 50 states, only the state of Oregon received an A grade on the March of Dimes report card. James said Ohio did not have dramatically worse rates of preterm birth than the rest of the nation, though Cuyahoga County did.

“The bad news about that, of course, is that we’re much worse,” James said. “But the good news is that we know other places have been able to achieve significantly better rates, so we can get there as well.”

How community programs help expectant or new mothers

Juelissa Moore is the proud mother of four-month-old, Kairo Mullen.

“He’s just a butterball, obviously he loves to eat,” Moore said. “He loves to play, he loves jazz music and he loves bathtime.”

She spoke with News 5 on Monday before attending a group session at University Hospitals Rainbow Center for Women & Children.

Moore said she was able to get resources from UH’s program CenteringPregnancy while she was pregnant with Kairo. The program gives group prenatal support to women.

“I really loved it because I’m the only one in my friend group right now that’s pregnant,” Moore said. “I’m only 19, so to have people around that are my age, due at the same time that I’m due, having the same problems that I have or concerns or questions, it was really heartwarming to be around them and understand that I wasn’t alone. I was going through it together with everybody else.”

Moore said the group provided her with resources while pregnant but also for after she gave birth, including numbers for lactation consultants and a list of pediatricians. She said the support network and familiar faces helped her during her pregnancy.

Now that she has a four-month-old, she attends group meetings once a month or every two months and still relies on lactation consultants because she is nursing. She said the group also focuses on her mental health.

“Am I depressed, do I have anxiety?” Moore said. “They always ask. ‘How’s the mom doing, how are the parents?’”

The health of mothers and other factors

Angela Newman-White, a grant supervisor at the Cuyahoga County Board of Health, said the leading cause for prematurity is “mom’s health and her wellbeing prior to her even becoming pregnant.”

Newman-White said causes of premature death include poverty, congenital abnormalities and the health condition of the mother.

“We’ve been looking a lot and talking about stress and the impact of stress on the body and your ability to carry a child to term,” Newman-White said.

In Cuyahoga County, all across Ohio and in other communities, Newman-White said structural racism “plays a key factor in the ability for anyone to thrive in their community” and added that in Cuyahoga County, “our black women are more likely, regardless of their income level or education level, to have their baby early.”

She highlighted a three-pronged approach the county is taking to address prematurity. That includes ongoing data analysis and monitoring, prevention and intervention. For intervention, Newman-White said the Ohio Department of Health’s Ohio Equity Institute is working with First Year Cleveland and other partners to link women to services and provide support throughout their pregnancies.

For prevention, Newman-White said, “we’re looking at ways that we can improve conditions where families live, work and play.”

The Board of Health also has programs and services that address food access and safe places to engage in physical activity.

However, Newman-White said since prematurity is affected by “historical implications of structural racism,” she believes it will take a long time to reduce rates to an acceptable level.

“This is not something that we can throw a program at, and so until we start to invest in communities, school systems, looking at the criminal justice system, access to jobs, I think we’re going to continue to see the rates the way that they are,” Newman-White said.
Cleveland, Ohio — In three years, First Year Cleveland has dramatically reduced the Cuyahoga County infant mortality rate – dropping deaths by 18 percent. But African-American babies are four times as likely as white babies to die in their first year of life.

The rate is one of the worst in the country. And it’s largely due to structural racism, says First Year Cleveland, a partnership of Cleveland, Cuyahoga County and Case Western Reserve University.

Because of institutional practices and inherent biases, black women face daily stressors white women never experience. They are judged in everyday interactions, and at doctor’s visits, their concerns are downplayed.

That’s the result of 400 years of racism, says Margaret Mitchell, CEO and president of the Greater Cleveland YWCA said during a meeting with cleveland.com reporters and editors.

“We are all victims of normalization of the 400 years of the impact of slavery,” Mitchell said. “We look at infant mortality and we nod our heads. It’s a sign of normalization. That we are not all jumping up, screaming, demanding to do something. We can go down the list: the justice system, thinking about housing, lead, infant mortality, the wage gap, gun violence. We have reached crisis levels and yet somehow we can only whisper, ‘Is it time to declare racism a public health crisis?’”

First Year Cleveland the YWCA are hosting a summit Friday and Saturday to address the legacy of slavery and Jim Crow laws.

“400 Years of Inequity: A Call to Action” at Public Auditorium coincides with the 400th anniversary of slaves arriving in Jamestown, Virginia, followed by 246 years of slavery, and 99 years of Jim Crow. The event will discuss the impact of policies, practices and systems that have resulted in myriad racial disparities in health, justice and economics that affect African-Americans today.

First Year Cleveland is working to ensure all women and babies receive the same care, whatever their skin color. Addressing these disparities is part of an 11-part plan to reduce racial disparities, extreme prematurity and eliminate sleep-related deaths.

For example, one team from Kent State University and Birthing Beautiful Communities, is leading research efforts to better understand the roles race and maternal stress play in infant deaths.

A hospital survey of 100 Cuyahoga County mothers showed that caregivers treated black and Hispanic women differently than white women, from the moment the women stepped into the healthcare facility.

Women of color weren’t listened to by caregivers in the same way white women were. Medical professionals dismissed their feelings, their concerns, even their pain.

The stress can be passed from mother to child, over generations. But after research, First Year Cleveland believes external stress from society, rather than a biological component, deserves the majority of blame.

“The toxic stress is coming from the lived experience, from African-American experiences taken place over 400 years,” said Katrice Cain, racial disparities program director for First Year Cleveland. “We know that the mother is the environment for the fetus so our community is the environment for her. What she experiences on a day-to-day basis is going to impact her child. That is dealing with policing. It is dealing with housing. It’s dealing with when you’re on the job and you can have an advance degree, a well-kept neighborhood and still be judged and discriminated based on the color of your skin.”

To combat bias, First Year Cleveland has worked with area hospitals to institute bias training: helping employees -- from clerical staff to doctors -- recognize their prejudices. Hospitals have also addressed racism in human resource offices.

Everyone has biases, stemming from their upbringing and experiences, said First Year Cleveland Executive Director Bernadette Kerrigan. The issue is to learn to identify our own biases and ignore them.

“We really need all of us to be able to recognize our own racial biases and check them at the door when we’re serving all of our families of color,” she said.

First Year Cleveland has focused on deaths of children in their first year of life. But the organization may also begin studying maternal deaths and stillbirths, fetal deaths after 20 weeks gestation. Black women nationwide are twice as likely as white women to have stillborn babies.
This Week in the CLE: Groundbreaking work on saving babies and more

On this week’s episode of This Week in the CLE, we’re talking about huge leaps in our understanding of why the mortality rate for African American babies is so much higher than for white babies. City Council President Kelley’s support of First Year Cleveland’s work is lauded.

Listen to the Cleveland.com podcast here  (Advance to the 8:33 mark)
Racism as a public health crisis: What Cleveland can learn from Milwaukee

By Mary Kilpatrick, cleveland.com

CLEVELAND, Ohio — Milwaukee struggles with the very same issues that Cleveland does: infant mortality, lead poisoning and other challenges that significantly affect black children.

For every 1,000 black babies born in Milwaukee, 15.8 died before their first birthday, according to three-year averages released by the city in 2018. That’s three times the infant mortality rate among white babies in the same time period.

About 2,200 children under 6 in the city of Milwaukee tested positive for lead poisoning, according to 2018 numbers. About half were black.

It’s not just health disparities. Across Milwaukee County, officials found black residents historically faced more barriers in transportation, wealth, housing and nutrition.

So in May Milwaukee County declared racism a public health crisis. The city followed with its own declaration in July. Both commit that their government will advocate for policies that improve the health of people of color. It’s unclear what new approaches will emerge from these pledges, but the dedication to decreasing health disparities among people of color is clear.

Milwaukee leaders expanded on this message during a Cleveland summit Friday centered around racism and public health. 400 Years of Inequity: A Call to Action — organized by First Year Cleveland, a coalition dedicated to eliminating infant mortality, and the YWCA Greater Cleveland — marked the 400th anniversary of the first slaves arriving in North America.

The event on Friday drew about 500 people to Cleveland Public Auditorium, from states including Michigan and Wisconsin. One woman in the audience Friday said she was deeply moved by the summit’s message: It was the same way she felt after Barack Obama took office.

The two-day summit continues today, focusing on topics, including structural racism and its affect on economic policy and educational inequities.

“Racism is a public health crisis when you identify that there is a large population, of a particular, in this case race, that continues to be underserved over a long period of time, with no major change,” said Nicole Brookshire, executive director of the Milwaukee County office of African American Affairs, during an interview with cleveland.com.

Even with resources on the table to help with these gaps, Milwaukee County still found that they “haven’t made a change to really allow a level playing field for all races,” Brookshire said.

The county made the policy shift because it wanted a government that provided for all people equally. She believes other cities need to do the same.

The resolution commits that the county will advocate for policies that improve the lives of people of color. It also pledges that the county will continue its work to educate employees about the affects of racism. By the end of the year, its Office of African American Affairs will have trained 5,500 county employees at all levels to think about racial equity.

The county’s decision influenced the city to do the same, said Jeanette Kowalik, said Milwaukee Commissioner of Health.

“It was finally enabling us to address the elephant in the room of racism,” Kowalik said.

The city came up with its own plan to help ensure racial equity in its departments and hiring practices. It committed to advocating for policies that improve the health outcomes of people of color, and to tracking population trends to better understand who is affected by health disparities.

Getting people to recognize that racial inequity is a real problem in Milwaukee County has been heavy lift, said Brookshire. It involves institutional change, and changes in policies and procedures. Her office was formed only about two and a half years ago.

“Government has played a role in creating these inequities, so government needs to play a role in making solutions to eradicate them,” she said.

The movement is not about taking away opportunities from one group and give them to another. It’s about making things equal for all.

“The effort to drive racial equity is not to remove opportunities from any particular race. It’s to add value, so that we have access and opportunity for all races, to have a level playing field,” she said.
By Mary Kilpatrick, cleveland.com

CLEVELAND, Ohio — Racial bias may affect whether black patients with heart failure are approved for heart transplants, according to a new study published in the Journal of the American Heart Association.

Researchers in Arizona asked 422 doctors, nurses and other hospital decision-makers to look at a pool of hypothetical patients, both black and white, and decide which should be referred for a heart transplant. The hypothetical patients had the same medical and social histories; the only difference was race.

Milwaukee recently declared racism as a public health crisis, and city and county officials discussed the move during a Cleveland summit Friday centered around racism and public health, 400 Years of Inequity: A Call to Action in Cleveland. The event was organized by First Year Cleveland, a coalition dedicated to eliminating infant mortality, and the YWCA Greater Cleveland and marked the 400th anniversary of the first slaves arrival in North America.

When the survey, paid for by the National Institutes of Health, participants evaluated the cases individually, researchers found few differences in recommendations for transplants due to race.

When a group of 44 participants gathered to discuss the patients, in a setting similar to actual advanced therapy selection meetings, researchers discovered racial bias.

“African-American race negatively influenced the decision-making process for heart transplants, especially during discussions among health care providers,” said lead author Khadijah Breathett, an assistant professor of medicine and advanced heart failure/transplant cardiologist at the University of Arizona’s Sarver Heart Center, in a news release.

The health professionals participating in the survey “perceived black patients as less healthy than whites, less likely to comply with follow-up care recommendations and less trustworthy,” according to the release.

Black patients were more likely to be prescribed ventricular assist devices, pumps that helps blood flow, than heart transplants, especially if their health care provider was over 40.

Study finds racial bias may affect decisions on heart transplant recipients

By Mary Kilpatrick, cleveland.com

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Tackling racial health care disparities is both a matter of justice and of Cuyahoga County’s future

By Editorial Board, cleveland.com and The Plain Dealer

There may be no more toxic topic than race. But when it comes to the shockingly disparate health outcomes in Cuyahoga County between black and white babies, having that conversation has become essential.

Discussing racial health disparities is by nature a difficult discussion -- even moreso since evidence is mounting that historically rooted biases and stressors might be at its root. That encompasses ingrained prejudices many white people may be unaware of, and toxic stressors among people of color after generations of discrimination.

The evidence for this equation of deeply rooted bias and stress is not definitive, but it goes beyond anecdotal evidence, like the dismissive treatment tennis star Serena Williams received when complications first surfaced in the delivery of her first child.

Exhibit One in Cuyahoga County is the stubbornly high black infant mortality rate.

In December 2015, the city of Cleveland and major local hospitals launched First Year Cleveland, an all-hands-on-deck effort to reduce infant mortality via unprecedented investments and commitment of staff. It's succeeded spectacularly in reducing white infant mortality and in cutting overall infant mortality -- down 20 percent in three years.

But black babies continue to die at disproportionate rates -- nearly four times more often than white babies. That racial disparity touches African-American infants from well-off households as well as poor ones.

It goes beyond that, however. Whites live longer than blacks, who suffer disproportionately from chronic conditions and illnesses, including diabetes, obesity, asthma and HIV/AIDS, and who are more likely to be exposed to lead-paint poisoning in substandard housing and to suffer from poorer nutrition.

Housing segregation helps drive some of this, as well as transportation inequities; the metro Cleveland area is one of most segregated metro areas in the country, according to the Center for Community Solutions, which points to patterns of investment -- and disinvestment.

But could racial health care disparities also play a role? First Year Cleveland research along with other recent findings suggest it does.

Questionnaires distributed to Cuyahoga County mothers about their treatment in the health care system uncovered a sharp difference along racial lines in how these mothers perceived they were treated, listened to, and helped to overcome pain and other maternal health issues.

The study didn’t correlate that with birth outcomes, but it’s suggestive, and has prompted participating health care systems to initiate efforts to train both caregivers and administrators in implicit bias.

Bernadette Kerrigan, who heads First Year Cleveland and who is the white mother of adopted children of color, told our editorial board she was shocked to discover through her own anti-bias training that she had her own unrecognized biases.

Patient access is hard for most every demographic, but is especially so for women (and women of color). Even as access improves, patients need to know how to maximize the time they get with their providers.

“Because of the structural inequalities in our health care system, blacks at a given level of health end up generating lower costs than whites,” said Ziad Obermeyer, acting associate professor of health policy and management at the University of California at Berkeley and lead author of the paper, as quoted in a news release from UC Berkeley.

Cleveland.com reported this week on a study published in Science magazine the next day that found racial bias in a widely used software program that determines who gets into programs to help the highest-risk patients manage their conditions. Black patients were being excluded even when they were at greater risk than admitted white patients. The reason? Algorithms included health care costs as a measure of who was likely to benefit most from the programs -- and those algorithms discriminated against blacks.

But beyond that, recent studies point to some of the factors that can contribute to unintentional -- and previously unrecognized -- racial bias in health care.

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In Cuyahoga County, black babies are far more likely than white babies to die before their first birthday. Half the babies born in Cuyahoga County in 2018 were white, according to First Year Cleveland, a community movement formed to address one of the country’s highest infant mortality rates. But of the 118 babies who died in their first year, 67 percent of them were black.

Those numbers aren’t shocking to anybody who’s paid attention to the county’s infant mortality statistics, the country’s infant mortality statistics or to the glaring racial disparities those local and national statistics typically reveal. But the numbers are shameful. The most powerful country on Earth shouldn’t be losing so many newborns. And black babies shouldn’t be dying more than white ones.

But as Margaret Mitchell, CEO and president of the Greater Cleveland YWCA, said recently to reporters and editors from cleveland.com, we have been conditioned to accept black suffering as normal. We ought to be alarmed and outraged, but Mitchell argues that we’ve mostly shrugged.

“We look at infant mortality and we nod our heads,” she said. “It’s a sign of normalization. That we are not all jumping up, screaming, demanding to do something.... We have reached crisis levels and yet somehow we can only whisper, ‘Is it time to declare racism a public health crisis?’”

It’s time to declare it — and loudly. Exhibit A is the disparity in the infant mortality numbers, which local experts attribute to a toxic stress caused by racism.

Katrice Cain, racial disparities program director for First Year Cleveland, said, “The toxic stress is coming from the lived experience, from African-American experiences taken place over 400 years. We know that the mother is the environment for the fetus so our community is the environment for her. What she experiences on a day-to-day basis is going to impact her child.”

First Year Cleveland stresses that the black babies who die are “from all socioeconomic levels.” That’s an important point to make. Most people would probably guess that black women who lose babies have less money or education than their white counterparts, but research from the Centers for Disease Control and Prevention has long shown that black mothers with advanced professional degrees — such as JDs and MDs — have worse birth outcomes than white mothers who stopped school in 8th grade.

It is doubtful that black attorneys and black physicians are exhibiting less concern for their babies than white women who dropped out of junior high, and it’s equally doubtful that those professionals have less money for quality prenatal care. Genetics doesn’t seem to be the culprit because African and Caribbean women who move to the U.S. and later give birth have better birth outcomes than native-born black women, but when those immigrants’ daughters grow up in the U.S., they give birth to sicker babies than their mothers did.

Because they haven’t been able to blame low incomes, lack of education or genetics, many of the nation’s infant mortality researchers have hypothesized that a stress related to racism is the best explanation for native-born black women’s infant mortality numbers. That hypothesis is supported by research that shows that — in a reverse of how it plays out for white mothers — black teenagers lose fewer babies to death than black women in their 20s. The thinking is that teenagers, by virtue of having lived a shorter amount of time, have experienced less racism than adults.

A society that, as Mitchell says, has normalized black suffering isn’t likely to easily accept the First Year Cleveland’s argument that racism kills. Even though there’s abundant proof that it does.

When Rep. Elijah Cummings, a Democrat from Maryland, died at 68 last month, Ibram X. Kendi, director of American University’s Antiracist Research and Policy Center, argued in The Atlantic that “there may be no more consequential white privilege than life itself.” And, Kendi writes, “The inverse of white privilege is black deprivation.” That deprivation is even evident among the subset of black folks who — like Cummings — manage to do well.

Just like white women with far less education have better birth outcomes than black women with professional degrees, sociologist David R. Williams has found that white people whose educations end with high school live longer than black people with college degrees or more.

But it all starts with the babies.

If racism is a major driver of that disparity, then First Year Cleveland’s goal to “reduce all infant deaths and have no racial inequities in infant deaths by the end of 2025” seems impossible. Because it’s inconceivable that racism will be eradicated in the next six years.

But better treatment of black expectant mothers by doctors and nurses is an achievable goal. A survey of Cuyahoga County’s infant mortality researchers reveals that black and Hispanic women aren’t listened to or shown the same concern their white counterparts are.

Want to keep more babies alive? Listening to their mothers is a start.