“EQUITY”…in the opportunity to survive the 1st year of life

PA PQC
Arthur R. James MD, FACOG
December 11, 2019

Objectives:

By the end of this lecture I hope to…

1. Review Pennsylvania's Black:White history regarding infant mortality goals.
2. Demonstrate how history and past discriminatory practices have contributed to racial disparities
   a. Present evidence that suggest racial disparity is 'not natural", but man-made.
3. Discuss STRUCTURAL Determinants
   a. Suggest the importance of taking a STRUCTURAL and Social Determinants approach to "undo" this disparity.
4. Understand "Proportionate Universalism" or "Targeted Universalism"
5.

Disclosures:

I am a member of:

- Co-chair: March of Dimes/Centers for Disease Control's Health Equity Work Group
- GABE Advisory Board
- Center for Excellence, University of Illinois @ Chicago, School of Public Health
- Global Infant Safe Sleep Center (GISS)
- Consultant: First Year Cleveland (FYC)
- Evaluator: Indianapolis Healthy Start Project
- Co-PI of NHSA AIM CCI Cooperative Agreement with HRSA

Conflict of Interest:

- **None**

I believe:

1. That the racial disparity in birth outcomes is the most problematic MCH challenge facing this nation.
2. That RACE is a social construct, not a biological construct.
   a. As such, I do not believe that our physiologic racial differences offer adequate explanation for maternal or infant morbidity and mortality disparities .
3. Racism, both historical and contemporary, is **THE** "root cause" for the disparities.
4. If the eradication of Racism was up to black people and/or people of color, it would have been resolved a long time ago.
   a. Governmental Agencies (i.e., HHS/HRSA), white people, and white organizations have to want to dismantle Racism and co-lead the charge to do so.
      i. Understanding this is essential for saving our mothers and babies

Infant Mortality:

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

"The most sensitive index we possess of social welfare . . . "

Julia Lathrop, Children's Bureau, 1913

Slide prepared by R. Fournier RN, BSN
State of Michigan FIMR Director

"***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:

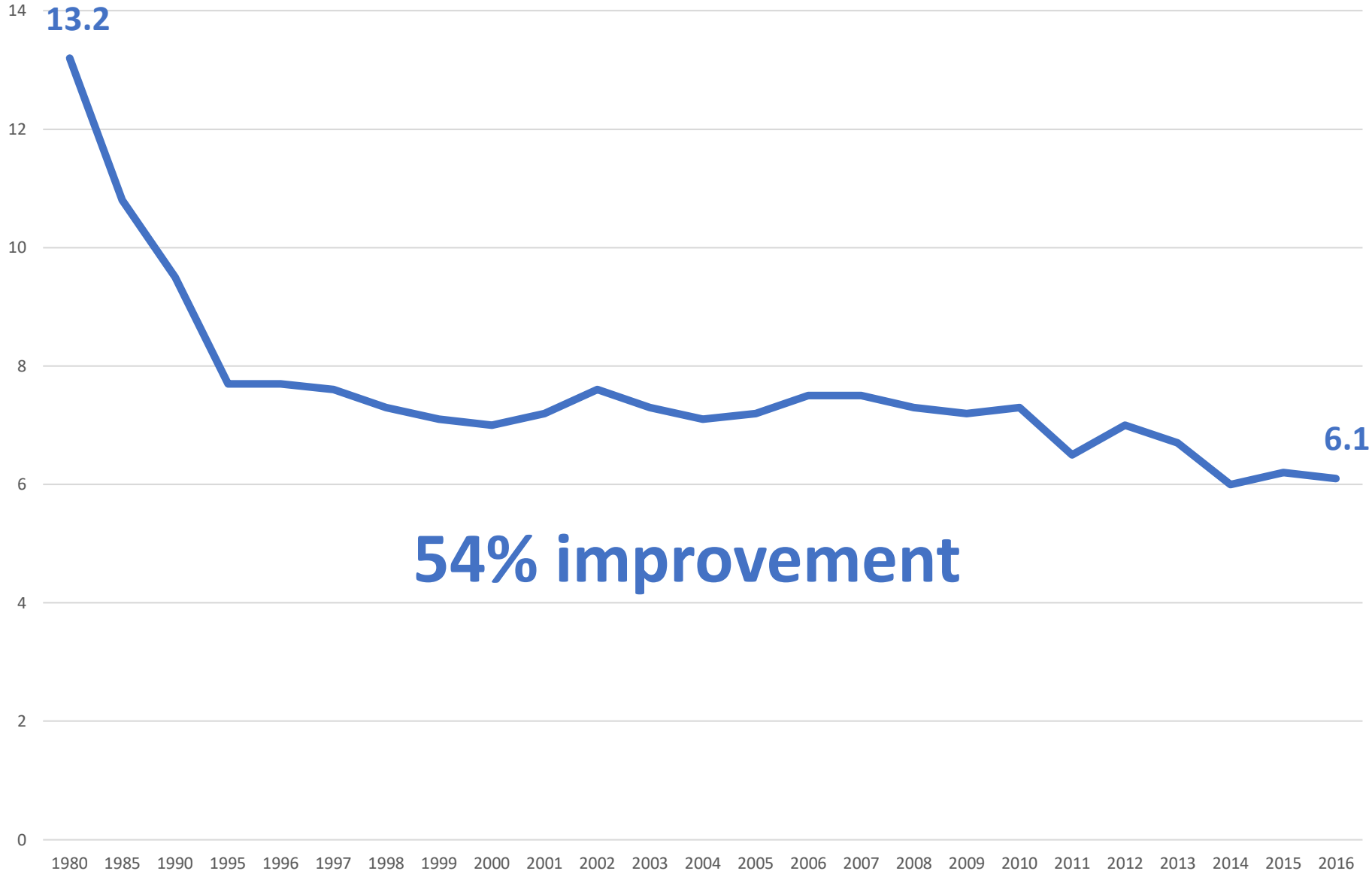
1. High quality health care
2. *Adequate food and good nutrition
3. *Safe and stable housing
4. *A healthy psychological and physical environment
5. *Sufficient income to prevent impoverishment

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

* = non-clinical measure

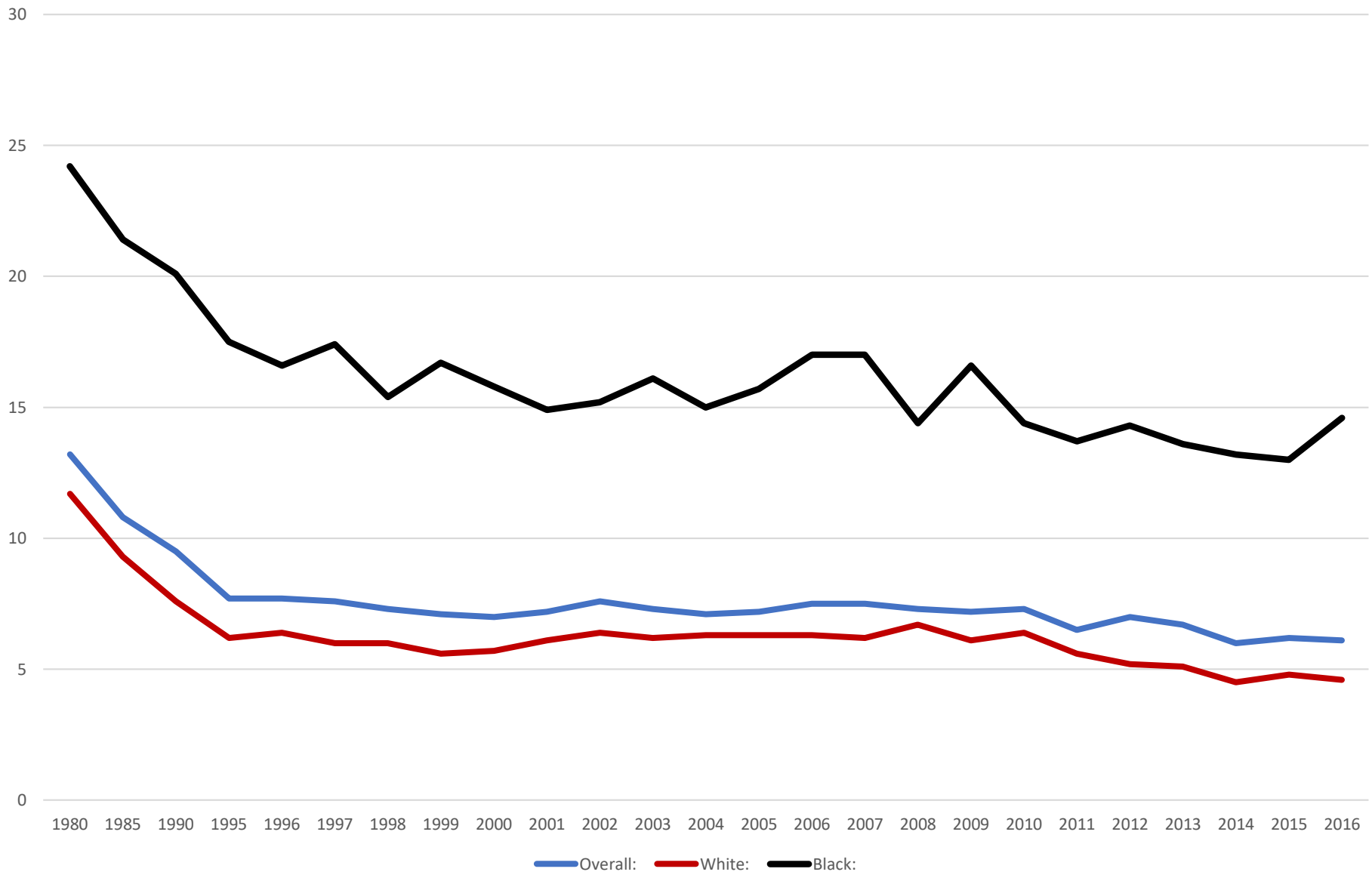
PA Infant Mortality Data:

PA: Overall IMR, 1980, 1985, 1990, 1995-2016



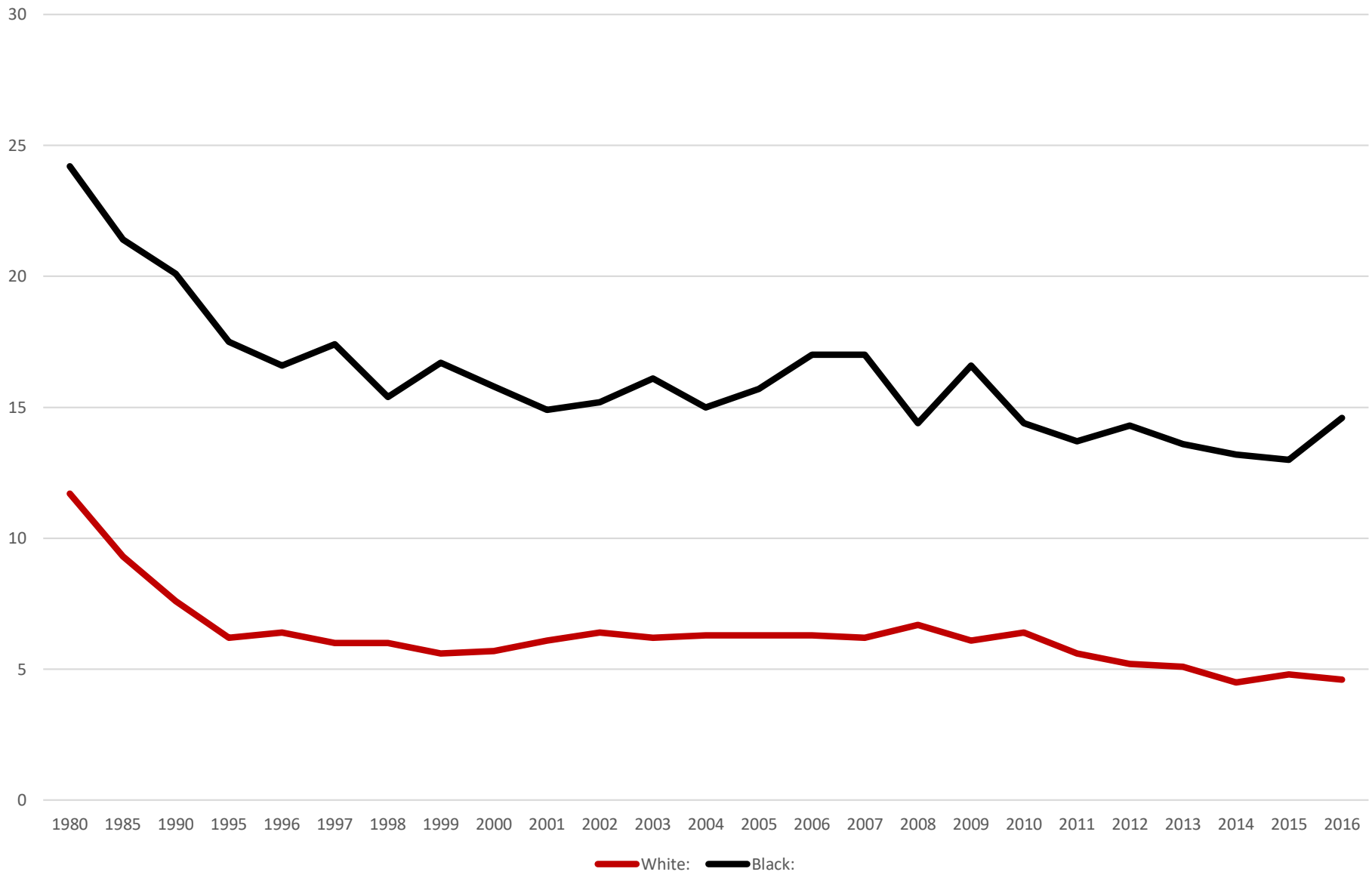
Source:(PA) Deaths: Table C-7B

PA: Overall, White and Black IMRs, 1980, 1985, 1990, 1995-2016



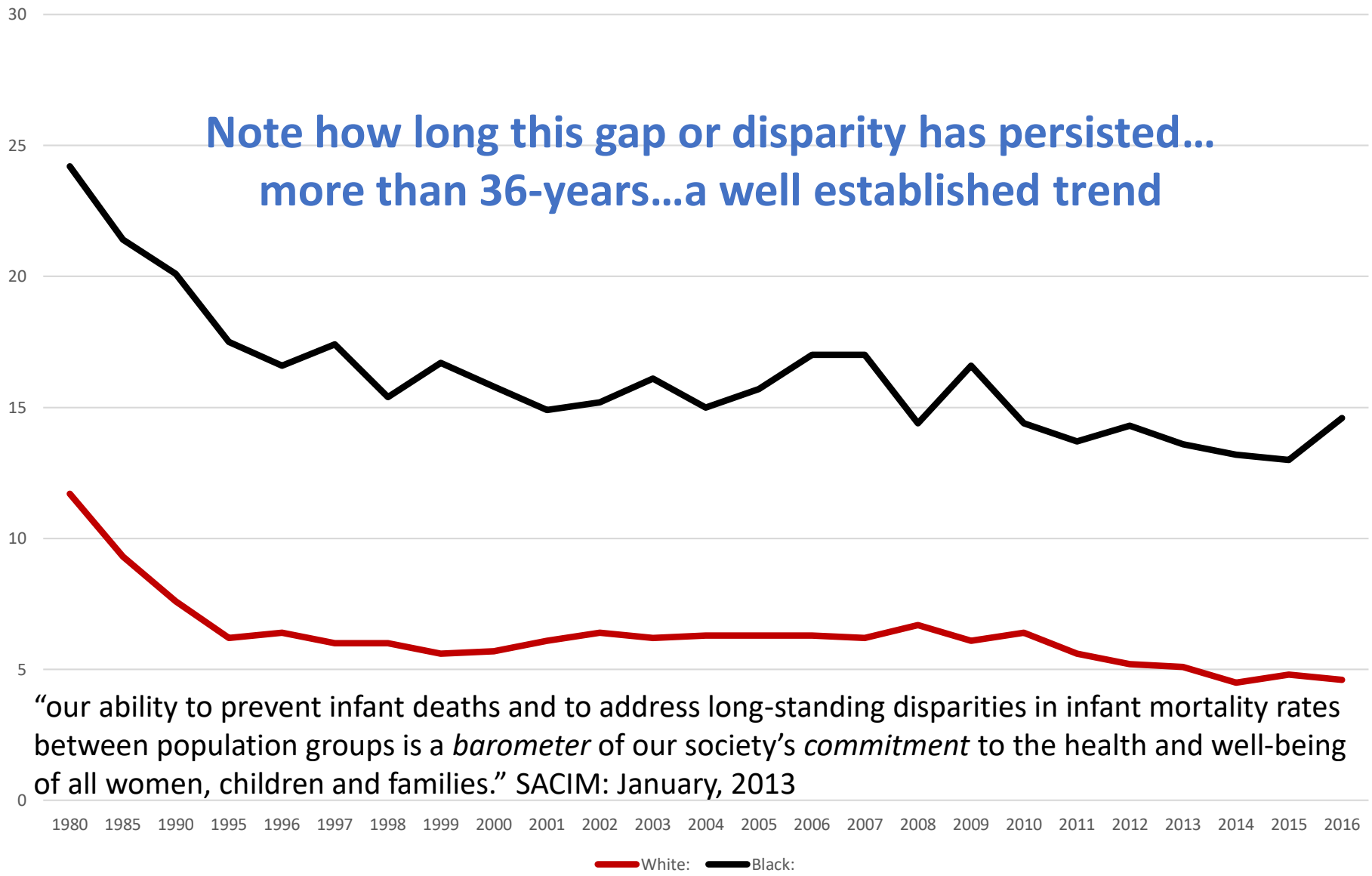
Source:(PA) Deaths: Table C-7B

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



Source:(PA) Deaths: Table C-7B

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



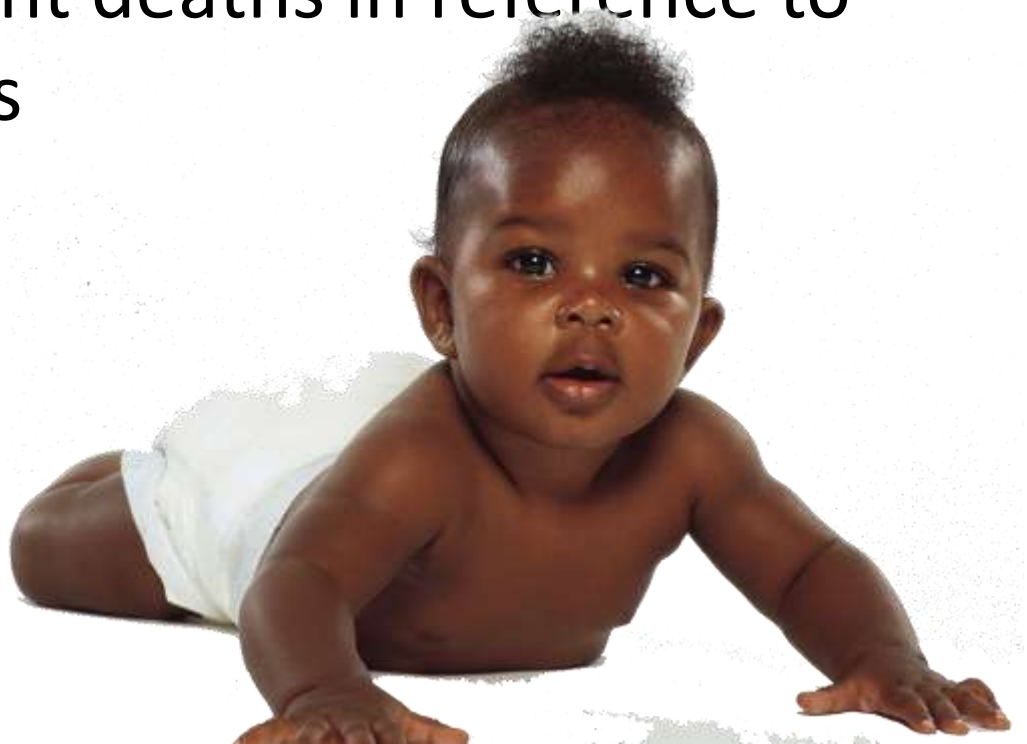
Note how long this gap or disparity has persisted… more than 36-years…a well established trend

"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: January, 2013

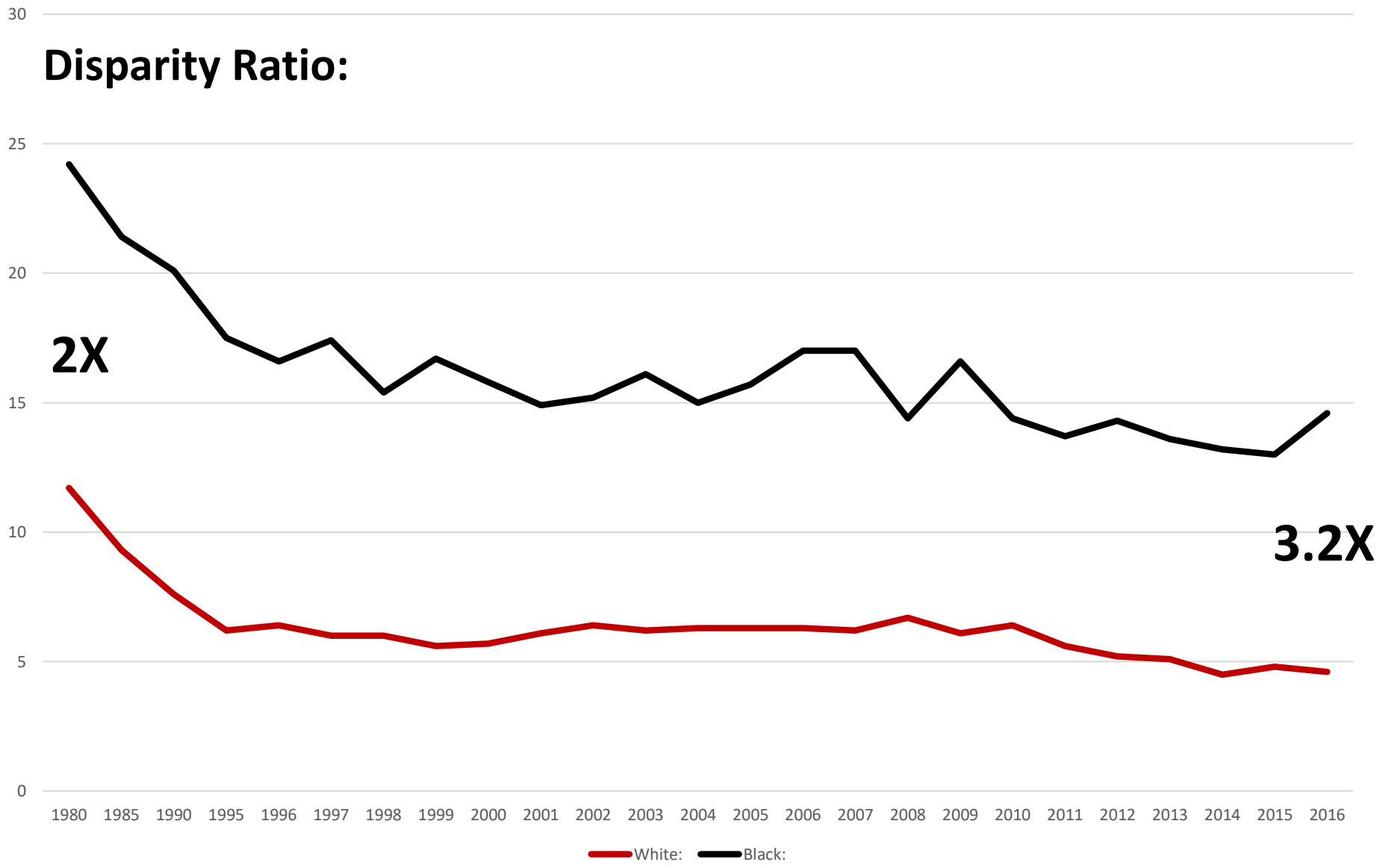
Source:(PA) Deaths: Table C-7B

Black to White Racial Disparity in Infant Mortality:

1. **Disparity Ratio:** Black infant deaths more than 2x that of Whites
2. **Survival Time-lag** between black and white infants
3. **Healthy People:** Infant deaths in reference to Healthy People Goals

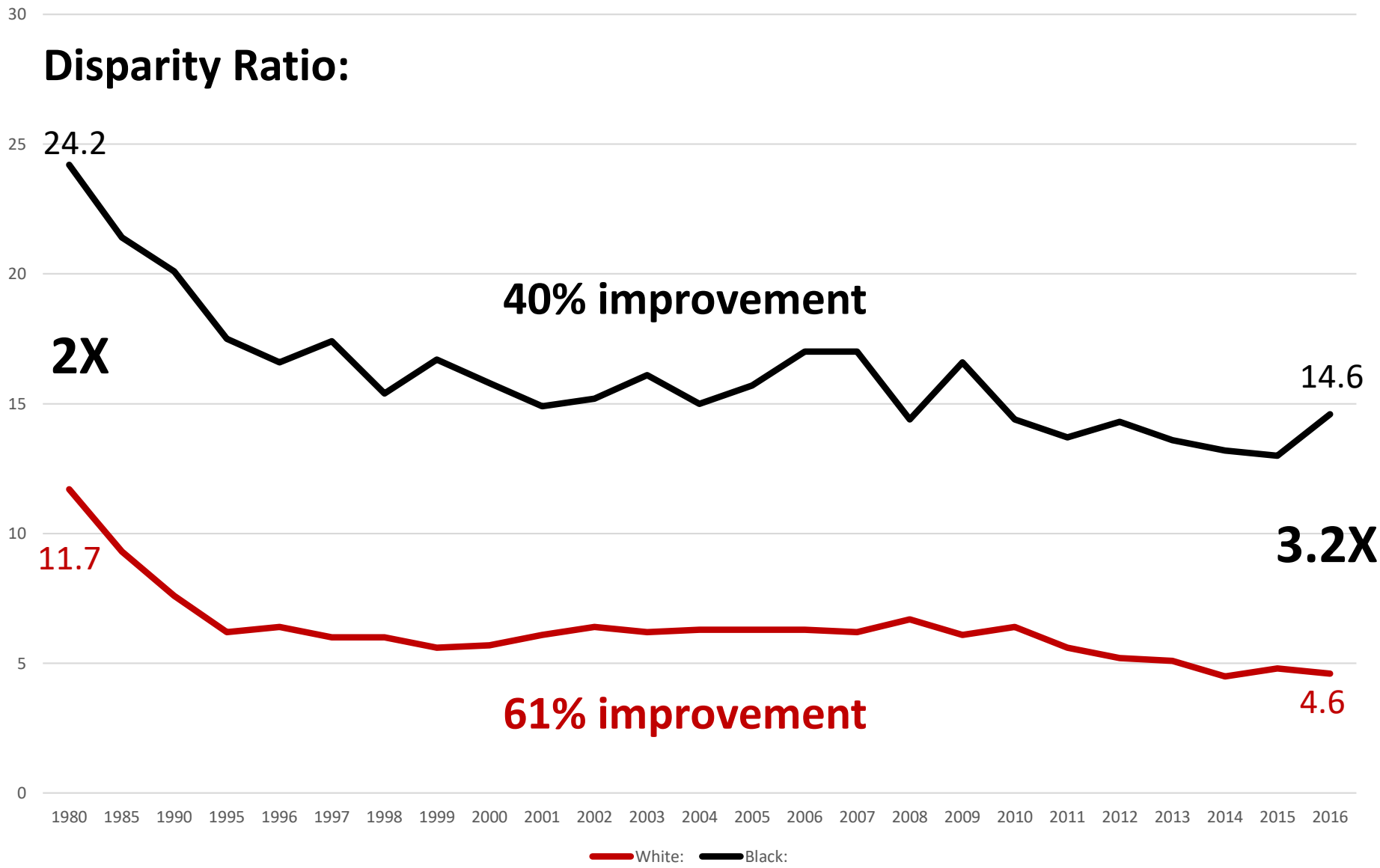


PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



Source:(PA) Deaths: Table C-7B

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016

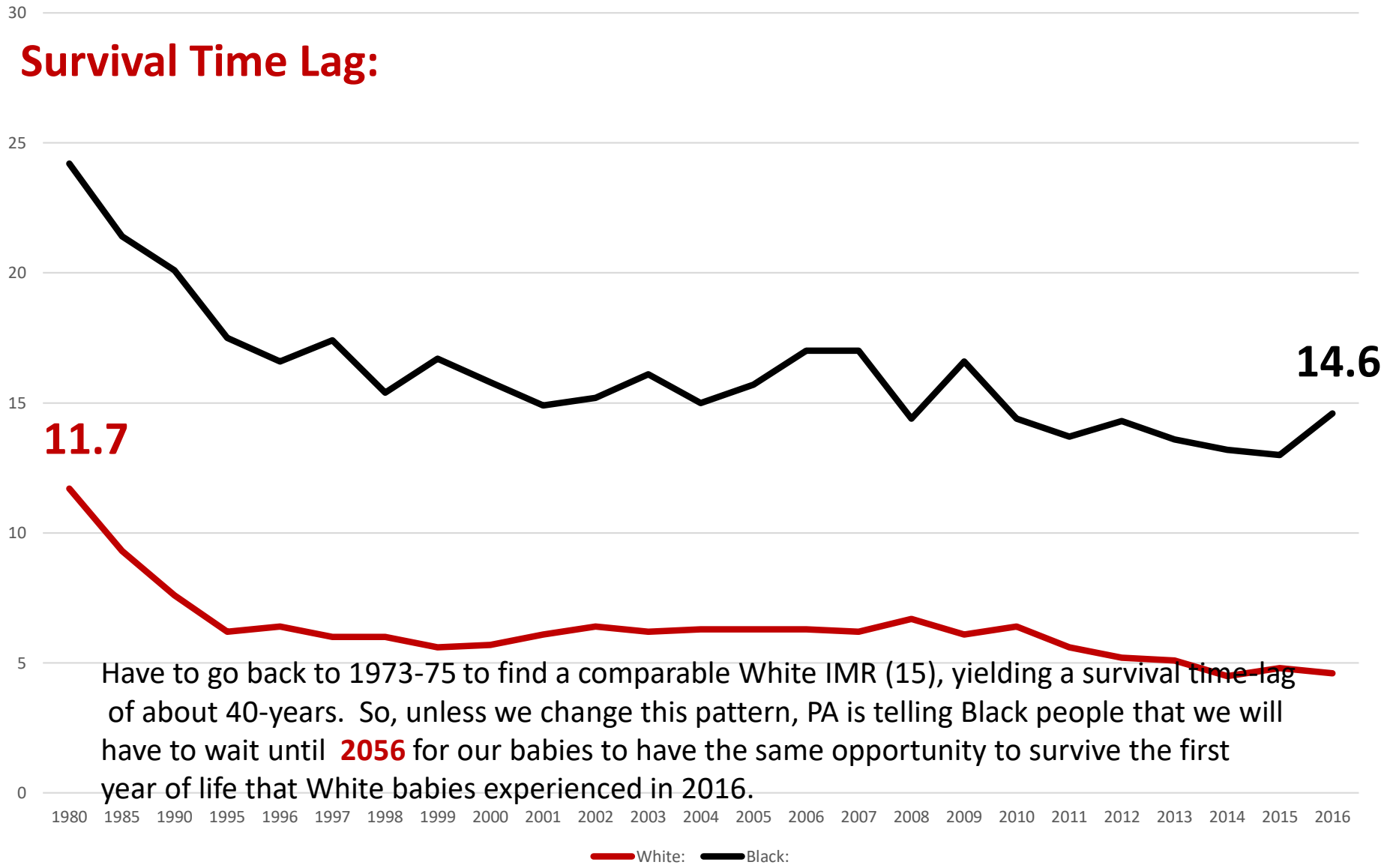


Source:(PA) Deaths: Table C-7B

Survival Interval/Gap:

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016

Survival Time Lag:



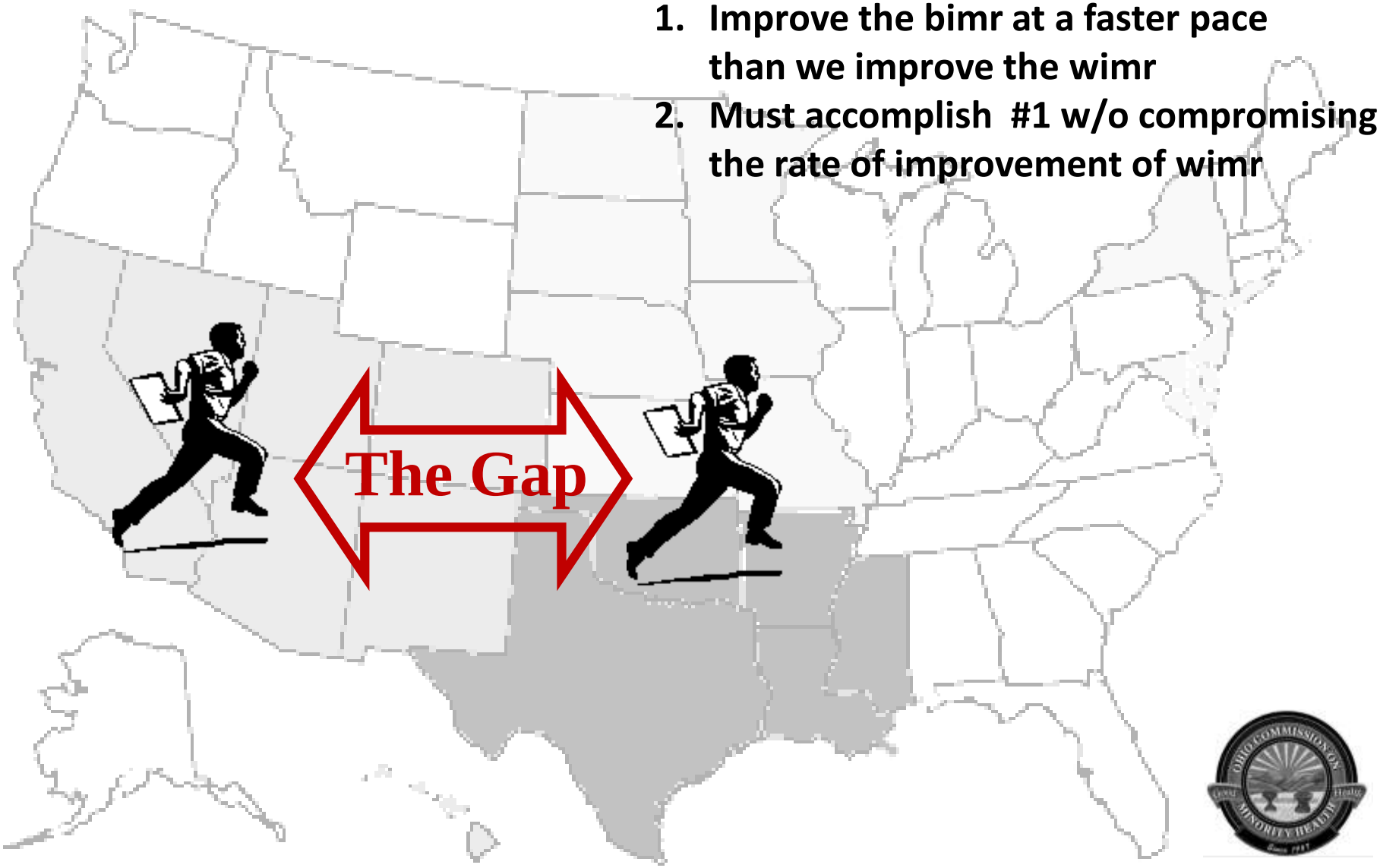
Have to go back to 1973-75 to find a comparable White IMR (15), yielding a survival time-lag of about 40-years. So, unless we change this pattern, PA is telling Black people that we will have to wait until **2056** for our babies to have the same opportunity to survive the first year of life that White babies experienced in 2016.

Source:(PA) Deaths: Table C-7B

Erasing the Gap(s):

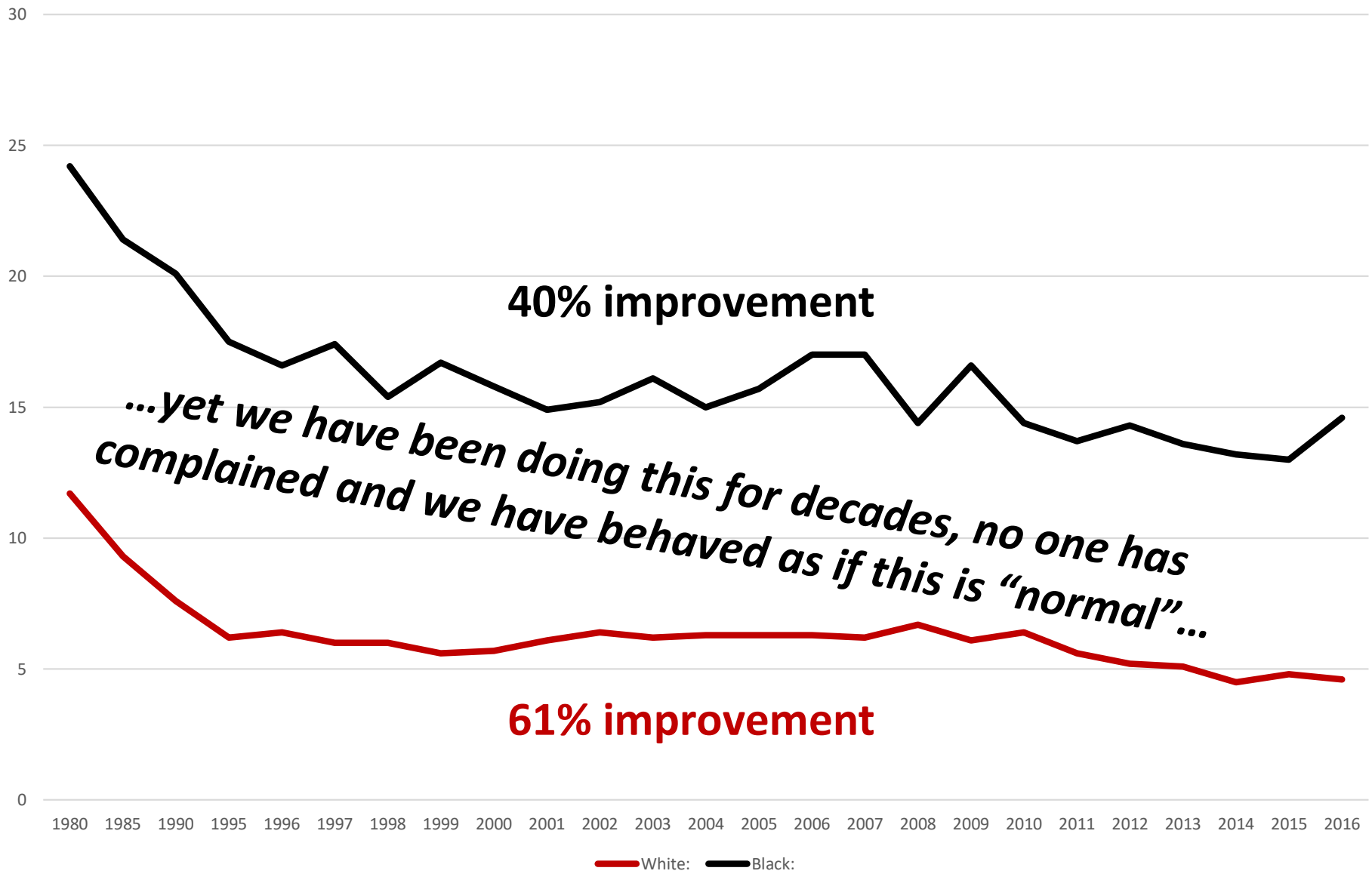
To eliminate the disparity, we need to:

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



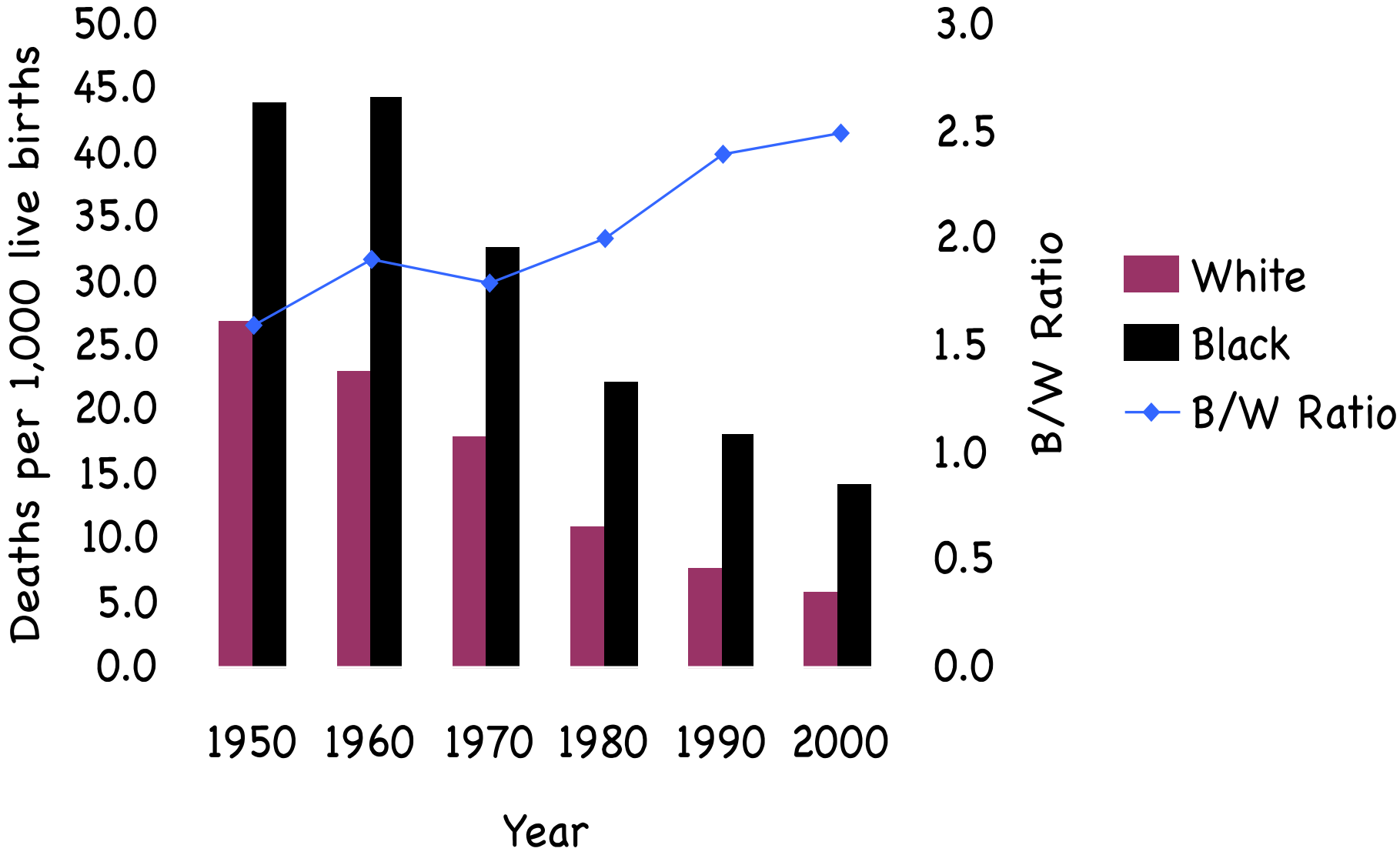
The thought of striving to improve the rate of survival for one group at a faster pace than for another group BOTHERS many people…they complain that doing so would be immoral, unfair, unjust…

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



Source:(PA) Deaths: Table C-7B

USA Black:White Infant Mortality Rates, 1950-2000:

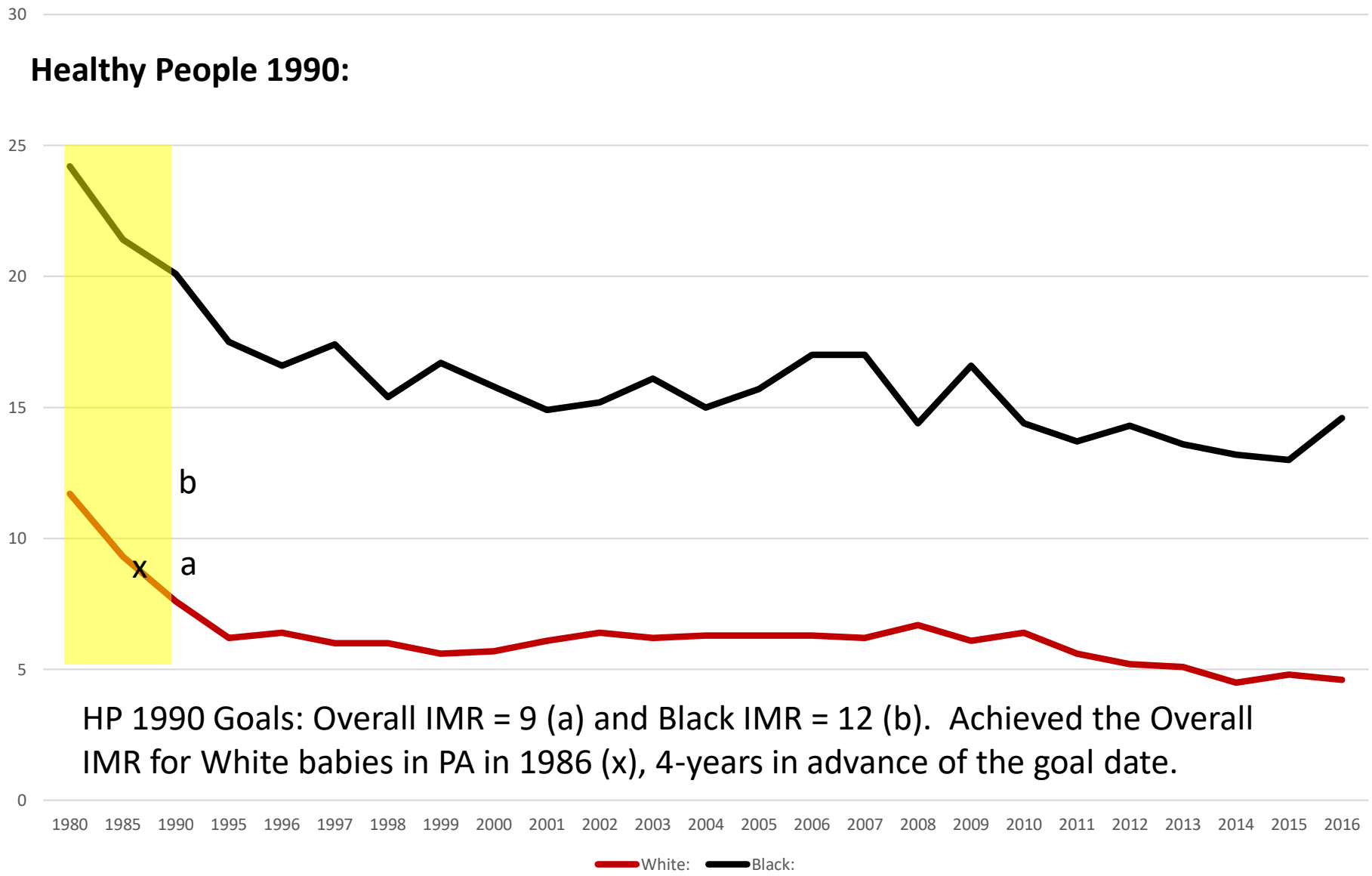


Source: National Center for Health Statistics, 2003

"Healthy People" History & IMRs:

- 1979-The Surgeon General's Report on Health Promotion and Disease Prevention
- 1980- Promoting Health/Preventing Disease: Objectives for the Nation
  - 1985: "Heckler Report": HHS Secretary's report on racial disparities in health.
    - ID'd 6 areas of health that together accounted for > 80% of the mortality observed among Blacks and other minority groups in excess of that in Whites.
      - One of these areas was infant mortality.
    - Hoped that it would be the beginning of the end of racial health disparities
- **1990-*Healthy People***
- **2000-*Healthy People***
- ***2010-Healthy People***
- ***2020-Healthy People***

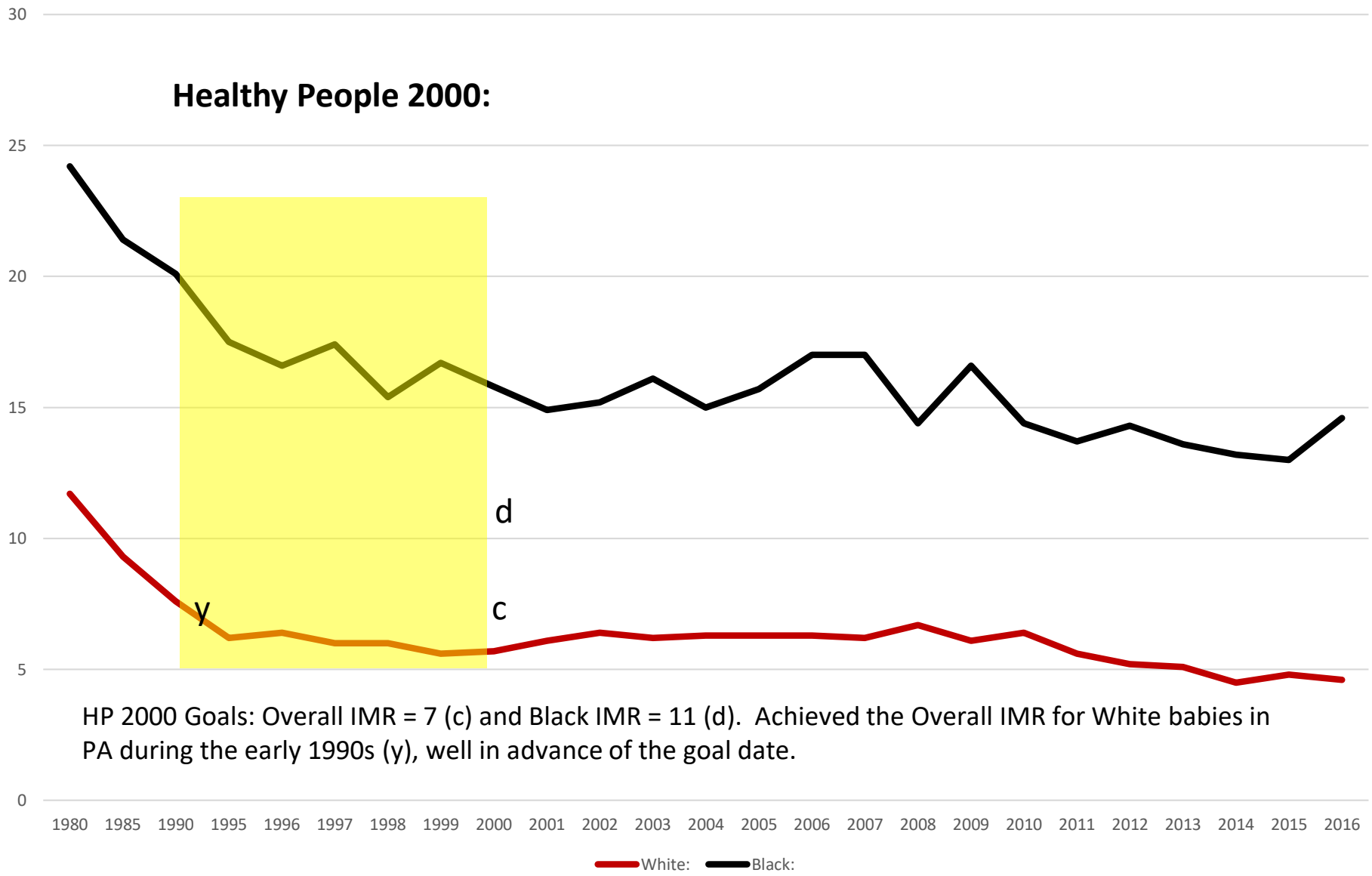
PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



HP 1990 Goals: Overall IMR = 9 (a) and Black IMR = 12 (b). Achieved the Overall IMR for White babies in PA in 1986 (x), 4-years in advance of the goal date.

Source:(PA) Deaths: Table C-7B

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



HP 2000 Goals: Overall IMR = 7 (c) and Black IMR = 11 (d). Achieved the Overall IMR for White babies in PA during the early 1990s (y), well in advance of the goal date.

Source:(PA) Deaths: Table C-7B

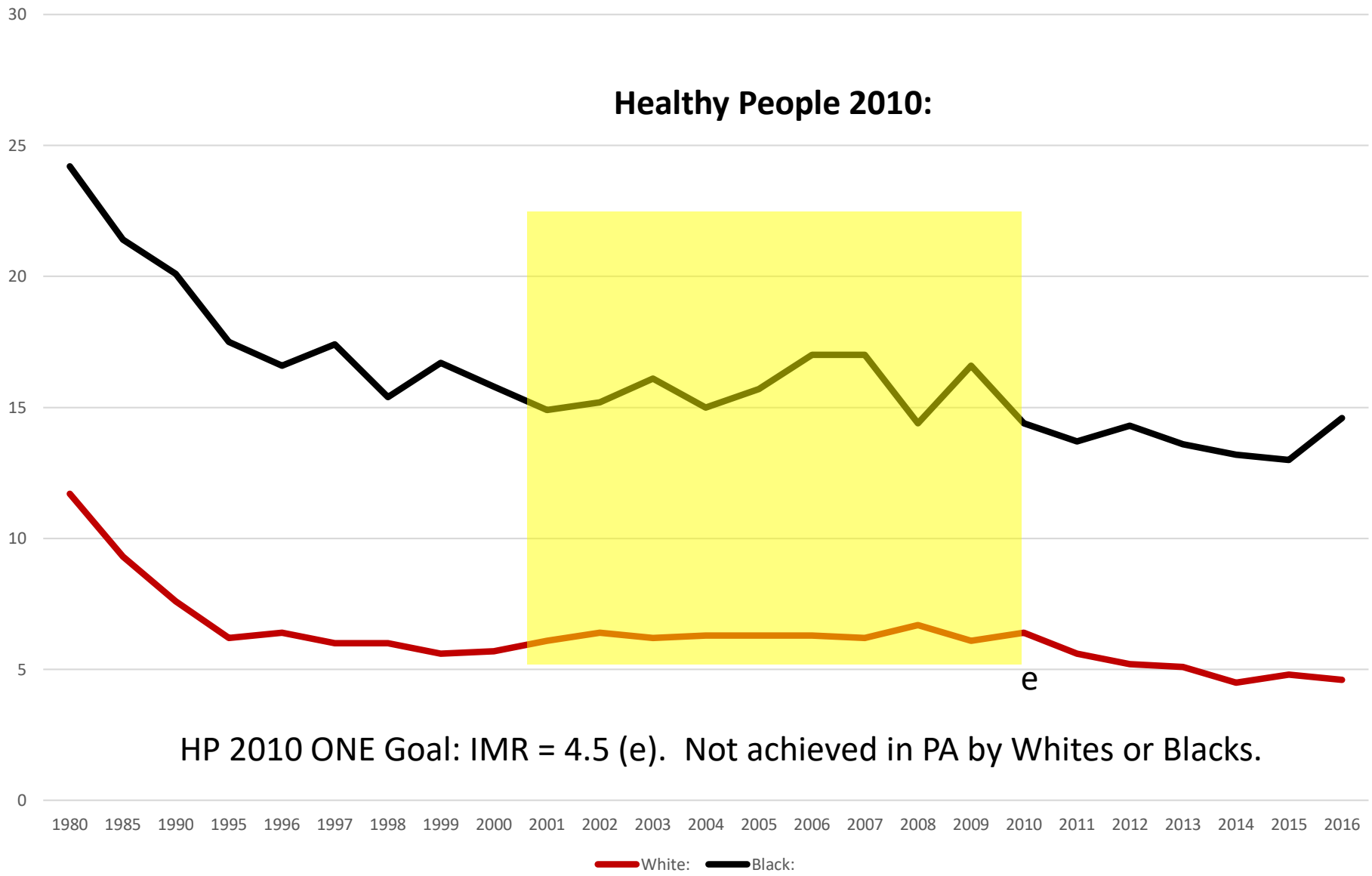
Healthy People 2010:

- 2 Overarching Goals
  - *Increase the quality and years of healthy life*
  - *Eliminate health disparities*
    - *Only one IMR Goal (4.5) for the entire population*
- 28 Focus Areas
  - *Maternal Child Health*
- 467 specific objectives
  - *Infant Mortality: goal of 4.5 deaths/1,000 live births*

    For the first time…one goal for all races

Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



Source:(PA) Deaths: Table C-7B

What's new?

NCHS Data Brief ■ No. 120 ■ April 2013

Recent Declines in Infant Mortality in the United States, 2005–2011

Marian F. MacDorman, Ph.D.; Donna L. Hoyert, Ph.D.; and T.J. Mathews, M.S.

Key findings

- Following a plateau from 2000 through 2005, the U.S. infant mortality rate declined 12% from 2005 through 2011. Declines for neonatal and postneonatal mortality were similar.
- From 2005 through 2011, infant mortality declined 16% for non-Hispanic black women and 12% for non-Hispanic white women.

Infant mortality is an important indicator of the health of a nation (1,2). This report describes the recent decline in the U.S. infant mortality rate from 2005 through 2011. Changes in infant mortality rates over time are examined by age at death, maternal race and ethnicity, cause of death, and state. The linked birth/infant death data set (linked file) is generally the preferred source for infant mortality rates by race and ethnicity (3,4). This is particularly important for racial and ethnic groups other than non-Hispanic white, non-Hispanic black, and Hispanic. For these three groups, rates calculated from the mortality and linked files have been very similar for many years, and trends are unlikely to differ (3–5). Thus, data from the mortality file are used for this analysis because of their greater timeliness (3,6). Data for 2011 are preliminary (6). Because preliminary data are not available by state, data for the 2005–2010 period were used for the geographic analysis.

http://www.cdc.gov/nchs/data/databriefs/db120.pdf

National Vital Statistics Reports

NVSS

Volume 61, Number 8 January 24, 2013

Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set

By T.J. Mathews, M.S. and Marian F. MacDorman, Ph.D., Division of Vital Statistics

A reformatted, typeset version of this report will replace the current version.

Abstract

Objective: This report presents 2009 period infant mortality statistics from the linked birth/infant death data set (linked file) by maternal and infant characteristics. The linked file differs from the mortality file which is based entirely on death certificate data.

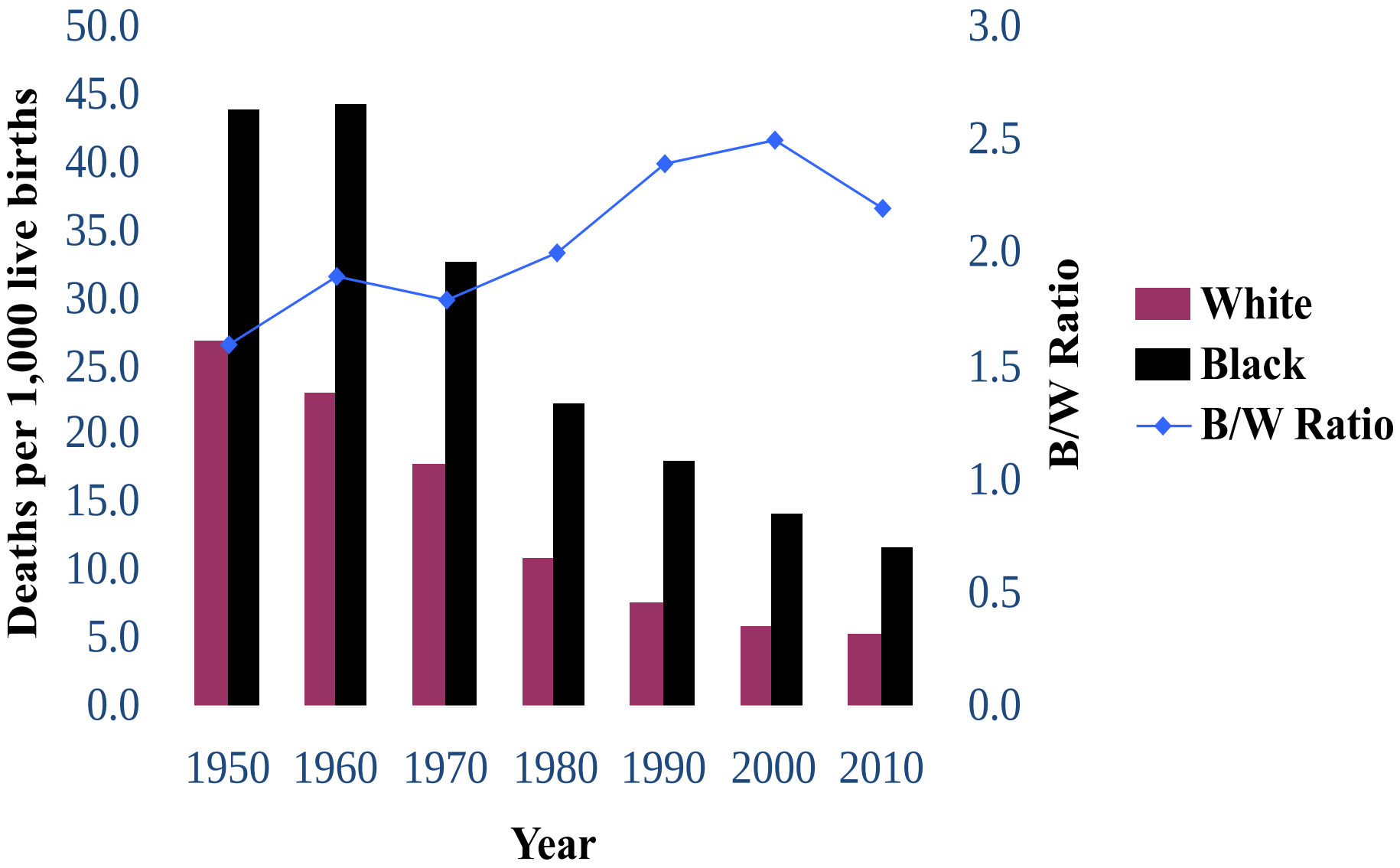
http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf

Recent Declines in Infant Mortality in the United States, 2005-2011

- Following a plateau, from 2000 through 2005, the US IMR declined 12% from 2005-2011.
  - Declines in the neonatal and postneonatal mortality rates were similar
- **From 2005-2011 IMR declined**
  - **16% for Black women**
  - **12% for White women**
  - **9 % for Hispanic women**
- IMR declined for 4 of the 5 leading causes of infant death from 2005-2011.

NCHS Data Brief, #120, April 2013

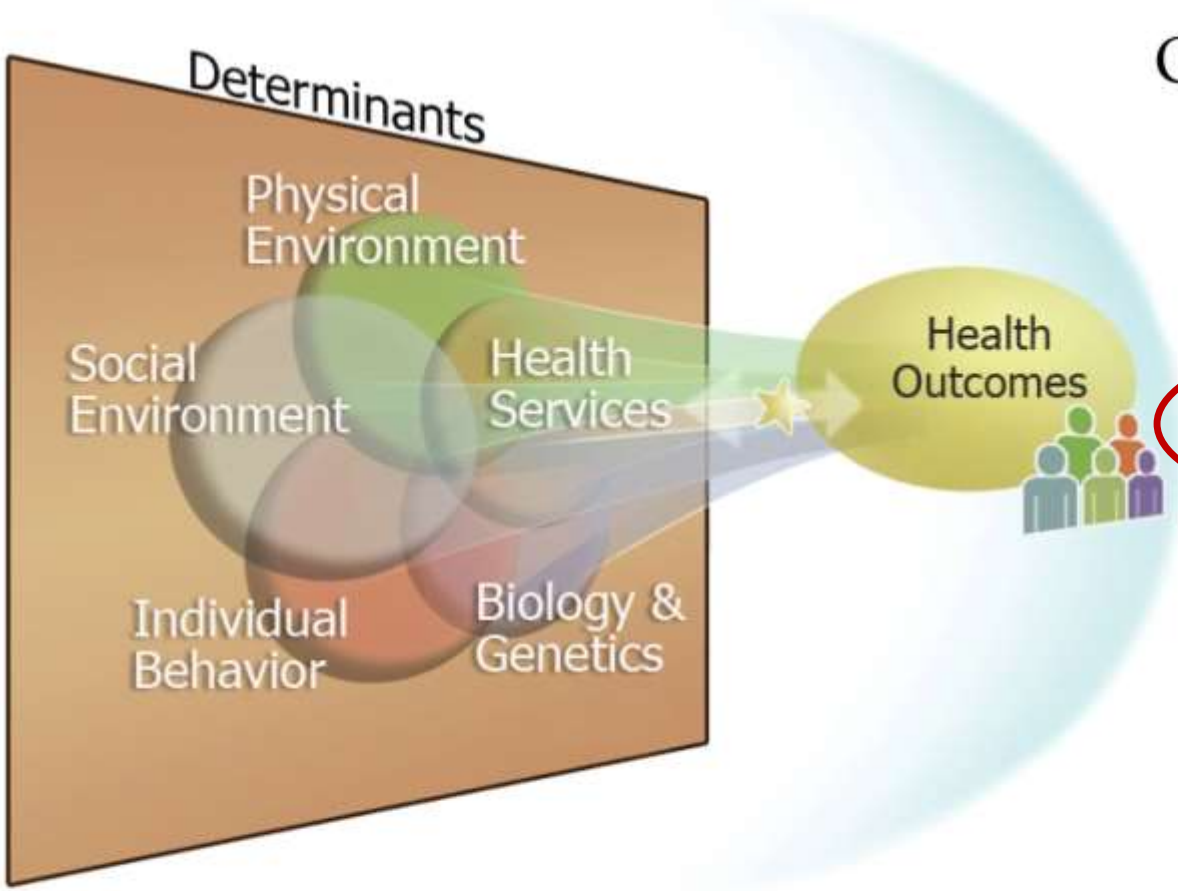
USA Black:White Infant Mortality Rates, 1950-2010:



Source: National Center for Health Statistics, 2012

Healthy People 2020

A society in which all people live long, healthy lives



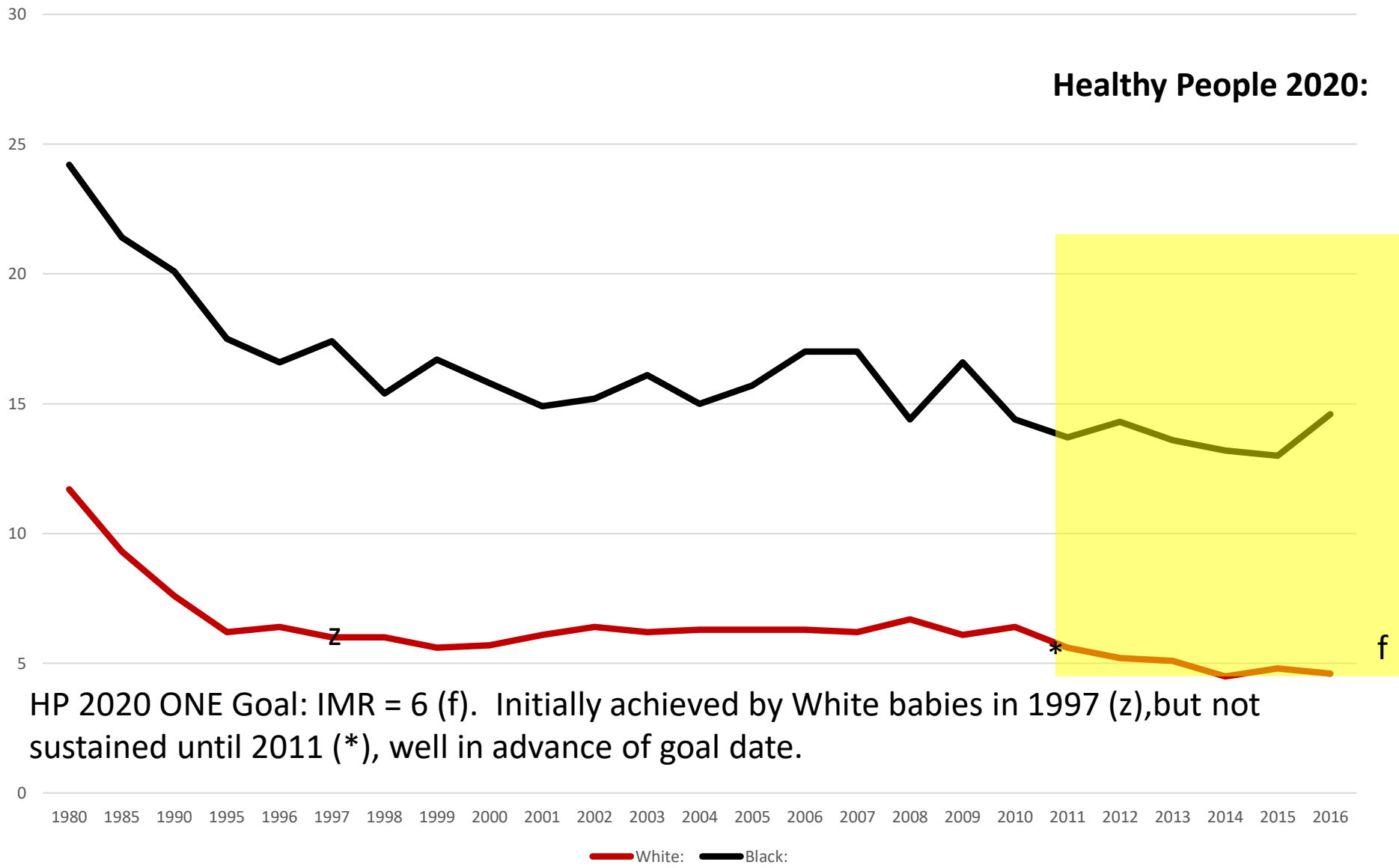
Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

Developing Healthy People 2020

www.cdc.gov/nchs/healthy_people/hp2020.html

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016



HP 2020 ONE Goal: IMR = 6 (f). Initially achieved by White babies in 1997 (z),but not sustained until 2011 (*), well in advance of goal date.

Source:(PA) Deaths: Table C-7B

PA: White and Black IMRs, 1980, 1985, 1990, 1995-2016

But…PA has NEVER accomplished any HP IMR Goal for Black babies

Source:(PA) Deaths: Table C-7B

Patterns/Trends:

As a State, Pennsylvania has well established, racially determined HP-IMR Goal patterns:

- Achieve HP-White IMR Goals well in advance of the goal dates…
- Simultaneously, has NEVER achieved any HP-IMR Goals for Black babies.

2, 4, 6, 8,….

5, 10, 15, 20….

Do Black babies matter?
Do black babies matter as much?

Everyone says “yes”….
But, our actions don’t support this response?

School drop outs

Genetics

Drug addicts

Dishonest

Inferior

Despite the data:

- There are many who believe that the Black IMR cannot improve
- Many believe that the B-IMR is as high as it is because of 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

Welfare Queens

Dead beat dads

IPV

If this is true, then how is it that…

HEALTHY START

For the past 28 years…

- In different neighborhoods
- Different demographics
- Different Races: Ghettoes, Barrios, Reservations
- Despite inadequate funding
- No matter how high risk the population
- No matter how under-resourced the community

"2015 Preliminary (100-site)
Cumulative HS IMR = 5.0

HS has REPEATEDLY produced IMRs better than the national average…

More than most MCH Organizations in this country, HS has proven to us that this disparity does not have to exist.

…and why is it that in the USA geographical location of birth should have such a profound influence on the opportunity to survive the 1st year of life?

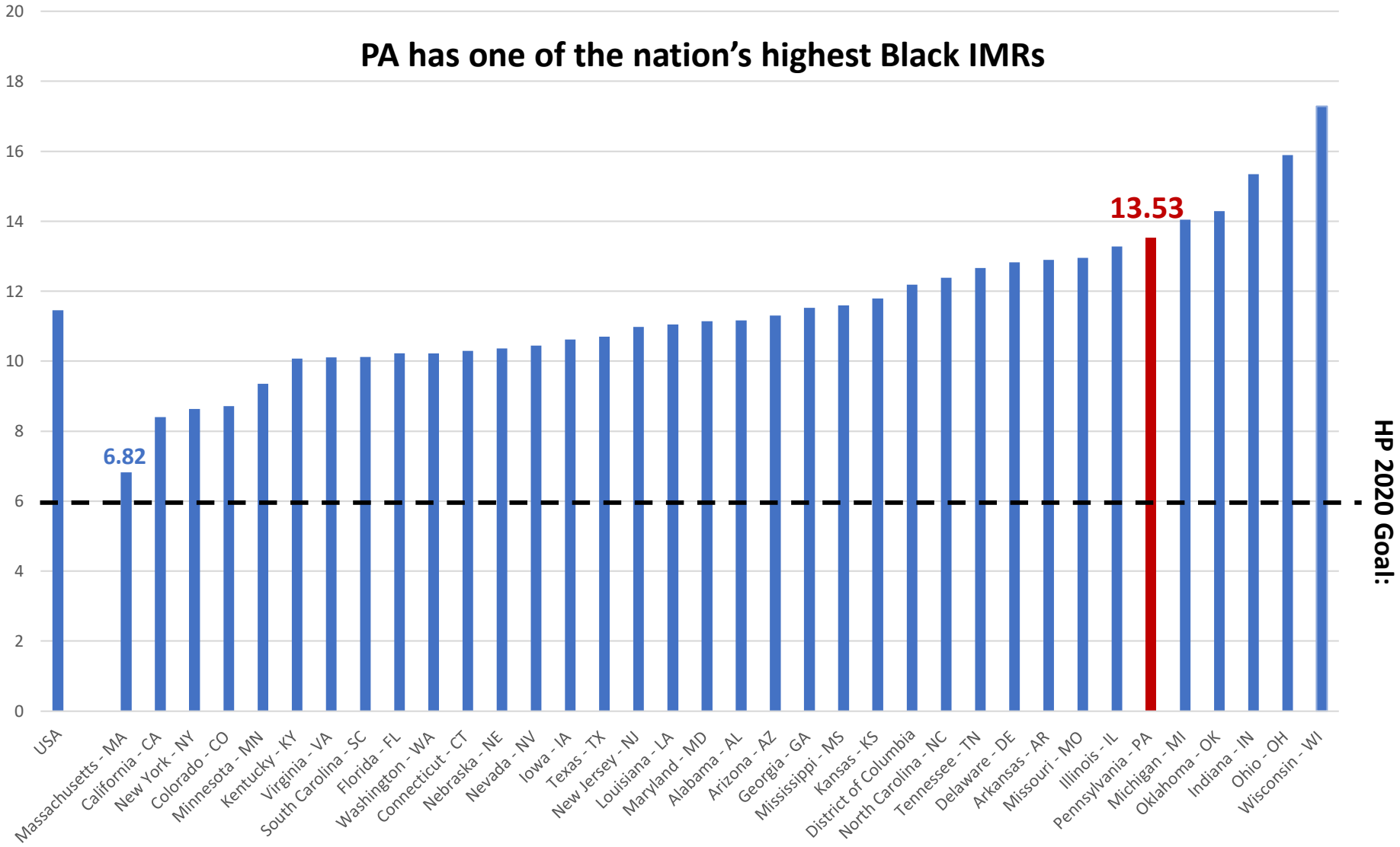
2011-2013 USA Infant Mortality Rates, by State and by Race, from Worse to Best:

	Overall:		White:		Black:		Hispanic:
USA	6.01		5.06		11.25		5.09
MS	9.25	WV	6.99	KS	14.18	RI	7.22
AL	8.57	AL	6.92	WI	14	**PA**	**6.99**
LA	8.35	ME	6.77	OH	13.57	OH	6.92
DE	7.64	MS	6.76	MI	13.13	KS	6.84
OH	7.6	AR	6.7	IL	12.93	KY	6.75
AR	7.41	OK	6.51	AL	12.9	ID	6.68
SC	7.23	IN	6.46	UT	12.89	OK	6.54
NC	7.2	KY	6.4	IN	12.87	MS	6.35
IN	7.19	OH	6.31	DE	12.82	AR	6.15
OK	7.17	LA	6.15	**PA**	**12.66**	IN	6.09
TN	7.16	TN	6.09	NC	12.57	MO	6.08
***MA**	**4.21**	***NJ**	**3.20**	***MA**	**6.90**	***IA**	**2.65**

***Best Rates in Green**

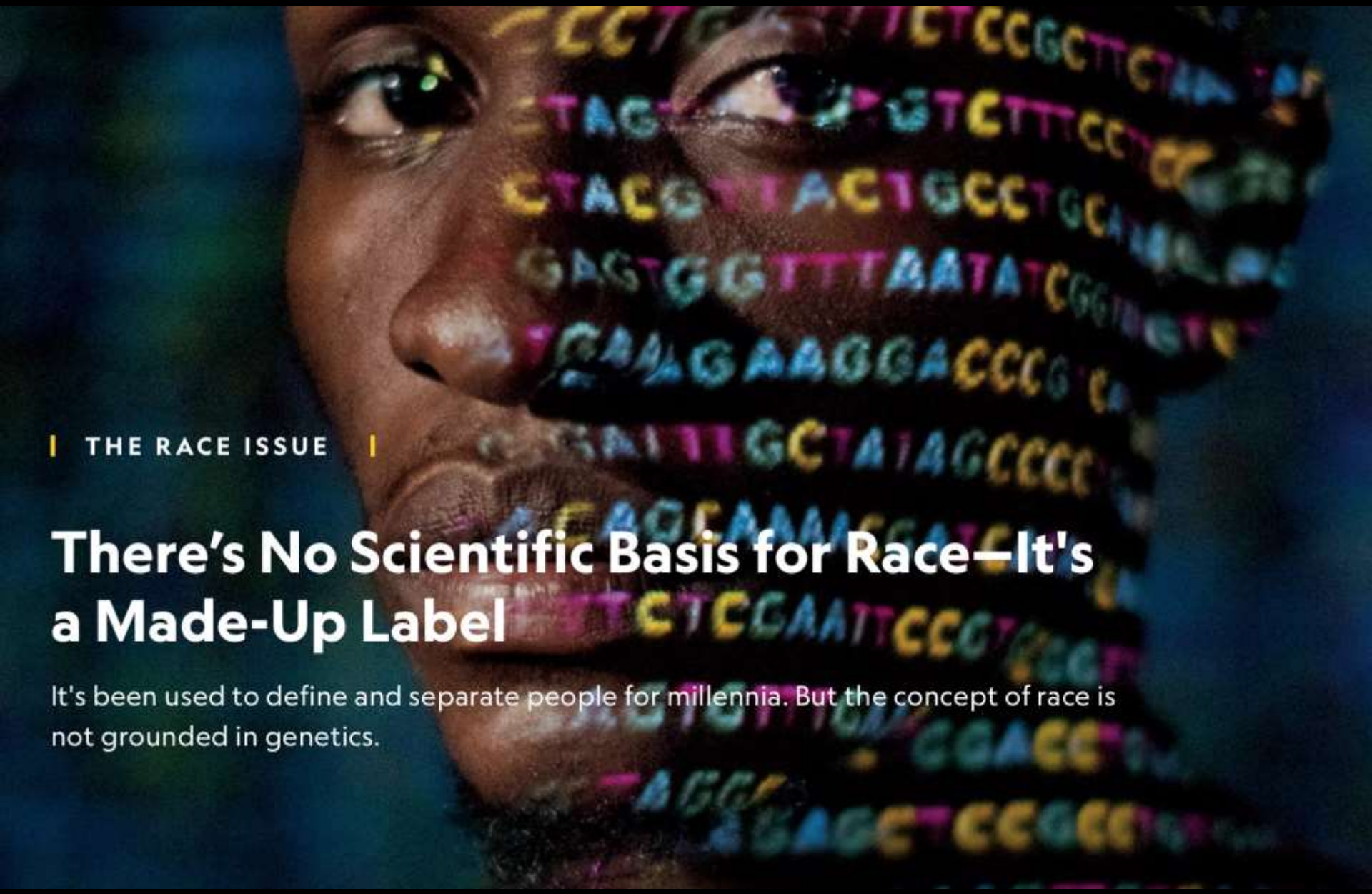
NCHS: 8/6/2015

2017 USA Black IMR by States



Source: Deaths: Final Data for 2017, NCHS

Why the
disparity?



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.

National Geographic

NATIONAL GEOGRAPHIC

https://www.nationalgeographic.com/magazine/2018/04/race-genetics-science-africa.html

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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

"Of course, just because race is "made up" doesn't make it any less powerful. To a disturbing extent, race still determines people's perceptions, their opportunities, and their experiences. It is enshrined in the U.S. census, which last time it was taken, in 2010, asked Americans to choose their race from a list that reflects the history of the concept; choices included "White," "Black," "American Indian," "Asian Indian," "Chinese," "Japanese," and "Samoan." **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."**

American Association of Physical Anthropologists

March 2019 **"Statement on Race"**

Humans share the vast majority (99.9%) of our DNA in common.

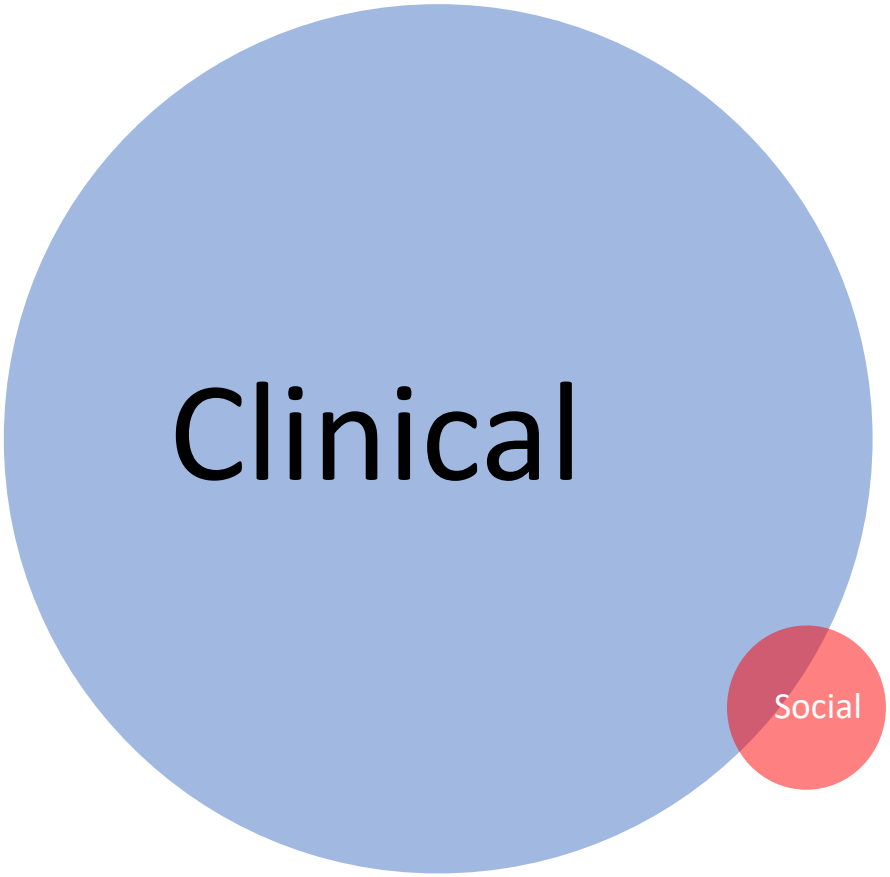
"Race" does not provide an accurate representation of human biological variation. It was never accurate in the past, and it remains inaccurate... The Western concept of race must be understood as a classification system that emerged from, and in support of, European colonialism, oppression, and discrimination. It thus does not have its roots in biological reality, but in policies of discrimination. Because of that, over the last five centuries, race has become a social reality that structures societies and how we experience the world. In this regard, race is real, as is racism, and both have real biological consequences.

While race does not accurately represent the patterns of human biological diversity, an abundance of scientific research demonstrates that racism, prejudice against someone because of their race and a belief in the inherent superiority and inferiority of different racial groups, affects our biology, health, and well-being. This means that race, while not a scientifically accurate biological concept, can have important biological consequences because of the effects of racism**.** The belief in races as a natural aspect of human biology and the institutional and structural inequities (racism) that have emerged in tandem with such beliefs in European colonial contexts are among the most damaging elements in human societies."

https://physanth.org/about/position-statements/aapa-statement-race-and-racism-2019/

Social Determinants of Health:

Clinical-Social Dyads (CSDs)



art james

Infant Mortality:

Arthur R. James

Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

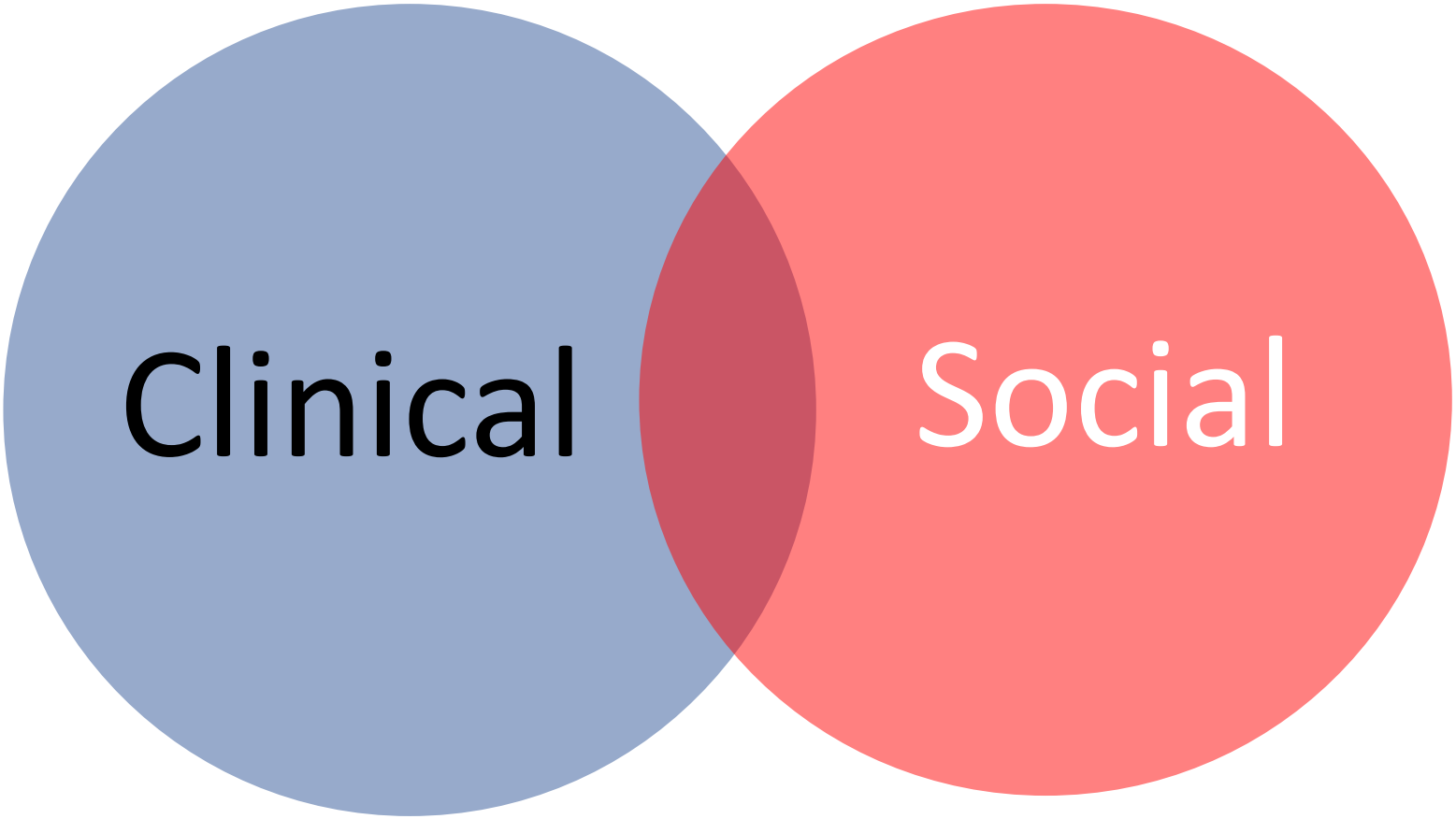
Placental or cord anomalies

Disparities

Social Determinants of Health/Lifecourse

Arthur R. James

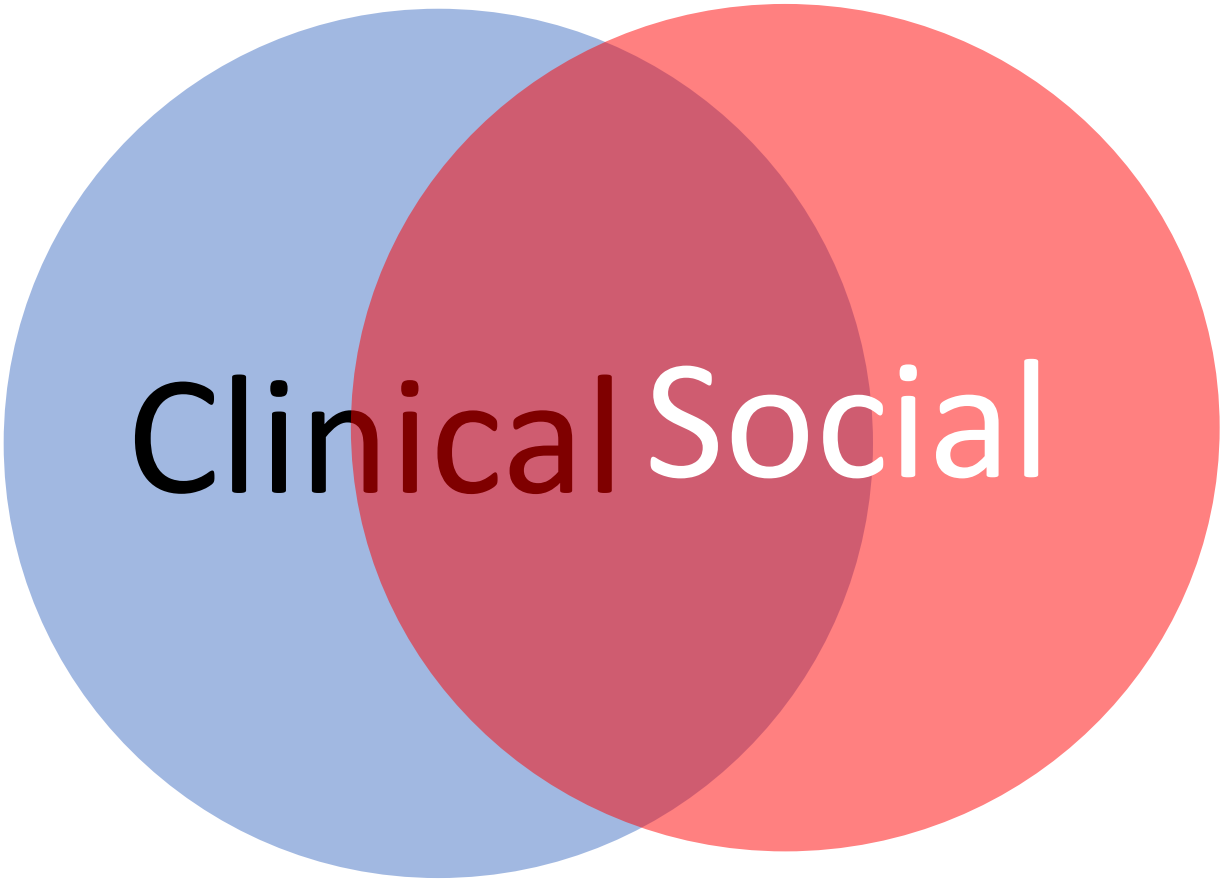
CSD's:



I think the non-clinical is at least as important as the clinical

art james

CSD's:



I also think we make our best decisions in the area of overlap, where "clinical" and "non-clinical" work together for the best interest of the patient. I am also of the opinion that working in this area of overlap is part of the reason why programs like HS, Case-management, NFP, and Centering experience much of their success.

art james

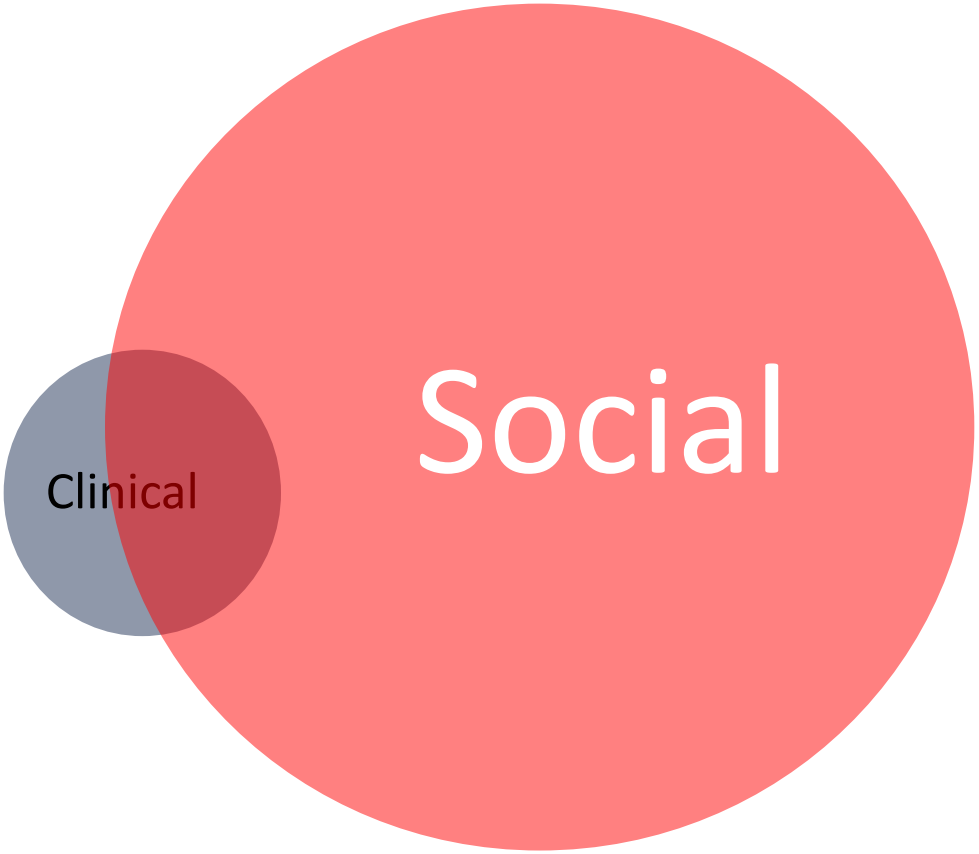
Disparities in Birth Outcomes:
Medical Problems:
Social Determinants of Health:
Weathering
Racism
Housing
Incarceration rates
Unemployment
Fatherless households
Neighborhoods
Hopelessness
Policies
No Insurance
Stress
Poverty
"Medical baggage"
Language
Limited Access to Care
Smoking
"Othering"
Substance Use
Under-Education
Lower graduation rates
Family Support
Poor Working Conditions
Teen Births
Nutrition

A. R. James

World Health Commission on the Social Determinants of Health (2008):

"[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces."

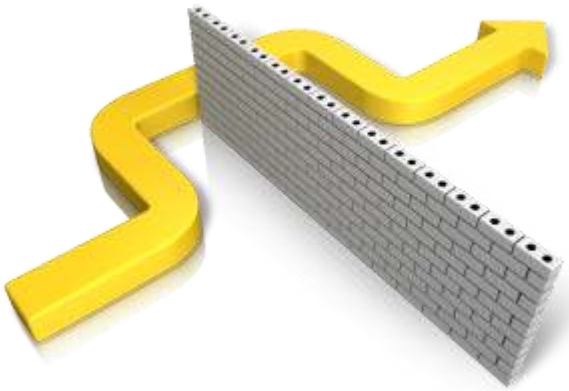
CSD's:



In my opinion, this is probably how our public health investments and prescriptions should look.

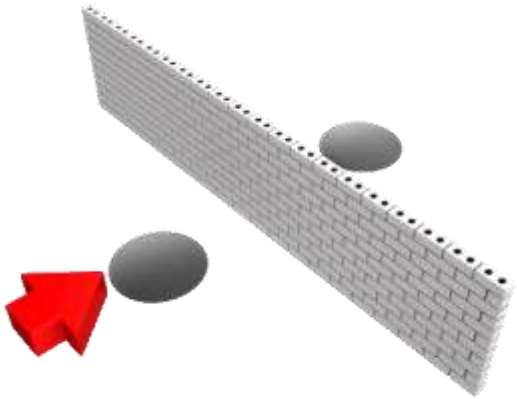
art james

Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families "circumvent" obstacles…

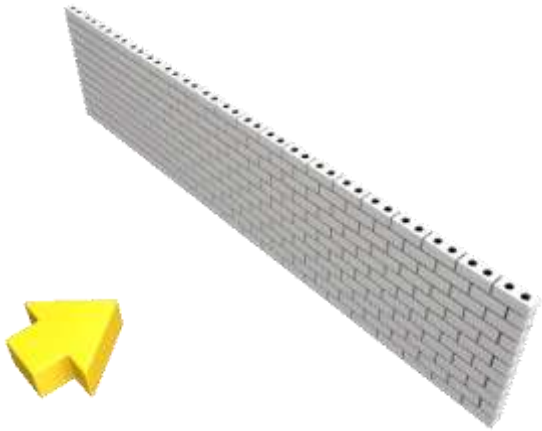


Most of these programs help

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.



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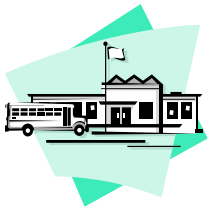
YMP Component & BMA Element:

DEVELOP & IMPLEMENT STRATEGIES

Education

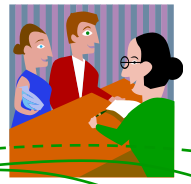


- Public Schools
- ESEA, Title I
- School Lunch & Breakfast
- Head Start
- IDEA
- After-School Programs
- Textbook Funding
- Tests & Achievement
- Teacher Issues
- GED

Health & Food

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

Social Services

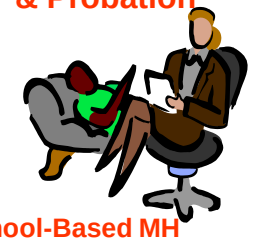


- TANF
- GAIN, CAL Learn, Cal WORKS, etc.

Child & Family Services

- Child Care – CCDBG, SSBG, Cal WORKS Child Care, etc.
- After-School Programs – 21st Century Learning Centers, etc.
- Promoting Safe & Stable Families
- Child Abuse & Neglect Programs
- Foster Care – Transition, Independent Living, Housing, etc.
- Adoption Assistance; Adoption Opportunities

Mental Health & Probation



- School-Based MH Services for Medi-Cal Kids
- Probation Officers in Schools
- Cardenas-Schiff Legislation
- Health Care Through Probation
- Mental Health Evaluations
- Juvenile Halls

Boyfriend in trouble

Mom

Dad

9 year old

5 year old

Baby 1 1/2

Mom's sister

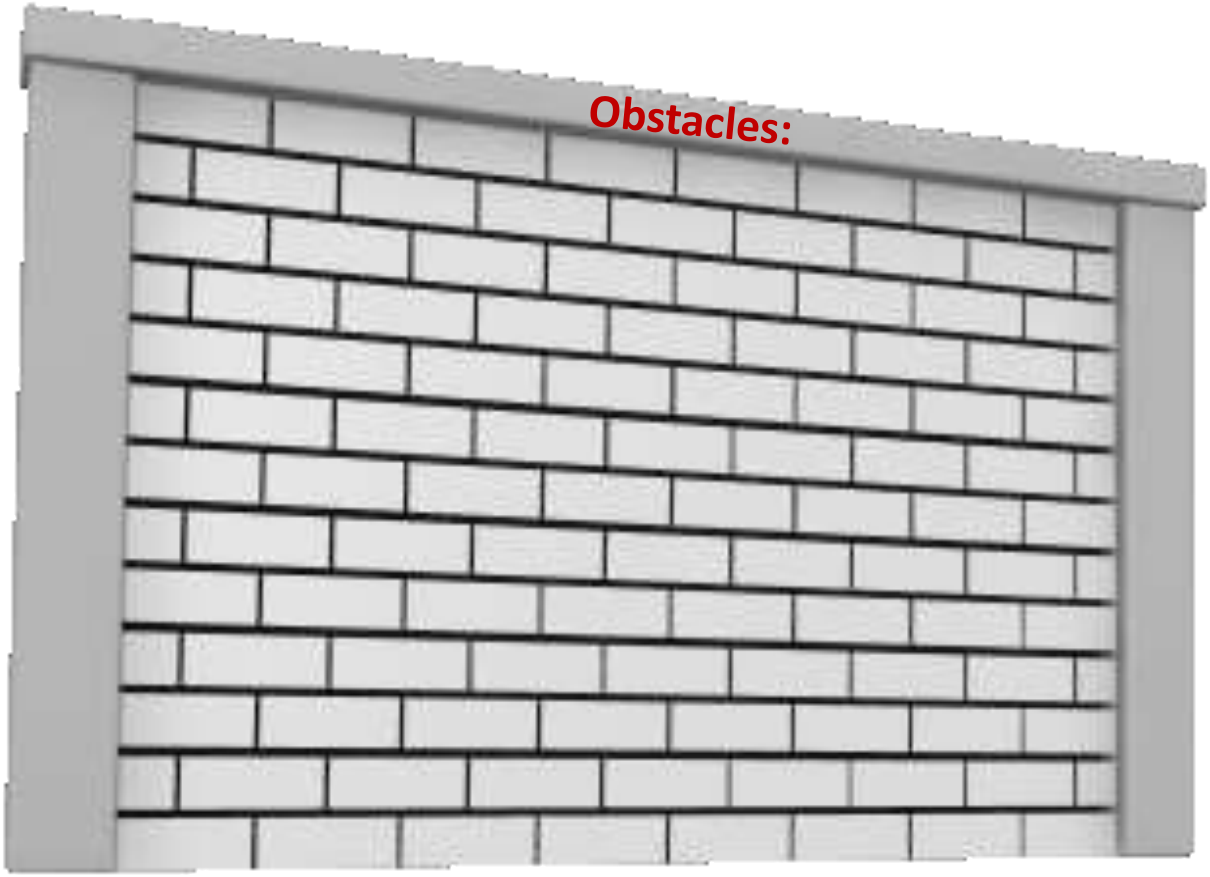
Children's Services in LA County Source: Margaret Dunkle, IEL

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

(WHO Commission on Social Determinants of Health, 2008)

A Social Determinants approach:

challenges us to "eliminate the obstacles"



A R James

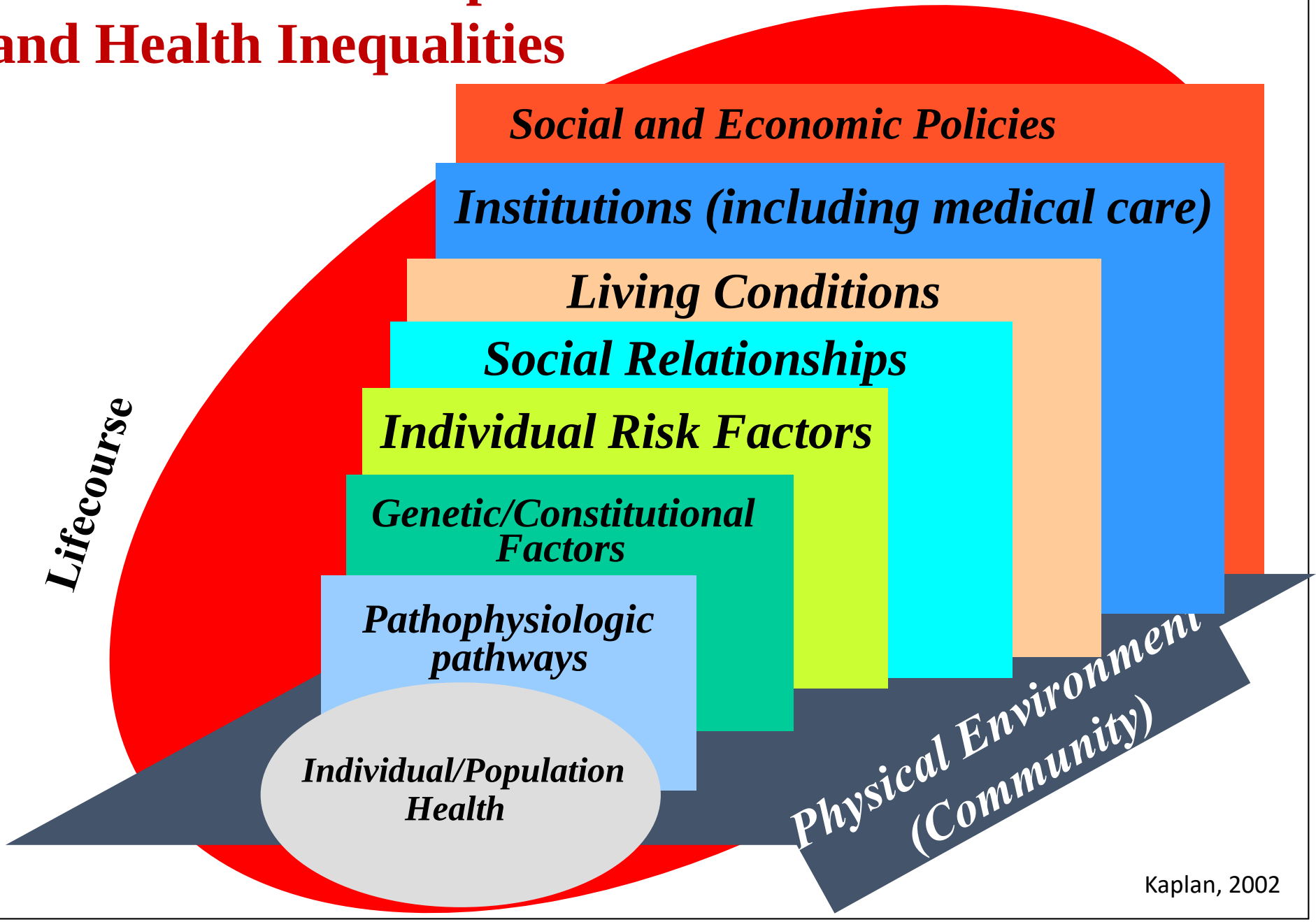
I am often asked...which Social Determinants to improve?

Every community is different:

- Begin where you reach consensus
  - Where the community has the most strength or greatest will (i.e., Education, Transportation, Employment, Housing, etc.)
- But schedule a time-table for on-boarding interventions that address all of the Social Determinants

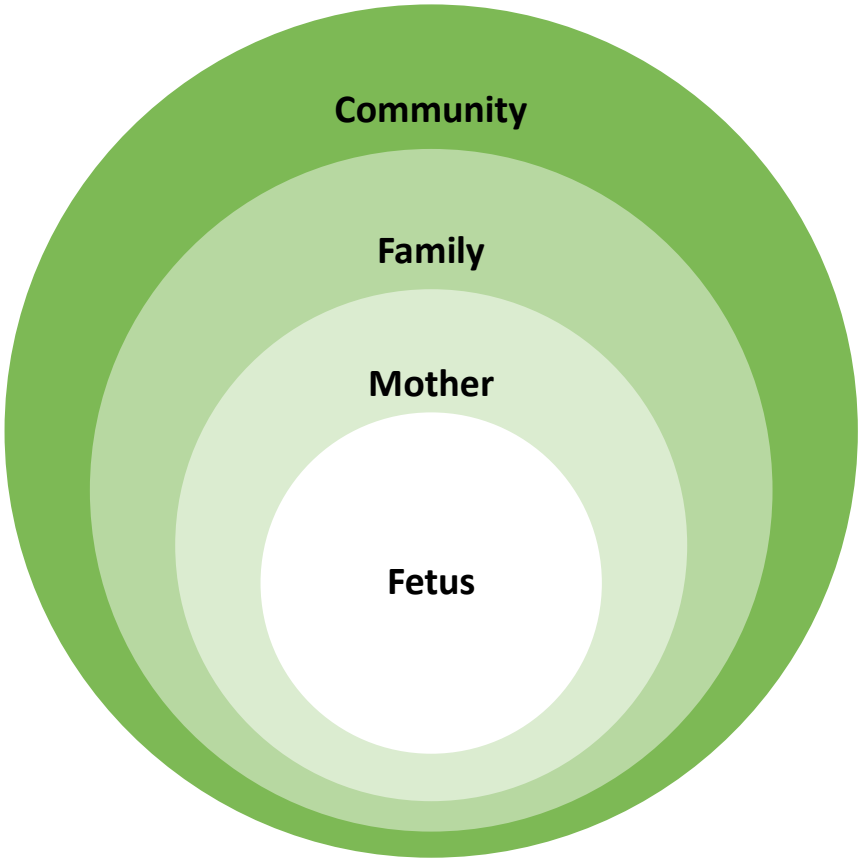
art james

Determinants of Population Health and Health Inequalities



Kaplan, 2002

The Circles of Influence:



The health of the mother and fetus rely on **more than just prenatal care**.

- *"While the mother is the environment of the developing fetus, the community is the environment of the mother."* Dr. Lawrence Wallack, "Going Upstream for the Health of the Next Generation"
- ***"When a flower doesn't bloom, you fix the environment in which it grows, not the flower"***

  Alexander Den Heijer

Slide used with permission from Mariela Uribe, Alameda County Best Baby Zone

The Basic Idea:

Socioeconomic position, race/ethnicity and gender all structure the likelihood of multiple exposures at multiple points in time – over the entire lifecourse from conception to old age.

It is this life-long cascade of interacting multiple exposures, balanced against available resources, that are the important determinants of how social inequalities leave their imprint as health disparities.

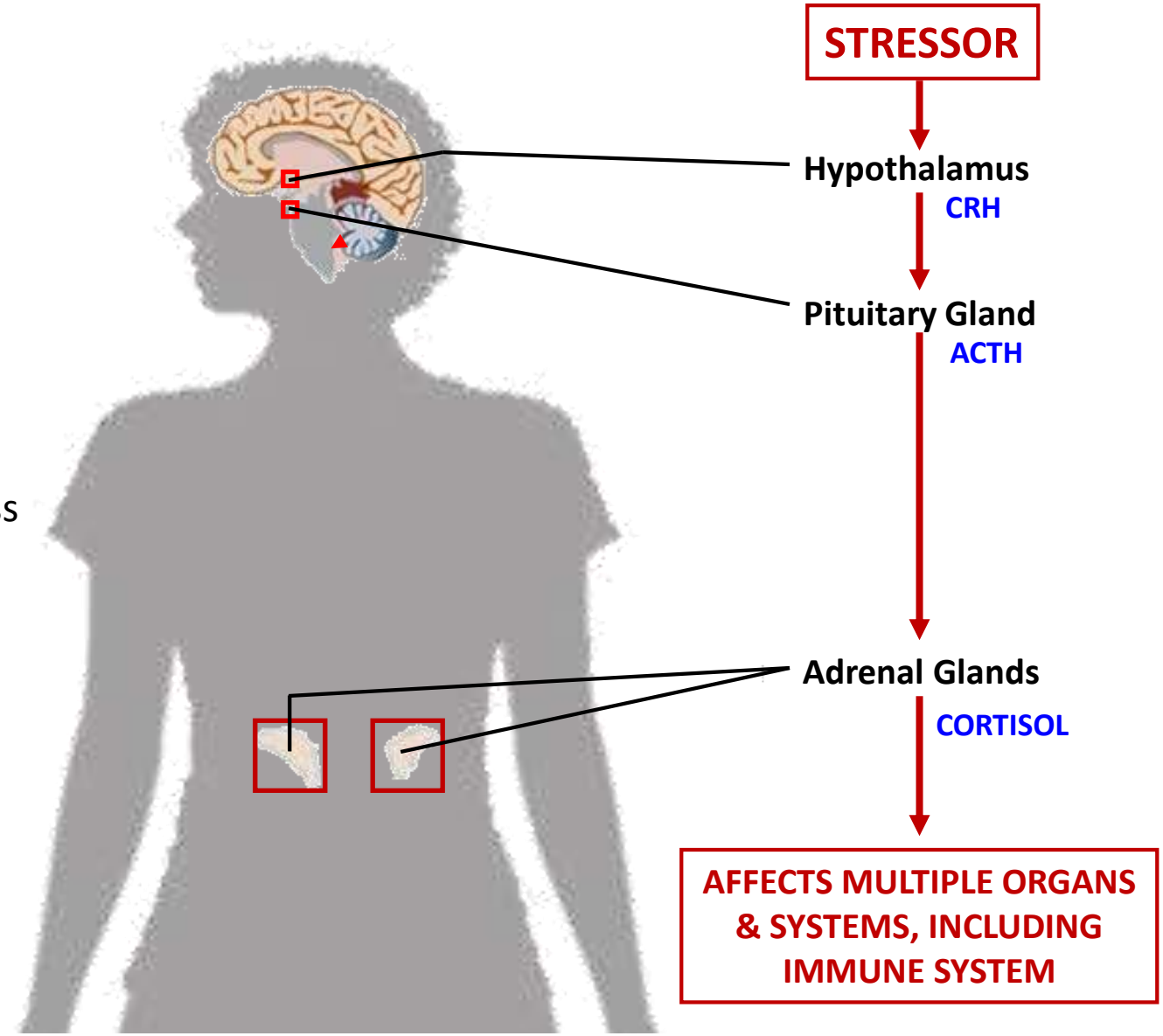
"Poverty", and "Race" are intertwined…with each making the other worse. Racism represents a particularly damaging and pervasive exposure. For the poor, it is the venom in the bite of poverty. It is intricately woven into every domain of American life and has cumulative detrimental effects throughout an individual's lifetime, across all domains, and across generations.

Lynch/James

EQUITY/Stress:

The stress → PTB link: Biologically plausible?

A common observation in cases of comorbidity is for one disease to promote or enhance the contagiousness of another disease by facilitating its access through body defenses to susceptible tissues.



Slide borrowed from Dr. Paula Braveman

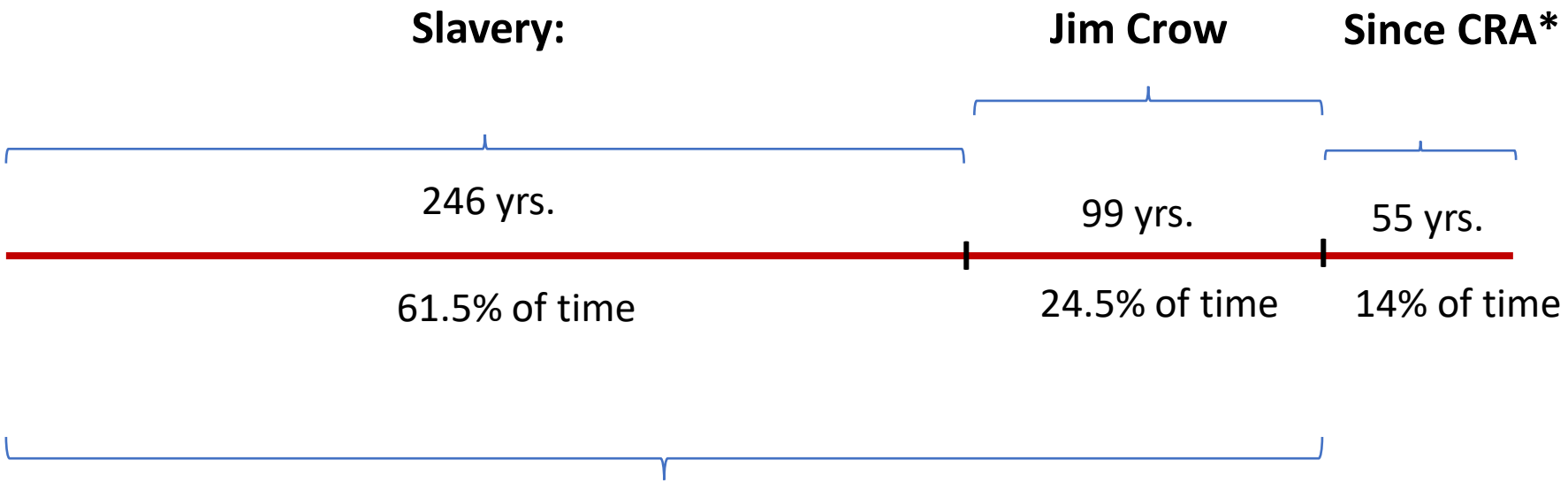
African American Citizenship Status: 1619-2019

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	61.5%
1865-1964	Jim Crow: virtually no Citizenship rights	99	24.5%
1964-2019*	"Equal"	55	14%
1619-2019	"Struggle" "Unfairness"	400	100%

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

Above modified from Source: Byrd, WM, Clayton, LA. An American Health Dilemma, Volume 1, A Medical History of African Americans and the Problem of Race: Beginnings to 1900, New York, NY: Routledge. 2000.

Time-line of African American Experience:



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

*CRA: Civil Rights Act

art james

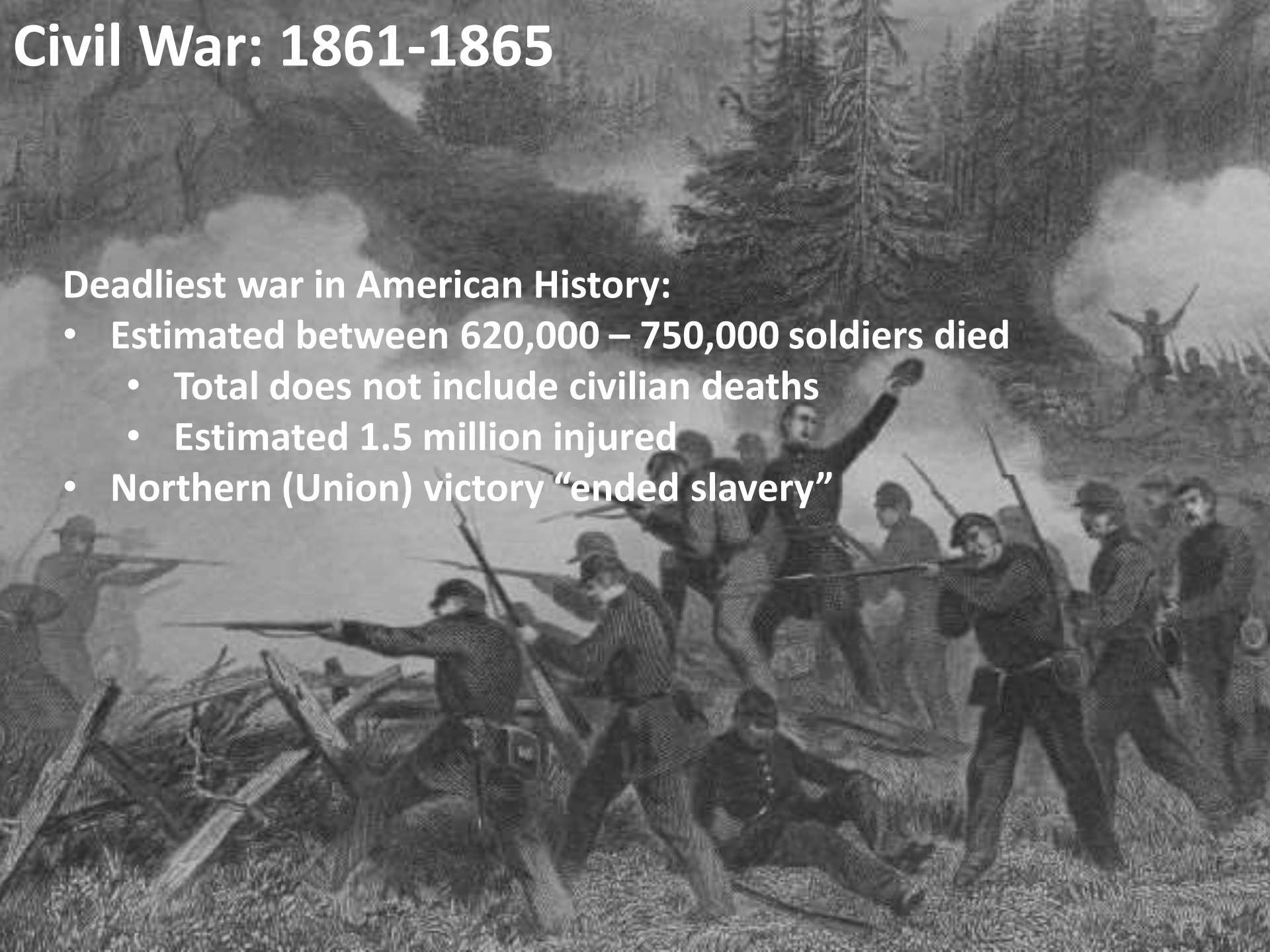
Brief History of the African American Experience:

American Slavery: 1619-1865

246 years of being treated as if you are someone's property

- **At least 12-generations**
  - **Born a slave, expected to die a slave**
- **Worked from sun-up to sun-down**
- **Beaten/Whipped/Raped/ Hung**
- **Illegal to learn to read**
- **By 1865 the USA was the largest slaveholding country in the world!**

Civil War: 1861-1865



Deadliest war in American History:

- Estimated between 620,000 – 750,000 soldiers died
  - Total does not include civilian deaths
  - Estimated 1.5 million injured
- Northern (Union) victory "ended slavery"

Civil War Amendments

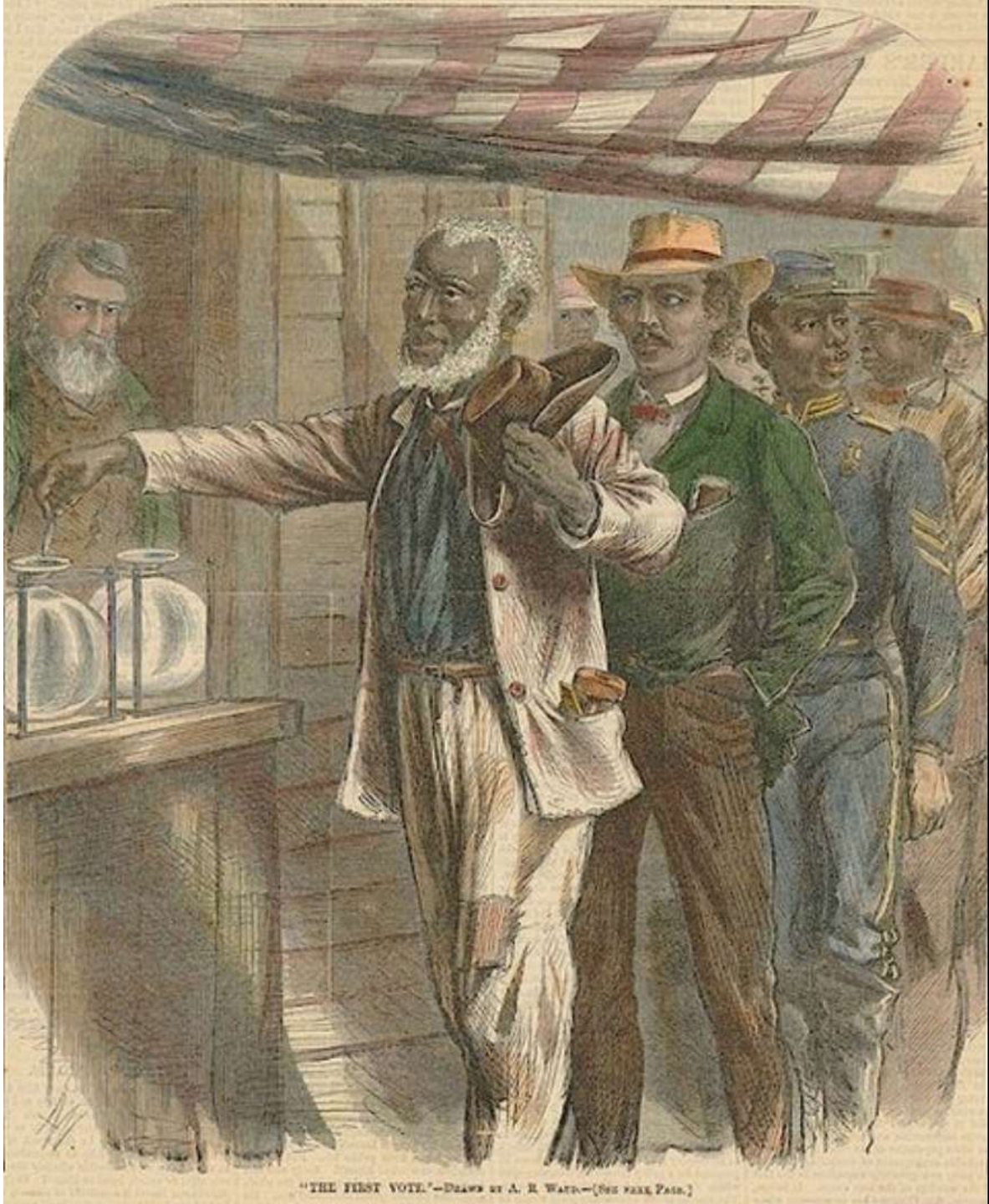
- 13th Amendment
  - Abolishes slavery
- 14th Amendment
  - Makes former slaves citizens of the U.S.
  - All people born in the U.S. (except Indians or visitors) are citizens
- 15th Amendment
  - Gives all men the right to vote, regardless of "race, color, or previous condition of servitude"

Reconstruction Era: 1865-1877

African Americans vote for the first time.

(1867 on the cover of Harper's Weekly)

Engraving by Alfred R. Waud



Reconstruction Era: 1865-1877:

The first black senator, H.R. Revels of Mississippi (far left) and representatives in the 41st and 42nd Congress of the United States during Reconstruction. ~~On view in The Rights of All: Blacks and the U.S. Constitution at the Schomburg Center for Research in Black Culture, 135th Street and Lenox Avenue, April 26 to July 25, 1987.~~

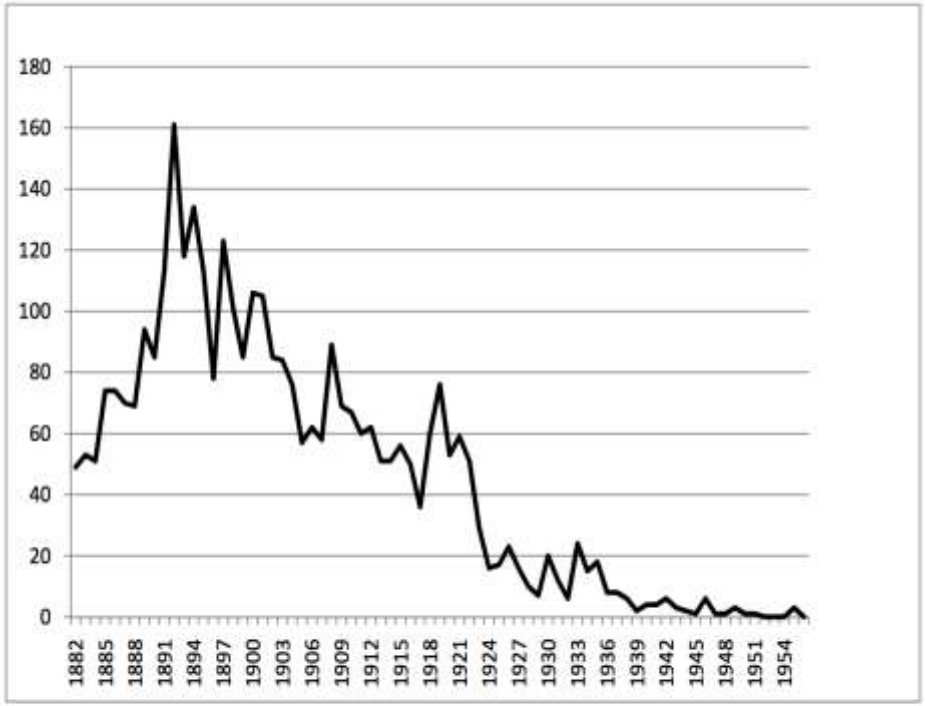
Sketched group portrait of the first black senator, Hiram Revels, as well as black representatives in Congress during the Reconstruction Era. Circa 1870-1875.

Reconstruction Era: 1865-1877:

Despite federal intervention, **white supremacist organizations like the Ku Klux Klan and The White League terrorized African-Americans in the South**. Early in Reconstruction, the federal government was able to curtail some of the violence, but as the Southern states rejoined the U.S. government, and laws restricting Confederates from holding office were done away with, Southern states passed laws restricting the federal government from intervening to help black Americans in the South (State's Rights).

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks, Jews and other groups.



Source: University of Missouri – Kansas City School of Law, http://www.law.umkc.edu/faculty/projects/ftrials/shipp/lynchstats.html
Data from the Archives of Tuskegee University

Figure 14.1 Lynchings of Blacks per year, 1882-1964.

The memorial captures the brutality and the scale of lynchings throughout the South, where more than 4,000 black men, women and children, died at the hands of white mobs between 1877 and 1950. Most were in response to perceived infractions – walking behind a white woman, attempting to quit a job, reporting a crime or organizing sharecroppers.

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks.

1870s – 1960s: Jim Crow laws were laws created to enforce racial segregation and preserve the southern way of life. Under the Jim Crow system, "whites only" and "colored" signs proliferated across the South at water fountains, restrooms, bus waiting areas, movie theaters, swimming pools, and public schools. African Americans who dared to challenge segregation faced arrest or violent reprisal.

Jim Crow Era: 1865-1960s

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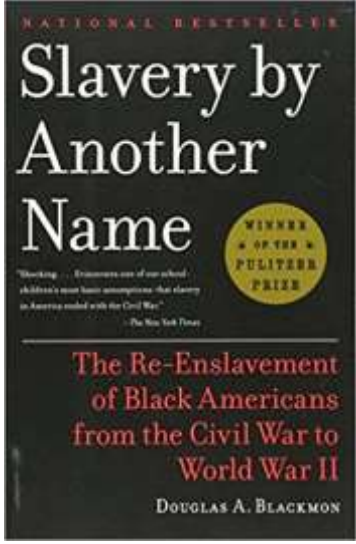
In 1896, the Supreme Court declared Jim Crow segregation legal in the ***Plessy v. Ferguson*** decision. The Court ruled that "separate but equal" accommodations for African Americans were permitted under the Constitution. **This helped "legitimize" Jim Crow segregation and facilitated its adoption across much of the entire United States.**

Jim Crow Era: 1865-1960s



1866: **Ku Klux Klan founded: terrorization of Blacks and Jews.**

1870s – 1960s: **Jim Crow laws**

1865- 1961: Neo-Slavery. Under laws enacted specifically to intimidate blacks, tens of thousands of African Americans were arbitrarily arrested, hit with outrageous fines, and charged for the costs of their own arrests. With no means to pay these ostensible "debts," prisoners were sold as forced laborers to coal mines, lumber camps, brickyards, railroads, quarries and farm plantations. Thousands of other African Americans were simply seized by southern landowners and compelled into years of involuntary servitude.

Government officials leased falsely imprisoned blacks to small-town entrepreneurs, provincial farmers, and dozens of corporations—including U.S. Steel Corp.—looking for cheap and abundant labor. Armies of "free" black men labored without compensation, were repeatedly bought and sold, and were forced through beatings and physical torture to do the bidding of white masters for decades after the official abolition of American slavery.

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

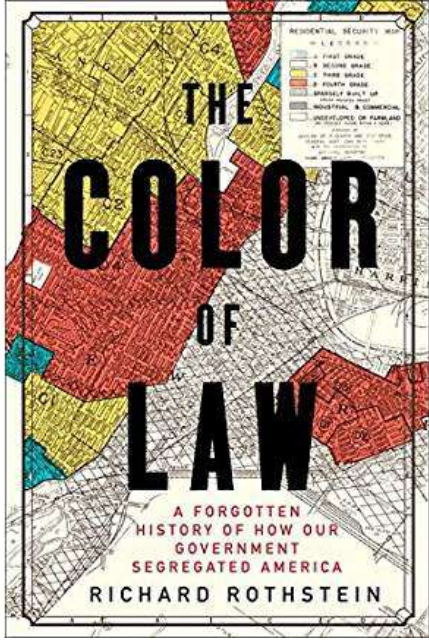
1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment was a notorious medical research project involving 389 poor African-American men that took place from 1932 to 1972 in Macon County, Alabama. The men in the study had syphilis, a sexually transmitted infection, but didn't know it. Instead they were told they had "bad blood" and given placebos, even after the disease became treatable with penicillin in the 1940s.

- By the end of the study, only 74 of the test subjects were still alive. Twenty-eight of the men had died directly of syphilis, 100 were dead of related complications, 40 of their wives had been infected, and 19 of their children had been born with congenital syphilis.

Jim Crow Era: 1865-1960s



1866: **Ku Klux Klan founded: terrorization of Blacks and Jews.**

1870s – 1960s: **Jim Crow laws**

1865- 1961: **Neo-Slavery.**

1932 – 1972: The Tuskegee Experiment

1930s – now: Housing discrimination. Restrictive Covenants, Redlining, etc..

According to Richard Rothstein: **"Today's residential segregation is not the unintended consequence of individual choices and of otherwise well-meaning law or regulation but of unhidden public policy that explicitly segregated every metropolitan area in the United States. The policy was so systemic and forceful that its effects endure to the present time."**

Jim Crow Era: 1865-1960s

1866: Ku Klux Klan founded: terrorization of Blacks and Jews.

1870s – 1960s: Jim Crow laws

1865- 1961: Neo-Slavery.

1932 – 1972: The Tuskegee Experiment

1930s – now: Housing discrimination.

1944 -- The GI Bill "Instead of seizing the opportunity to end institutionalized racism, the federal government did its best to shut and double seal the postwar window of opportunity in African Americans' faces. It consistently refused to combat segregation in the social institutions that were key for upward mobility: education, housing, and employment. Moreover, federal programs that were themselves designed to assist demobilized (returning) GIs and young families systematically discriminated against African Americans." (Paula S. Rothenberg, White Privilege: Essential Readings on the Other Side of Racism)

Jim Crow Era: 1865-1960s

1944: The GI Bill, a series of programs that poured $95 billion into expanding opportunity for soldiers returning from World War II. The G.I. Bill helped 16 million veterans attend college, receive job training, start businesses and purchase their first homes.

African-American veterans received significantly less help from the G.I. Bill than their white counterparts. Written under Southern auspices, **"the law was deliberately designed to accommodate Jim Crow."** It was "as though the G.I. Bill had been earmarked 'For White Veterans Only.' " Southern Congressional leaders made certain that the programs were directed not by Washington but by local white officials, businessmen, bankers and college administrators who would honor past practices. As a result, thousands of black veterans in the South -- and the North as well -- were denied housing and business loans, as well as admission to whites-only colleges and universities. They were also excluded from job-training programs for careers in promising new fields like radio and electrical work, commercial photography and mechanics. Instead, most African-Americans were channeled toward traditional, low-paying "black jobs" and small black colleges, which were pitifully underfinanced and ill equipped to meet the needs of a surging enrollment of returning soldiers.

WHEN AFFIRMATIVE ACTION WAS WHITE An Untold History of Racial Inequality in Twentieth-Century America. By Ira Katznelson

After passage of the Civil Rights Act: 1964 -- now

Post Civil Rights Act: 1964 -- present

EQUITY? We keep knocking on this door…"the same analysis, the same recommendations, and the same inaction." Dr. Kenneth B. Clark

- And during my life time…
  - Brown vs. Board of Education (1954)
  - Sit-in Movement of the 1960s
  - Freedom Riders
  - Birmingham Protests
  - The March on Washington
  - Civil Rights Act (1964)
  - Mississippi Freedom Rides
  - Selma to Montgomery March
  - Voting Rights Act (eroded)
  - Race Riots of the 1960s
  - Kerner Commission Report (1968)
    - No Action
  - "Black Power", Malcolm X
  - Dr. Martin Luther King, Jr.
  - Affirmative Action (now, essentially gone)
  - Current Urban Unrest…
    - Police shootings
    - Black Lives Matter
  - Take a Knee

Black America

Post Civil Rights Act: 1964 -- present

1965 Voting Rights Act: was ratified by Congress and signed by President Lyndon B. Johnson in 1965 to address discrimination at voting and registration booths that made it difficult for blacks to vote. Some states were requiring blacks to pass literacy tests and answer questions on complex points of law, while white citizens weren't required to meet any literacy requirements. The Voting Rights Act put the federal government -- rather than individual states -- in charge of monitoring and establishing voting procedures.

After the Civil War, the 15th Amendment, ratified in 1870, prohibited states from denying a male citizen the right to vote based on "race, color or previous condition of servitude." Nevertheless, in the ensuing decades, various discriminatory practices were used to prevent African Americans, particularly those in the South, from exercising their right to vote.

During the civil rights movement of the 1950s and 1960s, voting rights activists in the South were subjected to various forms of mistreatment and violence. One event that outraged many Americans occurred on March 7, 1965, when peaceful participants in a Selma to Montgomery march for voting rights were met by Alabama state troopers who attacked them with nightsticks, tear gas and whips after they refused to turn back.

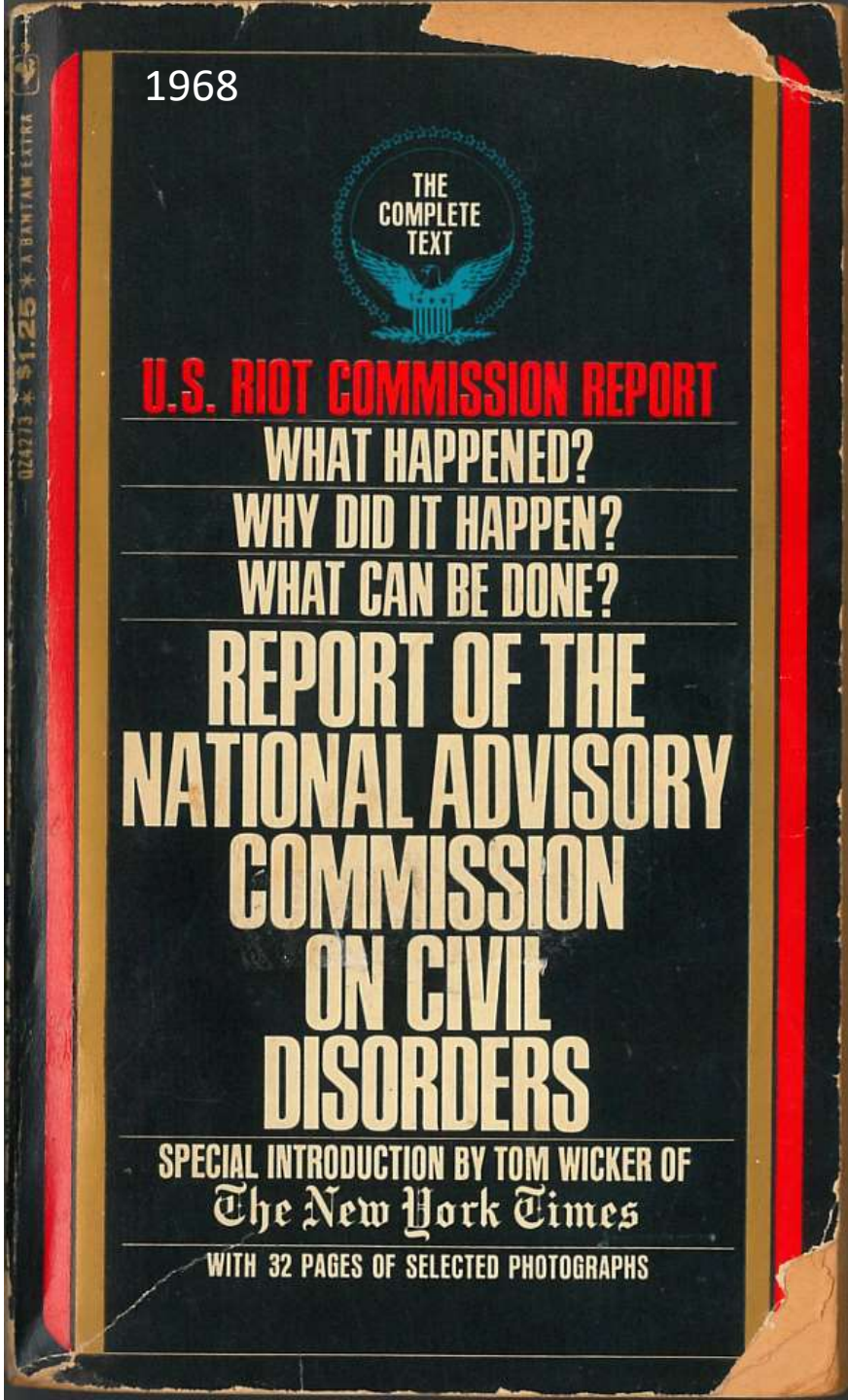
Sources: https://www.history.com/topics/black-history/voting-rights-act
https://classroom.synonym.com/voting-rights-act-1965-7320747.html

Post Civil Rights Act: 1964 -- present

1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

1968: Kerner Commission Report:

"Our nation is moving toward two societies, one black, one white—separate and unequal."



1968 Kerner Commission Report:

'I must again in candor say to you members of this Commission--**it is a kind of Alice in Wonderland--with the same moving picture re-shown over and over again, the same analysis, the same recommendations, and the same inaction.'** (Dr. Kenneth B Clark)

Every 10-year updates of the original 1968 report: document **disparities are getting worse…**

- 1978
- 1988
- 1998
- 2008
- 2018: "Healing Our Divided Society" (2/2018)

"It's been fifty years since the Kerner Commission offered a wake-up call long in the making, holding up a mirror to confront the reality of a society deeply divided by both race and economic status. Half a century later, how many more wake-up calls do we need before we face the tragic reality that in many ways—despite pledges by politicians and remarkable local accomplishments by innovative, creative leaders—in the aggregate, as a country, we've fallen backward. It's time to get real about both the challenge and the work required to bring great models to scale and break a cycle that downgrades the American Dream and diminishes our very definition of ourselves as a country of equal opportunity."

—John F. Kerry, sixty-eighth U.S. Secretary of State

Post Civil Rights Act: 1964 -- present

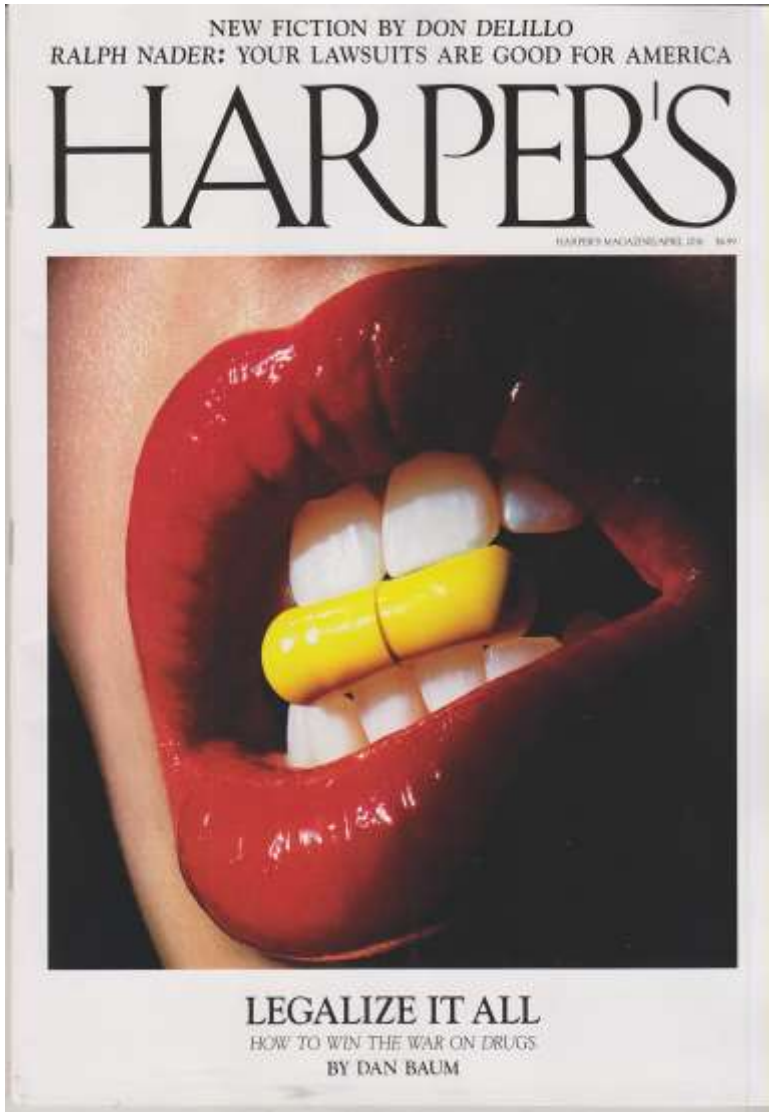
1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

1968: Kerner Commission Report:

1968-now: War on Drugs/Mass Incarceration

Mass incarceration in America:

Aide says Nixon's war on drugs targeted blacks & hippies:



Washington (CNN): One of Richard Nixon's top advisers and a key figure in the Watergate scandal said **the war on drugs was created** as a political tool to fight blacks and hippies, according to a 22-year-old interview recently published in Harper's Magazine.

"The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people,"

former Nixon domestic policy chief John Ehrlichman told Harper's writer Dan Baum for the April 2016 cover story.

Ronald Reagan and 'War on Drugs'

October 14, 1982, President Ronald Reagan re-declared a "war on drugs," doubling-down on an initiative that was started by Richard Nixon. Reagan declared that illicit drugs were a direct threat to U.S. national security and through a series of legislation, like the mandatory minimum sentencing laws of 1986, made a hard right turn away from a public health approach to drug use.

By creating mandatory minimum sentencing, drug offenders faced lifetime consequences for minor infractions, yet the focus on tough sentences for crack and not powder cocaine meant the people going to prison were largely black and brown. The media seemed to play along, hyping up threats with racist coverage that largely ignored rampant cocaine use amongst whites and sensationalized the crack problem in inner-city black neighborhoods.

https://timeline.com/ronald-nancy-reagan-war-on-drugs-crack-baby-just-say-no-cia-communism-racial-injustice-fcfeadb3548d

“The War on Drugs is a war on people, but particularly it’s been a war on low-income people and a war on minorities. We know in the United States of America there is no difference in drug use between black, white and Latinos.

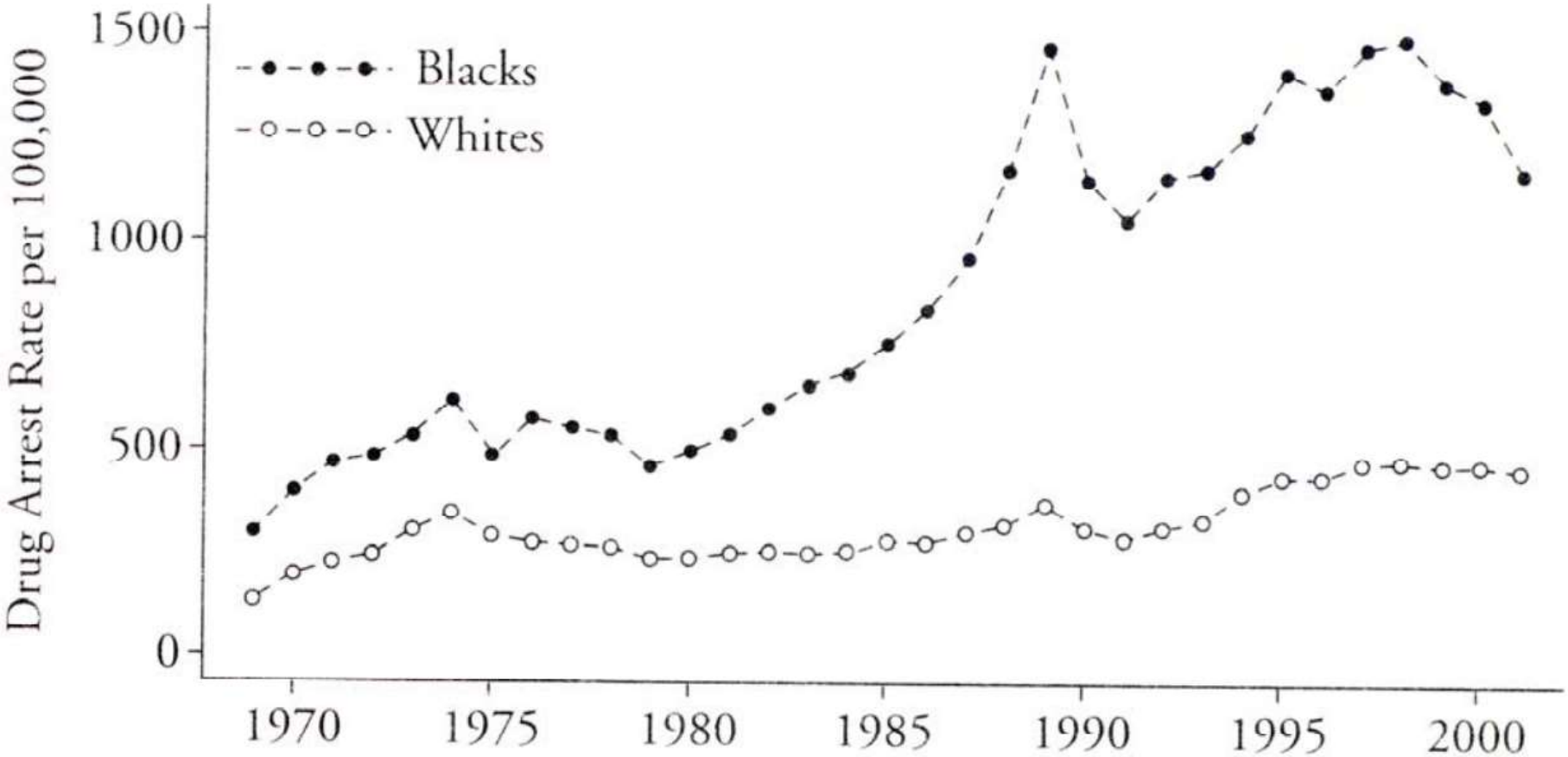
But compared to whites, Latinos experience a 2x increased risk of arrest for drug use, and Blacks a 4x increased risk.

This drug war has done much to destroy, undermine, sabotage families, communities, neighborhoods, & cities.”

Cory Booker

"The war on drugs has been the engine of mass incarceration. Drug convictions alone constituted about two-thirds of the increase in the federal prison population and more than half of the increase in the state prison population between 1985 and 2000…"

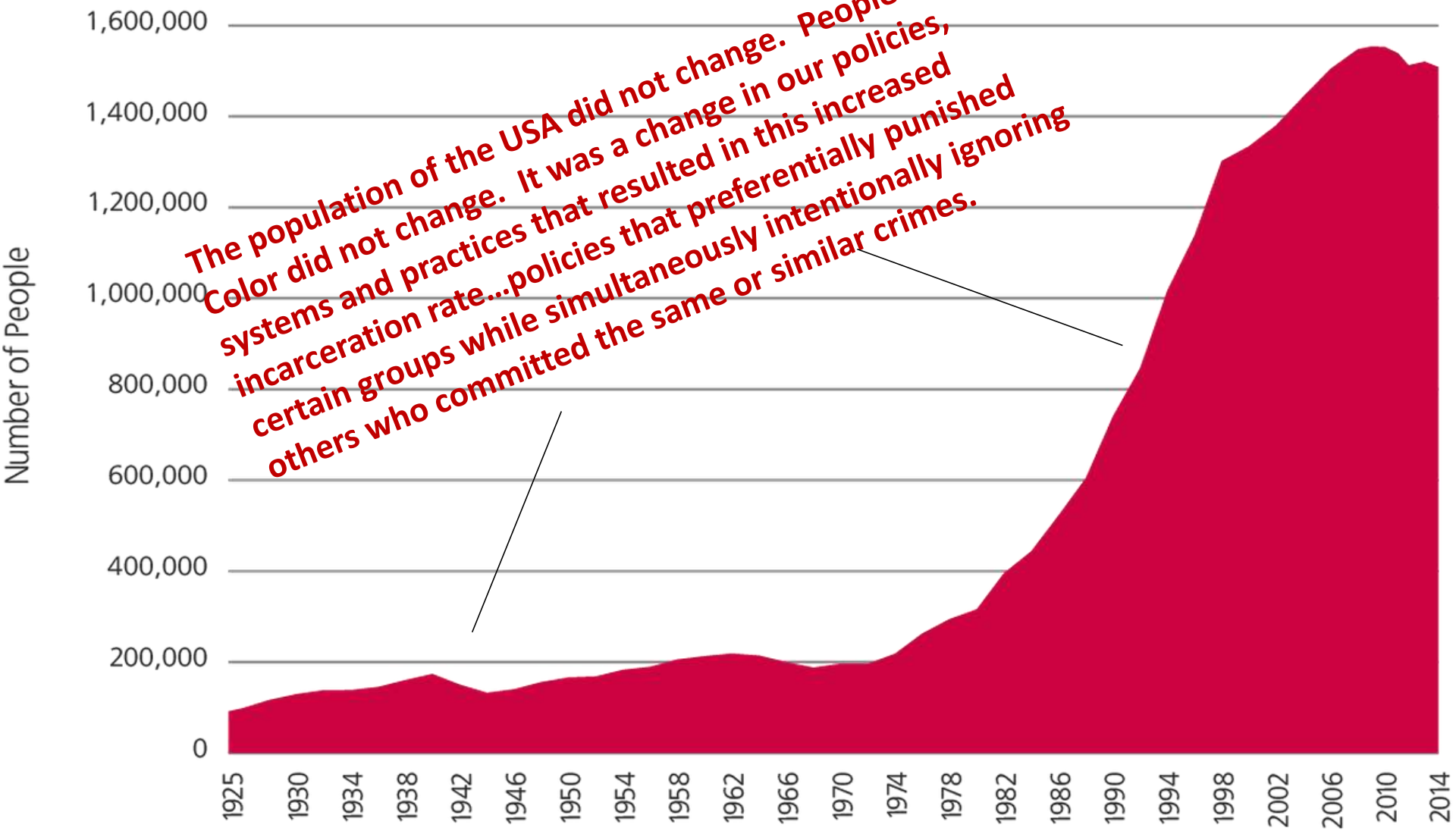
Michelle Alexander, [The New Jim Crow: Mass Incarceration in the Age of Colorblindness]



Source: Bruce Western, Punishment and Inequality in America (New York: Russell Safe Foundation, 2006), p.46

Figure 14.16 Arrests for Drug Offences, 1971-2001

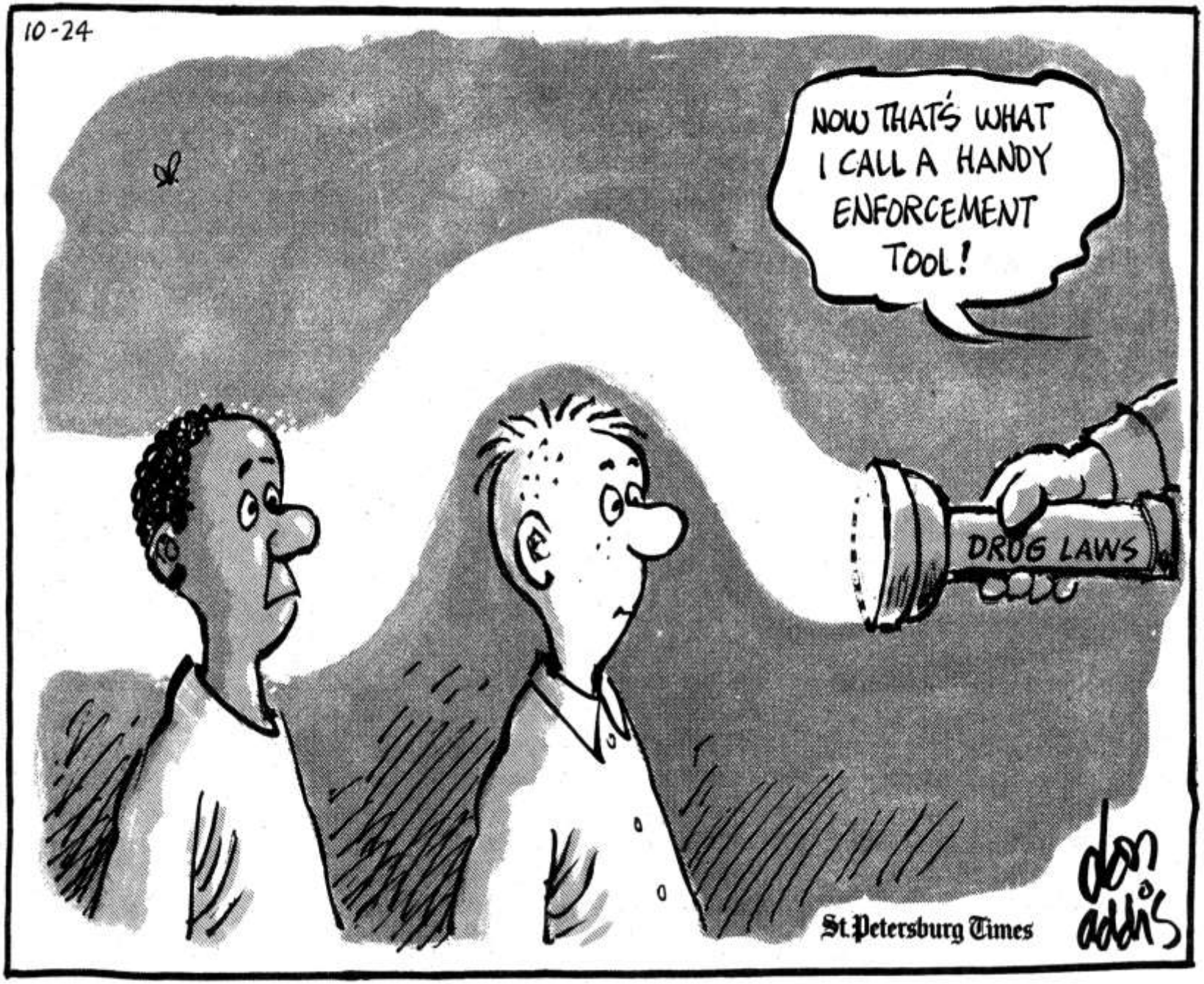
U.S. State and Federal Prison Population, 1925-2014



Source: Bureau of Justice Statistics *Prisoners Series*.

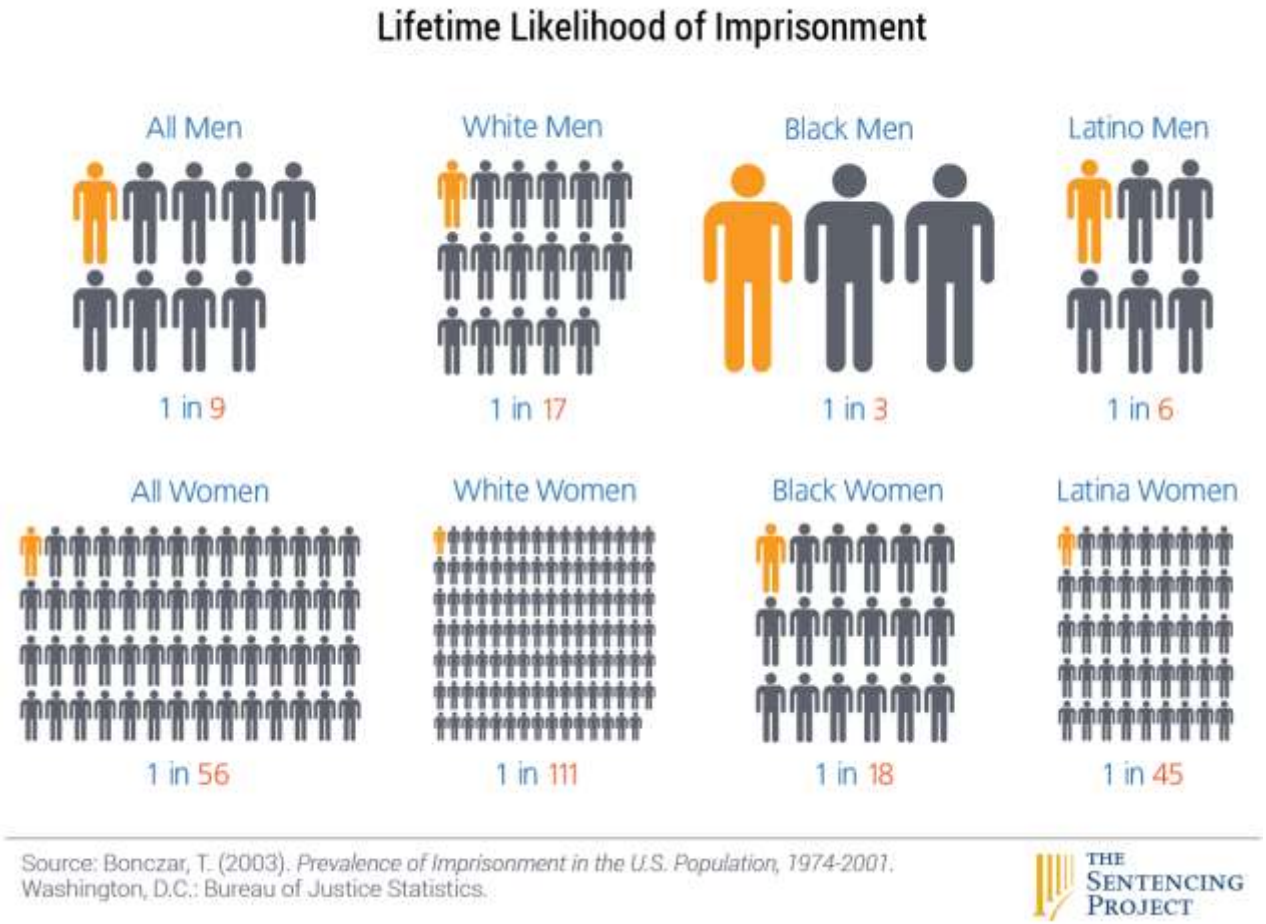
THE SENTENCING PROJECT

■ **Don Addis**


10-24
NOW THAT'S WHAT I CALL A HANDY ENFORCEMENT TOOL!
DRUG LAWS
St.Petersburg Times
don addis

Criminal Records Nationally:

Disproportionate impact on certain communities



Kimball, Tirey & St. John LLP © 2017

Source: http://www.prisonpolicy.org/global/2016.html

When President Nixon declared war on drugs on June 17, 1971, about 110 people per 100,000 in the population were incarcerated. Today, we have 2-3 million prisoners: 743 people per 100,000 in the population.

The U.S. has 5% of the world's population, but 25% of its prisoners.

Maia Szalavitz

Post Civil Rights Act: 1964 -- present

1965: Voting Rights Act: needed despite 1870 adoption of the 15th Amendment

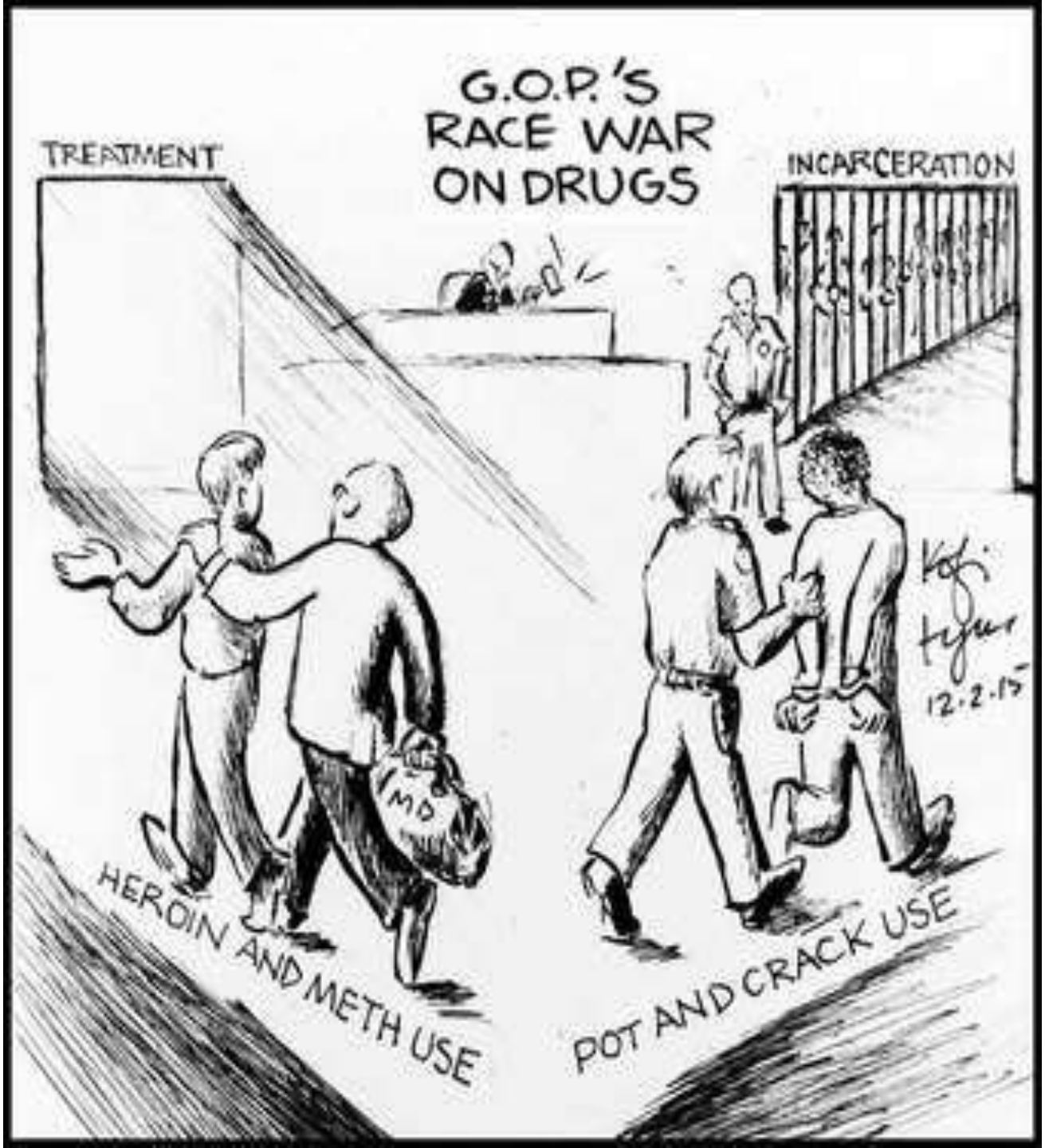
1968: Kerner Commission Report:

1968-now: War on Drugs/Mass Incarceration

1970-now: Today's racialized response to drug users

Now:

The USA Medicalized response to Opioids: 85-90% White & much more lethal than Crack (64,000 overdose deaths primarily from Opioids in 2016)



1970-now:

The USA criminalized response to CRACK Cocaine: devastating communities of color

IN CONGRESS, JULY 4, 1776.

A DECLARATION

BY THE REPRESENTATIVES OF THE

UNITED STATES OF AMERICA,

IN GENERAL CONGRESS ASSEMBLED.

JOHN HANCOCK, PRESIDENT.

CHARLES THOMSON, Secretary.

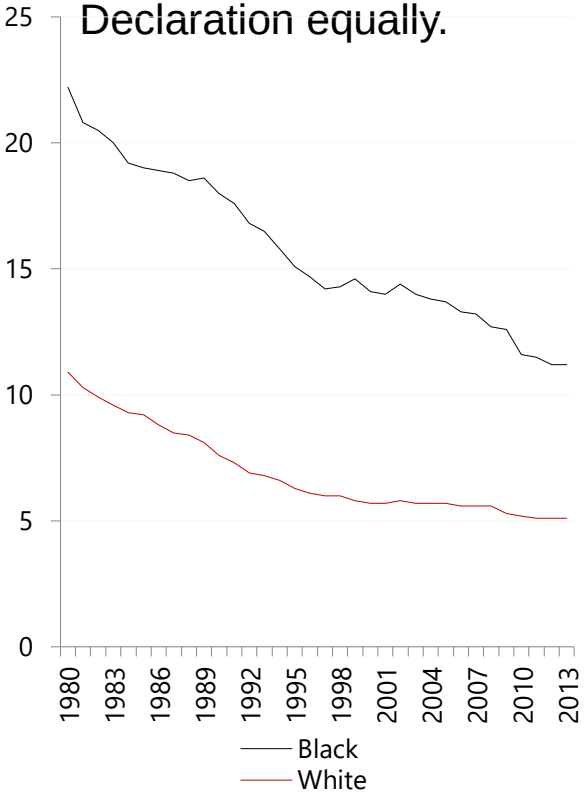
U.S. Declaration of Independence

The second paragraph of America's founding document states:

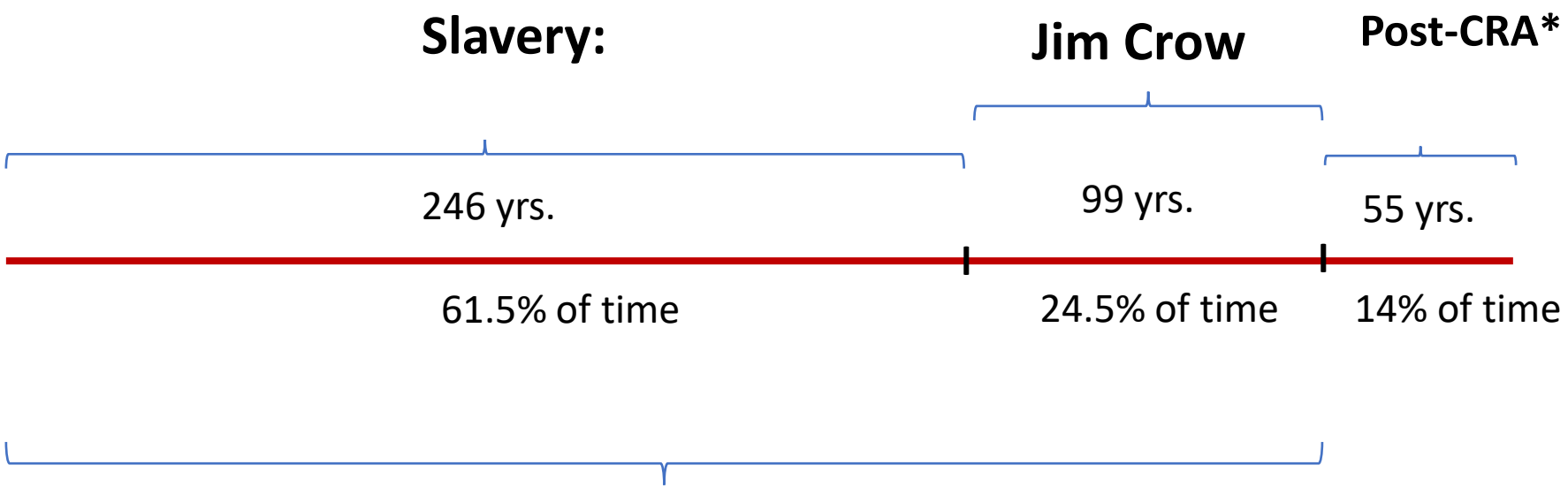
"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness."

Events like

- our national response to Hurricane Katrina,
- the increased incidence of killing unarmed black people,
- our country's high incarceration rate of POC…
- & our disparate IMRs all remind us that not all of us benefit from this Declaration equally.



Time-line of African American Experience:



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

Hx. characterized by an uninterrupted continuum of providing substantial advantage to Whites while, simultaneously, exposing African Americans to substantial disadvantage.

*CRA: Civil Rights Act

art james

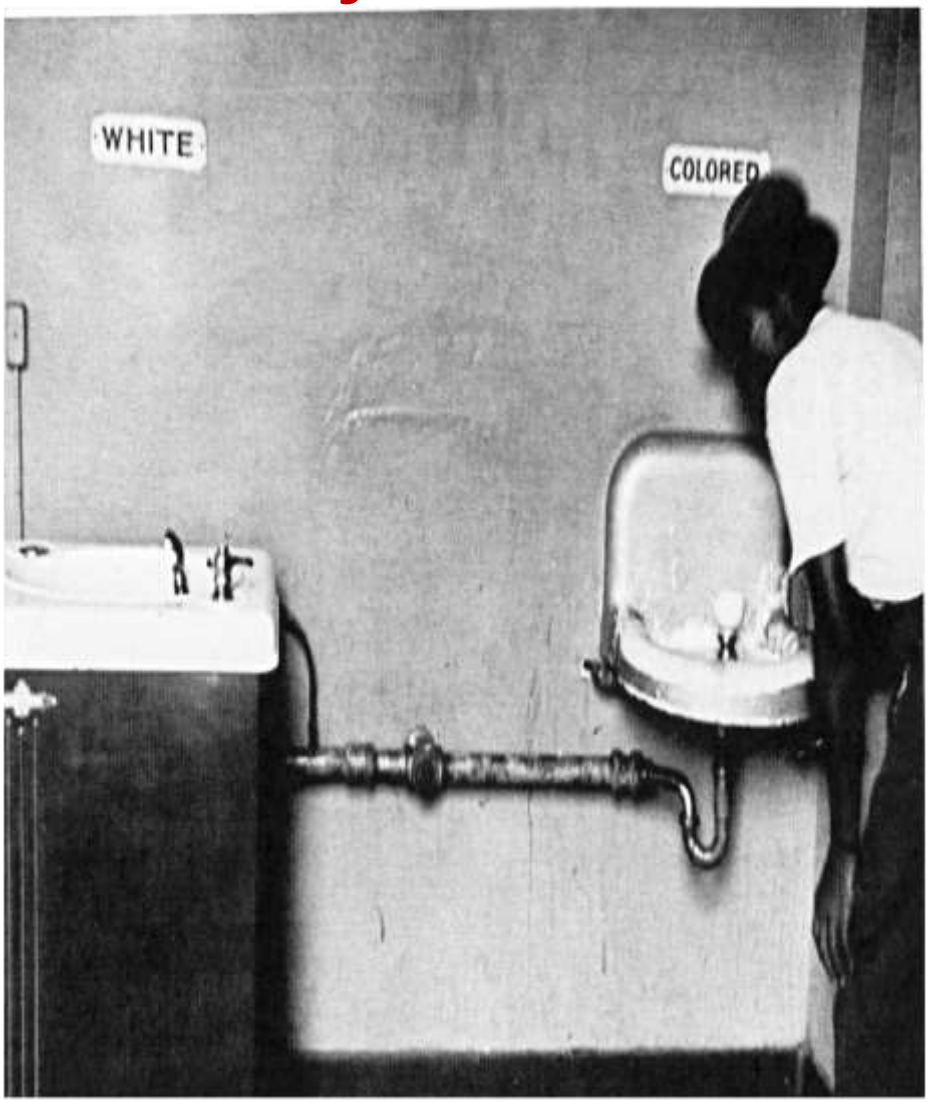
Racial Disparities: “are not natural”…

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.



A R James

What's our Goal?

Health Equity

Neighborhood Revitalization

Universal Health Insurance

Access to Care

Poverty Reduction

Decrease Health Disparities

Cultural Competency

Immigrant Deportation

art james

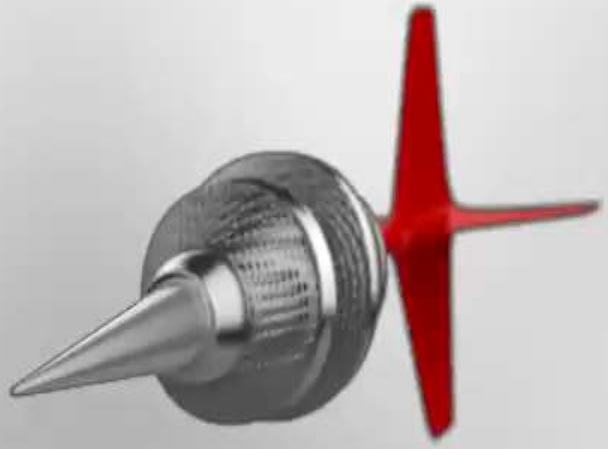
“ **Social inequality kills.** It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death.

- Poverty and discrimination,
- Inadequate medical care,
- and violation of human rights

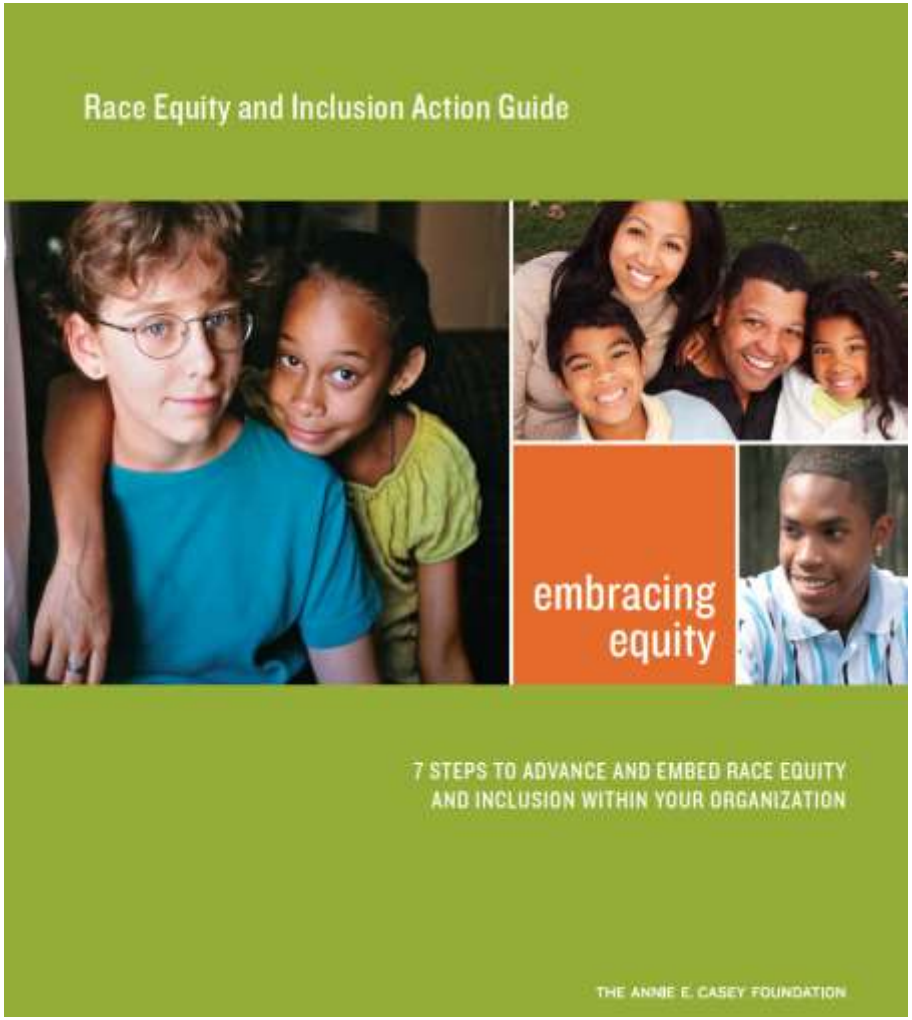
all act as powerful social determinants of who lives and who dies, at what age, and with what degree of suffering.”

Nancy Krieger (2005). Health Disparities and the body. Boston: Harvard School of Public Health

EQUITY should be our primary goal…all else is derivative



According to the Annie E. Casey Foundation:



"Race holds a central place in our society's deepest and most persistent patterns of social inequities, exclusion and divisions. Racial disparities, discrimination and segregation are widespread and continue to undermine our nation's social fabric. **Without equity, economic stratification and social instability will continue to increase and far too many families and children will continue to lag behind.** Without inclusion, many are marginalized economically, politically and culturally, facing bias and barriers when seeking basic opportunities for security and advancement."

Source: Annie E. Casey, September 2018

Antiracism and America
Inequality

The danger of being pregnant and black in America

Supported by

the guardian .org

About this content

Miriam Zoila Pérez

Thu 2 May 2019
02.00 EDT

6

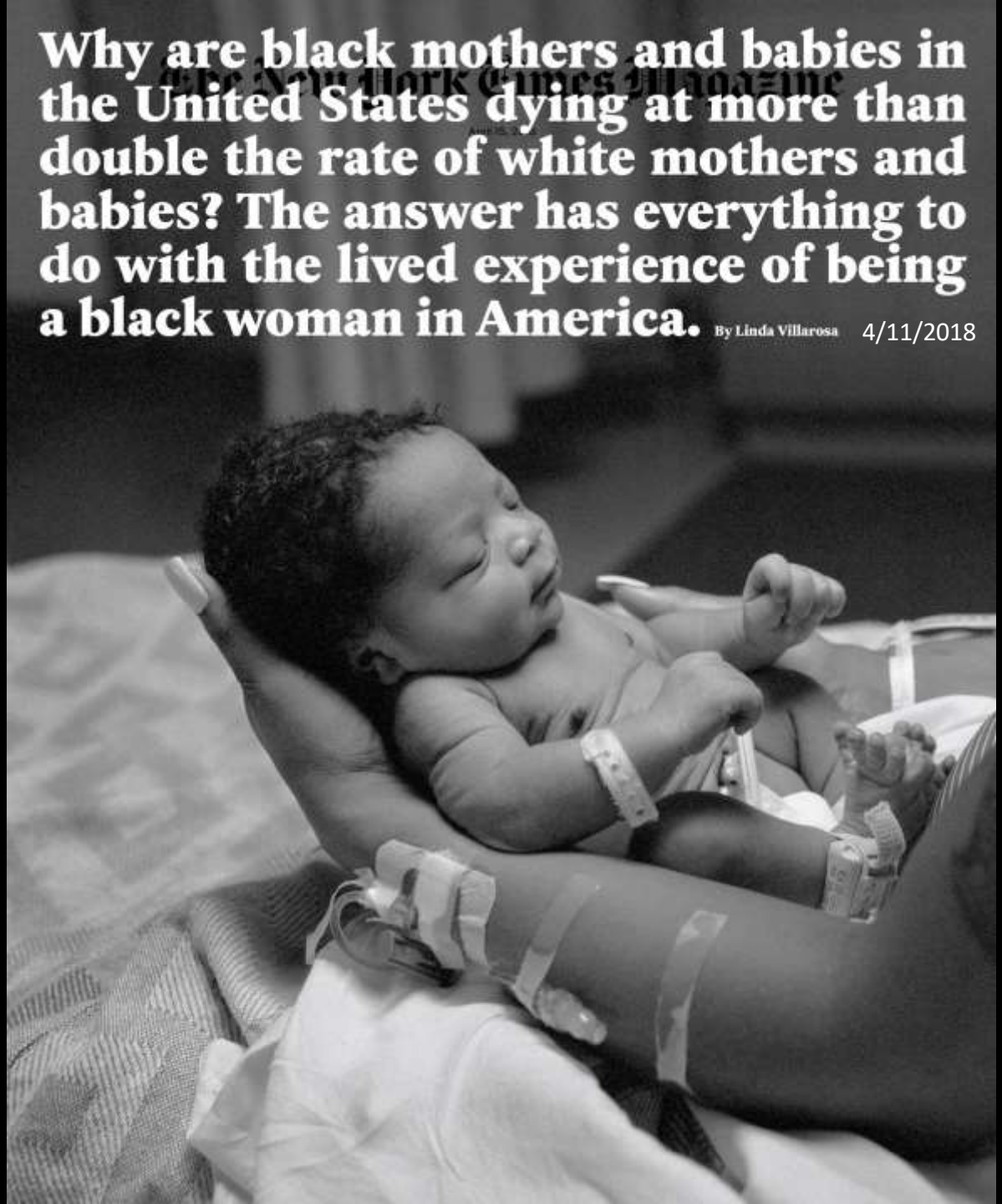
In the US, women of color face more risks in pregnancy and childbirth than white women, and the reason for the disparity has become clear: racism

The New York Times Magazine

Why America's Black Mothers and Babies Are in a Life-or-Death Crisis

The answer to the disparity in death rates has everything to do with the lived experience of being a black woman in America.

By LINDA VILLAROSA APRIL 11, 2018

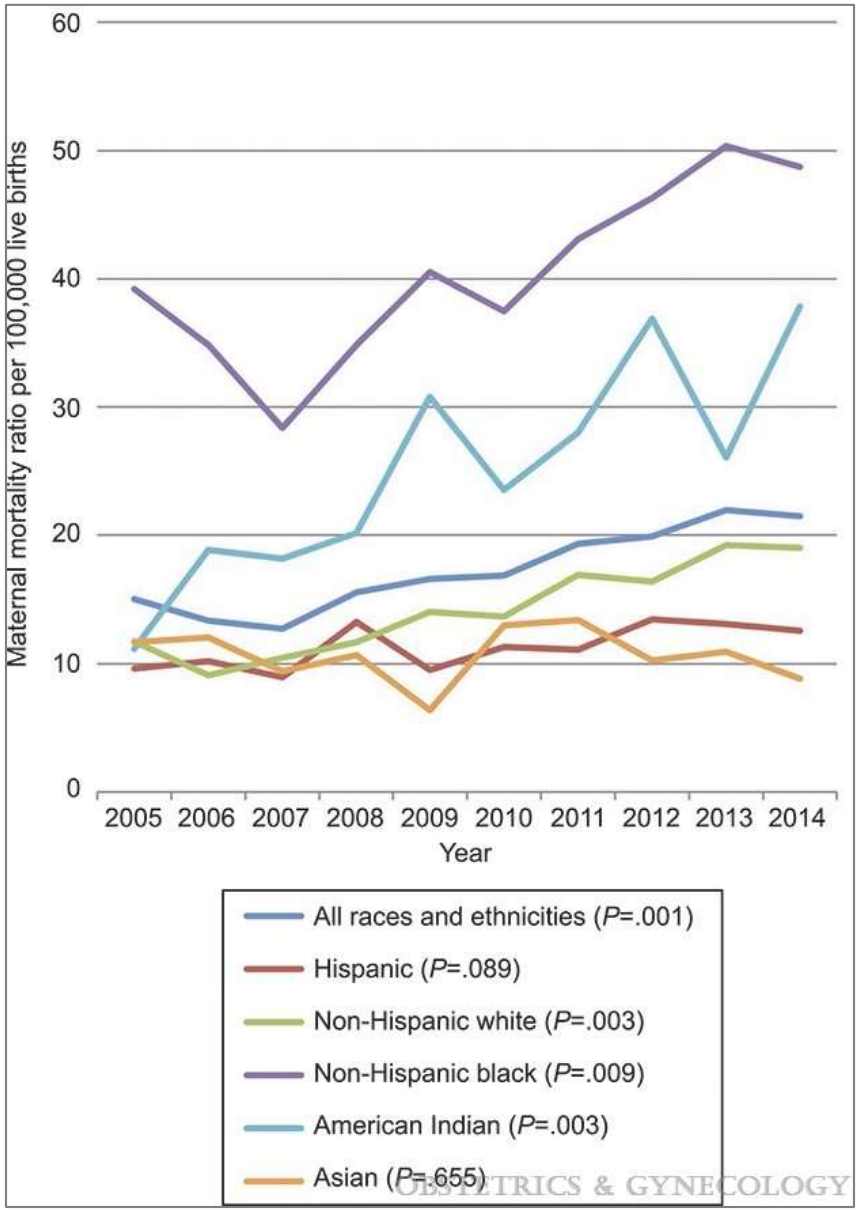

The New York Times Magazine
Why are black mothers and babies in the United States dying at more than double the rate of white mothers and babies? The answer has everything to do with the lived experience of being a black woman in America.
By Linda Villarosa
4/11/2018

Being Black in America Can Be Hazardous to Your Health

In Baltimore and other segregated cities, the life-expectancy gap between African Americans and whites is as much as 20 years. One young woman's struggle shows why.

Jared Soares

Pregnancy Related Mortality, 2005-2014 Fig. 1.



Health Care Disparity and Pregnancy-Related Mortality in the United States, 2005–2014

Moaddab, Amirhossein; Dildy, Gary A.; Brown, Haywood L.; Bateni, Zhoobin H.; Belfort, Michael A.; Sangi-Haghpeykar, Haleh; Clark, Steven L.

Obstetrics & Gynecology131(4):707-712, April 2018.

doi: 10.1097/AOG.0000000000002534

Trends in maternal mortality ratio (maternal deaths/100,000 live births) by ethnic group and race: United States, 2005–2014. Numbers in parentheses represent P values for the Jonckheere-Terpstra test.Moaddab. Trends in Maternal Mortality: 2005–2014. Obstet Gynecol 2018.

Copyright © 2019 by The American College of Obstetricians and Gynecologists

Milwaukee County Declares Racism a Public Health Crisis. Will More Cities Follow Suit?

Anne Branigin
5/21/19 10:37am

Racism as a public health crisis focus of city council meetings

PITTSBURGH POST-GAZETTE
Got a news tip? 412-263-1601
localnews@post-gazette.com

DEC 5, 2019 | 2:18 PM

"Realizing and naming Racism as a Public Health Crisis is a critical first step in dismantling structures and systems of oppression that not only impede health and wellbeing but are related to schooling, education, and include systems of housing and employment, just to name a few."

Our sobering Reality:

Despite having sacrificed a tremendous # of lives in a Civil War that ended Slavery…within 12-years our government essentially abandoned the freed slaves in exchange for providing **State's Rights** and the re-estblishment of the **"Southern Way of Life"**. As of today this "way of life" marginalizes and demeans African Americans and other people of color & it has spread thoughout the entire USA (housing discrimination, racially restrictive covenants, suppression of voting rights, gerrymandering, separate but equal, DACA, police shootings, the manner by which our national leadership demeans people of color, etc.)

- **The NORTH won the Civil War, but the "SOUTH" has won the peace!**

At the end of the Civil War the United States was the largest Slave-holding Country in the world. Fast forward 100-years and our country has arrested enough of the descendants of those slaves that now the United States of America has the highest incarceration rate of any nation on earth.

Bottom-line: As citizens of the United States of America, African Americans are dependent on the same government that enslaved and oppresses us…to SAVE US! And after nearly 400-years, this government has proven that being fair to us is not something its been willing to consistently commit to.

art james

Eliminate Excuses:

It's too ambitious
It's too complicated.
We'll catch flak for that.
It will take too long.
We're waiting for guidance on that.
We can't take the chance.
No es mi problema.
It needs more thought.
That's someone else's responsibility.
It won't fly.
We're doing OK as it is.
It can't be done.
They don't really want to change.
It's too expensive.
They're too entrenched.
I'm not sure my boss would like it.
It's too political.
They won't fund it.
It's not my job.
Another department tried that.
It's not our problem.
I don't have the authority.
We don't have consensus yet.
We have too many layers.
It's hopeless.
I'm not sure my boss would like it.
It's contrary to policy.
No se puede.
Es imposible.
No one asked me.
What's in it for me?
We've always done it this way.
We've never done that before.
Maybe. Maybe not.
There's too much red tape.
There's no clear mandate.
We don't have the equipment.
We didn't budget for it.
We don't have the staff.
It won't work in this department.
This is just a fad.
We tried that before.
Me falta animo.
Nunca pasarfa.
It's too visionary.
There's not enough time.
It needs committee study.
If they don't care, why should I?
It's against tradition.
It will never fly upstairs.
I'm all for it, but...

Infant Mortality
Racial Disparities

We continue to find excuses to avoid eliminating racial disparities…But, we must muster the courage to go through this door.

Arthur R. James MD

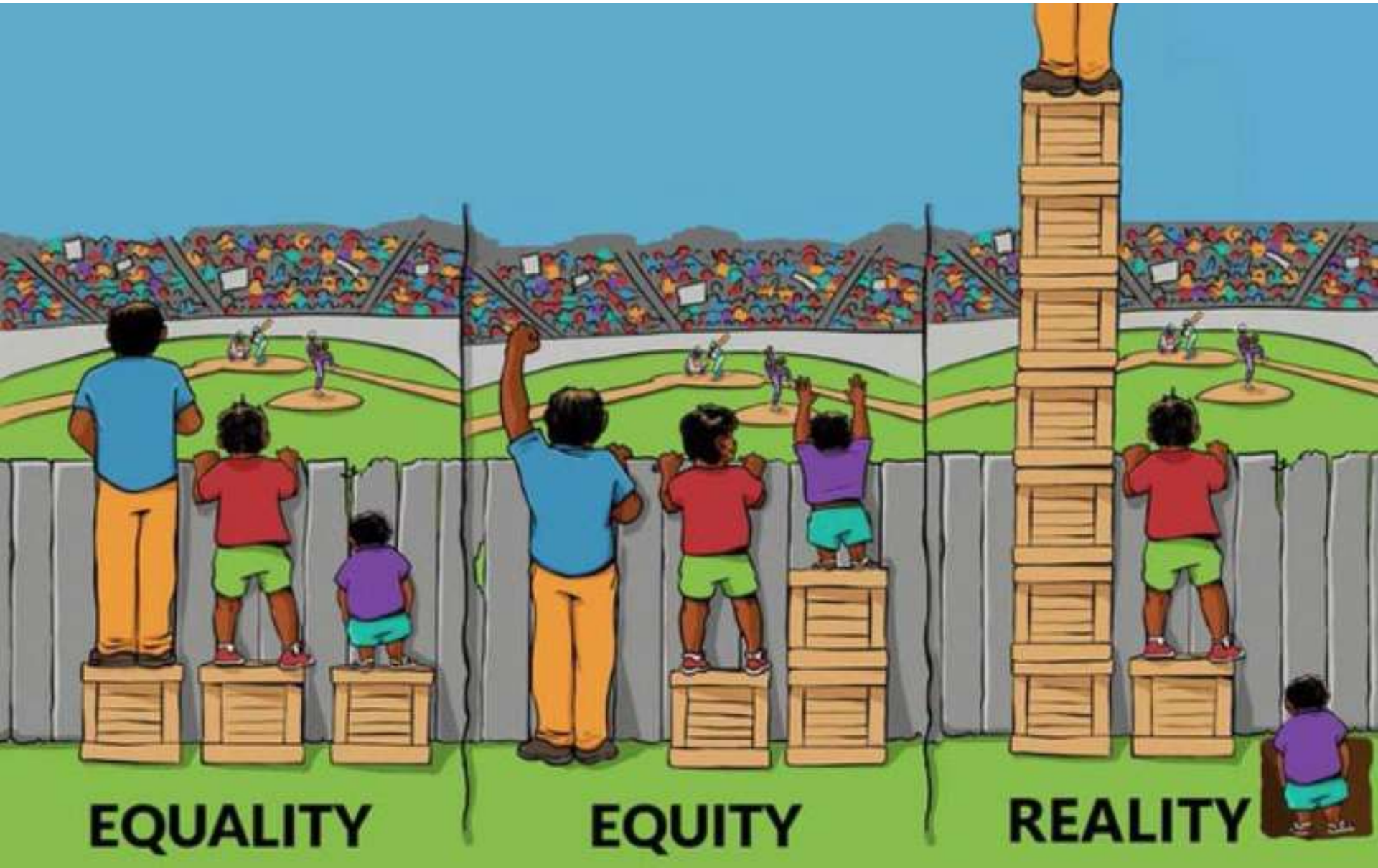
Relationship:

“Inclusion”

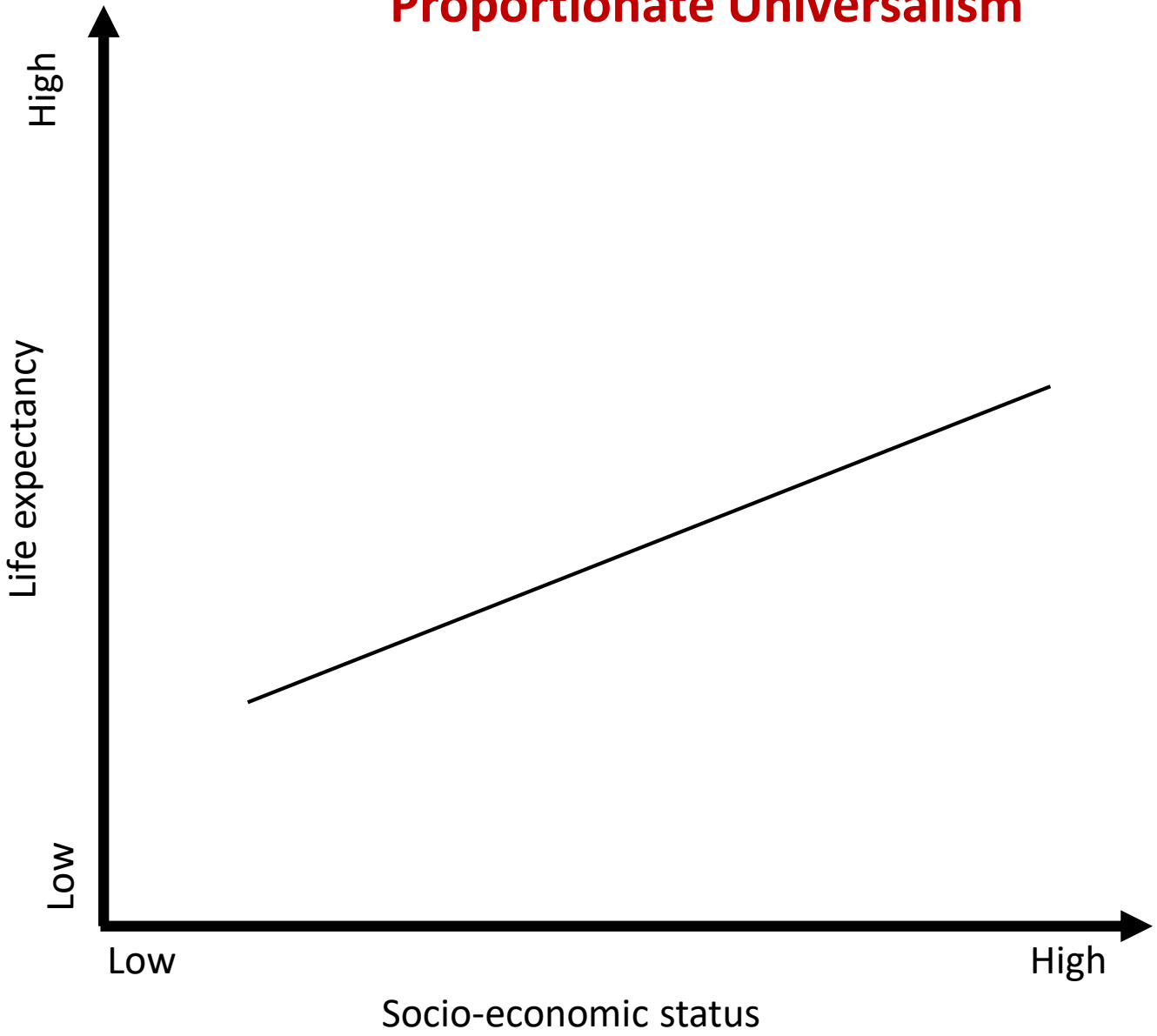
No more about us without us
STOP trying to fix the Black Community for the Black Community

Proportionate Universalism or “Targeted Universalism”

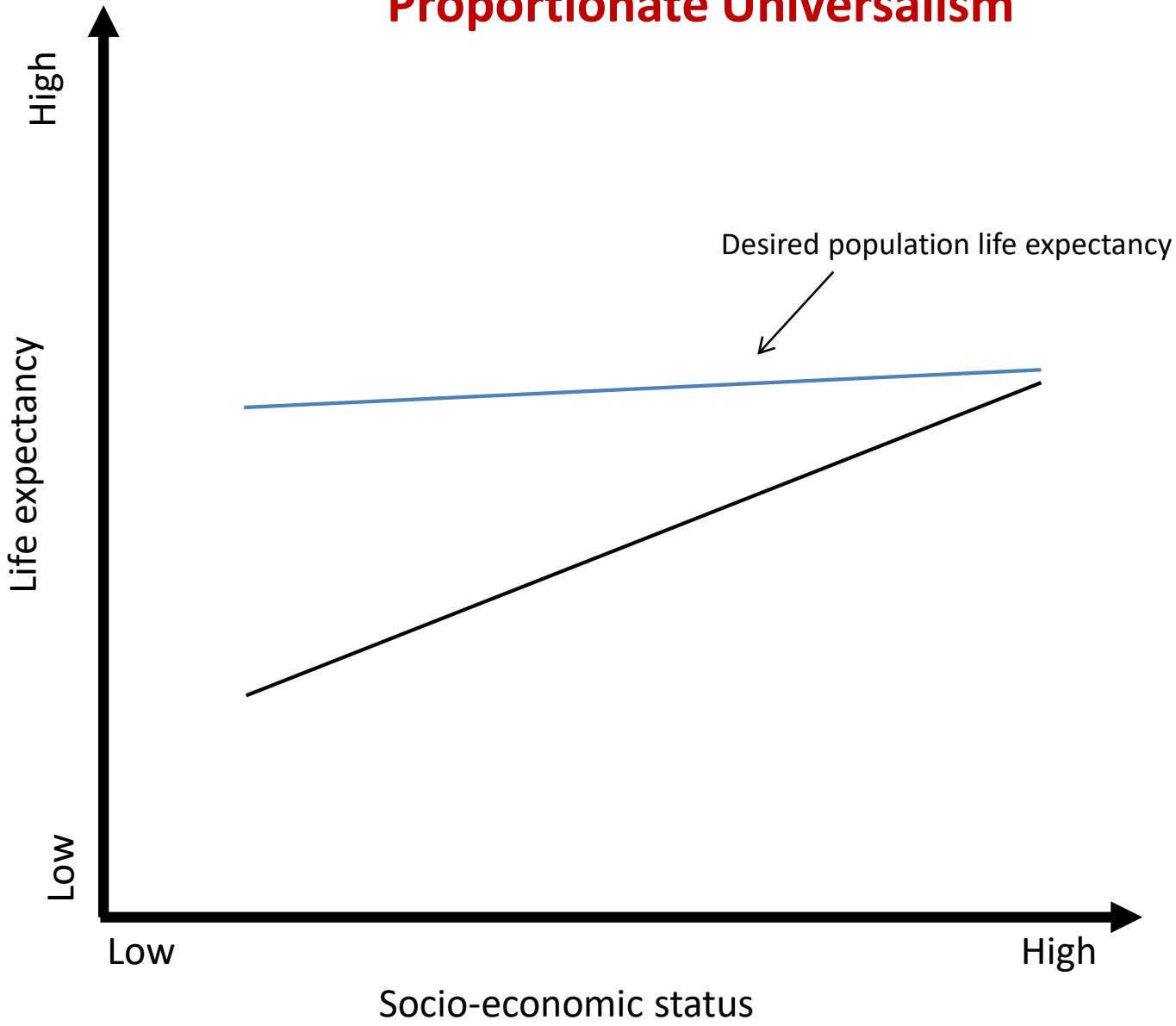
Aim for Equity – Not Equality…while understanding our Reality.



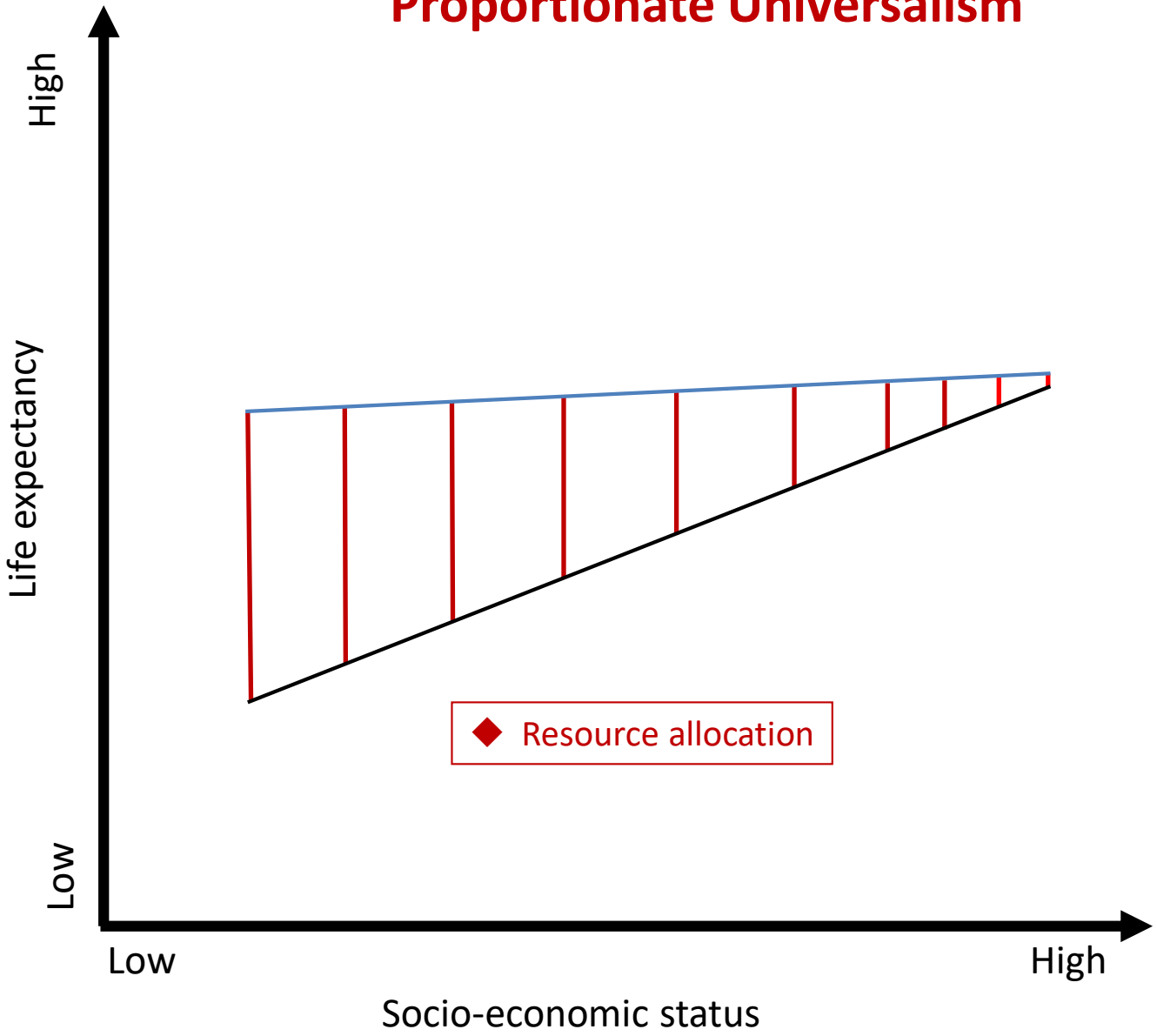
Proportionate Universalism



Proportionate Universalism



Proportionate Universalism



Key themes from the evidence

- **Reducing health inequalities is a matter of social justice – where inequality is avoidable by policy means it is unfair and unjust.**
- **Health inequalities result from social inequalities – requires action on the social determinants – the causes of the causes**
- **Action across all the policy objectives is necessary across the social gradient with a scale and intensity proportionate to the level of disadvantage.** **(Proportionate universalism)**
- **Reducing health inequalities is vital for the economy – cost of inaction immense .**
- **Concerted action with a shift to prevention across central and local government, the NHS,3rd and private sectors and community groups.**
- **Empowering individuals and communitie reduce health inequalities .**

Strategic Review of Health Inequalities in England post-2010

Life Course:

A 12-Point Plan to Address MCH Across the Life Course

Improving Health Care Services

1. **Provide** interconception care
2. **Increase** access to preconception care
3. **Improve** the quality of prenatal care
4. **Expand** health care access over the life course

Strengthening Families and Communities

5. **Strengthen** father involvement in families
6. **Enhance** service coordination and systems integration
7. **Create** reproductive social capital in communities
8. **Invest** in community mental health, social support, and urban renewal

Addressing social and economic inequities

9. **Close** the education gap
10. **Reduce** poverty
11. **Support** working mothers and families
12. **Undo** racism

Lu MC, Kotelchuck M, Hogan V, Jones L, Jones C, Halfon N. Closing the Black-White gap in birth outcomes: A life-course approach.

It takes a Village…

(no single organization has the resources, scope of influence or expertise to eliminate racial disparities in infant mortality by themselves…it will take all of us)

Infant Mortality Reduction is not a sprint, it is a "Relay-Marathon" … and it takes the entire Village

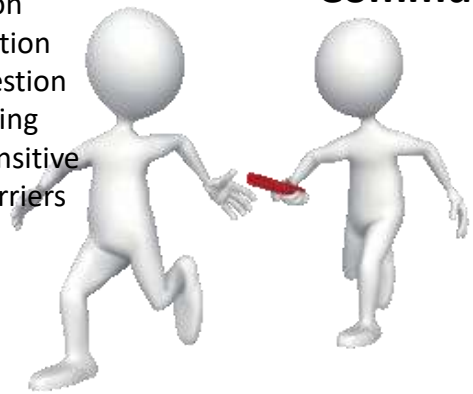
Policy

Public Health

Systems
Regulations
State Agencies
Family Planning
Health Departments
Justice/Injustice
EQUITY/inequity
Inclusion/Marginalization
Federal/State/Local

Clinical

PCMH
Access
Insurance
Quality Care
Preconception
Inter-conception
One Key Question
Family Planning
Culturally Sensitive
Language barriers

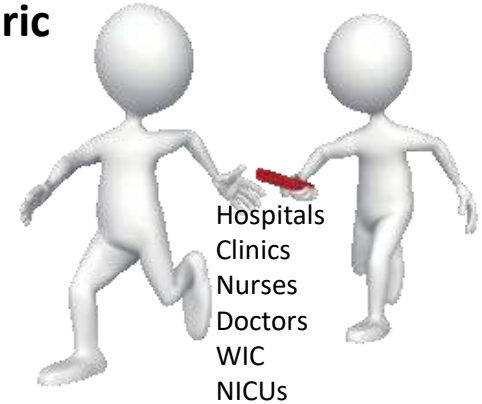


Community:

Business
Schools
Transportation
Jobs/employment
Housing
Local Government
Pubic Safety
Racism
Green Space
Etc.

Pediatric

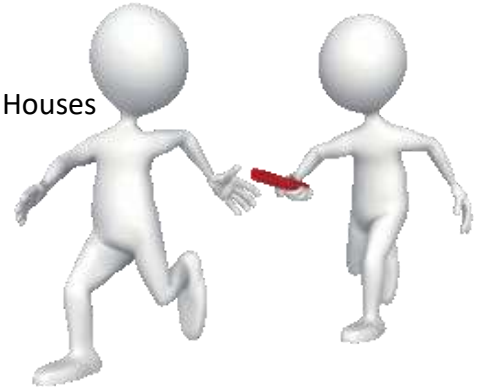
Obstetrical



Hospitals
Clinics
Nurses
Doctors
WIC
NICUs
Breastfeeding
Safe Sleep
LBW/Preterm

Neighborhood

Church
Food security
Safety
Support Network
Crime
Drugs
Abandoned Houses
Day Care
Gangs



Mother & Family

Father involvement
Married
Single parenthood
IPV
Poverty
Diet
Age
Health
Capacity of parents to care for themselves & their children

arthur james

Advocacy:

By themselves are not good enough…

we must advocate AND mobilize to save our babies.

Advocacy can be challenging because, as individuals, some (many) of us work for organizations that prohibit advocacy -- or the organization might insist that you can only say what they approve of…even if it is not always in the best interest of improving infant mortality or improving the racial disparity in birth outcomes. You have to follow your personal "moral compass."

art james

Turning up the Volume on Infant Mortality

Every Baby Matters!

Every 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
- Whether or not Mom uses drugs, drinks Alcohol, or smokes cigarettes
- College graduate or not, your position MUST be that…

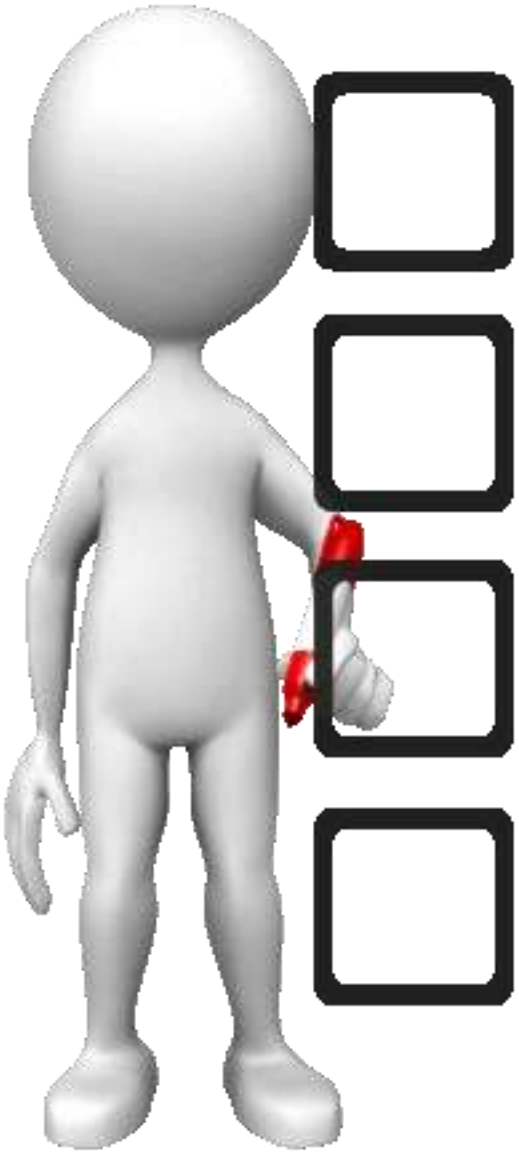
Any baby who takes her or his first breath within the borders of PA is our responsibility and we can and must do better!

art james

“The only thing necessary for the triumph of evil is for good men and women to do *(and say)* nothing.”

Edmund Burke

Issues to deal with if we are to achieve EQUITY:



Racism: reconciliation

Capitalism: distribution of wealth

- "Disparity is built into Capitalism"
  - So is EXPLOITATION!!!

Passivism: our willingness to tolerate the intolerable

Collective Impact: essential in these politically divisive times

art james

2019

400-year recognition of African American SLAVERY

...and 400-years is enough!!

art james

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 black babies*). So...HOW MUCH *MORE* TIME DO YOU WANT for *racial* progress?"

NOW IS THE TIME!

(James Baldwin, 1989, The price of a ticket)

(Words in red: embellishments by art james)

Other stuff:

I have not talked about:

- Access to care
- Family Planning
- Safe Sleep
- Breast Feeding
- Preconception/inter-conception Care
- Decreasing teen pregnancies
- Eliminating smoking and drug use during pregnancy
- Fatherhood involvement
- Progesterone
- Group Prenatal care
- Perinatal Regionalization
- Community Health Workers
- WIC
- Collective Impact (essential)
- Racism (not enough said during this talk)
- FIMR/CoIIN/CIC
- Etc.

Please know all of these and many many others are extremely important and they all represent interventions you should be doing.

July, 2013: Sickened by the acquittal of Trayvon Martin's killer, labor organizer Alicia Garza wrote, "I continue to be surprised at how little **BLACK LIVES MATTER**."

Little Black Lives Matter….too
Lisa Kristine (lisakristine.com)

THE SACRAMENTO BEE

It always seems impossible until it's done.

--Nelson Mandela
1918-2013

Passing the Baton…

RISE IN HATE CRIMES

Re-segregation

Retrenchment

Mass Incarceration

Voter Suppression

Police Shootings

Elimination of Affirmative Action

Rise in White Supremacy

Rise in National Racist Rhetoric

Next Generation

My Generation

Civil Right Movement

Brown v. Board

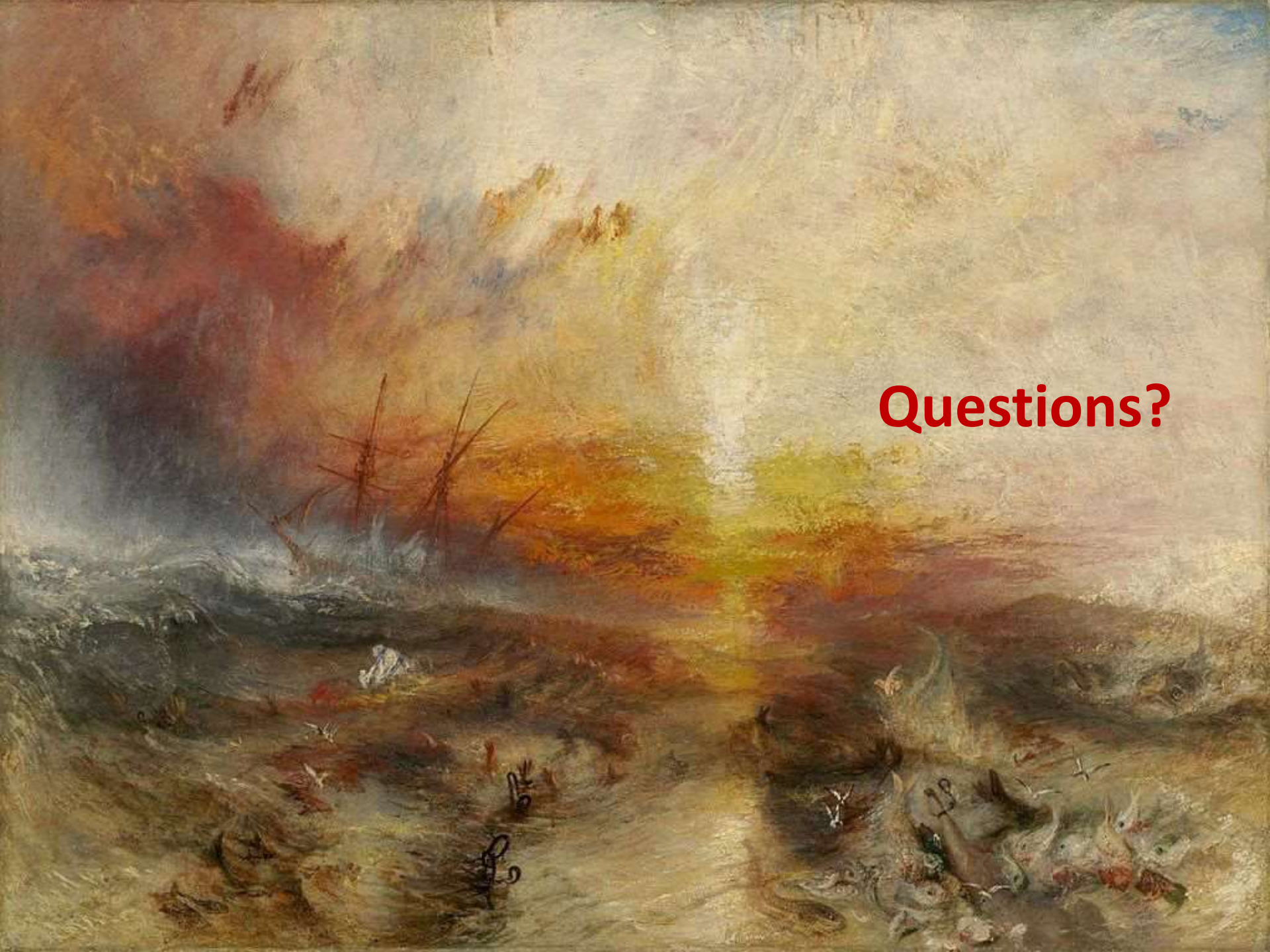
School Integration

Voting Rights Act

Affirmative Action

Decrease in White Supremacy

Thank you


Questions?

Contact information:

Arthur R. James MD, FACOG

ajpppinapod@gmail.com

PA: Overall, White, Hispanic, and Black IMRs
1980, 1985, 1990, 1995-2016

Year	IMR			
	Overall :	White:	Hispanic:	Black:
1980	13.2	11.7	***	24.2
1985	10.8	9.3	***	21.4
1990	9.5	7.6	11.6	20.1
1995	7.7	6.2	9.5	17.5
1996	7.7	6.4	8.7	16.6
1997	7.6	6	9.8	17.4
1998	7.3	6	8.7	15.4
1999	7.1	5.6	8.4	16.7
2000	7	5.7	8.4	15.8
2001	7.2	6.1	9.6	14.9
2002	7.6	6.4	9	15.2
2003	7.3	6.2	7.7	16.1
2004	7.1	6.3	8.1	15
2005	7.2	6.3	7.1	15.7
2006	7.5	6.3	5.8	17
2007	7.5	6.2	6.6	17
2008	7.3	6.7	7.3	14.4
2009	7.2	6.1	6.3	16.6
2010	7.3	6.4	8.4	14.4
2011	6.5	5.6	5.5	13.7
2012	7	5.2	7.9	14.3
2013	6.7	5.1	7.7	13.6
2014	6	4.5	7.2	13.2
2015	6.2	4.8	6.4	13
2016	6.1	4.6	7.4	14.6

Source:(PA) Deaths: Table C-7B