Region V:

Achieving Equity in Infant and Maternal Morbidity and Mortality

Pt I: Disrupting the Status Quo

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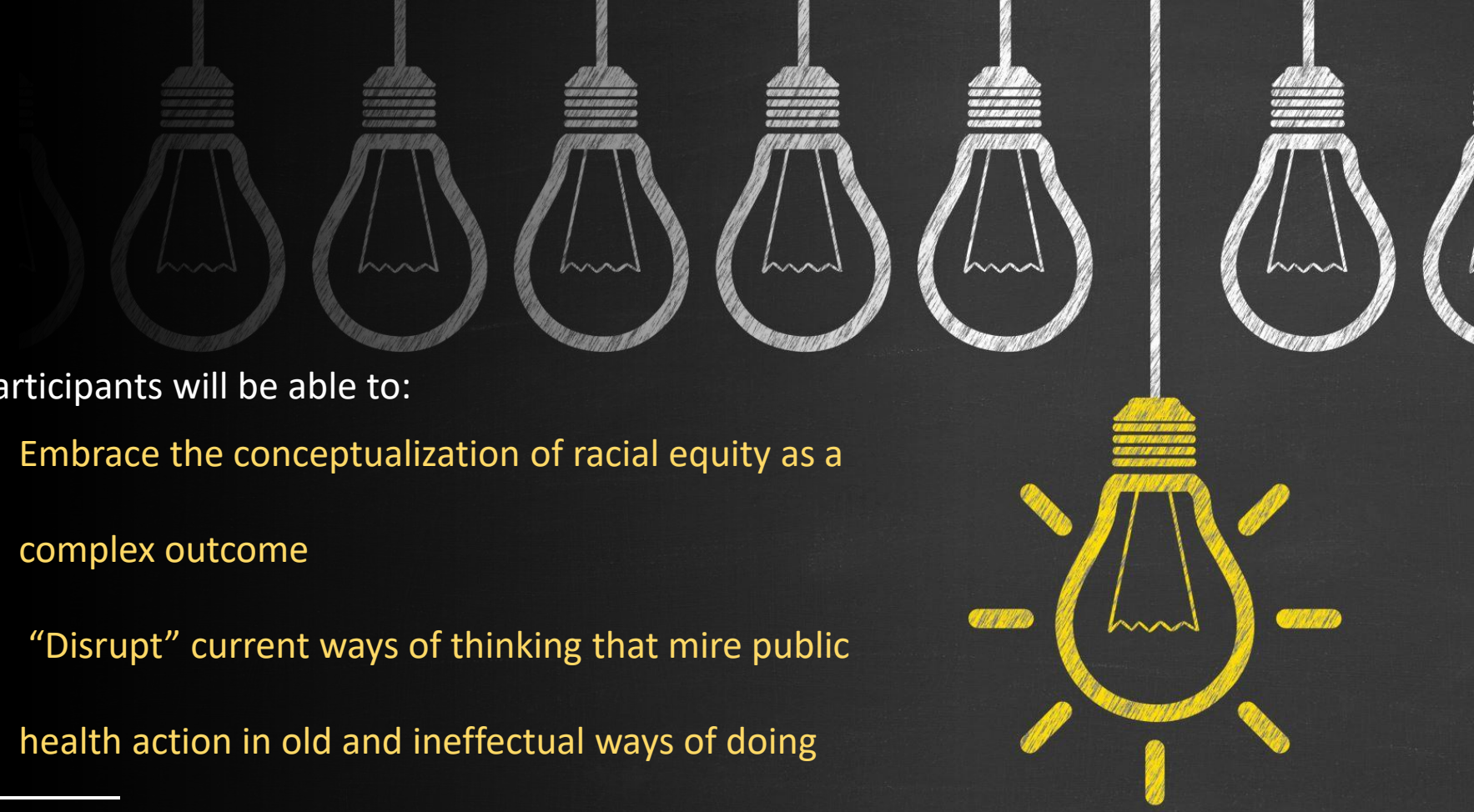
VKH Consulting, LLC

Session Objectives



Participants will be able to:

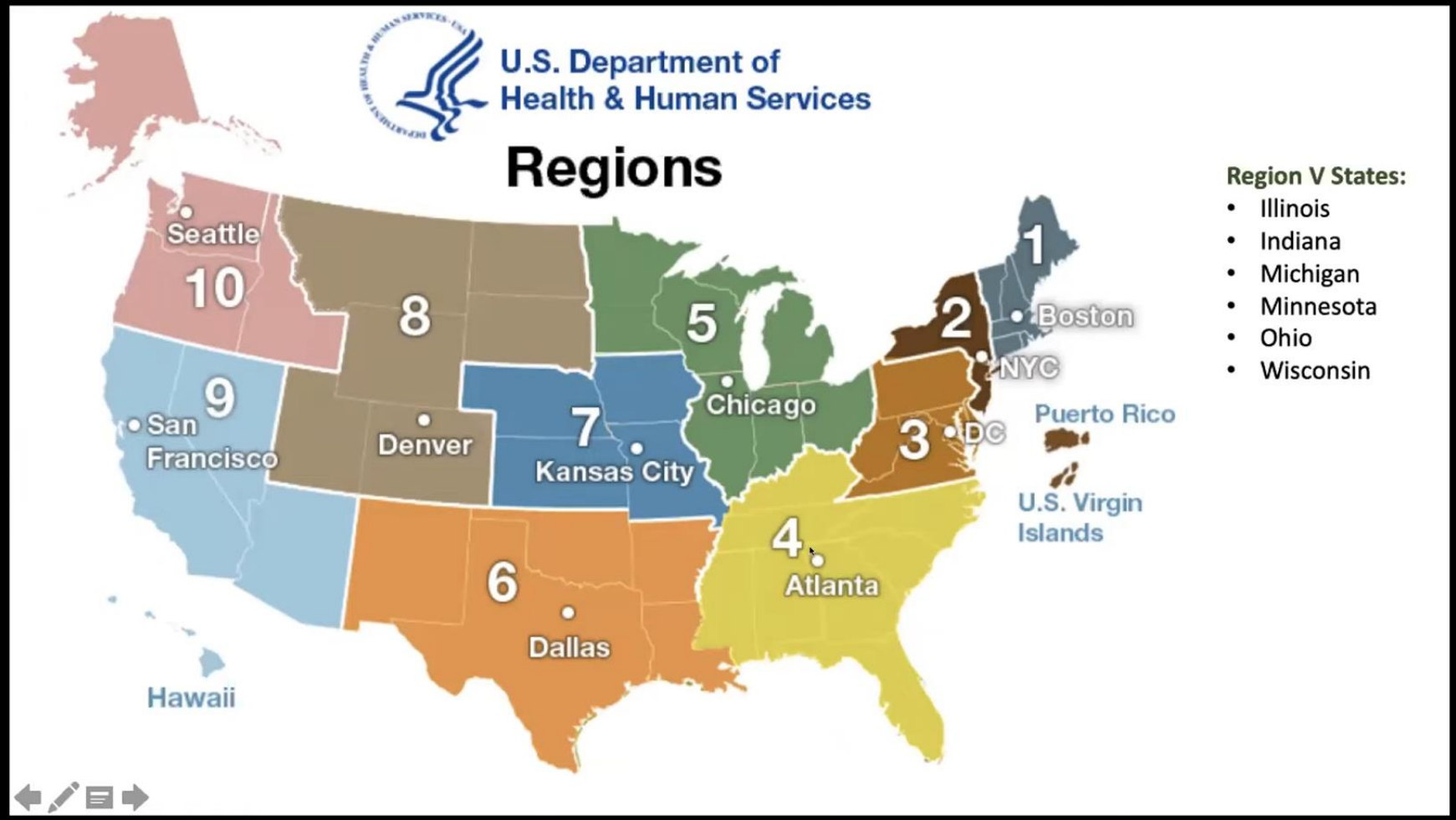
1. Embrace the conceptualization of racial equity as a complex outcome
2. "Disrupt" current ways of thinking that mire public health action in old and ineffectual ways of doing
3. Establish a more systematic process, structure & provide appropriate funding and oversight for building the capacity to achieve equity

Agenda

Part I

1. **Introduction**
2. **Recap: the Problem of Inequity**
3. **Description: Current Approaches to Achieving Equity**
4. **Critique of Current Approaches to Equity**
5. **How Should We Approach Equity?**
6. **Preview of Part II**

Region V Infant Mortality Webinar Series #2: Dr. Donald Warne and Dr. Arthur James



MORE VIDEOS

Introduction

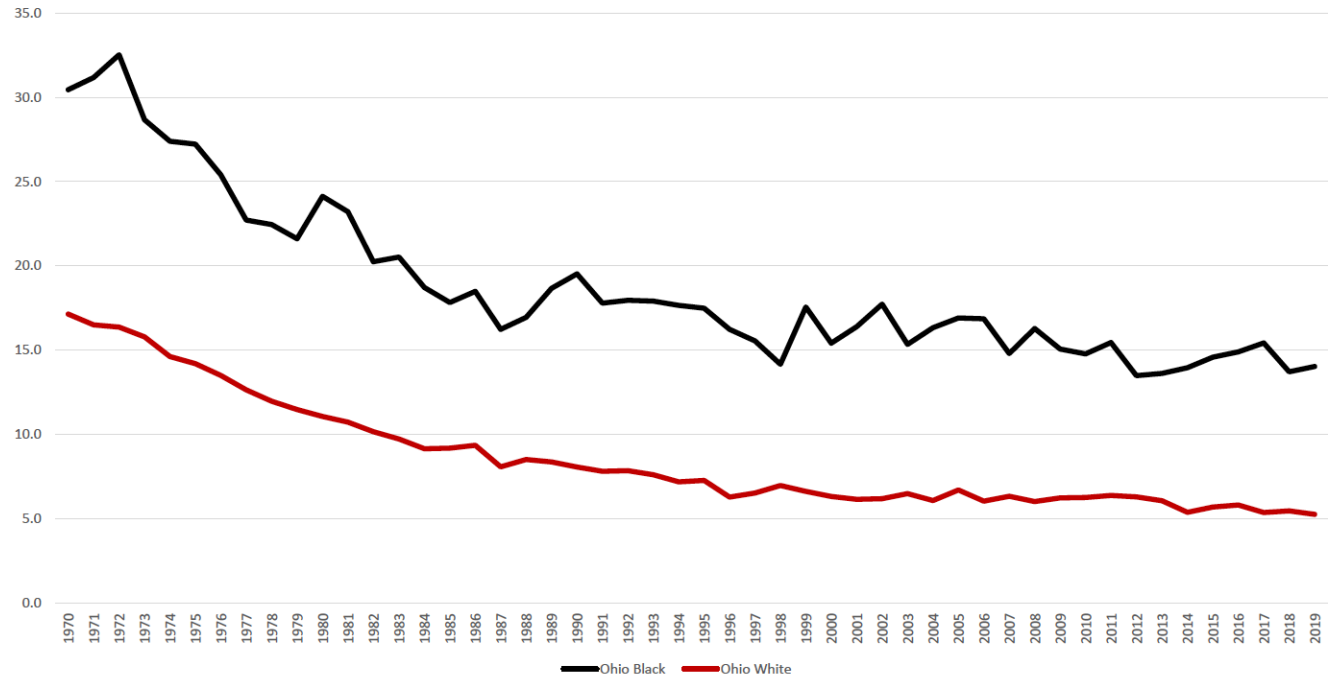
Summary

- Can’t ascribe the work of one group to the whole organization
- Can’t wait another generation for progress
- Make it your leadership legacy to achieve actual and sustained progress toward equity

The Problem of Inequity

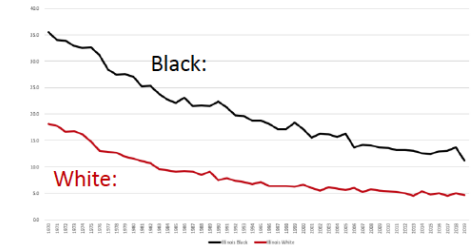
Slides courtesy of Dr Arthur James and Dr. Donald Warne

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



Source: CDC Wonder

Illinois White and Black IMRs: 1970-2019



Source: CDC Wonder

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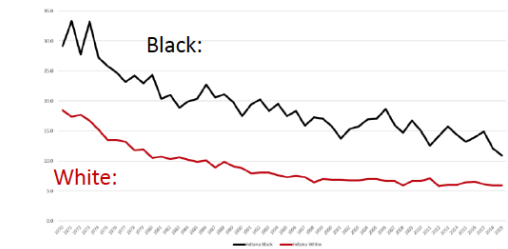
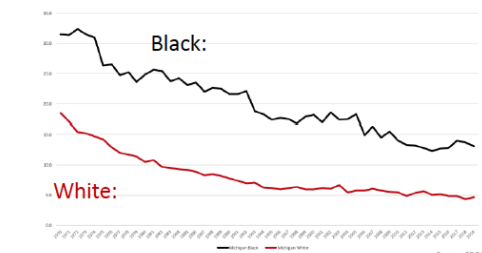


Michigan White & Black IMRs: 1970-2019 (49 years)



Source: CDC Wonder

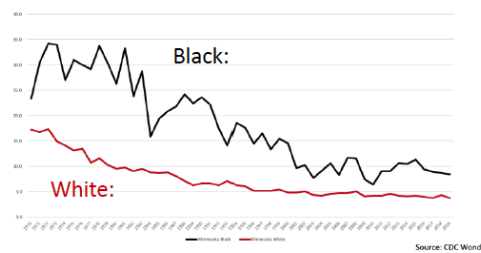
B/W Disparity or Inequity:

In every State we see a persistent, "49-year" gap in the opportunity to survive the 1st 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)



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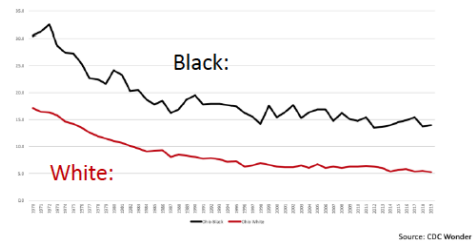
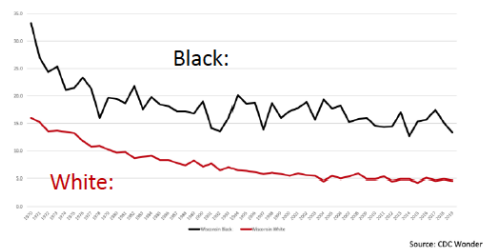


Source: CDC Wonder

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



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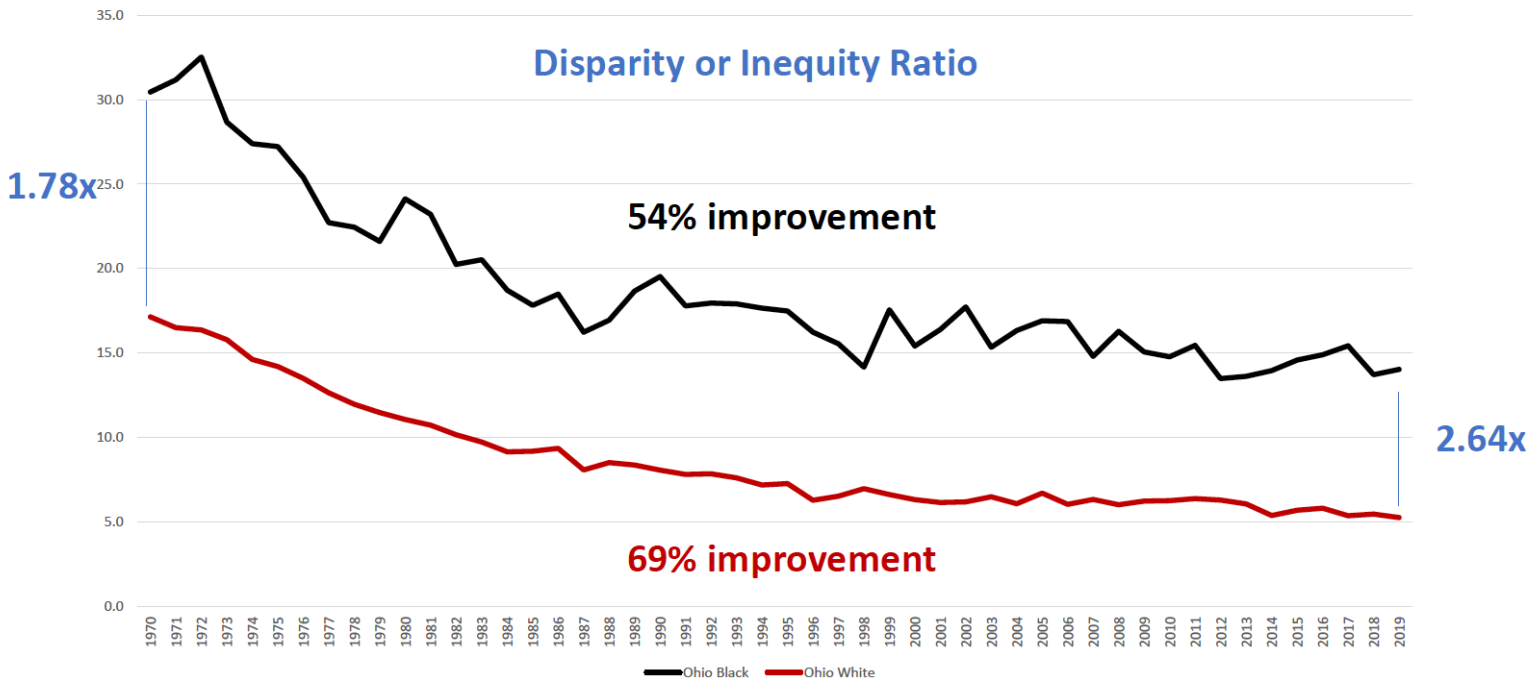

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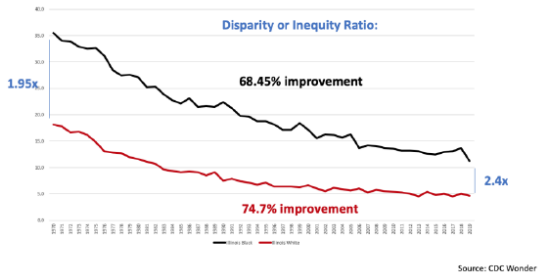

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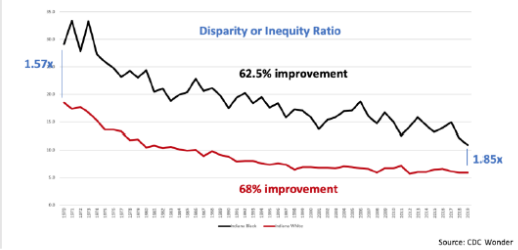

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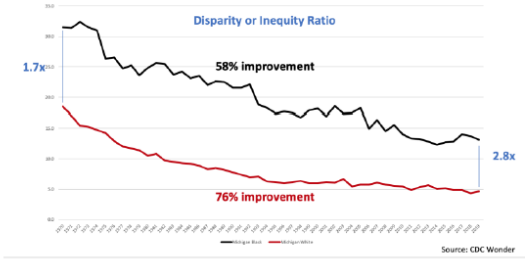

B/W Disparity Ratios:

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!!!

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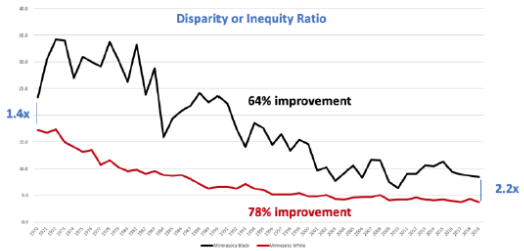

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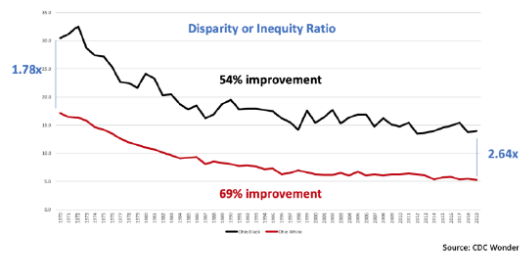

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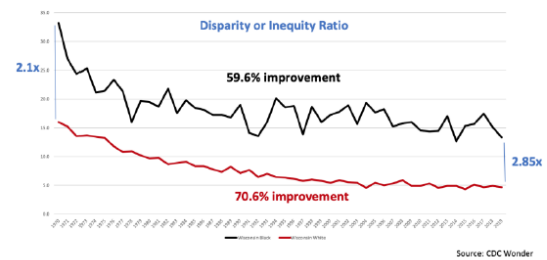

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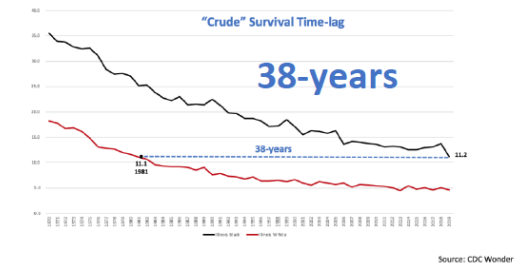

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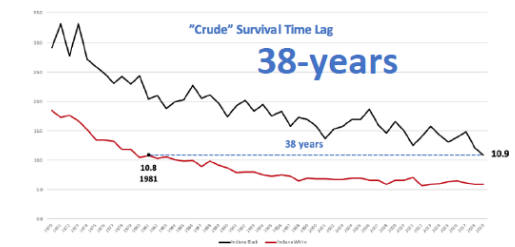

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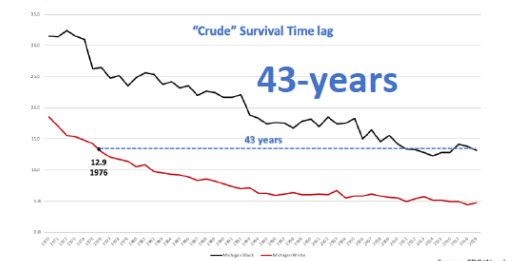

Source: CDC Wonder

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 1st year of life as White babies did in 2019!

We can and must do better.

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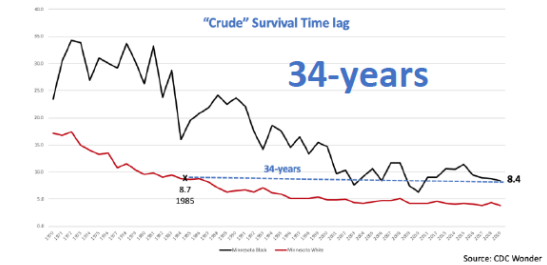

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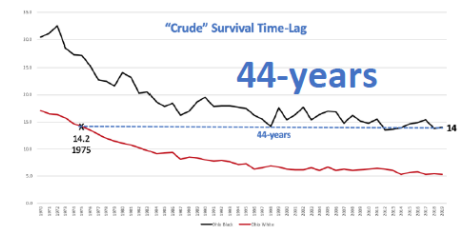

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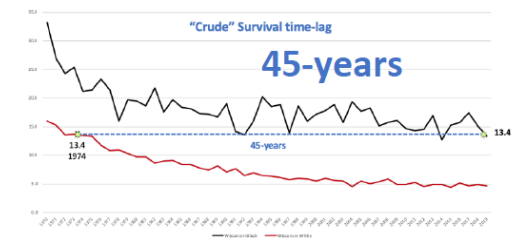
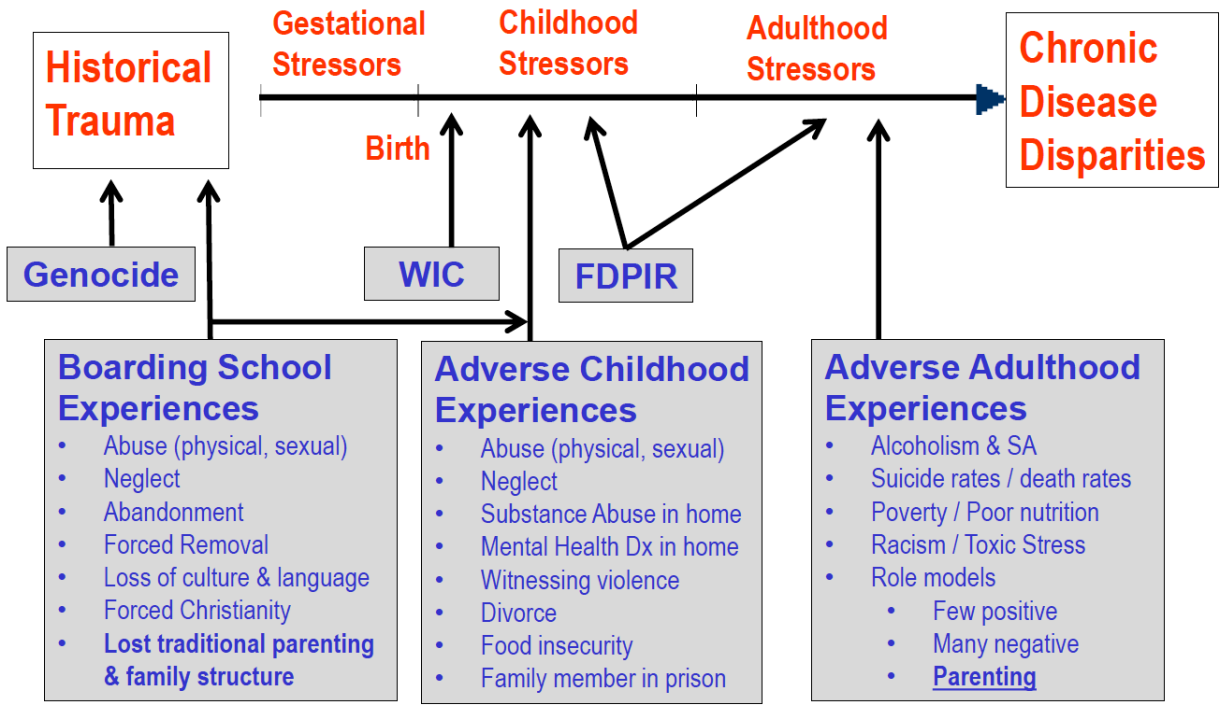


Source: CDC Wonder

- **Inequities have persisted**
- **Inequities have complex causality**

  Require solutions to match the problem
- **Inequities have dimension and do not respond to traditional attempts to lower rates**

Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives



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

African American Citizenship Status: 1619-2021

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

Byrd, W. M. & Clayton, L. A. (2001). An American Health Dilemma: Race, Medicine, and Health Care in the United States.1900-2000. New York: Taylor & Frances, Routledge

Causal Factors in Inequities

- **Historical/Intergenerational**
- **SDOH/Individual level**
- **SDOH/Lifecourse, Structural factors**
- **Racism**
- **Implementation efficacy**
  - ***Iatrogenic harm***
  - ***Failure to act in the face of need***
  - ***Disrespectful, stress inducing care***
  - ***Overburdened, underfunded, incoherent systems***

Inequities are a complex phenomenon

“(Con)tributaries” to inequity

$$ MILLION DOLLAR QUESTIONS -from Dr James

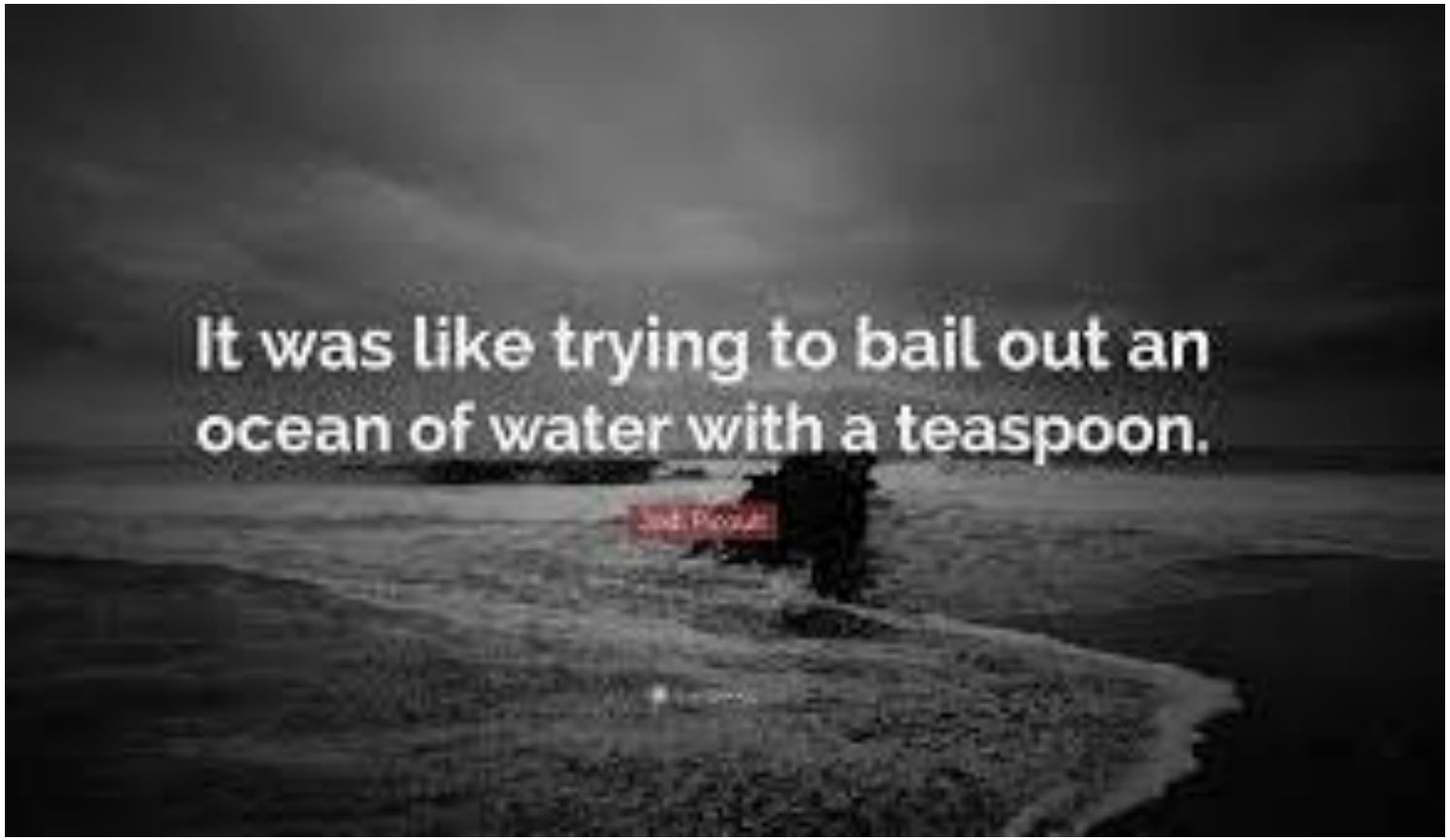
What does this history and its present- day effects mean for **action** to produce equity? How do we **repair** the effects of such an adverse history so that we can achieve equity?

How do we **speed** the improvement in the Black rate so as to get to parity and silence the voices who think it is OK to go the extra mile to speed progress for white babies but not Babies of Color?

How do we **correct the imbalance** that white privilege creates?

How do we **become anti- racist** in a climate where some people are emerging in their understanding of its existence and its virulence, while others are retrenching within white supremacy?

The Bottom Line:



- Inequities are the epitome of a “big hairy problem”
- The approaches we currently use to address inequities are inadequate to the task
- The causes of- and cures for inequities in maternal and infant health are much more complex than the methods we employ to address them

Summary

- *Disparities in health persist*
- *Inequities in the conditions that create health persist*
- *What we are doing now to address disparities is weak and has not resulted in much sustained progress*
- *The way we do public health is weak and has not resulted in sustained progress*
- *We need a total reset on how we do public health and address inequities---and we need it NOW*

Current Approaches to Addressing Inequities

What are some of the approaches we use to address inequities?

A Sample of Generalized Equity Approaches

1. Doing Nothing
2. Equity After the Fact
3. DEI Outsourcing
4. Cherry-picking
5. Training
6. Organizational Transformation to Equity in All Policies (EiAP)

“Doing Nothing”

Reasons for Doing Nothing

- Don’t know what to do
- “*Talking loud, but saying nothing*”--Believe you are working toward equity, but in reality, are not
- Unaware of the problem of inequities
- Inequity is not a priority
- Inequities are too hard and complex to address
- Belief that you’ve done enough


DENIAL


I GIVE UP!
CHALLENGE

"Here's the state-of-the-art gymnasium, here's the coffee bar and internet café ...oh, yeah - and this little thing over here is the new sanctuary."

"Equity After the Fact"

Equity should not be an add-on/afterthought

- *"Add salt to taste…."*

The intervention is conceptualized, planned, and funded; *then we begin to think about how we will add "equity"*

- Retrofitting equity is near impossible when 80% of all decisions are already made
  - *Does it make sense to put in the electrical wiring and pipes after the drywall is installed?*

“DEI Outsourcing”

Outsourcing Scenarios

- **Select one person to lead all Diversity, equity and inclusion activities**
  - *Efforts are usually underfunded and under-resourced*
  - *Position usually lacks power to create and enforce change*
  - *Position may be focused on mediating EEO complaints*

- **Organization or Department rides on the coattails of what one equity champion is doing with their team**
  - *Impacts will be limited in scope and unsustainable*
  - *Actions and impacts cease when champions leave organization*
  - *Actions rarely go beyond impact of a team*
  - *Staff may face burnout from lack of resources and support*
    - *when they are committed to equity, they will do the work regardless of resources, but will also face derision, stress, overwhelm and burnout*

- **Assume all People of Color (POC) are knowledgeable about how to achieve equity**

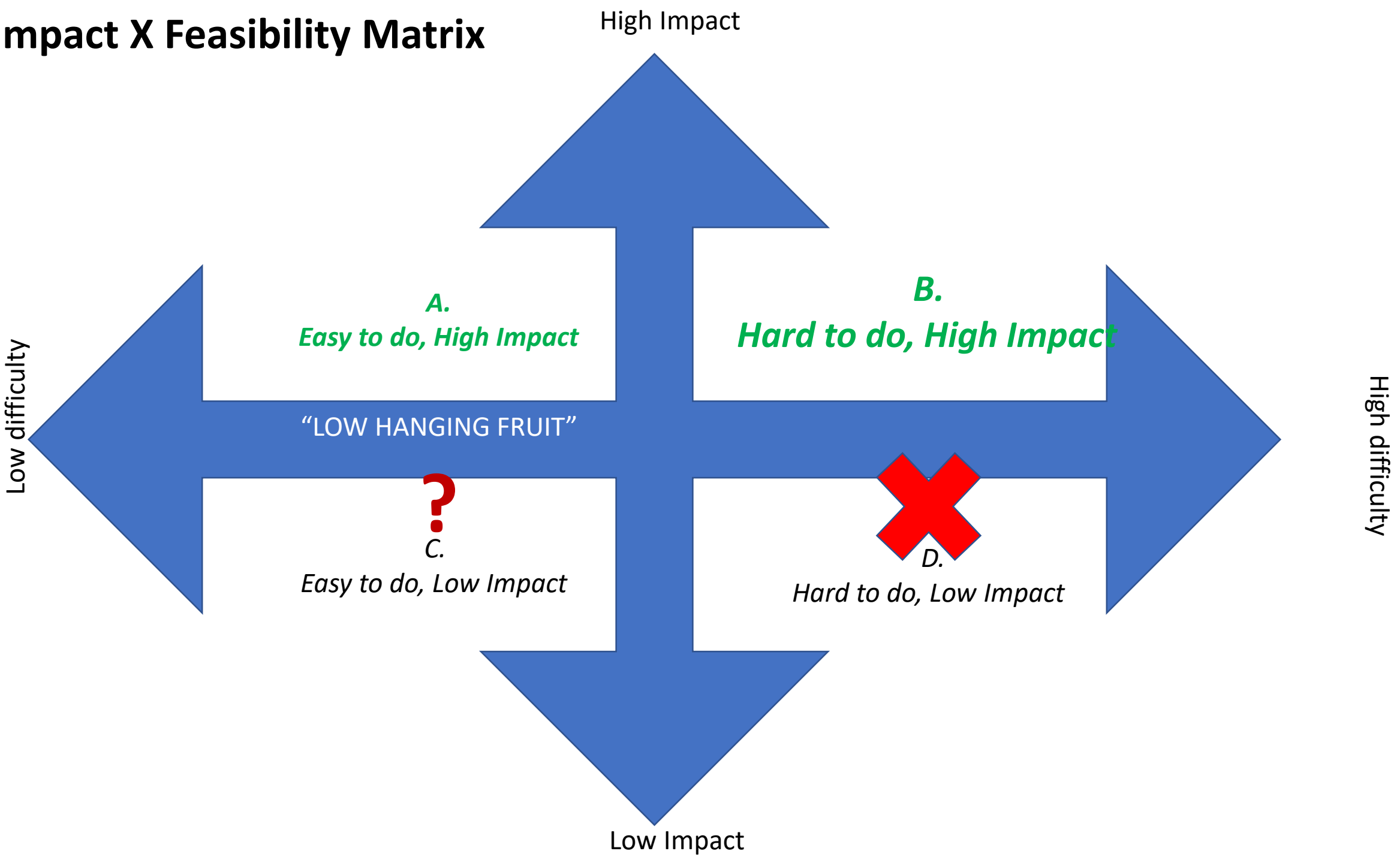
- ***De facto* assumption that POC should take on the responsibility to promote equity**

“Cherrypicking”

Just ignore the parts you don’t like

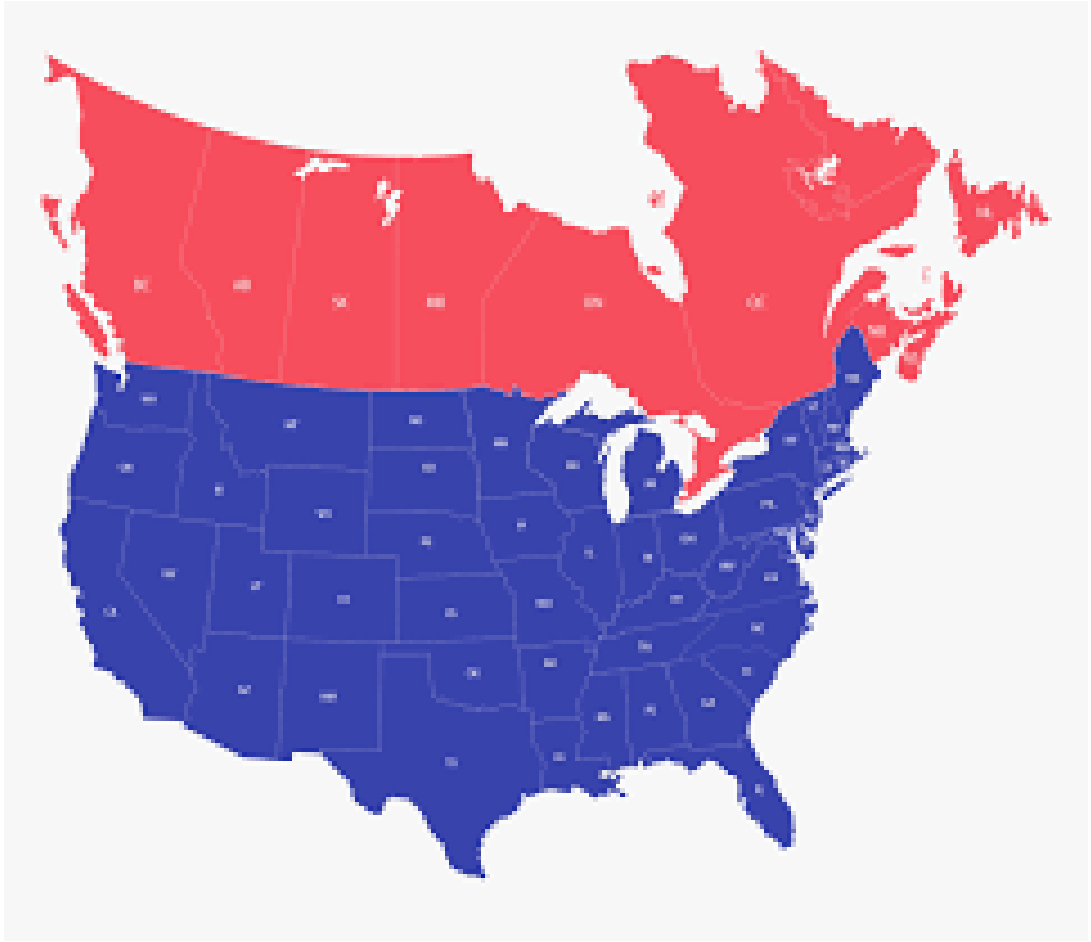
Decision-making processes that default to the "easy" choices without regard for their limited impact on needs of POC or inequities

Impact X Feasibility Matrix



“I fully support you getting to Canada and stand with you…….

……But there is one condition: you may not travel Northward”



handicap

hinder, impede, incapacitate; to place at a disadvantage:

(Washington Post)
Opinion by Ron Wyatt
April 5, 2021 at 1:42 p.m. EDT

Cannot change something you are not allowed to talk about.

Talking about-- and acknowledgement of
Racism
are not enough
to achieve equity

Anti-racism action
is required

"The struggle is not against white people, it is against RACISM"

“Equity Training”

Available Trainings –*an incomplete list*

1. *Undoing Racism Workshops*
2. *Results-based Accountability*
3. *Intercultural Development Inventory (IDI)*
4. *Implicit Association Test (IAT)*
5. *Implicit Bias training*
6. *Racial Healing Workshop*
7. *Attend workshops on threat response, white fragility, internalized racism*
8. *Attend Social Justice/Reproductive Justice workshops*
9. *Consciousness raising/disrupting status quo webinars*

Potential limitations to training

- Informational vs. **Experiential**
- Transactional vs **Transformational**
- Individual behavior vs. **Systemic or Structural change**
- Temporary vs. **Sustained change**
- “One size fits all” vs. **Matching training to appropriate Stages of Change**

“Organizational Transformation to Equity in All Policies (EiAP)”

- Social Change is necessary to achieve EQUITY
- Societies change when its organizations and institutions change
- Organizations and institutions change when they transform aspects of their culture, processes, priorities, resource allocation, relationships, powersharing, etc…
- When these are done within an equity frame and across all sectors, you remove new production of risk/inequities, provide a platform for redressing past harms, and increase probability of achieving equity

Organizational Transformation

Need to think about:

- **What is the target of change?** *(Community members? Your organization? Society?)*
- **In my pursuit of equity, what am I building?** (vs. *What am I doing?/Who did I put in charge?)*
- **Am I appropriately resourcing equity efforts?** *(Time, money, personnel, power, priority)*

Going Deeper: Critique of Current Approaches to Equity

Equity requires….

- Doing the right things
- Doing ALL of the right things, simultaneously
- Doing them right (*science- based, respectful, coherent, matching needs,* etc…)
- Doing the right things and doing them right for everyone
- Having the capacity to know what the right things are, and to build and then implement them
- Doing robust public health

- *“ All I need to attain equity is to apply the appropriate evidence- based practice”*

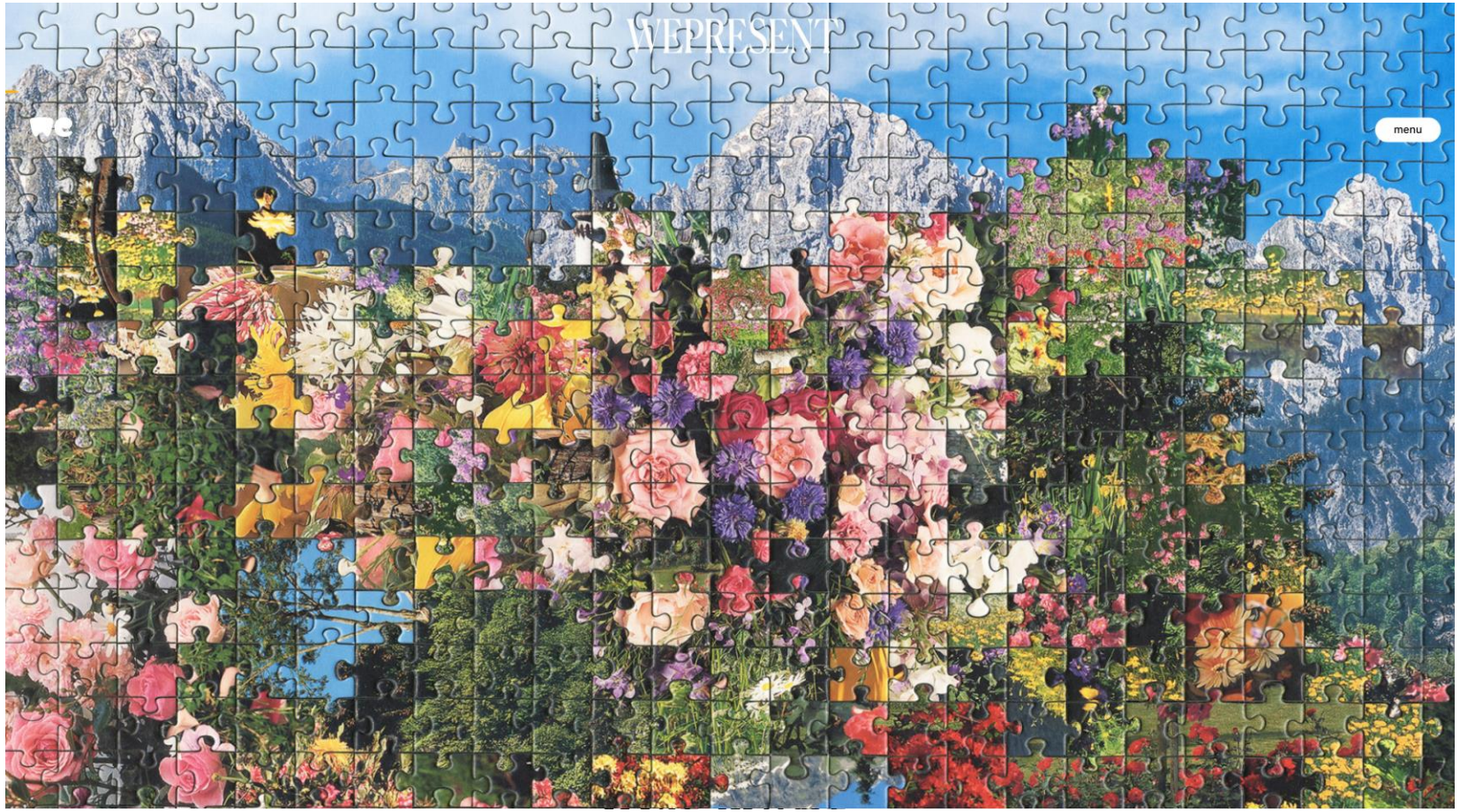
- *“ Once we put in place policies that address the social determinants of health, we will achieve equity”*

- It is possible to increase inequities while improving social determinants

- Social Determinants of health must also be addressed with an equity lens

Coherence/Incoherence in public health

All the pieces fit, but does the big picture make sense?



Socio-Ecological Model

Upstream/More population-based impacts

Downstream
More individual-based impacts

Summary:

Current approaches to equity:

Rarely consider all aspects of the complexity of the problem.

Are rarely holistic, are often piecemeal and incoherent

Rarely go deep enough to make a dent

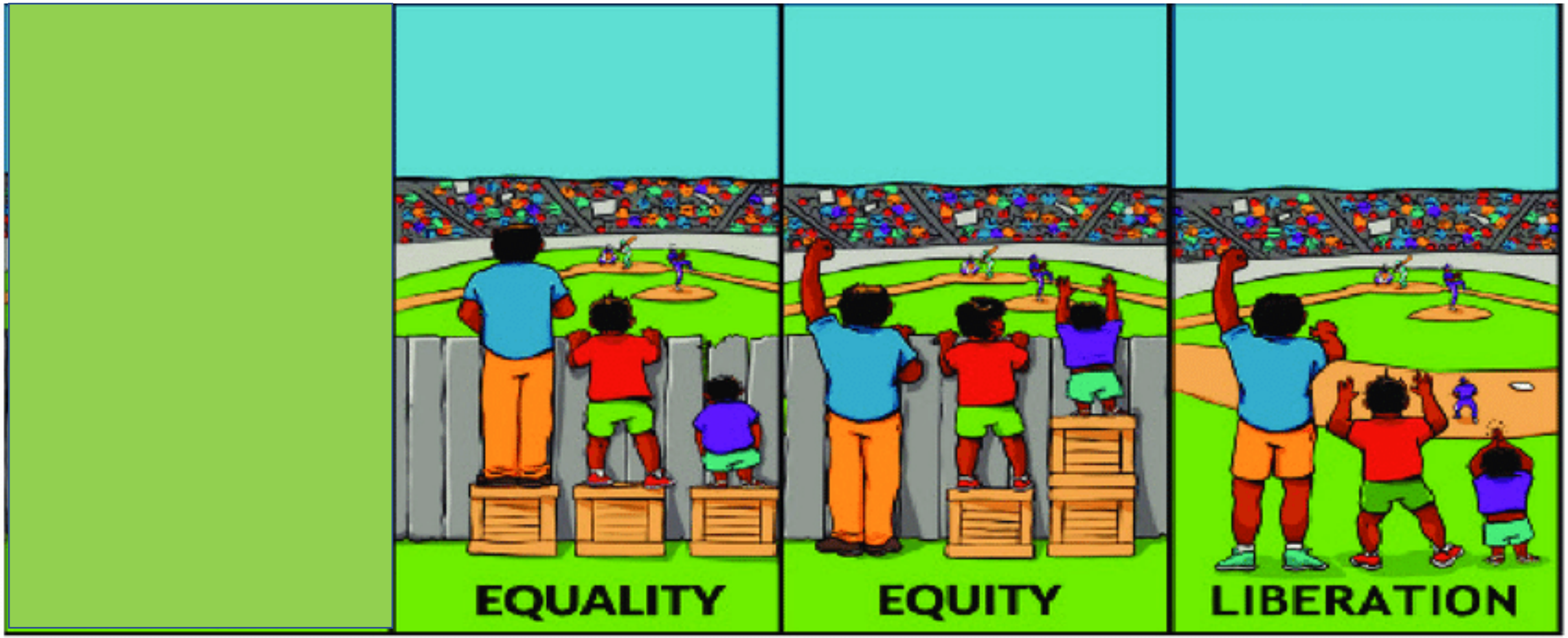
Are under-resourced

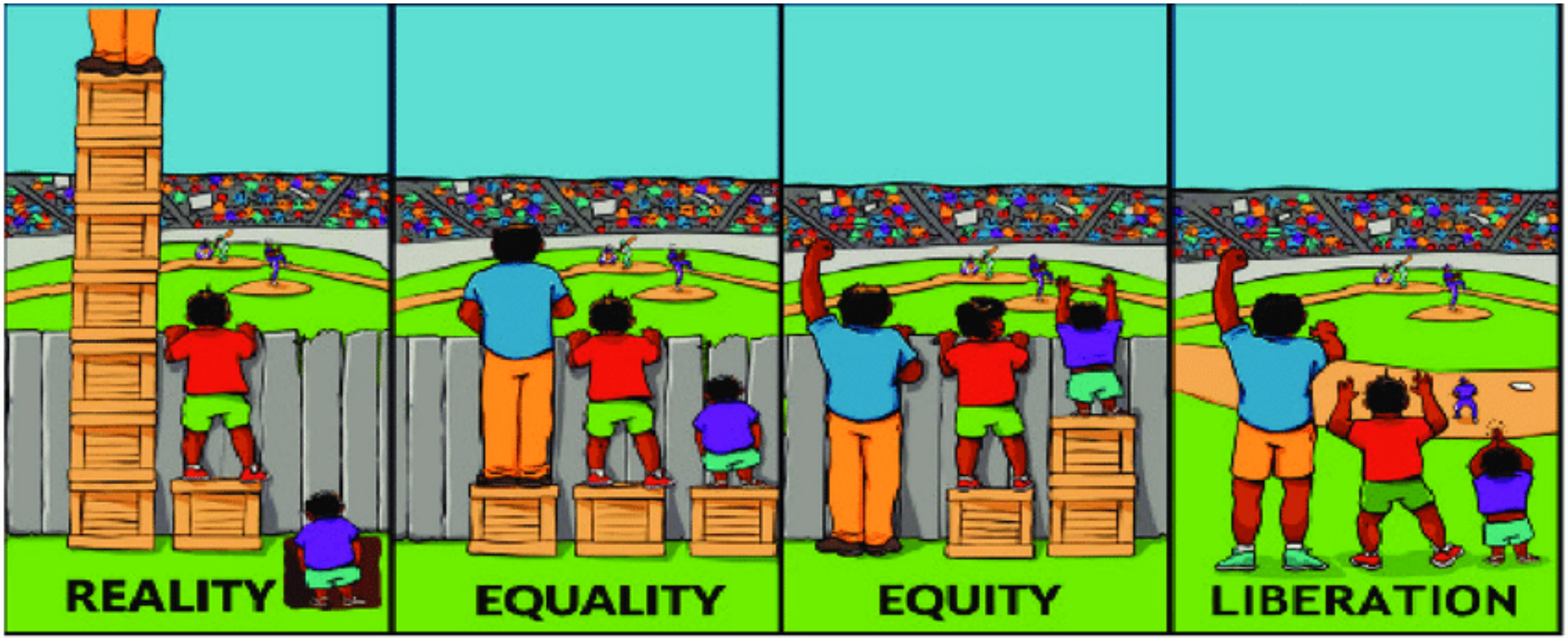
Are not systematically planned, often opportunistic

Rarely result in sustained and consistent reductions in inequities

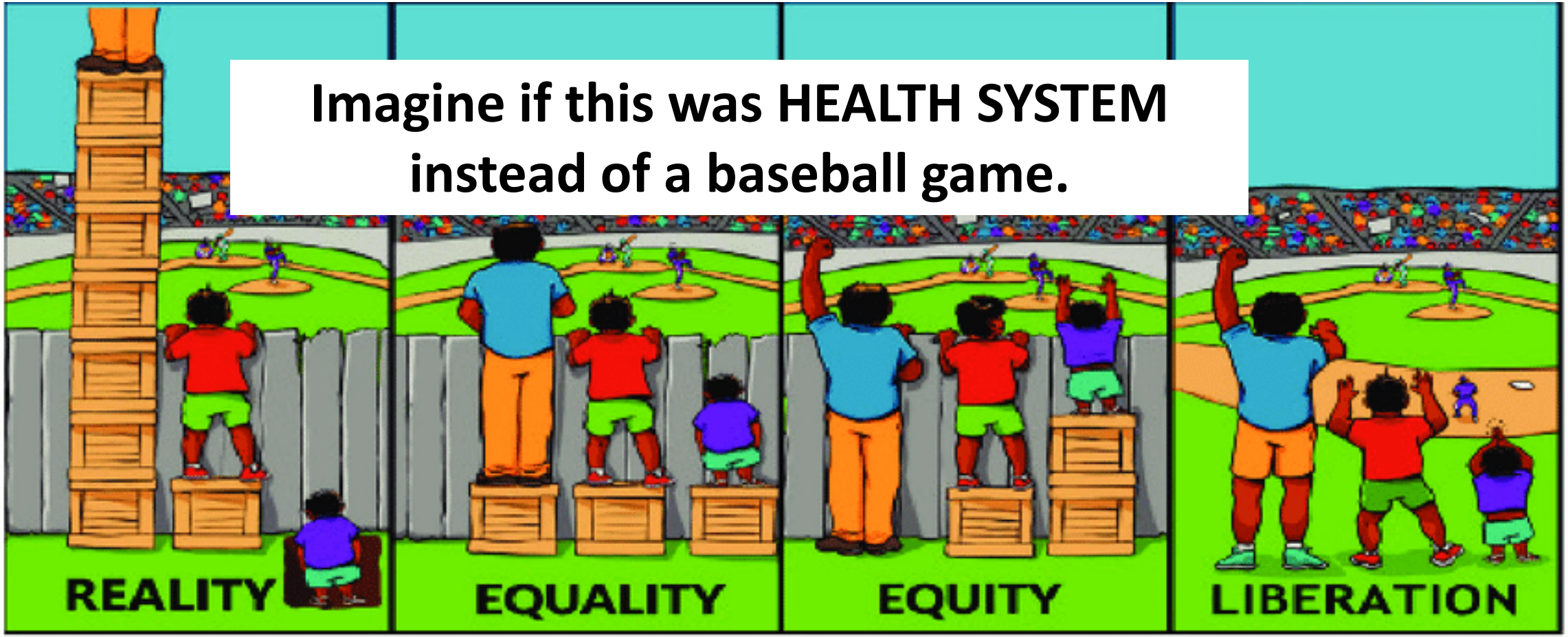
Assume equity exists "Out there”-- rather than assessing and changing the ways that organizational processes and decisions maintain inequities or inhibit equity

How Should We Approach Achievment of Equity?


EQUALITY
EQUITY
LIBERATION


REALITY
EQUALITY
EQUITY
LIBERATION

Imagine if this was HEALTH SYSTEM instead of a baseball game.



Necessary Actions to Address Inequity

✓**Remediate**	**SDOH/Individual level**
✓**Remove**	**Racism**
✓**Repair**	**Historical/Intergenerational**
✓**Restructure**	**To eliminate sources of risk/stop reproduction of risk exposure/ SDOH/Lifecourse, Structural factors**
✓**Provide**	**Implementation efficacy (“*Doing the right things right*”)**

Next:

Part II:

Introduction to Key Equity Tools, Concepts and Frameworks

Strategies, Tools and Capacities Needed to Achieve Equity in Maternal and Infant Health (and how to evaluate it)

Homework:

Which of these characterize you, your team, your agency, and your networks?
(select all that apply)

1. We are just starting, trying to figure it out

2. We have the best of intentions, but the larger organization does not provide needed sanction, support, resources and structures

3. We all had equity training

4. We've assigned someone in the organization to oversee equity issues

5. We include community in planning, development and decision making

6. We use the right language in our communications

7. We assessed all of our policies and procedures and changed them to ensure equity

8. We address historic ills and level the playing field for most disadvantaged populations

9. We provide resources to the community to organize dialog, study, learning ideation in preparation for “coming to the decision-making table”

10. Our physical environments are welcoming to all groups

11. We are working to improve environmental and social conditions, so populations have less exposure to risks

12 We restructured our organization to accommodate the needs of the most vulnerable populations

13. Our workforce looks like the populations we serve

14 Our organization provides an appropriate level of funding to achieve equity

15 We leverage our power, resources and relationships to encourage and support network partners to embrace equity