

“EQUITY” ..in the opportunity to survive childbirth and the 1st year of life,

a dream deferred

ACIMM

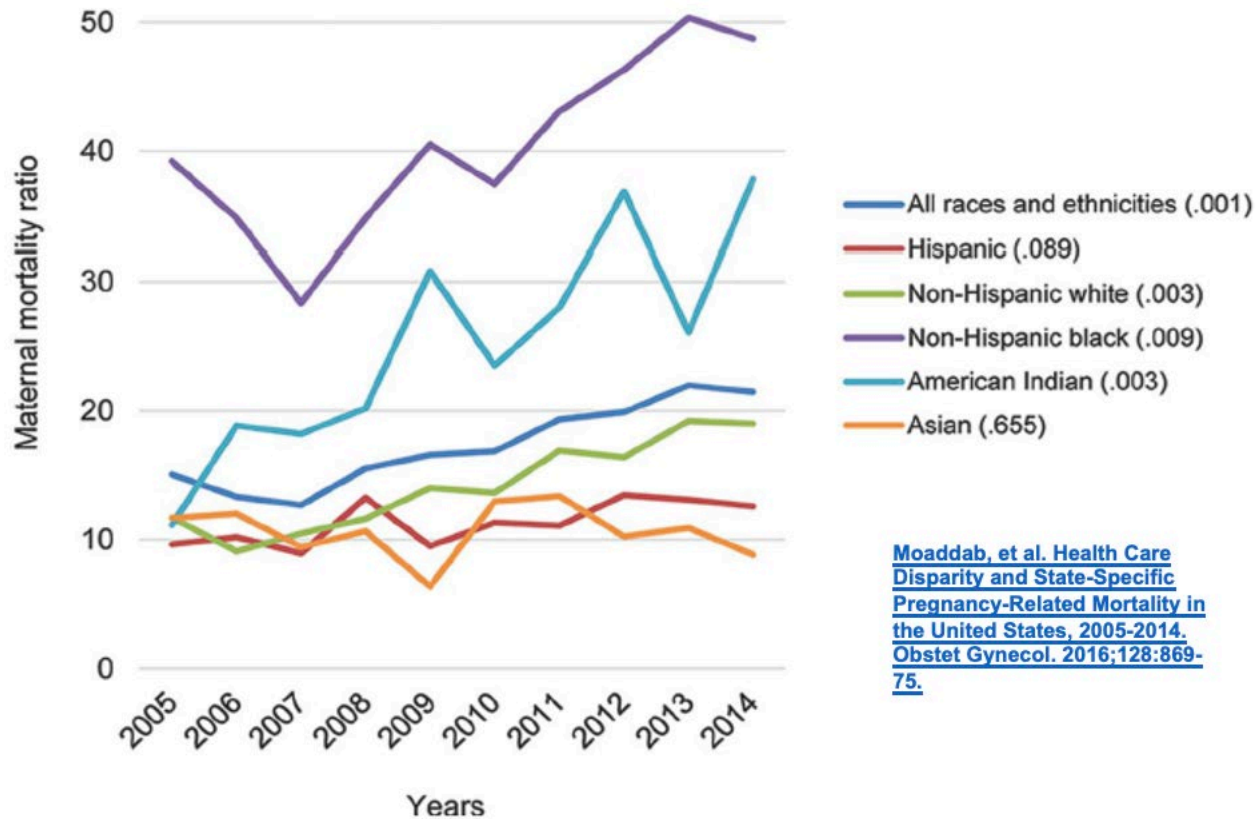
Arthur R. James MD, FACOG

December 07, 2022



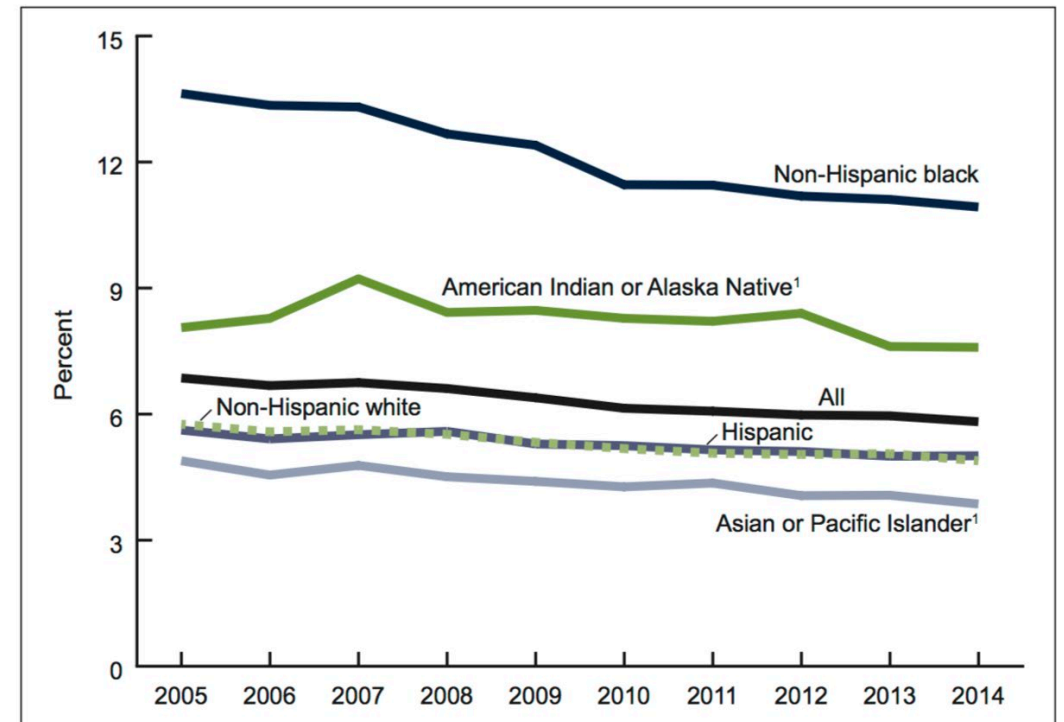
US Maternal and Infant Mortality Rates, by RACE

Maternal Mortality: 2005-2014



Infant Mortality: 2005-2014

Figure 1. Infant mortality rates, by race and Hispanic origin of mother: United States, 2005–2014



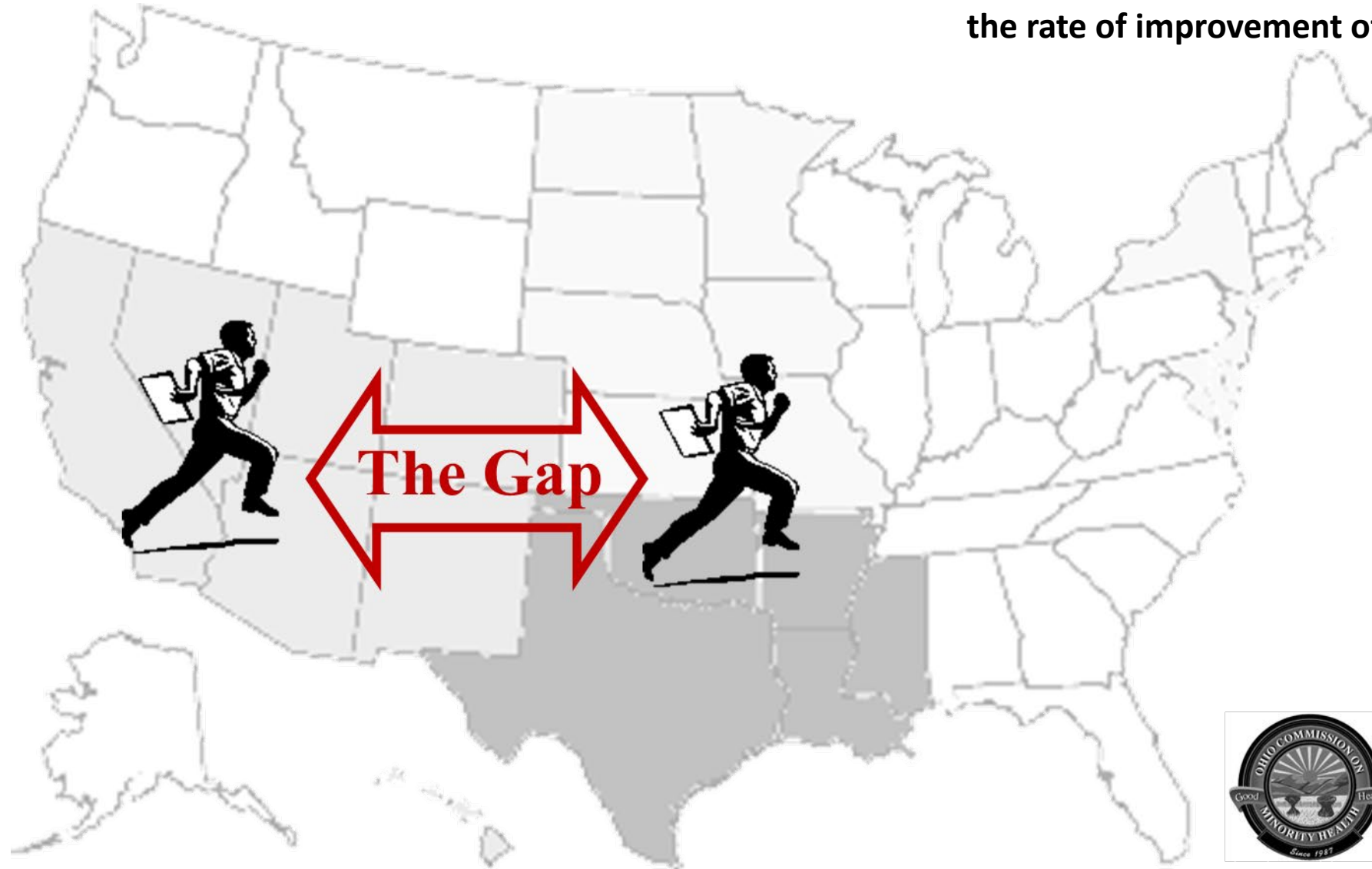
¹Includes persons of Hispanic and non-Hispanic origin.
 NOTES: For "All" and each race and Hispanic origin group, the decline in the rate for 2005–2014 is statistically significant ($p < 0.05$). Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db279_table.pdf#1.
 SOURCE: NCHS, National Vital Statistics System.

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?

Eliminate the Gap(s):

To eliminate the disparity, we need to:

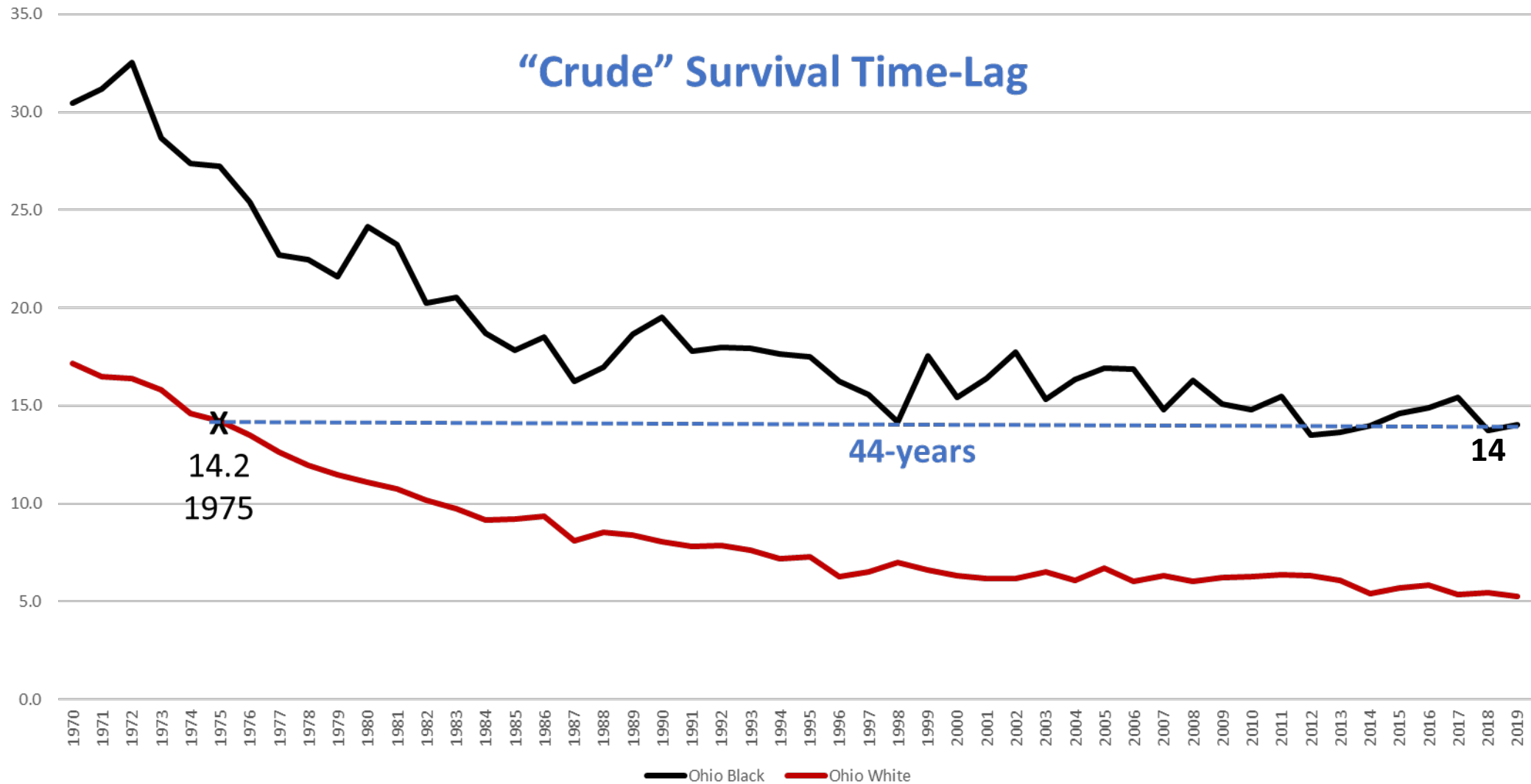
1. Improve the bimr at a faster pace than we improve the wimr
2. Must accomplish #1 w/o compromising the rate of improvement of wimr



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

“Crude” Survival Time Lag:

Ohio White & Black IMRs: 1970-2019 (50 years)



If this trend persists, it means that Black babies in Ohio will have to wait another 44-years, or until 2063, to experience the opportunity of surviving the 1st year of life that White babies experienced in 2019!!!

Source: CDC Wonder

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, MPH2

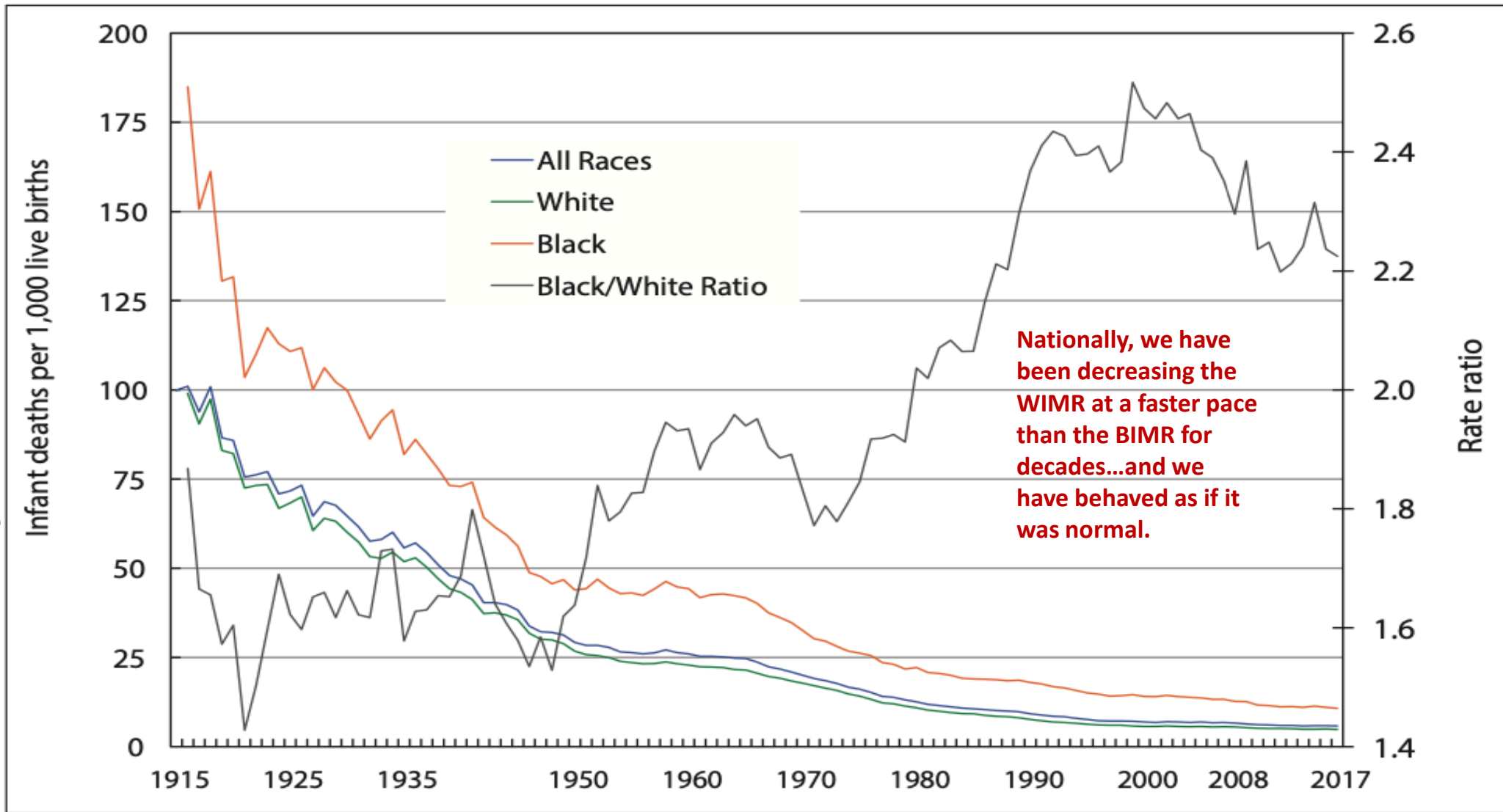


Figure 2: Infant Mortality Rate by Race, United States, 1915-2017

Source: US National Vital Statistics System.

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

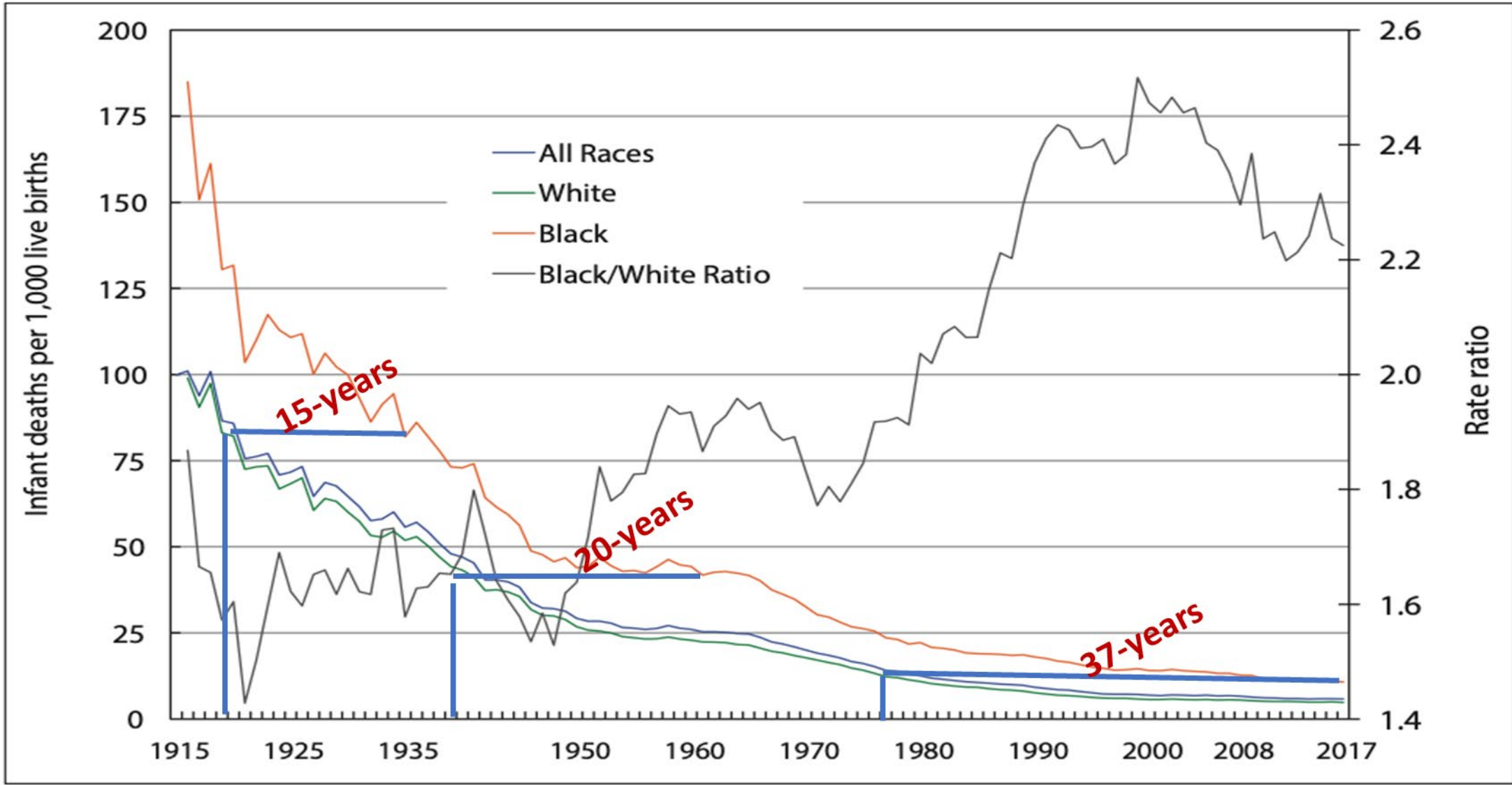
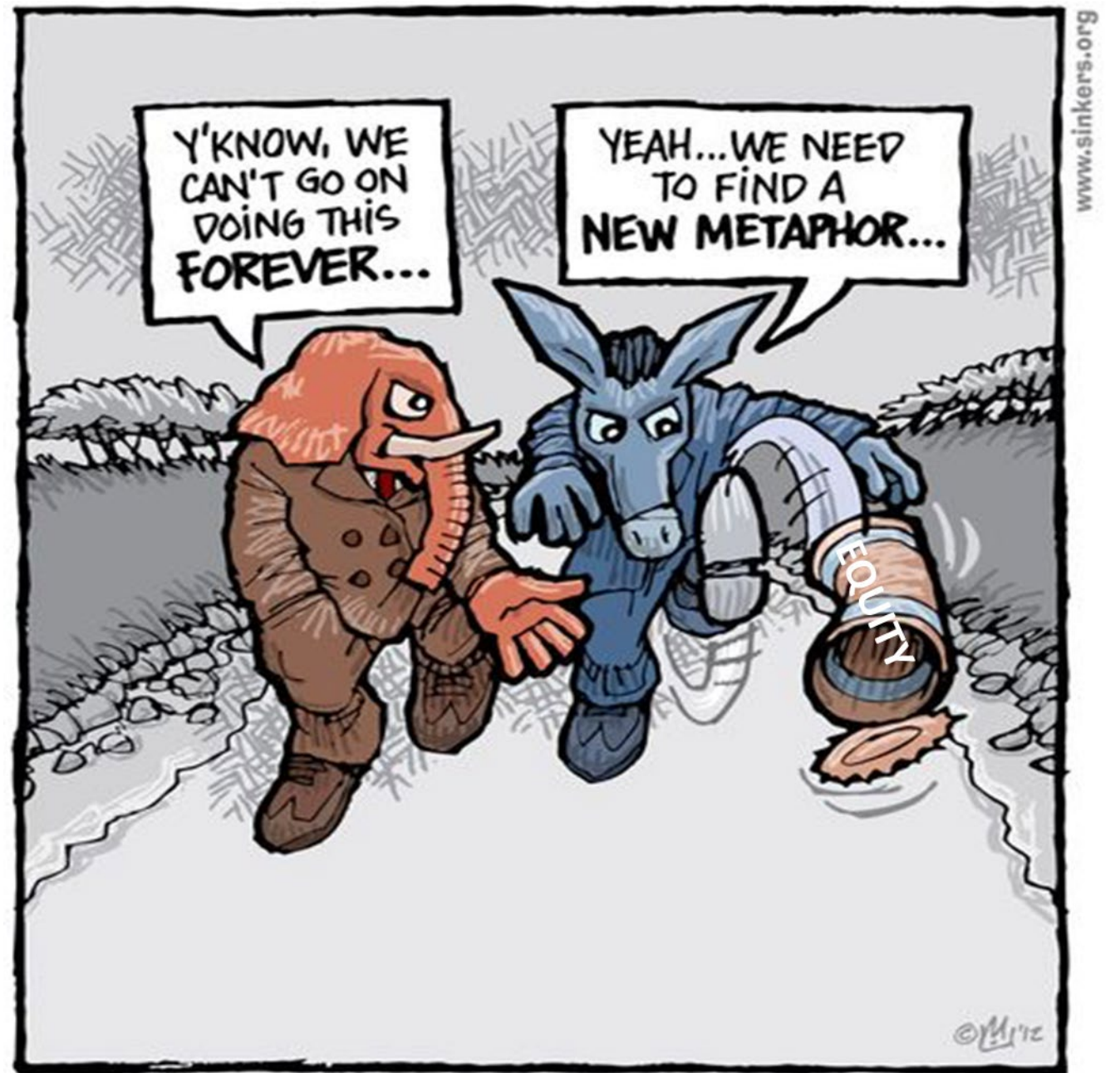


Figure 2: Infant Mortality Rate by Race, United States, 1915-2017

Source: US National Vital Statistics System.

EQUITY... have we grown content with just kicking the can down the Road? Do we ever intend to achieve equity?



KICKING THE CAN DOWN THE ROAD

*Regarding an equitable opportunity to survive
childbirth and the first year of life....*

What will you do during your time on watch?

“We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there is such a thing as being too late. **Procrastination is still the thief of time.** Life often leaves us standing bare, naked, and dejected with a lost opportunity. The tide in the affairs of humans does not remain at flood -- it ebbs. We may cry out desperately for time to pause in her passage, but time is adamant to every plea and rushes on. Over the bleached bones and jumbled residues of numerous civilizations are written the pathetic words, "Too late." There is an invisible book of life that faithfully records our vigilance or our neglect. Omar Khayyam is right: "The moving finger writes, and having writ moves on.”

MLK, Jr.

“Healthy People” History & USA IMRs

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

Patterns/Trends:

Ohio has a well established, racially determined pattern for achieving HP-IMR Goals. Based on 50-years of experience (1970-2019)...

- **Achieved 3 of 4 Overall HP IMR Goals for White babies, and did so in advance of the goal dates...**
- **After 4 decades has never achieved any HP-Black IMR Goal**
 - **Even when two of the BIMR goals were much higher than the Overall Goals (1990, 2000)**

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

5, 10, 15, 20.....



Do Black Mothers & Babies matter?

Do they matter as much as White Mothers and Babies?



Everyone says “yes”

**BUT, our actions don't support
this response?**

**Why the
M&IMR
Disparity?**

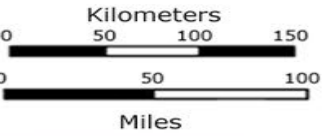




Indian Removal

- Cherokee —
- Chickasaw —
- Choctaw —
- Creek —
- Seminole —

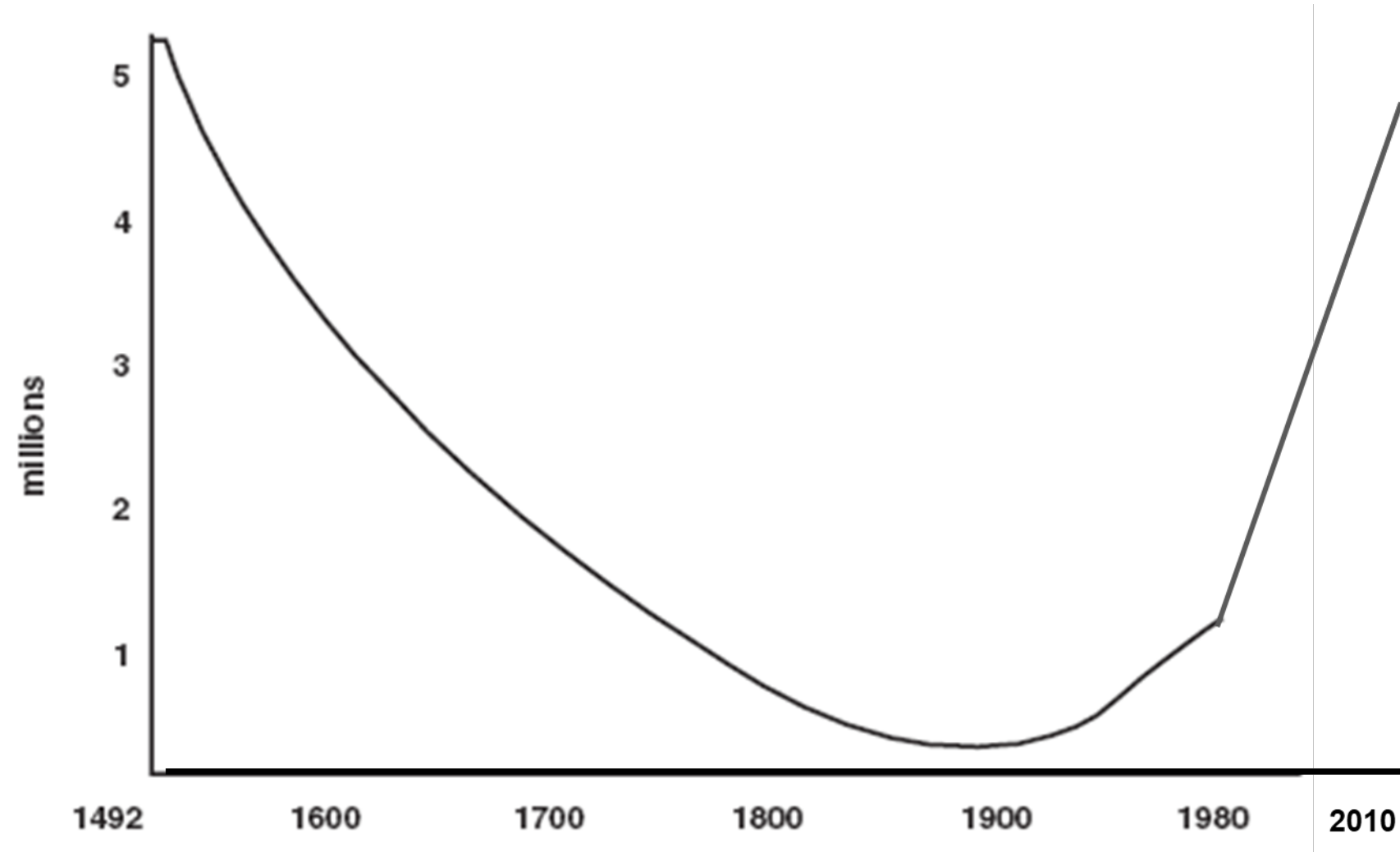
- Tribal territory ■
- Reservation ■



Trail of Tears:

https://commons.wikimedia.org/wiki/File:Trails_of_Tears_en.png

AI/AN Population Decline and Recovery, 1492 – 2010



Source: Dr. Donald Warne

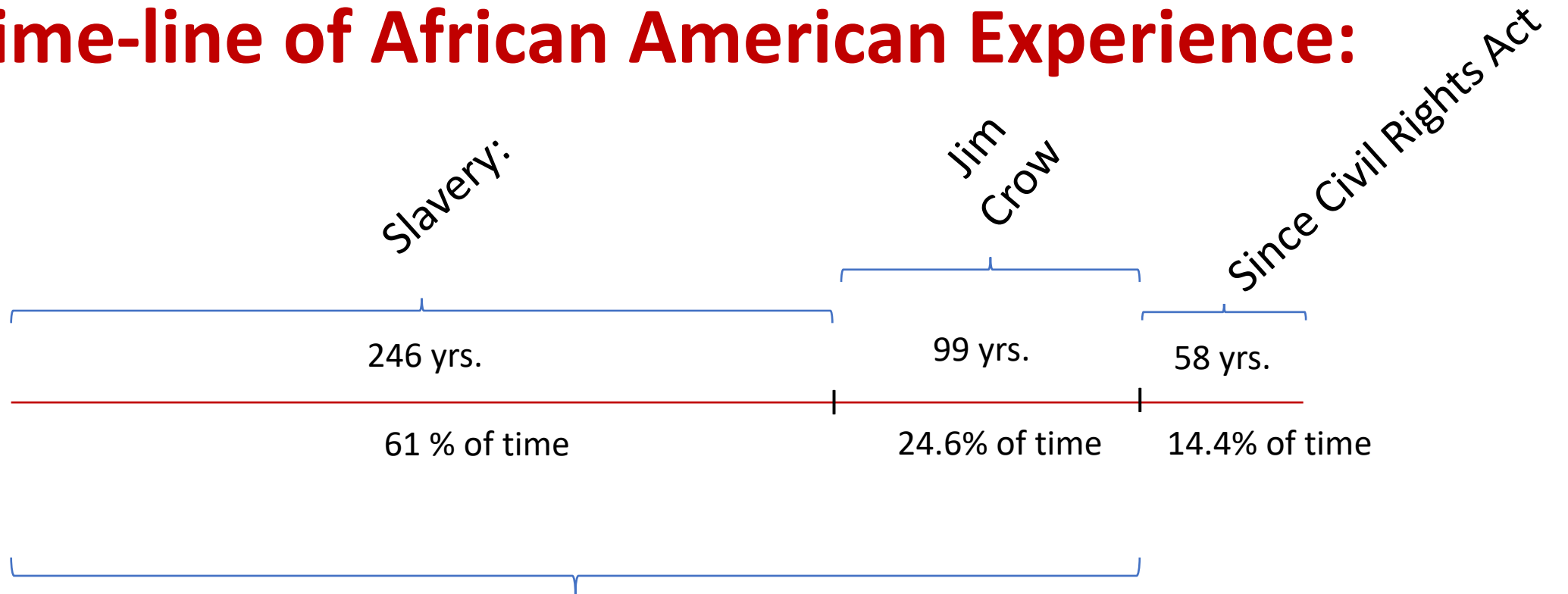
African American Citizenship Status: 1619-2022

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	61 %
1865-1964	Jim Crow: virtually no Citizenship rights	99	24.6%
1964-2022*	"Equal"	58	14.4%
1619-2022	"Struggle" "Unfairness"	403	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.”

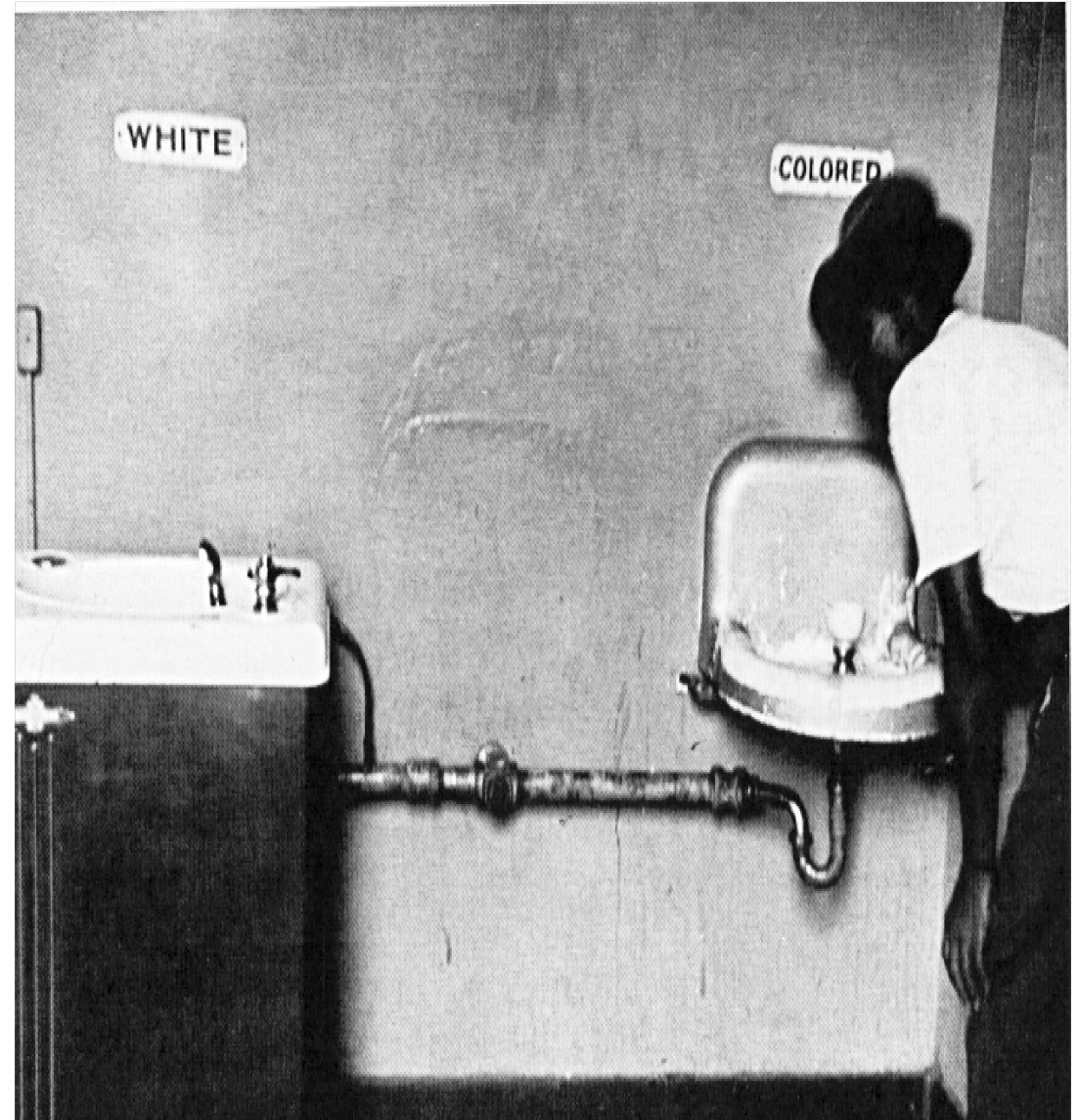
Eddie S. Glaude Jr., [Begin Again: James Baldwin's America and Its Urgent Lessons for Our Own](#)

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.



Richard G. Wilkinson

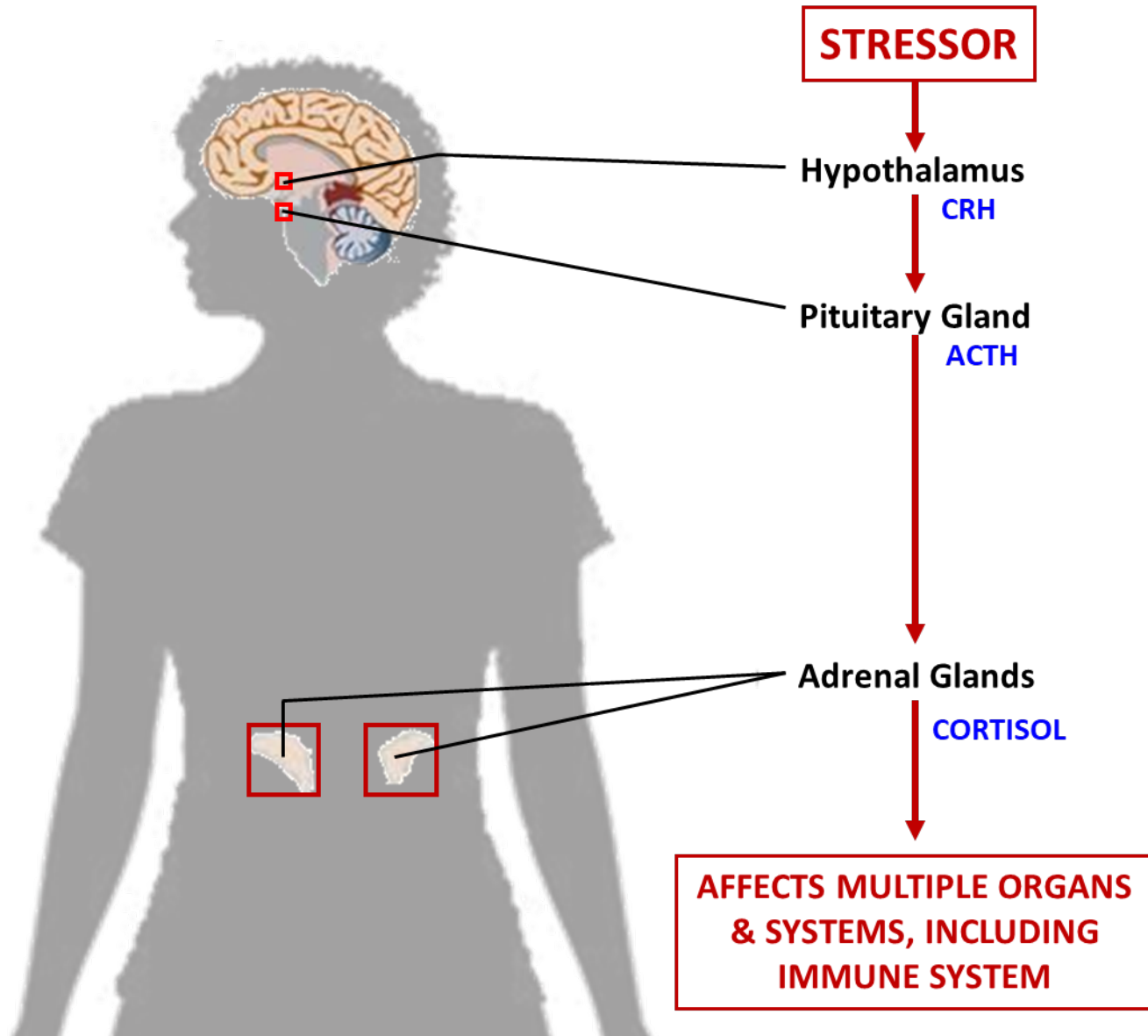
The Impact of Inequality

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

“ **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.”

So...what shall we do?



“What’s the matter?
It’s the same distance!”

**The way our society has
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!!!!

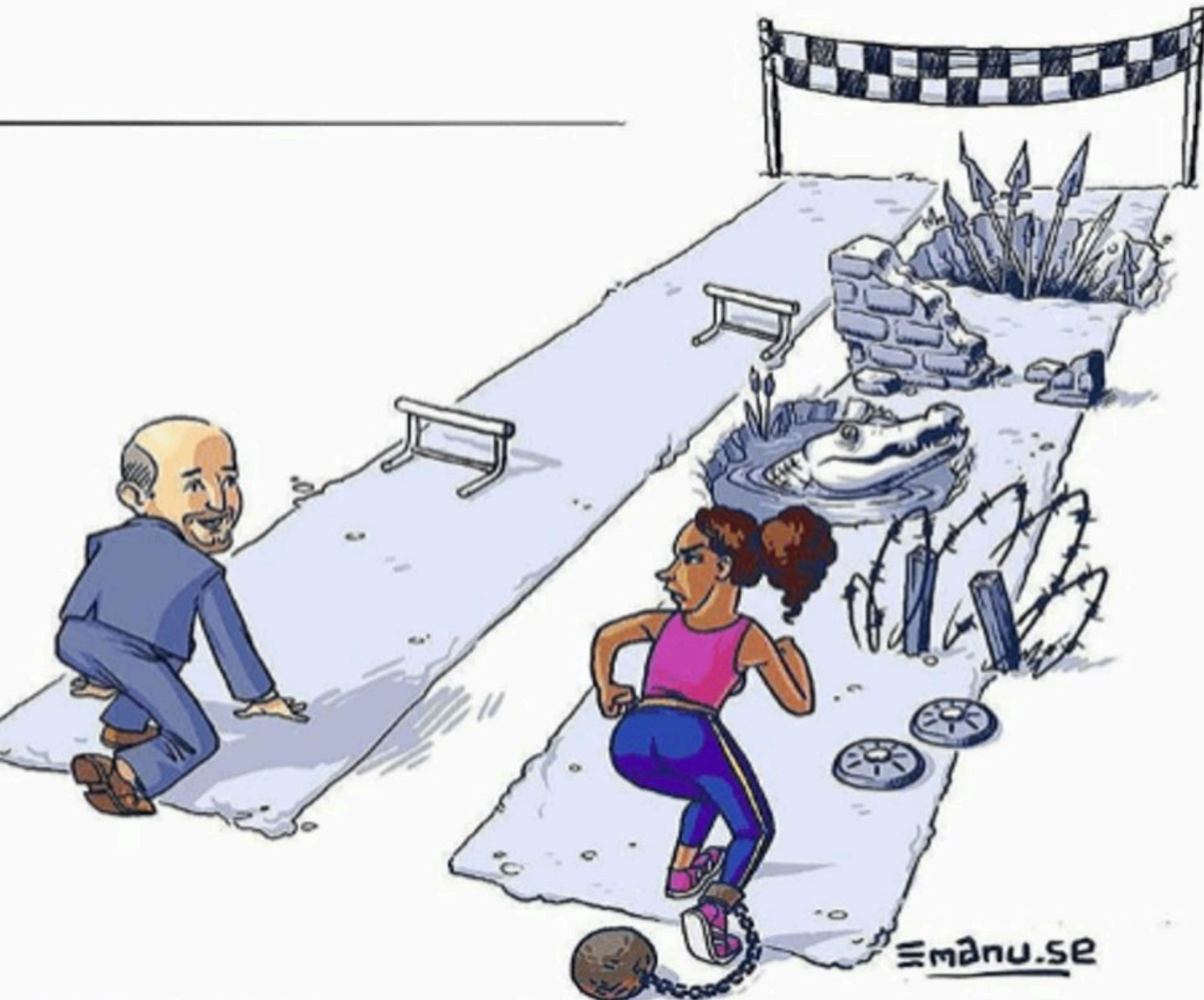
**Regarding Maternal and
Infant Morbidity and Mortality**

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

**Until the gap is repaired!!!
Until RACISM has ended.**

We must never give up.





“What’s the matter?
It’s the same distance!”

Thus far during pregnancy, our intervention prescriptions concentrate on “helping”. We...

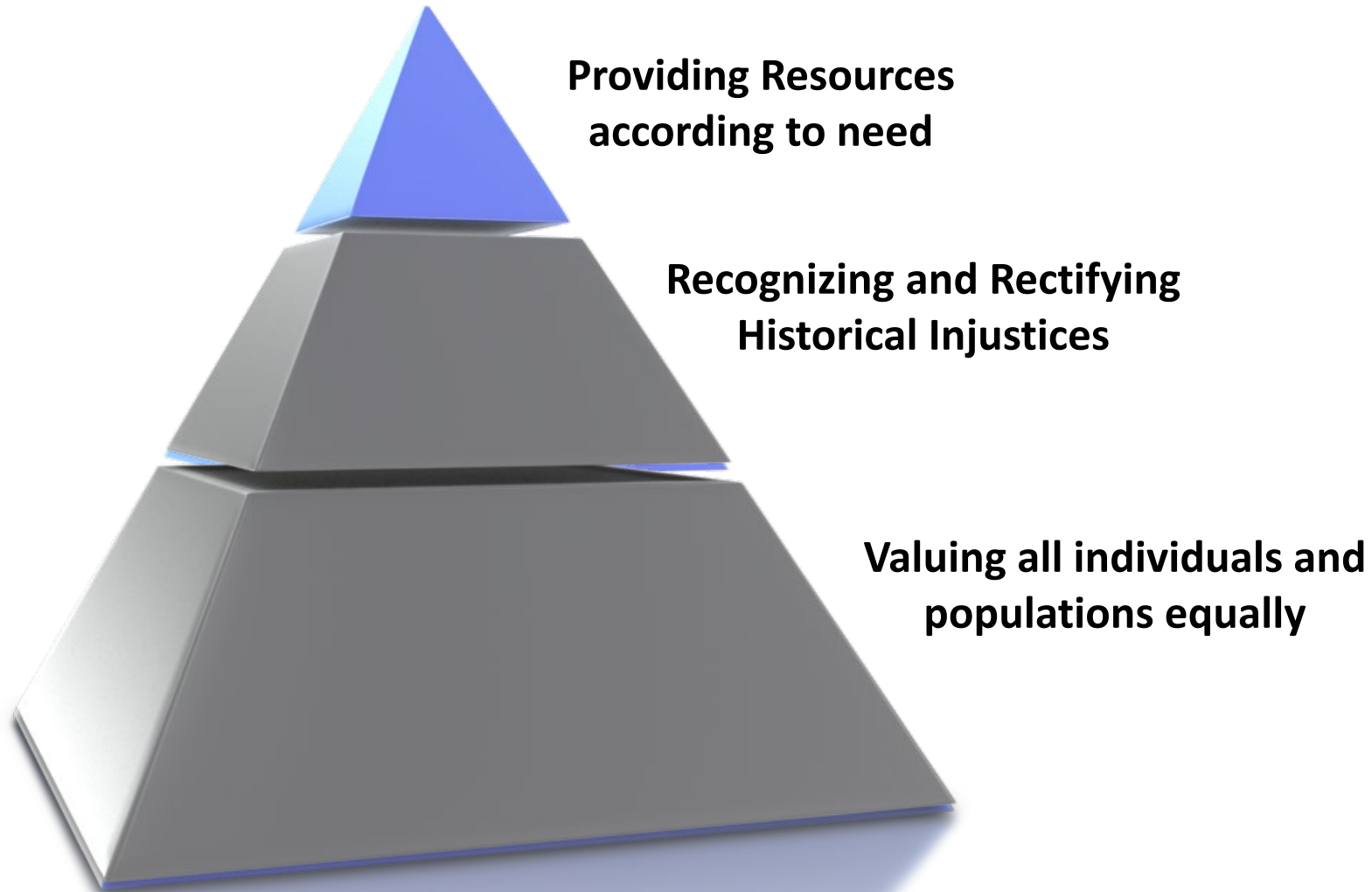
- Help her carry the weight attached to her ankle
- Help her navigate around the barbed wire
- Help her dodge the alligator
- Help her climb or go around the brick wall
- Help her jump over the huge trap designed to swallow her

Then after her pregnancy...we withdraw our support and return her to the same circumstances that required our help in the first place.

When do we permanently remove all of the obstacles we have put in place for her?

When do we create as much of an opportunity for success for poc as we have for the majority group in this country?

HOW LONG MUST THIS GO ON?



Principles for Achieving Equity/Health Equity:

It always seems
impossible
until it's done.

-Nelson Mandela
1918-2013





Thank you



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