

# Region V of the United States: the National Epicenter for ...



March 23, 2021  
Region V Webinar #2

Arthur R. James MD, FACOG

# Disclosures:

I am a member of:

- Member: 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
- Consultant: Walgreens Boots Alliance
- Consultant: Healthy Start Leadership Team of National Institute for Children's Health Quality
- Board of Directors: Franklin County Public Health
- Board of Directors: Care Alliance Health Center
- Member of:
  - Ohio Commission on Infant Mortality
  - Ohio Task Force to Eliminate Racial Disparities in Birth Outcomes

# Objectives:

By the end of this presentation I hope to...

1. Demonstrate that Region V has the highest BIMR in the Nation.
2. Provide evidence that should cause concern about whether racism is worse here than in other areas of the nation.
3. If time allows, demonstrate how history and past discriminatory practices have contributed to racial disparities
  - a. Present evidence that suggests racial disparities in health are ‘not natural’, but man-made.
4. Discuss importance of STRUCTURAL Determinants
  - a. Emphasize the importance of taking a STRUCTURAL and Social Determinants approach to “eliminate” these disparities.
5. Challenge those of us in Region V to change, so that we are no longer the worst region of the country for Black Babies to be born.

## Conflict of Interest:

- **None**

**I have spent the last 33-years practicing Obstetrics and/or advocating for change in Region V. My experience here has taught me the following...**

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. Government Agencies (at the Local, State, and National levels), white people, and white organizations have to want to dismantle Racism and co-lead the charge to do so.
    - i. **Understanding AND doing something about this is essential for saving our mothers and babies**



# Thank you:

- **HRSA:**

- Especially Dr. Michael Warren...for listening, caring, providing support and demonstrating a commitment to DO SOMETHING!!!!
- Dr. Ashley Hirai...an epidemiological genius and longtime fighter for Equity and Justice
- Vanessa Lee and Ellen Volpe for organizing our monthly planning committee meetings

- **CityMatCH:**

- For organizing these monthly webinars

- **Planning Committee Members:**

- For hanging in there for more than a year
- For all of your time
- Keeping us all accountable
- For fighting for our mothers and babies

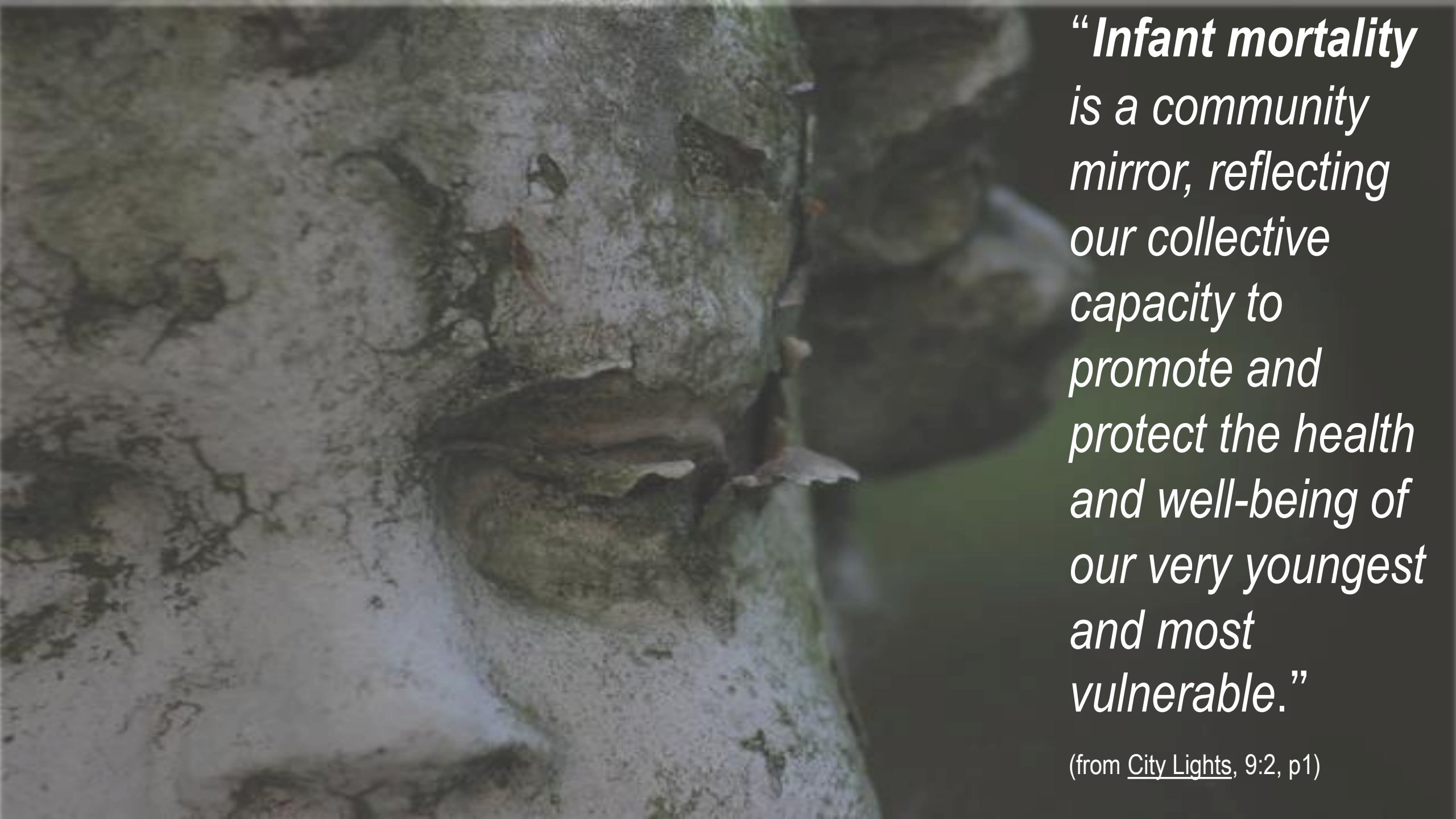
# Infant Mortality:

**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*



***“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.”

## **A SACIM conversation....**

**What geographical region of the nation is the black IMR the worst?**

**Almost everyone felt the rates were highest in the South...**





U.S. Department of  
Health & Human Services

## Regions



### Region V States:

- Illinois
- Indiana
- Michigan
- Minnesota
- Ohio
- Wisconsin

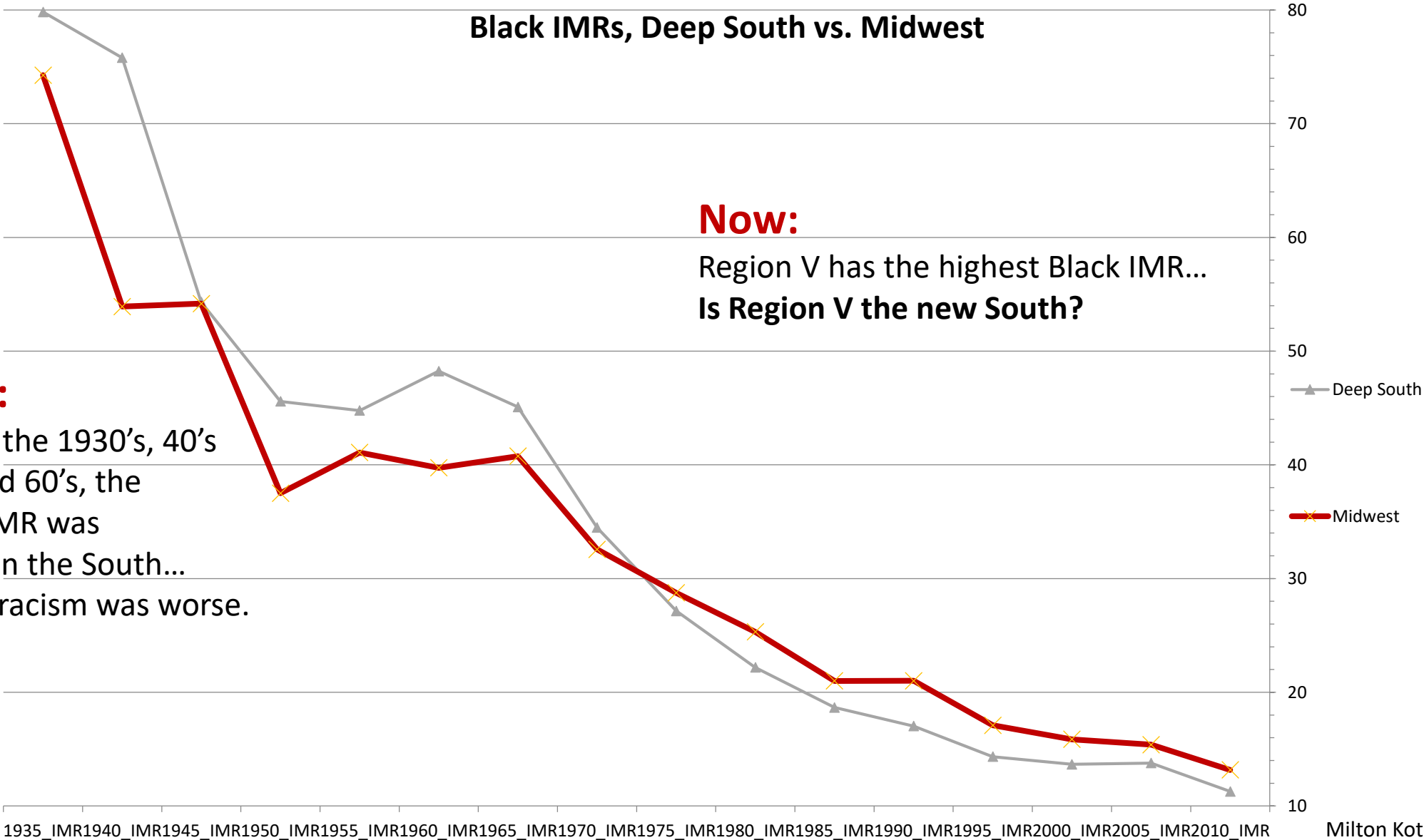
# IMR: Select Southern States c/w Region V

- Deep South:
  - Alabama
  - Florida
  - Georgia
  - Louisiana
  - Mississippi
  - South Carolina
- Midwest (Region V):
  - Illinois
  - Indiana
  - Michigan
  - Minnesota
  - Ohio
  - Wisconsin

# IMR: Select Southern States c/w Region V

Black infant mortality:

**Then:**  
During the 1930's, 40's  
50's and 60's, the  
Black IMR was  
worse in the South...  
where racism was worse.

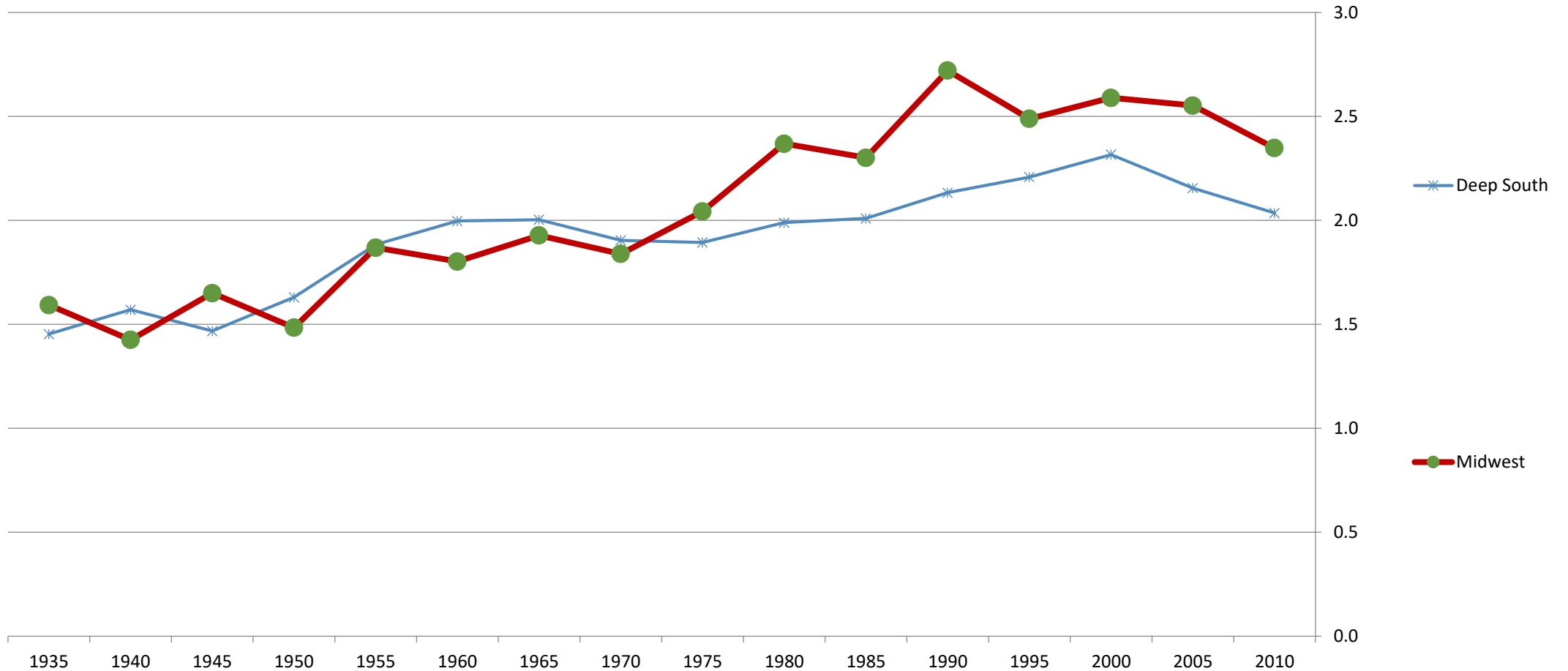




# IMR: Select Southern States c/w Region V

Black/White disparity ratio:

Black-White IMR Ratio, Deep South and Midwest



**Data Review:**

# Perinatal Region V Black IMRs: 2018

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

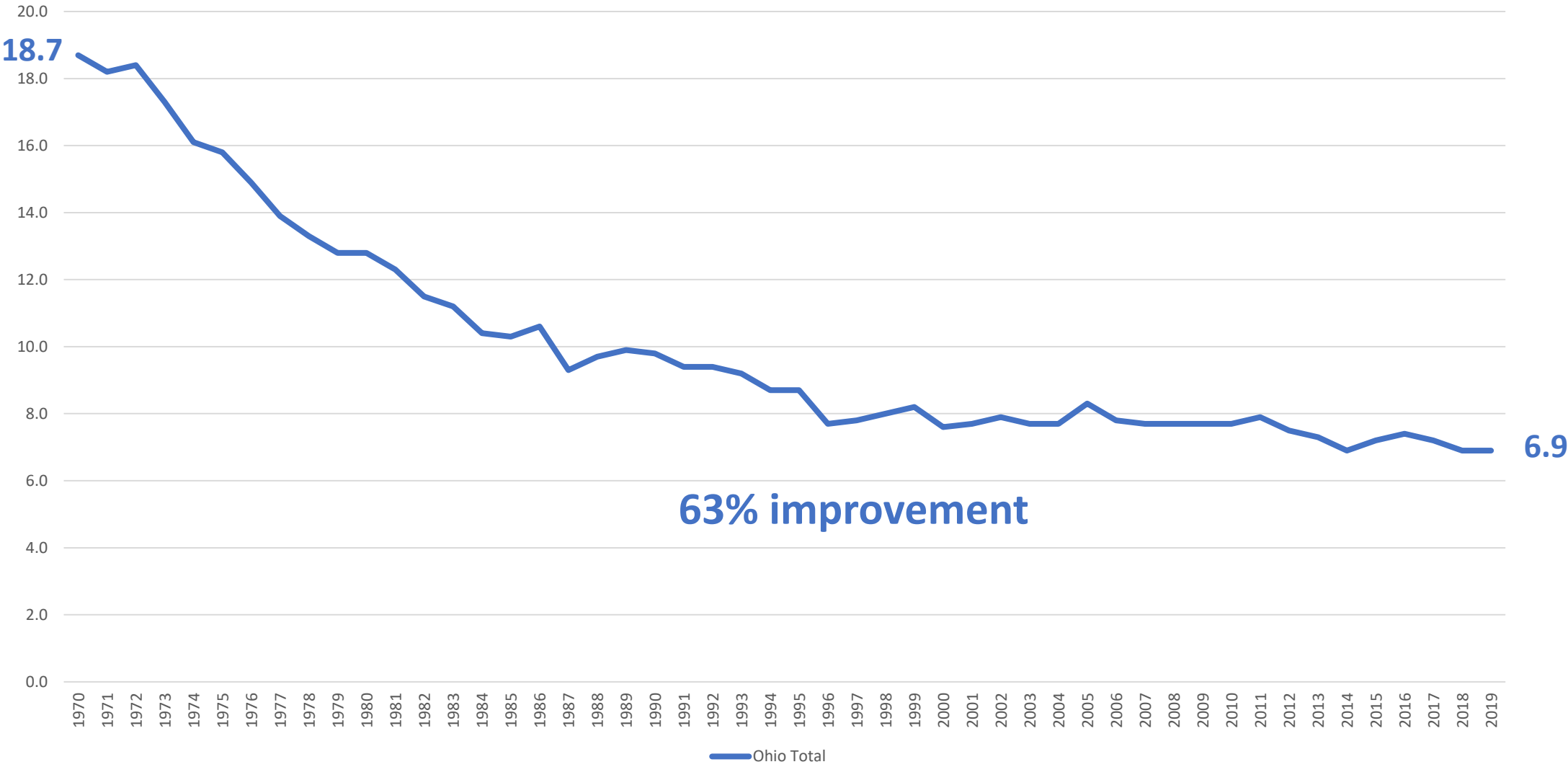
# Black to White Racial Disparity in Infant Mortality:

- 1. Disparity or Inequity ratio:**
- 2. Survival Time-lag** between black and white infants
- 3. Healthy People:** Infant deaths in reference to Healthy People Goals
- 4. Excess Black Infant Deaths:**

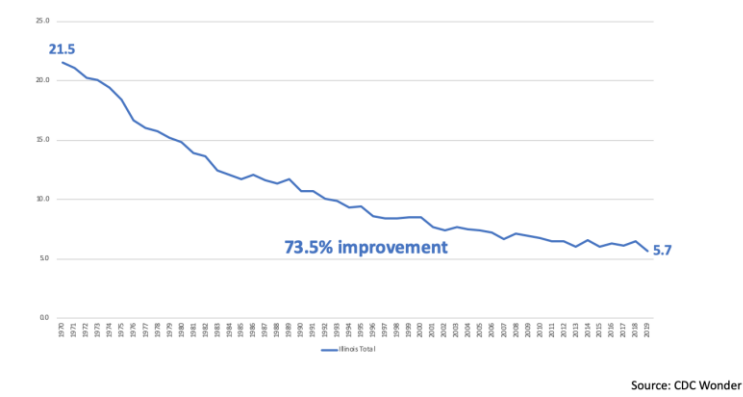


**Ohio:**

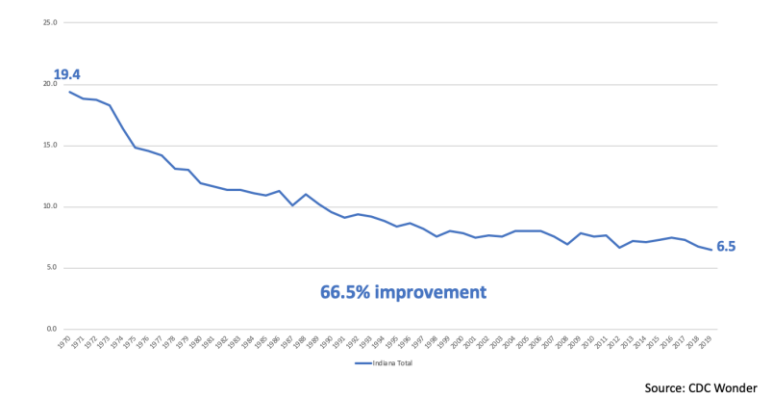
# Ohio Overall IMR: 1990-2019 (49 years)



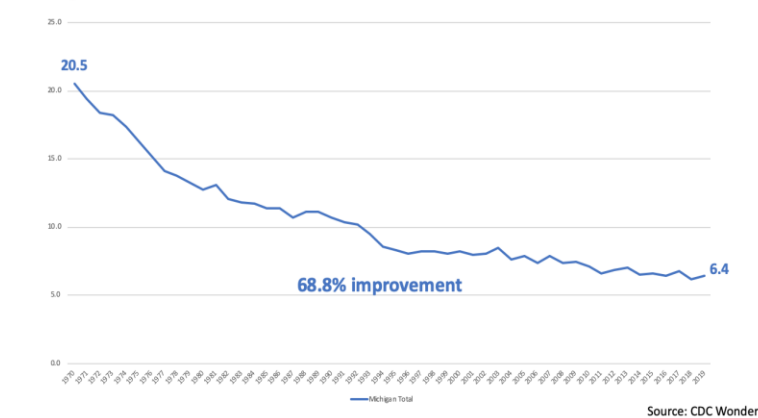
Illinois Overall IMRs: 1970-2019 (49 years)



Indiana Overall IMRs: 1970-2019 (49 years)



Michigan Overall IMR: 1970-2019 (49 years)

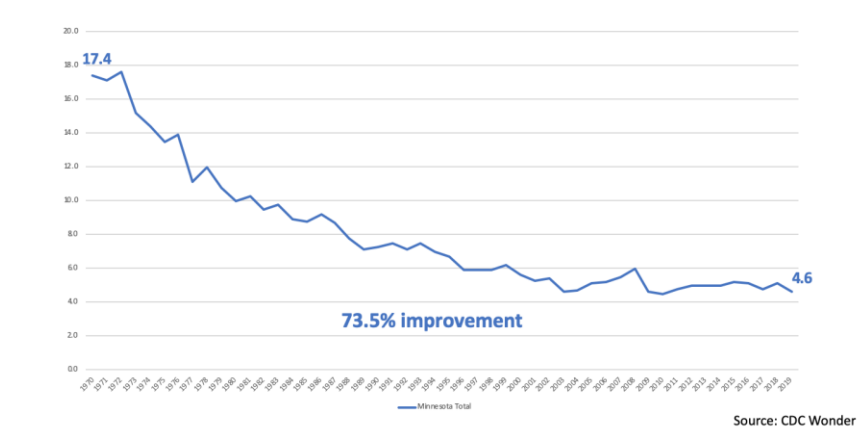


# Overall IMRs: 1970-2019

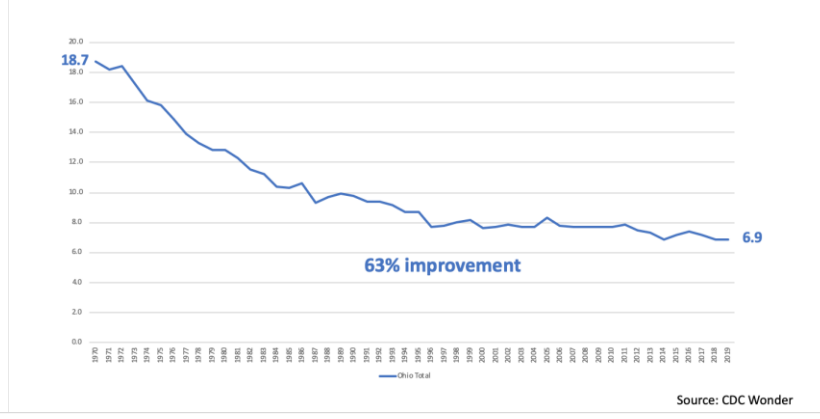
During the 49-years represented in this data set, Region V States have significantly improved Overall IMRs: between 63-74%.

We applaud such significant improvement.

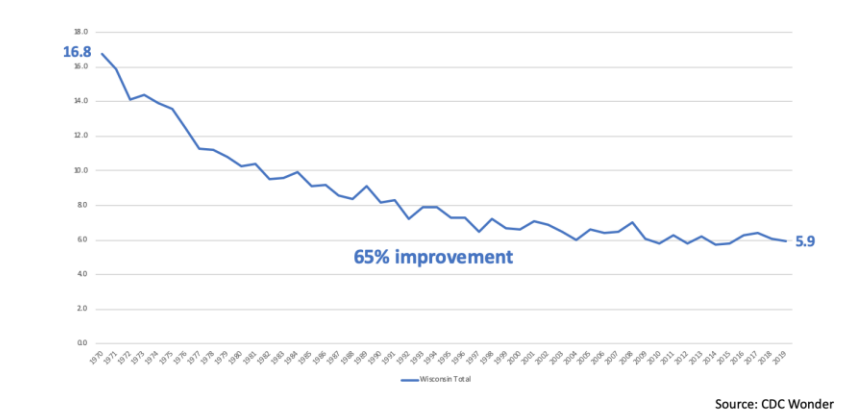
Minnesota Overall IMR: 1970-2019 (49 years)



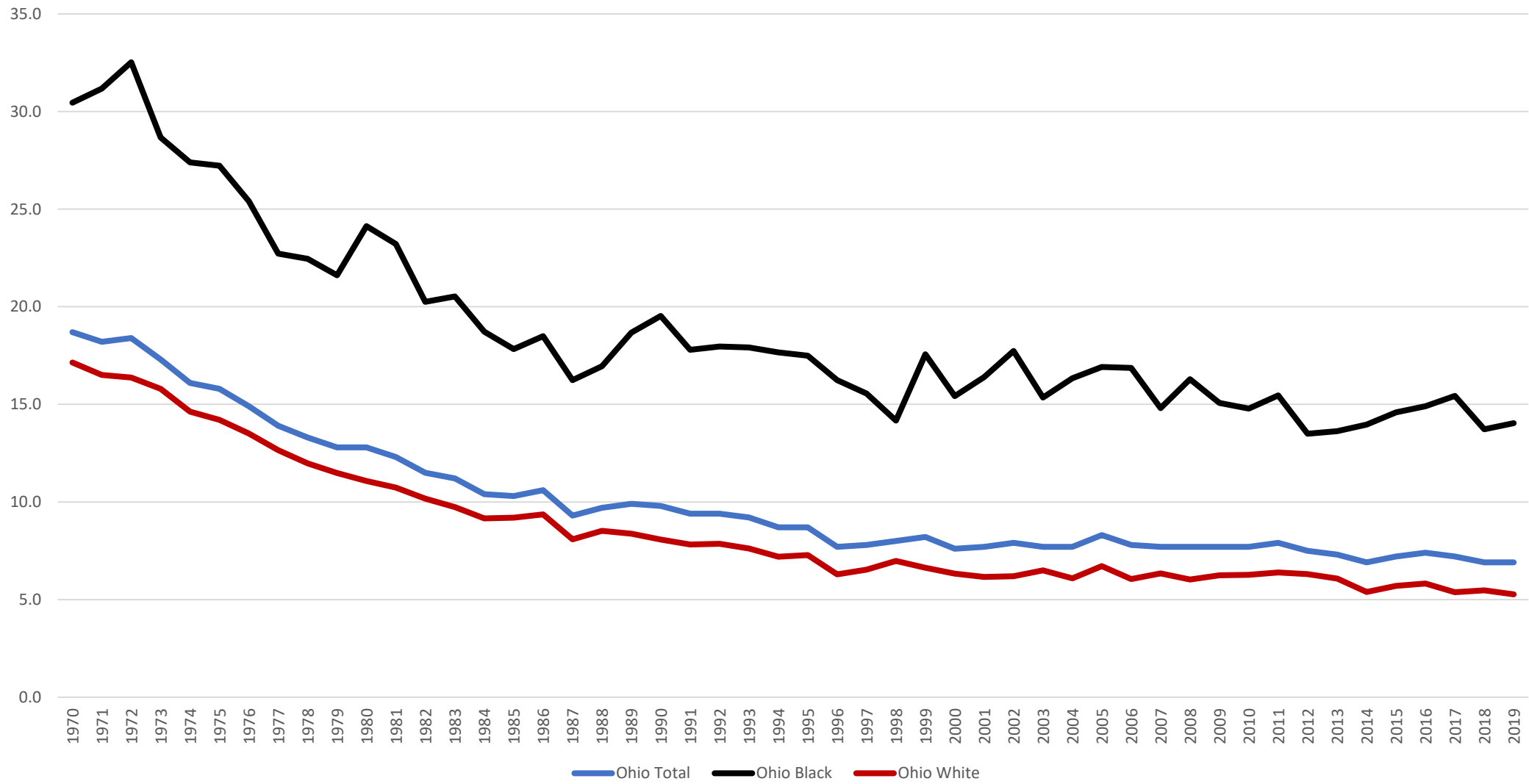
Ohio Overall IMR: 1990-2019 (49 years)



Wisconsin Overall IMR: 1970-2019 (49-years)

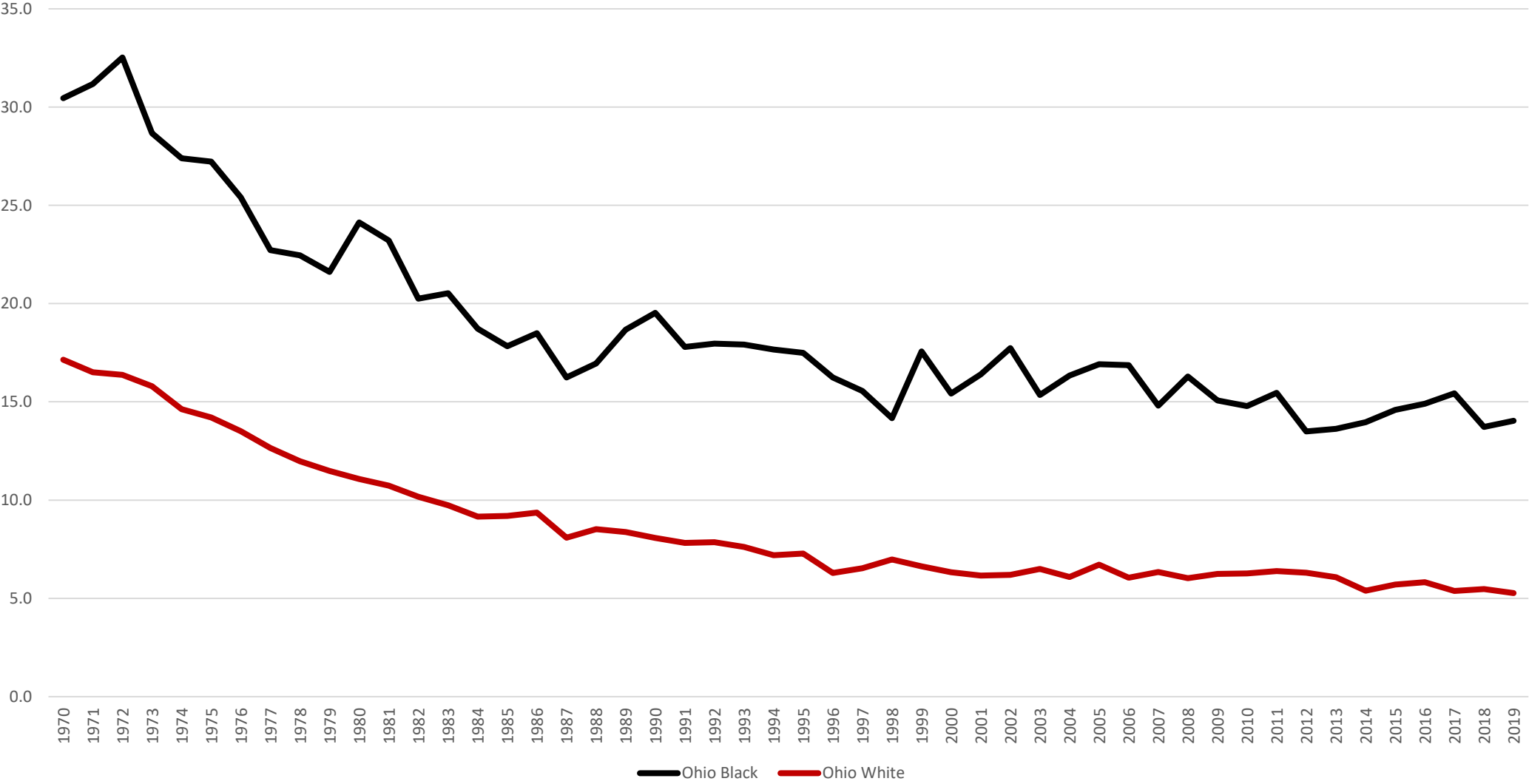


# Ohio Overall, White & Black IMRs: 1990-2019 (49 years)



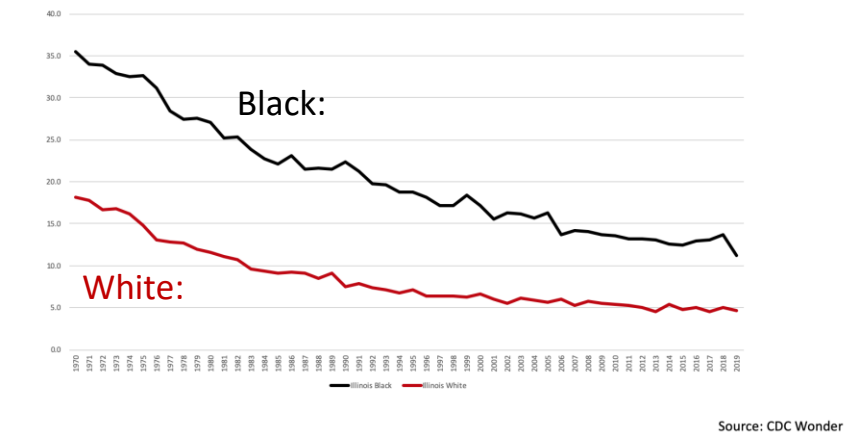


# Ohio White & Black IMRs: 1990-2019 (49 years)

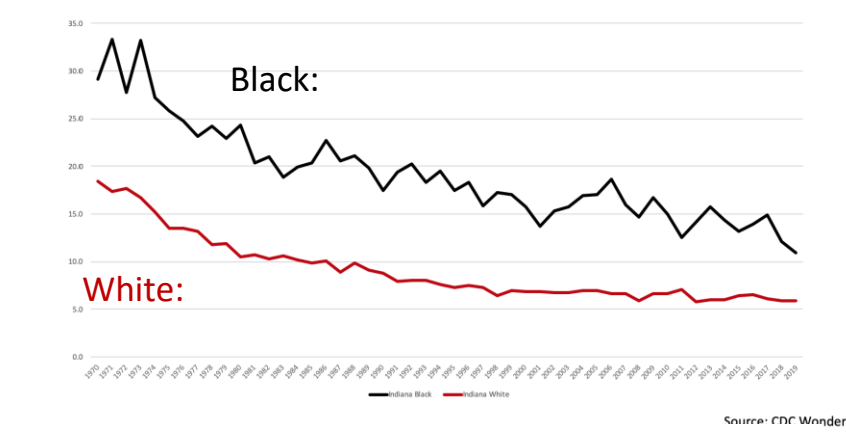


**Black/White Disparity Ratio:**

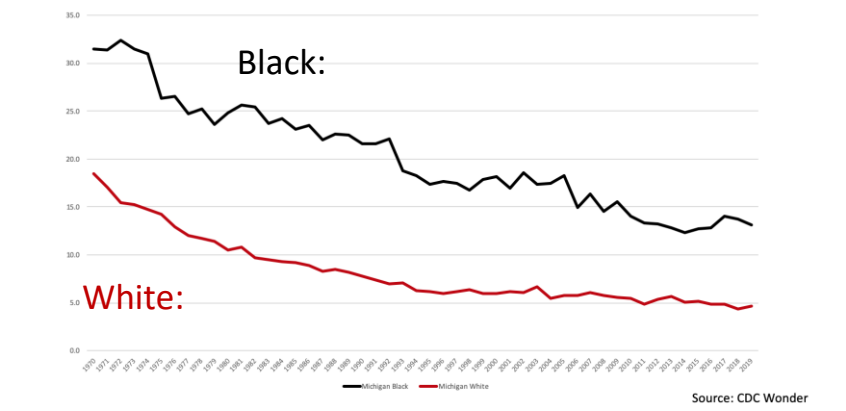
Illinois White and Black IMRs: 1970-2019



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



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



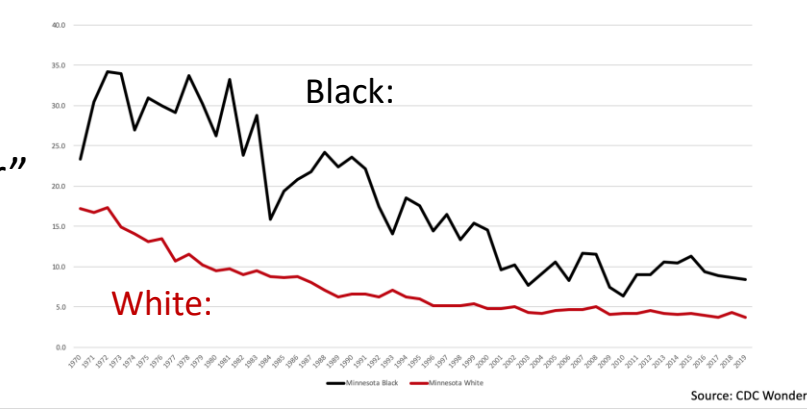
# B/W Disparity or Inequity:

In every State we see a persistent, “49-year” gap in the opportunity to survive the 1<sup>st</sup> year of life.

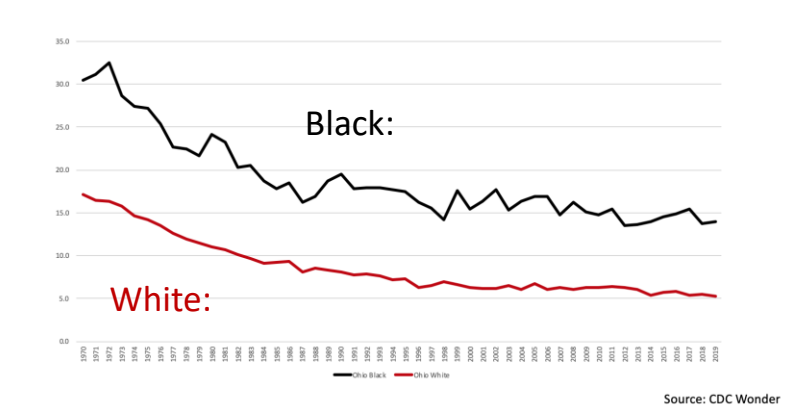
In 2013 the Secretary’s Advisory Committee on Infant Mortality stated:

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

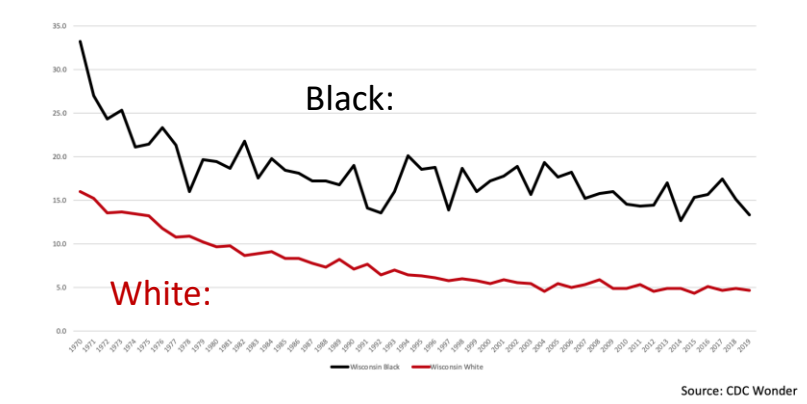
Minnesota White & Black IMRs: 1970-2019 (49 years)



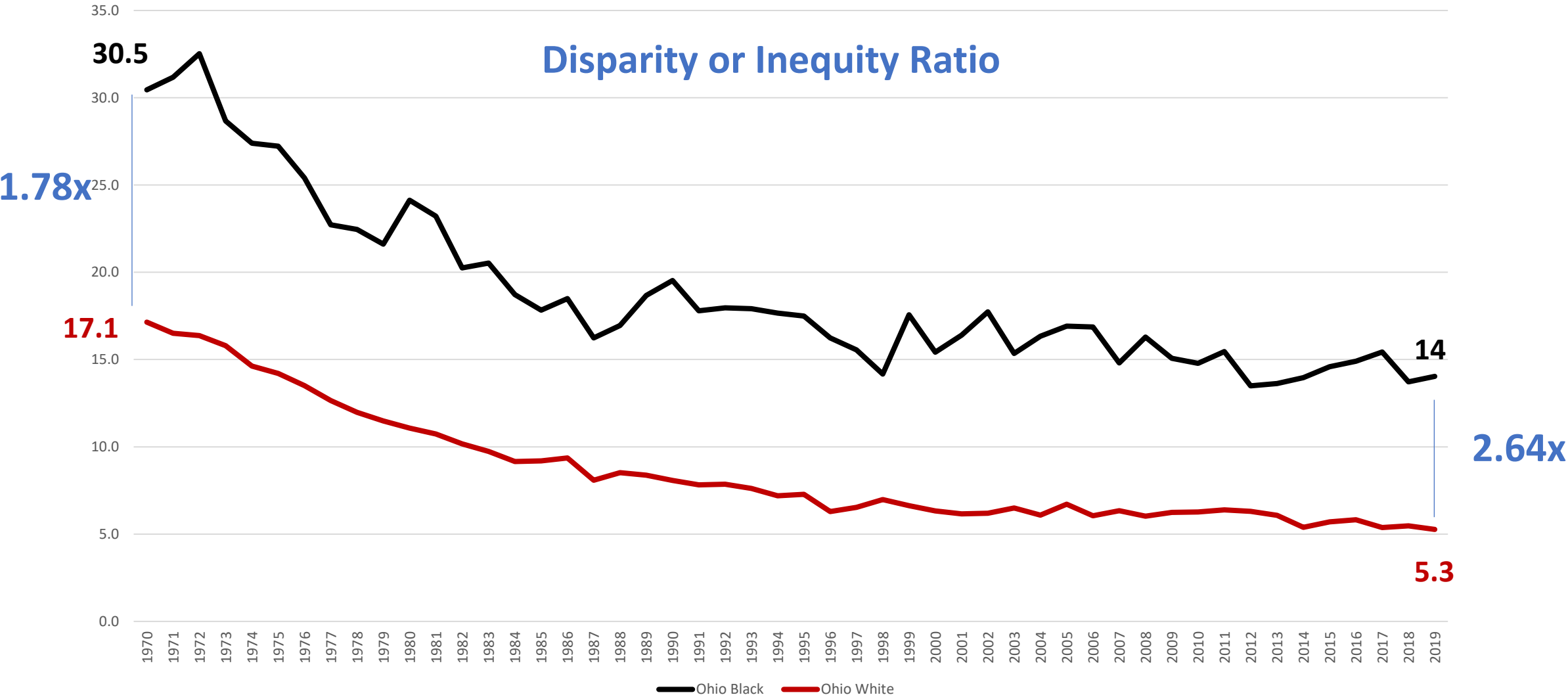
Ohio White & Black IMRs: 1990-2019 (49 years)



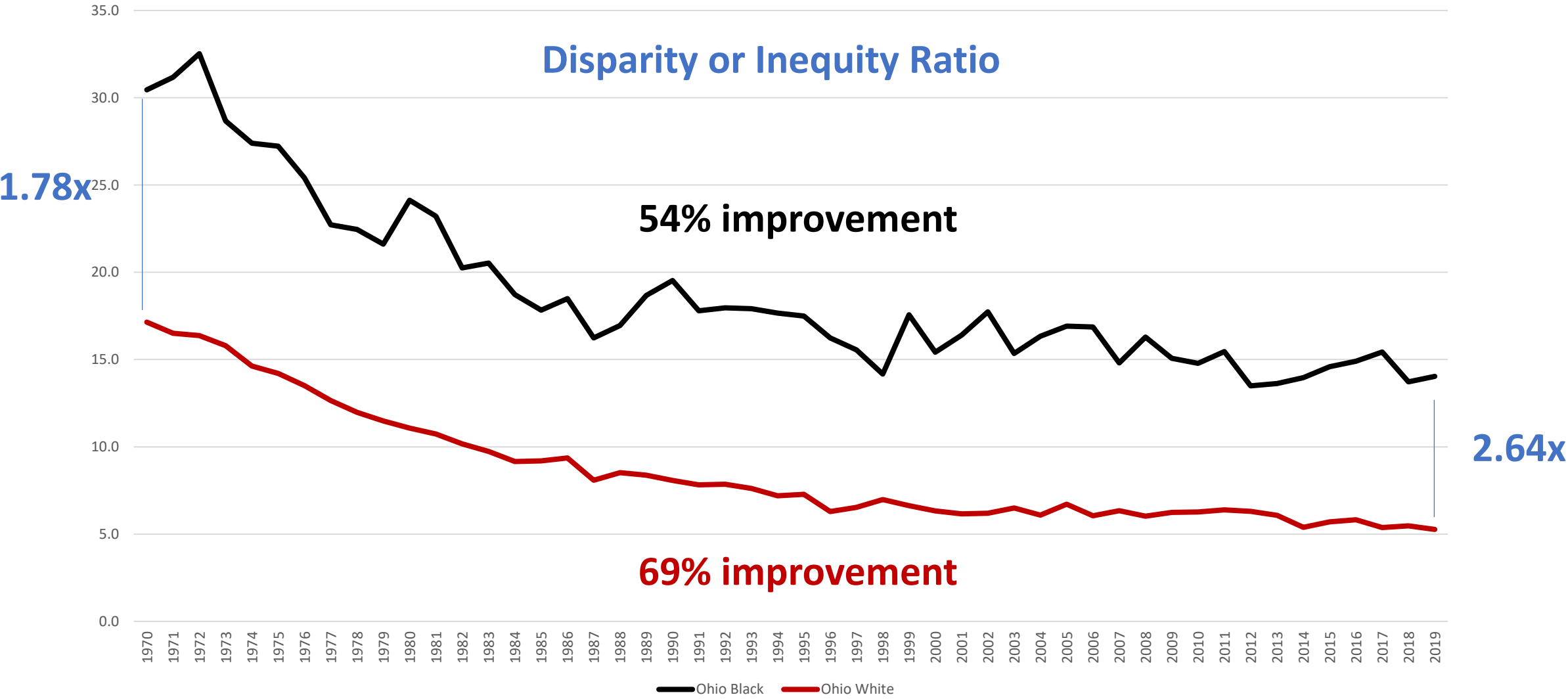
Wisconsin White & Black IMRs: 1970-2019 (49-years)



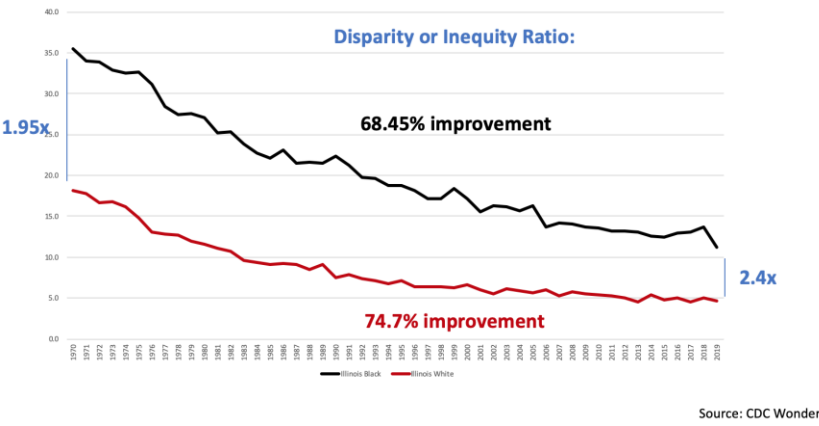
# Ohio White & Black IMRs: 1990-2019 (49 years)



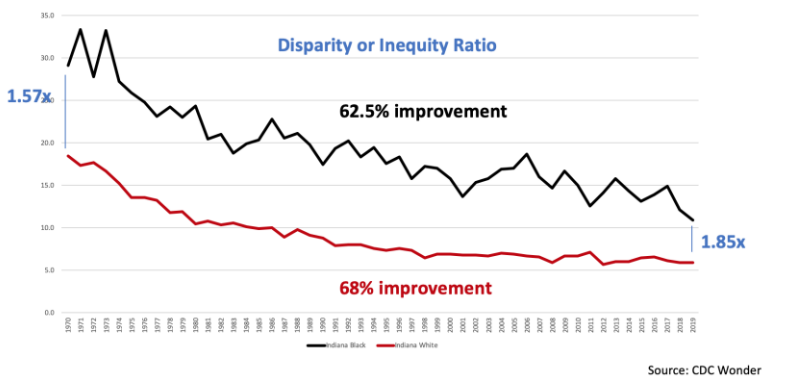
# Ohio White & Black IMRs: 1990-2019 (49 years)



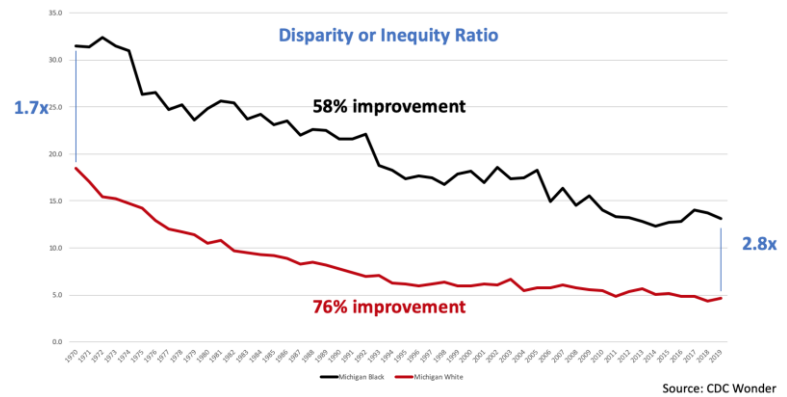
Illinois White and Black IMRs: 1970-2019



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



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



# B/W Disparity Ratios:

Every Region V State has well established trends or patterns of improving WIMRs at a faster pace than improving BIMRs. Over time, this has resulted in an increase in disparity ratios.

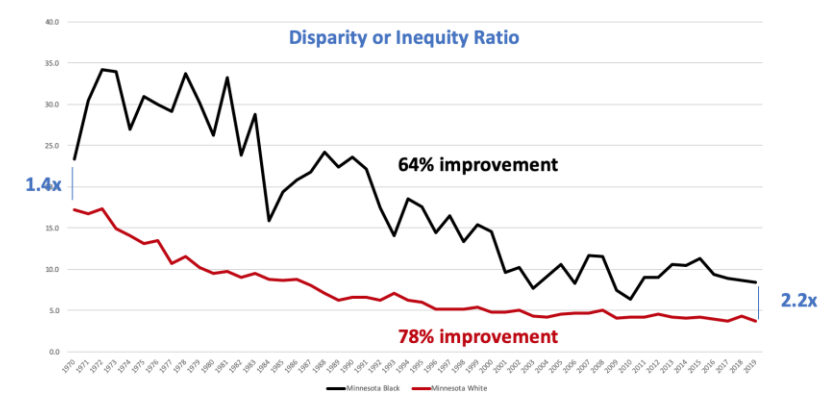
Understanding the reliability of well established “trends” is important...

2, 4, 6, 8.....  
5, 10, 15, 20.....

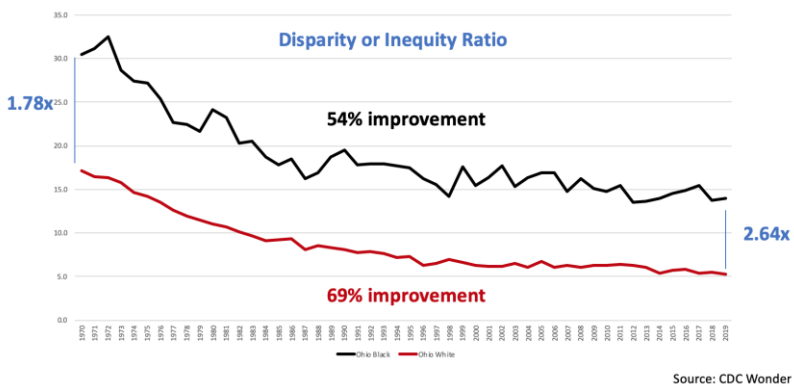
Because, unless we disrupt these patterns or trends, they allow us to reliably predict what to expect in the future. Unlike the math query (above), these patterns are not laws of nature...

WE CONTROL THEM!!!

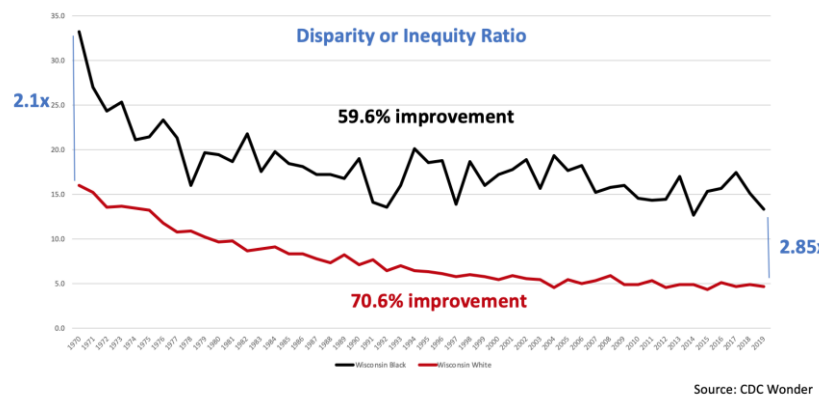
Minnesota White & Black IMRs: 1970-2019 (49 years)



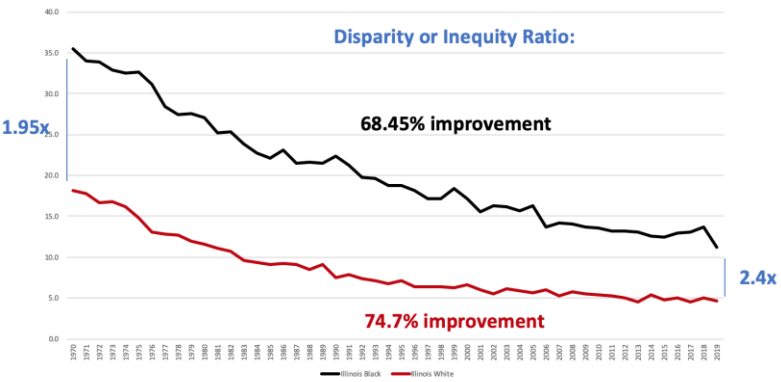
Ohio White & Black IMRs: 1990-2019 (49 years)



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

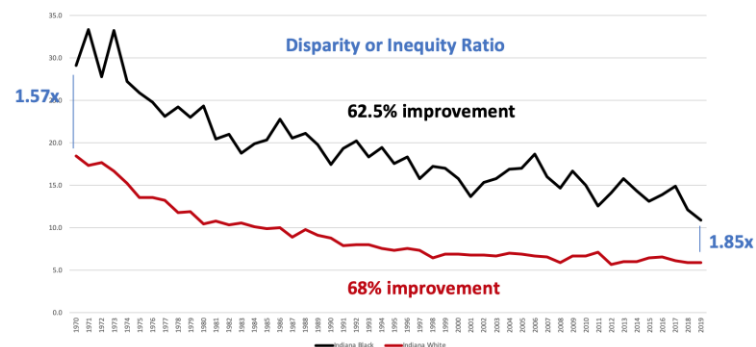


Illinois White and Black IMRs: 1970-2019



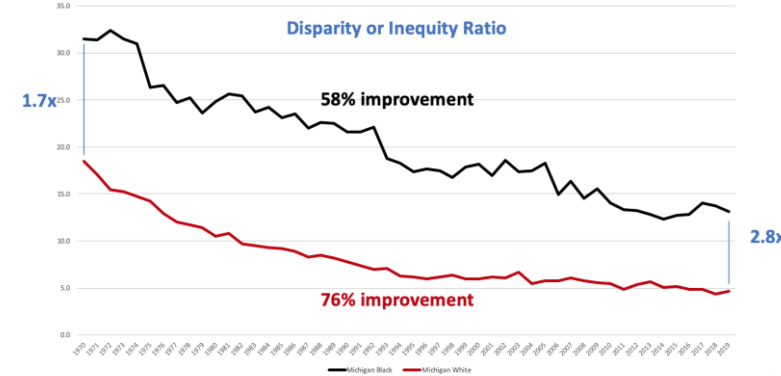
Source: CDC Wonder

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



Source: CDC Wonder

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



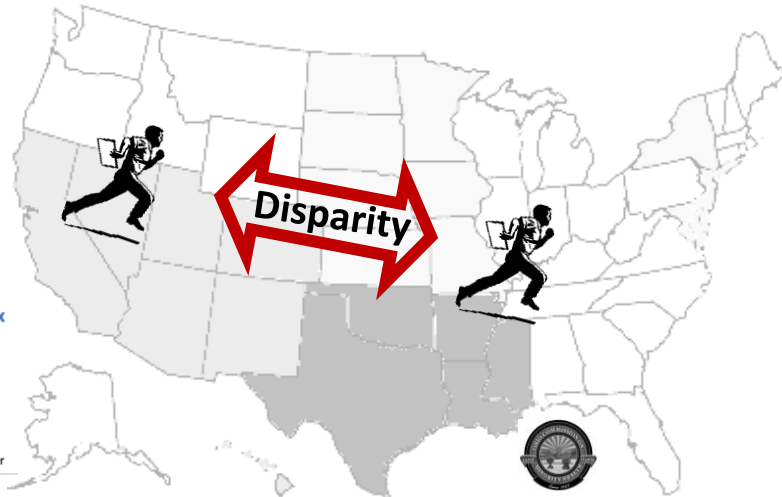
Source: CDC Wonder

# B/W Disparity Ratios:

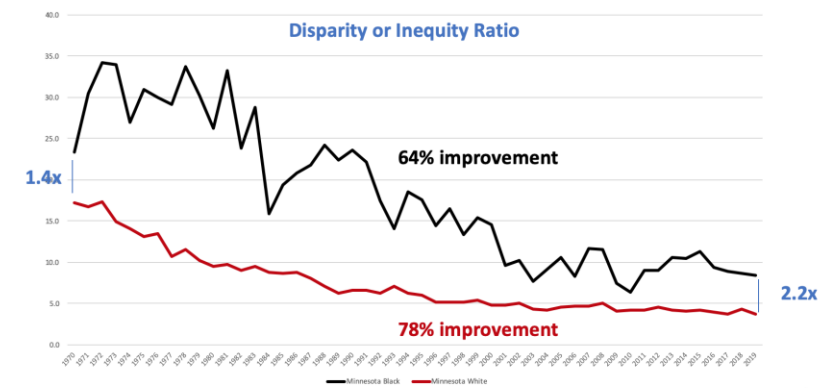
This is happening on our watch...while we are responsible.

To achieve **EQUITY**, we have to reverse these trends.

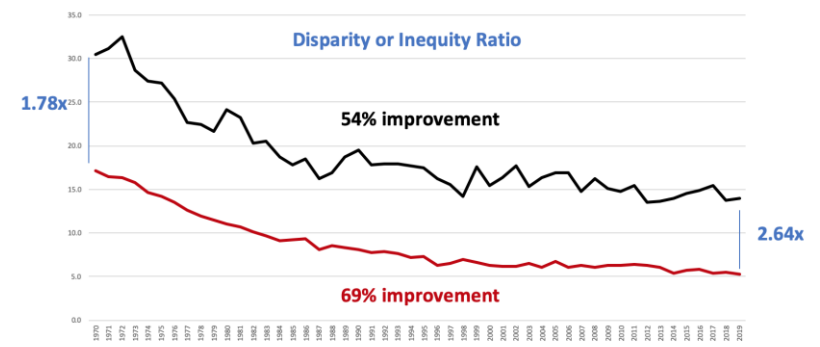
That means we have to improve the BIMR at a faster pace than we improve the WIMR (*by providing the most help where it is needed the most*)...and we have to do so w/o compromising our efforts to improve the WIMR.



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

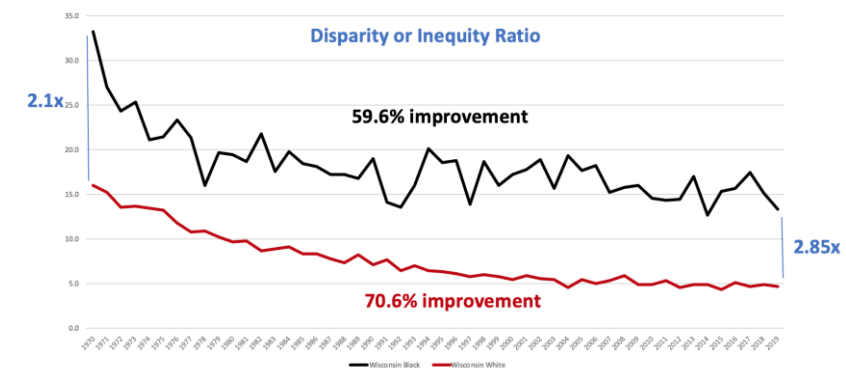


Ohio White & Black IMRs: 1990-2019 (49 years)



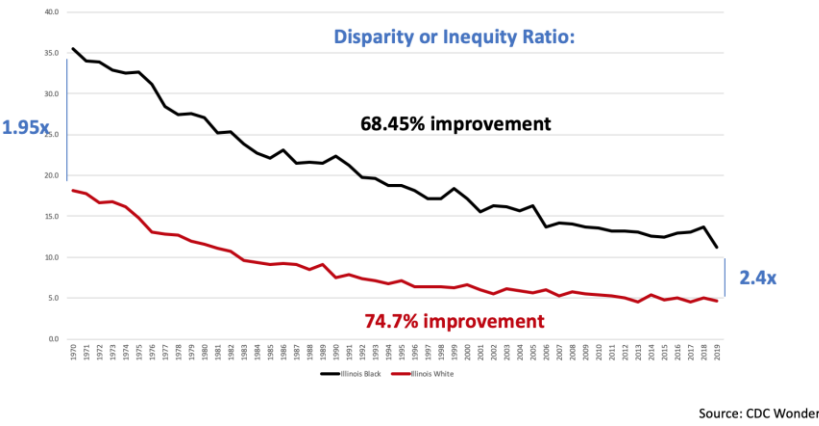
Source: CDC Wonder

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

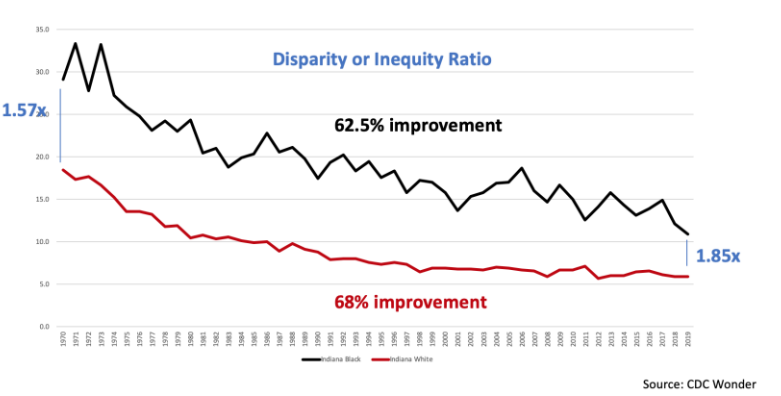


Source: CDC Wonder

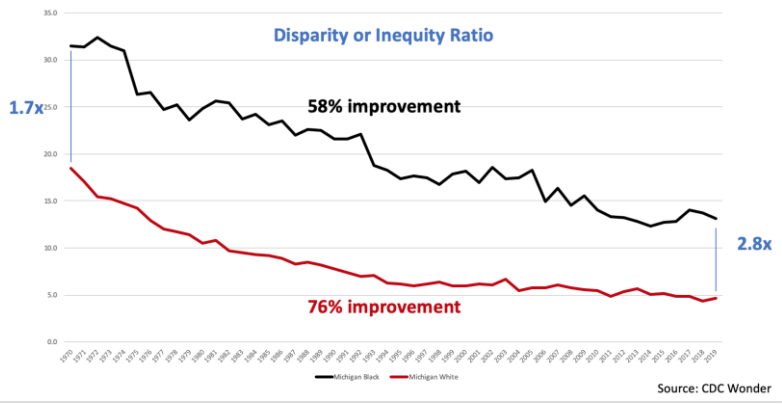
Illinois White and Black IMRs: 1970-2019



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



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

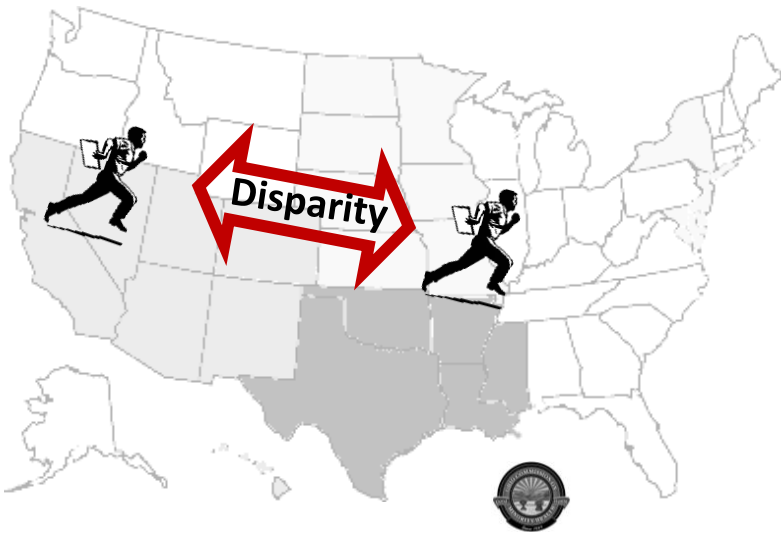


# B/W Disparity Ratios:

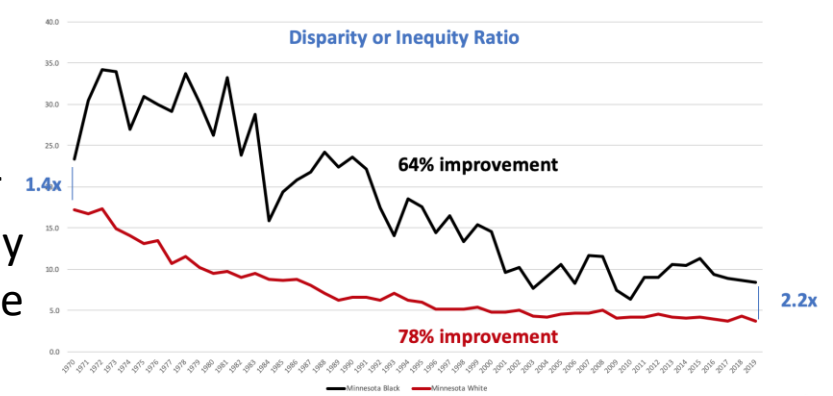
The thought of intentionally working to improve the IMR for one group at a faster pace than for another group bothers many people. They insist that doing so would be “unjust”, “unfair”, “immoral”, “wrong.”

But look at our own data...we have been doing this for DECADES (*for White babies*)...and we have behaved as if it is ok.

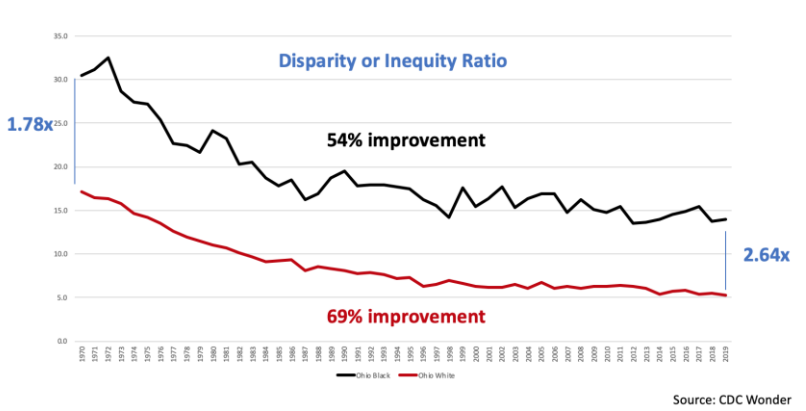
It is not ok! **THESE TRENDS MUST END!!**



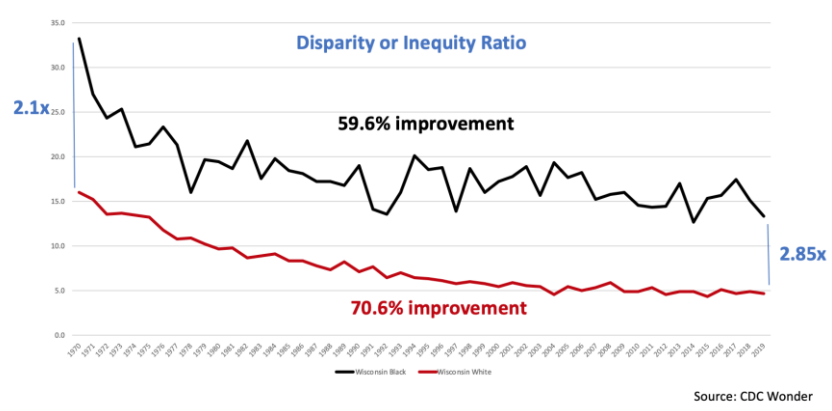
Minnesota White & Black IMRs: 1970-2019 (49 years)



Ohio White & Black IMRs: 1990-2019 (49 years)



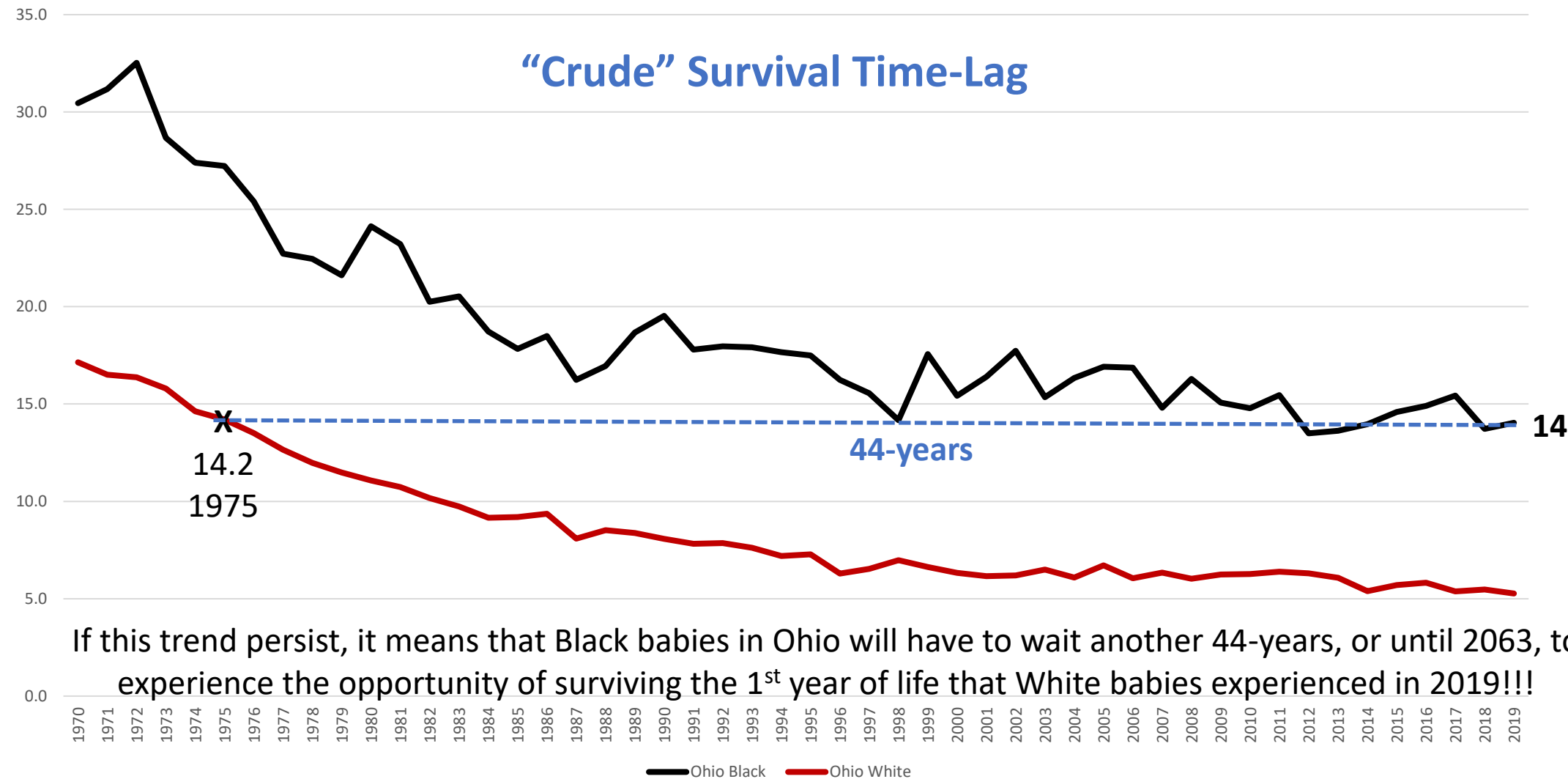
Wisconsin White & Black IMRs: 1970-2019 (49-years)



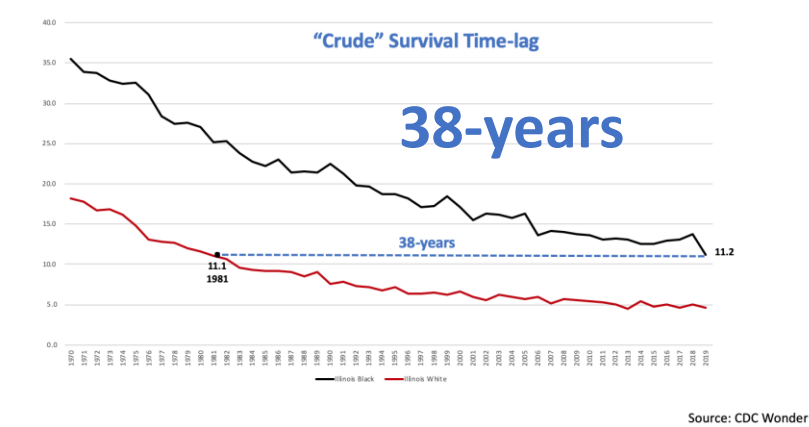


**“Crude” Survival Time Lag:**

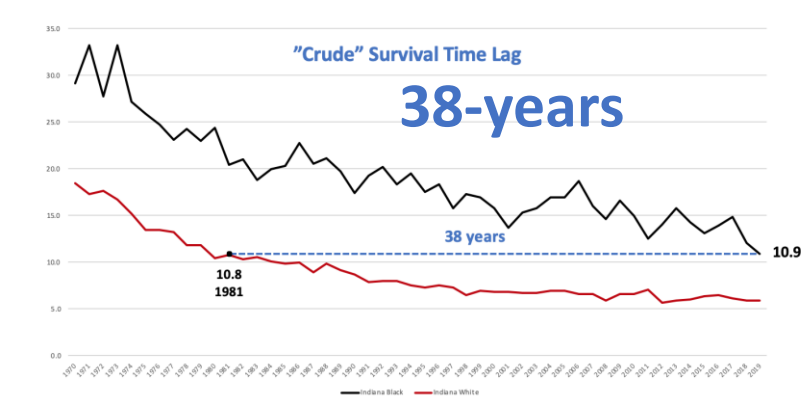
# Ohio White & Black IMRs: 1990-2019 (49 years)



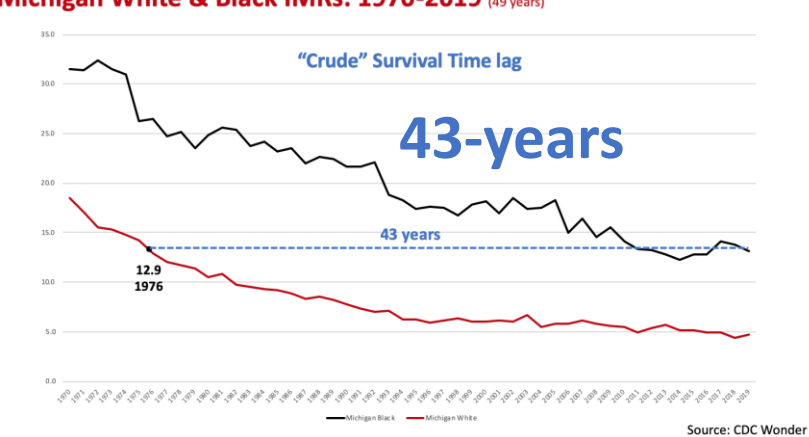
Illinois White and Black IMRs: 1970-2019



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



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



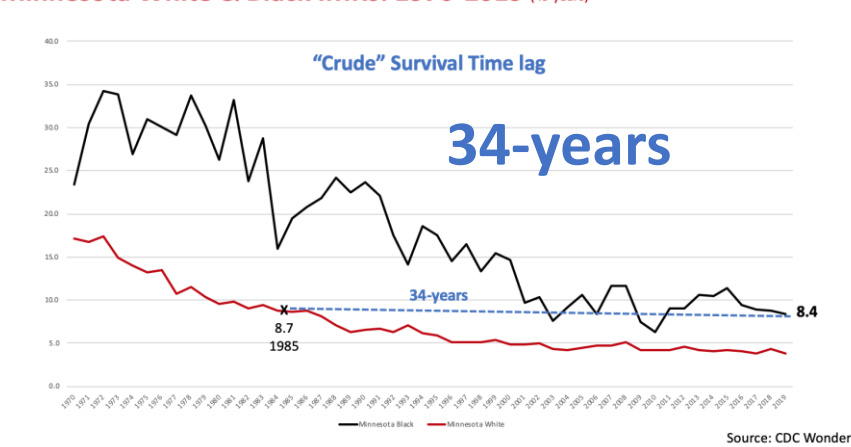
# Survival Time-Lag:

In each State this 49-years of data represents well-established trends or patterns. On the basis of the trends, if we take our most recent 2019 BIMRs and extrapolate back to the last time we find a comparable WIMR...the time interval, depending on the State, is between 34-45-years.

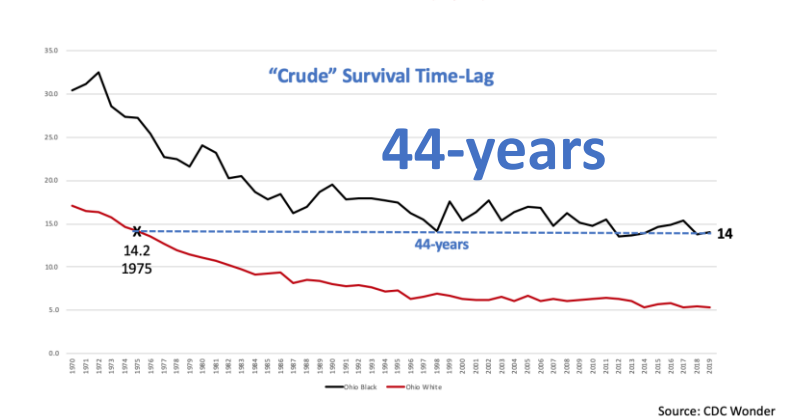
This suggests that unless we change these trends, Black babies in our States will have to wait another 34-45 years to experience the same opportunity to survive the 1<sup>st</sup> year of life as White babies did in 2019!

**We can and must do better.**

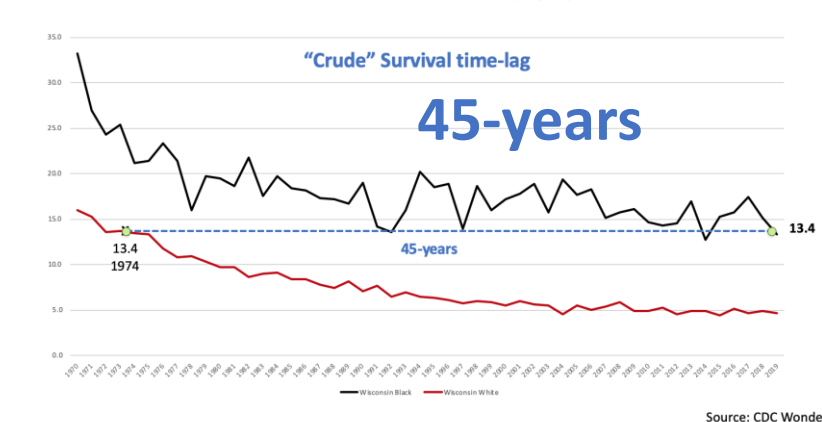
Minnesota White & Black IMRs: 1970-2019 (49 years)



Ohio White & Black IMRs: 1990-2019 (49 years)

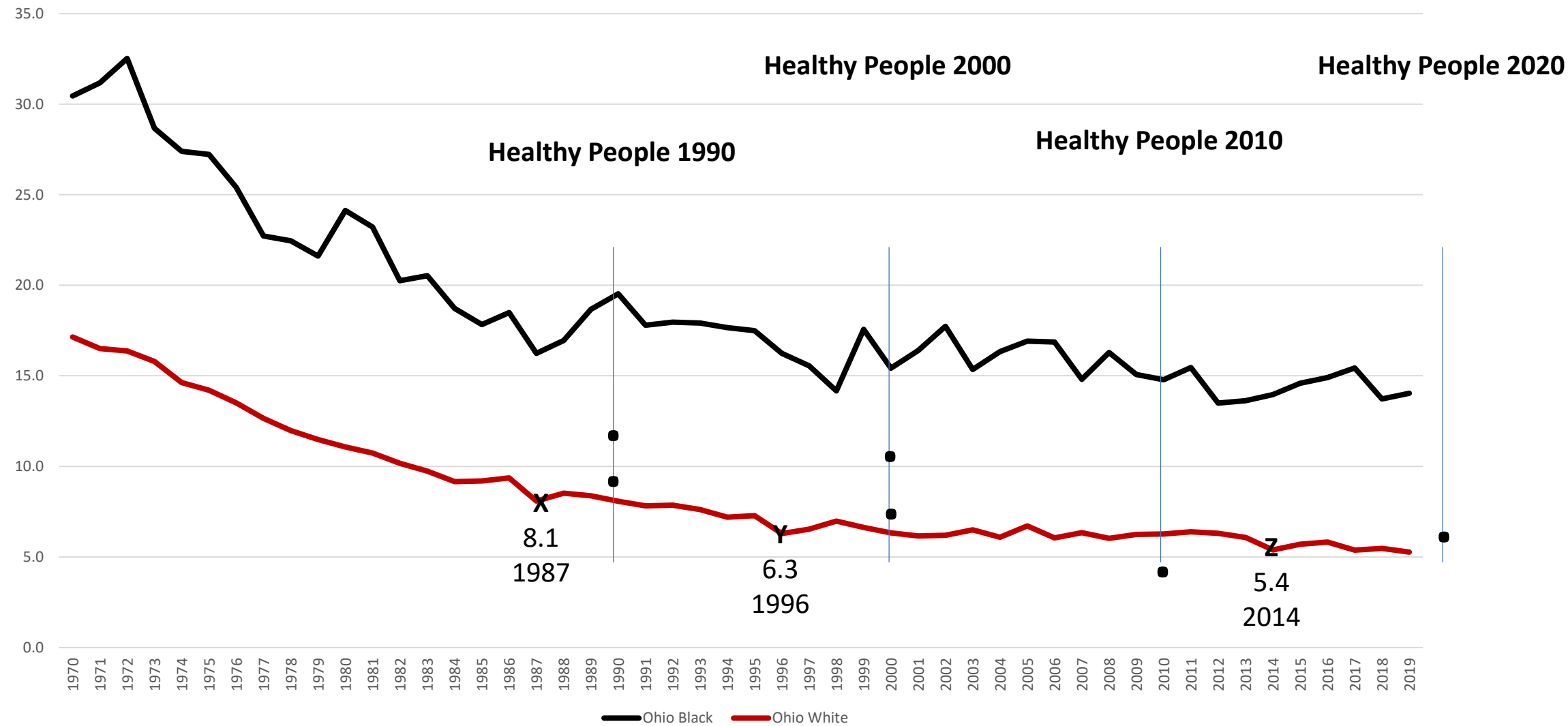


Wisconsin White & Black IMRs: 1970-2019 (49-years)



**Achieving Healthy People Goals by Black/White race:**

# Ohio White & Black IMRs: 1990-2019 (49 years)



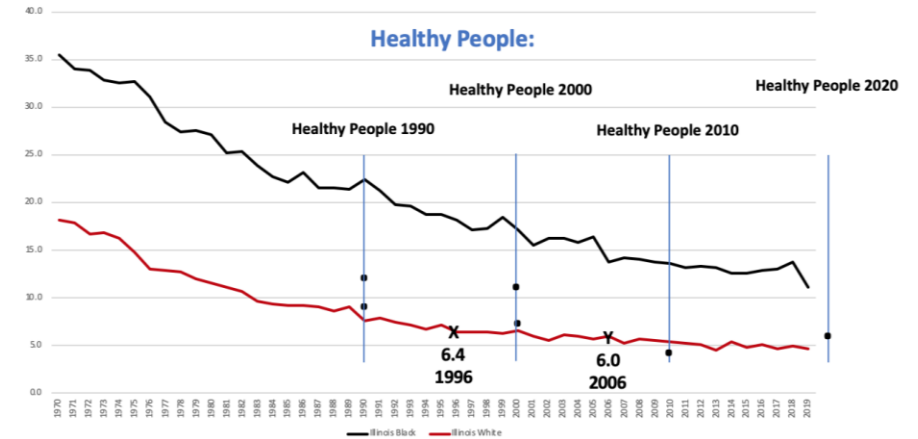
# Ohio White & Black IMRs: 1990-2019 (49 years)



# Achieving Healthy People Goals by B/W Race: IL

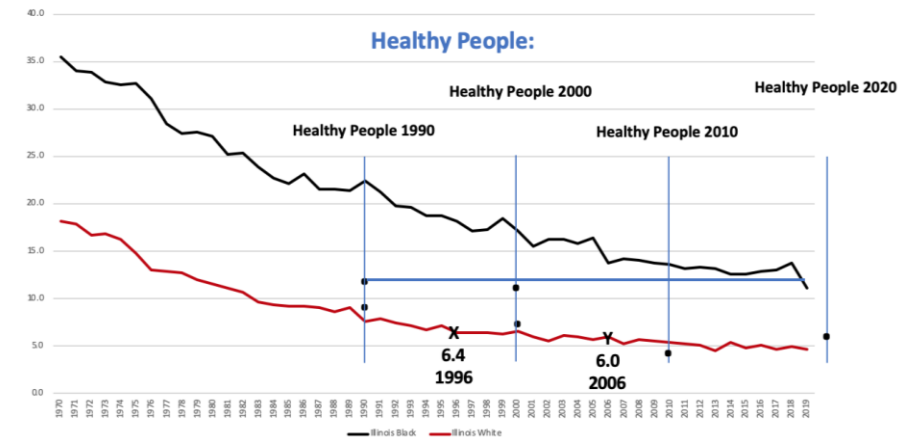
- HP 1990: Achieved the Overall IMR for White babies on the goal date.
  - HP 2000: Achieved the Overall IMR for White babies in 1996, 4 years prior to the goal date.
  - HP 2010: Did not achieve the goal
  - HP 2020: Achieved the goal for White babies in 2006, 14 years prior to the goal date.
- 
- HP 1990: Achieved the BIMR goal in 2018, 28-years **AFTER** the goal date
  - HP 2000: has not achieved
  - HP 2010: has not achieved
  - HP 2020: has not achieved

Illinois White and Black IMRs: 1970-2019



Source: CDC Wonder

Illinois White and Black IMRs: 1970-2019

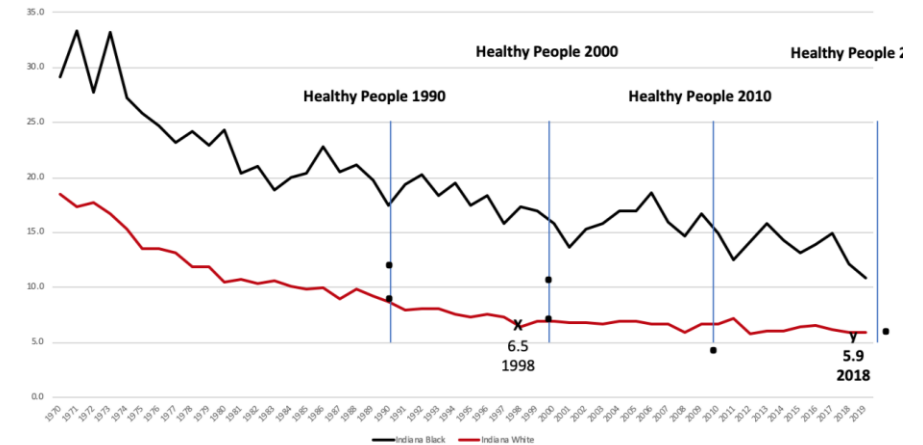


Source: CDC Wonder

# Achieving Healthy People Goals by B/W Race: **IN**

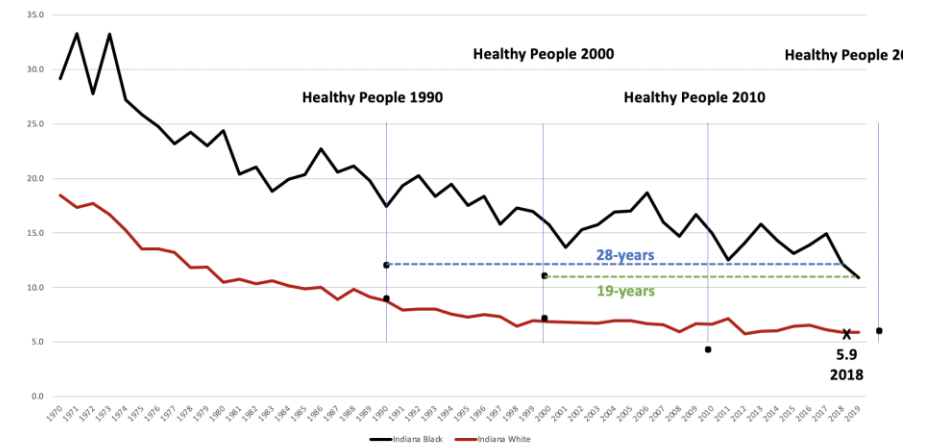
- IN achieved HP goals for White babies 3 of the 4 decades of HP: (upper graph)
  - HP 1990: achieved the goal by the goal date
  - HP 2000: achieved the goal 2-years in advance of the goal date.
  - HP 2010: did not accomplish the goal
  - HP 2020: achieved the goal 2-years in advance of the goal date.
- HP 1990: achieved the goal for Black babies... 28-years **AFTER** the goal date.
- HP 2000: achieved the goal for Black babies 19-years **AFTER** the goal date

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



Source: CDC Wom

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



Achieved HP 1990 Goal for BIMR 28-years AFTER the goal date and the HP 2000 Goal 19-years after the goal date..

Source: CDC Wor

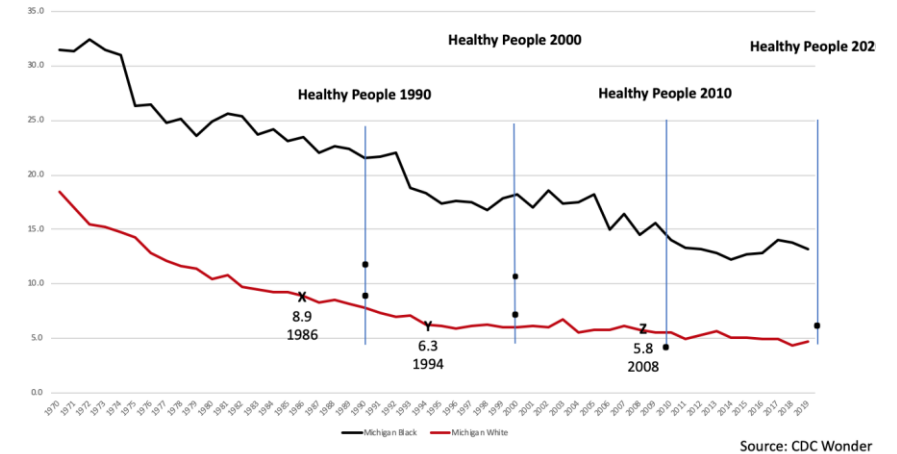


# Achieving Healthy People Goals by B/W Race: MI

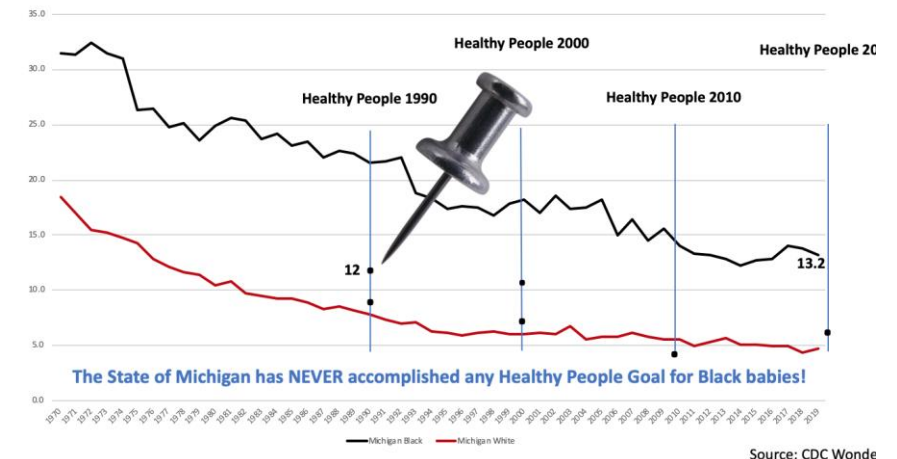
- Michigan achieved Overall HP goals for White babies during 3 of the 4 decades of Healthy People.
- HP 1990: achieved the goal 4-years in advance
  - of the goal date
- HP 2000: achieved the goal 6-years in advance
  - of the goal date
- HP 2010: did not achieve goal
- HP 2020: achieved the goal 12-years in advance
  - of the goal date.

**The State of Michigan has NEVER accomplished any Healthy People IMR Goals for Black babies**

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



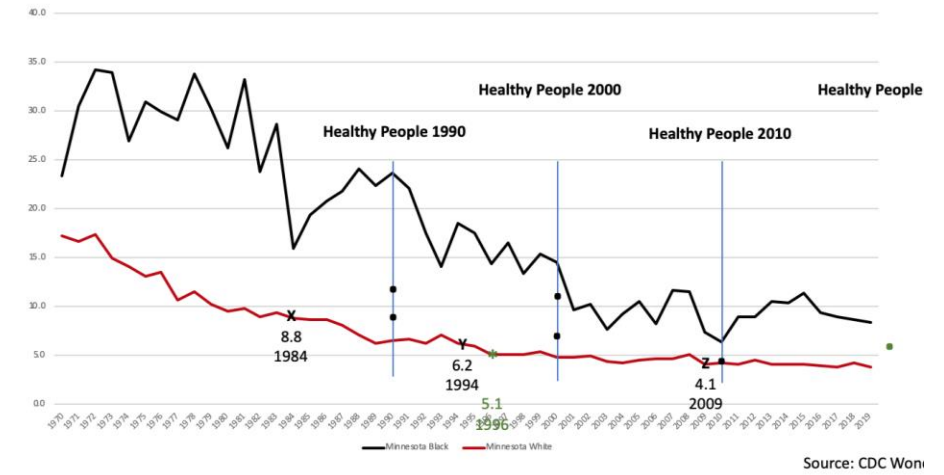
Michigan White & Black IMRs: 1970-2019 (49 years)



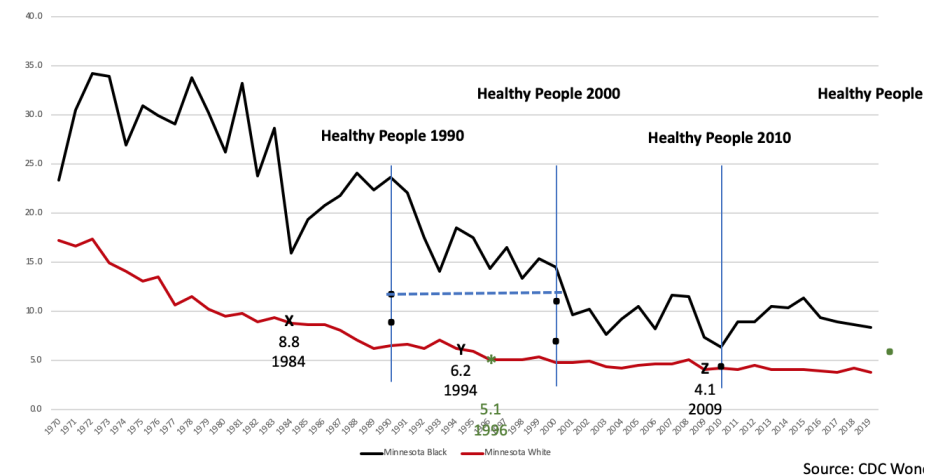
# Achieving Healthy People Goals by B/W Race: MN

- HP 1990: MN achieved the Overall IMR for White babies in 1984, 6-years in advance of the goal date.
- HP 2000: MN achieved the Overall IMR for White babies in 1994, 6-years in advance of the goal date.
- HP 2010: MN achieved the goal for White babies in 2009, one year in advance of the goal date.
- HP 2020: MN achieved the goal for White babies in 1996, 24-years in advance of the goal date.
- In the 4 decades of HP, MN has achieved HP goals for White babies BEFORE the goal dates and, since 2000, has already significantly exceeded the HP 2030 goal for White babies, 30-years in advance of the goal date.
- In contrast, MN achieved the HP 1990 goal for Black babies 11-years AFTER the goal date, and the HP 2000 goal (? in a sustained manner) in 2016, 16-years AFTER the goal date. (lower graph)

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



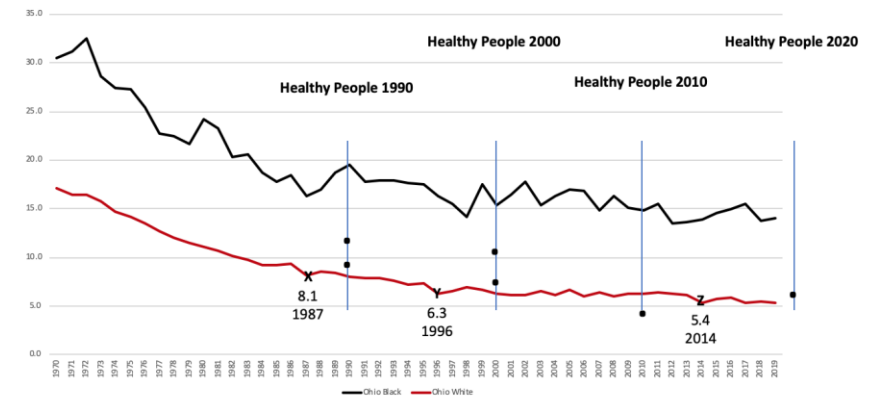
Minnesota White & Black IMRs: 1970-2019 (49 years)



# Achieving Healthy People Goals by B/W Race: **Ohio**

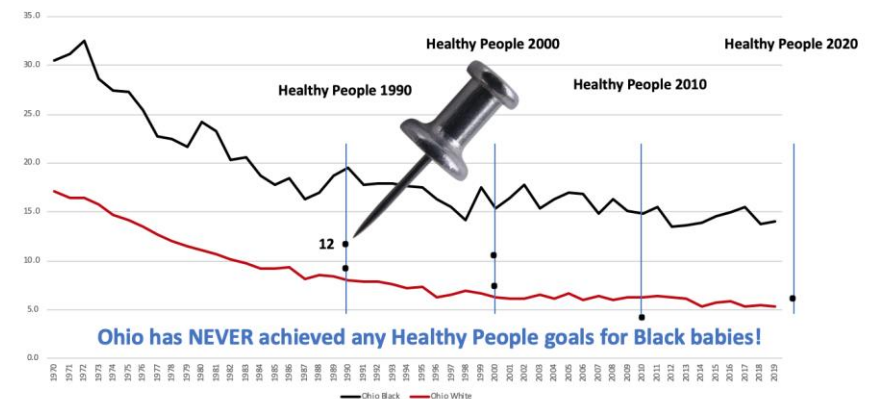
- HP 1990: achieved the goal for White babies in 1987, 3-years in advance of the goal date
- HP 2000: achieved the goal for White babies in 1996, 4-years in advance of the goal date
- HP 2010: did not achieve the goal for White or Black babies
- HP 2020: achieved the goal for White babies in 2014, 6-years in advance of the goal date
- **Ohio has never achieved any HP goals for Black babies**

Ohio White & Black IMRs: 1990-2019 (49 years)



Source: CDC Wonder

Ohio White & Black IMRs: 1990-2019 (49 years)



Source: CDC Wonder

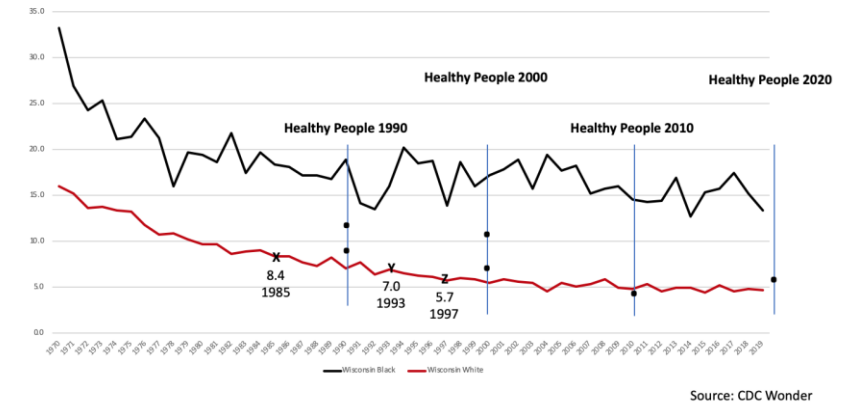
# Achieving Healthy People Goals by B/W Race: **WI**

- HP 1990: Achieved the HP 1990 goal for White babies in 1985, 5-years in advance of the goal date.
- HP 2000: Achieved the Overall IMR for White babies in 1993, 7-years in advance of the goal date.
- HP 2010: Goal was not achieved by White or Black babies
- HP 2020: Achieved by White babies in 1997, 23-years in advance of the goal date.

Therefore, WI achieved HP goals for White babies 3 of the 4 decades of HP and achieved those goals well in advance of the goal dates.

**WI has never achieved any HP IMR goal for Black babies**

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



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



**Excess Black Infant Deaths:**





**If Ohio's Black IMR had been the same as  
Ohio's White IMR during the 3-years  
from 2016, 2017, & 2018...**

**582**

**Black babies would still be alive**

Source: CDC Wonder, HRSA evaluation



**That means that if the average classroom has 25 students...**







**We loose the  
equivalent of 8  
classrooms of  
Black children per  
year!**





## Region V Annual Average Excess Black Infant Deaths: 2016-2018

Illinois: 211

Indiana: 67

Michigan: 180

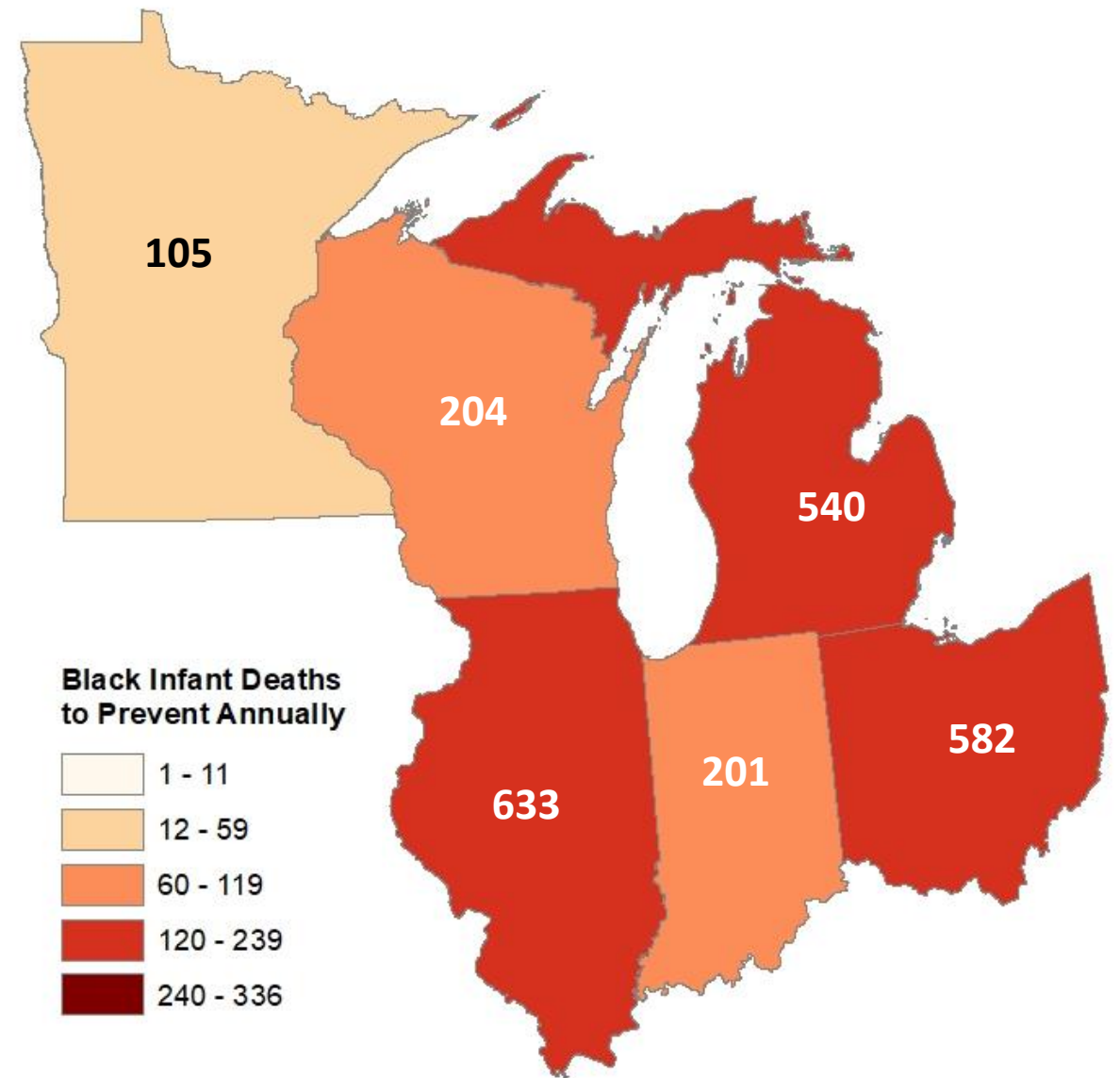
Minnesota: 35

Ohio: 194

Wisconsin: 68

**Total: 755/year**

(30 empty classrooms/year)



**Excess Black Infant Deaths over 3-years (2016-2018) = 2,265**

**Why is the  
BIMR so  
high?**



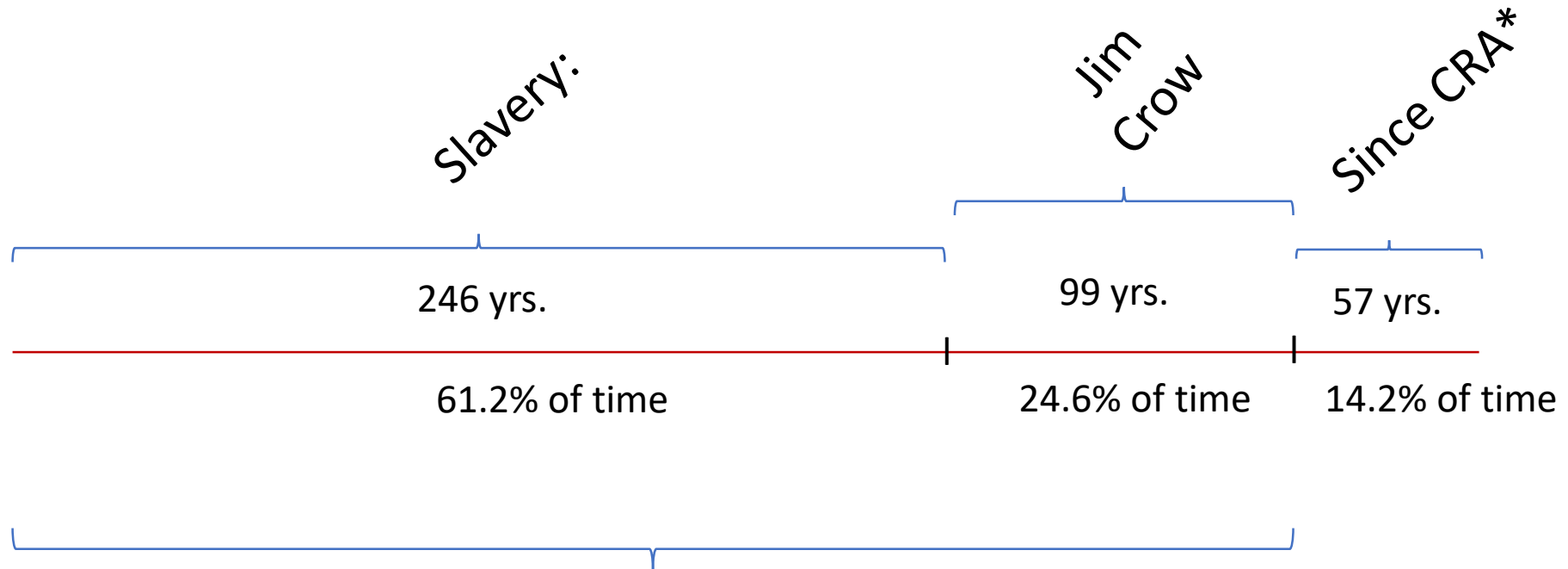
## African American Citizenship Status: 1619-2021

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

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: “Chattel”	246	61.2%
1865-1964	Jim Crow: virtually no Citizenship rights	99	24.6%
1964-2021*	“Equal”	57	14.2%
1619-2021	“Struggle” “Unfairness”	402	100%

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

# Time-line of African American Experience:



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

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

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

# 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-establishment 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 throughout 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” seems to have 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 arrest 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 400-years, this government has proven that being fair to us is not on its radar screen.**

**America has worked very hard to keep certain people out,  
to limit opportunities to certain groups.**

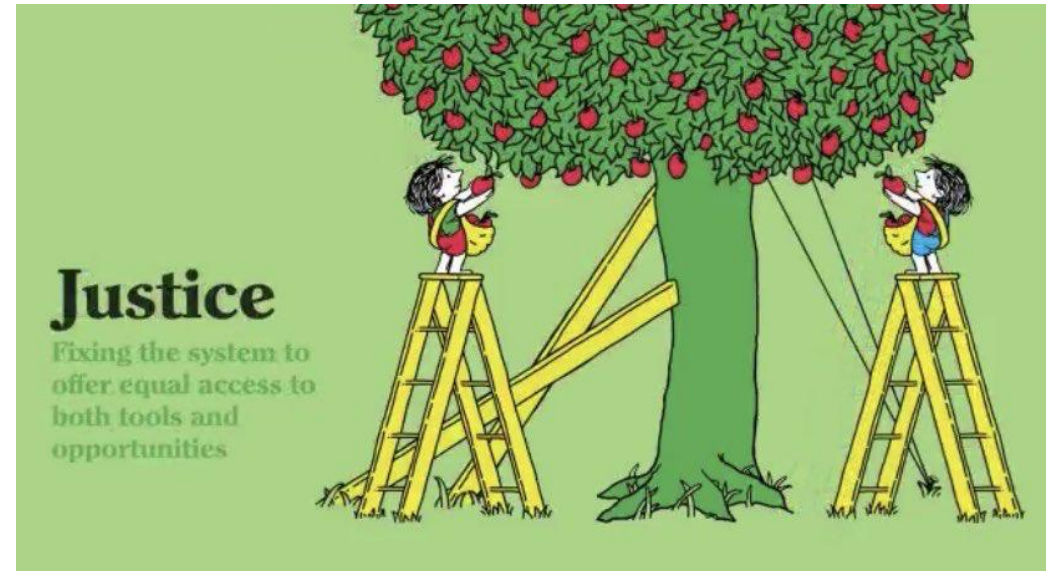
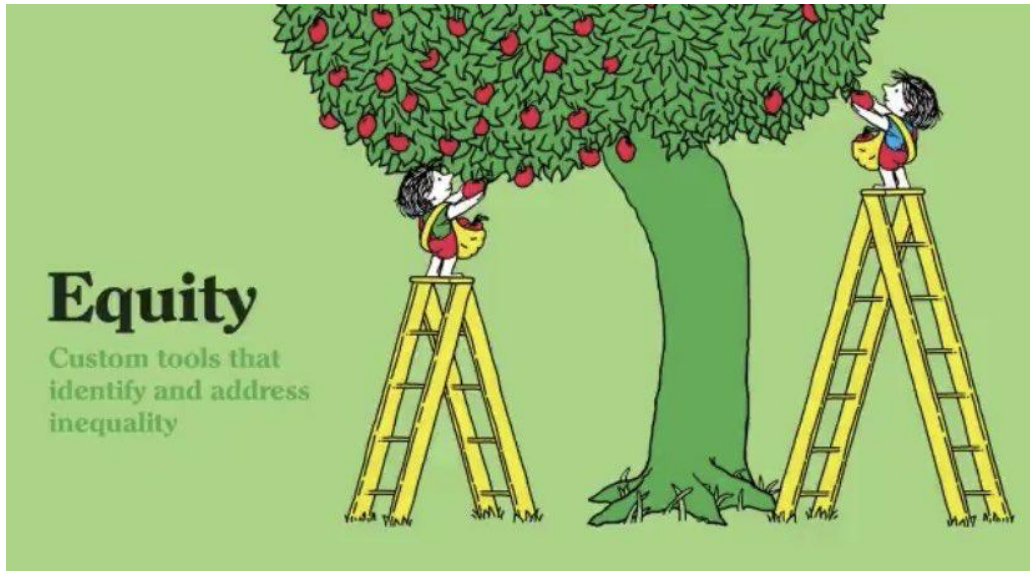
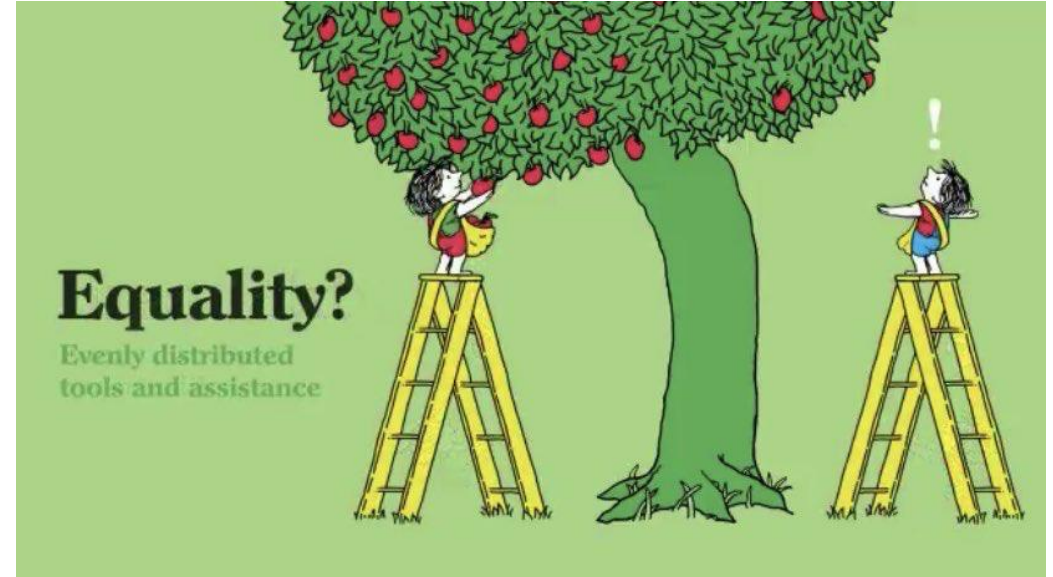
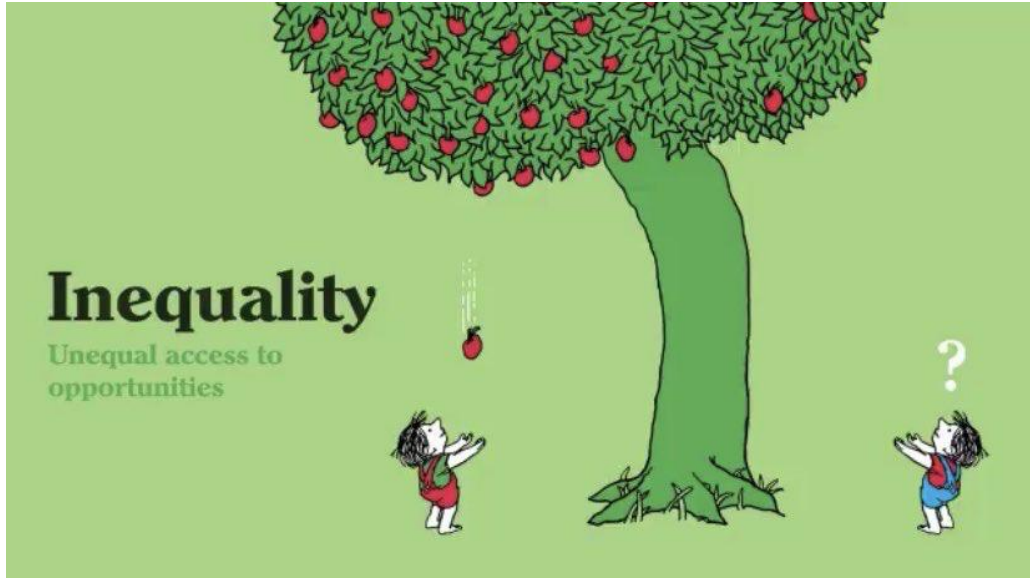
**Examples include:**

- **Neighborhood Segregation**
  - **Creation of Indian Reservations**
  - **Redlining and the formation of Ghettoes**
- **Hierarchal Health Care System**
- **School Segregation**
- **Prejudicial:**
  - **Hiring and firing (*"last hired, first fired"*)**
  - **Incarceration rates**
  - **College admissions rates**
- **Immigration Laws**
  - **Building a fence on the Southern Border**
  - **Separating children from families**
- **Now we are attacking the voting rights  
for communities of color**





# Inequality...Equality..."EQUITY & JUSTICE"



# Justice?

“If one really wishes to know how justice is administered in a country (*or in a Region of a country*), one does not question the policemen, the lawyers, the judges, or the protected members of the middle class. One goes to the unprotected—those, precisely, who need the law’s protection the most!—and listens to their testimony. Ask any *Native American, African American, Mexican, any Puerto Rican, any poor person*—ask *them* how they fare (*not just*) in the halls of justice (*but also in benefitting from an equitable distribution of opportunity on our country, in our region*), and then you will know, not whether or not the country (*or region*) is just, but whether or not it has any love for justice, or any concept of it.”

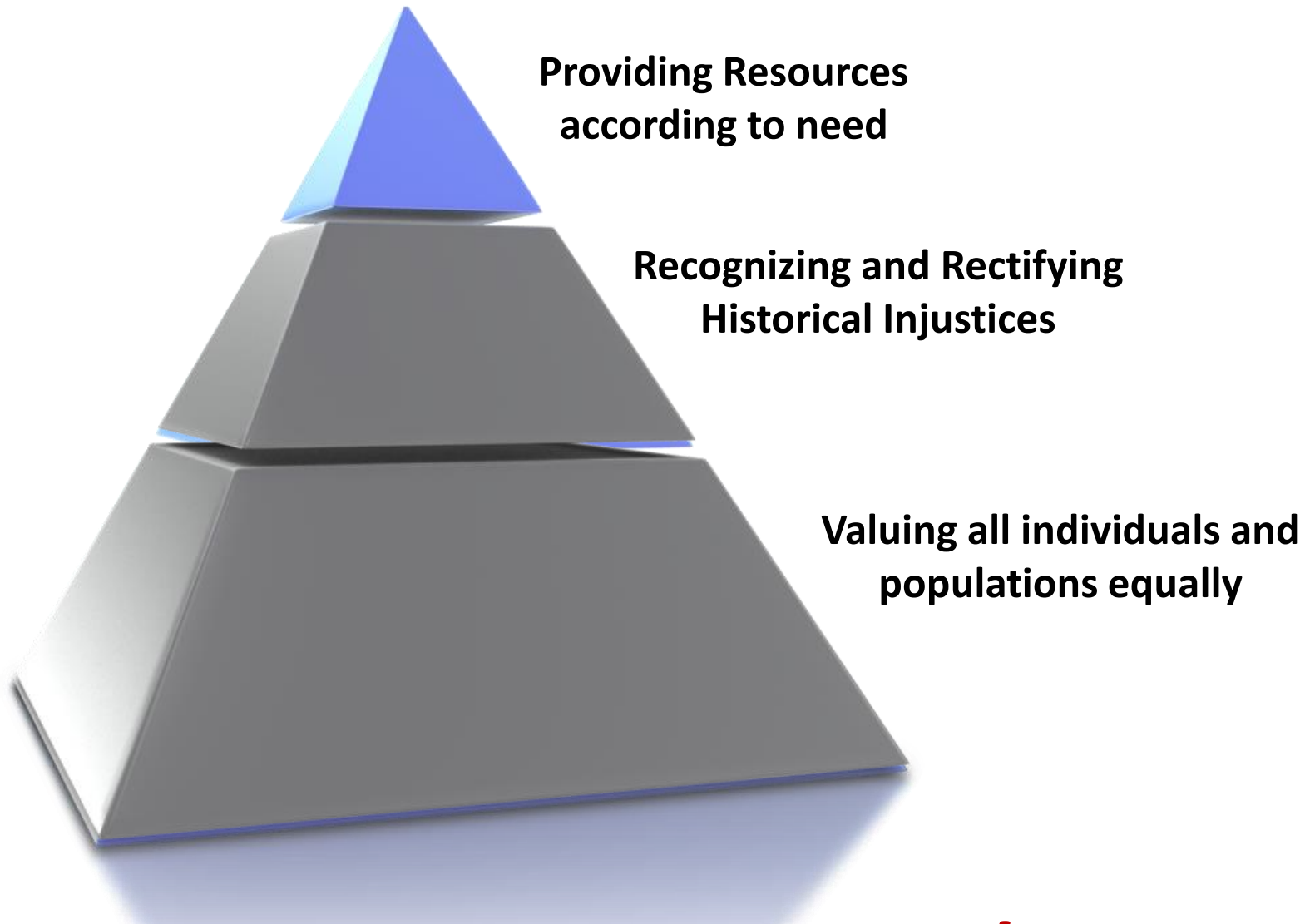


Despite not having the same advantages, the same opportunities...we have survived

We sometimes  
seem stuck on  
challenging  
people of color  
to be  
**RESILIENT.**



Our nation  
**REQUIRES**  
Native Americans,  
African Americans  
and other People  
of Color to be  
extraordinarily  
exceptional...just to  
be accepted.



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

# Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies



# Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

Disparities

**Social Determinants of Health/Lifecourse**



Disparities in Birth Outcomes:

**Social Determinants of Health:**

Medical Problems:



Weathering

**Racism**

Housing

Incarceration rates

*Fatherless households*

Neighborhoods

Unemployment

Hopelessness

**Policies**

No Insurance

Stress

**Poverty**

“Medical baggage”

**Language**

Limited Access  
to Care

Smoking

Substance Use

Under-  
Education

**Lower graduation rates**

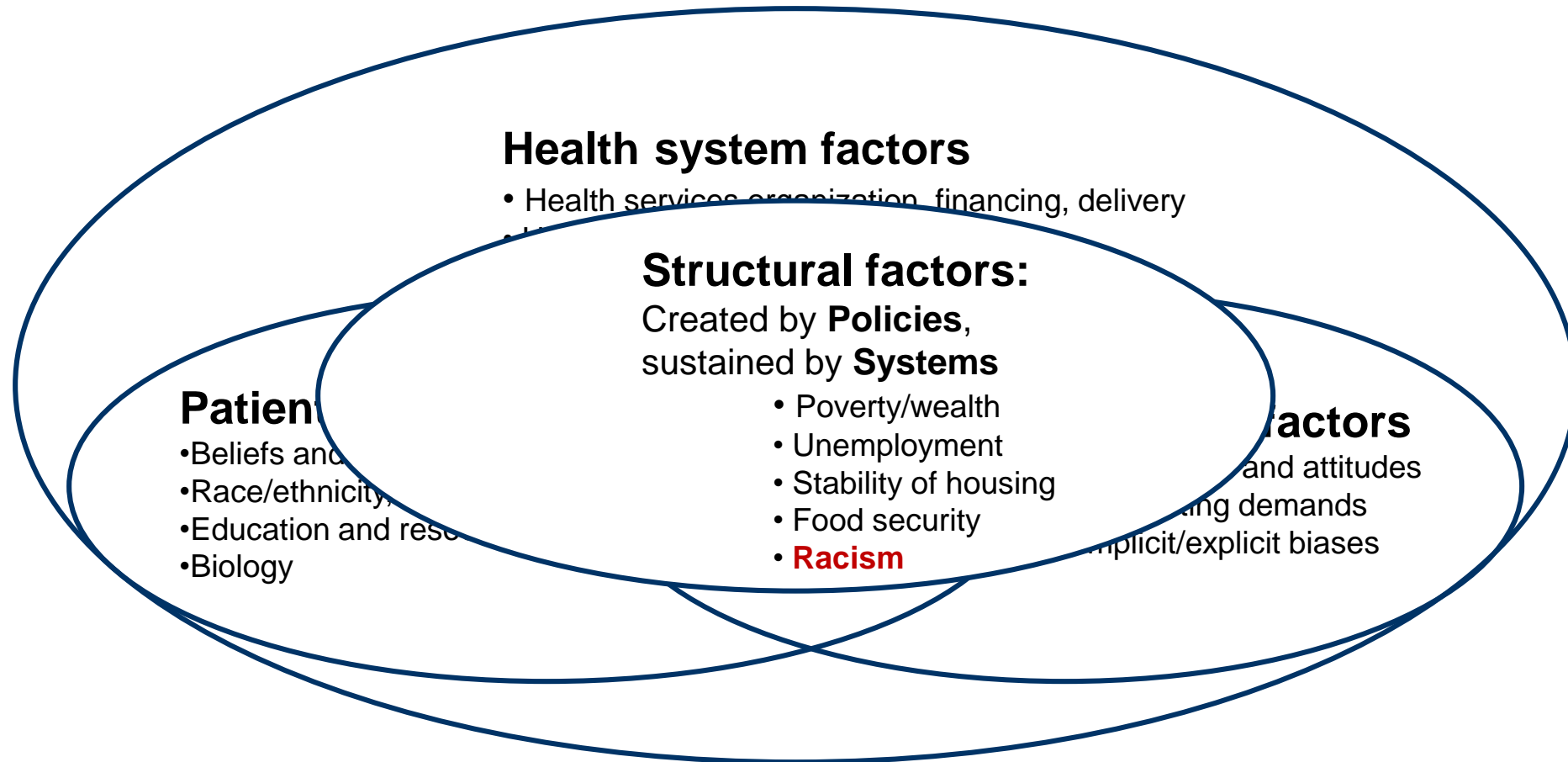
Family Support

Poor Working Conditions

Teen Births

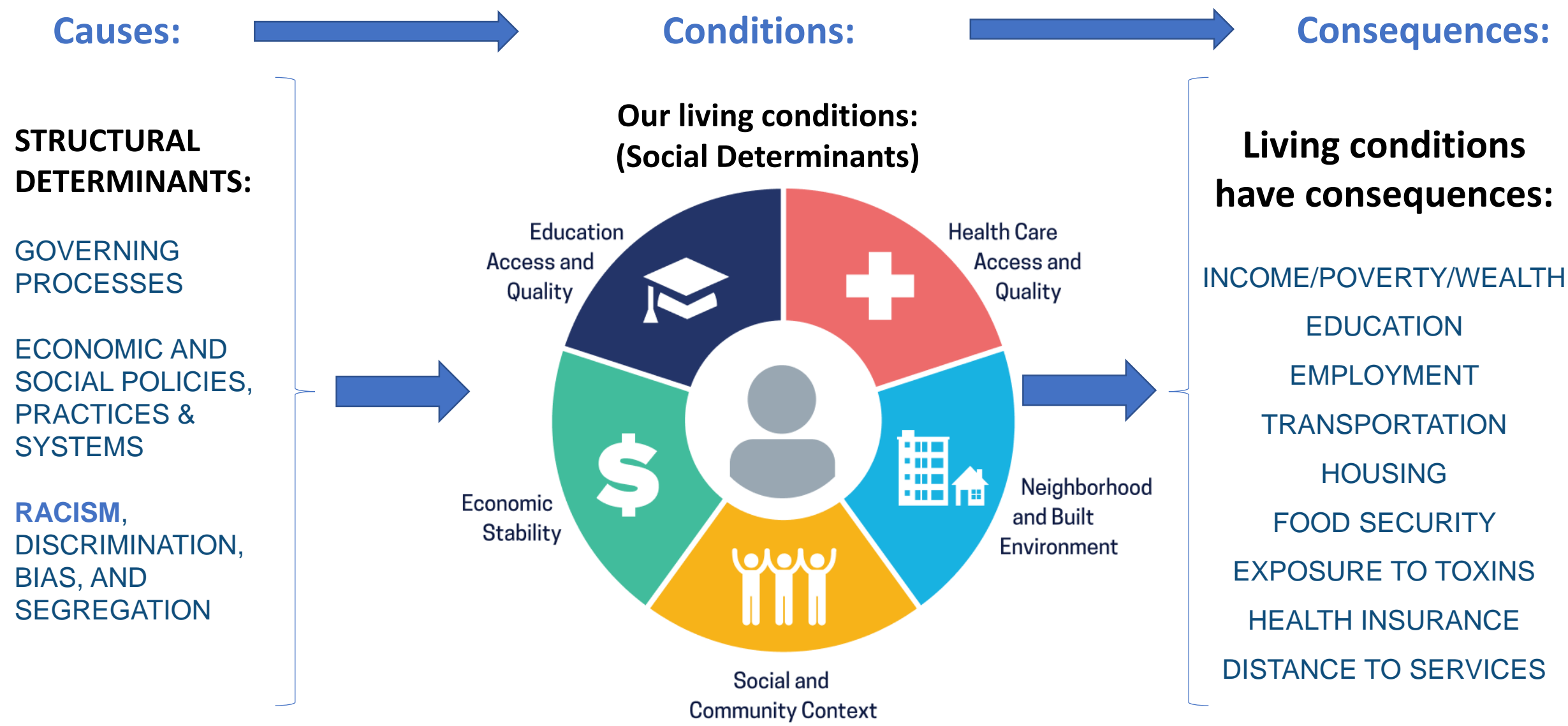
Nutrition

# Contributors to health and health care inequities:





# Structural and Social Determinants of Health:



Graphic Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 02/11/2021, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

# FRAMING THE DIALOGUE ON RACE AND ETHNICITY TO ADVANCE HEALTH EQUITY

Planning committee co-chair Phyllis Meadows of the University of Michigan and the Kresge Foundation said that although the characteristics of the populations served by the health sector may be different, the groups that most need interventions are fundamentally the same...***(and they experience adverse outcomes in part as a consequence of: conditions, policies, and practices that have adversely influenced (certain) groups, including people of color living in marginalized communities devoid of resources and voices... Though resilient, these communities have historically been predisposed to social, economic, and environmental conditions that have resulted in persistent poor health outcomes over decades, so much so that race, culture, ethnicity, and zip code have become proxies for poor health.***

In 1988 the Institute of Medicine (IOM, 1988, p.1) **defined public health as “what we as a society do collectively to assure the conditions in which people can be healthy.” This definition applies to all people all of the time—not to some people, not to all people some of the time, and not to some people more than others.** According to Meadows, this definition implies that health is achieved through the actions we take as a society.





SAINT LOUIS  
UNIVERSITY

The Institute for Healing Justice and Equity



DATA FOR PROGRESS

THE JUSTICE  
COLLABORATIVE  
INSTITUTE

# RACISM IS A PUBLIC HEALTH CRISIS.

Here's how to respond.

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*Ruqaiijah Yearby Professor of Law and Executive Director, Institute for Healing Justice and Equity, Saint Louis University*

*Crystal N. Lewis Health Equity and Policy Fellow, Institute for Healing Justice and Equity, Saint Louis University*

*Keon L. Gilbert Associate Professor of Behavioral Science and Health Education and Co-Director, Institute for Healing Justice and Equity, Saint Louis University*

*Kira Banks Associate Professor of Psychology and Co-Director, Institute for Healing Justice and Equity, Saint Louis University*

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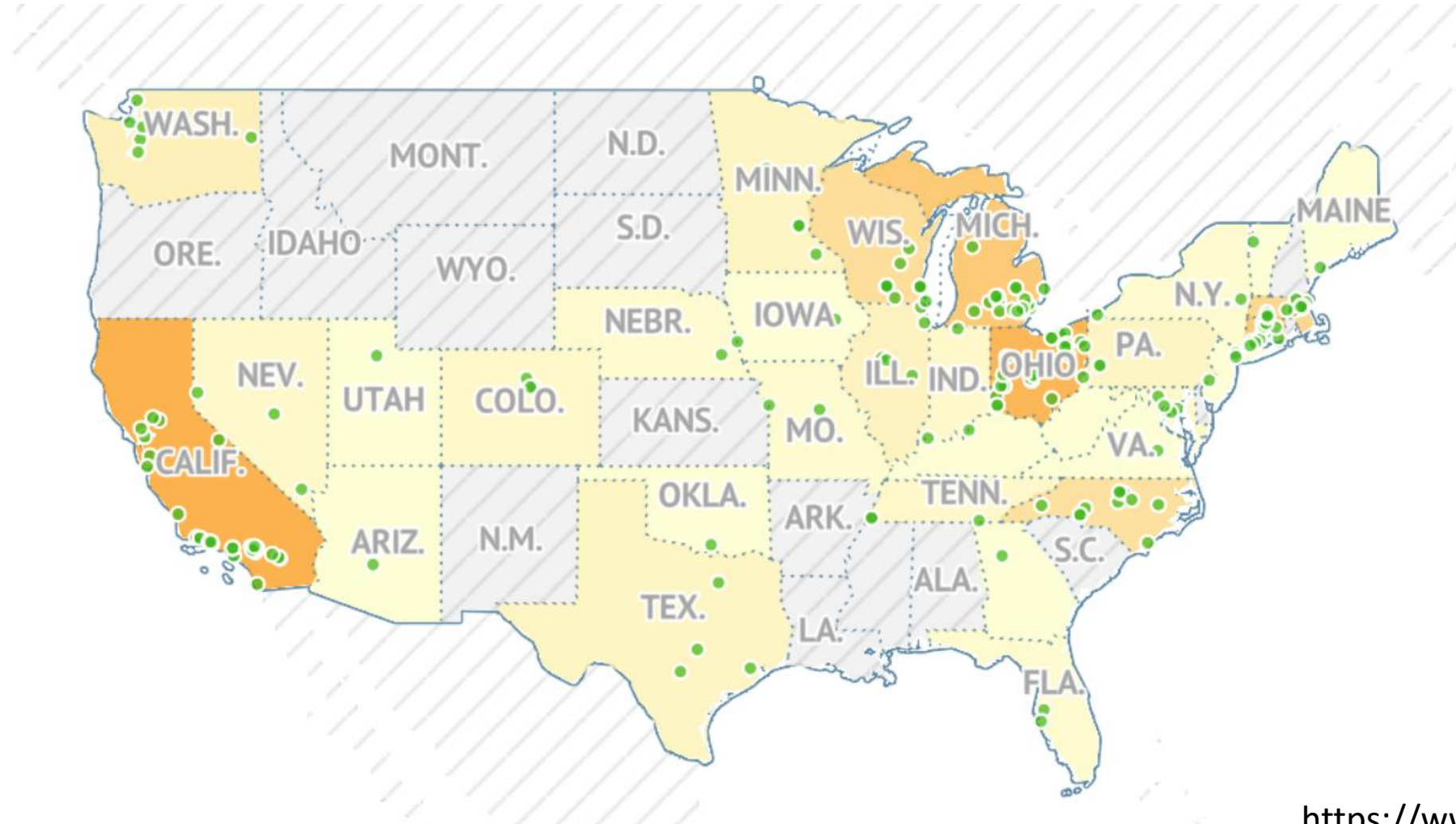
September 2020

Ten years after the SDOH framework was published, racial health disparities persist and have a significant impact on healthcare costs and lost life. For example:

- **Between 2007 and 2016: Black, Native, and Alaska Native women were two to three times more likely to die from pregnancy-related causes than white women—and this disparity increases with age.**
- **Black people had higher death rates than white people for all-cause mortality in all age groups <65 years between 1999 and 2015.**
- **Black, Native, Alaska Native, and Latina women were more often diagnosed with stage III breast cancer than white and Asian or Pacific Islander women, which was tied to a lack of health insurance.**

# American Public Health Association: “Declaring Racism a Public Health Crisis”

“Across the country, local and state leaders are declaring racism a public health crisis or emergency. These declarations are an important first step in the movement to advance racial equity and justice and must be followed by allocation of resources and strategic action.” APHA, as of 3/09/2021



Region V has more areas that have declared RAPHc than any other Region.

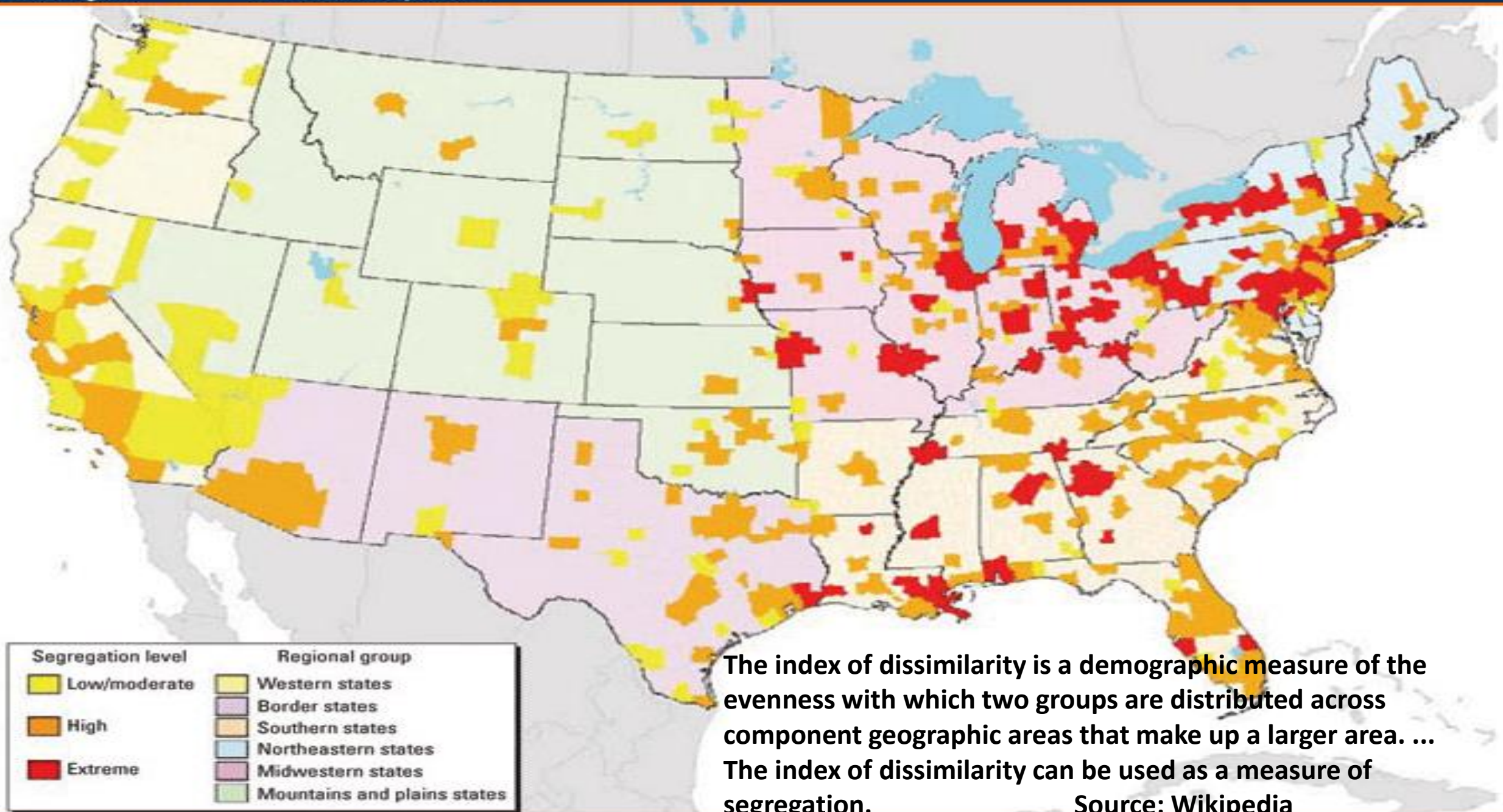
By State:

- IL: 5
- IN: 3
- MI: 19
- MN: 4
- OH: 25
- WI: 12

**BUT...all of that applies to the Country as a Whole.  
How does that explain the increased BIMR in Region V?**

We are not certain why we are the WORST Region in the nation for a Black Baby to be born, but here are some concerning, and possibly, contributing factors...





The index of dissimilarity is a demographic measure of the evenness with which two groups are distributed across component geographic areas that make up a larger area. ... The index of dissimilarity can be used as a measure of segregation.

Source: Wikipedia

# US Metro Areas Ranked by White/Black Dissimilarity Index:

Rank:	Metro Area:	Dissimilarity Index:	Rank:	Metro Area:	Dissimilarity Index:
1.	<b>Gary, IN</b>	<b>87.9</b>	16	<b>Kankakee, IL</b>	<b>77.3</b>
2.	<b>Detroit, MI</b>	<b>86.7</b>	17	Gadsden, AL	77.1
3.	<b>Milwaukee-Waukesha, WI</b>	<b>84.4</b>	18	Philadelphia, PA-NJ	76.9
4.	New York, NY	84.3	19	Bergen-Passaic, NJ	76.8
5.	<b>Chicago, IL</b>	<b>83.6</b>	20	<b>Benton Harbor, MI</b>	<b>76.6</b>
6.	Newark, NJ	83.4	21	<b>Youngstown-Warren, OH</b>	<b>76.1</b>
7.	<b>Flint, MI</b>	<b>81.2</b>	22	Miami, FL	75.8
8.	Buffalo-Niagara Falls, NY	80.4	23	<b>Peoria-Pekin, IL</b>	<b>75.7</b>
9.	<b>Cleveland-Lorain-Elyria, OH</b>	<b>79.7</b>	24	<b>Indianapolis, IN</b>	<b>75.5</b>
10.	<b>Saginaw-Bay City-Midland, MI</b>	<b>79.1</b>	25	Beaumont-Port Arthur, TX	75.5
11.	Nassau-Suffolk, NY	79.0	26	<b>Fort Wayne, IN</b>	<b>75.5</b>
12.	Johnstown, PA	78.8	27	Monroe, LA	75.4
13.	<b>St. Louis, MO-IL</b>	<b>78.0</b>	28	Harrisburg-Lebanon-Carlisle, PA	74.9
14.	<b>Cincinnati, OH-KY-IN</b>	<b>78.0</b>	29	New Orleans, LA	74.7
15.	Birmingham, AL	77.4	30	<b>Dayton-Springfield, OH</b>	<b>73.9</b>

16 of nation's 30 highest dissimilarity index scores (most segregated) from metro areas in Region V

# The 5 Worst States for Black People: (2014)

## 1. Wisconsin

- a. Highest incarceration rate for black people @ 13%
- b. 49% of black males under 30 have already been incarcerated
- c. Worst place to raise black children (Annie E Casey Foundation)
  - Simultaneously, WI ranked 10<sup>th</sup> overall for preparing white children for success
- d. Milwaukee, WI's largest city: is among the most segregated cities in the nation.

## 2. Ohio

- a. 2<sup>nd</sup> highest black imr in the nation during 2010 (behind Indiana)
- b. Median black household income is a horrid \$26,039 c/w \$45,400 for white Ohioans
- c. Cleveland ranks in the top 10 most segregated cities
- d. Ohio is #6 on the list of worst places to raise black children (Annie E. Casey)
- e. Several problems with voter suppression snafus dating back to 2007

## 3. Michigan

- a. 3<sup>rd</sup> worst state to raise black children (Annie e. Casey Foundation)
- b. Detroit: #1 most segregated city and highest black unemployment
- c. Michigan also has the lowest rate of approval for jobless benefits.

4. Iowa

5. Mississippi

*Reminder: these same 3 States have NEVER accomplished any Health People BIMR Goals.*

*In my opinion: If Region V is the Nation's Epicenter for Black Infant Mortality, these 3 States should be considered GROUND ZERO!*



## RACE FOR RESULTS

building a path to  
opportunity for all children

policy  
report  
KIDS COUNT

THE ANNIE E. CASEY FOUNDATION



“From the time our children are born, we imagine a bright future for them: a solid foundation of education and development in their early years, excellent health care, high school graduation, a good college education and a career path that launches them toward lifelong achievement and economic self-sufficiency. As parents, nothing will stop us from doing everything within our power to make that happen. And as Americans, our concern extends beyond our own doorsteps. We want success for children in rural towns and urban communities across the nation because we understand that **providing opportunity to all children, regardless of their race or ethnicity, is essential to America’s future prosperity.**”

## Race for Results Index Indicators (Percentages)

		NATIONAL AVERAGE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN AND PACIFIC ISLANDER	LATINO	WHITE	TWO OR MORE RACES
Babies born at normal birthweight	2011	92	87	92	92	93	93	N.A.
Children ages 3 to 5 enrolled in nursery school, preschool or kindergarten	2010-12	60	63	56	65	54	62	60
Fourth graders who scored at or above proficient in reading	2013	34	17	22	51	19	45	39
Eighth graders who scored at or above proficient in math	2013	34	14	21	60	21	44	37
Females ages 15 to 19 who delay childbearing until adulthood	2010	93	89	87	98	88	96	N.A.
High school students graduating on time	2009/10	78	66	69	94	71	83	N.A.
Young adults ages 19 to 26 who are in school or working	2010-12	83	72	65	93	77	86	82
Young adults ages 25 to 29 who have completed an associate's degree or higher	2010-12	39	26	19	66	19	47	40
Children who live with a householder who has at least a high school diploma	2010-12	85	85	83	88	63	93	92
Children who live in two-parent families	2010-12	68	37	53	84	65	77	64
Children who live in families with incomes at or above 200% of poverty	2010-12	55	35	36	68	36	69	56
Children who live in low-poverty areas (poverty <20%)	2007-11	74	50	51	84	57	86	75

See page 31 for definitions and data sources.

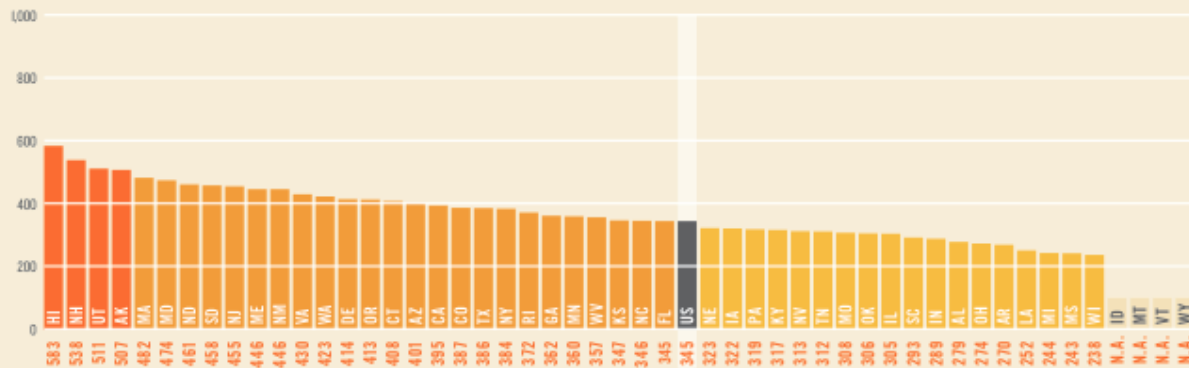
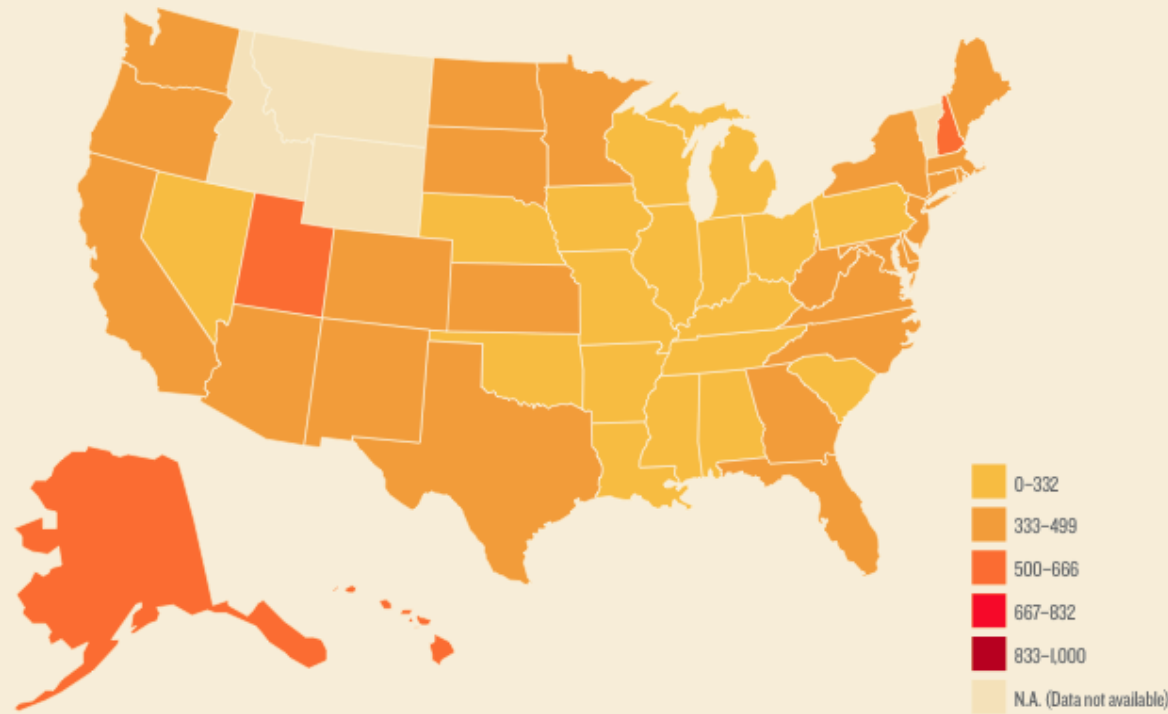
N.A. Data not available.

## THE DATA

The Race for Results Index is intended to provide a single composite score to compare how children are progressing on key mile- stones across states and racial groups. To construct this index, we used a similar methodology to that used in the annual *KIDS COUNT Data Book*. Though a bit more complicated than using simple percentages, our index does **standardize scores across 12 indicators** that have different scales and distributions. We think that this is the best way to make accurate comparisons. These scores were then put on a scale of 0 to 1,000. Index values are presented for all states and racial groups for which there were enough children so that valid estimates were available. **The higher the score, the greater the likelihood that children in that group are meeting milestones associated with success.**

For more information on the methodology, visit [www.aecf.org/race4results](http://www.aecf.org/race4results).





Of the 46 States reporting enough information regarding AA children to be ranked...

**46: Wisconsin**

45. Mississippi

**44. Michigan**

43. Louisiana

42. Arkansas

**41. Ohio**

40. Alabama

**39. Indiana**

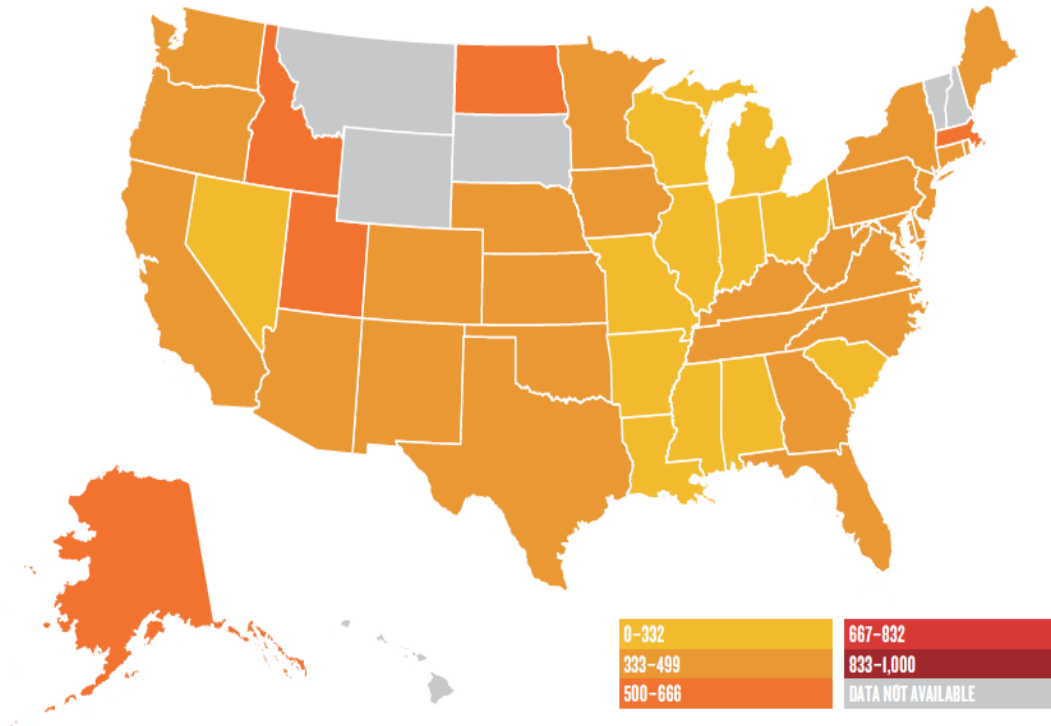
38. S. Carolina

**37. Illinois**

25. Minnesota

Five of the worst 10 States for AA children are in Region V  
And all of the 10 worst are either here or in the South.

## A STATE-TO-STATE COMPARISON OF AFRICAN-AMERICAN CHILDREN



## INDEX SCORES

1. Alaska: 626	12. Connecticut: 455	23. Kansas: 395	34. Illinois: 327	Hawaii: S
2. Idaho: 615	13. Maine: 444	24. Georgia: 383	35. Missouri: 320	Montana: S
3. North Dakota: 548	14. Delaware: 433	25. Minnesota: 380	36. Indiana: 318	New Hampshire: S
4. Utah: 546	15. Virginia: 431	26. North Carolina: 375	37. Arkansas: 316	South Dakota: S
5. Massachusetts: 500	16. Texas: 424	27. Oklahoma: 374	38. Alabama: 300	Vermont: S
6. Maryland: 494	17. West Virginia: 416	28. Florida: 364	39. Mississippi: 290	Wyoming: S
7. Colorado: 492	18. Rhode Island: 414	29. Kentucky: 355	40. Nevada: 282	
8. New Jersey: 475	19. Iowa: 406	30. Nebraska: 348	41. Wisconsin: 279	
9. Oregon: 473	20. New York: 404	31. Tennessee: 346	42. Louisiana: 276	
10. New Mexico: 468	21. Arizona: 403	32. Pennsylvania: 334	42. Ohio: 276	
11. Washington: 456	21. California: 403	33. South Carolina: 328	44. Michigan: 260	

S: Data suppressed due to small numbers.

During **2017** the Race for Results study was repeated. The Region V rankings were similar. There were 44 States with enough data to reliably rank African American children. Of the worst States in the nation for preparing African American children for their futures, Region V ranked as follows:

**44: Michigan**

**43: Ohio**

42: Louisiana

**41: Wisconsin**

40: Nevada

39: Mississippi

38: Alabama

37: Arkansas

**36: Indiana**

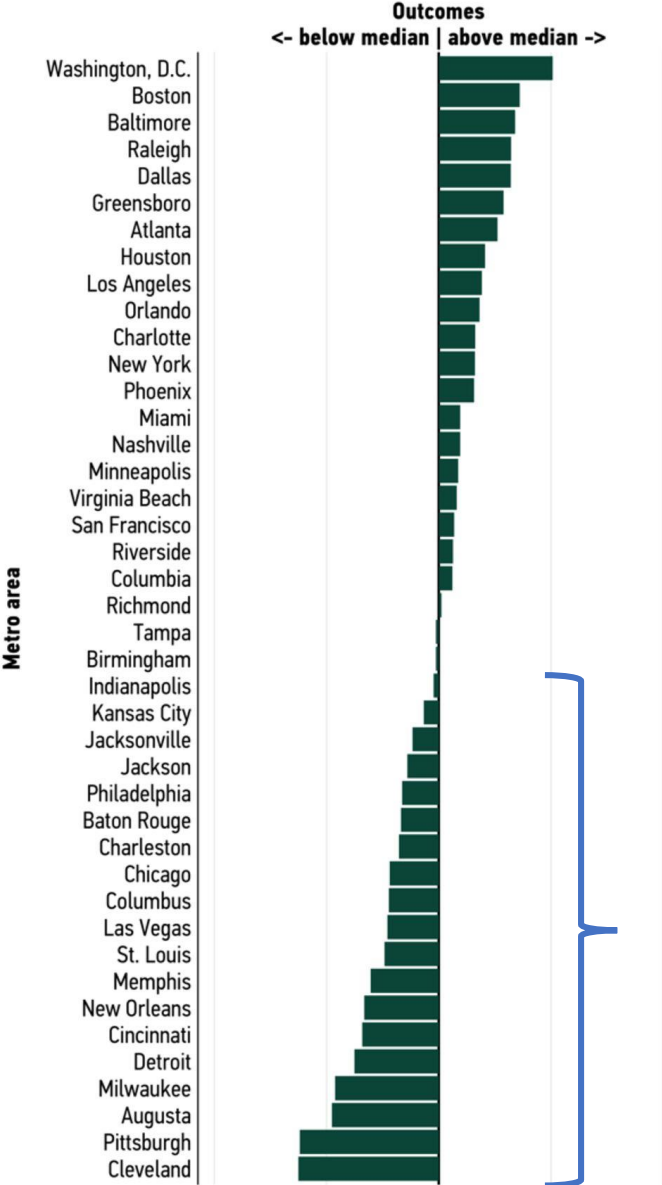
35: Missouri

**34: Illinois**

25: Minnesota

Best & worst metros for black women's overall outcomes

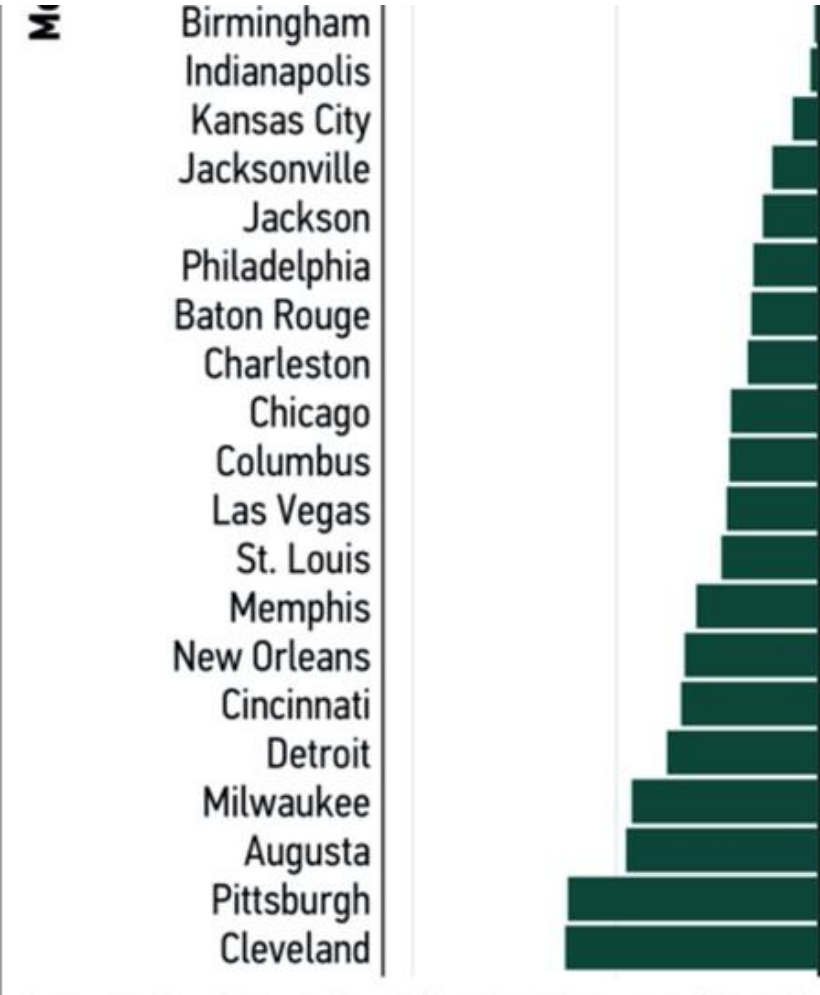
Among cities with at least 100,000 black women.



Source: Analysis by Junia Howell (David H. Montgomery / CityLab)

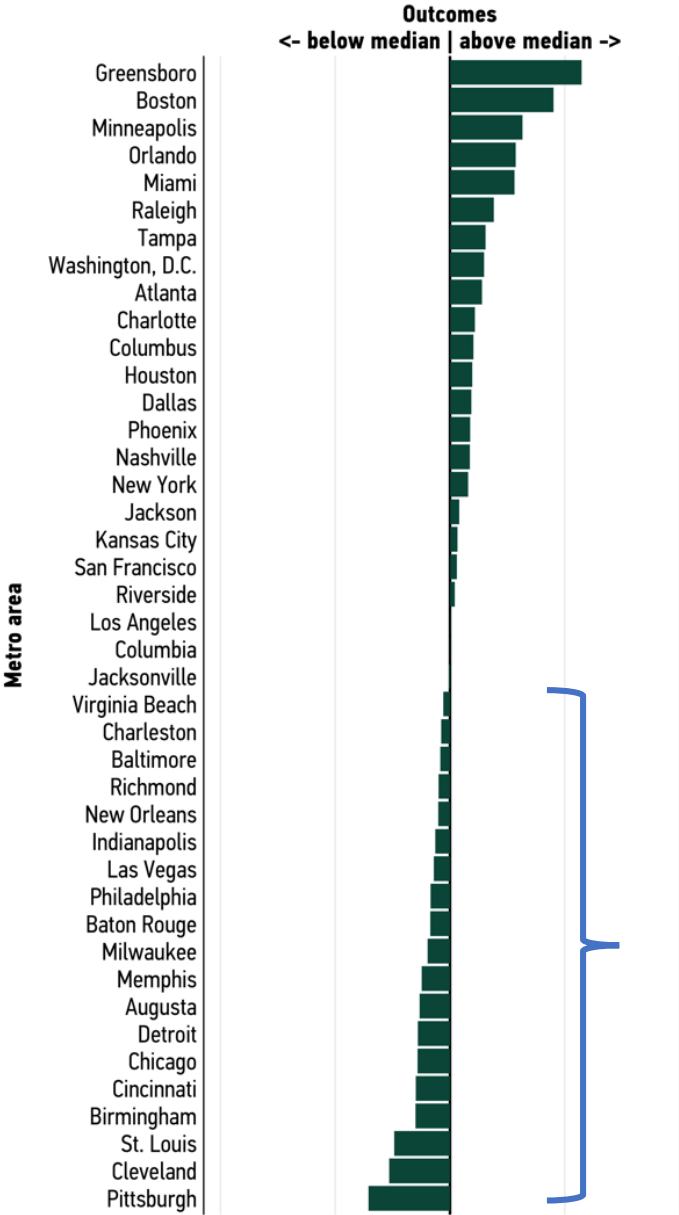
Best and Worst Metros for Black Women's Overall Outcomes:

- Best Category:
- Minneapolis
- Worst Category:
- Indianapolis
  - Chicago
  - Columbus
  - Cincinnati
  - Detroit
  - Milwaukee
  - Cleveland



Best & worst metros for black women's health outcomes

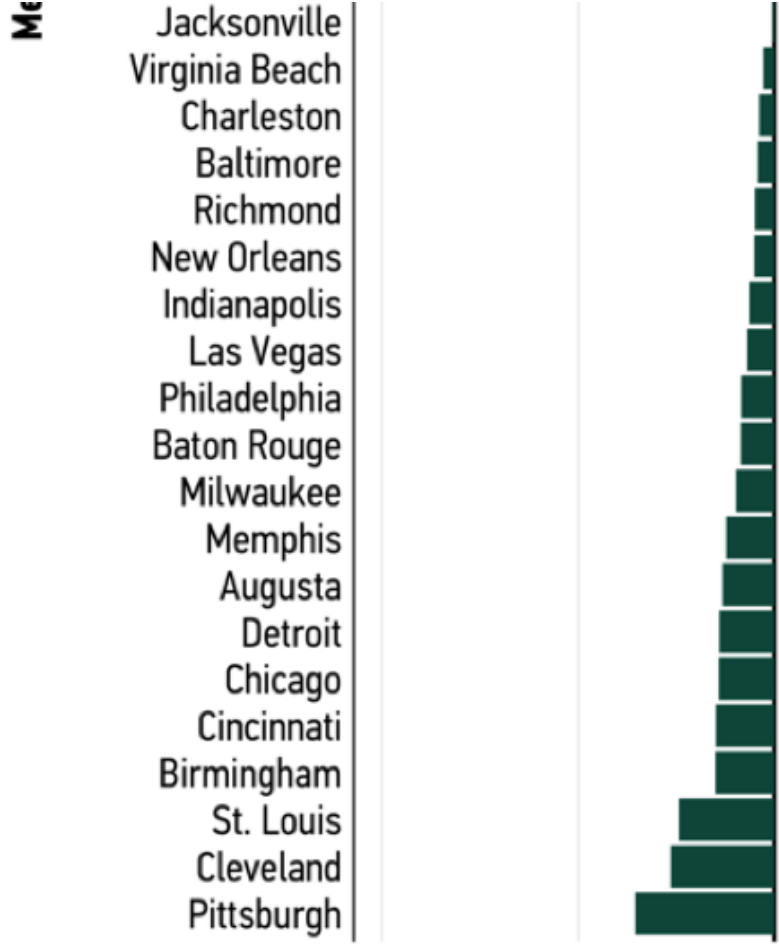
Among cities with at least 100,000 black women.



Best and Worst Metros for Black Women's Health Outcomes:

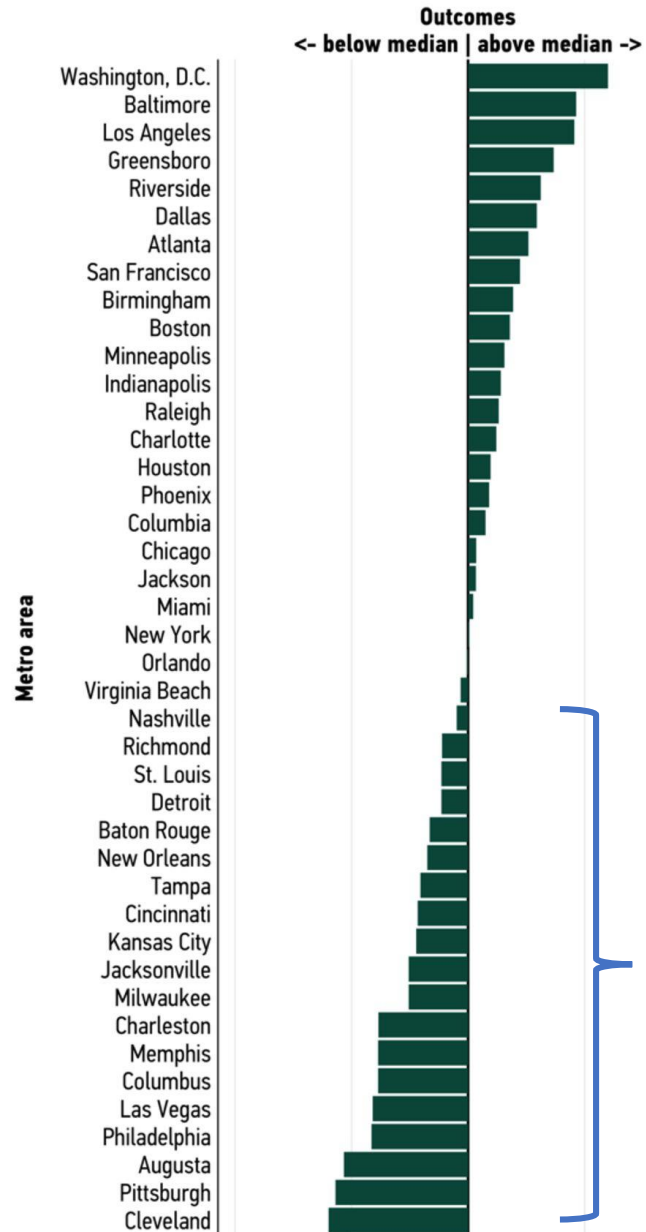
- Best Category:
- Minneapolis
  - Columbus

- Worst Category:
- Indianapolis
  - Milwaukee
  - Detroit
  - Chicago
  - Cincinnati
  - Cleveland



## Best & worst metros for black women's educational outcomes

Among cities with at least 100,000 black women.



Source: Analysis by Junia Howell (David H. Montgomery/CityLab)

## Best and Worst Metros for Black Women's Educational Outcomes:

### Best Category:

- Minneapolis
- Indianapolis
- Chicago

### Worst Category:

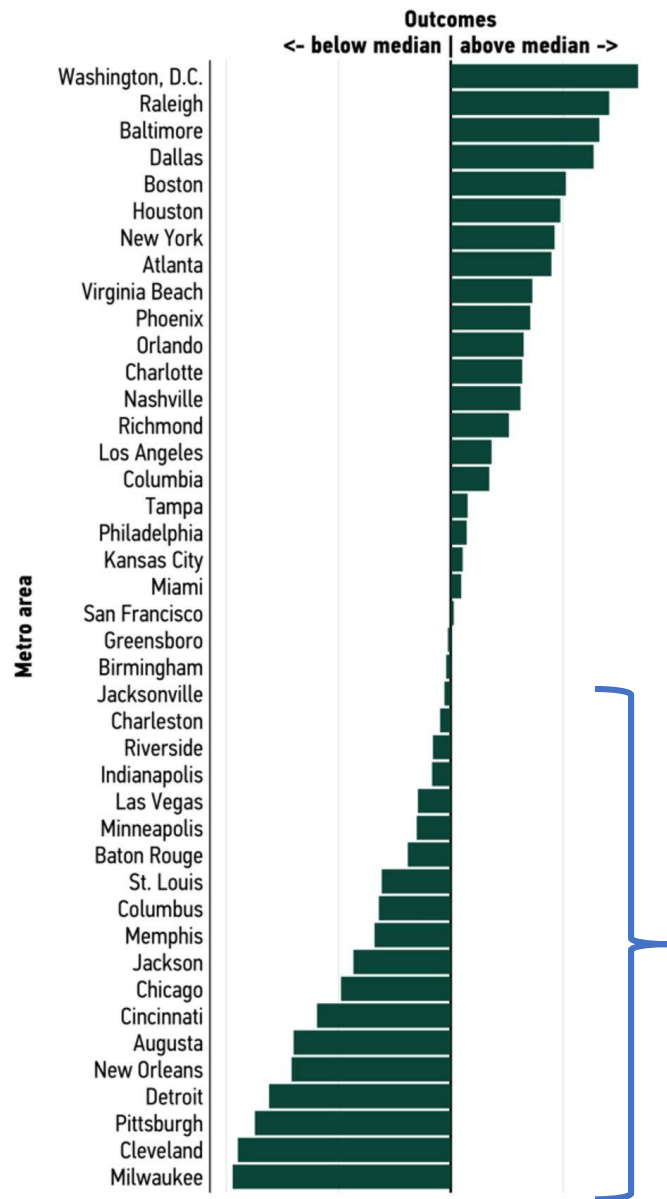
- Detroit
- Cincinnati
- Milwaukee
- Columbus
- Cleveland



<https://www.bloomberg.com/news/articles/2020-01-09/the-best-and-worst-cities-for-black-women>

## Best & worst metros for black women's economic outcomes

Among cities with at least 100,000 black women.



Source: Analysis by Junia Howell (David H. Montgomery/CityLab)

## Best and Worst Metros for Black Women's Economic Outcomes:

Best Category:

- No Region V Metros

Worst Category: 8 of 20

- Indianapolis
- Minneapolis
- Columbus
- Chicago
- Cincinnati
- Detroit
- Cleveland
- Milwaukee



Me

Birmingham  
Jacksonville  
Charleston  
Riverside  
Indianapolis  
Las Vegas  
Minneapolis  
Baton Rouge  
St. Louis  
Columbus  
Memphis  
Jackson  
Chicago  
Cincinnati  
Augusta  
New Orleans  
Detroit  
Pittsburgh  
Cleveland  
Milwaukee



<https://www.bloomberg.com/news/articles/2020-01-09/the-best-and-worst-cities-for-black-women>



# What's our Goal?

Neighborhood  
Revitalization

**Health Equity**  
Universal Health Insurance

Poverty Reduction  
Access to Care

Decrease  
Health Disparities

Cultural Competency

Immigrant Deportation



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

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

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



**EQUITY should be our primary goal...all else is derivative**

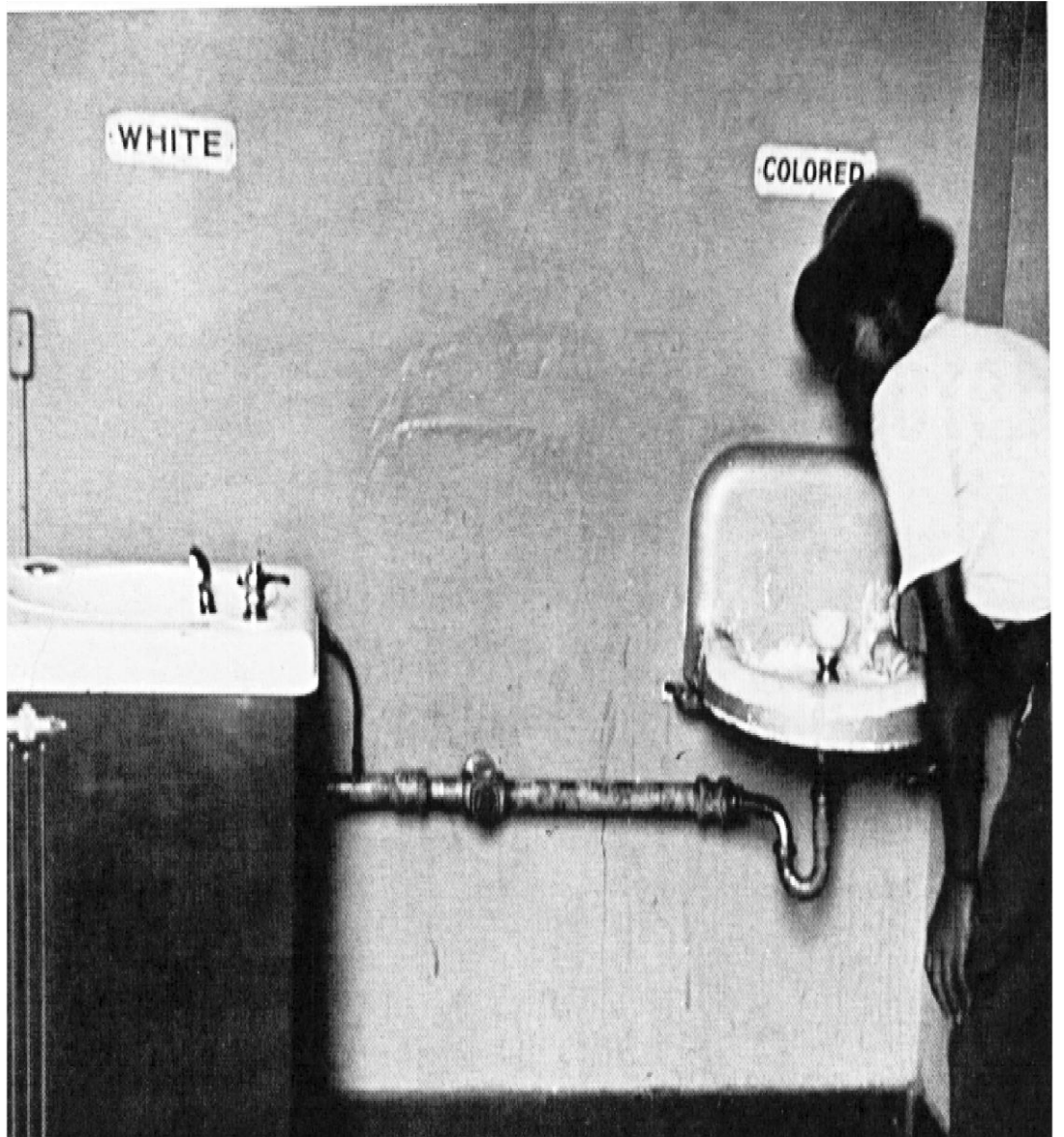


# Racial Disparities: are not “natural”...**we made it this way!**

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.



**So...what are we  
going to do and  
when are we going  
to do it?**

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



# What will it take?

**“Looking back from our vantage point, he is the only person in the entire scene who is on the right side of history. Everyone around him is tragically, fatefully, categorically wrong. In that moment, only he could see it.**

**...it was an act of bravery to *take such a stand*. We would all want to believe that we would have been him. We might feel certain that, were we Aryan citizens under the Third Reich, we surely would have seen through it, would have risen above it like him... We would like to believe that we would have taken the more difficult path of standing up against injustice in defense of the outcaste.**

**But unless people are willing to transcend their fears, endure discomfort and derision, suffer the scorn of loved ones and neighbors and co-workers and friends, fall into disfavor of perhaps everyone they know, face exclusion and even banishment, it would be numerically impossible, humanly impossible, for everyone to be that man. What would it take to be him in any era?**

## What would it take to be him now?”

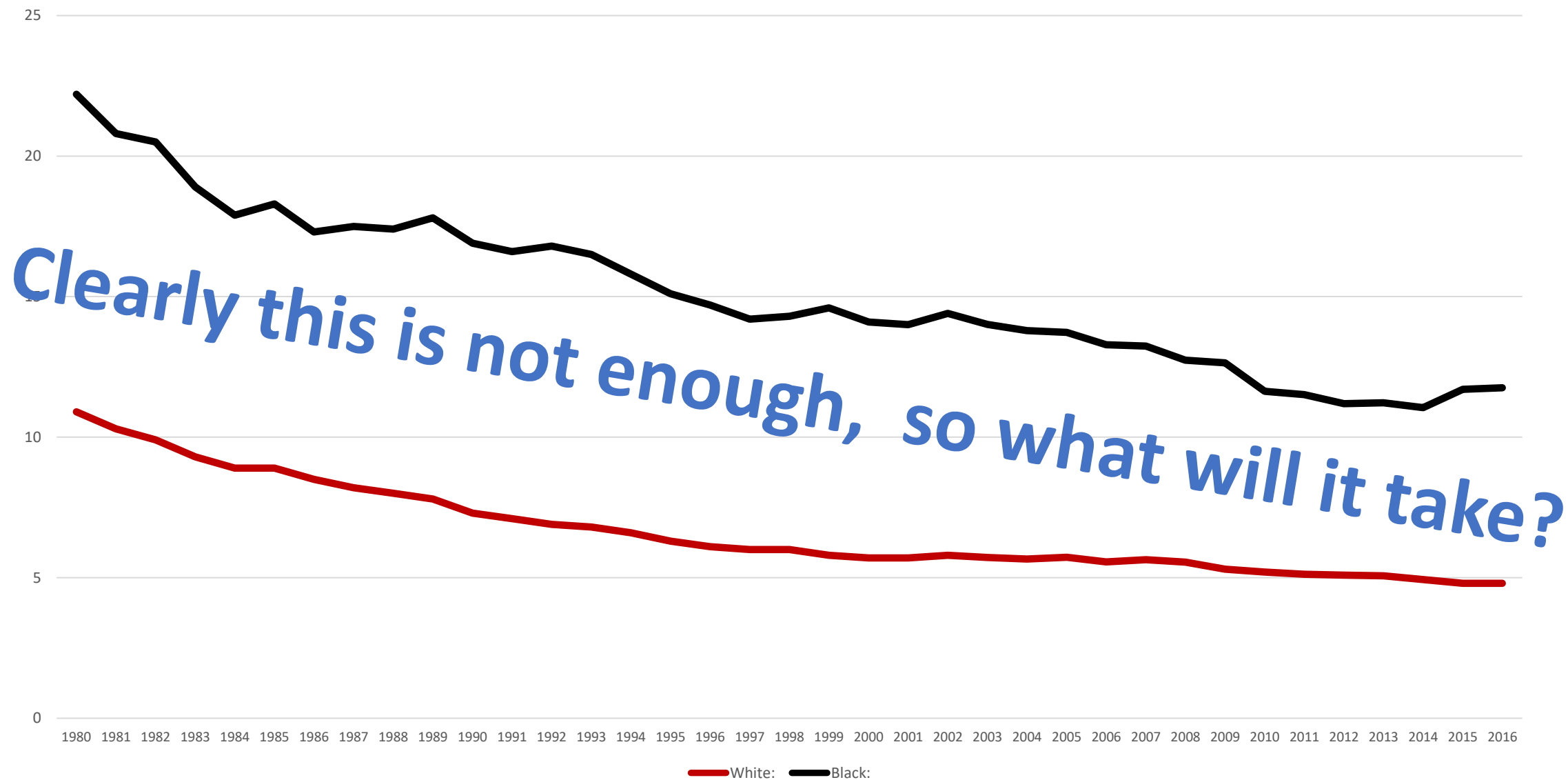


*Change will not come if we wait for  
some other person or . . . some other time.  
We are the ones we've been waiting for.  
We are the change that we seek.*

**BARACK OBAMA**



# US IMR, 1980-2016: White and Black Race



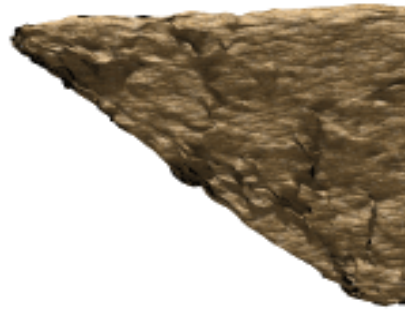
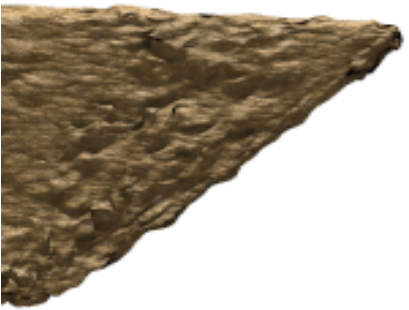


## Regarding the resolution of RACISM:

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

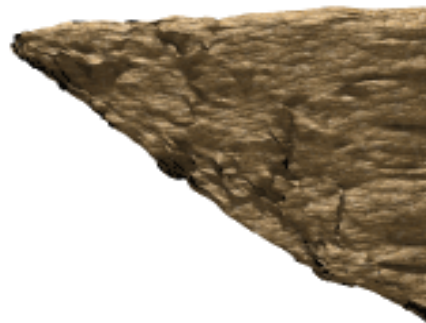
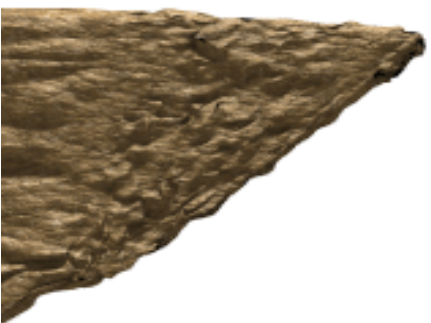


***NOW IS OUR TIME!***



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

**This does not happen  
because some of us are  
better than others.**



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

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

**Regarding Maternal and  
Infant Morbidity and Mortality**

**Our job is to stand in the gap...  
To save our mothers and babies...**

**Until the gap is repaired!!!**



It always seems  
impossible  
until it's done.

-Nelson Mandela  
1918-2013







Thank you





Questions?





**Contact information:**

**Arthur R. James MD, FACOG**

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