



Root Causes of Poor Maternal Health Outcomes for Black and Indigenous People

Virtual Health Equity Summit Joia Crear-Perry, MD, FACOG

Mission

NBEC creates solutions that optimize Black maternal, infant, sexual and reproductive wellbeing. We shift systems and culture through training, research, technical assistance, policy, advocacy, and community centered collaboration.

Vision

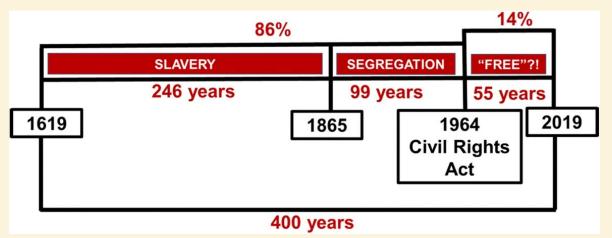
All Black mamas, babies and their villages thrive.



Core Values:

Leadership, Freedom, Wellness, Black Lives, Sisterhood

Timeline of African American Experience



Sealy-Jefferson, S. et al.

86% of the Black experience has been under explicit racial oppression.

100% of the U.S. Black experience has been in struggle for humanity and equality.

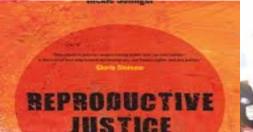
Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must...

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities







birth equity (noun):

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

Joia Crear-Perry, MD National Birth Equity Collaborative

Indicator ≠ Framework

Indicator

Indicator is a datapoint

- Measurement limited by current reality
- A product of our past understanding of public health and science
- Systems are more apt to adhere to specific prescribed indicators than to determine alternatives

Framework

A framework is a vision

- Expands understanding of current reality
- Allows freedom to explore language of indicators
- Exploration of alternatives to traditional data collection & application
- Questions historical construction health systems

History of Reproductive Injustice

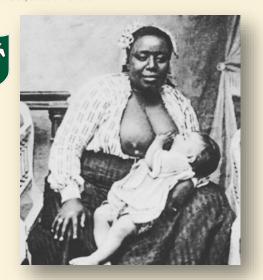
- Black women's bodies used as vessels for the institution of slavery in the U.S.
- Experimentation on black female slaves paved the way for modern day gynecology
- Dr. Samuel Cartwright's Drapetomania facilitated and supported by Tulane University
- Black women forced to care for and breastfeed white babies
- Eugenics and systemic manipulation of Black family planning

Source(s):

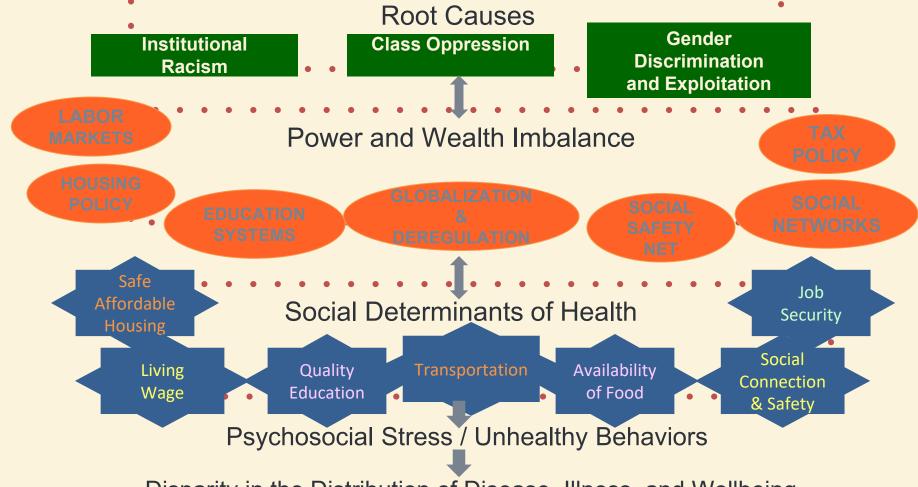
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- Wall LL. The medical ethics of Dr J Marion Sims: a fresh look at the historical record. Journal of Medical Ethics. 2006;32(6):346-350. doi:10.1136/jme.2005.012559.
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Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom. Anarcha wa subjected to 30 experimental surgeries. Pearson Museum, Southern Illinois University School of Medicine



Root Causes and Social Determinants of Health



Disparity in the Distribution of Disease, Illness, and Wellbeing Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice*.

What are "Social Determinants of Health"?

"The social determinants of health are the conditions in which people are born, grow, live, work, and age.

These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels.

Examples of resources include employment, housing, education, health care, public safety, and food access."

Racism as a SDOH

Racism affects health both directly (i.e., via chronic stress) and indirectly (i.e., via race-based discrimination across multiple systems which creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.)

Anthropological Approaches Demonstrate

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology, but racism has biological effects
- Social constructs are real for those who hold them

RACE



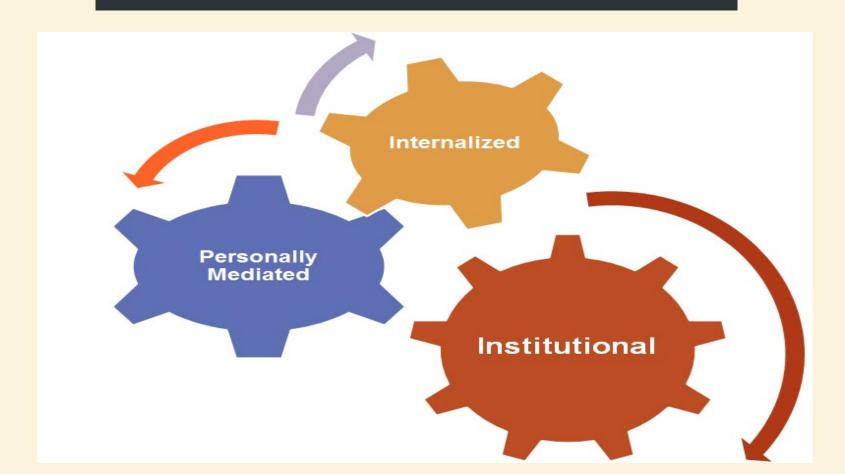
POPUEATION

ANCESTRY

These are four different ways to describe, conceptualize and discuss human variation... and cannot be used interchangeably



Levels of Racism



Finding the Roots of Inequities

Black mothers who are college-educated fare worse than women of all other races who never finished high school.

Obese women of all races have better birth outcomes than black women who are of normal weight.

Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.

African American women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care.

Segregationists

Assimilationists

Anti-Racists

Thank you



Joia Crear-Perry, MD
Founder President
drioia@birthequity.org







@birthequity