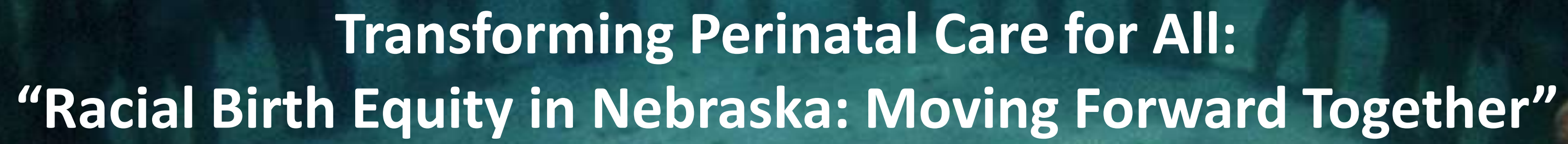

Transforming Perinatal Care for All:
“Racial Birth Equity in Nebraska: Moving Forward Together”

NPQIC Summit:

Arthur R. James MD, FACOG

09/27/2024

“Vicissitudes” Artist, Jason DeCaires Taylor

Disclosures:

- Consultant:
  - Healthy Start Technical Assistance & Support Center at The National Institute for Children's Health Quality
  - University of Nebraska Medical Center (ends 9/2024)

I have spent nearly 40-years practicing Obstetrics and/or advocating for Mothers and Babies. My experience has taught me the following…

1. That the persistence of the racial disparities in birth outcomes is the most problematic MCH challenge facing this nation.
2. That RACE as biology is FICTION, it's 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 birth inequities.
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 if we are going to save our mothers and babies**

Objectives:

During this presentation I hope to:

1. Define Infant Mortality
2. Explore current Infant Mortality trends in the Nation, Nebraska, and Douglas County by Black/White Race
3. Examine some of the primary drivers for the racial inequities in birth outcomes
   a. Include a discussion about the contribution RACISM makes to this inequity
4. Discuss the importance of taking an upstream, syndemic, and targeted approach to ELIMINATE these inequities
5. **Identify opportunities for those of us in MCH to change our approach, so that all Mothers and Babies have an equitable opportunity to survive childbirth and the first year of life.**
6. **Encourage NE to become the 1st State in the Nation to achieve B/W Equity in Infant Mortality**

Why investigate Infant Mortality?

&

Why an interest in inequities?

Volume I:
Executive Summary

Report of the Secretary's Task Force on

Black & Minority Health

Margaret M. Heckler
Secretary

U.S. Department of Health and Human Services

In 1985, the **Report of the Secretary's Task Force on Black and Minority Health** (commonly referred to as the Heckler Report) stated:

" Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native Americans and those of Asian/Pacific Islander heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/

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Secretary

U.S. Department of Health and Human Services

The Report found that there were 60,000 excess deaths to minority groups, especially to African Americans and that six causes of death accounted for more than 80% of mortality among Blacks and other minority groups compared with Whites. The causes included:

- Cancer;
- Cardiovascular disease and stroke;
- Chemical dependency (measured by deaths due to cirrhosis);
- Diabetes;
- Homicide and accidents (unintentional injuries); and
- **Infant mortality.**

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/

In a recent study (09/2021 (46-years after the Heckler Report))...

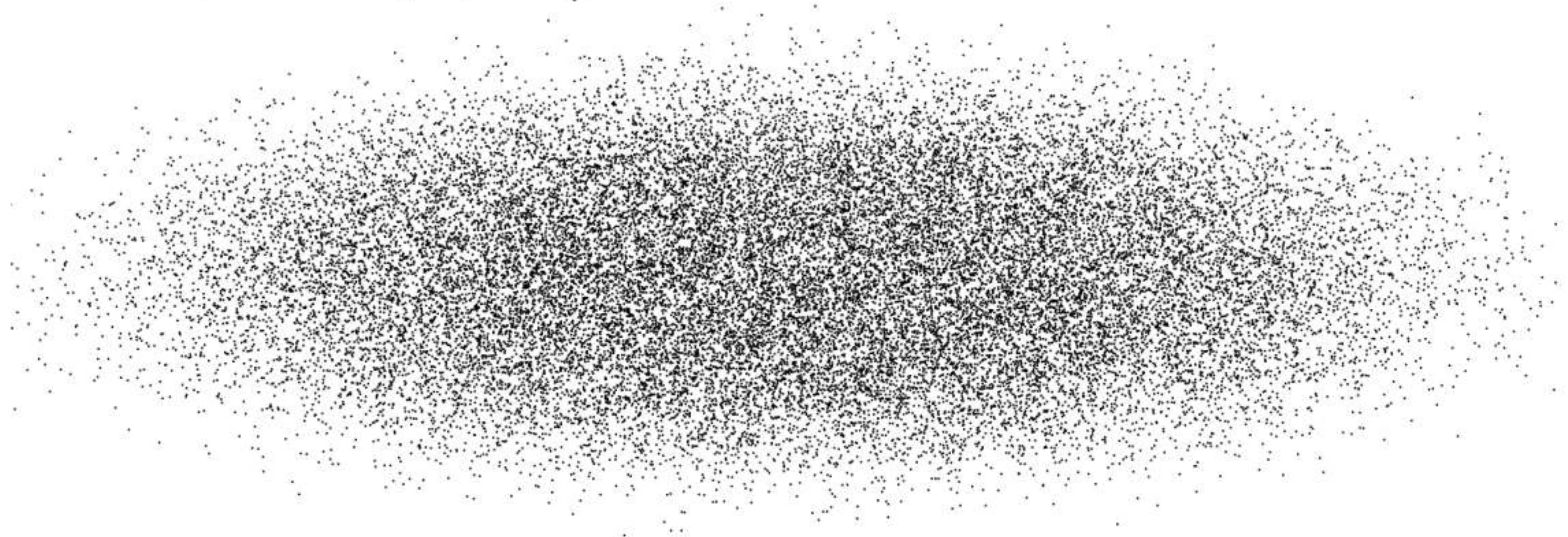
If Black Americans died at the same rates as white Americans, about 294,000 Black Americans would have died in 2019.

The Black Mortality Gap, and a Document Written in 1910

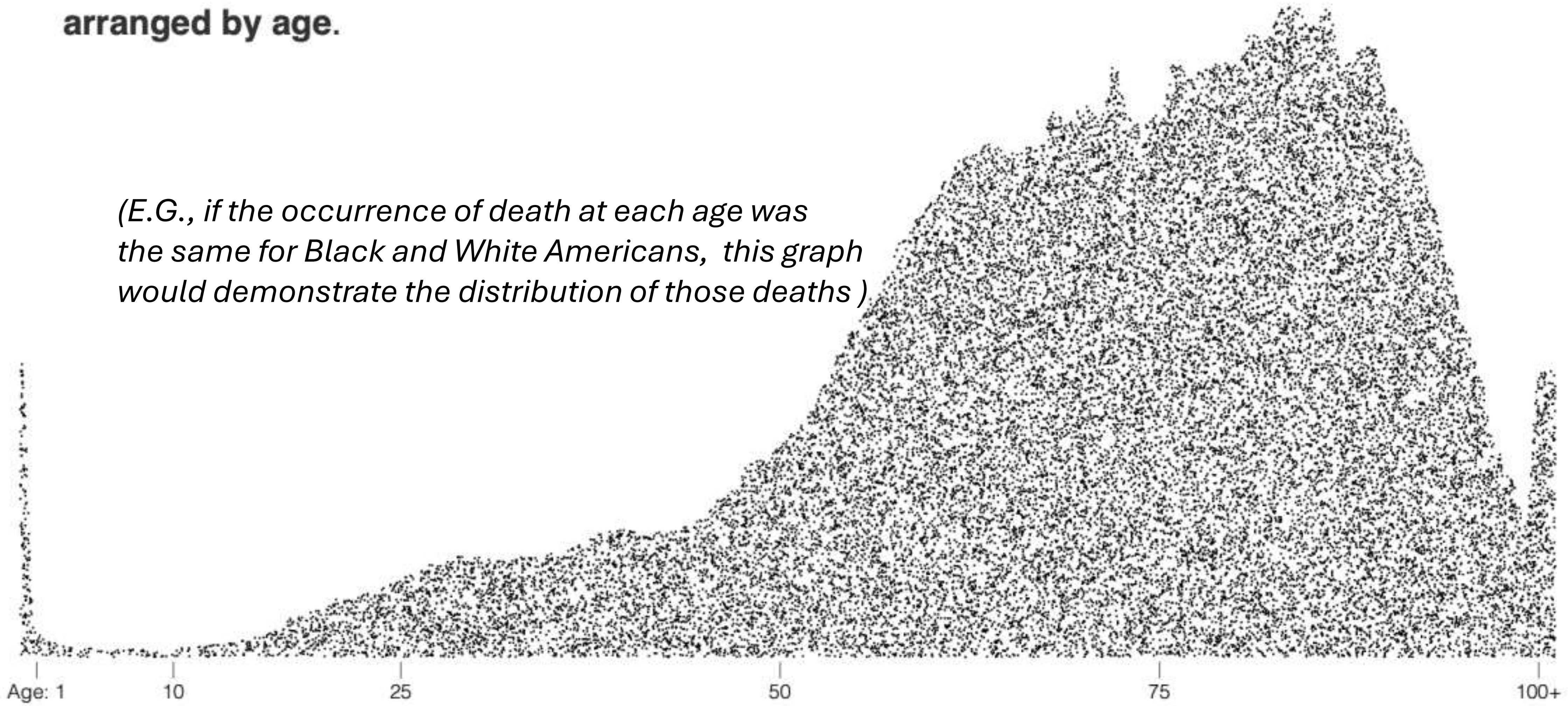
Some clues on why health care fails Black Americans can be found in the Flexner Report.

NYT: 09/01/2021

Each dot represents 10 people

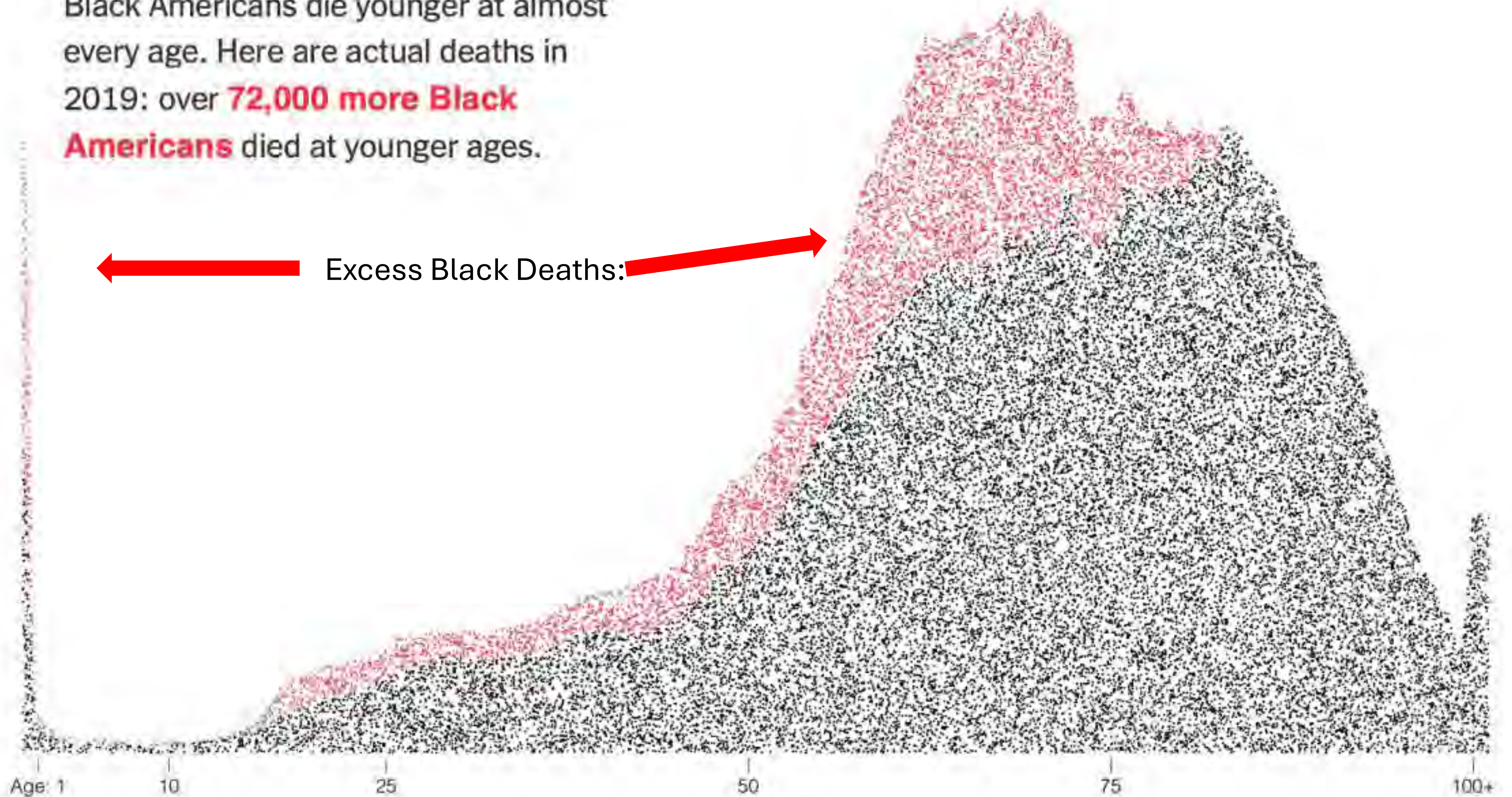


https://www.nytimes.com/2021/08/30/upshot/black-health-mortality-gap.htr

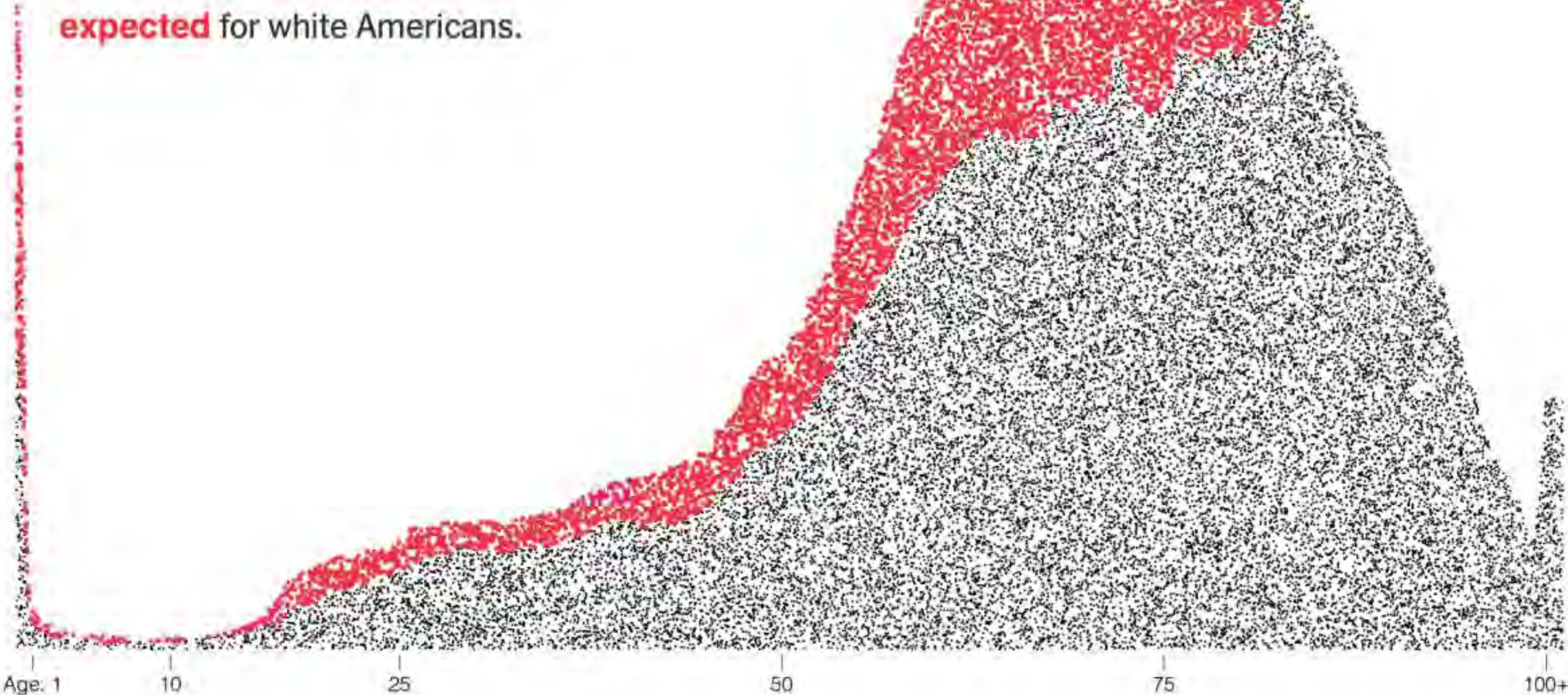


(E.G., if the occurrence of death at each age was the same for Black and White Americans, this graph would demonstrate the distribution of those deaths)

https://www.nytimes.com/2021/08/30/upshot/black-health-mortality-gap.htm

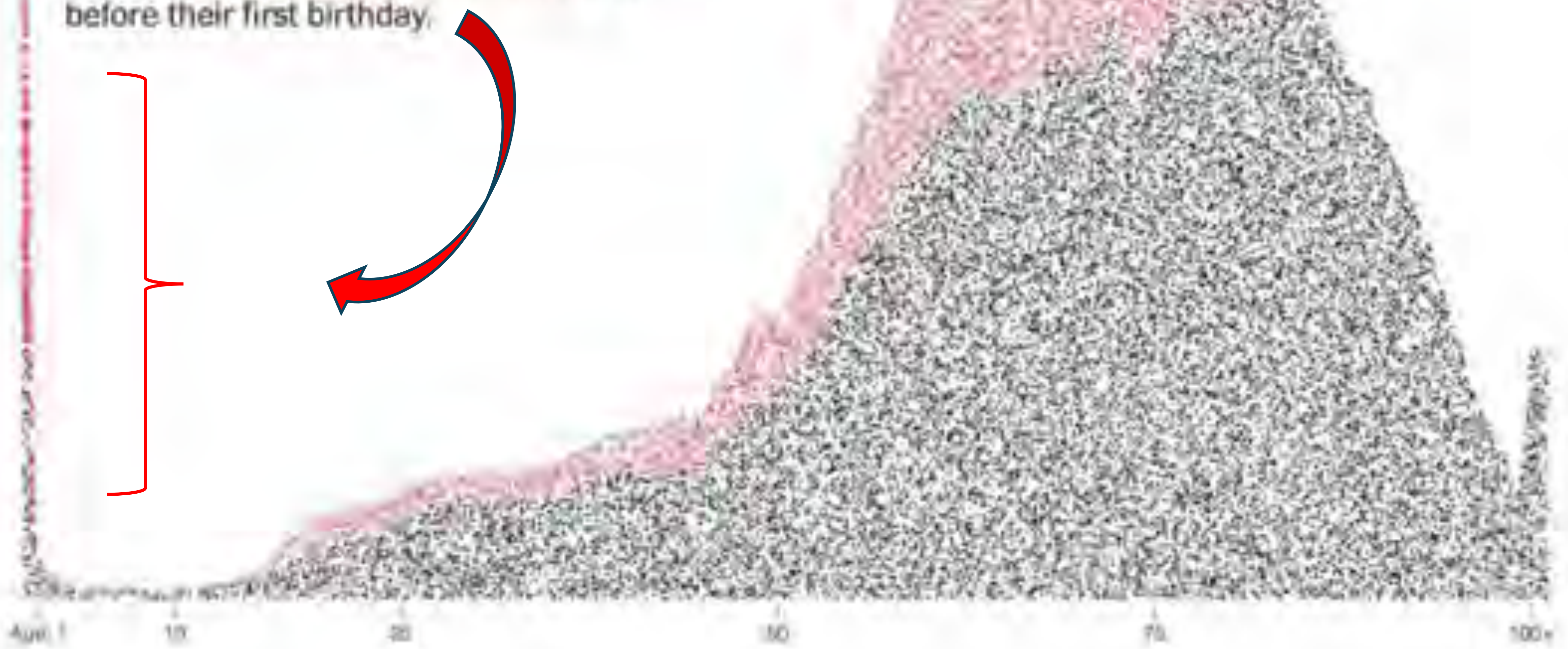


https://www.nytimes.com/2021/08/30/upshot/black-health-mortality-gap.htm



https://www.nytimes.com/2021/08/30/upshot/black-health-mortality-gap.htm

The biggest inequality affected Black infants, who had more than twice the white infant mortality rate. In 2019, almost **3,600 more Black babies** died before their first birthday.



https://www.nytimes.com/2021/08/30/upshot/black-health-mortality-gap.htm

Infant Mortality:

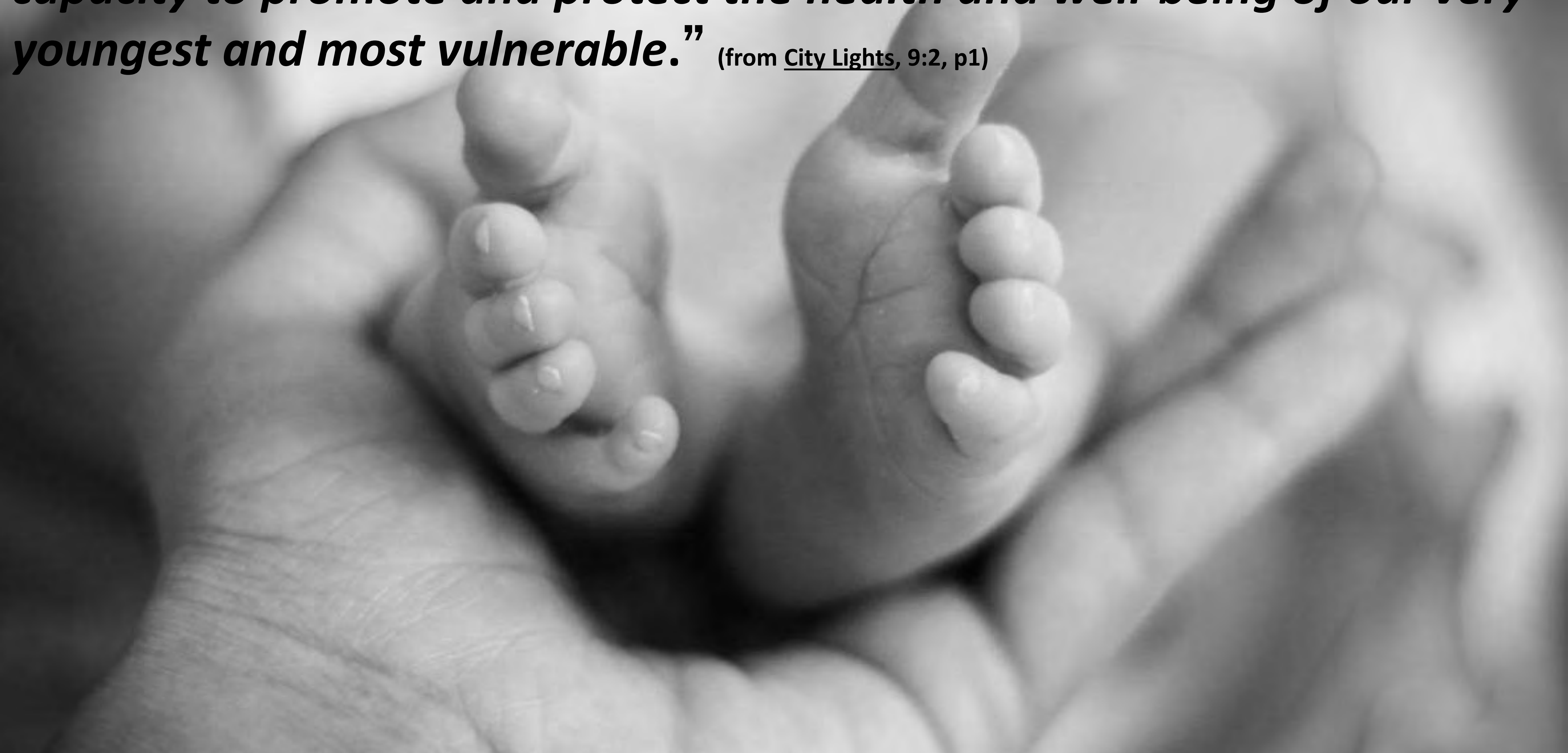
Definition: The death of any live born baby prior to his/her first birthday.

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

Julia Lathrop, Children's Bureau, 1913

Slide prepared by R. Fournier RN, BSN while she was the 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:

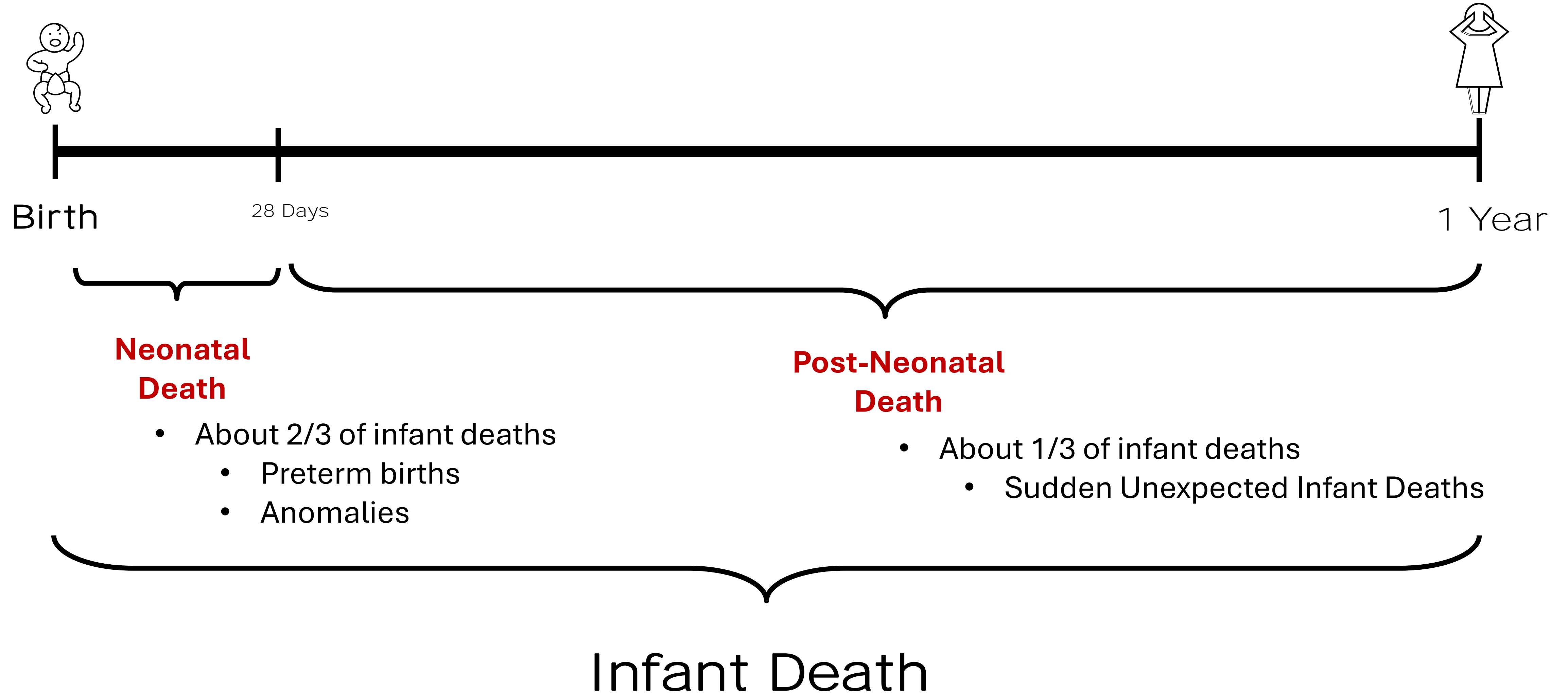
1. High quality health care
2. *Adequate food and good nutrition
3. *Safe and stable housing
4. *A healthy psychological and physical environment
5. *Sufficient income to prevent impoverishment

"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

Secretary's Advisory Committee on Infant Mortality (SACIM), 1/2013

Definitions, Causes and Timeline of Infant Mortality:



LETTER OF TRANSMITTAL.

108 years ago

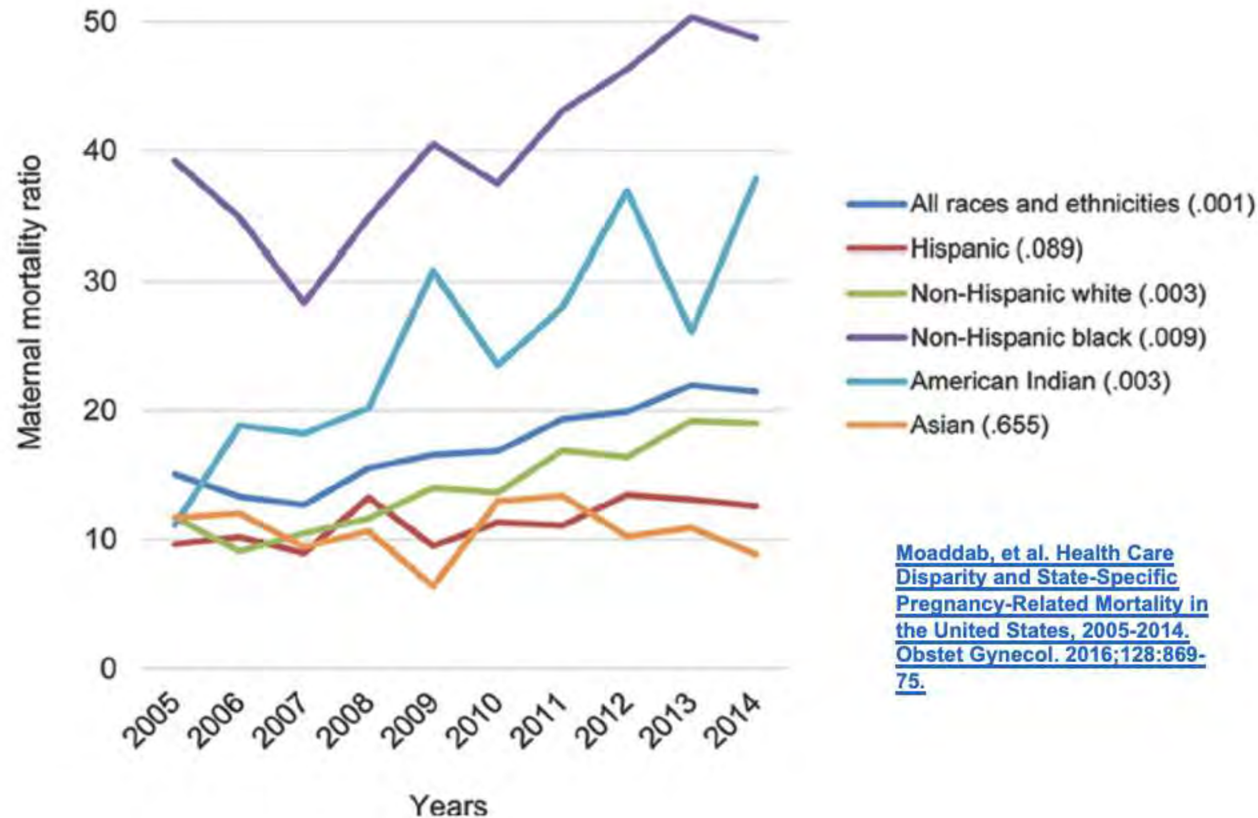
U. S. DEPARTMENT OF LABOR,
CHILDREN'S BUREAU,
Washington, September 25, 1916.

SIR: I transmit herewith a report entitled "Maternal Mortality from all Conditions Connected with Childbirth in the United States and Certain Other Countries," by Dr. Grace L. Meigs, in charge of the hygiene division of this bureau. This report has been prepared because the bureau's studies of infant mortality in towns and rural districts reveal a connection between maternal and infant welfare so close that it becomes plain that infancy can not be protected without the protection of maternity.

Slide used with permission from Dr. Monique Fountain Hanna MD, MPH, MBA

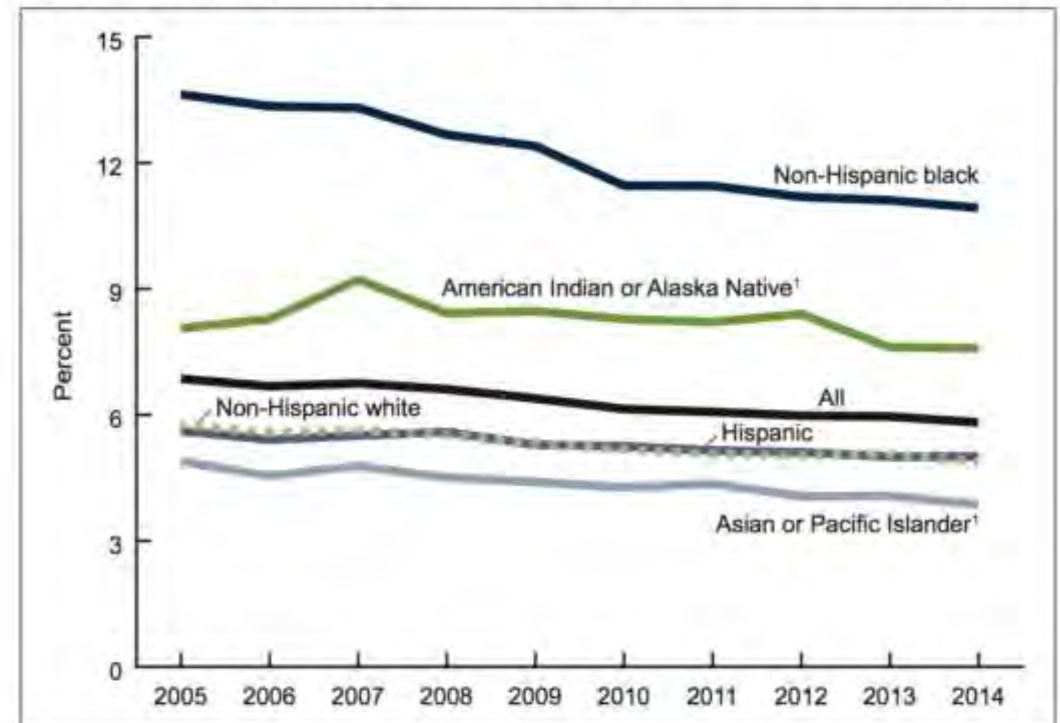
US Maternal and Infant Mortality Rates, by RACE

Maternal Mortality: 2005-2014



[Moaddab, et al. Health Care Disparity and State-Specific Pregnancy-Related Mortality in the United States, 2005-2014. Obstet Gynecol. 2016;128:869-75.]

Infant Mortality: 2005-2014

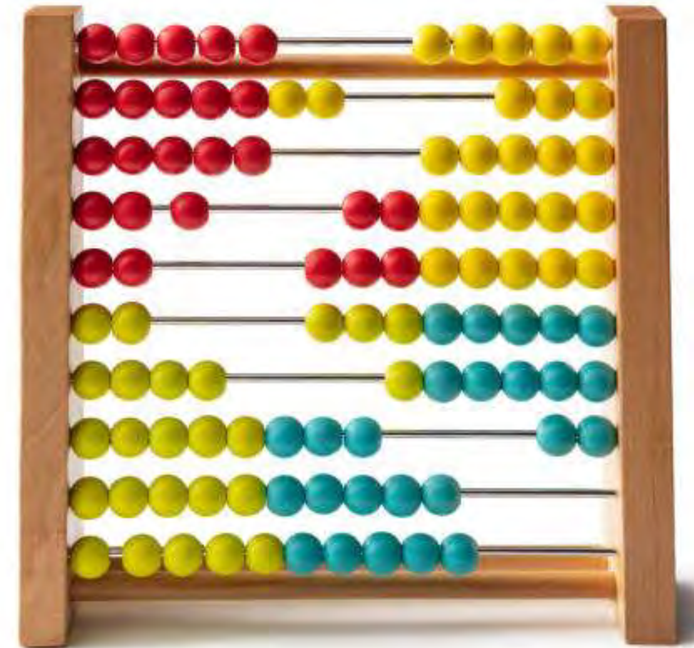


The International Genome Project tells us that genetically we are all 99.9% the same.
How do we explain this racial distribution of DEATH? How do we justify our long-term tolerance of this pattern?

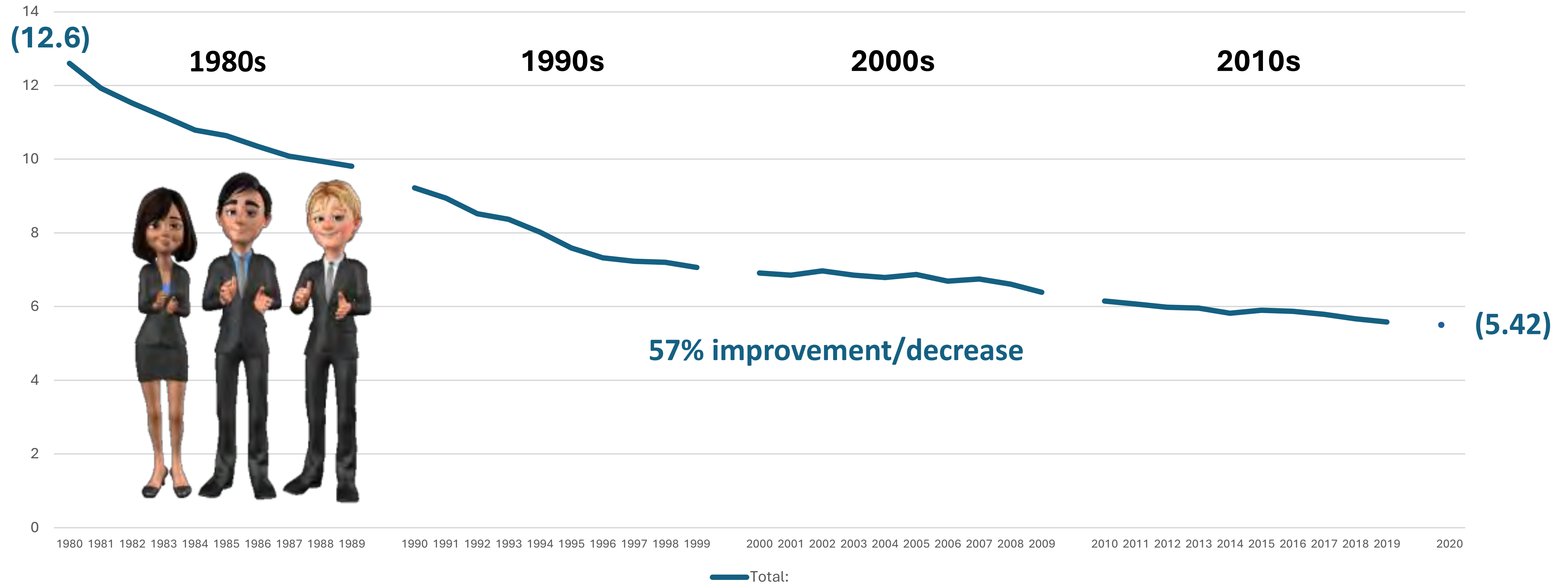
We are who our history says we are!

Following the Evidence…

What does the US data tell us?

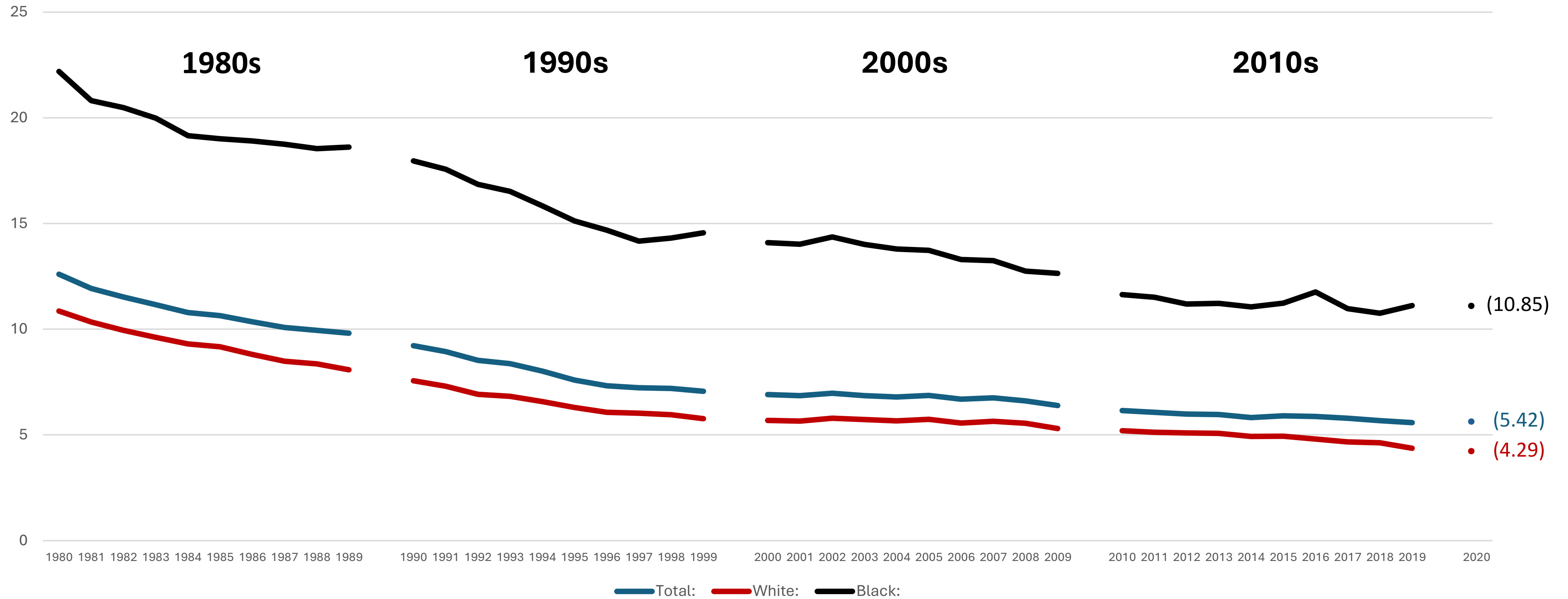


USA IMR: Total (1980-2020)



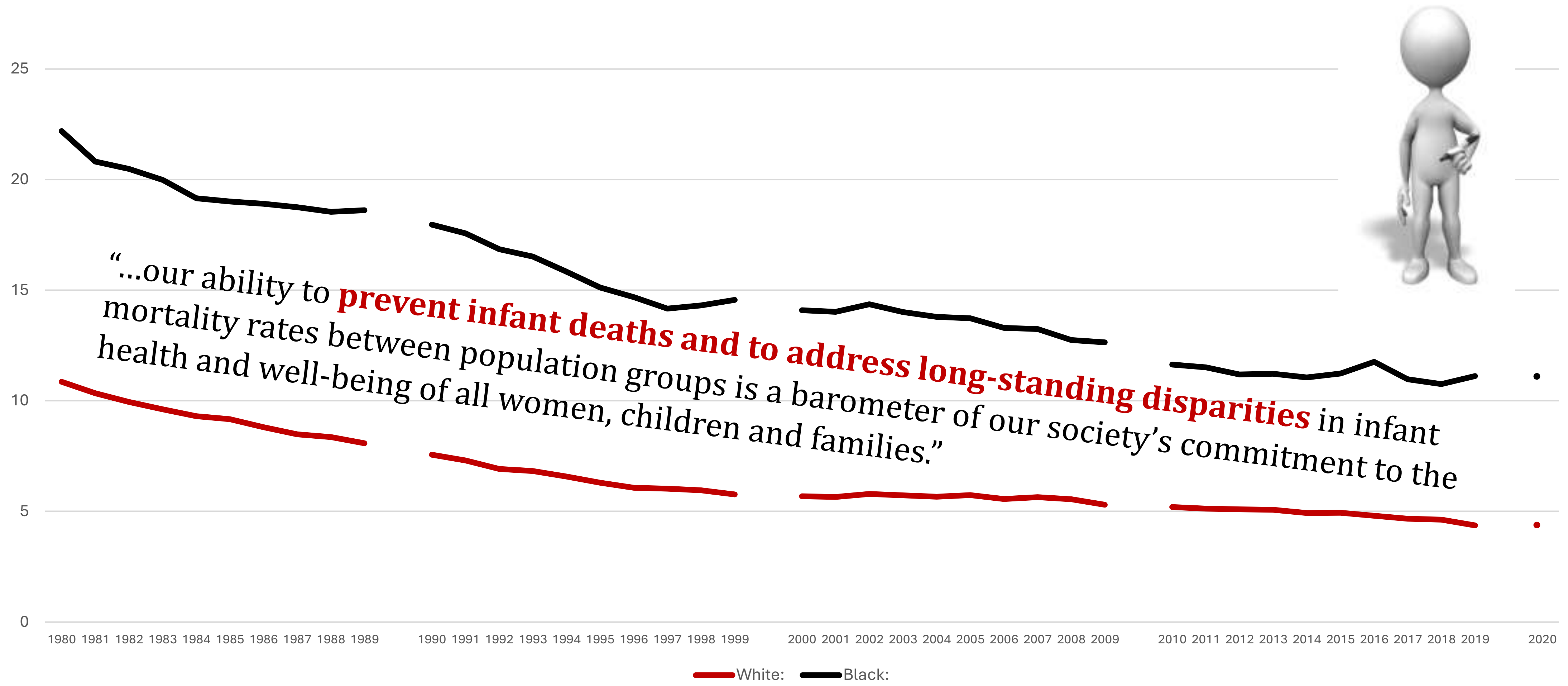
Source: Deaths: Final Data Series, NCHS

USA IMRs: Total, White & Black (1980-2020)



Source: Deaths: Final Data Series, NCHS

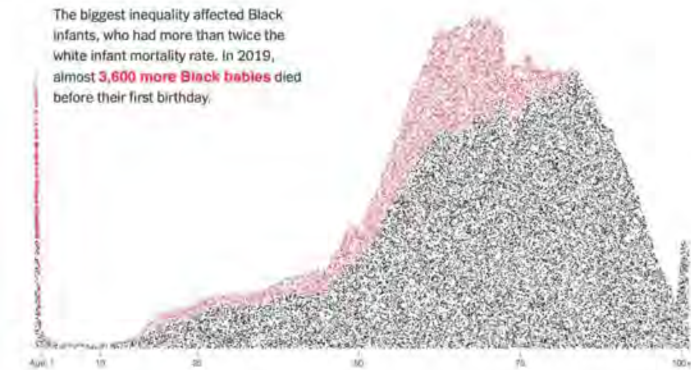
USA IMRs: White & Black (1980-2020)



Source: Deaths: Final Data Series, NCHS

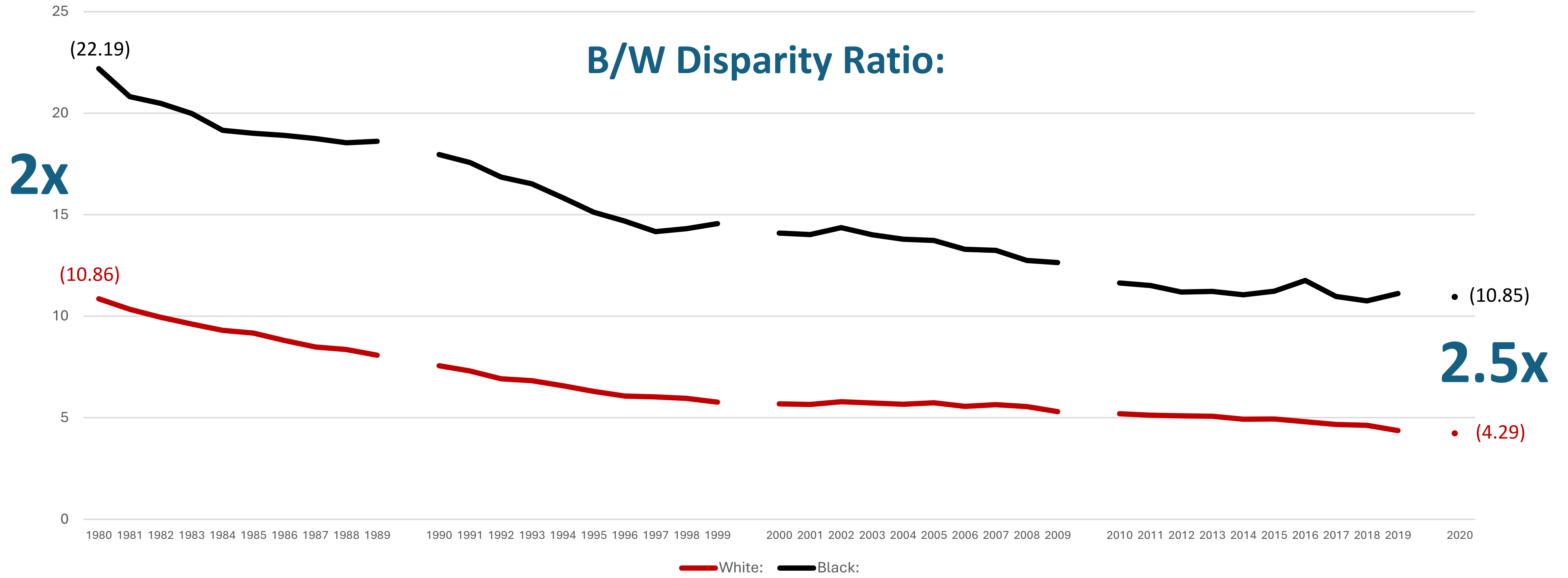
Black/White Disparity in Infant Mortality:

1. **Excess Deaths:**



2. **Disparity or Inequity ratio**
3. **Survival Time-lag**
4. **Healthy People:**

USA IMRs: White & Black (1980-2020)



Source: Deaths: Final Data Series, NCHS

Eliminate the Gap(s):

To eliminate the B/W IMR disparity, we need to:

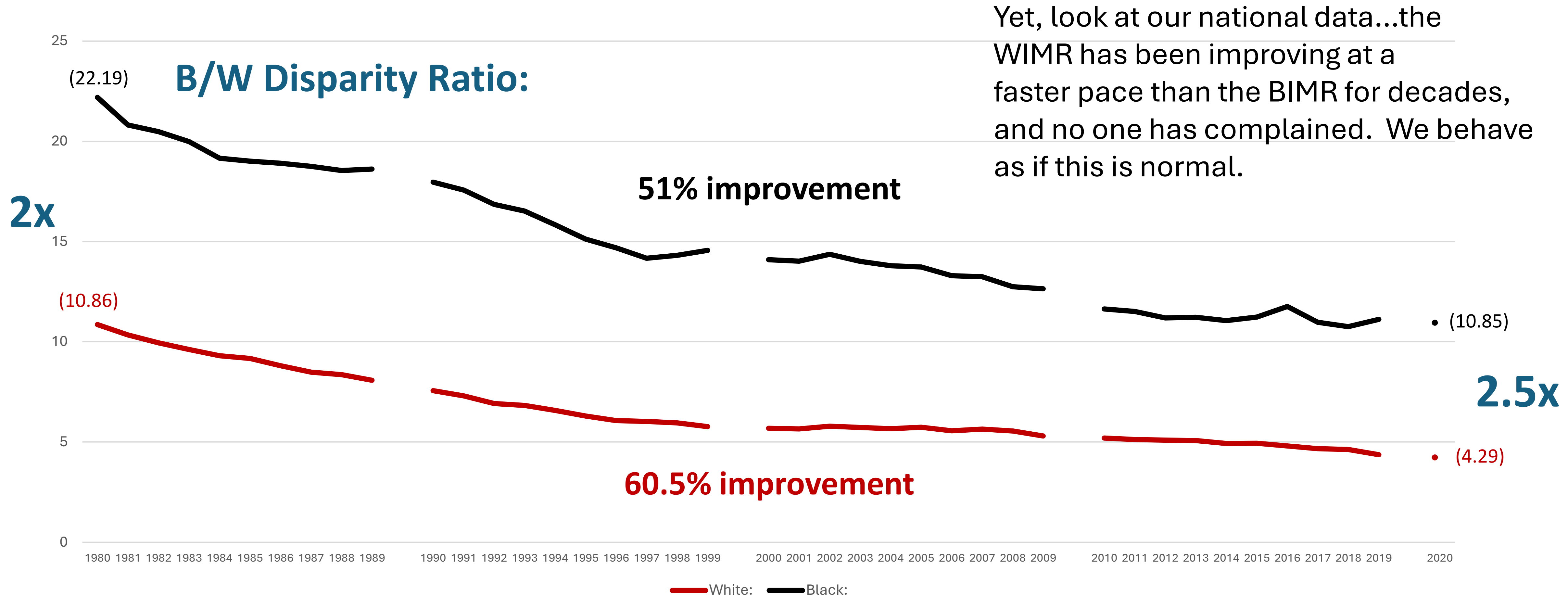
1. Improve the Bimr at a faster pace than we improve the Wimr
2. Must accomplish #1 w/o compromising the pace of IMR improvement for Whites

The Gap

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…

USA IMRs: White & Black (1980-2020)



Source: Deaths: Final Data Series, NCHS

Infant Mortality in the United States, 1915-2017: Large Social Inequalities have persisted for over a Century...& these social disparities contribute to disparities in IMRs

Gopal K. Singh, PhD, MS, MSc;**1** **Stella M. Yu,** ScD, MPH**2**

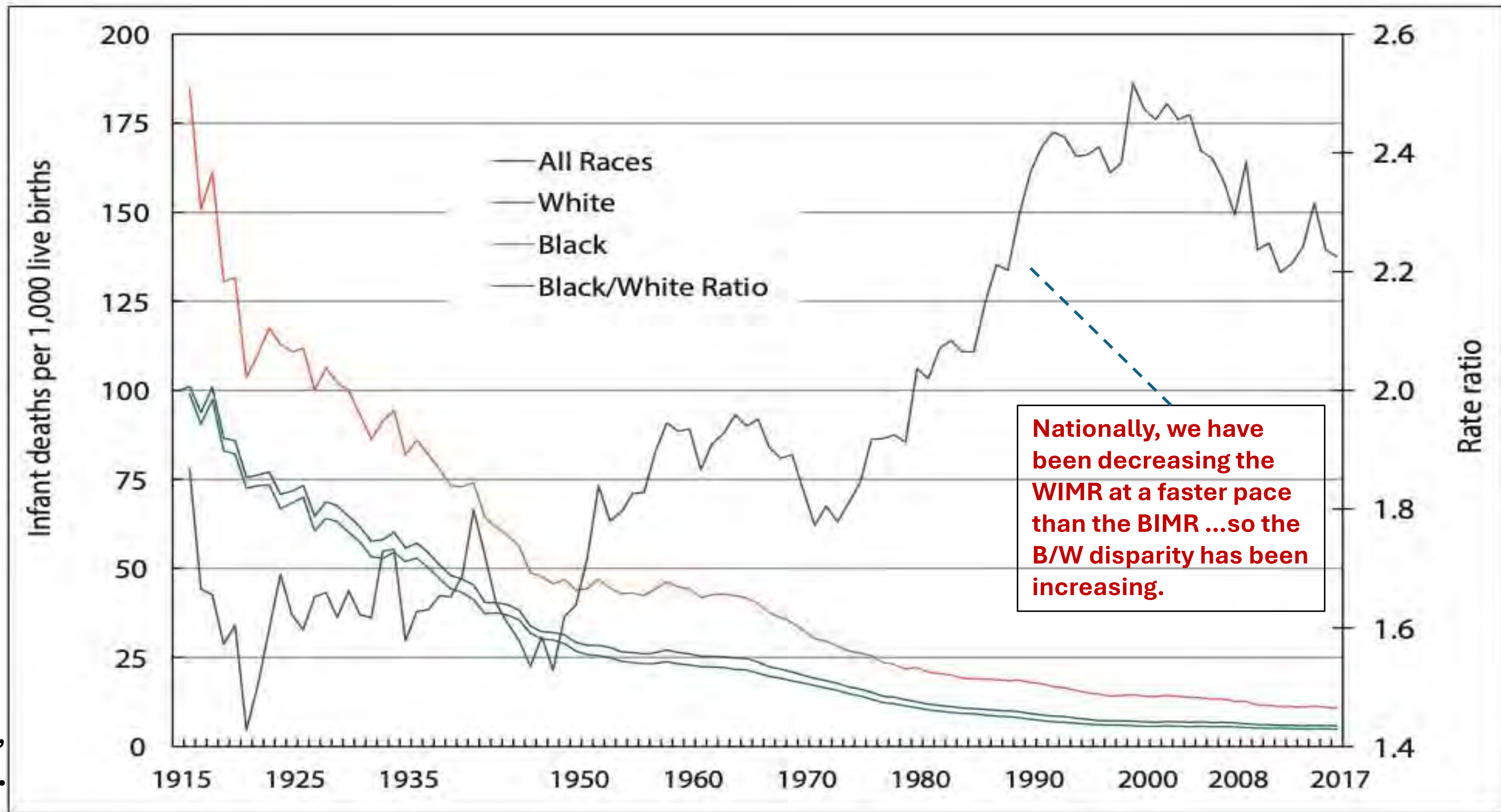


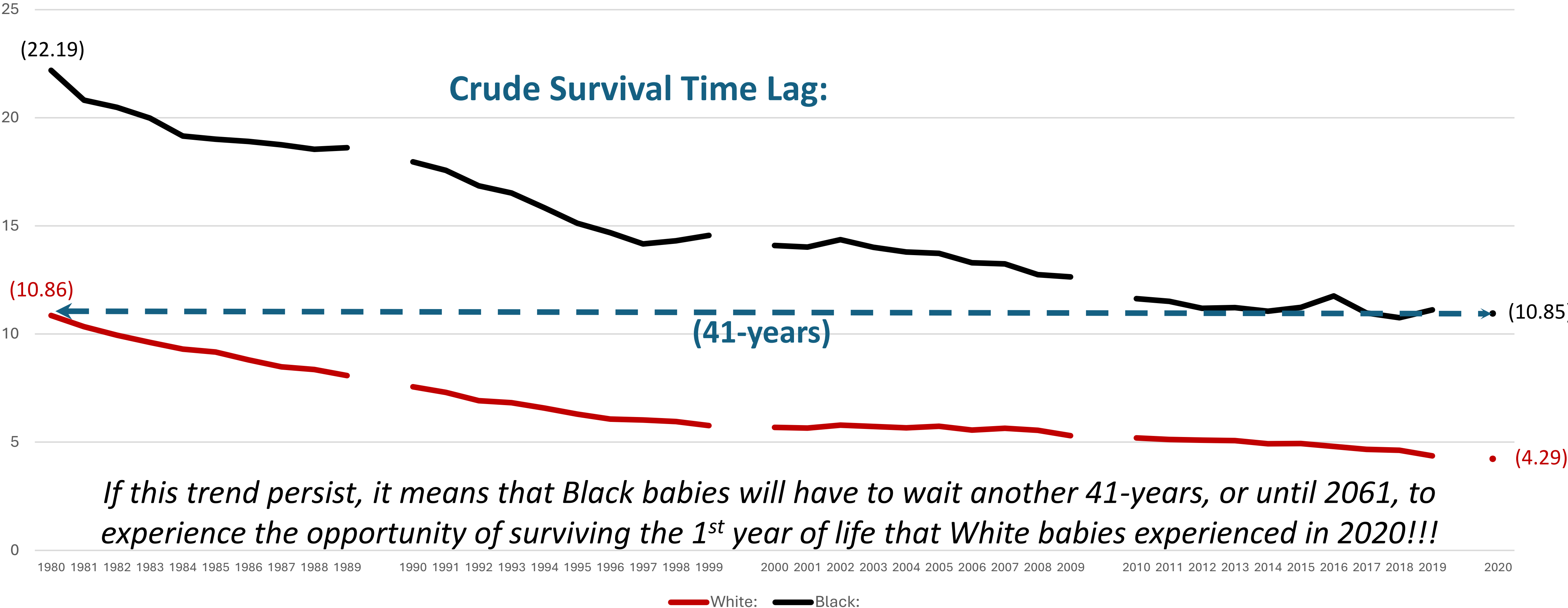
Figure 2: Infant Mortality Rate by Race, United States, 1915-2017

Source: US National Vital Statistics System.

One of the characteristics of "these types of trends" is that they continue to provide advantages to one group while, simultaneously, never mitigating the disadvantages contributing to the poorer outcomes of other groups. Over time these advantages AND disadvantages accumulate, maintaining or increasing the disparities between the groups.

“Crude” Survival Time Lag:

USA IMRs: White & Black (1980-2020)



Source: Deaths: Final Data Series, NCHS

The "Crude" Survival Time lag is getting longer over time

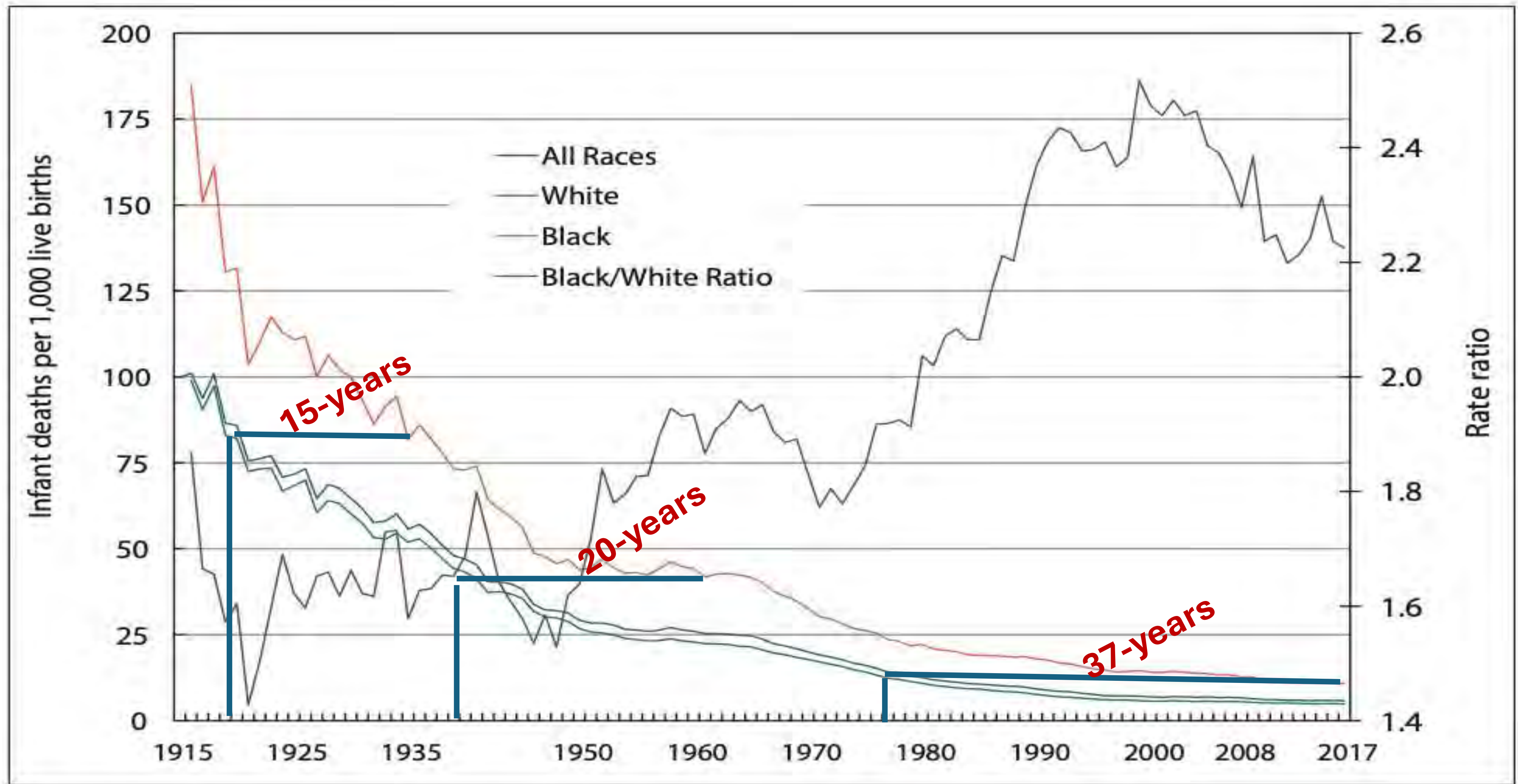


Figure 2: Infant Mortality Rate by Race, United States, 1915-2017

Source: US National Vital Statistics System.

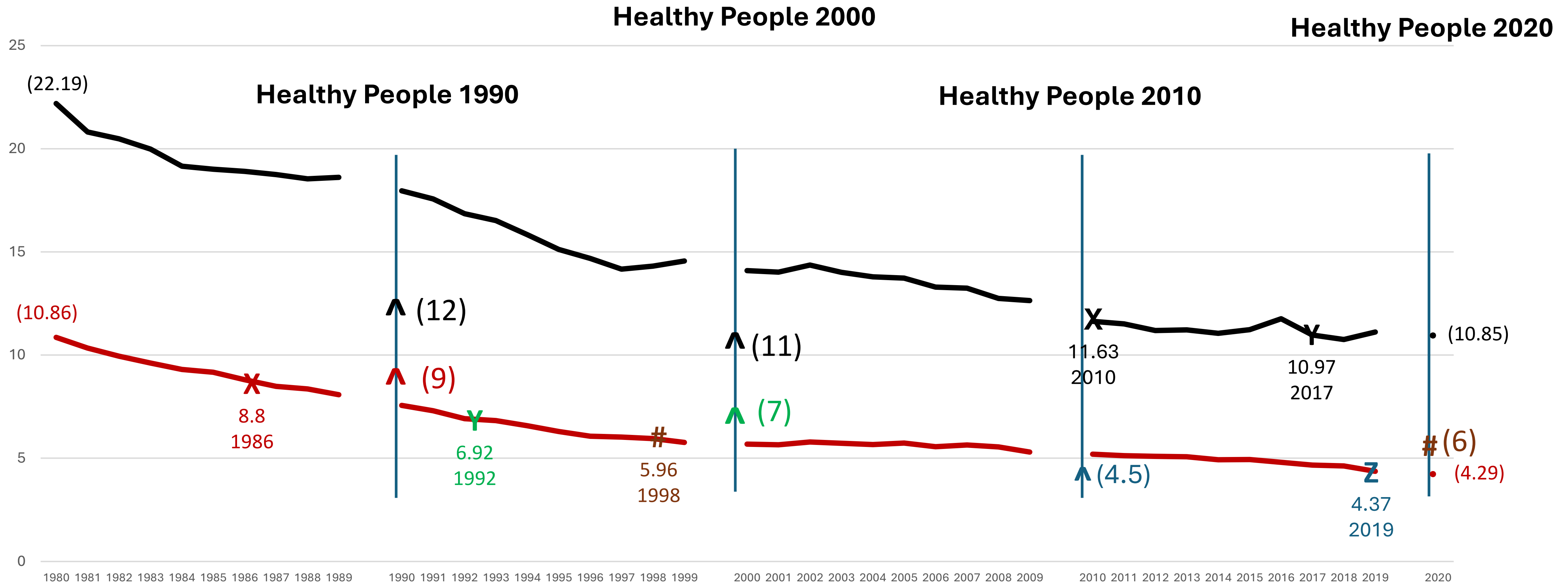
Healthy People:

What is Healthy People?
Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States to improve health and well-being. We will review how our nation has done achieving HP-IMRs by Black/White Race:

- 1990-*Healthy People*
- 2000-*Healthy People*
- *2010-Healthy People*
- *2020-Healthy People*

Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first 4 decades.

USA IMRs: White & Black (1980-2020)

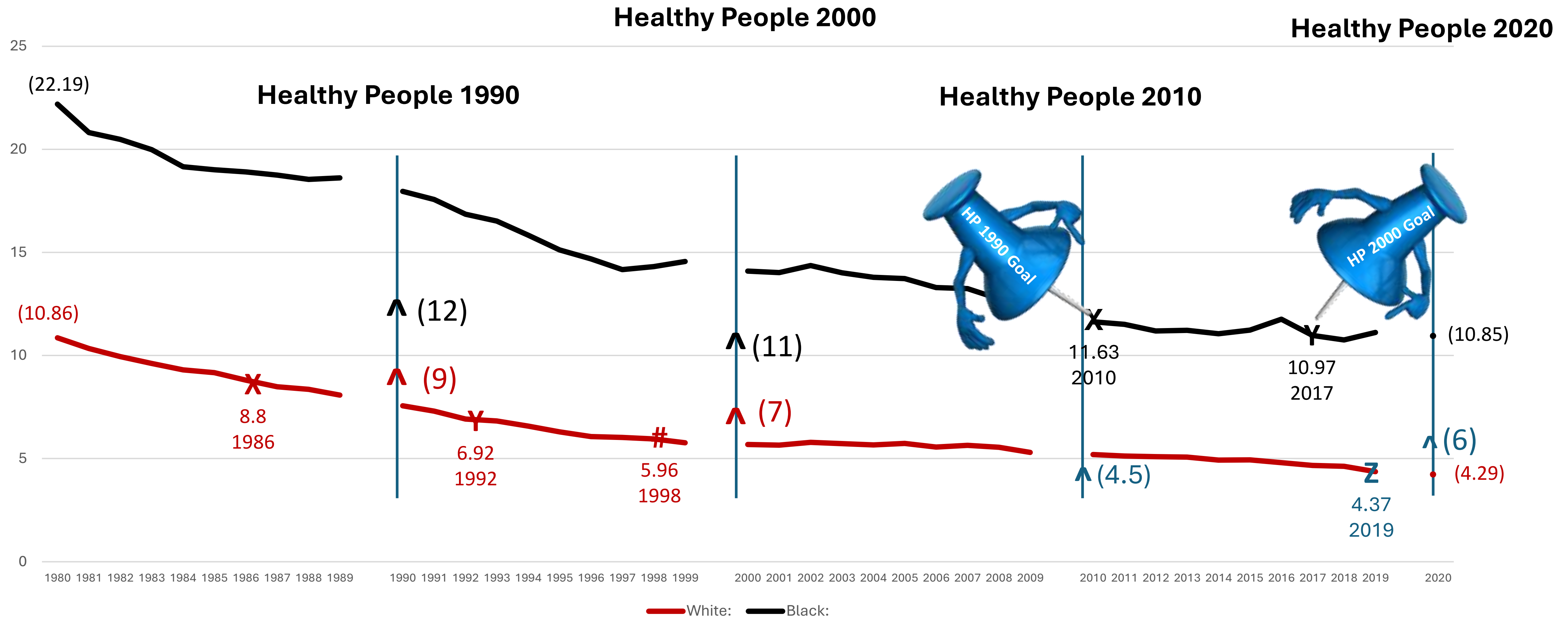


White: Black:

Planned Disparity: 1990 B/W: 1.33 2000 B/W: 1.57

Source: Deaths: Final Data Series, NCHS

USA IMRs: White & Black (1980-2020)



Pattern: Achieve HP IMR goals for White babies in advance of the goal dates.

Achieve HP IMR goals for Black babies well after the goal dates or not at all.

Source: Deaths: Final Data Series, NCHS

Patterns/Trends:

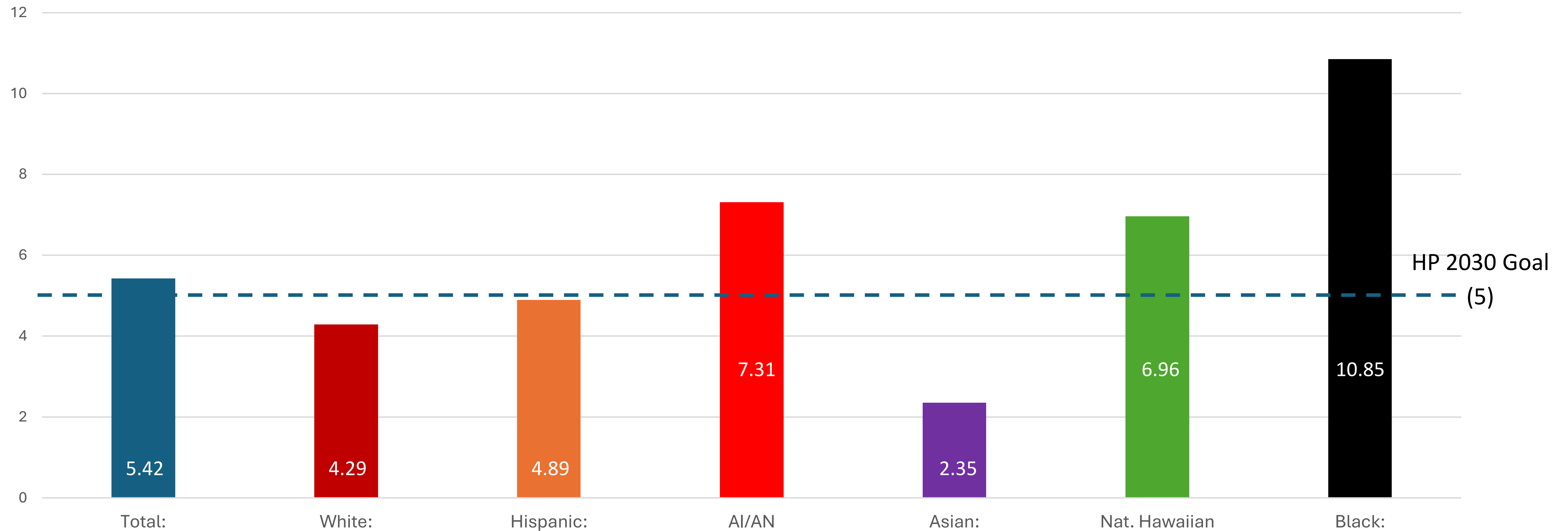
The United States has a well established, racially determined pattern for achieving HP-IMR Goals. Based on 41-years of experience (1980-2020)...

- **Achieved 3 of 4 Overall HP IMR Goals for White babies, and did so well in advance of the goal dates...**
- **After 4 decades: achieved only two HP-Black IMR Goals and did so well after the goal dates... AND only when the BIMR goals were much higher than the overall IMR goal**

2, 4, 6, 8,....

5, 10, 15, 20....

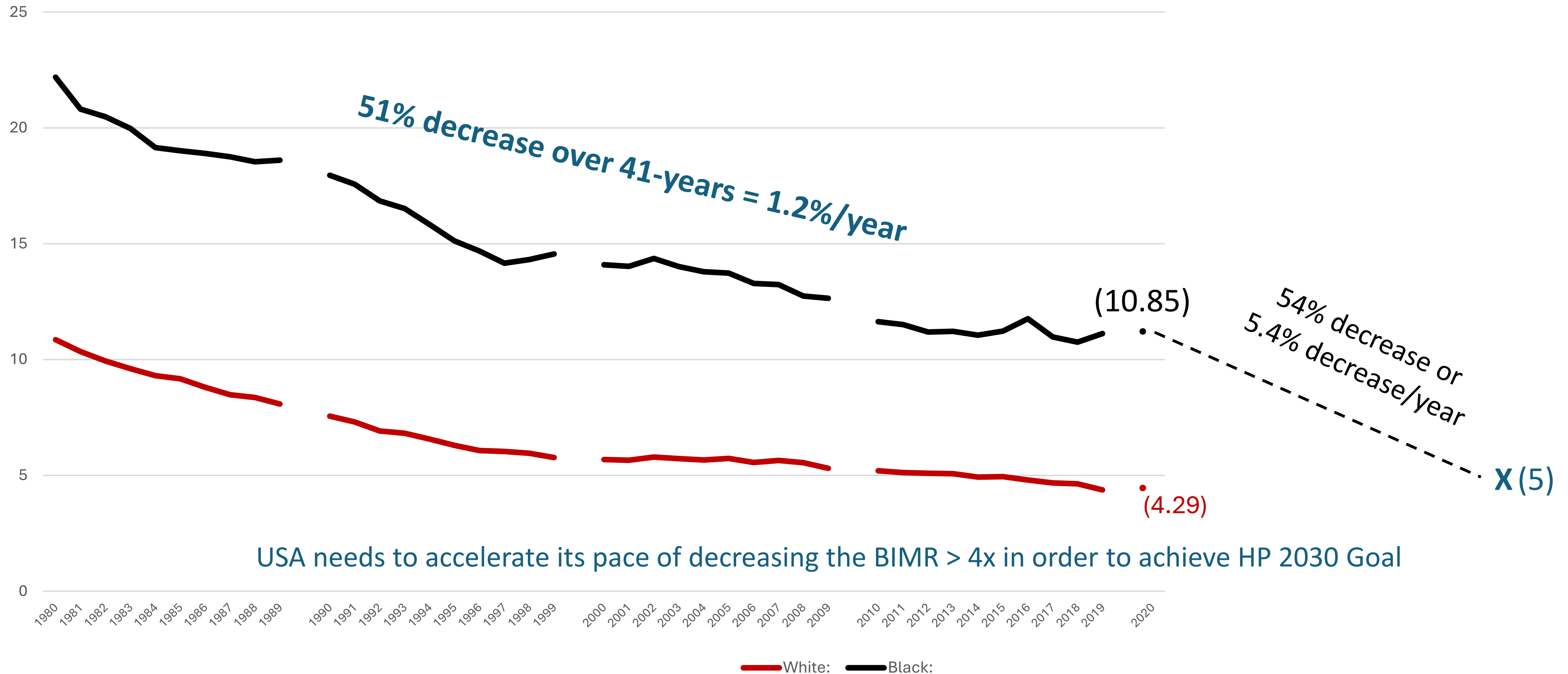
USA 2020 IMRs by RACE: with HP 2030 Goal



Source: Deaths: Final Data for 2020, NCHS

USA IMRs: White & Black (1980-2020)

(Needed decrease to achieve HP 2030 goal for Black babies)



Even if we achieved a BIMR of “5” by 2030, we still would not achieve B/W equity

Source: Deaths: Final Data Series, NCHS

Do Black babies matter as much as White babies?

Everyone says “yes”….

Our actions don’t support this response?

Why the
Disparity ?
"To show that
there is
inequity
but not why
there is
inequity
leaves too
much open to
interpretation"
(Groundwater)

Black:White Disparity: Birth Outcomes

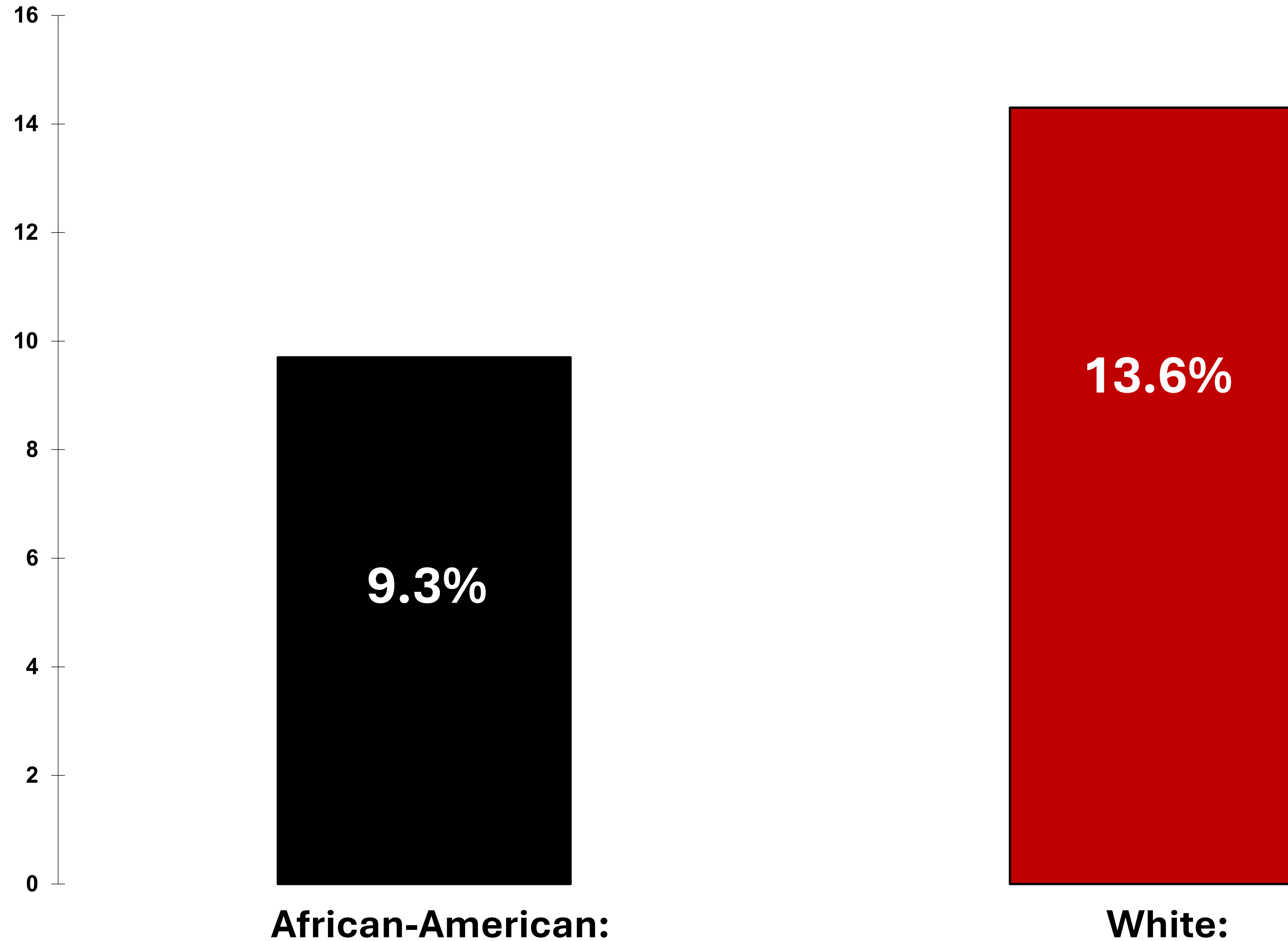
Behavior?

- Some people blame the disparities on certain maternal behaviors…

Prenatal Smoking:

- Prematurity
- Low birth weight
- Spontaneous miscarriage
- Infant mortality

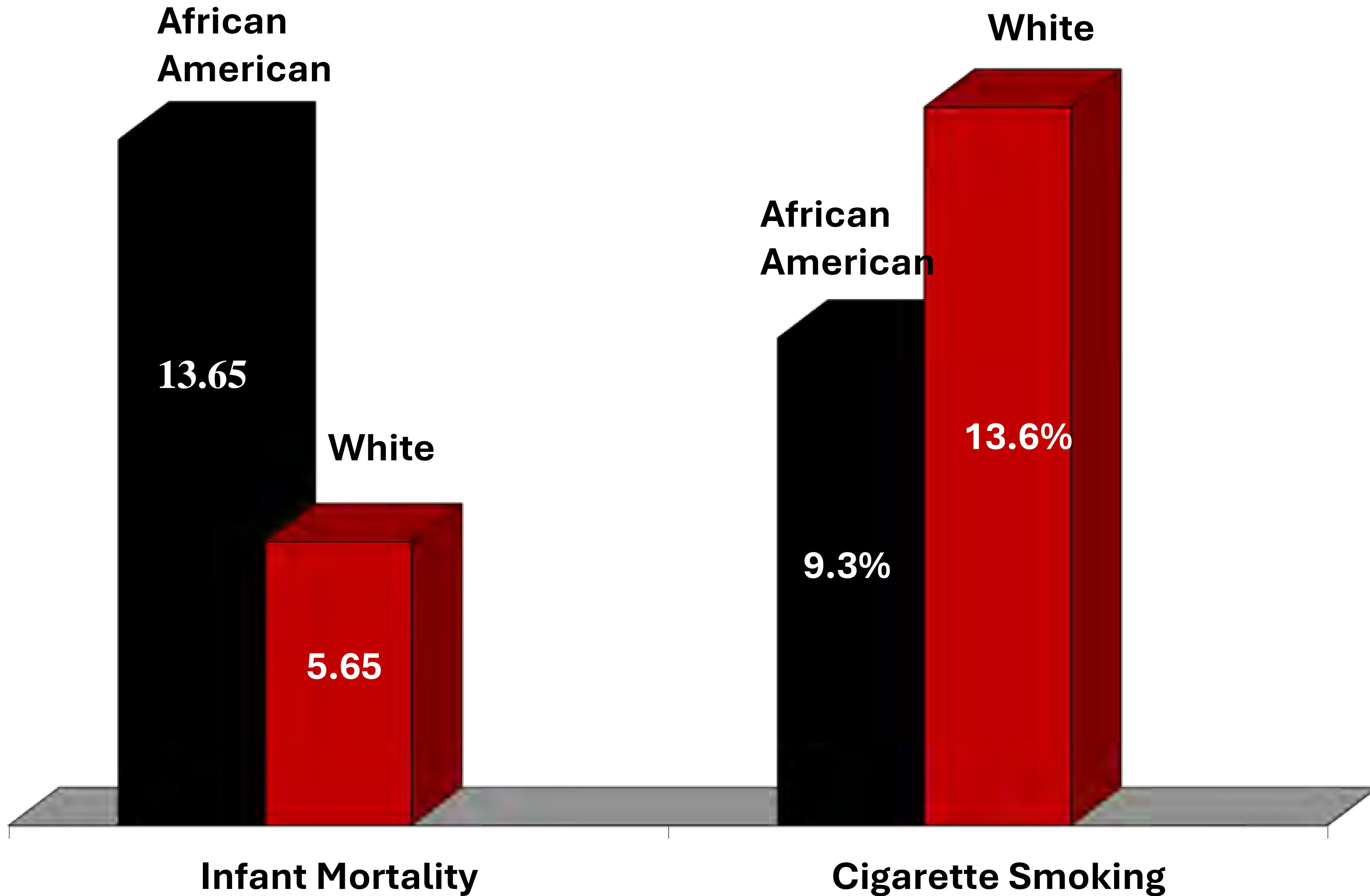
Black:White Disparity: Infant Mortality & Cigarette Smoking



Dr. Lu

NCHS 2002

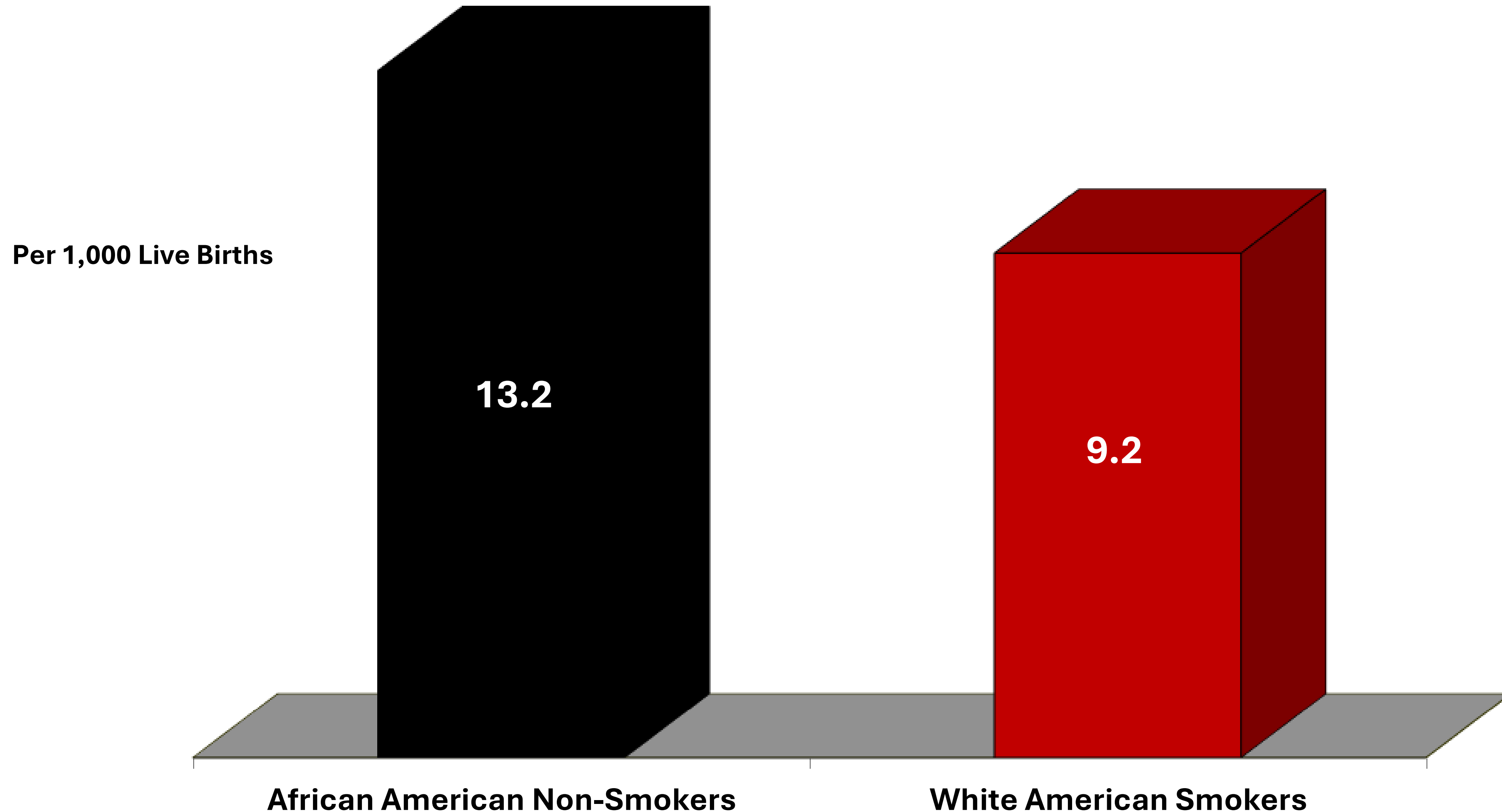
Black:White Disparity: Infant Mortality & Cigarette Smoking



Dr. M. Lu

NCHS 2004

Black:White Disparity: Infant Mortality & Cigarette Smoking



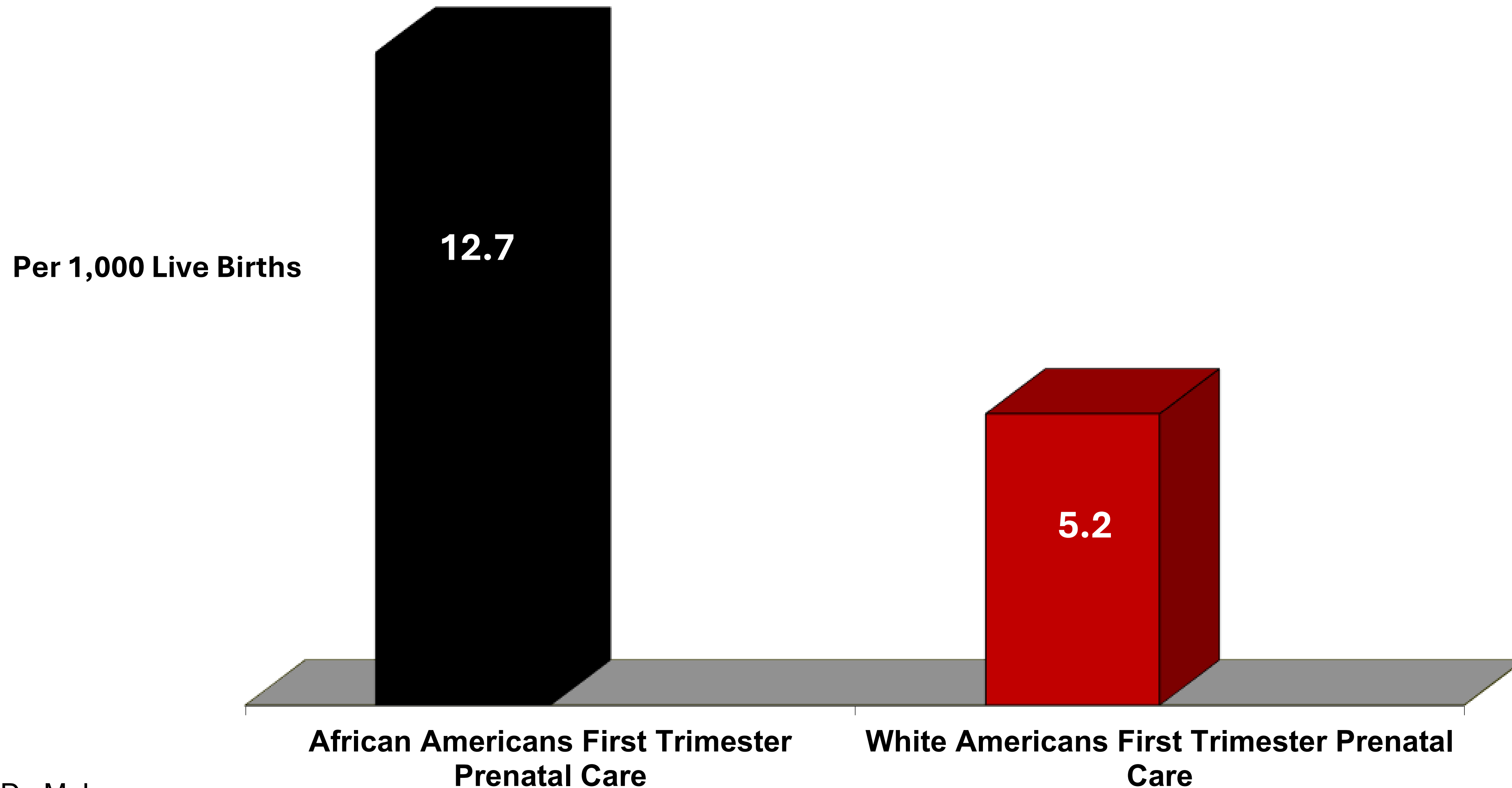
NCHS 2002

Black:White Disparity Birth Outcomes

Prenatal Care?

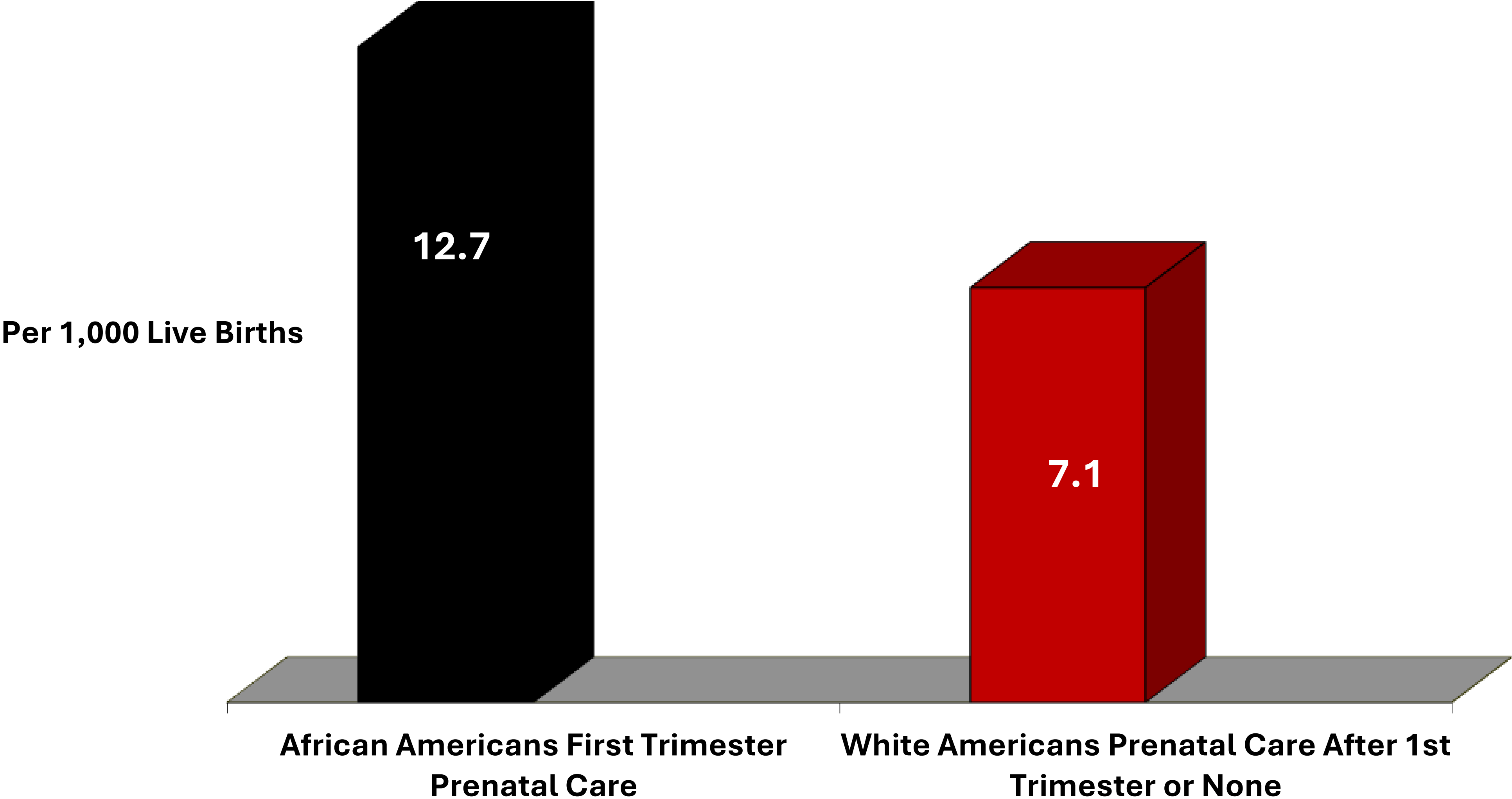
- Some blame the disparities on differential access to or utilization of prenatal care.

Black:White Disparity: Infant Mortality & Prenatal Care



NCHS 1999

Black:White Disparity: Infant Mortality & Prenatal Care



Dr. M. Lu

NCHS 2002

Black : White Disparity Birth Outcomes

SES?

Household income?

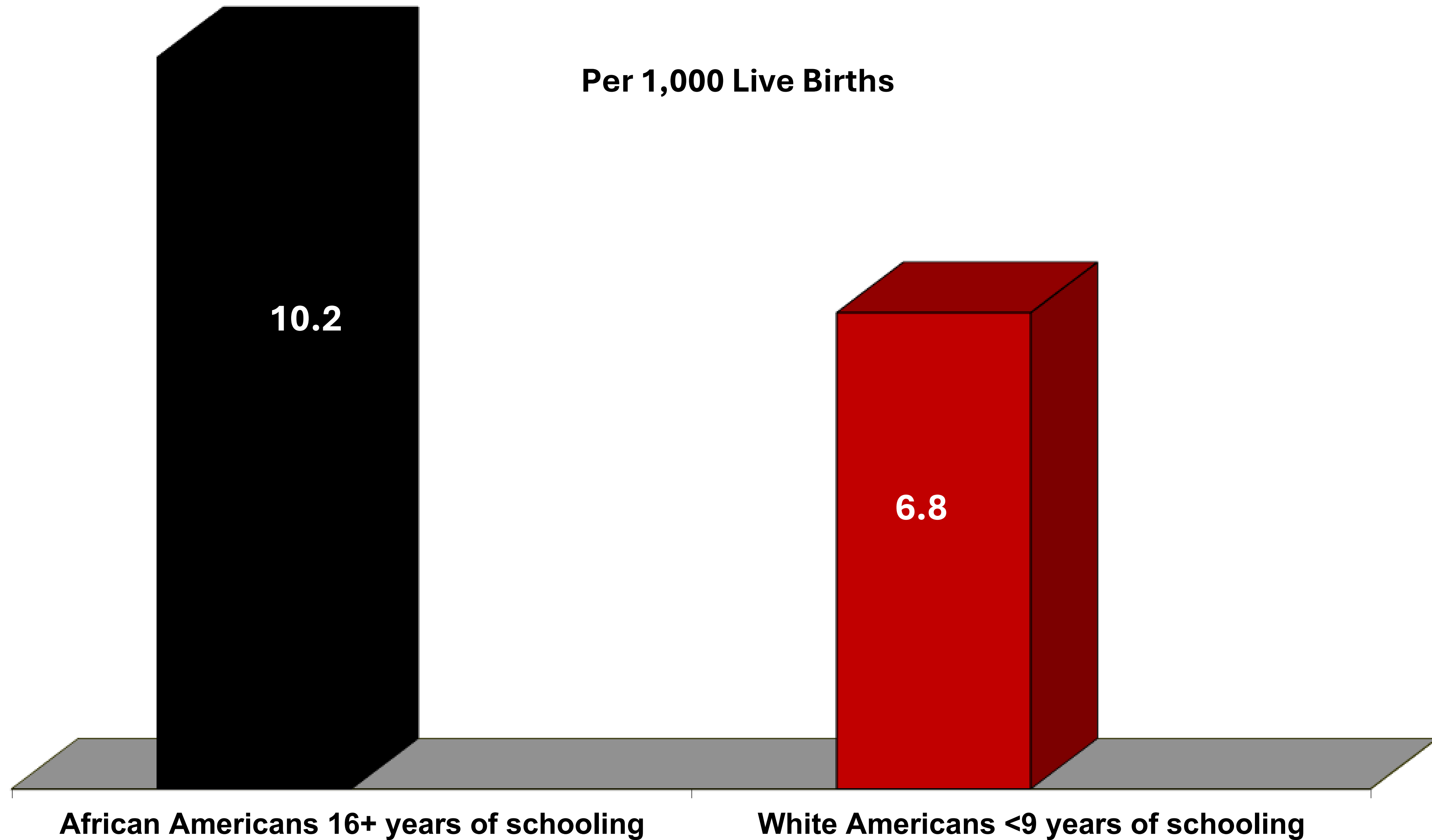
Parental Education?

Occupational Status?

Neighborhood?

Housing Conditions?

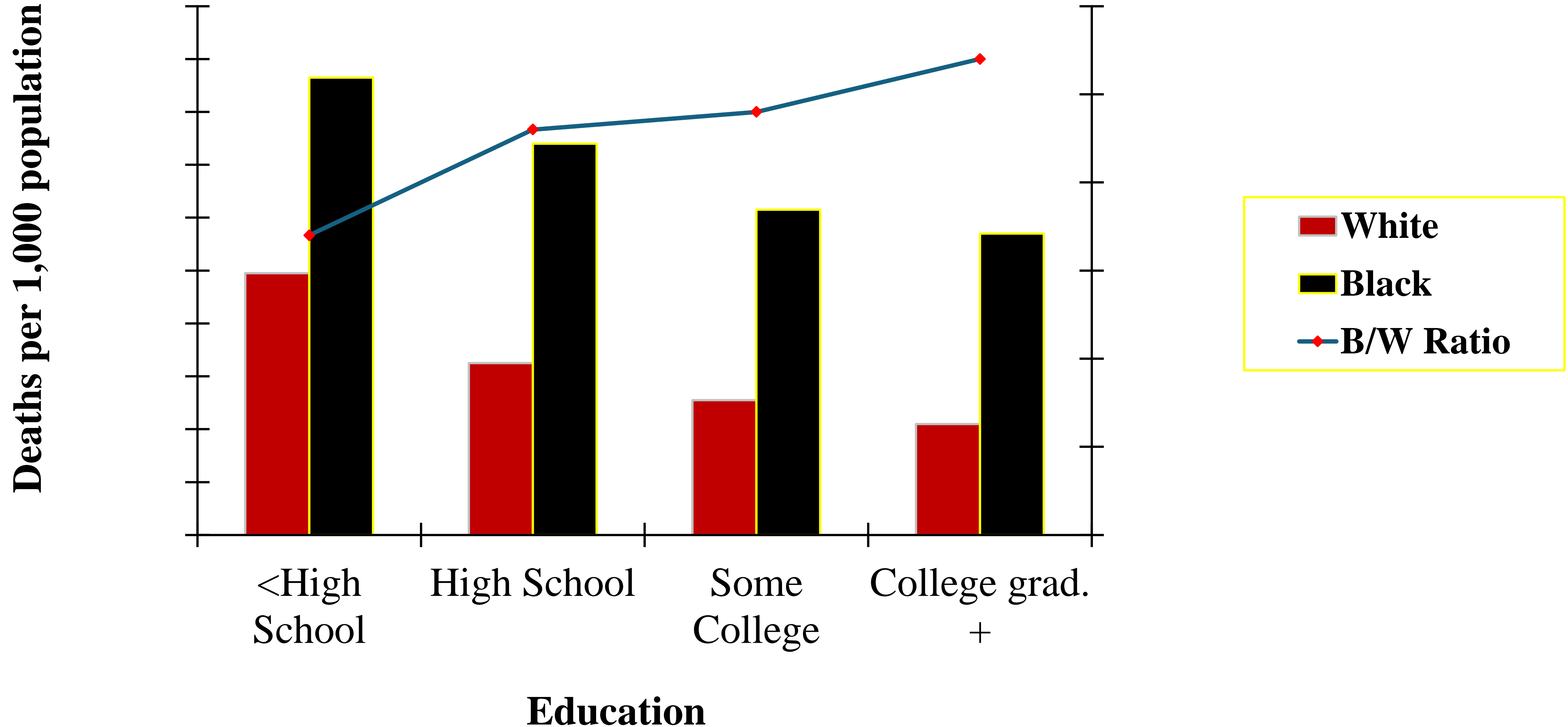
Black:White Disparity: Infant Mortality & Education



Dr. M. Lu

NCHS 2002

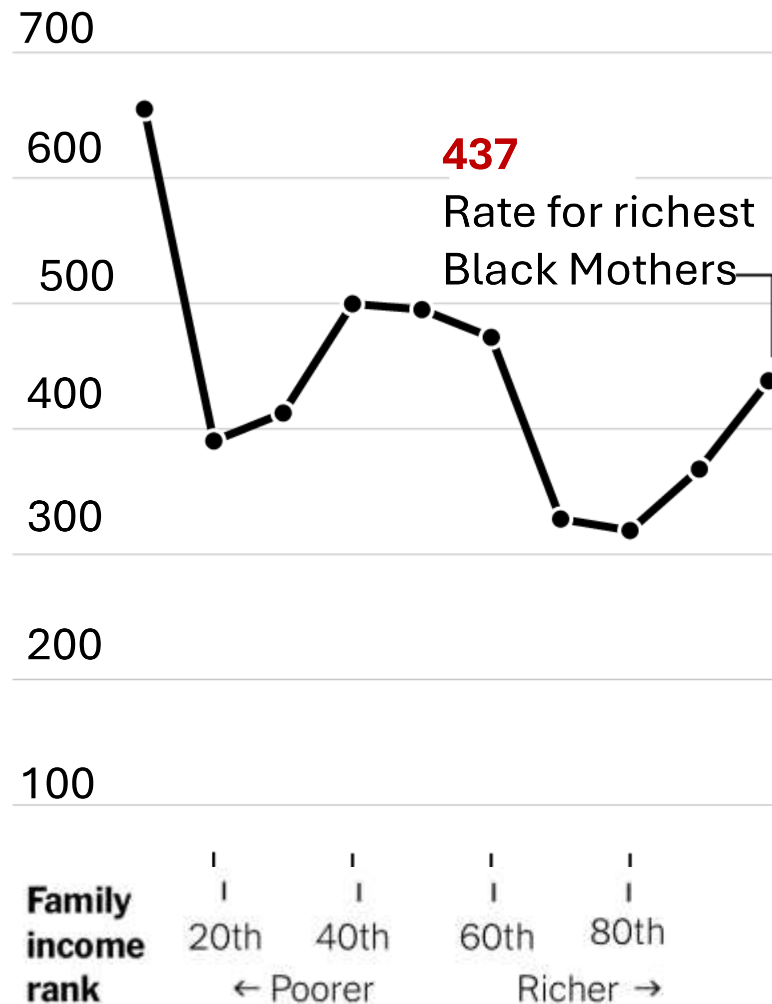
Infant Death Rates by Mother's Education: 1995

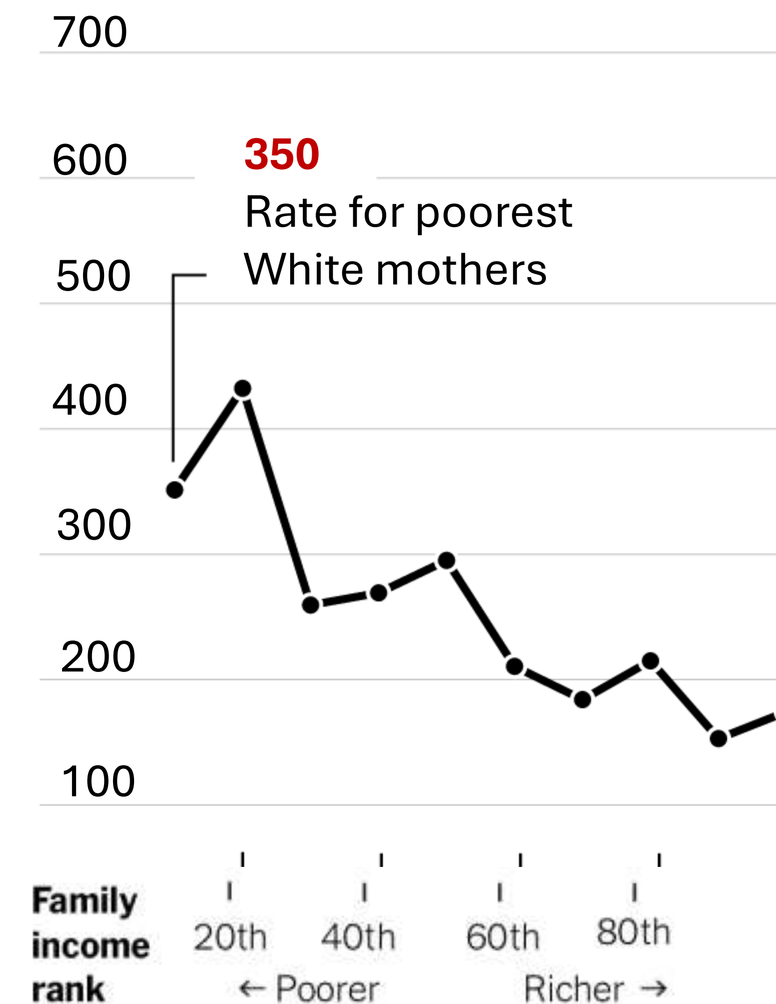


Wealth, RACE & IMRs:

Infant and maternal health in Black families at the top of the income distribution is markedly worse than that of white families at the bottom of the income distribution.

Infant deaths per 100,000 for mothers who are ...





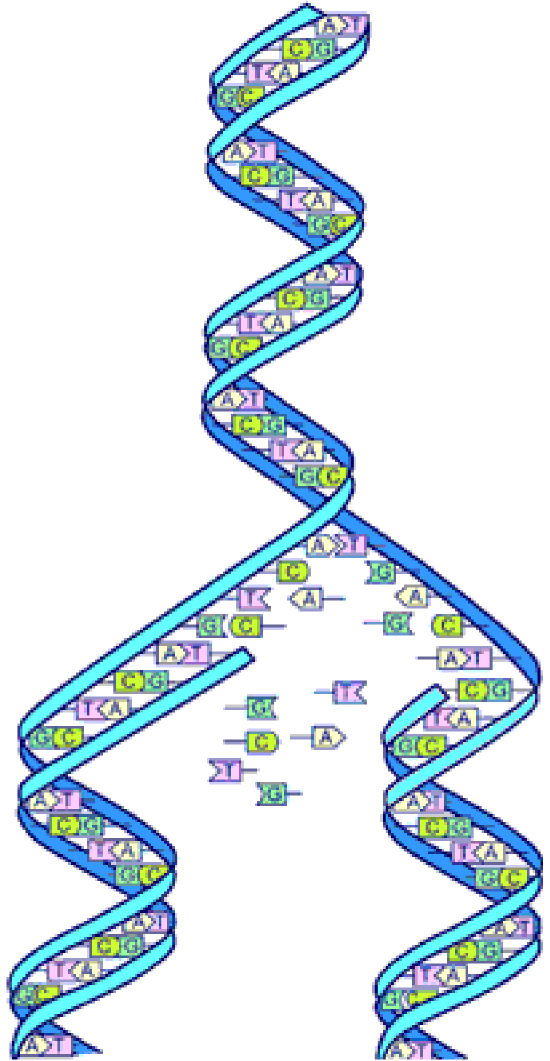
Source:
MATERNAL AND INFANT HEALTH INEQUALITY: NEW EVIDENCE FROM LINKED ADMINISTRATIVE DATA
Working Paper 30693
http://www.nber.org/papers/w30693
November 2022

Black:White Infant Mortality

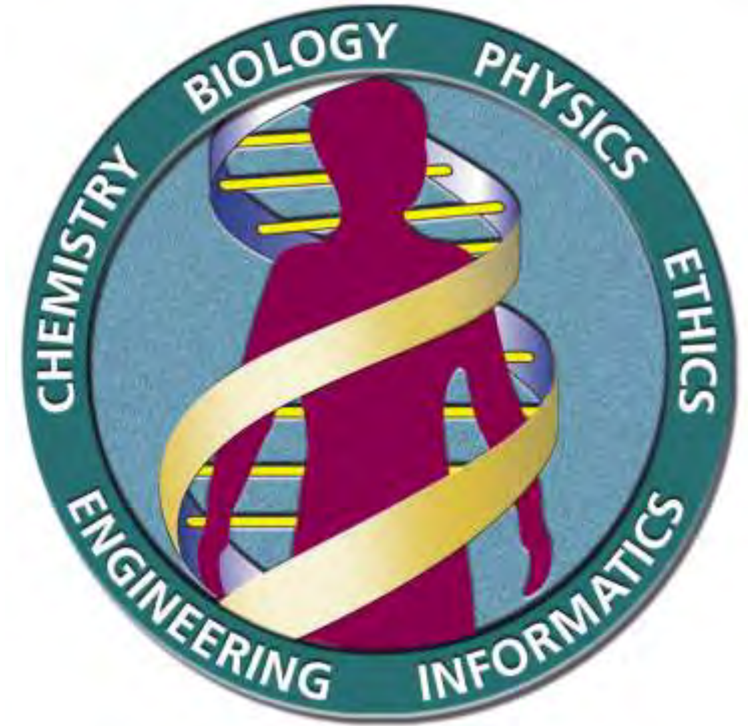
Is it Genetics?

On the basis of the prior characteristics of the racial differences in infant mortality, it is not surprising that so many have concluded that the reason for the differences in birth outcomes must be because of some basic difference(s) between Black people and White people…and that the two groups must be significantly GENETICALLY different.

The Human Genome Project:



The Human Genome Project (HGP) was an international scientific research project with the goal of determining the base pairs that make up human DNA, and of identifying, mapping and sequencing all of the genes of the human genome from both a physical and a functional standpoint. It remains the world's largest collaborative biological project.



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

"Over the past few decades, genetic research has revealed deep truths about people.

All humans are closely related—99.9% of our genetic make-up is the same"

"Of course, just because race is "made up" doesn't make it any less powerful…

- **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."**
  - **In medicine today we debate issues like "race-based" clinical algorithms**
  - **As a country we are suppressing the opportunity for non-white people to vote**
  - **Tolerate racially disparate life expectancies, incarceration rates AND…most egregious…**
    - **We have tolerated this racially disparate opportunity to survive the 1st year of life**

As a country, we are “fixated” on the **0.1%** genetic difference between us and we try to use it as an explanation for all racial disparities that exist in our society.

School drop-outs

Dishonest

Genetics

Inferior

Drug addicts

Despite the data:

- There are many who believe that the Black IMR cannot improve
- Many believe that the B-IMR is as high and as bad as it is because of "genetics" or group level flaws or behaviors amongst those of us who are Black
- Essentially nobody believes that the B-IMR can be the same as the White IMR!

Malingering

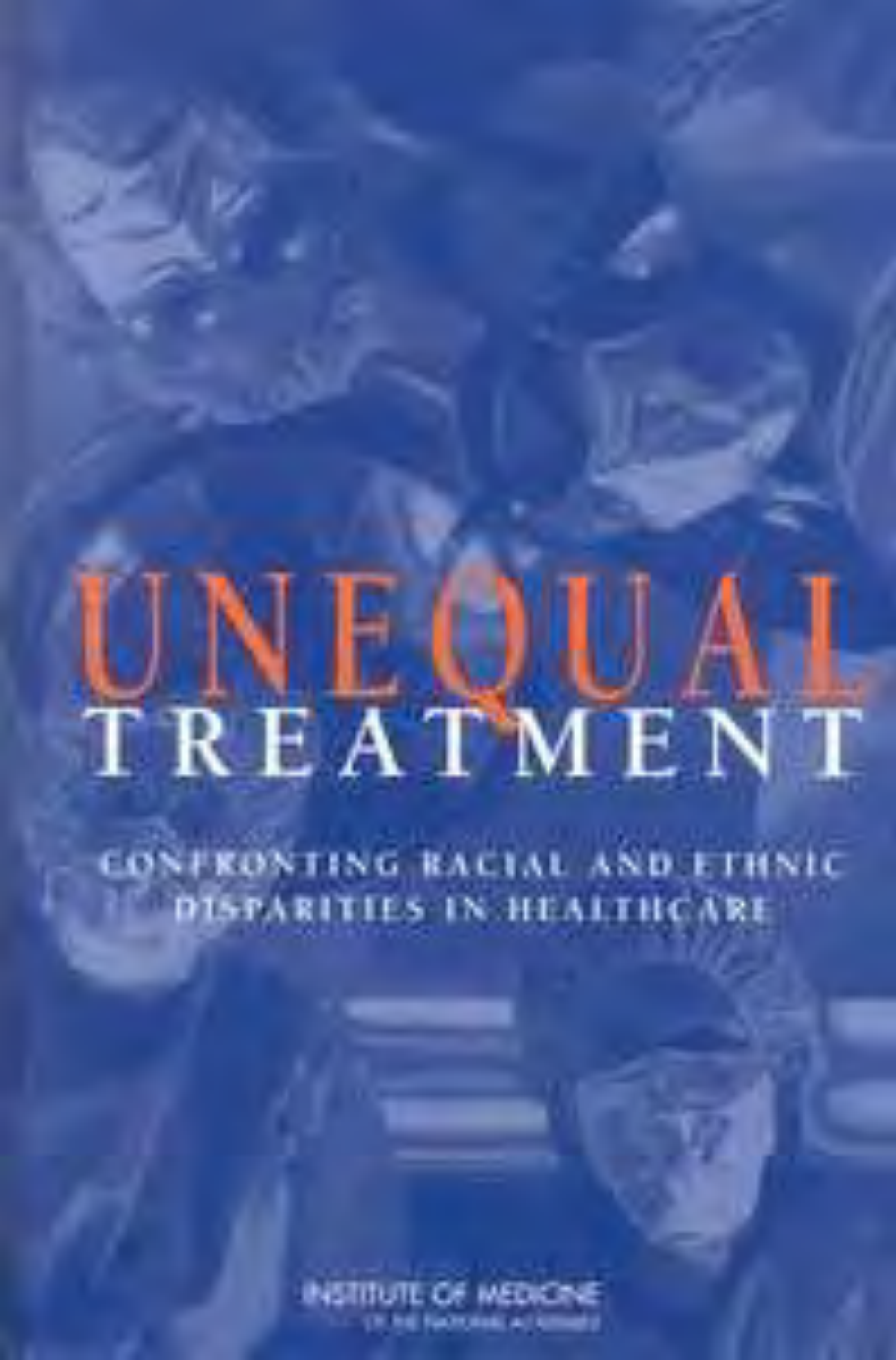
Black people don't love their babies as much

Teen-aged pregnancies

Welfare Queens

Dead beat dads

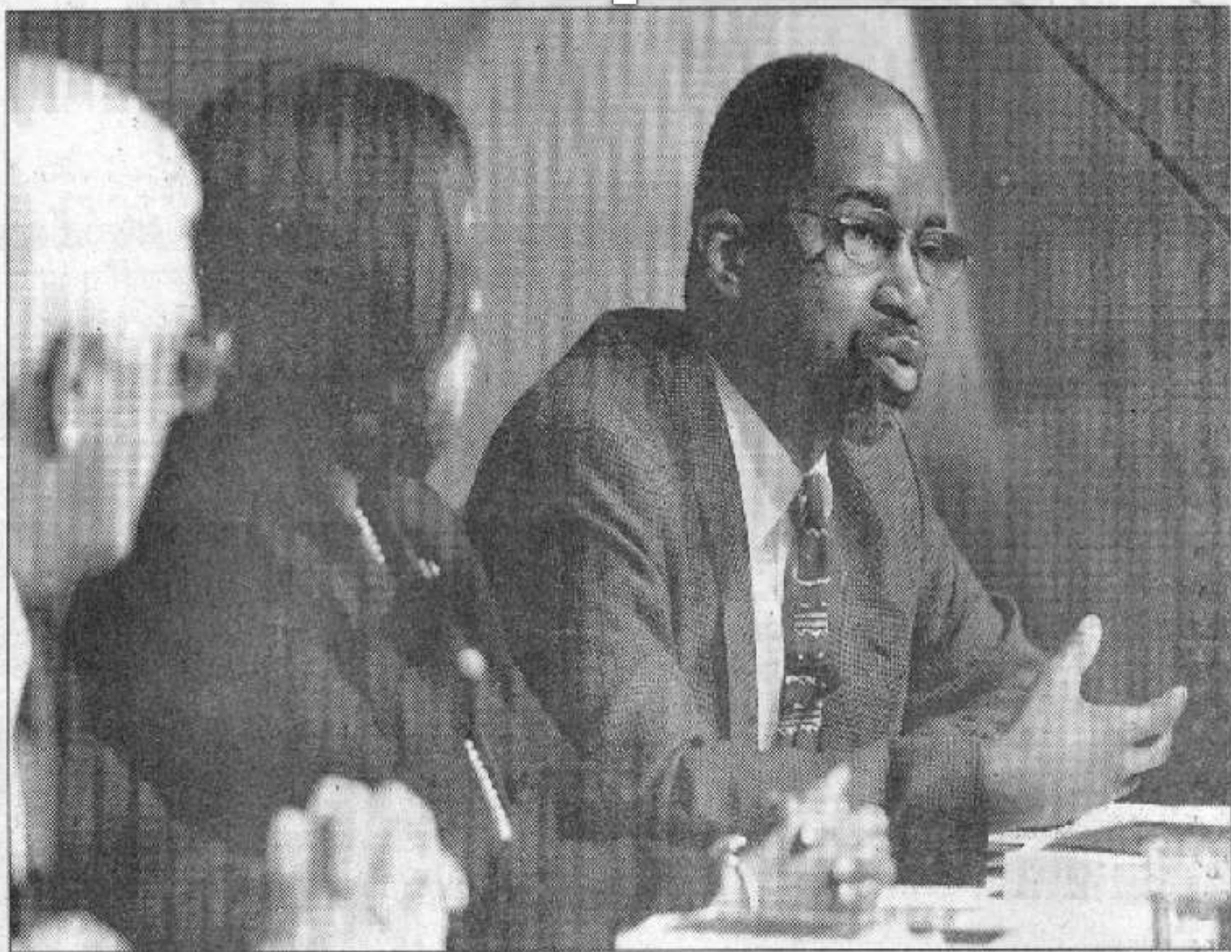
IPV



USA Today, March 22, 2002 “Racial Bias in Health Care”

“In unassailable terms, the report found that **even when their insurance and income are the same as those of whites, minorities often receive fewer tests and less sophisticated treatment for a panoply of ailments**, including heart disease, cancer, diabetes and HIV/AIDS. By stripping away the pretense that the differences can be explained by minorities' lack of access to timely care, the report should spur doctors and patients to question why racial disparities are tolerated in medicine.”

“Unequal Treatment”: Black-White Health Gap:



BY SUSAN WALSH—ASSOCIATED PRESS

David Williams, a University of Michigan professor, right, says: “We have a health care system that is the pride of the world, but this report documents that the playing field is not even.”

“The stability of racial differences in health is striking. This is not an act of God. Neither does it simply reflect racial differences in individual behavior or biology. Instead, **considerable evidence suggests that these striking racial differences in health and their persistence over time reflect, in large part, policies and practices that are linked to the historic legacy of racism, and that legacy has created living conditions that are pathogenic for minority populations.”**

David R. Williams

Differing Birth Weight among infants of African-born BLACKS, U.S.-born BLACKS, and U.S.-born WHITES: *J.W, Collins, Jr., MD, MPH 1983 UoM Medical School Prof., NWU School of Med*

Differing Birth Weight among infants of African-born BLACKS, U.S.-born BLACKS, and U.S.-born WHITES:

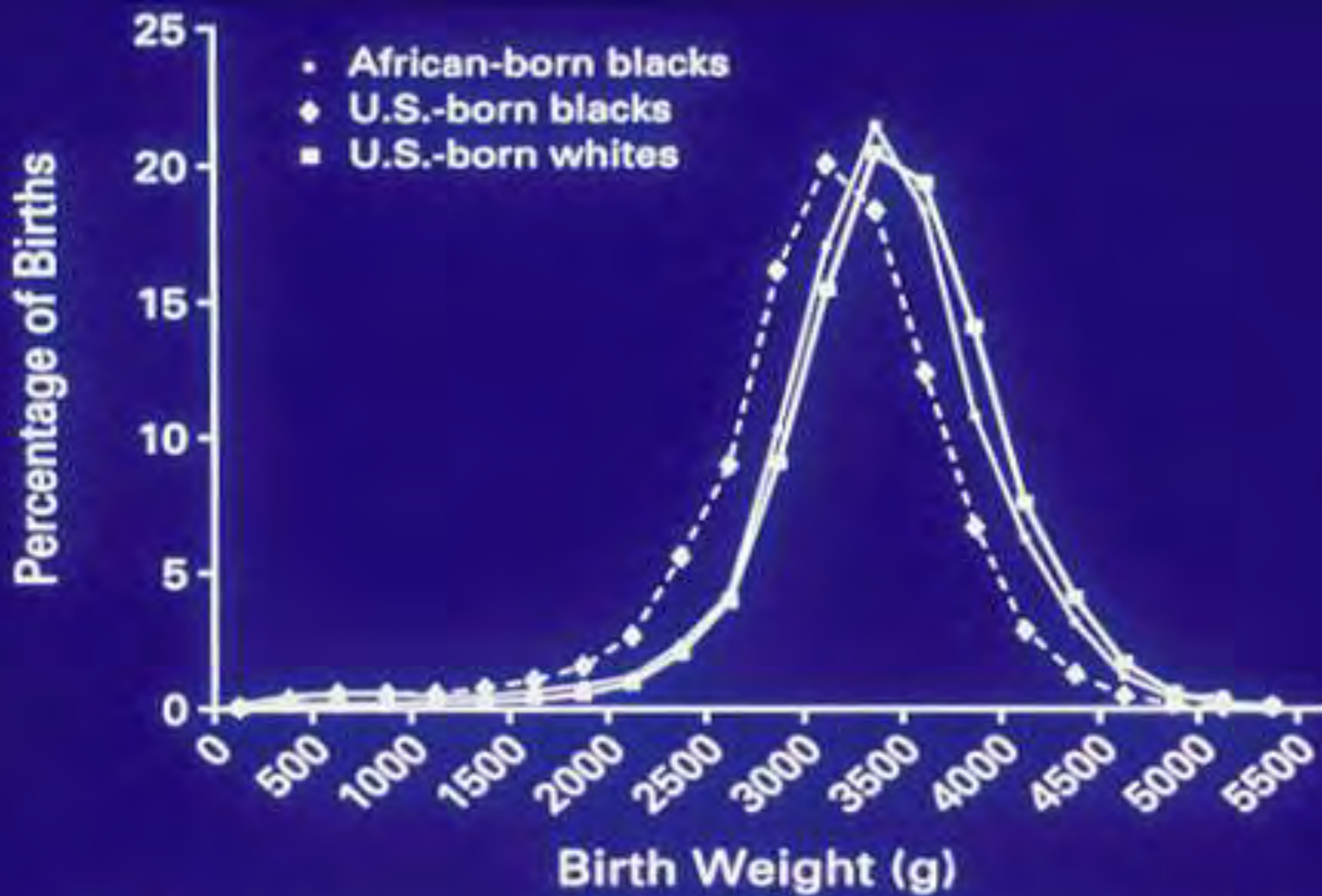
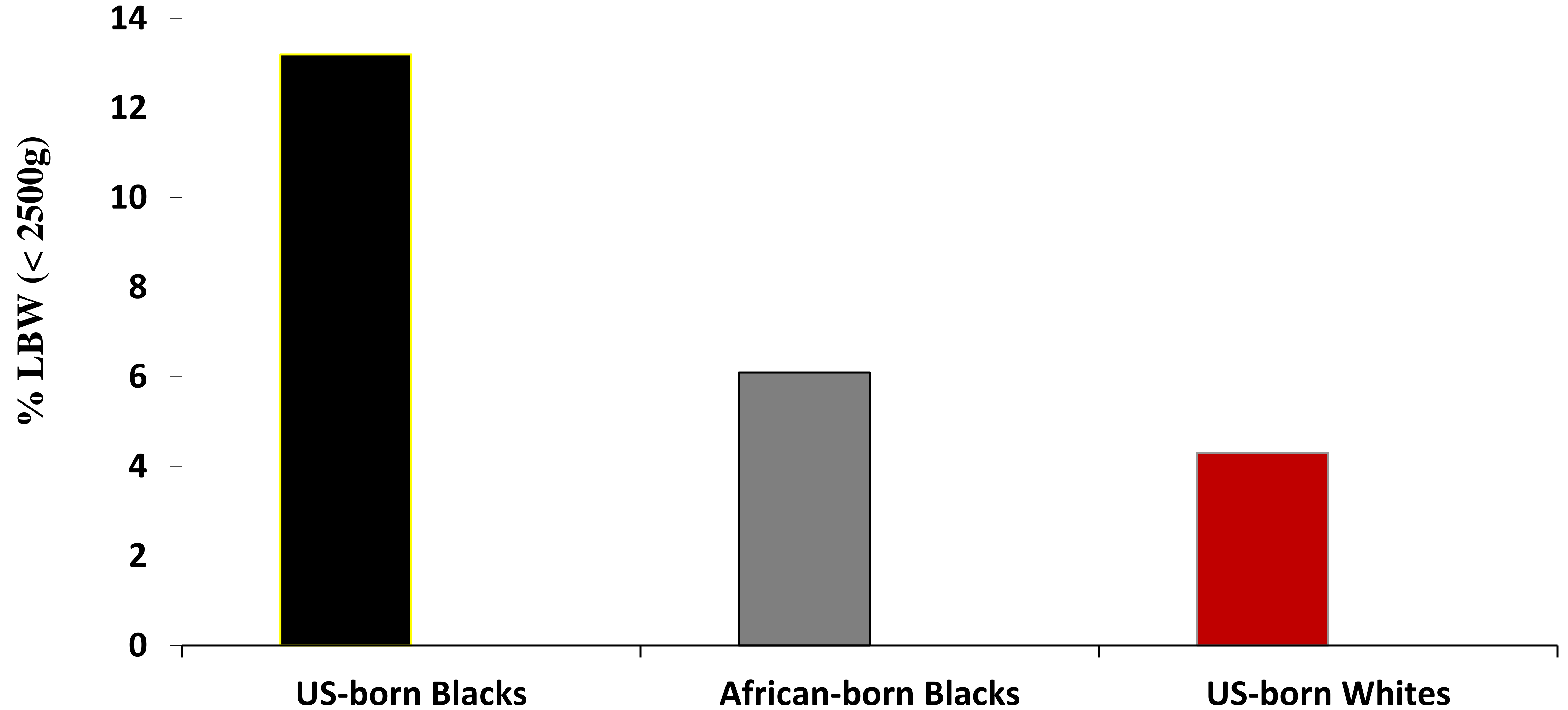


Figure 1. Distribution of Birth Weights among Infants of U.S.-Born White and Black Women and African-Born Black Women in Illinois. 1980–1995.

J.W, Collins, Jr., MD, MPH
1983 UoM Medical School
Prof., NWU School of Med.

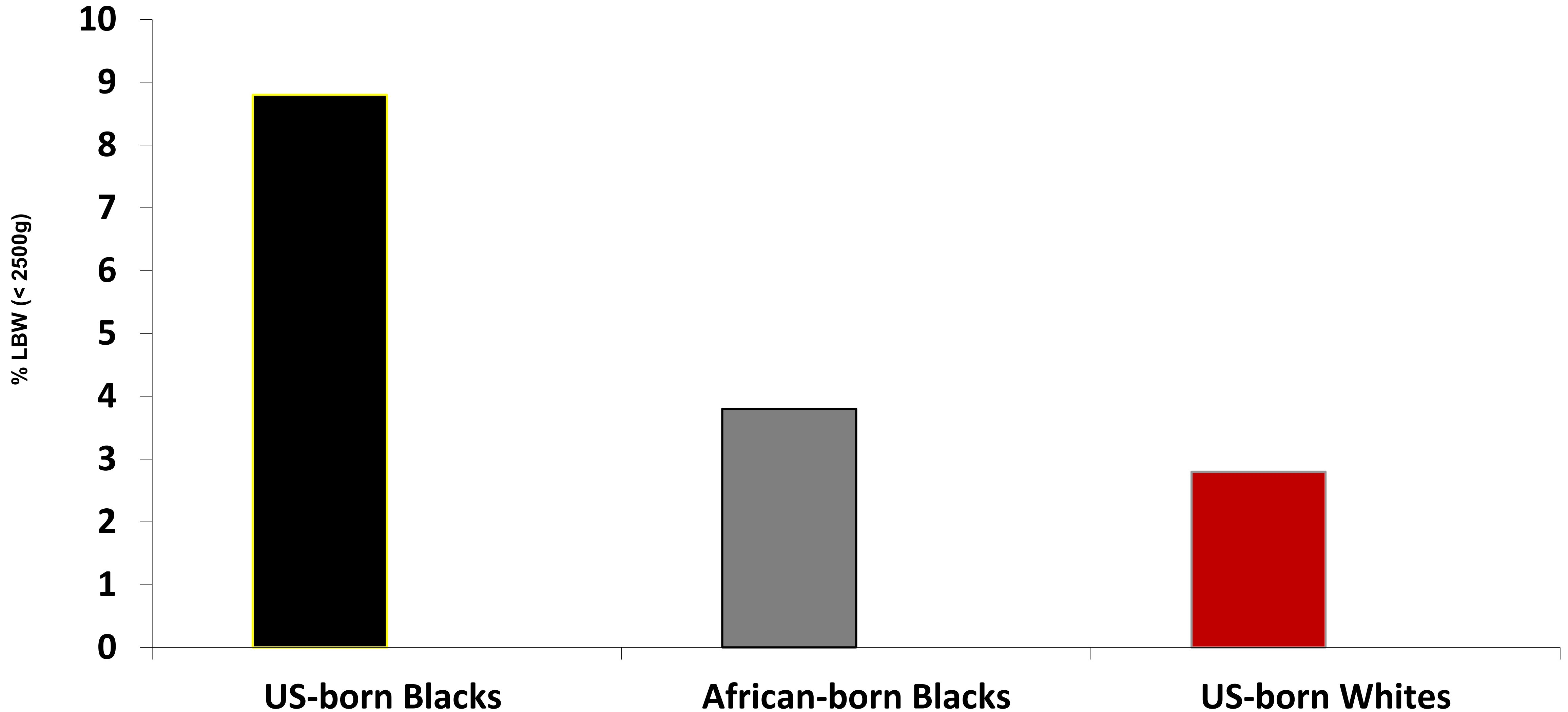
R. David, J. Collins

Differing Birth Weight in Illinois: *% LBW*



(David and Collins, NEJM, 1997)

Differing Birth Weight among Low-risk Women in Illinois



(David and Collins, NEJM, 1997)

On the basis of this study Collins, et. al. concluded that chronic stress from racism was the main reason for the inequities in birth outcomes...the CDC initially disagreed

“State-Specific Trends in U.S. Live Births to Women Born Outside the 50 States and Washington, D.C. (1990 and 2000).”

- Summary of MMWR findings included:
  - Higher percentages of education*
    - except for Mexican, Central/S.American women
  - Lower percentages of teen birth
  - Lower percentages of unmarried
  - Despite later entry into prenatal care
    - Better birth outcomes (PTD, LBW)

MMWR 12/6/02 51:1091-1095

American Journal of Epidemiology
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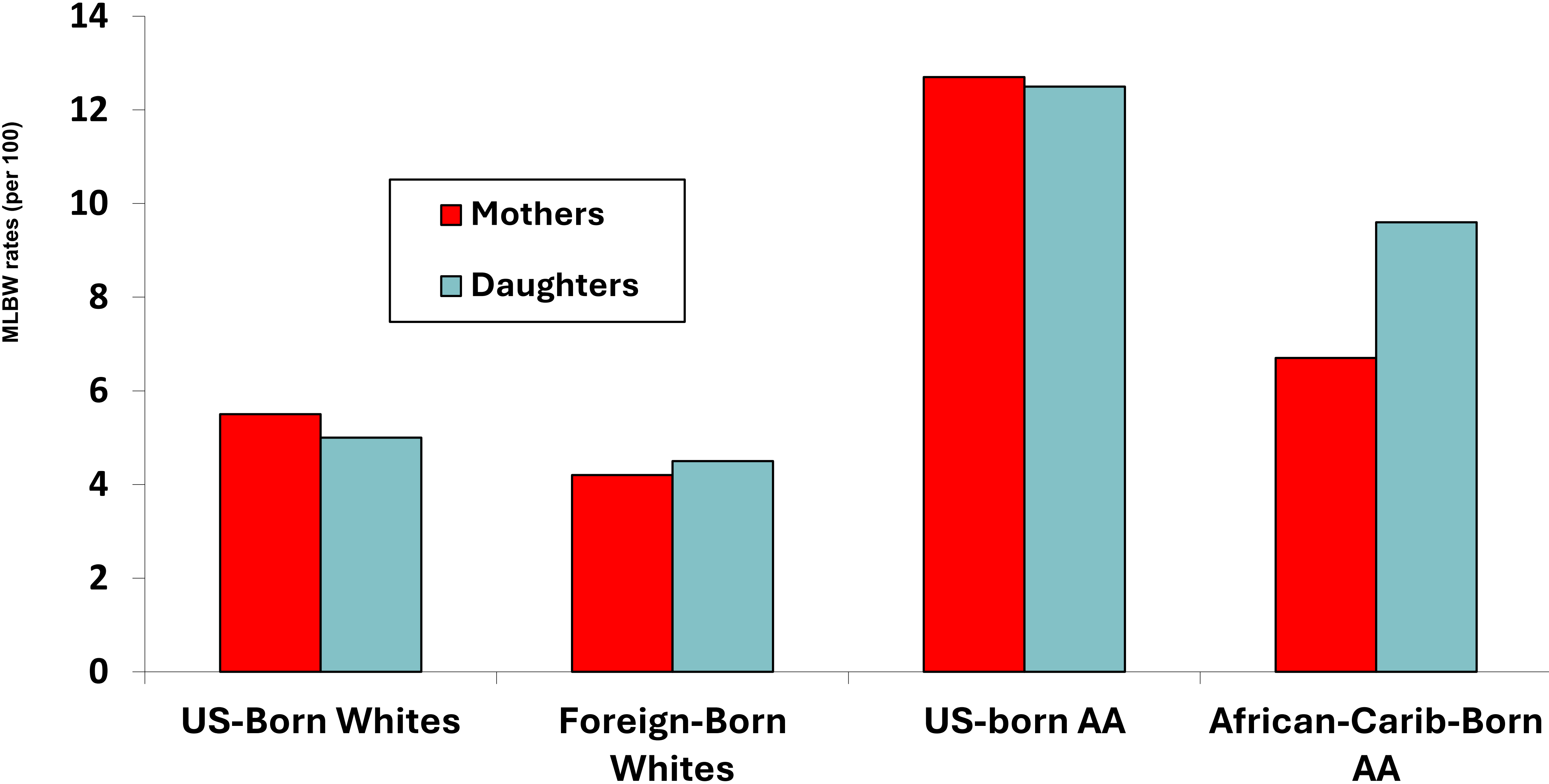
Vol. 155, No. 3
Printed in U.S.A.

Differing Intergenerational Birth Weights among the Descendants of US-born and Foreign-born Whites and African Americans in Illinois

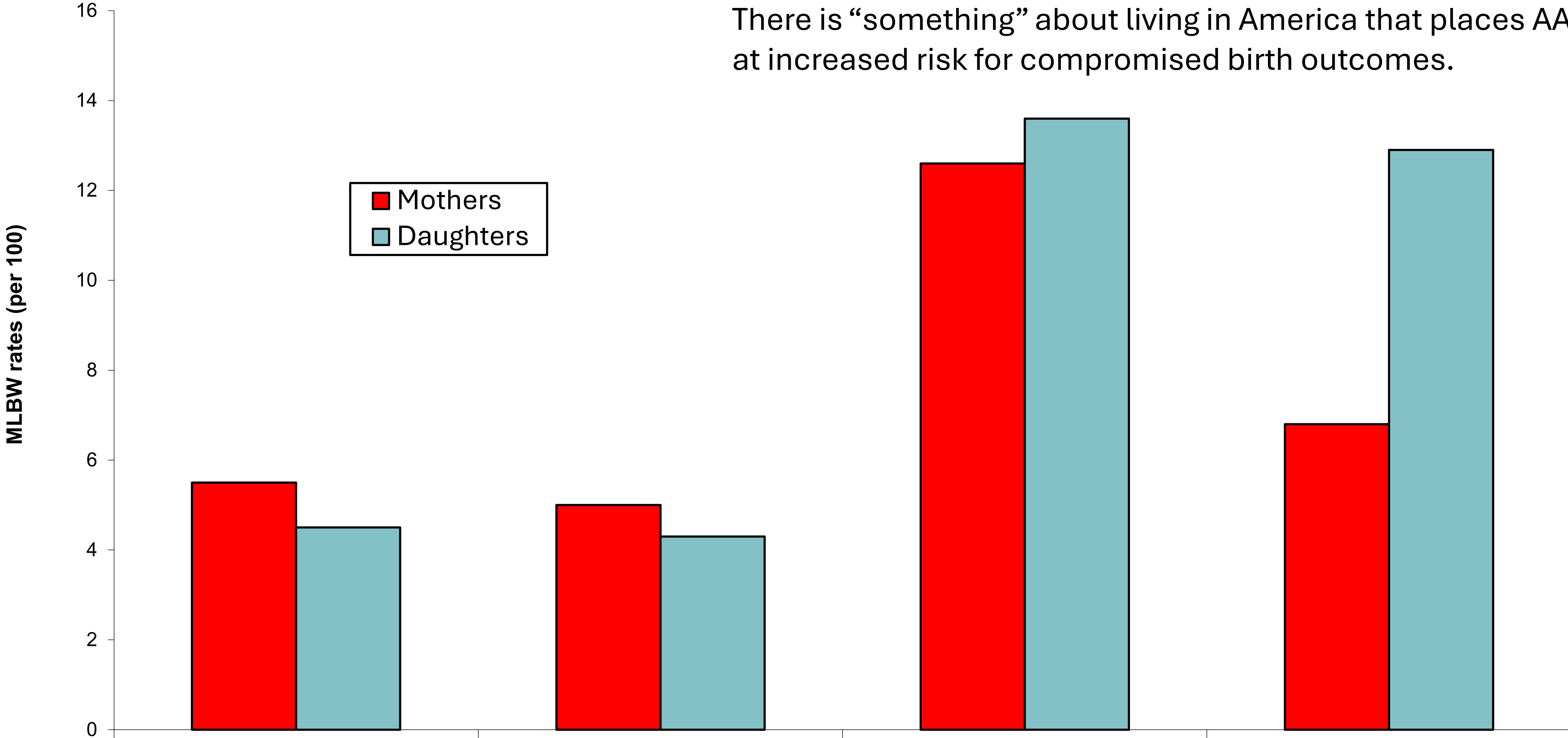
James W. Collins, Jr.,[1] Shou-Yien Wu,[2] and Richard J. David[2]

MLBW Rates Across a Generation



(Collins et. al., AJE, 2002)

MLBW Rates Among Infants of Married Women Across a Generation



(Collins et al, AJE, 2002)

STRESS?

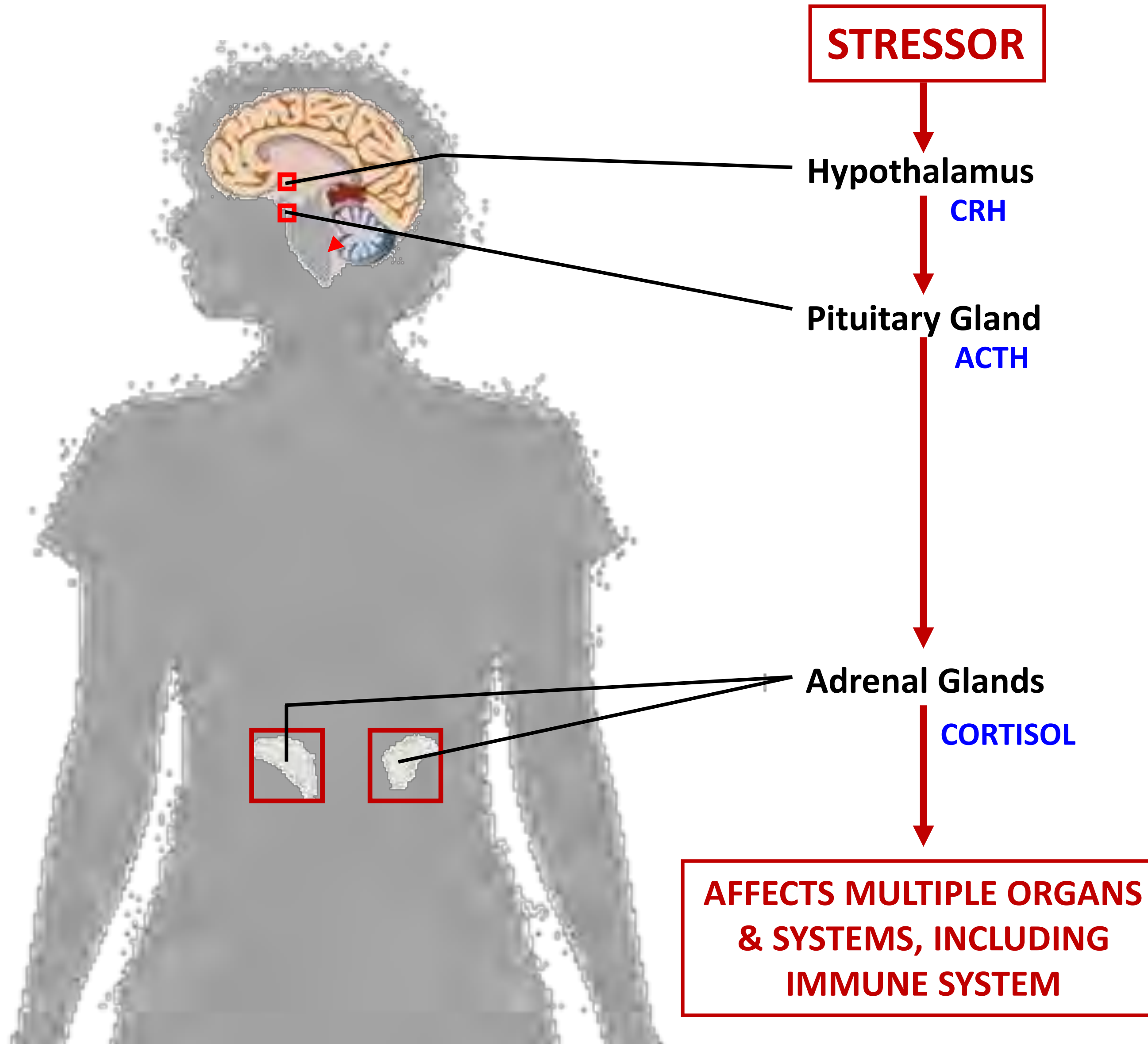
Richard G. Wilkinson
The Impact of Inequality

social research Vol 73 : No 2 : Summer 2006

Perhaps the most surprising finding to come out of this work is the importance of psychosocial pathways: that people's health is related to their social and economic circumstances partly through their subjective responses to them. The key to the biological effects is chronic stress. Stress shifts physiological priorities from important health maintenance functions—such as tissue maintenance and repair, immunity, growth, and reproduction—to mobilizing energy for fight or flight. If the stress lasts for only a short time, this does not matter, but if people go on feeling tense, worried, and anxious for weeks or even years, the effects on many different processes, including the cardiovascular and immune systems, can make people more vulnerable to a wide range of diseases (Brunner and Marmot, 2005).

The stress → PTB link: Biologically plausible?

Stress increases the risk of compromised clinical outcomes, not only in obstetrics, but for most disease processes. In obstetrics, the experience of substantial stress increases the risk of compromised outcomes for mother and baby…and for subsequent generations



Confirmatory research:

1. Barker's Hypothesis (The Fetal Origins of Disease)
2. Jimmy Collin's & Richard David's work re: Racism and incidence of LBW & VLBW babies
3. Arline Geronimus's work re "Weathering"
4. Shortened Telomere length and premature aging
5. David Williams
6. Nancy Krieger
7. Michael Lu

Slide borrowed from Dr. Paula Braveman

Weathering:

“Weathering results from repeated or sustained activation of the physiological stress response over years and eventually decades. This means that a person’s health and life expectancy depend more on their experiences, their interactions with others, and the physical environment they live in than on their DNA signature or lifestyle.

Thus, weathering is a stress-related biological process that leaves identifiable groups of Americans vulnerable to dying or suffering chronic disease and disability long before they are chronologically old.

The repeated or chronic activation of stress processes over years and decades—the measurable physiological stress you feel in the body—has both immediate and long-lasting consequences for physical health and longevity.

In short, it can make you sick or disabled or even kill you.”

Source: Geronimus, Arline T. . Weathering: The Extraordinary Stress of Ordinary Life in an Unjust Society (p. 27). Little, Brown and Company. Kindle Edition.

In American Bondage

The European slave trade was both lucrative and brutal. Historians estimate that between 10 and 15 percent of the slaves who left Africa died along the route of the "Middle Passage."

Slaves arriving:

West Indies	4,000,000
Brazil	4,000,000
Spanish Empire*	2,500,000
N. America, U.S.	500,000
Europe	200,000

*INCLUDING CUBA. SOURCE: HUGH THOMAS, "THE SLAVE TRADE"

African American Citizenship Status: 1619-2024

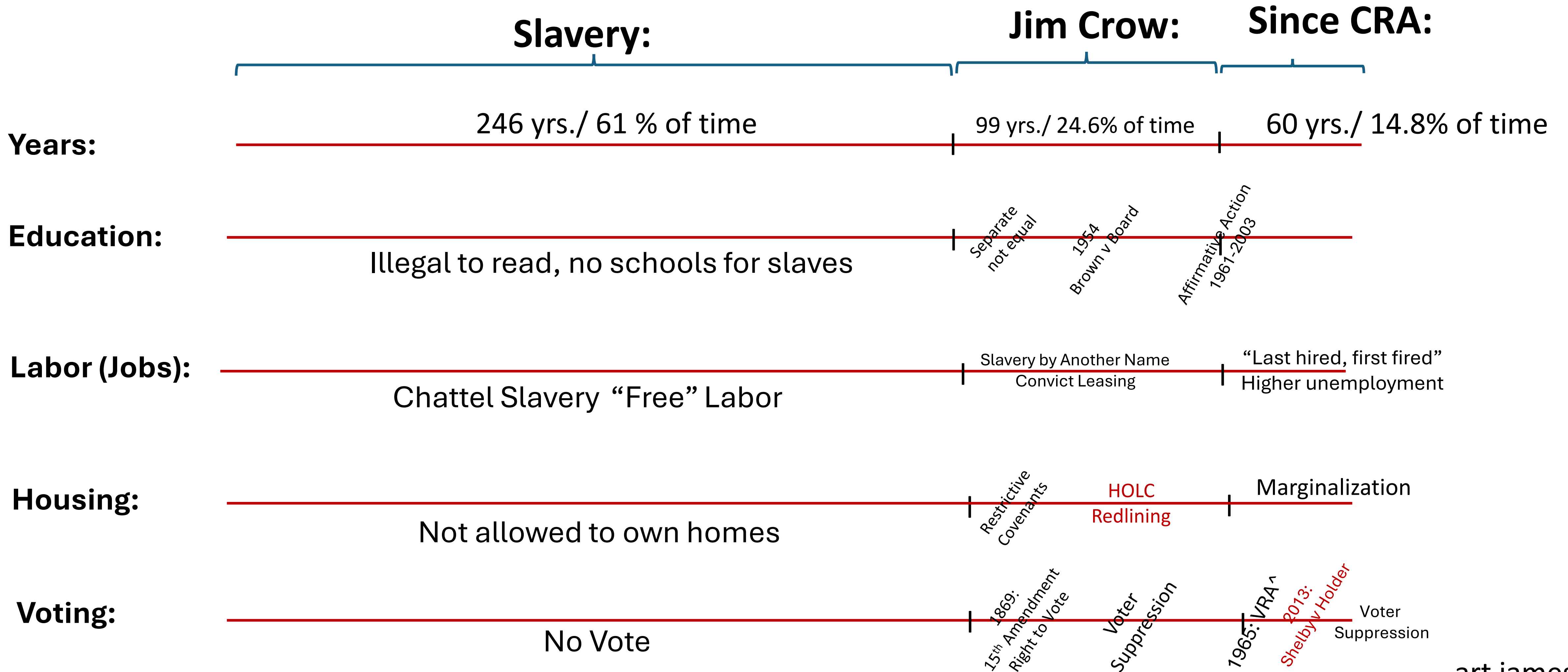
I think a significant contributor for why our BIMR is so much higher than our WIMR is because of how our Nation has managed the issue of "RACE.

Time Span:	Status:	Years:	% U.S. Experience:
1619-1865	Slaves: "Chattel"	246	60.7 %
1865-1964	Jim Crow: virtually no Citizenship rights	99	24.4%
1964-2024*	"Equal"	60	14.8%
1619-2024	"Struggle" "Unfairness"	405	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

Time-line of African American Experience:



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.

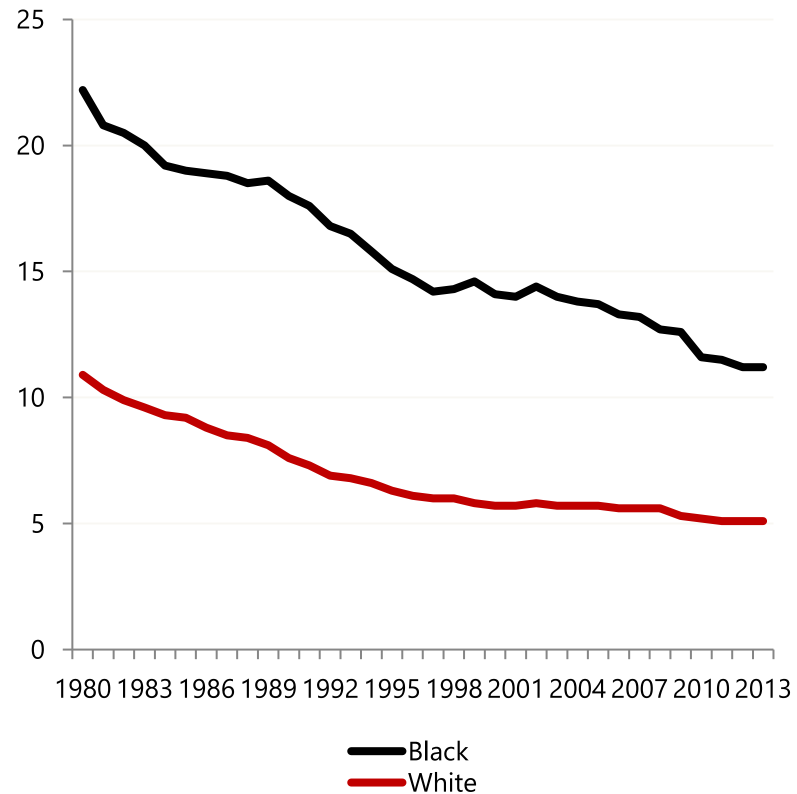
U.S. Declaration of Independence

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."

Policies or Events like…

- Redlining
- Increased incarceration rates
- Hurricane Katrina,
- The increased incidence of killing unarmed black people,
- Voter suppression
- Our disparate MMRs and IMRs all remind us that not all of us benefit from this Declaration equally.



Up to this point...
the outcome has been pre-determined

Augmented Rules:

1. Follow the Regular rules of the game (because we need to be "fair")
2. BUT:
   a. Separate into 3 different groups and stagger the time each group initiates playing in the same game.
      i. Group "A" begins and plays for "7" rounds
      ii. Group "B" joins the same game at the initiation of the 8th round
      iii. Group "C" joins the same game at the initiation of the 15th round.

art james

I think most of us understand that playing the game in this manner **PRE-DETERMINES** the outcome…significantly favoring the people who were able to buy property and pile-up ”resources” because they started the game earlier than others and, therefore were able to benefit from the disadvantage of those who started the game later.

The ADVANTAGE of their early start ACCUMULATES over time. AND, simultaneously, the DISADVANTAGE of the later starters also ACCUMULATES over time.

The ”advantages” experienced by those who started earlier has nothing to do with them being smarter or superior to those who started later.

Likewise, the “disadvantages” experienced by those who started later has nothing to do with being inferior to those who started the game earlier…yet, the “early starters” promote the false premise that they are “superior” to & “more deserving” than the later starters.

art james

OLD
ROAD
MAYFAIR
LLECT
£200 SALARY
AS YOU PASS
GO
The outcome is determined by the rules (policies) used to govern the game.
We control the rules…so we can make the game ”fair” if we choose to do so.
art james

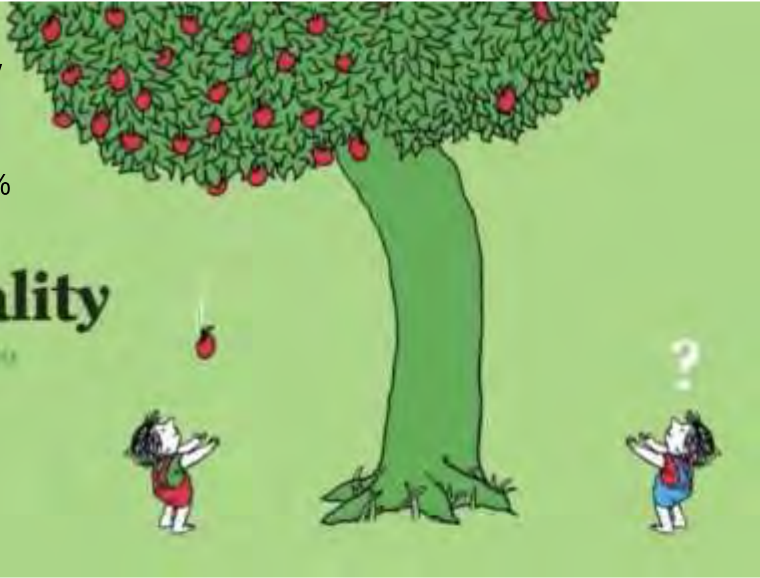
Consequently, we have created a society in which marginalized & minoritized people must be EXCEPTIONAL to be considered ACCEPTABLE.

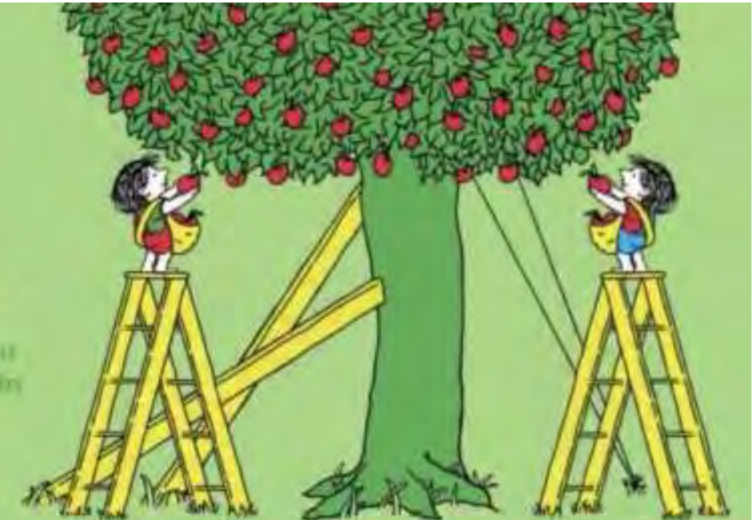
Those of us who are not considered “acceptable”…are treated as if we do not matter… as if we are EXPENDABLE.

The end results: disparities are not only allowed to persist, but to get worse.

art james

Inequality…Equality…"EQUITY & JUSTICE"





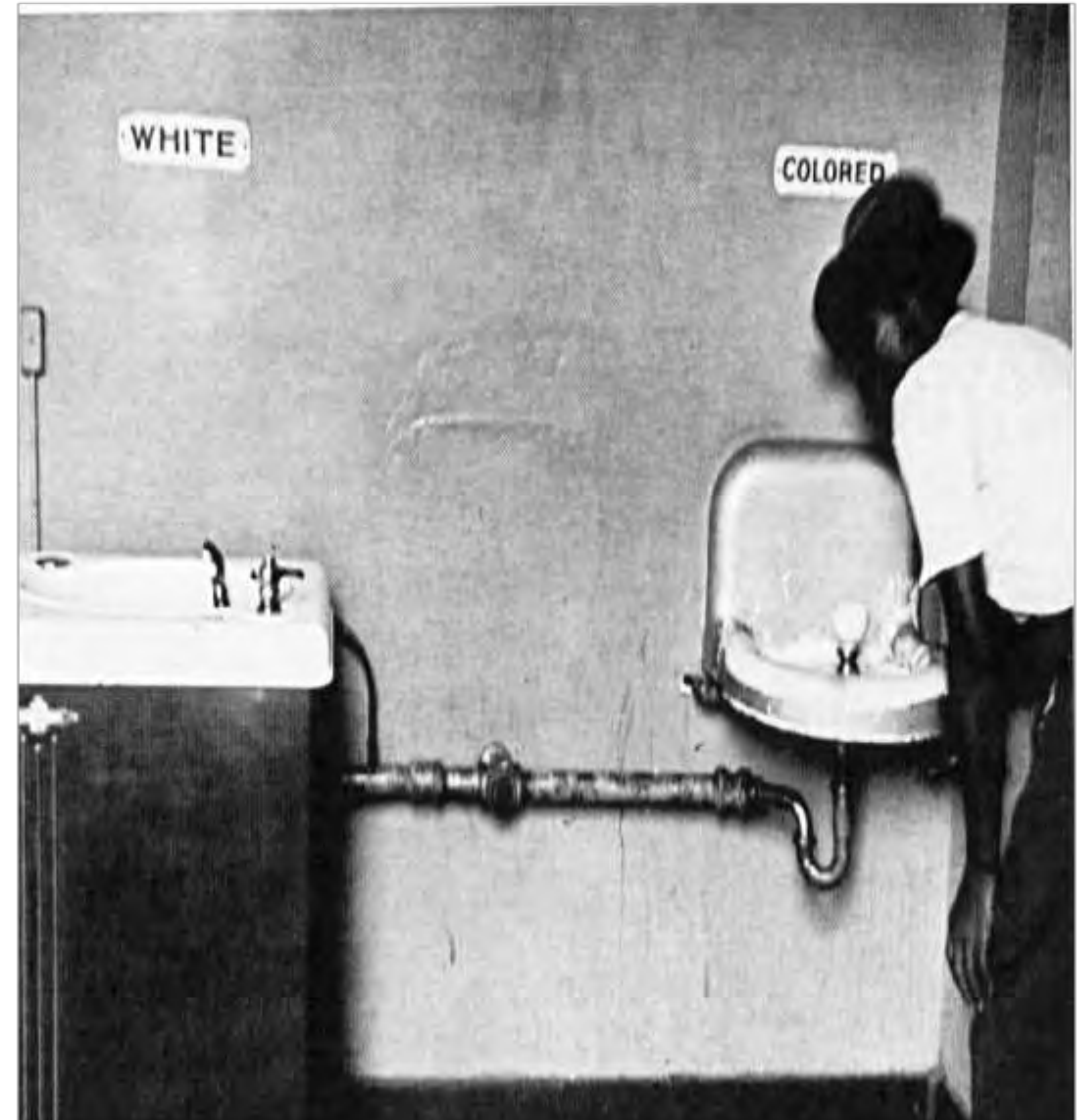
Racial Disparities: are not "natural"…

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

So...what shall we do?

PEDIATRICS PERSPECTIVES

Accelerating Upstream Together: Achieving Infant Health Equity in the United States by 2030

Michael D. Warren, MD, MPH, Ashley H. Hirai, PhD, Vanessa Lee, MPH

PEDIATRICS Volume 149, number 2, February 2022:e2021052800

Accelerating Upstream Together:

"Infant mortality is a generally accepted barometer of the overall health and well-being of a population. In the United States, the infant mortality rate has steadily declined over the last century, to a rate of 5.6 deaths per 1000 live births in 2019. Celebration of continued improvement can mask the reality that 20 927 infants died in 2019 before reaching their first birthday. For perspective, assuming that a jumbo jet carries 400 people, the current number of infant deaths would be equivalent to a jumbo jet crashing, killing everyone on board, every week for an entire year. If that happened in this country, air traffic would likely halt after a crash or two, the government would investigate, and the industry would quickly deploy solutions to prevent further deaths. Yet, for infant deaths, it seems that our society is complacent to accept the slow, if steady, pace of progress as sufficient improvement. **Moreover, infant deaths are not evenly distributed across populations. Non-Hispanic Black, Native Hawaiian/Other Pacific Islander (NHOPI), and American Indian/Alaska Native (AI/AN) infants die at a rate of approximately twice that of non-Hispanic White infants** (2.4, 1.8, and 1.8 times greater, respectively). Populations with the highest infant mortality rates in the United States have the longest histories of racial subjugation, violence, and cultural trauma beginning with their forcible removal from native lands and loss of sovereignty."

PEDIATRICS Volume 149, number 2, February 2022:e2021052800

Accelerating Upstream Together:

assuming that a jumbo jet carries 400 people...

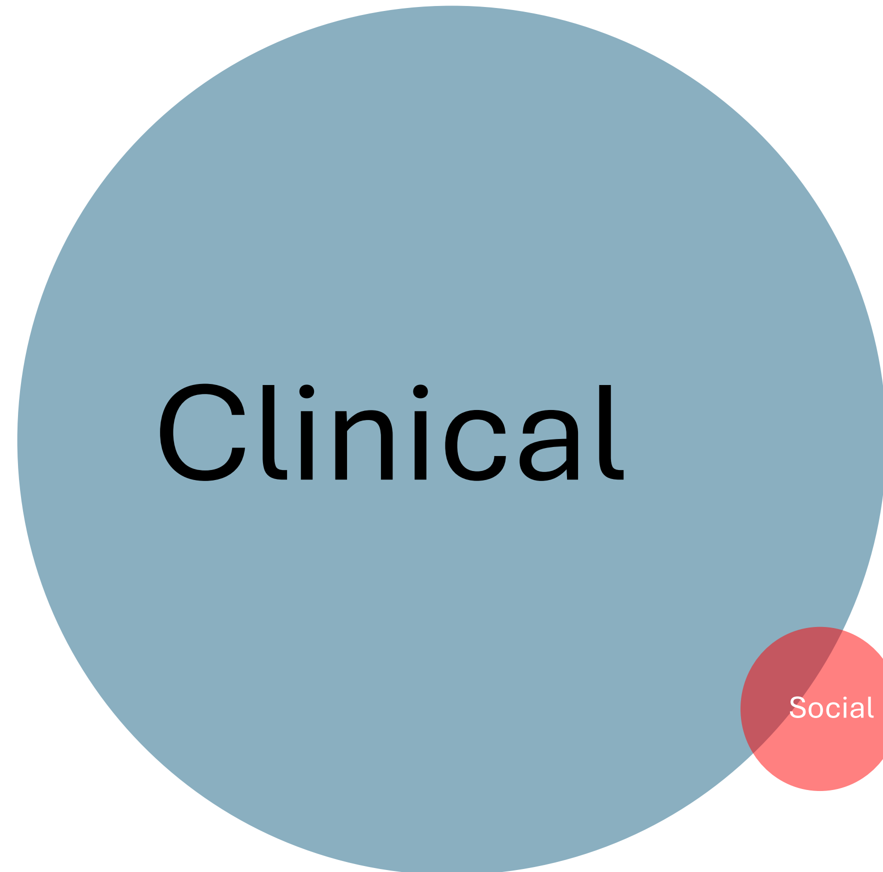
Accelerating Upstream Together:

"...the current number of infant deaths would be equivalent to a jumbo jet crashing, killing everyone on board, every week for an entire year."

"As a nation, we cannot view the current infant mortality rate as acceptable, nor can we continue to accept that Black, NHOPI, and AI/AN babies have lower chances of surviving their first year of life than do their White, Hispanic, and Asian counterparts. We must accelerate the reduction of infant mortality rates, with a particular focus on accelerating equity."

How do we achieve **EQUITY?**

Clinical-Social Dyads (CSDs)



art james

Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

Placental or cord anomalies

Arthur R. James

Infant Mortality:

Premature Births

Congenital Anomalies

SUID

Maternal pregnancy Complications

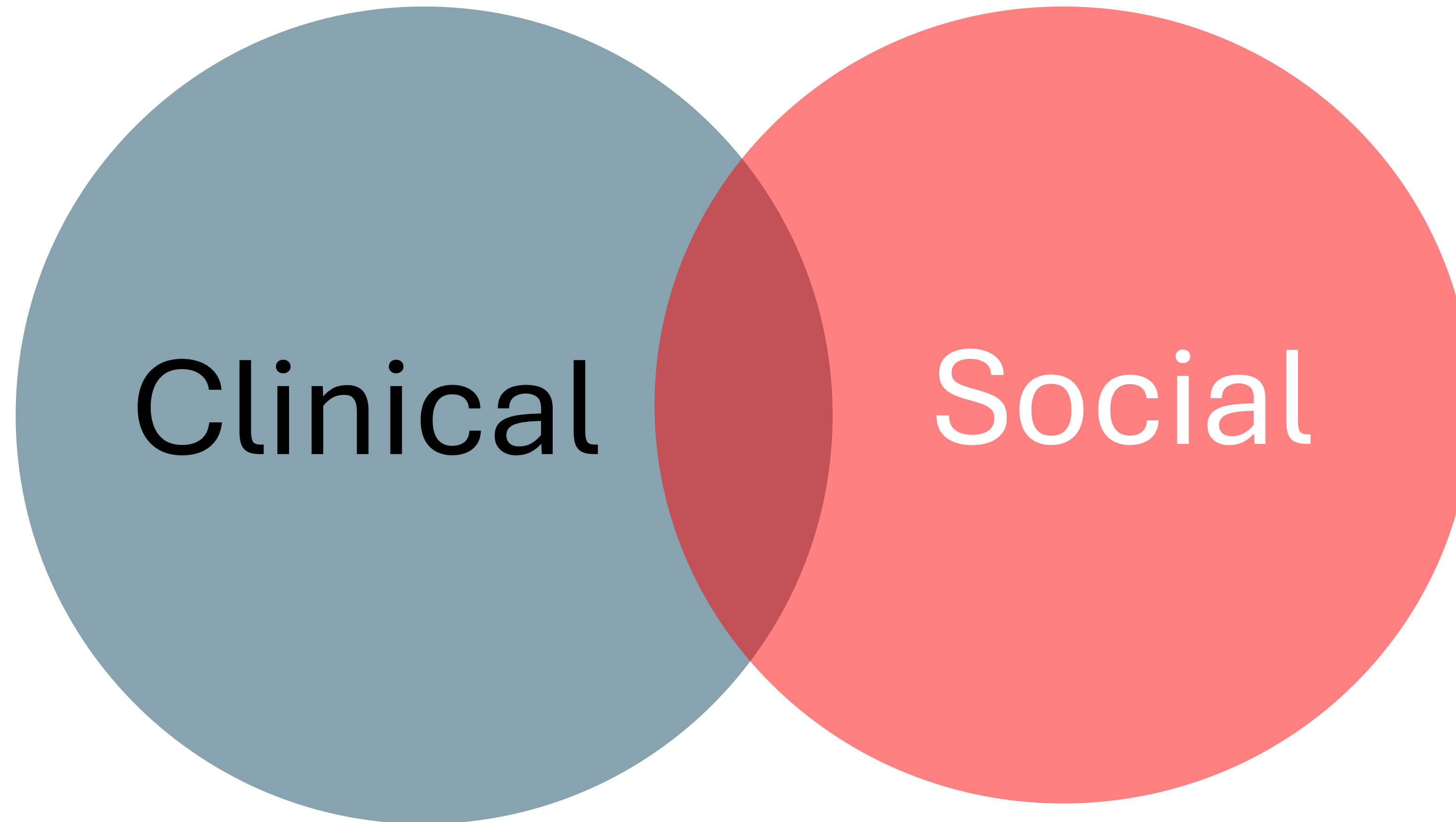
Placental or cord anomalies

Disparities

Social Determinants of Health/Lifecourse

Arthur R. James

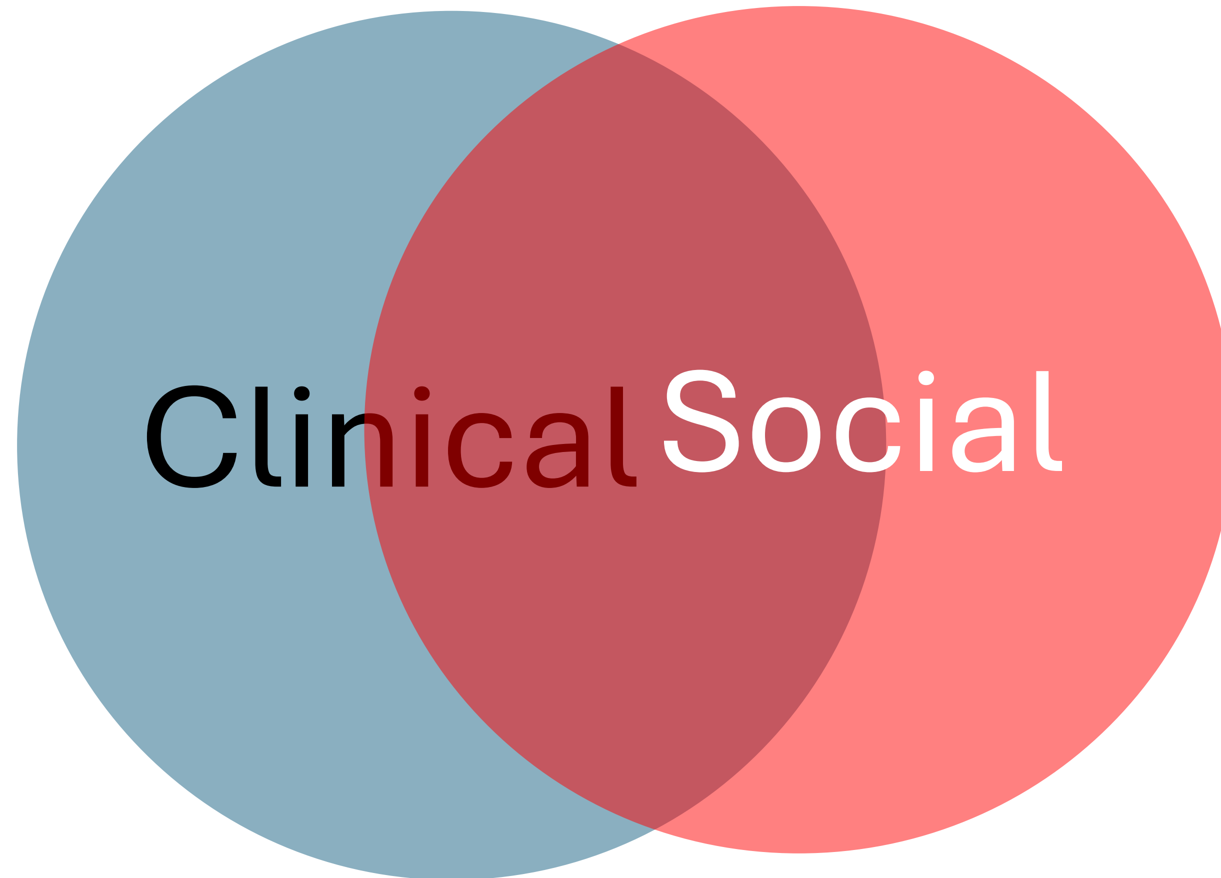
CSD's:



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

art james

CSD's:

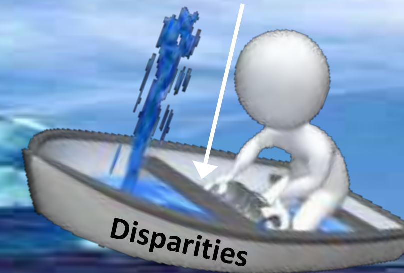


I also think we make our best decisions in the area of overlap, where "clinical" and "non-clinical" work together for the best interest of the patient. I am also of the opinion that working in this area of overlap is part of the reason why programs like HS, Case-management, NFP, and Centering experience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

Substance Use

Under-Education

Lower graduation rates

Family Support

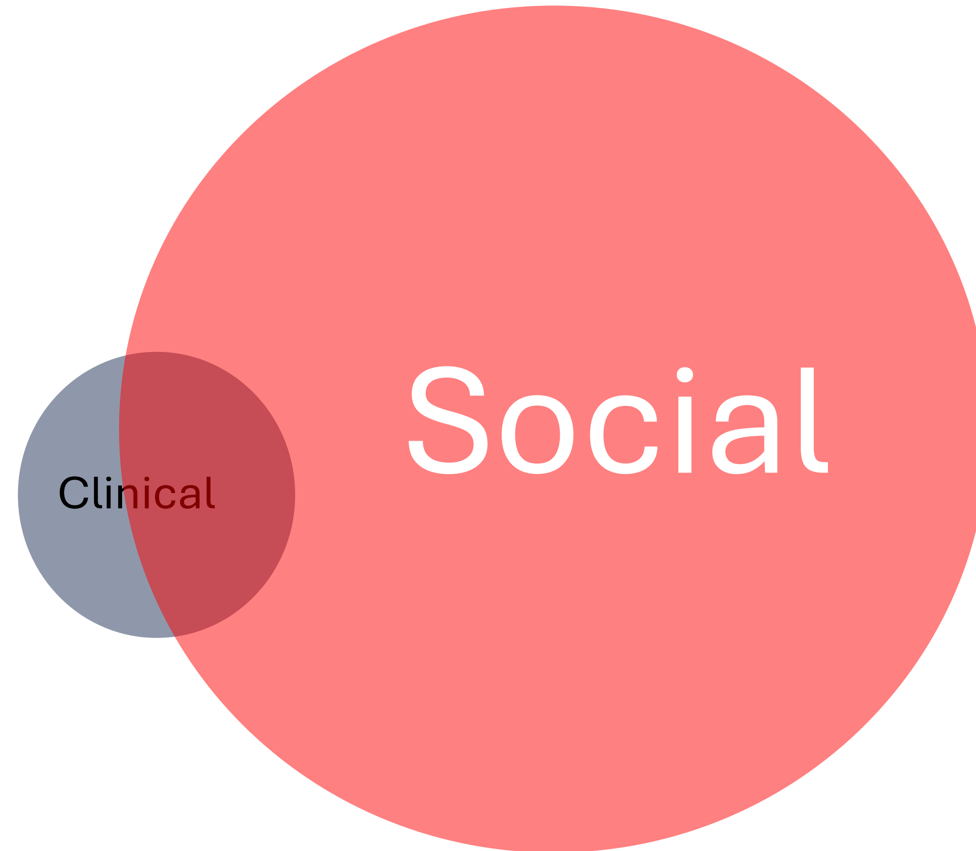
Poor Working Conditions

Teen Births

Nutrition

A. R. James

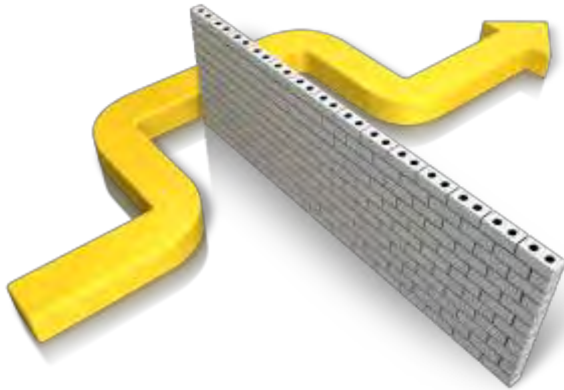
CSD's:



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

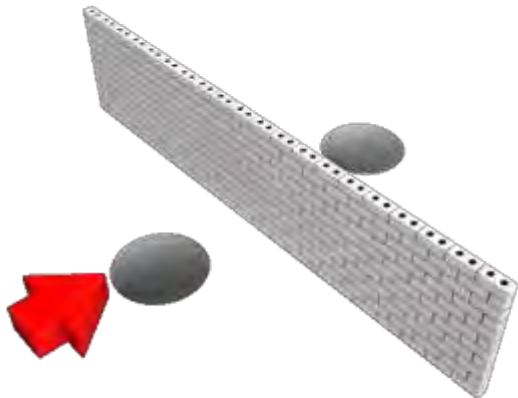
art james

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

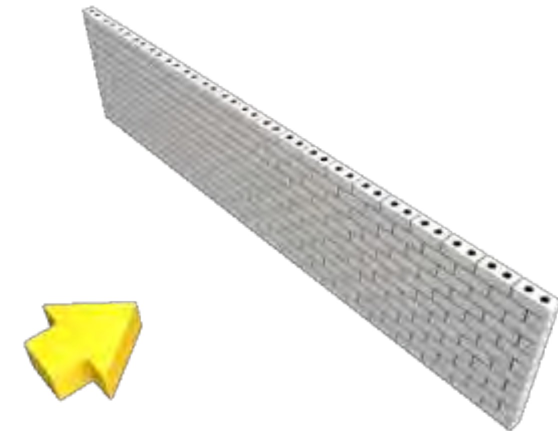


Most of these
programs help

In some cases, they
make a huge difference



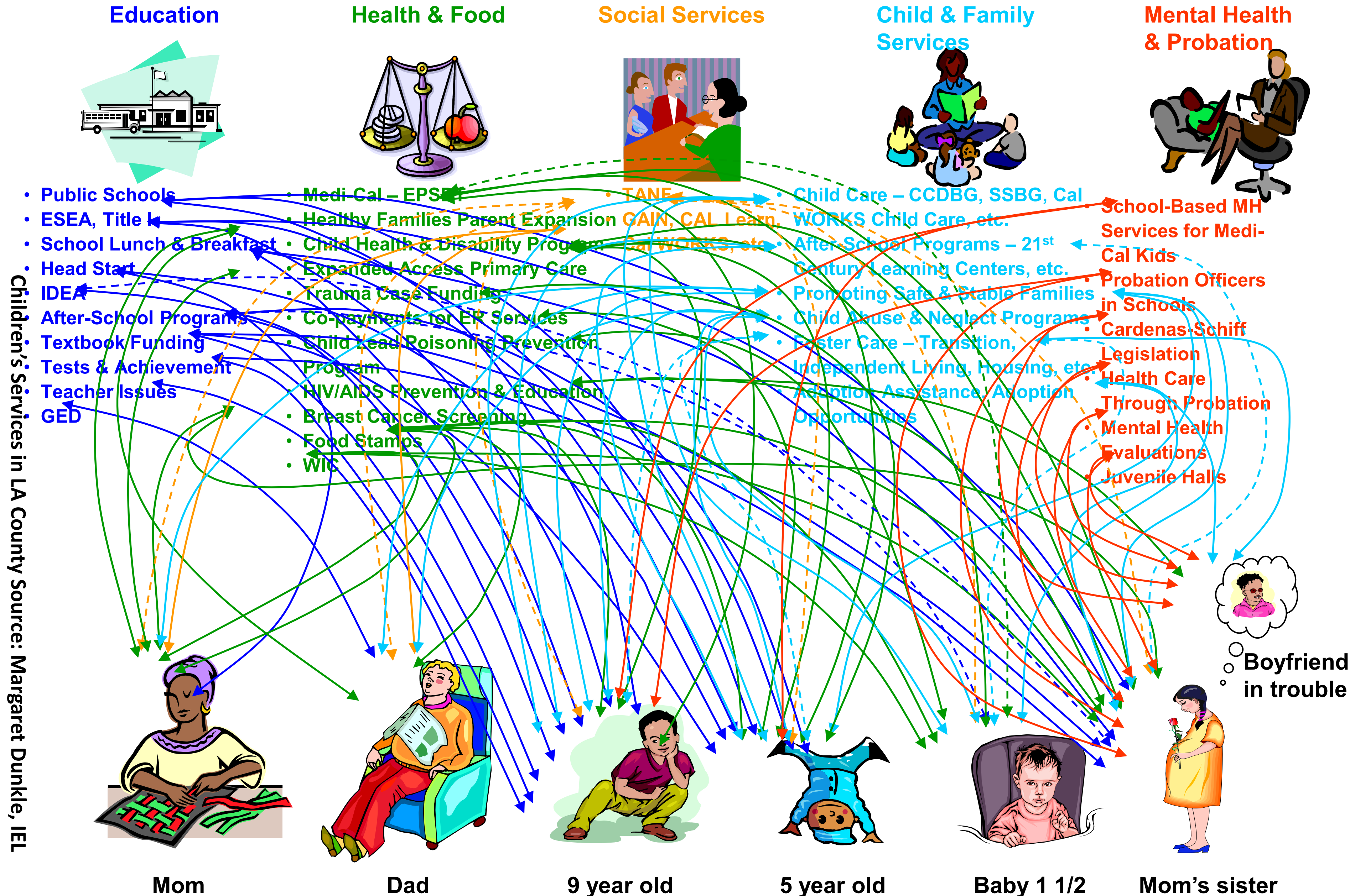
BUT…most programs represent
temporary solutions. Once
pregnancy ends, we return
families to the same
circumstances that required
help in the first place…and
the cycle repeats itself pregnancy
after pregnancy AND generation
after generation.



art james

YMP Component & BMA Element:

DEVELOP & IMPLEMENT STRATEGIES

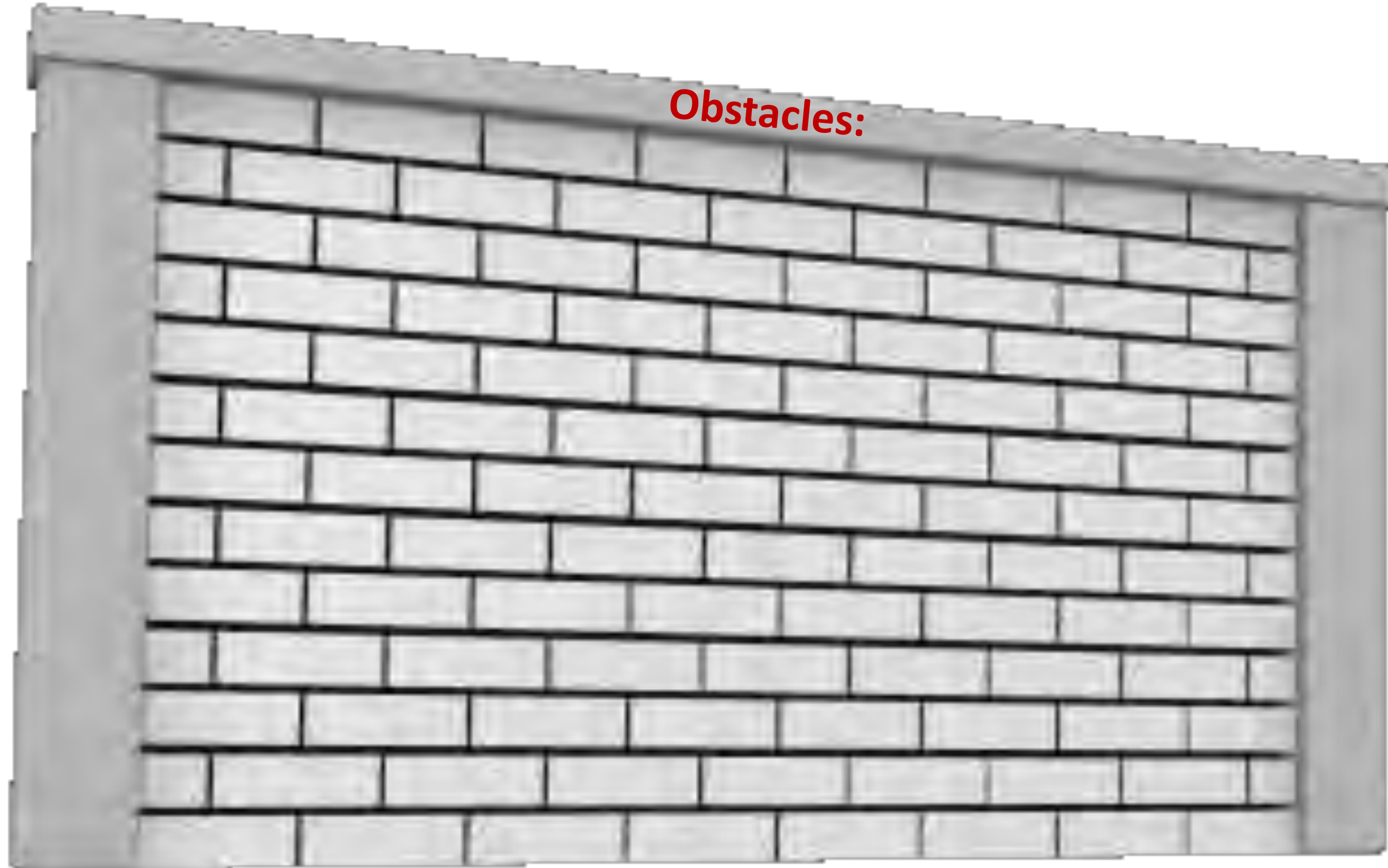


Why treat people's illnesses without changing the conditions that made them sick?

(WHO Commission on Social Determinants of Health, 2008)

A Social Determinants approach:

challenges us to "eliminate the obstacles"

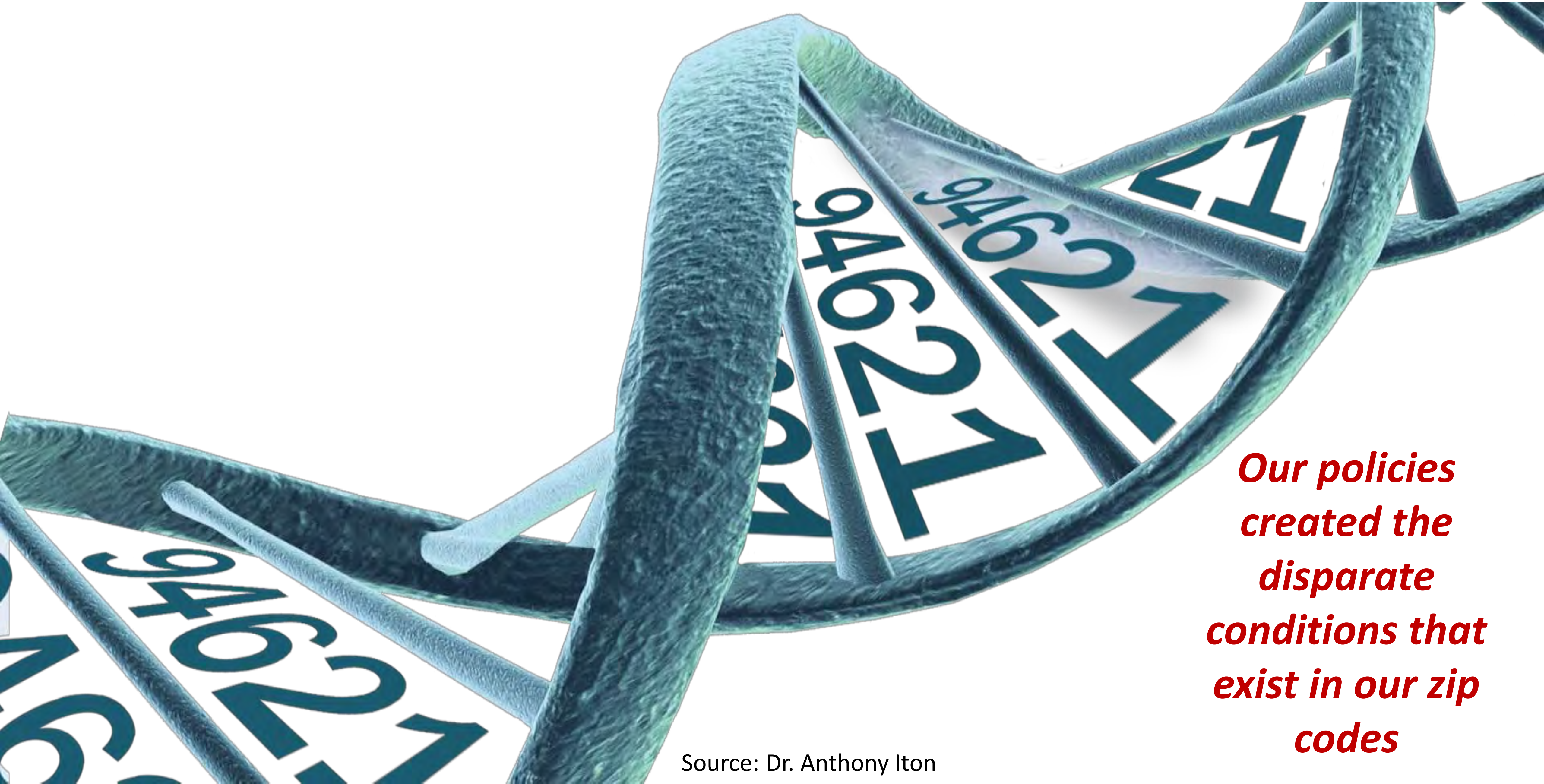


A R James

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."

Zip Code influences Health **More Than Your** ***Genetic Code***



Our policies created the disparate conditions that exist in our zip codes

Source: Dr. Anthony Iton

6'0"
5'10"
5'8"
5'6"
5'4"
5'2"
5'0"
4'10

PRISON
$62,300

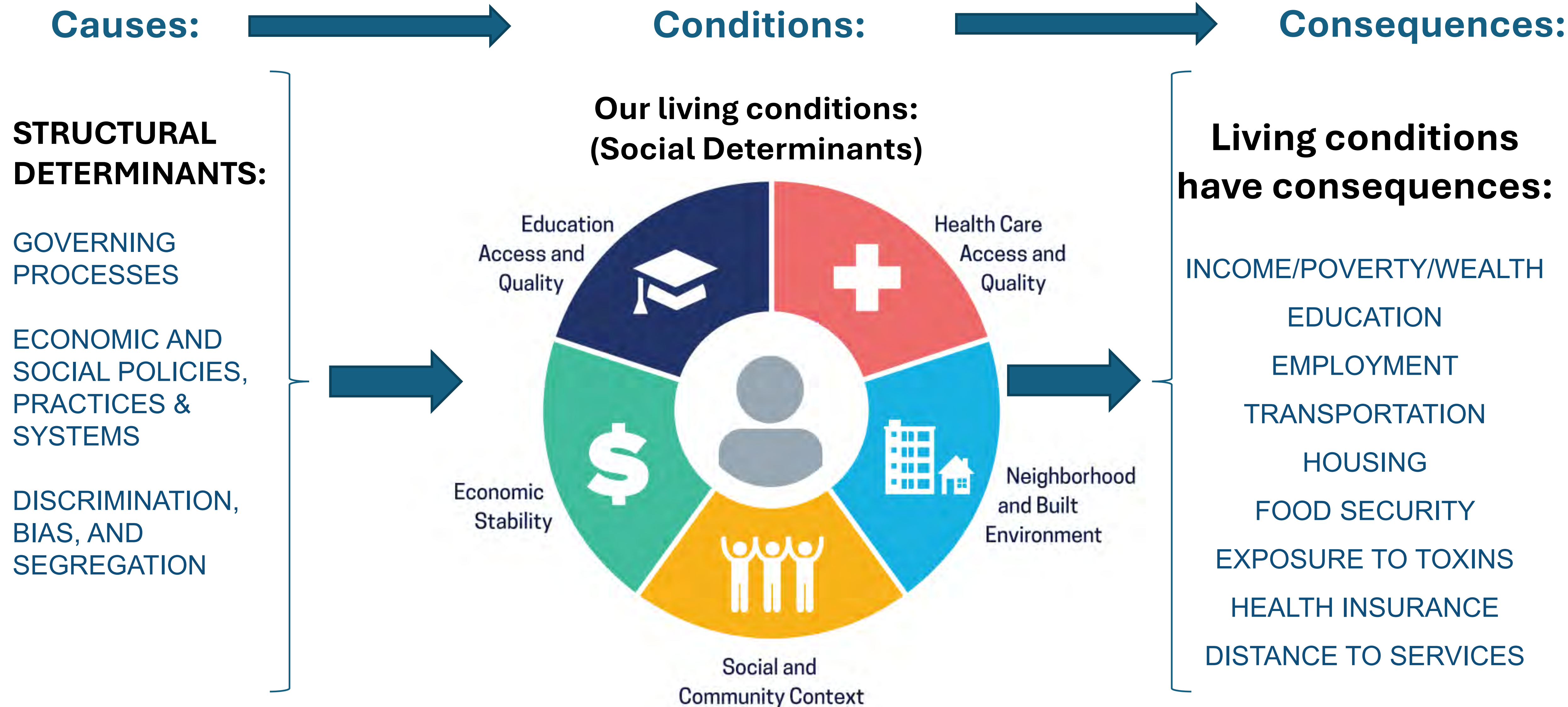
health happens here

SCHOOL
$9,100

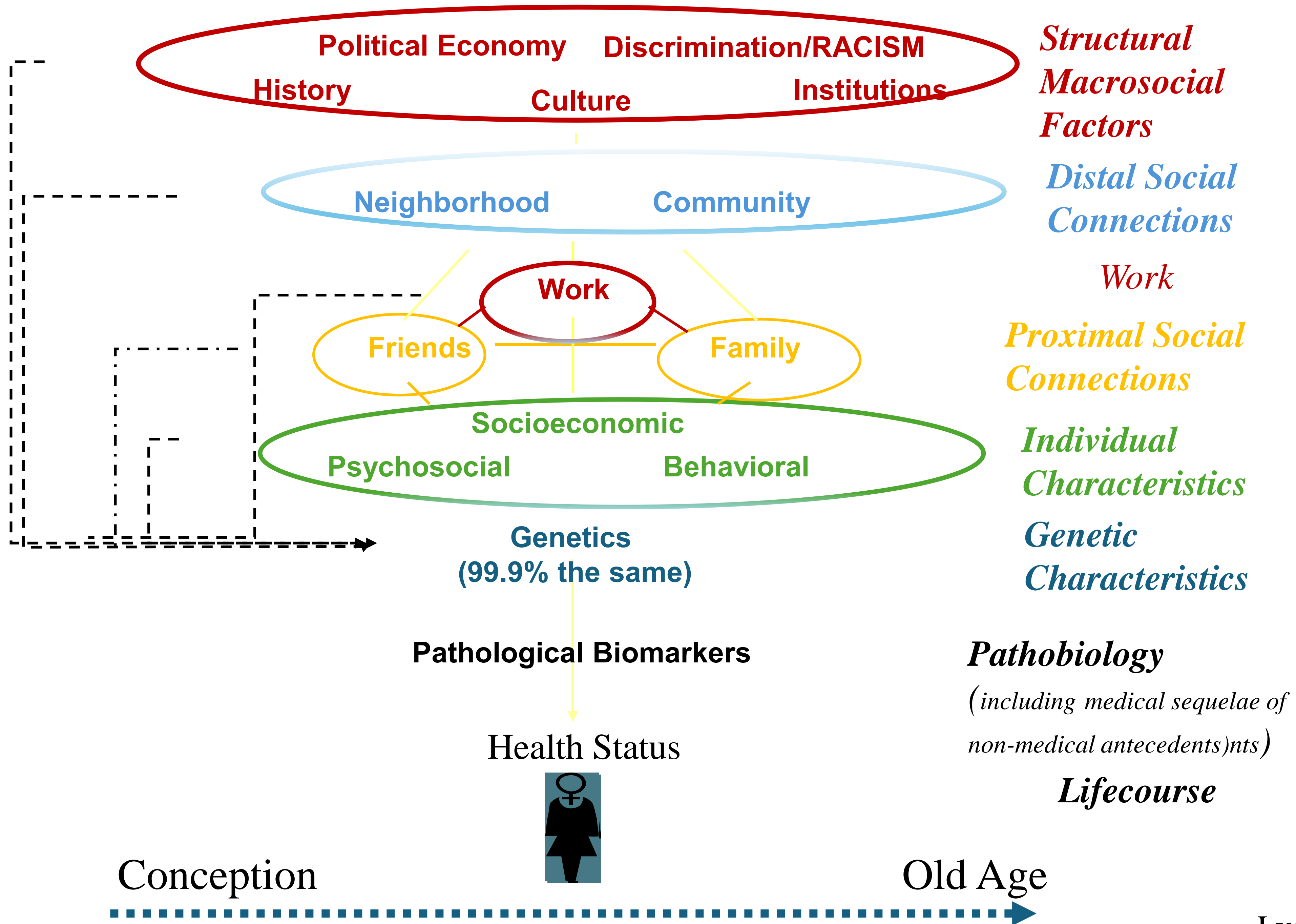
Do the math.

Slide from Dr. Anthony Iton:

Structural and Social Determinants of Health:



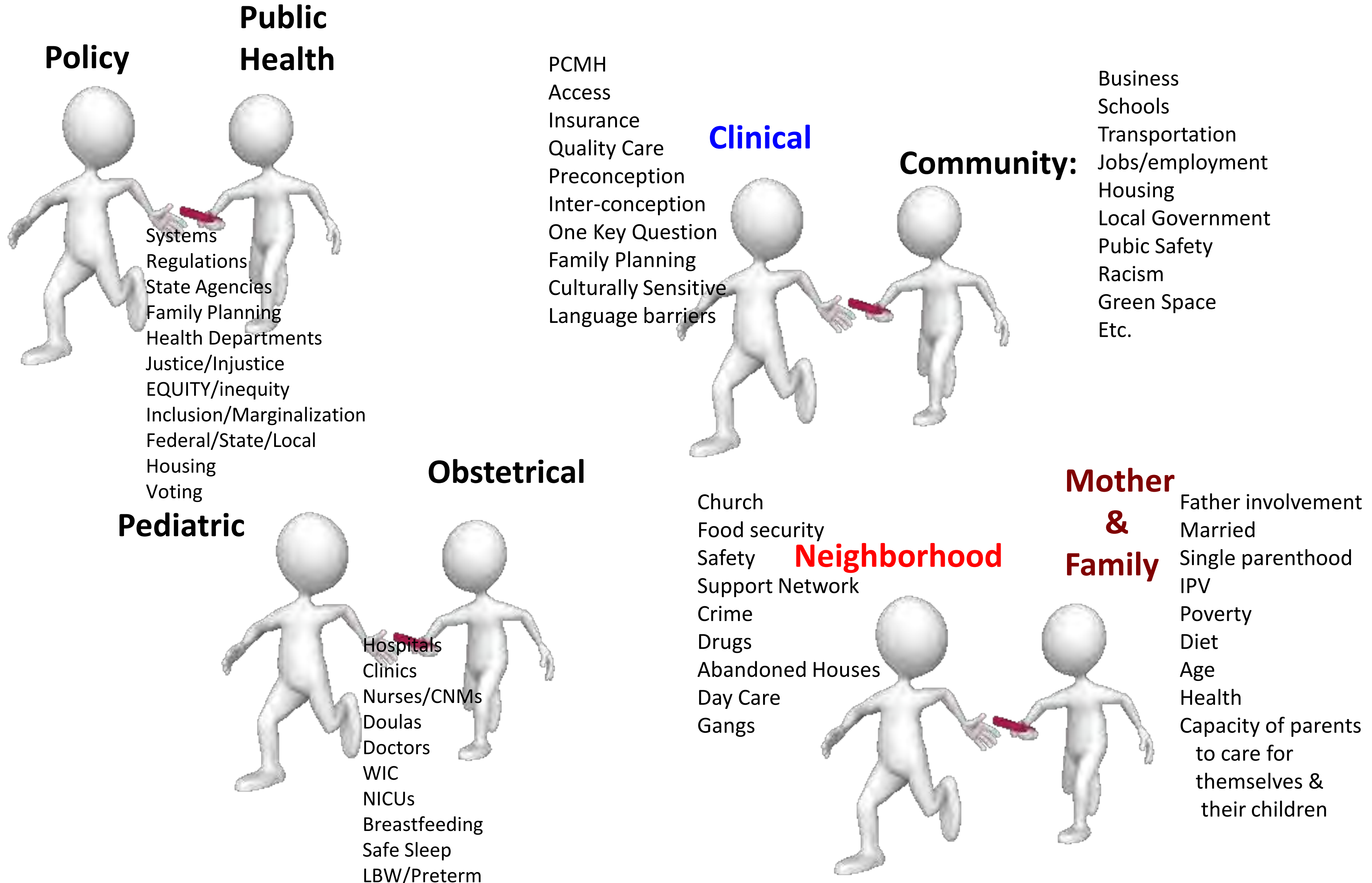
Graphic Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 02/11/2021, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health



Lynch (2000)

It will take all of us:

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



arthur james

Community Oriented Obstetrical Care:

The Basic Idea:

Socioeconomic position, race/ethnicity and gender all structure the likelihood of multiple exposures at multiple points in time –over an individual's entire lifecourse from conception to old age, *from one generation to another.*

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

Marginalization, Scapegoating, Historical & Contemporary Oppression, Diminished Opportunity, Poverty and "Race" are all intertwined…and each can make the other worse *(Syndemics*). 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.

PURPOSE
BUILT
COMMUNITIES

A Neighborhood Model for People and Place

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What's our Goal?

Neighborhood
Revitalization

Health Equity

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…

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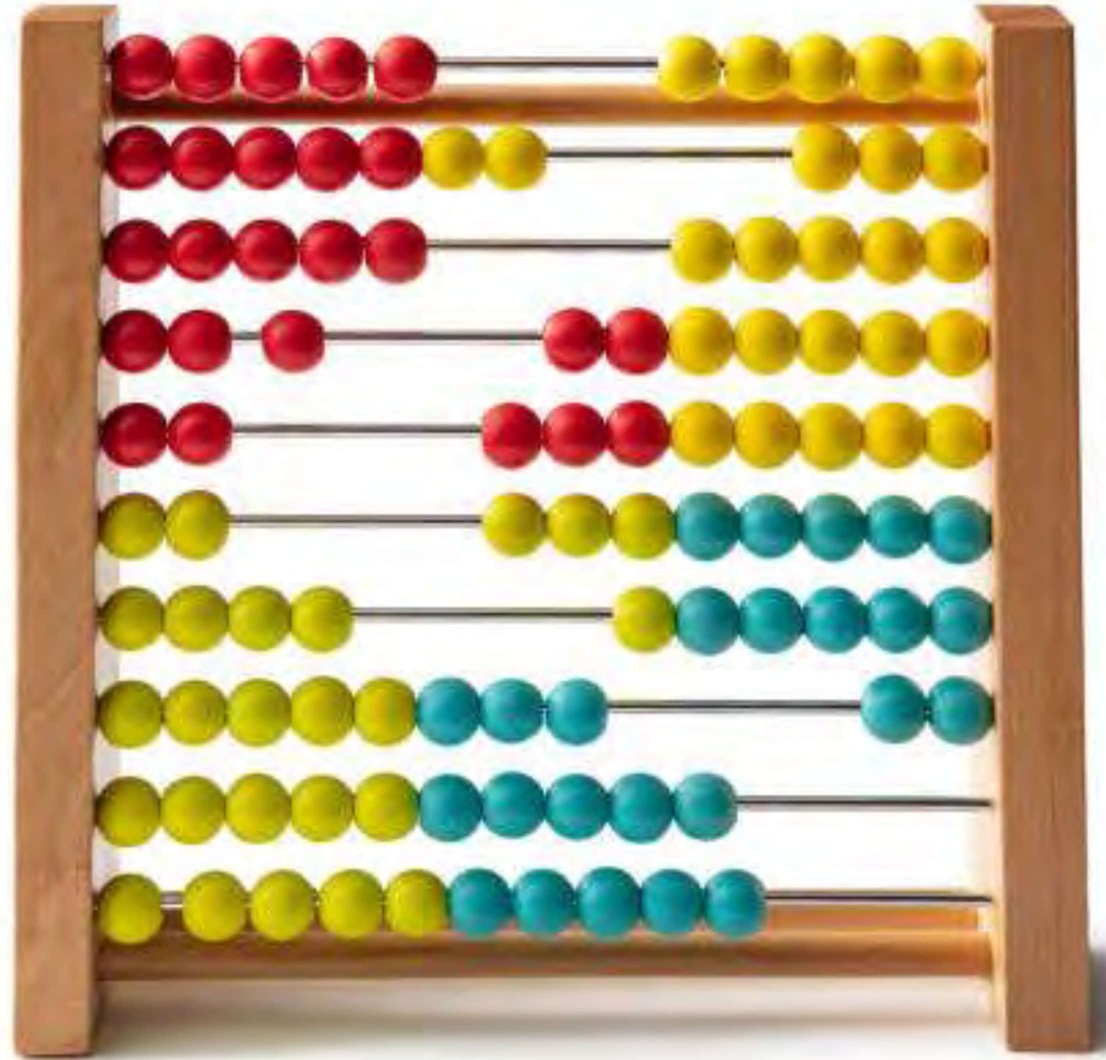
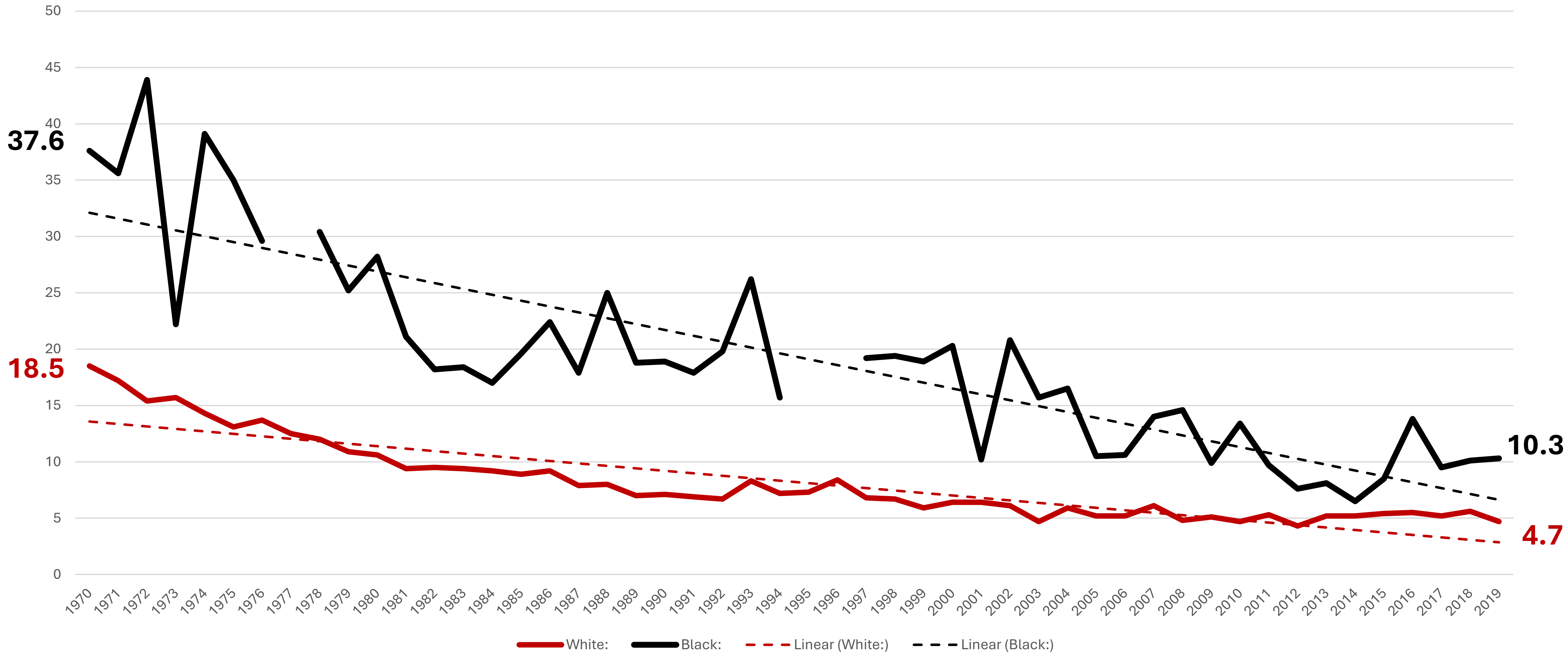
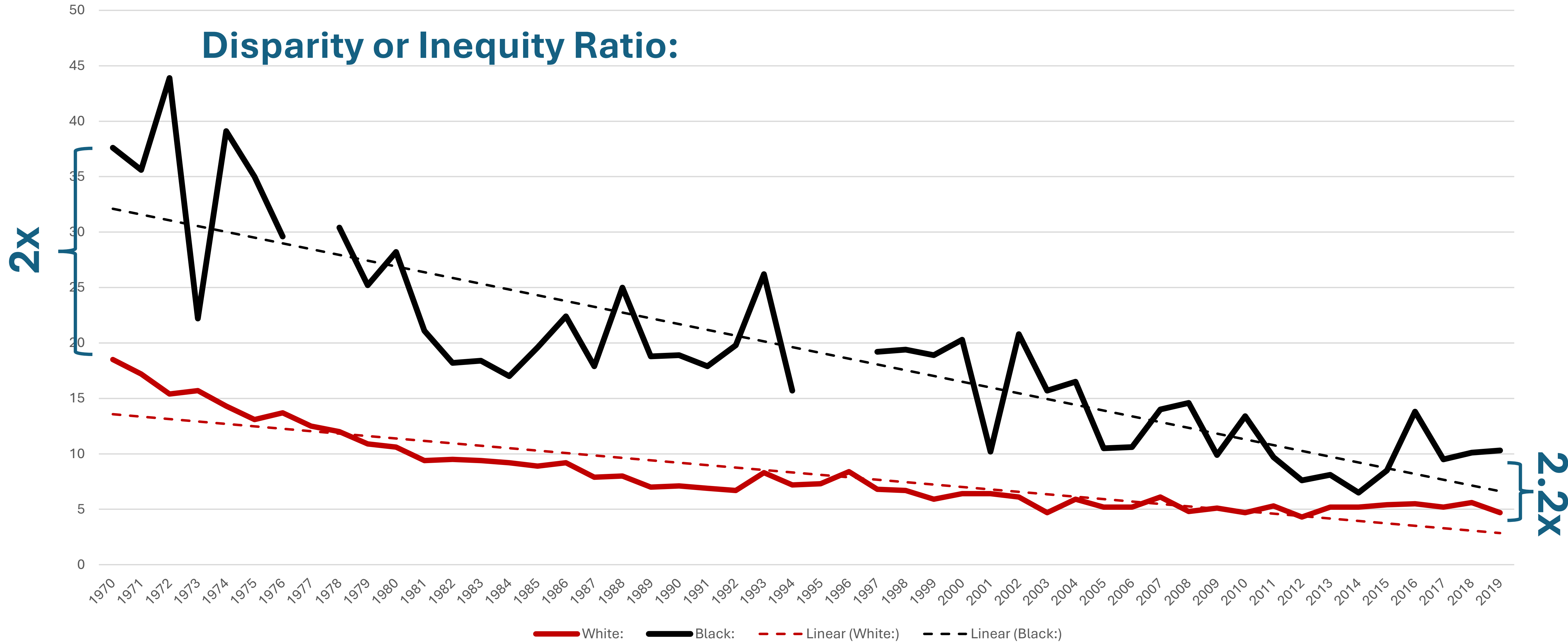
Nebraska & Douglas County IM Data:



Nebraska White and Black IMRs: 1970-2019 (with Trend lines)



Source: Ashley Hirai (HRSA), CDC Wonder, unlinked files



Nebraska White and Black IMRs: 1970-2019 (with Trend lines)
Disparity or Inequity Ratio:
2x
2.2x
50
45
40
35
30
25
20
15
10
5
0
1970
1971
1972
1973
1974
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1976
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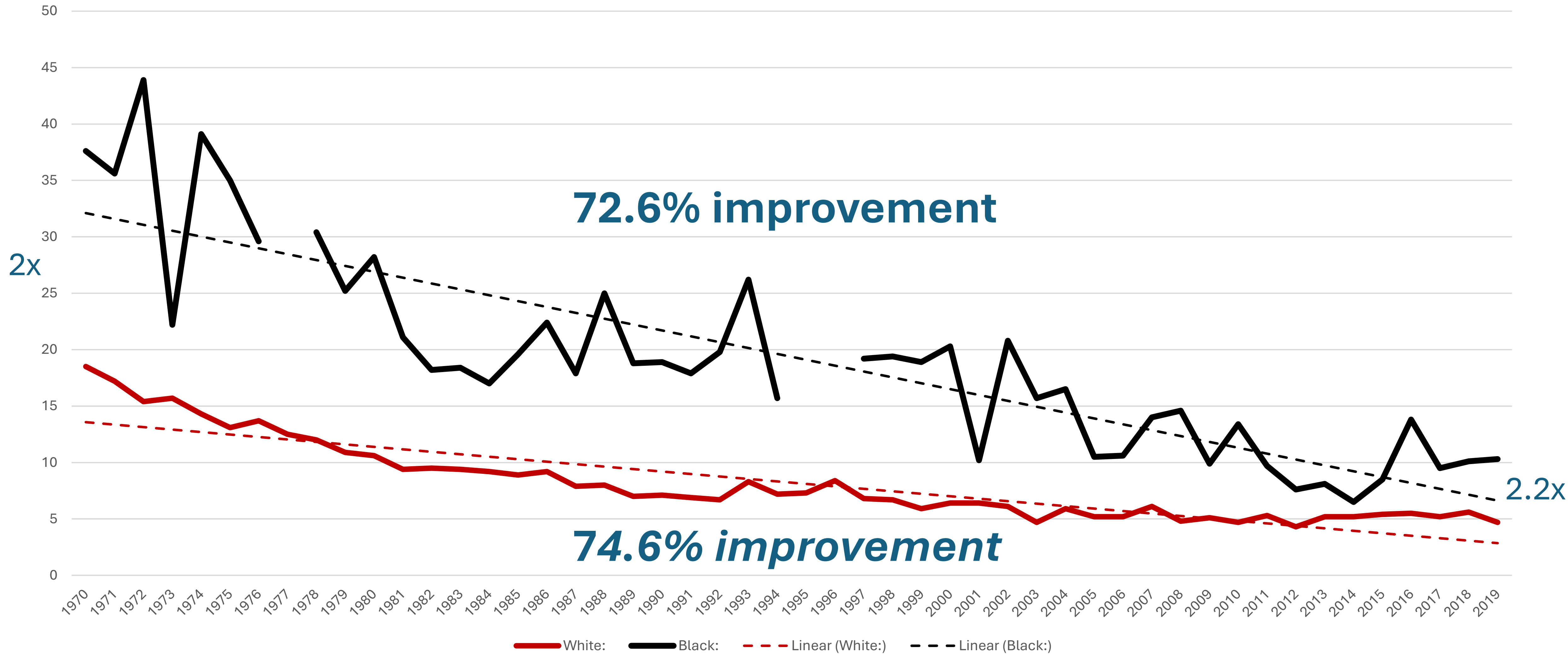
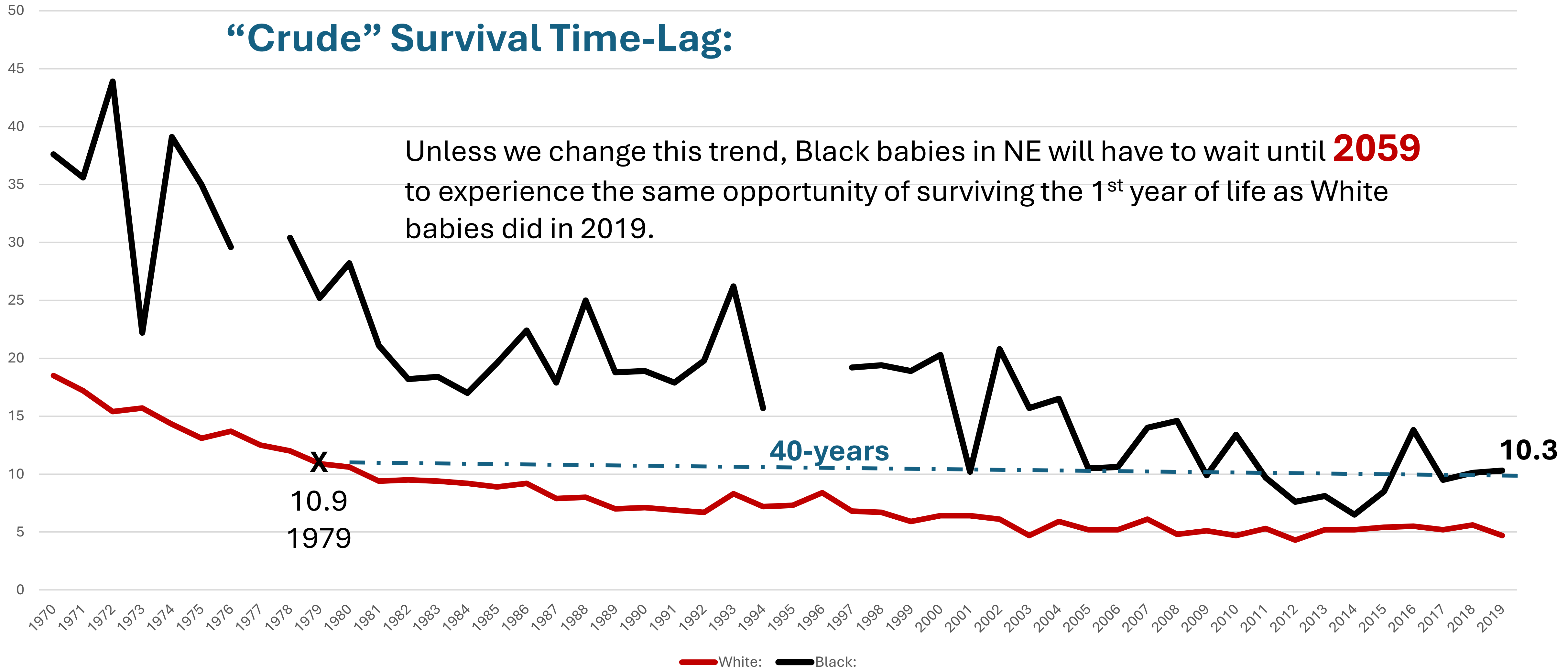
2016
2017
2018
2019
White:
Black:
Linear (White:)
Linear (Black:)
Source: Ashley Hirai (HRSA), CDC Wonder, unlinked files

Nebraska White and Black IMRs: 1970-2019 (with Trend lines)



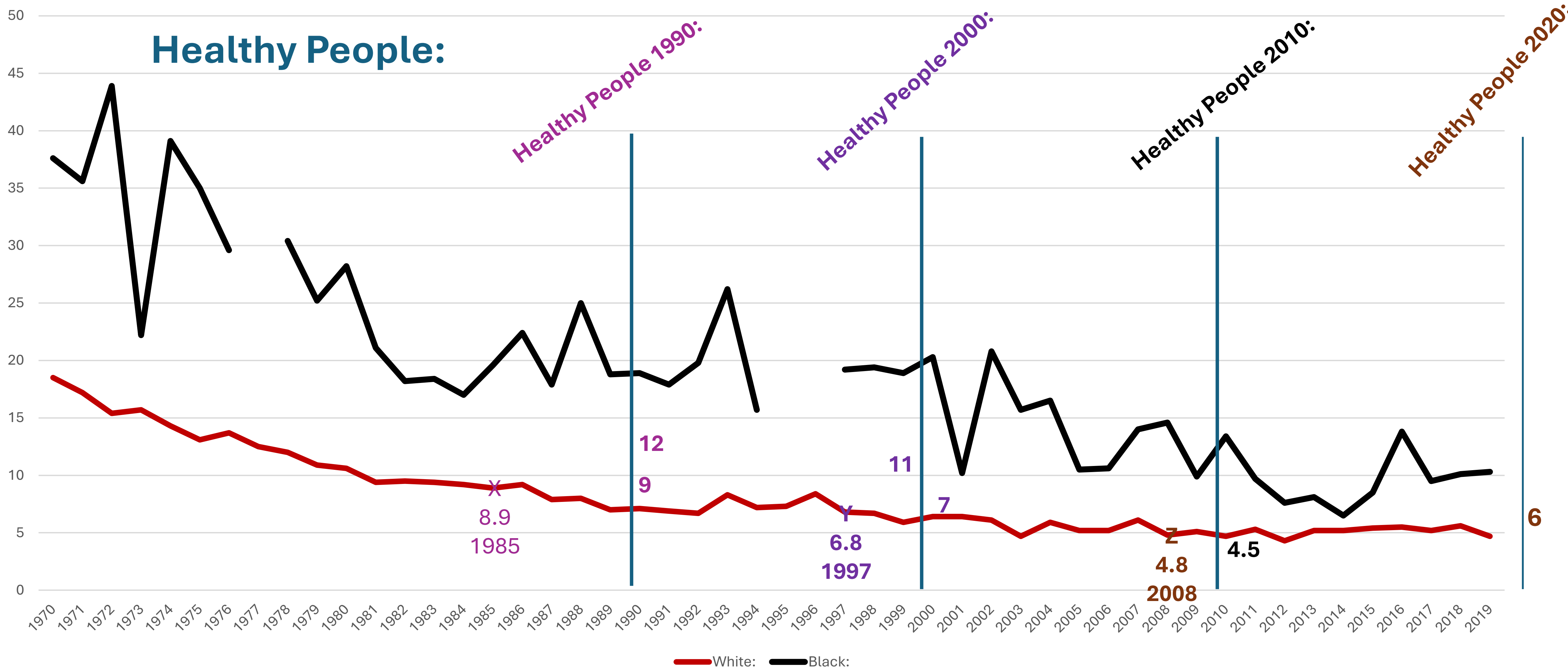
Source: Ashley Hirai (HRSA), CDC Wonder, unlinked files

Nebraska White and Black IMRs: 1970-2019 (50-years)



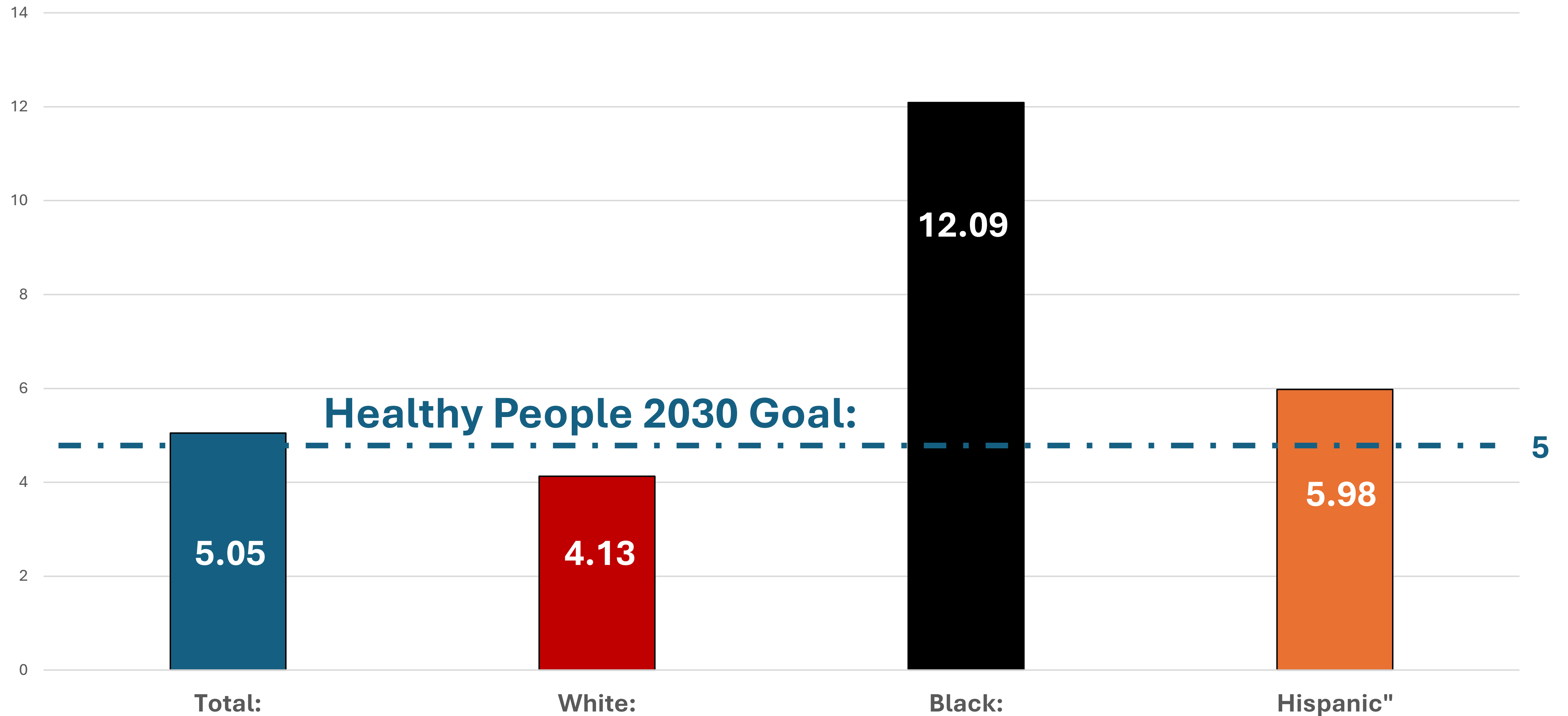
Source: Ashley Hirai (HRSA), CDC Wonder, unlinked files

Nebraska White and Black IMRs: 1970-2019 (50-years)



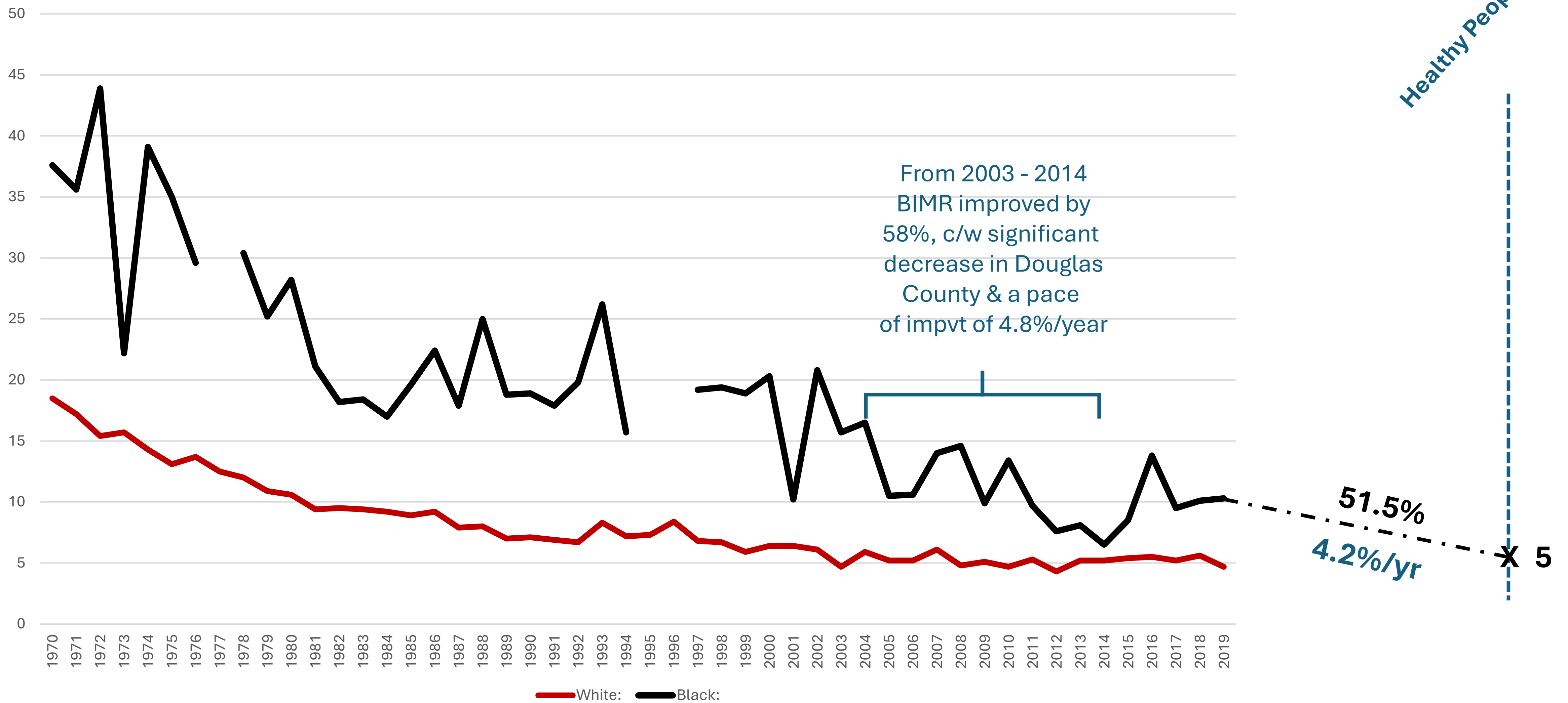
Source: Ashley Hirai (HRSA), CDC Wonder, unlinked files

Nebraska 2019 IMRs: Total, White, Black, & Hispanic (Linked data)



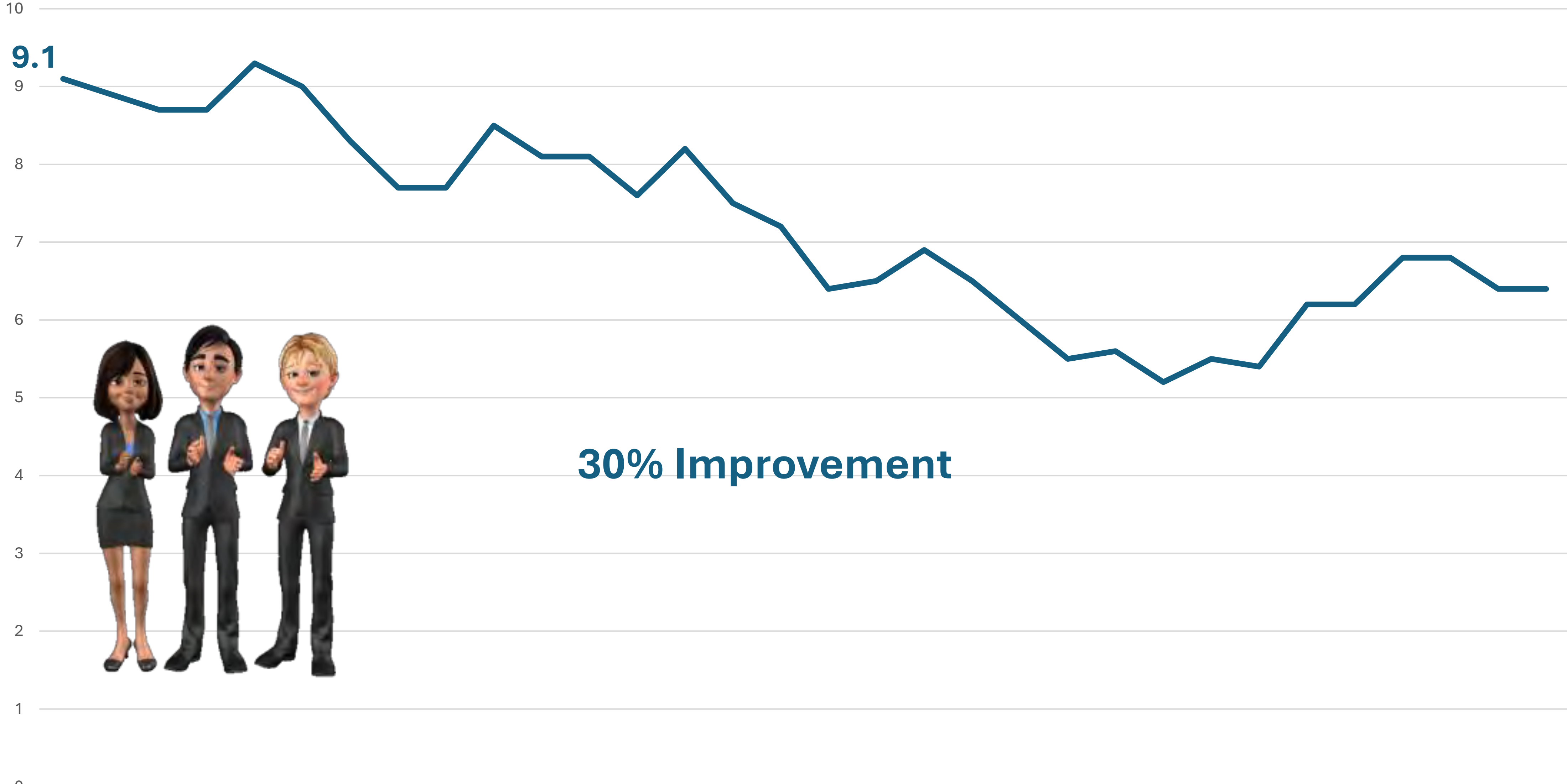
Source: Deaths, Final Data for 2019 (NCHS)

Nebraska White and Black IMRs: 1970-2019 (50-years, unlinked data)



Source: Ashley Hirai (HRSA), CDC Wonder, unlinked files

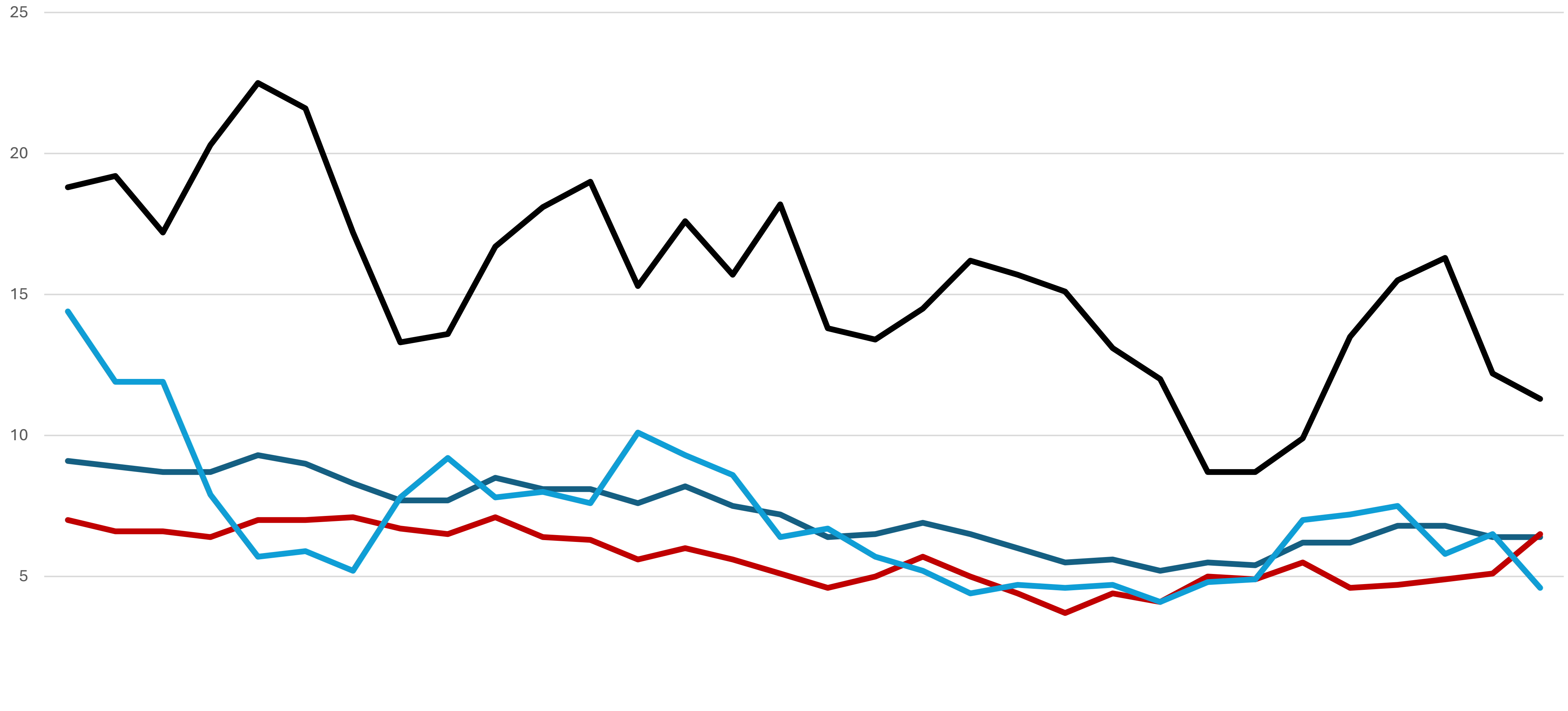
3-year Aggregate Total IMR, Douglas County, NE: 1987-2020



	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00--02	01-03	02-04	03-05	04-06	05-07	06-08	07-09	08-10	09-11	10-12	11-13	12-14	13-15	14-16	15-17	16-18	17-19	18-20
Total:	9.1	8.9	8.7	8.7	9.3	9	8.3	7.7	7.7	8.5	8.1	8.1	7.6	8.2	7.5	7.2	6.4	6.5	6.9	6.5	6	5.5	5.6	5.2	5.5	5.4	6.2	6.2	6.8	6.8	6.4	6.4

Source: Douglas County Health Department, 03/23/2023

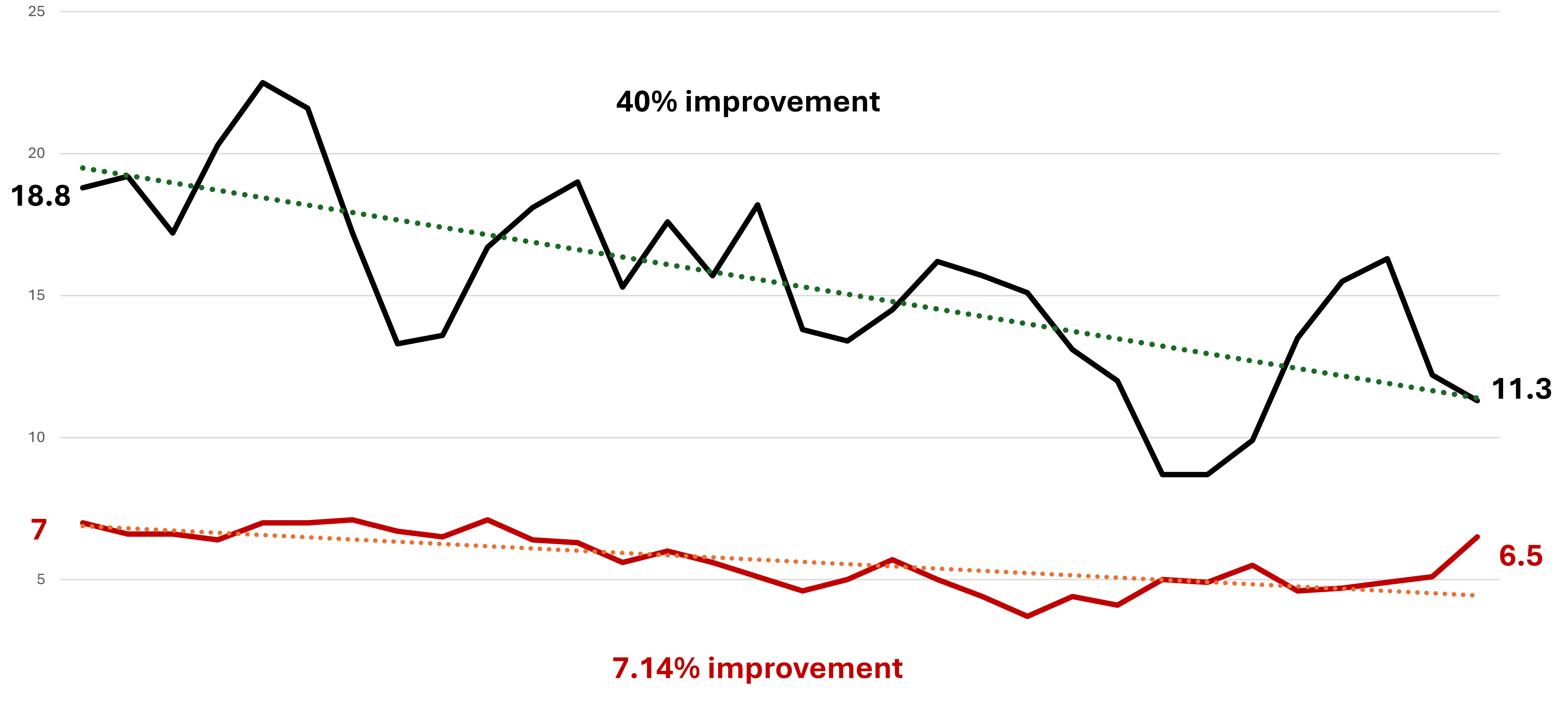
3-year Aggregate IMRs, Douglas County, NE: Total, White, Black, & Hispanic, 1987-2020



	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00--02	01-03	02-04	03-05	04-06	05-07	06-08	07-09	08-10	09-11	10-12	11-13	12-14	13-15	14-16	15-17	16-18	17-19	18-20
Total:	9.1	8.9	8.7	8.7	9.3	9	8.3	7.7	7.7	8.5	8.1	8.1	7.6	8.2	7.5	7.2	6.4	6.5	6.9	6.5	6	5.5	5.6	5.2	5.5	5.4	6.2	6.2	6.8	6.8	6.4	6.4
White:	7	6.6	6.6	6.4	7	7	7.1	6.7	6.5	7.1	6.4	6.3	5.6	6	5.6	5.1	4.6	5	5.7	5	4.4	3.7	4.4	4.1	5	4.9	5.5	4.6	4.7	4.9	5.1	6.5
Black:	18.8	19.2	17.2	20.3	22.5	21.6	17.2	13.3	13.6	16.7	18.1	19	15.3	17.6	15.7	18.2	13.8	13.4	14.5	16.2	15.7	15.1	13.1	12	8.7	8.7	9.9	13.5	15.5	16.3	12.2	11.3
Hispanic:	14.4	11.9	11.9	7.9	5.7	5.9	5.2	7.8	9.2	7.8	8	7.6	10.1	9.3	8.6	6.4	6.7	5.7	5.2	4.4	4.7	4.6	4.7	4.1	4.8	4.9	7	7.2	7.5	5.8	6.5	4.6

Source: Douglas County Health Department, 03/23/2023

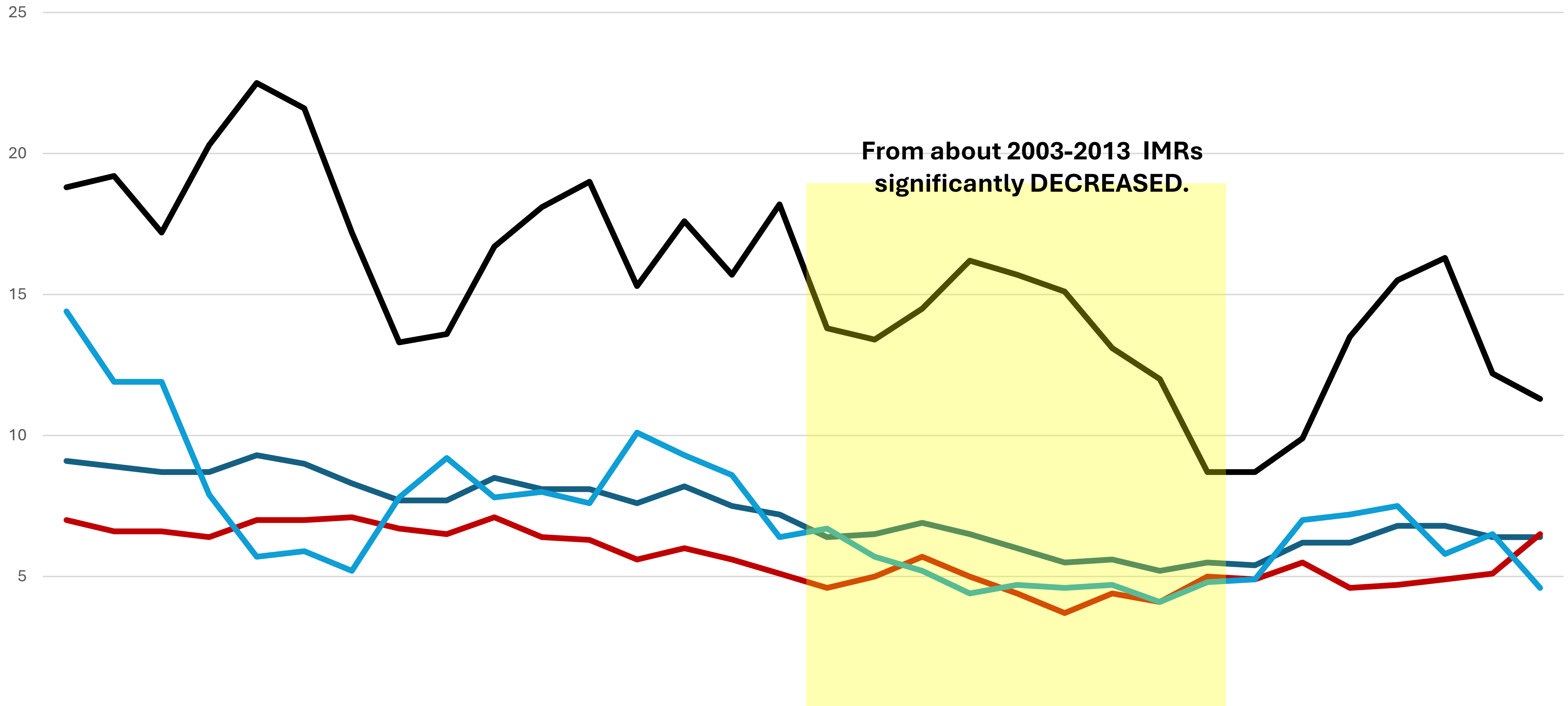
3-year Aggregate Douglas County, NE: White & Black IMRs, 1987-2020



	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00--02	01-03	02-04	03-05	04-06	05-07	06-08	07-09	08-10	09-11	10-12	11-13	12-14	13-15	14-16	15-17	16-18	17-19	18-20
White:	7	6.6	6.6	6.4	7	7	7.1	6.7	6.5	7.1	6.4	6.3	5.6	6	5.6	5.1	4.6	5	5.7	5	4.4	3.7	4.4	4.1	5	4.9	5.5	4.6	4.7	4.9	5.1	6.5
Black:	18.8	19.2	17.2	20.3	22.5	21.6	17.2	13.3	13.6	16.7	18.1	19	15.3	17.6	15.7	18.2	13.8	13.4	14.5	16.2	15.7	15.1	13.1	12	8.7	8.7	9.9	13.5	15.5	16.3	12.2	11.3

Source: Douglas County Health Department, 03/23/2023

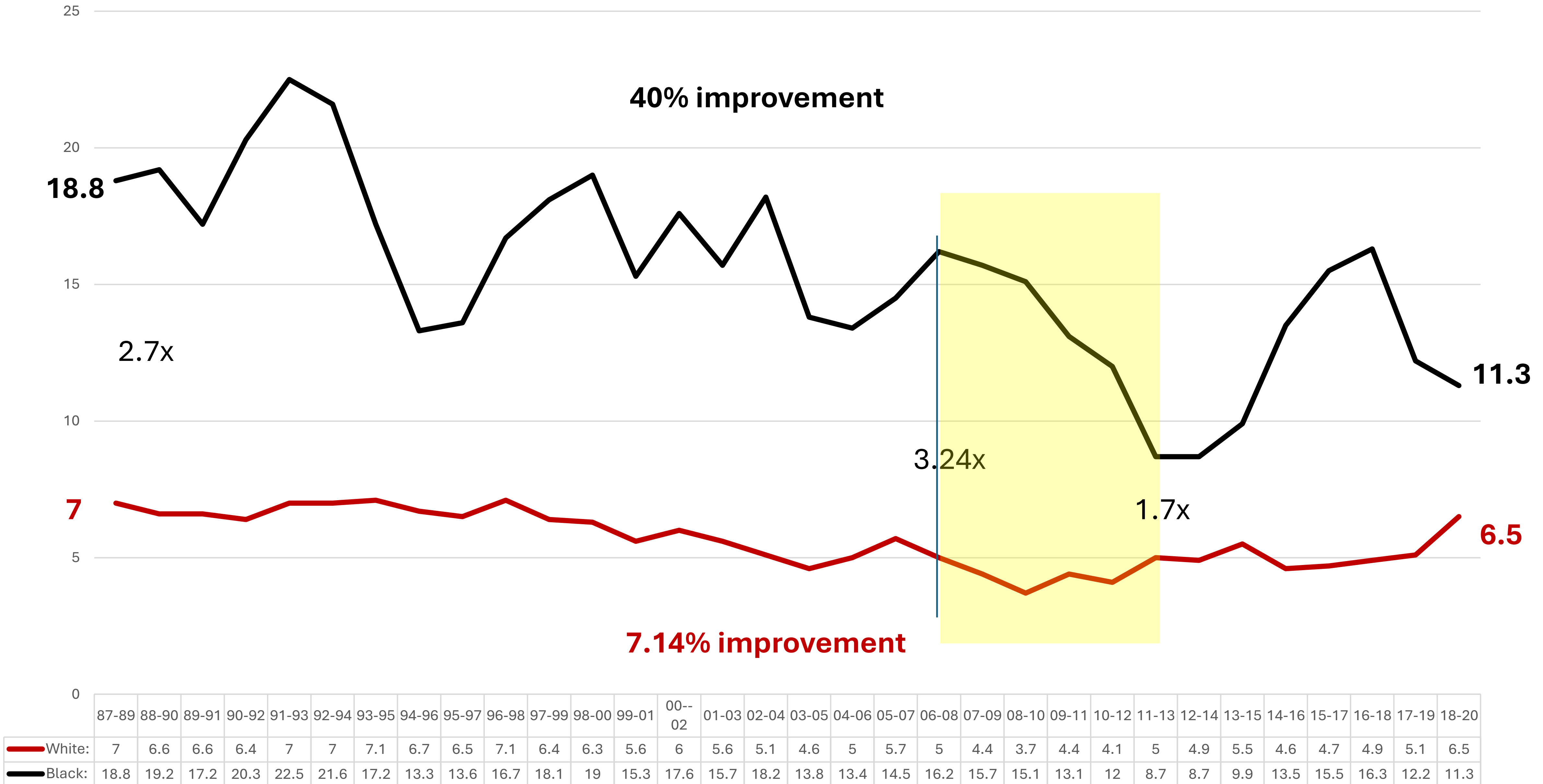
3-year Aggregate IMRs, Douglas County, NE: Total, White, Black, & Hispanic, 1987-2020



	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00--02	01-03	02-04	03-05	04-06	05-07	06-08	07-09	08-10	09-11	10-12	11-13	12-14	13-15	14-16	15-17	16-18	17-19	18-20
Total:	9.1	8.9	8.7	8.7	9.3	9	8.3	7.7	7.7	8.5	8.1	8.1	7.6	8.2	7.5	7.2	6.4	6.5	6.9	6.5	6	5.5	5.6	5.2	5.5	5.4	6.2	6.2	6.8	6.8	6.4	6.4
White:	7	6.6	6.6	6.4	7	7	7.1	6.7	6.5	7.1	6.4	6.3	5.6	6	5.6	5.1	4.6	5	5.7	5	4.4	3.7	4.4	4.1	5	4.9	5.5	4.6	4.7	4.9	5.1	6.5
Black:	18.8	19.2	17.2	20.3	22.5	21.6	17.2	13.3	13.6	16.7	18.1	19	15.3	17.6	15.7	18.2	13.8	13.4	14.5	16.2	15.7	15.1	13.1	12	8.7	8.7	9.9	13.5	15.5	16.3	12.2	11.3
Hispanic:	14.4	11.9	11.9	7.9	5.7	5.9	5.2	7.8	9.2	7.8	8	7.6	10.1	9.3	8.6	6.4	6.7	5.7	5.2	4.4	4.7	4.6	4.7	4.1	4.8	4.9	7	7.2	7.5	5.8	6.5	4.6

Source: Douglas County Health Department, 03/23/2023

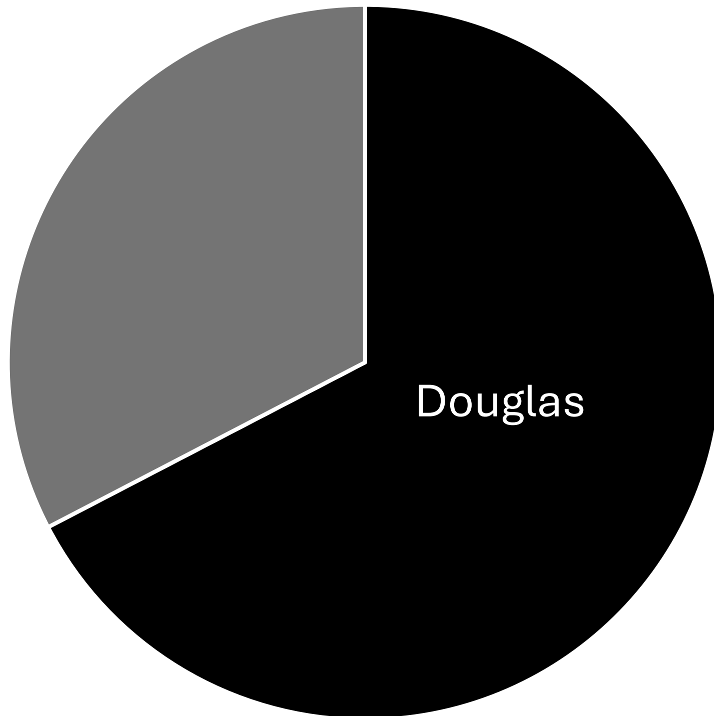
3-year Aggregate Douglas County, NE: White & Black IMRs, 1987-2020



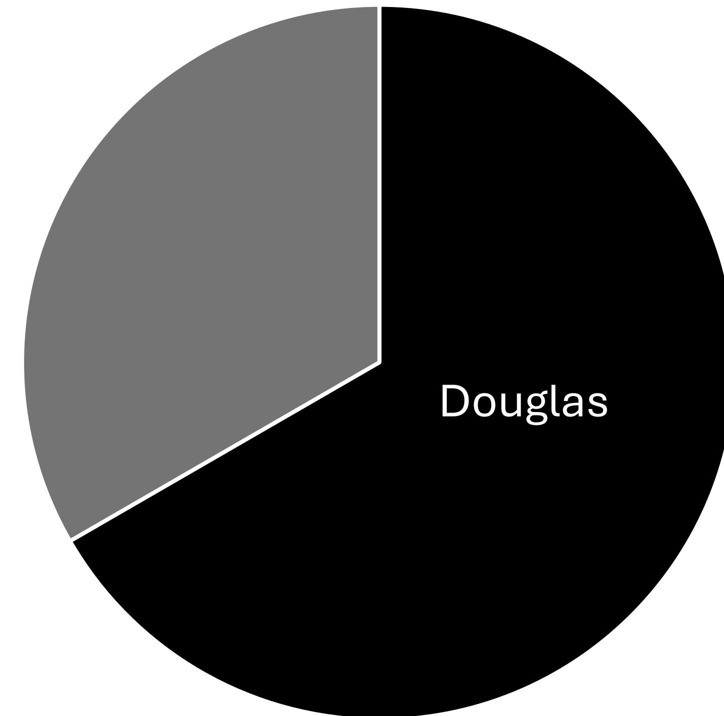
Source: Douglas County Health Department, 03/23/2023

Douglas County influence on NE Black births and Black Infant Deaths: 2019-2021

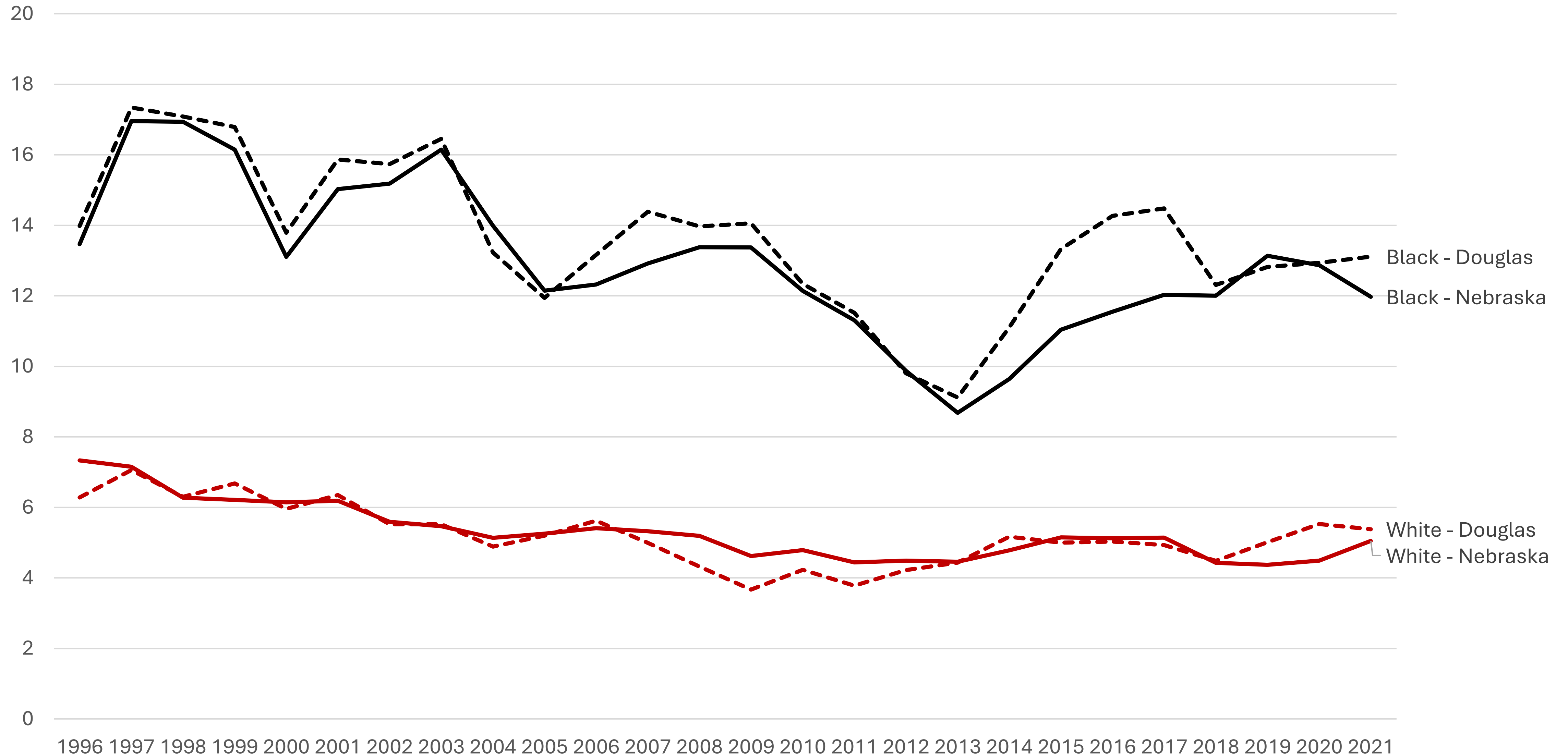
% NE Black Births from Douglas County:



% NE Black Infant Deaths from Douglas County:



67% of NE Black Births & Black Infant Deaths occurred in Douglas County

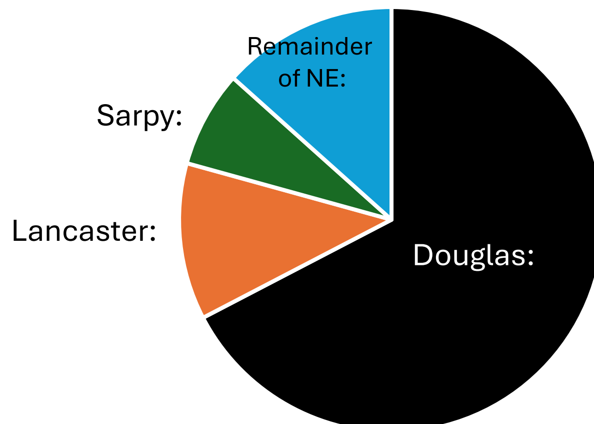

Nebraska and Douglas County White and Black IMRs: 1996-2021
20
18
16
14
12
10
8
6
4
2
0
1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021
Black - Douglas
Black - Nebraska
White - Douglas
White - Nebraska
Source: Ashley Hirai (HRSA), 3-year rolling rates from CDC Wonder, linked files

NE Spatially Smoothed Data: 2019-2021

County:	White IMR	Black IMR	Black-White Rate Difference	Annual Black Infant Deaths Due to Disparity	Black IMR if these deaths were prevented
Douglas:	5.3	12.2	7.0	8	5.2
Lancaster:	3.9	11.1	7.1	1	4.0
Sarpy:	4.2	10.2	6.1	1	4.2
NE Total:	4.6	11.8	7.2	**12**	4.6

Number of Black Infant Deaths to Prevent Annually to Achieve Equity

NE Black BIrths, Infant Deaths: 2019-2021



86% of NE Black Births and 83% of Black infant Deaths are from Douglas, Lancaster, and Sarpy Counties.

SOURCE: National Vital Statistics System (2019-2021) with spatial smoothing to enable estimation of rates based on small numbers; 55 counties had no Black births and 35 counties had too few births to expect at least one death due to disparity per year

Dr. Michael Warren MD, MPH, FAAP
Associate Administrator
Maternal and Child Health Bureau (MCHB)

Accelerate Upstream Together to Improve Perinatal Health and Achieve Equity

Nebraska Perinatal Quality Improvement Collaborative Summit

September 27, 2024

Michael D. Warren, MD, MPH, FAAP
Associate Administrator
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People

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 or more deserving than others,

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

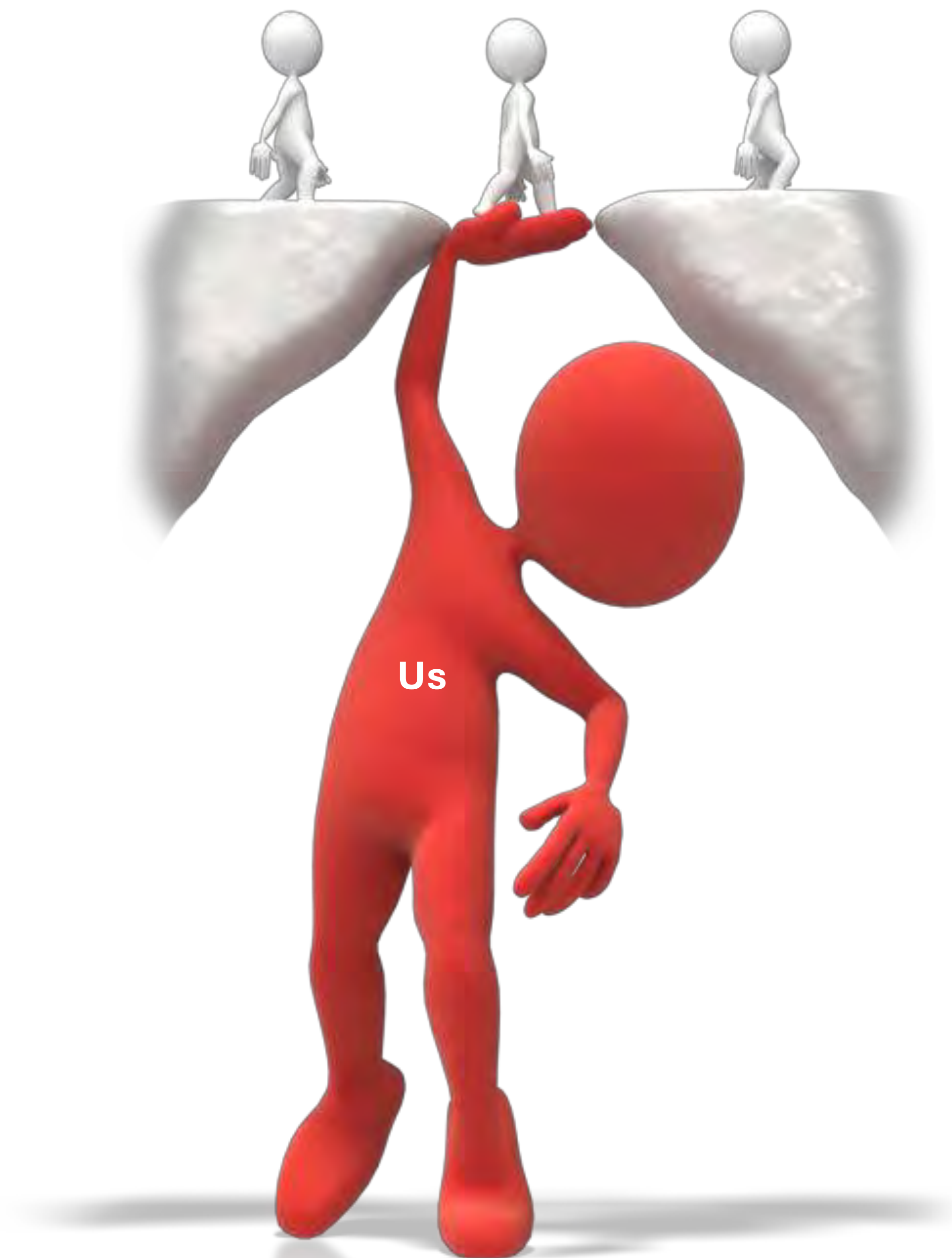
THIS IS NOT NATURAL!!!!

Regarding Maternal and Infant Morbidity and Mortality

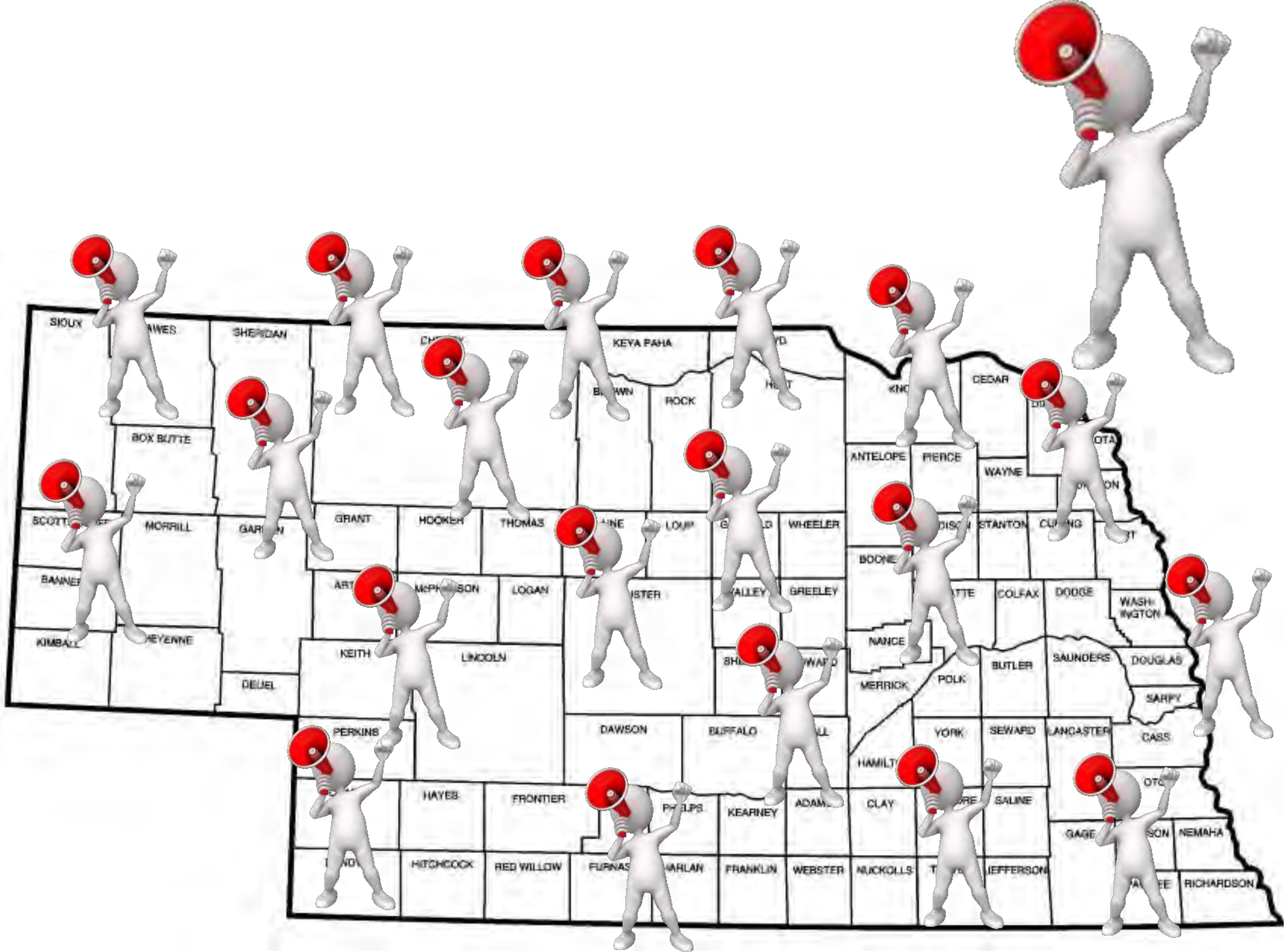
Our job is to stand in the gap!!!
To LOVE each other
To save our mothers and babies…

Until the gap is repaired!!!
Until EQUITY is achieved.

We will never give up.



art james



Every Baby Matters…

- White, Black, Brown, or Yellow
- Rich or Poor
- Rural or Urban
- From the North, South, East or West
- Republican or Democrat
- Citizen or Immigrant
- “Right-to-Life” or “Pro-Choice”
- Teen or Older Mom
- Whether or not Mom uses drugs, drinks Alcohol, or smokes cigarettes
- College graduate or not, our position should be that…

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

Nebraska…be the 1st to achieve EQUITY in B/W IMR!

art james

OHMAN THE SACRAMENTO BEE

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

USA IMR, 1980-2020

Year:	TIMR	WIMR	BIMR
1980	12.6	10.86	22.19
1981	11.93	10.34	20.81
1982	11.52	9.94	20.48
1983	11.16	9.61	19.98
1984	10.79	9.3	19.15
1985	10.64	9.17	19.01
1986	10.35	8.8	18.9
1987	10.08	8.48	18.75
1988	9.95	8.36	18.54
1989	9.81	8.08	18.61
1990	9.22	7.56	17.96
1991	8.94	7.3	17.57
1992	8.52	6.92	16.85
1993	8.37	6.82	16.52
1994	8.02	6.57	15.83
1995	7.59	6.29	15.12
1996	7.32	6.07	14.68
1997	7.23	6.03	14.16
1998	7.2	5.95	14.31
1999	7.06	5.77	14.56
2000	6.91	5.68	14.09
2001	6.85	5.65	14.02
2002	6.97	5.79	14.36
2003	6.85	5.72	14.01
2004	6.79	5.66	13.79
2005	6.87	5.73	13.73
2006	6.69	5.56	13.29
2007	6.75	5.64	13.24
2008	6.61	5.55	12.74
2009	6.39	5.3	12.64
2010	6.15	5.2	11.63
2011	6.07	5.12	11.51
2012	5.98	5.09	11.19
2013	5.96	5.07	11.22
2014	5.82	4.93	11.05
2015	5.9	4.94	11.23
2016	5.87	4.8	11.76
2017	5.79	4.67	10.97
2018	5.67	4.63	10.75
2019	5.58	4.37	11.12
2020	5.42	4.29	10.85
2021			

Nebraska:	(Unlinked IMR data)	
Year:	White:	Black:
1970	18.5	37.6
1971	17.2	35.6
1972	15.4	43.9
1973	15.7	22.2
1974	14.3	39.1
1975	13.1	35
1976	13.7	29.6
1977	12.5	
1978	12	30.4
1979	10.9	25.2
1980	10.6	28.2
1981	9.4	21.1
1982	9.5	18.2
1983	9.4	18.4
1984	9.2	17
1985	8.9	19.6
1986	9.2	22.4
1987	7.9	17.9
1988	8	25
1989	7	18.8
1990	7.1	18.9
1991	6.9	17.9
1992	6.7	19.8
1993	8.3	26.2
1994	7.2	15.7
1995	7.3	
1996	8.4	
1997	6.8	19.2
1998	6.7	19.4
1999	5.9	18.9
2000	6.4	20.3
2001	6.4	10.2
2002	6.1	20.8
2003	4.7	15.7
2004	5.9	16.5
2005	5.2	10.5
2006	5.2	10.6
2007	6.1	14
2008	4.8	14.6
2009	5.1	9.9
2010	4.7	13.4
2011	5.3	9.7
2012	4.3	7.6
2013	5.2	8.1
2014	5.2	6.5
2015	5.4	8.5
2016	5.5	13.8
2017	5.2	9.5
2018	5.6	10.1
2019	4.7	10.3
2020		

Source: CDC/NCHS unlinked data

Three Year Agggregates: Douglas County, NE 1987-2020					
	Year:	Total:	White:	Black:	Hispanic:
	87-89	9.1	7	18.8	14.4
	88-90	8.9	6.6	19.2	11.9
	89-91	8.7	6.6	17.2	11.9
	90-92	8.7	6.4	20.3	7.9
	91-93	9.3	7	22.5	5.7
	92-94	9	7	21.6	5.9
	93-95	8.3	7.1	17.2	5.2
	94-96	7.7	6.7	13.3	7.8
	95-97	7.7	6.5	13.6	9.2
	96-98	8.5	7.1	16.7	7.8
	97-99	8.1	6.4	18.1	8
	98-00	8.1	6.3	19	7.6
	99-01	7.6	5.6	15.3	10.1
	00--02	8.2	6	17.6	9.3
	01-03	7.5	5.6	15.7	8.6
	02-04	7.2	5.1	18.2	6.4
	03-05	6.4	4.6	13.8	6.7
	04-06	6.5	5	13.4	5.7
	05-07	6.9	5.7	14.5	5.2
	06-08	6.5	5	16.2	4.4
	07-09	6	4.4	15.7	4.7
	08-10	5.5	3.7	15.1	4.6
	09-11	5.6	4.4	13.1	4.7
	10-12	5.2	4.1	12	4.1
	11-13	5.5	5	8.7	4.8
	12-14	5.4	4.9	8.7	4.9
	13-15	6.2	5.5	9.9	7
	14-16	6.2	4.6	13.5	7.2
	15-17	6.8	4.7	15.5	7.5
	16-18	6.8	4.9	16.3	5.8
	17-19	6.4	5.1	12.2	6.5
	18-20	6.4	6.5	11.3	4.6
	Source: DCHD, Rates per 1,000 (03/30/2023)				

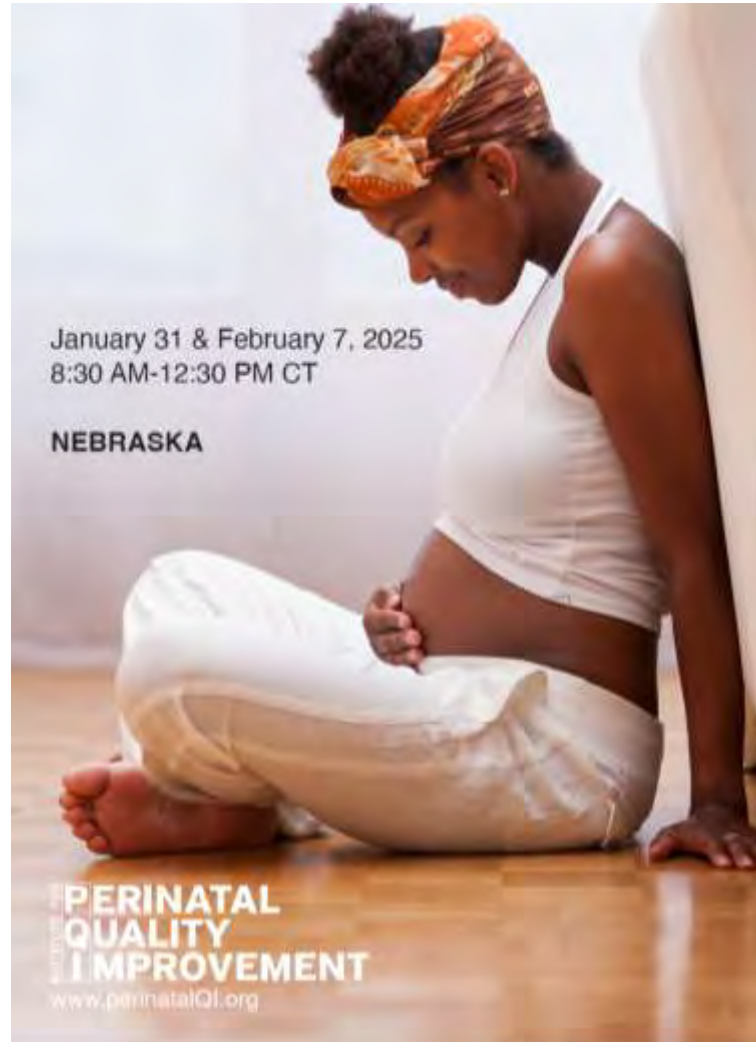
Source: DCHD

SPECIAL ANNOUNCMENT

"FREE Educational.

Opportunities."

Education Opportunity



SPEAK UP Champion

Implicit and Explicit Racial Bias Education

- Live, virtual 2-part series (private event)
- NPQIC will sponsor 2 individuals from every birthing facility to attend the training
- Value of $350 per person
- For eligible nurses, 7.75 CNE contact hours are available on completion

What Your Colleagues Say:

"As a healthcare worker, I found it immensely refreshing and would like to see this style of presentation and more of this kind of information in my own training."

"I very much appreciate how this course was structured through engaging stories ...these stories provide both context and examples in spades."

Diversity Science

Dignity in Pregnancy and Childbirth

- Free access to 1-hour, online e-learning course for providers, nurses, and staff
- 1,000 learners
- https://www.diversityscience.institute/npqic-information