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Good afternoon and welcome to the City of Racine. We are delighted to have you here today and I would like to thank you for this opportunity.

I have reviewed the remarkable infant mortality presentations that you have previously received and as your last formal speaker for the day, I would like to revisit and expand on some of the points that have been made.

I believe it is impossible to have any impact on infant mortality without first understanding that Infant Mortality is a symptom of a complex system which is encapsulated by inequities and injustices. These factors are commonly referred to as the Social Determinants of Health and figure disproportionally in the health of the African American population with a direct impact on infant mortality. I would like you to consider the possibility that the most significant factors influencing health are not, for example, the lack of coronary care or neonatal units, but the lives that people lead and the environments in which they live.

Public health systems evolved as a direct response to the industrialization of this country. Historic advances include abolition of child labor, shortening the work day, reductions in poverty, implementation of a minimum wage, improved sanitation, food safety, adequate housing, and vaccinations. Unfortunately, public health systems eventually migrated to a more managerial / technical role, essentially losing awareness of the widening and persistent inequities that have emerged during the transition of the American economy from manufacturing to services. A comprehensive picture of these inequities includes segregation, unemployment, inadequate housing, lack of quality education, urban stress, teen pregnancy, poverty, social isolation, violence and a host of other complex factors.

It has been noted that in the United States, the higher rates of infant mortality among our disadvantaged populations have been defined as a social problem for 130 years.

Sir Michael Marmot of the WHO has stated that as a society, we need to "Provide conditions for people to be empowered, to have the freedom to lead flourishing lives". Unfortunately, national and local data paint a difference picture of the African American vs. Caucasian communities:

For the African American Population Nationally:

1. The high school dropout rate is 2 times greater.

2. Incarceration rate is 7 times greater.

3. Teen pregnancy rate is 2 times greater.

4. Stroke, heart disease, and diabetes rates are almost 2 times greater.

5. Poverty level is 2.5 times greater.

For the African American Population in the City of Racine:

1. Unemployment is 4 times higher.

2. Infant Mortality is 2 times higher.

Camara Phyllis Jones, MD, MPH, PhD, has served with the Department of Health and Social Behavior, Department of Epidemiology, and the Division of Public Health Practice, Harvard School of Public Health, Boston, Mass and most recently with the Centers for Disease Control and Prevention, Atlanta, Ga.

Because the term racism is interpreted differently, I would like to read a few insightful definitions written by Dr. Jones. She has developed a framework for identifying racism on 3 levels: institutionalized, personally medicated, and internalized. These definitions should help the audience understand how different types of racism impact the social determinants of health, and ultimately contribute to exceptionally high infant mortality rates among many minority populations.

Levels of Racism

> *In this framework, institutionalized racism is defined as differential access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need. Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment. With regard to access to power, examples include differential access to information (including one's own history), resources (including wealth and organizational infrastructure), and voice (including voting rights, representation in government, and control of the media). It is important to note that the association between socioeconomic status and race in the United States has its origins in discrete historical events but persists because of contemporary structural factors that perpetuate those historical injustices. In other words, it is because of institutionalized racism that there is an association between socioeconomic status and race in this country.*

Personally mediated racism is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race. This is what most people think of when they hear the word "racism." Personally mediated racism can be intentional as well as unintentional, and it includes acts of commission as well as acts of omission. It manifests as lack of respect (poor or no service, failure to communicate options), suspicion (shopkeepers' vigilance; everyday avoidance, including street crossing, purse clutching, and standing when there are empty seats on public transportation), devaluation (surprise at competence, stifling of aspirations), scapegoating... and dehumanization (police brutality, sterilization abuse, hate crimes).

Internalized racism is defined as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. It is characterized by their not believing in others who look like them, and not believing in themselves. It involves accepting limitations to one's own full humanity, including one's spectrum of dreams, one's right to self-determination, and one's range of allowable self-expression. It manifests as an embracing of "whiteness" (use of hair straighteners and bleaching creams, stratification by skin tone within communities of color, and "the white man's ice is colder" syndrome); self-devaluation (racial slurs as nicknames, rejection of ancestral culture, and fratricide);and resignation, helplessness, and hopelessness (dropping out of school, failing to vote, and engaging in risky health practices).

I'd like to present my brief adaptation of a story Dr. Jones authored to facilitate an understanding of the complex framework of racism.

A gardener has two identical flower pots to plant

The Gardner's presumption is that red flowering plants are better than pink flowering plants.

Red flowers were sown in the pot with new soil which has been invigorated with nutrients.

Pink flowers were sown in depleted rocky soil.

The red flowers were watered and nourished,

While the pink flowers were barely noticed.

The red flowers bosomed vividly, and bright,

While the pink flowers struggled to grow and bloom.

When buds finally did form on the pink flowers, the Gardner plucked the bosoms before they bloomed.

Any pink flowers that appeared in the red flowers pot were immediately removed and discarded.

The pink flowers continued to struggle with little attention.

At the end of the summer, the Gardner stated "I always knew red flowers were better than pink".

This short example describes the differences between a flower that has been given all the opportunities and support to thrive and be its best, while the other was forced to struggle in a hostile environment. This example provides a real -life illustration of the importance of environment and perceptions.

In Dr. Jones' story, institutionalized racism is represented through the separation of the seed into the 2 different types of soil; the contemporary structural factors of the flower boxes, which keep the soils separate; and the acts of omission in not addressing the differences between the soils over the years. She states:

> *The normative aspects of institutionalized racism are illustrated by the initial preference of the gardener for red over pink. Indeed, her assumption that red is intrinsically better than pink may contribute to a blindness about the difference between the soils.*

The personally mediated racism occurs *when the gardener, disdaining the pink flowers because they look so poor and scraggly, plucks the pink blossoms off before they can even go to seed. Or when a seed from a pink flower has been blown into the rich soil, and she plucks it out before it can establish itself.*

The internalized racism occurs *when a bee comes along to pollinate the pink flowers and the pink flowers say, "Stop! Don't bring me any of that pink pollen—I prefer the red!" The pink flowers have internalized the belief that red is better than pink, because they look across at the other flower box and see the red flowers strong and flourishing.*

Noting that:

The variable "race" is not a biological construct that reflects innate differences, but a social construct that precisely captures the impacts of racism.

Dr. Jones concludes that the institutionalized racism, which is the most critical to address, is a complex problem that can only be resolved by government, public institutions, and society as a whole.

While the definitions of racism vary, all include the notion of unequal treatment based on skin color or other physical characteristics. The Maternal Health Journal notes that "because these characteristics are central to one's identity, racism constitutes a profoundly personal and severe threat to wellbeing. Within the last decade, self-reported experiences of racism have been empirically linked with up to three-fold increases in adverse birth outcomes including low birth weight, very low birth weight, and preterm delivery".

In many low-income and racially segregated communities, members are surrounded by inequities / injustices, a collective and pervasive sense of hopelessness, and rampant social isolation. Individual and community perspectives fuel despair and chronic stress, encourage short-term decision making, and increase tendencies to seek immediate gratification which often includes tobacco use, substance abuse, poor diet, and physical inactivity.

The WHO's overarching recommendations include

1. Improving daily living conditions
    a. Promote equity
    b. Healthy places/ healthy people
    c. Fair employment / decent work
    d. Universal health care
2. Address the inequitable distribution of power, money, and resources
    a. Health equity in all policies, systems, and programs
    b. Fair financing
    c. Market responsibility
    d. Gender equity
    e. Political empowerment-inclusion / voice
    f. Good governance
3. Measure and understand the problem and assess the impact of action
    a. Address the social determinants of health through monitoring, research, and training

The following concepts create a structure for the achievement of the objectives listed above:

1. Build upon and leverage existing prevention activities.
2. Promote equity by targeting America's low-income communities and communities of color.
3. Target multi-disciplinary strategies focused on environmental and policy change.
4. Develop the health workforces to effectively shape and implement prevention efforts.
5. Advance a vision of healthy people, healthy places.

Policy and institutional practices are key levers for change. They helped to create the inequitable conditions and outcomes confronting us today and can therefore be utilized to remedy those same conditions. We need to focus on community, business / labor, and government to unmake inequitable neighborhood conditions while improving health and safety outcomes. Policies and organizational practices significantly influence the well-being of the community; they affect equitable distribution of community services and shape community norms, which in turn influence behavior.

I believe that as a society and as a community, we need to consider the development and implementation of a fifty year plan that includes the following policy principals from the Alameda County Public Health Department:

1. *Understanding and accounting for the historical forces that have left a legacy of racism and segregation.*
2. *Acknowledge the cumulative impact of stressful experiences and environments.*
3. *Meaningful public participation is needed with attention to outreach, follow-through, language inclusion, and cultural understanding.*
4. *Overall approach should shift toward changing community conditions and away from blaming individuals or groups for their disadvantaged status.*
5. *The social fabric of neighborhoods needs to be strengthened.*
6. *Equity solutions can and should be simultaneously responsive to the global economy, climate change, and US foreign policy.*

7. *Work needs to be completed across multiple sections of government and society to make necessary structural changes.*
8. *The impact of changes need to be measured and monitored.*
9. *Groups that are the most impacted by inequity must have a voice.*

Good health is not available to everyone. The Prevention Institute states:

> *Health inequity is related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present day practices and policies of public and private institutions that continue to perpetuate a system of diminished opportunity for certain populations. Poverty, racism, and lack of educational and economic opportunities are among the fundamental determinants of poor health, lack of safety, and health inequities, contributing to chronic stress and building upon one another to create a weathering effect, whereby health greatly reflects cumulative experiences rather than chronological age.*

In conclusion, infant mortality is not a simple problem that can be readily addressed through conventional solutions such as marketing and awareness campaigns. Instead, the high infant mortality rates in the City of Racine are, as in many other urban areas, the byproduct of a far bigger and more complex societal problem. True long-term solutions to the heart-felt problems of infant mortality will only begin to emerge in parallel with a greater awareness of the Social Determinants of Health and an increased effort by governments and society as a whole to address those inequities and injustices and the immense problems they represent.

Thank you for the opportunity to speak today. I wish you the very best in your efforts to address the complex and challenging problem of infant mortality.