

COMMUNICATING RACIALIZED DATA

tools for naming and addressing
the impacts of racism
on maternal mortality

Camara Phyllis Jones, MD, MPH, PhD

“Maternal Mortality Media Training and Communications 101”

State Maternal Mortality Review Committees

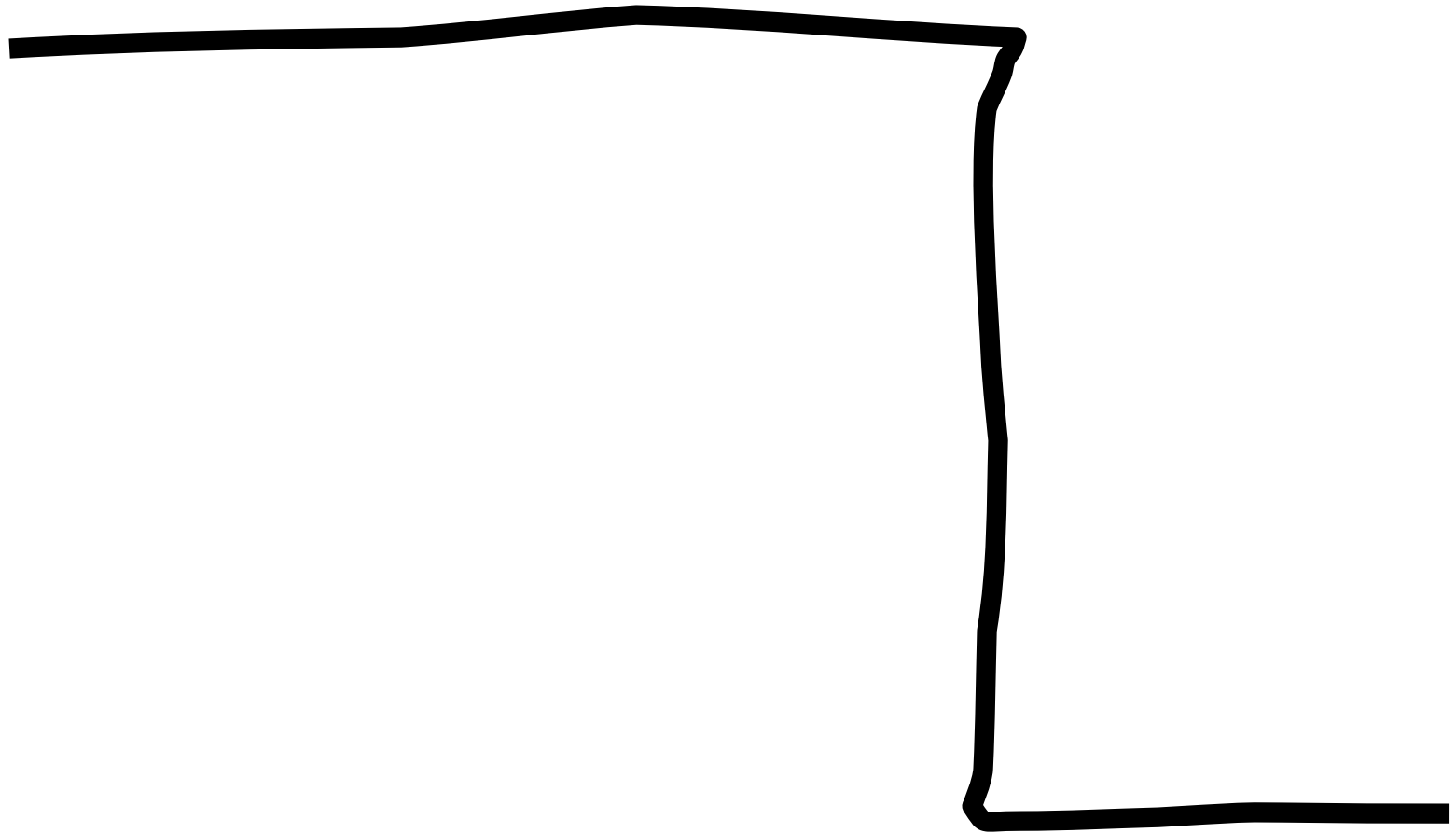
Division of Reproductive Health

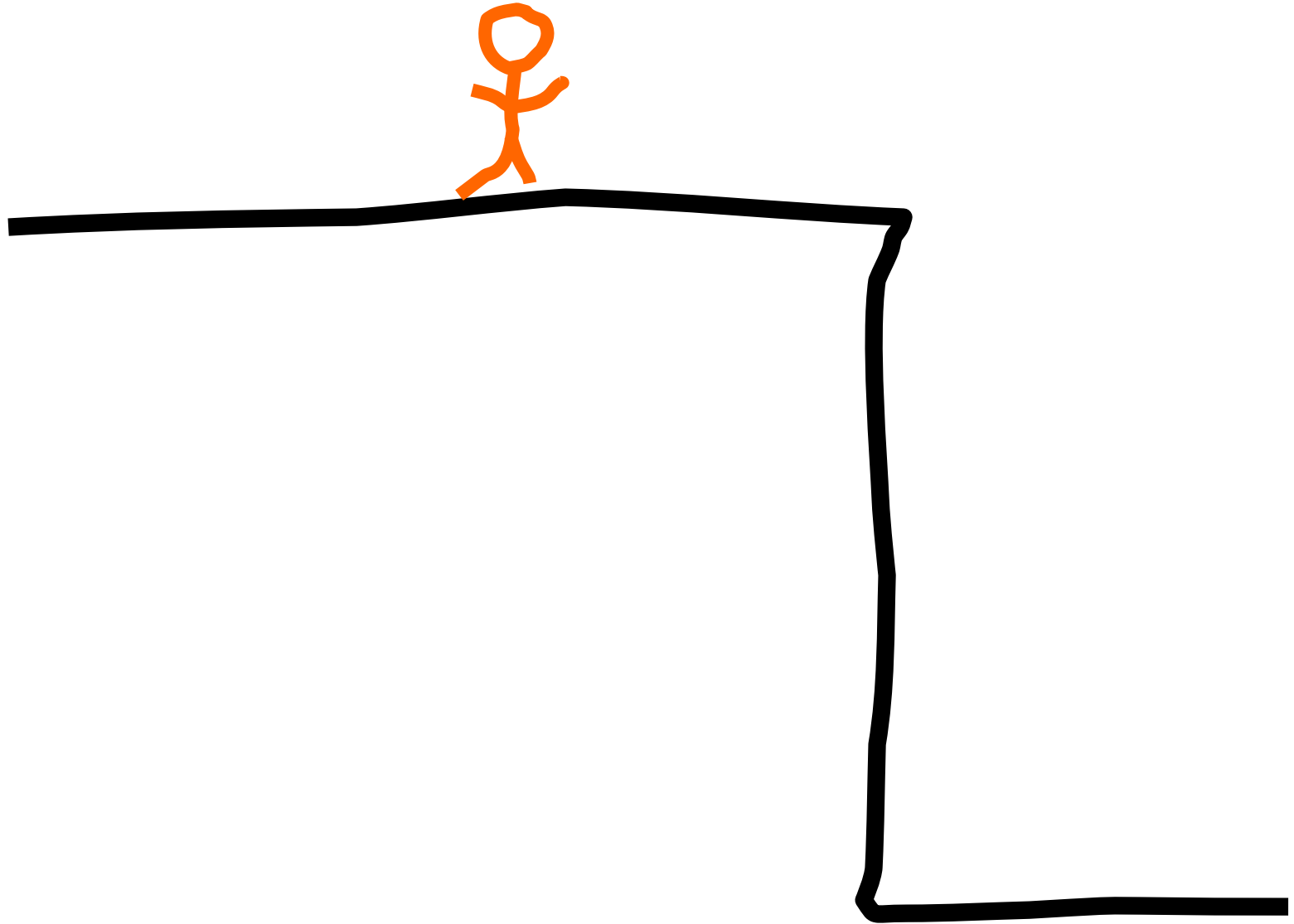
Centers for Disease Control and Prevention

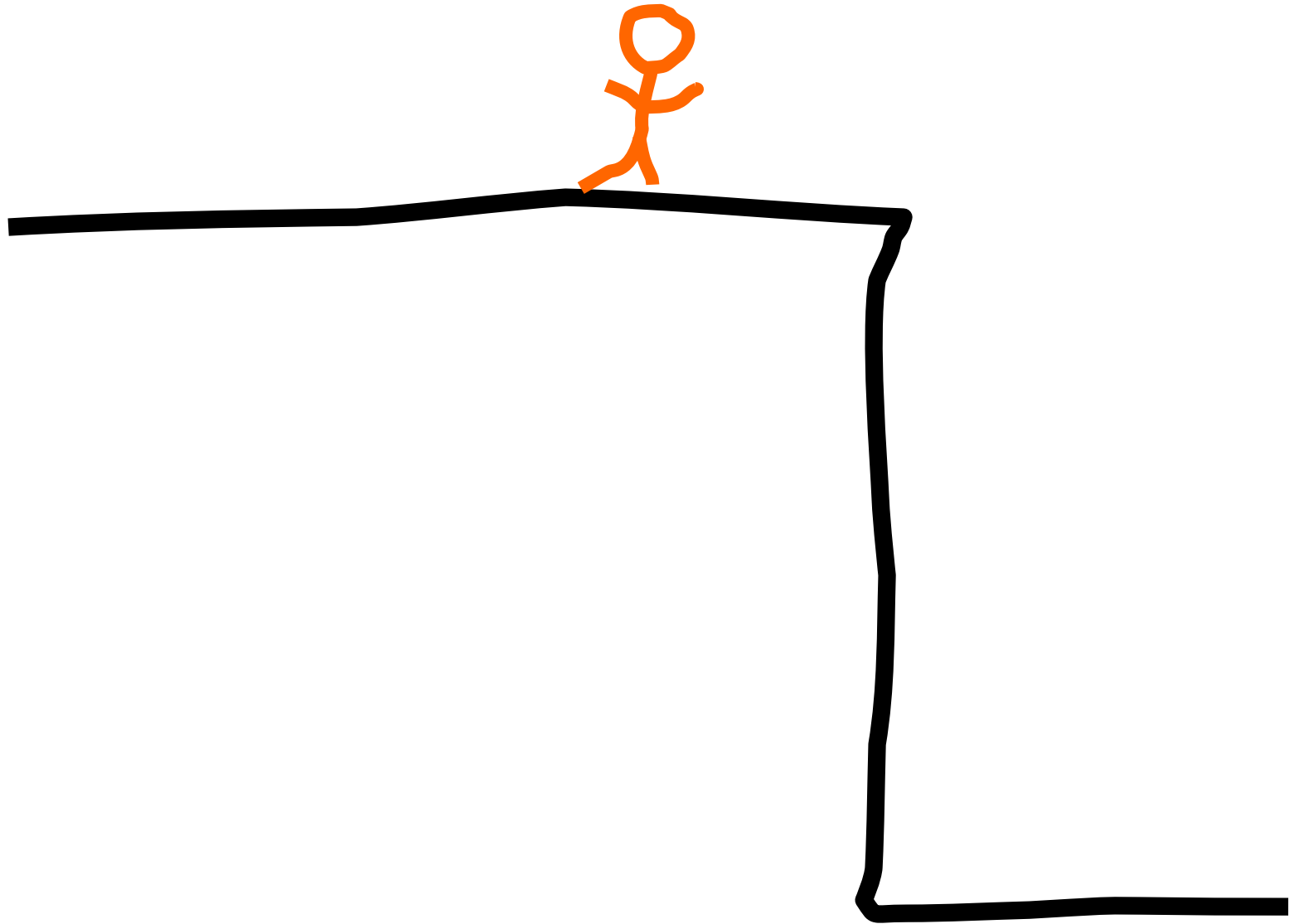
Via Zoom from Atlanta, Georgia

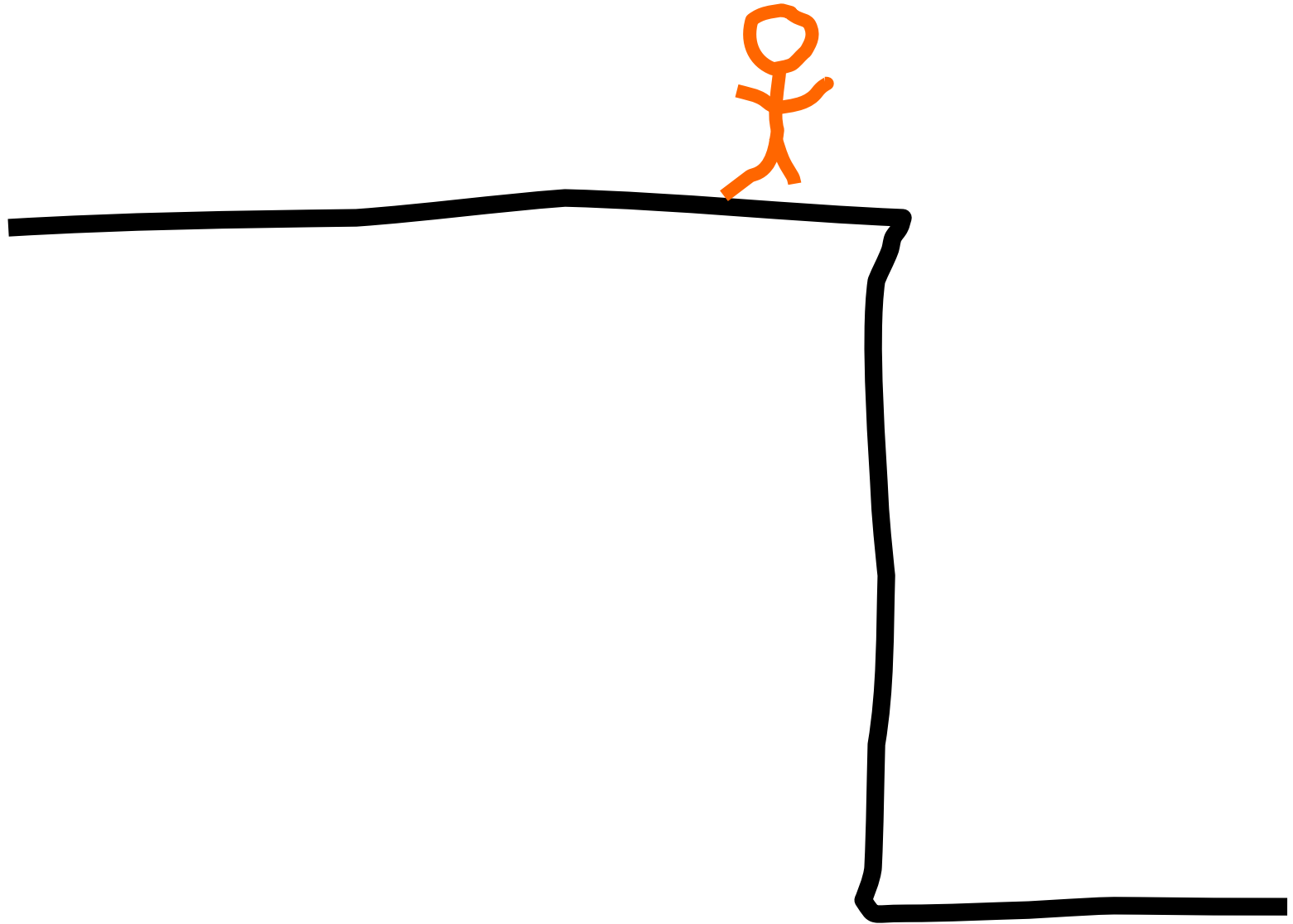
June 24, 2020

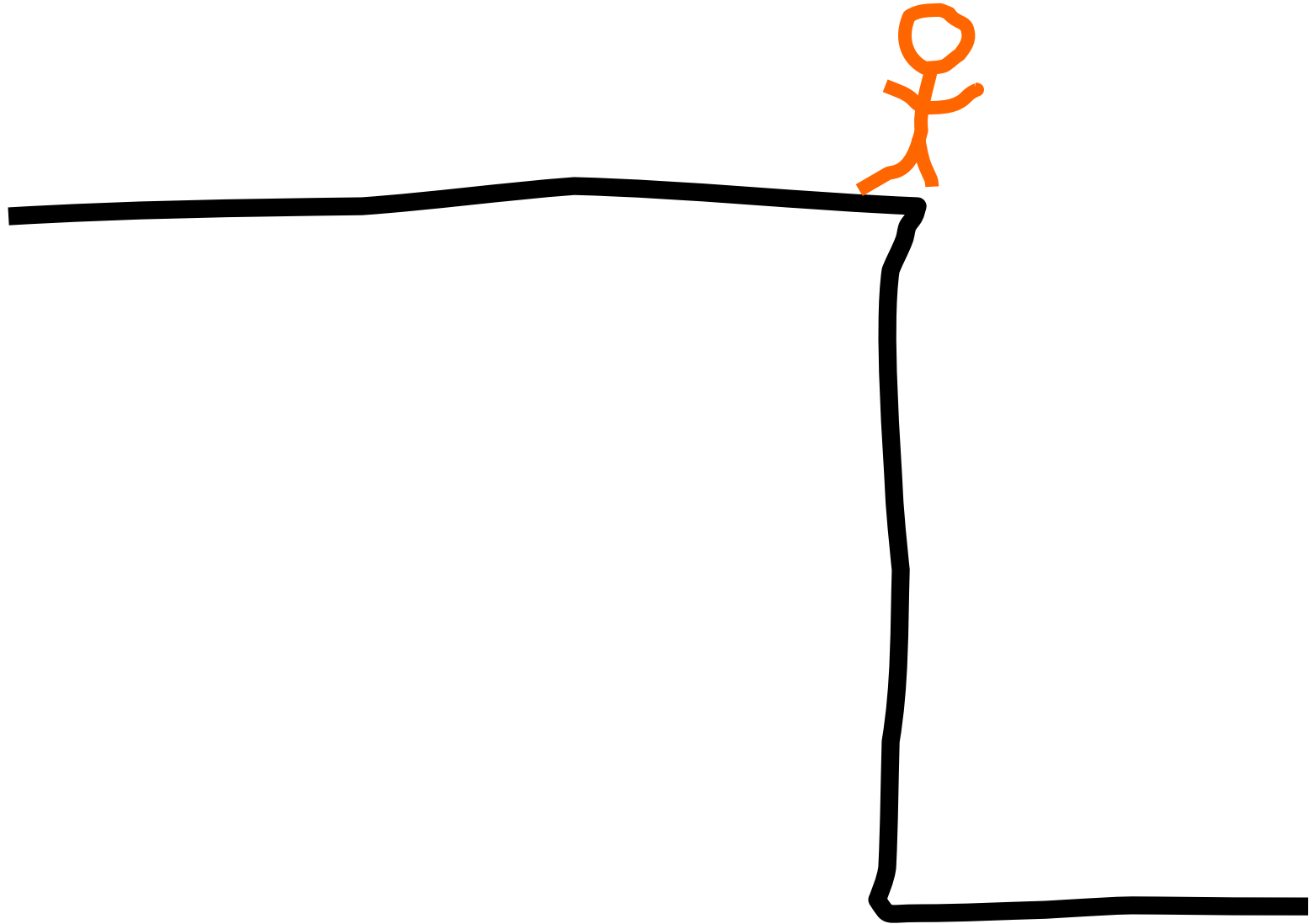
Levels of health intervention

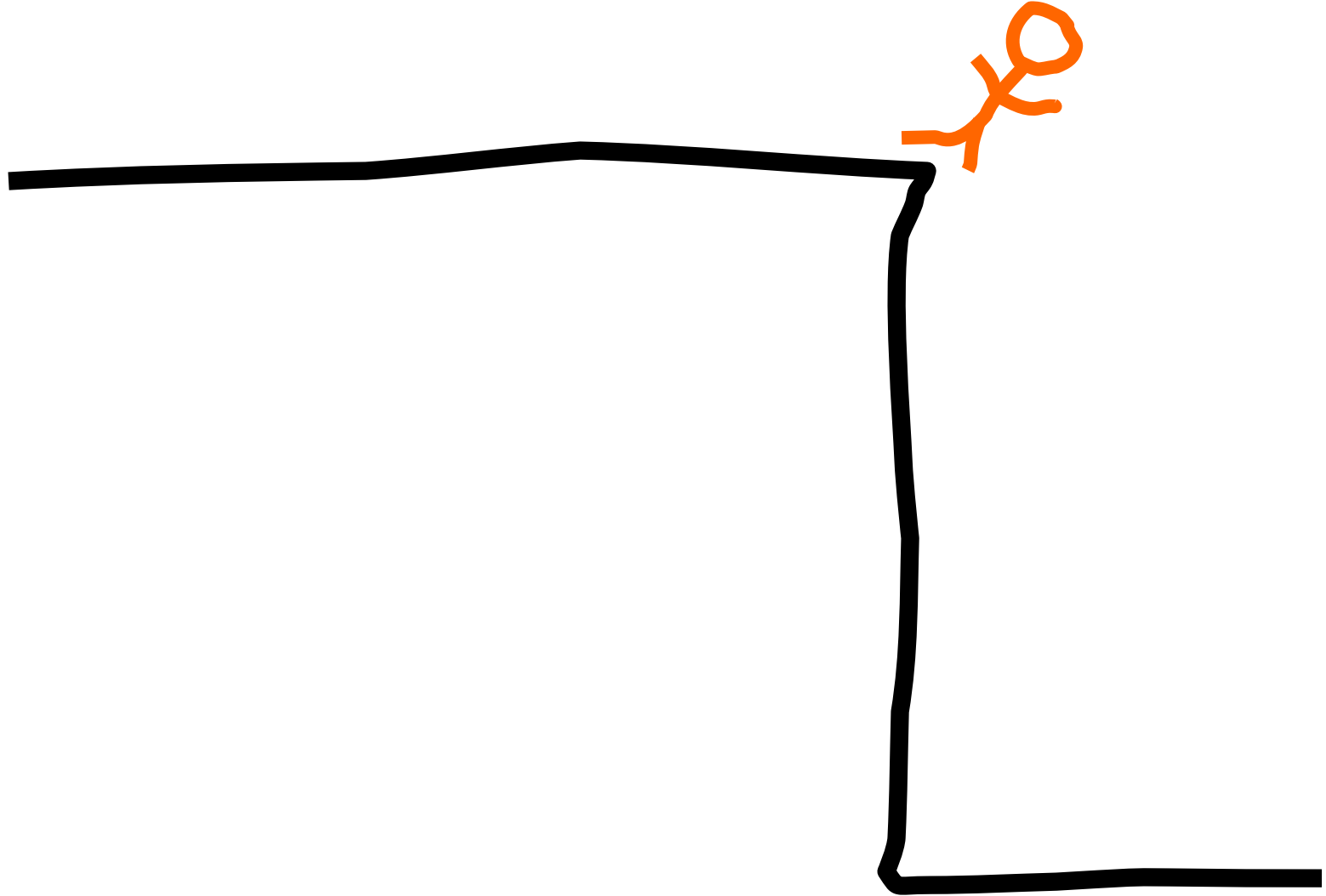


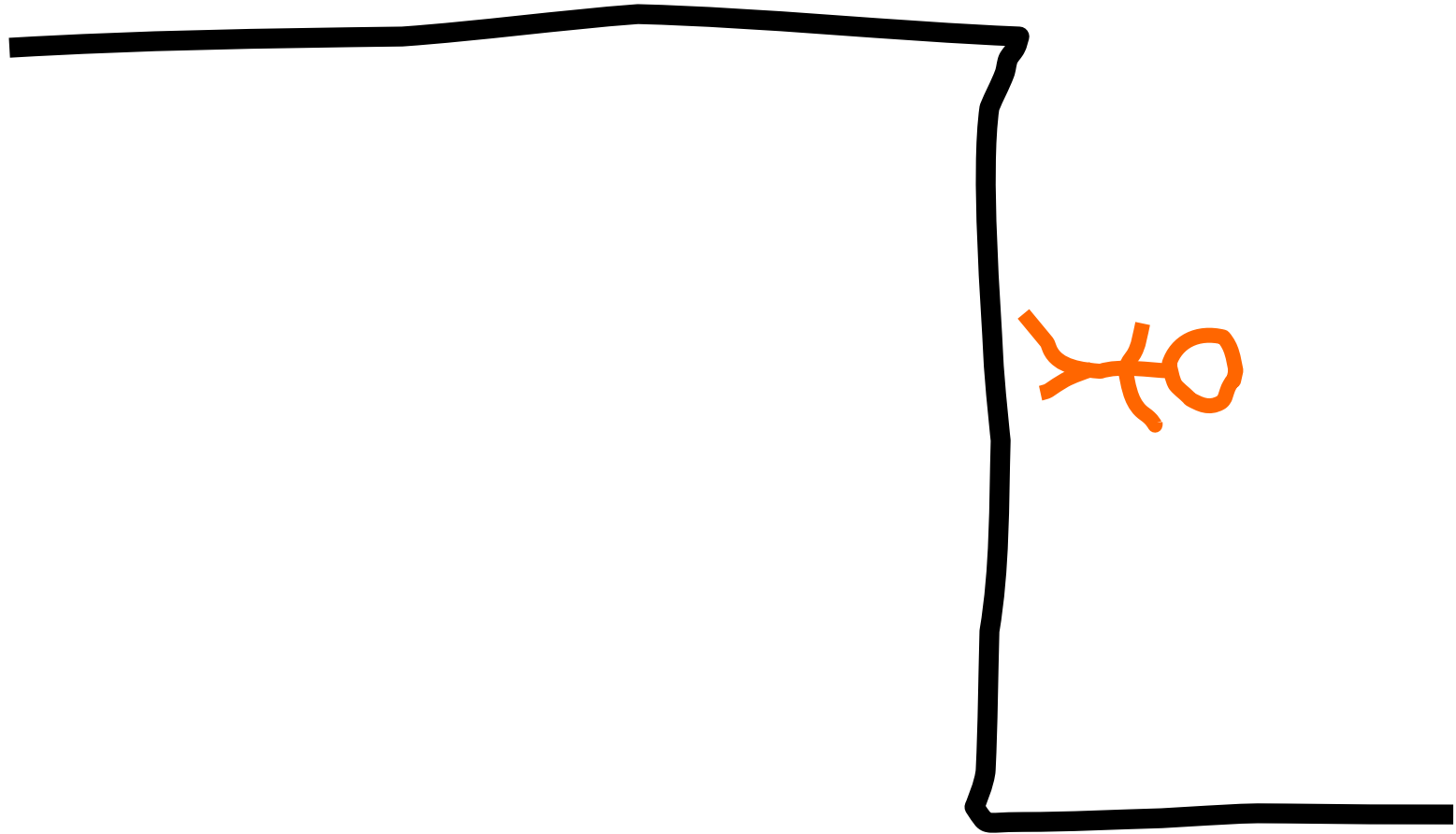


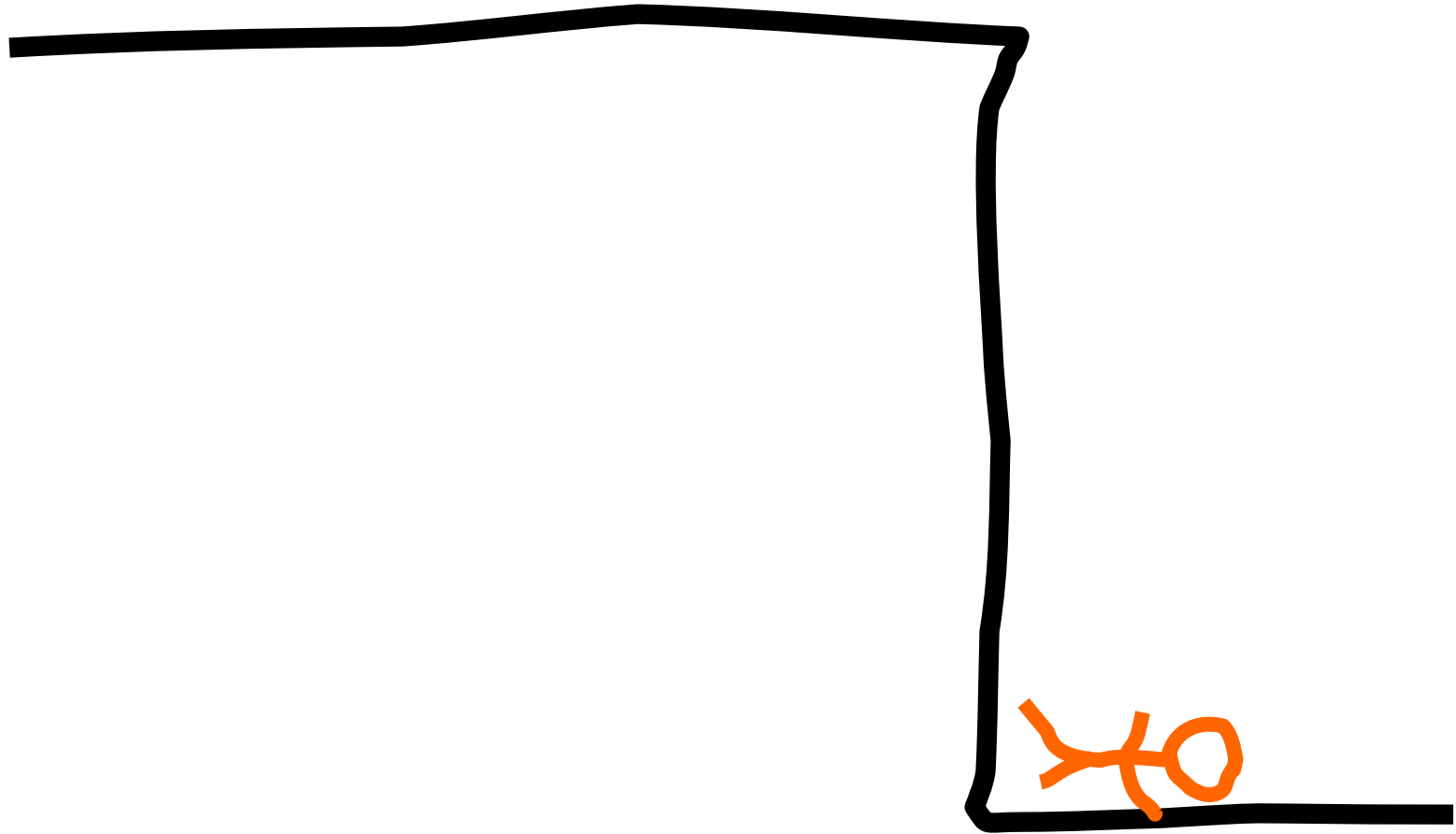


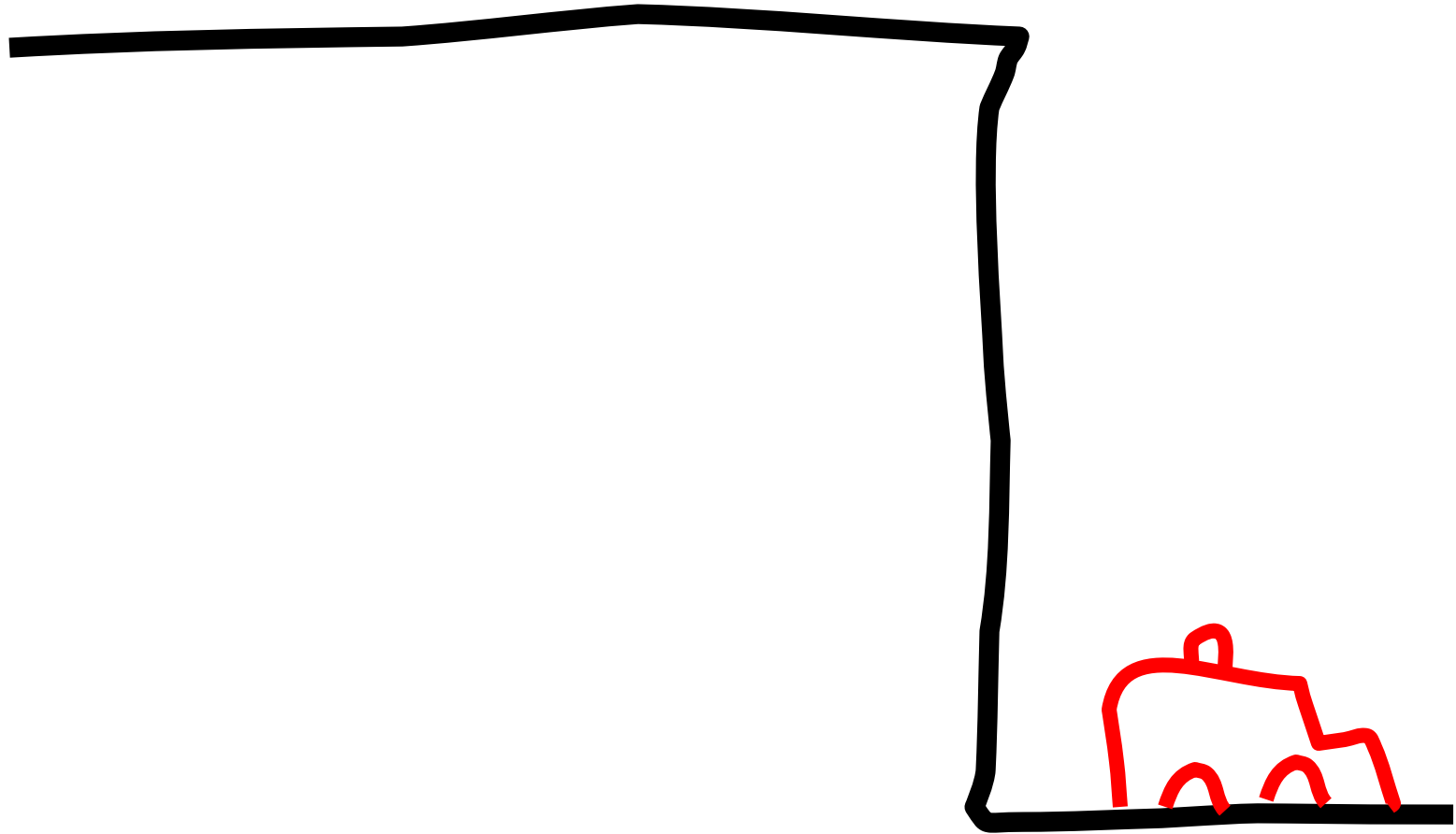


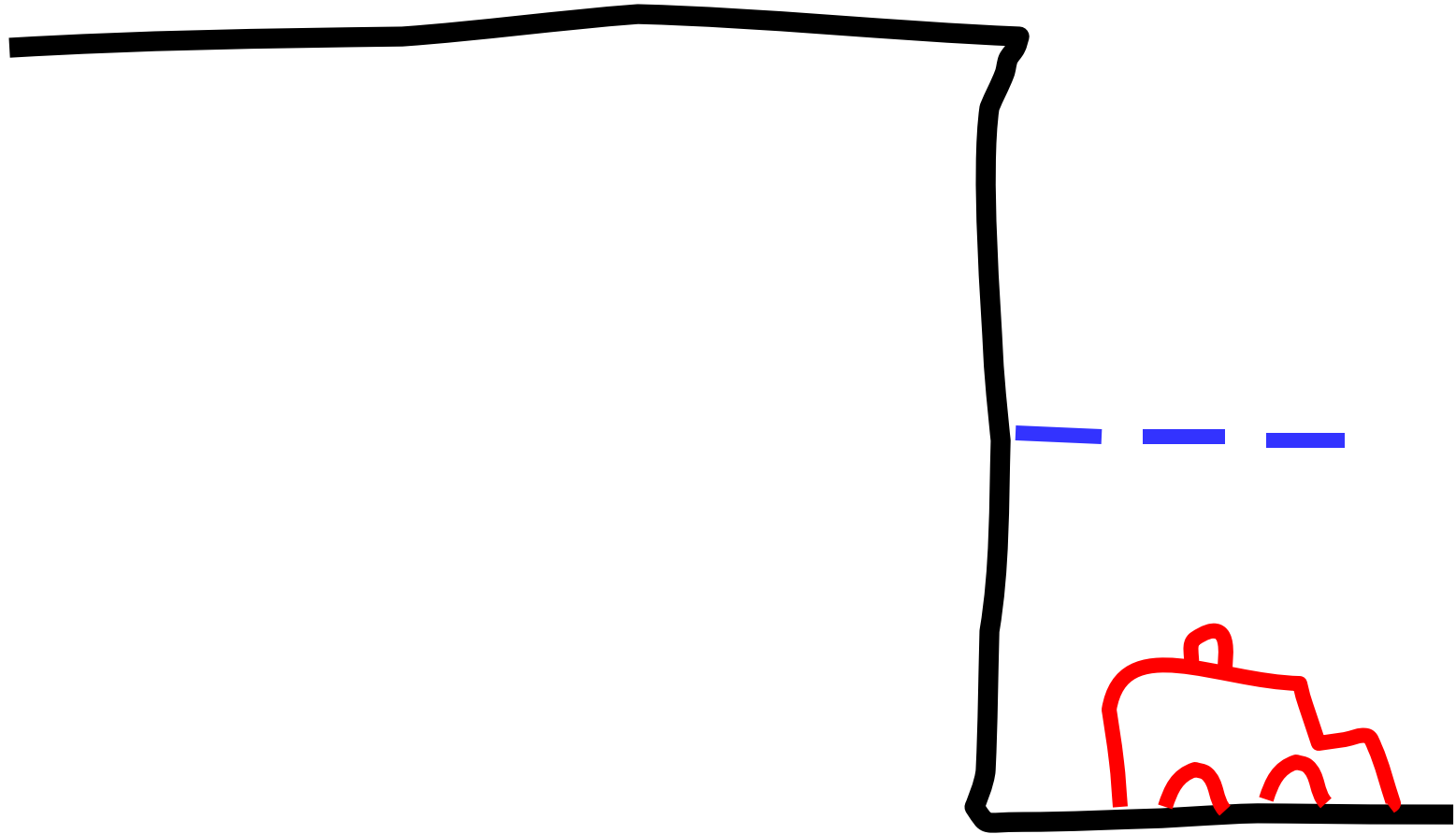


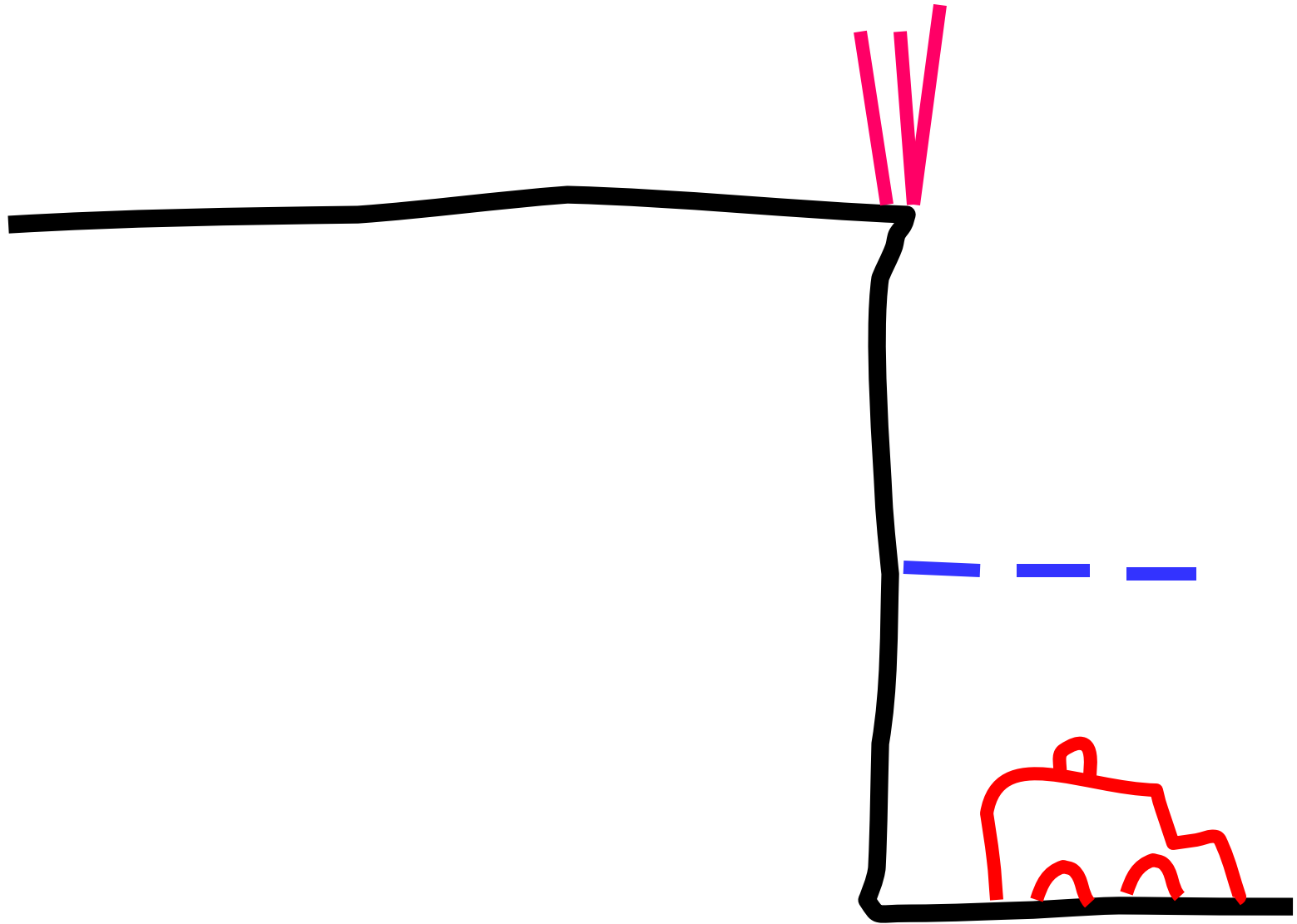


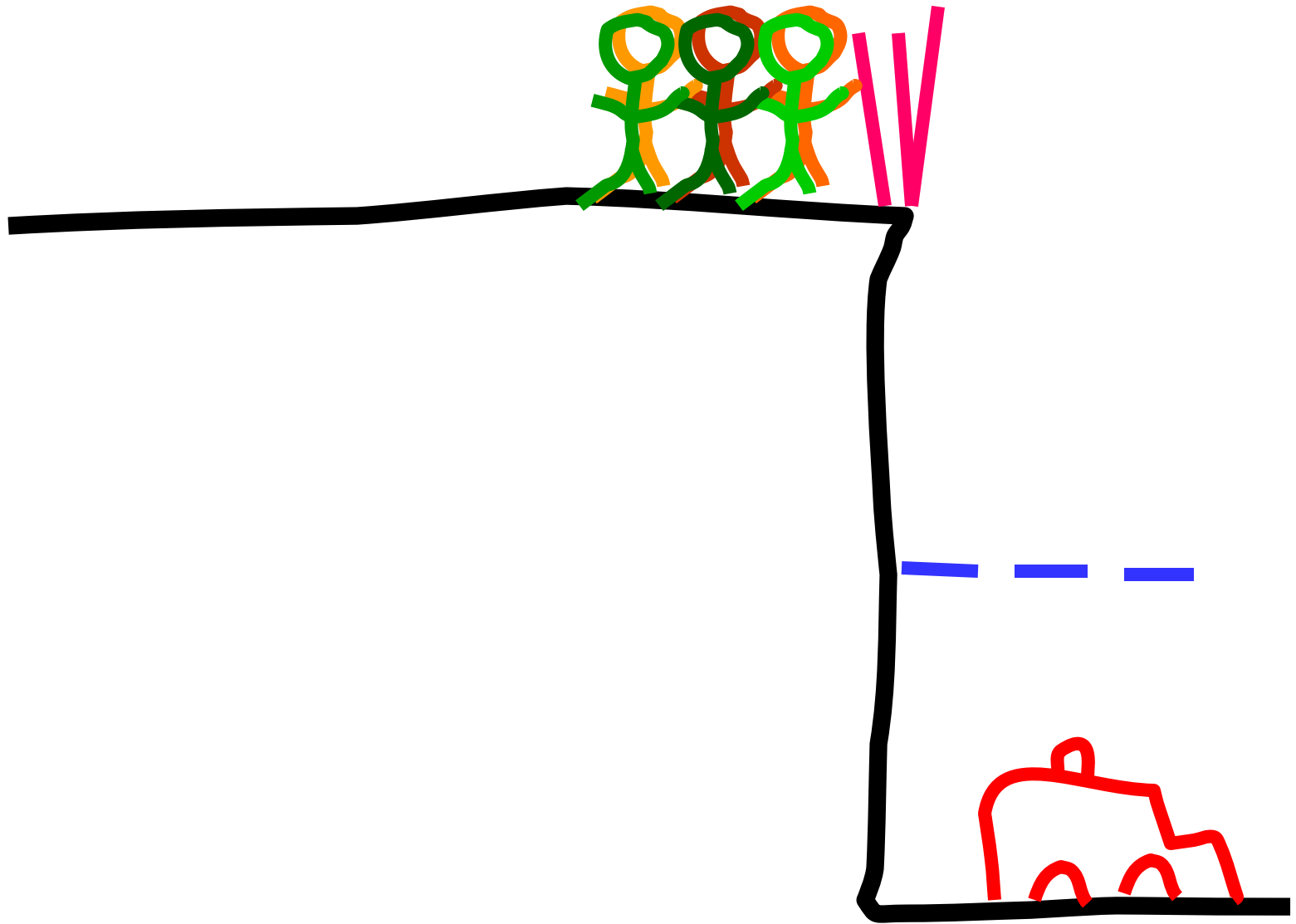


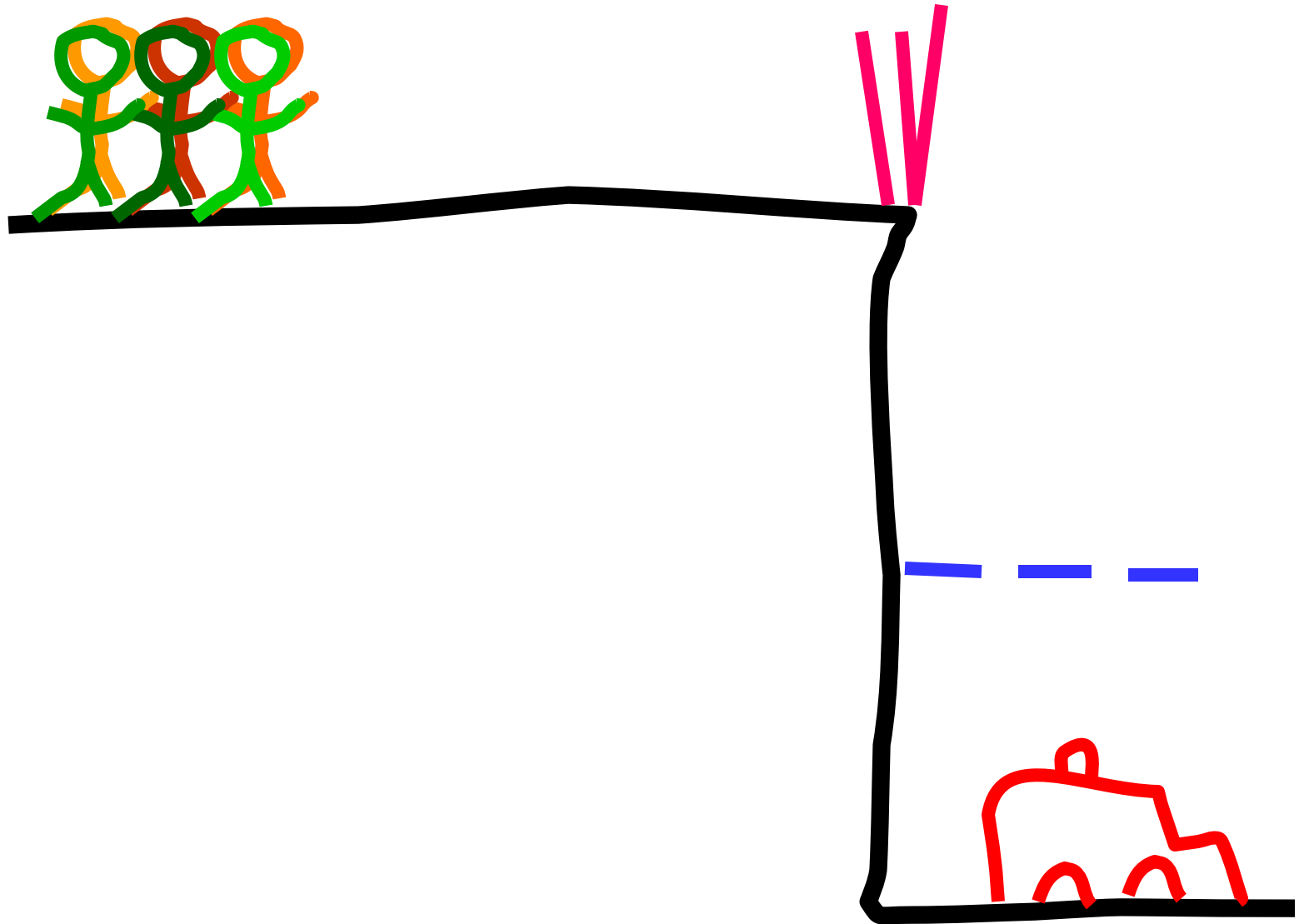


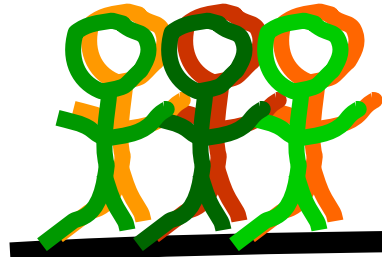












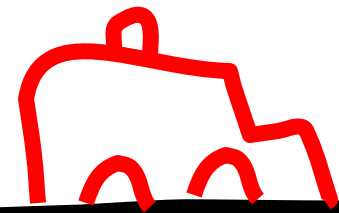
Addressing the
social determinants of health



Primary prevention



Safety net programs and
secondary prevention



Acute medical care and
tertiary prevention

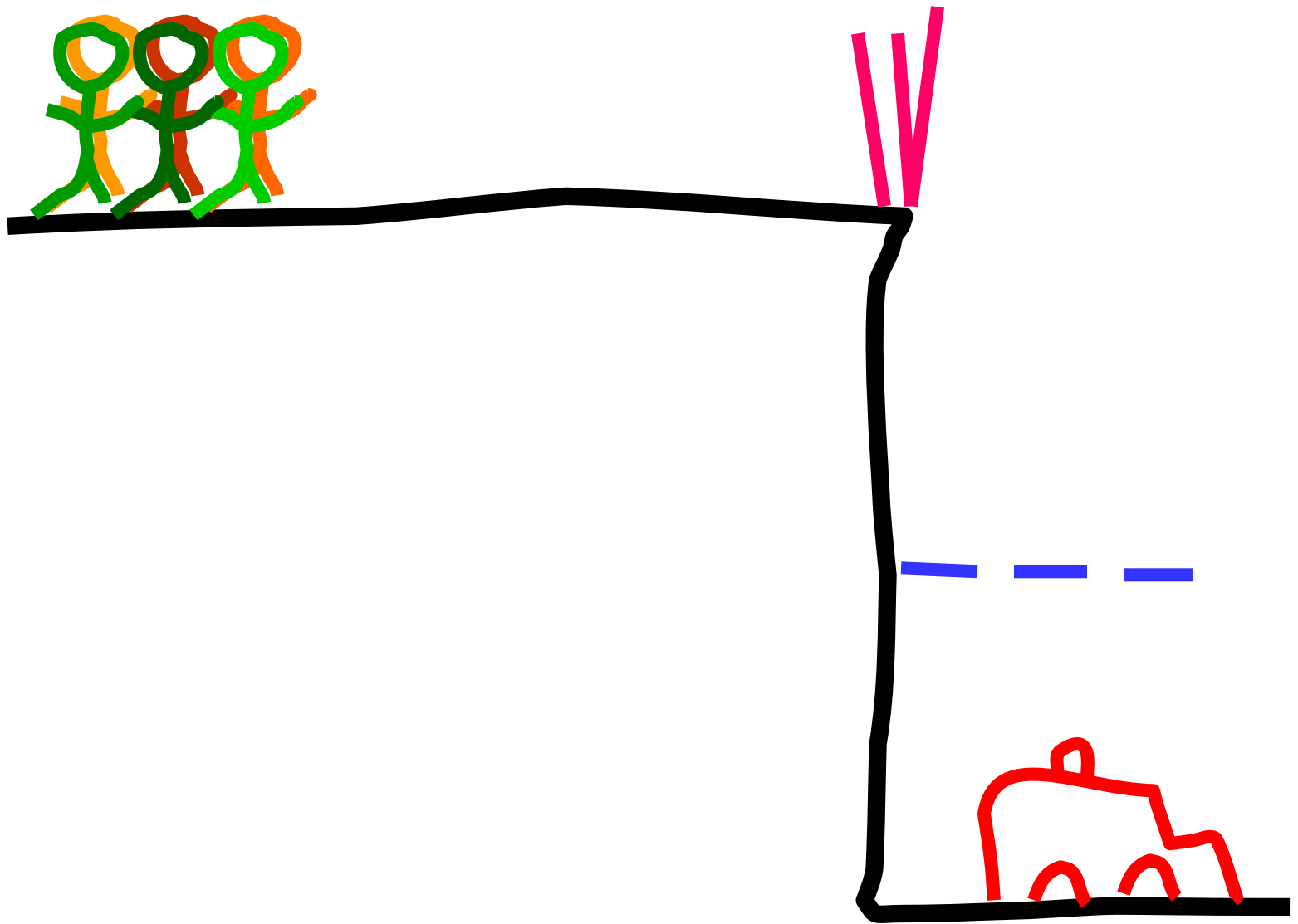
But how do disparities arise?

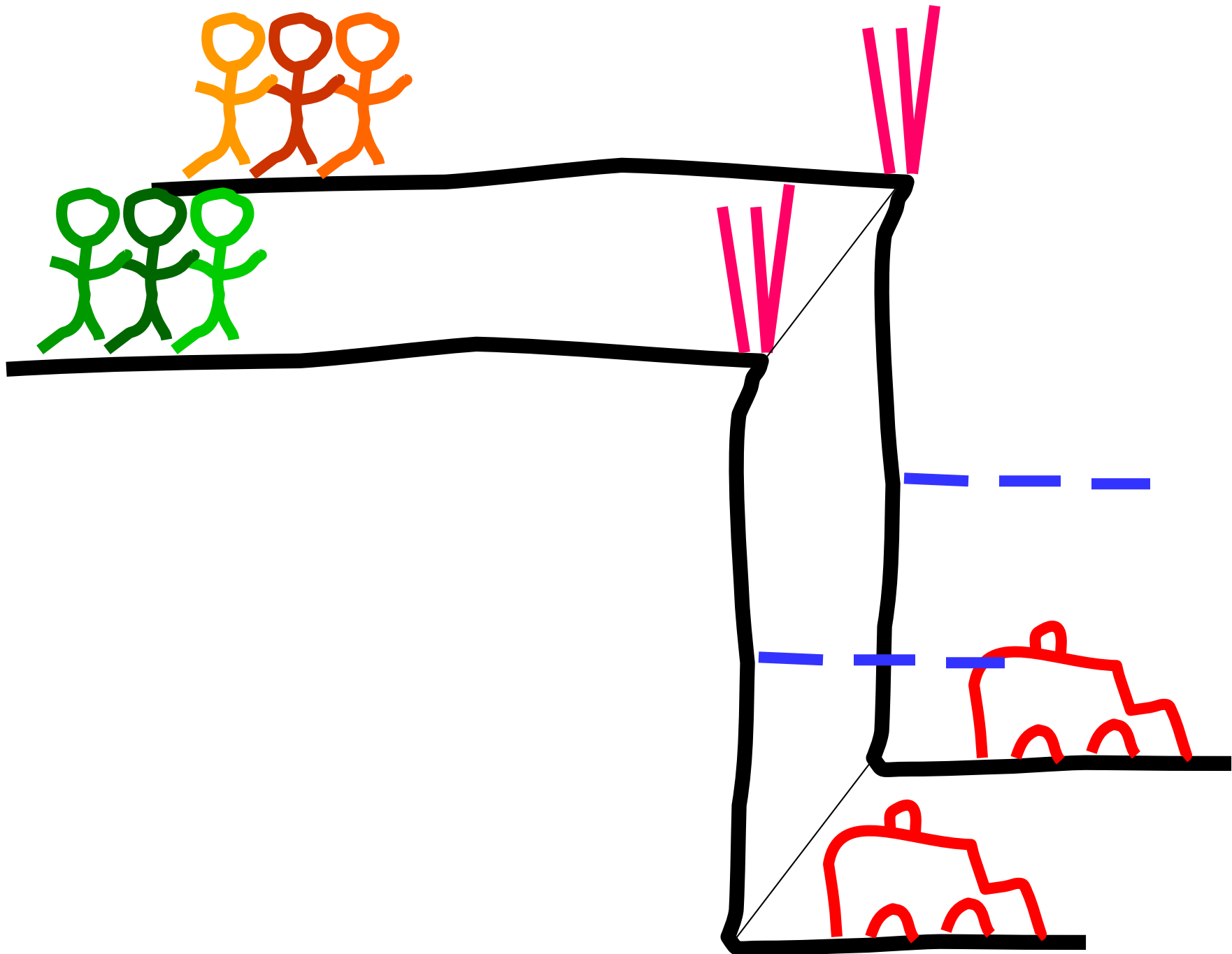
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

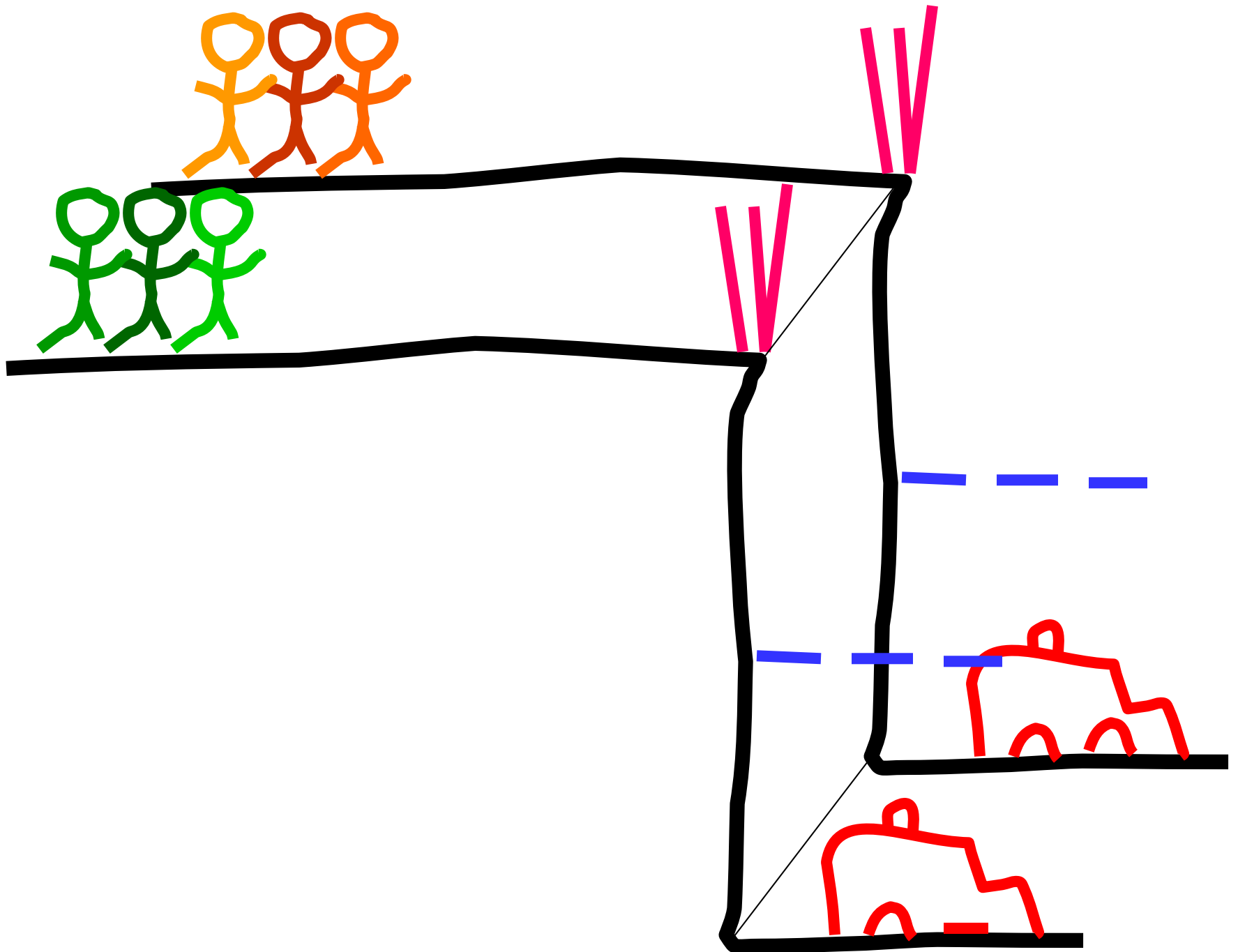
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

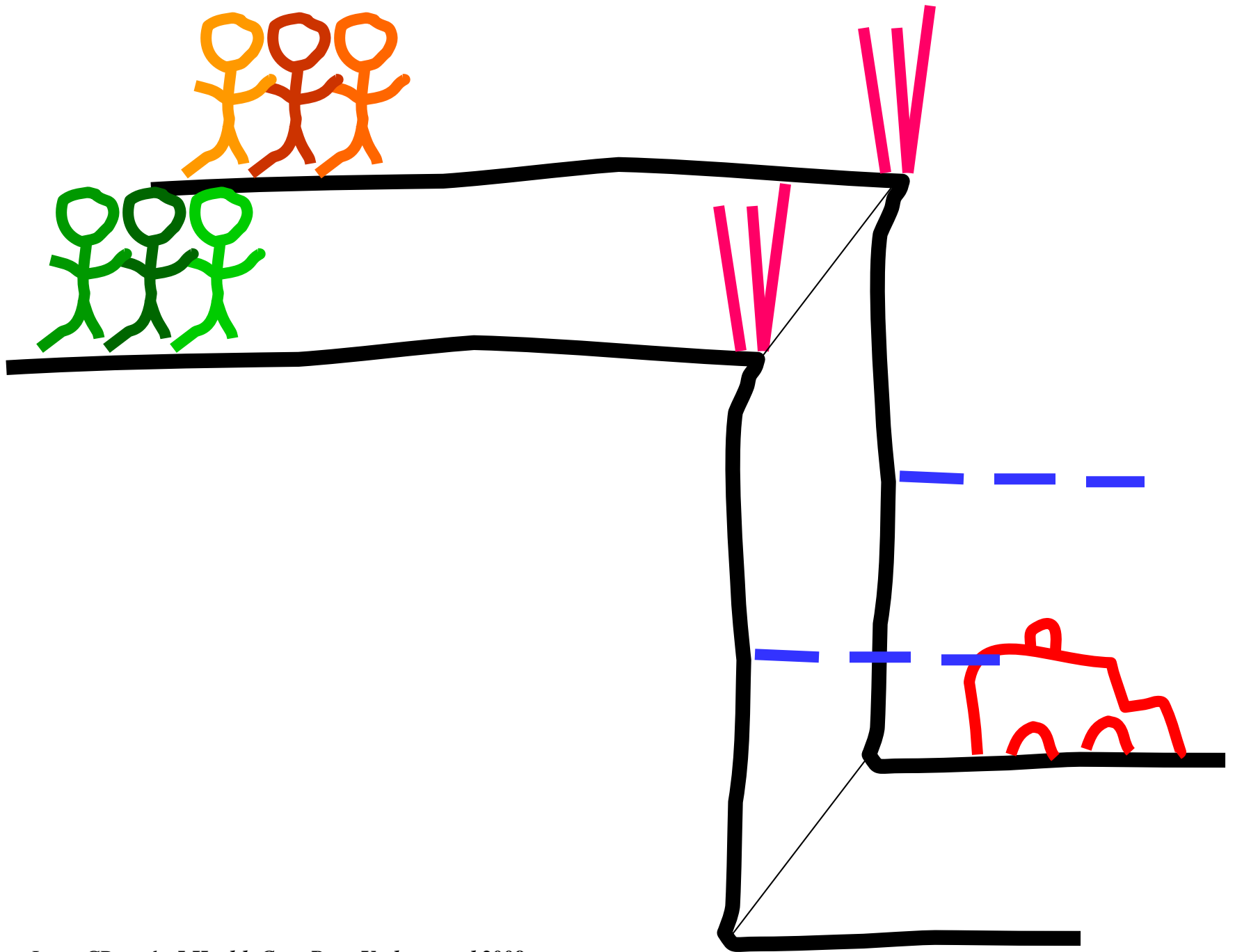
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

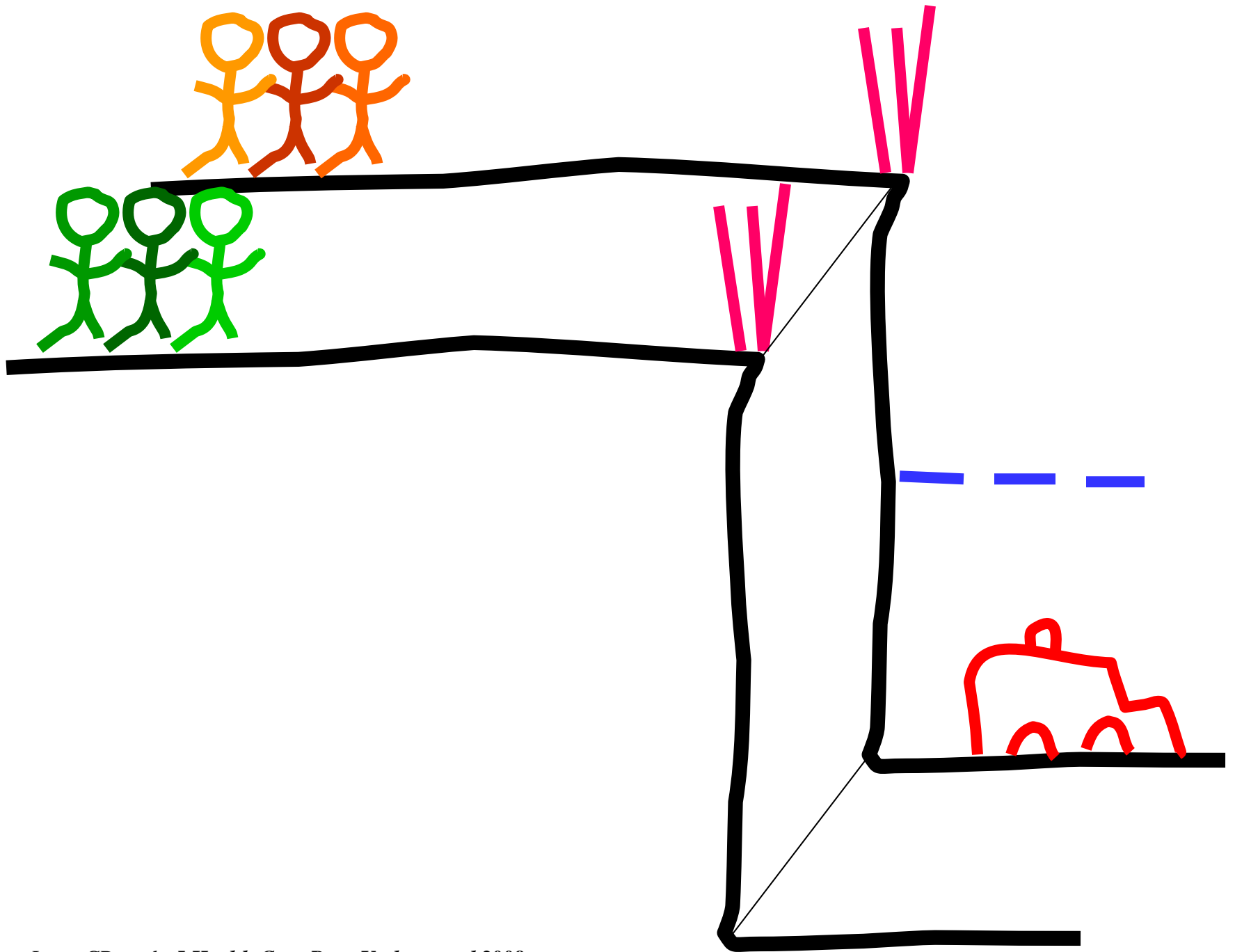
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

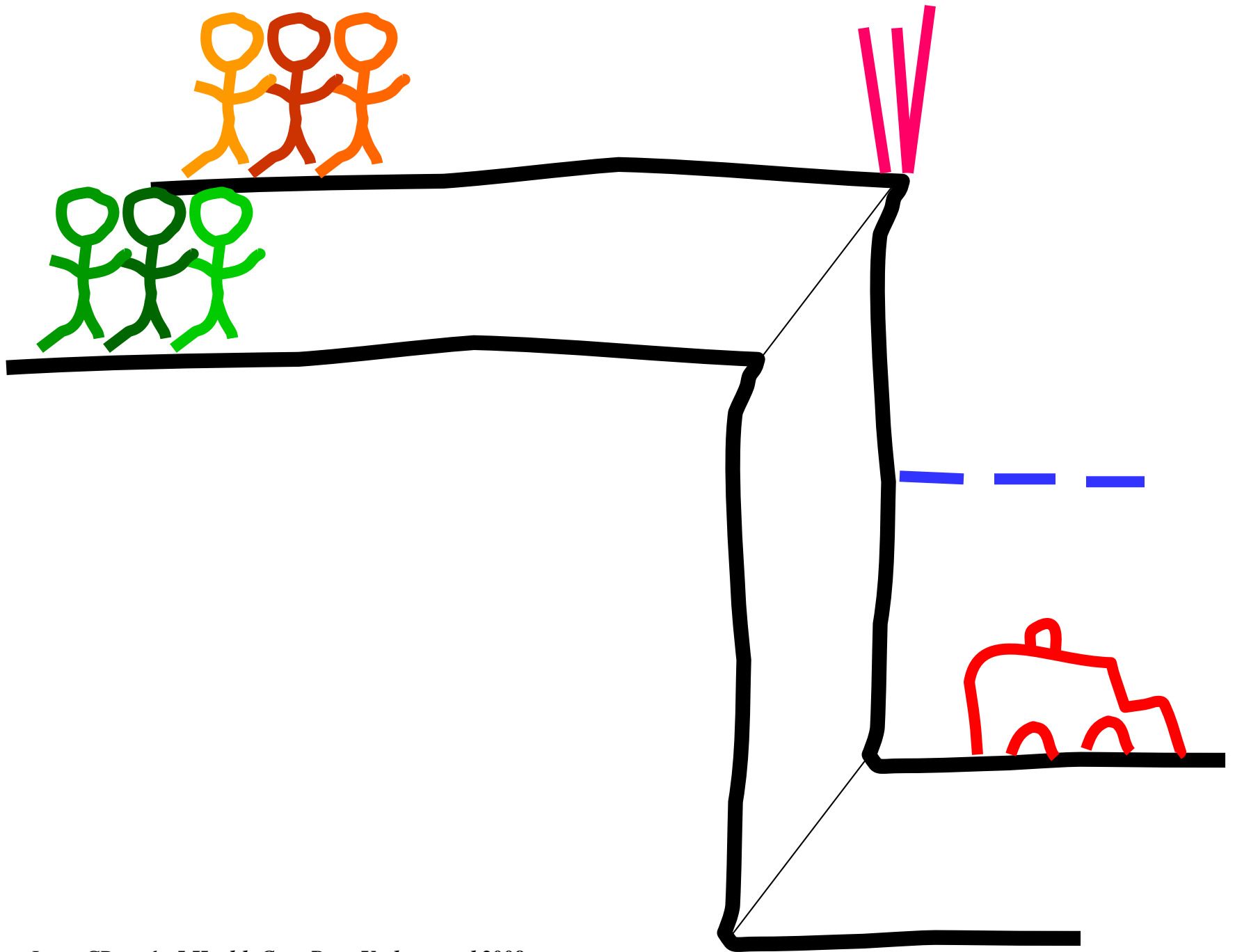


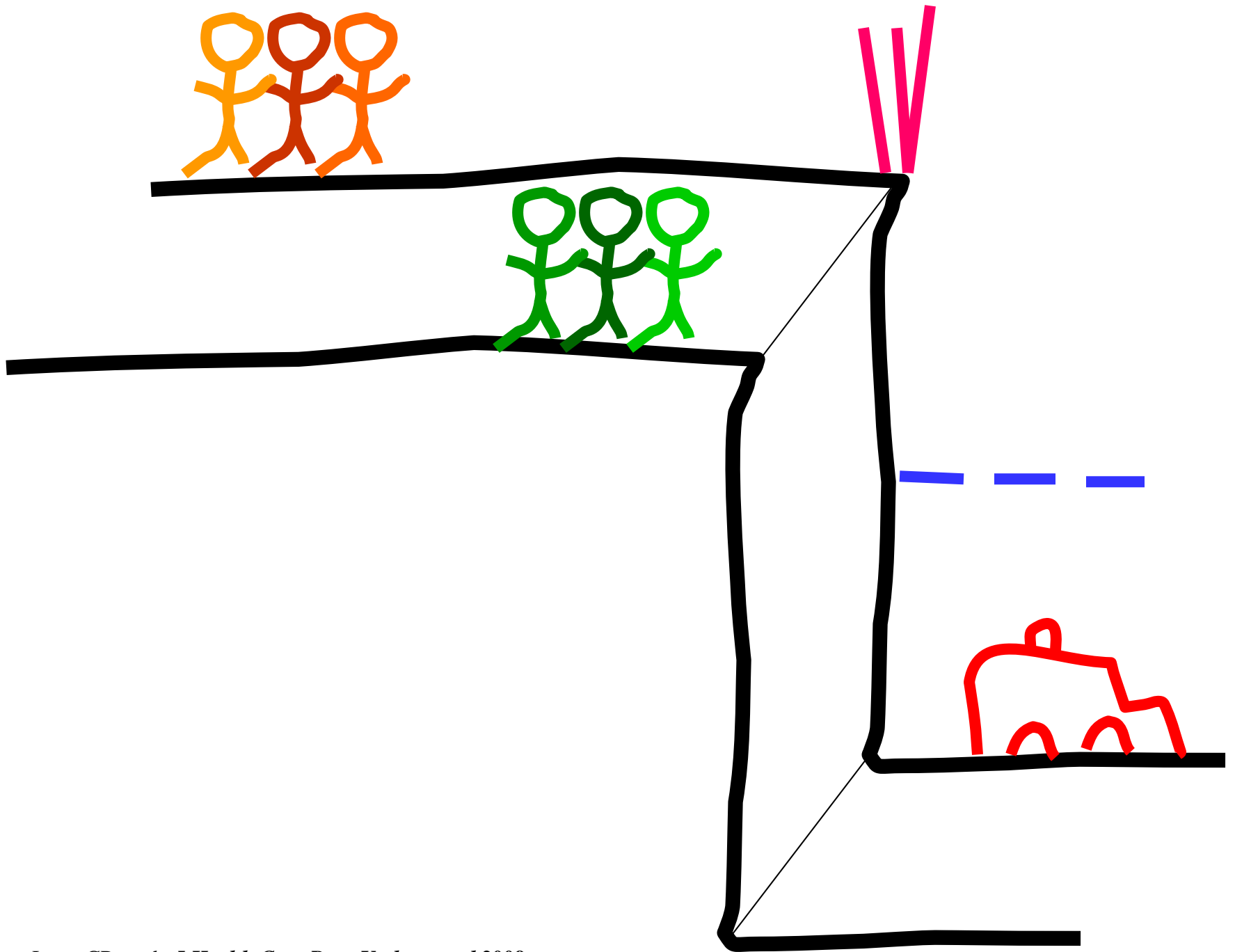


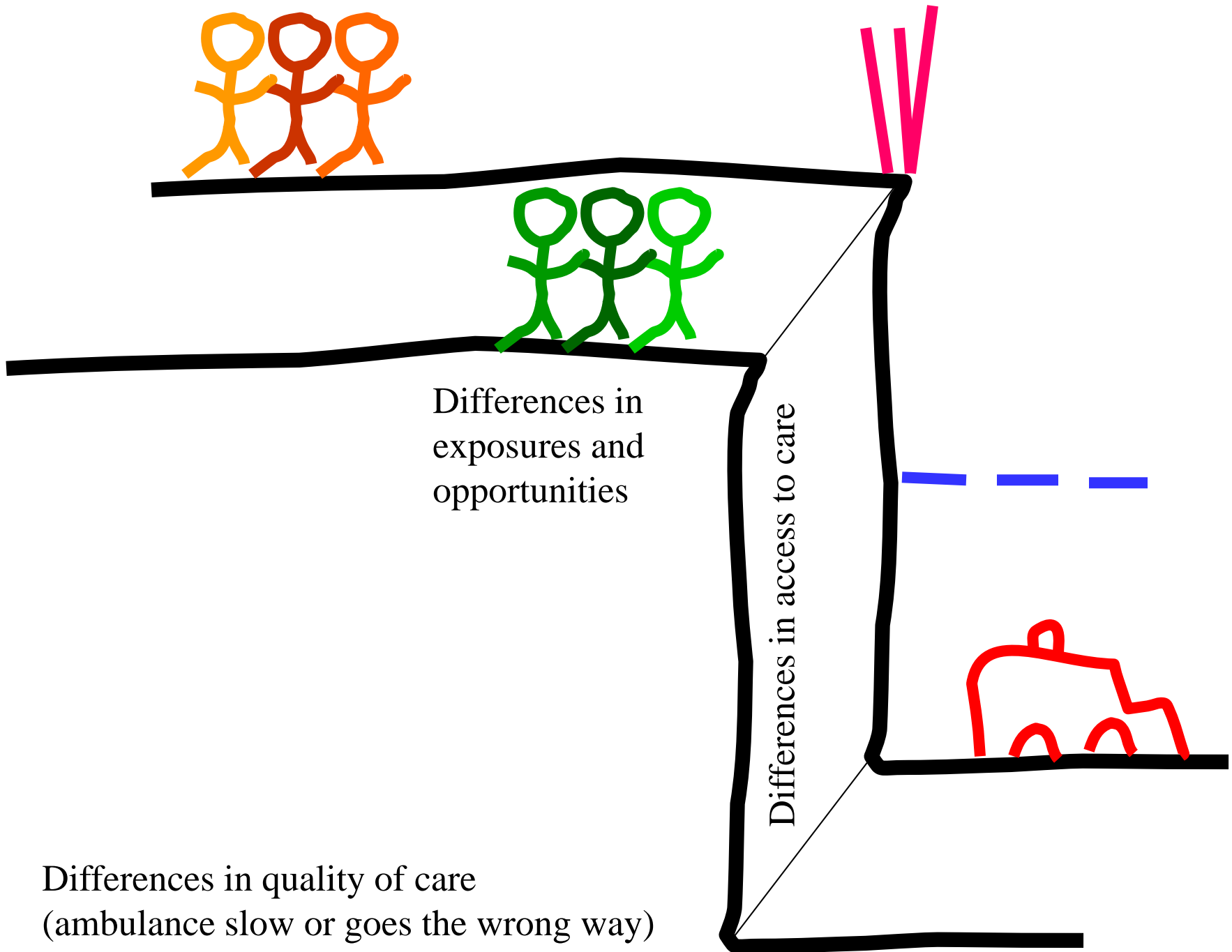








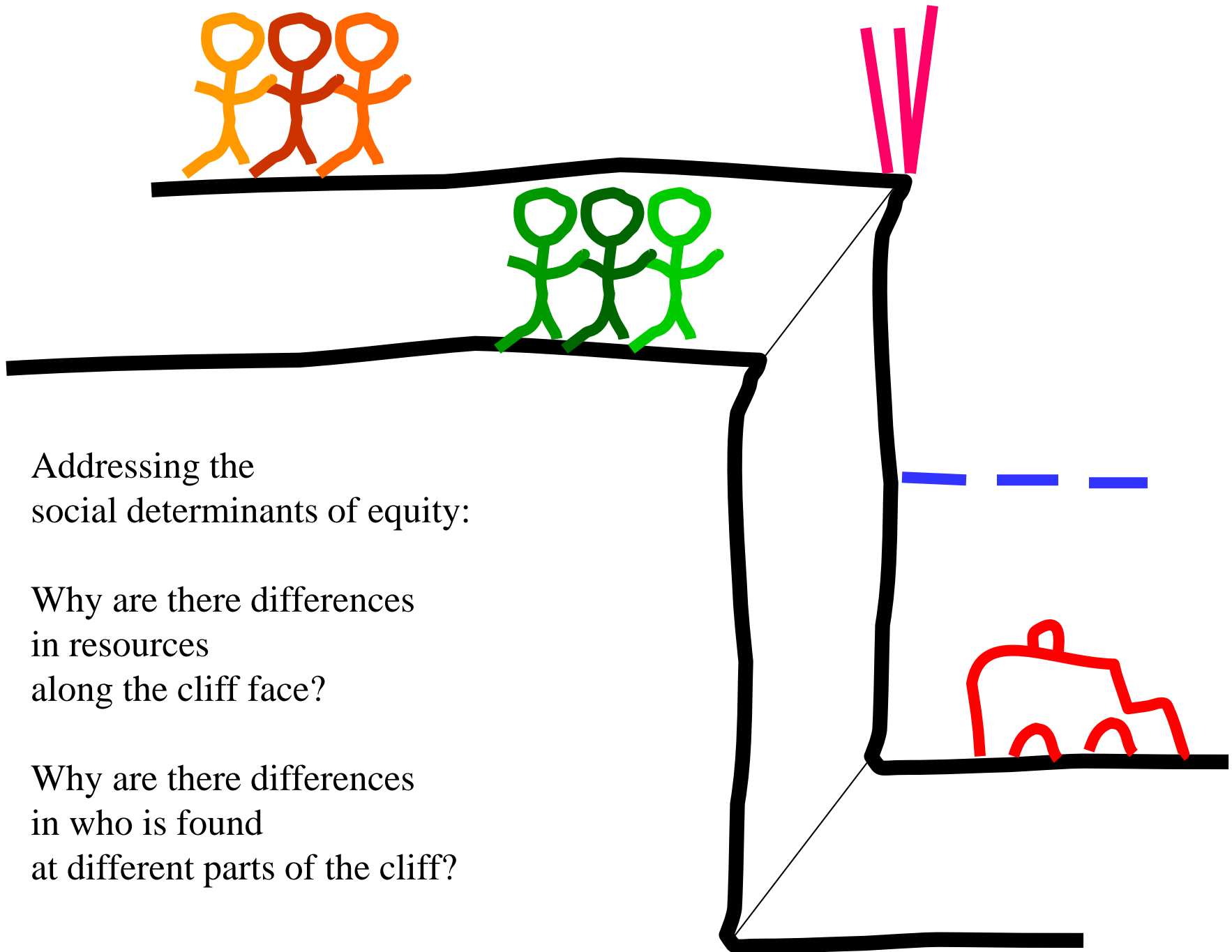




Differences in exposures and opportunities

Differences in access to care

Differences in quality of care
(ambulance slow or goes the wrong way)



Addressing the social determinants of equity:

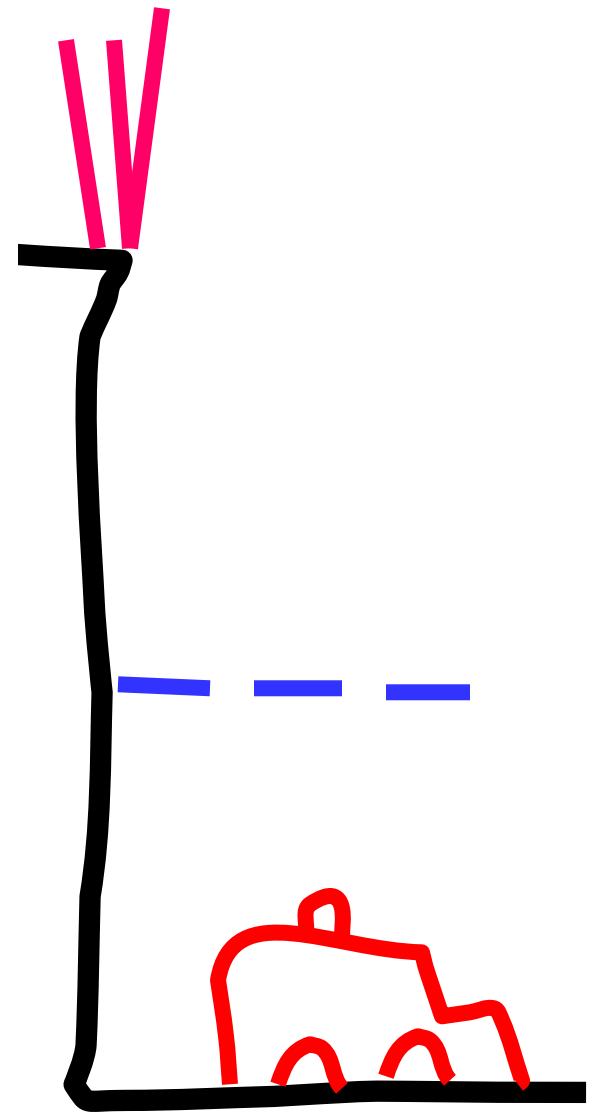
Why are there differences in resources along the cliff face?

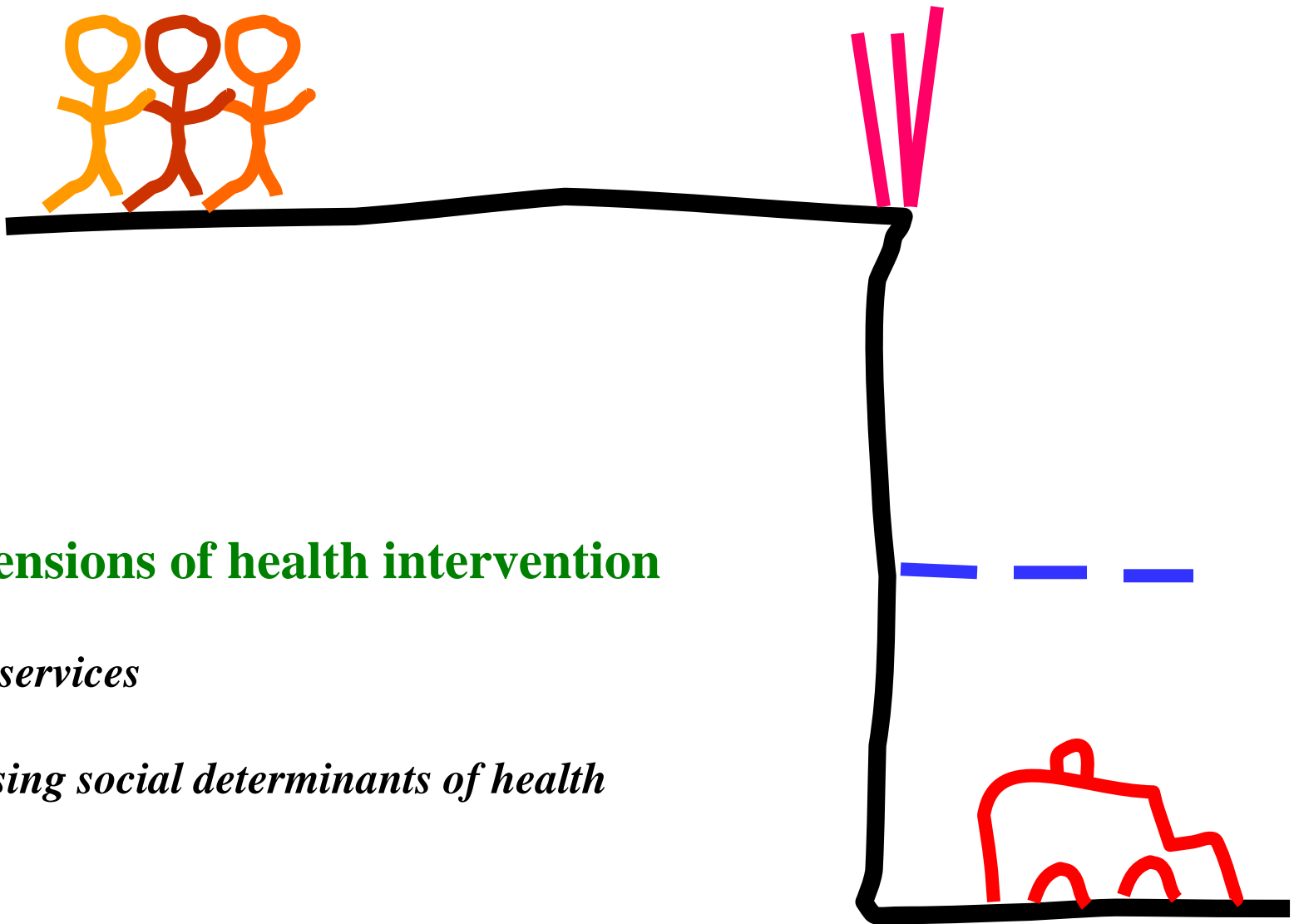
Why are there differences in who is found at different parts of the cliff?

3 dimensions of health intervention

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Health services

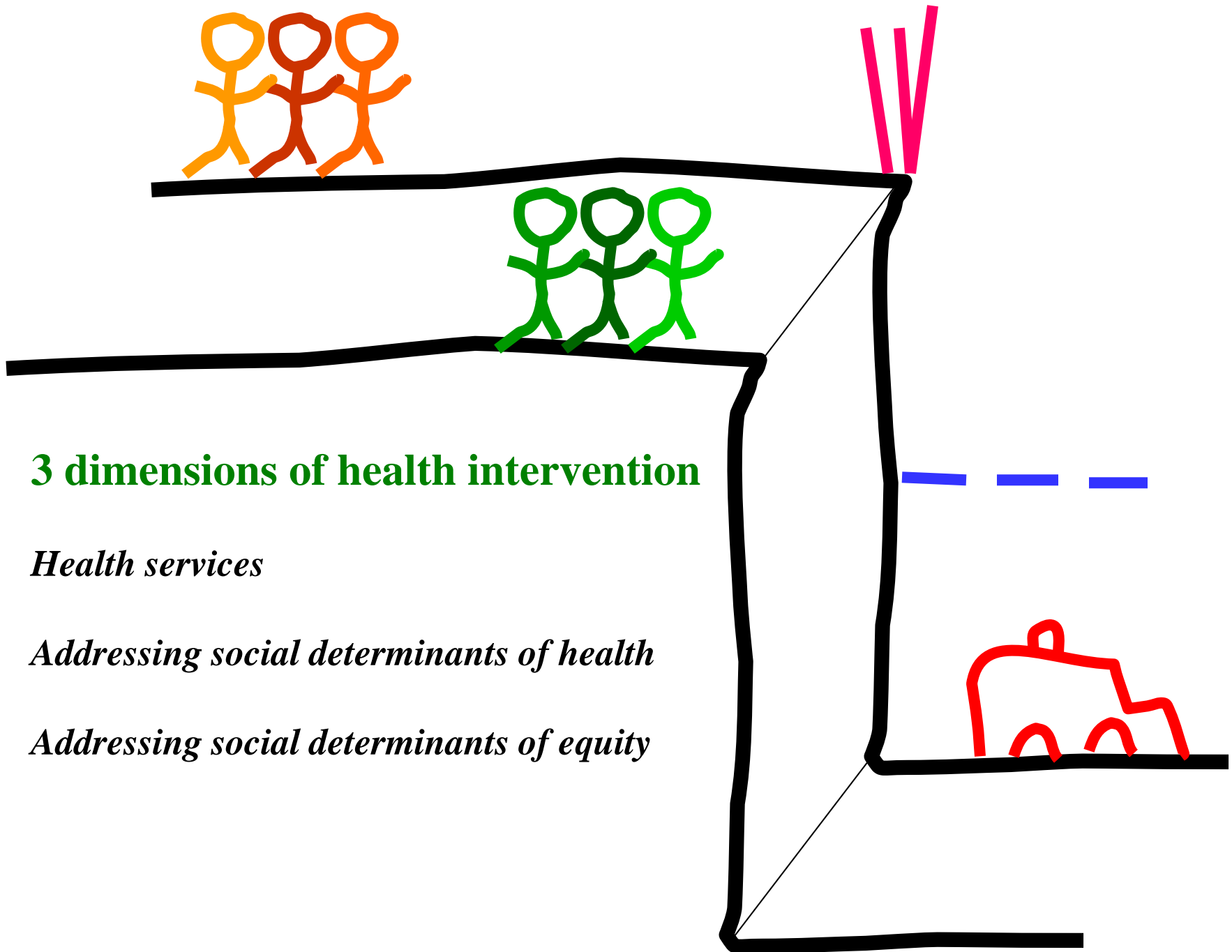


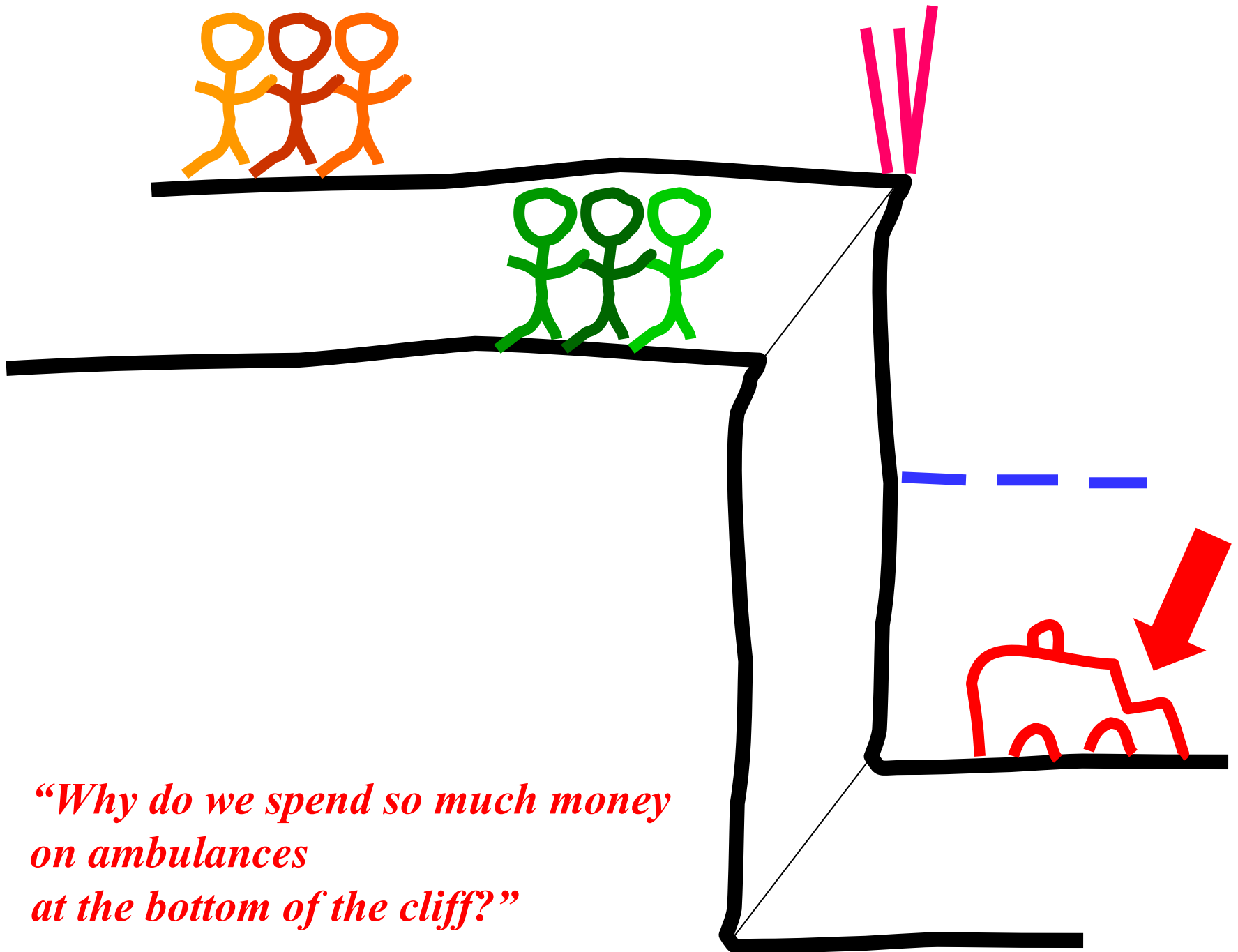


3 dimensions of health intervention

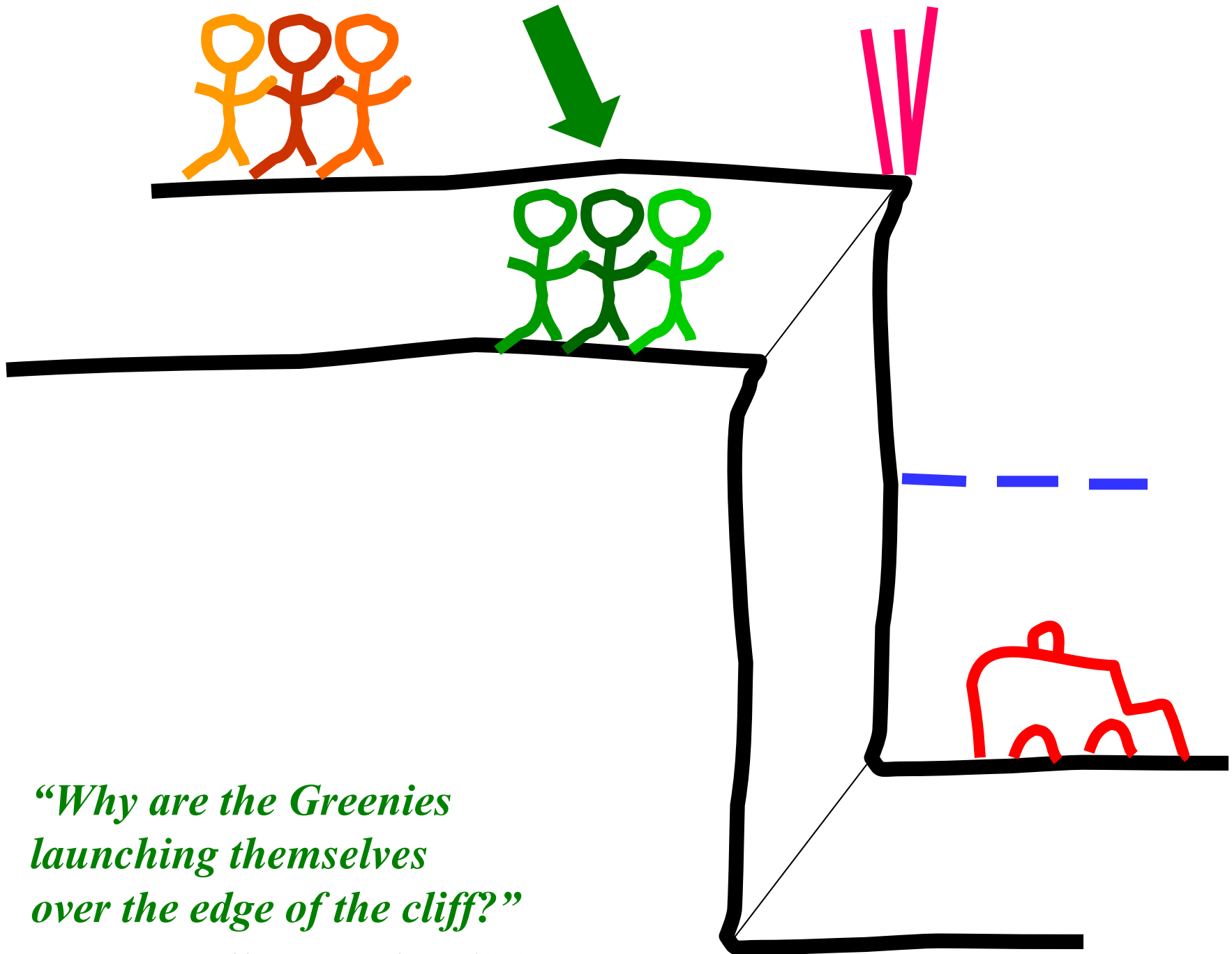
Health services

Addressing social determinants of health

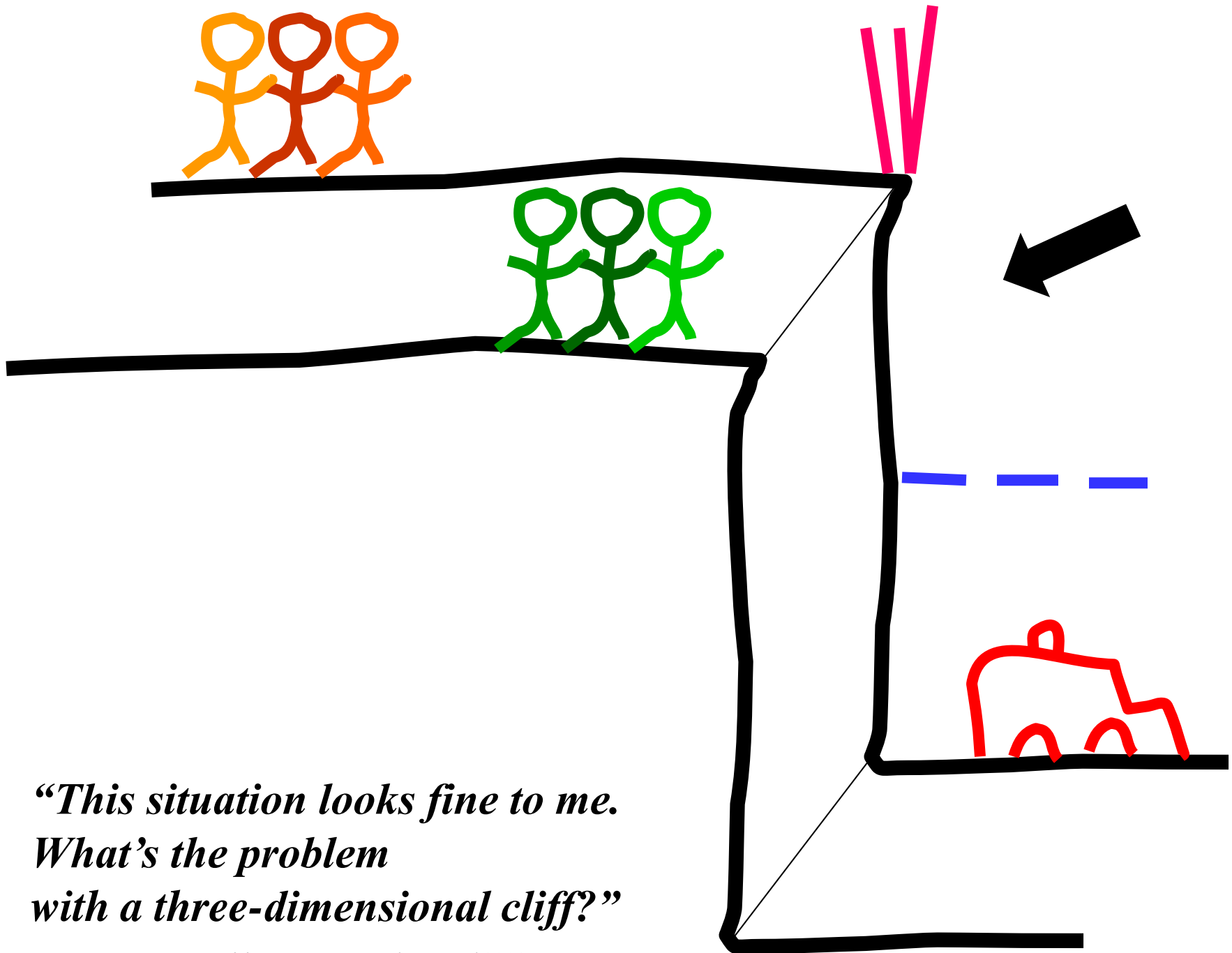




*“Why do we spend so much money
on ambulances
at the bottom of the cliff?”*



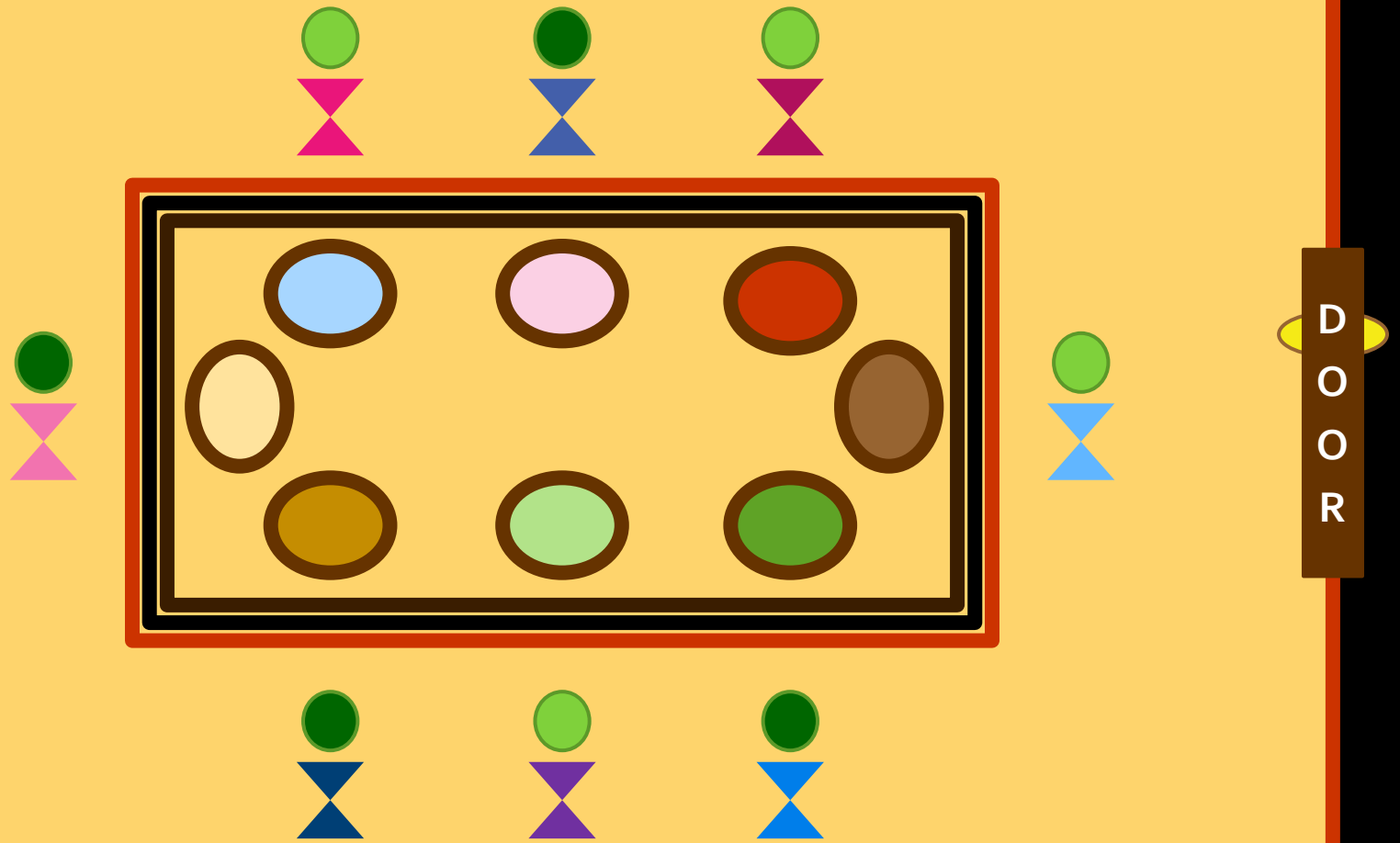
*“Why are the Greenies
launching themselves
over the edge of the cliff?”*



*“This situation looks fine to me.
What’s the problem
with a three-dimensional cliff?”*

Dual Reality: A restaurant saga





I looked up and noticed a sign . . .

OPEN

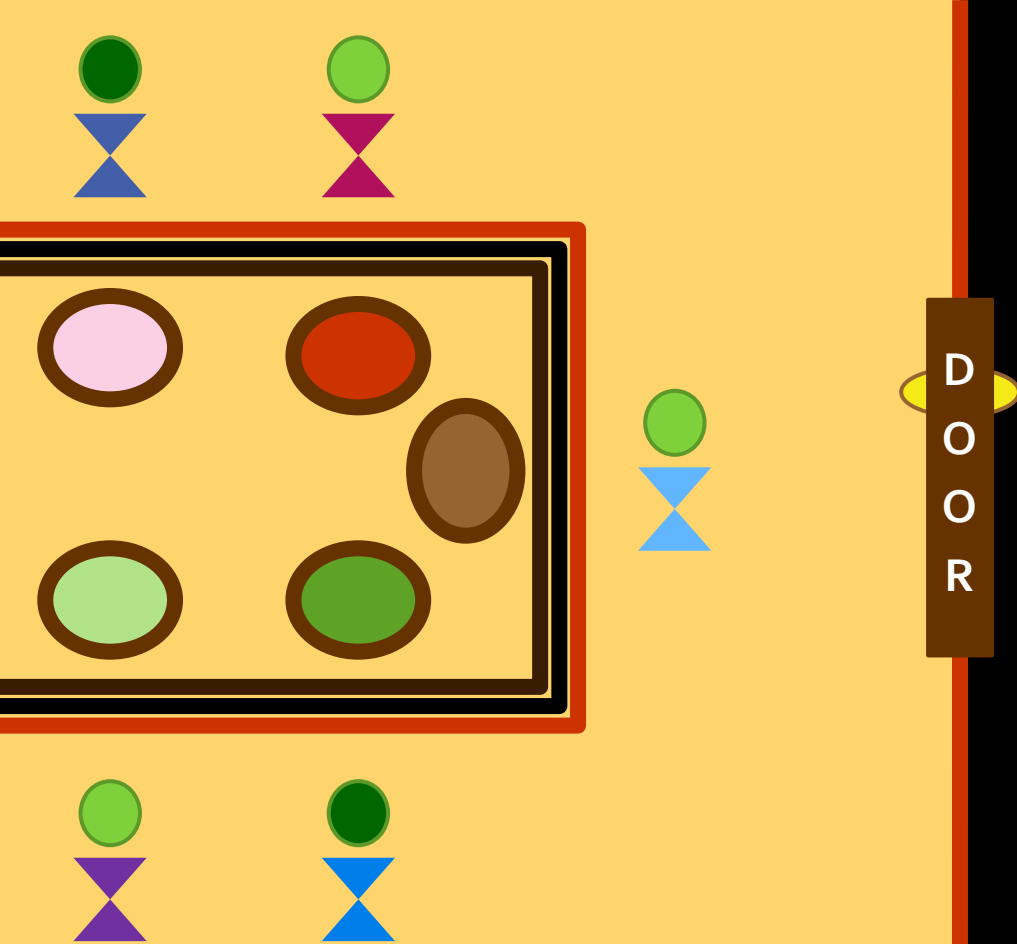




CLOSED

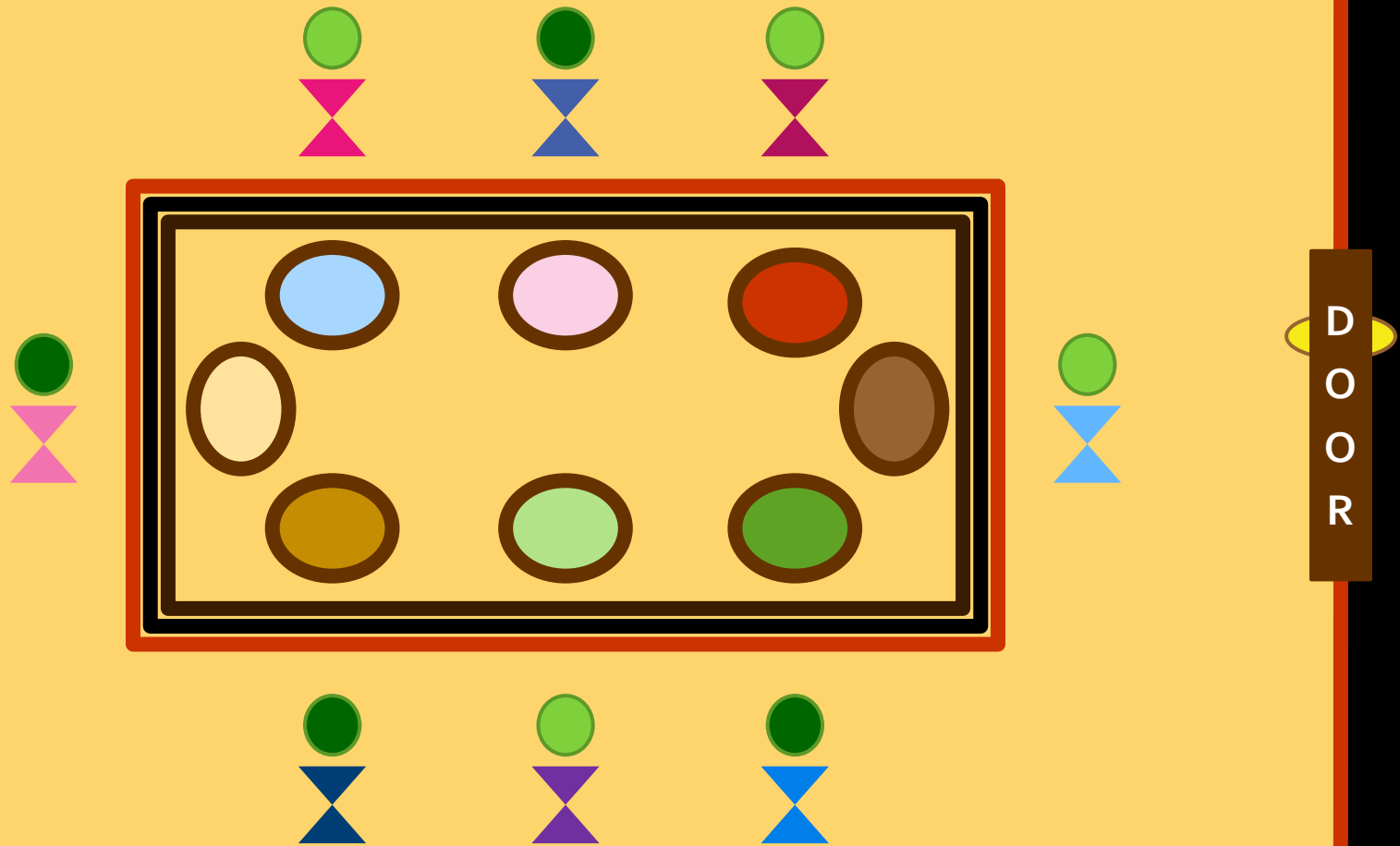


Racism structures “Open/Closed”
signs in our society.



It is difficult
to recognize
a system of inequity
that privileges us.

Those on the outside
are very aware of the
two-sided nature
of the sign.



Is there really a two-sided sign?

Hard to know, when only see "Open".
A privilege not to HAVE to know.
Once DO know, can choose to act.

What is racism?

A system

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A system of structuring opportunity and assigning value

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A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”)

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What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Levels of Racism

- ❑ Institutionalized
- ❑ Personally-mediated
- ❑ Internalized

Institutionalized racism

- ❑ **Differential access to the goods, services, and opportunities of society, by “race”**
- ❑ **Examples**
 - Housing, education, employment, income
 - Medical facilities
 - Clean environment
 - Information, resources, voice
- ❑ **Explains the association between social class and “race”**

Personally-mediated racism

- ❑ Differential assumptions about the abilities, motives, and intents of others, by “race”
- ❑ Differential actions based on those assumptions

- ❑ Prejudice and discrimination
- ❑ Examples
 - Police brutality
 - Physician disrespect
 - Shopkeeper vigilance
 - Waiter indifference
 - Teacher devaluation

Internalized racism

- ❑ **Acceptance by members of the stigmatized “races” of negative messages about our own abilities and intrinsic worth**

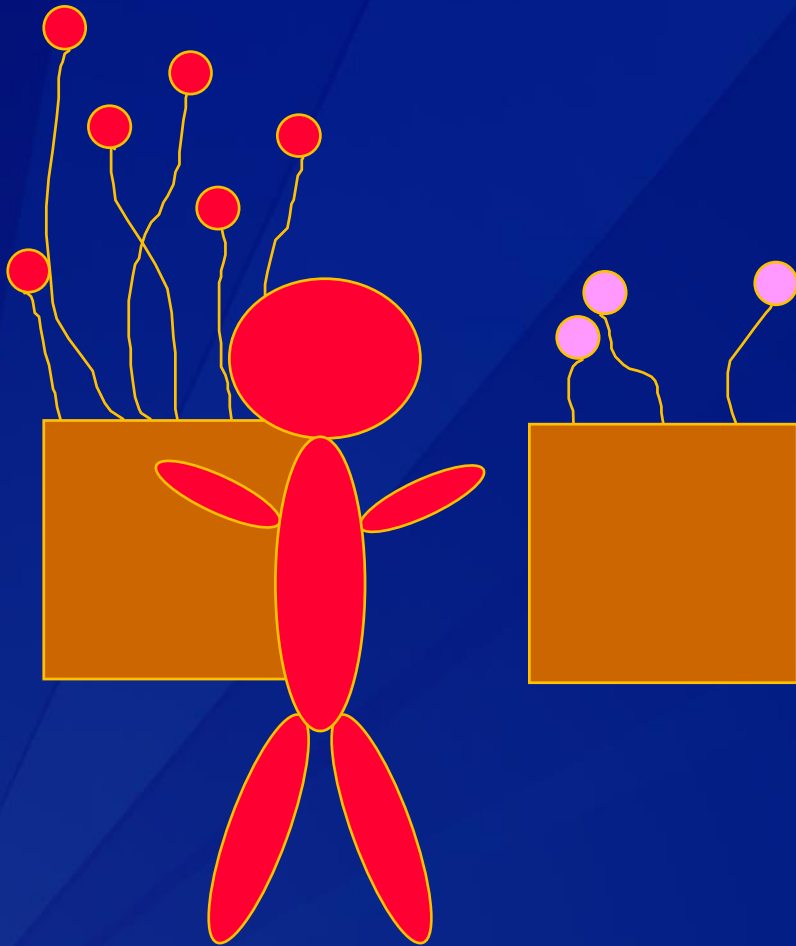
- ❑ **Examples**
 - Self-devaluation
 - “White man’s ice is colder” syndrome
 - Resignation, helplessness, hopelessness

- ❑ **Accepting limitations to our full humanity**

Levels of Racism: A Gardener's Tale

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

Who is the gardener?



- Power to decide
- Power to act
- Control of resources

■ Dangerous when

- Allied with one group
- Not concerned with equity

“How is racism operating here?”

□ Identify mechanisms

- **Structures:** the *who?, what?, when?, and where?* of decision-making
- **Policies:** the written *how?*
- **Practices and norms:** the unwritten *how?*
- **Values:** the *why?*

“How is racism operating here?”

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Barriers to achieving health equity

❑ **Narrow focus on the individual**

- Self-interest narrowly defined
- Limited sense of interdependence
- Limited sense of collective efficacy
- Systems and structures as invisible or irrelevant

❑ **A-historical stance**

- The present as disconnected from the past
- Current distribution of advantage/disadvantage as happenstance
- Systems and structures as givens and immutable

❑ **Myth of meritocracy**

- “If you work hard you will make it”
- Denial of racism
- Two babies: Equal potential or equal opportunity?

Barriers to achieving health equity

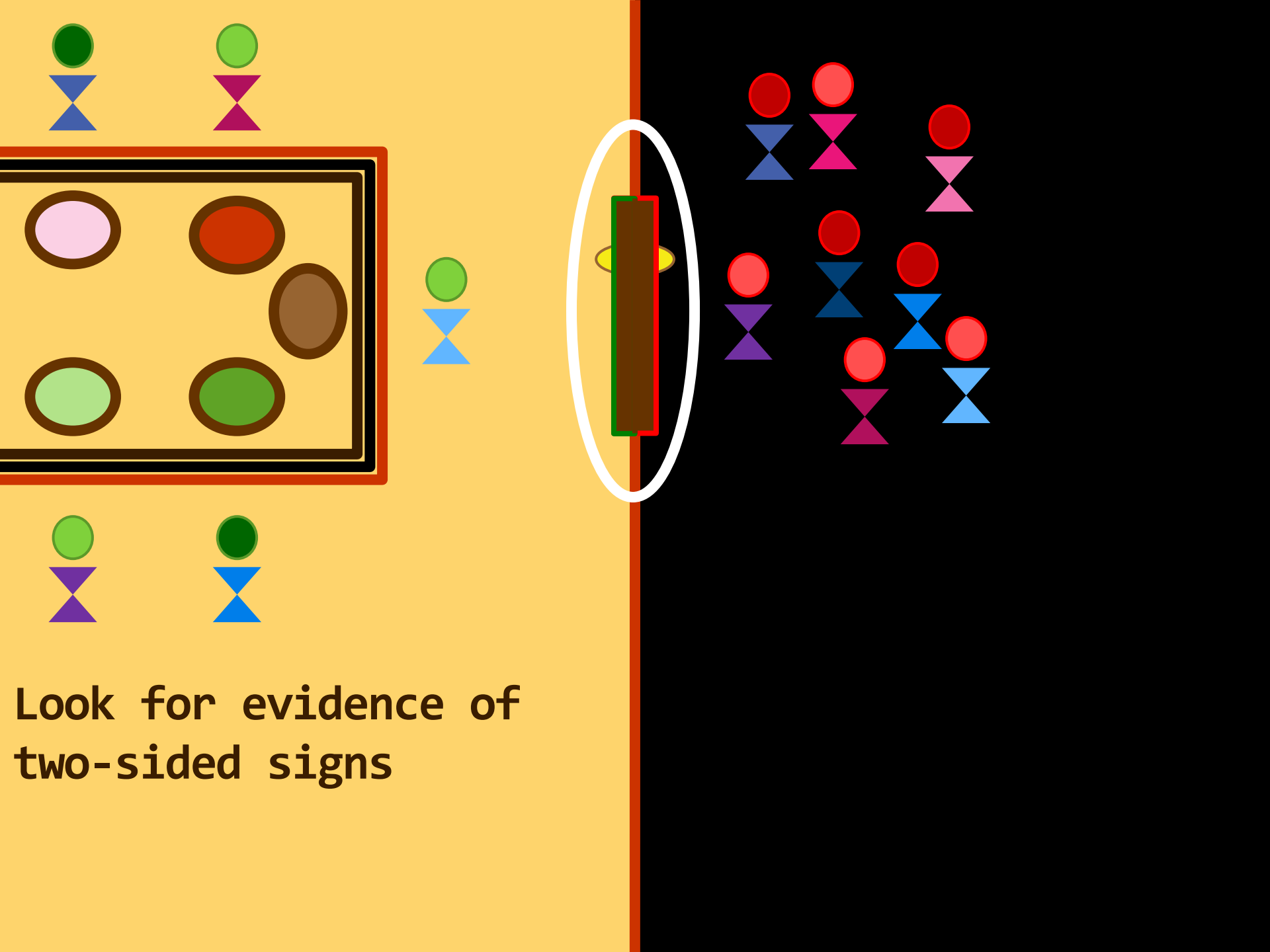
- ❑ **Myth of zero-sum game**
 - “If you gain, I lose”
 - Fosters competition over cooperation
 - Masks the costs of inequity
 - Hinders efforts to grow the pie
- ❑ **Limited future orientation**
 - Disregard for the children
No “*Seven generations*” perspective
No “*How are the children?*” focus
 - Usurious relationship with the planet
- ❑ **Myth of American exceptionalism**
 - Disinterest in learning from others
 - Sense of US entitlement

Barriers to achieving health equity

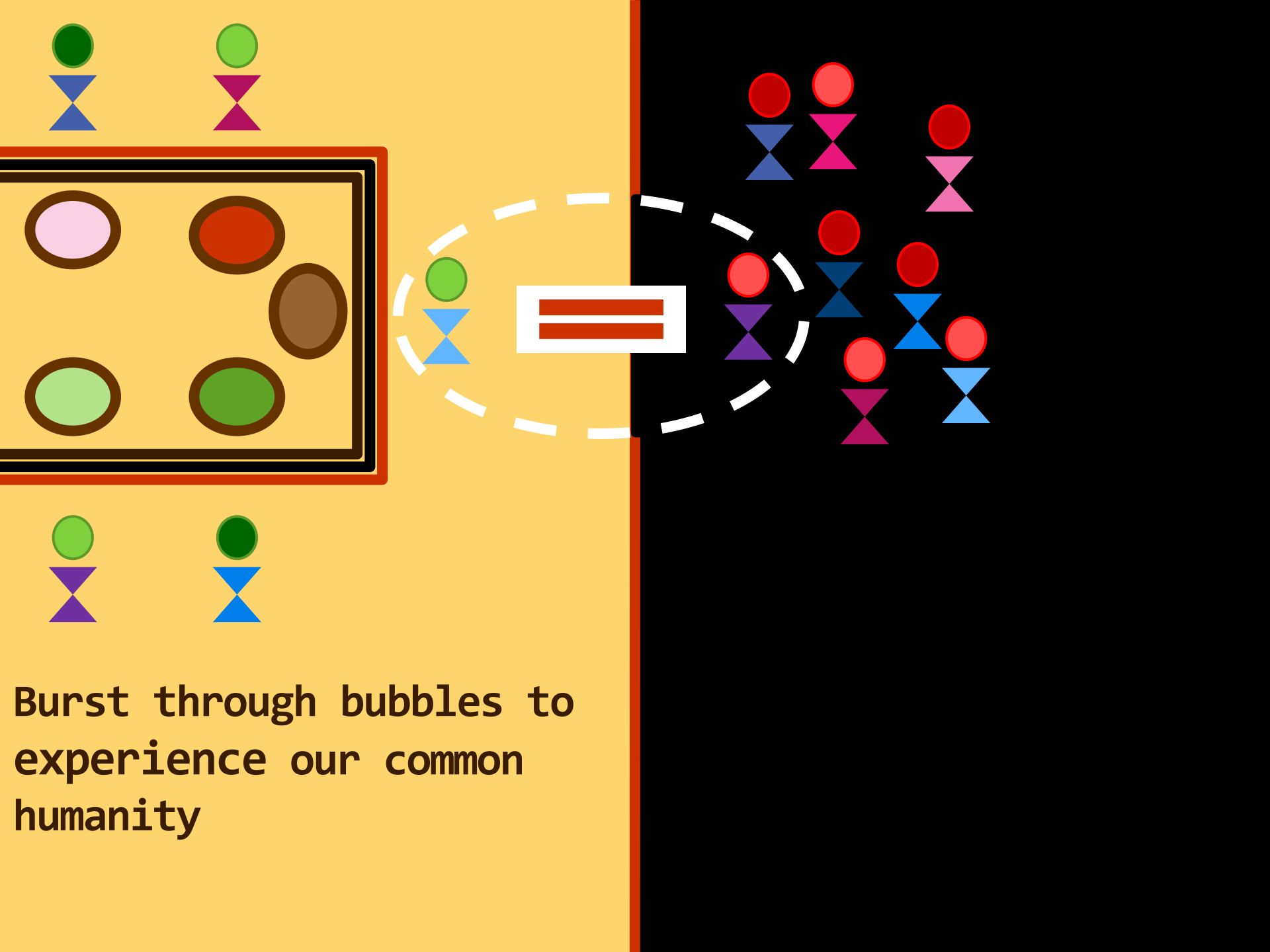
- ❑ **White supremacist ideology**
 - Hierarchy in human valuation
 - “White” as the ideal and the norm
 - Sense of “White” entitlement
 - Dehumanization of people of color
 - Fear at the “browning” of America



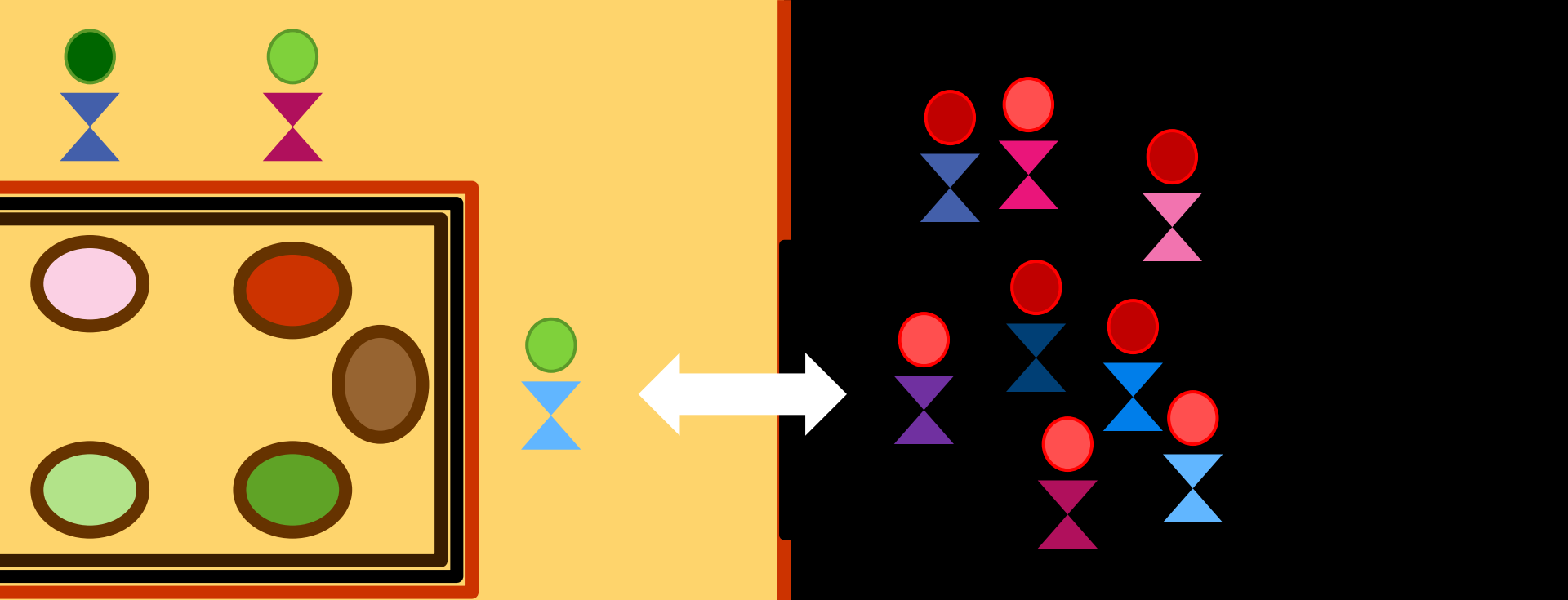
What can we do today?



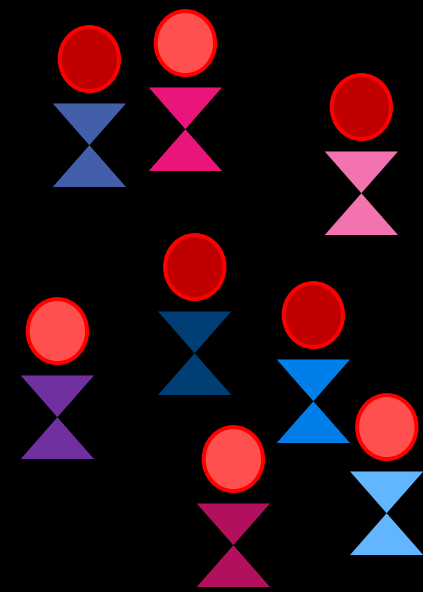
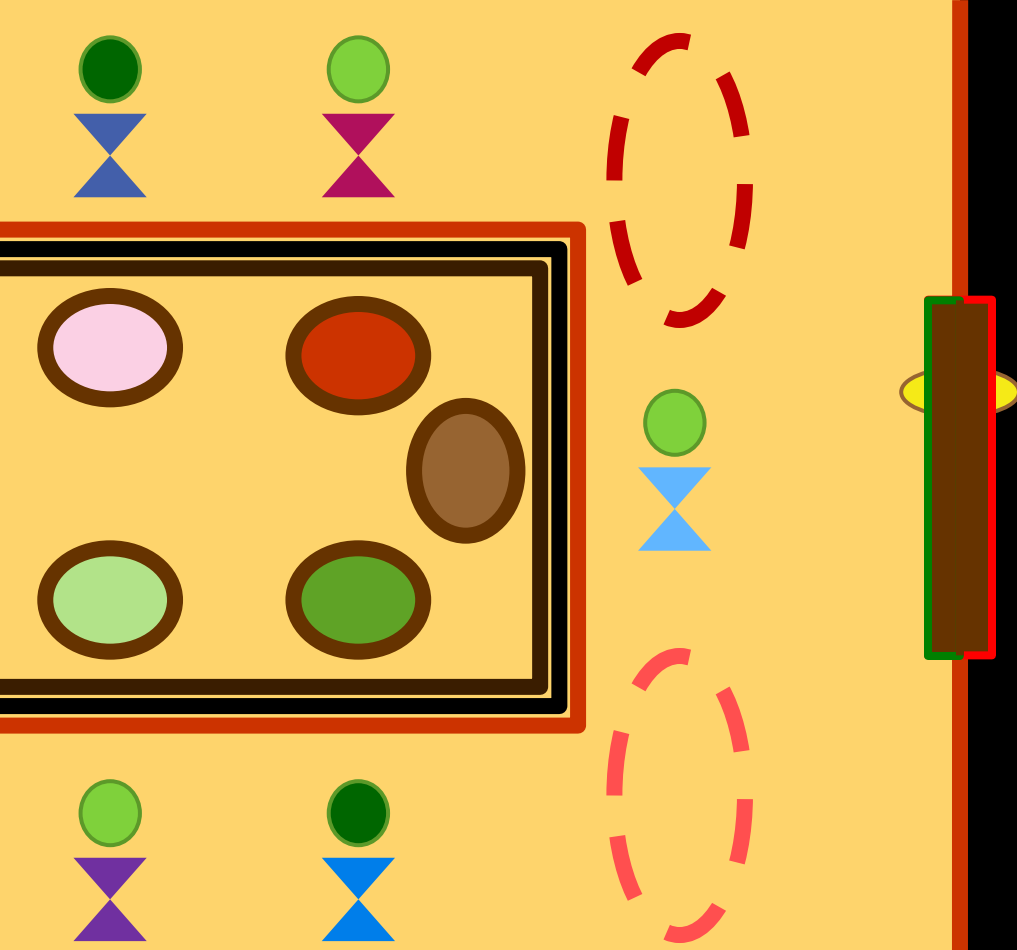
Look for evidence of two-sided signs



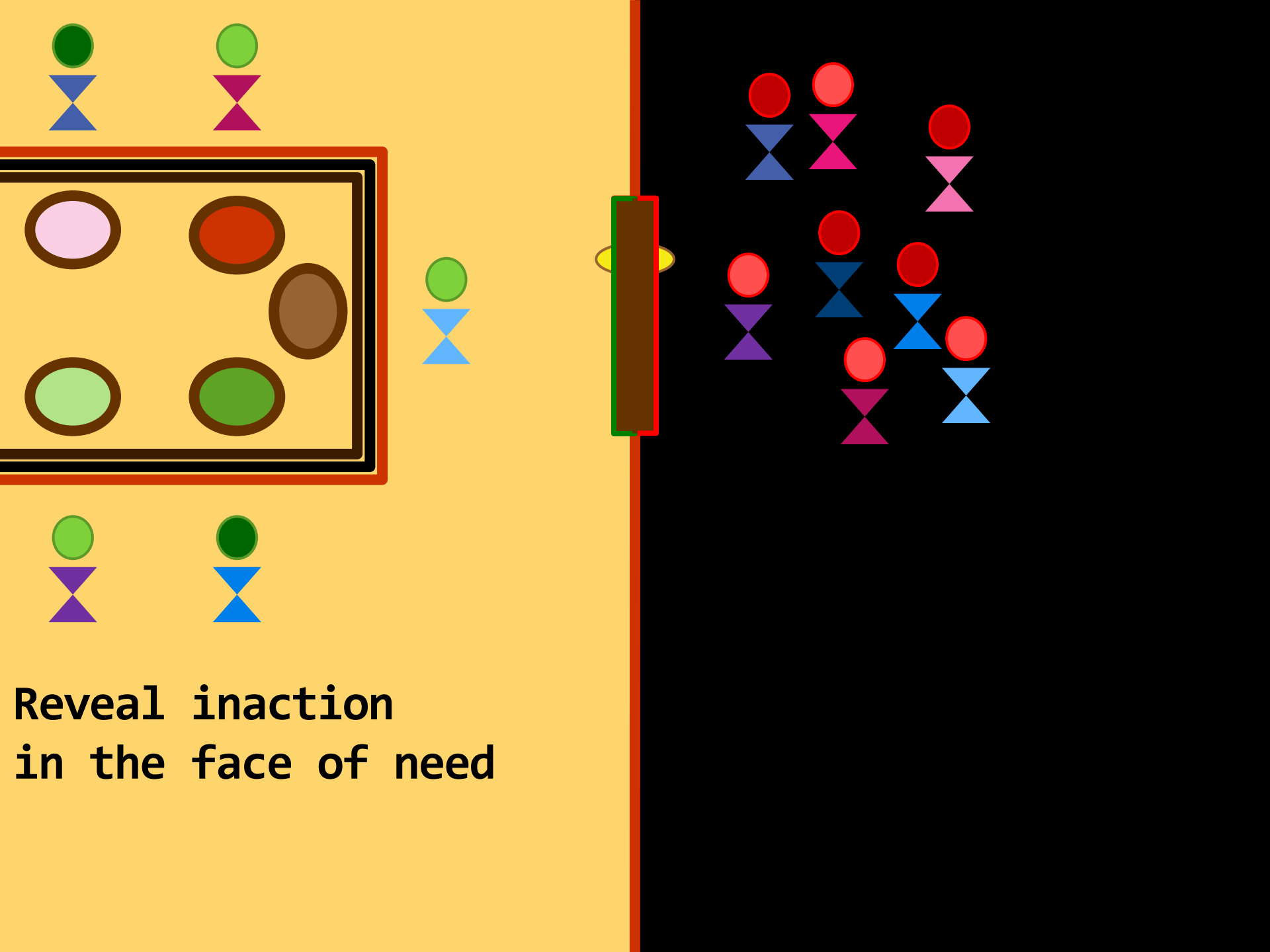
Burst through bubbles to
experience our common
humanity



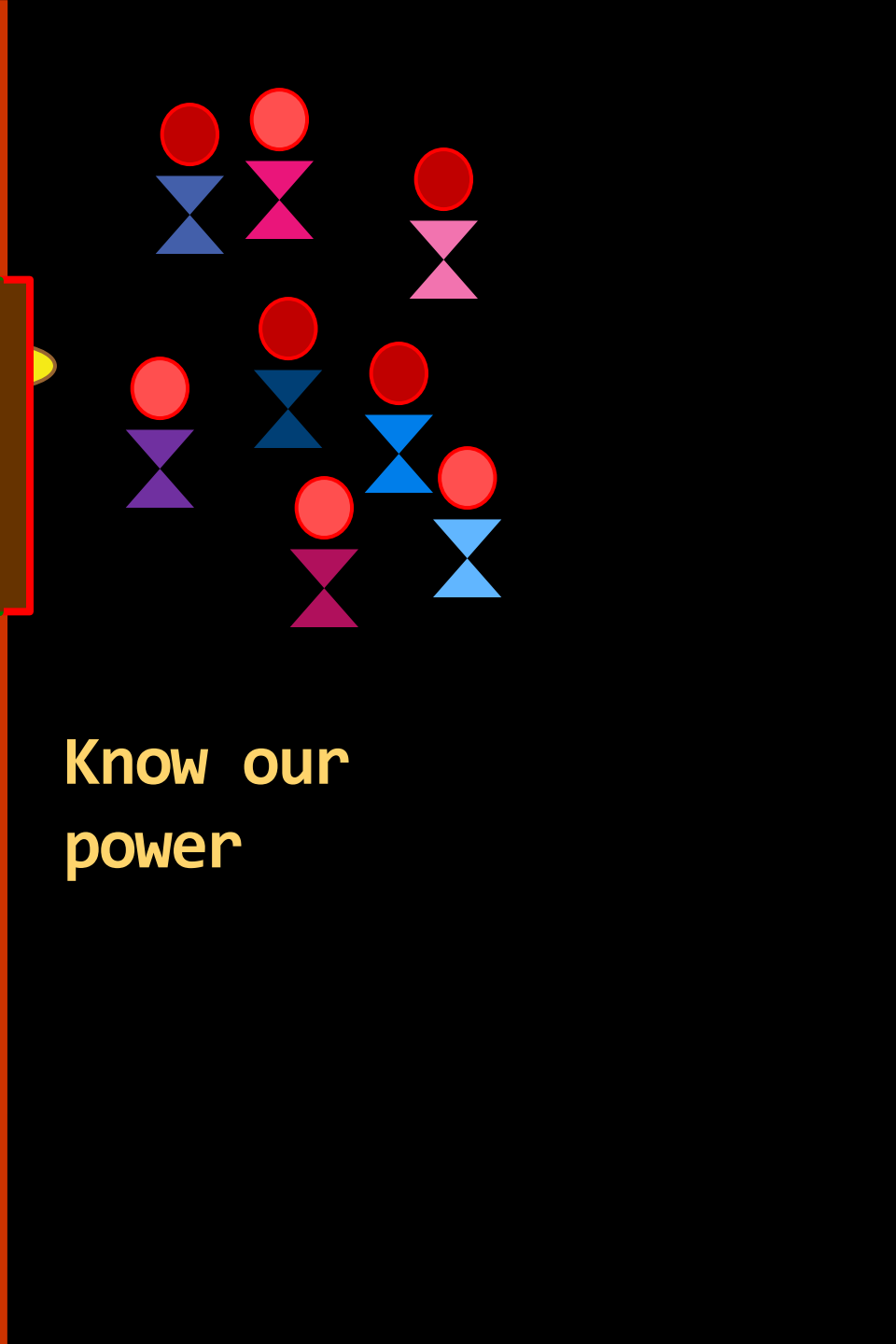
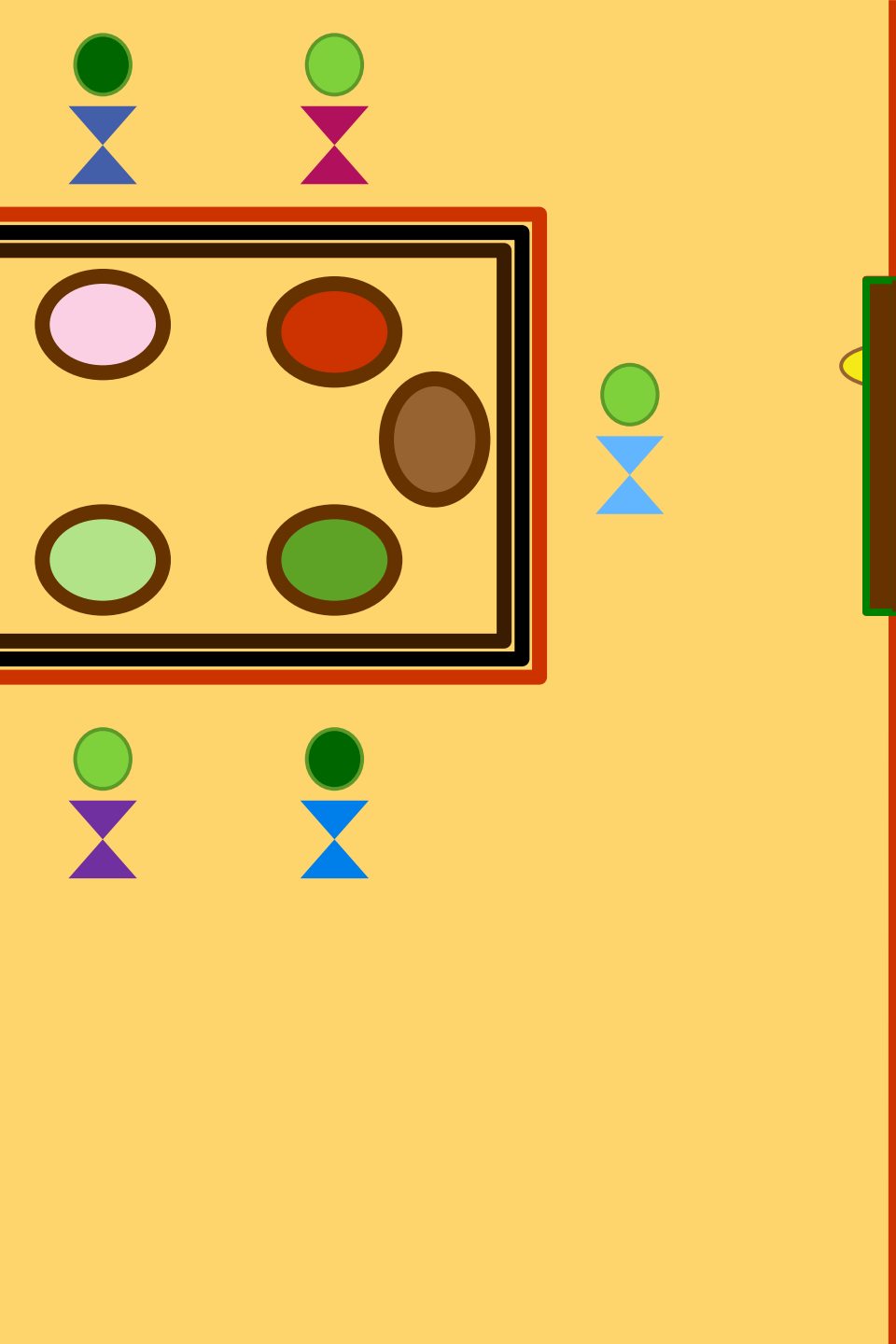
Be interested
Believe
Join in
The stories of others



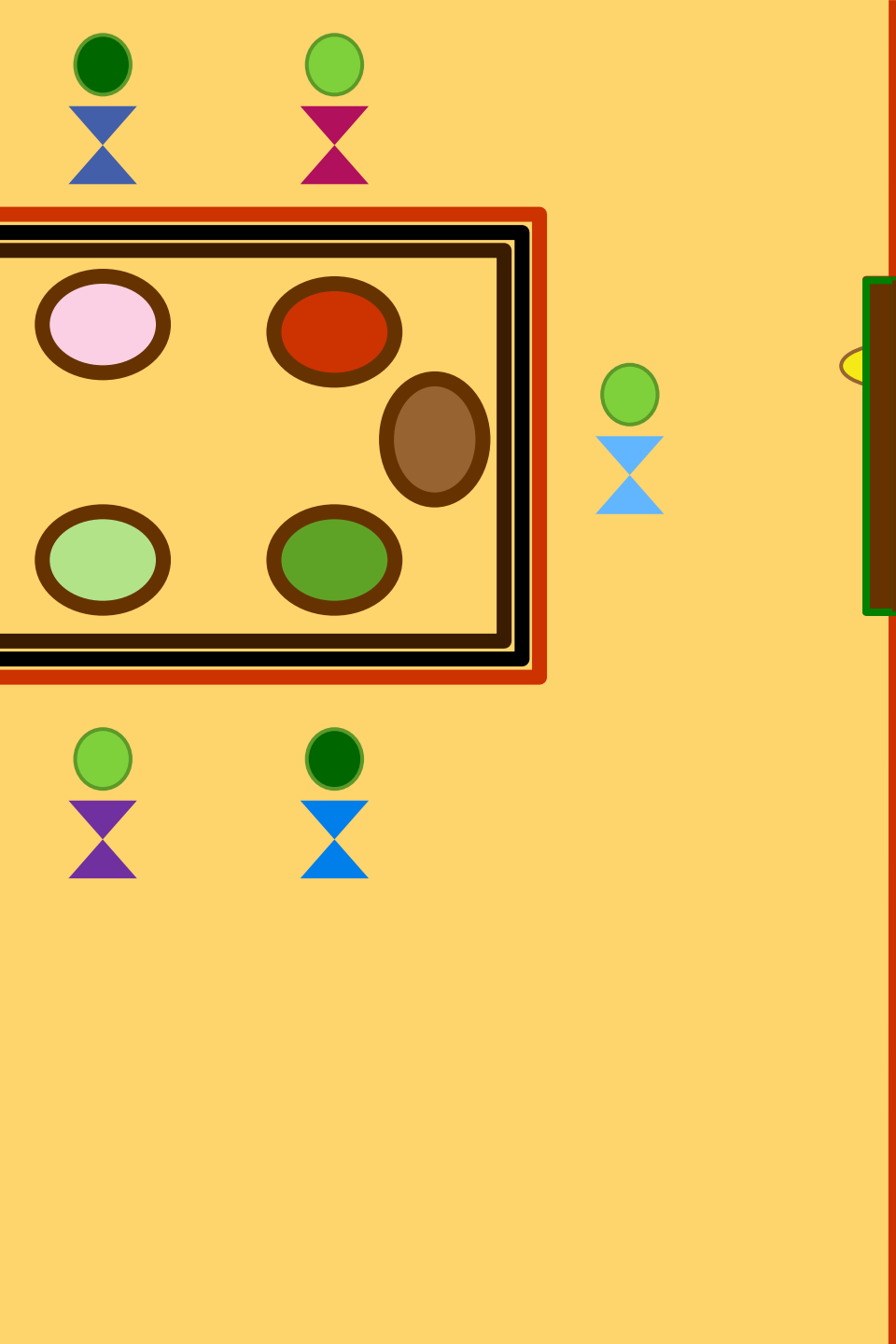
See “the absence of”



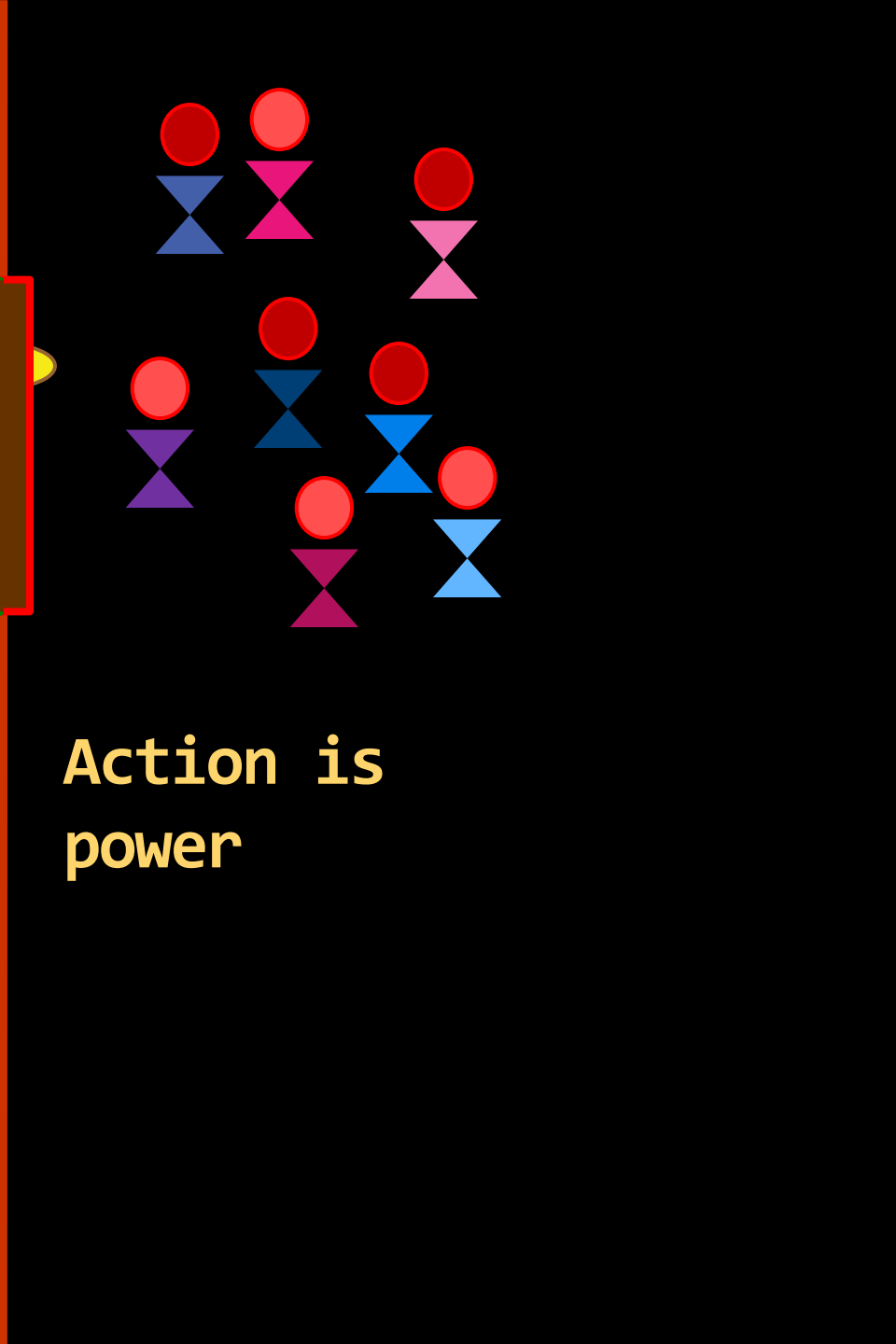
Reveal inaction
in the face of need

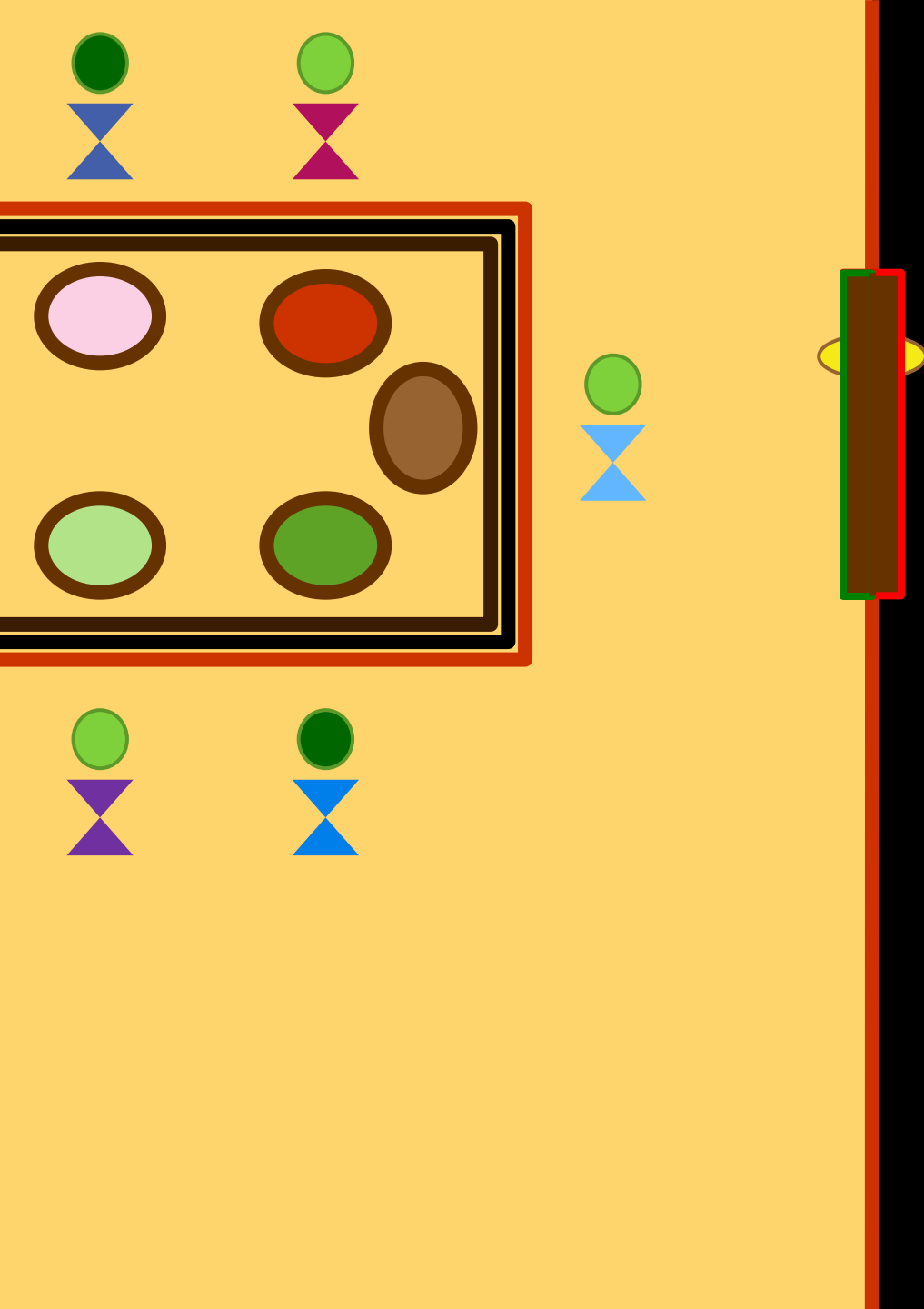


Know our
power

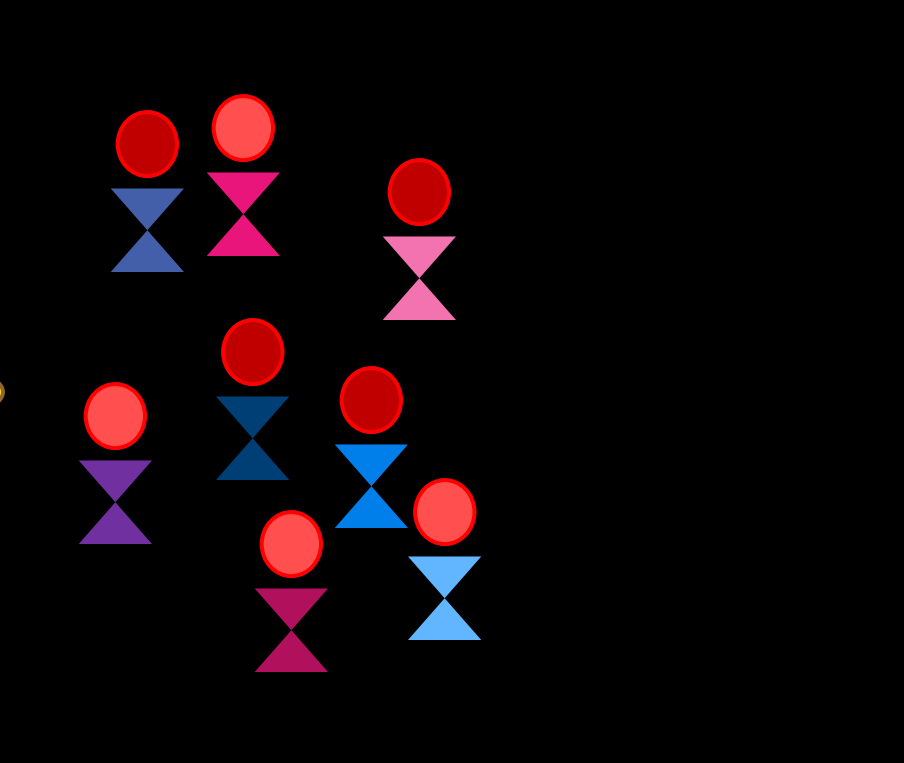


Action is
power





Collective action is power



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